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Steinberg

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Somers

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Klarides-Ditria, McCarty,  
Michel, Petit, Ryan,  
Scanlon, Tercyak, Young,  
Zupkus

REP. STEINBERG (136TH): Good morning. This is the meeting of the Public Health Committee. This is a public hearing in which we will be discussing only two bills today.

I am State Representative Jonathan Steinberg from the 136th district which is Westport and I am co-chair of the Public Health Committee. And I'm here with Senator Mary Abrams who's the Senate co-chair. We'll also hear from our Ranking Members and our vice chairs if so interested.

We're going to start today with some basic process discussion. For those of you who are new to visiting our Capitol, we offer you our welcome. I imagine some of you are watching from the overflow rooms that we have available today which apparently are rooms 1A and 1D as well as 2A and we'll have additional rooms available in roughly 45 minutes.

We have a lot of people who are interested in speaking on this topic and we want to afford every individual that opportunity even if it means it's going to take us many hours to get to that point. We start as we traditionally do with testimony from public officials, particularly agencies of cognizance. And after roughly one hour, we will alternate between the public and elected officials and we'll go as long as we have to go.

Now, when we get to the public, your testimony is limited to three minutes and we're going to enforce that pretty rigorously because we want to give everybody a chance to speak. We ask that when you come up to speak that you identify yourself and tell us where you're from and then you can launch into your remarks and we'll let you know when that three minutes has expired.

A couple other rules that we want to make sure that everybody is aware of. We want this to be a welcoming and friendly environment which means that we will not tolerate people yelling out, hissing, booing or displaying signage for or against this particular bill.

If people speak out of turn and interrupt the testifier or members of the legislature, we will call you out at that moment. And if you repeat the activity, we will have no option but to see that you're not in the room with us for the remainder.

We don't think that needs to happen. We expect everybody to be courteous. And you may disagree but we ask that you keep those thoughts to yourself until you have a chance to testify. What else.

Please do not block the entrances. We obviously have done a real nice job so far in making sure that's the case. We do have fire rules. Those are the two main exits should there be a case of fire. If there is a fire alarm, we ask you to proceed in an orderly fashion out of this -- this public hearing room and then out of the building and the Capitol Police will tell you when it's safe to come back in.

Just let me finish, okay. I should add that this is not the only bit of governmental business going on today. There are other hearings and meetings going on. So, you will see legislatures coming and going to attend other meetings. Just because they're not present doesn't mean they're not paying attention. Many of us will watch when we have some free time on CTN as well.

The only other thing I would do is suggest to my colleagues that we consider everybody's time precious and focus on asking questions as opposed to making comments or speeches because there will be time for that later. Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman. I just wanted to add to your list of things to keep order in this hearing today. Applause is also part of the request we make to the public, not to applaud when somebody is speaking because it is disruptive. And we did have that happen last night and it really is something that's not very respectful of everybody who participates in this. So, I would just ask that people restrain themselves from making an applause one way or the other.

REP. STEINBERG (136TH): Thank you, Representative. I'll add to that. In the past, there have been

occasions where some members of the public have chosen to take photographs or video the proceedings. This is your House, that's perfectly fine. But if you get up in somebody's face to the point where they feel intimidated, we're going to ask you to back off.

Because it's very important that people feel the freedom to speak freely. And that if anybody feels intimidated by somebody getting a little bit too close to them, that probably includes the media as well but we do cut the media a little slack. We want to make sure that people do not feel in any way pressured or intimidated. So, we'll call you out on that. Senator Abrams.

SENATOR ABRAMS (13TH): Thank you, Representative Steinberg. I think you did an excellent job setting the tone for this meeting today. I would just like to add that with three -- with only three minutes, I would urge people, if they have not already done so, to submit written testimony. And when you come up, you're certainly welcome to read that testimony. However, as I said, three minutes can go very quickly.

So, you might want to submit your written testimony and just come up and speak freely and we will look at both. If you can't stay for whatever reason, you don't get a chance to speak in front of the hearing today, know that we do read the written testimony and that part is important as well.

REP. STEINBERG (136TH): Thank you, Senator. Any other comments from our Rankings or from our vice chairs? If not, we'll get to the matter at hand. Our first speaker today from elected officials and

agencies, it will be Commissioner Coleman-Mitchell of the Department of Public Health. Welcome.

MS. COLEMAN-MITCHELL: Good morning, Committee Chairs, Senator Abrams and Representative Steinberg, Ranking Members, Senator Somers and Representative Petit and the members of the Public Health Committee. My name is Renee D. Coleman-Mitchell. I am the Commissioner for the Department of Public Health. At this time, I would like to introduce my team.

First, we have Dr. Matthew Carter, our state epidemiologist. We also have Kathy Kudish, our immunization program manager and we also have Antony Casagrande, our legal counsel. I want to thank you for giving us the opportunity to address the Public Health Committee on this critical issue of immunization and legislation before you that repeals the religious exemption from mandatory school-based vaccinations.

In 1959, the Connecticut General Assembly included the religious exemption and public act 588 and act requiring poliomyelitis vaccinations for each public school child. Even though Connecticut and many other states were in the middle of a polio epidemic. All that was required was a statement from the parents or guardian of such child that such vaccination would be contrary to the religious beliefs of such child.

So, religious exemptions for vaccinations has remained part of the Connecticut law for more than 60 years. The legislators in 1959 could not, did not foresee the rise in vaccine hesitancy that began in the late 1990s and continues to this day.

Today at this hearing, you will hear about the science, the beliefs and philosophy not only about vaccines but also about the role of government in protecting the health of the public. The debate over this issue elicits very, very passionate responses on all our sides.

And I want to acknowledge, I truly do, everyone in this hearing room today as well as in the overflow rooms. Though many may not agree, I think I can safely say that we all want the same thing. The good health of our children and our communities. I also must state that public health is about every child. Not one child, not one community.

As I stated last September when Governor Lamont and I announced our support for repealing the religious exemption to mandatory vaccination for school attendants, I believe strongly that children in Connecticut are entitled to learn in an environment that is safe from harmful infectious diseases such as measles.

Our declining overall immunization rate from measles among our school age population and pockets of under immunization in more than 100 schools in Connecticut, it threatens our ability to protect our children from this potentially perilous infectious disease.

Numerous published studies indicate that higher rates of vaccine exemption in a school community drive lower immunization rates and increase the risk of vaccine preventable disease in that community. This is true for those who get their shots as well as those who don't.

High vaccination rates protect not only vaccinated children but also those who cannot be or have not been vaccinated. This is called herd or now called community immunity. This means that enough people in a community are vaccinated so that a dangerous pathogen, like measles, will have a difficult time spreading because it will not find a person to infect.

This overall level of community to these devastating disease is critically important. It protects the most vulnerable in our population who cannot be vaccinated. Schools that achieve community immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children.

Some children have conditions that affect their immunity such as illnesses that require chemotherapy. These children cannot be safely vaccinated and at the same time, they are less able to fight off illness when they are infected. They depend on community immunity for their health and their lives.

I am here today in support of House Bill 5044, AN ACT CONCERNING IMMUNIZATIONS. I would like to take this time to remind us all why we're here today and how we got to where we are today. I would also like to address some of the concerns that have been shared both by about vaccinations and about repealing the religious exemption in Connecticut.

Before 1963, when the measles vaccine first became available, nearly all children got measles by the time they turned 15 years of age. It was estimated that 3 to 4 million in the United States caught

measles every year. And nearly 50,000 people were hospitalized.

Measles also caused an estimated 1000 people every year to get encephalitis or swelling of the brain. Which has often had debilitating long term consequences. Before the measles vaccine became available, up to 500 Americans would die of measles every year, 500. This was just 60 years ago, folks.

If we ignore our history, we risk repeating negative outcomes of the past. One place where children were at higher risk for infectious diseases were in schools. Where hundreds of children spent all day together every day during the week for most of the year.

So, the public health decision was made, not just in Connecticut but all over the country, to start requiring vaccinations against polio and other children immunized diseases before children would be admitted to school. And let me correct that. To start requiring vaccinations against polio and other child immune diseases before children would be admitted to school.

This applied to both public and private schools because as a matter of public health, the type of schools did not matter and the risk to young children was the same. By the early 20th century, half of American states required school children to be vaccinated before entering school.

Vaccines were a scientific breakthrough that triggered the body's immune response by putting a very small and weakened form of a virus into the body. They have come a very long way since that inception. They've become much safer through



monitoring systems and have revolutionized public health by saving millions of lives.

As the science has developed, more states started adding to the list of required vaccines for children to enter school. In the United States, vaccines have been safely used for decades. For drastically reducing the incidence of diphtheria, tetanus, whooping cough, measles, mumps, rubella and many other diseases.

Measles is a very serious and highly contagious infectious disease. It is spread through the air. Even in a room where an infected person was present, the disease can be present and contagious for hours, even after that person has left the room.

If you contract measles, it can weaken your immune system's ability to fight off other infectious diseases. It can also result in long lasting neurological damage in those who survive.

I want to emphasize that vaccines are most effective when the maximum number of people in a community are immunized. I can't stress that enough. I want to emphasize that vaccines are most effective when the maximum number of people in a community are immunized.

Community immunity cannot maintain itself. We must be vigilant to maintain high vaccination levels that prevent these infectious diseases from getting a foothold in our communities here in Connecticut.

Seeing the dramatic increase in the number of religious exemptions to vaccines in Connecticut, it raises that public health flag. As a matter of fact, from 2018 to 2019, we saw the largest one year increase in the percentage of school students

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claiming a religious exemption for Kindergarten. An unfounded, I say it again, an unfounded fear of the safety of vaccines has been driving the religious exemption rates.

In January 2013, the Institute of Medicine published the most comprehensive examination of the immunization schedule to date. And the report uncovered no evidence of major safety concerns associated with adherence to the Centers for Disease Control and Prevention recommended childhood immunization schedule.

The Institute of Medicine Committee finds no evidence that the schedule is unsafe, a direct quote. The Committee's review did not reveal an evidence based suggesting that the U.S. childhood immunization schedule is linked to autoimmune diseases, asthma, hypersensitivity, seizures, child developmental disorders, learning or developmental disorders or attention deficit or disruptive disorders.

In 2004, the Institute of Medicine concluded, there was no link, no link, no link between autism and vaccines after conducting a review of the expensive research available. Since then, multiple studies have examined hundreds of thousands of children have shown no connection.

Hear me clearly, folks. Vaccines do not cause autism. The science on this issue is clear. No credible scientific study has ever found a link between vaccines and autism. Concerns about vaccine safety should be put to rest.

Dr. Andrew Wakefield is a British doctor who first proposed that the measles, mumps and rubella vaccine

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is linked to autism in the 1998 paper called *The Lancet*. You're all probably very familiar with this.

In the first half of 2010, the General Medical Council ruled Wakefield had committed serious professional misconduct leading *The Lancet* to officially retract his study from publication. Finally, in May 2010, the General Medical Council banned Dr. Wakefield from practicing medicine in the United Kingdom.

Included in my testimony, for the record and for your use, is the following link to hundreds of vaccines safety publications. And I have listed the link in your testimony that you have before you.

The increase in religious exemption claims in Connecticut has a direct correlation to the overall declining rate of immunizations for measles. Nationally, The Centers for Disease Control and Prevention recommends that in order to maintain community immunity or herd immunity, at least 95 percent of school students need to be immunized against measles.

Here in Connecticut, we have had, historically have had high immunization rates but that is starting to erode. Between 2009 and the present school year, 2019 to 2020, the number of religious exemptions from vaccinations required for school entry nearly tripled from 0.8 percent to 2.3 percent.

Measles, mumps and rubella vaccination rates dropped by 2.3 percent over the same time period. There is a direct correlation. That drop was from 98.5 percent as a state to now 96.2 percent.

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Please, in your packet, you have two slides that is for your use and to stress a point in regards to trends. Slide one and slide two. Slide one is a slide specific for Kindergarten religious exemptions in Connecticut from 2009 to 2020. It shows the trends of the religious exemptions steadily increasing. That is important information for you to have.

Slide two specifically is about the percentage and number of schools with measles, mumps and rubella vaccination rates below 95 percent for Kindergarteners 2017 through 2020. Take a careful look at those slides. That is data that we collect.

While overall religious exemption rates is still relatively low and the MMR immunization rates, measles, mumps and rubella immunization rates are still relatively high. In this school year we know this, that at least 120 schools with 30 or more Kindergartener students have their MMR immunization rates below the standard of 95 percent. 120 schools to date.

This is placing our communities at risk for the rapid spread of entirely preventable diseases. That is nearly a quarter of all Connecticut schools with at least 30 or more Kindergartener students.

Each year, children attending school who are not vaccinated against measles joins the ranks of susceptible children in that school from years past, increasing the population of susceptible students.

With the flow yet steady accumulation of students who haven't been immunized, we may only be delaying, delaying a large measles outbreak in a Connecticut school or I should say schools. The proactive

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effect of the community immunity weighing as large numbers of students do not receive some or all of the required vaccinations resulting in the reemergence of diseases.

Remember, it was stated that in 2010, we had eradicated measles and yet here we are. According to the CDC, measles is one of the first diseases, hear this clearly, according to the CDC, Centers for Disease Control and Prevention measles is one of the first diseases to reappear when vaccination coverage rates fall.

The CDC considers the reemergence of measles, listen to this, to be an early sign of a troubled public health system. Just 20 years ago in the U.S., we thought measles was eradicated as I said and yet, here we are. However, in this last year, we saw the largest measles outbreak in this country in 25 years.

Yes, Connecticut has had only four cases of measles in 2019. On average, each measles case exposes two to three hundred people. Nationally, there were over 1600 cases of measles in nearly two dozen states. There were large outbreaks in New York, one in Rockland County, one in Brooklyn.

Listen to this. Measles, like other infectious diseases, does not recognize state lines. In response to the measles outbreak in New York and other states, this past May and again in October, the Department of Public Health released school level immunization rates. To provide parents and guardians of immuno-compromised children with vital information. And encouraged communities to reduce the risk of vaccine preventable diseases overall and

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in schools where the immunization rates are less than optimal to prevent outbursts or outbreaks.

After looking at the trends, I believe as the Commissioner for the Department of Public Health, we can no longer afford to put our children at risk of infectious diseases by allowing non-medical exemptions to vaccinations. We should not wait until our vaccination rates decline any further or wait for the next measles outbreak to take action.

The World Health Organization named vaccine hesitancy, WHO named this, as one of the top ten threats to global health in 2019. Globally, the return of measles is one of the first signs that a country's public health system is starting to weaken and degrade. Keep that in thought.

I also have some proposed changes to the bill that I would like to share with you today. The bill as it is currently written calls for students to be excluded from schools if they do not have all vaccinations or a medical exemption by the beginning of the next school year in the fall of 2020.

I believe that this is -- this timeline is just too aggressive. I would prefer we give our families in Connecticut adjusting to vaccinations more time to prepare for the new reality in Connecticut and would appreciate working with the communities to identify a workable solution.

Also, very importantly, this bill gives the Department of Public Health clear statutory authority to annually release aggregate immunization rates for every school in Connecticut. These are steps that I strongly believe will strengthen the health of our school communities and will be a great

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step forward for public health in Connecticut. I will be happy to address any of your questions.

We want to give you the public health information that you need as a Committee to make the best decisions for your constituents and the State of Connecticut. Let's do the right thing. Thank you.

REP. STEINBERG (136TH): Thank you, Commissioner. Thank you for framing the issues so well. I'm sure many of the topics that you raised will be discussed quite a bit today. I'm going to defer asking questions. I know Senator Abrams has to run to another Committee meeting if you'd like ask any questions or comments.

SENATOR ABRAMS (13TH): First of all, just -- just a point, an administrative point. We opened another overflow room in 1C just so everyone knows that, in about 20 minutes. Thank you very much.

Thank you so much for your testimony, Commissioner, and for bringing the information to the public. I really appreciate it and I am going to encourage my colleagues who weren't able to see or hear you today to go back and -- and watch this testimony because I think it's incredibly compelling.

One of the things I would like to ask you is were there any other remedies other than the removal of non-medical exemptions that you think would be preferable or even as effective. Thank you. If you -- if you need me to be more specific --

MS. COLEMAN-MITCHELL: I was going to ask you.

SENATOR ABRAMS (13TH): Okay. There are some people who have talked about what needs to happen is just

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education as opposed to the actual change in the law.

MS. COLEMAN-MITCHELL: I've always -- as I've always said, I'm always going to come from a public health stance. Education, prevention is key to true public health. So, you continually and always educate people. This is why we're here today at the same time. But there are times when you must take action. When you know that you can prevent illness and disease and injury, that's what public health is about.

So, this is the time to take action. Not wait until something happens that is a catastrophe or that could have been prevented. So, we're at a juncture where we need to take action.

SENATOR ABRAMS (13TH): Thank you. Thank you, Chairman.

REP. STEINBERG (136TH): Commissioner, one quick question for you before I hand it off to other members of the committee. One of the uncommon features of this bill as proposed is that we are creating an oversight committee under the aegis of DPH to look at implementation.

To review the analysis of the data on an annual basis, to consider potential improvements, to the -- to the law as it's being implemented. To consider unintended consequences, outliers and the like. Could you offer your opinion on how valuable that would be for our ability to -- to affectively protect the public?

MS. COLEMAN-MITCHELL: I will make a statement then I would like to defer to some of the folks on the panel as well. I have to be honest with you that we



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are very excited to have this opportunity to continue to be very transparent as a public health department. We love the engagement with the public.

You know, truth be told as a public health department, we speak in our own lingo, right, and we have our own culture. And so, it would be welcoming to have an opportunity to work with those that are appointed on this committee to explain to them but also to hear from them about what's going on. So, we would really love to have the opportunity for the engagement and working on with these folks on the committee that are appointed.

REP. STEINBERG (136TH): [inaudible off mic 33:38-34:10]

REP. PETIT (22ND): Thank you. Thank you, Commissioner. I wonder if you or your staff could speak to the issue that many people have brought up in discussion. That is that we overall have a say 95 percent immunization rate but we have pockets. And if the pockets truly represent a risk factor for the state given the high level of immunity in the state overall.

DR. CARTER: My name is Dr. Matthew Carter, I'm the state epidemiologist. Dr. Petit, thank you for your question. Dr. Petit, thank you for your question, we've talked about this before. From the perspective of my perspective as the state epidemiologist, there's really two issues.

There's the increase in the religious exemption rate over the past decade. It has taken 20 years really of the modern vaccine hesitancy movement to -- to have a significant impact on rates of religious

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exemptions. But we see it now, not just in Connecticut but nationwide.

But the thing with a rate overall for the state is that it's clear that there are pockets of under immunized schools in this state. We have not yet, fortunately, had any outbreaks associated with our under immunized schools. The reason for that is that we have such a high level of herd immunity.

Is it of concern, certainly. I can tell you that in the state of Washington, for example, under immunized communities, schools, were the major place where measles transmission occurred in the past year. So, we know that we have seen this in other states. We know that in the State of Maine, for example, which had an overall religious exemption rate over 5 percent, they decided to move forward in a preventive way and pass a law basically similar to what's being proposed here related to religious exemptions.

Because the average rate for state hides the pockets of under immunization that can be a source of problem. Exactly that is what occurred in parts of Brooklyn and Rockland County this past year. We had under immunized communities where out sustained community transmission lasted for almost 10 months.

REP. PETIT (22ND): Commissioner, thank you, Dr. Carter. Commissioner, does the Department of Public Health have -- have a number if people don't meet the requirements for entry, how many -- how many students overall would be impacted?

MS. COLEMAN-MITCHELL: I'm sorry, could you repeat that? I was busy fixing my chair. Sorry.

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REP. PETIT (22ND): How -- how many students would be if -- if the -- if the students didn't meet the requirements for entry, how many students in the state would be impacted by this legislation?

MS. COLEMAN-MITCHELL: In what regard? Impacted in terms of not being --

REP. PETIT (22ND): Not -- not allowed to -- not allowed to reenter public or private school.

MS. COLEMAN-MITCHELL: Thousands. I want to defer to our epidemiologist, Kathy Kudish, for specific numbers.

DR. KUDISH: Hi. The number of children with religious exemptions -- sorry. Kathy Kudish. I'm the immunization program manager at the Department of Public Health.

The number of children in the 2018-19 school survey that had religious exemptions was around 7800.

REP. PETIT (22ND): Commissioner, how -- are you confident with the -- the data now in -- in terms of the reporting? Have the school nurses been trained or instructed appropriately to feel that the data is fairly robust in terms of religious versus medical versus other? Do the numbers all add up?

MS. COLEMAN-MITCHELL: I'm going to speak and then I will refer to Kathy, our state epidemiologist. I actually feel very confident. We've actually come online and have become electronic. We are working with the schools that have been reporting.

We work with the State Department of Education with the school nurse supervisors and the nursing supervisors. So, we're very confident with that data as it stands now. But Kathy can give you more

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specifics because that is her role at the Department to engage and work with schools.

DR. KUDISH: Kathy Kudish. So, the numbers do add up on the survey. But I just want to point out that once a child has an exemption, they are not counted on the rest of the survey. We can't measure an exemption by vaccine for religious exemption. Children don't have to present their immunization record once they claim an exemption. So, it would be difficult to have the school nurses complete that without that information.

REP. PETIT (22ND): And a follow up, do most of the children with religious exemptions, are they typically exempted for one vaccine such as MMR or are most of them exempted across the board?

DR. KUDISH: That's -- that's what we can't say because there's no record that's presented. And there's no reason that has to be stated why a child has a religious exemption.

REP. PETIT (22ND): Mr. Chairman, I'll defer other questions to allow other people to go.

REP. STEINBERG (136TH): Thank you, Representative. Senator Somers followed by Representative Hennessy, followed by Representative Michel.

SENATOR SOMERS (18TH): Good morning and thank you for being here. I have a few questions. My first question is it's my understanding currently under the law that the Commissioner of Public Health does have the power, should there be an "outbreak" which is described as more of the disease than we normally see according to the CDC. To declare, I would call it an outbreak, where you could actually empower certain pockets and say, we have an outbreak of

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measles, therefore you have to be immunized or you have to stay out of school for 21 days. Is that correct?

DR. CARTER: Hi, again, Dr. Matthew Carter, State Health Department. The statute you were referring is actually related to the emergency powers of the Commissioner. And it involves the declaration of a public health emergency by -- by the Governor of the State of Connecticut. It's only been done once and that was in 2014 for Ebola outbreak in Africa.

It does have very broad powers related to quarantine and isolation and also for vaccinations. We have only -- we do not normally work in a public health emergency so we do not have those powers at the present time as a state agency.

Our local health directors in local health departments can take actions in response to an outbreak. And they're the ones who we asked to get involved where there is a single case of measles in a community to make sure that people who are susceptible are not in school.

MS. COLEMAN-MITCHELL: I want to also add to that is that because last year we had that huge outbreak in the nation, that it was within the powers to look at it as an epidemic. And to be able to then use that statute as an opportunity to release that information at the school level because of the status of what was going on in the nation.

SENATOR SOMERS (18TH): That's exactly my point. So, we do have an ability right now, should there be an outbreak which is defined by -- it's very vague, to protect students that are within the school system. Because we do have powers within the state

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government to be able to work with our local health authorities or the governor in an instance where an emergency declaration could be passed down that says, if you don't have this vaccine, you can't come to school for 21 days. So, we do have that, I just wanted to confirm that.

My -- my other questions are, how do we limit, according to this bill, you're mandating the vaccines for really the high risk communicable diseases. But how do we prevent that from really morphing into vaccines that are not highly communicable and can, you know, kill you within 24 hours like HPV. I've had a lot of people very concerned about the way this bill is written.

The other thing, I'm just going to throw a few out and whoever wants to answer can. Is, it's my understanding that the flu kills more children than the measles. So, if we're really concerned about public health and preserving life, why is the flu vaccine not one of your mandated vaccines?

MS. COLEMAN-MITCHELL: I'm going to make a statement and then I will defer to our legal counsel and then our state epidemiologist. Recognize that with the flu, that pediatric flu is a reportable disease. That's different than it has been with the adult flu.

You also mentioned HPV. Truth be told at this point in time, I want to really focus on the whole aspect of supporting the exemption of religious exemptions and not involve and confuse the topics that we're dealing with regarding HPV at this time. We're not looking at HPV, we're not addressing it, it really is very specific to the measles, mumps and rubella.

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I want to actually defer to our legal counsel in regards to what you stated and asked earlier in regards to the powers of the Commissioner in regards to epidemic or outbreak.

MR. CASAGRANDE: I'm Antony Casagrande, general counsel. Dr. Carter kind of stated it pretty well. Generally speaking, the powers to deal with outbreaks are with local health directors.

The powers that -- that were mentioned here about the -- would only rise if there were a declaration of a public health emergency. That's a pretty big deal. And that's when the governor would have to make that declaration by proclamation basically or executive order. And then it would have to be -- they would have to notify both houses of the legislature and ultimately, it has to be posted by the Secretary of the State.

And what happens and the whole point of that is that it takes the power to deal with an epidemic away from local health and puts that power in -- in the commissioner. And there are certain provisions of that that can also allow for mandatory vaccines and things of that nature. But generally speaking, that's not something that would happen regularly. Most of the time, it would be handled at the local level.

MS. COLEMAN-MITCHELL: I also want to add that when we have found that there are diseases what are highly contagious, that we do take the opportunity to mandate that they become reportable. So, that we can monitor them, we can collect data and then we learn how to address that in terms of public health.

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Just recently, we actually mandated the whole reporting with the Coronavirus. And so, that is something that we're having to look at and have to really make decisions about when we know that there is a true public health risk.

SENATOR SOMERS (18TH): Okay. I promise I only have a few more questions. And I'm having a hard time hearing you. I don't know if anybody else is. You're just very soft. It's probably the microphone so if you can, when you answer, speak a little closer that would be wonderful.

MS. COLEMAN-MITCHELL: Can you hear --

SENATOR SOMERS (18TH): That's much better. You've got to push the button.

MS. COLEMAN-MITCHELL: Okay. So, I guess my kids would never say that but yeah, okay. So, now you can hear me. I'm sorry.

SENATOR SOMERS (18TH): So, we heard today that Connecticut has dropped from 98 percent to 96 percent. What's the tipping point number where the herd immunity no longer becomes affective? Is it 90, is it 85, what's the number?

MS. COLEMAN-MITCHELL: The number that's been set by CDC, Centers for Disease Control and Prevention, is that's standard of 95 percent. And we've shown a trend and that's in your -- in your -- your chart.

SENATOR SOMERS (18TH): That's the standard but what's the tipping point?

MS. COLEMAN-MITCHELL: That question was asked last time. I'm going to defer to Dr. Carter to answer that.



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DR. CARTER: It's -- there's no cliff that you fall over. Basically, 90 percent of herd immunity, community immunity protection is less than 95 percent. But it's not like you reach a certain point and suddenly you're in danger. It's a progression.

And in response to your earlier question, during the measles outbreak last year in New York State, they had to declare public health emergencies in order to deal with it. And even in a public health emergency, it's still took almost 10 months to control the outbreak.

So, the reason we're here today, it's our job to prevent outbreaks of vaccine preventable diseases. Because they're much harder to deal with once an outbreak occurs. Kathy, would you like to address the immunization question because it is required for influenza.

DR. KUDISH: Currently, influenza vaccine is required for childcare programs and for pre-kindergarten students. That was added in 2011. We haven't had immunization requirements added since 2011.

SENATOR SOMERS (18TH): But it's not required for school.

DR. KUDISH: Pre-kindergarten is in school. So, there's -- there's pre-kindergarten programs that are run by local board of educations that are part of a school and then, you know, Pre-K licensed childcare programs. So, it's required for both of those settings for Pre-K.

SENATOR SOMERS (18TH): But if you don't go to Pre-K and you enter into Kindergarten, every year you have

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to get your flu shot every day. That is not a mandated vaccine on this bill, correct?

DR. KUDISH: That's correct.

SENATOR SOMERS (18TH): Okay. And it's my understanding that the flu kills more children than anything else right now, is that correct? As far as

--

DR. CARTER: On an annual basis, that's absolutely correct.

SENATOR SOMERS (18TH): Okay.

DR. CARTER: The rationale for vaccinating preschool children is that we now know that small children are the primary ways that adults get infected with influenza. So, it's transmission among the under 5 that really drives flu season, the flu epidemic. So, we're one of the only states that requires influenza vaccine for preschool.

SENATOR SOMERS (18TH): Okay. Just two more questions. I have more but I'm going to save them. As far as the medical exemptions, many of the constituents and clinicians that I've spoken to wish that for medical exemptions, many people that are taking a religious exemption are taking it because medical exemption is so stringent.

They say the physician doesn't have leeway when they feel that, you know, a child had a bad reaction, the second child is coming along and there's no way to quantify that medical exemption. But they feel that if they had a more physician to patient, I guess, availability to create a medical exemption, that doesn't fit in the box. You wouldn't be seeing as many of those exemptions.

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So, has there been any thought to that because it's a barrier between the patient and the clinician that I see as something.

Then my second question is, of the cases we've had of measles, because I looked at your list here. In Connecticut, were those children or were those adults? Were they United States citizens, did they come from other countries? Can you expand on that please?

MR. CASAGRANDE: Okay, to take the -- I don't know if you can hear me better on this one. Is that better or no? How's that is that better? Okay.

The one thing that this legislation that's proposed does and this may speak to your concern about doctors being involved with patients. It will require that a new form be created by DPH to collect information on medical exemptions from doctors.

And it will have a drop down menu of sort that the doctors can pick the reasons for the medical exemption. And I believe it also requires that there's -- that there be a box for other. So, that the doctor, if he doesn't find one of the reasons listed as being the one he needs to use can suggest another -- another option.

MS. COLEMAN-MITCHELL: I just want to reference your -- your second question, I believe it was, in regards to those that -- could you repeat that question? Those that were positive?

SENATOR SOMERS (18TH): I'm trying to look for, we have it looks in 2018 there was, I got this off the Department of Public Health. There was three cases of measles?

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MS. COLEMAN-MITCHELL: Okay.

SENATOR SOMERS (18TH): So, do we know were those in children, were -- did those -- were they in adults, have those adults been vaccinated? Did they originate here in this country, did they come from other countries, et cetera. Can you detail that?

MS. COLEMAN-MITCHELL: I have an answer for what I thought you were saying. I'm going defer that and -- and defer to Kathy Kudish. But I do want to file in once you finish [inaudible off mic 52:25-32].

DR. KUDISH: The Department recently published a review of the Connecticut measles cases during 2014 to 2019. It's on our website if you want to read more. But there were 13 measles cases reported during that period and four of those were the 2019 cases.

Children, four of those cases, 4 of 13 were in children under age 18. Four were hospitalized of the 13. Twelve were unvaccinated or had unknown vaccination status so that's 93 percent of those cases, and one had a documentation of two doses of measles containing vaccine.

SENATOR SOMERS (18TH): Thank you for answering. I have a lot more questions. I'm going to defer because I don't want to take up everyone's time. Thank you.

MS. COLEMAN-MITCHELL: Well, can I just respond to what I thought you were saying earlier?

SENATOR SOMERS (18TH): Sure.

MS. COLEMAN-MITCHELL: I think it's important to note and one of the key -- we got this mic thing down now so we're going to share and then you guys

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share yours. I think that it's important to note that this is our second round, right, for all of us going through this. And it's been tough, right, it's been really hard for everybody.

What really struck me was that when I went back to the office and I received several anonymous emails from parents, from mothers that, it was so simple, said thank you for being that voice that I'm afraid to be for my child. Thank you for speaking up for us. Thank you. And these were several anonymous emails that I received.

And I just think it's important that we don't lose the true mission of why we're here and what we're trying to do. And I think it's important to kind of share that. And yes, I get it, everyone has what they think is the right thing to do.

We're sitting here, we're public health and we're just trying to make that case scientifically to show that we are really saying that this is an opportunity for Connecticut to take a stand. To make a difference before, before any major outbreak occurs and destroys someone's life or their home or their family. And I just needed to make that statement because I thought you were asking on a different realm but I understand what you're saying now. Thank you.

REP. STEINBERG (136TH): Thank you, Senator. We now have Representative Hennessy followed by Representative Michel followed by Representative Candelora.

REP. HENNESSY (127TH): Thank you. Thank you, Commissioner, for your testimony. I -- I don't know where to begin to address this. Your position,

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there are over a thousand people here, obviously, today that disagree with you.

You -- you explain that there -- they have unfounded fears of the safety of vaccinations and you define it as vaccine hesitancy. A lot of these people have vaccine injuries or they have children with vaccine injuries. These vaccines are protected by our national government.

1980, The Vaccine Injury Compensation Program began and its paid out \$4 billion to vaccine injured children, people. There's no liability for these vaccine manufacturers. They -- once they get on the schedule, they're -- they're good do go. And we have this one size fits all.

I appreciate Senator Somers questioning kind of drilling down to that that, you know, they're -- we don't have drugs that are one size fits all. 1980, before 1980, there was listed 1 in 100,000 people with autism. Now on the DPH website it's 1 in 35 or 34 so there's an increase in autism.

So, those were basically statements but I guess my question could be where is all of this autism coming from? My generation it was 1 in 100,000 and now it's 1 in 35. There has to be some systemic reason for this and it doesn't seem like anybody is looking into where exactly this rise in autism and autoimmune and -- and allergies, ticks, et cetera. What are we doing to address that?

MS. COLEMAN-MITCHELL: Well, Kathy Kudish is going to answer some of your question. We can't answer and sit here and say, where does autism come from, we can't. What I do know is that I took the

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opportunity to look at the session, informational session last year for many hours.

And there was a Yale researcher who talked about autism and her studies. And they were fascinating, absolutely fascinating. And I am not going to sit here and try to in any shape, way or form is to state what she said in detail.

But she did make the case and she did it quite eloquently about whether or not vaccines are the cause of autism. And she made it very clear based on the research and the research that she's done at Yale that there was no relationship.

I can't sit here and answer that question about where does autism come from. That's something I can't answer, I'll be honest with you. But I think we need to be open minded about where the information lies with people who are doing the research and consult with them in all honesty.

And again, like I said, and I forget her name but she was very, very good about sharing what studies have done in terms of twins and what the findings were. And I think the opportunity begs to say, look at that and listen so that we can all become more educated about that topic. Kathy.

DR. KUDISH: I would just like to echo that that we don't know what is the cause of the rise of autism. But it's been definitively proven that it is not related to vaccines.

I want to talk a little bit about vaccine safety and the surveillance systems that are in place to determine that vaccines are safe and to flag any potential safety issues that are occurring because

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they're robust. And a lot of work and collaborations go into these surveillance systems.

After a vaccine is licensed and recommended for use in the U.S., there are four systems in place that work together to help scientists monitor the safety of vaccines and identify any rare side effects that may not have been found in clinical trials. This is because even large clinical trials may not be big enough to find very rare side effects. For example, some side effects may only happen 1 in 500,000 people.

Second, vaccine trials may not include certain populations. Like people with certain medical conditions who might have different types of side effects or who might have a higher risk of side effects than the volunteers who got the vaccines in the clinical trial stage.

So, the first of these four surveillance systems is the Vaccine Adverse Event Reporting System or VAERS. Many of you have probably heard of VAERS but it is a very misunderstood system. VAERS is a passive reporting system, that means it relies on individuals to report vaccine reactions. Anyone can report a reaction or injury to VAERS which includes healthcare providers, patients and their representatives such as attorneys and caregivers.

The system is co-managed by the FDA and the CDC. The intent of VAERS is to cast a wide net to include any potential adverse event so that a problem may signal the need for further evaluation. Is it okay that VAERS is a passive reporting system? While ideally all events would always be reported, there are other surveillance systems which do not rely on passive reporting to overcome this limitation.



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It's important to note that VAERS with data alone cannot be used to answer the question, does a certain vaccine cause a certain side effect. This is because adverse events reported to VAERS may or may not be caused by vaccines.

There are many reports in VAERS in common conditions that occur just by chance after vaccination. Further investigation may find no medical link between vaccination and these conditions. Instead, the purpose of VAERS is to see if unexpected or unusual patterns emerge which may indicate a vaccine safety issue that needs to be researched further.

The second surveillance system is the Vaccine Safety Data Link or VSD. Which is a collaboration between CDC and eight large healthcare organizations across the country. It conducts studies based on questions or concerns raised from the medical literature and VAERS. In addition, when new vaccines are recommended or if changes are made in how a vaccine is recommended, VSD will monitor the safety of these vaccines.

The third system is the Clinical Immunization Safety Assessment Project or CISA. CISA is a national network of vaccine safety experts from the CDC's immunization safety office, seven medical research centers and other partners.

CISA addresses vaccine safety issues, conducts high quality clinical research and assesses complex, clinical adverse events following vaccination. CISA also helps to connect clinicians with experts who can consult on vaccine safety questions related to individual patients.

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The last of these systems is the Post-licensure Rapid Immunization Safety Monitoring system or PRISM. PRISM is a partnership between the FDA and leading health insurance companies. It actively monitors and analyzes data from a representative subset of the general U.S. population.

PRISM links data from health plans with data from immunization information systems. PRISM has access to information for over 190 million people living in the United States allowing it to identify and analyze rare health outcomes that would otherwise be difficult to assess.

So, there have been many, hundreds and hundreds of vaccine safety studies published based on these surveillance systems examining vaccine safety.

MS. COLEMAN-MITCHELL: Can I just ask, what were the total number of those systems that are in place?

DR. KUDISH: Four -- four surveillance systems.

MS. COLEMAN-MITCHELL: Four surveillance systems. And I also, just to -- just to reiterate the fact that in my testimony, I do have a link that allows you to look at all of the vaccine studies, thousands that have been done, for your records and for your information as well.

REP. HENNESSY (127TH): Thank you. It -- it seems that there is a bit of a disconnect among -- under the understanding that no vaccines per se have been tested with the double blind placebo testing more than four or five days.

So, and -- and -- and that information is available. I'd just like to close with the -- there is a disconnect here between your message and what's

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happening in the world. And I'm saying that this -- this is a paradigm that we're supporting here in the legislature and paradigms work until they don't work. And the people are here because they -- they're not hesitant, they're not uninformed, they are informed and they are asking to be left alone.

And I believe that there will come a time when we will look back on this and see that the four manufacturers of vaccines have done a lot of harm. It's historically correct with -- with Vioxx and all the drugs that have come out that they've known have been harming people. I just find it very upsetting that we're going forward, we have a difference of opinion. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. Representative Michel followed by Representative Candelora followed by Representative Klarides-Ditria followed by Representative Kennedy.

REP. MICHEL (146TH): Thank you, Mr. Chair, thank you to the Department of Public Health for taking the time to come and testify today. And thank you to all the people in the room and the overflow rooms. I have two questions that are closely related to the herd immunity. And I'll give you both my questions now and so this way I'll be done after that.

When you talk about herd immunity, I believe the different percentage of herd immunity per like for measles might not be 95 percent it might be 91 percent or 90 percent. And depending on which, are you looking at that as well? Are you considering this information?

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And then the DPH published an article on their web page called Vaccination Mandates: The Public Health Imperative and Individual Rights by Kevin Malone and Allen Hinman. On page 264, it states that the proportion of the population that has to be immune to provide herd immunity varies depending on the disease and for measles it exceeds 90 percent.

So, according to this article you have posted, if the state or school is at 91 percent, it would meet herd immunity for measles, is that correct? Thank you.

DR. CARTER: Thank you for your question. As you know, it actually touches on my question I answered earlier. It's -- it's a matter of degree. Measles is the most easily transmitted disease and that's why the CDC sets the level for community immunity at 95 percent.

For other vaccines, herd immunity can be achieved at lower percentages. And that's well described in the articles that you may have come across. Right now, we're most concerned about measles because measles is like a canary in a coal mine. When we see -- start seeing measles outbreaks, it tells us that our immunization protection is weakening. And that's why we're here today.

REP. MICHEL (146TH): Thank you for that. I'm looking at the graphic and you -- you reached 2.5 percent 2018 to 2019. And then it's unclear, the projection is to be 2.3 percent. Did that -- are those projections? Okay. So, we'd be going down in percentage this year.

MS. COLEMAN-MITCHELL: Truth be told, we like to think that public health did its job, right, that

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we're going in the right direction. With that said, it is a little blip.

DR. CARTER: That's where we really need to focus on the trend. But it's difficult to tell sort of what causality is in a situation. As you know, for the first time in May, we released school level data. And school level vaccination rates are available in all of our neighboring states and have been for many years. New York, Rhode Island, Massachusetts. But we and -- and New Hampshire are the only states in New England that don't -- hadn't released that data.

We released the data again in October. And that blip that you see is the current school year. We implemented a new online database so we could collect data electronically. Our purpose was to be able to provide this Committee with up to date information on the state level rates.

I'd like to think that our efforts over the past 10 months have had some impact on lowering the rate. Again, that might be my public health perspective.

REP. MICHEL (146TH): And regarding earlier it was mentioned that the emergency plan or procedures, is that not sufficient?

DR. CARTER: It was not sufficient in -- in New State either in Brooklyn or in Rockland County. Both required a declaration of -- the declaration of public health emergency requires an outbreak to happen first. It actually took months in New York for public health efforts to fail. The traditional methods of identifying contacts, cases, identifying contacts, declaration of a public health emergency.

So, if you have to wait for an outbreak to happen and declare a public health emergency, you're

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probably going to be dealing with a measles outbreak for 6 to 10 months.

REP. MICHEL (146TH): And last question. There are components in the vaccines that are causing also concern or issues potentially between heavy metals, mercury, aluminum. Are there any efforts to get rid of those, you know, materials in vaccines? Thank you.

DR. KUDISH: So, the mercury that you're referring to was in thimerosal. And thimerosal is a preservative that was being used in multidose vials. It was never found to actually be of a health concern but it was removed in the -- in the early 2000s. And at this point, there is almost no multidose vials in use anymore that contain thimerosal.

We've gone to almost all single dose vials and syringes that do not contain thimerosal. Aluminum also it's an adjuvant which the reason it's there is to stimulate an immune response so that less antigen is required in the vaccine.

And aluminum is also an ingredient that is in such a small miniscule amount compared to the amount that we're exposed to in our food and the environment that it -- it is not of a concern in this amount. It is -- it is a very miniscule amount or is a magnitude lower than what would be a concern.

REP. MITCHELL (146TH): I believe, I mean, every person has different reactions and capacities, toxicity. Do you test people in terms of is there any ways to test people to find out if they could get harmed from those materials?

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DR. KUDISH: Epidemiological studies have looked at the ingredients and looked into safety concerns and have not found problems related to aluminum in vaccines.

REP. MICHEL (146TH): Right. But there's nothing being done so that we can know if a patient would be particularly themselves have more severe or have a more severe reaction? Because there are reactions when you give a vaccine on some people. And my question is, is there any -- any -- any testing or any efforts, any research being done to make sure that they would come to harm, although despite what you just stated.

DR. KUDISH: The amount of aluminum in a vaccine is miniscule compared to the amount that you would eat or ingest or be exposed to. So, it -- it doesn't -- there's no reason to assume that the problem would be the vaccine when you're eaten 10 times that amount and you have it in your system.

REP. MICHEL (146TH): All right, thank you. I have more questions but I'll let my colleagues continue. Thank you.

REP. STEINBERG (136TH): Thank you Representative. Representative Candelora followed by Representative Klarides-Ditria followed by Representative Kennedy followed by Representative Zupkus.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you, Commissioner, for your testimony. I just had a couple of hopefully just brief questions.

We talked about the 7800 students roughly that are excess in the religious exemption. And when you look at the numbers and you try to quantify it because I understand, you know, these are exemptions

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that are exercised at Kindergarten and then they go into the system. And so, that's why you can't just take the 530,000 students in our system and multiply it by 2.3 because that number would be different than the 7800.

So, that number that you identify for the religious exemption, do you track that number from Kindergarten and then seventh grade, is that how you sort of extrapolate it?

DR. KUDISH: We've collected it for each grade level in the past few years.

REP. CANDELORA (86TH): And so, if, I guess the assumption is then if the religious exemption is exercised in Kindergarten, we're assuming that the children remain unvaccinated through the whole system. Right, because we don't have updated data. So, if somebody -- if I exercise a religious exemption for my child at Kindergarten and I happen to vaccinate them at second grade, we don't know that.

DR. KUDISH: We don't know if it's the same child in first grade that had the exemption in Kindergarten. The whole numbers are measured for each grade level.

REP. CANDELORA (86TH): So, you collect for each grade?

DR. KUDISH: Yes.

REP. CANDELORA (86TH): Okay. And then my other question is, you know, we have as we've discussed, the population of non-compliant children. They're not exercising any exemption and for whatever reason, the schools don't have their -- their paperwork.



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Do we have that number quantified and has there been discussions? I know on our side from a legislative perspective, we're trying to talk to the Department of Education of why we have that populations of students. And do we have a number of non-compliant?

DR. KUDISH: The -- the school survey is measuring the number of students who have received the required number of vaccines and the number that have exemptions. And there's a -- there's a category of children that are defined in Connecticut regulation section 10.204(a) 3(a). And there's this category, it's referred to as immunization in progress. And this allows children on a catch up schedule or with an appointment to receive vaccines that are required to attend school. And part of that clause says that children that don't meet either of these should be excluded.

So, the survey is not measuring just the number of students who should be excluded from school. It's measuring all the children in progress that aren't up to date, if that makes sense. The survey is not like a legal tool to look, you know, at who should be excluded. It's just, are you up to date, have an exemption or do you not [inaudible - 01:17:05] other category.

REP. CANDELORA (86TH): Do we have that other category quantified though?

DR. KUDISH: We do. But just to be clear, it includes that should, you know, it's not just kids that should be excluded, it's kids who are on a catch up schedule. Because the catch up schedule allows kids, you know, for example, if you need a Hepatitis A vaccine, if you get your first dose, you have to wait six months until you can get your

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second dose. So, kids wouldn't be excluded for that six months, they can go to school, they just need to be on the catch up schedule or have that appointment to get their -- their next vaccine.

REP. CANDELORA (86TH): And do we have - do you have a number? Could you get us a number of what?

DR. KUDISH: Not split out.

REP. CANDELORA (86TH): Okay.

DR. KUDISH: Amongst the categories. We don't have the number --

REP. CANDELORA (86TH): Well not even split up, just aggregated. The reason I ask that question is, right now the way the bill is currently written, you know, it captures all of that population. And so, we're not just talking about necessarily 7800 kids that are affected. Under the current bill, there could be this population affected. So, I was wondering just from a quantity standpoint how many children that would include?

DR. KUDISH: As long -- as long as we're understanding each other --

REP. CANDELORA (86TH): Yeah.

DR. KUDISH: That -- that that number does not represent kids that should be excluded from school or will be excluded from school.

REP. CANDELORA (86TH): So, --

DR. KUDISH: Because it's a bigger number.

REP. CANDELORA (86TH): I know it's a bigger number and that's -- that's my point that I want to make clear to this Committee. That if we're -- if a bill

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is being drafted that would say you have to be fully vaccinated by September 1, 2020, what -- what number of students would that include? Because if we don't have a catch up schedule, how many students would be impacted? Do you understand my question?

DR. KUDISH: Yeah but -- but some of them will be on a catch up schedule.

REP. CANDELORA (86TH): I understand but if we don't allow for that and --

DR. KUDISH: We do allow for it, it's in the regulations.

REP. CANDELORA (86TH): In the regulation.

DR. KUDISH: Yes.

REP. CANDELORA (86TH): In the regulation. But my point is, I -- I didn't think this bill would be written the way it is right now. What I want members to understand is what the -- what the quantity is if a bill was put forth that said, you need to have all of your vaccines by September 1, 2020, how many children would be impacted?

DR. KUDISH: Yeah, well the numbers are on our website, the -- as percentages.

REP. CANDELORA (86TH): Right. But do we have a total number of --

DR. KUDISH: We can get you the total number.

REP. CANDELOR (86TH): I would just appreciate that. Because we -- we hear different numbers of 7800 students with the religious exemption. But this issue is far more complicated and that's why I put it out there. Because I think as conversations move

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on, legislatures need to appreciate what the scope is.

My other question that dovetails to this a little bit is the schedule right now is currently the DPH Commissioner has the ability to add vaccines to the schedule without legislative approval. And, you know, we hear it like with the toll vote whether we could extend to cars without it coming back to the legislature.

And there is more anxiety for different types of vaccines like HPV or even the flu for some reason who parents really don't want their children getting the flu vaccine for whatever reason. Could there be conversation or how -- how could you limit that ability of adding more vaccines to the schedule without a public conversation?

DR. CARTER: Can I ask one clarifying question? Just to -- just to be clear, what you're saying the bill as currently written would not allow children on makeup schedules to attend school.

REP. CANDELORA (86TH): It may not.

DR. CARTER: It may not. Even though in regulations students are allowed to attend school on makeup schedules.

REP. CANDELORA (86TH): I think the regulations would have to catch up to the law.

DR. CARTER: Understood, thank you.

MS. COLEMAN-MITCHELL: Can you repeat that last question? I was caught up with what you were saying. I'm sorry.

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REP. CANDELORA (86TH): So -- so, the Commissioner could add, alter the schedule, you know, that discretion. And I think that's also done through a regulation as well. And I think that gives some anxiety to people. Because when we talk about communicable diseases, that's one issue. What about the non-communicable diseases? And is that something that the Commission would be willing to have a conversation about moving forward?

MS. COLEMAN-MITCHELL: Okay. So, let me answer that in two ways. First, recognize that in house we do have a, I might say the wrong terminology, they can correct me. But we do have a vaccine board in house that consists of individuals outside of DPH that come and work with us.

Secondly, recognizing that the earlier, I think it was Representative Steinberg in regards to this entity that's built into the bill in regards to working with -- with individuals that will help us, to educate us, that we can communicate to them and be very, very transparent. So, that's a -- that's a second piece.

And I'm never going to say truly as a public health commissioner that I'm not open to hearing and through the staff of hearing the other side because you really want to hear what others have to say. It's about the folks, the people that live in the state, so I'm open to that.

But keep in mind, there are some things that are truly with the science and with the public health behind it. That even with all of these, the entity that's built into the legislation, the vaccine board that we have within DPH, that there still may be decisions that would be made. But these are

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entities that exist to allow us to have a discussion for decisions maybe made that may not be to your liking or to the constituents that have these concerns. But definitely open to it.

REP. CANDELORA (86TH): Thank you. And then this question, I might be more appropriate for the Commissioner of Education. But, you know, a couple of years ago and it was -- it was supposedly through federal law that a -- that a 90 day waiver was created for unaccompanied minors to enter into school systems without having a vaccination -- proof of vaccination or any type of a schedule.

Have -- are you familiar with that issue and how does that get reconciled with this statute given it's my understanding that federal law was dictating that waiver which on a personal level I was concerned about that inconsistency. Especially when it -- the 90 day waiver applies to Pre-K and Kindergarten, you know, the vulnerable populations.

MS. COLEMAN-MITCHELL: As Commissioner, I'm not familiar with it. I don't know if anyone on this panel.

DR. KUDISH: I believe you're referring to McKinney-Vento and I do think that the State Department of Education is probably the entity for that.

REP. CANDELORA (86TH): That's what I thought.

DR. KUDISH: Yeah.

REP. CANDELORA (86TH): I appreciate that. Yeah, I don't have any further questions. Thank you very much.

REP. STEINBERG (136TH): Thank you, Representative. Representative Klarides-Ditria followed by

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Representative Kennedy, Representative Zupkus and Representative Carpino.

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you today for your testimony. I'm sure all this -- we're all this taking information in and -- and forming our own opinions. I have a couple questions. I have a lot but I'll try and keep it just to a few so other people can speak. Just quickly, what is the vaccine compensation program? Anybody?

MR. CASAGRANDE: You're talking about the federal program?

REP. KLARIDES-DITRIA (105TH): Yes.

MR. CASAGRANDE: To the best, I've never really delved into it. But to the best of my understanding, it's a -- it's a program which basically sets up a -- a fund for people who might be harmed by vaccines.

Clearly, there was an effort made several years, many years back to give pharmaceutical manufacturers some limited or no liability relative to vaccines. It was kind of the theory of things might not always be perfect but they're better than not doing anything, that kind of a scenario.

And therefore, in an effort to not have manufacturers stop making vaccines when based on the science they're helpful, that was put in place as a mechanism for compensating individuals who might be and could prove to be damaged by vaccines.

REP. KLARIDES-DITRIA (105TH): Thank you. And my follow up question to that is, so if vaccines are,

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in fact, safe why has the injury compensation program paid about \$4 billion since 1988?

MR. CASAGRANDE: I -- I don't know, I can't verify the amount that you're talking to. I don't know if it's \$4 billion or not.

REP. KLARIDES-DITRIA (105TH): Give or take.

MR. CASAGRANDE: Well, and I just don't know the number at all. But my point is, the -- everything we do in life has a risk. And in -- in law, there is always a risk and there's a compensable risk. That doesn't necessarily mean that it's not outweighed by the benefit of what the risk is protecting.

REP. KLARIDES-DITRIA (105TH): Okay thank you. And my next question, if this bill passes, what will happen to the children with IEP services?

MR. CASAGRANDE: IEP, Individual Education Programs?

REP. KLARIDES-DITRIA (105TH): Mm-hmm.

MR. CASAGRANDE: I don't know the answer. I mean that would be better asked of the Education Commission.

REP. KLARIDES-DITRIA (105TH): Okay. Hold on. Now almost -- almost my last question. Do you see a correlation between increased allergies over the last 10, 20, 30 years and increased vaccination schedules?

DR. KUDISH: The same surveillance systems that I spoke of before have examined autoimmune diseases, allergies as related to vaccines and have not found any link between the two in epidemiologic studies.



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REP. KLARIDES-DITRIA (105TH): And someone may have asked this question already so I apologize. Why have we increased our vaccines so much over the last 30 years?

DR. CARTER: I've been working for the Department of Public Health as a medical epidemiologist for 35 years. And during that time, it has been an incredible period of vaccines preventing diseases.

When I first started, we used to have 50 cases of meningococcal disease every year or 5 to 10 deaths. That's almost gone. Pneumococcal disease which used to kill children in great numbers has almost disappeared because of the pneumococcal vaccine for children.

All of the vaccines that we currently have available have -- have to go through numerous studies. It takes about 10 years for a vaccine to actually even get through all the different tests that have to be done during the approval process. But they've all been demonstrated to be effective in preventing these diseases.

We actually live in a remarkable time. And I will say this in the current context. One of the things that we're doing at my office right now is getting prepared for a possible Coronavirus pandemic. Our efforts right now are on containment and trying to keep it out. But it is a virus that we will have no vaccine, we will have no antiviral for.

And I'm really glad that those days have passed for measles and mumps and rubella and all the other diseases that we already have vaccines against. It is -- it is with something that all of working in public health looking at down the road is facing a

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pandemic without a vaccine is not something that any of us should take lightly.

REP. KLARIDES-DITRIA (105TH): Thank you. And if this bill passes, what -- what happens to the population of adults that want to go back to school to continue their education? Will they have to get caught up on all the vaccines?

DR. KUDISH: So, either there's -- there's evidence of immunity for some of these diseases that are required but I can tell you what's required for higher education. Is two doses of measles, mumps, rubella vaccine, two doses of varicella and if you live in a dormitory setting, meningococcal vaccine.

So, people can go and have a blood test if they don't have their vaccine records from when they were younger. You can have a blood test to prove immunity to measles, mumps, rubella, varicella or they can produce records.

REP. KLARIDES-DITRIA (105TH): So, if you don't plan on living in a dormitory setting, if you're just going back to school, you will not have to get anymore vaccines.

DR. KUDISH: You wouldn't have to get -- you wouldn't have to get meningococcal vaccine but you would have to get the other four antigens as stated, measles, mumps, rubella, varicella.

REP. KLARIDES-DITRIA (105TH): Okay. And when did that start again? When did MMR start?

DR. KUDISH: Well, there were two, yeah, it's a little complicated. Because the measles doses had been required for longer than the two doses of mumps and rubella on top of -- in addition. So, when did

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we -- we went to the -- the two doses for all three antigens plus varicella 2011, 2011. But two measles containing vaccines were since the -- probably 1998, something like that. Meningococcal is the same, probably 1998. I'm sorry, 2011.

REP. KLARIDES-DITRIA (105TH): So, an adult in their 40s or 50s would only have to do those.

DR. KUDISH: Yes.

REP. KLARIDES-DITRIA (105TH): Okay. All right, thank you very much.

REP. STEINBERG (136TH): Okay. Representative Kennedy followed by Representative Zupkus followed by Representative Carpino.

REP. KENNEDY (119TH): Thank you, Mr. Chairman and thank you all for being here today. I just have a question, clarification more so from listening to some of your testimony today. In the last few years with the devastating storms we've had in like Puerto Rico and such other areas, students have come over to here to attend classes here. How are they monitored? Would they fall under this McKinney-Vento Act?

Where are you getting the statistics? Because in many cases, the islands have been destroyed. So, if they're attending school and starting, how are you keeping up with their records?

DR. KUDISH: We worked closely with Puerto Rico. They have an immunization registry and -- and we were able to obtain immunization records on students that were displaced coming over. The McKinney-Vento is unaccompanied minors. So, it could be yeah, a different situation.

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REP. KENNEDY (119TH): Sorry, Mr. Chairman, follow up. So, just to be clear, so then pretty much any student that has come in has been up to date on all their shots and you're able to verify that with the registry?

DR. KUDISH: Yes, either up to date or caught up.

REP. STEINBERG (136TH): Representative Zupkus followed by Representative Carpino.

REP. ZUPKUS (89TH): Thank you. I almost said good morning. Good afternoon. Thank you for coming today. I too have lots of questions. Some have been answered, some I'd like a little more information on but I'll try to be short and see if they all get answered.

So, the 7000 students or whatever that number is, we know it's thousands, that would not be allowed in school, how would they be educated? What do you see that -- how would we take care of that and handle that population of kids?

MS. COLEMAN-MITCHELL: At this point, I can only say that would be a question for the State Department of Education.

REP. ZUPKUS (89TH): Okay. I will ask them, thank you. But that's very important as we're talking about this piece of legislation. That's an important piece of this whole process. And then --

MR. CASAGRANDE: Can I just add one thing please? One of the things though, you -- you don't know that the final numbers is going to be 7600 assuming that's where we start. Some people may decide to get vaccinated, some people may move, some people

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may home school. There's a lot of avenues. That's not really our valley.

REP. ZUPKUS (89TH): Right. Even if it's 500, 100, 3, 10,000 whatever the number is, I'm just curious. It's our responsibility as a state to educate our children. So, that is a big part of this. Thank you though.

As far as homeless kids, kids that come from foster care, in and out of different homes, what happens to them? Do they get doubled? I mean, their medical records get lost, some don't have it. Do they just get vaccinated or revaccinated? How does that work?

MS. COLEMAN-MITCHELL: I can speak administratively. As a Commissioner, we work very closely with the Department of Children and Families and the Commissioner and working with children that are in the system, children that are exiting the system. So, we have a very good working relationship.

You know, one of the key things that new as a Commissioner, no longer new, but I remember Governor Lamont making it very, very clear that the expectation is that as commissioners, we work extremely closely together and that is happening. So, we have that working relationship.

Should there be a situation come up and we had something not too long ago come up and we were able to work on it together. A very serious situation actually.

REP. ZUPKUS (89TH): Okay.

DR. KUDISH: Also, Connecticut has an immunization registry also called CT Wiz. And shots are -- must be reported to CT Wiz that are administered on young

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children. So, there's a record through our immunization registry as well as the medical record should that be lost.

REP. ZUPKUS (89TH): Okay, thank you. So, I too as Senator Somers and I think Representative Candelora talked about, you know, what would be next, what vaccinations are coming next? If -- if we're studying vaccinations 10 years out, what are we studying for now?

And so, in, you know, in '83, there were like 24 doses and now we're up to recommended to 74. What happened between then and now to go to these many doses of vaccinations?

DR. CARTER: The authority given to the Commissioner actually is linked to the advisory committee on immunization practices. Which is the CDC, there's a group that advises the CDC on vaccines. There are two major groups that make recommendations concerning childhood vaccines in the U.S. The ACIP is one, that's -- that's -- gives the recommendations to the CDC. The other is the American Academy of Pediatrics.

Connecticut law ties our immunizations to the ACIP recommendations. So, the Commissioner can't just say, hey I want to make this vaccine and put it on the list. It has to be on the list of vaccines that are approved by the ACIP.

I would also like to point out having worked with you all for decades is that we're very aware that -- that we should not abuse the powers that the legislature gives to the Department. And we take great responsibility adding vaccines to that list. We're also very aware that there are vaccines that

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people have considerable concerns about whether or not they present a problem in a school setting. And we're very much alert to that.

I think in the past, past practice, I hesitate to use the word norms because -- but is that the Commissioner of Health works very closely with the legislature anytime we're considering a vaccine for which there is no clear consensus as to whether or not it needs to be required.

REP. ZUPKUS (89TH): Because just for my own purposes, I have girls and I have a young daughter, she's 12. And every time I go to the pediatrician, they promote HPV, HPV like constantly. So, it concerns me a little bit that down the road that's going to say okay now we have to vaccinate everybody for that. And then it was just young girls and now it's boys. So, you know, if I look at all these drugs and if you could tell me, how many vaccinations are in the pipeline for studies?

DR. CARTER: I don't think I could tell you a number. But I know that there are vaccines that are being developed for respiratory syncytial virus, for example, which is a very common cause of pneumonia. That is one that could have a huge impact in terms of reducing pneumonia in both children and in older adults.

So, the one that we're looking at most prominently is the RSV vaccine which we hope will be available within the next 5 to 10 years. That's the one on the public health horizon that I am most familiar with.

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REP. ZUPKUS (89TH): Someone told me there were about 200 vaccinations in the pipeline right now. So, I just --

DR. CARTER: Well, I'm aware of the ones that are being developed towards the next biggest public health burden which is really what guides our interest. It's in tackling the diseases that have the most morbidity and mortality associated with them.

REP. ZUPKUS (89TH): And I guess when you say that, can you -- when was the last epidemic or outbreak that we had to have vaccinations in due? Is it this measles case?

DR. CARTER: 2009, the influenza pandemic of 2009, H1N1 was the last pandemic. That was the globalized spread of a novel flu virus that none of us had ever seen before. Pandemic means that it has to do with its spread. This was a new virus that spread around the world. It turned out to be as severe as -- as sort of a really bad flu year which was fortunate for all of us.

But in general, we've had three influenza pandemics each century. Of greatest concern right now is that in 2003, the SARS epidemic which reached Toronto and closed the city down and hospitals. And fortunately, did not cause much illness here. There was the MERS-CoV outbreak for Coronavirus in 2012 in Saudi Arabia. And right now, Coronavirus is one which appears to be easily transmitted from person to person. And all around the world, we're trying to contain it right now.

REP. ZUPKUS (89TH): So, are these flu type issues, because I know now you get the flu shot but it's for



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a strand, it's not for everything. And I know, I just talked to someone today in this building, they've gotten the flu shot two years in a row and been deathly ill with the flu from it. So, you know, there's no, all of these, there's not one shot that cures or that is a definite that you won't get it.

DR. CARTER: Oh, we would -- we would all love to have a flu shot that's called the universal flu vaccine which would be one time only. People have been trying to develop that for 60 years but it wouldn't happen yet.

But I'd like to point out that natural immunity also has its drawbacks. I was born in 1953 and I'm naturally immune to chicken pox and I still have chicken pox virus in my body just like all of us.

REP. ZUPKUS (89TH): Did you get vaccinated for it?

DR. CARTER: Well, I'd like to not get shingles so yes, I have received the shingles vaccine. But immunity is not perfect. Whether it's natural immunity or vaccine induced immunity or even community immunity.

REP. ZUPKUS (89TH): So, speaking of natural, so do you have any naturopathic doctors on this board as well or is it just all medical doctors?

DR. CARTER: The advisory committee to the Commissioner is -- consists of pediatricians. It consists of nurse practitioners, nurses from public health departments. So, it is a blend of people who work in pediatrics and in local public health departments.

REP. ZUPKUS (89TH): But no naturopathic doctors?

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DR. CARTER: No.

REP. ZUPKUS (89TH): Okay. And then I'll just, two more questions and I'll -- I'll kind of wrap up. But could you just please describe to me, I know since we are talking about religious exemption here, what are these vaccinations -- well first of all, there's only a couple of companies that make these I believe, right? How many companies make these vaccinations or the majority of them?

DR. CARTER: Four or five.

REP. ZUPKUS (89TH): Like three. Merck is a big one and then there's two other ones that I -- I have them. So, what are these -- what's the ingredients of these vaccinations? So, measles, we'll take measles. That was a big, the outbreak in New York. What ingredients are in that that makes it up?

DR. CARTER: Well, we'd be happy to tell you.

DR. KUDISH: I can't speak to measles vaccine ingredients specifically but if I could just speak more generally on ingredients if that will suffice.

REP. ZUPKUS (89TH): Sure.

DR. KUDISH: Okay. So, ingredients are necessary to achieve immunity through a vaccine, right? You have to have certain components for it to work and induce immune response. So, one of those ingredients I referred to earlier is an adjuvant. And adjuvant is a substance added that boosts the immune response to the vaccine so you need less of the antigen, quantity of virus or bacteria that you're creating immunity to. To gain protective immunity and you need fewer doses if you have an adjuvant.

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Vaccines containing adjuvants are testing extensively in clinical trials before being licensed. An example of an adjuvant is aluminum salts which was asked about before, right? So, they've been -- aluminum salts have been in vaccines since the 1930s. And the quantity present are -- is extremely low, it's regulated. Given the quantities of aluminum we're exposed to on a daily basis, the quantity of aluminum in vaccines is miniscule.

So, that's an example of one of the categories. Another category of ingredient is a stabilizer. And these are used to help protect the integrity of the vaccine during manufacturing, shipping and transport. An example of this is gelatin.

There's also or used to be preservatives in vaccines to make them safer and thimerosal was the example from before. But since vaccines are manufactured differently today, not so much in multidose vials but in single dose syringes, single dose vials and syringes, preservatives have become far less necessary in modern times.

And then there's byproduct of manufacturing. So, the vaccines are made from viruses and bacterial. Some chemicals and cell by products used during vaccine production may remain in the final preparation in minute quantities because most of it's removed.

So, some examples of those types of things are antibiotics, DNA, egg proteins, human proteins and yeast.

REP. ZUPKUS (89TH): So again, since we're talking about religious exemption and you talk about human proteins and all of that. Are aborted feces -- are

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aborted fetuses' part of what's used in these vaccinations?

DR. KUDISH: They are not.

REP. ZUPKUS (89TH): They are not?

DR. KUDISH: No.

REP. ZUPKUS (89TH): Everybody please.

DR. KUDISH: What's that?

REP. STEINBERG (136TH): We're going to warn people. We're going to have to clear out people who are -- who are commenting and interrupting the people testifying. I'm going to make that very clear. If you continue with this behavior, you're not going to be able to sit here. I'm sorry. Yes, please continue.

DR. KUDISH: Okay. In the 1960s, there were two elective abortions performed from which cell lines were derived and the vaccines had been grown in those cell lines from -- not all vaccines but some of the live vaccines have been sustained and grown in those cell lines since the 1960s. There has been no additional infusion of cells to maintain the cell lines.

The reason they used them is they grow very well for a long time. So, some of the byproducts, it's listed as an ingredient because it contains miniscule byproducts from the cell line that goes way back to the 1960s.

REP. ZUPKUS (89TH): Okay, so it does, yeah.

DR. KUDISH: Well, see fetal tissue, I think is a little bit misleading.

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REP. ZUPKUS (89TH): Okay, I was just asking the question.

DR. KUDISH: Okay.

REP. STEINBERG (136TH): Representative Zupkus, I know you've asked a good number of questions. There are others who need to speak.

REP. ZUPKUS (89TH): Can I just ask one more about -  
-

REP. STEINBERG (136TH): I'm just concerned that we're now two hours in and the public is going to get restless if they're not already. And I promise you that if there's a need for us to have a further meeting with DPH, I know it would be not as part of this hearing, there will be opportunities to ask some more of these questions. I'm just trying to show some regard to those who still want to speak. So, if you have perhaps one more but we'd like to try to limit it to just a couple three questions each.

REP. ZUPKUS (89TH): And it's just about reviewing the records. When you submit the records on who has not been vaccinated, who sees those records and what information is there?

DR. KUDISH: For the school --

REP. ZUPKUS (89TH): Yes.

DR. KUDISH: Well, the school nurse at the school receives records. The Department does not receive records on students. So, the school nurse reviews the records for completeness and then they also are receiving other information like the school -- the physical form. And I -- think perhaps the Department of Education can give more details on

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that. But the Health Department is not receiving records on individual students.

REP. ZUPKUS (89TH): And if this passes you would not, it would stay with the school.

MS. COLEMAN-MITCHELL: Yes.

REP. ZUPKUS (89TH): Great, thank you. Thank you.

REP. STEINBERG (136TH): Representative, I'm sorry to have interrupted. Representative Carpino followed by Representative Comey followed by Representative Betts.

REP. CARPINO (32ND): Thank you, Mr. Chairman, and I'll do my best to be brief. Commissioner, thank you for coming and for bringing your staff. I have a few questions that haven't been covered yet, two of them from members of my community and one that I'm hoping your counsel can maybe help me with.

I know we talked about aluminum being in minute amounts. Can you elaborate though in the difference between aluminum being ingested since aluminum versus aluminum being injected.

DR. KUDISH: Okay. I know there's a great source for that information but it's not in my head and we can get back to you on that. I can share that with you. But it's, let me see if I can -- the way it's eliminated is different but I'd rather -- I'd rather share that with you after.

REP. CARPINO (32ND): If you could share that with me that'd be great. And I will share it with the Committee because I'm sure I'm not the only who wants to know the answer.

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My next question has to do with the population of students who are unvaccinated. In the event this bill is passed as it is and I have grave concerns with the drafting of bill in front of us now. And that population of unvaccinated students is forced to find their education elsewhere, what are the impacts to our communities going to be?

And doctor, I suspect you're the one to answer this as an infectious disease specialist. What is the impact of our population as a whole across the state going to be when these unvaccinated children are now seeking their education? And being in our community without being within the school restrictions of 8:20 to 3:20 Monday through Friday? Is there going to be an impact?

DR. CARTER: Well, I think the risk is about the same. We're really looking at community level protection. And school, in the United States, we chose to use school entry as a way to increase vaccinations. In other parts of the world, vaccinations are required at certain ages. But really, it's how many unimmunized people are in the population is the driver of transmission.

And so, whether or not they're in school, they may - - the reason why we're concerned about schools is because everybody is close together and infection is more easily transmitted in a school setting. We know it's a matter of simple crowding. If there are fewer students in school, those people still present a possible risk of -- of being susceptible to infection. Actually, the risk might go down if they were no longer in school.

REP. CARPINO (32ND): Thank you. Maybe my question wasn't very artful. Is there going to be an

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increased risk of disease to either these unvaccinated students or their families or the community if they're forced to seek their education elsewhere where they would be normally --

DR. CARTER: No.

REP. CARPINO (32ND): -- surrounded by vaccinated children.

DR. CARTER: The answer to your question is no.

REP. CARPINO (32ND): Perfect. And then my last question and counsel, this might be for you. So, I am personally struggling with the little information I can get from the National Vaccine Injury Compensation Program. I've heard from constituents who either themselves or their family members have experience what they believe to be adverse impact from vaccines.

And I realize it's a federal program and not a state program. But I'm struggling with the inability to get state wide data for the claims being presented. Can you tell me if the Department of Public Health has access to the amount of adverse reactions to our residents since we're here making decisions for the State of Connecticut?

MR. CASAGRANDE: Not to my knowledge, no. They don't --

REP. CARPINO (32ND): Have you ever sought that information?

MR. CASAGRANDE: No. No, not to my knowledge. But they don't report to us, no.

REP. CARPINO (32ND): Do you think that information would be helpful as we consider this bill before us?



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MR. CASAGRANDE: Well, once again, it depends, you know, if all you're going to get is numbers then that's only of limited value. And I don't know that you're going to get information necessarily other than you'd -- you'd be getting the same ways we have health information now, right? Would be non-identified. There would be no -- you wouldn't see the records necessarily. So, I mean, I don't know, I don't -- I've never looked into the program to be honest with you. So, I don't know exactly what data it would provide but I have some question as to the validity of it.

REP. CARPINO (32ND): No, and I appreciate that and perhaps -- go ahead, you wanted to add.

DR. KUDISH: Yeah, I just want to add, so we don't have information on National Vaccine Injury Compensation Program. But we do have a designated safety officer in the immunization program and that's part of CDC, we designate an officer. And we do receive reports that go to theirs for the state.

REP. CARPINO (32ND): So, do we have state wide numbers available to the agency through any program or individual that works there that would help us identify the number of Connecticut residents who have been injured by vaccines and perhaps the type of vaccine?

DR. KUDISH: No, because what you're asking about is an injury claim. And what I'm talking about is just reports to the system and I've stated the limitations before. There is no link for cause and effect in VAERS. It's a reporting system.

REP. CARPINO (32ND): Would the members of this Committee have access to what you do have?

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DR. KUDISH: In VAERS reports, yes. Actually, anybody can go to the VAERS website and download data. Anybody.

REP. CARPINO (32ND): Thank you. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you. Representative Comey followed by Representative Betts.

REP. COMEY (102ND): Thank you, Mr. Chairman. I just have a quick question regarding the, and it's just going to be one question. But the emergency plan that you spoke of back with New York and then you said that it had failed. In Connecticut, what is our emergency plan in comparison to that and -- and are we better prepared or not?

DR. CARTER: Well, let me specifically speak about the outbreaks in Rockland County and in New York State. And there, once the outbreaks began, a traditional public health message -- methods were tried to stop it.

Which is, you identify somebody who has measles, you identify the contacts, you make sure those people get vaccinated. Those methods did not bring those outbreaks to a halt. And required the declaration of a public health emergency both in New York City for the affected boroughs and also a public health emergency for Rockland County was eventually passed.

That gave both the county government and the City of New York additional powers to require people to be vaccinated. Actually, New York created -- made not getting vaccinated an ordinance that if -- you could be fined if you refused to be vaccinated. So, these additional powers combined with the traditional

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public health methods, eventually brought these outbreaks to a close after almost 10 months.

Our declaration of a public health emergency which is defined in statute again, has only been used once and that was during Ebola in 2014-2015. We have never used the vaccine component of that. But it would give the State Health Department additional pass to require vaccinations. You can't force anybody to get a vaccine but it does have -- it gives people the option of staying home until the outbreak is over or potentially fining people who refuse to get the vaccine and refuse to stay home.

REP. COMEY (102ND): And actually, just one more quick question. If -- if we were to have to do a -- because we don't really work in counties here, we're all individual towns in this -- in this state. Would it -- would the responsibility and the cost associated with -- with going through this, you know, a state of emergency or something. Would that be something that is an expense to our individual communities?

MS. COLEMAN-MITCHELL: Just, if there was a declaration of emergency by the governor, right, then the powers then lay within the Commissioner. But understand that local health directors are under the offices of the Department of Public Health. So, yes it would extend that far and wide, absolutely. And the cost would be attributed at that local level as well.

REP. COMEY (102ND): Thank you very much.

REP. STEINBERG (136TH): Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman. As I've been listening to this, a couple thoughts come

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to my mind. One is I don't feel qualified, because I don't have the medical background or the expertise to understand the ramifications of what's being proposed. And just optically, it's very obvious that a lot of people are concerned about this proposal. And I was thinking to myself, given the, the complexity and serious ramifications and concerns about it, would you be open and receptive to delaying moving forward on this so that common ground could be found between the opponents and proponents, or a, at least a clearer understanding of what the facts are and the ramifications? Because I've been here for 10 years. This is the first time that I've heard this proposal come up. And it's amazing to me to see how much interest has been generated. I just think from your perspective, so that people understand what your role is, that it would be beneficial to have a delay and more time to educate each other as to what are the facts. And I'm just wondering if you would be open and receptive to that? Or do agree or not agree with that?

COMMISSIONER COLEMAN-MITCHELL: Representative Betts, as a public health commissioner, I do think that decision lies with all of you to make that decision. What I can only say, again, strictly from a public health perspective, it's time for us to look at how we can prevent a catastrophe to occur and how we can put public health forth. I did state clearly in my testimony that I did think that with the implementation of this legislation to wait until 2021 to allow for families to adjust and make arrangements only with knowing how much that, you know, would take, instead of it being effective this year, that was a stronger recommendation on my end.

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But I do believe that that request that you stated would really lie within your colleagues, your, your fellow policymakers.

REP. BETTS (78TH): And I appreciate that Commissioner. And I guess I would ask -- And I'm not trying to put anybody in a difficult spot here, but if you were in our shoes, or even as, as commissioner, it's hard to ignore the number of people who are really concerned about the policy that's being proposed. And rather than getting into a very intense and controversial battle over this -- And this is a short session. Is there -- Is it so urgent that we take it up this session, this moment? Or could we have more time to be able to try and assimilate something that would be, meet both sides' needs?

COMMISSIONER COLEMAN-MITCHELL: I -- Honestly, I don't want to be disrespectful, but I want to be able to say that it is time for us to take some action on this. It was a scare to have the number of measles cases in this state that we have a high immunization rate. We are right next door to the state of New York. And it's very concerning about what took place this past year and what can take place going forward. And if we have an opportunity as, as public health officials to really educate to make a decision that will prevent anything along the lines that we saw in New York and the state of Washington, why wouldn't we? Right? Why wouldn't we protect those who don't have that voice?

REP. BETTS (78TH): Thank you very much, Commissioner. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Representative McCarty.

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REP. MCCARTY (38TH): Thank you very much, Mr. Chairman, and welcome, Commissioner and staff. I'm sorry that I had to step out a little bit earlier. I'm on the Education Committee, so this is very relevant and I, if I may just follow up with what Representative Betts was just saying, if this bill were to go forward, what is your opinion about a delay for, for reasons other than -- Naturally, we're all here because we want to protect our school children. I think we, we -- you stated that earlier today. And I think everyone in this room comes to that agreement. But since you mention that we were at the 96th percent immunization rate level for herd immunity currently, if this were to be delayed, and even going another step, if those parents and students that are using the religious exemption, if they were grandfathered in, perhaps, how would that impact our, our herd immunity? And what if we're still above the level? To give time -- I know the special ed, the IEP, I know that those children must be serviced. So that's an issue. How we're gonna deal with all of the exemptions with the homeschool or alternative education, it's a logistic nightmare, and I don't even think it's feasible to accomplish in this kind of a quick pace, so that it's a disservice all the way around if we don't have all the pieces in place. So, my question really is asking, would the herd immunity be impacted if it were delayed for a couple of years and we exempted those parents?

COMMISSIONER COLEMAN-MITCHELL: Representative McCarty, again, I can only speak from the public health perspective. I was following along with you and, you know, again, I -- The governor and I basically clearly said that we wanted to wait till

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2021, and it was clearly indicative of the sensitivity and the nature of this topic taking place that we really wanted to have families to take the time to prepare. But when you said, a couple of years, that is extremely concerning. If you look at the charts that were attached to the testimony and you look at the trends, we're going in the opposite direction. What's to say that next year, that the religious exemptions continue to skyrocket and our immunization rate goes from the 96 to the 95 to the 94? And we had a chance to prevent that from happening? A couple years is a very -- A lot can happen. In this country, you see what's happening nationwide, globally. There's a huge public health concern. I made a statement in the testimony that clearly said that the WHO, the World Health Organization, has listed what we're dealing with as a top ten global threat. When you start to see your public health infrastructure start to erode, clear indicators are measles cases. Yes, we only had four. We shouldn't have had any. So these are concerning things from a public health perspective.

REP. BETTS (78TH): Yeah, they have a sign up. Mr. Chairman, I apologize for interrupting. But I just wanted to ask or remind people that we're not allowed to have any signs in here, and that if people would abide by that, that would be great. Thank you.

REP. STEINBERG (136TH): Thank you for reminding me, Representative Betts. We made that announcement at the beginning. If people are in the room now who weren't in previously could understand that if they continue to display signage, we'll have to ask them to leave. Thank you, Representative Betts. I'm sorry, Representative McCarty, for interrupting.

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REP. MCCARTY (38TH): I, I appreciate your remarks, Commissioner. And if I just may, so I understand the timeframe that you have, concerned that if it gets pushed out too long, that that would be an adverse impact on the herd immunity rate. But what if the current individuals that are using the religious exemption were grandfathered in? Because wouldn't the herd immunity rate continue to climb then if everyone going forward from that point was not using the religious exemption? I'm just trying to see a balance, if it would still maintain that safety net, that health safety net, if those individuals were exempted.

COMMISSIONER COLEMAN-MITCHELL: As a public health commissioner for Connecticut, I am not happy to hear about grandfathering, because there is a series of years of individuals that are unvaccinated that could pose a threat. But if it means that we can move forward in addressing this issue in a way that we have our vaccinated to attend schools.

REP. MCCARTY (38TH): Thank you for that answer. I appreciate it.

REP. STEINBERG (136TH): Thank you, Representative McCarty. Representative Borer, did you have a question?

REP. BORER (115TH): Thank you, Mr. Chairman. And a lot of my colleagues have asked a number of questions, so I won't be repetitive. I want to turn quickly to the advisory board, because you indicated that you have currently an advisory board in house, but the statute, but the bill presents a new advisory board. What is the difference between the two advisory boards?



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COMMISSIONER COLEMAN-MITCHELL: To be honest with you, we're all about efficiency in state government. We're trying to do that. And I would, we would look really inhouse about what we currently have on the staffing and the membership of existing board -- advisory board, and what the legislation entails that this new board would have. And really look at how we could combine the two for efficiency sake, honestly. That would be my perspective truly from an administrative efficient manner in regards to addressing this issue. I don't know if my team has anything to add to this at all.

REP. BORER (115TH): Thank you for that. I specifically want to address, one of the roles of the advisory board is to see if there's any discrepancies amongst the physicians who are writing exceptions. And I know there's a concern amongst families that physicians may be hesitant to write an exception because of this level of scrutiny. Is this a new level of scrutiny? And is this a necessary level of scrutiny?

CASAGRANDE: As I, I mentioned earlier today, there, there's a provision in the law that we're discussing right now that allows a doctor to grant a medical exemption based a dropdown list, if you will, of what the medical -- what the reason is for the medical exemption. And it also allows for the doctor to check another box, if you will. So if he doesn't or she doesn't agree with the listed reasons, may suggest one of his or her own. So clearly, if it's a legitimate medical reasoning, I don't know that it would be rejected. But, I mean, clearly, it would be within a certain set of parameters. I don't know if that answers the question.

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REP. BORER (115TH): It does, and it doesn't, because -- I guess what I'm asking is, how is this advisory board -- Are they going to check all of the medical exemptions that check other, or are they gonna second guess the doctors? How is that gonna work?

CASAGRANDE: I don't know. The board isn't gonna be doing that. Is it? I don't think -- I don't think that's the board's function. I think -- Go ahead, Matt, if know you know better, then go ahead.

DR. CARTER: The inclusion of a board was actually new to us. We are actually looking to our legislative leaders to provide us more definition to what that board would actually do. The origin for this, as you probably know, is actu -- What happened in California when they repealed religious exemption or nonmedical exemption, they saw a dramatic rise in medical exemptions, which then led to another legislative action to give the State Health Department in California the ability to review individual cases of, you know, medical exemptions, because they found that many of the medical exemptions, the increase was actually due to a very small number of physicians. Right now, we do not have a mechanism in place to review exemptions. That's actually not our plan. And our advisory committee, I can assure you, would -- That's not part of their charter to review medical exemptions on a case-by-case basis.

REP. BORER (115TH): Thank you. And I understand sometimes you get language last minute. It does specifically state in this bill that they would be looking at that. So that's something I think we need to re-examine and take back.

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DR. CARTER: And just to be clear, our current advisory committee, that is not part of their charge.

REP. BORER (115TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative Borer. We are now over two hours into today's public hearing. And as much as we enjoy talking to the Department of Public Health, we might want to talk to some other people as well. But I did promise people, if anybody feels strongly that they have to ask questions in the second round, even though I would advise against it, please indicate such now. If not, we'll pick this up at some other time with the department. Seeing none. Thank you, Commissioner and your staff for the very important testimony. It was very important to start with you, so we could sort of get the perspective of the agency and get a lot of these issues on the table. In that we are now beyond the two-hour -- beyond the one-hour time limit, we will be alternating between members of the public and elected officials and agency members. Thank you for your time. We are going to next move to the first member listed of the public which would be -- as soon as I can find the long piece of paper -- James Turkosz, and it looks like the second is Kristen Turkosz. If they want to come up together, we'll actually give them as much as six minutes just to keep it in the family, assuming they're related. And they'll be followed by Representative Elliott. James and Kristen here? We'll give them, we'll give them a little bit. Other than that, if they're not available, we'll be doing the flip-flops.

UNKNOWN: [Off mic]

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REP. STEINBERG (136TH): Yeah, why don't we have Representative Elliott now and as soon as they're here, we'll take them. I know this is a, a challenging format. But that's the best we can do. Representative Elliott. All right. Before you start, Representative -- Please have a seat. I'm sorry, Sir. Are you James -- Oh, you're with -- I get it? I get it. Bear with me. After James and Kristen Turkosz, we'll have Dr. Stacy Taylor and Dr. David Banach from the public, and after Representative Elliott, as we rotate, we'll have Representative Lemar and Representative Logan. Senator Logan. Pardon me. Thank you for being here, Representative Elliott. Please continue.

REP. ELLIOTT (88TH): Thank you, Chairman Steinberg. I am to pass my three minutes over to Dr. Saad Omer who is the director of the Yale Institute for Global Health.

REP. STEINBERG (136TH): Welcome, Doctor.

DR. SAAD OMER: Thank you, and thanks for this opportunity. So, as it was said, I was, I'm Saad Omer. I'm the director for the Yale Institute for Global Health. I'm also a faculty member in the Departments of Internal Medicine and jointly appointed with the School of Public Health in the Department of Epidemiology of Microbial Diseases at Yale. The, the reason why I'm here is to represent my position as an expert who has been looking at this issue of vaccines for a while. My research has focused on vaccines, including clinical and field trials, vaccine safety studies, the studies of interventions to increase vaccine acceptance, etc. I have had the privilege to serve on the National Vaccine Advisory Committee. I currently serve on,

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which is the U.S. National Vaccine Advisory Committee, NVAC, and I currently serve on the WHO Global Vaccine Advisory Committee for Vaccine Safety.

And so, I'll start with a few things and some of them framed as questions, because there are a lot of questions being raised and discussed. So, the first thing that I -- Before I get to those questions is, I want to know sort of clearly, vociferously state that vaccines are highly effective and safe. For example, in terms of the actual magnitude of impact, there was a 2013 study published in the *New England Journal of Medicine* that estimated that a total of 103.1 million cases of infectious diseases have been prevented since 1924. Folks would argue there have been a lot of things that have changed since 1924. We have better hygiene, etc., and all of that stuff. It turns out, of those cases, approximately 26 million were prevented in the decade prior to the study that came out. So we are talking about population level interventions that benefit substantially some of the most vulnerable in our, amongst ourselves, which are children, but also increasingly adults as well.

So irrespective of the side of the issue, we all recognize, or at least some of us recognize clearly that we are talking about those who require our serious attention. Vaccine safety, as it was said, is monitored very strictly, etc., in this country. The question is, what are some of the legislative approaches states have applied? And we have looked at it. And we showed -- It has been shown that having mandates in a state and in a country are associated with higher vaccine uptake. But also, if it's harder to opt out of exemptions, what we find

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is that the balance of conveniences in favor of vaccination, it is associated with not just lower rates of vaccine exemptions or vaccine refusal, but also lower rates of disease. And we should keep in mind, since 2002, 2003, there has been approximately eightfold rise in religious or nonmedical exemptions, which is a catchall term for nonmedical reasons of obtaining exemptions. In this state, there's been an eightfold rise in that. So we find that it's, the harder it is --

REP. STEINBERG (136TH): I'm sorry, Doctor.

DR. SAAD OMER: Yeah.

REP. STEINBERG (136TH): You're well over the three minutes and we need to model the appropriate behavior for everybody who will follow you.

DR. SAAD OMER: Sure.

REP. STEINBERG (136TH): Let me start off by asking you a question then.

DR. SAAD OMER: Sure.

REP. STEINBERG (136TH): You were on, on a string of thought that talks about the risks inherent by maintaining the existing nonmedical exemptions. Could you help us understand, briefly, precisely what those ramifications are likely to be?

DR. SAAD OMER: So, what we have seen and others have seen is that if you have clusters or nonmedical exemptions, you have a high risk of community-level outbreak. I don't subscribe -- My approach is that it's not a magic number. And it was discussed. It's not a magic number in which if you have decreasing protection, you start seeing outbreaks. But we do know, verifiably, that clusters of vaccine

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refusals are associated with these outbreaks. And we, as a country, barely dodged revocation of our measles elimination status last year. If the New York outbreak had gone on for a few more weeks, we would have been declared an endemic country for measles.

REP. STEINBERG (136TH): Thank you, Doctor. Are there other questions? Representative Petit followed by Senator Anwar.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you, Doctor. I think you may have answered my first question in that one of the common discussion points we have is that if people come to us and say, how is an unvaccinated child a threat or a danger if they're in a, if they're in a, a community that's 95 percent vaccinated?

DR. SAAD OMER: So, there are a few things. That's a really good question. First of all, conceptually. So it's a -- Community immunity is a very intuitive process. If in this room, we have an introduction of, God forbid, let's say the novel coronavirus or measles, and if all of us were unprotected, it would infect a certain number of people. And there is a basic probability question that you have in a group vulnerability. However, if you protect some people, the likelihood that someone sitting next to a susceptible individual goes down. And it keeps on going down until it becomes really difficult or impossible to start an outbreak. So that's the basic question. But we have seen that, you know, at the local level, a breakdown of community immunity is associated with outbreaks, actual specific outbreaks, etc. So -- And specifically now [inaudible 02:19:19], if you looked at the outbreak

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curves, if you added up all the -- plotted the time and the kinds of cases, and the reasons why people were unvaccinated across time, we found that those who are unvaccinated are disproportionately present at the beginning of these outbreaks, meaning that they provide these pockets of susceptibility that can then wrap up all of the other people as well.

REP. PETIT (22ND): A follow-up to that is, another common discussion point is that, well, if you push X children out of the school system and now they're in the community, my kid's gonna be exposed them at IGA and Cub Scouts and Girl Scouts and Little League and soccer and the synagogue and everywhere else. So you haven't really changed the risk. How would you respond to that, that conceptualization?

DR. SAAD OMER: So that, that's a really good question. And I'll give you -- I'll take the liberty of giving examples of two other states that have tried different options. So, Washington state added the requirement of a physician counseling provision, that if you -- They didn't eliminate initially the, all nonmedical exemptions in that state. And they said, look, if you want to have a truly informed decision, go to a healthcare provider licensed in state and know about, they're by law required to give you any information on any potential rare or sort of other side effects, but also explain to you how your child and the community becomes at risk due to your decision. That's true informed consent. But just adding that provision, they had a reduction in, relative reduction in their exemption rates by over 41, 42 percent. And they gained approximately a decade in their trend. Washington state used to be one of the highest exemption-rate states. So that's one example.



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In California, often the data are looked at in isolation, medical exemptions, and school opt-out. We did a series of studies, which I'd be happy to share, that looked at the whole picture of the reason why children were not up to date and what happened after these successive things that California did. They did a bunch of things. They had a Washington-type law that started turning the trajectory. They had a crackdown on what is called provisional entrance, that was discussed earlier on. You say that, you know, I'm gonna get my child vaccinated. That was being sort of misused, at least in the context of that provision. They had an education campaign and said that this should not be misused. And then they had elimination of all nonmedical exemptions. The early ones had an impact on decreasing nonmedical exemptions and increasing the vaccination rates. When they got to the third part, when in the sort of the Goldilocks framework, it was not too -- It was a little too hot, in the sense that they went to that option. Unfortunately, we saw that all the nonmedical exemptions were, became extinct. There was a concurrent rise in medical exemptions, but medical exemptions were not the biggest reason for that rise.

The second -- The biggest ones were these two categories where the law didn't apply. For example, homeschooling, independent study programs. And this -- You know, Dr. Petit, you would understand this more intuitively, this diagnosis of exclusion where there was this category reported by the Health Department of overdue. And that means that at the local level, the law was kind of not being implemented. It's hard to implement these things. Their overall rates did go up. And we didn't model

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these data through synthetic control or any of that stuff. We looked at the actual data, and what we found was that the rates of vaccinations did go up, but they seemed to be going up due to, sort of, for lack of a better term, a crackdown on misuse of the provisional or conditional entrance category. So, we don't have that kind of a category here, so there are differences between the two states. So perhaps some people consider that, a Goldilocks approach to it. We have to do something about this. We have to -- We can't sit around and not act in face of a real prospect of a resurgence of a major disease. We need to learn from the other states as well.

REP. PETIT (22ND): And finally, I think California and Washington are the biggest experiences. What has been the increase in their overall vaccination rates? Is there an absolute number that you can place on both of those?

DR. SAAD OMER: Yeah. I don't recall the exact number. I can easily share it with you, but it has been a sort of reason [inaudible 02:23:53], reasonable enough, especially for a state heterogeneous, as heterogeneous as California. Because the over increase masks these drastic changes in susceptibility due to clustering of exemptions. So we specifically looked at the clustering of not up to date children in California combining all of these categories, and that has been perceptively -- has had substantial impact, especially in southern California, where clusters of vaccine refusal have been virtually eliminated.

REP. STEINBERG (136TH): Thank you. Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you, Dr. Omer. I wanted to ask you the -- We know

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right now that the World Health Organization is looking at this as a global threat, the vaccine hesitancy or refusal. That's the World Health Organization's report at this time and then right after Ebola, literally. The question is, why is this happening? What is the source of information/misinformation that is out there? Maybe CDC is wrong. Maybe everybody else is correct, vice versa. And what are the implications of this? If you could share your thoughts.

DR. SAAD OMER: So, you're right. In 2019, the World Health Organization declared misinformation around vaccines as one of the top ten threats to global health. And that is not just low-income countries. It's high-income countries as well. So they were specifically talking about North America and Europe when they sort of were focusing on this issue.

And I have -- There are several sources of [inaudible 02:25:37], a lot of parents who sincerely believe that, you know, they have concerns about vaccines. And then there are those who have their vocation to sort of spread misinformation around vaccines. I'm not gonna go into the different categories there. And I believe that individual parents come from the, from the right starting point. It's perfectly reasonable to seek information around vaccines and/or anything else.

Having said that, it is, therefore, our responsibility to make sure that information is correct. And I have a lot of empathy for represented leaders, because I'm sure you're bombarded with all sorts of information. And there's, fall into -- The researchers have looked

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into it, that they fall into a few categories. So, one is sort of inauthentic, inappropriate expert, how to -- You know, not everyone, even with an M.D. in front of their name, is an expert. So how do you judge who are the experts? Look at the, the group consensus. Look at the consensus of the Institute of Medicine, which is, which is now National Academy of Medicine, part of the, you know, the other academies. And if you want to look at that, they simplified it for all of us. They have a website called "Vaccines Are Safe." They have looked at it again and again, not individual studies, looked at the totality of evidence and that have come out [sic] out, they have come out vociferously in favor of vaccinations. So that's one thing.

And that leads me to the second thing, is avoiding cherry picking. A lot of the evidence that comes in front of you is cherry picked. Again, going back to the group scientific consensus is the way to deal with it. Then impossible expectations. So, folks will I'm sure come to you, can you guarantee that every last bit of it is known and, and we are 109 percent certain that vaccines are absolutely safe in absolutely every instance? We put sometimes a higher bar on, on this side, without recognizing the prospect of these diseases returning is real. Countries like us, Germany and France, etc., have seen national level outbreaks.

And then the last thing is outright conspiracy theories. The way to look at it is, look at the mainstream evidence. These are the -- The reports from these entities are not written thousands of years ago. These committees and these entities whose information is cherry picked can be verified by what they are saying now, and the people who

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wrote this, what they are saying now. They're not long dead, that we are sort of interpreting their deliberations in our present lives. So being mindful of the categories of misinformation that is thrown at the general public, including, and, you know, and representatives is, was helpful in the sense of public health protection.

SENATOR ANWAR (3RD): Another question I wanted to ask, and I think the Commissioner's staff in my opinion did not answer that question was, that you have a national vaccine compensation program. Why is that program -- Why has that program given so much money to people? Does that reflect the problems with the vaccine? And then the complications from the vaccine?

DR. SAAD OMER: So, one principle in public health that underlies a lot of public health thinking is the precautionary principle. And to say that go overboard in terms of precaution and this, this is, you know, in terms of vaccines, efficacy and their impact, that comes into play. But in the 80s, and I would amend what was said by the Health Department and provide a little bit more context to how the, why the Injury Compensation Program came into being and, you know, how, you know, what are some of the implications.

So it wasn't just to -- You know, it wasn't a thing that the -- a blanket protection of vaccine companies. I'll, I'll come back to that specific part. It was to -- The public health imperative was to sustain a stable vaccine supply in this country. Because of litigation, a lot of vaccine companies were pulling out. I don't care if someone's, you know, board is not happy with their share price.

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But what I do care about is the fact that we need to have a stable vaccine supply. The other thing which is true that vaccines, while are extremely safe, they have rare side effects. And while the risk-benefit ratio heavily, heavily favors vaccination, as a fair, just society, it's entirely appropriate to look out for parents who do get real side effects. And do that and help them in a way that they don't have to go through costly litigation and where lawyers often take advantage of these parents who are worried about their children's health.

So to find that balance, the system was, was created. Which is says is that, look, if you have an adverse event which is imitable created by experts, you can -- You have to go through this system first. And there are these special types of judges called special masters who go through the, you know, verification. But your burden of proof for going through the system is actually very low. It's the term, you know, is often used, a 50-percent and a feather. So you're not going to have higher burden of proof that is often included in other kind of litigation. You don't even have to prove that this specific vaccine caused this specific adverse event in your kids, which is often impossible to establish even for legitimate adverse events. All you have to show is that your kid got vaccinated and your kid has this adverse event which is a known side effect. So we are, we as a public health system, are on the side of caution saying, you get compensated. And it is incorrect to say that they cannot sue vaccine companies. It says that if you don't -- You can't do that directly. You have to go through this system. And then there are avenues for

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suing vaccine companies if, if, you know, even after going through that.

It is another story that these law suits have been found without merit or haven't succeeded after going through the system. But that's, that's a different thing. I'm not a lawyer and that, you may want to ask someone else. So in summary, what this -- And the way -- Since it was the, the beauty of bipartisan legislation that came out in the 80s at the federal level, there was a mechanism to pay for it. So that the federal government and the taxpayers are not directly, you know, bearing the burden. What it does is that in this country with ever antigen of a vaccine sold, there's a small excise duty that says, that is enacted on it. And that goes into that fund so that you're never looking for new money for it. And it has -- You know, some people sort of shared those numbers. The reason why that fund has ballooned is because that vaccines are extremely safe. Even with this low threshold system, we have had, you know, millions of dollars in compensation. Even with that, we have substantial resources there. So I apologize for a little bit of a long answer, but since it was discussed, I thought I'd provide some context which is a beauty of a democratic system that threads the needle between public health protection, but also safeguards those who could have real side effects.

SENATOR ANWAR (3RD): Thank you so much. Thank you, Mr. Chair.

REP. STAFSTROM (129TH): Thank you, Senator. Senator Somers followed by Representative Michel. And I'm gonna ask a question as well.

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SENATOR SOMERS (18TH): Thank you. Thank you, Doctor, for being here. It's nice to see you in person after talking with you on the phone. I had a question. What I'm hearing or what I think I heard you say is that we have, or California and Washington had certain pockets of the population that was not vaccinated where we saw some disease pop up. Would you, or do you believe that what you described, as far as having a one-on-one conversation with a clinician to discuss vaccinations, pros and cons, what it means to be vaccinated, not vaccinated, what it means to have your child vaccinated, what that means for other children if your child is not vaccinated, and documented in a, a real consent form between a clinician and a parent, is that, in your opinion, more effective to be able to educate in those particular pockets to try to increase the immunization rate, rather than to be heavy handed and say, you've got to get these by this date or you're out of school? I've talked to some infectious disease clinicians down at Lawrence and Memorial Hospital. Some of them have come from other countries -- And I'm not anti-vaccine. They've seen diseases that we don't have in this country because of vaccines. But they also framed it really uniquely. And they said, humans, human nature has a real sensitivity to requiring the government to mandate something be put into their child. Education is the way to do it, with the real data and the pros and the cons. So I wanted to see what you thought about that. If we can identify the pockets, can we have a, an ability, or would it be a better plan to have an ability to have a real conversation with a clinician? Because if we exclude certain individuals who are not going to be



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vaccinated for whatever reason, they're still in the community. So how does that, you know, really help the ultimate goal? Could you speak to that at all?

DR. SAAD OMER: Yeah. I can share -- I can share some of the data that we have seen from other states and with some caveats. Because, you know, there are only a few -- Still like, we have 50 states and so we're dealing with a small number of examples. But this is all we have to learn from in terms of different experiments. So the Washington example where they had this kind of requirement, but they had also a few loopholes that I'll come back to, were reduced substantially their vaccine refusal, etc., in that state without the so-called replacement effect. In California, we did see a replacement effect. And you only see that replacement effect if you look all causes of nonvaccination. Because it's like a balloon. You press it from one side, it comes out from the other. So, so that is the evidence with the caveat that a couple of other examples of there, West Virginia and Mississippi where they had the lowest rates of, you know, nonvaccination around the country and they have -- They eliminated their nonmedical exemptions ages ago. So these are -- And New York and Maine are relatively new and we haven't had data to look at that, that experience. So with that caveat, this is what the, these are what the data are pointing towards. Now coming back to, in its own right, physician counseling can be very effective provided there are a few caveats that are taken care of. First of all, it should be a rule of thumb that not everyone under the sun is added under the category of healthcare provider. And it's, it matters, you know, as experienced legislators, I'm sure you are,

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you appreciate it that it is the details that often matter. So one of the things is that, a) it should not be a catchall, anyone who call themselves a healthcare provider are included in that. A nice rule of thumb is that whoever is allowed by the state to be qualified to give vaccines should be the one who has, who's considered to have the wherewithal and the understanding and the ability to update their knowledge about even side effects, but also benefits as well, should be the one signing these things.

The other thing is, if you -- We did a -- So, some of it, what I described was real data. Then we projected it out to say, what happens if you apply different kinds of policies and if you -- What we found was that if there is a grandfather clau -- There isn't a -- There's a grandfather clause. If your desire is to reduce your risk of outbreaks, right now, with that grandfathering in, you get the benefit of having high vaccination rates, the full benefit in six, seven years. You do get it. But you -- Because, you know, it was really sort of -- It was pointed out earlier that folks who are already in the system continue to be part of that herd. So if you're gonna do that, focus on, on that part.

And the other thing is that, another part of complementary legislation that I'm seeing here is innovative in the sense that in the clinics, a lot of these discussions require a lot of dedication, a lot of attention, and it takes time. And physicians, and especially primary care providers, especially in underserved areas, do all sorts of things, and they get compensated if the conversation leads to vaccination. But you don't know that when

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you're starting the conversation. And so they should be -- That should be a billing code that is covered. And coming from Connecticut with a history, with its history of innovation in the, in the insurance industry, that would be a signal, that could be an example for other states to learn from for a rational evidence-based approach. The reason I'm calling that an evidence-based approach, that there is a lot geographic, socioeconomic variability and the reasons of nonvaccination and so on and so forth and the interventions to address that. There's one constant, be it any state in the U.S., be it Mexico, be it Kenya, be it South Asia, we have looked at all of these situations. The most trusted source of information, even in this era of WhatsApp, Tinder, you know, all sorts of things -- I meant to say Twitter, but either way -- But, you know, these kinds of things that are out there, misinformation is spreading through these kinds of social media. The most reliable source of information remains a physician. And, and a physician or a health care provider is someone who is most qualified to counsel as well and provide true informed consent. And so if you're empowering that entity by these other sort of accompanying legislative actions, I think that's, that's wonderful.

SENATOR SOMERS (18TH): And follow up to that, so if you -- If we had true informed consent -- I know when I took my kids to the pediatrician, it was simply, oh, it's time for this shot and the nurse came in and gave them the shot. So there was no conversation. So you're saying one other alternative would, to be, have true informed consent with a physician or a health care provider who is qualified to give the vaccine to have a conversation

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based on scientific data, pro-con, with the, the parent and they would be able to be compensated for that time regardless of what the outcome is, whether the patient receives the vaccination or not? That would help increase the immunization rate in a way that is different than being heavy handed?

DR OMER: Yeah, so that would be -- If you implemented that, that would how it would work. But to prevent the abuse of that provision, that you don't have exemption mills sort of running in the state, it should always be accompanied by an informed declination form, which is initialed by the physician and the provider saying that they discussed these real risks, for example, associated with nonvaccination both for the child and for the community. And the other caveat is, this kind of conversation works best, both in terms of the clinic flow, if it is available as an option but not mandated for every encounter. It would be highly impractical to do that. But if, for example, you know, primary care physicians interact with the parents all the time. And in that dynamic, if they feel that they spent like say 20 minutes of their time counseling them, they should be able to bill for that without mandating that everyone, you know, starts talking about vaccines at hello.

SENATOR SOMERS (18TH): And last question. On the medical exemption, do you think there should be more leeway on that medical exemption rather than just the, the boxes from CDC where a clinician has the ability as a trained expert to have an, a say in this particular patient meets a criteria that is not one of these boxes, but I feel that they should be exempted or we should put this particular vaccination at a later time? That's one of the

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overriding complaints that I have heard from citizens that are taking a religious exemption, from some.

DR. SAAD OMER: I, I feel strongly in evidenced-based medicine. Physicians, as it's implemented in states that have reasonable requirements around medical exemptions, already have leeway. But they need to stick to different guidelines that are consensus-based. And we do that in all sorts of other things. Because otherwise, it opens room for abuse of this law. But also, I -- When you're calling something a medical exemption, it should be based on medical reasoning. And it shouldn't be an umbrella for all sorts of other stuff. So they need to -- And the mechanisms that are proposed to prevent that kind of, for lack of a better term, abuse, I think are entirely appropriate and needed for that kind of a situation.

SENATOR SOMERS (18TH): Thank you.

REP. STAFSTROM (129TH): Thank you, Senator. And just for the benefit of the public, because I know Senator Somers knows this, we do have a provision in the proposed legislation which does provide the practitioner with some leeway to determine medical exemption reasoning that may not be explicitly con -- stated in the CDC guidelines. So that's in the bill. And we have the Oversight Committee to look at outliers for the potential abuse in either extreme. And I should also add with regard to Senator Somers' previous question, that everyone should be paying attention to Bill 50 -- House Bill 5043, which does require insurance companies to provide reimbursements for an extended consultation between practitioners and families to discuss their

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vaccine options. So again, we try to anticipate those things. I really appreciate Senator Somers' questions because they illuminate aspects of the legislation we are currently considering. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. And thank you, both of you, for coming to testify today. I've received over 1,200 emails in which there are -- Some of -- In some of the emails, there are a couple of stories of physicians refusing to help families and telling them to go to somebody else. And so that brings the question, yourself as a physician, are they -- Or what kind -- What kind of pressures do physicians get in order to push for vaccines? That would be a first question. And then I'll come back to you.

DR. SAAD OMER: So, my perspective is of a researcher in this, you know, in this context, etc. To set the context, vaccines have, overall, very high support at the community level. And even mandates, irrespective of what you think. And you go back to sort of, you know, the dialogue in Atticus Finch, you know, in *To Kill a Mockingbird* about, you know, your conscience and majority, etc., we do that there, even mandates are highly, highly supported by the population. Having said that, there are a lot of parents who feel, minority parents or individuals who are sort of, overall, feel strongly about vaccines. They are very vociferous and I'm sure -- I have a lot of empathies with the email traffic that, that I'm sure you are getting. And so but coming back to your question -- And, and could you sort of again remind me of the, of the core of the question in terms of --

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REP. MICHEL (146TH): Yeah. What sort of pressures do the MDs to -- or the physicians to act this way in some of the stories that I've read?

DR. SAAD OMER: Yeah. So, they do face pressures when this kind of a law is enacted. I -- Whichever degree it is. And the best way to do that is to empower them through the law that they should stick to the guidelines, the mainstream guidelines. And I went through, you know, not the, not the five, six categories of misinformation, but if you empower them to stick to the guidelines, give them the leeway that is already there, but then monitor overall trends, I think that's a reasonable way to go.

REP. MICHEL (146TH): But would you consider our language in, in our, in the bill is going to make sure that physicians will not refuse to help a family that has questions or issues or concerns or?

DR. SAAD OMER: Well, I haven't looked at that specific proposed language. My intuition is that especially primary care physicians are dealing with all sorts of pressure in there. And, and so there are already sort of reasons for interacting with a family or otherwise, including the, the fact that, that they need to safeguard the herd immunity or community protection in their waiting rooms, in their sort of practices, etc. So I don't second guess an individual physician's making that decision. Overall, do I wish that the conversation continues with mainstream physicians? That would be my preference. But I don't think it would be a good idea to qualify that specific thing into a legislative language. But you guys understand that better. But, but from my perspective, that would

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pose an undue burden on physicians who -- You, I guess, you know, all of us want to apply their clinical judgment within the mainstream guidelines.

REP. MICHEL (146TH): Right. And I'm not going to perpetuate that question, but one of the -- part of my question was, what kind of pressures? Because you confirmed they have pressures.

DR. SAAD OMER: So yeah, so they have -- They're asked to sign, you know, medical exemptions for nonmedical reasons. So that's one specific pressure. They are asked -- I'm sorry.

REP. MICHEL (146TH): The reversed pressure. Not the pressure in order to sign medical exemptions. The pressure not to, not to.

DR. SAAD OMER: I, at least in that kind of a, you know, at least at the mass level, the clinician services that are done, do not indicate that physicians specifically, you know, at any sizable numbers beyond anecdotal [sic], anecdote and data, beyond individual anecdotes [sic] feel, anecdotes feel any kind of pressures that way. So they have, they have a really wonderful service I would encourage people to look at that is run out of University of Colorado. The data I saw there do not sort of seem to indicate that they feel any pressure to not sign medical exemptions when they are warranted.

REP. MICHEL (146TH): Okay, and I'll go back to your domain of research.

REP. STAFSTROM (129TH): It's a question, Representative Michel, I'm hoping?



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RE. MICHEL (146TH): Yeah. Sure. Sure. I could have more, but [Laughs] I'll go with one. What ingredients would be toxic if in higher dose and can the mix of those ingredients also be toxic? Thank you.

DR. SAAD OMER: So, look, I can go through sort of a textbook of toxicology and sort of project stuff. But in the interest of time, I'll sort of condense that. The ingredients that are in our vaccines are evaluated starting with the bench to trials. And it is -- Actually, it was stated that there are no randomized control trials. There are randomized control trials. There are also placebo trials for the initial set of vaccines, or if you are introducing a vaccine in a new age group there are randomized controlled placebo trials there. What happens is, when you add to an existing schedule, every mainstream emphasis and the Institute of Medicine has looked into this, would counsel you not to give, not to withhold this standard of care, which is the current immunization schedule, from the folks in the control group. And, and so, so we don't -- That's why there are -- What you do is that your control group has placebo plus the existent schedule, and your intervention group has the new vaccine. And so, therefore, what you do is you do observational studies. And we, meaning the community, has done observational studies applying the up-to-date causality criteria, and the combination of ingredients in the current vaccines haven't shown a signal that would warrant us to withdraw any of that.

REP. MICHEL (146TH): Right. And I'm sorry, Mr. Chair. I just want to rephrase my question to try and get an answer? And -- Sorry. What would be

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ingredients that would be toxic if in higher doses? If you can name maybe just a few. I, I'm sure there's maybe a potential huge amount. But if you can site [Crosstalk]

DR. SAAD OMER: Representative, you know, you could argue that, you know, nitrogen that we breathe every day, oxygen we breathe in the higher doses, it can be toxic, etc. So that's an open-ended question. And, you know, again, it's an -- One of the criteria that I went through unfortunately falls into the criteria of sort of impossible expectation category of, you know, how information is processed in this age.

REP. MICHEL (146TH): Thank you, Mr. Chair.

REP. STAFSTROM (129TH): Thank you. One last question for you, Doctor. Thank you for your indulgence. We've heard testimony previously that in terms of the presence of human fetal cell, that there hasn't been any new fetal cells introduced in decades and it is not used in very many vaccines at this point. But I've been confronted with some information that suggests that even the mere presence of fetal cells can lead to insertional meta, mutagenesis or autoimmune disease, whereby the cells are, the fetal cells are attacking the immune system of the individual. Could you please comment on those?

DR. SAAD OMER: Look, what, you know, all -- As I said, like there's five, six categories of how information is processed. And unfortunately, you know, you guys have to sort of confront all of that. And I'm glad you mentioned that. Includes these kinds of hypotheses that are not mainstream and that have been looked at through group consensus. Not by

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individual Google and PubMed searchers, but actual scientific consensus by folks who are vetted for conflict of interest, who are vetted for their scientific credentials, and bring interdisciplinary focus and expertise to these kinds of discussions. Based on that, this is not one of the concerns that, you know, these entities like the National Academy of Medicine, a national -- Would pre -- previously called the Institute of Medicine, has found to be of a concern that would alter their recommendation for vaccines being safe, etc.

REP. STAFSTROM (129TH): Thank you. As you can see, we committee members will struggle with trying to differentiate between claims and assertions, all based upon information that's presented from a variety of sources. And our objective is to listen to everyone, but hopefully by the end of this process, be somewhat discriminating on what is scientifically supported and what isn't. Are there any other questions? If not, Doctor, thank you for your time. We're going to return to the public. We're gonna give one last shot to James and Kristen Turkosz. Are they actually here? Yes! Great. Come on up. We're not gonna constrain your time. You have up to six minutes between you. You'll have to fight that out between you.

JAMES TURKOSZ: My name is James Turkosz. I live in Woodbridge. I don't have a bunch of fancy initials after my name, but like you said, you're hearing from everybody. I'm just a father. I work in health care IT, and I'm here to strongly voice opposition to H.B. 5044 and acts concerning the removal of parental choice and constitutional rights. I have two kids, one in second grade, one who we hope to start kindergarten this fall. We

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have a third on the way. But instead of just eagerly anticipating that, we're spending all our free time agonizing over this whole situation. And this will have a greater direct negative impact on more Connecticut citizens than probably any other potential bill in recent memory, because it hits a lot of people at home. People are scared. It may have impact on public health, positive or negative. We don't really know that yet.

But it will have consequences which are certain. It'll turn a lot of lives upside down. Folks who don't comply could be denied an education, segregated from their peers. Others will feel forced to leave the state of Connecticut. And a lot of families that might be most victimized could be the low to middle income, dual income, single parent. Some of them may have no choice and they'll feel forced to avoid financial ruin and other upheaval. I don't know how many families will fall into each of those categories. I don't know if any of you know that either at this point. But it's been stressful the last few months for a lot of people including us, and no one should have to make those choices in America.

Other things worth mentioning, the medical exemption [inaudible 02:56:02] advisory committee. We don't know what's going to happen with the doctor-patient relationship on that. California's experience hasn't been very good so far in that area. Implementation and enforcement is gonna cost money. This isn't free. This isn't just a magic button where everything gets better. So those forced to comply by 15 or 16 shots in the catch-up schedule, that's more than I've had in my entire life and I

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was fully vaccinated. A lot of people are concerned about that.

And most have even admitted there's no emergency. We're trying to get out in front of it. We're trying to make sure we prevent an emergency. But holding an education hostage of many thousands of students is, as a purely preventative measure, should be the last resort, not the first resort. And it requires an overwhelming burden of proof to do something like that.

And I haven't seen a lot of -- I've seen a lot of half-truths that may not have all the proper context and a lot of fearmongering actually as well. And the 25-percent increase cited in the DPH data is a misleading statistic, and we ended up with one extra kindergartener with an exemption versus the previous year for every five to six schools. That doesn't sound like an emergency to me. And we actually heard today that it actually ticked a little bit back down from the last year. We're told to ignore that. It doesn't matter. It's just noise. But we don't know that yet.

So this bill will do far more harm than good to Connecticut families and the state as a whole, I strongly feel. And I urge opposition from everyone for H.B. 5044 and stand in favor of constitutional God-given rights of every Connecticut citizen. Thank you.

KRISTEN TURKOSZ: My name is Kristen Turkosz. I live in Woodbridge, Connecticut. I sit before you all today as a public school educator for the past 14 years who has deeply believed that all children are entitled to an education without discrimination. H.B. 5044 discriminates against healthy children

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with a religious exemption. As a professional educator, it is my commitment to honor and follow the Connecticut Code of Professional Responsibility for Teachers, first and foremost in my responsibility to all students. "The professional teacher in full recognition of his or her obligation to the student shall nurture in students lifelong respect and compassion for themselves and other human beings regardless of race, ethnic origin, gender, social class, disability, religion, or sexual orientation."

This policy not only discriminates against students based on religion, but also on social class. The bill victimizes lower- and middle-income families, most of whom do not have the financial means to uproot their families and leave the state or to homeschool. Some will be forced to violate their sincerely held religious beliefs to avoid devastating personal and financial hardship. Others will have their children thrown out of school and into an uncertain future. This is extremely un-American. If enacted, this legislation will ruin lives.

There is no public health emergency or threat of any kind to Connecticut to warrant such extreme legislation. These healthy children with religious exemptions have thrived in Connecticut schools for the entire 60 years that the exemption has been in place. These children are not a threat. A child with a high nighttime fever who is pumped full of Tylenol and sent to school the next day is certainly more dangerous to the immunocompromised than a healthy unvaccinated or partially vaccinated child. So are children sent to school with various other

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ailments for which there is no vaccine such as the common cold or strep throat.

I also sit before you as a mother profoundly concerned that she may no longer be able to make choices for her own children. I would like to share an assignment that my son recently completed for Martin Luther King Jr.'s Day. He was asked to draw a picture and write about a dream that would make the world a better place. My seven-year-old wrote, "My dream for the world is for kids to not fight. It would make the world a better place because nobody would get hurt." When he came home from school with the worksheet, I asked him if he was really concerned about kids fighting in school in second grade. He replied, "No, mommy. I just made that up. I didn't want to talk about vaccines in school, but my real dream is for all kids to go to school, even if they don't get shots." Thank you.

[Applause]

REP. STAFSTROM (129TH): Okay, if we hear the applause again, we'll have to have you escorted from the room. I'm sorry. You -- I know you fully appreciate the testimony. I think many of the people here in this committee feel it as well, but we cannot tolerate any response from the audience. I want to thank you both. Just to clarify, one point when it comes to the catch-up schedule, a medical exemption by a practitioner could include coming to terms on a more appropriate catch-up schedule, necessarily. So it doesn't mean that you have to be at total compliance. This is the bill. But you don't have to be in total compliance as of the date of implementation. Just to be clear on that point. Again, it's up to the discretion of the

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practitioner in consultation with the family. Are there other comments or questions? If not, thank you for your testimony. Next up will be Senator Logan, and then following that will be Senator Champagne. But in between that, we're gonna have Dr. Stacy Taylor.

SENATOR LOGAN (17TH): Good morning, everyone. State Senator George Logan. I would just start off by saying although I sat on the Public Health Committee for two full legislative sessions, I am not a medical professional, professional. But I'm here to speak in opposition of House Bill 5044. I'd like to start off by saying 1) I agree, there is no current emergency. Connecticut is experiencing a high rate of immunization in the state. It's my understanding we had a downtick of something like 0.8 of 1 percent year over, one year over another. House Bill 5044 is looking to take away existing rights from folks, or at the very least, you're asking parents to choose between the U.S. Constitution freedom of religion, or Connecticut State Constitution, a free public education for all children. That is something that I think is wrong. In the mid '80s, required vaccines were in the less than a dozen for kids 0-18. Now it's approaching 40 and rising. And that's a concern for many parents. So removing choice from parents who -- For example, there's an inequity in this law. Some parents can't afford to homeschool their children. However, those that are of economic disadvantaged folks will not have that opportunity. I think that's wrong. And what's next? I think it's shortsighted. If we take a look, you're banning unvaccinated children from public schools. What about public libraries? What about playgrounds? What about other public places?



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How about amusement parks? It's really shortsighted. I think we should look at the situation and monitor it, and I think going to the extreme of banning these kids from schools I think is wrong. With me today, I have a Byzantine Catholic priest, Michael Copenhagen, to take up the rest of my time.

MICHAEL COPENHAGEN: I'm a Catholic priest in union with Rome in New York state. I teach philosophy and theology and other subjects including the sciences. And I have six children who cannot attend the religious school where I teach and are effectively quarantined despite the legal mandate to receive IEP services, because I refuse to violate the moral law, which includes the injection of fetal cell-derived vaccines from the WI-38 line. You can refer to Dr. Theresa Deisher's affidavit for that.

Many Catholics and conscientious people upon a thorough moral analysis see a clear immediate forced cooperation in the intrinsic evils of theft, desecration, experimentation, and trafficking of human remains obtained through violence to produce the product. Regardless of the documents and policy statements to date by some individual bishops and dioceses, bishops' conferences, this remains a magisterially unsettled question, which means that a Catholic of well-informed conscience who judges compliance with such a vaccination morally impossible is bound in Catholic teaching to refuse the procedure. Cooperation with other means -- There are other things in the schedule that are morally problematic. But in the interest of time -- [Ding sound] Okay. Well, essentially, in the interest of time, I was going to say there are two points. In Catholic teaching, if you refer to the

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catechism of the Catholic church, informed consent is undermined by coercion and this is an extreme form of coercion that causes segregation. And then also with regard to families, the teaching on the Church consistently is that they have a right, a fundamental right, and I can -- My testimony has all the references to the catechism that say that there's a right in conscience to choose where their children go to school and to be ultimate determiners of that, which you'd be usurping if you were to pass this legislation.

REP. STAFSTROM (129TH): Well, please do submit any written testimony to that effect. Thank you. Are there questions or comments? If not, again, thank you, Senator and your guest for your testimony. Next up is Dr. Stacy Taylor. Then we're going to have Senator Champagne and then Dr. David Banach.

DR. STACY TAYLOR: Good day. Loud enough? Okay. I am Stacy Taylor, family physician in Torrington. Thank you for letting me speak in support of House Bill 5044 on be, and on behalf of my colleagues in the Connecticut State Medical Society and Academy of Family Physicians. Some of you have heard the story of Scotty. But for those who have not, he was a five-year-old lively boy who one day did not feel well. He died one week later. It was 1953. That year, of the 57,000-plus with polio, my brother and 3,144 others died. Over 21,000 developed paralysis. One year later, the first polio vaccine became available. How far we have come. How easy we forget.

As physicians, we devote our lives to using scientific evidence-based medicine to help our patients. What is the evidence for vaccines? They

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have prevented hundreds of thousands of deaths, contributed to longer life expectancy, reduced health disparities, improved quality of life, and saved trillions of dollars in cost. Immunizations are safe and effective. They are a routine part of how we care for our children.

They do have potential harms. The benefits though far exceed the risks. Riding in your car today is far more dangerous than any vaccine. Despite this, the CDC estimates that one percent of children receive no vaccines. Vaccine-preventable diseases, VPDs, are a threat. A few ill people can lead to the re-emergence of VPDs when the numbers of unvaccinated increase. While confidence in vaccines is consistently high, there is a growing minority in our state who are hesitant to vaccinate their children. The measles outbreaks provide an example of vulnerability to VPDs. After coughing or sneezing, the measles virus remains infectious for up to two hours on surfaces and in the air. Ninety percent of exposed nonimmune people become infected. Before the measles vaccine, three to four million people got measles each year, four to five hundred died, 48,000 were hospitalized, and 4,000 developed encephalitis. Despite a 99-percent reduction in measles due to the vaccine, in 2019 there were 159 cases, a few of those in Connecticut.

Due to an increase in unvaccinated children, an outbreak of measles in some of our public schools could lead to the illness or death of children who are not vaccinated. How could such an outbreak begin? As the coronasvirus [sic] demonstrates, we are living in a smaller world where disease can travel quickly from country to country. Many people in other countries do not have access to vaccines.

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Unvaccinated ill people [Ding sound] can easily travel to the U.S. and unvaccinated people can come back to the U.S. and bring disease. May I finish up with just one more comment?

REP. STAFSTROM (129TH): Very quickly.

DR. STACY TAYLOR: Okay. We need to respect individual rights, continue to educate with scientific facts, yet protect each other, our schools, and our communities.

REP. STAFSTROM (129TH): Thank you, Dr. Taylor. Are there comments or questions? Representative Cook.

REP. COOK (65TH): Thank you, Mr. Chairman. Thank you, Dr. Taylor for waiting so long to testify. I have two questions. The first would be, could you address the comment about, that we've heard over the last few hours, the argument about the pressure that doctors feel or the assumed pressures that could be possibly placed on the medical professionals to vaccinate or over vaccinate? That would be my first question. And then the second one, do you, do you have suggestions to offer that would avail us to widen the medical exemption for the three limitations that have been discussed earlier and what that might look like from your professional opinion?

DR. STACY TAYLOR: I feel that there has to be an honest discussion with patients that may not be taking place currently as to the benefits and the risks of vaccines. I like the idea of expanding the discussion and allowing reimbursement for the discussions. I don't think it's appropriate to have someone come into your office and say, hey, it's time for your vaccine, let's give it, without having

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informed consent. I think if you get, if you have informed consent and you give some motivation, with that, the pressure does decrease on both sides. The patient shouldn't have a lot of pressure. The physicians shouldn't have a lot of pressure. I think physicians have to be more aware about what the true contraindications are. I don't know if all physicians are aware of that. And if we know what the contraindications are and we truly listen to our patients, I think pressures will be relieved.

REP. COOK (65TH): So to follow that, do you believe that there is a CDC pressure for the medical professions, professionals to over vaccinate or quite frankly, to vaccinate?

DR. STACY TAYLOR: I don't think there's any pressure at all. I think we believe that vaccines on an individual level will keep the children safe. I do not want any adult or child that I take care of to die of a vaccine-preventable disease. That would be the worst thing I can think of.

REP. STAFSTROM (129TH): Other questions or comments? If not, again, Doctor, thank you for your patience. There are a lot of people who are gonna be patient today. Next up is Senator Champagne, and the next elected official will be Representative Gilcrest. But in between that will be Dr. David Banach followed by Dr. Kevin Diekhaus. So right now, it's Senator Champagne.

SENATOR CHAMPAGNE (35TH): Thank you. I did have somebody with me, but I can't seem to find them. So I, I will speak myself. You know, I think this law, it oversteps government authority. People should have a right to decide who or what goes into their own body. You know, these exemptions, we start

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stepping on our constitutional rights. We start going into our religious freedoms. People shouldn't have to explain themselves under religious freedom. You know, if I believe -- And, and it, and they admitted it here that the original cells come from, came from an aborted fetus. I mean, I wish I would've known that before I got my vaccines because that bothers me. But I see us intruding on our First Amendment rights. I see us intruding on our Second Amendment rights. Where does it stop?

And one of my main concerns isn't, is what vaccines are gonna be added to this list in the future? Because I can see that next if this law passes. And I think a lot of people are worried about that. I did not give my daughters the Gardasil vaccine. But it was a choice that my wife and I made. Mainly because I'm looking around and I can see those injured by it in my own community. And I have an issue with that. So, I think I'm making my point. I wish the person that was gonna come with me was here, but they're not. So I'm gonna -- I've stated my opposition to this bill and I will vote against it when it comes to the House. Thank you.

REP. STAFSTROM (129TH): Thank you, Senator. Comments or questions? If not, thank you for your time. Next up is Dr. David Banach. The next doctor would be Doctor -- public would be Dr. Kevin Diekhaus. But in between, we'll have Representative Gilchrest followed by Commissioner Bye.

DR. BANACH: So, thank you, thank you for the opportunity to speak. My name is David Banach. I'm an infectious disease physician in Connecticut and my testimony represents members of the Executive Board of the Connecticut Infectious Disease Society.

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We're a professional society that consists of infectious disease physicians, pharmacists, and public health professionals. This testimony has been reviewed and represents the opinion of this members of this board.

As infectious disease physicians, we testify on behalf of our colleagues as well as our patients. Collectively, we have witnessed tremendous advances in the fields of infection prevention acknowledging the lifesaving advances of vaccinations. Unfortunately, we have also and continue to provide care to patients who have suffered from vaccine-preventable illnesses, many of whom have been left with debilitating lifelong consequences and some of whom have not survived.

We have seen the devastating impact of measles and mumps, including patients who have suffered neurological injuries from both illness as well as infertility attributed to mumps infection. We have seen patients die from meningococcal meningitis, a life-threatening infection that can be prevented by vaccinating groups at high risk for infection. And we have provided care for patients who have died from whooping cough and tetanus, both of which are vaccine-preventable. We also provide care for patients whose immune systems are extremely weakened, including patients with HIV infection, those on immune-suppressing medications for autoimmune or rheumatologic conditions, those who receive chemotherapy for cancer treatments, and those who undergo solid organ and bone marrow transplantation. Because of their immunosuppression, receiving the measles, mumps, and rubella vaccines, all which are live vaccines as medically contraindicated, protecting these

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vulnerable individuals relies on the immunity of the individuals who are eligible to receive the vaccine. Additionally, young infants are often too young to be fully immunized, and elderly who have been immunized in childhood may have waning immunity rendering these groups susceptible to these life-threatening infections. If we do not maintain immunity to these infections in our community, our vulnerable patients who cannot be fully vaccinated will suffer the consequences if they become exposed.

Lastly, as representatives from acute care hospitals in Connecticut, we also bring attention to the impact of an outbreak of vaccine-preventable illnesses on our healthcare system, particularly on our hospitals, most of which are already operating near or at full capacity. Given the highly contagious nature of these diseases, each case in an acute care hospital requires an immense diversion of infection control resources, including the reassignment of highly trained infection prevention staff. These are finite resources, which if diverted cannot be otherwise dedicated to other critical prevention activities, including preventing healthcare-associated infections and protecting our healthcare personnel from infection thereby jeopardizing all patients in Connecticut.

The Raised Bill 5044 is an opportunity for Connecticut to take a proactive rather than a reactive approach to a critical public health issue which has the potential to endanger the lives of some of our most vulnerable residents in Connecticut and potentially lead to an unbearable cost to Connecticut's hospital and public health systems. I'd be happy to answer any questions you may have. Thank you.



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REP. STAFSTROM (129TH): Thank you, Doctor. Are there questions or comments? If not, again, thank you for your time and thank you for representing the infectious disease practitioners. We're going back to the elected officials. I've been advised that it's important that if you as an elected official are bringing up someone to testify with you or to use your time that you make sure you give us that information so we have a written record of who that individual is. And if anybody who is already testifying is watching, please get that information to the Public Health Committee administrator. So next up, we have Representative Gilchrest followed by Commissioner Bye, and on the public side, Dr. Kevin Diekhaus followed by Dr. Linda Niccolai.

REP. GILCHREST (18TH): Hello, Representative Steinberg, Senator Abrams, and members of the Public Health Committee. I am state representative Jillian Gilchrest and I am yielding my time to Kerri Raissian. We will get that information to the clerk.

KERRI RAISSIAN: Mr. Chairman and members of the committee, I support removing religious exemption for vaccinations in public schools. Vaccines are one of the best medical inventions in our lifetime. I do not believe it is someone else's right to expose my child to harmful or even deadly viruses, especially when the evidence is overwhelmingly clear that vaccines work and that they are safe. The vaccines need full participation in order to achieve herd immunity and optimal protection. Recently, our youngest, Rory, contracted chickenpox. He had just celebrated his first birthday and the chickenpox vaccine is given at 12-15 months, but Rory had not made it to that well baby visit and he got

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chickenpox. He had well over 400 lesions on his tiny body. It was difficult to sooth him. He was in pain, and my heart broke watching him cry. While you may think chickenpox is a nuisance, it can kill children and infants and have other complications like secondary infection. Rory recovered after a few weeks, but those weeks were torture for him, for us his parents, and his siblings. No child should have to go through that in 2020, especially when this is preventable.

This is also an economic issue. My husband and I both work and we had to take off time from work. We have considerable resources and we were able to weather that economic storm. But I can only imagine how a family living paycheck to paycheck or with a less supportive employer would manage that. Rory is in daycare, in the infant room, children also too young to receive vaccinations. The best the daycare could do was tell parents, maybe you shouldn't send your children to daycare yet. Those parents also had to take off from their jobs. And why?

I'll close with a conversation I had with Mac, our five-year-old. Mac said, "Momma, why did Rory get chickenpox and I didn't?" Well Mac, it's because you've had your superhero serum. That's what we call vaccines. "Momma, why didn't you give Rory his superhero serum?" Because Rory is still too young and he needs us to take our superhero serum to protect him. And Mac, with all the resolve that a five-year-old could ever muster said, "I'm gonna take my superhero serum forever to help the babies and anyone else." And that conversation made me cry, but it made me proud. Because my five-year-old gets it. He gets that we have a responsibility to take care of ourselves and each other, and that

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vaccines are not optional. They are part of our social responsibility to our community. I don't know where or how Rory got chickenpox, but I do know that he and all children have a right to go to a school that keeps them safe and healthy. And today, I'm asking you to be my superhero and pass this bill. Thank you.

REP. STAFSTROM (129TH): Thank you, Representative. Thank you for your testimony. Are there questions or comments? If not, again, thank you for your time. Next up, we have Dr. David [sic] Diekhaus followed by Dr. Linda Niccolai, and on the public side Commissioner Buy followed by Representative Kokoruda.

DR. KEVIN DIEKHAUS: Good afternoon. My name is Dr. Kevin Diekhaus and I'm a medical doctor who specializes in infectious diseases. I'm also the chief of the Division of Infectious Diseases at UConn School of Medicine. And I'd like to voice my strong support for Raised Bill 5044. The introduction of vaccines to prevent communicable diseases such as measles, meningitis, Haemophilus influenza, polio, and other illnesses has been a major step forward in reducing illness and suffering due to communicable illnesses. Vaccines have been a public health success, but these successes are now under threat by low immunization rates. According to the CDC, for students to be relatively safe from measles, at least 95 percent of kindergarten students in each school must to be vaccinated. Unfortunately, Connecticut has over 130 schools that do not meet this requirement for community immunity. Now there are some legitimate medical conditions that prevent some children from receiving

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vaccination. These children rely on the immunity of the population as a whole to protect them, and are thus vulnerable to infectious diseases that may be transmitted to them by others who choose not to be vaccinated. Additionally, since no vaccine ever leads to complete 100.0-percent protection, there can be "normal" children who even vaccinated would be at risk for the increased exposure that low vaccination rates bring to a community. These may be my children, they may be your children, they could be our grandchildren.

Our neighboring state, New York, is an example of just what can happen and what we would like to prevent by this bill. An outbreak last year led to a total of 654 people with measles; 52 required hospitalization and 16 of these required intensive care unit because of serious complications. A majority of the individuals, 73 percent, were unvaccinated. The epidemic cost over \$6 million dollars and took the efforts of over 500 health care workers to control. Our state is not immune, so to speak. We have had introductions of both measles and mumps into Connecticut in 2019. Introduction of one of these illnesses into a poorly vaccinated population in Connecticut could very easily lead to similar outbreaks.

So vaccines have been proven time and time again to be safe. The so-called science being promulgated by the Vaccine Choice lobby is full of innuendo and half-truths. I would urge you to evaluate any messages from this vocal minority in this light and rather, look to the true science that proves efficacy and public health benefit to vaccinations. As a society, we already mandate laws that protect the public from harmful behaviors. And so the

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proposed bill is entirely within the scope of government to legislate, similar to helmet laws and seat belt laws, in order to protect our children.

We are very fortunate to live in a country where safe, effective vaccines are available for, to prevent illnesses like measles. And so I encourage you to please support H.B. 5044. Thank you.

REP. STAFSTROM (129TH): Thank you, Doctor. You made mention of the risks inherent in a, an outbreak with the at-risk populations. We've heard the suggestion that perhaps we can just simply wait for an outbreak to occur and then try to vaccinate everybody within that close range at that point in time. Could you support something like that?

DR. KEVIN DIEKHAUS: I think at that point -- So that -- The issue is letting an, introducing an illness and letting it spread within a community and then providing ring vaccination at that point. I think it's gonna require significant public health effort of vaccination and, unfortunately, people are going to get ill in the process.

REP. STAFSTROM (129TH): I guess they're trying to send the example, that's not exactly a great path to follow. Representative Michel, you had a question?

REP. MICHEL (146TH): Thank you, Mr. Chair. Yeah, I heard you say 73 percent were vaccinated earlier. And can, can --

DR. KEVIN DIEKHAUS: That's what [Crosstalk]

REP. MICHEL (146TH): Can you explain to me if -- Because, I mean, I did study science, but I'm by far not a physician, and if 27 percent of vaccinated people get what they're vaccinated against, it, it

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brings the question to me, if it, science doesn't tell us that it's actually, you're not really working.

DR. KEVIN DIEKHAUS: Correct. This was from a *Washington Post* report. Seventy-three percent of the individuals in that epidemic were unvaccinated. A higher percentage had, were under vaccinated or were not adequately documented. And so I don't have all of the information, but it was a poorly vaccinated community.

REP. MICHEL (146TH): Thank you. Thank you, Mr. Chair.

REP. STAFSTROM (129TH): Thank you, Representative. Are there any other questions or comments? If not, Doctor, thank you for your time and for your patience. Next up is Commissioner Bye followed by Representative Kokoruda on the, on the elected officials side, and then we have Dr. Niccolai followed by Dr. Carbonari, it looks like, on the public side. Commissioner, welcome.

COMMISSIONER BYE: Thank you. Good afternoon, Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit, and distinguished members of the Public Health Committee. My name is Beth Bye. I'm the commissioner at the Office for Early Childhood. Thank you for giving me the opportunity today to testify in strong support of House Bill 5044, AN ACT CONCERNING IMMUNIZATIONS. I want to thank this committee for holding this hearing and going through this process. I know the position you're in, it can be easier not to take up difficult issues. But I know that you're doing it with the children's health in mind, and that's really our focus at the Office for Early Childhood.

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So I just wanted to express my gratitude for your strength of purpose in holding this hearing.

Our office, the Connecticut Office of Early Childhood advances a two-generation, family-centered approach in the pursuit of optimal health, safety, and learning outcomes for young children. Through our programs, we support infant and toddler care, preschool, after-school care, child care, and youth camps. We also have home visiting and early intervention programs, some of them to address developmental delays, others to intervene with families that need extra support. The Office of Early Childhood is working towards a better coordinated, more cost-effective service for families and children that support our youngest learners.

We are the agency that's responsible for licensing child care centers, group child care homes, family child care homes, and youth camps throughout Connecticut. More than 4,000 child care programs are licensed by our agency. Our licensing specialists conduct unannounced licensing inspections at least once annually and follow up on those visits as necessary. These statutes and regulations which govern licensing establish minimum health and safety requirements that programs must meet and are designed to protect the health, safety, and well-being of participating children. Among the items checked when licensors go out are children's health records and vaccinations.

Today, I am speaking to sections of H.B. 5044 that are relevant to child care licensing. Section 5 seeks to repeal the religious exemption for immunizations for licensed care centers and group

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child care homes in Sec. 19a-79(a). We support the repeal of this religious exemption. We also recommend that the religious exemption for immunizations be repealed for licensed family child care homes. I don't know in the drafting of the bill if that was just left out. In the current version of the bill, centers and group homes are covered.

As the Governor and Commissioner of Public Health have stated publicly many times, a high vaccination rate protects not only the vaccinated child but also those who cannot or may not have yet been vaccinated. High vaccination rates are not only critical for medically fragile children but also to our youngest babies. Remember, child care centers have children, child care centers have children less than eight weeks old, which means they haven't had any vaccinations and they are in these group care settings. So, and our youngest children are particularly vulnerable to disease outbreaks and to the impact of disease and their immune system is not yet fully developed. Our child care programs depend on herd immunity. We must support policy changes to maintain a high vaccination rate that prevent infectious diseases from gaining ground and to keep our youngest children safe and healthy.

I also respectfully request that Section 7 of the bill include the Office of Early Childhood as a member of the Advisory Committee on Medically Contraindicated Vaccinations. The child care licensing statutes allow for an exemption for children for whom immunization is medically contraindicated. Our agency has two deeply informed nurses on staff who we believe could contribute their expertise to this Committee.



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Thank you for your time and attention. I am happy to answer your questions now or at a later date. The Office of Early Childhood is committed to working together with legislators, the executive branch, providers, advocates, and parents to better serve our children and family. Thank you very much.

REP. STAFSTROM (129TH): Thank you, Commissioner. And thank you so much for the work you do. I -- Senator Abrams and I and a number of others attended that really illuminating meeting we had just yesterday on the wonderful success stories of our ability to help kids when we intervene as early as possible. I would ask that, please make sure that you get to us your recommenda --

COMMISSIONER BYE: Sure.

REP. STAFSTROM (129TH): -- recommended tweaks to the bill so that we have that handy. Yes, Representative McCarty.

REP. MCCARTY (38TH): Thank you, Mr. Chairman. I'll go very quickly. Welcome, Commissioner.

COMMISSIONER BYE: Thank you, Representative.

REP. MCCARTY (38TH): And thank you for your testimony. As you know, we've gathered some data on the herd immunity with some of the younger children in the schools. But do you have any of that data for your child care? Because I don't recall seeing what the rate is on that or --

COMMISSIONER BYE: Yes, I'm glad you asked that question. I did bring information, because I thought that might come up. What happens with the early childhood vaccinations is that each year child care centers fill out a form about the vaccination

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rates of the children, and they send that to the Department of Public Health who collects that information. We hear back from the Department of Public Health if families, if centers have not complied and sent that so that when we go out on our visits, we remind them that that's important. So that -- Those questionnaires are sent to the Department of Public Health so they have that information and I think you could follow up with them.

I will say that I did ask how many violations, in terms of child health records, happened in child care centers. So, of the 1,413 child care centers that we license, in 2019, there were 297 violations related to health records. That could be -- You know, they go in and randomly select -- If there are a hundred children, they may select 15 folders to go through. And it could be that a child was missing a physical or late for a physical. These are not all vaccinations. In getting ready for today, we realized that we don't break that item down by what kind of violation, but we're thinking that we should look at that and specifically, because of these concerns around immunization going on in 2020, to look at the violations specifically related to immunizations. So we're looking into that. So I hope that answers your question.

REP. MCCARTY (38TH): Yes, thank you very much.

COMMISSIONER BYE: You're welcome.

REP. STEINBERG (136TH): Thank you. Other questions or comments? If not, Commissioner, again thank you for your time.

COMMISSIONER BYE: Okay. Thank you.

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REP. STEINBERG (136TH): Next up, we have Dr. Linda Niccolai to be followed by Dr. Carbonari, and on the elected officials side, Representative Kokoruda followed by Senator Maroney.

DR. LINDA NICCOLAI: Good afternoon. Thank you. My name is Linda Niccolai. I am a professor at the Yale School of Public Health. I'm trained as an epidemiologist and I'm delighted to be here today to speak in support of House Bill 5044. There are a lot of arguments to be made in support of this argument -- in support of this bill. And I don't have time to go through all of them. So I would like to ask, if you have time, to read my written testimony where I go into more detail or to read the op-ed I had this morning in the *Hartford Courant* where I go into more detail. Because I just don't have time to do it all in three minutes.

But what I'd like to do is really focus on something that you've already heard a fair amount today, which is vaccine hesitancy and the way in which our communities, the health of our communities is really being threatened by alarming increases in parents refusing or delaying safe and effective and recommended vaccines for their children sort of in the name of religion. So we know this is a global problem.

It's also a local problem. You've already heard a lot today. I'm not gonna repeat the data from the Department of Public Health showing that the proportion of kindergarten students who have a religious exemption is at about 2.5 percent, which may seem like a small number. But I want to put that number into a slightly different context for you. So that's thousands of children who are going

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to school who aren't properly immunized who in turn put every other kid in that school at risk for the spread of infectious diseases. And kids should be able -- Our schools should be safe places.

You've also heard about the 120 or 130 schools or so where the risk for measles epidemic is real because coverage is less than 95 percent. That is about 20 percent of all of the schools in the state of Connecticut for which data are available. So about one in five schools in Connecticut today is at risk for a measles epidemic. Those schools are located in 70 different towns. So that's about 40 percent of the towns in the state of Connecticut are at risk for measles epidemic because of the lower coverage with MMR vaccine in the schools.

So what's also really troubling is the trajectory. You've already also heard a lot about that today, that that number's been going up. And that's really worrisome because it's taking us in the wrong direction. I think the states of California, New York, and Maine who have recently passed legislation eliminating the religious exemption, you know, were concerned about that. So I think what those three states have done is evidence that what you're proposing to do here is entirely possible and can be accepted. So, what we really need to do now is get ahead of the curve when it comes to infectious diseases. The recent measles epidemic, largely in New York, you've heard a lot about that, is a good example of what happens when we don't vaccinate our children according to the schedules. Measles had been declared eliminated, and then last year, we had over 1,000 cases. So that's a real problem.

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I also want to briefly mention sort of in conclusion, the coronavirus that you've also already heard about today really shows the power of infectious diseases to spread in ways that we can't predict. We don't have a vaccine for coronavirus, but it shows how these things can spread, and it also serves as a reminder that we really need to be vigilant about the diseases we can prevent with vaccines. So in conclusion, I implore you to remember that you're hearing today from a very vocal minority. But most people, if you go back and talk to your constituents, all of them, most people support immunizing their kids and support this legislation. You're hearing from a vocal minority. And I would implore you also when you make your decision on how to vote is to, is to listen to the experts, people who are professionally trained in what they do who can speak on this topic with science on their side. Thank you.

REP. STEINBERG (136TH): Thank you, Doctor. I see a few hands. Let's start with Representative Petit followed by Representative Klarides-Ditria, Representative Zupkus. We'll keep going from there.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you, Dr. Niccolai. I, I did see your testimony and the op-ed. I'd wondered if you'd just comment a little further. One of the big arguments we face is what you talk about in your testimony a bit, that is parental autonomy and how the government is inter, interpolating itself in between the, the child and the parent.

DR. LINDA NICCOLAI: Yeah. That's an important argument, and it's one that is not grounded in science. And I, I'm a little more comfortable on

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the science side. But what I can say is -- And you all as legislators would know better than I. But parents' rights are not without limits. That's in the Constitution. It's in our laws. And the courts have upheld repeatedly that parents' rights are not without limits. You heard from the early speaker. We are required to put our kids in seat belts, we're required to put them in booster seats, we can't neglect them. There are -- You know, the power -

The state has, not only the power, but I would say the obligation to intervene in ways that promote the health of our most vulnerable citizens, which is our children. I really think that that's your obligation. And I think there's legal precedence for that. There's legal precedence for school entry requirements that have been upheld to not be interfering with parental autonomy to the extent that they're being overturned. And with regard to religious freedom, people do have the right to practice their religion freely. But they don't -- Not to the extent that they put their kids in harm's way. You can withhold lifesaving treatment from children based on religion. And yet also, people don't have the right to practice their religion freely when it puts other kids in harm's way. So I think -- And again, you would all know better than I do. I'm pretty sure that the Constitution and the laws and, and courts have consistently upheld that the government has an obligation to intervene in ways to promote the health of kids and that parents' rights are not without limits.

REP. STEINBERG (136TH): Thank you, and I will be sharing around with members of the committee the Attorney General's opinion from last year on the

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constitutional issues. Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you, Mr. Chair. Thank you -- Oh, here. [inaudible 03:39:51] Thank you for your testimony today. I'm just quickly looking through your, your testimony. And at one point, you said in the beginning, the purpose of, of VAERS is to detect possible safety concerns. It is not designed to determine if a vaccine caused a health problem. Additional research is necessary to assess the real, not perceived, association of the adverse events due to vaccines. So, is it correct in saying that you think there are, there is some more testing that needs to be done to see if our vaccines are causing any problems?

DR. LINDA NICCOLAI: There is more testing that needs to be done, and it is being done. So what VAERS does -- and this came up earlier this morning. VAERS is a system to which people can report an adverse event. So if my child gets an immunization and has an adverse event, I can call that in. So what we hear over and over are the thousands and thousands of kids who've been injured by vaccines, and those are the numbers that come from VAERS, those numbers alone absolutely don't tell us about the risk.

So then the follow-up studies are the epidemiologic research, the population-based studies that are done across the globe with thousands and thousands of participants, we need to compare that number to something. So I forget if my analogy is in there about drinking coffee and sneezing. Hopefully, that was clear.

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So if kids get immunizations and then have an adverse event, you can only know -- All we know from that is that they're temporally linked, not that they're causally linked. So then what we need to do is find another group of kids who didn't get immunized and see what kind of events they had. So the, the kids who get fever, for example, after a vaccine, there are also kids who didn't get a vaccine and got the fever. You need to compare those two groups of kids to see if the risk of that event is higher in the immunized kids. So there needs to be a comparison. So just looking at kids who got the immunization and then had an adverse event doesn't tell you about whether that immunization increased the risk for that event. You need to compare to a group of kids who didn't get the shot and see what their -- what the background rate is, if you will, of these adverse events.

REP. KLARIDES-DITRIA (105TH): Right.

DR. LINDA NICCOLAI: And those studies happen all the time. Thousands of participants.

REP. KLARIDES-DITRIA (105TH): Right. But it's also not saying definitively that vaccines don't cause any adverse effects or, or health issues later on into the future. My point is, we need more testing, because clearly there's not enough done to see the link between vaccines and whatever. That there's something going on --

DR. LINDA NICCOLAI: Do you mean more testing before vaccines are licensed?

REP. KLARIDES-DITRIA (105TH): I think, I think on both levels.



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DR. LINDA NICCOLAI: So the problem, the challenge would be with the -- So these are very rare events. You know, 1 in 500,000, 1 in a million, and we can't do research studies on millions and millions of people. So the research studies that we do prelicensure maybe have tens of thousands of participants. So they are not designed to detect very rare events. We just can't -- We don't have the money to do all our studies on millions and millions of people.

REP. KLARIDES-DITRIA (105TH): Right.

DR LINDA NICCOLAI: So we do them on enough. And then, post licensure, there is the monitoring. So once the vaccines are out there, and that's what VAERS is, and the vaccine safety data link. Once the vaccines are out there and being used, then we can -- You know, they're being given to maybe millions of people. That's the only way we can detect. And I would have to say that there's a real success story of our vaccine monitoring program in the U.S. about the rotavirus vaccine. And I'm not sure if people are familiar with that. But rotavirus was a vaccine that was licensed for use in 1998, I think in October. It prevents diarrheal disease in children. Within a matter of months, there were reports from VAERS. So VAERS works. The system works. About intussusception, which is a bowel obstruction. So immediately, the research studies that I'm talking about where you compare this outcome in immunized kids and unimmunized kids showed that this was a serious event that was related to the rotavirus vaccine. And the vaccine was pulled from the market. And that all happened within a year. So I think that is unfortunate for the rotavirus vaccine, but it should reassure us

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that our vaccine safety monitoring programs are robust and they work. That within a year -- That could not have feasibly been known before licensure and recommendation. But once it is licensed and recommended, we're all there, the government, industry, researchers, everybody's there paying very close attention and follow-up to be able to detect things like that.

REP. KLARIDES-DITRIA (105TH): Okay. Thank you very much. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Sure, Representative. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. I, I apologize that I came in at the end of what you were saying. But I just heard something and it just triggered for me to ask a question. You mentioned about putting other kids in harm's way. And so I thought you were talking about -- So please help me here, if you're talking about kids that aren't vaccinated coming in to schools where people are vaccinated. Is that what you mean?

DR. LINDA NICCOLAI: Well, what I mean is that when unvaccinated children go to school, they can get sick, and then they can transmit that infection to any other kid in that school. So by having these pockets or these clusters of unvaccinated children, that's where epidemics get seeded and start to spread. And then once they're spreading, everybody's at risk.

REP. ZUPKUS (89TH): So how does that affect kids that are vaccinated? Because the majority of kids are vaccinated. So if there are a few kids who are not and say they bring some, you know, whatever that

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is, how does that affect kids? Because if they're vaccinated, that's why you're vaccinated, right?

DR. LINDA NICCOLAI: Right. So vaccines are not 100-percent effective. So a good vaccine -- Vaccines are not 100-percent effective. They -- A good vaccine might be 80- or 90- or 95-percent effective. So even among kids who get immunized, there are, there's still a far smaller chance, but still a chance, that if exposed they could become infected. I mean, you know, 80, 85 percent is pretty good, right? Like I would take 85-percent protection over no protection. But there's still the, the -- They're not 100-percent effective. So we still need to protect those kids.

REP. ZUPKUS (89TH): And then just one quick follow-up question. Because some, somewhere I have heard about -- Well, I know the flu, you get vaccinated, it's an actual flu that you're injected with, or a live virus that you're injected. And you can shed these things. So if you're vaccinated, can you shed whatever you're vaccinated from to others?

DR. LINDA NICCOLAI: Yeah, so I'm not a medical doctor. I would encourage you to ask that question of a medical doctor. The flu vaccine is not -- I -- Well, I would encourage you to ask that of a medical doctor. Shedding was really a problem with -- Yeah, I'm just -- I can't answer that.

REP. ZUPKUS (89TH): I'll ask a doctor. I'm sure in this group somewhere is a doctor coming up. Thank you.

REP. STEINBERG (136TH): Are there any other comments or questions? Representative Hennessy.

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REP. HENNESSY (127TH): Thank you, Mr. Chairman. So, has -- Is there any correlation with an unvaccinated child creating an outbreak? Is there like documented occurrence that an unvaccinated child with a religious exemption has actually caused an outbreak?

DR. LINDA NICCOLAI: I mean, I think that's what happened in New York with measles last year. There were groups of children who were unvaccinated due to religious beliefs, and we had a measles epidemic. So, yeah, last year in New York would be one example.

REP. HENNESSY (127TH): Okay. But not in Connecticut?

DR. LINDA NICCOLAI: No.

REP. HENNESSY (127TH): Okay.

DR. LINDA NICCOLAI: I think we got lucky. We had a lot of measles on our doorstep. I think that our Public Health Department did a fantastic job of positioning us to respond. But I also think we got lucky. And that's what I mean when I say we really need to get ahead of the curve. We need to -- This is what Public Health does is prevention, right. We need to be ready. It's not a question of if, it's a question of when the next epidemic is gonna land in Connecticut. And I think we can be ready, and I think we need to be ready. And we can do that by increasing coverage with vaccines. It's, it's gonna happen, and we need to be ahead of that curve. We need to be ready.

REP. HENNESSY (127TH): Thank you. It just seems that viruses, everything changes. Everything mutates. I mean, when we put together something to

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deal with something, well it says, okay, I'll just switch. I'll just do a little -- And it no longer is effective. I mean, that's what -- That's how we have all these supergerms now, because of being overly medicated. So, the biology --

DR. LINDA NICCOLAI: So I think that --

REP. HENNESSY (127TH): -- of, of the human being is able to keep up with things whereas, you know, I, I'm just -- I just don't get it how that the medical field can say, I've got this. This one shot will do it, will eradicate measles forever. It's just -- I don't, I don't know how we can buy that.

DR. LINDA NICCOLAI: Well, we don't actually say that. We don't say, I got that. We are constantly vigilant. We are constantly evaluating. We are constantly looking for the next thing. I don't think any of us feel like we got it. The vaccines we have today are largely against infections that don't mutate. So for example, measles. So you can rest assured that if you had the measles vaccine, you'll be protected. That's different pathogens, different viruses mutate. Like, so for example, HIV is a great example of a virus that mutates rapidly, which is why we don't have a vaccine for HIV. But the, the infections for which we do currently have vaccines are stable enough that our vaccines have been effective in preventing those diseases for decades.

REP. HENNESSY (127TH): I just -- Thank you. Thank you very much.

DR. LINDA NICCOLAI: You're welcome.

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REP. STEINBERG (136TH): Thank you, Representative. Are there other questions or comments? Representative Comey.

REP. COMEY (102ND): Thank you very much for your, for your testimony. And I would just like to say that up here, we are here for you. But I need you folks to be respectful of the process, and sitting behind folks and making, you know, faces and saying things is not helpful to the process. We are being respectful of you, and I would like to see you be respectful of the process. Thank you.

REP. STEINBERG (136TH): Thank you, Representative Comey.

DR. LINDA NICCOLAI: Thank you for the reminder.

REP. STEINBERG (136TH): Any other comments or questions? If not, Doctor, thank you for your time and your testimony.

DR. LINDA NICCOLAI: You're welcome. Thank you all.

REP. STEINBERG (136TH): Next up is Representative Kokoruda followed by Senator Maroney, and on the public side Dr. Carbonari followed by Emily Edwards.

REP. KOKORUDA (101ST): Good afternoon. Thank you. I want to thank Representative Steinberg and Senator Abrams and all the Public Health Committee. I just want to reiterate what Commissioner Bye said. It's so important that we have this discussion and that we're all able to get as much information as possible. Today, I'd like to [Clears throat] -- Excuse me. I'd like to yield my time to Mr. [Clears throat] -- I don't know where that's coming from.

REP. STEINBERG (136TH): Perfect timing for you.

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REP. KOKORUDA (101ST): Perfect. Aren't I lucky I brough somebody? I'd like to yield my time to Mr. Del, Del Bigtree. And he's an investigative medical reporter journalist. He's an Emmy Award-winning producer of the television show *The Doctors*. And he also founded a not-for-profit that's called Informed Consent Action Network. It's an organization that promotes children's safety. He's also produced a documentary called *Vaxxed*, and he's host of the alternative health talk show *The HighWire with Del Bigtree*. So with this, I'd like to introduce Mr. Bigtree. Thank you.

DEL BIGTREE: Thank you. Thank you, Ladies and Gentlemen for taking the time. I'm probably the only journalist in the world that I know that has investigated one word, that is safety, when it comes to vaccines for four years. I've read with a team of scientists, doctors, and lawyers every single safety study that's ever been conducted, and I've used that information to win lawsuits against the National Institute of Health, Health and Human Services, the FDA, and we're currently about to settle a case with the CDC. I'm blamed for using misrepresentation of facts. But you should try to win legal cases against the Department of Justice using misleading facts. We have the facts.

Today, I want to talk about herd immunity since that is what you're all considering. Do we actually protect that immune-suppressed child if we pass a law like this? The Constitution requires that if you're going to remove something like someone's religious rights, that you do it with the least amount of power necessary and that you achieve the remedy you're looking for. I can prove to you that you will not achieve the remedy you're looking for,

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because herd immunity refers to community immunity. It's not school immunity. There's nowhere in science that says that vaccinating the school gets you to herd immunity. It's community immunity, meaning everyone in Hartford must be vaccinated and everyone in Connecticut must be vaccinated. And that vaccination rate must be at 95 percent. It's not 95 percent of children. It's not 95 percent of kindergartners. It's 95 percent of every single person in the society.

I want to show you the CDC adult schedule. This is on their website. The adult schedule requires two more MMR vaccines for every single adult in Connecticut. It's not an accident. They know that the MMR vaccine was off. We give two vaccines when they're children. I've been at the CDC for meetings where they're now discussing a third in college because mumps outbreaks are taking place in fully vaccinated communities. So I'd like to ask this question. Since most of you were born before 1986, and so this applies to you, those of you that are about to vote to force children to be vaccinated with the MMR vaccine, how many of you up there if you'd raise your hand have actually received your adult MMR vaccine? Thank you very much.

So whether you like it or not, you're actually anti-vaxxers. And if you leave this office and you don't get it, go and get an MMR vaccine, then I think you are moving into a space of being really almost hypocritical. You're forcing this process onto a religious belief that's only affecting two to three percent of your population right now, when since all of you have proved that no adult is vaccinated for MMR. You're all capable of contracting the measles everywhere you go. And any child that visits you in



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your offices or comes in this building, you are putting them at risk. So your discussion, if you really want herd immunity, should not be about children. It should be a forced vaccination program for every single adult in Connecticut. Otherwise, you're insincere in the goal that you are trying to achieve, because in restaurants, in buses, in cabs, and everywhere you go, adults like you are capable of contracting the measles. If I'm wrong, then ask the CDC why you need two more MMR vaccines. Thank you very much.

REP. STEINBERG (136TH): Well, thank you, Mr. Bigtree. I'm going to check into it whether I need to get my vaccine done and I'll --

MR. DEL BIGTREE: I would like for you to do that.

REP. STEINBERG (136TH): -- my colleagues as well.

MR. DEL BIGTREE: thank you.

REP. STEINBERG (136TH): It sounds like a good thing. Maybe we do need more vaccinations --

MR. DEL BIGTREE: You do.

REP. STEINBERG (136TH): -- in our country. Are there any other -- yes, Representative Young.

REP. YOUNG (120TH): I do know that I actually recently did go to the doctor and get a checkup and they checked out the titers for my vaccines from 50 something years ago and they were all up to date. I'm fine. So I'm not going to be contributing to it.

MR. DEL BIGTREE: I would guess, I'm going to ask you a question. Did you have measles as a child?

REP. YOUNG (120TH): (inaudible - 03:55:56).

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MR. DEL BIGTREE: So you got a vaccine for the MMR. Well, then you're one of the lucky ones. The truth is though while you're at it, then perhaps you want to consider a law for every child to be able to have their titers checked and to opt out of the process using science and not just a guess that they are no longer capable of achieving the same that you are.

REP. STEINBERG (136TH): So just to clarify, you are not recommending that we should mandate titer testing?

MR. DEL BIGTREE: I think that titer testing is a great place to start. I think that if we're going to force vaccinations on people, especially kids, when you think about DTAP vaccines where we are giving five of them at a time now, through the course of childhood, that children should be able to opt out. There is a lot of science that's necessary to take place.

I also want to point out that if the adults are not vaccinated with the MMR right now, where is the giant return of polio we are being told we are supposed to be afraid of? Where is the deadly measles outbreak?

We have been at about 60 percent vaccine uptick in this country since the vaccine program began so this idea that we are at 95 percent, we have never achieved 95 percent. We have never been anywhere close because none of you are getting your adult vaccines.

So this entire thing is really an ad campaign by the pharmaceutical industry. Let's get down to the science because that's what I have been

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investigating for the last four years. Let's talk about how to protect children.

I'd love a question about whooping cough because I can bring you the actual science that that is not actually protecting us against anything. In fact, it's a dangerous vaccine.

Can you bear with me for a second? This is an article written by Boston University. We all hear about how dangerous whooping cough is for our infants. It's true. You don't want your infant to get whooping cough.

This article Boston University, 2017 is called the resurgence of whooping cough may owe to vaccines inability to prevent infections. We are told that the science is immaculate by all these scientists that are stepping up in here but that's why as a journalist, I actually read the studies they point to and just, instead of just taking their word for it.

Because by the way, taking word from experts is why we have a Vioxx killed 16,000 to 100,000 people. We have an opioid epidemic caused by experts that told us it was not addictive, non-habit forming and safe.

So experts have continuously come together in a collection of ideas and been wrong about it. So we need to look at vaccines. But here is the truth about the whooping cough vaccine. Resurgence --

REP. STEINBERG (136TH): I'm sorry, sir, I did ask you a question about titers so I'm not quite sure why we are on whooping cough.

MR. DEL BIGTREE: Oh, then would someone else please ask me about whooping cough? (Laughter) Thank you.

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REP. STEINBERG (136TH): Representative Scanlon.

REP. SCANLON (98TH): Thank you, Mr. Chair. Thank you, sir, for coming here today.

MR. DEL BIGTREE: Yes.

REP. SCANLON (98TH): I just want to make sure I'm understanding your argument. So are you saying that you think the best public health outcome if that was really our true intention would be to mandate the vaccination for everyone in the state? Are you suggesting you support that?

MR. DEL BIGTREE: I am saying that that is the, if that is your goal and you think that's what gets you to safety and 95 is what you listed from the health department to achieve, that that is what you have to do.

REP. SCANLON (98TH): And would you --

MR. DEL BIGTREE: But I would say this --

REP. SCANLON (98TH): Would you personally support that?

MR. DEL BIGTREE: I would not because I realized that we have always been at 60 percent and I don't see any deadly outbreaks in this country. And so I think it's a complete overstep and totally unnecessary.

But if you're trying to achieve your goal then you should use, you know, proper science to achieve that goal.

REP. SCANLON (98TH): Thank you.

MR. DEL BIGTREE: Yes.

REP. STEINBERG (136TH): Representative Hennessey.

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REP. HENNESSY (127TH): Yeah, tell us about whooping cough.

MR. DEL BIGTREE: Okay. (Laughter) So this is an article by Boston University, and in this article it says that the disease is back. So they did studies on baboons and what they've discovered is that the vaccine does not stop transmission. In fact, the whooping cough vaccine allows you to shed.

Now let me make this clear. You're not shedding the vaccine, what they found is when they gave the baboons the vaccine, they developed titers but then when they insulted or challenged them with the actual whooping cough virus, they got it again. And it, they had full colonization their lungs. And therefore when they put a healthy baboon in there, that baboon got it from them.

And what they're now recognizing, and this is a known scientific act, that the whooping cough vaccine does not stop transmission. The only thing it stops is your cough. It takes away the warning signal that you have whooping cough.

So let me read this article for you. And this is why they're having a problem. This disease is back because we didn't really understand how our immune defenses against whooping cough worked and did not understand how the vaccines needed to work to prevent it said Christopher J. Gill, associate professor of global health and lead author of the article.

Instead, listen to how your science is done. Instead, we layered assumptions upon assumptions and now find ourselves in the uncomfortable position of admitting that we have made some crucial errors.

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This is definitely not where we thought we would be in 2017.

We are seeing schools all over the nation with fully whooping cough vaccinated children getting the whooping cough because they're shedding it on each other.

Now think about the commercials that say that grandma and a grandpa should get a whooping cough vaccine if they want to visit your baby. We have seen it by GSK, grandma and grandpa turn into the big bad wolf, I'm actually working on a lawsuit for false advertising.

Because think about it. If grandma and grandpa do not get the vaccine, then they might have a cough at home and they're going to all you can say I probably shouldn't visit the baby today, we have a cough over here.

Unfortunately, the only thing the vaccine did was take away the cough. The only way they would know that they have whooping cough. So now they're a carrier of whooping cough and they're going to come in and visit your baby and put that baby in grave danger.

The vaccine is doing exactly the opposite of what it's supposed to do, it's creating what we call asymptomatic carriers. But it doesn't stop there. Here is a study that came out in last year, 19 -- 2019. This is by the Pediatric Infectious Disease Society. These are all peer reviewed studies. I'm not, I'm a journalist. I won't say anything I can't back up with science.

Here is the 112 year odyssey of pertussis and pertussis vaccines, mistakes made and implications

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for the future. Here is the main point in it. Because of linked epitope suppression, all children, all children who are primed by DTAP vaccines will be more susceptible to pertussis throughout their lifetimes and there is no easy way to decrease this increased life time susceptibility.

So not only are we not stopping transmission, we are ensuring that our children are going to catch whooping cough more often throughout their lifetimes.

This is a vaccine that you are about to force onto people that have this science because I have provided it to them. Do they not have a right to opt out of a vaccine that's going to make their children sicker throughout their lifetime and make them dangerous to all of their friends including that immune suppressed child at school that doesn't know that every child surrounding them that's been vaccinated can be an asymptotic carrier.

Can someone ask me a question about the measles outbreak from California where I live? (Laughter)  
Anyone interested?

REP. HENNESSY (127TH): Go ahead.

MR. DEL BIGTREE: Okay. So we keep hearing that you're going to stop the measles outbreaks by vaccinating. But someone should come up and actually present for you the numbers from the, one of the biggest outbreaks we saw which was the Disneyland outbreak.

And by the way, when I talk about community immunity, so far none of the outbreaks have started in a school. So you're going at the one place that these outbreaks, not even the one in New York, came

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from. So how again is your science going to get you there?

But here is what we know if just simply go to the California Department of Public Health. They've put out all the stats on what they actually know about the measles outbreak and what you'll find there is that 54 percent of the people that contracted measles were adults.

In fact, that's true across the entire world in all the outbreaks. The story, anti vaxers, if that is really a growing problem, those, it should be two to three, four, years old as long as we have been seeing this big anti vaccine movement, right. That should be the body of measles but it's not.

More than half are adults across the world which proves my point the vaccine has worn off. Your problem is the adults if you see it as a problem.

Furthermore, over 30 percent of the cases were fully vaccinated. And even more terrifying is 30 percent of the cases in the Disneyland outbreak, this is just from all these where we actually tested genomic sequencing, 30 percent of the cases were vaccine strain measles. Vaccine strain measles.

So they either definitely got measles from the vaccine or potentially they shed that measles onto somebody else.

So if you have 30 percent of the numbers we are getting from the biggest outbreak we're all terrified of prior to New York, if we are getting that and 30 percent of them are actually vaccine strained, those numbers need to be looked at.



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If 50 percent of them are adults, then we should wonder what happened to vaccine program. If we know for sure that over 30 percent of them were vaccinated, then how are we ever going to get to this mythological place of herd immunity.

And by the way, where are the deaths? And since you're so close to New York, let me make this point about that measles outbreak. It's the only outbreak that we have ever called an outbreak where the people in it were charging into homes to get the measles.

You see, coronavirus, people aren't charging into somebody's home with coronavirus. But the ultraorthodox Jewish community that drove that were not afraid of measles.

The reason it got to the numbers it did was because they are being oppressed. They are being told they will not be allowed in public spaces, they will not be allowed in schools and they don't want vaccines.

So what did they do? They said let's get the damn measles out of the way. Let's make sure our children have lifelong, perfect, brilliant immunity that won't need five MMR vaccines. They want the Ferrari of immunity so they all went to each other's houses, started sucking lollipops and by the way, it's much worse than the 700 you hear because I went and investigated.

There were thousands and thousands of cases of measles in New York of the ultraorthodox community because they wanted the measles. How do you call something an outbreak when the people are spreading it because they want it?

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This entire fear that's being promoted up here again is advertising for the pharmaceutical institution that by the way, whether you pass this or not, they are going to have an adult vaccine program in the future because that's where their money is.

And you are all really just setting the groundwork so that pharma can take a \$50 billion a year industry and turn it into a multi trillion dollar industry overnight when it's not about 2 percent of the unvaccinated kids, it's about 340 million people lined up for this vaccine of adult vaccines and 270 vaccines that have already been approved in the pipeline.

This is to take over the human body by the pharmaceutical industry. That's not a conspiracy theory. Thank you.

REP. SCANLON (98TH): Representative Hennessey, do you have any other questions?

REP. HENNESSY (127TH): Thank you. I was going to say exactly that same thing but you took the words right out of my mouth.

MR. DEL BIGTREE: Thank you.

REP. HENNESSY (127TH): Thank you.

REP. STEINBERG (136TH): Thank you, Representative Hennessey. Any other questions? Yes, Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for your testimony.

MR. DEL BIGTREE: You're welcome.

SENATOR ANWAR (3RD): So I wanted to clarify a couple of things.

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MR. DEL BIGTREE: Sure.

SENATOR ANWAR (3RD): You said you're coming from California.

MR. DEL BIGTREE: Yes.

SENATOR ANWAR (3RD): Who paid for your travel?

MR. DEL BIGTREE: Who paid for my travel? Many of the people in this room.

SENATOR ANWAR (3RD): Any organization or any entity or?

MR. DEL BIGTREE: No organizations, private individuals.

SENATOR ANWAR (3RD): Did they collect the funds together and --

MR. DEL BIGTREE: That's right.

SENATOR ANWAR (3RD): -- paid for that.

MR. DEL BIGTREE: Yes.

SENATOR ANWAR (3RD): Okay. And also, with respect to your movie that you made, the Vax.

MR. DEL BIGTREE: Yes.

SENATOR ANWAR (3RD): Did anybody counter the information on the African American (inaudible - 04:07:08) that you're saying because the data was not proven by other means.

MR. DEL BIGTREE: Oh, that's not true. You can't find a single study that's around that data and prove it was -- in fact, they tried. There has been several groups that took that data and it's now being referred to as like the nuclear bomb.

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They cannot run the data and come out with any other conclusion that there was an increased risk of autism in the group that received the vaccine on the CDC schedule.

Now, you have references by experts saying that it's not true but you can't show me a study because they can't do a study that proves anything other than what Dr. William Thompson told us, the CDC whistleblower.

And by the way, just like the tobacco industry when the tobacco industry wanted to attack Jeffrey Wigand, Dr. William Thompson is still working at the CDC, his job is protected because he has a whistleblower status. And when we retire maybe the only time we actually find out what the truth is with that.

SENATOR ANWAR (3RD): All right. No but I'm talking about the data was not corroborated by any of the other studies. I think your data in the study that you're talking about was not proven, it was just one piece that was taken and it was taken out of context and --

MR. DEL BIGTREE: That's --

SENATOR ANWAR (3RD): Again that's --

MR. DEL BIGTREE: Sure. So that's the statement by the CDC. That's the official statement, you're correct. That's the statement by the CDC.

The problem is that Dr. William Thompson is saying that the place where he works, the CDC is committing scientific fraud. And so if we are going to go to the very culprits of the crime if there is a crime

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and say do you agree with what Dr. William Thompson says, what do you think they are going to say?

See, we have never gotten congressional hearings which is really the only way to get to the truth. I would like to see Dr. Colleen Boyle. I would like to see the other five scientists involved in what Dr. William Thompson has called a fraudulent study.

That's the only way we get to the bottom. We have to get into a court room outside of the actual industry and institution that's being blamed. And you are taking the CDC's word for it. I understand --

SENATOR ANWAR (3RD): No, I have looked at the data as well.

MR. DEL BIGTREE: Oh, you have.

SENATOR ANWAR (3RD): The ones that's available. Yeah.

MR. DEL BIGTREE: And what did you find?

SENATOR ANWAR (3RD): Well, the CDC data is what I'm talking about. You actually took part of that separate data that you're talking about --

MR. DEL BIGTREE: I took the 10,000 documents provided by Dr. William Thomson who is the lead epidemiologist on the study. I think that's pretty credible evidence.

SENATOR ANWAR (3RD): I can --

MR. DEL BIGTREE: Have you read all 10,000 documents?

SENATOR ANWAR (3RD): There are no 10,000 documents. There is data on the patients that you're looking

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at, if you're calling the patients as the 10,000 documents that's a different story.

MR. DEL BIGTREE: Okay, listen. I don't -- I don't know if you're a scientist or a doctor and I don't mean any disrespect.

SENATOR ANWAR (3RD): Well, you are. But --

MR. DEL BIGTREE: You know, all I'm saying --

SENATOR ANWAR (3RD): But hear me out.

MR. DEL BIGTREE: (inaudible - 04:09:31).

SENATOR ANWAR (3RD): You're in business for yourself, you have a responsibility as well to look at things but I also want to confirm what you said. You have said that you have read every single study that there is.

MR. DEL BIGTREE: My team has, yes.

SENATOR ANWAR (3RD): Okay.

MR. DEL BIGTREE: In fact, I could provide you with the -- we have been at the --

SENATOR ANWAR (3RD): But I want to confirm every single study --

MR. DEL BIGTREE: Yes.

SENATOR ANWAR (3RD): -- that has ever been written in, about vaccines.

MR. DEL BIGTREE: Every one. Oh, let me just clarify. Every one when we -- so we are in a debate with Health and Human Services. My nonprofit has the most thorough debate that's ever been.

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We sent the 37 page document listing all the scientific issues that we had with their process and with vaccines --

SENATOR ANWAR (3RD): But I want to confirm what you said --

MR. DEL BIGTREE: -- and we asked - and for every -- let me -- I said we asked them for every credible study that they referred to when they say that vaccines are safe and they provided us with those.

And then we read through every one of those and we have returned with an 88 page document about why those studies actually come up short.

And for instance, one of the things we hear, like this is the problem with science. I'm just telling you as a journalist, I read medical journals. That's what I do on the day time talks to The Doctors.

So when you look at autism and we hear that studies have proved that vaccines don't cause autism --

SENATOR ANWAR (3RD): If you will not stop I cannot have a conversation.

MR. DEL BIGTREE: I --

REP. SCANLON (98TH): I would argue, Mr. Bigtree --

MR. DEL BIGTREE: I didn't mean to interrupt, did I interrupt you?

REP. SCANLON (98TH): Let's just see if we can limit the responses directly to the questions being asked so we can move on to other people eventually.

MR. DEL BIGTREE: All right. But there, you know, you had a panel of doctors for two hours and then

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many doctors and so very few people have actually investigated this from our side are getting to really explain the science.

What would be really great -- honestly is if we could have debates. If you could actually put your top scientist here and we could bring some of ours here and we could actually go back and forth so you could hear the scientists speak to each other. But please, what's the next question.

REP. STEINBERG (136TH): Thank you for that suggestion. We have our process and --

MR. DEL BIGTREE: I know. Thank you.

REP. STEINBERG (136TH): -- we have had forums in the past and will continue to have discussions but thank you for your recommendation.

MR. DEL BIGTREE: I just, thank you.

SENATOR ANWAR (3RD): I'm done, thank you.

REP. STEINBERG (136TH): Other comments or questions?

MR. DEL BIGTREE: Anyone want to know about autism and vaccines?

REP. STEINBERG (136TH): I think that you're shopping new ideas.

MR. DEL BIGTREE: I am shopping.

REP. STEINBERG (136TH): Which is not appropriate. It's not appropriate.

MR. DEL BIGTREE: Because I think you deserve the truth.



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REP. STEINBERG (136TH): Well I appreciate that you think that you are offering it. Thank you for your time.

MR. DEL BIGTREE: Thank you. Appreciate it. Thank you all for your time.

REP. STEINBERG (136TH): Dr. Carbonari followed by Emily Edward, and on the public official's side Senator Maroney followed by Representative Wood.

DR. SANORA CARBONARI: Good afternoon. My name is Sandra Carbonari and I'm a primary care pediatrician in the Waterbury area for over 35 years and I speak in support of H.B. 5044.

As a scientist, I know that anecdotes are not evidence and you have heard lots of science from many of my colleagues.

Instead, I'd like to share a few personal stories about the importance of vaccines to me as a daughter, as a mother and as a pediatrician.

In 1949, a young decorated World War II veteran and a newlywed, my father contracted polio. One morning he was suddenly unable to walk or stand unassisted and soon was in an iron lung. Just imagine the horror of the epidemic of polio that occurred at the time in hundreds who did not survive.

My father was one of the lucky ones. He did survive but not unscathed. I never saw him walk normally and as he aged, he suffered horribly from post-polio syndrome.

Now imagine the news of the (inaudible - 04:13:04) vaccines and how that news was heralded with joy and thankfulness for such a miraculous discovery. With the development and widespread use of this vaccine,

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polio went from being a feared epidemic to a very rare disease in the United States. It's dangerous to forget the reality of the diseases that have been prevented by vaccines.

My second story is as a mother. My first child was born five week early and was found to have congenital heart disease at two weeks of age and was soon in severe congestive heart failure.

The attempted treatments did not improve her condition and at five months of age, weighing less than eight pounds, she underwent lifesaving open heart surgery.

She was incredibly vulnerable and it's unlikely she could have survived whooping cough. The immunity from the vaccines of those around her protected her from this life threatening infection.

And finally, during one overnight call as an intern with one senior resident, we admitted five young children to the ICU. They were all infected with haemophilus influenza type B, causing epiglottitis which effectively blocks the ability to breathe.

That night alone, we had five children who needed a breathing tube placed in their windpipes before they died of asphyxiation. These children all survived because we were able to intervene in time but many others were not so fortunate. And that was not the only night we had multiple admissions for this infection.

Since the introduction of the vaccination in the late 1980's to prevent this disease, epiglottitis is unheard of in immunized children.

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Sadly, sometimes I have to give parents unwelcome news but I have never had to tell a parent that their child has polio or smallpox or diphtheria. I no longer have to weep with parents who have lost a child to epiglottitis, measles, encephalitis or meningitis because these disease are preventable thanks to the diligent research done by so many scientists.

I take my oath to do no harm very seriously. The scientific evidence is overwhelming that vaccines save lives and we cannot leave our schools unprotected against outbreaks. Thank you.

REP. STEINBERG (136TH): Thank you, Dr. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Hi, Dr. Carbonari.

DR. SANORA CARBONARI: Hi.

REP. ZUPKUS (89TH): It's nice to see you.

DR. SANORA CARBONARI: Nice to see you.

REP. ZUPKUS (89TH): I have a couple questions since you're the first doctor that I have seen come up.

DR. SANORA CARBONARI: Okay.

REP. ZUPKUS (89TH): So I'd like to ask you so my first question is in '83, there were 24 recommended doses for vaccinations. Now we are up to 75. Why so many between then and now?

DR. SANORA CARBONARI: Well, I have heard that number and I'm not sure where that 75 comes from because when I look at it and add it up, it doesn't come up to 75.

REP. ZUPKUS (89TH): Okay.

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DR. SANORA CARBONARI: So since '83, there has been haemophilus influenza type B, you can help me with this. Hepatitis A is a new immunization available. The pneumococcal vaccine, those and the meningococcal.

REP. ZUPKUS (89TH): Well, and all the flus and all of that. So combined it's just to me it's just amazing that we have come, I mean, when I got -- I'm vaccinated and my kids are vaccinated --

DR. SANORA CARBONARI: Sure.

REP. ZUPKUS (89TH): They had so many and now it's just an expansion. So that's just one of my concerns.

DR. SANORA CARBONARI: Well again, these are immunizations against diseases that are prevalent enough within the pediatric population that they cause significant harm. And they are also the types of pathogens that can be immunized against.

REP. ZUPKUS (89TH): Okay.

DR. SANORA CARBONARI: So as I mentioned haemophilus influenza type B. That's a, it sounds like the flu, it is not the flu. It is a bacteria and it causes epiglottitis which is an inflammation of your epiglottis and when it swells you can't breathe. You can't swallow and you can't breathe.

And it also causes meningitis and those are life threatening, I mean, I saw many, many, many children with the disease and a significant number of them did not make it or were significantly harmed over their lifetime from it.

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So when that immunization became available, it did go on the recommended schedule of immunizations to protect children.

REP. ZUPKUS (89TH): Okay. Thank you. And so I asked someone prior but since you're a doctor, my question was, you know, we hear a lot about putting other people at risk, at harm, so other kids in schools.

DR. SANORA CARBONARI: Right.

REP. ZUPKUS (89TH): And my question is if those kids are vaccinated, then why are they put in harm's way if someone is not vaccinated?

DR. SANORA CARBONARI: So --

REP. ZUPKUS (89TH): Because you're vaccinated for that reason.

DR. SANORA CARBONARI: Right, correct. And so well, there is a couple answers to that. One is that there are a number of children who are unable to be vaccinated for medical reasons. They may be on chemotherapy and or they may be immunocompromised for whatever reasons.

So they're unable to have an immunization so the children are unprotected. And also, I think as Dr. Nikalie mentioned earlier is that no immunization is 100 percent, just like nothing in life is 100 percent.

REP. ZUPKUS (89TH): Yeah.

DR. SANORA CARBONARI: We wear our seatbelts, that's not going to 100 percent save us. Airbags are not 100. So there really is nothing that we are going

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to be able to say wow, this is it. This is never ever going to happen.

REP. ZUPKUS (89TH): Okay.

DR. SANORA CARBONARI: With some exceptions. Small pox is, has been pretty much 100 percent. You don't, you know, small pox is eradicated.

REP. ZUPKUS (89TH): Okay.

DR. SANORA CARBONARI: And so there are children who have been fully vaccinated who still are vulnerable.

REP. ZUPKUS (89TH): Right. Oh, and my last question is and I don't know if you're prepared, I don't mean to put you on the spot.

DR. SANORA CARBONARI: Thank you.

REP. ZUPKUS (89TH): But we are hearing another bill today and the bill is requiring health insurance coverage or certain immunization consultations.

DR. SANORA CARBONARI: Correct. I have heard of that.

REP. ZUPKUS (89TH): So how do you -- so that is really doctors needing to spend more time with the patient to talk about it and to be reimbursed for that time they're spending.

DR. SANORA CARBONARI: Yes.

REP. ZUPKUS (89TH): How do you feel about that?

DR. SANORA CARBONARI: Speaking personally, I'm not, you know, I'm the medical director for the Connecticut chapter of the American Academy of Pediatrics so a lot of what I say is, you know, is on behalf of my pediatric colleagues.

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But speaking personally on that, there, I -- there's pros and cons. You know, there is definitely a significant amount of time and as our time as primary care physicians is the amount of time we have to spend with patients, is smaller and smaller and the things that we are mandated to do during that visit gets larger and larger.

You -- we really -- pretty much there is only so much time in that visit. So to be able to be compensated for the amount of time we spend with lengthy, you know, consultations about vaccination I think is a good idea.

However, how you -- I don't know how that's going to be mandated or how it gets to be implemented. So there are -- take for example something very, very important and dear to my heart is developmental screening in children.

And that is supposed to happen, it's supposed to be mandated and it takes a great amount of time but it doesn't get paid for. Or it is within the amount of time that we spend but parents have to pay out of their own pocket because it's part of if they have a high deductible plan, the insurance companies won't pay for that. So who that actually gets implemented, I'm not sure.

REP. ZUPKUS (89TH): Thank you.

DR. SANORA CARBONARI: Sorry, that was kind of a long answer.

REP. ZUPKUS (89TH): No, I appreciate it because I know you have great manners with all the kids in the unit and everything so I appreciate that. And I was just curious on your thoughts. Thank you. Nice to see you.

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DR. SANORA CARBONARI: Thanks.

REP. STEINBERG (136TH): Representative Scanlon.

REP. SCANLON (98TH): Thank you. Thank you, doctor, and I just want to build on what Representative Zupkus was talking about. That was my question to you which is that I'm a new dad myself and so I'm living the vaccine process right now with my son --

DR. SANORA CARBONARI: Sure.

REP. SCANLON (98TH): And I think that any parent, regardless of what you feel about vaccines, would be sort of foolish not to ask their doctor what is going on, what are these shots and I think that's very logical.

But what I've found and I have a great practice, I love our practice, the docs are so busy. And you said you're a primary care doc and so I'm wondering sitting here, you know, there are people in this room and people that have contacted me. They have very strong opinions on this. They have done a lot of homework. They're not ignorant people and I don't think anyone is trying to say that they are.

But I'm wondering whether or not you feel that a conversation about that between a parent who knows a lot about what they're talking about and a doctor who knows a lot about what they're talking about if you could perhaps find some commonality or common ground, whether it's to space things out, to do it in a different way, do you find that that process, that Representative Zupkus is talking about could potentially be the way to facilitate that?

Because it seems like there is a level of rising distrust in institutions across the board, it's not



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just about this issue, and medicine is certainly not immunize to that, forgive the pun, but do you think that that would help sort of bridge that possible divide that's out there whether you're a parent like me who feels strongly about this but just has basic questions or if you're a parent that's done a lot of homework and wants to talk to you about that?

DR. SANORA CARBONARI: Sure, I mean, I think one of the, you know, one of the basic things about being a primary care pediatrician is that we want the best for the patients and their families and we trust parents and we believe in parents. That's most of what I do is listening. I don't do as much talking as I do listening and I think that's the sign of a good clinician in many, many ways.

And the standard of care right now is that we before any procedure, process, prescription, immunization is that we have a conversation about it. You know, it's not the old, you know, I'm probably aging myself but Marcus Welby his wife, it will be okay, dear, just listen to me. That's just not the way things happen.

So standard of care is that there should be a conversation and I know what I would do is at a particular visit, so say before the two month visit when you come in for your first set of immunizations, I would give parents various things to look at, to read about so that when they came back the next time, we would be on the sort of, you know, at some level where we could have that conversation. And I think that that's the best way to do it.

REP. SCANLON (98TH): And then just really quick and again, I know you, and I'm not sure if you're

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actually practicing right now but do you find that because of the level of conversation that might be happening about vaccinations in our society, that people are having a little more questions but that once you do talk through things with them and explain the science and the medical background that you have that they feel better about it and therefore decide to vaccinate their children, would you say the that's an anecdotal thing that is happening.

DR. SANORA CARBONARI: I would say yes. I think a lot of it is just based on trust. And, you know, parents have asked me well, did you have your children immunized. And I said absolutely. Would I have my grandchildren immunized? Absolutely. There just, I have no question in my mind.

You know, as I related the story of my dad. He had polio. We were the very 1950 whatever, eight or '59, we were the first ones in line, you know, we were getting immunized.

And, you know there is that level, there is that level of trust that has to be there. And I would have to say in my practice I haven't seen a significant number of parents ultimately saying no I do not want my children immunized.

REP. SCANLON (98TH): Thank you.

DR. SANORA CARBONARI: And good luck with your new baby.

REP. SCANLON (98TH): Thank you.

REP. STEINBERG (136TH): Are there any other questions or comments? If not, doctor, thank you very much.

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DR. SANORA CARBONARI: Thank you.

REP. STEINBERG (136TH): Next up is Senator Maroney who will be followed by Representative Wood but in between will be Emily Edwards followed by Katherine Matthews.

SENATOR MARONEY (14TH): Representative Steinberg, Senator Abrams, distinguished members of the Public Health Committee, I'm James Maroney, the state senator for the 14th District and I am, I want to thank you for allowing me to sit in on behalf of Senator Bob Duff and I am here to introduce his constituent, Marietta Vazquez, M.D. who is a Professor of the Department of Pediatrics at Yale University School of Medicine and with your permission I'll be yielding my time to her.

REP. STEINBERG (136TH): Yes, thank you. We just have to make sure that we get the doctors information for the record.

SENATOR MARONEY (14TH): Thank you.

REP. STEINBERG (136TH): So we can arrange that at subsequently.

DR. MARIETTA VAZQUEZ: Excellent. Thank you.

REP. STEINBERG (136TH): Thank you.

DR. MARIETTA VAZQUEZ: Thank you very much. My name is Dr. Marietta Vazquez. I'm a professor at Yale. I've been in practice for over 20 years. I'm a pediatric infectious disease specialist and I'm not only a subspecialist, I'm also a general pediatrician.

I work in the Yale Primary Care Center. This is the second largest pediatric clinic in the state where I

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administer vaccines and talk to families about vaccines myself.

I'm an expert on vaccines. I have extensive experience in them. I'm a researcher, I have been engaged in vaccine policy as well as vaccine advocacy.

In 2011, I was appointed by the secretary of the U.S. Department of Health to be part of the advisory committee on immunization practices. This is a 13 member committee of experts who review all existing data and make vaccine policy.

And I'm here to urge you to pass this elimination of the non-medical exceptions. As you've heard before, the rates at which there are increasing number of medical exemptions -- of non-medical exemptions is increasing. It's gone up exponentially in the last few years.

I think this is both unacceptable and dangerous. Around our country, we are seeing exactly the same thing. Numerous outbreaks. The solution to stop this problem is clear. It's vaccination. The science behind this is clear.

Vaccines -- I know what I'm talking about. I have read, not in the last four years, but I have been in my career since 1994. The science is clear. Vaccines are safe. Vaccines are effective. Vaccines save lives and right now they are our best way to keep infants, children, adults, the elderly and pregnant women safe.

So the science is clear. The history is also clear. There is a reason why I haven't seen a child in an iron lung ventilator. There's a reason why we don't have children die from many of these infectious

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diseases. It is called vaccination, that these programs were so successful that now we are victim to our own successes because none of us have seen these.

The importance of herd immunity is so, so clear and to end I'm here as a citizen, I'm here as a pediatrician. I'm here as an expert. I'm here as a researcher. But I'm also here as a mother. And I think it's time to stop what's going on. It is dangerous and it's much easier for us to be proactive and prevent than to wait for outbreaks and then look back and say boy, we should have moved that forward. Thank you very much.

REP. STEINBERG (136TH): Than you. Doctor, you are obviously here to hear some of the previous testimony. Mr. Bigtree testified about some of the science behind this.

I'm particularly interested in your take on his assertions as they relate to the safety and the sort of the ongoing immunity issue if you wouldn't mind talking about it.

DR. MARIETTA VAZQUEZ: So like many of the people who have sat here, I have been here since eight in the morning. I practice evidence based medicine. And when I say that, it's not just the words I put in my mouth and I say evidence based medicine. I actually read the studies.

The previous spokesperson said that he had four years of experience. It's years and years and years, at least in my career, over 20 years of looking at the data very carefully and looking and looking at studies.

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There are some inaccuracies. For example there is no such thing as the adult MMR vaccine. If you were born before 1957 or if you were immunized when you were a child, we are not saying that you need to be re-immunized.

Pertussis is not a virus. Pertussis is a bacteria. So, you know, children who received the pertussis vaccine are not shedding pertussis. They, the vaccine does not make them more susceptible down the road. There were -- would I believe a lot of inaccuracies that are not founded by current data.

In terms of herd immunity, herd immunity exists. It's real and it's very, very important. It is different for every different type of organism. So, you know, as I mentioned before, I have done studies for probably half of, over half of the vaccines on the schedule.

Pneumococcal used to be the number one cause of bacterial invasive disease. This killed children and adults. And when we started the vaccination program, adults were not getting pneumococcal vaccine, only children were getting pneumococcal vaccine.

And when the immunization rate started climbing quickly around 30, 40, 50 percent, we already started seeing protection in adults. Now let me explain this. We were vaccinating children, infants. And when the rates of immunization in those infants started going up, we started seeing protection in adults. That is herd immunity.

Adults were not getting this vaccine but they started seeing protection. Why? Because if the majority of the disease is in the infants and enough

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of them get immunized, the infection circulates less often and you're protecting adults.

So it's different for each pathogen but it is extremely important and that is why we probably sat here without any of these outbreaks because even though the vaccination rate was not 100 percent, it was robust enough to allow parents of children who decided not to vaccinate their children, they were protected. They were protected by this community immunity.

We are seeing the results of what happens when there is a breakdown. There is scientific reasoning why we see it first with measles. We are seeing it first with measles because measles is one of the most -- is the most communicable disease that we have.

So it makes sense, a lot of biological sense that when the immunization rates start going down, the first problem is going to be with measles. But, you know, again I've practiced with the data. I will not, I would never stand here and talk about something that I didn't believe was true and it is not my belief, I'm also a religious person. But my religion does not dictate what I do with my patients. It is science, it is study after study after study that shows us the safety of these, of this intervention.

REP. STEINBERG (136TH): Thank you, doctor. Any other comments or questions? If not again, thank you for your time. Thank you, Senator.

Next up is Emily Edwards followed by Katherine Matthews but then there will be Representative Kerry

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Wood followed by Representative Craig Fishbein on the elected official's side.

MS. EMILY EDWARDS: My name is Emily Edwards and I'm a resident of New Haven, a second year medical student at the Frank H. Metter M.D. School of Medicine at Quinnipiac University, a member of the American Academy of Pediatrics and a future pediatrician.

I support bill 5044 to protect the public health by ensuring adequate and appropriate immunizations of children.

For the past few years, I have spent over 200 hours learning about the arts and science of pediatric medicine from an amazing mentor. After completing his training over 30 years ago, he began a practice in western Connecticut.

Fast forward to today, and he is a pillar of his community. Many of his patients are the children of his original patients, showing just how respected and appreciated he is.

These weekly clinic visits have inspired me and created an ideal that I dream to live up to. I aspire to one day follow in his footsteps and become that integral part of a Connecticut community but I'm worried I won't be able to do so.

On the fourth day of medical school, I received my white coat and recited the Hippocratic Oath, promising to prevent disease whenever I can for prevention is preferable to cure.

Since then, I have spent my days studying rigorously and learning how to evaluate scientific literature. We read articles critically, looking at the methods



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and reviewing the data collected and critically examining the interpretations.

It is clear. Research shows that vaccines are safe, effective, and save lives. Over the years, my mentor has recounted countless stories about his training in the late 80's including the horror stories of meningitis caused by haemophilus influenza. These incredible sick children faced severe complications like seizure, brain damage, and even death.

The vaccine for haemophilus influenza was released at the conclusion of his training and he has yet to see a case since. With this knowledge, I am concerned that I will violate the oath that I took on that day two years ago if I do -- if we do not act to remove non-medical exemptions.

While I aspire so much to be just like my preceptor and care for generations of children in Connecticut, the rise in non-medical exemptions makes me question whether I can be the physician that I promised to be in a state that does not support prioritizing the health and safety of my patients.

I ask you today to please support bill 5044 and help me protect the thousands of patients that I will have the privilege of carrying for in the near future. Thank you.

REP. STEINBERG (136TH): Thank you. And thank you for your course of study and what you hope to do on behalf of people in Connecticut. Questions, comments? If not, thank you for your testimony. Thank you for your time.

Next up is Representative Wood followed by Representative Fishbein and on the public side

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Katherine Mathews followed by Dr. Mona Shariari I think it is. Maybe. Close to it, I apologize.

Representative, good to see you. Ian, good to see you.

REP. WOOD (141ST): Thank you very much, Representative Steinberg, and the rest of the committee. I will be submitting testimony online in opposition to 5044 and I would like to yield my time to constituent Ian Kadu (phonetic), with your permission. Thank you.

MR. IAN KADU: Thank you. Several years ago my daughter had severe consistent reactions immediately following her two, four and six month vaccines. We discussed them with her practitioner each time but were quickly met with denials without hearing or documenting her symptoms.

I didn't want to believe vaccines could be related either, but after exploring both sides of the issues, doing hours of independent research and consulting the best licensed medical experts around the country, the truth became obvious.

If you deeply look into the issue, you will see evidence pile up that there are legitimate concerns with vaccines. Vaccine defenders resort to sound bites, appeals to authority and fake statistics.

If you're willing to go beneath the surface, however, there is a growing body of causal, epidemiological and biological evidence that the vaccines contribute to immune problems, allergies, asthma, seizures and many other chronic childhood disorders.

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My wife and I even worked with Chairman Steinberg to host an expert panel in the fall and this dynamic played out. We were told to vaccinate our children because Rosalyn Carter said so but there was no rebuttal to the multitude of scientific and structural problems vaccines were presented that day.

This is a very complex issue. This complexity is nearly never talked about however. Instead vaccines are literally politicized to an unhealthy degree. Doctors are in absolute denial of the side effects or fearful for the licenses if they question vaccines.

Legislators distilled the issue into fear of disease without any mention of the side effects. Ultimately, this creates an unhealthy dialogue and prevents forming good public policy.

This bill only furthers that bias and discrimination and yes, this is about religion. When your children are injured and the establishment won't help them, you turn to God for help.

Rather than passing legislation restricting medical choices and discriminating, we should be turning legislation that protects children, facilitates a balanced discussion and addresses legitimate concerns.

A few things that would make this bill better policy. Grant siblings of vaccine injured children exemptions before they are injury and before parents have to put them at risk as well.

Require that all contraindications and precautions from the manufacturers be grounds for a medical exemption rather than letting the CDC overrule FDA

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and manufacturers licensing guidelines for those vaccines.

Include a school size cut off for the disclosures of statistics rather than let that bigotry seep in. You should also force practitioners to give care to patients regardless of their vaccine choices, rather than the legislature that's biased and discrimination.

I had the honor of meeting with multiple legislators over the past nine months and working closely with them to propose these exact ideas and many more.

Chairman Steinberg even held a bipartisan working committee to try and formulate a fair and balanced policy incorporating everything into this, in this situation.

I'm saddened to say that none of that made its way into this final bill. Ultimately this is a one sided bill trying to be forced through out of arrogance and fear.

Please don't let the health of our children become a partisan issue. Please understand how we can legislate in a way that prevents progressive policy to help our children and help these health issues and both sides of the issue but please vote for the people and not the political pressure and vote this bill down.

REP. STEINBERG (136TH): Thank you, Representative, thank you, Ian. I just want to comment that to the one of the points, the statement you made that none of the things that came out of the working group or conversations with those who were vaccine concerned made it into this bill.

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I have to disagree firmly on that point. The fact is that the various factors a practitioner can use include some discretion with regard to perhaps looking at things like sibling injury, that sort. We have the oversight committee that's going to look at outliers. We have bill 5033 that's going to provide opportunity for consultations between practitioners and families.

All those things were informed by the process that went on over the last number of months. I'm sorry that not everything that you suggested could be part of this bill but I think it would be unfair to say that the process that led up to this bill was totally ignored and not incorporated in some fashion into the final product.

MR. IAN KADU: Well, Chairman, I respectfully disagree and I think this is bad policy. I can talk to you about many of the things where even in current, in today's policy medical exemptions are perfectly legal and we don't have any of those restrictions that are proposed to be placed on them.

However, after my experience of talking to multiple practitioners and pediatricians, they are all unwilling to do this for fear of their license.

Now I can't understand how when in an environment where something is legal and practitioners are literally afraid to do it for fear of their own livelihood that then making that further restricted you can possibly be worried that it's going to be further.

This is like an egregious clampdown on what should be a decision between a patient and their practitioner and I think that that is an important

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thing that could have been legislated into this bill and that is currently not there.

REP. STEINBERG (136TH): Again, sir, I would disagree with you. I think that it is in this bill. I think that we need to document the incidents that you allege that there is widespread intimidation of physicians. We have not seen that but I'm eager to see the data as you are able to present it.

MR. IAN KADU: Yeah, I would like to thank you for your leadership on this process in leading us through this, however, I respectfully, you know, think that this is not the best policy or Connecticut.

REP. STEINBERG (136TH): Thank you. Are there, yes. Representative Carpino.

REP. CARPINO (32ND): I'd like to ask you a follow up based on something you said but if you are not comfortable because it is too personal, please feel free to tell me that and I'll talk to you outside.

So I'm trying to understand the process you went through after your child had a reactions to the vaccine and the difficulty you had securing a medical exemption.

You then I thought you said sought additional or outside medical care who validated the need for a medical exemption. Can you just walk me through that process a little bit so I can understand was it a disagreement amongst physicians, was it something more than that? Was it a different specialty? I'm trying to understand.

MR. IAN KADU: Sure. I appreciate the discretion and I don't want to go too much into the family

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medical history and things like that, but I can say that this is an experience I have had and many other people that I have talked to through this situation have had the very similar experiences where you literally get kicked out of practices for voicing even concerns, or wanting to exercise informed consent now.

How that, you know aligns with the Hippocratic Oath or how that aligns with informed concern, that seems like coercion to me and so we are in a, currently in the process of working through that and going through the HIPAA policies because that was failure to document observed things that we communicated to our doctors at the time.

There was failure to put those in the medical records and in working through the process to update those medical records at the time. Now the problem with that is when you go to a different practitioner, the issue is what do they do with this?

Now this becomes a hearsay situation if things are just denied. And this is what I mean when you hear about vaccines are safe and effective, if you deny side effects, of course the statistics will show that.

And so I would like to cite a very specific example and I referenced this in my testimony. If you look at the TDAP vaccine, brain swelling and encephalitis is one of the precautions on that vaccine from the manufacturer. Encephalitis is one of the precautions on that vaccine.

However the CDC does have the power and does override that that is not a valid grounds for a

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medical exemption. And so when you take an FDA licensing guideline, have that be totally overridden by an alternate body and like I don't understand how that can be a good policy or a good thing to legislate in this.

And then while we try to give autonomy to practitioners, their license is at risk of a standard of care, they have to follow those guidelines and if they're questioned it, then they have to defend that and how can each individual practitioner possibly override or combat that institutional one.

The other thing I was going to say is how do you diagnose encephalitis in a newborn or in a young infant? Like that is inconsolable crying for large periods of time and like that is immediately denied as not a valid side effect, however that is literally on the precautions of these literal vaccines that are given constantly and repeatedly through the first months of life.

However, when you talk to many practitioners and ask them that, what are the actual precautions on this since you're going to inject into my child, they literally have no idea. And they'll deny you those policy things off the bat.

REP. STEINBERG (136TH): Thank you, Representative. And I would agree certainly education of practitioners we have it, here is more to be done. Are there any other questions or comments? Representative Wood, I don't know if you're allowed to ask questions but go ahead.

REP. WOOD (141ST): Two things. One I believe I forgot to introduce myself. Terry Woods, state



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representative Norwalk area and for the record and also thank you, Representative Steinberg, for all the work you did I understand over the summer on this issue and it is complex and I think it is important that we listen to all side and figure out a solution not it. Thank you.

REP. STEINBERG (136TH): Thank you and I should add that this was a bipartisan working group. There were a lot of legislators involved. We talked to a lot of different people. This is not something we came up with on the fly. I know a lot of people are very disappointed but it does reflect a lot of work by a lot of people. Okay. Thank you.

Next up we have, let's see. Are we up to, we had Emily are we Katherine Matthews. Is Katherine Matthews here? And then Dr. Mona Shahriari next but in-between will be Representative Fishbein followed by Representative Dauphinais.

MS. KATHERINE MATTHEWS: Good afternoon. Thank you. Good afternoon. My name is Katherine Lupa Matthews. I am from Bristol Connecticut. I am very strongly in favor of repealing exemptions to immunization other than necessary medical exemptions for children in our Connecticut public schools.

My daughter attends public school in Bristol. Today is her birthday and I'm here in her honor. She is and she will always be immunocompromised. Even though she is fully vaccinated, she attends school with children whose parents have exempted them from standard immunizations and the presence of unvaccinated and under vaccinated children in the public school increases the risks to her.

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Because of her condition, it is extremely easy for her to contract communicable diseases and illnesses. When she contracts an illness, she becomes very sick very quickly and it takes extraordinary measures for her to recover.

Her treatment often requires long periods of hospitalization and the administration of IV antibiotics and other medication.

Recently, my daughter contracted the flu and she was hospitalized from December 27, 2019 through January 10, 2020. On December 28, she nearly died from complications of the flu. It took her five days in the PICU at Connecticut Children's Medical Center for her to be stable enough to safely undergo a transfer to Yale New Haven Hospital for additional inpatient care.

Unfortunately this is the life of an immunocompromised person for as long as she gets to live it. Life is precisely what is at stake when an immunocompromised person comes into contact with her unvaccinated and her under vaccinated peers. There is a clear and overwhelming benefit to requiring immunizations for children who attend out public schools.

By increasing the number of immunized children, we make all children and staff members at our public school and in our public facilities safer and we vastly reduce the amount of money that is spent on medical costs to care for ill people.

Vaccines are safe. There is no scientific medical evidence to support the proposition that vaccines are unsafe or cause autism or other conditions.

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SENATOR ABRAMS (13TH): I'm sorry, the bell went off so I'm going to have to ask you to wrap up.

MS. KATHERINE MATTHEWS: I will. I have only a couple minutes -- a couple seconds left. (Laughter) Sorry about that. Parents who choose not to vaccinate their children often advocate for their position based on religious reasons or claim that they should be free to make medical decisions for their children without government interference.

And to them I say there is a tremendous privilege inherent to choosing to delay or skip vaccines for your well children. I don't know of a single cancer mom or dad who was --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you.

MS. KATHERINE MATTHEWS: Okay.

SENATOR ABRAMS (13TH): Okay.

MS. KATHERINE MATTHEWS: Thank you.

SENATOR ABRAMS (13TH): I apologize. But we have to keep, try to keep the fairness for everyone.

MS. KATHERINE MATTHEWS: Fair enough, thank you.

SENATOR ABRAMS (13TH): Just a minute. Are there any questions or comments? Representative Betts?

REP. BETTS (78TH): Thank you and I'm sorry to hear about your daughter because that obviously is a daily strain, if not an hourly strain so I wish you both well.

I have a couple of questions. One is everybody has been focused on the schools and I'm not sure that we can directly identify getting a disease at the

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school versus anywhere else like a supermarket or, you know, some, a church, some, you know, some other setting.

Do you, did your daughter get it specifically from people at the school or could she have gotten it from anywhere else?

MS. KATHERINE MATTHEWS: It's hard to say, Representative Betts. In fact, I can't point to the source of any specific germs but I think the history and the data are clear that our system of mandatory vaccinations in the United States are the reason why vaccinations have been so successful and why children have benefitted from herd immunity.

So I think that ensuring mandatory vaccinations for children in our public schools has widespread, positive repercussions from a public health perspective and would protect people in the schools as well as in churches and in grocery stores.

So the benefits are not just tied to the school systems, they're tied to anywhere that we come into contact with people. But my daughter has to go public school, she doesn't have to go to the grocery store.

REP. BETTS (78TH): I understand. Thank you so much and again I wish you both the best.

MS. KATHERINE MATTHEWS: Thank you, sir.

REP. BETTS (78TH): Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony

MS. KATHERINE MATTHEWS: Thank you very much.

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SENATOR ABRAMS (13TH): I'd like to announce that we are reopening sign ups. I know that some people arrived after this morning so if you would like to sign up and you haven't already done so, you can go on the second floor atrium we call it which is the opening right over here to the left of our room and so we can take more sign ups there if you would like.

Next we have Representative Craig Fishbein followed by Dr. Mona Shahriari, apologize. And then Representative Dauphinais. Welcome.

REP. FISHBEIN (90TH): Good afternoon, Chairman Abrams, Ranking Member Petit, distinguished members of the Public Health Committee. I'm state Representative Craig Fishbein and I represent the 90th district which is Cheshire and Wallingford.

I'm also the vice chair of the Connecticut General Assembly Conservative Caucus. I've submitted my own written testimony and the Conservative Caucus has also submitted its testimony today as well.

Both in my role as a state Representative and in representing the Conservative Caucus, I and we oppose the legislation that is the subject of this public hearing, H.B. 5044, AN ACT CONCERNING IMMUNIZATIONS.

In a nutshell, our objection is grounded in the concept of parental rights. As you are already aware, presently parents, the only persons that are responsible under the law to protect their children from undue harm have the ability to exempt their child from having the government insert a foreign substance into their child's body based upon a religious belief.

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The effect of this legislation would be to remove that parental option and what we are ultimately left with is a government forced inoculation over the objection of that parent.

From my perspective, such a legislative initiative has more the makings of science fiction than of good governance.

It is my understanding that should this legislation pass that Connecticut would be one of only a handful of state that has no exemption at all, whether it be religious or philosophical. In fact 16 states have a more expansive exemption, allowing for such things as a moral, philosophical and personal objection, as does Maine.

And we urge you that if you find it necessary to eliminate the religious exemption, that you replace that and expand it with the ability of a parent to raise a moral, philosophical or personal objection to an immunization.

Some say that forced inoculations are not the result, that a parent can still make that choice, but if they do, this legislations penalizes that parent by stripping the constitutional right to a free public education.

A constitutional right that has been sustained by our courts. Think of that for a moment. A parent makes a conscious decision to object to a foreign substance being injected into their child and the government says comply with the intrusion or have a constitutional right stripped.

That is not the America that our founding fathers envisioned. Well, maybe they did. And that is why we have elections where elected officials who punish

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partners for trying to protect their children can be replaced with ones that respect that right.

Ultimately during this session you are left with a choice, to support this draconian concept or to reject it. However, I suggest causation as the message from the parents and the general public that is resounding in this building, resounding in social media, and resounding in the airways is quite clear.

Vote for shots, lose your spots. The choice is yours. I thank you for your time and attention on this day.

SENATOR ABRAMS (13TH): Thank you, Representative. Are there any questions or comments? Thank you for your testimony.

We will be moving on to Dr. Mona Shahriari. I'm so sorry, you'll have to say your name and I apologize and Representative Dauphinais and then Peter Wolfgang. Thank you.

DR. MONA SHAHRIARI: Thank you. So its Mona Shahriari but that was actually pretty good. I just wanted to say hello to everyone and my local (inaudible - 04:56:17) Representative Carpino.

So I am a board certified dermatologist that practices in Cromwell. I'm also associate director of clinical trials so I have a lot of experience when it comes to studies for different medications. And I'm Assistant Professor of Dermatology at Yale University.

And you guys have received my written testimony so I'm going to paraphrase some of the facts that my colleagues before me have not brought forth but I am in support of H.B. 5044.

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And the main reason is I see a lot of children in my practice and at the end of the day, that child is my patient. I took an oath to do no harm and I respect as a decision that parents want to make when it comes to immunizations.

And every time it comes to doing any sort of intervention with my patients, I do discuss whether they're an adult or a child, what are the risks, what are the benefits, and I give them a chance to ask questions. I tell them about good resources online to go to in order to gain more information. But and at the end of the day I give them that autonomy.

What we need to understand though, as someone who is a trained medical professional, I do have some knowledge that a parent may not have. And we are in an era of social media, influences and individuals who do not have proper training that are influencing the mindset of a lot of parents.

And unfortunately they may think they're making a decision that's in the best interest of their particular child, and it may be but I prescribe immune suppressive medications to a lot of my patients and when this kid who cannot for a medical reason get a vaccine, goes in to a public school system and there is a child there who has something like measles, brings it in, now my patient is at risk because of their immune status. And this is something that we need to definitely keep in mind when it comes to the autonomy factor with respect to immunizations.

In addition the other piece that I want to bring up is the medical home is very important for the administration of vaccines. I know you guys had a



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heard testimony about not getting enough knowledge or the doctors didn't seem to want to listen about the side effects.

That's why the people administering these vaccinations should have proper knowledge about the risks and the benefits. And just a 30 second comment.

I now there was some testimony earlier about us being fearful of our license. I have absolutely no fear when it comes to giving recommendations. Again, I took an oath to do no harm and give patients autonomy and I take that very seriously. Thank you for your time.

SENATOR ABRAMS (13TH): Thank you, doctor. Are there any questions or comments for the doctor? Representative Carpino.

REP. CARPINO (32ND): Thank you for coming up. Can you maybe elaborate to something that I asked one of our prior folks here about have you ever felt as though your professional opinion having to do with a medical exemption would cause you any difficulty within the profession amongst your colleagues? So ignoring licensing, but any difficulty amongst your colleagues?

DR. MONA SHAHRIARI: Absolutely no. So I'm a practitioner that prescribes biologic medications for diseases like psoriasis and eczema. And I'm one of probably 10 percent of physicians in the attention that feels comfortable prescribing these medications.

So every day that I have a discussion with a patient about a life changing medication, it's a moment

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where 90 percent of my colleagues are not going to agree with what I decide to do.

But at the end of the day, they are not my patient. The person sitting in front of me is and every time I tell you then, you know what, this is a condition that's not going to kill you, so you tell me how you want to proceed. We decide together.

I never feel like I need to force my opinion on them, nor do I feel like I need to go down one pathway or another because of peer pressure from society.

REP. CARPINO (32ND): Thank you for your perspective. Thank you, ma'am.

SENATOR ABRAMS (13TH): Representative Michel.

REP. MICHEL (146TH): Thank, you Madam Chair. Thank you for testifying today. I have just a simple question. What -- well maybe two questions. What are the cons and in what case would you not suggest to patients to get a vaccine?

DR. MONA SHAHRIARI: To get a vaccine?

REP. MICHEL (146TH): Yeah.

DR. MONA SHAHRIARI: Well, the perfect example is again, the biologic medications that I prescribe. These individuals are slightly immune suppressed so certainly live vaccines will be unsafe in these patients.

So I make sure that they, not only the patient knows ahead of time that going on this medication means they may or may not be able to complete a series of vaccines and that's clear, even in the pediatric population.

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But I also make sure their physician are aware as well because I'm a dermatologist, so I work closely with the primary care doctors that I put this patient on this medication so we cannot proceed with X, Y and Z vaccine or if this patient is going to be going out of the country and needs certain live vaccines, they are not going to be a candidate for it.

REP. MICHEL (146TH): All right. Thank you, Madam Chair. Thank you.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you for your testimony, doctor.

DR. MONA SHAHRIARI: Thank you.

SENATOR ABRAMS (13TH): Next we have Representative Dauphinais followed by Peter Wolfgang then Representative Haines. She is not here. Okay. Then we will go with Representative Haines.

REP. HAINES (34TH): Thank you co-chairs and vice chairs, ranking members and the distinguished members of the public health committee. Thank you for allowing me to testify in opposition to H.B. 5044, AN ACT CONCERNING IMMUNIZATIONS.

I here, I'm here today to stand for constitutional rights like religious freedom and public education which are scared to Connecticut's citizens.

I encourage the Public Health Committee to look for specific limited ways to better serve public health safety than this broad brush approach by repealing our constitutional rights.

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I would like to yield my time with your permission to attorney Peter Kamakawiwoole of the parental rights foundation.

SENATOR ABRAMS (13TH): Thank you, sir. If you haven't already done so, can you sign up with the clerk?

MR. PETER KAMAKAWIWOOLE: Yes, ma'am, I will do that. My name is Peter Kamakowiwoole. I am an attorney, I am privileged to be here, thank you for hearing my testimony.

I previously submitted written remarks which talk at length. There has been a lot of discussion in the hearings, the five hours or so that it's been going on about the medical pros and cons of vaccinations. I'm not here to talk about that, I'm not qualified to talk about that.

What I would like to spend some time is reminding the committee that what is at issue in this bill is the religious exemption. And Connecticut has a proud history of religious liberty that should be on the Committee's mind I think as you're considering this.

This goes all the way back to a sermon preached by Reverend Thomas Hooker here in Hartford 1638 where he stated that the just consent of the governed is the only basis of liberty in a free government.

That sermon is the, was the direct cause of the fundamental orders of Connecticut one year after the first written constitution in our hemisphere.

The Danbury Baptist who wrote a letter to Thomas Jefferson in which he famously wrote that the constitution erects a wall of separation that

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prevents the government from interfering with the rights of conscious, those Danbury Baptists were here in Connecticut.

Cantwell v. Connecticut. The first United States Supreme Court case that extended those first amendment protections to the residents of the states was brought by a Jehovah's Witness from this state.

And in 1993, Connecticut joined many sister states in adopting the religious freedom restoration act which recognizes that in order to interfere with and substantially burden the free exercise rights of any person, the government bears a high burden.

The choice before this committee today is whether to stand in the flow of that history or whether to strike a blow against it. And I strongly urge you to vote against this bill and to perpetuate the freedom that Connecticut has long stood for.

SENATOR ABRAMS (13TH): Thank you, sir. Any questions or comments? I thank you very much for your testimony.

Next we have Peter Wolfgang followed by Representative Hughes followed by Laura Kanto. Welcome, Mr. Wolfgang.

MR. PETER WOLFGANG: Thank you. Chairperson Abrams, Ranking Member Petit, members of the committee, my name is Peter Wolfgang. I am president of Family Institute of Connecticut Action.

Our members support immunizing their kids but they don't support this bill. Family Institute of Connecticut, in fact all my, all seven of my own children are vaccinated.

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But we don't oppose vaccines, but our members oppose 5044 because they see an unpopular group being targeted in a way that may eventually harm us all.

It's troubling to our members to see this bill attack the conscious rights of a small number of parents who object to vaccines on religious grounds. It begs the question of what other medical treatments the state may declare medical necessary -- medically necessary despite parental or religious objections.

Our members are concerned that the same forces targeting the religious liberty and parental rights of anti vaxers will come for the religious liberty and parental rights of our own families someday.

Our members are concerned that if we don't speak out for anti vaxers now, when they come for our own families there may be no one left to speak for us.

Anti vaxers are low hanging fruit. They are small, unsympathetic group of people with beliefs almost no one accepts. They reject the social consensus sealed by the experts and against them it feels as if a panic was ginned up to further a larger agenda.

I want to say something about listen to the experts. You heard that from one of the speakers from Yale. You heard the science is clear. You know, we just ended a decade, the 2010's during which a respected pediatrician was convicted of abusing scores of Olympic athletes, priests and teacher's abuse children and bishops and teachers unions covered it up.

Financial regulators were asleep at the wheel during the subprime loan crisis which gave us the Great Recession, and our own great U.S. attorney for the

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state of Connecticut, John Durham, is currently investigating the FBI for possibly illegally spying on a president campaign.

This is the world that we live in. I'm reminded of Ross Stoutat (phonetic), the New York Times columnist who had a column wrapping up the 2010's.

And this I found very striking. He said in case after case, the 2010's were a decade when cranks were proven right and the establishment wrong. In this sense, the Jeffrey Epstein scandal was an appropriate capstone for the decade. Why do I mention all that? Because --

SENATOR ABRAMS (13TH): Sir, the alarm went off --

MR. PETER WOLFGANG: Sure.

SENATOR ABRAMS (13TH): -- so if you could wrap it up please. Thank you.

MR. PETER WOLFGANG: This doesn't take place in a vacuum, this lack of trust in the experts. I'm not saying don't listen to the experts, I'm saying a certain level of skepticism is in order given the world we now live in. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the Committee? Thank you very much for your testimony.

MR. PETER WOLFGANG: Thank you.

SENATOR ABRAMS (13TH): Next we have Representative Hughes followed by Laura Kanto and then Representative Mastrofrancesco.

REP. HUGHES (135TH): Thank you, Madam Chair, I bring up a constituent, Dan, the parent of an immunocompromised family. I'm Representative Anne

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Hughes of the 135th District, also a member of the Human Services Insurance and Aging Committee.

To the proponent of H.B. 5044, to protect public health and safety, as a fellow legislator, I share your goals to protect and improve public health.

As a full time social worker, working with medically compromised older adults, I get a flu shot every year to protect the community I work with. I stay home on the extremely rare occasion of catching a cold or virus so I don't expose the public or my coworkers.

The many families in my district, who have immunocompromised household members or under vaccinated children have diligently pledged to fiercely protect their child's communities even without the safeguard of paid family medical leave that in two years will empower workers in Connecticut to stay home with their sick kid or to stay home themselves so they don't expose coworkers.

I have deep faith that we can improve our public health across this great state of Connecticut and I think H.B. 5043 starts to do that and I applaud that.

One, let's demand accountability from big pharma and the vaccine industry and demand rigorous independent blind placebo testing to the same standards as FDA food safety for all biologics before being summarily added to the CDC recommended schedule.

Remember, these are the same actors that our AG is suing, big pharma agents like Purdue that knowingly flooded doctors' offices and communities with deadly addictive opioids, catastrophic consequences.



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Two, let's empower the medical community like the part of this bill is attempting to do but to treat family as patient with flexibility for exemptions for younger siblings, family members who may also be sensitive to side effects and reactions.

Let's do what you're doing in that part of the bill which is allow physicians discretion to order extra blood testing, spread out, delay the schedule, distinguish and rank most important and necessary out of the whether its 72 or 63 on the schedule to meet compliance.

I say let's pilot that part of the bill and evaluate. And let's free fully funded resource and staff our GPH that testified before you for two hours.

According to last week's Hartford Current about the state audit, DPH is woefully under resourced and under staffed to maintain public drinking water safety. So to wrap up --

SENATOR ABRAMS (13TH): I'm sorry, Representative, your time is up. So is your, the gentleman that you bought with you.

REP. HUGHES (135TH): I understand.

SENATOR ABRAMS (13TH): Okay.

REP. HUGHES (135TH): So just finally as guardians of public health, as state legislators, we must also remember our oath as guardians of human rights, civil rights that are under serious threat under this federal administration and I believe we have no business, in the absence of a true public health emergency, yanking family's last resort to

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protecting their children and denying their right to public education.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Representative Michele?

REP. MICHEL (146TH): Thank you, Madam Chair, thank you Representative Hughes. Thank you Mr. Phug (phonetic). Ms. Hughes, you introduced your guest as I can't actually repeat the words, maybe because I'm French but --

REP. HUGHES (135TH): Immunocompromised family, yes.

REP. MICHEL (146TH): Thank you. Now, Mr. Phug, can you elaborate on that please?

MR. PHUG: Yes. My wife has multiple sclerosis, a neuro degenerative autoimmune disease. In 2017 she received high dose chemotherapy at Northwestern University in Chicago.

Her discharge paperwork said quote avoid contact with any individual who has had a recent live vaccination for six months. The reason for that -- end quote is because live vaccine products like the MMR, nasal flu shot, chicken pox varicella vaccine can shed the virus to others.

Her discharge paperwork didn't say the unvaccinated were a risk to her health. I just want to point that out. She is immunocompromised.

And my, our health professionals in our life said we should not be vaccinating our children till they're at a minimum six years old due to my wife's condition and a child's immune system is not fully developed till they're six.

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So I will have to leave the state if this bill passes in its current language and form. I have three kids. I have one that was just born at four months. Thanks.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you, Mr. Phug, than you Representative Hughes.

SENATOR ABRAMS (13TH): Are there any other questions or comments from the committee? Hearing none, thank you very much. If you would please sign up with the clerk if they don't already have your name.

And I just want to remind everyone again that we have reopened sign ups here on the second floor to the left if you care to sign up.

REP. HUGHES (135TH): Madam Chair, I also would ask to submit our superintendent of Region 9 schools testimony for the, for your review.

SENATOR ABRAMS (13TH): Sure, you can --

REP. HUGHES (135TH): I brought it with them.

SENATOR ABRAMS (13TH): -- you can submit that through written testimony.

REP. HUGHES (135TH): Thank you.

SENATOR ABRAMS (13TH): Thank you. Next we have Laura Kanto followed by Representative Mastrofrancesco followed by Dr. Larry Palevsky. Laura Kanto is not here so Representative -- oh, let's move on to Dr. Larry Palevsky. Is Dr. Larry Palevsky here? Thank you, sir.

DR. LARRY PALEVSKY: Good afternoon and thank you for the opportunity to speak before you. As a medical student starting in 1983 I was taught to

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critically think and there are a couple of assumptions that we have heard today that I would like to challenge.

One of the assumptions that we heard is that high vaccinations protects those vulnerable and it reduces the probability of those people vaccinated to spread the germ to others.

Never once in my 37 years have I ever seen a study that showed that a vaccination makes the bacteria or the virus disappear from the body of those who were vaccinated.

And yet, all we continue to say is that once a vaccine is given, not only are people immune but the bacteria and viruses are no longer in their bodies to transmit to others. And that is not true.

We also heard that once you are vaccinated, you are immune. Well, actually the textbooks don't say that. The textbooks say that 2 to 10 percent of children who receive a vaccine actually don't develop an antibody at all.

And then there is a whole number of children who will develop an antibody but we don't even know the percentage, because they will develop the antibody but won't be protected at all. So there are more children who don't develop the protection from the vaccine that are actually unvaccinated in the state of Connecticut.

We are told that unvaccinated children are the only children and the only people that are capable of spreading germs. But that's not true either because vaccinated children can still spread germs. They can still carry the bacteria and viruses that we vaccinate against and so can adults. Adults can

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also carry the bacteria and viruses that we vaccinate against.

We are told that when you vaccinate, the bacteria and the virus completely disappear from the earth. Well, they don't. They change activity, they may mutate and you heard before that the measles virus doesn't mutate. Well, it does.

There are cases of outbreaks in Canada that have shown that a new virus came about and there are studies in the literature that shows that when a vaccine is given you can induce a strain replacement, meaning that over time the bacteria and the viruses will mutate but they don't disappear from the earth, they are still here. Their activities change and they may even mutate. And even those who are vaccinated can still carry them and transmit them.

But unfortunately we are targeting two percent of the children who are not the sole carriers or transmitters of germs and vaccinations don't stop people from carrying and transmitting germs just because they've been given the vaccine.

And my last point is we heard that vaccines are unequivocally safe. We have a public health crisis in our midst, chronic illness, brain damage, neuro developmental disability.

And there are chemicals in the vaccines that are shown in animal studies to contribute to this kind of brain inflammation that we are turning our backs on and we are creating many of these children and we are ignoring it for the sake of continuing to vaccinate. Thank you.

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SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Yes, Representative Kalrides-Dittra.

REP. KLARIDES-DITRIA (105TH): Thank you for your testimony. I just have one question. Excuse me. Some of the vaccines and the ingredients in the vaccines we heard about could be aluminum, could be mercury. Is there some concern that when these ingredients are given to such young children that as we have heard, their immune systems are not completely developed yet?

If it stays in their system, and or stays in their brain and does not come out of their system as what we have heard is, it's supposedly supposed to leave their systems, what are your thoughts on that?

DR. LARRY PALEVSKY: Well, you heard earlier that there is no real concern about aluminum because it's such a small amount. And so it really shouldn't matter.

But the kind of aluminum that we put into vaccines is a different kind of aluminum that we see environmentally. This is called a nanoparticle. And nanoparticles bind really tightly to the bacteria antigens, the virus antigens, the food protein antigens, and any other contaminants that are in the vaccines that we may not know about.

And we know that the biochemical properties of nanoparticles is that they are capable of entering the brain. And so we have not evaluated the safety of the aluminum nanoparticle and its injection and where it goes when it gets into the body and whether it gets into the brain.

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Do vaccine ingredients belong in the brain? No. Do they get in the brain? No one has ever studied it but animal studies using the same chemicals that are in vaccines that we give to children, directly demonstrate that the vaccine ingredients do enter the brain.

We are ignoring this information. There are scientists in Europe who have actually done studies on the aluminum nanoparticle and have shown that it can persist in the brain for years and decades.

And so what we are seeing is a large outbreak of neurodevelopmental disabilities in adults including Alzheimer's. And one of the main factors that they're finding in the brains of people without Alzheimer's is the aluminum nanoparticle that's directly related to the vaccines that we're giving.

So we have never studied whether the aluminum that we're giving in vaccines gets into the brain and we have never measured whether it stays in the brain and what it does if it does stay in the brain.

But we do know that vaccines are supposed to cause inflammation in the body but we have more than half of our children with chronic inflamed conditions and we have never allowed ourselves to ask the question if the vaccines cause inflammation acutely, do they continue to create inflammation chronically?

We have 1 in 5 with neuro developmental disabilities, 1 in 10 with ADD and ADHD. 1 in 35 with autism, 1 in 11 with asthma, and 1 in 20 under the age of 5 with seizures.

And the autoimmune disease are exponentially rising and we are finding that the viruses and the bacteria that we are injecting into the body along with the

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adjuvants, create something called molecular mimicry which means the body sees those viruses, thinking that its foreign but actually finds pieces of those viruses that match pieces of the cell and the immune system doesn't differentiate between what it's been told to reject and itself. So it will turn the immune system on itself leading to an autoimmune condition.

We know this about Hepatitis B, we know it about the Gardasil vaccine and we know it about the flu vaccine and we continue to say unequivocally that the vaccines have been studied effectively and that they're safe and that's just not true.

REP. KLARIDES-DITRIA (105TH): Thank you for your testimony. Thank you for your answer.

DR. LARRY PALEVSKY: Thank you.

REP. KLARIDES-DITRIA (105TH): Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair. Dr. Palevsky, good to see you again. You know, I have been intrigued by your statements when we met previously with regard to the aluminum adjuvant passing through the blood brain barrier and I have done a little research of my own.

I'm not a physicians, I gave up pre-med my freshman year in college, I passed out at the sight of blood. But I did do a little research and it suggests that the aluminum was chosen as an adjuvant because it's particularly immobile and because of its solubility, it does sort of fall apart pretty easily.



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But it does, as a nanoparticle it would need to be charged before it could pass through the blood brain barrier because the membrane is hydrophobic and would not make that possible.

And they also made the point there are various sizes of nanoparticles, and making a general statement they're all going to be passed through the blood brain barrier is arguable.

And then the final point is have you looked at human brains of both those who have been vaccinated and those who haven't to be able to make a comparison of the levels of aluminum in the brain to rule out the possibilities it's other sources of aluminum that are creating these nanoparticles that are the problem.

DR. LARRY PALEVSKY: Right, thank you. I'll answer the second one first. There have been studies looking at the brains of people who had autism and those who didn't and compared the percentage of aluminum and it was exponentially larger in those with autism than those who had no neuro developmental disabilities.

But I do want to mention that aluminum is not in vaccines in a vacuum. And so one of the reasons aluminum is in there is to galvanize or catalyze an immune response against the antigens that are bound very tightly to it.

But the, in every vaccine where you see an aluminum nanoparticle, it is accompanied by polysorbate 80 which is an emulsifier. And an emulsifier can go through both water and fat materials.

And any of the experts that I've ever asked why is polysorbate in the vaccine, they have said quote to

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help disperse the vaccine material away from the vaccine injection site.

So polysorbate 80 is known as an emulsifier. It's also used by drug companies to bind to drugs to assist drug delivery into the brain. So polysorbate 80 can pass through the brain and when it -- it binds very tightly to aluminum.

And in animal studies when using drugs bound to nanoparticles, bound to polysorbate 80 you massively increase drug penetration into the brain then if you didn't have the polysorbate 80 alone.

So polysorbate 80 is a disperser, it does move things away from the injection site and it increases the potential for entry of whatever is attached to the polysorbate 80 into the brain.

There is another chemical in the vaccines called 2 phenoxyethanol which actually disrupts the health of the cell membranes of the body. It's well known to be a detergent in that respect and yet we don't study it to see what it does when it's injected into the body and whether it actually changes the cell membrane that would allow almost anything from the vaccine or even from the blood stream to enter into cells or enter into the brain.

And we know that aluminum as a nanoparticle can destroy mitochondria and mitochondrial disease is one of the basic pathophysiological findings in people with chronic inflammatory conditions.

We also know that the aluminum nanoparticle can destroy the waste product removers of the cells, those are called the lysosomes. Those aluminum nanoparticles that can destroy the lysosomes change the way the cells remove in wastes and inflammation.

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Therefore, you are increasing the potential for chronic inflammatory conditions.

Polysorbate 80 can go right thorough the cell membrane. Two phenoxyethanol can destroy the cell membrane and allow material to go in and anything bound to the aluminum can still go onto areas where it shouldn't go in.

And so when you hear millions of parents, it's not even hundreds of thousands, but when you hear millions of parents saying my child was fine and then deteriorated pretty badly, and you have millions of parents hearing from their physician that had nothing to do with the vaccine, but the parent saw it right in front of them, it's our job to say is there something in the vaccines that actually can penetrate the brain that can disrupt the mitochondria, that can destroy the lysosomes that's doing this because it can and it most likely is and we are refusing to look at it and these families are real --

REP. STEINBERG (136TH): Let me get back to the original question. Sorry for interrupting.

DR. LARRY PALEVSKY: Sure, no.

REP. STEINBERG (136TH): You mentioned the surfactant which seemed to be a very important part of the ability to pass the blood brain barrier. And again, I'm just reading here.

Nanoparticles solvated by highly charged or highly polar surfactant coating are incompatible with the hydrophobic core of the membrane so they don't go through cell walls.

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And if you turn the surfactant toward being more hydrophobic, you also decrease the lifetime of the nanoparticle because they no longer remain as readily soluble and will begin to aggregate as Bucky balls in the light.

So the point being is the argument is that the surfactant brings the adjuvant through with it from the, from what I have read seems to be arguable.

DR. LARRY PALEVSKY: Sure, but if you look at the pharmaceutical literature, the pharmaceutical literature says that number one, they have trouble penetrating the brain by delivering drugs because of the presence of the blood brain barrier.

Number two, if they attach a nanoparticle to the drug, they can increase penetration of the drug into the brain.

Number three, if they put an emulsifier like polysorbate 80 bound to the nanoparticle, they can increase penetration of the drug in the animal studies 20 fold.

So I don't know what reference you have, I'd have to look at it but there is scientific evidence to show that when an emulsifier like polysorbate 80 is bound to a nanoparticle and not bound to a drug, it can enhance delivery into the brain across the blood brain barrier, and vaccines are constructed in the same manner. Polysorbate 80, aluminum nanoparticle bound to antigens that are in the vaccines.

REP. STEINBERG (136TH): I agree with you that the whole purpose of the surfactant is to ease the passage, but what I've read at least and I'm glad to share it with you, suggests well first of all it's not their intent for the adjuvant to be the one

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passing through the blood brain barrier and that aluminum is poorly suited and perhaps selected as an adjuvant because of the greater difficulty of two passing through the blood brain barrier as a nanoparticle even with a presence of the surfactant which I imagine is there to bring other elements to the drug through the blood brain barrier.

DR. LARRY PALEVSKY: Sure, but there have been numerous studies done by people outside the mainstream medical community who have attempted to look at what happens to the nanoparticle when its intended into the body.

And they have found that on only does it penetrate the brain, it persists for years. And so again if we are seeing a public health emergency of chronically disabled and chronically ill children, and we know that there are ingredients in vaccines that can potentially contribute to that happening, and we don't have any scientific studies examining whether or not any of these ingredients contribute to the development of these chronic inflammatory conditions, we have a problem.

REP. STEINBERG (136TH): I have to agree with your essential argument. If you were really talking about proven causality, what you've described over and over again seems to be a correlation.

However, you failed to take into account the tens of thousands of chemicals we have introduced into our food and to our environment. Have we evaluated all those and should be stopping all those ten thousand chemicals because they may be the cause of the presence of these various elements in the brain?

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DR. LARRY PALEVSKY: Yeah. No, I appreciate that. But there is a difference between what you inhale and what you ingest and what you inject.

And what you inhale and what you ingest has the capacity for the immune system along the airway and the immune system along the 26 feet of intestines in children plus the liver to actually eliminate that before it gets into the body.

But when you deliver it through an injection, 100 percent of it gets in and it's never been studied as to what happens to it and whether or not it stays in the body and what it does when it stays in the body and what does it bring with it?

Especially since we know that there are contaminants in vaccines like foreign cells, like foreign DNA. I mean, in 2005, the FDA reported that they knew that there was foreign DNA in the vaccines and they didn't study it at all.

But they did make a side note and say well, we don't know if it's going to cause any damage and it could but we are just going to tell you what the amount that's legal for being in the vaccine.

So we don't know everything that's attached to these nanoparticles. We assume that when you inject the vaccine, it's not going to hurt you. We also assume it's going to give you immunity and neither of those is true.

REP. STEINBERG (136TH): I'm still focused on the fact that we do know that many chemicals in our environment are carcinogenic, are endocrine disruptors, that have any number of other crate mutations in the like and those are not injected.

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So, many of those things are present that end up in our blood stream because they've been ingested or through other means.

I'm just not quite sure I can buy your argument this is all because of vaccines because you've noticed some of these incidents when there's all these other factors in our environment that coincidentally have been introduced along the same timeframe as vaccines that could equally if not more likely be involved given their pure number of them involved.

DR. LARRY PALEVSKY: Sure. I appreciate that question. The fact of the matter is is that vaccine ingredients have never been tested for mutagenicity or carcinogenicity. And there are actually statements in the package inserts that say that this project has never been tested to see whether it causes mutations in the DNA or whether it causes cancer.

So you're right, I think we should be equally concerned about the injection of these materials. But I'll say that in over 21 years of actually watching the health of vaccinated children in the same community as the health of unvaccinated children, I don't see nearly as many chronic inflammatory conditions in those who are unvaccinated as I do in those who are vaccinated.

And a colleague of mine is currently engaged in a wonderful study looking at the health outcomes of fully vaccinated children, partially vaccinated children and unvaccinated children.

And in his preliminary data he is already seeing quite a stark statistically significant difference that the unvaccinated children are unanimously

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healthier with fewer chronic illness. The next fewer illnesses are seen in the partially vaccinated children and the most severe chronically inflamed conditions are seen in the fully vaccinated children.

So I think we do have observational data just by watching to see well, how many of the kids in the community who don't get vaccinated actually have cancer? How many do get cancer living in the same community who are vaccinated? Those vaxed versus unvaxed studies have never been done by the mainstream media. By, I'm sorry, by the mainstream medical community or scientific community.

So I agree with you. I think environmental chemicals are definitely a concern. But we are seeing stark differences just based on vaccinated versus partially vaccinated versus unvaccinated in the same communities.

And we are seeing it in the same families where you have parents who vaccinated their eldest child, saw a very significant damage done to that child and then had two or three more children and did not vaccinate them or partially vaccinated them.

They have their own study because they see that the youngest who have not been vaccinated are far and away the healthiest living in the same home, living in the same environment, the same exposure to toxins, the same exposure to parenting, same foods, same medical care and different health outcomes.

And my experience is that the medical community refuses to acknowledge that there are faults with the vaccination system that are much greater.



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Vaccine injury is much more widespread than we are giving it credit for.

And when you have 2 to 10 percent of your children in the community who might not even develop an antibody, you already have a tremendous number of children who are not even immune. So we are saying that all these children are immune but vaccination doesn't guarantee immunity, especially for those who don't develop an antibody and then for those who do and don't even get protection even if they do.

It strikes me that we're sitting in a scientific community and we're saying that if you vaccinate a child, the virus or the bacteria just disappear from their body and they can't transmit it anymore. That has never been proven but it is generally believed to be true.

And we propagate that without really looking at the science. So we are making a lot of assumptions that the only people carrying the terms that we have to worry about are the unvaccinated because somehow the adults don't carry it and somehow the vaccinated couldn't possibly carry it because they've been vaccinated even though more than 10 percent of them might not even be immune from it.

So there are a lot of assumptions here that I think we are just agreeing to that really is not scientific at all.

REP. STEINBERG (136TH): I would certainly agree with you that there are a lot of assumptions in this conversation. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Dr. Palevsky, for coming to testify. I have some questions to ask, two questions.

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One, why do doctors recommend that all pregnant women receive a flu and the DTAP vaccines, if vaccine products have never been tested for safety during pregnancy and when there are no studies to prove that it even prevents these infections in infants? And does the recent study about flu vaccines and increasing miscarriage rates concern you.

DR. LARRY PALEVSKY: I'll answer the second one first. There is definitely divergent views about whether the flu vaccine contributes to miscarriages.

You have the medical community that says no and then you have an increasing numbers of mothers, pregnant women who are saying yeah, I was fine, I got the -- and I miscarried. And then you hear the authorities say to them unequivocally no it had nothing to do with the flu vaccine.

So we are losing experiential and observational data because our belief system refuse to acknowledge that there may be an uptick in the number of women who are undergoing miscarriages.

But the thing about giving flu vaccine and TDAP to pregnant women basically supports the idea of cocooning, meaning that if you vaccinate the mother or the pregnant woman, she will be immune so that when her baby is born, the baby will be protected from getting pertussis basically, diphtheria is really nonexistent even though it's around, it's just not causing infections and vaccines don't make the germ just disintegrate into thin air.

But it's also to theoretically prevent her from developing the flu. But nine years ago in the Vaccine Journal, there was a study actually looking

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at flu vaccine in pregnant women. And it showed that women who were given the flu vaccine had increasing inflammatory markers.

And nobody knows what they mean but yet, you have literature that demonstrates that babies are exposed to increasing inflammation in utero, have increasing incidents of schizophrenia and mental health disorder by teenage years.

So again, we're not looking at the long term effects of injecting material that does cause inflammation. And then again, if it does cause inflammation, how chronic is that inflammation?

Does it persist, and then when you revaccinate and get further exposed to other factors in your environment that stress you, are you creating a downhill effect of further disease.

REP. MICHEL (146TH): And that's why vaccine products only safety tested for days and months rather than four or five years as with pharmaceutical drug products and why don't vaccines use the gold standard into, in our placebo controlled double blind studies to prove safety as used for all other pharmaceutical products?

DR. LARRY PALEVSKY: So I do want to say that you heard before that vaccines are double blind, randomized placebo controlled study but they're not.

And I would love to have the opportunity to work through the scientific literature to show that not one ingredient in vaccines has ever been injected into a group of kids with a control group that's given a placebo. That's never happened.

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But vaccines are not considered under the same standards of medicines. They're considered biologics. And the vaccine industry has adopted and given permission to not study vaccines the same way medicines are studied.

They also have said publicly that its unethical to keep children unvaccinated during a study so that's why they say we don't see studies looking at four weeks, eight weeks, 12 weeks, six months later.

I mean, we do have these surveillance studies but, you know, if a child gets vaccinated at two years of age and then six months later, never having had asthma, starts to get asthma, even though there is evidence in the literature how vaccines can favor the development of a wheezing illness, we have no data to actually say yay or nay.

But those, that vaccine in combination with what the kid got in the first two years may have contributed to the onset of that chronic inflammatory condition.

So we are demanding that the proper safety studies be done and we are told that won't be because we can't leave children unvaccinated for any length of time.

And then when we say but we have all these kids who are unvaccinated who can be in the study, they say well, they don't have the same demographics, they don't have the same diets, they don't have the same home environments so we really can't compare one to the other.

But we do have the families who have the fully vaccinated, partially vaccinated and unvaccinated kids and we don't have the full study yet but we

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have tremendous observational data that show that these kids who are unvaccinated are much healthier.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you for your testimony, doctor.

DR. LARRY PALEVSKY: Great, thank you.

SENATOR ABRAMS (13TH): Next up we have Representative Mastrofrancesco followed by Kristin Festa and then Representative Garibay.

I see you've bought someone with you, I just want to make sure that you give your name to the clerk and introduce yourself and you share three minutes just to be clear.

REP. MASTROFRANCESCO (80TH): Yes.

SENATOR ABRAMS (13TH): Thank you.

REP. MASTROFRANCESCO (80TH): I understand. Thank you. Representative Gail Mastrofrancesco from the 80th district representing Wolcott and Southington.

Co-chairs, vice chairs ranking members and distinguished members of the Public Health Committee, thank you for allowing me to submit testimony in opposition of H.B. 5044, AN ACT CONCERNING IMMUNIZATIONS.

While I personally am not opposed to vaccines, I am in staunch opposition to the state government mandating immunizations for students despite their religious practices. I did submit my testimony but in the essence of time, I would like to yield my time to attorney Kevin Barry.

MR. KEVIN BARRY: Thank you very much. Thanks for having me. I'm an attorney in New York. I'm one of

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the attorneys fighting to get the constitutional right back in New York from the repeal that they did in a very, very shady vote that's on video if you ever want to see it but it was lost by one vote where the assembly speaker arm twisted a guy whose on the assembly health committee and it turned a 13-13 vote into a 14-12 to pass it out of committee. I hope that doesn't happen here.

I urge you to maintain the religious exemption to vaccination in Connecticut. What Connecticut has proved over the last 60 years that you can have both religious liberty and vaccine mandates, there is no problem here that needs fixing.

But what there is going to be is arm twisting and we have seen that in all kinds of states and I want to give you five very brief reasons of why you should consider standing up to your party bosses if it comes to that.

A voting no on this bill vote is a vote to support religious liberty. Religious liberty in Connecticut is a forever right. You have a 240 year winning streak, let's keep it going. Voting on this bill, supports right to access to public schools. That's a fundamental right.

Section 3 of your constitution, a constitution all of you swore an oath to uphold, Section 3 says there should be no discrimination based on free exercise of religion. Obviously being kept out of public school is discrimination.

Three, oppose discrimination. Oppose discrimination. As I just mentioned this bill provides for a clear discrimination against parents who exercise their religious beliefs, that's wrong

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and its worth any punishment you get from you party bosses.

Four, oppose segregation. Forced or coerced homeschool is a form of segregation. Communities who have had to endure separate but equal, they do not want to take a step back to segregation.

And five, listen to women. Listen to women. Those of you who are pro-choice, while the fetus is growing inside the woman, it's her decision, her decision, her decision.

The child is born, and the state takes over? Is that really the policy you're looking to have? Why not trust the mother to make the decisions for the child throughout childhood. Thank you.

SENATOR ABRAMS (13TH): Thank you for being succinct, I appreciate that. Any other questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Good afternoon. I have a question on you said that you are, are you in a law suit with New York over the religious exemption or not being able to go to school or both or?

MR. KEVIN BARRY: Both.

SENATOR SOMERS (18TH): Can you elaborate?

MR. KEVIN BARRY: Yes. Thank you. The -- New York repealed their religious exemption on June 13 in one day with no hearings. So God bless Connecticut for actually having hearings.

They did it in a day and they saw 26,000 children out of school. That was passed in June. It created a nightmare all over the state. School districts, superintendents, no one knew how to handle it. The

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kids, the IEP kids, this would be the same thing that's going to happen here if this bill passes.

I listened this morning in one of the overflow rooms to you asking the health people questions about education and they were punting to the education department so this bill is not ready. It's not ready for primetime.

You know, there needs to be more hearings from the education people that medical exemption stuff you have in there, that's all brand new.

But on the New York thing, we have gone from preliminary injunctions we have not been successful with that yet. But there has been no testimony. There has been no testimony taken. There will be.

We have, I'll be happy to share it with anyone here, the expert affidavits we have in the case. Dr. Palevsky offered one. There is another great one from Dr. Alvin Moss who is a, teaches, he's a nephrologist at University of West Virginia where he talks about what was discussed earlier about the immunocompromised, how a child who gets a live virus vaccine is a greater danger to the immunocompromised person than a person who is unvaccinated.

And he has got 150, he has been practicing for 43 years, 150 published papers. Harvard undergrad, UPenn Med School. So I'm happy to share that with you. And, yeah, go ahead.

SENATOR SOMERS (18TH): Thank you. I think that a lot of the conversation we have heard today has been on like the science of vaccines which I don't think that this body is equipped to debate unless you're Dr. Petit.



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However, I'm just interested in what happens to the 26,000 student that were no longer allowed to send to public schools? Are they -- did -- did it also include private schools in their bills? I guess so.

MR. KEVIN BARRY: It included private schools. A lot of them left the state.

SENATOR SOMERS (18TH): Okay.

MR. KEVIN BARRY: You know, it's kind of -- New York is impaneling a committee to investigate why 76,000 people left New York, right. And it's not -- you know, I can tell you. You know, and we tried to tell the legislators.

Because in these high tax states, northeast high tax, the biggest chunk of your mortgage, of your rent is to school taxes. So if you're choosing to live here and pay the high school taxes and then not be able to go to school, you might make a different family decision to leave.

And this, there have been horrible situations of families splitting up, you know, because New York allowed 18 year olds to attend because they're adults. So an 18 year old could attend school but a 16 year old couldn't.

So I know a family where the 16 year old went with the mother to Virginia and the 18 year old lives at home with the dad. What kind of policy, a state passing a policy that is literally separating families?

SENATOR SOMERS (18TH): Okay and my last question because of time --

MR. KEVIN BARRY: Yes.

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SENATOR SOMERS (18TH): -- is that was last year. Has there been any data to show that removing that religious exemption has increased their immunization rates in New York? Do we have that data?

MR. KEVIN BARRY: I don't have that data but I do know that it didn't stop outbreaks in schools. There are still outbreaks in schools.

And so and one other last thing I want to put out there is this why vaccines have liability protection is because they're legally classified as unavoidably unsafe.

Other things that are unavoidably unsafe, race cars, chainsaws, you can't make a safe chainsaw, you can't make a safe vaccine. You just can't, you can't do it. So mandating that is a dangerous thing.

And I also want to point, what do you always hear from the pharmaceutical company and the medical people? You hear half the story at best, you know, and the idea of like vaccine hesitancy being a problem. Okay, I'll agree that that's a problem. Look around. Go to every overflow room here and you'll see there's a problem. Go in the park across the street.

But what you don't hear is the third leading cause of death is medical error. Heart disease, cancer, medical error. Right. So is, are there reasons that people are not trusting the pharmaceutical industry? Absolutely.

So for you to mandate that, opposing peoples religious beliefs when there is no emergency, right, and I think some of you have the blinders on that this is only public health. It's religious liberty,

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it's public schools and public health. It's all three. So please just don't focus on the one.

SENATOR SOMERS (18TH): My last question. Being an attorney, should continue pass this law mandating these vaccines and there is a bad outcome for a family, would they then be subjecting themselves to be liable for lawsuits in the state of Connecticut?

MR. KEVIN BARRY: Would Connecticut -- although there would certainly be constitutional challenges. It would be hard to say whether or not you could -- because you have to go to vaccine court if you're injured by a vaccine.

And some of the history earlier saying that that was like an easy process, it takes 10 years. There has never, ever been a case that made it through vaccine court that went to civil case. There might be one this summer but it's a long, tedious, hard process.

SENATOR SOMERS (18TH): Thank you.

MR. KEVIN BARRY: Thank you.

SENATOR ABRAMS (13TH): Thank you. Representative McCarty.

REP. MCCARTY (38TH): Thank you, Madam Chair. Very quickly. So New York just recently removed the exemption in I think it was last June or so. How and I know they've provided guidance to the Department of Education and the public health.

How did they handle state assessments? In other words student that were prohibited from attending school but they still need to take certain tests, you know, college entrance. Did they give guidance on how those children would be treated?

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MR. KEVIN BARRY: Yeah, it's been a nightmare. Like they're not allowing some students onto campus, they can't go to like a dance or there are some students, a tragic case of a 17 year old senior who was unable to, is likely going to be unable to graduate with their class, the rest of them are 18 but she's younger. So she -- 18 year olds are okay and 17 year olds aren't, even though it's an absurdity.

And that child was a star volleyball player who could have had scholarship offers. She was one credit shy of graduation and was left, was, can't go to school. Can't show up.

All of her classmates signed a petition to ask her to come and the schools are hampered. The schools, the school can't violate the state law. So it's just a, it's a bad state law. It's a bad law. Again, there is no problem here. There is no problem. Right. It's a boogeyman situation. It's no problem.

REP. MCCARTY (38TH): Thank you.

SENATOR ABRAMS (13TH): Representative Betts.

REP. BETTS (78TH): Thank you, Senator. Thank you for your testimony. I only have one question. In Connecticut we have had a ruling from the attorney general on this issue. Did they ask for one in New York and if so what was it?

MR. KEVIN BARRY: I don't know if they had one in advance but I can tell you our experience from the attorney general, one of the more interesting experiences is we have had, we filed multiple cases and my co-counsel is here, hopefully he will be testifying later.

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The attorney -- no one can test -- once it gets out of the political process, no one can test the validity of the religious exemption. Right. The judges all take it at face value, the attorney generals, they don't -- they concede it, right.

The only, you only hear the talking point from the other side who is the one that passed this mandate that people are falsely using their religious exemption. You only hear that when they're trying to manipulate legislators into taking away a fundamental freedom.

REP. BETTS (78TH): Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments from the committee? Thank you very much for your testimony. Oh, I'm sorry. Representative.

REP. GENGA (10TH): Thank you. Thank you for your strong testimony. Are you being paid for this work that you're doing on this?

MR. KEVIN BARRY: No, no. Unfortunately, no.

REP. GENGA (10TH): Oh, unfortunate?

MR. KEVIN BARRY: Yeah. It --

REP. GENGA (10TH): No, I think it's fortunate.

MR. KEVIN BARRY: Yeah, no this is a --

REP. GENGA (10TH): People are getting sickened.

MR. KEVIN BARRY: -- a passion for me.

REP. GENGA (10TH): For your beliefs.

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MR. KEVIN BARRY: Yeah. It is and that's what I hope, that's what I hope will win the day here because there are things that are more important but religious liberty is very important, like it's a foundational American value.

It's -- one of the cases we had is an Amish family, right. And the Amish came here in the late 1600's, early 1700's in search of religious freedom, right. That's before we had any constitution. Like this is, that's what America is known for, is religious liberty.

We have an agree to disagree and it's worked very well for 240 years, right. And right now, currently in Connecticut and all over the country, there are people attending school with religious exemptions and there are not major outbreaks.

And why is that? For the same reason that between 1900 and 1960, the mortality from infectious disease dropped by 99 percent before mass vaccinations because of running water, clean water, flushing toilets, refrigerated foods.

All of those things dropped the mortality rate by 99 percent before vaccines. So there is this foundational myth that vaccines save the world and it really, the pharmaceutical industry is taking credit that belongs to plumbers. (Laughter)

REP. GENGA (10TH): Well, just to tell you I have talked to probably a dozen different doctors, different areas of and with one exception, they were all in favor of this law.

MR. KEVIN BARRY: Yeah, and bartenders are in favor of selling beer.

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REP. GENGA (10TH): It's not a --

MR. KEVIN BARRY: Yeah.

REP. GENGA (10TH): -- a particular survey other than it's my own personal survey.

MR. KEVIN BARRY: Yeah, no it makes sense.

REP. GENGA (10TH): But just --

MR. KEVIN BARRY: Everyone who participates --

REP. GENGA (10TH): They stick with the data.

MR. KEVIN BARRY: Well, everyone who participates -- another way to look at it is everyone who participates in the financial transaction supports it.

And another interesting thing, the American Medical Association which is much larger than the American Academy of Pediatrics, they offer religious and philosophical exemptions to their members. So perhaps all of the families in Connecticut should join the American Medical Association.

REP. GENGA (10TH): Thank you.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Seeing none, thank you so much for your testimony. Again, please sign up with the clerk if you have not already done so.

MR. KEVIN BARRY: Thank you very much.

REP. MASTROFRANCESCO (80TH): Thank you very much.

SENATOR ABRAMS (13TH): Next we have Kristen Festa followed by Representative Garibay and then Brian Festa.

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I just want to remind everyone that the cafeteria is only open until six o'clock, just so everyone knows that. Thank you so much for being here.

MRS. KRISTEN FESTA: I would just like to start out by saying that I actually attend, I'm a patient of Dr. Shahriari's practice and I'm in the class of patients that she described, that she advises not to get live viral vaccines and I have never been advised not to get a live viral vaccine. Luckily I know better.

But I'm here to talk about my son because a portion of this bill regarding medical exemptions is a direct threat to his life. My son has a medical team that consist of socialists throughout Boston, New York, New Jersey and the west coast.

They're all very active in academic research and they provide cutting edge clinical care. They're in unanimous agreement that my son should never be vaccinated again.

A routine flu vaccine as a toddler set off a multi systemic inflammatory and autoimmune cascade that left him with very complex and very hard to treat neurological and metabolic conditions.

Interestingly, his most important treatments involve immune suppression so he is one of the immunocompromised children that this bill will supposedly protect.

But this bill is disturbing because it opens the door to let legislative leadership appoint medical providers to a committee within DPH that will get to decide whether they're going to start reviewing medical exceptions.



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They can then deny those exemptions and leave complex kids like my son without access to education, his physical therapy, occupational and speech therapies and the school that nurtures his potential.

This is what happened in New York and it's been devastating to disabled children there. Perhaps those medical providers will have some superficial understanding of my son's conditions but they will not be experts in neuro immunology and metabolic diseases, yet they will have absolute power over my son. This is despicable.

The Current just reported that DPH is plagued with fiscal mismanagement and they've failed to adequately report emergency medical data regarding emergency services.

Their agency is in shambles yet I am supposed to entrust their committee with my son's medical decision making. Their vaccination data is riddled with inaccuracies but we are supposed to trust it to justify this extreme legislation. Are you kidding me?

This is an abuse of power and there is absolutely no good reason to go after medical exemptions. The physicians on this panel should be appealed that this bill will destroy physician autonomy.

The rest of the legislators should take a step back and realize how many children and families will be destroyed by this bill for a made up crisis. Did not (inaudible - 06:00:05) our children --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you, okay.

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MRS. KRISTEN FESTA: And please do not deny my son the right to participate in this world. Thank you.

SENATOR ABRAMS (13TH): Just a minute, there might be questions or comments. Any questions or comments? Thank you very much.

Next is Representative Garibay followed by Brian Festa and then Representative Hampton.

REP. GARIBAY (60TH): Good afternoon. Thank you, Chairs, Representative Steinberg, Senator Abrams, Ranking Members, Representative Petit and Senator Somers and distinguished members of the Public Health Committee.

I am Jane Garibay, state Representative for Windsor and Windsor Locks and with your permission I would like to defer the rest of my time to Dr. Jodie Terranova (phonetic) who is a doctor, pediatrician in the greater Harford area and one of my constituents from Windsor.

DR. JODIE TERRANOVA: Thank you. Hi, I'm Dr. Jodie Terranova, a pediatrician in Hartford and the immunization representative for the American Academy of Pediatrics, Connecticut Chapter. I am speaking in support of H.B. 5044 on behalf of my colleagues in the American Academy of Pediatrics.

Today I would like to leave you with three things to think about during my three minutes. What do we want to do, why do we want to do it and why should we do it now?

First, what do we want to do? As you've heard today, we really want to protect the most vulnerable members of society such as infants and immunocompromised individuals.

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We vaccinate to protect not only ourselves but others. That's part of being a member of society where we care for each other and care for the most vulnerable among us.

Second, why do we want to remove non-medical exemptions? You've heard the references to the school level immunization rates that were released last year that was a wakeup call to parents, healthcare providers and policy makers.

We had a false sense of security that our statewide average looked pretty good. But in reality, we have many locations across the state where we fall below that required level and that's where there's increased susceptibility to children. We can't overlook those pockets.

Research shows that that's where those disease outbreaks occur and as you've heard many times today, that is exactly what happened in our neighboring state of New York where they had over 600 cases last year.

Third, why should we do this now? We are not at a crisis, people have said this is not a crisis, we are not in an emergent states. That is true but we are at risk for an outbreak and we have the opportunity to be practice rather than reactive.

This is an opportunity for Connecticut to demonstrate we're a leader in ensuring a strong public health system for our residents. Please support this bill.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Seeing none, I thank you both for your testimony.

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DR. JODIE TERRANOVA: Thank you.

REP. GARIBAY (60TH): Thank you.

SENATOR ABRAMS (13TH): Next we have Brian Festa followed by Representative Hampton and then moving on to page two, Joan Nogueira, Nogueira. Thank you. Welcome.

MR. BRIAN FESTA: Good afternoon. Or good evening, whatever it is, we're almost there, right. I'm here with you on this very precipitous occasion. You are about to decide on something that is going to have a far reaching effect on every child and parent in this state who chooses to exercise their sincerely held religious beliefs.

I actually came today with a prop for you. This tie, you can't see it probably but it's got the scales of justice on it. I obtained it from the gift shop at the United States Supreme Court while I was waiting to hear the results of my bar exam several years ago.

I am now a civil rights attorney, but the reason I bring this up, these scales of justice is to remind you that justice is not meted out only in the courts of law. You have the opportunity to do justice today for all the students and children and parents in Connecticut.

I am disappointed that Senator Anwar isn't here because I have another prop, this is a op ed that he wrote in January, last month, in the Hartford Current called Connecticut should become the right to housing state.

The print version of the article said housing is a, should be a human right. And you know what, I think

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it's a great op ed, I think he did a fantastic job. I think housing should be a right. Everybody deserves to have safe and affordable housing as he says.

I'm a civil rights attorney and I believe in that strongly. However, he fails to recognize that at the same time he's advocating for housing to be a fundamental and basic human right. He's attempting to strip a right that is already defined in our constitution as a fundamental right and that is the right to an education.

In Sheff v. O'Neill, in 1996 the Connecticut Supreme Court recognized education as a fundamental right. And so he is attempting, because he is one the proponents of this bill to take away that fundamental right to education which is a denial of the equal protection clause of the 14th amendment as well as the free exercise clause of the 1st amendment and as well as the free exercise clause of the Connecticut constitution and the equal protection clause of the Connecticut constitution.

So this is going, if this legislation passes it's going to open up the floodgates of litigation and I just want to close, because I know I'm running out of time, with the oath that you all took because I know you, as Attorney Barry stated, you're just focusing on this from a public health perspective and I know that you're all on this Public Health Committee.

But the oath the way took when you were sworn in read you do solemnly swear or affirm as the case may be that you will support the constitution of the United States and the constitution of the state of Connecticut so long as you continue as citizen

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thereof and that you will faithfully discharge according to law the duties of the office to the best of your abilities so you help you God.

So I ask you please, please, fulfill the duties of your oath and vote no on House Bill 5044. Did I actually make it before the bell?

SENATOR ABRAMS (13TH): You may be the first. Thank you very much. (Laughter) Any questions or comments?

MR. BRIAN FESTA: And that's a first for me for those who know me. (Laughter)

SENATOR ABRAMS (13TH): Dr. Petit.

REP. PETIT (22ND): That is. Gold star, Attorney Festa. I think some of the people here, maybe most of the people know that you were involved with litigation about the release of the school data last year that was also contained in this bill. Could you explain for why you feel it releases school level or aggregate data is an issue?

MR. BRIAN FESTA: Sure, thank you, Representative Petit, Dr. Petit. I feel that it really, this bill by not just allowing but requiring mandating the release of school level data on a yearly basis is an infringement of privacy, even though, even though names are not used.

Many of you no doubt, I know Dr. Petit is and Dr. Anwar, are familiar with the ins and outs of the HIPAA law, the federal HIPAA law that protects patient privacy.

Well, that law says that although it is not a direct identifier, okay, to release obviously things other than names and Social Security Numbers and dates of

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birth, it is an indirect identifier to release certain information such as -- it doesn't say immunization status, it actually says zip codes.

It actually says a zip code is defined in the regulations if you read the HIPAA Act and the intended regulations, it says that a zip code is known as an indirect identifier.

So if even a zip code can be an indirect identifier, I don't understand how it's okay to release vaccination status especially, especially at a school like my sons that only has about 50 students for kids on the autism spectrum.

Where -- it has -- my son's school has the seventh highest rate of religious exemptions in the states. Those parents, most of those parents know each other. They can very quickly figure out how are the unclean as they would put it and who are not. So this is a dangerous invasion of privacy.

REP. PETIT (22ND): Thank you for that response. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. What about special need students on IEP's who claim a religious exemption? Doesn't federal law require that they receive an education?

MR. BRIAN FESTA: Thank you. My son actually as I mentioned, he is on the spectrum, he is a special needs student. He is on an IEP and yes, the Individuals with Disabilities in Education Act does mandate that all schools which accept federal monies, federal funding for special education

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provide each and every student in those schools with -- who are on IEP's with a free and appreciate public education known as FAPE.

And so there is no carve out in this bill for kids on IEP's and that's very troubling to me as a parent of a special needs student because he will be required to still be educated but where is he going to be educated?

Attorney Barry told me, we were speaking about this last night, that in New York it's been a mess. They have kids getting occupational therapy in public libraries. They have kids getting, you know, their ABA or speech therapy in, you know, community centers or in their homes or all different places they have to travel to get their special needs met because they can't have them in the school.

And it, I actually think it's going to result in an pretty serious, if not direct fiscal note, to the state, an indirect fiscal note because what's going to happen is its going to be far costlier to provide those special needs students with the programs and services that they need and so what you're going to have to do is find all these alternative placements so the schools are going to come to the state, come to you guys as they always do, begging for money.

They're going to need more money for special education because they're not going to get enough from the federal government and then you may have to turn to the federal government for it.

So it's going to be a mess and I think it's something that could be avoided especially because we don't have a public health crisis. I know there is this talk of, there is this dangerous trajectory,



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if you drill into other numbers some of my colleagues are going to do that later so I won't get into that, but here is no dangerous trajectory.

There is a very, very small incremental increase in the use of religious exemptions and there have been no serious outbreaks in Connecticut and no deaths and certainly no cases of the measles that have been attributable to anyone using a religious exemption. We don't have any data to support that.

REP. MICHEL (146TH): Thank you, Attorney Festa. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you very much. Any other questions or comments? Thank you very much, sir, for your testimony.

MR. BRIAN FESTA: Thank you all.

SENATOR ABRAMS (13TH): Next up we have Representative Hampton followed by Joan Nogueira, I know I said that wrong probably again, and then Representative O'Dea. Is Representative Hampton not here? Okay.

Then we'll go on to Representative O'Dea. Is Representative O'Dea here? No. How about Representative Bolinsky? Thank you Representative Bolinsky. Come on up.

REP. BOLINSKY (106TH): I'm Representative Mitch Bolinsky. I want to thank the Public Health Committee for giving us a moment of time. I represent Newtown, Sandy Hook and the 106th District of the House of Representatives.

And I'd like to introduce you to a constituent of mine, Anna Marie Gianni is a recent relocation to my community and we have a piece of testimony here that

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is very, very different than much for what we've heard so far today.

Rather than relying on the statistical analysis, we have a personal story so this will be a little bit of a break for the committee and a very, very good story to hear. So without further ado to the chairs, the co-chairs, ranking members, Anna Marie Gianni.

MS. ANNA MARIE GIANNI: Thank you so much for your time today and for letting me speak today. My family and I moved back to Connecticut after being out of state for 10 years. We were in California where we started our business.

We came back here with our family of four and I'm here to oppose H.B. 5044. Because of California with S.B. 277, they kicked us out. Like we, our kids could not go to school there so we had to leave because we wanted our children in school.

And I have -- we have family history. We left California because of S.B. 277 would not allow our children to go to school. Now we are underneath that same thing with this bill.

I am fundamentally not against vaccines but however, I'm concerned with something that happened in our family years ago.

In 1978, my husband's father was told through Union Carbide, he was working for Union Carbide here in Danbury, Connecticut, that he needed to get the swine flu vaccine. That same day he had a grand mal seizure.

Two years later, he died leaving my mother in law along with her two year old son, my husband, along

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with being pregnant with my children's uncle. Having known that knowledge that he had a grand mal seizure from a vaccine, how can I trust an industry to give this to my children?

What are my children going to do? We're going to be forced to move again. We are going to move our business. We have a business of 35 employees that we moved here in Connecticut. People are not moving into Connecticut with business. People are moving out of Connecticut.

And we are going to be one of them to move out again because of this, because of this industry that I can't trust because of our family history. What are you going to do for my children? I don't want to be a part of this state. Connecticut can do better. And I oppose H.B. 5044.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. I just want to remind you if you haven't already done so to give you name to the clerk pleasure.

MS. ANNA MARIE GIANNI: Um-hum.

SENATOR ABRAMS (13TH): Are there any questions? Dr. Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Mrs. Gianni?

MS. ANNA MARIE GIANNI: Um-hum.

REP. PETIT (22ND): The -- in California were you afforded any other options other than complying with S.B. 277? What were the options afforded in California?

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MS. ANNA MARIE GIANNI: There were options to get a medical exemption and I had, we were going that route to work with the pediatrician to get a medical exemption.

But at the time, yeah, we decided to, we decided to come back here to be with our family because this is where our grandparents, the kid grandparents were so we wanted to come back here where our roots are.

REP. PETIT (22ND): So your motivation was partly family and partly the vaccination status or mostly the vaccination issue?

MS. ANNA MARIE GIANNI: Mostly the vaccination issue we felt like we were being segregated.

REP. PETIT (22ND): When you researched that issue of the medical exemptions there, did you, it probably took and I realize at some level its hearsay kind of evidence, but did other people feel that the medical exemptions offered in California were helpful in that regard or what kind of --

MS. ANNA MARIE GIANNI: Well my, our children are healthy. Our children don't have, they're not immune compromised, they don't have any health issues. So it was tricky for a pediatrician to give an exemption for us because we were healthy.

REP. PETIT (22ND): Well, thank you for that. Thank you for your testimony. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you so much.

REP. BOLINSKY (106TH): Thank you. Thank you, Madam Chair.

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SENATOR ABRAMS (13TH): Thank you, Representative. Next is Joan Nogueira. Welcome.

MS. JOAN NOGUEIRA: Thank you. My name is Joan Nogueira. Dear Public Health Committee members, I am writing to vociferously oppose H.B. 5044.

This bill proposed to take away the religious exemption in Connecticut. Doing so is an extreme and abusive overreach of power. As legislators you were not elected, nor have the constitutional authority to legislate upon religious.

Religious freedom is a first amendment right that our forefathers bravely fought for and won. It defines American freedom and it is the cornerstone of democracy, of our democracy.

Given by our creator is life, liberty and the pursuit of happiness. It is not possible to have these things when vaccines are coerced upon your constituents and do cause documented irreparable injury and even death.

Tragically many of us experience these things. They are not coincidental. It is not mathematically possible to say otherwise. It's gas lighting those families who have had this happen to them. We must firmly be able to say no to vaccines or we are no longer a free nation.

Our public health laws have worked well. Why is there a need to change them? If it's to protect the immunocompromised, then let's address that. Why are there immunocompromised now when I knew no one who was during my childhood.

Many will tell you it's resulted from a broken immune system now caused by too many vaccines.

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Let's do proper safety studies going forward and look at past claim data to reverse this trend and to improve the health of ourselves and our children.

We are up to 72 vaccines. Do you know how many you have had? If you don't want to catch up to this aggressive schedule, don't forcibly legislate this upon our most precious babies.

Follow the golden rule which is recognized by different faiths throughout the world. Matthew 7:12, So in everything, do to others what you would have them to do you for this sums up the law and the prophet.

Here is a somber thought to ponder. If you were given this schedule as a child, would you be a legislator here today or would you be one of the incapacitated, lifelong injured or worse that we now see?

As a Christian, the Bible teaches me to honor my body for we were created perfectly in God's image. Vaccines should always be a choice, not a mandatory procedure.

Finally, Matthew 9:12 states, but when he heard it he, Jesus said, those who are well have no need of a physician but those who are sick.

Would Jesus have proved of coerced, mandated vaccines given to quote unquote well babies who have no need of a physician? Give that some thought. It's not likely.

This legislation is being proposed and superciliously pushed throughout the country. It's a liability free pharmaceutical industry behind it all. It's time to stop bullying and strong arming

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our innocent citizens and those ethical legislators and moral medical professionals who seek to do no harm first.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there.

MS. JOAN NOGUEIRA: Okay. In God we trust.

SENATOR ABRAMS (13TH): Thank you so much. Are there any questions or comments? Thank you for your testimony.

MS. JOAN NOGUEIRA: Thank you.

SENATOR ABRAMS (13TH): Next up we have Representative Rick Hayes followed by Jennifer Kozek and then Representative Wilson. Welcome.

REP. HAYES (51ST): Thank you, Madam Chair, and thank you to the members of the entire committee. I know it's been a very long day and I do appreciate you staying and sticking this out with everybody.

I come here from the 51st District strongly opposed to this bill that's in front of us today. That is solely based on my belief that this is an attack on parental rights and with that said, with your permission, I'd like to yield my time to David Oldham (phonetic).

MR. DAVID OLDHAM: Thank you. I'm the founder of Constitutional Grounds. We, a legislator yesterday justified his decision to remove exemptions. He said that the freedom of religion is a right with limitations and that religion cannot be used to excuse harm to others.

He explained that yelling fire in a crowded theater is not necessarily a protected act under the first

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amendment and he said that therefore religion cannot be used as an excuse to abstain from vaccinations.

The problem is that in yelling fire, the one causing the panic retains their fifth amendment rights protections to due process of law in which they future have sixth amendment protection to counsel, to confront witnesses in a public trial before a jury of their peers.

In that situation, a prosecute -- the prosecution would have to prove beyond a reasonable doubt that the alarm sounded was false before they could be held -- before the accused could be held accountable and be deprived of life, liberty or property.

But, with vaccine dictates like the one you are considering expanding today, they skip all due processes of law. They seek to prevent in advance of anyone committing any offense all possibility of anyone harming others by depriving freedom generally.

To continue the legislator's analogy, this bill is akin to government forcing all movie goers to submit to a medically implanted gag that would prevent any possibility of yelling out a false alarm. That this would affect other aspects of life or cause injury is missed or ignored.

I think that all of you would object to such treatment, especially without having done anything to conceivably deserve it.

Further, we are entitled to the 1st, 4th, 5th, 6th, 8th, 9th and 14th amendment rights protections which this bill violates. We submit that you must scrap this idea and create a constitutionally valid means of achieving your goal of public safety.



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Constitutional Grounds is ready to help in that endeavor. And by the way, South Dakota has brought forth House Bill 2050 which will repeal all vaccine mandates in the state.

The Constitution State should do the same rather going -- than going the direction you are. I'll be happy to entertain any constitutional questions.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments from the committee? Thank you. I'd just remind you to please make sure that you sign up with the clerk. Thank you.

Next up we have Jennifer Kozek followed by Representative Wilson and then Susan Letso.

MS. JENNIFER KOZEK: Hi, my name is --

SENATOR ABRAMS (13TH): Welcome.

MS. JENNIFER KOZEK: -- my name is Jen Kozek and I'm going to speak for about 30 seconds and then I'm going to yield my time over to an independent researcher.

My son was born premature but perfect. He had no heart murmur or GI issues. He had zero seizure activity or optic nerve injury. He had no brain encephalitis which is swelling on the brain. He had no hydrocephalus which is water on the brain. He had 15 specialists in his life in the NICU and he did not have any of these issues.

It wasn't until vaccinations that this health began to deteriorate before our eyes. I pointed out every fever to the doctor, every night terror, his sudden eye turn, his drooping eyelid, his bloody stools,

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his excessive colic, his honest food sensitivities that tuned into allergies.

It wasn't until I confronted all these doctors about all his developmental milestones he wasn't meeting, his dependency on a nebulizer with every viral infection that he encountered.

Doctors kept reassuring me that it was nothing to do with vaccinations so I kept going. He has had every single vaccination up until age 5. Not one doctor would verify that this was true for me.

To get a medical exemption is a complete joke. They can't even acknowledge injury because we are supposed to believe that these are safe and that this is normal.

When we went through with naturopathic physicians we found out that he had heavy metal in his body. He had high, high levels of mercury, high, high levels of aluminum in his tiny little five year old body. Where else would he have gotten that?

On top of that, he had an active Hep B and -- active Hep A virus in his liver. His liver enzymes were so elevated. We have done thousands of dollars' worth of treatment to get him well. He is in school and thriving. And with that I'm going to end it over. Thank you.

MR. JOE MARTINEZ: How are you doing, my name is Joe Martinez. I'm a scientific researcher. It's going to be hard to address all the lies I heard already. I'm just going to try to back up what Dr. Palevsky was saying and some of the things that Del was saying.

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So first I want to just say that these bills, bills like this in these states really they're not about science or health or even relief for that matter. This is about to destroy the control group.

The control group is the healthy, unvaccinated children that are thriving, making everyone look bad. This is all smoke and mirrors, okay.

We have Amish right there, one of the fastest growing populations in America. 250,000 of them. They don't do any vaccines at all. They're thriving. They don't have all the diabetes, all the chronic illnesses that we have and they're certainly not dying.

So, I mean, we have this control group right here and really what I wanted to talk about real quick is Palevsky brought up aluminum. The epidemiologist said that she compared ingesting to injecting which is -- defies basic toxicological principles. It's absolutely absurd.

Mainstream literature in any text book that you will look up, you absorb when you ingest 0.25 percent of it and it goes through all your organ systems, detoxification and its rapidly excreted.

You absorb 100 percent when you're injecting this. And to compare food grade aluminum to amorphous aluminum hydroxyl phosphate sulfate, this is just absurd.

Like you could never even argue this. I can't believe that an epidemiologist sat up here and said that. And then they're lying about aborted fetal cell line.

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I mean it's just, it can go on and on and on. I have all the data for you. Someone brought up autism. I have all the studies that show vaccines are linked to autism. I have had about 157 of them. I could provide that with you. I could provide you vaccine --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there.

MR. JOE MARTINEZ: (inaudible - 06:29:29)  
unvaccinated studies.

SENATOR ABRAMS (13TH): If -- you're welcome to submit anything you would like in written testimony.

MR. JOE MARTINEZ: Okay.

SENATOR ABRAMS (13TH): Thank you. Any questions or comments? No. Thank you very much for your testimony.

Next up we have Representative Wilson followed by Susan Letso, no David. Okay. Then we will move on to Susan Letso followed by Denise Lusitani and Shea Tabuszeski.

MS SUZANNE LETSO: Good afternoon. Thank you for --

SENATOR ABRAMS (13TH): Welcome.

MS SUZANNE LETSO: -- giving us this opportunity. I know it's a long day for everybody and I'll try to be brief. My name is Suzanne Letso. I am a board certified behavior analyst and licensed in the state of Connecticut and I'm here representing the Behavior Analyst Leadership Counsel which is founded on evidence based practice and use of research for treatment and we are in support of 5044.

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I, but in addition to that, I'm a parent of a child with autism and I know probably several dozen parents who have utilized the religious exemption but none of them for religious reasons, all of them because they fear a child with autism will be their second or third or fourth child.

And the belief that because the rest of us are immunized, that their risk for their child getting a life threatening disease is very low. I believe those two assumptions are not accurate.

Thirdly, I am the niece of my Aunt Rose who wasn't vaccinated. She got measles, she lost the ability to speak, to see, to hear and became a ward of the state for the entirety of her life.

I would hate for there to be another Rose for anybody that I know, vaccinated or not vaccinated. So please, protect Connecticut's children, adults and the immunocompromised by voting for this bill. I wanted to beat the clock and I think I have.

SENATOR ABRAMS (13TH): Thank you very much for being brief and succinct. Any questions or comments? Thank you so much for being here.

Next we have Denise Lusitani, Lusitani and after that Shea Tabuszewski followed by Dr. James Lyonsweiter.

MS. DENISE LUSITANI: Good afternoon.

SENATOR ABRAMS (13TH): Welcome.

MS. DENISE LUSITANI: I'm Denise Lusitani and I oppose H.B. 5044. I have submitted a written testimony, please read it. And I'm conceding the rest of my time to father Copenhagen.

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FATHER COPENHAGEN: I said earlier (inaudible - 06:32:34) so I apologize to be back. But I was looking at the fetal cell issue and I wanted to give the argument that I came from New York to give you that the intrinsic evil that's present that directly that someone has to cooperate with is the trafficking of human remains in the cell line and to cooperate immediately with an intrinsic evil is not permissible for a Catholic.

And if a Catholic in conscious sees that, the teaching the church, even though it's an unsettled issue at the moment, is that they're bound to not go ahead and receive the procedure.

And to give the several other points that I had to make. While the church is not opposed to vaccination in principle, informed consent by the patient free of coercion is a fundamental pillar of the Catholic bioethics, of Catholic bioethics in any human medical ethic.

Coercion absolutely undermines informed consent and the most basic tenant of the Hippocratic Oath to do no harm because violation of the patient's conscious by overriding refusal of a procedure is violence against the body and the soul.

It is the most basic harm. It contradicts and undermines all legitimate public health. It abandons the physician duty to care for their patient rather than become their master.

There is little more hardline forceful coercion than your measure to ban an entire segment of the population from public life from school, daycare and the standard means of association with peers.

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Consent is empty if there is no right of refusal and your personal makes the price of refusal a permanent state of segregation, isolation and banishment without even a temporary claimed infectious disease crisis.

It makes forfeiture of consent the price of citizenship which nullifies citizenship and in principle became slavery.

Your measure not only dissolves constitutional religious protection, it undermines the common good generally of which public health is only one part.

By establishing the principle of state ownership of the citizens in their persons, it dissolves the common god by dissolving the autonomy which the very essence of citizenship.

It logically flows that if mass data is collected from such inoculations, you are engaged in forced human experimentation. If people are injured, you are engaged in forced harm and those who profit have no public liability or accountability. In the Catholic tradition, and every --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there. I also want to make it clear, I know that you had already testified, so --

FATHER COPENHAGEN: I had a minute.

SENATOR ABRAMS (13TH): I didn't want to be rude so I would let you go. However moving forward, if someone has already had the opportunity to testify, they cannot come up and testify again.

FATHER COPENHAGEN: Sorry.

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SENATOR ABRAMS (13TH): So just so everyone is clear about that.

MS. LUSITANI: Thank you.

SENATOR ABRAMS (13TH): Okay.

FATHER COPENHAGEN: Sure.

SENATOR ABRAMS (13TH): Any questions or comments? Representative.

REP. CANDELORA (86TH): Thank you, Madam Chair, and I had missed the first part of the testimony but in trying to get my arms around this issue, you know, there is a lot of moving parts to this bill.

We have, you know, the medical which we are hearing a lot about today, medical decisions. We have the education component and that constitutional right which we are not hearing too, too much about.

And there is a religious component. You know, over the last decade there has been an increase in the utilization of the religious exemption.

And I understand, I mean, I'm a practicing Catholic and I sort of I understand the dogma on the tenants of the religion. And I also understand that it's not our position as a legislature to question the validity of somebody's religion. Do you, yourself, exercise that piece of the religious exemption?

FATHER COPENHAGEN: So I don't have a religious exemption, at least my children don't in New York so and in the eastern Catholic tradition just so you know, we have a mixture of married and celibate clergy but I'm (inaudible - 06:36:14) so I speak as a Catholic priest in union with all the other



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Catholic priest. It's not, were not separate in any way.

So for my children, this particular issue was the sticking point, the avoided fetal cell line because of the teaching on immediate intrinsic evil.

And I hadn't seen the point highlighted strongly in a lot of the discussion of the church but it's there and it's been discussed by some but it's something that magisterially as an unsettled issue this is always something that could be condemned in the future.

And I see so clearly, the issue that I can't in conscious cooperate with it and its meant that my kids are quarantined at home basically. They can't associate with peers and like I say by any of the standard means.

And I have, you know, all of this history and everything from the magisterium that says that parents are to make this decision and that's fundamental in Catholic teaching too.

So you're taking that, you're basically saying that Catholics can't exercise that along with coercing through informed consent -- bioethics, it undermines medicine, it undermines the family and any sovereignty of the family and it undermines basic religious tenants.

And the thing I always hear is this, the balancing that occurs between well, it's the common good versus religious liberty. But it's often in a utilitarian concept.

Let's look at numbers. The common good is not in Catholic theology, the common good does not apply if

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there is an immediate intrinsic evil that you have to cooperate with.

You simply -- it's like someone saying put a gun to his head. If you pull the trigger and kill this one person it will save 999,999. I still can't do that math because it's intrinsically wrong.

And that's what I'm saying about the trafficking of human remains. But there are other issues with these others. The, you know, New York there is now this -- it's incremental so the exemptions removed now HPV and there are other discussions about the other things.

HPV is equivocal to handing out condoms in school expect condoms would be a barrier in some cases, even though we wouldn't be in favor of it, the HPV is just looking at effect that you're basically as a Catholic you could never -- you can't prepare someone for the right way to do something wrong.

If the inoculation only protects against the choice to do something wrong, you can't provide someone the means like the escape plans for a violent heist or something and say well, you know, if you ever decide to use these escape plans, you know, there they are.

We don't look at things that way. You're meant to do the right thing in every instance when it comes up. I don't know if that answered your question.

REP. CANDELORA (86TH): No, it does. And I just appreciate that highlight because it is something fundamental, a fundamental struggle I think that we should all be looking at in contemplating this bill.

You know, even the arch diocese of Hartford while they recognized the benefits of vaccinations, they

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made clear the concern of an erosion of religious liberty.

FATHER COPENHAGEN: Right. And they acknowledged the ability to conscientiously object.

REP. CANDELORA (86TH): Right.

FATHER COPENHAGEN: Even though they weren't pointing out the grounds for it and that's because it's not a settled magisterial issue. And I think maybe there is so many facets to this, bishops are driven in 100 different directions.

There is a lot to deal with and to make a commitment is very difficult. So they want to say something but, you know they're, I don't see any here today so.

REP. CANDELORA (86TH): And I thank you for that. You know, I have a son who is 18, had made the decision on his own not to get the HPV vaccine and he is very devout and that was part of the analysis that went into it was his religious component which I respect. So it's, you know I do appreciate this testimony. I think it's important for us to consider.

FATHER COPENHAGEN: And I have in my testimony that I brought 30 copies, there are citations in the catechism for the various points I'm making, the three with regard to conscious with the intrinsic evil, that's very clear.

With regard to family, the -- if you'd permit me to read it, it's a shot quote. But it's one, it's just a couple sentences. This is regard to, with regard to, I didn't actually get to this portion but number 2229 of the catechism says that parents have the

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right to choose a school for their child which corresponds to their own convictions. The right is fundamental.

Public authorities have the duty of guaranteeing this parental right and of ensuring the concrete conditions for its exercise.

So I hear parental rights being mentioned but that's actually a concrete teaching in the church that has to be upheld in the weighing out of all these issues.

REP. CANDELORA (86TH): All right.

FATHER COPENHAGEN: And that's one quote among others that --

REP. CANDELORA (86TH): And I think fundamentally that's why the religious exemption was created to begin with. So I do appreciate your testimony. Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Hearing none, thank you very much.

FATHER COPENHAGEN: Thank you.

SENATOR ABRAMS (13TH): Oh, I'm sorry, I didn't see you. Senator Somers.

SENATOR SOMERS (18TH): Yes, good evening, and thank you for your testimony. I just, I have a question for you concerning the religious exemption.

If there should be or if there were an outbreak of a particular disease for which there is a vaccine, and the public health commissioner along with the governor decided to declare a state of emergency in Connecticut which stated your child cannot come to public school or private school for 21 days until

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this has subsided or you have to get vaccinated.  
What would, what are your thoughts on that --

FATHER COPENHAGEN: Well, the --

SENATOR SOMERS (18TH): -- as far as (inaudible -  
06:41:28).

FATHER COPENHAGEN: It's already in the law to  
protect for an outbreak. I mean, historically there  
have been outbreaks, the bubonic plague, various  
things we don't deal with those so much in developed  
countries now.

But, I mean, there are already the legal means that  
are there and if I saw an outbreak happening, I  
would want to, you know, do some sort of self-  
quarantine, at least temporarily.

And this actually concerns me. It's a very  
pertinent question right now because the coronavirus  
thing was mentioned. And my concern with that is if  
there is a public health scare of some type with  
regard to that, it will blow over all of the really  
fundamental arguments being made today about  
religion, about belief.

And the whole issue there being that if even if  
there is a serious public health crisis, a serious  
one, and what was being referenced today was a few  
hundred cases in populations of millions where no  
one is died but, you know, in New York so if there  
were an actual real public health crisis where  
people are dying, then of course the state has  
quarantine powers.

But the point is that they're temporary and what  
you're doing by changing the law is creating a

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permanent state where this, there is permanent segregation.

Like I said, my kids are basically quarantined at home and that's their situation in New York. And it would be and, you know, one of them she qualified for IEP services in New York and legally she has a right and they have a duty to provide them but they're not being provided so there's a legal mess.

The law is being upheld here, broken here, it's just a giant mess. And that's what will happen in Connecticut if you pass this legislation.

SENATOR SOMERS (18TH): Thank you.

SENATOR ABRAMS (13TH): Thank you very much. And are there any other questions or comments? Thank you so much for your testimony.

FATHER COPENHAGEN: Thank you.

MS. DENISE LUSITANI: Thank you.

SENATOR ABRAMS (13TH): Next we have Shea Tabuszewski and Dr. James, followed by Dr. James Lyonsweiter. I want to remind people again that the cafeteria closes at six o'clock. Thank you.

SPEAKER: This is my daughter, Shea Tabuszewski and she is feeling a little shy.

SENATOR ABRAMS (13TH): You're welcome to sit with her, you just can't testify again.

SPEAKER: Yeah.

SENATOR ABRAMS (13TH): Thank you.

SPEAKER: She wanted to concede her spot to the bishop if that's possible.

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SENATOR ABRAMS (13TH): As long as he hasn't testified yet.

SPEAKER: I don't believe so.

SENATOR ABRAMS (13TH): Okay. Welcome.

BISHOP ZENDAJAS: Thank you. My name is --

SENATOR ABRAMS (13TH): Make sure that you push the button so that we can hear you on the microphone. And if you ladies would both turn your button off so then you can, that microphone will come through. Thank you.

BISHOP ZENDEJAS: My name is Bishop Gerardo Zendejas. I am originally from Mexico but again, I am (inaudible - 06:44:24) bishop. I have lived in this state for 24 years.

I am -- its -- I wanted to make a comment. I both already this, written to you, it's a complex situation and I want to give three points after hearing all these comments.

To (inaudible - 06:44:49) in public health is a debate between heroes and traitors on the religious beliefs and statements. Both raised bills, 5043 and 5044 concerning the immunization of health insurance coverage have generated a massive conflict between legislation and citizens between law makers and fellow families (inaudible - 06:45:13 off mic). Sorry.

SENATOR ABRAMS (13TH): Take one more minute, sir, go ahead.

BISHOP ZENDAJAS: In fact, the conflicted momentum is reflected in our social (inaudible - 06:45:41) diverse fields. Among others, here are three

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instances or examples in which all of us are concerned of in spite of other (inaudible - 06:45:51) psychological inaudible by the social media against innocent families and individuals.

First, there is a conflict between science and religion. People makes religion science, science and religion. In particular, medical challenges to preserve human life versus practicing religious beliefs towards the maker of mankind who has created human life.

SENATOR ABRAMS (13TH): I'm sorry, sir, your time is done so if you can just wrap up please?

BISHOP ZENDAJAS: Okay. So I will conclude with this. I am not against vaccination itself but in the vaccination that are used human (inaudible - 06:46:32).

And the risk, the document, the pontifical documents given in 2005, made by the Pope Benedict 16 proving that there are stem cells in some vaccinations, especially in the vaccinations that are made by the CVS here in Connecticut.

SENATOR ABRAMS (13TH): Thank you. I'm going to have to stop you there. Are there any questions or comments? No? Thank you very much for your testimony.

BISHOP ZENDAJAS: May I say --

SENATOR ABRAMS (13th): No, you cannot, sorry, sir. Thank you. Next up is Dr. James Lyons-Weiler followed by Lois Hines and then Dawn Jolly. Welcome sir.

DR. JAMES LYONS-WEILER: Thank you, my name is Dr. James Lyons-Weiler of the Institute for Pure and



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Applied Knowledge. I come here from Pittsburgh, Pennsylvania on my own dime. No one has paid me for any of this. I want to congratulate the panel on doing their homework, especially Representative Steinberg I am told by some of my friends in Connecticut that you have taken a good strong look at Alternative viewpoints and facts and figures in this. So, congratulations. I have to say I'm neither for nor against on this, so I'm not going to advise you either way, it's your decision, not mine. But I wanted to take a moment to talk with you about the big picture of vaccine safety science. We have to ask ourselves, given that we have retrospective studies that are based on voluntary reported incidences to databases that are denied by medical doctors to the patients that these things that didn't happen to the vaccines. Is that why we're seeing that vaccine risk seems to be so rare and when they say there has been no study that has shown this, you have to take into consideration whether there has been a study that has been conducted that could have shown this. And without -- and this is the situation that we're in. Okay, we have passive surveillance and what would -- what would it look like to you in Connecticut if you had a hot lot of vaccines and 100,000 people got sick on a vaccine? It would look like people not wanting to vaccinate. It would like parents reporting to the medical doctors, we have a problem with these vaccines. It would look like an increase in nonmedical exemptions and I think that's what's really happening here. I did over 100 research studies at the University of Pittsburgh and when I started looking at vaccines as an independent research scientist funded by the public to do my research, I was appalled at the state of vaccine safety science. It is not robust

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and rigorous. It is observational, it is correlation and because it's correlational, by design, they end up saying, oh, it's just a correlation. Because they won't do the right kind of study. At the institute that I run, we're doing a vaccinated vs unvaccinated study and we have 680 non-vaccinated -- 681 nonvaccinated patients in a practice from Oregon, and I'm not going to tell you the results because they're not peer-reviewed yet. But I can tell you, if you wait two years, there will be at least six publications out that will make you absolutely regret that you made -- you force vaccinate all the people who are trying to hide in religious exemptions because you don't have a philosophical exemption and the medical community won't give them medical exemptions. I guarantee it. You will absolutely regret what you did to your fellow Connecticuturs by harming them in the name of a small increase in coverage, okay? So I'm absolutely for vaccination, both of my children are both fully vaccinated, all right, but there's a subset of humanity that cannot tolerate this medicine. Thank you.

SENATORY ABRAMS (13TH): Thank you very much. Are there any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Can you repeat what you just said about we would regret this because we would be doing harm. And what, can you share in your research, what the subset is that cannot be vaccinated without harm?

DR. LYONS-WEILER: Absolutely. Absolutely. So, I'll repeat it and then I'll try to give you some indication of somewhat -- what the indicators are and why they're not in the science right now. The

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effect of 100 percent vaccination of any population of humans or animals is to find all of the individuals who cannot tolerate that medicine. It maximizes, maximum vaccination coverage by any means maximizes vaccine injury. It's just math. You've just -- you've covered everybody with all the vaccines on the schedule and all the vaccine injuries that could possibly happen from any vaccine, you will find each and every person in your state that could be injured in the name of two percent increase in vaccination coverage. And given everything that you heard today, twenty percent of measles outbreak, they were vaccinated, right? Eighteen percent or whatever it was of them had measles type. Look -- check the headlines, read the news, check the headlines. About 100 percent vaccination coverage in schools and they still have mumps outbreaks. I heard earlier that there was, from the epidemiologist from Yale, that the measles virus does not mutate. Actually, she is dead wrong on that. It is 1.43 mutations per replication of each vir -- virus; 1.43, and that vaccine, the MMR went on the market in the early 1960s and has not been updated. It has been accumulating mutations every day, every week, every month since 1960. So, it is not the same vaccine from 1960 that it is today and it's changing, and you get an inexact match between. When you get an inexact match between what you're vaccinated against and the wild type, you get an antigenic shift, you get an inexact problem and you find out what you found out with pertussis. You have a lifelong increased risk of getting your pertussis vaccine because of what they're calling linked episode suppression, it's also known -- better known, original antigenic sin. All right? So when you mandate specific vaccines,

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you're saying this particular vaccine schedule is mandated, you're locking in for another ten years, no updates on vaccines. You're seeing a population of people coming at you. These are not anecdotes; these are initial observations in science. The way vaccine safety science is supposed to work, because it's observational, is the population is supposed to tell the medical community, this vaccine hurt me. No it didn't, it wasn't the vaccine, there wasn't any study. This vaccine hurt my son. No, it didn't, there was -- it's never been shown in any study. As long as they say no it didn't, it's never been shown in any study, and there's no study that has been conducted to actually rule this in or rule this out, there's insufficient data. The evidence of absence -- the absence of evidence is not the evidence of absence, we know this, we can't use that whatsoever. So, I hope I answered the question about maximizing the vaccine injury. What was the second part of your question again?

SENATOR SOMERS (18TH): You know, after that answer, I forgot what my question was. But I do -- would like you to speak to -- it goes along what you're saying about 100 percent vaccination rate. We heard earlier from the Commissioner of Public Health and Lee, the epidemiologist from Yale, but nobody could answer the question. If we have a 95% vaccination rate in Connecticut, what's the number that we're at risk. What happens if it goes to 94% or 93%, we were at 98% we went to 95%, so what's the risk. What's the tipping point, nobody can answer the question.

DR. JAMES LYONS-WEILER: Well, with respect to measles, and I'll restrict it to that in the interest of time. I know there's a lot of people

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waiting to speak, but I'm happy to answer other questions as we go. I did a quick analysis of the differences in the rate of outbreaks in states that have non-medical exemptions compared to states that don't over the past 15 years. There's no difference whatsoever in the rate of measles outbreak. Measles happens every three or four years due to the natural history of the virus. It will always be with us. China has a 90 -- over a 99% vaccination coverage and they still have measles outbreaks. How do we explain that? So, you know, if there's a fear over, you know, individuals having a few days off of school, children, and the parents having to get time off of work, right, then we should work on measles awareness as a public health campaign if there's an outbreak. What to do to reduce the rates of transmission. How not to hug and kiss and shake hands in the public and how not to touch elevators buttons. You know, don't put your hands above your shoulders. So, you don't put your hands in your eyes, ears, nose and mouth. We learned this in the Ebola outbreak in 2014. So, there is no magic number for herd immunity, but I know -- I looked at the statistics in the schools as I said last time that I was here, most of your schools are over 95% and the ones that are, a good number of them have very small numbers, so if you have just two or three kids that can't vaccinate or don't vaccinate, it looks -- or the parents don't want to vaccinate, it looks like they're out of compliance because they have small numbers. So when, you know, when you look at this at an overall statewide rate, Del Bigtree is 100 percent right, every single one of us in this room right now that is not updated on our MMR could be spreading measles right now and not know it. You know, you're putting the onus on children who are

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still developing their immune systems, and they're still developing their brains. It's far safer for an adult to get an MMR vaccine in my view, than an infant at earliest stage.

SENATOR SOMERS (18TH): My last question, at the University of Pittsburgh, is that correct?

DR. JAMES LYONS-WEILER: I had a job at the University of Pittsburgh, yes in 2014, we parted ways.

SENATOR SOMERS (18TH): So where's your clinical study going on right now?

DR. JAMES LYONS-WEILER: The performance site is in Oregon, okay? It's in Dr. Paul Thomas' practice. It's called Integrated Pediatrics. It's an IRB approved study so it's with regulatory compliance.

SENATOR SOMERS (18TH): With a particular hospital or just IRB [Crosstalk].

DR. JAMES LYONS-WEILER: It's a practice of 15,000 patients that he has, and we're studying -- the data are the patients that were born into his practice over ten years -- over a ten-year period.

SENATOR SOMERS (18TH): And when do you expect that? After the data is in [Crosstalk]

DR. JAMES LYONS-WEILER: Once it's peer reviewed, I will certainly make sure that you -- that you all get a copy of it once it's published and peer reviewed, yeah.

SENATOR SOMERS (18TH): Is that going to be presented at a conference, or is it going to be submitted to medical publication or?

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DR. JAMES LYONS-WEILER: Yeah, I'm going to go to a pediatrics conference this Spring and I will be presenting some of the data there.

SENATOR SOMERS (18TH): Great, thank you.

DR. JAMES LYONS-WEILER: Sure, you're welcome.

SENATOR ABRAMS (13TH): Any other questions or comments? No? Thank you very much for your testimony. Next up, we have Lois Hines followed by Jim Mernigus (phonetic) and then Deborah Stevenson. Welcome.

LOIS HINES: My name is Lois Hines. I am here to opposed H.B. No. 5044 and I'm seeding my spot to Dr. Shiva Ayyaduria.

SHIVA AYYADURIA: Thank you very much.

SENATOR ABRAMS (13TH): Excuse me, I just want to make sure, are you okay with being filmed? Because we want to make very sure that someone isn't there doing that without your consent.

SHIVA AYYADURIA: No, it's fine.

SENATOR ABRAMS (13TH): Okay.

SHIVA AYYADURIA: Thank you. Can you start the timer now? Great. [laughing] Good afternoon, my name is Dr. Shiva Ayyaduria, I'm a Scientist, and MIT PhD in Biological Engineering, Chairman and CEO of Citosol (phonetic) and I'm considered a world-renowned expert in personalized and precision medicine. You can find my resume on-line.

In 1962, the National Vaccine Act was signed by John F. Kennedy to give rise to the CDC to create the vaccine guidelines. There are two observations that I would like to share to put that event in context.

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In April of 1961, Kennedy gave a speech to the National Academy of Sciences. He shared that the conundrum of modern democracy is that given that the problems that we face have become so complex, we now rely on small groups of small of scientists and enable politicians to make decisions. And Kennedy emphasized that such decision making was based on the assumption that scientists were objective, disinterested third parties. Look, we all now know that's not true. Science has become fundamentally pay-to-play and in fact, probably the oldest profession now. You can think about what that is.

Second, at that time, the science and the model of the immune system was very nascent, going back to 1915 and was based on a 2-box model of the immune system. The innate immune system Box 1, communicating to the adaptive immune system Box 2, and the immune health was defined as the up-regulation of antibodies. Now based on the recommendations from scientists of that time and by the simplistic 2-Box model, the Vaccination Act was instituted. Today, the entire basis of vaccination is still based on that fifty to hundred-year-old model of the immune system. Less than ninety days ago, I was honored to be the invited speaker at the distinguished prestige lecturer at the National Science Foundation. My lecture was on the modern immune system. The realities in modern immune system consist of at least five systems, the innate immune system, the adaptive immune system, the interferon or the IFNs system which is the missing link between the adaptive and innate, the microbiome which interacts with the gut-brain access to the neuro system. The moderate immune system informs us, one, interventions such as vaccines can affect



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other subsystems. Effect -- most of which are largely unknown. Two, one size doesn't fit all, and three, the science ain't settled on the risk and safety assessment standards for vaccines.

In closing, the lack of understanding was reflected in the many observed injuries from 1962 to 1986. So, today, the 1986 National Vaccine Childhood Injury Act sponsored by Ted Kennedy, and [inaudible - 07:00:37] set up the vaccine course to remove liability away from manufacturers. That was a band-aide solution to preserve the 1962 Act instead of simply repealing it. Since then, recognizing injuries that were occurring, another band-aide on top of the 1968 band-aide was about exemptions to allow at least some justice. Today, families in this room are scrambling, begging to fight to retain exemptions to a mandate that was created based on outdated science in 1962. The entire 1962 program, the state imposing its will on the individual to something as sovereign as the blood stream should never have occurred. Today, all of you have an opportunity to show the way forward by killing this Bill. It's time to take a deep breath and rip off these band-aides. You have an opportunity to send a signal that not only are vaccine mandates wrong, but it's also time to enter the future of real immune health, personalized and precision medicine where science matters and one size does not fit all. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Thank you for that. You spoke so quickly, I didn't get your name, could you please?

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SHIVA AYYADURIA: It's Dr. Shiva Ayyaduria. You can just call me Dr. Shiva.

SENATOR ABRAMS (13TH): And, just one-minute Senator Somers. Doctor, would you also make sure that you sign up with the clerk so they have your name? Thank you.

SENATOR SOMERS (18TH): Thank you. Okay. And, I know you also -- you said you went to MIT, can you give me your credentials again? I -- [Crosstalk]

SHIVA AYYADURIA: Yes. I have a PhD in Biological Engineering, not Biomedical Engineering, Biological Engineering, which is essentially where the modern side of all sorts of pharma, genes, you know everything came from in 2003, it's a new department MIT set up. I also hold three other degrees in Engineering, an Electrical Engineering at MIT and Mechanical Engineering at MIT plus a degree in Design. And I'm also a Fulbright Scholar in Integrated Medicine.

SENATOR SOMERS (18TH): Well that's extremely impressive. Thank you for coming here today and testifying, and your words are very eye-opening, and I hope they resonate with a lot of people today. Thank you.

SHIVA AYYADURIA: Yes, so bottom line is that modern science is old. I mean the science used for vaccines is old and we need to upgrade the science. Thank you.

SENATOR ABRAMS (13TH): Thank you, are there other questions? Representative Candelora.

REP CANDELORA (86TH): Thank you, Madame Chair, just a quick question. I just -- what pops into my head

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generally when we talk about, you know, the study of genes and bioscience; I know in the realm of like chemotherapy, looking at how each individual person reacts to different types of medication, and I guess on this subject as we hear so much about this, that vaccines could be safe for 99 percent of society, but there is a percentage of people that react differently and you're autoimmune system reacts differently in each person.

SHIVA AYYADURIA: Do you want me to comment on that?

REP CANDELORA (86TH): Well, yeah, I mean -- you -- it's a suggestion -- how do we, or how would you suggest us as a legislature address that issue from the medical perspective. Because one of the things I'm uncomfortable with is trying to dictate what discretion that we should be giving doctors. Because I don't -- I don't think it's our business to do that, and I feel like, in part of this process, we're sort of interfering with that doctor/patient relationship.

SHIVA AYYADURIA: Yeah, you sort of nailed the issue here. Look, it's as Kennedy said, you know, the immune system is a very complex system. In 1962 we knew about it, and I'm giving John Kennedy the benefit of the doubt, he used that understanding at that time which was of two simple box models, this adaptive and immune system to say, okay, let's put vaccines on people. But today, starting in 2003 when the Human Genome Project ended, what it revealed was we have about 20,000 genes, the same number of genes as a worm, so the complexity of the human being is not the number of genes, it's the interconnections of the genes, to the proteins, it's a very complex system. So, what resulted in 2003,

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is a field called Systems Biology and it also resulted in this concept of personalized medicine, one size does not fit all. So given that understanding, even the NIH Director, Frances Collins has said we need to move towards personalize medicine which means giving what you need may be different than what I need, and this means that we need to decentralize medicine back to the patient/doctor relationship. That's where health emerges. So the top down model of 1962, is frankly so old, it's based on old science. So today, what we need to do is go back to what you said, which is health is going to emerge by me having a relationship with my doctor, then understanding my personal, not only genetics, my epigenetics, my lifestyle, the considerations and figuring out what's right for me. That's how we lower the cost of healthcare and that's where we deliver real health. The entire 1962 program needs to just go away. The whole thing is wrong. So 1986, because all these injuries were taking place, because of the fact that we were trying to impose a standard guideline schedule that we started, you know, saying we're going to solve this with this band-aide of eliminating the liability to vaccine manufacturers and we're still going through that. So in many ways, people here are begging to take away exemptions is so wrong. The whole mandate should go away. We should decentralize health and hold the sovereign relationship between the patient and the doctor as a way where health emerges, if we care about health. Period. That's science.

REP CANDELORA (86TH): Yeah, I appreciate that because I -- I think we're in the wrong spot on this whole debate and, you know, today, we hear about

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there are people testifying saying vaccines are great. And then we're hearing people testify I've had injuries. I think all side, there is merit to that discussion. But certainly, you know, my son just went for a surgery for the second time, he's had two in his life, and he has reacted very badly to pain -- certain pain medication and had severe reaction. My eldest son didn't have any reaction. So just watching that occur, you know, that is part of medicine. So that went into his file now and the doctors won't prescribe certain types of medication for him because he's allergic. My daughter is allergic to amoxicillin. She had a breakout, same thing. And I just -- I worry that we're losing that discussion and going backwards when we've put so much emphasis even on the state level, you know, of that personalized medicine. You know, how do we get there, and so if you have any suggestions going forward.

SHIVA AYYADURIA: Well, the way we get there is to go to the future. We have to go into the future. Connecticut, I know, I was here before, has a real interest in going to the future in biological sciences. That future means we have to let go of the past. We have to begin there. And the future means recognizing that we have modern technologies.

Look, the -- one of the companies that I run that came out of my work at MIT was to do personalized medicine where we used the computer to understand your genetics versus Richard's or someone else's, the complexity of that. That's how we build airplanes today. So those technologies are here today. And that's why I'm here today to let you guys know, look, the old model was designed with a very nascent understanding of the immune system. We

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have the innate, the adaptive, the interferon, our gut-microbiome, the neural systems. All of these systems interact. Sticking something into the blood stream and not thinking the body is going to make its own changes, and which will vary in each individual, some people may be fine, other people may have an autoimmune disorder, other people may have extreme type of neuroinflammation because the gut-microbiome communicates up through the neuroinflammation processes and results in extreme, what you would call autism, okay. Everyone is different. This has to be decentralized back to the individual. We should support the future in technology. You guys have a huge opportunity here. I know Congressman Steinberg, you support of the future biological sciences, that's the signal that you guys can send here today. We've to get -- you know, Kennedy tried to do a nice thing in 1962. Ted Kennedy tried to put a band-aide on his brother's work. But we've got to let it all go. It's old science. Period.

REP CANDELORA (86TH): Thank you, I appreciate that. Thank you, Madame Chair.

SENATOR ABRAMS (13TH): Thank you. Representative Petit.

REP PETIT (22TH): Thank you, Madame Chair. Thank you doctor for your testimony. I did watch your entire lecture at NSF on the immune system, and I don't disagree on the broad philosophical strokes, but we have to deal with the here and now. We have some personalized medicine in terms of looking at genetics of tumor markers and saying you're going to respond to this monoclonal and you're not. You're not going to respond at all, you're going to respond

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great. But what do we do about vaccines in 2020? We're not at a point where we can individualize vaccine therapy for 300 plus million people right now, so, I'm -- I realize it's a broad question, but where do you think we head in terms of vaccination policy for a nation, since we're not at a point where we can actually individualize right now?

SHIVA AYYADURIA: It's a good question. So I think everyone on the pro or anti-vax side, you know, it's an unfortunate dialectic that's been created can agree the real issue here is well all probably in this room, whether you're pro or anti want immune health for ourselves and our children, right? And what is immune health? Immune health means that your body is resilient. Resilient means it faces some predators and pathogen. It faces it with strength, and it can bounce back stronger, right? That's called resilience. Well, how do you achieve immune health, that's the central question. Well, if you look at the understanding of the modern immune system versus what we have in 1962 or 1915, it shows that resilience is a combination of multiple components. We strengthen the gut. We strengthen the gut microbiome. The ratios of gut-microbiome are extremely important. The thyroid is extremely important. Vitamin A is extremely important. When the thyroid is working properly, carcinoids, proper food gets converted to vitamin A. If you don't have proper iodine, the thyroid doesn't get converted. What I'm -- and this is just one example I'm sharing with you. It is a very complex system; you can't impose one size. This has to be given to the doctor patient relationship. Look, I trust most doctors who went to medical school aren't just in it for the money. Okay, let's give the

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benefit of the doubt, most doctors actually went into it for noble duty, they want to help people and they want to serve science. They want to increase people's immune health. I believe by decentralizing this, repealing all of these mandates, we honor that relationship. I think people are quite smart. By the time most of you came into this room today, you made 100 decisions for yourselves, the state didn't tell you what to do. Why don't we start honoring the fact that we have very smart people in the world, people know how to make decisions. Particularly medical trained people in that relationship. It's a -- like you said it's a multifactorial problem. It cannot be imposed top down. We have to give -- decentralize it back to that patient/doctor relationship. And, as tools come, it will get better, and better, and better. But I can tell you, the top down model is a recipe for disaster. We're going to keep this pro-vax, anti-vax dialectic. You're going to get a lot more people angry and you're going to have a revolution on your hands.

REP PETIT (22TH): But essentially, for right now, you would go to an elective vaccine system where people could elect to have the vaccines or not have them?

SHIVA AYYADURIA: Well, what I'm saying is, this is about immune health. Let me give you an example. When I grew up in Bombay, India, we had slums. Okay, if you're growing up in slums, and your body is under constant onslaught of pathogens, your body never has a chance to recover. It's no different than me working out every day and my body doesn't have a chance to recover, right? On the other hand, if you don't work out at all, you get flabby. Well,



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that's like the kid living in a little bubble and his parents don't let him out or have him wash his hands every day. That kid may need a little tighter of vaccines because he's never seen anything. These are two different extremes I'm giving you because he's living in such an artificial environment, he may need "artificial vaccination," but the realities, this is a broad range, so we have to honor the doctor/patient relationship. And I have great faith in people. I have a great faith in mothers. I have great faith in doctors that they want to do the right thing, and I think that's the signal we're sending. And in great honor to what John Kennedy attempted to do in 1962, we're in a very different system today after the passage of the Mansfield Act in 1970, you know, science dollars have become highly competitive. Academics today do practice the oldest profession, you know, not the best scientists get tenure, it's the guy who can bring in the money, so it has become pay-to-play. We have to also consider that.

SENATOR ABRAMS (13TH): Any other questions or comments from the committee? Thank you very much for your time, and make sure that you give your name to the clerk, please.

DR. SHIVA AYYADURIA: Thank you. Thank you, again, I'm very honored to present. Thank you again for all the great work you guys are doing, thank you.

SENATOR ABRAMS (13TH): Thank you. Next, we have Jim Mermigis, and Deborah Stevenson following that. Then Diane Connors. Welcome.

JIM MERMIGIS: Good evening. I'm an attorney from - - oh, sorry. My name is James Mermigis and I'm one of the attorneys in New York that had filed lawsuits

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all over the state challenging the constitutionality of the religious repeal in New York. So, we're not going to talk about science now, so we're going to take a little breather from the science and we're going to talk about the law.

In New York, unvaccinated children with religious exemptions were removed from schools, some with security guards, some willingly mid-September 2019. After the unvaccinated children were removed from the school, there were several outbreaks that occurred in some of these schools. For instance, pertussis in Carmel Central School District; Hasting On Hudson, pertussis; Auburn City School District, pertussis. My point is, that even after we removed the unvaccinated children with the religious exemptions, there occurred several, several outbreaks in New York State school districts. So, if we're looking -- if the purpose is to protect other students or to protect the immunocompromised students in these schools, we're kicking out religious kids for that reason, yet we take them out, yet there are still outbreaks occurring in the school and those other children are not protected. In New York, we filed several lawsuits. One of which was in Steuben County New York where the judge basically said that the children were not a threat, tell the children in the school, they were not a public health risk, that the legislature and Andrew Cuomo callously disregarded the religious beliefs of all the families, yet he reluctantly denied my preliminary junction motion. But in that preliminary junction motion, he made several observations including that the kids were not a public health risk, that there's no danger in allowing unvaccinated children in the schools. And

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seriously, what are we doing here? We're talking about two percent of the students we're going to remove from schools, they're going to lose out on their scholarships, they're going to lose out on their learnings. Families, I have seen what has happened to New Yorkers after this law.

One last thing, the Connecticut Constitution is very similar to the New York constitution, and this law is unconstitutional on its face and there will be several challenges to it because there's no compelling interest. There is no emergency. Saying 96 percent to 95 percent of vaccination rates is not --

SENATOR ABRAMS (13TH): I'm going to have to stop you there, sir your time is up.

JIM MERMIGIS: Can I have two seconds?

SENATOR ABRAMS (13TH): Two seconds.

JIM MERMIGIS: 96 percent to 95 percent is not a compelling interest to take away people's religious rights, it just not is. It's just not compelling.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Representative Kennedy.

REP KENNEDY (119TH): Thank you Madame Chair. I just have two questions for you sir. What is the difference between the rational bases and the compelling state interest? Can you just?

JIM MERMIGIS: Okay, removing religious rights under the Connecticut Constitution, you have to prove that these children affect the health and safety of other citizens of the State of New York. There's absolutely no proof. In New York, there was no proof that any students with a religious exemption

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caused any outbreaks or a danger to any other students. Therefore, on its face, you cannot take away that religious right, and therefore, the law would be unconstitutional. In addition, -- in addition, in New York. I'm sorry, what is your second question, I'm sorry.

REP KENNEDY (119TH): I didn't ask you yet. Through you, Madame Chair, the second question would be has there been any showing in the State of Connecticut that Connecticut has a compelling interest?

JIM MERMIGIS: There is no compelling interest. From the testimony that I've heard today saying that maybe there might be an outbreak because instead of 96 percent, there's 95 percent vaccination rates or there's four measles cases. That is not a compelling -- that is not a compelling interest and if that's the reason that you're taking away religious rights, it's an unconstitutional law and it's going to fall -- it's going fall in the courts. It's going fail in the courts.

REP KENNEDY (119TH): Thank you. Thank you, Madame Chair.

SENATOR ABRAMS (13TH): Certainly. Any other questions or comments? Thank you very much for your time, sir.

JIM MERMIGIS: Thank you.

SENATOR ABRAMS (13TH): Next up we have Deborah Stevenson followed by Diane Connors and then Trystan Steczkowski. Welcome.

DEBORAH STEVENSON: Good evening. I am Attorney, Deborah Stevenson, and I am here representing the Connecticut Parent's Rights Coalition, which is a

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coalition of 11 separate civic organizations representing tens of thousands of parents from all across the state of Connecticut, and collectively, we're here to express our opposition to H.B. No. 5044. Your arguments for adoption of this bill quite frankly are fallacious and absurd. Your argument for the bill is, in one instance, the religious exemption is being abused by people who don't belong to an organized religion or an organized religion has no dogma concerning the vaccination. Where there's a flaw in that argument, a big one, because both the State and Federal Constitutions protect the unalienable right of an individual's religious beliefs, not an organizations. People exercising their individual religious beliefs are not abusing the religious exemption.

Your argument for the bill also regarding public safety is flawed. The flaws in that argument, you've heard some today, but the right to protect the children belongs to the parents, not to the government. Even if you adopt the bill, you're still not protecting the children as you claim you want to. For example, you have not protected them from the unvaccinated adults in the schools, the teachers, the janitors, the cafeteria staff, or the visitors coming into the building who may not have their vaccinations up to date. You haven't protected them from the unvaccinated people they come into contact with when they go on field trips either. As a matter of fact, you haven't protected the bus loads of school children who arrive in this very building almost daily to visit you, shake your hands and go into every important room at the Capital. Adopting this bill in the name of

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protecting the children is quite frankly a farce. By your logic, if you actually were protecting the children, then all of you in this building should go right now, get all your vaccinations on the schedule in an accelerated fashion so the school children who visit you would be protected from you as soon as possible. This is not a bill to protect the children, it's simply nothing more than an attack on religious freedom and parental rights.

But aside from that, there's something more important, and that's the consequences of this bill down the road. You might think about this a little bit more logically. The bill might preclude unvaccinated children. May I just finish a couple of points here?

SENATOR ABRAMS (13TH): One point.

DEBORAH STEVENSON: Okay, one point is, in the testimony that I have submitted, there are several questions that you need to ask about this bill and one is what are you going to do with all the unvaccinated children who demand their right under the Connecticut Constitution to a free appropriate public education and are you're going to lose federal funding, and are the towns going to have a real heck of a problem trying to provide the education of these children when the parents demand it, whether they're special needs or regular kids, how are you going to that? And until you have the answer to that, this bill should be killed.

SENATOR ABRAMS (13TH): Thank you, I'm going to cut you off there. Are there any questions or comments? Representative Candelora.

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REP CANDELORA (86TH): Thank you, Madame Chair. I just had a question on the federal funding piece. What would be the grounds for the state to lose federal funding?

DEBORAH STEVENSON: Well, under IDEA, the Individuals with Disabilities and Education Act, the states accept money from the Federal Government to provide the children, special needs children, with all of the individual educational needs. The identification of their needs, the provision of the school, the public education, etc. Now, under the Federal law, you have to comply with those steps in order to receive that federal funding. If you are now saying, by passing this bill, that unvaccinated special needs children cannot go to the public school, you're violating the contract that the State made with the Federal Government to provide that special education to those children, and you may lose your federal funding over it. How much is that going to cost the state, the towns and the taxpayers. And more importantly under the Connecticut Constitution, all children, special needs and regular school children have a constitutional right to a free public education. You cannot change the constitution and your obligation under the constitution by adopting a statute, you would have to amend the constitution of the State of Connecticut and that's not with this bill. So you would be acting unconstitutionally, the cost not of the litigation of that alone, the cost of the litigation of not receiving a free appropriate public education for special needs kids, the cost of providing it somewhere else because you can't provide it in the same building as the regular kids who are vaccinated. Where would you provide

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that? You would have to send teachers into the homes. You'd have to send -- provide a special building for them. What is the cost of all of this, financially, emotionally, to the parents, every which way you look at it, judicially, constitutionally, you haven't got the answers to these questions? And all those questions need to be answered before you can take step one, yet here you are ready to forge ahead without having any of these long-term consequences. You talk about New York in being in disarray, well, Connecticut is going to be the same, but there are -- there is going to be litigation without a doubt. Somebody's going to litigate this on any number of reasons, and you might lose your federal funding. That's a big, big issue, and I don't think the towns and the taxpayers are ready to deal with that. Putting aside all of the vaccinations and the safety issues. Those issues -- those questions need to be answered.

REP CANDELORA (86TH): Thank you.

SENATOR ABRAMS (13TH): Representative Carpino.

REP CARPINO (32ND): Thank you. I agree with you that a lot of questions that need to be answered. But maybe you can answer one for us. Have any of the other states lost their federal funding?

DEBORAH STEVENSON: Not yet. These are possibilities because these bills are just coming into play. I don't know what the outcome of all the litigation that started in New York. How is New York going to resolve its issues that we've heard already exist? That's unknown. They also should have asked those questions and answered them and had a program in place how they're going to resolve this issue, but they didn't do it. Are we going to do



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the same? Are we going to follow their mistakes? What is the cost to the taxpayers, to the children, to the parents, to the constitution, to the rule and law?

SENATOR ABRAMS (13TH): Thank you. Are there other questions or comments? Thank you very much for your testimony. Next, we have Diane Connors, followed by Trystan Steczkowski, and Juanita Castillo. Welcome.

DIANE CONNORS: Hi, Diane Connors, Tolland County. I opposed H.B. No. 5043 and H.B. No. 5044. Greetings, Committee members. H.B. No. 5044 is an unethical agenda promoting years of a personal pet project despite other legislators opposing it going back to 2015, calling it bullying and not wanting their state turned into the Connecticut vaccination harassment program. In 2015, Rep Ritter was asked by Rep Legit (phonetic), "Can I assume that this bill is not about the immunization process itself or the structure, the vaccines, what's in them or what isn't, or immunity for pharmacological companies or about modifying the medical religious exemption? We're really talking about the religious exemption and the process of invoking it, am I correct? And Ritter responded, "I can say that you are correct, Connecticut has overall vaccine compliance and there is no concern." That is a quote, I have all the data on that. Ward Ritter also said that 98.5 percent is not enough for him. I also have the data on that. It is delusional to think that anyone living in this germ-filled world can be protected by controversial vaccines. Germs don't read statutes, nor do they stop at school doors. Connecticut needs an overhaul of ethics oversight as presented in these two law reviews. Lawyers as legislators can be problematic. Watchdog agencies need three things to be effective,

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adequate resources, independence in enforcement authority. Says Carol Carson, former State's Chief Ethic Regulator, we have an unaccountable political class who ignores the will of the people. We all should be educated in civics and know the U.S. Connecticut Constitutions, which supersedes case law. Currently, an Alabama bill proposal will require all men to undergo a vasectomy within one month of their 50th birthday or after the birth of their third child, whichever comes first and pay for it out-of-pocket.

Currently in South Dakota, oh that was way too fast, it didn't that at home.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there. Thank you very much. Are there --

DIANE CONNORS: Okay, well in South Dakota --

SENATOR ABRAMS (13TH): I have to stop you there, ma'am I'm sorry. Are there any other questions or comments of the committee? Any? Thank you very much for your testimony. Please submit all of that in writing if you haven't already done so.

DIANE CONNORS: I did.

SENATOR ABRAMS (13TH): Thank you. Next up we have Trystan Steczkowski, followed by Juanita Costillo and Pam Lucashu. I can't tell what that is. Lucasnu maybe? Welcome.

KAROL STECZKOWSKI: We are going to split our time together. I am Trystan's mom. I would like to start with thanking you for being here today. I stand before you as an eighth generation Connecticut born Nutmegger with Native American roots, very deep

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in this state. My rights are no more or less than important than anyone else in this state and my children are no less human than anyone else in this room. We have broken no laws, and we have committed no crime. There is no compelling State interest to proceed any further with this bill. Politics has used number manipulation to cause panic and fear. If you manipulate any number enough, you can always get the results you're looking for. The fact remains we have one of the highest vaccination rates in the entire country and we have no outbreak of any kind. There is no outbreak, how can you legislate throwing away innocent children out of school with nothing other than a theory or a maybe or a possible? They're denied their basic rights due to they might be exposed to a situation. Our State Constitution does not allow for this. I forecasted myself, we had received some medical refugees in our great State over the past couple of years due to recent legislation passed. These are Americans, they are our own looking to do nothing but give their children a proper education while protecting their First Amendment Rights. How can you justify banishing education, mostly geared at children, with no due process? We have individual liberties. Am I to be persecuted -- if I am to be persecuted for my choices, where's my individual due process? I cannot go back to college in September to pursue my own higher education without chicken pox shots due to this bill. I have avoided chicken pox for 40 years; I'd like to roll with it. I can't argue the magic man in the sky and you cannot place preference on your white coat gods. It just doesn't work that way. We count on our legislators to lead with clear vision and you have the power to settle a crowd or stroke the fear. Just because something is legal,

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does not mean it is moral and in other words, just because you can do something, does not mean you should.

SENATOR ABRAMS (13TH): Thank you. I'm sorry, your time is up, but I will give you one minute if you would like to say something Trystan.

TRYSTAN STECZKOWSKI: My name is Trystan Steczkowski and I was born in Connecticut and most of my family is here. I am in third grade and it is so much fun. I am swimmer, a wrestler and have been doing Judo for five years. I have also been a Boy Scout for three years and I want to tell you about the Boy Scout oath. On my honor, I will do my best to do my duty to God and to my Country and to obey the Scout law. To help other people at all times to keep myself physically strong, mentally awake, and morally straight. It is important that I stay in school because I learn and help my classmates. I help my teacher and try to be a good role model. My favorite subject is writing, but I am really good at math. I know 193 different shark species and I want to save sharks from extinction. When I grow up, I want to save as many animals as I can. I would be very sad if I couldn't go to school anymore. My baby brother won't be able to continue preschool and he loves school too. Please let me stay in school. Thank you.

SENATOR ABRAMS (13TH): Thank you very much, Trystan. It's a pleasure having you here today and you did an amazing job. You should be very proud of yourself, and I'm sure your parents are proud of you. Are there any questions or comments from the committee? Representative Candelora.

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REP CANDELORA (86TH): Trystan, I just want to thank you for coming here and giving the human side of this issue because you know, your words on paper were important for us to hear, but certainly the way you feel right now is important for us to feel when we're contemplating this issue. Keep up the good work in Boy Scouts. It's a great program. Both my boys were in it. Hopefully we will fix this bill so you can continue to go to school. Thanks.

SENATOR ABRAMS (13TH): Trystan, where do you go to school? Where are you in third grade?

TRYSTAN STECZKOWSKI: Willard Elementary School.

SENATOR ABRAMS (13TH): Excellent. Thank you so much for being here today. You're very brave. And your Boy Scout troop is going to be very proud of you as well. Any other questions or comments? Thank you so much. Up next is Juanita Castillo followed by Pam Lucasnu, I can't really read that. I'm sorry. And then Cary Shaw. Welcome.

JUANITA CASTILLO: Good evening, Chairman Abrams, Steinberg, and distinguished members of the Public Health Committee. My name is Juanita Castillo from Milford. I'm a practicing nurse in Connecticut and I am here today on behalf of the Connecticut Chapter of the National Association of Hispanic Nurses, but also as a mom and most importantly as a cancer patient currently undergoing treatment, to speak in favor of the H.B. No. 5044. My recent battle with cancer has brought this issue full circle for me. It's personal. I was diagnosed with cancer in July 2019 and I have been on chemo since October 2019. I have surgery in three weeks and more treatment following that. When you are immunocompromised and on chemotherapy, exposures to diseases like the flu,

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measles or worse, have life-threatening consequences. In fact, today is really the first time I have ventured out since my chemotherapy ending last week. I made the decision to be here today because it might help others in a similar situation. I know that every patient -- I know not every patient has the strength or ability to be here and I stand here today to be their voice. Even with the knowledge of being a healthcare provider and how important vaccination, I was shocked to hear so many schools right here in Connecticut were failing to meet the state mandated immunizations. Frankly, the growing use of non-medical exception in our state is putting our children and patients like me at risk. With recent measles outbreaks in New York and cases here in Connecticut, we're moving in the wrong direction. Vaccination not only protect those who receive the vaccine, but also those who cannot be vaccinated because of medical conditions. The vaccination rates in our schools are critically important to the children who cannot be safely vaccinated. These same children are less able to fight off illnesses when they are exposed, and they are in greater risk of compromised immune systems. In some cases, herd immunity is critical to their survival. Please make this issue a priority and ensure that our children and medically compromised patients like me are protected. I urge you to support the H.B. No. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments from the committee? Thank you. Next, we have Pam Lucasnu? I'm sorry I'm not sure how that's written here. Then Cary Shaw, and then Dennis Himes.

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PAM LUCASHU: Good evening, and thank you for this opportunity to testify. I opposed H.B. No. 5044.

SENATOR ABRAMS (13TH): I'm sorry, would mind saying your name for me, please?

PAM LUCASHU: Oh, [laughing] it's Lucashu. Next time I'll draw the H more carefully. Thank you very much. I'm here to oppose H.B. No. 5044 and I want to read a few statistics for you, a little bit of information on the top five worst drug recalls in the history of the FDA. The first was Fen-Fen, which was recalled after 24 years on the market. Awards to victims were close to \$14 billion. The second was DES, recalled in 1975 after 37 years on the market. The third was Baycol, which was recalled in 2001 after four years on the market. It looks like the FDA is doing a better job of finding problems sooner. The fourth was Vioxx recalled in 2004 after five years on the market and the fifth was Bextra which was recalled in 2005 after one year on the market. The last one had over two billion in legal awards and expenses. The Varus Court has existed for 33 years and has awarded four billion dollars in only a five-year span. One witness said that it is not true that you can't sue the vaccine manufacturers, but that's not completely accurate either because it relates only to vaccine injuries for adults and also as it relates to issues that do not address vaccine injuries. So why do people not believe the experts? Why don't they trust them? The FDA is often looked at as an expert regarding drugs, but I just read the top five drugs that were recalled. Vaccines are not generally recalled because of the liability immunity granted 33 years ago. As an attorney, it was very important to learn that there was a liability free product with four

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billion dollars paid out that was not funded by the manufacturer. The money awarded by the Varus Court is funded by the taxpayers. It is unlikely that the FDA recalled drug that injured me will make that list because there are no pending class actions, it is unlikely that I will be compensated for my injury because as an attorney, [laughing], I know the emotional time and monetary investment in pursuing that kind of litigation.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Seeing none, thank you so much.

PAM LUCASHU: Thank you very much.

SENATOR ABRAMS (13TH): Next, we have Cary Shaw, followed by Dennis Himes, followed by George Unser.

CARY SHAW: Thank you very much for the opportunity to be here. I do have a question for everybody here. Do you have the right, as a parent to prevent food or foods from entering your children's bodies if this is your religious conviction? Now I ask that because there's been a lot of talk about the right of parent's religious conviction to totally control their kids. And there is a case recently of a woman who did that, decided that her kid could only have carbohydrates and sugars and at three years old, the kid could not read. So, there is nothing that says the state cannot intervene if the parent is not properly taking care of their kid. But I do want to report about the Catholic Church because we've been talking about religion and the Catholic Church is in favor of vaccination and says it should be done. And the Catholic Church Academy For Life has made a specific pronouncement that encourages all Catholics and people to vaccinate



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their kids for two reasons, one is to protect themselves and the other is to protect others so they do not carry the germs with them. Now, I totally agree with that point of view, even though I'm President of the Humanist of Freethinkers of Fairfield County. Fairfield County involves one-quarter of the state's population and according to the Gallop pole, 42% of Connecticut residents are secular. But still, the basic idea is that an ethics -- the basic of ethics or religion, either one, is based on ultimately its impact on ones-self and on others. So, if you have a so-called personal belief system that involves harming other people, that, in my opinion, is not a valid religious point of view. Again, the harm is -- the specific harm is one, there are people who are at risk individually, and second, the whole population is at risk if there is widespread noncompliance with vaccination that can result in contagion. Now, my wife, is a beautiful person and she deserves to live. But now going into the personal, this affects me personally, because in 2015, she developed lymphoma, a blood cancer --

SENATOR ABRAMS (13TH): I'm sorry sir, I'm going to have to cut you off there.

CARY SHAW: Okay, basically her doctors at Memorial Stone-Kettering said that she should not be in contact with people who may have measles and because she is immunologically at risk, she is not allowed to take the measles vaccine herself. So, my opinion is that if this body does not pass H.B. No. 5044, and my wife should contract measles from others and die as a result, I will hold those who voted against that personally liable. Thank you.

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SENATOR ABRAMS (13TH): Thank you, sir. Just a minute please, okay, there might be questions or comments. I'm sorry. Representative Candelora.

REP CANDELORA (86TH): Thank you, I just had a statement that I wanted to respond to. The first one being, and this has been said by other people, but to make the diocese of Hartford and Norwich, and Bridgeport, did come out with a position on vaccination, recognizing that, you know, they are not against vaccinations. But I just want to be clear, the Connecticut Catholic Conference, and I'm reading from their letter, "Our Public Policy Office stands as a defender of religious liberty for all. In general, the Conference maintains that all religious exemptions should be jealously guarded, any repeal of a religious exemption should be rooted in legitimate, grave public health concerns. The existence of a health risk in the State of Connecticut is a question of fact, beyond our expertise at this time." And I just make that general statement because, it's sort of left to us to make that determination. They haven't just blanketly endorsed, and I think part of our issue is, you know, it's not just about providing whether or not to vaccinate all. I mean I think the position of immunocompromised people, you know, people with cancer, people in our general population; we don't have the ability to protect everybody against everything. So to the extent we're deliberating this, it is also about free exercise of religion, the right to a public education, so there's more that goes into this and it's not just a question of, you know, protecting one individual from exposure to measles. This is just a much broader concept. So, in the end, I may

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be a no vote on this legislation, but I don't think I'm responsible for everybody's illness in this world if I am a no vote. Thank you.

CARY SHAW: Okay, you've raised the two questions, what relates to Catholicism.

REP CANDELORA (86TH): I didn't raise any questions. I just want to put this on the record based on the segment [Crosstalk]

CARY SHAW: I quoted the Vatican, and you're quoting the local area.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you so much for your testimony. Next is Dennis Himes, followed by George Unser, and then Amy Ewing. Thank you, sir.

DENNIS HIMES: Hello, I'm Dennis Bill Himes, I'm the Connecticut State Director for American Atheists. I'm not going to talk about the effectiveness of universal vaccination, there are others who have done that in great detail and that is not the core issue before the committee today. What the existing version of the law and the proposed amended law recognized that it is in its interest for the community to require its members to avoid endangering their fellow members and that is within the legitimate powers of the state as the collective representative of that community to enforce that requirement. The question before the committee today is rather, whether or not there should be a privileged subset of that committee which has a unique right to ignore public safety and endanger the entire community with no further justifications than its own say so. Why are religious grounds the only justification the existing law gives for

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endangering the public safety? Is it because religions have a better track record than the scientific method for discovering scientific truth, not in the least? Is it because the U.S. Constitution requires the religions to be given special rights that no one else in the Republic has? To the contrary. Is it almost certainly a relic of a centuries old unearned privileged which religion has enjoyed since the days Connecticut was an English Colony, a relic which is fundamentally opposed to the founding principles in the United States of America and more to the point at hand to the guarantee of public health to the people of Connecticut? If a group said that they would not vaccinate its children because they thought that activities which started with the letter V are unlucky, would the General Assembly consider giving them an exception to the general vaccination requirement? That would be very unlikely. But from a public health standpoint, neither that nor the religious objection is any more reasonable than the other. Neither addresses the known facts of epidemiology. To grant an exception to one and not to the other is to give a religious opinion special rights simply because of its religion. This elevates the 58 percent of Connecticut people who are religious above the 42 percent of Connecticut people who are not. What makes the current law even worse than what I've just shown it to be, is the fact that the people are most endangered by the religious exemption are not the people who claim the exception but rather their children. Keep in mind that there is no such thing as a Catholic child, or a Jewish child or a Christian Science child, there are children being instructed in these religions but nobody is a member of a religion until they have

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examined that religion's claims, weighed them against counterclaims and concluded that those claims are most likely true. Children are not in a position to have done that. Parents have a right to give their children what instruction they feel --

SENATOR ABRAMS (13TH): I'm sorry sir, I'm going to have to cut you off, the alarm went off.

DENNIS HIMES: Oh, I'm very sorry.

SENATOR ABRAMS (13TH): Okay. Does anyone have any questions or comments? Thank you very much for your time. Next is George Unser, followed by Amy Ewing, and John Levin. Welcome.

GEORGE UNSER: Thank you. Co-chairs Steinberg and Daugherty, Ranking Members Petit and Somers, and members of the Public Health Committee. My name is George Unser, I'm a Fairfield resident. I also am a member of the Secular Coalition for Connecticut. Vaccinations are a global success story. Deadly diseases have been eradicated from the earth by vaccinations. However, the success of vaccinations is dependent on having everyone who is medically able to receive them, getting immunized. There is a great deal of misinformation and misunderstanding about the safety and the effectiveness of immunizations in the community and the government's right to require universal immunization.

In addition to passing this legislation into law, I urge you as members of the Public Health Committee and members of the Legislature to work to educate the public that immunizations are safe and effective, and that the government has the right to act to ensure the health of the entire public. Thank you.

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SENATOR ABRAMS (13TH): Thank you so much. Are there any questions or comments? Seeing none, thank you for your testimony, sir. Next is Amy Ewing followed by John Levin and Kathleen Prescott. Welcome.

AMY EWING: Hello. Hello everyone. Thanks for your patience. I'm here as a citizen -- Connecticut citizen concerned about the public health and safety and well-being of school children, and everyone they come in contact. So, I do support the repealing of nonmedical exemptions from vaccine regulations. The preponderance of the evidence that we've been listening to is that vaccines are safe and effective. They aren't 100 percent effective. Very little in this world is, but they have helped eradicate terrible diseases. Vaccines save lives. And saying other than that, repeatedly and loudly does not change the fact. I defer to database science and the people who dismiss that and say that there is a religious exemption of our -- don't understand that they don't have an exemption that allows them to harm other people; harm their health and perhaps take their lives even. I -- it's interesting that with the coronavirus, there's a lot of discussion about how emotion can often overwhelm fact, and I think we're seeing a lot of that in this case as well. I am sympathetic, but I don't -- to those who have a lot of fear and other emotions that are overwhelming the preponderance of fact. But in an article in the *New York Times*, a professor of Psychology said this mix of miscalculated -- miscalibrated, excuse me, emotion in limited fact, can set in motion a worsening spiral of irrational behavior. The solution is to trust data-informed expertise. And I think you've heard an awful lot of

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that during these hearings from your own public health professionals and their preponderance of doctors who have talked to you. So, I -- part of your responsibility has to be entrust that expertise, to trust it to help protect health and safety. So, I therefore, ask you to cosponsor the bill and to vote for it. Thank you all.

SENATOR ABRAMS (13TH): Thank you so much. Wait one minute please. Are there any questions or comments? Representative Michel.

REP MICHEL (124TH): Thank you, Madam Chair. Thank you for testifying today. I just had a quick question. Because I don't know the number of the [inaudible - 07:53:51] but what is the percentage of chance that the flu vaccine matches the actual flu virus?

AMY EWING: I am not a doctor. And I don't even play one on TV, [laughing] as the old joke goes. But -- and we know that this year the match between the flu -- their guess as to the flu virus that would be most predominant is not the one at least that's what I've been reading. But the people who did get the flu after even one of those other shots have a less severe reaction. So there -- it's not 100 percent efficacious but there is a protective value.

REP MICHEL (124TH): Okay, no, thank you about that. I'm sorry, I actually was under the impression you were a physician, so I apologize.

AMY EWING: No, no, no. I'm just a -- I don't remember if I said, I'm a citizen and a voter in Stamford, Connecticut.

REP MICHEL (124TH): That's my city.

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AMY EWING: And I'm also a member of the Humanists and Freethinkers of Fairfield County, but I am not a doctor. Any other questions?

REP MICHEL (124TH): Thank you, Madam.

SENATOR ABRAMS (13TH): Thank you so much. Just a minute. Are there any other questions or comments? No, thank you so much for your testimony. Next is John Levin, followed by Kathleen Prescott and Melissa Tulisano. Welcome, sir.

JOHN LEVIN: Thank you. My name is John Levin, I live in Norwalk. Medical quacks like chiropractor Jason Jenkins should not be guiding public health policies in my state period. Nor, should TV Producers like Del Bigtree who refers to himself as a scientist, he is not. Yet he pedals junk science and conspiracy theories. We should look to the real experts. The American Academy of Pediatrics and the United States Centers for Disease Control offer abundant information, discussion, and sources regarding the safety and efficacy of the standard battery of vaccines administered to children. Further, their recommendations are unequivocal and unqualified. Vaccines work and vaccines are safe, and every child who is medically capable should be vaccinated for their own safety and for the safety of unvaccinated members of their community including infants and immune compromised individuals. Adverse reactions are rare and the vast majority of those are minor. Established law and legal precedence clearly empower each state to take actions to protect the health and safety of its citizens and residents. This has never been in dispute. If you retain the blanket religious exemption, then you're inviting Connecticut to become the next Samoa, and



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no I do not mean the delicious cookie made popular by Girl Scouts, I mean the South Pacific nation which borders our country's colony of American Samoa, which reported a first case of measles, in this case, Strain D8 on September 30, 2019, about four and half months ago. A measles outbreak ensued and remains ongoing. So far, 5707 cases of measles have been confirmed in the nation of Samoa, three percent of the nation's population. Of these, 83 are fatalities. A kill rate of 1.5 percent, roughly comparable to the Coronavirus. The majority of the deaths were children under the age of five. But it could have been much worse. After six weeks after it started, the Samoan Government declared a national emergency, all schools were closed, children under 17 were barred from public events and vaccination became mandatory for all residents without a medical exemption. Subsequently, --

SENATOR ABRAMS (13TH): I'm going to have to stop you there, sir, your time is up. Are there any questions or comments? Thank you so much for your testimony. Please submit it in writing, and we do read the ones in writing as well.

JOHN LEVIN: It has been submitted. There's a little bit more. It's really good, you got to read it.

SENATOR ABRAMS (13TH): Sorry, thank you. I will read it, but. Next, we have Kathleen Prescott followed by Melissa Tulisano and Robert Tulisano. Thank you so much.

KATHLEEN PRESCOTT: Good afternoon, Committee Members. My name is Kathleen Prescott and I am just a mom. I own a small business in Litchfield County, Connecticut and I am here to oppose H.B. No. 5044 along with my daughter. This bill negatively

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affects my family in many ways, although I homeschool my six children. I cannot utilize a religious exemption, mind you, I cannot participate in any system or program that has any direct or indirect association with the aborted cells of humans. This violates my personal moral code and goes against my conscience, and I really have no intentions of supporting or complying, whether in the presence of a government mandate, I apologize, or in the recommendation of the church, and I cannot enable others to do so either. I believe the end can never justify the means. I cannot consider myself able to contribute via taxes paid to these systems and both my husband and I will be looking for ways to file exemptions to make sure that we do not contribute to these systems.

Lastly, if it's not practical for me and my husband to do so, we are looking to simply move from the state as many people have suggested as a possibility and has happened in New York. I personally believe that government mandates in healthcare decisions perverts the effectiveness of those decisions. As any decision left to the party farthest from the patient verses the ones who have closest contact is ineffective. Our government agencies tend to see children as a number on a chart verses an individual person. One size fits all approach can never be superior to precision healthcare. Pediatricians in my experience have very little education on vaccines and I can speak to my pediatrician personally as well as world health organization, lead anthropologist, Heidi Larson states and I quote "Our frontline medical professionals have at best a half a day education on vaccines." This scares me and it is why I have had to look into way more than my

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religious beliefs as it is currently being threatened. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments, Committee? Thank you very much for your testimony. Next is Melissa Tulisano followed by Robert Tulisano, and Steven Tobin. Ms. Tulisano, can I ask you to turn off the other microphone right there? The one with the -- no, you just turned that one on. Thank you. Yours will come out more clearly then. Thank you.

MELISSA TULISANO: Members of the Public Health Committee, thank you for being here. I am here today -- my name is Melissa Tulisano, and I am here today in opposition of H.B. No.5044. First, I want to share with you a story of a friend of mine who couldn't be here today. Her son received the chicken pox vaccination, a live virus vaccine, and days later he broke out in a rash resembling chicken pox. The mom was advised by their pediatrician that it was just a rash and the child was safe to attend school. Believing the doctor was correct, even against her own judgment, she sent her son to school. When the rash didn't go away, she brought her son back to the doctor, and he was diagnosed with chicken pox. Her vaccinated son started an outbreak of chicken pox in his elementary school and it was never reported. This is a great example of vaccine failure as well as vaccine shedding. Vaccines aren't one size fits all. Vaccines have errors just like other medical procedures. This past fall, New York schools had an outbreak of chicken pox after they removed their religious exemption and unvaccinated children from schools. Removing unvaccinated children from schools isn't going to change the likelihood of vaccinated

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children contracting vaccine-preventable illnesses. You released to the public the percentages of religious exemptions per school in the state. Do you know the percentages of immunocompromised students in those schools that would be affected by unvaccinated children? Are you planning on imposing stricter regulations regarding sending sick children to school in order to protect those immunocompromised children? Many parents still send their sick child to school. These sick children pose a risk to immunocompromised children. Even if unvaccinated children aren't sick, how do they pose a risk? If a child is truly immunocompromised, doesn't the environment of the school, the ventilation system, administrators, the numerous individuals coming in and out of the schools, shouldn't they all also be considered a risk to immunocompromised children? Why are just the unvaccinated children to blame? There are strict policies in place concerning outbreaks occurring and unvaccinated children being removed from school until the outbreak is over. This policy has worked for many years, why change it now? My children, both my little girls, have the MTHFR mutation that affects their ability to remove toxins from their body efficiently and it does not qualify them for a medical exemption. How is my daughter, a 5-year-old, going to be able to handle the aluminum in the number of vaccines she would need for her to go to kindergarten in the fall? You've all heard previously about aluminum and its ability to be removed from the body efficiently even without this mutation being present. Please leave the discussion concerning what's best for our child's health to their doctor and parents, not the government, and please oppose H.B. No. 5044.

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SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee? Thank you for your testimony.

MELISSA TULISANO: Thank you very much.

SENATOR ABRAMS (13TH): Robert Tulisano is up next followed by Steven Tobin, and Jennifer Pergatorio. Is Robert Tulisano here? No? Oh, here we go. Are you Robert Tulisano? Thank you.

ROBERT TULISANO: I was asking to yield my time to Yashasui Jmangiani.

SENATOR ABRAMS (13TH): Welcome. I just ask after you testify, can you please go over and make sure that the clerk has your name? Thank you.

YASHASUI JMANGIANI: Sure. I come here today to speak on behalf of a pediatrician who's been practicing for over 15 years. Your esteemed members of the Public Health Committee, I am here to oppose H.B. No. 5044. I am mother to two amazing boys and I'm also a pediatrician. As a pediatrician, I am pro-choice. I want to have it on record that I am not against vaccines. I do, however, feel extremely uncomfortable with mandatory vaccinations. Some things to ponder, 96 percent of the children in Connecticut are vaccinated. There is no health crisis happening now, nor there has been. Children who are not vaccinated are not getting other children sick. Children who are not vaccinated are not putting the immunocompromised at increased risk of disease. But the incidence of chronic diseases in children is on the rise. In my years of practicing, I have seen increased cases of allergies, ear infections, mental health, diabetes, seizures, asthma, sensory issues, autoimmune

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disease, autism, attention deficits, PANS and PANDAS.

In my opinion, the ingredients in vaccines can lead to all these diseases and because of this, all parents should have the right to make a decision together with their pediatrician about when and if a child should be vaccinated. Children are expected to receive numerous vaccines at once. They're expected to receive vaccines when they're sick. When children have reactions, no one is reporting them. There have been no long-term studies done to identify the possible adverse effects of vaccinations in children. There are adverse effects. This we cannot ignore. Bill H.B. No. 5044 will discriminate against healthy children and deny them the free education that they're guaranteed in the Connecticut Constitution. This bill would not -- will increase the incidence of disease. This bill will break up families, will force families to leave Connecticut and will likely mostly affect all children that are excluded. You think the science is settled, but it's not. With medicine moving in the direction of genetics, we know more than ever that no two people are the same. We cannot expect them to respond in the same way to every medication or medical procedure. This means that no medication -- every medication or medical procedure is not without risk. Nothing is 100 percent safe.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there, your time is up.

YASHASUI JMANGIANI: I'm not comfortable with the government taking on the role of God, doctor and parents for my child.

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SENATOR ABRAMS (13TH): Excuse ma'am, I'm going to have to stop you there, okay. Are there any questions or comments? Representative Kennedy. [laughing] I'm sorry, Representative McCarty, I apologize.

REP MCCARTY (38TH): That's alright, Madam Chair, it's late. [laughing] Thank you. Just very quickly, Doctor. You listed a number of various diseases in your practice that you have seen an escalation in over the years, but you also made the comment that you -- I think I heard this, that you correlated that with the increase in vaccinations. Can you just tell me where you derive that information, or is that something that you're just observing?

YASHASUI JMANGIANI: So, I am reading the statement of behalf of the pediatrician, she had to unfortunately leave. And she has been our pediatrician also for these past 15 years and she is seeing this in her own practice.

REP MCCARTY (38TH): Thank you, and I apologize. I thought you were the physician. Thank you.

YASHASUI JMANGIANI: I'm actually an EMT, and a holistic practitioner. So, this kind of comes close to home because I work on the ambulance and I can tell you last year, all the medics had gotten the flu shot, they still got the flu, all of them. We had to literally throw all the food out of the kitchen because all the medics were out one by one, so it doesn't work, I can tell you that as an EMT.

SENATOR ABRAMS (13TH): Thank you. Representative Hennessey, did you have something you wanted to say? I thought you asked to speak. If you didn't, that's fine.

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REP HENNESSEY (126TH): Sorry, oh I did, I thought you were the pediatrician. But you're an emergency.

YASHASUI JMANGIANI: I'm an emergency medical responder, yes, I'm an EMT.

REP HENNESSEY (126TH): All right, well thank you. Thank you for coming to testify.

YASHASUI JMANGIANI: Thank you for your time.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Next, we have Stephen Tobin followed by Jennifer Purgatorio, followed by Dr. Aaron Lewis.

STEPHEN TOBIN: Thank you very much for allowing me to speak. My name is Stephen Tobin, I'm a veterinarian for 30 years here in Connecticut. In recent years, the Supreme Court has adjudicated several cases about religious freedom and both of these cases, they came down on the side of religious freedom. The Constitution of the United States, and the Constitution of Connecticut guarantees this religious freedom. So, really it comes down to parents deciding whether they want to vaccinate their children or not. Every vaccine has some advantages and has some disadvantages. Some vaccines are more effective than others, some less effective, but all of them come with potential side effects. It's a question for the parents is the advantage of vaccinating their child greater than the risk that they face from side effects. It -- this is where they have to make a choice. You can call it a religious choice, or a personal choice in their view, maybe it's a medical choice, but it's a choice that each individual has to make, and is Connecticut, is this body going to remove the chance



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of making that choice from them? That's all I wanted to say, thank you.

SENATOR ABRAMS (13TH): Thank you very much sir, are there any questions or comments from the committee? No? Thank you for your testimony. Next, we have Jennifer Purgatorio followed by Dr. Aaron Lewis, and then Lisa Gregory.

JENNIFER PURGATORIA: Hello, my name is Jennifer Purgatorio, and I'm from Merritt in Connecticut and I'm here to testify against removal of the religious exemption in Connecticut and ask you to please vote no to H.B. No. 5044. I am appalled at this gross overreach of government. There are so many true public health issues, and yet vaccines keep coming up as if they will cure all mankind of all and any disease. Why are we not addressing more relevant health issues? We have more hospitals and doctors and advances in medicine, and yet we have skyrocketing obesity rates, two out of five children with chronic conditions, and the highest infant mortality rates of any first world country. Government has allowed GMOs in our food. The pharmaceutical industry is directly responsible for the opioid crisis and you wonder why people don't want government making medical decisions for our families. Public policy is clearly not protecting the American people. The government should not be making medical decisions for our families. I urge to think about the long-term implications of moving this bill forward. This bill opens the door for the government to make medical decisions for our families beyond just what's on this schedule. Many people I know vaccinate but don't want to get the flu shot or HPV, and yes, it's not on the schedule yet, but when it is there, it's mandated as well and

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there's nothing in this bill to stop that from happening. So, you would deny a child a public education because a parent doesn't want to vaccinate their nine-year-old for an STD? That just blows my mind. We are a group of loving and concerned parents who are asking questions. That is what we have in common. Not that we are this group of anti-vaxers as we have been categorized. We should be having these conversations, but not be forced to comply because people have different views on this. Vaccine injuries are real and there is a risk. If my child were to have a vaccine reaction due to this mandate, is that okay because it was for the greater good? What makes my children expendable? There are a diverse group of people here from all kinds of backgrounds and religions. Is diversity and freethinking what makes our children worth the sacrifice, because we stand up and refuse to get in line? This is absolutely medical tyranny and discrimination over a group of people that think differently. We have a term in Spanish called monte sano [phonetic], directly translated to health killer and I find that -- I couldn't find that similar expression in English to capture that same sentiment which shocks me because we're not a healthy population. So really, let's just stop this insanity and instead of passing excessive legislation that violates our constitutional rights, spend time, energy and tax dollars figuring out how to get kids healthy lunches in school, clean drinking water, GMOs out of our food and toxins out of our air, that's truly serving public health.

SENATOR ABRAMS (13TH): I know that there are some people who came in late, so I just want to set the tone again for the room. We don't applaud, we don't

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react, we try to keep it so that everyone feels comfortable testifying and saying what they would like to say. So, I know some people just came in and didn't hear the announcement at the beginning, so I just wanted to make sure that's clear.

And thank you so much for coming. I appreciate seeing you and I'd like to ask if there are any questions or comments from the committee? Yes, Representative Hennessey.

REP HENNESSEY (126TH): Thank you. I'd just like to comment on your comment about how, if we're really interested in health why don't we start looking at nutrition, and lifestyles. I think that would be a lot more effective than promulgating vaccines. Thank you.

JENNIFER PURGATORIO: Thank you.

SENATOR ABRAMS (13TH): Just one moment, I just want to make sure, anybody else have any questions or comments? No, thank you so much for your testimony. Next, we have Dr. Aaron Lewis, followed by Lisa Gregory and then Meredith Nielson. Welcome.

DR. AARON LEWIS: Thank you. Good evening, I'm Dr. Aaron Lewis and I am -- my background is both Psychology and Philosophy and I'm a Canon Law Expert as well as Sovereign Law expert and I've been a cleric for 31 years. So, I come with an opposition to this particular bill being passed or even considered. And one of the things that I find a little bit disconcerting is that most of the people who should be heard are -- it's almost a dismissive tone, obviously not by everybody because there are some people that have some level of fairness. But if a person is not a medical doctor,

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I know who Dr. Anwar is, he was my father's life-long in South Windsor, and so was I, and he's a great doctor, but it's not only doctors that have information on our children that's accurate. Every single mother in here totally knows what's going on with their children's lives and they are very, very capable of understanding how to deal with their children.

One of the things that I wanted to bring to your attention is that in our country, we have a very bloody history of supporting the institution of slavery, much of which was decided in councils just like these of the civil rights struggle that was a struggle for many, many years. And even overseas, the holocaust that continued and perpetuated and was a cycle that was decided by people that sit in chambers just like these chambers that do not understand that there's a sensitive issue that needs to be heard and understood with regards to how people are being dealt with, especially with religious liberties in this country. We do have a State Constitution that protects our religious rights. Our Federal Constitution protects our religious rights, and in the same way that women were being denied the right to vote and of course, I could list many other people that were committed injustices against, even the Irish were committed injustices against. We have to start to review and see that that happened. Why did Tuskegee happen from 1932 until 1972 a six-year experiment that lasted for 40 years, and the U.S. Government medical doctors said that this was absolutely alright. Three thousand black men were killed and so, the whole idea is that we have to understand that with regards to religious freedom that there are some things that

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we just don't have that authority or that reach to deal with. Pharmaceutical industries are a trillion dollar industry, we all understand that, and they have the wherewithal to influence minds. It's just, you know, simple logic and so I'm just saying to you please consider all of the things that are being dealt with here as well as spiritual liberties.

SENATOR ABRAMS (13TH): Thank you sir. Are there any questions or comments from the committee? Thank you very much. Next is Lisa Gregory, followed by Meredith Nielson and Amelia Nielson; then Amelia Nielson I should say. Welcome.

LISA GREGORY: Hi, thank you. Thank you for having me. My name is Lisa Gregory, I am here in support of H.B. No. 5044 as a representative from Milestones Behavioral Services in Milford, Connecticut which is a private, nonprofit school servicing children with developmental disabilities and other education needs. As an educator and parent, I am strongly in favor of removing nonmedical exemptions. I work with children with Autism and other related disabilities for over 17 years now and have families that have not vaccinated their children for non-religious reasons. There are some individuals that medically cannot be vaccinated and for those that choose to exercise medical exemption and not vaccinate -- and not be vaccinated are putting those individuals at risk. Connecticut has over 130 schools that do not achieve the 95 percent vaccination which not only puts other children at risk, but also the community at large. I strongly urge members of the Public Health Committee to support H.B. No. 5044. Our children and their families deserve to have a learning environment that is safe and free of vaccine-preventable diseases.

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SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments from the committee? No? Thank you very much. Next, we have Meredith Nielson, followed by Amelia Nielson, and then Christin Ulicki. Or Christine, I'm sorry, Ulicki.

MEREDITH NIELSON: Hi.

SENATOR ABRAMS (13TH): Hi, nice to see you both.

MEREDITH NIELSON: Nice to see you. Meredith Nielson, I'm from Cheshire. I'm here to oppose H.B. No. 5044. This legislature seeks to remove a constitutional right without any empirical evidence to prove a compelling interest that would warrant this action. There is no medical emergency and there never has been. How would we even know if it was a success? What would the outcome be compared to? The state must pursue all possibilities of least restrictive means. What about the emergency policies that already exist? Infectious outbreaks occur in fully vaccinated populations. New York State has been seeing outbreaks in schools despite having removed the religious exemption. Unvaccinated children cannot be blamed. Vaccine failure, live virus shedding, waning immunity and asymptomatic transmission will always make it impossible to achieve vaccine-induced herd immunity. While this bill creates discrimination, segregation and further oppression of the middle and lower classes, school sick policies will continue to slide as people give their kids over-the-counter meds to suppress symptoms and send them to school. Where will it end? Will the state require every new vaccine on the market? Force anxiety meds, antipsychotics? While my healthy, engaging,

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grounded kids are excluded and potentially bullied and a government committee hovers over our relationship with our doctor? My daughter was recently in her school play. I found out that one of the other kids in the play was sick and was taking medication to "get through it." As I listened to other parents joke about drugging up kids, I was well aware that it will be my healthy daughter who is absent next year if this passes. Can you imagine if the same time and resources were dedicated to actually helping people have the opportunities to become truly healthy. Why are we trying so hard to eliminate every virus on the planet rather than helping our bodies live on the planet? Have you considered that the rising rates of chronic disease and disorders in our children will prevent us from filling a military? Mental health issues are skyrocketing. These are crises that should be addressed, not kicking healthy kids out of school. I grew up here, my whole family is here. My husband owns a business here. My teen has talked about college here. But we might have to move.

I am not sure what will happen to my kid's ambitions if their current opportunity is taken away. I do know that for me, they will learn to stand by their convictions, to fight for their rights and to speak the truth even if it will cost them. And my kids will never need to question whether I did everything in my power to stand up for them and their future children. As you consider whether you will vote to take away our rights, please remember that these are your rights too. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee?

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Thank you. Amelia, do you want to -- do you want to stay with Amelia? Absolutely, yep. Amelia Nielson, welcome.

AMELIA NIELSON: Hi. I'm Amelia and I am from Cheshire. I have come to address you about Bill H.B. No. 5044, and I oppose the bill. Healthy kids like me should be able to go to school and experience what other kids get to experience. What you are doing is kicking healthy, smart and brave kids out of school. Right now, I am in sixth grade and I want to go to middle school, and high school, and college. I don't want people treating me like some kind of creature with a disease just because I wanted to decide what to put into my body. If you kick me out of school, there will be no more drama club for me. This year I got one of the leads in the play and it means a lot to me. I want to continue acting in school. Band is one of the most important things to me. I love music and being able to be in the school band is awesome. It absolutely breaks my heart that I might have to give that up over something like this. Girl Scouts is something someone created to help the community, and I am a part of it. Just last year my troop and I created a Not on My Bus Program. The point of the program is to stop bullying on the bus. It works well. My mom is a leader and if I was not in school, none of that would have ever happened. By kicking kids out of school, you are hurting the community way more than you realize. God created us with bodies that are strong and can take care of themselves. You are ruining the population by enforcing this bill. Friendships are broken, people are being treated like animals. I really want you to listen to reason



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so please hear my words. I love school, so please don't take that away from me.

SENATOR ABRAMS (13TH): Thank you very much Amelia, that -- you have very compelling testimony. May I ask you a different -- a question on a different track? What's the play and what's your role?

AMELIA NIELSON: It was the Lion King, and I got the role of Scar.

SENATOR ABRAMS (13TH): Wow! I could hear the emotion in your voice. I bet you were fabulous.

AMELIA NIELSON: Thank you.

SENATOR ABRAMS (13TH): So, thank you so much. Are there any questions or comments from the committee? Representative Zupkus.

REP ZUPKUS (89TH): Thank you. Thank you for coming today. I think that you did a great job and it's wonderful to hear from you and your mom and everyone else, but really, your passion comes through and you are a great leader in your school. I know that there are other groups of people that are protected by the Rehabilitation Act that get to come to school with possibly HIV or with Hep-B and they're protected, so hopefully this committee will take a great look at this and see how we can keep you in school too.

AMELIA NIELSON: Thank you.

SENATOR ABRAMS (13TH): Are there any other questions or comments? Thank you both for being here. Next is Christine Ulicki, followed by Olivia Jenkins, and then Dr. Jason Jenkins. Welcome.

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CHRISTINE ULICKI: Hi, good evening. Thank you for letting me speak. My name is Christine Ulicki and I am from Cheshire and I oppose this bill. First, I'm going to give you a little bit of history -- a little bit of personal background just regarding my daughter. Five years ago when my youngest was nine, she was diagnosed with PANS PANDAS. It's an autoimmune condition that can present with psychiatric symptoms as a result of brain inflammation or encephalitis. She had a sudden onset of several bizarre symptoms. The most concerning though was life-threatening. She had a complete refusal to eat or drink anything. OCD thoughts were so intrusive, she was convinced her food was poisoned. She went from a happy-go-lucky fourth grader to hospitalized with a feeding tube within a matter of weeks. We struggled to find doctors who could understand the condition and could treat it because not a lot of doctors do. We were very fortunate that we did because many of these kids can go years without a proper diagnosis and it is estimated that one in 200 children are actually -- are actually dealing with this condition. So, today, my daughter is doing better, however, her doctors have told us to avoid vaccines to prevent a relapse. So, my question to you is what is going to happen to her if this bill passes? She can't be vaccinated according to her doctor, so we hear that there is a choice. I have a choice to make, whether to send my daughter -- whether to vaccinate or not. I don't have a choice, I can't, if I want to keep her well. So, what I'm wondering is, is what is going to happen with this -- the medical exemption? Right now, she has one but there -- from what I gather, and again, I have not seen the language on this form that is coming out so it is very unclear

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what that language will be, but I have concerns about it, because I do know in California, the language has gotten very strict regarding medical exemptions. My question is why? Why does the state need to get between children and their doctors? The state licenses these doctors to do a job and now they're trying to put a wedge between -- between children and their doctors and I just don't understand the need -- why there is a need. Why can't we trust the doctors to do the job that we license them to do? We talk about needing to protect the vulnerable. There are so many kids out there like mine with really complicated medical issues who do not respond well to a one size fits all approach to medicine. And this is exactly what mandatory vaccination is. We need to trust our doctors to write medical exemptions when appropriate and without fear of losing their license. I realize that I'm out of time, but I do just -- I did want to speak to the religious -- the religious exemption.

SENATOR ABRAMS (13TH): I'm sorry, though, I'm going to have to stop you. [laughing] Thank you very much. Are there any questions or concerns? Representative Steinberg.

REP STEINBERG (136TH): Thank you for your testimony. I feel compelled to address the statement that you just made, that we're getting in between physicians and families. And that couldn't be the furthest thing from the truth of what this bill is about. I encourage you all to read it, and if it's not clear exactly what we're talking about, we're glad to clarify exactly in a way I'm going to try to do right now. The entire intent of the bill is to strengthen the relationship between practitioners and patients and their families, and

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to come up with clear reasons for medical exemptions. We're empowering the practitioner to make that call in consultation with the family. We are not getting in between it; we're saying that's the appropriate relationship. That's where this decision should be made, and it should be based upon medicine. So, all this talk about government getting in between the relationship with the physician, we have another whole bill which its entire point is to provide an opportunity for an extended consultation. So, I hope everybody here understands including people who testified previously. Our intent is not to interfere with an appropriate medical exemption. If anything, it's to make it possible for where it is appropriate. And the rules that will be laid out will be very clear on that point, including giving the practitioner the final and ultimate discretion on whether or not it is warranted based upon his or her understanding of the circumstances as presented.

CHRISTINE ULICKI: I certainly hope that's true.

REP STEINBERG (136TH): Read the bill.

CHRISTINE ULICKI: Without the form, it's hard to know, so I look forward to reading that form. Okay, thank you.

SENATOR ABRAMS (13TH): I will say though, so that you know, the Department of Public Health testified this morning and explained that the form they were developing would have a category of different reasons for exemptions but including other so that the doctor would have some discretion in -- in exactly the way that Representative Steinberg described, so that was from the Department of Public Health this morning. Okay.

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CHRISTINE ULICKI: Okay, thank you very much.

SENATOR ABRAMS (13TH): And Senator Anwar?

SENATOR ANWAR (3RD): Thank you so much for your testimony. I just would want to add on the same lines -- along the same lines, if you look at Section Six of the bill, this bill actually talks not only about the fact that your conversation with your primary care or the pediatrician, they will go over the contraindications that are recognized and the ones that are not even recognized, so that gives an opening for people to look at their specific situations, which may be something that could be a good compelling argument that they can make with their physicians and then clinicians, and that should be able to address that, and that would be between the child and the parent or the adult with their primary care or the pediatrician in the case of a child. So I look at that as an opening and an opportunity for expansion of the medical part rather than the concern, because there are legitimate reasons and we have heard today, that we do not know everything about the vaccines and there may be some things that may be new that could happen.

And then there's another part to the whole component is the creation of a council that will actually keep an eye on what is happening around that area because if one week, two years, five years from now or six months from now, we find out that there's some new thing that has to be addressed, there would be a mechanism to have a loop in that situation, to loop back and then fix those further as well. I think we are giving the protection in this, so thank you so much. Madam Chair.

SENATOR ABRAMS (13TH): Senator Somers.

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SENATOR SOMERS (18TH): Yes, thank you for your testimony. For those who are testifying. I realize that this is a very emotional subject, so, it's emotional for people that are up here that have been working this bill, however, I want you to know that we -- I am at least, open to hearing what you have to say, and I can understand from your perspective because, we do not have the form to show you that it's concerning. We don't know what other is going to look like. The Department of Public Health will, you know, have this form for medical exemptions, but you can't see it right now, so I understand where you're coming from and why that could be frightening. I also can understand how this board, which is appointed by the leaders that, you know, is not necessarily made up all clinicians, will have say overlooking at what the others are. I can understand why that's concerning, so I want you to know, that there are people that are validating your concerns. And I don't want you to be thinking that, you know, what is in this bill will necessarily be how this bill looks at the end. But that many of us are very open to what you have to say and that we want to validate you being here and thank you for your testimony. I would like to hear your concern as far as your religious, the part of the religious exemption. If I can.

CHRISTINE ULICKI: Sure, okay. So, I mean, my religious beliefs don't need any explanation and that is true for anybody in this state. My concern is that we are being told that we are using that as an excuse and that couldn't be farther from the truth. We're using it as an excuse to keep our kids from being vaccinated, and that could not be farther from the truth. And saying that the right that we

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are saying we have rights and that those rights are putting other people at risk is also couldn't be further from the truth. It's -- I just don't see the need to remove religious and medical freedoms in the absence of any public health emergency. We don't have one. We didn't have one last year and even the Commissioner of Public Health last year said we didn't have one and wasn't concerned. So, I'm not sure what happened between 2019 and 2020 when nothing has changed in this state. There have been no outbreaks. And yet, we're back and we're having the same discussion again. So, I'm just having difficulty wrapping my head around that.

SENATOR SOMERS (18TH): Okay, thank you for answering that.

REP STEINBERG (136TH): Representative Zupkus.

REP ZUPKUS (89TH): Thank you. Thank you for coming today. Mine is really just a comment. I don't believe that this is between a doctor and the patients. To me, this is more of between parents and what you do about your children. So, it's more about your right as a parent about vaccinations. No so much the doctors. Thank you.

CHRISTINE ULICKI: I agree with that. [laughing]  
Yeah, absolutely.

REP STEINBERG (136TH): Anybody else? Questions or comments? If not, thank you for your time and your patience this evening. Next up we have Olivia Jenkins to be followed by Dr. Jason Jenkins.

DR. JASON JENKINS: Mr. Chairman, would it be okay if Olivia and I combined our three minutes into the six-minute timeframe?

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REP STEINBERG (136TH): I knew I was going to have cause to rue creating that precedent, but since we did it once, we will allow it again.

DR. JASON JENKINS: Thank you very much.

OLIVIA JENKINS: Hello members of the Public Health Committee, thank you for letting speak. My name is Olivia, I am 14 years old, tomorrow I will be 15, and I am here today to ask you to vote no on H.B. No. 5044. I am a strong, healthy, nonvaccinated high school freshman. I play three sports, three instruments and I have a 4.2 GPA. I am going to do great things in this world but not if you take me out of school. School means different things for everyone. For some, it's just the place they wake to go to every Monday through Friday for six hours, a place to stress about their next text and worry about finishing a book. For me, school is more than just a place where you learn. School is where my funny stories comes from, where I laugh, and where I meet the people I hope to be friends with my whole life. That's why I love school. The memories you create will last forever. Sure, it's hard and stressful, but I think the positives outweigh the negatives. In 20 years, I'm not going to remember that English quiz or that A I got in Math. What I am going to remember are the friendships I made and the memories we created along the way. I am not a threat to anyone in my school. I have no diseases. I rarely get sick and I don't understand why someone with a disease can be in school but someone without it will not be allowed to just because they haven't had their shots. If I understand this, you're allowing someone with Hepatitis B or HPV to sit close to others at the lunch table even though they are contagious. But you wouldn't allow me even



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though I can't make anyone sick. This makes no sense, even to teenagers. Everyone has a right to a free education in Connecticut. I will do great things in this world, but not if you take me out of school and take away my chance to be the best me I can be. Thank you.

DR. JASON JENKINS: Thank you Olivia. Good day members of the Public Health Committee. My name is Dr. Jason Jenkins. I am the current President of the Connecticut Chiropractic Council and I am here today representing myself as well as the position of the organization. I have with me today copies of the manufacturer's inserts of almost every vaccine that I could find. I spent the last three to four years downloading these to my computer and I have read them. But I ask, have each of you? These are biologics. They are not studied by the FDA. So, we have a product that requires no study other than by its manufacturers who want to sell it, has risks and dangers associated with it, as evidenced by Section 6.1 and 6.2 of every insert on this table. We have doctors and nurses who recommended administer the product who are not required to give the patient informed consent. Every medical procedure requires informed consent except vaccines. We are now discussing a forced utilization by the people of this nation from those who we have elected and chosen to serve us, yet none of the above could be held liable for any ill-effects. Can you say that you've studied the consequences of the vaccinations? Do you understand, I know we've thrown the terms out a lot today, adjuvant, blood brain barrier? Are you familiar with how the body metabolizes or doesn't metabolize the preservatives contained, the polysorbate 80, the aluminum or the formaldehyde

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that we've talked about today? The people have been told that this bill is in the interest of public health, but if it's truly about public health, all the comments about teachers, administrators, the consultants who need to come in for the IPEs need to be taken into consideration. Are we planning on having each one of them tittered to make sure that this is in the interest of public health? This bill actually has the potential to remove 7800 students from school. The U.S. Census states that the State of Connecticut, it costs a little over \$19 thousand dollars per year per student to put them through kindergarten through 12th grade, and we're talking about homeschooling these children. So, now I'm asking if the state is discussing how to subsidize these families for putting these children in homeschool. And if I'm correct, and I may be wrong but isn't public school funded by our taxpayer dollars, through our property taxes? So are we prepared to go to each one of the constituents of you all and let them know that we're going to have to raise property taxes in order to pay for the ramifications of this bill? I don't think those long-term ramifications have been taken into great consideration, so I am asking you to vote no on H.B. No. 5044. The science has been discussed today, but that's not the reason why you need to vote no. The Constitution of the State of Connecticut guarantees the right to a free public education and protects the United States Constitution First Amendment, Religion and Expression, which reads "Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof." The State of Connecticut can only overrule these protected freedoms when it can prove with empirical evidence that there is a threat

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to the state. Popular opinion is not justifiable and in closing, I ask, do you really want to put your name on a bill that sends 7800 students out of school in an election year, raises the property taxes. People aren't going to leave Connecticut because of tolls, they will leave Connecticut to protect their families and protect their sacred religious beliefs. Thank you for your time.

REP STEINBERG (136TH): Thank you. Questions or comments? Representative Hennessey.

REP HENNESSEY (126TH): Thank you, Mr. Chair. You must be a very proud father.

DR. JASON JENKINS: I am very proud, yes. Thank you.

REP HENNESSEY (126TH): Congratulations. You had mentioned biologics. No study has been done on them so could you express a little as far as what is that term biologic?

DR. JASON JENKINS: No study has been done to my knowledge, and I am not an expert, I'm just somebody who reads the data. I am practitioner. But to my knowledge, the FDA has not done study on biologics the way that medications are studied. The double-blind tests compared to a placebo are not done on these vaccines. That's been talked about earlier today. As I said, I'm not the expert on that. But I am able to sit down and read through these and see that 5500 individuals in a study cannot extrapolate to the entire United States.

REP HENNESSEY (126TH): Thank you. Mr. Chair.

REP STEINBERG (136TH): Representative.

UNKNOWN: Thank you, Mr. Chairman. Thank you, Dr. Jenkins, for coming up today. It's great to see

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you. And Olivia, you did an awesome job, glad to have you here and happy birthday tomorrow.

REP STEINBERG (136TH): That was it? Okay. Anyone else? If not, again, thank you both for your patience and your testimony. Have a good evening.

DR. JASON JENKINS: Thank you for your time.

REP STEINBERG (136TH): Next up we have, just to be on the safe side I'll make sure I'm on the right page. Okay. We have Rev. Gregory Quinlan, followed by Pastor Quinlan.

REVEREND QUINLAN: I'm Reverend Gregory Quinlan. I come from the Land of Big Pharma. I'm from New Jersey, and I did drive my own car the three hours it takes to get here, and I'll drive it the three hours back, and I paid for my own gas. So, What I'm here to testify for here is not only am I a Reverend, I'm an Evangelical. I've heard what I call almost hateful remarks towards people of faith by some people who've testified. I call them very disparaging. It's a shame that that has to be said, and people feel it necessary to utter such things. But what I'm here to talk about, too, is that I am an allied health care professional. In 1978, I entered as an LPN, a licensed practical nurse, also stands for "lousy paid nurse," and then in 1990, I became a registered nurse. Twenty-nine and a half years I've practiced in the nursing profession.

In the mid-80s, I became an AIDS nurse. I watched 100 of my friends and acquaintances die of AIDS before I quit counting. I'm going to give you two examples. Two of the men I was taking care of were not that compromised with the AIDS epidemic at that time. In the late '80s is when this both happened.

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It happened in the same year. Two men got a flu shot. Flu shots have been around since I've been around, and I'm 61 years old. They got a flu shot. Both of them died as a result of the flu shot. I had an appendectomy. I was pretty sick from that appendicitis, but about a year later I got a flu shot, and I would exchange another appendectomy for the seven days that I spent as sick as I was because of a flu shot. I had a very severe reaction.

What I heard today, too, from the Commissioner of Health, and we've heard them talk about today is from the Commission, is that I found her information selective, subjective, and arriving at political conclusions. I heard the statement said "destroys a life, destroys a family." This bill will destroy families. This bill does destroy lives. This bill is a hate crime. Denying someone's First Amendment rights. It would appear that some on this Committee and some of those who support this bill do not understand the First Amendment. Of the five freedoms in the First Amendment, the first one is freedom of religion. Of the 45 words in the First Amendment, 16 of them apply to that first freedom, one-third. There's a reason for that. I would ask you to defend the First Amendment and to defend your responsibility and your pledge to represent the people of this state. Thank you.

REP. STEINBERG (136TH): Thank you. Any questions or comments? Representative Hennessey.

REP. HENNESSEY (127TH): Thank you for coming from New Jersey. Congratulations to New Jersey for successfully fighting this. Thank you for your passion.

REVERENT QUINLAN: It takes a lot to fight that in

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the state of Big Pharma, and we did it, and it should be done here.

REP. STEINBERG (136TH): Any other questions or comments? Thank you for your time. Henry Morse followed by Ellie Kousidis, it looks like.

RABBI MORSE: Shalom, Representatives. I am Rabbi Henry Morse from Stoughton, Massachusetts, and I'm going to get right into it. The religious views of Thomas Jefferson diverged widely from the traditional Christianity of his era. Throughout his life, Jefferson was intensely interested in theology, religious studies, and concepts of morality. Jefferson was most comfortable, though, with Deism, rational religion, and Unitarianism. He was sympathetic and in general agreement with the moral precepts of Christianity; however, he considered the teaching of Jesus as having the most sublime and benevolent code of morals which has ever been offered to man. Yet, he held the pure teachings of Jesus appeared to have been appropriated by some of Jesus' early followers, resulting in a Bible that contained, as he said, "diamonds of wisdom and the dung of ancient political agendas."

Now, I don't have to agree or accept Jefferson's theology or his doctrines to acknowledge this constitutional principle of pluralism. The point being made simply is that in a pluralistic society like Jefferson envisioned, there is and was room for personal religious conscience to be exercised in our constitutional system that does not align itself to a major religious denomination. The point is invalid to say that no major religious group believes in our cause; constitutionally, that does

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not stand. I'm here to take issue with the idea that the job of legislators trumps our deeply held religious convictions whatever they may be. Neither is this right dependent upon the number of citizens who might adhere to these beliefs, especially when the facts about the efficacy of vaccines are in dispute.

No one has the right or the authority according to our Constitution to force us to abandon our bodily autonomy. The abortion proponents have for years advanced their cause with the mantra, "my body, my right." Unfortunately, that is always at the expense of an innocent child who's been given no rights, not even the right to life. As a man of faith and a rabbi, I defer to a higher source than even the Constitution, and yet, I find no contradiction in regard to these principles. For as the Scripture says in the book of Psalms 139, "For you formed me in my inward parts. You wove me in my mother's womb. I will give thanks to you for I'm fearfully and wonderfully made. Wonderful are your works, O Lord, and my soul knows it well. My frame was not hidden from you when I was made secret and skillfully wrought in the depths of the earth. Your eyes have seen my unformed substance, and in your book were written the days that were ordained for me as yet there were not one of them."

I implore you to not pass these bills and, as legislators, protect our most sacred religious rights. Thank you, gentlepeople.

REP. STEINBERG (136TH): Thank you, Rabbi. Any comments or questions? If not, Shalom, Rabbi.

RABBI MORSE: Shalom u'bracha. Peace and blessings.

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REP. STEINBERG (136TH): And thank you for your time. Next up is Ellie Kousidis followed by Dr. Matthew Paterna.

(UNIDENTIFIED PERSON): I am not Ellie Kousidis. I am taking her place. I was told to come up.

REP. STEINBERG (136TH): Told by whom? I'm not clear on this. If you are not sanctioned to be up there now, you can't be up there.

(UNIDENTIFIED PERSON): No certainly not. No, I'm sorry I got mixed messages.

REP. STEINBERG (136TH): I'm going to ask you to please leave, and we'll go to the next person. Okay? Next up is Dr. Matthew Paterna followed by Kristina Wofsey.

DR. PATERNA: Good evening, and thank you, Representative Steinberg, for agreeing to stay until three or four in the morning so -- oh, yeah you did; I heard you say that. I want to give you one number today. According to the Capital Police, there were 2500 people that came out today to support this bill -- to oppose this bill; excuse me. And that's the most since Sandy Hook. Now I know there's a lot of important bills out there this session like tolls or, you know, my ability to buy pot or, you know, right to die, but if those pass, I'm not going to move out of the state, and neither are very many other people. But if this bill does, thousands of people will move out of the state.

Connecticut right now sits in the top five in the country for people leaving the state, and I don't think that we want to pass this bill because that's exactly what's going to happen. I will not raise my children in a state that supports segregation and



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discrimination, and that's what this bill is promoting. So, here's the thing. You guys can stop this. So, I was thinking about this. Every story, every book, every movie you've ever watched, there's usually three characters. There's a hero, there's a villain, and there's a guide or a sidekick. And the job of the guide or sidekick is to help the hero. So, in this story that we have, you are not the villains, and we're not the heroes. The villains are not in this room right now. The villains are the ones that are forcing this legislation down on us. We're the sidekicks, and our job is to help guide all of you, and that's what we've been doing. We've been doing this since last May. We've been meeting with you, and thank you for all the meetings that you've been taking with us. So, if you've met with us more than three times, and most likely most of you have, you probably have more training than most medical professionals do on vaccinations. So, congratulations; you guys are actually the professionals.

But if you really want to be the heroes, maybe we can do something more to solve the opioid crisis that we have in our state, also started by our vaccine manufacturers. Or maybe we can help our own Health Department understand where autism is coming from; that was a bit shocking. But mostly, don't pass a bill that's going to expel six to ten thousand children from school when there's no compelling state interest to do so. Thank you for your time.

REP. STEINBERG (136TH): Thank you, Doctor, and I should make clear that we have an opioids bill again this year, and there'll be a day of public testimony. You're all invited back, and we're

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interested in any good ideas on how to address a crisis that we have not solved.

DR. PATERNA: Be happy to share them. Thank you, thank you, Representative Steinberg.

REP. STEINBERG (136TH): Okay. Any questions or comments? If not, again, Dr., thank you for your patience and thank you for your time. Have a good evening. Kristina Wofsey followed by Stephanie Tomaszewski.

KRISTINA WOFSEY: First of all, I would like to thank you all for giving us the opportunity to speak in front of you today. My name is Kristina, and I live in Connecticut. I am a naturalized US citizen, but I was born into a Russian family in the Soviet Union where my parents had to baptize me in secret, for practicing any form of religions was punished by law. I have two young children who love their small school in Newtown. It will be heartbreaking for my family if my kids can no longer attend the school we're all so dearly attached to. It disturbs and frightens me to think that my family's forced to choose between either upholding our religious beliefs protected by the First Amendment and our children's protected right to public education, where there's no reasonable cause justifying this impossible choice.

I have a bachelor of science degree in nursing and have practiced as a registered nurse since 2012. In nursing school, the first thing I learned in pharmacology was that all medications come with side effects. I was taught until recently it was unethical for children to participate in drug trials. As a result, there is limited information on pharmaceutical products' adverse effects in

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children. Many of us have heard over and over that vaccines are safe and effective, but a closer look at vaccine safety studies reveals many serious flaws.

No study exists today comparing any given vaccine to a saline placebo group. No studies on cumulative effects of all vaccines. No safety studies pertaining to independent vaccine ingredients such as aluminum, mercury, and formaldehyde -- substances that are well known in biochemistry for their toxicity. Per vaccine manufacturer inserts, vaccines have not been studied for their potential to cause cancer. Yet, we're recommending the longest vaccination list ever to children, who are as good as guinea pigs. No long-term follow-up studies exist on individual vaccines, and it might be decades before we discover the full scope of short- and long-term side effects of the ever-expanding vaccination schedule. As a parent, I strongly believe it should not be up to my children to prove that they won't have a serious adverse reaction or develop long-term consequences to any of the 72 doses of the vaccines currently recommended. To mandate any such product that carries potential for serious side effects including death, as listed in vaccine inserts and is not always effective, as also stated in vaccine insert, when --

REP. STEINBERG (136TH): I'm sorry; you're going to have to wrap it up right away, please.

KRISTINA WOFSEY: I am. When its manufacturers have been awarded legal immunity, it's simply unethical. I urge you to do the right thing and vote against House Bill 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Sorry to have

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had to interrupt. Questions or comments? If not, again, thank you for your time and for your perspective. Stephanie Tomaszewski, followed by Deborah Moreno.

STEPHANIE TOMASZEWSKI: Good evening. My name is Stephanie Tomaszewski. I'm a mother of a three-and-a-half and a two-and-a-half-year-old. I live in Oxford, CT. I have my master's degree in occupational therapy. I'm a hand specialist, and I work in Danbury, CT. In my written testimony, I have four appendices included; hopefully, you'll be able to look at them at some point because I will reference them. I have five concerns, first being the medical industry being incentivized. Did you know that insurance companies and Big Pharma pay out incentives to physicians when a percentage of their population follows the full CDC-recommended immunization schedule? If you want to govern something, let it be this. How can we trust our medical professionals to be putting out children's health first over financial incentives? (Please see my Appendix A of Blue Cross/Blue Shield).

Secondly, medical implications of mandatory vaccinations. There's a host of medical research published in reputable scientific journals that reveals the bodily harm that common adjuvant chemicals, excipients, preservatives, and fillers like aluminum, formaldehyde, and thimerosal can cause. Again, I've included an excerpt of 87 of these articles for your reference in Appendix B in my packet, as well. Did you know that aluminum hydroxide injections lead to motor deficits and motor neuron degeneration according to the *Journal of Inorganic Biochemistry* of 2009? That experimental research, however, clearly shows that

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aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation, and associated neurological complications and may, thus, have profound and widespread adverse health consequences (*Current Medicinal Chemistry* 2011).

Invalid safety efficacy is my third point on the research, as has been mentioned here earlier today. Many of these studies compare only one vaccinated population to yet another. If your child were to develop encephalitis, arthralgia, angioneurotic edema, cardiac arrest, Guillain-Barre, myocarditis, anaphylaxis with these purported adverse reactions that were found in vitamin K, Tdap, MMR, and others, are you okay with the lifelong consequences of these for your child with no one to hold responsible but yourself? Ask Colette Giovanniello, the mother of Kate Giovanniello in Virginia who died of the flu after she contracted the flu on February 2 of this year following vaccination for it. Is the risk worth your child's life?

In closing, I will ask you that if you want this bill to go through, would you be willing to sign my Appendix D, which absolves myself of any responsibility for any adverse reactions that my child may have to go through if they're forced to be vaccinated. But my pediatrician won't sign it; so, I guess they're not so safe and effective after all. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman, and thank you for your testimony. I was walking out,

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but I thought I heard you make reference to physicians receiving financial compensation. Am I correct?

STEPHANIE TOMASZEWSKI: That's correct.

REP. BETTS (78TH): Do you have any examples or evidence of that, and could you elaborate on what you mean?

STEPHANIE TOMASZEWSKI: I have an example of Blue Cross & Blue Shield from 2016 of their performance recognition program. This is included in my written testimony I submitted last night in Appendix A and in their page 4 here, they have a table that states that, Child immunizations. If they meet their planned goal (the physicians) that they'd receive a payout per child of \$400 dollars, and, to my knowledge, I have experiential evidence that children are getting thrown out of pediatric offices when they decide they don't want to immunize or only want to partially immunize or deviate from that recommended schedule, at all. So, my concern is that their best interest is their pocket and not our children's health.

REP. BETTS (78TH): Okay, thank you very much. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Other questions or comments. If not, thank you for your time. Next up is Deborah Moreno followed by Christine McCann [phonetic].

DEBORAH MORENO: Hello. My name is Deborah Moreno. (You can hear me now?) My name is Deborah Moreno. I'm a mother and a grandmother, and I worked in the Connecticut school system for 13 years as a paraprofessional, and I believe every child has the

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right to a free and equal education. And I'm asking you to do the right thing today and oppose House Bill 5044, and here's why. It discriminates against children based on their religious beliefs. And right now, all over the country, there's a movement for tolerance to protect a child's right to color, nationality, socioeconomic, sexual orientation. Yet, H.B. 5044 will potentially remove thousands of healthy children from daycare, public and private schools, and colleges, denying them their constitutional right to a public education free of discrimination.

If vaccines are mandated, how will each individual district provide educational services to these Connecticut students, which has been brought up many times today? We are paying tax dollars into the system. Are we prepared to refund those tax dollars to us so that we can figure out a way to educate our children? What's the potential for lawsuits in the school districts? This bill only gives the elite a choice to not vaccinate. The economic realities of Connecticut make homeschooling almost impossible for many families. They can't survive on one income.

Why would you impose those kinds of hardships on your constituents when the current law is working fine? Connecticut has one of the highest vaccination rates in the country. Saying that, we have no compelling reason to make changes now, as has been suggested all day today. Many of you have used the compromised child, the immune-compromised child, as the driving reason to make this change now. Mandating vaccinations will not protect that child. Many of those children, unless they are isolated, as has been said today, are out on playgrounds, grocery stores, libraries. And how

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many legislators would like to go on record saying that they are up-to-date on the CDC schedule for adult immunizations?

I worked in the Connecticut school system for 13 years. Myself and many of my co-workers were not and are not up-to-date on the CDC schedule. With three-and-a-half million people in Connecticut and only a half a million school children, this mandate will not ensure the myth of herd immunity and, therefore, not protect the vulnerable any better than the status quo right now.

REP. STEINBERG (136TH): I have to ask you to wrap up, please.

DEBORAH MORENO: I will. All this bill does is strip parents of their rights to make basic medical decisions for their children, and it denies healthy children an education, and it tramples on the religious beliefs of families. Instead --

REP. STEINBERG (136TH): All right; that's going to have to be it. That's going to have to be it. That's going to have to be it. Thank you very much. Are there --

DEBORAH MORENO: And please make Connecticut an example across the country. Thank you.

REP. STEINBERG (136TH): Okay. Questions or comments? If not, thank you for your time. Next up, Christine McCann followed by looks like Taryn Bogart, something like that; I'm sorry.

CHRISTINE MCCANN: Good evening. I'm Christine McCann. I'm here to ask for your support for H.B. 5044, removing the religious exemption for vaccinations. Freedom of religion doesn't include



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the right to expose the community to vaccine-preventable diseases. I want to tell you about the children that are harmed by those who don't vaccinate. Children like my four-year-old grandson who is being treated for leukemia. The chemotherapy treatment lasts three-and-a-half years and wipes out any immunity he had from vaccinations. He is immunocompromised and recently was quarantined at home because his ability to fight infection is so low. Measles or even the flu could kill him.

Finding a preschool with enough vaccinated children to provide the herd immunity needed has been a challenge. Saying that you would keep a sick child at home is not enough, as before most disease symptoms are present, children are contagious and can infect others. And I also hear people saying about, well, you can't go out into the community. It's not the same as spending six hours a day in school in a closed room with a small group of children. These childhood cancer patients have already had to deal with more than any child should, and now they are denied the chance to be a kid and go to school. Meanwhile, unvaccinated children flit through life with the benefit of herd immunity from those who have done the responsible thing and vaccinated their children.

Parents think their decision only affects their child, but they are wrong. Failure to immunize affects those too young to be immunized, the elderly, and children like my grandson. I also ask that the state continue to release school vaccination information. No personal information is released, and this information is vitally important to the families of immunocompromised children. Please think about all the children when you vote on

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this bill. All children deserve to go to school in a safe environment. Thank you.

REP. STEINBERG (136TH): Thank you. Comments, questions? Senator Anwar.

SENATOR ANWAR (3RD): I just wanted to thank you for being here, and best wishes and prayers for your grandson. Thank you.

REP. STEINBERG (136TH): Thank you. Other questions or comments? If not, it looks like Taryn Bogart followed by Carolyn Bennett.

TARYN BOGART: Committee members, thank you for still being here tonight. I'm coming to you today as a mother. Please think about your mothers. Think about your families. What would you do to protect your children? Most would say they would kill for their children or they would trade their own life for their child's. Think about what that means. So, what do you think that means if this bill passes? Thousands of mothers, parents that have weighed the risks and decided not to continue to vaccinate or to selectively vaccinate or to not vaccinate at all. Do you think mandates will suddenly change our minds? We'll decide we were mistaken? Subject our children to something we feel is innately wrong? You must already know the answer to that. So, you know that by voting yes to H.B. 5044 will destroy families by placing unnecessary hardships on them socially, emotionally, and economically.

We're being told vaccine mandates are for the greater good. What I hear is that risks to other children are more important than the risks to my own child. We are also told mandates are to protect the

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immunocompromised population that cannot get vaccinated. But are we not concerned about children in schools who have communicable diseases? No, we don't even know who those children are because their health records are private, as they should be. So, instead, we target the small minority of healthy children not fully vaccinated, because they must be the threat. I am not fooled by the agenda of Big Pharma and their puppets. We have the right to live without medical intervention. When there are risks that range from eczema to death, there must be informed consent. This is reasonable.

As a mother who has a family history of adverse reactions to vaccines, I don't need a degree to read and ask questions. To say that I don't want the government forcibly injecting me or my child with something is reasonable. Especially since the door is open to anything to be easily added to the current mandate. This is not a pro-vax or an anti-vax issue or an efficacy debate. The bottom line is mandates are not the answer and will not work. Vote No to H.B. 5044, and if there's a problem to be solved, please think of a less restrictive way to do that.

REP. STEINBERG (136TH): Perfect timing. Thank you for that. Questions or comments? If not, thank you for your testimony tonight. Next up is Carolyn Bennett followed by Daniel Bennett.

CAROLYN BENNETT: Good evening, members of the Public Health Committee. My name is Carolyn Bennett, and I'm here to oppose H.B. 5044. This bill will infringe on the historic right of parents in Connecticut to independently make informed decisions regarding the healthcare of their

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children. This morning on the radio I heard someone say, "Where in Scripture does it say don't vaccinate"? I was an unvaccinated child. My parents did not read somewhere in the Bible "thou shalt not vaccinate," but they believed that their children had been entrusted to them by God and that they were responsible to God for the care and upbringing of their children.

When my parents chose not to vaccinate their children, they truly made an informed decision. My Mom still has a thick folder of carefully marked papers of research that they used to inform them in their decision not to vaccinate. And this was before social media and the Internet. Please understand parents are not asking for the government's permission to make informed decisions regarding their children's healthcare. They're reminding you that they have the right, the honor, and the responsibility to do so without the government's permission, oversight, direction, or restrictions.

I would also like to comment on how the assumption has been made that the risk factor posed by unvaccinated children is high, but I would like to point out that an unvaccinated child does not equal a sick child spreading disease. I would argue that the parents who have carefully weighed the decision not to vaccinate are making other very careful decisions regarding their children's health, which leads to healthier children in their own families and in families around them. Thank you for your time, and please vote No on H.B. 5044.

REP. STEINBERG (136TH): Thank you for your testimony. Are there questions or comments? If

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not, thank you very much. Next up is Daniel Bennett followed by Diana Bump.

DANIEL BENNETT: Good evening, Representative Steinberg and members of the Public Health Committee. My name is Daniel Bennett, and I'm here urging you to oppose H.B. 5044. I appreciate the concern that you as our representatives are showing for our health, but as I look at the numbers, the severity of the risk and the severity of the legislative push don't add up. In an article from the *CT Mirror*, the number of students claiming the religious exemption to mandatory vaccinations in Connecticut rose by 25 percent between the 2017 to 2018 and 2018 to 2019 school years, according to figures released by the Department of Public Health. That sounds significant until you read the next sentence. We are told that the overall increase went from two to 2.5 percent. The overall percentage of kindergartners who are vaccinated against measles, mumps, and rubella decreased in that same time period around a half percent but still remained above 95 percent.

Based on the alarm expressed by elected officials, I would've expected much higher numbers. We're talking about a couple of thousand children out of approximately three million people in this state, who are using this religious exemption. In my opinion, that does not constitute much, if any, threat to the public health.

What I've also not seen addressed yet is that this bill would ban unvaccinated children from attending private schools. I can see how the government would think they have the right to ban children from attending government-run public schools, but I

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believe banning them from private schools is a huge step of government overreach. I would ask you to please vote No on H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Good timing. Have a wonderful evening. Thank you for your testimony. Next up is Diana Bump followed by Shawn Brady.

DIANA BUMP: Hi, Diana Bump from Tolland, Connecticut. There is no compelling state interest to remove the constitutional right to free and equal access to a public education as well as IEP services and college admission from children and adults across the state. It is segregation and discrimination against healthy people who have not harmed anyone. There is no evidence based in proven science to suggest that a person missing anywhere from one or more of the recommended vaccines contributes to the spread of illness, let alone illnesses for which there is no vaccine like strep throat or pink eye.

There should be no need for exemptions to vaccination at all because people including parents for their children have the human right to make their medical decisions without coercion. This bill will not lead to compliance with increased vaccination rates; it will lead to declining enrollment in public schools and in state colleges as parents become more and more tired of government controlling their medical choices, as the never-studied liability-free vaccine schedule continues to increase. Many families will move out of state to escape this authoritarian policy, effectively becoming refugees in their own country. Others will attempt to educate their children at home, which

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will be especially financially damaging to single-parent and low-income families.

A question I'd like you to consider is where this goes next if the bill is passed. When the American Academy of Pediatrics or the CDC or the Department of Public Health is still dissatisfied with overall vaccination rates, what will the next tactic be? Will there be bills proposed to exclude people from jobs, driver's licenses, traveling, and attending public events for noncompliance with the vaccine schedule? Will people have to carry identification of their vaccine status? This bill is a very dangerous precedent to set, and it's simply a tool to increase vaccine rates in the greater community, which we've heard today.

Lastly, consider this. Maybe if you would like to see an increase in vaccination rates, the many concerns that the public has raised should be addressed, number one being that manufacturers of vaccines, pharmaceutical giants like Merck and Pfizer are exempt from liability when vaccines cause injury due to the federal law passed in 1986. How can people trust a product that the manufacturer has no incentive to make safe? We should be working to put liability back where it belongs to ensure safer medical products long before we consider mandating or coercing anyone to receive a liability-free product. And the bottom line is that we're not going to comply. No matter what law is passed, we're not going to comply.

REP. STEINBERG (136TH): Thank you for your testimony. Any questions or comments? None. Thank you for your testimony. Have a good evening. Next up we have Shawn Brady followed by Marie Krupa.

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SHAWN BRADY: Good evening. My name is Shawn Brady. I'm a long-time Connecticut resident. I'm a Catholic. I'm a father, and I'm a physician assistant, and I'm here today to oppose H.B. 5044. Connecticut is the Constitution State, and Section 3 of the Constitution states "the exercise and enjoyment of religious profession and worship without discrimination shall forever be free to all persons in the state provided they are not inconsistent with the peace and safety of the state."

The religious exemption has been in place for the last 60 years without issue. There is no scientific evidence showing how children with the religious exemption are harming the peace and safety of our state. Therefore, anyone who is in favor of removing the religious exemption for vaccination is, in essence, favoring discrimination of children versus preserving the constitutional right of religious freedom.

As a medical professional, I look for solid evidence-based data to support my decisions every day when I treat patients. The DPH data that was rapidly released and then recalled due to multiple errors and then re-released was uncertain. You're being asked to question -- you're asking to use this data to make a decision that affects thousands of Connecticut children. Again, there is no scientific evidence that indicates a religious exemption student puts any others at risk or has ever created an epidemic. Therefore, removing the religious exemption will do nothing to the intended goal of public health.

I am a medical professional. There are parts of the



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bill that concern me, and they should concern you too. The bill as written creates a special board to oversee medical exemptions. This plan interferes with the delicate relationship between patient and his or her medical provider and takes away the role of the medical provider and places these complex medical decisions into the hands of a state-appointed board who may not know the patient well. As a medical provider, I know my patients better than any board member and should be the one making the decisions with them about their health, not the state. Would you want a state board reviewing your medical history? When we look at the facts, there is no compelling reason to permanently remove this constitutional right. Please listen to your constituents, and please vote No on H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you, and just to once again clarify, I wish people would not read things into the legislation that don't exist. Nobody is going to be looking at personal medical records. That's just not happening. The only one who does that is the practitioner with the family. So, let's be clear on some of these things. I know because the bill is unclear on some points and there are some things that have to be done subsequent to this, it's not as explicit as it might be, but having said that, speculation is very easy, and I can assure you that particular concern is unwarranted.

SHAWN BRADY: Okay, thank you. I'm used to reading medical and science and reading the legal mumbo-jumbo is very difficult, and it seems like there's a board that's gonna take over the relationship of patients versus their medical provider. So, as a medical provider, we like to make sure [Crosstalk].

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Thank you.

REP. STEINBERG (136TH): Yes, Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Shawn, for being here, and thank you, Marie, for being here, as well. I just wanted to thank you for your time and in waiting to put your testimony. I want you to look at Section 6 and later offline if we can talk about that and then see what your thoughts are about Section 6 in the bill.

SHAWN BRADY: Okay.

SENATOR ANWAR (3RD): Thank you so much.

SHAWN BRADY: Thank you, Senator.

REP. STEINBERG (136TH): Other questions or comments? Okay; I guess not. Next up is Marie Krupa followed by Bishop Zendajas.

MARIE KRUPA: You need a booster seat for the short people here. Marie Krupa, South Windsor. I'm a long-time Connecticut resident, a special needs parent, a Catholic, and a certified Connecticut teacher. I speak today in opposition to H.B. 5044 and on behalf of our two children who are Cub Scouts and are here in this photo with their two veteran grandfathers on a Veterans Day celebration at their elementary school. We moved to South Windsor for its excellent reputation for schools. Even when we could not afford to buy a house, which took a long time, we stayed in South Windsor. Even when all of our family members moved around, we stayed in South Windsor. And when our son was diagnosed with a developmental disability and began receiving special education services, we decided South Windsor would be our home for life. We love our South Windsor

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schools.

My son's early childhood special education teacher was a gift from God. She saved us from the confusion and the despair that came with our child's behaviors and diagnosis. She guided us. She showed us how to help our son and supported us through the hardest years of our son's life. She and other teachers like her are why we stay in Connecticut. Why do I tell you this? Whatever the intent is of H.B. 5044, the consequence of this bill would exclude healthy thriving children like ours from school. Whatever the intent is of this bill, the result would be intentionally excluding children from school, and it can't be an acceptable result. There must be a more reasonable approach.

As it is written, H.B. 5044 would exclude students from school, even special education students. As written, this bill would bar even a three-year-old from special needs preschool; this can't be an acceptable result. Special Ed students need school services. The Individuals with Disabilities Education Act (IDEA) is federal law that ensures educational services to special needs kids. All students with special needs are entitled to a free and appropriate education. Any exclusion or denial of a special needs student's education is a federal violation. Connecticut simply must protect and provide education for all special needs students.

I would never disclose my child's confidential special needs for fear of embarrassing him, but this bill gives me no choice. My son is ten. He is a smart, funny, and very strong boy, and his teachers love him. Adults get a kick out of talking to him. He loves all the things that active boys do. He

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even has his first crush. He also has very significant special needs. He has multiple unsafe behaviors on a daily basis. He is destructive towards himself and our home on a regular basis. He will not comply with basic directions. He elopes regularly. Do you know what that means? It means he wanders off, runs away, or intentionally leaves where he is supposed to be. Does it sound like my child can be homeschooled? We were told by a Children's Committee member that a teacher would come to the town library and tutor children that were excluded from school. Does it sound like he can be tutored in a library? What about the speech and language pathology services, applied behavior analysis services, school social work services, school psychologist services, Special Ed teacher services, and the one-to-one aide that needs to be provided to him? Will they all meet me at the library?

REP. STEINBERG (136TH): I'm going to ask you to wrap up please.

MARIE KRUPA: No parent, even a certified teacher like myself, can homeschool a child with needs like these. There must be protection for special needs students with this bill. If there are parts of this bill you disagree with, parts that make you uncomfortable, please vote No. Stand up for your constituents who are here today, not the party line. Please vote No. This bill would have such devastating consequences to families like ours. Please vote No. Be a voice of reason.

REP. STEINBERG (136TH): I'm going to ask you to stop now.

MARIE KRUPA: Please vote No.

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REP. STEINBERG (136TH): Okay. We got that part. Any questions or comments? Representative Hennessey.

REP. HENNESSEY (127TH): Thank you. So, this special needs component was one of the things that kind of jumped out on me if the statement is "oh, just, you can homeschool." Well what about special needs? The budgets for boards of education pretty much get eaten up with special education in specialized environment schools. And if these special education kids aren't allowed to go in there, then you mentioned that there are federal mandates that protect special education kids getting whatever it is they need, their education. So, we're liable to fulfill that. Do you think there would be some kind of other, like, not school but like libraries or someplace that would be a safe environment, say, for your children?

MARIE KRUPA: Keeping special education students in the school that they're in right now is probably the most fiscally responsible choice that legislators can make. Trying to provide all the services that special education kids need, outside of school would be a logistical and financial nightmare. I can't even picture how it would be done. The school staff -- for example, some of the services that special needs kids receive -- speech and language pathology, occupational therapy, physical therapy, social skills, psychological services -- those are all provided by individual highly trained staff members. Each one of those is a separate profession, and each one of those individuals provides either services and skills to the student separately. Those are all separate positions. Those staff members are already at our special needs kids' schools, and those

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services are provided in usually a very organized, logical way so that two or three kids come in at a time, they get some speech and language pathology services, they work on some skills, they spend a half hour with their speech/language pathologist, and they go back to their regular classroom. That's how it works for a lot of kids, not all.

To try to provide that in any kind of homeschool environment would be impossible for a parent, but if there were some kind of alternate arrangement where the state was trying to provide those services to kids that had been excluded because of this bill, I can't even imagine the financial implication. It would require completely new staff to be hired. It would require a location to have those services provided at, and keep in mind, while our own son is ambulatory, there are many special needs students out there who need special transportation, special busing, special vehicles. Kids who are not ambulatory may use assistive devices to walk, wheelchairs. Many of them require one-to-one aides just to address their educational goals every day. Just the staff alone that's needed to provide those things in an environment outside of a school building, I think would be very, very expensive and logistically very difficult to arrange. The best place for them to stay is right where they are. They get all those services in their schools right now.

REP. HENNESSEY (127TH): Thank you. Thank you for bringing this information up. I missed some of today's testimony, and this is one area that I was wondering about. So, thank you, thank you for coming and spending your time here.

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MARIE KRUPA: Thank you.

REP. STEINBERG (136TH): Representative McCarty.

REP. MCCARTY (38TH): Very briefly, just a comment quickly. I want to thank you, Marie, for coming in because I do agree that the bill is silent on special education needs, and, so, your insight being both a parent and teacher and having a child with special needs is very valuable. So, thank you.

MARIE KRUPA: Thank you. We feel strongly that all children should stay in their schools, and we need a special lens on special education students with federally protected educations; we have to be very cognizant of that. Thank you.

REP. STEINBERG (136TH): Questions or comments? None. Again, thank you for your testimony and sharing your story. Bishop Zendajas followed by Chris Lambert. I guess the Bishop is no longer with us today. Chris Lambert followed by Nicholas Stein.

CHRIS LAMBERT: Good evening. Thank you for this opportunity. Again, I appreciate you guys staying so late. So, I oppose H.B. 5044. My name is Christopher Lambert. I'm 41 years old, and I'm married with three children. We live in Brooklyn, Connecticut, and we've lived in Connecticut since 2001. We had our first son in 2002. In 2006, we planned to expand our family, and we built our home in Brooklyn. I know very inch of that home. My son used to steal the contractor's pencils and draw on the wood. Our handprints are on the concrete above the fireplace. If H.B. 5044 goes through, I'll be forced to sell my home and move out of Connecticut.

Let me tell you what brings me to that powerful statement. I would like to start by saying that my

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wife and I are both vaccinated as children. Together we have three boys, Benjamin 15, Zachary age 11, and Thomas age five. We were 100 percent pro vaccine until Thomas had a reaction hours after his 18-month doctor's visit where he received the MMR vaccine. Thomas had a seizure that day in my wife's arms. He had a seizure. Please imagine holding a toddler that had never had a seizure, who is now shaking in your arms. Again, close your eyes, and imagine holding your child, grandchild, puppy, kitten, anything you love dearly, and their eyes roll back and they start shaking for no reason. How powerless do you feel?

We called a medical professional -- in this case, it was our pediatrician. And we were told that this is an accepted reaction; a seizure's okay. A seizure is a neuro-physical response to something, and the doctor brushed it off. Our doctor brushed us off. He didn't care. The doctor's the one person that you put trust into, the person that's supposed to follow the Hippocratic Oath to do no harm, and they brushed us off. It didn't matter to them. As far as we know, it wasn't even documented in our chart when we called. I brought it up a couple of visits later, and the doctor had no recollection and could not find a note in the chart that we called.

The bill of interest, H.B. 5044, is set to take away medical choice from the parents. If you take this choice from us, we will be forced to leave Connecticut to a place that will not potentially harm my child. I don't know that Tommy will have another reaction, but I don't want to find out. His first one was a neuro-physical response; will the next injection cause him to be permanently injured? He's a typical five-year-old. He's brilliant. He's



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well spoken, he's helpful, and he's well behaved. He is a gift to our family. Thomas was unplanned. I remember when I found out we were having him. My wife was nervous to tell me because we had not planned to have more children, but when she told me, I was overcome with joy. We both cried. It was such great news. Thomas has been bringing joy to our family ever since. We often say we never knew our family wasn't complete until we had him. So, would you give him another vaccine? What if this is the one that causes permanent damage? If you vote Yes to 5044, you're making the choice for Tommy to potentially injure him. I won't make that choice. I will pick up, we will move. We will leave Connecticut to a place that will not make a decision for me. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. I will say once again, if you read the bill, your son would likely be eligible for a medical exemption. That's all I have to say. Any other comments or questions? Thank you for your testimony.

CHRIS LAMBERT: In all due fairness, we inquired about a medical exemption prior to going down the path of looking at what our options were, and we were told we did not qualify because it is an accepted reaction.

REP. STEINBERG (136TH): I think things will be different after this legislation is passed, and murmuring has to stop.

CHRIS LAMBERT: I hope so because otherwise my option is to relocate.

REP. STEINBERG (136TH): I appreciate your

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situation. Representative Hennessey.

REP. HENNESSEY (127TH): Sir, I'd just like to refer to like a medical arrogance that doctors know everything and their patients don't know anything because they don't have a medical degree. And this is a historic foundation that I don't think that this bill is going to address.

CHRIS LAMBERT: Agree, and it's disheartening that when we called, there was no note put in the chart. We were not, you know, informed or told to report it. It obviously would not have been reported; it never made it into the chart. So, when we started the testimonies this morning and we hear about all of these different tools to track these things, we are that undocumented reaction. I live with it every day, and I love him, and I would not do a single thing to harm him, and if that means I have to uproot and leave everything -- leave my parents and leave her mother, who all live local, leave everything we've strived to build in the last 15 years-plus that we've been married, I will do it in a heartbeat. I'd walk away from this state, but right now I have no desire to, but this will be the straw that breaks my back.

REP. STEINBERG (136TH): Thank you, Representative. Other questions or comments? None. Again, thank you for your testimony and for giving your time this evening. Next up is Nicholas Stein followed by Katherine Kraemer. I don't see Nicholas Stein; so, how about Katherine Kraemer followed by Michelle Parry.

KATHERINE KRAEMER: Good evening, everyone. Thank you for staying here to listen to my testimony. I'm a full-time data analyst in the State of Connecticut

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with over a decade of experience consolidating several vertical-oriented departments into one centralized application. I'm also a third-generation resident of Connecticut and a mother to a six-year-old girl and 3-month-old twin boys. I strongly ask you to oppose this bill 5044.

The main goal of this bill is to raise immunization rates by removing the religious exemption to vaccination. The state survey -- the Connecticut Kindergarten Immunization Survey results for 2018/2019 was used in 2019 to identify pockets with low vaccination rates. However, the state is using a flawed window of time to extrapolate the data, and because of that, we're seeing flawed data sets. The survey results that were released in October 2019 have been revised multiple times, but still there are 42 schools with zero religious or medical exemptions that have less than 95 percent vaccination rates, 74 schools that have less than five percent religious or medical exemptions and fall under the 95 percent vaccination rate, and 186 schools that are unaccounted for because their kindergarten class was lower than 30.

So, the survey report is 772 schools. That means 41 percent of your data is incorrect or missing. Even excluding the schools with no data, there's still a 21 percent discrepancy. The CDC schedule permits final boosters between the ages of four to six. Kindergarten enrollment is age five by the first day of school, so, clearly, a portion of these occurrences are children who have only received a partial dosage but are on their way to complete the series. This form claims rates may be higher because immunizations may be received later that year; clearly, they may also be lower. Regardless,

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this information is flawed and not an appropriate way to measure pockets of vulnerability. It is clear that this data shows the number of immunized children added to those that use their religious exemption does not add up to the total number of kindergartners enrolled.

In an interview earlier this month with the Middletown Press, Matt Ritter said that the release of this data was the turning point for legislators, and it should be. But not to turn against 2.5 percent of the students using a religious exemption. It should be a turning point for legislators to look at the 41 percent of data that is incorrect or missing. It is alarming to me that any legislator would consider removing the religious exemption as a successful way to increase immunization rates instead of focusing on how to gather the data effectively. Why go after a small group of people that have beliefs against something when there is clearly a much larger portion of the population that has fallen through the cracks and perhaps may not be opposed to vaccination if they had the resources available.

Legislators are claiming that the residents in the state are using the religious exemption for nonreligious reasons. There is no data to support that claim; it is completely opinion-based. I can firmly tell you that passing this bill will not make me vaccinate my children. I can also tell you my family cannot live off a single salary, so suggesting my husband or I homeschool is actually offensive. I'm an analyst who has thoroughly reviewed this data, and I can tell you there is no compelling emergency in the state and a plethora of incorrect data that you need to sort through before

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you make a decision like this and kick a bunch of kids out of school. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Questions or comments? None. Thank you. I understand that some of the people who are waiting to testify are interested in what number person has testified. I believe Ms. Parry was #64, and I don't have the final count, but I think we're somewhere in the 600s before we'll conclude. So that gives you a relative sense of where we are today. So, Dylan Parry followed by Colleen Brodin.

MICHELLE PARRY: Excuse me, I'm Michelle Parry. I'm number 64.

REP. STEINBERG (136TH): I'm getting a little bleary here, so thank you.

MICHELLE PARRY: I'd like Dylan to sit next to me, if you don't mind, because I'm nervous.

REP. STEINBERG (136TH): Sure.

MICHELLE PARRY: Good evening. Thank you for listening and being here. My name is Michelle, and I'm in opposition to Bill H.B. 5044. I'd like to tell you a little bit about me and my family. I have three children, all under 12. We live in Fairfield County. We're American, entrepreneurial, strong, and we like to make our own informed decisions. I'm Connecticut born and raised, and I'm pretty proud of that because this is a beautiful state.

We're survivors like all Americans. My mother's grandparents survived religious persecution in the Middle East and came here for relief. My father's grandparents and parents survived racial

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discrimination, genocide, and slavery as American Indians and African-Americans. My husband is a new American. He recently became a citizen, having emigrated here from England to take advantage of the opportunities and freedoms provided here. The Constitution protects our freedoms. The religious exemption for vaccinations is one of those freedoms. It's about our personal religion. My husband and I do not believe in playing Russian roulette with our children or injecting anything toxic like heavy metals or aborted fetal cells whose DNA can cause damage.

Our family also has a history of autoimmune issues like multiple sclerosis, of which my husband's father died, and rheumatic fever, which my father had. Many vaccines like the MMR II are contraindicated right on the insert for individuals with a family history of hereditary immunodeficiency. So, what do we do? There's a chance our children could be hurt, and that's proven to be true. You can see it on VAERS. We don't currently qualify for medical exemptions, but it's clear that there is risk, and with risk, there should be choice.

This bill fosters segregation and discrimination. So, here are our choices. Number one, we can tear our close-knit family apart and move far from our loving parents and grandparents whom we are very close with. Two, we can homeschool our special needs son and two other children and downsize to a smaller house, car, cheaper town, pay less taxes; so that only one of us has to work for the next 18 years. Three, or we can line up for the injection and hope for the best. I don't think will take that chance. Like I said, we're survivors, we're

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American. We will not sacrifice our children on a disproven argument about herd immunity or community immunity, that's per recently. But what about the families that can't afford to move or homeschool? The single Mom or Dad, the caregivers, the low-income families; they don't have a choice except to take a gamble, a gamble that's not guaranteed to pay off. A gamble with the lives of children when there's no outbreak, risk, or threat that we need to take immediate action for. That's discrimination. That's not freedom or the Connecticut I'm proud of. Please vote No to H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments, or should we move on to the person sitting next to you?

DYLAN PARRY: Hi, my name is Dylan Parry. I am here to oppose Bill H.B. 5044. I enjoy my school and all the activities that we have. I'm in fifth grade and am looking forward to middle school. Some of my favorite school activities are the Valentine's Day party, the Christmas party, Trunk or Treat, art class, and I started my own flying craft club at school. I like playing instruments, and I'm having a concert at end of the year. I react to a lot of things like food such as strawberries, eggs, wheat, dairy, corn, soy, artificial colors and flavors and preservatives. Many of these things are in the vaccines. If the bill passes, I won't be able to move onto middle school or to be able to be with my friends and do the activities we do at school. I'm allergic to so many things that even my doctor doesn't recommend the full vaccine schedule. Shouldn't my doctor decide what's good for me, not strangers? Thank you for listening, and please don't discriminate against me. Thank you.

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REP. STEINBERG (136TH): Thank you. Questions or comments? If not, thank you again for your testimony. Have a good evening. Next up is Colleen Brodin followed by Kelly Davis.

COLLEEN BRODIN: Good evening. We are Colleen and William Brodin, and we are from Cheshire. Our family is a stereotypical middle-class family, and because we did everything right, we have not qualified for financial aid, which means that we pay 100 percent out of pocket into the Connecticut State Colleges our 2 sons attend, and we will continue to since community college will only be free to people who have never attended before. We homeschooled out children for many years, but we cannot homeschool university-level engineering or community college manufacturing. So, this law would effectively chase our sons and their tuition out of the state.

At this point, Connecticut is struggling to fill seats in its college system, so this whole thing is actually really counterintuitive. I, myself, have been considering returning to school again, but you are considering turning my money away. How many other middle-class second-career adults like me are out there that don't know this is happening and who may decide not to return to school once they find out? How many homeschoolers will send their college students out of state when the time comes? How much money could you be turning away from Connecticut with this bill? Our family does not draw any resources from the state other than the road. Our relationship has been very one-sided for a long time, and we put up with it because we like living the debt-free American dream, plus we like it here, but we have to ask "when will you stop finding ways to encourage us to leave?"



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Google will tell you that people who question vaccines have more money. We also pay higher taxes, and we are exactly the people you want to retain. Every one of you who comes from a suburb has a family in town who has been there for generations. Everyone in town knows the names; streets are named after them. Your kids call them the townies. Well, it would be way smarter for you to try to help our financially responsible kids want to become townies instead of chasing them out of the state. This bill is fiscally irresponsible, and we urge you to vote No. Let our sons finish college here in Connecticut and settle their own families here without worry and stop chasing middle-class families and our money away. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Again, thank you for your testimony and have a good evening. Next up is Kelly Davis followed by Jonathan Davis.

KELLY DAVIS: Kelly Davis, Durham. There is a false notion among legislators that I cannot be religiously opposed to vaccinations and also have a child that has a medical condition. My religious belief and my scientific knowledge are not mutually exclusive. They can and do coexist. My oldest child has a life-threatening anaphylactic food allergy to tree nuts. He was diagnosed at age four-and-a-half after he already received all of his childhood vaccinations. He is entering seventh grade next year and requires two more vaccinations.

Over the past seven years, as a food allergy parent, I've learned about many things including polysorbate 80 which is an ingredient in many vaccines. Polysorbate 80 is made with oleic acid. Oleic acid

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is one of the good fatty acids and is most often farmed from tree nut oil. In 1954 the FDA classified nut oils as GRAS, generally regarded as safe. That means that neither the supplier of the oleic acid nor the manufacturers of the polysorbate 80 or the vaccine are required to label whether or not the product contains nut oils, or test the final product to see if residual food proteins are present.

We had discussions with our pediatrician and our allergist regarding this. They understand our hesitancy to vaccinate further, and they agree that our request for a medical exemption is reasonable. But due to practice policies and ACIP guidelines, they will not write one. Now this may be where you say that this is an example of the misuse of the religious exemption, but where the pediatrician will not protect my child, my strong faith will. No man, church, document, or government stands between my covenant with God. My belief and my God say that all human life is to be treated with dignity and respect. My God does not want me to willingly and knowingly put my child in harm's way. Based on my scientific knowledge, I am aware that I may be putting my child at risk with further vaccination, and my religious beliefs would prohibit that. If the religious exemption is repealed, my child will lose his right to an education for missing two vaccines. You would be changing the constitutional right to an education to a conditional right where if you do not meet certain conditions re: vaccinations, then year-old may not access the right of education. You are holding education ransom in exchange for submission to a medical procedure. You are forcing vaccination through legislation, setting a precedent for

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segregation. My religious beliefs will not change simply because the law changes. We do not consent, and we will not comply. Oppose H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman, and thank you, Kelly, for coming to testify. I know you and I have spoken on this issue, and I think it poses an interesting issue. Have you, and you don't have to answer this question, but you've consulted with your pediatrician about this issue, and they generally recognize the medical risks in vaccinating your son, is that right?

KELLY DAVIS: Yes, and she understands why we are wary, and her response was, "well, I haven't seen someone go into anaphylaxis yet." I don't want my child to be the first one she sees.

REP. CANDELORA (86TH): And would you want to speak of any changes that you've seen in medicine over the last couple of months or the last six months.

KELLY DAVIS: Well, unfortunately, there's been a little bit of discrimination happening, especially to us. In October of last year, when the DPH released the school-wide data, our mental health provider which my son has been seeing for six years decided that we can no longer attend her practice. She adopted a policy stating that anyone under the age of 18 who wasn't fully up-to-date with their vaccinations could not come to her practice based off of one school in our five-school district was at 93 percent. Our other four schools were 97.9, 98.4, 99.4, and 100. And she only applied this policy to

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children under the age of 18 in her practice, which her practice is mostly (75 percent) adults and all individualized therapy; so, I would say that was clearly discriminatory policy against us and any other child in her practice.

REP. CANDELORA (86TH): I appreciate you sharing that with the committee because I do feel like the dialogue -- we've gone in the wrong spot on having this dialogue, and I feel like -- you know, it's certainly the medical community, and people could have their position, but it's gotten into a very eerie place here, and I think where people are being forced out of medical treatment. And I've heard the arguments of, you know, pediatricians not wanting to expose other children to diseases potentially in the waiting room. But now, your story is very different because we're talking about individualized doctor visits that have nothing to do with a wellness visit or sick visit to a pediatrician. It's extending out into the other medical community. So, thank you for sharing that.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? If not, thank you for your testimony tonight. Next up is Jonathan Davis followed by Joseph Landolphi.

JONATHAN DAVIS: Hi, I'm Jonathan Davis from Durham. I am here today to stand up for religious freedoms, the right to an education, and the right to choose with respect to all medical decisions. I oppose H.B. 5044. This bill would not only remove the religious exemption but would also allow the DPH to add vaccines to the mandated schedule without legislation or public comment. This is going too far. Government mandates for medical procedures

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that come with risks are not acceptable. And to say that H.B. 5044 does not mandate vaccines because parents can always homeschool is an apathetic response. It fails to acknowledge that not every family has the means to homeschool. This bill goes too far without an established risk to the public. What is the risk?

What is the public health risk when we tell thousands of Connecticut children that they are no longer welcome in our schools? No longer able to play on the high school basketball team or the middle school jazz band that they worked so hard for. No longer able to go to art class or to listen to the school librarian read to them on Library Day. At a time in life when what you want most is to be accepted by and included with your peers, you are told that because of your family's religious beliefs you can no longer come to school. What is the risk?

What percentage of the thousands of kids who are exercising their religious freedoms will experience anxiety or depression because they were segregated out of school? We should be teaching acceptance and tolerance. What is the acceptable risk? What is the public health risk to the percentage of Connecticut kids that will now be left home alone five days a week? If Mom or Dad both work eight to five and they have a teenage son or daughter, that's nine hours every day that that teenager is left home alone. One could make a compelling argument on safety reasons alone that that child is better off being in school than home alone every day. What is the acceptable risk for that child? Who is making that choice?

What can families do with younger children? Can

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they afford to have a parent or guardian stay home? Will they be forced to move out of state? H.B. 5044, if passed, would give families only months to figure out, to find jobs, buy and sell a house. These are kids that you as legislators have a responsibility to protect, as well. These are Connecticut kids that have the same rights to an education and to practice their religious beliefs just like every other child. These kids will be left to fall through the cracks with no clear problem to solve, with no discussion on what the least restrictive means would be to reach this unspecified goal. What are we doing here? Are we creating another public health risk by turning our backs on these families? Please oppose H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Any questions or comments? If not, thank you, sir. Have a good evening. Next up is Joseph Landolphi followed by Robert Landolphi.

JOSEPH LANDOLPHI: Good evening, Chairpersons and members of the Committee. My name is Joseph Landolphi, and I am here to testify in opposition to H.B. 5044. I was homeschooled up until I was in third grade when my mother had a set of vaccines which left her injured and with anaphylaxis and recurring symptoms that made her very ill. Her specialists at Brigham and Women's Hospital told her that homeschooling days were over and vaccines were no longer an option. My brothers and I started with an alternative vaccine schedule developed with our pediatrician. When my Mom learned about the aborted fetal cells used in vaccines coupled with our reactions to the, we secured religious exemptions and all went happily off to school.

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I am a sophomore at Parish Hill High School in Chaplin, a high honors student, varsity baseball player, scholar athlete, a green belt in martial arts, a piano player, and an altar server at my parish. I love my school, my teachers, my friends, and my team, and I do not want to be forced to leave. I want to take several AP courses, go to college in Connecticut, and get a job to become a productive taxpaying citizen of this state just like my parents. If you pass this bill, countless lives will be complete upheavals. We are feeling persecuted, targeted, and discriminated against for no good reason. We are healthy, we are not transmitting diseases to anyone, and there are no studies that show we are a threat. There are no infectious disease outbreaks in Connecticut, and if there were, we would gladly just stay home until it subsided.

I cannot understand how we got here. How did immunization status get tied into my education? Our grandparents were not vaccinated, and they went to school. No one asked for their records or badgered them. My parents had only a few vaccines when they were kids, not 72. They weren't bullied, and they just went to school. This bill doesn't make sense. As a healthy child, if I can't sit in a classroom because I pose a hypothetical threat to my peers, how can those same peers sit in a movie theater or eat in a restaurant or go to the mall or an amusement park without knowing the vaccination history of every single person around them. This legislation is unfair, and the irony is glaring because my parents have to sign a waiver so I can just take Tylenol during school. This bill is about supporting a parent's God-given right to make the

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best and informed decisions for their own kids and their health and safety. I want my parents and my doctors to come up with my individual medical plan, not for a state board to dictate what is best for me. Every person's DNA and immune system is unique and different, and we all cannot tolerate the same things. I want a say in what happens to my body, and I want to go to school. I respectfully ask you, "Don't you want your adult children and their children, your grandchildren, to have this same freedom to make these choices too? Please vote to preserve our freedoms and our constitutional right to an education. Thank you for all your time and all your hard work.

REP. STEINBERG (136TH): Thank you for that wonderful testimony, nicely done. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. I just wanted to thank you for coming up today, and I just happened to be looking at a research report from our Office of Legislative Research, and I found that -- I don't know if you were aware; I was not -- but not even five years ago in 2015, the legislature amended the law to also exempt children who present a statement that the immunization would be contrary to their parent's or guardian's religious belief. So, just not too long ago, we even extended that exemption for you and people of your age and kids to come up and do that. So, I just wanted to make that point.

JOSEPH LANDOLPHI: Yeah, thank you.

REP. STEINBERG (136TH): Any other questions or comments? If not, thank you, have a good evening. Next up is Robert Landolphi followed by Jill Brown.



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ROBERT LANDOLPHI: Good evening, Honorable Members of the Committee. My name is Rob Landolphi, and I reside in Hampton, CT. I'm here to testify against H.B. 5044. I've lived in Connecticut my entire life and have held an administrative position at UConn for over 20 years. My wife is a pediatric speech and language pathologist for the Connecticut Birth to Three System. Prior to that, she was the assistant to Governor Weicker's Council, an interim commissioner at the now Office of Health Care Access. We are educated, law-abiding, taxpaying citizens of Connecticut. We are not anti-vaccine. We are anti-mandatory vaccination and anti-removal of religious freedom, parental rights, and the constitutional rights of our children to attend public school. If this bill passes, my three boys lose their right to go to school, to play on school teams, and to collaborate and learn with their peers. They lose the right to go to UConn where I work every day. This bill ends our financial planning for retirement and the goals that we have set for our family. It extends discriminatory mandates onto adults, college students, commuter students. This is a very slippery slope for all citizens of Connecticut.

The restriction being proposed for medical exemptions is beyond alarming. Due to my wife's vaccine injury, my wife takes nine medications, some of them four times a day, and has a medical exemption from her immunologist in Boston, yet her disease may not fall within the very strict CDC guidelines for contraindication. My kids have various forms of the same immune disease and are at risk for catastrophic decline in their health and quality of life if we vaccinate them again. The

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state interfering in the sacred doctor-patient relationship is beyond comprehension. Parents know their own kids; the state does not.

Governor Lamont wants to double the population of Connecticut cities in the next 25 years; however, last year 63 percent of Connecticut moves were out of state -- one of the highest losses in the country. The Census Bureau reported that during the last decade the US population increased 6.3 percent while our numbers decreased by thousands. We rank 48th out of 50 for population growth. Families are not going to consent to the catch-up schedules and coercion in this bill, and many are going to leave. Fewer kids means fewer teachers, less taxpayer dollars. Many are going to look for more parent and freedom friendly states. Several states this session have proposed bills to remove ties between vaccines and school; others strengthen exemptions. Connecticut is going in the wrong direction. Another consideration is that many families that do stay here will sue to regain their rights. Please consider the pain and anguish that this bill will cause for Connecticut. Please vote No on 5044 and allow us to continue with our lives. Thank you for your time.

REP. STEINBERG (136TH): Thank you. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for testifying tonight. You mention something happened with your wife. Can you please -- thank you.

ROBERT LANDOLPHI: So, my wife was very healthy. She actually in 1997 had an MMR and Hep B. During that time immediately after her vaccines, we

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experienced rashes completely covering her body, irritable bowel syndrome, hair loss, tingling with a little bit of paralysis in her fingers and toes. In all honesty, though, we didn't think it was vaccines. So, in 2010 she had her Tdap and flu. After this she had over 50 symptoms. She was bedridden for almost two years where I had to help her to the bath and the shower. We worked with hospitals here in Connecticut; none of them could figure out what was wrong with her. When we finally made it to Brigham and Women's in Boston and worked with the Immunology Department, they determined that she was vaccine-injured.

She takes nine medications today. Luckily, we found some bright and brilliant doctors there who have got her back on her feet and functioning day to day. It's mastocytosis and anaphylactic disease, and that's where they said when my boys started breaking out in those same rashes and having the same symptoms that she had, they said, "you know something, it's time to stop because you're going to put them down that same road that she went down."

REP. MICHEL (146TH): I'm sorry to hear that, and I thank you for testifying. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Representative Hennessey.

REP. HENNESSEY (127TH): Thank you, Mr. Chair. So, did you apply for the vaccine injury compensation program? Did you go to the court to get some kind of compensation?

ROBERT LANDOLPHI: No, we did not.

REP. HENNESSEY (127TH): Did you consider it?

ROBERT LANDOLPHI: We did, but, again, you know, I

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think in our minds we felt at this point it was time for us to move on with our lives as long as no one was telling us that we had to do vaccines, you know, and she was back on her feet, that we would be fine. But now that this bill is on the table, this changes everything.

REP. HENNESSEY (127TH): Yeah. Yeah, so I'm not surprised that you didn't go before this court because according to CDC's statistics, less than two percent of vaccine-injured people actually apply for it, for compensation. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. Thank you. Anybody else? Thank you for your testimony this evening.

ROBERT LANDOLPHI: Thank you very much for your time.

REP. STEINBERG (136TH): Jill Brown followed by Cecilia Primerano it looks like.

JILL BROWN: Good evening, Senator Abrams, Representative Steinberg, and members of the Committee. Thank you for this opportunity to share my thoughts regarding religious exemptions for immunizations. I'm here today to implore you to remove the religious exemption of vaccines to protect our students and school staff from what is now becoming a public health issue. My name is Jill Holmes Brown. I am the Chief Operating Officer of Integrated Health Services, and I'm also the government affairs liaison for the Connecticut Association of School-Based Health Centers. I also have been honored to work in a school-based health center for the last 20 years.

I'm here today to thank you and the leadership of

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the Appropriations Committee, DPH Commissioner, and Governor for your continued staunch support and commitment to the integrated and comprehensive model of our school-based health centers. School-based health centers have been at the forefront of serving children at greatest risk and in the greatest need for preventative health care for over 20 years. With regard to immunizations, the number of children claiming religious exemption in Connecticut has steadily increased over the past few year and has jumped 25 percent from the '17-'18 to the '18-'19 academic years. According to the CDC, there have been over 1200 cases of confirmed measles cases in the United States. This is the highest number since 1992. Measles was believed to be eradicated from the United States in 2000.

We are not advocating for families to compromise their beliefs. The proposed legislation would not force children to be immunized. However, it would prohibit unvaccinated children from enrolling in Connecticut's public and private schools, hence putting other children and faculty and staff at risk. While China and the coronavirus may seem worlds away, we are vulnerable for such an epidemic if preventable steps are not taken, and continuing to offer exemption is counter to what is in the best interests of our children and public. Thank you.

REP. STEINBERG (136TH): Thank you. Any questions or comments? If not, thank you for sharing your point of view this evening. Next up is Cecilia Primerano followed by Elizabeth Williams. Cecilia may not be here? We'll go on to Elizabeth Williams followed by Lisa Williams.

ELIZABETH WILLIAMS: I'm Elizabeth Williams. I

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strongly oppose H.B. 5044. I choose not to vaccinate for religious reasons. I have three healthy children. They are not a public health risk. This is my daughter's third year of nursing school and my son's first year. My daughter cannot wait to go to kindergarten in September. I'm looking forward to sending my son and my infant daughter back to the nursery school that we love. I was homeschooled in high school. I have no objection to homeschooling, but as a full-time working Mom, I don't have the privilege of choosing that for my family. I cannot afford to quit my job and give my children the homeschooled education they deserve. My fiancé is in complete support of not vaccinating but comes from a family of teachers and does not want to homeschool. I will not be coerced into vaccinating. I'm dreading this fight in our home if this bill moves forward.

This bill is going to tear families apart. How am I supposed to explain to my children that they won't be allowed in school if this bill passes? I worry about the mental health of our children. Imagine being a young child or a middle-school or high school student singled out in front of their friends and community, made to feel different with their families' private health choices made public. I recently found out my ancestors came to this country for religious freedom, and I pray daily that we don't lose that freedom. Thank you.

REP. STEINBERG (136TH): Representative Comey.

REP. COMEY (102ND): Hello, Elizabeth. It's good to see you. You have been a very dogged and effective advocate for your children, and you should be very proud of the work that you're doing on their behalf,

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and I thank you for coming up here. What you didn't see is Elizabeth has a little newborn baby somewhere beyond those doors over there, and I appreciate you coming up here and spending all day and all that you have done. So, thank you. Travel safe home, and get home to those babies.

ELIZABETH WILLIAMS: Thank you. Please vote No.

REP. STEINBERG (136TH): Thank you. Next up is Lisa Williams followed by Jamie Polatsek.

LISA WILLIAMS: Hi. My name is Lisa Williams, and I'm giving my turn to Liz.

ELIZABETH DIDOMENICO: Hi, good evening. I am a public school teacher that is currently teaching in Connecticut. I have taught at least a thousand, if not more, students in over the last 11 years. I've taught in three different school districts in 13 buildings, and I'm a traveling instrumental music teacher who's bathed in germs 35 hours a week. Talk about spitty reeds, wet mouthpieces, and dripping spit being blown on you by 120 kids every single day. My husband is also a teacher in Connecticut who's worked with thousands of students both in the classroom and on the field. He's a physical education teacher who is bathed in sweat and grossness and all those kinds of things. We're not up to date, and I'm questioning Bill H.B. 5044. I believe that this is pulling on the heartstrings of parents based on fear facts, and I am here to set the record straight.

There are no diseases in this school. I spoke to my superintendent and looked him in the eyes and said, "I need to go and to testify," and he said, "You'd better go." So, I ask you, what about the adults in

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the building? How about the teachers, the administrators, the nurses, the cafeteria workers who touch your children's food, custodians, security guards, the police officers, the paras, the tutors, the parents who volunteer, the grandparents who come into classrooms and who are not up-to-date? Why is this bill an attack on children? After talking to my fellow teachers, because I've been a sleeping millennial that has not gotten politically active or voted. I'm going to admit that. But now after seeing this bill, I am activated.

After talking to my fellow teachers in the lunchroom, I could tell you, should an adult mandate come, we will not comply. Lawmakers, I ask you, where are the epidemics in Connecticut? Where are the diseased children? Multiple buildings. Parents, I'm going to set the record straight. Your kids are safe at school, and I am here to say that you're taking the future away from fellow Americans who will be out there to vote someday, and those children will remember.

REP. STEINBERG (136TH): I'm going to ask you wrap up at this point, please.

ELIZABETH DIDOMENICO: I'm done. Thank you.

REP. STEINBERG (136TH): Oh that's great. Thank you. I would ask you to make sure that you give your name to the clerk to make sure that it's in the record appropriately. Are there questions or comments? If not, thank you. Next up is Jamie Polatsek followed by Linda Bessette.

JAMIE POLATSEK: Good evening. I appreciate all of you staying here so late to listen to our testimony. My name is Jamie Polatsek, and I'm a wife and mother



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of two living in Trumbull, and I strongly oppose House Bill 5044. I've heard many of you ask lots of questions tonight, but I have some questions for you. How many of you have a vaccine-injured child? How many of you understand the sadness and devastation of watching your child deteriorate and become unrecognizable? How many of you had to give up the hopes and dreams you had for your child? My daughter will never live independently, will never get married, and will never have children. She will never be able to support herself. Public school is a constitutional right afforded to us in the State of Connecticut.

Both of my children have documented disabilities, receive special education services, and have individualized educational plans in place which are protected under the federally mandated Individuals with Disabilities Education Act. They are entitled to a free appropriate public education in the least restrictive environment. My older child, who I was just speaking of, is on the autism spectrum, has significant intellectual disabilities, and is protected by the Americans with Disabilities Act. She attends a public transition program and is entitled to remain in this program until she is 21. All of her goals are based on life and work skills outside the home. Her program cannot be implemented in a homeschool setting. These transition years will set the tone for her future. Expulsion from school will rob her of what is, for her, the equivalent of college preparation for her adult life.

Our son is a junior in high school and has received special education services since he was a toddler. He has battled severe anxiety, ADHD, and executive

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functioning issues and has worked incredibly hard with his outstanding public school team to be successful in school. He has earned the right to complete his senior year and would be devastated if this was taken away from him. His plan was to apply only to colleges in Connecticut, but now that has been put on hold. If this bill passes, we will be forced to move out of state. We will be left with no viable option.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there. The bell went off.

JAMIE POLATSEK: I just have like two more sentences. Not once in the 16 and 13 years, respectively, that my children have been in the public school system has their vaccination status ever prevented them from attending school because there has never been, nor is there currently, a credible health threat in the State of Connecticut that justifies the removal of the religious exemption. House Bill 5044 discriminates and segregates, and I urge you to vote No.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the committee? Thank you very much for your testimony. Next is Linda Bessette; not here? Okay. Allison Burdi followed by Casey Russo. Is Allison Burdi here? Thank you. So followed by Casey Russo, then Maria Buchta. Welcome.

ALLISON BURDI: My name is Allison Burdi, and I am here today to oppose H.B. 5044. Today I wanted to talk about the unintended consequences of this bill, and you may ask how a mother from Connecticut knows about the unintended consequences. That is because up until about 18 months ago, I was a resident of

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the state of New York, and up until about eight months ago, my son went to private school in New York, and we have many family and friends who have been affected by New York bills S2994 and A2371. These bills in New York have shown us that the unintended consequences are hate, segregation, loss of finances and work, loss of needed services for students, loss of community support, and the absolute most devastating is the suicide that has happened in students who have been kicked out of school in New York.

I see my New York family struggle every single day to make ends meet, to make schooling work from home, and they are the fortunate ones who are able to choose. I watch my eight-year-old niece who was vibrant, happy, social, and a model student become sad, her light has dimmed. She's unsure of her place amongst her peers by being kicked out of school. My five-year-old son loves school, and most importantly, he is kind to all regardless of race, religious creed, or ability, and at the age of five, he has already been kicked out of school one time for his religious beliefs. Let's not let this happen again to my family and to all of the families in the state of Connecticut. I am encouraging you to do better for all of our children here. Don't follow this model. Support the education of our children, not the segregation and hate towards our children. Thank you.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your testimony. Could you speak to the process that New

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York took to expel or to say that your son could not come back to school? That's something that we haven't really talked about here. You know, if this still goes through and these are mandated and you're not going to be able to come to school, what did that look like in New York?

ALLISON BURDI: So, in New York all students had to be -- I think the bill went through on June 13, and all students were to be up-to-date by June 30. So, parents were literally left with very minimal time to figure out options, and it was to have the first rounds, and then they were to follow the CDC schedule for additional boosters which is a very short period of time for those additional vaccines. And students were given 14 days to comply come September if they did not receive summer services. So, in my family's case, my nieces and nephews went to school for 14 days and then were kicked out of school because they could not provide documentation that they were up-to-date.

SENATOR SOMERS (18TH): So, in September they went to school, they were in there for 14 days. What happened? Did you send them to school on day 15, or were they physically removed from the school? What happened?

ALLISON BURDI: It depended on the district. In my son's private school, we chose to just bring him to school in Connecticut because we had that option. We were fortunate enough to have that option. In some cases, kids were removed by security guards. Kids weren't allowed in the building. It really varied by the districts. Some were just asked to leave, and parents picked them up, and they left. It varied by district because there was no protocol

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put in place, and it fell on the district's lap to figure it out.

SENATOR SOMERS (18TH): So, that's another issue I think we have with legislation is that there does not seem to be any standard protocol how we're going to handle that. You know, personally I can't think of anything more humiliating than having a child removed by security guards in elementary school, etc. So that's something else that's very lacking in this particular legislation, on how that's going to be handled and what do we do. And can you speak to what you said just quickly about the suicide you had [Crosstalk].

ALLISON BURDI: Sure, so there have been two students that we know of in New York who have attempted suicide because of being kicked out of school because of bullying that has happened after they were kicked out of school. One of them, unfortunately, did not survive, you know, so -- and it was directly related to the removal of school and the bullying that then there ensued after.

SENATOR SOMERS (18TH): Thank you for that.

SENATOR ABRAMS (13TH): Are there any other questions or comments? Yes, Representative Demicco.

REP. DEMICCO (65TH): Thank you, Madam Chair. Thank you for coming and providing your testimony. Perhaps I missed it, and I'm not familiar with the new legislation in New York. So, was there any provision in the New York legislation for medical exemptions? If you mentioned it, I'm sorry, I missed it.

ALLISON BURDI: I did not mention it. There are medical exemptions in New York, but what happens in

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New York is its really gotten kicked around. The Department of Health has to approve it. The school district has to approve it. So, while they are available, they're very scarce, and they're very difficult to obtain. Most students who might need one find that they can't get one either by ways of their district not approving them or the Health Department recommended that they're not approved, and it's provided to be very, very difficult for students who do need them. I actually have a friend. Her husband is immunocompromised, and per her husband's doctors, her children should not be vaccinated, and his doctors won't write the medical exemption because he doesn't see the kids as patients. And then their pediatrician won't write the exemption because the person who's immunocompromised is not the children, and it's not them. So, they're stuck in this loophole of they need a medical exemption due to her family circumstances, but they can't get one, and their kids were kicked out of school in the process.

REP. DEMICCO (65TH): Thank you for that clarification, thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you for your testimony. Next we have Casey Russo followed by Maria Buchta and Ian Cadieu.

CASEY RUSSO: Hi, my name is Casey Russo, and I live in Meriden. As a pro-choice liberal who aligns far more often with Democrats than Republicans, I'm disconcerted by the idea that women have the right to make decisions about the fetus they carry but not the child that they birthed. I believe that if it's my body, it's my choice, and if it's my children,

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it's my choice to do what I deem best for them until they can make that decision for themselves.

As someone doing anti-racism work, I'm disturbed by the CDC whistleblower documents showing that black boys are harmed by the MMR at a disproportionate rate and that that harm was covered up. I believe black lives matter, both black adults harmed by police violence and black babies harmed by vaccines. The recent swell of the Me Too movement is long overdue, calling out sexual assault. I believe women. I believe women who say they've been assaulted, and I also believe women who say they've seen their children regress after vaccines. Almost every person I know who doesn't vaccinate according to the CDC schedule, did at one point in time until they saw the harm being done to their child. Whose religious beliefs allow for intentional harm of children?

An in lieu of the rest of what I was going to say, I'm just going to let you know a story about pertussis. You heard earlier from people that you can be vaccinated against pertussis and still spread it because you can be an asymptomatic carrier. My children contracted pertussis from a vaccinated child who was asymptomatic, and I saw that they were sick because they had the symptoms, and we basically hung out at home for three months to not infect anyone else. So, usually parents who don't vaccinate are aware of symptoms of these diseases, so that we are very careful not to let our kids spread anything; where a lot of times kids who are vaccinated think it's a free pass to go to school even if they are sick, and their parents often will medicate them and send them anyway. So, I don't think that our children are as dangerous as some

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people may believe. Thank you; that's it.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the Committee? Thank you for your testimony. Maria Buchta, and after that, I cannot read the next name. Vern, could be Ken, could be -- and the person after that is LeeAnn Ducat. Thank you.

MARIA BUCHTA: Good evening. My name is Maria Buchta. I'm a tenured professor at Norwalk Community College, and this is my first personal day I've taken in 17 years. My Italian immigrant [inaudible-10:36:46] was a blue collar worker at Central Connecticut State University for 33 years. I'm a graduate of Southington High School and hold degrees from both Central and Eastern Connecticut State Universities. I'm a vocal champion of our topnotch public school system. Today we've heard from many parents about vaccine adverse reactions suffered by their children, by my two sons. Reactions are not fictional. The insert accompanying every vaccine lists minor and severe side effects. Yet a screening test hasn't been developed to determine which individuals are susceptible to them. H.B. 5044 purports to ensure the public's health by mandating children and young adults stick to a 72-dose schedule before age 18, plus additional doses to attend post-secondary institutions.

While vaccinating my now-17-year-old son, per the recommended CDC schedule, he experienced systemic inflammation resulting in many of the listed side effects including severe eczema, multiple ear infections, wheezing, gastrointestinal issues, and anaphylaxis, and I counted 40 sick visits and many



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rounds of antibiotics prescribed during his first few years of life. He suffered what doctors now acknowledge is antibiotic overuse and was unable to produce the necessary calming neurotransmitters to function effectively in school and was placed in special education. Today, he rarely takes any kind of drug and except for the common cold, doesn't miss school due to illness. There is absolutely no proof that he poses a threat to his peers versus a fully vaccinated child or those who are given drugs to mask their symptoms to get through a day at school. He is now a proud junior with an IP at Trumbull High School.

If H.B. 5044 passes, he will be expelled from school and miss not only his senior year but the critical transition program available to him through age 21. Without this postgraduate program and work training, he may not be able to attend a community college and/or be employable and will have to rely on state Medicaid, SNAP food stamps, and federal SSI for subsistence. He won't pay a dime in income taxes. In addition, either my husband or I will have to consider leaving our jobs or reducing our schedules and our income. This is another foreseen hit to the already precarious state budget. I hope I'll be able to continue our family's public school legacy in this great state. If this bill passes, we'll have to relocate as mandate refugees. Please make the decision to reject 5044. Thank you for your service and your time.

SENATOR ABRAMS (13TH): Thank you. Are there any questions? Representative Carpino.

REP. CARPINO (32ND): Madame Chairman. My clock was about 2-1/2 minutes; have our time changed?

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SENATOR ABRAMS (13TH): Thank you. We can check on that. Can you make sure that it's the three minutes? Thank you. Were there any other questions or comments? Thank you very much. LeeAnn Ducat. [Talking in background] Not on my list. This doesn't look like Jennifer Smith, but -- I don't have you. I'm sorry; I have to go by the list that I have because I have no idea. (Are you on 189 or?) Nope, not even close. (Oh, okay, sorry) Thank you. So is LeeAnn here? Is Lee Ann here? No? (I am; I'm right here). Oh, okay, LeeAnn. Thank you. (I'm sorry; we were filming all day). All right; we've got to go.

LEEANN DUCAT: Hi, my name is Leeann Ducat. I'm from Woodstock, Connecticut, and I only have three minutes, so I'll get right to it. I keep hearing that the proponents of this bill would like to do this the right way; so, I would like to examine that thoroughly. First, this is a religious exemption. It's not a nonmedical exemption. Changing the language to seem less discriminatory is not doing this the right way. The more I look into this, I see that due diligence is not being met. That, and there is no scientific justification for this initiative. This is an extremely complicated bill that requires way more than nine days' scrutiny and even separate hearings for certain parts. This is not the right way. Proponents of this bill have been using presumptive language as if this has always been a "done deal"; of note, this morning's press conference. This is demoralizing to constituents, the very people who put you here, and it says loudly that we are not the ones in power. This is totally antithetical to the democratic process and not doing it the right way.

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I ask that you keep the following questions in mind as you hear passion, persistence, and people fighting for their rights. Other than one-sided public conversations, what methods has this committee used to inform their constituents that the religious exemption is in jeopardy? Has it been explained to them that removing the religious exemption would not allow them to opt out of the flu shot or HPV shot or any other added to the continuously growing and never-decreasing schedule? Wouldn't that be the right way? Don't get me started on the DPH data. Basing mass of legislation on a set of extremely flawed and obviously manipulated data is not doing it the right way. It's just not good policy. Why in the 1990s as Connecticut was touting their 90 percent vaccination rate as the highest in the country was no one pushing this initiative then? Could it be that the numerous products we are considering mandating are not as effective as they once thought? Did you all disclose to your constituents that the alphabet-soup agencies that you tout as some sort of gospel have a direct financial interest in this bill passing? This bill opens up a mandatory liability-free medical market to our sons and daughters. Our kids are not for sale. I'm sorry; this is a very distracting sidebar, and I can't focus on my testimony. This is very loud over here. Thank you.

No one on this committee should be citing these agencies without first disclosing that the conflicts with these very people are imposing this legislation on. Further, anyone citing the alphabet-soup agencies that are actual vaccine companies should be recusing themselves from the vote because all these companies are actually convicted felons. It boils

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down this -- either you don't believe vaccine injury exists and mandate are safe for everyone, or you think that my kid is acceptable collateral damage, and that is not the right way, definitely not for my family. Please don't be stampeded by bosses pushing that there's an emergency that needs to be solved in nine days. Listen to the people that are in here and that were outside today -- the people that put us here. Pump the brakes, or these rights will be gone forever. Voting No today is the right way. I'm sorry, I was a little distracted by all the sidebars going on today.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from members of the committee? Senator Somers.

SENATOR SOMERS (18TH): Yes, I just wanted to speak to what has to happen. Today's the hearing, and then we have to decide as a committee to raise the bill and then vote on the bill. So, we're not voting today; I just want to make sure everybody knew that, so everybody is clear. And the sidebars, please be respectful of the people that have waited so long. Thank you.

LEEANN DUCAT: It's still happening right now. I can almost not hear you over the sidebar. It's extremely rude.

SENATOR ABRAMS (13TH): Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. LeeAnn, you spoke to some of the data from Public Health. Can you elaborate on what data you disagree with or you think is incorrect?

LEEANN DUCAT: I do disagree with both data sets that were released. We had a number of people,

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teams of people that went over that data for weeks. It is not accurate. It is extremely flawed. There are a lot of ways that that data was inaccurate. For example, when the school nurses collect the religious exemption. When I turned in my religious exemption for my son, I didn't also include the vaccine record that he has. He has most of his vaccines, but the religious exemption replaced that shot record, so the school has no record of his vaccinations and thought he was completely unimmunized. So he was counted as a totally unimmunized child. Some of the data sets were conflated. Some of the pre-K numbers were mixed with the kindergarten numbers. One data set was kindergarten to seventh grade; the next data set was kindergarten. One data set was everything except for flu shot; one data set was only MMR. You can't use these types of data manipulation to come to an agreement to impose massive legislation, and there are people signed up to testify that have gone through this data and can speak more specifically to it, but it's extremely flawed, and with that type of margin of error, it's extremely reckless to base this type of legislation on something so flawed as what I was pointing to.

REP. PETIT (22ND): Thank you. I know with one of our meetings with leadership in Public Health, they did note that -- they did say to us that the point that you made, that they didn't have the data on the people who had the exemption as to what -- there wasn't a consistent collection pattern there, and couldn't report that specifically to us. So, thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions? Representative Hennessey.

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REP. HENNESSEY (127TH): Thank you, Madam Chair. I'm sorry, I missed most of your testimony, but I was wondering if you know -- I mean, you know a lot of people, you know probably everyone that's here. Are there people here that are from like New York that came here because their religious exemption was removed?

LEEANN DUCAT: Yes, actually. As many of you here know, I am the founder of Informed Choice Connecticut. We have well over 1000 members in the state that I represent. I have been dealing with families not only in Connecticut, but I've been dealing with a large influx of religious refugees from New York. They're bringing with them their tax dollars, and they're bringing their votes, and they're thinking about turning around and taking both of them with them because now their religious exemptions are in jeopardy in this state, as well. I think the bottom line here is to understand that these parents are simply not going to comply and sacrifice their religious creed, no matter what type of legislation is imposed. So, I think the collateral impact is the next thing that really needs to be carefully considered because these parents are not going to comply and concede to their religious beliefs.

REP. HENNESSEY (127TH): It just seems that the hardest impact would be with the children. So, have you met with these children who have been taken out of their school systems?

LEEANN DUCAT: Yes, sir. I've been up to Albany many times. I rallied with the families up there. I've met with state leaders such as myself in New York, Rita Palma being of them. There are children

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that are committing suicide because they're being expelled from school. They're being bullied so hard due to the misinformation campaign that they're supposedly these vectors of disease, they're a big threats to public health. Many of them testified here today. They are sweet kids. They know if they're sick they're staying home, not to go get anybody sick. Whether you're vaccinated or not, you stay home to protect the public health and not get others sick. Your vaccination status is irrelevant to that. But I think the most important part is if this committee is considering on imposing this legislation and expelling children from school, they absolutely better be ready to address the public when children do start committing suicide or attempting to commit suicide because it is happening, not only in New York but Washington State and California, as well.

REP. HENNESSEY (127TH): Thank you, LeeAnn. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Are there any other questions or comments from the committee? No. Thank you for your testimony.

LEEANN DUCAT: Thank you very much for your time.

SENATOR ABRAMS (13TH): The next people, it looks like John A., Erin A., Sofia A. Can you give us your full name, please, when you come down? Thank you.

JONATHAN ASHLEY: Hi. Jonathan Ashley. Can you hear me okay? I'm here to oppose H.B. 5044. My attorney advised me that this bill violates the unconstitutional conditions doctrine. This rule states that the government cannot force a person to

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choose between two constitutional protected rights -  
- in this case, our First Amendment right to our  
religious beliefs and our Fourteenth Amendment right  
to public education. Ms. Patricia Finn, Esquire,  
just won a case in New York referencing the  
unconstitutional conditions doctrine and is prepared  
to do the same in Connecticut. Is that how  
Connecticut legislators want to spend tax dollars  
tied up in court? There is money here among  
families that are challenging the legality of this  
legislation, that this is a discriminatory bill, and  
there is precedent for us win. In New York, where  
they lost the religious exemption, there is a Public  
Health Provision in their state constitution. In  
the US and Connecticut Constitutions, there is no  
such provision. The words public health and health  
are not mentioned, and the constitutions have never  
been interpreted to provide any specific protection  
for health. In other words, there is no  
constitutional right to health. But the rights to  
establish religious freedom and public education are  
well established.

The Fifth and Fourteenth Amendments provide the  
government shall not deprive persons of life,  
liberty, or property without due process of law.  
Due process is the legal requirement that the state  
must respect all legal rights that are owed to a  
person. When a government harms a person without  
following the exact course of the law this  
constitutes due process violation which offends the  
rule of law. The Connecticut Constitution says no  
person shall be denied the equal protection of the  
law nor be subjected to segregation or  
discrimination in the exercise or enjoyment of his  
or her religion, etc. Brown vs Board of Education



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already established forced segregation is a violation of children's rights. My religious beliefs are between me and God, and it is against these beliefs to vaccinate my children. As I have stated, my religious beliefs are constitutionally protected as is my children's right to an education. Thank you for your time.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Thank you very much, sir. Is it also Erin Ashley and Sofia Ashley? Is that all the same? Thank you so much.

ERIN ASHLEY: Hi. I'm Erin. I have a migraine, so I'm going to try my best here. I'm a business owner in Connecticut and a mother of three healthy, unvaccinated kids. I will have to move out of state if this bill passes. I'm sorry if you don't understand my religious beliefs, but that doesn't give you the right to discriminate against my children. Furthermore, I am constitutionally entitled to my beliefs even if no religious leaders support them. I do not believe it is God's plan to inject aborted fetal tissue, monkey kidney cells, bovine calf serum, formaldehyde, aluminum, etc. into our bodies. If it were God's plan as the ultimate scientist, he would have put them there himself. Just because you may worship scientists and Pharma doesn't mean I have to. The First Commandment says thou shalt have no other gods before me. He wasn't just referring to carved idols. No science you throw at me will make me reject my religious beliefs, just as science cannot prove how Jesus was resurrected from the dead, yet I still have faith and believe he was.

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In the last few years, with the government attack on parents who don't vaccinate their children, I've come to understand how propaganda works. For 60 years, there has been a religious minority legally using the religious exemption to vaccines with no backlash. But Pharma is not satisfied with a majority; they must have us all. We're the last stronghold in their market. Their goal is to wipe out the control group so everyone comes to believe that chronic illnesses, autoimmune diseases, childhood cancer are normal or due to something else. The propaganda is working, unfortunately, and people are being made to fear our children. If this passes, our children will not be allowed to attend school.

It reminds me of the segregation of black people in the South because of how they were stereotyped as dirty and contaminated. This stereotype festered to justify laws segregating black Americans under the false notion of cleanliness and disease prevention. The medical establishment agreed, proclaiming that African-Americans were carriers of disease. I'm sure glad the science of the medical establishment evolved on that one. Yet, it sounds so similar to what we experience now.

So, first it's no school for our healthy children who are being labeled dirty and contaminated. What's next? Separate bathrooms, water fountains? Will we need a Green Book? This bill is discriminatory. We are not a threat to anyone; that is just hearsay. Continuing to parrot it doesn't make it true. There are no studies that prove it. The only threat here is propaganda like what led to portraying suffragists, homosexuals, and immigrants as a threat, and banning Ryan White from school,

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Japanese internment camps. You cannot justify discrimination of a minority by claiming you're protecting the majority. (I'm almost done). The Nazis were wrong, the racists and sexists were wrong, the homophobes and xenophobes are wrong, and you are wrong if you vote for this bill.

SENATOR ABRAMS (13TH): Thank you. Thank you for your testimony. Are there any questions or comments? Yes, Representative Hennessey. Sorry, one thing before you start, Representative Hennessey. I just want to thank all of you. Many of you have been here; it's been a long time. I really appreciate everyone sitting and being respectful of one another. Along those lines, I know that people can sometimes get giddy after sitting for a while, but it's really important that we not laugh or clap or do any of those things so that everyone feels very comfortable coming up and testifying. So, I thank you for your patience and for the respectful nature that this hearing has had, and I would like to continue that way. Thank you very much. Sorry, thank you, Representative Hennessey.

REP. HENNESSEY (127TH): Thank you, Madam Chair. Sorry you have a headache. Thank you for sticking it out and testifying. You were so comprehensive. I was going to say, "but nobody's mentioned the Japanese internment camps," but you mentioned it. So, you kind of stole my thunder there. Thank you.

SENATOR ABRAMS (13TH): Excuse me. That's what I'm talking about there really can't be. All right? Because you don't know whether or not your laughing is intimidating somebody else. So, we have to [are you kidding?] I'm not. Thank you.

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REP. HENNESSEY (127TH): Thank you, Madam Chair.

ERIN ASHLEY: And this is my daughter, Sofia.

SENATOR ABRAMS (13TH): Can I just wait one minute. I just want to make sure no one else has any other questions or comments for you. Are there any other questions or comments for Ms. Ashley? No. Okay, thank you very much. And this is Sofia Ashley? Thank you, Sofia.

SOFIA ASHLEY: Hi, I'm Sofia. I am an 11-year-old in sixth grade, living in Connecticut. In school, I've been placed in the high honor roll. Also, some teachers pick 20 kids out of the 200 kids in my grade for a special program for kids who stand out and leaders, and I was picked. I would like to say that I love school. It's so much fun learning new things every day and seeing my friends. If this bill gets passed, my family and I will have to move far away from our family and friends to another state for school. I would like to have the chance of going to a college like Yale or UConn. I want to have a career of being a professional dancer or be on Broadway. I believe that when God made my body he made me perfect just the way I am, and he wouldn't want anyone to inject chemicals into me. The Second Commandment on my wall says don't make anything in your life more important than God. You might not believe in my religion, but I will never put anything before God. Nowhere in the Commandments does it say that I have to get vaccines. Even though I am young, I know that the smallest voices can make the biggest difference. I hope my voice makes a difference. Please help us and vote No.

SENATOR ABRAMS (13TH): Thank you, Sofia. What a

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wonderful job you did. I'm sure that your Mom's very proud of you. And welcome. Is this your first time testifying.

SOFIA ASHLEY: Yeah.

SENATOR ABRAMS (13TH): You were fantastic. And tell your friends that it's not so scary because we love to hear from young people. Are there any questions or comments from the committee?  
Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Madam Chair. Thank you for coming up. I have a daughter in sixth grade, and she would love to hang out with you, and I would love for you to hang out with her because she doesn't love school so much [Laughter]; so, you could rub off on her a little bit. But you just brought something to my attention, I didn't think about. I've been thinking UConn has now if this passes mandatory, but Yale, and that's very interesting to me. So thank you for bringing that to my attention.

ERIN ASHLEY: Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you both for your testimony, and thank you very much, Sofia. Next we have Erin Jones followed by, I think it's May Bell, and then Amy Pisani. Erin Jones here? No, okay. How about May Bell? No. How about Amy Pisani? No. Lori Schaffer, welcome, followed by Mary Weber if you're here.

LORI SCHAFFER: Thank you, Ma'am. I am Lori Schaffer from New Milford, Connecticut. Esteemed Members of the Public Health Committee, please oppose H.B. 5044. When I was a graduate student at

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Yale Divinity School, I cofounded a group that studied the connection between religion and health, prayer and well-being, and spirituality and healing. Professors from around the college including the Medical and Nursing Schools and the Department of Public Health attended our programs. It was clear that they were finding people in their practices who were using their own religious beliefs to aid in healing above and beyond what medical treatment could do for them.

More recently, during an emergency room visit, I was subjected to one treatment after another with no improvement in my condition. So, I called a prayer partner from my church. While I was on the phone with the prayer practitioner, I experienced healing. All the ER people recognized it as a miracle and recorded it as such in my medical record. The head of the ER asked me what I had done during that phone call, and I gave a brief explanation of my religious beliefs and how we prayed. He said that he had seen numerous other spiritual cures from a wide variety of religions during his long career.

Also, I am presently writing a book on the philosophy of healthcare systems, of which there are more than 100. While some of these philosophies overlap, others are mutually exclusive. Mainstream medicine is misguided when it wants to declare itself to be the one true way and require everyone without exception to adopt its methods. Our wise forefathers gave us freedom of religions as our first right. Had they foreseen the pharmaceutical propaganda that passes as science, they might have codified our right to choose a health care system, also.

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In my experience, my religious beliefs provide my children and me healing that is better, quicker, and cheaper than mainstream medical so-called science. Please oppose H.B. 5044.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments from the committee? Thank you very much. Oh, I'm sorry, Representative Betts.

REP. BETTS (78TH): It's not for the speaker, but I'd ask if any committee member would object. I see there is a lady with a baby in the back row. If she could come up and speak, if she is on the speaker's list because I do think it's a little tough to watch if they're sitting here past ten o'clock. Are you here to speak?

SENATOR ABRAMS (13TH): I think Representative Betts was asking if you'd like to testify so that you could leave if that was something you wanted to do. The only thing is that there may be other people outside who also have children who are waiting to testify. We'll let her get settled, and then we'll see if she can come up. Is Mary Weber here?

MARY WEBER: My name is Mary Weber. I reside in Washington, Connecticut. As a health care professional, I took an oath to do my very best possible for my patients. As a Region 12 Board of Education member representing Washington, I took an oath to always do the very best for the students of Region 12. I take my oaths seriously. They come together on this issue. I hereby testify in support of House Bill 5044. I represent a public school. I have an obligation to protect the health, safety, education, and wellbeing of the students and the staff.

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The only exemptions for immunization should be for medical reasons, not religious ones. It is my responsibility to protect the students and staff in our schools. Our children must be vaccinated. We must not let diseases that we can immunize for once again flourish in Connecticut public schools. Allowing children not to be vaccinated for nonmedical reasons puts the students and staff with medical concerns at considerable risk. That is not a risk for the people of Connecticut that you'd want to take. We must never put our children in danger. Epidemics are very serious. People die, people are harmed, people are disabled, their health is put in jeopardy, and pregnant women, the elderly, and the medically compromised may have dire repercussions.

We cannot let the decision not to vaccinate their children be based on beliefs. Immunizations are safe, effective, and prevent disease, disability, and death. I implore you to vote for House Bill 5044 and eliminate the nonmedical exemption for the sake of our children and the people of Connecticut. Thank you for your time.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the committee? Senator Somers.

SENATOR SOMERS (18TH): Yes, good evening. Thank you for your testimony. I have a question concerning something that you said that we should vaccinate the children so that the staff is safe. Would you also then want your staff to be required or mandated to have the latest vaccines according to the CDC so it's not just the children that have to be mandated to go to school but the staff that works in the school also be required to be up-to-date on



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the latest version of the vaccines according to CDC standards.

MARY WEBER: I think that would be a good idea. I think everybody should be -- we should do the best we can to keep our children safe and to keep our staff safe and to keep the people who work there safe.

SENATOR SOMERS (18TH): Okay, thank you.

SENATOR ABRAMS (13TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Thank you for coming. Being that you're on the Board of Education, I have two questions for you. One is, as I was reading through this piece of legislation, I think I read where if people cannot afford to get the vaccinations or have the insurance that the school would pay for that. How do you feel about that?

MARY WEBER: That seems like a good idea, or maybe we should just have everybody be able to have immunizations for free.

SENATOR SOMERS (18TH): And how would be pay for that if it was all for free?

MARY WEBER: With tax dollars, the same way, and put it in school budgets.

SENATOR SOMERS (18TH): Okay. And then my second question is there is a number floating around, 7000, but in your district maybe it's 12; I don't know how many it is. But how would you think about educating those students?

MARY WEBER: Actually we just had a presentation just recently. We have a program -- I can't

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remember the name of it -- but we have medically disabled children and people with special needs. We have a special place for them in actually Washington Town Hall, and we educate them to do things in the community. They have jobs. They do exercise. They do everything that they need, and it's actually off -- not in the schools; it's in the Washington Town Hall.

SENATOR SOMERS (18TH): So, for the kids that aren't disabled -- so the disabled kids would have a place to go. What about the kids that aren't disabled? How would you work on educating them?

MARY WEBER: That's a good question, and that's something that you will all have to think about, and we will all have to think about if this becomes -- maybe before it becomes the law, we should really consider what's to be done with these students.

SENATOR SOMERS (18TH): We have to hurry up --

MARY WEBER: That was a good question, and that was one of the things that I thought that was a really good point that people brought up, and if it was my child, I would worry about it. So, anything that I would want for my own children is what I would vote for for other people's children. That's how I vote for anything in school. If I wouldn't want it for my children, I don't vote for it for your children. So, therefore, I would have a problem with it if I had special needs children. So I would also want it taken care of before you vote.

SENATOR SOMERS (18TH): Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments. Senator Somers.

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SENATOR SOMERS (18TH): Sorry, I just had a follow-up to my first question. So, you would, and I'm not trying to put you on the spot, it's just that we haven't had a Board of Education person really that I can remember today because it's been a long day. So, I wanted to just get your thoughts on it. I'm not trying to single you out or anything. So, if you would agree that if this bill goes through and we're going to mandate that children entering the school have to have certain vaccines or they cannot come to school, that would also be the case for your staff. And if your staff does not have a medical exemption that is signed off by a physician under the [inaudible-11:10:47] of the CDC, then they would not be able to work in that school?

MARY WEBER: I would vote for that.

SENATOR SOMERS (18TH): Okay, thank you.

MARY WEBER: Also, I would just want to mention to you that this is my personal opinion, not the position of my Board of Education. I know the Connecticut Board of Education wants us to adopt this House Bill 5044.

SENATOR SOMERS (18TH): That's why I wanted to make sure that you know I'm not trying to put you on the spot.

MARY WEBER: No, I just wanted to make sure that everybody knew that this was my own personal opinion, that this is not the opinion of my Board of Education.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony. Why don't you come up and give us your name so that they can have it a record? Thank you.

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CAITLIN DOLAN: Good evening, Public Health Committee Members. My name is Caitlin Dolan, and I'm from Fairfield, Connecticut. I urge you to oppose H.B. 5044. This bill represents a gross governmental overreach, an abomination of our First Amendment right to religious freedom, and a desecration of our personal liberty and bodily autonomy. This bill is placed on a set of scientific facts that are far from settled and even farther from fully and comprehensively tested.

Freedom of religion is established by the Bill of Rights. Congress may make no laws respecting an establishment of religion. The Connecticut Constitution in Section 3, which I'm sure you know, provides the exercise and enjoyment of religious profession and worship without discrimination shall forever be free for all persons in the state. My religion dictates that I may not inflict harm on myself or others and that I must treat my body with respect. There are known adverse effects to all vaccines, and manufacturers are required to describe those risks on the product insert. These risks conflict with my firm religious belief that I may not inflict harm on myself or others, and the Constitution gives me the right to follow my religion.

However, risks indicated on the vaccine inserts are the ones we know. The World Health Organization, the Centers for Disease Control and Prevention, and the Food and Drug Administration are in agreement that vaccines are not thoroughly tested for adverse reactions prior to injection. They agree that there haven't been enough studies to fully understand the scope and breadth of what vaccines and their ingredients, especially adjuvants, really do once

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injected. The field of immunizations is a growing field, and we don't know enough about vaccines on the market today to identify all the potential safety concerns and adverse effects.

The Connecticut Constitution also notes that freedom of religion is protected as long as it does not conflict with the peace and safety in the state. But in order to reconsider removing a constitutional right, you must do two things. First, be sure that there are no other ways to preserve peace and safety in the state. Second, show that the intended solution is the least restrictive means preserving the peace and safety. And prior to both of these, the state must establish that there is a conflict between the free practice of religion and the peace and safety of the state.

But there is no conflict here. There is no public health crisis or emergency. Connecticut has one of the highest vaccination rates in the country at about 96 percent. I tried to find examples of unvaccinated people using the religious exemption who have been the source of an outbreak, but I've been unsuccessful, and probably that's because they don't exist. There are, however, examples of fully vaccinated persons as the source of a measles outbreak and even those who spread measles to other fully vaccinated persons. You might think don't we need mandatory vaccination for herd immunity? The answer is no. We know there are cases of fully vaccinated persons that are supposedly passing on a supposedly vaccine-preventable disease. So, even in full compliance with current recommendations, people have still contracted and spread disease.

We also know that many vaccines made for

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communicable diseases don't prevent the transmission of those communicable diseases. For example, IPV, diphtheria, and pertussis are all highly contagious diseases, but the vaccines for those diseases do not prevent transmission from person to person. Therefore, they're for self-protection only. For these reasons I urge you to oppose H.B. 5044. There is no conflict between our free practice of religion and the peace and safety of the state of Connecticut. There is no reason to remove our constitutionally granted right of freedom of religion. Oppose this judicially reprehensible bill. Thanks very much for your time.

SENATOR ABRAMS (13TH): Thank you. Any questions or comments from the committee? Thank you very much for your testimony. Next is Michelle Paoletta. Is Michelle here? No. How about Laurel Dolan? And then Elise Dolan is next followed by Chloe (no last name). Are you together?

LAUREL DOLAN: So, I was going to speak, and then I was going to cede the rest of my testimony to Rabbi Epstein, if that's okay.

SENATOR ABRAMS (13TH): You have three minutes together.

LAUREL DOLAN: Perfect. I have a timer, and we'll be on top of it. My name is Laurel Dolan, and thank you for listening tonight. I'm here to ask you to oppose H.B. 5044. This bill is against my right to practice freedom of religion. Mandated vaccines are in direct conflict with my religious beliefs. I have a family member who had a severe allergic reaction to a vaccine and died within 24 hours. I also have a sibling who had a serious reaction to a vaccine. How can I take a chance that that might

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happen to one of my four little children, and should my children be pushed out of their schools so I could save their lives? It should not work like that in Connecticut.

As a lifetime resident of Connecticut, I graduated from Fairfield University and have recently removed to Weston with my husband and children. My daughter loves her new school, and my toddlers are hoping to attend preschool next year. I cannot imagine having to uproot our lives and leave our family, friends, and jobs to pursue religious freedom. If this bill passes, we and many in our community are prepared to leave Connecticut and move to a state that values the rights of the people. I ask you lawmakers, are you prepared for thousands of people to flee the state? Are you ready for the financial repercussions if thousands of children are kicked out of their school, and how do you plan to educate the citizens of Connecticut that cannot comply with this vaccine mandate for other reasons that the medical industry might not agree with, like an allergic reaction in my family?

Secondly concerning religion, I am absolutely morally opposed to putting anything in my body that contains aborted fetal cells. You might not know, but the MMR vaccine insert actually lists the rubella virus is propagated in WI-38, which is the lung tissue of a three-month gestation aborted fetus. That is horrific to me. My religion is against killing unborn children. I cannot be forced to put that in my body or the bodies of my children. Thank you for your time. I ask you to please vote No to H.B. 5044, protect our religious freedoms, protect our constitution, and here's Rabbi Epstein.

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RABBI EPSTEIN: Thank you all, Esteemed Members of the Public Health Committee. My name is Zeb Epstein. I'm an Orthodox Jewish rabbi teaching and lecturing and writing in my community. As an Orthodox Jew, I'm sensitive to some of the things that I've heard today, and I'd like to comment on some of them. I am sensitive to hearing the non-vaccinating community referred to as a vocal minority in a somewhat dismissive manner. Is it proper talk to hear in an American legislative body that we do not need to give serious consideration to a minority because they are a minority? And I ask that not as a Jewish rabbi but as a seventh-generation American. My family believes in our great country's record of treating minorities with the respect they deserve.

I am sensitive to hearing the sentiment that I've heard expressed that a medical exemption is a valid necessity, but a religious exemption is expendable. A religious injunction for me is just as inviolate as a medical contraindication. Religion is not a sentimental or romantic abstraction. It's not a smokescreen for those parents in my community who do not vaccinate. Their children are also immunocompromised; they cannot vaccinate them because their religion doesn't allow for it.

SENATOR ABRAMS (13TH): I'm sorry, Rabbi. I'm going to have to stop you there; time's up. And can I please ask you to make sure that the clerk has your name so that we can reference it correctly in the record. Are there any questions or comments? Yes, Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. What do you do about immunocompromised children? If this



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bill is rejected, how do you feel about a detrimental effect on the immunocompromised?

RABBI EPSTEIN: Right. So that's something that many of my colleagues are concerned about, and they've, you know, put deep thought into it. The rabbis have been looking. The question has been asked, you know, by many people in this committee, "Where is the proof that the unvaccinated children are actually causing a health threat?" And many rabbis have been looking for the proof, and they haven't found it. So, in their opinion, the healthy unvaccinated child is not -- you know, doesn't have disease in him, and, therefore, he's not a threat to the immunocompromised child. So, the rabbis -- many rabbis are not concerned that the unvaccinated child actually poses a threat to the immunocompromised child because they haven't seen proof that that is the case. So, many people, myself included, don't view this as a threat to the immunocompromised child. But, if we do want to assume that there is some problem, there would be some issue for an immunocompromised child in the school, and again, I consider a religious parent that will not vaccinate their child because of religious reasons, that child is also immunocompromised.

So, who do we sent to school? Only the healthy irreligious kids? Meaning why is that immunocompromised child who cannot get vaccinated for medical reasons different from that immunocompromised child who cannot get vaccinated for religious reasons? We're calling that immunocompromised child not able to be vaccinated, you know, not his fault, but it's against his will. He can't be vaccinated. But the religious parent has not vaccinated their child, but that's their

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decision that they made. It's not a decision that they made if that's their faith and their belief. They were told by their rabbi or their cleric that they can't do it, and they can't do it either. So, you know, that would be question that has to be asked, who has to leave school. I think they should both stay in school.

REP. MICHEL (146TH): Thank you for that, and thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Are there other questions or comments? Representative Hennessey.

REP. HENNESSEY (127TH): Thank you, Madam Chair. I'm delighted to see you. You finally got up here to testify. This bill is about religion, so I think it's very appropriate that you come up and speak, being a rabbi. So, I understand it that the Jewish people vaccinate. So, how can you say that your religion supports vaccinations or supports people not being vaccinated?

RABBI EPSTEIN: So, that's a very good question, and that question has come up not only in this legislature. I was present in New York, as well, and in Trenton, and, so, many legislators, you know, have heard that Judaism does not prohibit vaccination. That is not a true statement because some rabbis do not prohibit vaccinations; some rabbis obligate their congregants to vaccinate, but it is not a universally held ruling. Which means, just like we've seen so many doctors coming in here and telling us their different medical views, there are three distinct rabbinic views on vaccination.

There are rabbis who will tell you that Judaism has nothing wrong -- you know, has no problem with

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vaccination, but I have testimony that I've submitted to the committee from one rabbi who was a teacher of mine, who does forbid vaccination, and he is a decisor in Lakewood, New Jersey, and he has submitted a testimony with several other Orthodox rabbis who absolutely forbid vaccination. Earlier today, we had a rabbi Green from Massachusetts who was with us. He had to go back to Massachusetts to tend to his flock who were rampaging through Massachusetts. But he also submitted his testimony. He asked me if I could read his testimony. Judaism strictly prohibits the current vaccine policy, and Rabbi Green reports that not one single Orthodox rabbi that he encountered can endorse the hepatitis B vaccine. They all conceded it's against Jewish law to subject a young Jewish child because there's no significant risk factor that would justify that injection for our community. So, that's again the point that's very important to bring up over and over. Measles is an infectious childhood disease. Hepatitis B is transmitted through immorality as are other diseases on the schedule that are not, you know, applicable to a faith community that's going to be monogamous and abstain before marriage, etc. As a matter of fact, Paul Offit who is arguably America's foremost proponent of vaccination was invited to speak in Baltimore, and he said if your community does, you know, follow the moral code that they claim to, then the HPV vaccination is not necessary for your community. It's in place in a community that's going to have a lower standard of morality.

So, we have several Orthodox rabbis weighing in that it is forbidden. We have Orthodox rabbis telling us that it is obligatory. My personal rabbi tells me

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that it's a matter of parental choice, and when it becomes a matter of parental choice, the parent is supposed to seek guidance from his doctor and his rabbi, and that's why we're going to have a plurality of view, so really on one rabbi can come and speak for Orthodox Judaism. I'm not a decisor or rabbi who can decide Jewish law. I am a teacher of Jewish law, so, as such, I see the plurality because I have to teach students that he says this and he says that and he says the other. If I was a decisor, you can't be fickle about what your decision is. You've got to say, "You've got to do this."

So, I am reporting to you, and primarily I came to report, and I submitted that to the committee, as well, a letter from the foremost rabbis from where I received my bachelor of Talmudic Law, Beth Medrash Govoha in Lakewood, New Jersey, and all of the rabbis of that -- the heads of the school and the decisors for the school have all signed a letter stating that they are against this bill, opposing the bill, and that's because a Jewish parent has to ask his rabbi about medical decisions, as well. So, we've heard a lot talk that people are maybe hiding behind their religion when it's really a medical issue. I'm sorry to -- I don't want to tax anybody's patience, but there is another testimony that I've submitted from a parent that I know whose daughter has severe allergies to many foods and some drugs.

SENATOR ABRAMS (13TH): I'm sorry. I'm going to have to stop you there because you really can't be reading other people's testimony.

RABBI EPSTEIN: Oh, no, this is actually my

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testimony that I didn't get a chance to say, but it's very relevant to the question. This is mine, and it's a parent that consulted with me.

SENATOR ABRAMS (13TH): Okay. I think that you've had plenty of time to answer the question; so, I'm going to have to move on. Unless Representative Hennessey had a different question.

REP. HENNESSEY (127TH): Thank you, Rabbi Epstein, for your testimony.

SENATOR ABRAMS (13TH): Are there other questions or comments? Thank you very much for that, and, again, please give your name to the clerk.

RABBI EPSTEIN: Thank you, I will. I must just compliment. I was in Trenton, I was in Albany. The tension in the room was terrible, and it's a compliment to everybody. I think I've been preaching that we need respectful dialogue in this debate in my community for a long time, and I think that we're really getting the hang of it. I think that the comment that the Chair made earlier is true. The audience is getting the hang of a respectful silence, and the committee is getting the hang of it -- of just listening and hearing out other people, and it was a pleasure to be here this evening.

SENATOR ABRAMS (13TH): Thank you. Elise Dolan is up next followed by only one name, Chloe. Elise or Chloe? Are both gone? Okay. It looks like William; William's not here. Kristin Dolan. We have Brook Jordan after that, just in case, and then Hugh Dolan. Welcome.

KRISTIN DOLAN: Thank you, members of the Public Health Committee. My name is Kristin Dolan. My

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career is in childcare and education. I stand here today in front of you as a completely unvaccinated, healthy, and educated adult, only here spreading and shedding my love and obedience to my God and my passion for freedom. But H.B. 5044 is declaring that I never deserved an education. This is segregation and discriminates against my family and me because we are not pharmaceutical consumers. This bill is the beginning of religious persecution in this state. Our Declaration of Independence guarantees us life, liberty, and pursuit of happiness. Do we have to become Pharma's guinea pigs to pursue our dreams? Is our pharmaceutical consumption status a prerequisite now? You'll be voting on a law that would force citizens like me out of society. If this law passes, there could be no more unvaccinated doctors or teachers or accountants or judges or plumbers or engineers because we would not be allowed in colleges.

In this age of all-inclusiveness and a swelling number of protected classes, you are seeking to discriminate against a minority of believers, a free people. Our sovereignty and dignity endowed on us by our creator is now threatened. It is repugnant to me that I have to even share my religious beliefs with you. My creed is sufficient to my exemption under the Connecticut Constitution. But here are my five reasons vaccines go against my religion. Number one, I give you thanks that I am fearfully, wonderfully made from Psalms. The Bible says our God is infinitely wise and has numbered the hairs on our heads. It is blasphemy to say he has messed up every single immune system and has lost control of his creation, and that without man's intervention, we cannot attain health.

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Number two, do no harm. Which of our children will be the next casualty in this game of chance? Vaccines are unavoidably unsafe (the US SC 2011); 4.3 billion has been paid and harm done. In December of 2019, World Health Organization Dr. Soyma Somanathan speaking to lack of safety monitoring systems admits "the risk is always there, and the population needs to understand that." The US infant mortality rate is the highest among first-world nations. The CDC data, 54 percent of American children are chronically ill now. Are we securing health through vaccines or are we securing poison by injection?

Number three, thou shalt not kill. Aborted baby cells in vaccines. We may not kill one to preserve another. This is another abomination. Four, parents are responsible for the health and wellbeing of their children. Parents who don't vaccinate are overly diligent and keep their children home when they're sick so they can recover. They don't have a false sense of protection. I can testify to that; I'm completely unvaccinated. We always stayed home when we were sick. Our children are not a threat. Number five, the church has the right and duty to educate her baptized members. Salvation is not dependent on our pharmaceutical consumption status. The state is not involved.

I would like to bring to your attention the recent mumps outbreak of February 17, 2020. *Concord Monitor* in New Hampshire, "Four confirmed cases of mumps at the University of New Hampshire; all students had been vaccinated, but it's still possible to develop the mumps, officials said." Doctors aren't sure why, but the CDC claims it could be that some immune systems just don't respond well.

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Our triune God is the supreme lawmaker. No man, no government can make us act in defiance of his laws. We are the land of the free and home of the brave. H.B. 5044 is tyranny. Please vote No to this bill. We can never comply. Saint Michael defend us.

SENATOR ABRAMS (13TH): Thank you. Hold on one minute, please. Are there any questions or comments from the committee? Thank you very much for your testimony. Next on the list is Brook Jordan. Is Brook here? Okay, thank you. After that is Hugh Dolan and then Mike Milbug. Thank you. Please proceed.

BROOK JORDAN: Hello, thank you for allowing me to testify. I've been here since 7:30 this morning. I drove down here from Upstate New York because I am a clear picture of what you're looking at if you decide to pass this bill. And I have to tell you that for my family, it has been devastating. I've heard a lot of people sit up here and talk about if you pass the bill, there're going to move or they're going to choose to homeschool or whatever. Well, my family couldn't afford to move, and as a result of that, I now have three children. When they were kicked out of school, they were 13, ten, and five, but we've had two birthdays; so, they're 14, 11, and five now. So, I have three children who my husband and I leave home every day because we have to go to work because we can't afford to live off of one income. And my 14-year-old is responsible for the education of her younger siblings while she's trying to get her own education.

And it's not right and it's not fair, and I have legislators that told me prior to the passing of the bill, "You know, you're kids will be able to get



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medical exemptions." Based on the issues that they had, I told them, "No, they're not going to be able to get medical exemptions in New York State" because I already know that doctors won't even see my children. They don't care why they're unvaccinated. They don't care that they have health issue. They don't care that we have morals and values, and what kind of country do we want without morals and values that are based on people's religious principles?

I sat here and I listened to your Commissioner talk about not wanting to drag up the past. Well, how are we unburying the bones of segregation and discrimination? It's not right. I took my children to the African-American Museum over the summer, and my daughter looked at the pictures because they passed the bill in June, and my daughter looked at the pictures, and she said, "Mom, how is this any different."

I spent my life telling my kids that your education is important because people fought and they died for your right to have an education. For them to now be denied an education, and then on top of it, to add insult to injury. I don't know which one of you it was who asked about the process of them being kicked out of school and being removed. It was devastating, and I now have an open CPS case because I wanted to fight for my children to be able to get an education. So, instead of the school district agreeing to meet with me, they called CPS and filed educational neglect charges against me. So, we're talking about a delicate situation. You don't know each individual's family's case, and you can't. You can't know it until it happens, and then you have people sitting in a seat like mine. I have a sister-in-law who has my niece. My sister-in-law is

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blind. My niece is home now being educated by my blind sister-in-law who lost her son last year to cancer.

So, this is what it looks like on the other side of passing this bill. There has to be another way, and I really hope somebody asks me about what happened as far as the medical exemptions go.

SENATOR ABRAMS (13TH): Thank you very much. Are there questions or comments? Senator Anwar.

SENATOR ANWAR (3RD): Could you tell us about the medical exemptions, what happened?

BROOK JORDAN: Yes, so my son has arthritis. He's got rheumatoid arthritis, and his rheumatologist has already agreed that if he receives more vaccination, it's likely to cause more damage. My son is one of those kids that their treatment for the arthritis is to give him chemotherapy. So, their solution is to put him on chemotherapy and then they are willing to give him a medical exemption. They will not give me a medical exemption so that I can continue to protect his joints which I've been able to do absent of the chemo. I put him on a vegan wholistic diet because as parents that's what we do. You find out your kid has a problem. You research it. You try the least invasive way possible to fix it. That is what I did. My son went from not being able to run or play and being in pain all day to scoring 28 points in his basketball game because I did my own research and fed him to good health, and instead of them giving me a medical exemption to keep his system from inflammation, they would rather I give him the vaccines, then put him on chemo, and then they give me a medical exemption for his immunocompromised situation.

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And then the last thing I just want to say is I've got three kids who are all in years of graduation. One graduating from kindergarten, one's supposed to graduate from elementary school, and one's supposed to graduate from middle school, and none of them are able to attend their graduations. They don't get that back, and as their parent, I don't get that back.

SENATOR ABRAMS (13TH): Senator Anwar, did you have anything else. Other questions or comments?  
Representative Candelora.

REP. CANDELORA (86TH): I want to thank you for your testimony. I think one of the pieces that you've brought to us is the education piece. And though we did hear from the Commissioner of Education, we haven't heard from any education experts, and, so, I think many of us are struggling with the back end of this. It's easy to say let's remove a religious exemption, and people try to struggle for the medical. So, from the educational component, did you try to bring your children to school?

BROOK JORDAN: So, my children -- I stuck them in school initially, and then -- I stuck them in school for the purpose of -- because they had already removed the religious exemption. So, I stuck them in while I was trying to get a medical exemption for all of their issues. So, their nurse practitioner that's been treating them for five years, she wrote up a medical exemption, but she could not get the doctors in her practice to sign it, nor could I get any doctors to treat them. So, once the school found out that I could not get the medical exemption that she wrote signed up, they told that they couldn't come back anymore. And, so I wasn't able

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to bring them anymore. Then the school started sending me documentation telling me I had to sign withdrawal forms. I told them I don't want to sign withdrawal forms because I'm not withdrawing them from school; you're kicking them out. You're telling me that they can't come. Ultimately they told me that if I did not sign the withdrawal forms, there were threats of CPS. So, I signed the forms, but on the forms I wrote I'm not withdrawing my kids; you're kicking them out of school, and I turned that documentation in.

Then I repeatedly asked for a meeting with the school because I wanted to find out how they could help me in educating my kids because I'm tired. I'm working eight hours a day, and then I'm trying to figure out their education. Then I've got my own health issue. I'm tired. So, I wanted to find out how the school district could help me in educating my kids. They would not return my phone calls. They wouldn't schedule a meeting with me, which I asked for. I didn't want to turn in a letter of intent to homeschool because my intent was not to homeschool, it was to get the free and public education that they're supposed to be able to get. But because I did not turn in the letter of intent, the school district then called Social Services and called CPS. And then, next thing I know, I've got CPS at my door, and now I have an open case that I have to fight in addition to all of the rest of this stuff. Then I now have to report to them and try and figure out a solution which now I had to turn in the letter of intent, which I did, but I put on it that I'm doing this under duress; this is not free will. And now, as a result of that, I lose all right to any -- once you turn in your letter of

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intent, you lose all right to any educational resources at all. None, zero. And then on top of it, your homeschooled child in New York State doesn't even -- they don't get a diploma. They don't count a homeschooled person going through school. It doesn't matter what the program is; they do not count that as being worthy of receiving a high school diploma.

REP. CANDELORA (86TH): I thank you for giving us this information because I think it's something that this committee needs to struggle with and come to terms with and recognize the impact of this legislation. It goes far beyond the religious exemption. So, thank you so much for sharing your time and putting a face to this issue.

SENATOR ABRAMS (13TH): Thank you. Representative Zupkus.

REP. ZUPKUS (89TH): Thank you so much for coming. You actually made me cry. I have a question. In New York, do they have a Board? Because this piece of legislation creates a Council. Is that the case in New York where these exemptions could go before that Council and be reviewed?

BROOK JORDAN: You mean the medical exemptions or like a religious exemption?

REP. ZUPKUS (89TH): Well, yes.

BROOK JORDAN: To be honest with you, I'm not sure. I haven't heard anything of any Council. I know as far as the medical exemptions go, if you get it, it goes to the school, and then the school sends it to the Department of Health to get the approval. But as far as a religious exemption, I don't think there was a Council, per se.

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REP. ZUPKUS (89TH): And maybe this is a question for the Chairs, just really quickly. This Council that's being created, will they be reviewing? So if the doctor gives me a medical exemption, they could override that? How is that working?

REP. STEINBERG (136TH): That's certainly not what we had envisioned in this legislation. They are a monitoring body that's going to look at how the law is being implemented and make recommendations to DPH and the legislature if they think changes ought to be made. They're not going to be looking at individual medical records. They're not going to be overruling anybody's decisions. That's not their job.

REP. ZUPKUS (89TH): So, just so I'm clear. So, they will not have any jurisdiction, for lack of a better term, over any medical exemption for any family or student?

SENATOR ABRAMS (13TH): Correct. As it's currently written, that's correct.

REP. ZUPKUS (89TH): Thank you again for coming.

SENATOR ABRAMS (13TH): Senator Somers, I think you are next.

SENATOR SOMERS (18TH): I'm sorry it's late. I want to personally thank you for driving all the way from New York to testify here today. Your story is very powerful. It's enlightening, and I would like to know if before New York got rid of the religious exemption, did you have a religious exemption for your family?

BROOK JORDAN: So, my five-year-old, who is the only one out of the three of my children who is

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completely unvaccinated and the only one who has no health issues. She went to school on a religious exemption. She went to preschool. My older two were homeschooled because we moved to New York from Pennsylvania because my son had a lot of health issues, and the area that we moved to, the middle schools and stuff weren't good, and I had a job that I could work from home at that time. And, so they were homeschooled, but in preparation -- because New York State was changing my job, in preparation for my job, we moved into a school district to enroll them in school. So, my two oldest ones were not on anything at that time because they were at home, but when we moved into the district in April, then the plan was to put them on a religious exemption, but my five-year-old was on a religious exemption. But also the diagnoses of the arthritis for both my son and my oldest daughter came during the summer of, you know, -- the summer after this bill passed.

SENATOR SOMERS (18TH): So, even though rheumatoid arthritis is an autoimmune disease, you were still not able to get a medical exemption?

BROOK JORDAN: I was not, and up until this point have still not, and, in fact, in working -- because now CPS is involved in my case and the school district is trying to help out, the school district called me the other day to tell me about a health care practitioner that they found that was willing to take my kids on and to review their case for the medical exemption. I called that health practice, and they said under no terms will they see any children that are not 100 percent vaccinated at all.

SENATOR SOMERS (18TH): That seems to be something that we've heard recurring throughout the testimony

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today. Conflicting but recurring, that clinicians are not comfortable with maybe writing a medical exemption. They're not comfortable with children that are not vaccinated. I've actually had people in my district come to me that pediatricians will no longer see them if they are not vaccinated. And I think your testimony is very, very important because it shows what can happen to families, and this is an unintended consequence that perhaps nobody up here is thinking about.

BROOK JORDAN: Absolutely.

SENATOR SOMERS (18TH): (I know, but do we need to call 911 not a nephrologist). I'm sorry [Crosstalk] something going on, and I don't know if I should continue, but I will. So, I think that's important. I also want to remind people that our entire United States history is based in religious freedom. That's why people left England, to come here to practice their religion freely. This is really borderline, you know, absolutely looking at compromising that founding mission of people that risked their lives to come to this country. So, please keep that in perspective when we're debating this bill. We've heard that over and over tonight about, you know, people's religious freedoms from whether it's a rabbi or a priest, and I think that's something that needs to be protected. And I want to welcome you to come to Connecticut if this bill does not go anywhere.

BROOK JORDAN: My oldest daughter, the 14-year-old, she so badly wants to play basketball at UConn, and this was her first year in eight years -- her first season that she was not able to play basketball. My husband is 6 feet 9 inches; so, she literally has



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been training since birth to get the same scholarship that he got. He came over here from Liberia, a refugee of war, and got a scholarship to play, and her dream has been to play for UConn. So, yeah, we have a stake her, as well, because I want to make sure that her dreams are for her a reality.

SENATOR SOMERS (18TH): Well, I hope she gets to play basketball on some awesome team someday, too.

BROOK JORDAN: Thank you.

SENATOR SOMERS (18TH): And (I lost my train of thought here), but I'm sorry I lost my train of thought. It's been a long night and a long day, but thank you for coming. And thank you for your daughter for, you know, homeschooling your younger children. I know it must be a tough situation. One of the things also we heard, I just remembered, is that many of the folks that are faced with this, perhaps this still goes in as written, they can't afford to stay home and homeschool their children. We all know expensive Connecticut is. They're not comfortable leaving -- they can't leave their child alone. So we're going to have to think of those unintended consequences also, and are your children allowed to partake in organized sports because they're not vaccinated now or is that off the table also?

BROOK JORDAN: So, they can participate for -- like my son, he was able to play in his CYO team that my husband coaches out of the Boys and Girls Club, but for my daughter because she's eighth grade, during this past season, there wasn't anything for her to participate in because all of the kids are in school participating in their school activities. And the other thing that, you know, is necessary to

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remember, like you said, as far as the rabbis go. This is a real conviction for us. I'm a Christian. There's a scripture in the Bible that says God has not given us the spirit of fear but of love, power, and a sound mind. And what they're asking us to do is to deny our sound mind and to sacrifice our children on an altar of fear, and that's what we're not willing to do.

SENATOR SOMERS (18TH): So we have a situation where we have forced parents in this particular case to make a choice between sometimes going to work and homeschooling. We've taken kids out of their social environment of their school. We've prevented them from participating in sports. We're isolating, we're discriminating. We're doing all these things in the name of public health where we have not yet proven that there is a public health threat.

BROOK JORDAN: No, and in fact we're declining in moral health by doing so.

SENATOR SOMERS (18TH): Thank you very much for being here tonight, and I hope you have a very safe ride home.

BROOK JORDAN: Thank you for having me. Thank you.

SENATOR ABRAMS (13TH): Representative McCarty.

REP. MCCARTY (38TH): Thank you, Madam Chair, and I also wanted to add my comments, and thank you so much for the initiative to come here and to give us your concerns and your insight. But I asked a question earlier because not only are you now forced to be homeschooling, but has the department in New York, the Education Department, given any guidance to you as to testing. I know many of the schools, to go on to college particularly, they have state

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assessment and testing, and how was that handled in your case.

BROOK JORDAN: They called CPS on me. That's the only assistance that they've given me. Nothing, and I've called, and I've asked. I've called, and I've asked, and I've sent letters to the Board of Education. There's nothing. They will give us nothing, nothing, zero, zero. And it says so in their statutes that we are not entitled to -- all I asked the school for was "can you give me the same laptop that she was using already?" because now they have to do online programming because I'm not going to be home. They took the laptop that she was using in school that they issue to all of the kids. They won't give textbooks. They won't the online curriculum that the kids use. The teachers record a lot of their classes online. I said in the event that I'm able to get her medical exemption cleared, can she continue with the online stuff? Everything was no, no, no, and no. So, in other words, my kid's education it doesn't matter to them. It doesn't matter; they don't matter.

REP. MCCARTY (38TH): I really appreciate you coming here again tonight and giving your insight on this, and we're trying our best to try to find the right answer and balance, but you bring up some points. I think it's our duty also to look to provide our school environment with the best possible safety and health. So, that's the balance we're trying to find here, but to go to the next step, if you're homeschooled and then not provided any kind of resources and no ability to continue with further education, is something that I think we need as the Committee to continue to look at. So, again, thank you very much for coming out tonight.

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BROOK JORDAN: Thank you.

SENATOR ABRAMS (13TH): Representative Michel.

REP. MICHEL (146TH): Sorry about that. I just wanted to thank you with just a comment. Thank you for bringing emotions and very strong words and also helping us do our due diligence here in Connecticut. Thank you.

BROOK JORDAN: You're welcome.

SENATOR ABRAMS (13TH): Any other questions or comments from the committee? Now, thank you very much, and have a safe travel home. Next, we have Hugh Dolan followed by Luke Milburg and then Joy O'Meara. Welcome, sir.

HUGH DOLAN: Good evening. This is tough testimony to follow, believe me. I want to thank the members of the Health Committee for your diligence and your extra effort today. We appreciate all the time that you're locked up there in this thing, and I know you appreciate all the time that we've spent out here; so, we thank you for that. I'm a father of eight, a grandfather of nine. I'm a 28-year firefighter, emergency medical technician, a hazardous materials technician, and a vice chairman of my solid waste committee in the town of Fairfield.

My written testimony that I presented to the committee offers nine points of objection, much of which we've already covered many times today. I'd like to talk to two items. We as firefighters respond to emergencies 24 hours a day, 7 days a week. We go when we're called, 911; we go when we're called. We get a call at 2:30 in the morning for a structure fire, we don't ask them if they're black, we don't ask them if they're white, we don't

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ask them if they've been immunized, we don't ask them if they're Puerto Rican, we don't ask them if they're American. We serve. We do the service that we're called to do. We don't ask them if they violated a smoke detector law. We don't ask them if they violated the sprinkler law. We don't ask them if they've kept the house neat.

You're on the verge of denying people their rights because they don't want to comply with the law. The Health Committee, the Education System -- they all serve the same residents that we serve regardless of their status, regardless of whether or not they've agreed to comply with everything; we have to respond, and we do that response. When we make an emergency response, we're allowed to ignore traffic signals, traffic rules. We're allowed to knock down their doors. We're allowed to go into their home full of smoke and to search their home without a search warrant. But we're doing this -- this is the second point -- we're doing this because of emergent circumstances. We have an emergency going on, and we see the kids' bicycles out front, we see the parked car out front. We have a good intent or a good expectation there's somebody there. We're going to help somebody.

You people are trying to pass a law in which there's no emergency. You're taking away their right to their liberty and to their religious freedom without having any exigent circumstance. That's not right. It's important for us to understand why we're even here today. The religious exemption that we have in this state and in this country is long-standing. Prior to 1959, there was no need to have a religious exemption in the State of Connecticut. In the 1950s -- '57, '58, '59, and '60, began the development of

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health departments and education departments, which they started to clamor for involvement in the vaccine industry which was just starting. At that point, our state senators said the residents of the State of Connecticut are deserving of the religious exemption -- an exemption that we had had for 250 years. It had been built into the United States Constitution that nobody can be violated of their First Amendment rights.

SENATOR ABRAMS (13TH): I'm sorry, sir. I'm going to have to stop you there. Time's up. If you have one thing you would like to say to conclude.

HUGH DOLAN: Even at that time, even at that time, the head of the State Medical Department and the State Health Department both concurred that the religious exemption was very important to codify in the law, although we had already had it for 250 years. Thank you very much.

SENATOR ABRAMS (13TH): Thank you. Questions? Representative Hennessey.

REP. HENNESSEY (127TH): Thank you, Madam Chair. Sir, I would like to disagree with you. As far as the proceeding speaker, you did very well in your own right, and thank you for your presentation and thank you for the service to Connecticut.

HUGH DOLAN: Thank you, sir.

SENATOR ABRAMS (13TH): Are there other questions or comments? Thank you very much for your testimony. Next I have Luke Milburg. No? Joy O'Meara. Raymond Fico. Are you Jill?

JOY O'MEARA: I'm Joy.

SENATOR ABRAMS (13TH): Oh, Joy, I'm sorry. That's

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me, that wasn't you. I mean you wrote the correct name, believe it or not. Thank you, Joy.

JOY O'MEARA: Thank you. I am grateful for you listening tonight to all of us. I'm here as a Mom, not an expert, just a Mom. I've three children. All have religious exemptions, and they all vary for their reasons. My oldest is at Quinnipiac. My middle was outplaced; he was in the Trumbull School District and was outplaced for his severe needs. And my youngest goes one day a week to a church program. For eight years, I've had these exemptions. I really didn't tell anyone about them. Very few people knew why I had them. I didn't talk about it until this last year when my rights were being challenged.

Why can't I make an educated, researched, intuitive decision for my children? Why do you believe you know my babies better than me? You know nothing of the heartache I faced when my son started to deteriorate. He was born absolutely perfect and healthy for 18 months. Following a well visit, my son had his very first seizure. I was told on the phone that seizures are normal. I am here to tell you there is nothing normal about a baby having a seizure, but the crazy thing is I adored my pediatrician, and I listened. But what got me was when I went to roll a ball to him and he wouldn't look at me, then I knew something was wrong. And then when the doorbell rang, and he didn't say, "Who's here" to me in his cute little voice, or when we went to read a book and he no longer quacked like the duck or said "duck," I knew something was wrong.

Well, I continued to vaccinate. After the next round of vaccinations, my son completely lost his

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speech, had constant seizures, anxiety, GI issues, allergies, head-banging, severe self-injury, screaming for hours, biting, and eventually failure to thrive and had to get a feeding tube. No parent wants to discover that what we were told would keep our babies healthy and safe was the very thing that made them sick. I will never forgive myself for not researching vaccines, never. I was a terrified mother, and I listened to my pediatrician, and I continued to vaccinate until the third round. I believed wholeheartedly in our nurse, our pediatricians. I believed them when they told me that vaccines didn't cause my son's sudden illnesses. I believed in the system. (Do you want me to stop?).

SENATOR ABRAMS (13TH): You can take a moment to wrap up, if you would, please.

JOY O'MEARA: Okay. I'm just going to say one last part. You are making laws for our children and trying to put tape over the mouths of the people that love them the very most. And as our hero Robert F. Kennedy, Jr. said so perfectly, "The last thing standing between a child and a history of corruption is a Mom." We will not consent. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Next I have Raymond Fico. Is Raymond here? Followed by Bishop (I cannot read it) Zen-something. He may have already testified. Lauren Minichino. Welcome.

LAUREN MINICHINO: Thank you. I am here today to ask the Public Health Committee to stop H.B. 5044. It is unconstitutional, challenges my First



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Amendment rights and my child's constitutional right to a free public education. My child is my gift from God, and it is my duty to care for and protect her as I deem appropriate until she is mature enough to competently make personal health care decisions for herself. My child is a fifth-generation Nutmegger. We love our state, our community, her school, and living near our family and friends. My kindergartner excels academically. She is on par with second-graders at her school. She is a role model for her peers and is her class representative. Her current age-appropriate goal is to make safety patrol next year when she starts first grade.

My child is also immunocompromised. She was diagnosed with a rare autoimmune disease of the kidneys. Anytime she gets sick, she spills blood and protein into her urine as a result of impaired kidney function. Each time she falls ill, she gets one step closer to potentially requiring dialysis and/or a kidney transplant. In collaboration with her medical team, we've collectively made the decision that it isn't in her best interest to continue vaccinating, as the vaccines, especially ones with live viruses, trigger an immune response and damage her kidneys further. Her last stay at Children's Hospital from a basic viral upper respiratory infection that left her with only 30 percent kidney function cost us \$7000 dollars out of pocket, and we have exceptional insurance coverage. Theoretically, she could end up in the hospital every time she gets sick, but we work very hard and spend a lot of money on vitamins, supplements, and organic foods to try and boost her immune system and keep her out of the hospital.

We have asked for a medical exemption for which her

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medical team feels she is a candidate but under CDC guidelines is ineligible to receive. I'll repeat that, "ineligible to receive." We have been informed by her provider that they are fearful to write it, as doing so may jeopardize their medical licenses. CDC guidelines list HIV-positive status, chemotherapy patients, and people who have suffered anaphylactic shock as the only patient population eligible. Ultimately, the medical provider doesn't have the final say as a result of a very real threat of losing the ability to practice.

This predicament presents a very slippery slope and locks thousands of children out of getting rightfully deserved, physician-recommended medical exemptions. To date, there has not been any clinically documented testing on children with my daughter's autoimmune disease and the short- or long-term effects of vaccines. Where there is risk, there must be choice. Please keep all medical decisions between parents and medical providers. Ultimately, we pay the price, and we have to live with the consequences. My child may be nothing more than a number to politicians and lawmakers, but she is my world. I will stop at nothing to ensure she is properly and safely cared for and provided the public education she is entitled to. Thank you. My name is Lauren Minichino, and I'm from New Haven County.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Speaker. Just a general question, if you're comfortable answering it. You know, given your daughter's

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condition and the interaction with the medical field, so you're currently exercising religious exemption because of the situation. Are you finding that the medical community is working with you on that? Has there been a change that we're hearing about?

LAUREN MINICHINO: So, I have a team of doctors, and they would like to help me, but their hands are tied, literally tied. They don't want to lose their licenses. She doesn't fall under this requirement. So, it is something that I do use a religious exemption for. You know, I will not take any risks with my daughter's life. From the time that she was born as a preemie until now, it has just been one thing after another -- eczema, allergies, dairy allergies, asthma, and the autoimmune disease. Like it's just always something, and I have had -- we had to take her to -- she had pneumonia three times when she was around three, and the third time I thought she had pneumonia, and our pediatrician's office was closed on the weekend. So, my husband works at the ER. You don't take -- we don't go to the ER unless somebody's dying. I've been to the ER once, and it was because my gallbladder needed to come out immediately.

So, I looked for a pediatric urgent care, and the closest one to our home at the time was in Norwalk. I took my daughter in a snowstorm and 104 fever to the pediatric office in Norwalk, and when we walked in, they asked me first and foremost about her vaccination status, and I said that we used religious exemption because it is what is best for her, and we were literally kicked out. "You need to leave, you are a danger to everybody else that is in here." So, in a snowstorm, an hour away from my

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house, I had to try and find somewhere else to take my daughter.

And I went to the next pediatric -- there were only two at the time, Norwalk and Stamford -- and went into Stamford, and that was the first question out of their mouths, as well. And in fear of them not helping me because she was basically passed out in my arms, they asked me her vaccination status, and I had to say to them that she was fully vaccinated because they weren't going to see her either.

And there's nothing worse in the world than having to lie about something because lying means that I'm not telling them what they need to know about my child to help her, and she did, in fact, have pneumonia, and that's how we figured out that she needed a pediatric pulmonologist and that she had asthma from that third round. We also had a hard time finding a pulmonologist to take us, a pediatric one, because she wasn't fully vaccinated. So, we get a lot of pushback, and it's pretty horrifying.

REP. CANDELORA (86TH): It's interesting to continue to hear, you know, part of the rationale behind this bill is to protect children with autoimmune issues that can't receive vaccines, but I continue to hear over and over again the individuals that are exercising the religious exemption are the ones with the autoimmune deficiencies because they can't get the medical exemption.

LAUREN MINICHINO: Cannot. And there is no treatment or cure for my daughter's autoimmune disease, but as it progresses and it gets worse, they said that they could potentially use chemo to treat it, which is like the last thing in the world that I want to do. So, we do everything that we can

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at home to make sure that we don't get to that point. I mean, autoimmune disease, chemotherapy -- like it's mind-blowing.

REP. CANDELORA (86TH): Thank you.

SENATOR ABRAMS (13TH): Are there any other questions or comments from the committee? Thank you very much for your testimony. Evelyn Minichino. After Evelyn is Meghan McNicholas-Legggett.

EVELYN MINICHINO: Hi, I'm Evelyn from Wallingford, Connecticut. I'm here today to ask the Public Health Committee to oppose H.B. 5044. I was born in 1956, and as a child, I was vaccinated for polio, smallpox, and DTP. My daughter was born in 1978 and received seven injections and four oral vaccinations. My granddaughter, the light of my life, is supposed to receive 53 injections according to the current CDC guidelines. She just turned six, and by far, she is the least healthy of the three of us. She has eczema, allergies, asthma, reoccurring ear infections, and a rare autoimmune disease of the kidneys for which there is currently no established treatment or cure.

I watch my daughter and son-in-law care for her meticulously, day in and day out, at a great expense to them mentally, emotionally, and financially. The love they have for their daughter and dedication to her wellbeing is fierce and unconditional. My granddaughter, who ideally should have a pediatrician at her age, is currently under the care of a pediatric nephrologist, pediatric pulmonologist, and a pediatric ENT specialist. I watch the pain and suffering as my daughter worries about how she will educate her child if this law is passed.

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My granddaughter's life is difficult enough without having to forfeit the thing that she loves most, which is going to school. She is brilliant, and she is the most beautiful child. Her future is bright, but only if her parents can work with her medical providers unencumbered by legislation and legislators. I worriedly wonder when enough will be enough. The vaccine schedule with 260 vaccines in the pipeline, this law paves the way many more to be added to the require school schedule over the years. At some point we must ask how much more can these little bodies take. I am asking you to help keep my family together here in Connecticut. Losing my only child and my only grandchild to a literal medical exile will break my heart. I need my job and my health insurance until I can retire. Being separated from them until that day will be the worst thing that could possibly happen to me and our small close-knit family. Please end H.B. 5044 in Committee. Thank you for your time.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the committee? Thank you very much for your testimony. Is Meghan McNicholas-Leggett here? Thank you.

MEGHAN MCNICHOLAS-LEGGETT: I'm actually going to donate my time to Carol Steczkowski. Thank you.

SENATOR ABRAMS (13TH): And after, Izzy Leggett.

CAROL STECZKOWSKI: Please bear with me; English is my third language. My parents --

SENATOR ABRAMS (13TH): Can I ask you to give your name and be sure to check with the pastor and give your full name when you go.

CAROL STECZKOWSKI: Will do. Carol Steczkowski,

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Berlin, Connecticut. My parents escaped persecution and assassination attempt on their lives seeking haven on the shores of the greatest country in the world, America. We exited the gates of John F. Kennedy Airport into the shadow of the Statue of Liberty 30 years ago as political refugees, as we were granted our visas, that was the basis. They came here for one thing -- a document called the Constitution. That's what they were promised. As Americans we stand on the shoulders of giants. Generations of brave men and women that came before us in paid the ultimate price. This bill throws those freedoms and hard-earned liberties like loose change to the feet of the people that brought us the opioid epidemic.

We are stripping children of the right to an education. Education is a right, not a privilege. Full stop. You're making parents make a decision between administering private medical products, privately held medical products to children or giving them a public education. Let this sink in for a second. We extend this right to inmates in our prisons here in Connecticut. We let murderers, child molesters, and rapists have an education within our penal system. Yet, we are not going to allow healthy children that come from law-abiding families to have that same right. Are convicted felons better than our own children from law-abiding families? This is not a vaccine issue; it's freedom issue. This bill will segregate children and throw Americans into exile within their own country. These children will be ripped from their schools, social groups, sports, and activities. Some may even give up on life itself, as we've heard today.

All that will be left in the wake of this

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legislation will be shattered lives and broken dreams. Where will we seek asylum now? Are you going to make me a refugee again? In a fourth country after being through three. So I leave you with this. We spread the dreams of our children at your feet. Tread softly, for you tread on their dreams. Thank you. By the way, there was a book from Health Choice Connecticut circulated to everybody. I'm not sure if everybody got a copy of that. I went to the mail room and I asked. But here it is if anybody wants it.

REP. STEINBERG (136TH): Any questions or comments? Have a good evening.

CAROL STECZKOWSKI: Thank you. You, as well.

REP. STEINBERG (136TH): Next up is Izzy Leggett followed by Steve Judson.

IZZY LEGGETT: Hello. My name is Isabella Leggett. I am 13 years old, and I am in seventh grade. I live in Southington, Connecticut. I am here to oppose the Bill H.B. 5044. School is the place where I can be myself and be my happiest, best self. Whether it's seeing my friends every day, getting to know and making great relationships with my teachers, or meeting new people and starting friendships that will last a lifetime.

I play many sports for my school, and if we're all being completely honest here, I am a total nerd who organizes everything and lays out everything for the next day, who has everything laid out and prepared for the first day of school two weeks in advance during the summer. I am in the honor roll and won't be satisfied for anything that is under an A. It's the one place where I could share the most laughs



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and learn to be an educated good kid and become a great adult. Why would you remove me from school and ruin everything that I have worked for just because of my religious beliefs?

Right now, we're learning about the Constitution in history class. In that document that was created by our Founding Fathers, we have our First Amendment which is part of our Bill of Rights. It states that I have freedom of religion and freedom of choice. This is really discrimination by taking us out of school. Discrimination of healthy children portrayed as a problem when all we want to do is just go to school. We are no risk to anyone else in school. The way I see it is that we are victims -- victims for financial gain. Our Constitution should protect us from this very thing. I do not belong to the government, I do not belong to Pharma. I belong to the Lord. I have freedom of choice, and you should not be able to take away my choice or my education from me. Thank you very much, and, please, for us kids, don't change the course of our lives, and please vote No.

REP. STEINBERG (136TH): Thank you. Are there any questions or comments? Representative Hennessey.

REP. HENNESSEY (127TH): Well, somebody's got to comment. Thank you so much for staying, staying strong through the day. It's late, and thank you for your testimony.

IZZY LEGGETT: Thank you.

REP. STEINBERG (136TH): Next up is Steve Judson followed by Danielle Bournos.

STEVE JUDSON: We had my daughter, Sierra, who she wanted to share her testimonial, and if there's any

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time left over, I will share, as well.

SIERRA JUDSON: Hi, my name is Sierra Judson. I'm from Wethersfield, Connecticut. I am presently a junior in high school. For the past 16 years of my life, I've never been vaccinated, I've never gotten the flu, and I've never put any sort of medication into my body. I cannot imagine not being able to finish my senior year with the friends I've grown up with my whole life. Let alone, I cannot imagine not being able to play the sports I played my whole life. Thirteen years of education in my hometown, and I might not be able to walk across that stage to receive a diploma. How does that even sound fair? Having to leave my school for one year is leaving behind everything -- memories, teachers, friends, and sport -- all of which impacted me as a person and changed me for the better.

With that being said, having to go to a private school for one year means I have to start all over, find a new group of friends, and get comfortable with sports teams who have been playing with each other forever. It has also come to my attention that the religious exemption might be taken away in private schools in Connecticut. That means that I'd have to be homeschooled or move states. First off, I am one of five children, and both my parents own businesses. So how do you expect them to find the time to homeschool us and teach five different grades? Because home school doesn't seem to be an option, moving states is the only other option. Now that is leaving behind everything -- my parents' businesses, our house, friends, and family. To move states means we would have to adapt to a new environment, find a new home, find a new school system, find a new place to play premier sports,

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find a new place for my parents' businesses, and many more factors.

I'm supposed to be attending college in one-and-a-half years, but because the religious exemption could be taken away, I would have to eliminate Connecticut and other scholarships I could get. I recently got my wisdom teeth out, and after the procedure, I didn't take one bit of medication. I allowed my body to heal itself and fight off what it was going through. It was able to do that because over the years and not being vaccinated, my body has built its immune system to fight off viruses and other illnesses. My friends always get the flu after they get the vaccine, and I have never once gotten the flu from any of them. That's because I have a strong immune system. What this all really is about is allowing us to have the option to make our own choices and to be able to choose what we want to do with our bodies and put in our bodies.

With that being said, this is going against the First Amendment which overall states we have freedom of religion. By taking away religious exemptions, that is going against the First Amendment and our religions. All I have to say is don't pass this law. You're hurting children and families by doing so. Put yourself in our shoes and realize what we are going through. Thank you.

STEVE JUDSON: Ladies and gentlemen, that flag over your shoulder, in God we trust, it's what our country's about, it's what it was built on so we could raise kids to think for themselves. You each are making history right now in our country and everybody's watching, and how you vote the world is going to know; we will make sure of it. I'm raising

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five powerful kids, so no matter what you decide, it's not going to affect them because I'm not going to let it. We don't give you that power. My kids rock, and they will continue, and I appreciate those that are making eye contact because it shows you're present and you respect, and this is about respect for our country and our soldiers that are defending our freedom. Don't go on the record as taking that away. God bless you.

REP. STEINBERG (136TH): Any questions or comments? Representative Hennessey.

REP. HENNESSEY (127TH): Thank you. I just want to commend the courage that it takes for you to speak your truth like you did. It takes a tremendous amount of courage. Thank you.

SIERRA JUDSON: Thank you.

REP. STEINBERG (136TH): Any others? If not, thank you. Have a good evening. Next up is Danielle Bournos followed by Maura Loizzo. Next up would then be Duncan Anderson. It's possible that some of these people are in one of the overflow rooms, so if they do show up, we'll get to them later. Next up is Alicia Paw, Daw. I'm sorry; I can't quite tell.

ALICIA DAW: Good evening, Committee. My name is Alicia Candelora Daw, and I'm addressing you today because of my concern about H.B. 5044. The removal of the religious exemption which is part of this bill would force many parents to make health care decisions not based on what they and their pediatrician feel is in the best interest of their child but knowing that their decision has a direct impact on whether or not that child will be able to attend school which is a constitutional right. Last

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month, State Representative Josh Elliott of Hamden was quoted on the news as saying, "What we don't say is that you absolutely have to vaccinate your children. You just have to vaccinate them if you want them to go to school. You still have the option to just homeschool them if you want to."

I would challenge those statements and say that many parents do not have the option to just homeschool. I left this morning from my house at 6:45, and it is now 10:30 or 11 o'clock; I don't even know what time it is. Many of you I've seen here all day, as well. I have this option because I have a spouse who is both an equal income-earner and participant in our household. Simply put, I could afford to take today off. I fall into a category of parent who could just homeschool should I choose not to give my kids one or all of the vaccines on the recommended schedule.

However, I have many, many friends and family members who are not afforded that luxury. For many of them, taking even just one day off of work would mean the difference between their child having a meal on their table at the end of the evening or a warm coat on their backs this winter. It would mean a significant amount of money out of their paycheck to pay for childcare for them to be able to attend today's hearing. Many single parents are not in a position to just homeschool and, therefore, will not have a choice in the matter and will be coerced into making medical decisions for their children. Coercion is not a consent, and it is not a choice. When my friend who doesn't believe in giving her child the flu shot but does every other vaccine looks me in the eyes and said that she has no choice this upcoming school year because if she chooses not

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to do that, she'll have to pull her child out of school and, therefore, will not be able to work to provide for her; and then asks me what I'm going to do about it, I'm going to have to look her in the eye and say, "I'm going to pull my kids out because I have a husband at home that can provide for us, and I have the option of doing so."

I want you to think about that for a second because a lot of conversations, hundreds if not thousands of conversations like that, will happen if this bill goes through. In a state that prides itself for being progressive and generally forward-moving, if this bill passes, it will further widen the gap between lower class, middle class, and upper class families. Because families that have the means to choose alternative schooling for their children will do that rather than giving up their medical and religious freedoms. In a state that is largely democratic, rather than working towards bridging this gap, we will be widening this gap.

As you're voting, I want you to take into consideration the social implications of doing such, and I urge you to be on the right side of history when going so.

REP. STEINBERG (136TH): Thank you. Are there any question? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Alicia. Full disclosure, we are related; this is my cousin. And full disclosure, too, I didn't realize her position before I had taken my position, but thank you for your testimony. I guess some political activism is in our blood. Maybe we'll see you on this side of the table someday. Thank you.

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ALICIA DAW: Thank you. And just to be clear, I saw his identical twin brother a couple weeks ago and asked him to vote against the bill, and he said, "I'm not Vinny." [Laughter]

REP. STEINBERG (136TH): Thank you. Next up is, looks like Nikki Diekson followed by Derek R. Nikki Diekson, not here? Derek R. Tina R., maybe they're related.

DEREK R.: My name is Derek R., and I'm in fourth grade. I'm here to ask you to vote No on H.B. 5044. I'm missing my first day of school this year to come here and share with you why I'd like to stay in school. I try my hardest in school, and I am kind to all my friends. Our class receives petals for our acts of kindness, and out of the 20 kids in my class, I have the most. School is not just about learning but also how to treat others with kindness and respect. In a couple of years, I'll be in middle school. I can't wait to play baseball and basketball which are my two favorite sports. I've been playing baseball for five years and basketball for three. Most of my friends play on my team. I do my best and have gotten an MVP award in baseball and asked to be in the All Star game for basketball for all three years.

Playing sports makes me feel amazing, and I won't be able to play those sports for our middle school team if I am not allowed to go to school, and I'd be very sad if I couldn't play any more with my friends. Going to school prepares you for life. We have many different subjects and are learning skills like debating, using math for everyday life, and collaborating groups to work together. Being in school allows me to be social with my friends and

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becoming more adaptable with others. It's not always easy, but I know overcoming challenges is a part of life and makes you stronger.

If this bill passes, I am nervous that I won't be as smart as I would in school. I'm afraid of losing my friends and losing chances to meet new friends. I love my younger brothers and would be scared that if I was stuck at home, they would get sick of me [Laughter], and I really don't want that to happen. I feel like I'm a healthy person, and I have not been sick this school year, even with half my class out this month with strep, colds, or the flu. Two weeks ago, a girl in my class went home with the flu before morning meeting, not even 45 minutes into our day. That same afternoon, a girl in my class went home sick with a fever. Kids come to school all the time not feeling their best, sometimes coughing or even getting home with fevers, and I don't understand why I'm the one considered to be a risk to others. Please vote No and keep me in school. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Representative Cook has a question for you.

REP. COOK (65TH): Is it past your bedtime?  
[Laughter]

DEREK R.: Yeah, yes.

REP. COOK (65TH): So, I just wanted to say thank you. So, I'm a mother of four, and I love hearing the love that you have for your siblings. I hope that continues. And as you sit here, and you talk about the things that you're afraid of, I hope you know that the people that are sitting in front of



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you are trying to do their very best to ensure that your future is the very best. And that's why we've been sitting here since 10:30 this morning. So, just know that we hear you, and we will try our very best to ensure that you have everything that you need.

DEREK R.: Thank you.

REP. COOK (65TH): Keep up the good work, and good luck with sports.

REP. STEINBERG (136TH): Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): I just want to thank you for your testimony. You did a great job. I think everybody can say, you know, it's impressive to see you at such a young age and such a late time at night being so articulate and getting your point across. And, Mom, I just -- are you Tara? Tina, okay. I just want to thank you for coming and bringing your son and raising such an amazing little boy. Thank you.

REP. STEINBERG (136TH): I think Derek is fresher than we are. [Laughter]. Tina, you have three minutes, as well. Did you have -- okay, please --

TINA R: I do, yes. Thank you. I'm here today to ask you to not vote on this bill. The most important question to ask today -- has anyone ever been injured by a vaccine? The undeniable answer is yes. With this bill, you are asking parents to risk injuring their children and violate their religious creeds and just to access an education, a right to which they are entitled in our Constitution.

Are you as adults vaccinated for chickenpox, Hep A,

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Hep B, pneumonia, or meningitis? Well, guess what? Neither are most of the adults in school. Are they not a part of this magical herd I keep hearing about? You can't honestly believe it's logical to include the children sitting on the carpet or in the chairs in this herd and not the teachers, paras, custodians, cafeteria workers, or every single person that walks into that building. Do adults not get the measles or pneumonia? These adults who are unlikely to be vaccinated for these childhood illnesses, have been and clearly are a part of this herd, skyrocketing the number of unvaccinated individuals in schools, and yet we still have no outbreaks.

Let's be honest about the risk in schools. Are children that are not vaccinated more of a risk in school than kids sent in everyday with fevers and illnesses because their parents can't take a day off or don't have childcare? No, these sick children sent to school every day are a direct threat to those around them, especially the immunocompromised. Children who are not vaccinated don't pose a direct threat because they simply cannot spread an illness they do not have. Do we know how many kids we'll be removing with this bill? Because from what I heard earlier, it sounds as though even the state is unsure at this point. Are we comfortable kicking them out? And what does that even look like? Will you be escorting them out of school as their friends watch, and are you going to hold an expulsion hearing for my six-year-old who is kind to everyone and has never even sat in a take-a-break chair.

On what grounds will you be expelling them, and have you thought this through to consider the emotional repercussions this will have on children? With

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mental health disorders in children on the rise and teenage suicide attempts doubling over the past decade, are we prepared to kick these children out and paint a target on their back? Do you honestly believe that kids won't be singled out after being in school with their friends of five, eight, and ten years, and then all of the sudden being homeschooled with their siblings? In a time where we are pushing for school inclusion, this bill promotes medical discrimination and segregation of school-age children. You are setting up thousands and thousands of kids for anxiety, fear, depression, insecurity, and possibly even suicide.

Your support of H.B. 5044 says that you as a legislator support the removal of children from schools, and when I say removal, I mean that you and the State of Connecticut will have to remove my beautiful healthy children from the schools they love. My religious convictions will not be altered by you voting away my constitutional freedoms. I will not comply with subjecting my children to a liability-free pharmaceutical product and death listed as a side effect because you think it's within your right to hold their education hostage. I will not withdraw my children. I do not choose to homeschool, and these are unacceptable options that violate our religious freedoms and the right to education. Thank you so much.

REP. STEINBERG (136TH): Thank you. Questions or comments? Thank you for your testimony. I think it it's time for bed for at least one of you.

TINA R: For both of us, yes. Thank you.

REP. STEINBERG (136TH): Next up we have Erika T. and Erica R. after that.

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ERIKA T.: Hello. Thank you for letting me speak. I'm here to oppose 5044. My name is Erika, and I'm from Stamford, Connecticut. I am a single mother of a six-year-old currently enrolled in first grade in a public school. At my work, they adjusted my hours so I can drop and pick up my child from school. I'm working part-time. Please stop this horrible bill since I won't comply if it was to get passed. This bill will put me out of work completely, as I can't work and homeschool my child. I cannot work to pay for someone to watch my child either, so I will have to move out from the state where I've lived for the past 24 years. I don't see any issues why things can't be like the way it was before the bill. This is coercion, and it's not acceptable. My child was kicked out from pediatric office, and if this bill will pass, he will be kicked out also from school. However, why should he be removed? It's a vaccine mandate.

Vaccines are liability-free, not safe or effective or they last. I've personally overcome some of those infections already. One person told me personally they got the shingles vaccine and got shingles from the vaccine. Live vaccines like MMR they shed and spread to others. I read about mumps outbreaks all the time, and the majority who get it are vaccinated. One pro-vaccine nurse who checked titers for her family, family of five, when her fully vaccinated daughter got mumps, said none of them was immune to rubella. And even though this nurse had three MMRs and had titers for mumps, she still got the mumps weeks later. Please vote no. Thank you very much.

REP. STEINBERG (136TH): Thank you. Any questions?  
Representative Michel.

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REP. MICHEL (146TH): Thank you, Mr. Chair. I just wanted to thank you for coming from Stamford. I'm also from Stamford, so thank you for being here tonight and for testifying. Thank you.

REP. STEINBERG (136TH): She'll get home before you will. [Laughter]. Next up is Erica R. followed by looks like Art Calef.

ERICA RAMOS: Good evening. My name is Erica Ramos, and I am from Stamford, Connecticut even though I'm originally from Bronx, New York. I am vaccinated, but I oppose this bill that's coming up mainly because this isn't about my generation. This is about the generation that is after mine. It is about their education, their future, and to take that away as though this is a privilege; it's not. We have the right to get our education, to have a career. Some of us could be where you're at right now, and to take that away isn't right. Thank you.

REP. STEINBERG (136TH): Thank you. I think you win the award for the most brief testimony, for which we are appreciative. You were very much to the point. Any questions? If not, thank you for being here. Next up, it looks like Art Calef followed by Caitlin Dolan.

ART CALEF: I really appreciate the number, the quantity of representatives here today. I think that's really good. My name is Art Calef. I do appreciate the opportunity to testify today. I have all six of my children here. The rest of them are down in one of the overflow rooms. I brought these up today for a little bit of an object lesson. You all look very intelligent. I know you spent a lot of time researching this issue. That being said, do any of you esteemed members of the Committee know

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the names of any of my six lovely children? Do you happen to know their ages, their weights? Do you know their medical histories? How about any allergies they've had? Do you know which vaccines they've already had and whether they've had any adverse reactions to any of them? Do you know which of them has already had chickenpox and, therefore, doesn't need the varicella vaccine? Do you know if they'll be likely to attend daycare or church Sunday schools or nurseries where they're much more likely to pick up a vaccine-preventable disease or whether they do not? Any of you?

Do any of you on the Committee know which of these girls has had a rare neurological autoimmune disease known as Guillain-Barré syndrome, GBS for short, which can be potentially fatal? It can also result in full-body paralysis if it's not treated quickly. Did any of you know that the most authoritative sources of information on GBS issued an official position on vaccines that said, and I quote, "The decision about a former GBS patient receiving or declining a flu shot or any other immunization should be well thought out." Any my point is simply this. You don't know my child, and you don't know any of my children. You don't know the risk factors. You don't know the answers to any of those questions. You never will; it's not your job. It's my job. It's my job to determine the answer to all those questions and many more. Each of those questions are very important in assessing a vaccine's value or risk to any particular child.

We the parents, we know our children better than anyone else. We love them more than anyone else. We must retain the ability to make well-thought-out medical decisions for our own children. This

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religious exemption that H.B. 5044 seeks to remove is really the only remaining viable option many of us have open to us to exercise those well-thought-out decisions. Please don't pretend to know my children better than I do. Please don't insert yourself between my child and me. Please leave the religious exemption alone. Please leave my parental rights alone. Please kill H.B. 5044 in Committee. Thank you.

REP. STEINBERG (136TH): Thank you.

ART CALEF: And I do appreciate the three minutes that we are given; that definitely helped.

REP. STEINBERG (136TH): Yes, Representative Demicco.

REP. DEMICCO (65TH): Thank you, Mr. Chair. I will be brief. Thank you for coming to testify and bringing your lovely family with you, and, no, I do not presume to know your family better than you. None of us do, obviously. So, my only question for you is you mentioned that if we passed this bill it will leave you with no viable option. So, I'm presuming that that includes no viable medical exemption option for your family.

ART CALEF: That's correct. The tables that the medical community would use based on the CDC's recommendations lists GBS as a precaution if it's within a certain amount of time after a vaccine, but not as a contraindication. So, officially GBS is not a contraindication even though it's a precaution by the same company, by the CDC.

REP. DEMICCO (65TH): So, therefore, you wouldn't be eligible for the --

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ART CALEF: I couldn't use it as a medical exemption, couldn't get a medical exemption for it.

REP. DEMICCO (65TH): Okay. Thank you, thank you.

REP. STEINBERG (136TH): Other questions or comments? If not, have a good evening, you and all six of your kids. Next up is Caitlin Dolan followed by Diana Walker. I had that wrong. That would be Waller, not Walker. So is Diana Waller here? Caitlin Dolan is not.

DIANA WALLER: Good evening. I'm going shorten it up a little because my kiddo has something to say. So, I am in opposition to H.B. 5044. As a military veteran married to a combat war veteran, I find this bill appalling. We served our country to ensure that all people have the right to live free. The issues with the removal of exemptions are many. Number one, there is no public health emergency to warrant the removal of this precedent. There were four measles cases in 2019. The first two cases were strain D8 originating from outside the country. This is from a FOIA request from DPH. DPH also is withholding data regarding the third and fourth cases of measles as to where they originated. Those FOIAs are over six months old. Okay. We all know that if the additional cases of measles were contracted by an unvaccinated child, that would have been major news. If the state is seeking to remove the religious exemption to immunization, then all members of the Public Health Committee should request disease data for unvaccinated people in Connecticut over the last ten years. I'm sure this has not happened, and unvaccinated or partially vaccinated people have not been the cause of disease outbreaks in Connecticut.



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Furthermore, the DPH school-by-school data is inaccurate. Also a FOIA request showing representative Linehan to Representative Ritter that the schools were reporting this information as incorrect. You can see that -- all of these documents are on my online testimony.

I'm going to skip the religion part; that's been spoken to. I'm going to speak to the civil rights part. The bill and the removal of the religious exemption is enforcing segregation. As a mother of a biracial daughter, married to an African-American man from the South, I am in disbelief that in 2020 in Connecticut, not Mississippi, not Georgia, not Virginia. My husband and I have explained segregation to my daughter. The definition according to Merriam-Webster is "the separation or isolation of race, class, or ethnic group by enforced or voluntary residence in a restricted area by barriers to social intercourse and separate educational facilities or by other discriminatory means." Discrimination is "the act or practice or an instance of discriminating categorically rather than individually." We moved from Virginia in 2013.

In 2014 and 2015, there was a movement to remove the religious exemption by the Connecticut legislature. Then again in 2019 and now here we are in 2020. These bills are being put forth by primarily Caucasian democratic men using white privilege to discriminate against an entire group and class of people. In Connecticut in 2020, this is history repeating itself. Our bodies are not for sale. Our religion and worship is not up for debate. There is no public health emergency, and we are yet again in the scenario where a primarily European majority is seeking to perpetrate hate and discrimination

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against a minority group. Thank you.

LILA WALLER: Hi, my name is Lila Waller, and I'm in fourth grade. I want to stay in school because for me school is more than just a place for learning. It is a place to make friends that will help you through the tough times. And please hear me loud and clear because I'm an only child, and if I am homeschooled, I will be all alone. Please vote No.

REP. STEINBERG (136TH): Thank you. Any -- Representative.

REP. HENNESSEY (127TH): I just want to thank you for your service for your country. You're obviously still fighting for it. Thank you.

DIANA WALLER: Thank you.

REP. STEINBERG (136TH): Anyone else. Thank you. Have a good evening. Next up is Reverend Ernestine Holloway.

REVERENT HOLLOWAY: This is how I am when I ain't yelling at you guys. [Laughter]. My name is Ernestine Holloway, Reverend Holloway. I'm going to get a little personal and talk to you. I'm going to tell you what all the parents wouldn't tell you. I've been injured by vaccines. I have the disease that most of those kids have back here. It's called focal glomerulosclerosis with nephrotic syndrome. When I was a kid, I was in the hospital for a lot of days, months and months. I've been intubated because they couldn't figure out what it was, and when I realized it was from the MMR shot because you are required if you're going to school, and I'm clergy and I go to school, lots of school. And I didn't realize how bad it was until I started having joint aches, and I wasn't able to walk. So, in my

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20s, I've had strokes and heart attacks.

So, when I listen today and I heard everybody say that vaccines don't hurt, I looked at them, and I said, "You're lying." And the reason why I know because I'm from a family that that disease from immunization and African-American descent children, five of my uncles had it. It never became a female issue until it got to me. I don't know why. I had a cousin that was vaccine-injured; she's dead, same disease. So, don't tell me vaccines don't hurt. When I can't get up in the morning and I can't walk, I know it's from the MMR shot. I also have two grandchildren -- well, I have seven of them, boys. Three of them. I have a daughter with three of them. I asked her not to give them the shots, but she's her mother's child, so you know she did what she wanted to do, and two of them have autism. The third one doesn't have it because what I did was I did more research and I told her spread them out. I don't care what the doctors say; give them a year apart. He doesn't have autism. So, that would lead me to believe on my own study that vaccines do hurt.

So, when you decide also that these kids aren't going to go to school, the state is going to lose a whole -- the cities are going to lose a whole lot of money. And then you're going to have to pay because I'm an advocate. I'm going to make sure you spend every penny so these kids can get educated 'cause that's what I do. I don't think you thought this through, and I'm not going to yell at you today 'cause I think we're all sleepy, and that's just not who I am. But just remember election is coming. You guys done messed up tolls. You gonna mess with the 2A pro people. Now you messing' with the people and their children. So, I'm gonna tell you. You're

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getting ready to interfere with the constitutional rights of people. But I want to tell you this. I'm gonna be the first one to file a motion in court to stop you dead in your tracks 'cause I'm tired of this. So, I'm encouraging all the parents tomorrow, go to the Federal Court, file the paperwork, and tie this in a bow and knot, and you will never forget the parents of Connecticut.

REP. STEINBERG (136TH): Thank you. Questions or comments? If not, thank you, Reverend. Next up is Tomas Laferriere followed by C. Marcella Kurowski.

MARCELLA KUROWSKI: Hi, I'm Marcella Kurowski. Members of the Public Health Committee, I oppose H.B. 5044. To repeal the religious exemption infringes on individual freedoms afforded to American citizens in the Constitution. For the states to make decisions about children instead of parents is a disrespect to the family unit. My husband supports my two children and me with a business that he has had for over three decades, and it gives him great anxiety that he would have to move us out of state in order to give them the education in which we thrived. If the law is changed, they will not be able to attend technical high school or cosmetology school like I had, nor will they be able to go to UConn like their father, thus depriving them of the vocational skills to be a contributing member of the labor force.

With all the anti-bullying messaging that is presented at school, why are our legislators bullying school children and their parents? To remove the exemption is either bullying families into taking a pharmaceutical product or bullying them out of their taxpayer-funded school. What

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happens when there are no exemptions and more products are added to the schedule? And when families decide to pull their kids from school rather than comply, there may be a mass exodus from public schools, thus derailing what is the federal jobs program. I remain a registered democrat to vote in primaries, raising the issues of bodily autonomy, religious freedom, and parental rights. Thank you for your time and consideration. Many blessing to you all.

REP. STEINBERG (136TH): Thank you. Representative Hennessey.

REP. HENNESSEY (127TH): Marcella, thank you for your testimony tonight. It's good to see you. You were here before us last year, fighting. Well, it's good to see familiar faces, and thank you.

MARCELLA KUROWSKI: There are many familiar faces here that we've seen at the Capitol fighting, and I appreciate each and every one, and I appreciate you, Representative Hennessey.

REP. STEINBERG (136TH): Any other questions or comments? If not, have a good evening. Next, we have Tiffany Barbieri followed by Jesse Gleason.

TIFFANY BARBIERI: Hi, thank you so much. I'm really grateful for the late hours. Tiffany Barbieri. I'm here to oppose H.B. 5044, and I'm so grateful that you are here at night. I work two jobs. I paid \$600,000 out of pocket for my son's autoimmune disorder and autism. Unfortunately I do not have the income from pharmaceutical companies like Liz Linehan. I've come here to talk to you about the impact vaccines have had on our family. My daughter grew up with her older brother who was

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vaccine-injured. She sank her body and brains into books. She was a good student, but after watching her brother change literally overnight with his autoimmune disorder, she became a great student.

My son's autoimmune disorder nearly destroyed our family. It almost claimed my son's life as rage, attempting to kill parents and siblings, and himself are typical symptoms of the diagnosis of PANDAS. My daughter is a straight-A student. She has a 4.2 GPA as a junior. She recently attending the March for Life in D.C. a few weeks back. Next week, she's planning on leading her group to the Pro-Life March. She's starting a robotics club at her school and just organized a mission statement, objective plans for action, and recruiting businesses for donations. She is running for council of her National Honor Society, and she's scheduled to take four AP classes and two ECE classes next year. By the time she graduates, it'll be eight AP and ECE classes she'll graduate with. She plans to attend an Ivy League school, and yes, she is a contender for valedictorian.

If this law is passed, all that she's worked for will be lost, as she will be ripped from her school just like those babies who were ripped from their mother's womb in order to produce these vaccines. I want you to imagine how you would feel if this was your daughter and how would you tell her she could not take the position of valedictorian at 12th grade? You want to mandate injections of vaccines. It's a medical procedure. Alabama currently has a bill to mandate vasectomies, also a medical procedure, for males after a certain number of children or after a certain age. Forced injections include medical sterilization just like Law 116 in

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1937 which was used to sterilize Puerto Rican residents for population control. Forced injections also mean medical experiments just like the Tuskegee experiment where they promised free health care to poor black men with syphilis, denying them the diagnosis nor the medical intervention that they needed, allowing them to spread the disease to the community, procreating, and passing it on to their offspring. Government has used Americans to control population, perform medical experiment, and now to remove the rights of the people who elected you into office. You're not doctors. You're not part of my family. My son will not be able to use the medical exemption because he does not qualify. My friends who are Democrats have vowed never to vote for Democrats again in this state. This is becoming a Nazi state, and they --

REP. STEINBERG (136TH): I'm going to ask you to wrap up now, please.

TIFFANY BARBIERI: I will continue to educate the constituents of this state. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Have a good evening. Next up is Jesse Gleason followed by Elizabeth Wasserberger.

JESSE GLEASON: Good evening. Dear members of the Public Health Committee. My name is Jesse Gleason, and I'm here this evening to express my strong opposition to H.B. 5044. This bill is the first step in taking away our medical freedom. I very much value my ability to make decisions about my own health and my family's health. I do not believe the state should mandate medical products for me and my loved ones. I anxiously worry about collusion between giant pharmaceutical companies and the

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government.

As I understand it, this bill would give the State of Connecticut the right to take away my children's ability to go to school if we do not comply with the outrageous CDC vaccination schedule. It would give the State of Connecticut the right to deny me or anyone before 1956 the right to take college or university classes without receiving certain vaccines. It would allow the Department of Public Health to add vaccines to the schedule at any time. When I was a child in the 1980s, there were only a handful of vaccines on the CDC schedule, but now there are 72.

Did you know that vaccines are the number one moneymaker for pharmaceutical companies? These are the same companies that have been prosecuted for criminal activity in creating the opioid crisis. Did you know that certain legislators pushing this bill have conflicts of interest? As such, it is outrageous that we are even allowing this gross example of government overreach. Did you know that the vaccine manufacturers in the US are completely exempt from liability? If you or a loved one are injured by a vaccine, you cannot sue the manufacturer; instead, you'll have to go through a federal court to get compensation, a process which takes years of suffering. Did you know that the federal vaccine court has currently paid out more than \$4 billion dollars in claims to vaccine-injured individuals? If you read the vaccine inserts, they will advise you of the many side effects including ADHD, asthma, autism, even death. Many of the side effects of the vaccines are worse than the actual mild illnesses that they purport to protect from. These side effects of vaccines are not rare. In



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fact, children today are sicker than they have ever been in the history of our country.

Please know that this is not an anti-VAX or pro-VAX message but one of protecting our parental rights and freedom to choose what goes into our children's bodies. Mandated medicine is a disgrace now and forever. This is why informed consent has been ingrained in every historical treaty time after time. There is no moral basic liberty than the freedom to choose what goes inside of our bodies and our children's bodies. I strongly urge you to oppose this bill which mandates dangerous medical interventions, putting our children's right to an education as a form of coercion. Coercion does not equal informed consent, and the state has no right to make medical decisions for my family. In closing, these beliefs are protected under the US Constitution, 14th Amendment, Section 1 and the US Supreme Court ruling that parents have the right to parent their children including medical decisions without state intervention. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Have a good evening. Elizabeth Wasserberger followed by Evangeline Cai.

ELIZABETH WASSERBERGER: Hello, members of the Public Health Committee. I got up about 4:30 this morning to come over here. I'm 66 years old. I'm Elizabeth Wasserberger. I'm still 66 years old [Laughter], a couple of minutes older maybe. And except for maybe a couple of demonstrations at the University of Michigan when I was there in engineering school, I've never been to a public meeting like this, so I guess you could say this issue has galvanized me along with a lot of other

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people. And I prepared a statement to read to you which I probably won't do because the one thing I didn't expect to happen today was that I would learn a lot more than I thought I already knew.

I'm a chemical engineer and a retired business executive, and I thought I had researched this issue very well. I raised two children who are very successful people, been through public school unvaccinated, public universities and graduate school, and I still didn't know a lot of the things that I learned today because things have changed since I was in University, obviously. But I don't look at this as a partisan issue. I don't know what affiliations all of you have with regard to Republican, Democrat, Independent, Libertarian, whatever. But you can see, as I can see, how important this is to parents from a parental rights point of view. I understand the science. I stay current in my field. I'm sure a lot of you have read up on a lot of that stuff, too, but what I really underestimated was the constitutional viewpoint of this issue. And, so, I'm urging you to vote No. I live part-time in Wallingford. I spent a lot of time in Michigan still, but this issue is not just Connecticut. I'm seeing some of the same things happening around the country, and I think it's important that we hear each other. You've done a great job hearing people here today, and I just thank you for letting me speak and have a chance to be here today.

REP. STEINBERG (136TH): Thank you. I would agree with you. I think we've all learned quite a bit today. Are there other questions? If not, thank you; have a good night. Next up is Evangeline Cai followed by Akeem Bey. Akeem Bey followed by Linda

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DeFrancesco. Okay, Linda DeFrancesco followed by Rabbi Michael Green. Did he testify earlier? But first, Linda DeFrancesco if she's here. Rabbi, please come up. If you could do us a favor and please turn off the mike right in front of you now so we only have one on at a time. Yeah, turn that off and use the other one if you wouldn't mind, please. No, the next one. Okay, thank you.

RABBI GREEN: Thank you very much. My name is Michael Green. I'm an Orthodox rabbi, lecturer, and published author here in New England. I drove here twice today from Massachusetts. I have a lot of appreciation to Sir and Madam Chair and the members of the Committee for being here so late at night. This bill is unconscionable because it constitutes a grave violation of the First Amendment. If a drunk driver has the right to decline a needle stab, then surely a healthy, law-abiding citizen does, as well. The claim that no religion opposes vaccination is patently false. Religion is not monolithic, and everyone is entitled to their own moral, ethical, or philosophical beliefs.

But that aside, I am here today to represent Judaism, the world's original Abrahamic faith. Judaism strictly prohibits the current vaccine policy. The use of aborted fetal DNA constitutes a grave desecration of sanctity of human life, a violation of the Noahide laws, the Universal Code of Morality of Genesis Chapter 9. Do not believe the so-called experts who claim that Judaism supports vaccination. These people are unlearned and unfamiliar with and are misrepresenting Judaism.

I spent the greater part of the last year corresponding with Orthodox rabbis throughout the

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country and many here in Connecticut. Not one single rabbi endorsed the mandatory vaccine policy. Not one single rabbi endorsed hepatitis B vaccine. Instead they all agreed to me behind closed doors that it's against the Jewish faith to subject one's young child to it since there's no significant risk factor that would justify the injection, which is a violation of Deuteronomy 14 in Chapter 4 verse 15. So you might be wondering why aren't the rabbis of Connecticut here protesting today. Well, I'll tell you. Rabbis are fearful of antisemitism. You might call it generational PTSD. Rabbis are afraid of Jews in their communities being blamed for disease as was done to Jews historically throughout the Middle Ages, in Nazi Germany, and still today in the Arab media. So, consequently, many rabbis are silent on the vaccine policy even though it goes against their better conscience.

But I'm here to tell you the truth. Judaism does not endorse the current vaccine schedule. Moreover, the fact that it is mandatory is an assault on the very concept of religion -- that a human being is subordinate only to one's divine creator. In effect, every religion supports religious exemption. But you might ask, what about the alleged benefits of vaccination to society. Well, number one, herd immunity is not a Biblical value and has zero basis in Judaic Law. I'm responsible for my child's health only and not for some statistical or theoretical health of a so-called herd. Yes, there is mutual responsibility for a community but not at the cost of risk to oneself or one's child, even the slightest risk.

Every single vaccine carries a risk; that is an undisputed fact. The Supreme Court ruled in 2010

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that vaccines are unavoidably unsafe, but even if there is societal benefit to vaccination, the ends do not justify the means. We cannot claim to be trying to benefit the majority by persecuting the minority and usurping their First Amendment rights to religious freedom with bodily autonomy. We may not discriminate against healthy children simply because they're staying true to their family's moral, ethical, or philosophical values. These children pose a danger to no one. That is a scientific fact, and everyone knows it. This has nothing to do with keeping anyone safe but only about unjustly enforcing an unjust policy. You have [inaudible-13:13:10] is the proof. Education is a right. We cannot deny a child an education. Stop Bill H.B. 5044. Thank you very much.

REP. STEINBERG (136TH): Thank you, Rabbi. I do have to comment, and it's quite possible that you made an erroneous statement based upon the fact that you hail from Massachusetts. I will tell you there are rabbis throughout the State of Connecticut who support this bill. The rabbi of my congregation supports this bill and is getting signatures from other rabbis across the State of Connecticut. So, I really don't think you can reasonably say you're speaking on behalf of Judaism or all the rabbis in the State of Connecticut. I'd be glad to acquaint you with that information when I receive it, but I hope you understand that I fundamentally disagree with your statement with regard to Judaism's position on this because you certainly do not speak for all the rabbis in the State of Connecticut.

RABBI GREEN: May I reply? I actually meant -- you're point is well taken. I made it very clear I am speaking about Orthodox rabbis, and I've spoken

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to hundreds of them, many in Connecticut. I have an open challenge to rabbis throughout the world; not one leading authoritative Orthodox rabbi has stepped forward to endorse the hepatitis B vaccine or HPV vaccine, not one. So, as of right now, I have to conclude that Orthodox Judaism is opposed to the mandatory vaccine schedule.

REP. STEINBERG (136TH): Thank you for that clarification. I was confused when you said you were speaking on behalf of all Judaism.

RABBI GREEN: Oh no, I meant to say Orthodox Judaism. I'm sorry.

REP. STEINBERG (136TH): Are there other questions or comments? I thank you for your time, Rabbi. Thank you for traveling down here twice in one day.

RABBI GREEN: Thank you very much.

REP. STEINBERG (136TH): Next up is Brendan Grant followed by Jodo McAllister.

BRENDAN GRANT: Thank you and good evening. My name is Brendan Grant, and I live in Killingly, Connecticut. I am in firm opposition to H.B. 5044. The right to peaceably practice one's faith is the most fundamental pillar of freedom in this nation, and according to Connecticut's state law, I do not need to identify myself with any organized religion. My faith and spirituality are my own to keep. I believe I'm going to touch upon a subject that has yet to be talked about today. My wife and three children and I are passionate vegans, and we support an ecologically sustainable future for this planet. We believe that a plant-based organic diet is the healthiest way for us to eat. We do not support animal cruelty or factory farming.

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This has been an enlightening journey for us over the last few years. We have found ourselves spiritually reconnecting with nature, and our moral compass has never felt stronger. This is our creed, our set of beliefs which guide our actions and decisions. We do not consume animal products of any kind, and that includes animal products contained within vaccines. There is no such thing as a vegan vaccine. This is not an abuse of the religious exemption. This is an application of our right to peacefully exercise our faith. If the state treats this in any other way, then it is discrimination against our First Amendment rights. Why vegans should be discriminated against when it comes to vaccines. Veganism is one of the fastest-growing movements on the planet. It's not going anywhere.

This bill not only promotes discrimination, it also promotes segregation, invasion of privacy, and an erosion of our most basic and essential rights as humans and American citizens to religion and education. This bill is drastically and dangerously short-sighted, and there is no substantiation for its existence. I testify on behalf of my family to say that we do not consent to this medical tyranny that is being fueled by a corrupt and criminally convicted industry that lacks all sense of transparency and liability for its vaccines that the state is trying to mandate to our children.

If you compromise the Bill of Rights, then you dissolve the very foundation upon which the union stands. The preservation of individual liberty should never be trampled or outweighed by political interests, media propaganda following Pharma's narrative, unlawful censorship, and forced compliance. My wife and I already homeschool our

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children, but we are here today with our children in solidarity and support for everyone here who is also in opposition because if you pass this bill, then who suddenly becomes the next health threat? Homeschoolers? Adults? I will finish by stating that there is no public health emergency in Connecticut. The only emergency that needs to be addressed is the attempt to dismantle our constitutional rights. I urge this Committee to please stop this bill and to preserve the integrity of the Constitution that you swore an oath to protect when you took office in our proud state. Thank you very much for your time.

REP. STEINBERG (136TH): Thank you and that for your kids for staying up so late. Representative Hennessey.

REP. HENNESSEY (127TH): I've been like having a heart palpitations all day long with the testimony that's been presented, and definitely yours. But I think the greatest testimony that is presented is your children, and your children and the children of other parents that have come up. The beauty and the love that surrounds them is so beautiful.

BRENDAN GRANT: Thank you.

REP. HENNESSEY (127TH): Thank you for testifying.

BRANDON GRANT: Thank you very much. I appreciate that.

REP. STEINBERG (136TH): Thank you. Next up would be Jodi McAllister followed by Shannon Gamache. Thank you. Jodi here? Jodi McAllister, no? Then I guess you're up, Shannon.

SHANNON GAMACHE: Hello, my name is Shannon Gamache.



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I'm also on the Board of Education in Ashford. Land of the free, home of the brave; this is the land I'm trying to save. I thought this was America, free to make my own choices. But we're doing so much talking, we're losing our voices. Our State Constitution says education for all, but now I'm sitting here, and you have the gall to discriminate against us by religion and creed. I'm asking if it's forced, are we really free? You may disagree, but you're holding education hostage. My kids deserve opportunities, not bondage. I'm living in fear from Pharma coercing to inject us, and I'm asking, dear legislators, please protect us. Most of our children were hurt by a company who accepts no blame, yet you're trying to pass laws that incite shame. Doctors continue to dismiss what should be hitting them like a fist -- a sharp increase in allergies, asthma, encephalitis, and autoimmunity. It's what's happening based on an unproven theory of herd immunity by vaccinating the many, but we still see outbreaks in groups that have plenty. That's called vaccine failure, not failure to vaccinate.

Pharma needs to stop selling lies and stop selling hate. Christian, Muslim, atheist, or Jew -- freedom of religion doesn't belong to the few. I don't know of one religion that advocates harming kids, and that's the religion we all claim. Now hear this, follow New York and California watching mothers arrested, all for a medical procedure they contested. A hundred thousand healthy children kicked out so far after the beginning of classes, and all of this is seen as necessary to protect the masses. Parents and children being harassed against openly, and legislators, I'm telling you, we will not bend the knee. No matter how hard you try to

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force us to comply, we get up each day and renew our battle cry and pray for the strength to keep fighting against tyranny because your laws will not change our most precious beliefs -- that our bodies are sacred, holy, and perfectly created.

We're not lacking aluminum, formaldehyde, or mutated viruses, bacteria, cells from a dog, caterpillar, or yes, even baby. You cannot inject these things and say they were used safely. Not one manufacturer has used a saline placebo. I shouldn't have to tell you that your answer should be no. No more corporate lies, greed, misrepresenting and falsifying information. Where is the vaccinated versus unvaccinated study we're begging for in this nation? Until you ask yourself these same questions and prove to us the need, we won't back down, we won't comply, and we won't concede. And please ask me about my son in trade school; I have something to say about that.

REP. STEINBERG (136TH): Thank you. This is probably the first testimony I've heard in rhyme in my nine years here. Representative Hennessey.

REP. HENNESSEY (127TH): Please, tell us about your son in trade school.

SHANNON GAMACHE: Okay, so my oldest son is in trade school. I haven't heard anyone really bring up this point a lot yet. He was actually homeschooled until eighth grade, and then he went into the public school system. He's an honor student. He has never been absent except -- well, actually he was absent once, and then today he was absent to come here. He did have to leave; he couldn't testify. But he's in trade school. He worked extremely hard to get his particular trade that he wanted, which was masonry.

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Out of the 200 students that enter as freshman, 18 get each of the slots, whether it's plumbing or collision repair or masonry, and masonry is the number one pick in the entire school. And he worked so hard at high honors to get that, and he got that pick. Some kids don't even get their second or third picks; they get their fourth.

I cannot homeschool masonry. If I was lucky enough to find an apprenticeship for my son for masonry, he can only work for maybe someone who does concrete pouring or concrete stamping or bricklaying or tiling. People specialize. The opportunity to go to school for four years will give him a broad education in all of those areas. I cannot [inaudible-13:23:19] an apprenticeship for my son if he has to be pulled out of school because of child labor laws. He will not be able to apprentice during the day because he's not allowed to, and on the weekends when he's free or in the evenings, these people who do this trade will not be working. And, so I'll have to put off my son's pursuit of happiness and his education for years until he'll be able to pursue that. But most likely what will happen is we will absolutely move out of this state so that he can continue his pursuit of his dreams.

REP. HENNESSEY (127TH): Thank you for your testimony. Hopefully, that won't happen.

REP. STEINBERG (136TH): Next up is Colbi Tortora followed by Jamie Bailey.

COLBI TORTORA: Hello, Public Health Committee. I just want to say thank you so much for staying late to hear us all out. I want to start by saying my name is Colbi. I'm Fairfield County. I am a pediatric nurse. I'm a wife, I'm a mother, and I am

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pleading with you to please vote No to House Bill 5044. First and foremost, I want to say that I am speaking based on my own beliefs. I do not represent my employer, and I am not here to give any medical advice. I'm a pediatric nurse, but I'm also a Christian. I love my job, and I treat my patients as if they were my own. I also do my best to follow the principles of the Bible and rely on the leading of the Holy Spirit in every aspect of my life including health decisions. And I cannot stay silent on this issue.

For background, I do have my bachelor of science in nursing, and I'm also a certified pediatric nurse. I work in multiple patient care areas in pediatrics including in the emergency department. I am on the front lines of this movement. I live this. I see this day in and day out. I understand first-hand how scary it is for a parent to have to bring their sick child to the hospital. I also see first-hand parents of unvaccinated children who are scared to bring their child to the hospital for fear of judgment or repercussion.

No one wants to see a child sick, and I know we're all here for the best interest of children, but I also know that as a mother, no one has better interest for my child than myself. As I said, I can only speak to what I had seen myself over the years in my career as a pediatric nurse. One thing I want to emphasize is that over my entire nursing career, I had never heard of VAERS, I was never taught about it in nursing school, I've never been instructed on how to fill out a report for VAERS, and I've never seen one filled out. I just recently became aware that health care professionals are required by law to report any adverse effect that has occurred

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within a certain designated timeframe of receiving a vaccine, not saying the vaccine caused it but just for data to report any adverse reaction within that timeframe.

And I know it was mentioned earlier how well this system works, but even the CDC acknowledges when patients "that they are subject to multiple limitations including underreporting, and because of these limitations, determining causal associations between vaccines and adverse events from VAERS is usually not possible, and also according to the 2006 Harvard Medical Study funded by the Department of Health and Human Services, less than one percent of vaccine injuries are reported to VAERS. I say this just to reinforce that where there is risk, there must be choice and consent, and also to quote the representative Casagrande (I might be mispronouncing that) who was here earlier, when he was asked why vaccine manufactures cannot be held liable for vaccine injuries, he said things won't always be perfect, and there will always be risk. If there is even a small risk of a reaction, parents should be given the full information and then be able to make the decision themselves, just like with any other medication or treatment. Also as a Christian, it is a driving issue for me that there is aborted fetal tissue used in the development and ingredients of vaccines. One specific example is the MRC-5 ingredient from a 14-week aborted baby boy that's in MMR, chickenpox, Hep B, and shingles. As someone who has seen a 14-week-old prematurely born fetus, by 14 weeks that is a fully formed child that is a life. That child does not have a voice and should be protected. The remains are still --

REP. STEINBERG (136TH): I ask you to sum, please.

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COLBI TORTORA: I'm sorry, what?

REP. STEINBERG (136TH): The bell went off. If you could sum up, please.

COLBI TORTORA: Oh, I'm so sorry. Yeah, so just to say that this is the religious issue. The aborted fetal tissue for many, and it just seems like diversity and inclusion stop when it comes to vaccine status, and it should not be so. As a Christian, nurse, and mother, I just urge you to please vote No to this bill. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Have a good morning, I guess we can say now. Next up, Jamie Bailey followed by Liz C.

JAMIE BAILEY: Hi, my name is Jamie Bailey, and I strongly oppose bill H.B. 5044. These are my daughter's medical records. She will be three in March. This is the reality of it. I mean this should not be acceptable in any way, shape, or form. My daughter was born in March 2017. Right after birth, she was given the Hep B vaccine. The Hep B vaccine contains 250 micrograms of aluminum. In 2005, the FDA put a cap on the amount of aluminum allotted intravenously injected in a day at hospitals. The cap is 25 micrograms. So, a newborn baby is given 10 times the amount of aluminum deemed safe by the FDA.

At eight days old, my daughter had skin rashes on the right side of her face, her arms, and her legs. On May 19 of 2017, she got the DTaP, the Hib, the polio, pneumococcal, and rotavirus. Hours later, she had hemangioma. My daughter has had chronic ear infections from a very young age. Due to this, July of 2018, she had to have tubes put in both of her

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ears. She was delayed with walking and talking, so shortly after her 12-month appointment, she had birth-to-three services put into place. She got speech and physical therapy.

In May of 2019, we were administered the ADOS test, and they diagnosed her as being on the spectrum for autism. So, that was a very hard thing. Later we found out that she had drusen and swelling of the optic nerve from heavy antibiotic use from all the chronic ear infections. She has a posterior tongue-tie. She has microbiome issues; gluten, dairy, and egg sensitivities; behavior issues; and MTHFR which I know I know was touched on a couple of times earlier. MTHFR affects your ability to detox, so I don't understand why I should be comfortable having her vaccinated knowing she can't detox all of the aluminum and all of the adjuvants in those vaccines. And she does not qualify for a medical exemption which I think is just absolutely insane.

This goes way beyond pro-VAX and ant-VAX. This is about our constitutional right to religion without fear of segregation and persecution. It is about our right to parent our children without the government interfering and telling us how to do it. I ask you not as our legislators; I ask you as parents and grandparents to make the right choice and to protect our freedom of religion and parenting and, you know, my child/my choice. And that's it.

REP. STEINBERG (136TH): Thank you. Any comments or questions? Thank you for telling your story. Have a good morning. Next up is Liz C. followed by Alise P.

LIZ C.: Good morning. My name is Elizabeth, and I'm from Farmington. Thank you, Senators and

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Representatives, for allowing me the opportunity to oppose H.B. 5044 and for your thoughtful concern for the health and wellbeing of all Connecticut residents. I am a health professional in private practice but started my career working in sales in the pharmaceutical industry. Our three babies were vaccinated according to the CDC's mandates. Not once did a physician ever offer a package insert or inform us of the possible ramifications that might occur. They all experienced asthma which is in most of the vaccine package inserts as a potential reaction.

When they got older, and I did start to question the ingredients in Gardasil and the deaths and injuries that were being reported, our pediatrician screamed at me in front of my son. Another pediatrician at another sports-mandated yearly physical said to our son, "You know, once you turn 18, you don't have to listen to your mother anymore, and you can make your own medical decisions." Imagine my devastation at such an absurd statement coming from a doctor who we trusted with our children's lives for 20 years. What motivation would make a smart, caring physician say something so appalling to his young impressionable patient?

Here's the part of my testimony that I hope you will remember as you're deciding on this bill. When our daughter was born, my father was in the hospital near death, suffering from leukemia. He was subsequently treated with chemotherapy and was immunocompromised for many years that followed. When I took her for a well visit when she was due for some of the mandated vaccinations, I mentioned that my father was immunocompromised to the doctor and that I was concerned about the shedding. The



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pediatrician's response was, "Don't let this baby near her grandfather for three weeks." I followed this advice, and it devastated my Dad. After that, I became more relaxed around my father as his condition deteriorated because I wanted him to spend as much time as possible with his grandchildren. When one of our children got the chickenpox vaccine, my father developed shingles and was in horrific pain for months, and he had been vaccinated against shingles. I blame myself for not being more careful, but he so desperately wanted to see his grandchildren.

So, you see it is the vaccinated person that threatens the immunocompromised, not the other way around. Many vaccines shed the disease they are supposedly given to prevent. Obviously my pediatrician knew this. My experience, both as a pharmaceutical executive and as a mother makes me extremely skeptical about the intentions of the pharmaceutical industry. Of course, everyone wants healthy and safe children, but that has to be balanced with parental rights and our freedom to choose how to best protect our children. I honestly empathize with parents of immunocompromised children, but if those children are in public places, there's no way to totally protect them. My father's doctor told him if he was exposed to and caught the common cold, he could die. You can't vaccinate against the common cold, and there is no law preventing parents from sending their child to school with a cough or a cold or a sore throat or a fever; not yet anyway. It happens every day.

REP. STEINBERG (136TH): Okay, we need to conclude. Any questions? Representative Demicco.

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REP. DEMICCO (65TH): Thank you, Mr. Chair. Beth, thank you for coming and being patient, sitting through hours and hours of testimony.

LIZ C.: Thank you all, too.

REP. DEMICCO (65TH): I appreciate the efforts that you have made to educate me for months and years on this and other issues. So, thank you.

LIZ C.: You're welcome. You don't have a question? {Laughter}.

REP. DEMICCO (65TH): I think my fellow Committee members would be upset if I ask too many questions. But thank you.

REP. STEINBERG (136TH): Oh, Representative. That's what we're here for. If you have a question, we encourage you. All right. I'm speaking for myself clearly. Thank you very much.

LIZ C.: Thank you very much for being here so late, early.

REP. STEINBERG (136TH): next up is Alise P. followed by Stephanie O'Brien. Okay, thank you. So, Stephanie O'Brien.

STEPHANIE O'BRIEN: Hello, my name is Stephanie O'Brien. My husband James and I have three healthy beautiful children. We have lived our whole lives in Connecticut and plan to raise our children here. I'm here today to beg you to oppose H.B. 5044. My husband served four active years in the military with two tours overseas as a United States Marine. After his military service, he became a police officer. We both believe in what America has always stood for, liberty for all. My husband has spent much of his life protecting, serving, and most

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importantly fighting for our freedom.

How is it that we are now fighting ourselves to preserve our religious freedoms, our parental rights, and our children's right to a public education? My husband and many others like him have fought for freedom time and time again. This bill is completely and utterly disrespectful to veterans that have sacrificed so much. To say that we have the choice to homeschool is unacceptable. My oldest daughter loves school, and her sister is so excited to join her next year. If this bill passes, they will be heartbroken. How will I explain this to a three- and four-year-old? I should not have to be forced to homeschool my children. I do not think it is fair that the government can potentially rob my children of the opportunity to attend a trade school. This is something that I cannot provide in a homeschool setting.

I testified on May 13 of last year and told the story of my daughter, Cora's, vaccine reaction. Representative Liz Linehan said that cases like Cora's were the prime reason we have medical exemptions. Shortly after the hearing, I made an appointment to meet with Cora's pediatrician. Even though he documented a severe reaction after her immunizations, he said that she would not qualify for a medical exemption. After witnessing my daughter's reaction, I cannot possibly inject her or her sibling who share their genetic makeup, with another vaccine. I will not stand idle and wait to see if they will have a reaction similar or worse to Cora. What mother would knowingly put her child in danger at the whim of the state? Why am I being discriminated against for protecting my children? Why should I have to claim anything religious or

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medical to say no to medical products? If Cora becomes permanently injured, will you bear the burden emotionally and financially? Thank you.

REP. STEINBERG (136TH): Representative Cook.

REP. COOK (65TH): Thank you for being here, and I just have one question for you. You said the doctor would not provide the medical exemption. Did he give you a reason, or she give you a reason as to why?

STEPHANIE O'BRIEN: He said that he couldn't do it. He said that he would work with me to figure out a schedule that works for my daughter and for us so she could still go to school. But the bigger issue here is that even if I were to get a medical exemption for Cora, I will not -- I don't want to put my children in harm's way again, and nobody should have to have an injured child to make the decision to not vaccinate. You know, I mean it's not right.

REP. STEINBERG(136TH): Anyone else? If not, thank you.

STEPHANIE O'BRIEN: Thank you for being here so late.

REP. STEINBERG(136TH): Next up is Jessica U. followed by Andrea D.

JESSICA U.: Good morning. I'm Jessica from Groton. Unfortunately, I am talking about something less emotional and it's about the data. The whole impetus of this bill which aims to remove the religious exemption right now is not because of an emergency or a public health crisis, but because of the possibility of one in the future. The DPH

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released vaccination data that shows an increase in the use of the religious exemption from one year to the next and dangerous pockets of low vaccination rates. I've poured over the numbers like children's' lives depend on it because frankly, they do. The data I've used is from the DPH immunization surveys and the Department of Education Student Enrollment numbers for the 2018-2019 School Year. But unfortunately, there are many flaws in the data. Using the supplied data and getting less than one child with an RE or percentages of a child means the data was incorrect. Enrollment was less than 30 students and yet data was still supplied. Schools with only pre-kindergarten, students were used in the K-12 numbers and there's missing statistics for schools like New London High School which has 659 students. For public schools, the increase from last year to the previous year is an average of one religious exemption per school; just one. The increase was 1526 religious exemptions and there are 1511 public schools in Connecticut. That amounts to an increase of one religious exemption in every public school; just one in every public school.

Dangerous artifacts are a measuring artifact and created by classifying any child who has less than all required vaccines as exempt while ignoring that one student with an RE makes a much greater impact in a small school. Let's compare two schools that have one RE each. The private school, All Nations Christian Academy in New Haven has 24 students. Their data shouldn't have been released because there are fewer than 30 students, but even raising that number to 30 for the sake of the argument, one student with a religious exemption accounts for an exemption rate of 3.3 percent. The public school,

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Crosby High School in Waterbury, has 1162 students. One student with a religious exemption accounts for an exemption rate of 0.1 percent. One student has a 97 percent greater impact in the small school versus this larger one. What about in a school like Danbury High School which has the highest enrollment with 3086 versus a school like Fusion Academy in Fairfield which only has six kids. One student would have a 55,466 percent greater impact on the RE rate in the smallest school in Connecticut versus the largest, but it's still only one child.

I also analyzed the data for the non-public schools, but there is no public state available database to get the private school enrollments so I literally went to each and every private school data to find their numbers.

REP. STEINBERG(136TH): I don't think we can just leave you there. I need to know what those numbers are. [Laughter].

JESSICA U.: Okay. So non-public schools fit mostly into three categories, religious schools and schools with low enrollment rates like Montessori, Waldorf, or specialized schools. It makes sense that religious schools would have some of the highest religious exemption rates. Let's talk about 95 percent. When discussing the impacts of the RE on schools, we should be calculating it as 100 minus the RE rate. Vaccination rates that are lower than that cannot be attributed to the religious exemption alone. 96.88 percent of Connecticut school children attend a school with less than 5 percent religious exemptions. Please do not remove the religious exemption based on statistics that were manipulated to seem as damaging as possible. The 25 percent

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increase you hear about on the news is an increase of only 0.5 percent for kindergarten religious exemption rates. Seventh grade only increased by 0.1 percent and the overall rates for all grades increased by 0.3 percent or an average of one student per public school. I also included in my upload 37 pages of the data for you guys to look over.

REP. STEINBERG(136TH): I guess we'll read that with the 10,000 studies we were supposed to be up on as well. Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for your testimony. I think the numbers that you're showing are of great value and there are about 40 pages or so of your testimony. I will in a second give you my card because I want to look at the data and I have a question but I saw that there is no contact information in your testimony so I wanted to connect with you after that.

JESSICA U.: Okay.

SENATOR ANWAR (3RD): Thank you.

JESSICA U.: No problem.

REP. STEINBERG(136TH): Any other questions or comments? Thank you for taking the time to do not only the data analysis but the extra work of going around to the various school sites.

JESSICA U.: Yeah, it's many, many, many hours of sleepless nights, not just tonight. Thank you very much.

REP. STEINBERG(136TH): Okay. Next up is Andrea D. followed by Paul McLaughlin. Andrea? I'm not sure Andrea's here so we'll go onto Paul McLaughlin?

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Maybe not Paul McLaughlin. How about Jessica Maloney?

JESSICA MALONEY: Good morning. My name is Jessica Maloney and I have lived in Greenwich, Connecticut and I strongly oppose House Bill 5044.

Just like prescription drugs, vaccines are commercial pharmaceutical products that carry a risk that the vaccine product will sometimes fail to work and a risk that the vaccine will sometimes cause harm. However, unlike prescription and over-the-counter drugs, manufacturers of vaccines and the doctors who administer these vaccines have no liability when a person is injured or dies after being given a vaccine licensed by the FDA as safe and effective. The 1986 National Childhood Vaccine Injury Act acknowledged that federally licensed and state mandated vaccines can and do unpredictably cause injury and death. In 2011 the US Supreme Court ruled that vaccines are unavoidably unsafe and effectively removed all liability from drug companies, even if there is evidence that a vaccine could have been made safer. Finally, in a series of reports, the Institute of Medicine affirmed that scientific evidence demonstrated that vaccines can cause injury and death and that some people are genetically, biologically, and environmentally at a higher risk for being harmed.

When liability-free pharmaceutical products can cause injury and death, especially when some people are biologically more susceptible to suffering harm, protection of the human right to informed consent, which is the permission that a patient gives to undergo a medical procedure after they have been clearly educated on the purpose, benefits, and



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potential risks of the medical intervention, as well as the protection of the fundamental human right to bodily autonomy become very important. The legal right to exercise flexible medical and religious exemptions to vaccination ensures that human rights are protected in public health policies.

The elimination of the religious exemption to mandatory vaccination would result in the use of the constitutionally protected right to a free public education as coercion to force certain constituents to undergo medical procedures that conflict with their religious beliefs. Connecticut lawmakers are obligated to protect the religious freedom of all constituents unless there is substantial proof that a compelling state interest exists to warrant burdening this freedom. There is no state emergency in the State of Connecticut regarding infectious disease; however, there is a public health crisis in Connecticut and in the nation of chronic autoimmune disease and chronic neurologic disease that deserve significant recognition and attention. I urge you to oppose HB 5044.

REP. STEINBERG(136TH): Thank you. Questions? If not, thank you for your testimony this evening.  
Next up --

SENATOR ABRAMS (13TH): Abby Beale? Is Abby here? Kris Googs? No? Monica Szymonik. Is it Monica? I can't read the writing, I'm sorry. Well thank you for recognizing your mispronounced name.

MONICA SZYMONIK: So thank you so much for staying so late.

SENATOR ABRAMS (13TH): Can you pronounce your name for the record?

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MONICA SZYMONIK: Certainly. It's Monica Szymonik. So my name is Monica Szymonik. I live in Glastonbury and I have a 13-year-old son with a vaccine injury. His vaccine injury led him to be classified as legally disabled and as a result of being legally disabled, he is protected under the Americans with Disabilities Act. He is also in special education and interestingly, I take him to medical specialists to manage his vaccine injury and to treat his vaccine injury, but none of these medical specialists can write a medical exemption for him so I find that kind of ironic, that the very people who are treating the vaccine injury can't write medical exemptions under Connecticut law.

So the problem with this bill aside from what I just spoke about is that if this bill passes, my 13-year-old son is going to be moving out of state without me because I have other children. He's going to be moving out of state to a place where his religious exemption is recognized so that he can finish his education and the most important aspect of his education in my opinion is the transition phase of his rights under IDEA which is age 18 to 21, that's where kids with disabilities get their vocational skills, their life skills so that they don't become liabilities on society and depend on taxpayer revenue to live.

There's another group here today, the Disability Agency of Connecticut. There's people that are 29 years old finally getting housing after being on the waiting list for 12 years. So I don't want my child being one of those kids so I'm going to be sending him out of state to go to a school so he can finish his education and have a chance at actually supporting himself and that just absolutely breaks

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my heart, to send my son out of state. I just, it does, I can't even wrap my mind around that. The other big gaping hole is this legislation is what happens when a parent has more than one child and one of those children are immunocompromised, receiving chemotherapy? The other child who is not immunocompromised, not receiving chemotherapy, that parent is now going to be forced to inject live virus vaccine into the sibling of the immunocompromised child and they're going to be exposing the cancer patient to a live virus vaccine in their own home. What if they share a bedroom? That's a disaster. So oftentimes we are using religious exemption simply to protect kids who don't want to be exposed to live virus vaccines through shedding. So that's a giant hole in this legislation.

Back to the Americans with Disabilities Act. Under the second prong of the Americans with Disabilities Act [bell], oh, that was really fast.

SENATOR ABRAMS (13TH): It does go by quickly. Any questions or comments? Representative Zupkus?

REP. ZUPKUS (89TH): Thank you. I would like for you to finish and I do have a question for but would you just complete what you were saying?

MONICA SZYMONIK: Certainly. Under the second prong of the -- I'm an ADA advocate, that's one of my jobs, under the second prong of the Americans with Disabilities Act, the state institutions cannot discriminate somebody with a disability. Now whether your disability is from a vaccine injury or from a car accident, wherever your disability comes from is irrelevant. If you are limited in one or more activities of daily living, you are

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automatically qualified as disabled. A disability under the ADA is a legal term, it's not a medical term so if a person is limited in one more activities of daily living, they are automatically protected under the Americans with Disabilities Act. What this legislation does is it protects immunocompromised individuals who are receiving cancer treatments. It does not protect the other segment of the people that are protected under the ADA which is the vaccine injury kids. What it does is it elevates, it actually segments a protected class under the 14th Amendment, it segments a protected class and says we're gonna acknowledge that vaccines will hurt you, you're gonna get protection under this law, but this population who would also be hurt by the vaccines are not protected under this law and that violates the Americans with Disabilities Act and I believe it opens Connecticut up for a class action lawsuit which would be very expensive.

REP. ZUPKUS (89TH): So can you tell me, your son, 13, why can he not get a medical exemption?

MONICA SZYMONIK: Uh, his pediatrician said that the expense and the logistical nightmare of creating a long paper trail of appointments and stuff like that would be expensive and cost prohibitive, and he said why don't you just claim a religious exemption. This was when my son was 18 months old. I regret that I actually paid attention to the pediatrician and did that. I wish I had just pursued the paperwork to create that paper trail that I need.

REP. ZUPKUS (89TH): So if this bill passes, you will have no outlet for your son to be exempt?

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MONICA SZYMONIK: Correct. He's missing two boosters and that's another flaw in this bill. This bill assumes that every kid with a religious exemption has no MMR vaccines; not true. My son has had two. He's missing two boosters and he will be kicked out of school for missing two boosters but to answer your question, there's no recourse. There's no way I could get a medical exemption because the people who are treating him can't write them so.

REP. ZUPKUS (89TH): Well I sure hope that doesn't happen to your son. Thank you.

SENATOR ABRAMS (13TH): All set? Senator Somers, did you have something you wanted to say?

SENATOR SOMERS (18TH): Yeah, I would like you to speak to the paper trail that you're talking about and why, I mean we've heard this repeatedly throughout the evening. Now we've been told by the commissioner that this isn't true, that no, you know pediatricians or clinicians are willing to write medical exemptions but you're saying now it would be too costly for a paper trail. What paper trail do you mean? If you have a chronic condition that can be documented medically, why do you have to create a whole paper trail that you're discussing? Can you talk to me about that?

MONICA SZYMONIK: Yeah. So my son has autism and severe eczema so because of the doctor, again, I do have a very robust paper trail, it's just that it's not from the corrector. It's from a different kind of doctor but I don't know the answer to that question. All I know is that his pediatrician just said to file for a religious exemption. He said it's so much easier. You just go get it notarized and you're done and that, at that time, this was ten

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years ago, it just seemed like the most reasonable response. And it does, my religion also doesn't allow me to hurt my child so it made logical sense to just go that route rather than go through the logistical nightmare of getting a medical exemption. I personally don't know what I would have to do to get one at this point. My son is actually healthy but that's because I've been managing his injury so he would have to get unhealthy again for me to even start documenting again.

SENATOR SOMERS (18TH): I'm not really sure that's accurate. I can't say either way. I don't know what kind of doctor your son is seeing now. That's really none of our business, but this bill would follow the CDC guidelines. I just went through them on the table that shows if you have had a severe reaction, that would be something that would be used as a medical exemption and supposedly, this bill is going to create another category which a clinician would have more leeway to document. That would be reviewed by a board so I just wanted to mention that to you.

MONICA SZYMONIK: I don't know if it would go retroactive though.

SENATOR SOMERS (18TH): It seems very complicated. I don't think that the language is thought out well as far as exactly what you said tonight. You have an injured child or an autoimmune suppressed child. The other child gets vaccinated with a live virus that sheds. It's complicated and we've heard that repeatedly from parents that have more than one child so I want to thank you for bringing your story to us and I'm sure we're gonna have a lot more questions as the morning continues. Thank you.

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MONICA SZYMONIK: Thank you.

SENATOR ABRAMS (13TH): Does anyone else have any questions or comments? Thank you very much for your time.

MONICA SZYMONIK: Thank you.

SENATOR ABRAMS (13TH): Next we have Jay Wolkoff maybe?

JAY WOLKOFF: Hello. My name is Jay Wolkoff. I'd like to defer my clock to my esteemed colleague, Dr. Cora Stover.

SENATOR ABRAMS (13TH): Of course. Thank you. I just ask that when you're done testifying, make sure the Clerk has your name and can you introduce yourself when you sit down? Thank you.

DR. CORA STOVER: Hi. My name is Dr. Cora Stover. I'm a naturopathic doctor. I'm going to start with my story. So I was about 21 years old and I was getting ready to go to Europe so I went off to my doctor and I got my shots. About a month later, I couldn't want for four weeks and from there, I went to numerous doctors and it was never discussed VAERS. It was never discussed could it be recent vaccination, nothing of that sort. It was just everything was well, you have a back issue, it's going on and you have this going on here. This is all very sudden and inflammation. That was basically it. Speed forward, I go to college and into my last year I get a flu shot and I send myself off to med school and in that first year of med school, I couldn't remember right my name to write on my papers. Pretty serious.

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I was diagnosed with an autoimmune condition that still leaves its mark on me today. Speed forward, I got to med school. I continue my process even though I am having severe mental issues and nobody is discussing theirs with me yet. So out of all those doctors that I had seen, VAERS is not discussed. I had to go to medical school to find out what the hell VAERS is. What about all these parents? How do they figure it out? It's not discussed.

Today I am seeing children kicked out of their pediatrician's offices. For what? For non-vaccination. We have this false belief that we cannot cure ourselves. We have this false believe that we cannot handle a fever. We have a false believe that vaccines are the only thing that are going to cure us and I'm going to tell you it's wrong. There are -- okay, past year. He is our father of microbiology. He decided, he came up with this theory that microbes cause disease. Later in his life he said microbes don't cause disease, they are a product of it. I was wrong. Beacham, you were right. Beacham came up with that idea. He studied that process, that logic. Bergey's manual has a volume of five volumes discussing all viruses, all bacterium that are known to us and all their living conditions. If we can figure out what their living conditions are, we can manipulate their systems. We can change things up.

SENATOR ABRAMS (13TH): I'm sorry, that was your time. Is there anything you want to say in conclusion?

DR. CORA STOVER: Yes, please. Ask me about aluminum. [laughter].



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SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Representative Betts.

REP. BETTS (78TH): I'll bite. What about aluminum?  
[laughter]

DR. CORA STOVER: Thank you. So I heard a lot of parents talking about aluminum and kidneys. Aluminum is nephrotoxic meaning that it's toxic to the kidneys. It also has an affinity to the brain, nervous tissue.

REP. BETTS (78TH): Thank you.

DR. CORA STOVER: You're welcome.

SENATOR ABRAMS (13TH): Any other questions or comments? Senator Somers?

SENATOR SOMERS (18TH): So we heard you speak about VAERS and the fact that clinicians don't discuss it or they not willing to discuss it I guess with their patients. Do you think that regardless of what happens with this bill, that when a parent goes in and speaks to a pediatrician who then says it's time for this vaccine, that there should be a full consensual conversation about the pros and the cons of the vaccine including the information on vaccine injury and the VAERS system? Should that be disclosed to the patient, to the parent at the time of the discussion concerning vaccines?

DR. CORA STOVER: What you're speaking of is called informed consent and absolutely that should be before any treatment. We do informed consent before we provide transplants.

SENATOR SOMERS (18TH): My husband's a clinician and he has made it very clear to me that he cannot draw blood without consent so that's something that we've

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heard repeatedly today, that when parents take their child to a pediatrician or a clinician, many times it's okay, it's time for your shot, for your vaccination and actually, the nurse is the one doing the injection so that's something that's been pretty clear to me, that there has not been what I would consider a precise really informed consent conversation going on with parents, with the doctor. Maybe that's the way things were taught. I'm not sure but I would like to get your opinion on that's something that should be happening and that should also include a discussion on vaccine injuries, what to look for, etc.

DR. CORA STOVER: Ask me about measles and lactobacillus. [laughter]

SENATOR ABRAMS (13TH): Any other questions or comments? Representative Hennessey.

REP. HENNESSY (127TH): I have a question about the vaccine and whatever it was you just said, bacillus?

DR. CORA STOVER: Oh, lactobacillus. [laughter]

REP. HENNESSY (127TH): Bacillus?

DR. CORA STOVER: So measles as we all know is an upper respiratory, it's spread by droplets, it's very contagious. Lactobacillus is a probiotic. We get first receive it through passage of the vaginal canal when we are born and that's what starts the process. From being born, the bacteria migrate from the skin into our mouths, into our respiratory tracts and throughout our whole body and starts what's called seeding. Lactobacillus is a, it takes up all the seats so that measles can't attach basically to the surfaces. So I want you to take a good look around and see all the seats behind me and

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if you notice, there might be a couple of seats open or a lot of seats open this time of day and you can think of that as a person's susceptibility. So when we think of a person's susceptibility we have to consider are they at risk of getting a disease or not. If all the seats are full behind me, they are at a less risk, a less susceptibility than somebody whose seats are completely empty. Thank you.

REP. HENNESSY (127TH): So does that mean that Cesarean births lack this?

DR. CORA STOVER: They do but that doesn't mean that that is an end all. There's a new situation called seeding where you can take vaginal secretions and secrete them onto the child where they will start to do the same process.

REP. HENNESSY (127TH): Okay. I'm sure that's not done but thank you. [laughter].

DR. CORA STOVER: Not commonly. [laughter].

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you very much for your time and again, please check in with the clerk so they have your correct name. Thank you. Amanda Craven? Amanda Craven?

AMANDA CRAVEN: Hi. Thank you for staying so late today. My name's Amanda Craven. I live in Suffield and I'm a mom. Today I'm going to read the testimony of Keith Kolar from the Board of Education, President, Sayville School of New York. So from Keith's point of view, my name is Keith Kolar. I am the president of Sayville School's Board of Education in New York.

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Last spring when our New York State legislators proposed a bill eliminating religious and most medical exemptions, I never in my wildest dreams thought such a radical law would pass. To my surprise, in late June, by the narrowest margin it did become law. I was shocked and immediately grew very concerned. The shock came from the fact that I saw nothing that warranted this overreaching law. There were a few measles cases that arose in Brooklyn that year; however, there were no fatalities. I wondered if measles were such a problem, why not mandate that particular vaccine? Why suddenly and with such haste would New York mandate all vaccines while dismissing virtually all exemptions? This did not make any sense. It was unwarranted and the impact to our students was not fully considered by our legislators.

It's hard for lawmakers to picture a perfectly healthy, hard-working student being denied entrance into school by a security guard. It's hard to imagine a happy, motivated student being ripped out of a classroom chair because they are not up to date on a particular shot. It's hard to envision a student feeling completely rejected and ostracized to the point that they feel suicidal. It's scary to imagine little children being forced to follow a dosage catchup schedule that is considered extremely unsafe by most doctors. These are just a few implications this law will have.

After the law was enacted in New York, the disruption was immediate. Where our superintendent normally would have been looking at educational strategies and support for our students, he was looking at the best methods for excluding students from school. That we learned was impossible. There

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is no right way to exclude a child from school. It was astonishing to me that we were really denying children the right to a free and appropriate education.

As an elected official, I understand the difficult responsibility we are granted with voting. To make these decisions a little less hard I always ask myself, is the vote right or wrong? You may feel that mandating the exclusion of particular group of children is warranted and a vote in favor is justified. If that is the case, I ask you to deeply consider what this will do to the school districts in your state. Schools that are currently functional well. There aren't any outbreaks or diseases in them so why introduce an outbreak of chaos and exclusion? If this law is passed, that is exactly what will be brought to all the schools around Connecticut. Please consider the rights of all students when you cast your vote. Thank you, Keith Kolar.

REP. STEINBERG (136TH): Thank you. Questions? If not, thank you for your testimony this morning. Next up is Gabriella Michaliszyn.

GABRIELLA MICHALISZYN: My name is Gabriella Michaliszyn. I am a natural health practitioner and have studied at Trinity School of Natural Health and I am active in politics. I am very concerned about this topic, both vaccines and mandates. I would like to talk about something I'm sure you are very familiar; that is conflict of interest. As legislators, I'm sure you understand the gravity and significance of a potential conflict of interest and you remove yourself appropriately if one exists. The vaccine manufacturers have a big monetary

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interest in requiring vaccines for as many people as possible. When there is a vaccine injury, it is treated with pharmaceuticals. A known well-documented injury is a seizure disorder. In this situation, medication is required to control the seizures, often for life. This creates a steady income stream for the pharmaceutical companies. There is no monetary benefit for safe vaccines. In fact, there is no risk for any vaccine manufacturer but there is often an actual monetary benefit when they cause harm.

We would all love to believe that there is great integrity in healthcare. Let me talk for a minute about the history of integrity of the medical profession in general, and pharmaceutical companies specifically. In 1987, the American Medical Association was found guilty of conspiring against chiropractors. This started in 1963 when they formed a Committee on Quackery. They were found guilty of attempting to discredit chiropractors and worked hard to discredit the useful and valid practice of chiropractic care. We still see the residual effect and distrust today.

In May 2012, a study published in the *American Journal of Health* stated that Merck engaged in direct lobbying to varying degrees in all six of the states we studied. Merck actively and directly lobbied for pro-vaccine laws and in some cases, drafted the bills and then searched for a sponsor. This was for HPV mandates. One respondent commented just about every vaccine mandate that we have lately has been the result at least partially of the drug industry's efforts.

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The pharmaceutical companies who make the vaccines we're talking about are the same ones who make our medications. There are many instances of half a billion to multiple-billion-dollar settlements related to medications. GlaxoSmithKline had a \$3-billion-dollar settlement for fraudulent off-label marketing, failure to report safety data, and false price reporting practices. Pfizer settled for \$2.3 billion dollars for fraudulent marketing. Merck, the HPV vaccine company, settled for \$650 million dollars for fraudulent price reporting and kickbacks. Abbott settled for \$1.5 billion dollars for off-label uses including targeting elderly dementia patients in nursing homes. None of these companies have been put into bankruptcy or gone out of business. We can hope they have more integrity now, but the conflict of interest is great and money too often defeats integrity.

I strongly believe that oversight for vaccines being produced offshore is insufficient. Because of this, and many other reasons you will hear today and have heard, mandating vaccines is risky and an offense against our freedom. To conclude, US Legislators do not have the constitutional right to mandate anything that puts one group of people at risk for the protection of another. Please leave the religious exemption in place.

REP. STEINBERG (136TH): Thank you. Questions or comments? If not, thank you for your testimony and your patience this evening and this morning.

GABRIELLA MICHALISZYN: Thank you and I appreciate all of you being here. I was in Massachusetts and there were only about three representatives at this time of night. Thank you.

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REP. STEINBERG (136TH): So next I believe is Debra, let me make sure I've got this right, Debra Anastasio followed by Tim looks like Graham. Debra? All right. We'll move on to Tim Graham. No? How about Elizabeth D. Domenico? All right. They could be in the other room so if they show up, we'll catch them later. Next is Grace Taylor.

GRACE TAYLOR: Thank you very much and I'm going to let my niece speak.

REBECCA HARVEY: Hi everybody. How are you tonight, well this morning? My name's Rebecca Harvey and I'm just going to kind of talk to you as a mom. I see a lot of skepticism in your faces when you hear the moms tell you that doctors will not write a medical exemption. My son was a thriving child. He was crawling early, he was walking early, he was potty-trained early. He got the Tdap vaccine and severely vomited for almost 48 hours straight. I brought this to his doctor's attention and I was told that those side effects were completely normal and not to worry about anything. His father and I discussed separating the vaccines and not letting him get as many as were recommended. When he got the MMR vaccine, at this point I had demanded literature from the pediatrician on the vaccines before they would be administered. This was a problem. It delayed our visits because pediatrician's office did not have, according to them, the proper literature that I was asking for. When I did get the literature and asked the doctors to explain some of the ingredients, I was either brushed off or told they had no idea. Most of the doctors and nurses that are administering these vaccines have no idea what the side effects are and are only doing what



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their bosses are telling them to do and what they have been told is right.

After my son got his MMR vaccine, we ended up rushing him back to the doctor's office with the literature showing that he had up to four side effects from that said vaccine. He had 105 fever, his father held him in his arms as I drove as fast as I could back to that doctor's office as my son was lethargic and then stopped responding to me. The doctor looked at me as I showed her the literature from her office, showing her that he had up to four side effects and she looked at me and said the vaccine has nothing to do with this. She told me that he must have caught something at his well visit and that this was all perfectly normal. I took my son out of that office so fast and my husband said he will never receive another vaccine. I then decided to pull my son's medical records, three years' worth of them to find up to 13 discrepancies in his records. That was absolutely astonishing to me. [bell] He has been to two other pediatricians and neither one of them can legally document his injury because it wasn't under their watch that it happened and because a doctor chose to falsify my son's medical records, our only option is to either play Russian roulette with him and let him get another vaccine and hope for the best which is not okay in my eyes.

REP. STEINBERG (136TH): I'm going to ask you to summarize, please.

REBECCA HARVEY: So what I'm trying to tell you is that there are more doctors out there than you would like to admit or even think exist that will not put their name on a medical exemption to save face.

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REP. STEINBERG (136TH): Thank you. Questions? If not, thank you for your testimony this morning. Next up is Scott Taylor followed by Audree Kane.

SCOTT TAYLOR: Good morning members of the committee. Scott W. Taylor, Middlesex County and I am a veteran of the United States Navy. I come to oppose the House Bill 5044 and reiterate that 5044 which amends the state's statutes regarding immunizations is an infringement on the rights of the people to choose to handle their own health afforded by Amendment I in the Constitution of the United States, which I as a former member of the Armed Services as well as you as members of the legislature were sworn to uphold the Constitution and the freedoms that it affords us.

Passing of this bill would effectively terminate the rights of a person to have such choice with regard to Amendment 1. I want to also address the new section 6 of this House Bill 5044, which establishes the exemption certificates. That has, in my opinion, a high potential to discourage physicians and other healthcare providers from acting in the best interest of a particular individual where the immunization may put the individual at risk to fidelity of their health by establishment of standard selections which may not fit all situations. I understand there is another exemption there, but I would question whether or not the other exemption or even the standard exemptions would violate the CDC guidelines and whether or not the state would have the authority to overrule that.

Also, new section 7 which establishes the Advisory Committee on Medically Contraindicated Vaccinations is concerning due to the fact that there are no

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provisions to ensure unbiased impartiality in the execution of committee duties, that is there is no safeguard against a committee member having an interest in promoting vaccinations due to a financial interest by some affiliation, for example, through investments in corporations which develop or otherwise provide such vaccines and I would like to address that it has been said that the Medical Oversight Committee would not have a direct influence on a physician's ability to medically exempt somebody. However, in section 7 and this is printed offline from the state's website, section 7, line 414, it's actually 408 to 414, it says for the purpose of performing its function, the Advisory Committee shall, one it says have access to childhood immunity registry and then evaluate the process by the DPH in collecting data concerning exemptions resulting from a vaccine being medically contraindicated and whether the department should have any oversight over such exemptions.

Now I work in a big shipyard and I work with government regulations on ship building. The language is similar to some of the regulations we have and standards in building ships. This is kind of vague and I know that I have to deal with the government all the time and we have provisions in there that say I can make a technical justification as to why something's okay, in this case I'll correlate that to, for example, the medical exemption. Why a doctor may say that somebody can be medically exempted; however, the people that are running that may not exercise that right to allow the person to have that medical exemption.

So in conclusion, I would say that I'm opposed to this bill and I question the impartiality with

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regard to influence from either remotely or some financial gain from connection with pharmaceuticals. Thank you.

REP. STEINBERG (136TH): Thank you and I want to congratulate you for your close reading of the legislation. I wish more people had done that. With regard to two of your comments, I'd like to see if I can address them for you. I believe it is Section 6 where you refer to the possibility of CDC preemption of the state's ability to determine which requirements it would enforce. That's not the case. Each state does make its own determinations and with regard to your comment with regard to Section 7 and the Committee's ability to create its own regulations, that's not the case. It is an oversight and advisory body that must make recommendations to DPH and the legislature for recommended changes so they would not be able to operate independently and institute regulatory changes as you speculated might be the case.

SCOTT TAYLOR: All right. Thank you for the clarification; however, I still question the statement as to where it says whether the department should have any oversight and I understand what you're saying, as it stands right now but that whether the department should have any oversight leaves it open to potential infringement in the future. Thank you.

REP. STEINBERG (136TH): Questions? Representative Hennessy.

REP. HENNESSY (127TH): Just a statement, thank you for your service.

SCOTT TAYLOR: Thank you.

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REP. STEINBERG (136TH): Senator Somers.

SENATOR SOMERS (18TH): Yes. I would thank you for bringing up that section. That's something that has come to my attention by various constituents. They're concerned about the language of that section where it starts, where it talks about you know public health and collecting data concerning the exemptions resulting from a vaccination being medically contraindicated and whether the department should have any oversight over that exemption. There are people that are concerned that the other category that we're trying to give leeway to clinicians. So I'm making this up, let's say it was autoimmune deficiency, so I'm not going to vaccinate, blah, blah, blah. They're concerned that this committee that would look at those in total and say, geez, there's a lot of medical exemptions being given for this autoimmune deficiency; maybe we should give public health commissioner the oversight to do something, i.e. not allow that or etc. So the way the language is written, it's concerning for many people and the makeup of the board is also concerning for people. It's not just all clinicians. There's a lot of, there's individuals, there's laypeople. How are they going to be selected, who gets to select them so thank you for those? Those are things that we have heard from other constituents and I want you to know that's something that I'm sure this committee will take seriously when we look at the potential language going forward.

SCOTT TAYLOR: Thank you.

SENATOR SOMERS (18TH): And vaccines are mandatory in the military, aren't they?

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SCOTT TAYLOR: That's correct.

SENATOR SOMERS (18TH): Yeah, I thought so. Thank you.

SENATOR SOMERS (18TH): Thank you.

REP. STEINBERG (136TH): Thank you very much. Have a good morning. Next up is Audree Kane followed by Dr. John Furlong. Gone? So Dr. John Furlong?

MARY DAMATO: I'm not Audree. I'm Mary Demato but she had waived her space and has given it to me and it was approved by the woman with the broken leg before. So Audree wasn't able to stay so she had come with me and given me her spot.

REP. STEINBERG (136TH): It's a little convoluted but it's just easier to let you speak than try to figure it out. [laughter]

MARY DAMATO: Hi. My name is Mary Demato. My husband and I have three school-aged children. My husband is a nationally board-certified physician, licensed by the State of Connecticut and owns a healthcare practice in Glastonbury. Together, we own three businesses and employ 19 employees. If this bill passes, my kids and I will be forced to leave the state and it will divide my family based on our religious beliefs.

My oldest son is a junior in high school who actively excels in sports and academics. Last year, he was nominated to attend a national Youth Leadership Conference in Chicago and his dream is to attend UConn to pursue a Law Degree. If this bill passes, he will not be able to attend his senior year and graduate from the town he's grown up in, and attending college in Connecticut will no longer

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be an option. My seventh grader lives to play football. His team has gone to the state championships the past three years. He has expressed interest in taking over our family medical practice and will certainly become a successful entrepreneur. If this bill passes, he will be banned from joining his football team for their final year together before they go off to high school and his dream to take over our practice in the town he grew up in will also no longer be an option. Both of my boys are on the honor roll and take great pride in their schoolwork and sports accomplishments.

If this bill passes, my husband will have to remain in Connecticut for an extended transition period. He will start a practice in our new home state and as this new practice grows, he will begin to close his Connecticut practice until he is able to transition to our new home completely.

My daughter is a first grader and she is daddy's little girl. Wherever my husband is, our daughter is not far behind. She loves school and looks forward to seeing her friends and teachers every day. We're amazed at her intellectual growth since starting kindergarten. Sure, she may be fine making new friends in a new school, as she is so young, but leaving her daddy would destroy her. Our children will be attending school and college in a different state, we will be paying taxes and spending our money elsewhere. Sure, the town and state won't suffer greatly when our family leaves and our businesses close. However, I can assure there are many other families who own businesses, that have this exact same plan. Our staff of 19 plus the countless staff of these other businesses will be

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left without gainful employment. Families will be divided and employees left jobless. How many residents will leave, and businesses will close, before Connecticut lawmakers realize they have made a mistake?

Our family has called Connecticut home since my family immigrated from Italy in the early 1900's. My children and I will not just be leaving my husband and their father, but they will be leaving our extended family and life-long friends as well.

There has not been a public health crisis in 61 years, since the religious exemption has been a part of our religious freedoms in Connecticut. This bill will reduce town and federal school funding, will detract income from an already struggling state economy, and will tear families apart. I ask you, why is it my health children are a threat to public health? What about the unvaccinated teachers, faculty, staff, and parent volunteers? Or are you suggesting that there's an age that limits the spread of disease. I ask that you dig deep and truly consider how this bill will affect so many of the state's children and their families. Please vote not to H.B. 5044. Thank you.

REP. STEINBERG (136TH): Excellent timing. Thank you for your testimony. Questions, comments? Again, thank you for your patience, long wait. Next up is Dr. John Furlong followed by Marcie Reid. Sure if you want to, we'll go on and if he shows up we'll try to squeeze him back in. So Marcie Reid followed by Robert Reid.

MARCIE REID: I'm Marcie Reid. I'm from Fairfield. I'm a molecular biologist and I have a Master's in biotechnology from Johns Hopkins, and I am a



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pheromone biotech professional for ten years and I firmly oppose this bill. This bill is unconstitutional, unethical, and fundamentally incapable of achieving its purported aim of safeguarding public health.

Regulation involving a first amendment right such as a religious freedom requires the state to first demonstrate compelling interest under the strictest scrutiny of the law. Secondly, if it can prove a compelling interest, the state is required to apply the least restrictive means to meet that interest. The state has failed to meet either of these requirements with respect to H.B. 5044. This bill is predicated on the false assumption that religious exemptions are correlated with public health risks. There is no empirical evidence to support this claim. In fact, recent studies show that religious exemptions are not responsible for the vast majority of under-vaccination in schools. On the contrary, under-vaccinated children without an exemption represent a significantly larger pool of potentially susceptible children. A 2016 study in New York shows that 85 percent of under-vaccination is actually attributed to children without exemptions. A CDC study in 2017 corroborated this showing that only 2.7 percent of under-vaccinated children are attributable to parents who requested an exemption. Furthermore, the average child with an exemption, as you heard from many parents already today, has had 22 vaccine doses by the time they enter kindergarten, while the average child with no exemption has had 28 vaccine doses. It's hardly any difference.

These data irrefutably show that exemption status is not indicative of vaccine coverage and therefore, it

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cannot be used as causation of public health risk or compelling state interest to overrule a first amendment right. The extreme measures proposed in this bill are a far cry from the least restrictive means. This the legislative equivalent of swatting a fly with a sledge hammer. The state already has effective public health protocols in place. There is no need or justification to impose more restrictive measures at the cost of religious freedom and access to education.

Even within the context of compelling interest [bell] the state has no right to violate the fundamental human right to informed consent. According to the Universal Declaration of Human Rights and Bioethics, the interest and welfare of the individual should have priority over the sole interest of science or society. This bill represents an egregious government overreach and is the very reason why this declaration was established after WWII to ensure that no government ever again could supersede the human rights of its citizens under the false pretense of public health.

REP. STEINBERG (136TH): I'm going to ask you to summarize, please.

MARCIE REID: Last line. The State of Connecticut does not have the scientific, legal or ethical grounds to pursue this legislation and I implore you to stop this unconscionable abuse of power. Please vote no on H.B. 5044. Thank you so much for your time.

REP. STEINBERG (136TH): Thank you for your testimony. Did you happen to submit your written testimony?

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MARCIE REID: I did and I have all the studies cited so if you're interested in looking at any of them, I highly encourage you to do that.

REP. STEINBERG (136TH): Thank you. Representative Betts.

REP. BETTS (78TH): Thank you, Mr. Chairman and thank you so much. That was very impressive testimony. Did I hear you say in the beginning when you were introducing yourself that you work with the pharmaceutical companies or did I mishear that?

MARCIE REID: Yes, I've worked in the biotech and pharmaceutical industry for ten years.

REP. BETTS (78TH): Okay. Thank you so much.

MARCIE REID: Thank you.

REP. STEINBERG (136TH): Other questions or comments? If not, again, thank you for your testimony. Up, Representative Michel, last minute.

REP. MICHEL (146TH): Thank you, Mr. Chairman. Thank you for testifying. Just a question, I'm not sure if you would be familiar with the emergency plans for New York and Connecticut. I was trying to get more information earlier and I couldn't just to, some people earlier were criticizing the fact the emergency plan in New York was a failure and I was trying to get information as if, in regard to the Connecticut emergency plan and you said it's an effective plan, I believe.

MARCIE REID: Yeah. I'm assuming you're referring to the Public Health Department's protocols for quarantine and so forth in the event of an outbreak?

REP. MICHEL (146TH): Yes.

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MARCIE REID: Yeah, so as Renee Coleman-Mitchell stated herself, we're at low risk for an outbreak and well equipped to handle one should it occur in the future. They haven't happened, we haven't had outbreaks but in case we do, there are protocols in place for quarantine that, you know for 60 years have been effective in Connecticut so there is no issue there.

REP. MICHEL (146TH): The things you see in New York, the emergency plan was a failure because they ended with a pandemic that lasted ten months I think?

MARCIE REID: Right. Like someone testified earlier though that was intentional. That was within a confined community where I think it was specific individuals like went to one another homes because they wanted their kids to get exposed to get lifelong immunity which obviously you don't get from the vaccine.

REP. MICHEL (146TH): Well thank you for testifying and I'll surely look at the studies that you submitted. Thank you.

MARCIE REID: Thank you so much. I appreciate it.

REP. STEINBERG (136TH): Thank you. Any other questions? Have a good day. Next up is Robert Reid followed by Randy Trowbridge.

ROBERT REID: Hello. My name is Robert Reid and I am also from Fairfield. I am a father of two and a scientist with over a decade of experience in medical device engineering. Like most of you, I am pro-science and I am pro public health. Despite your intentions, the measures proposed in this bill would not protect public health and would impose

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undue restrictions on the constitutional freedoms guaranteed to the people of this state. I urge you to oppose H.B. 5044.

This bill is based on the incorrect assumption that removing the religious exemption would prevent outbreaks of infectious diseases in Connecticut schools. The common misconception started by proponents of this bill is that the parents are abusing the religious exemption as an excuse not to vaccinate. If this were true, we would expect to see the majority of under-vaccination to exist in students with religious exemptions. On the contrary, a 2016 study in New York shows that more than 85 percent of under-vaccination was unrelated to exemptions. In other words, students without exemptions are primarily responsible for under-vaccination in schools. This bill would not properly target the majority of students who are under-vaccinated. Students with exemptions are not the cause for concern. Therefore, there is no compelling state interest to remove the religious exemption and constitutionally protected rights to religious freedom and equal access to education without prejudice.

Having an exemption is not synonymous with being unvaccinated or even under-vaccination. A nationwide study from 2017 shows that children with exemptions have had an average of 22 vaccine doses while children without exemptions have had an average of 28. In other words, children with exemptions have had almost as many vaccine doses as those without exemptions. Another study showed that 22 percent of parents of exempt children reported that their children were actually fully up to date. The evidence to support the argument against

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religious exemptions simply does not exist. The state has no compelling interest to overrule our constitutional rights. The state had already implemented the least restrictive means to protect the public health with great success. As PHC Coleman-Mitchell stated, Connecticut is at low risk for a widespread outbreak. We have effective measures already in place to handle a public health emergency should it arise in the future.

Removing the religious exemption would do nothing to address the fact that the majority of children who are potentially susceptible are students without exemptions who are under-vaccinated. Ensuring students without exemptions are fully compliant should be the first priority of the state before removing the first amendment right is even a consideration. [bell] Two more lines. Do not take lightly that you are proposing to remove a constitutionally protected religious freedom based on fear tactics, ignorance, and lack of scientific evidence. This would set a very dangerous precedent. I urge you to oppose H.B. 5044. Thank you for your time.

REP. STEINBERG (136TH): Thank you. I think you did a nice job but I think she did a little better.  
[laughter]

ROBERT REID: I concur. [laughter]

REP. STEINBERG (136TH): Any other questions, comments? Yes, Senator Somers.

SENATOR SOMERS (18TH): So what you bring up is something we've talked about in our caucus, is that many of the students that don't have exemptions that are under-vaccinated, what's the best way to get

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them to fully comply. We would like to dig down to those numbers. Those numbers are not captured in the public health numbers that we've seen. We don't have the data on the religious exemptions of which what vaccines some of those exemptions have actually had, and I keep coming back to for those that don't have exemptions that are not fully compliant, I still feel that one of the best ways to vaccinate is to have a conversation and to educate those people rather than to force a mandate on someone. I would like to hear your thoughts on ideas and you don't have to, you have like the power couple here and I'm assuming you're husband and wife not brother and sister, that you could come up with some great ideas on how we can have those that are under-vaccinated comply in a way that is not violating their right to go to school or their personal beliefs, in a way that is educated and does it in a way that is socially palatable is the way that it should be done I guess. So if you have any thoughts on that we'd like to hear that and it doesn't have to be tonight. I know it's late but we know how to find out and to get back to us on that because it is frustrating when you look at these totals of unvaccinated. It's divided between those who are under-vaccinated or just not compliant, not reporting versus those who have religious exemptions but really they've had some vaccines and if you miss one vaccine, you're counted as not complying and not vaccinated so there's a lot of leeway in the numbers that is misleading.

ROBERT REID: Yeah, I would be happy for both of us to meet with you to discuss this at another time or discuss it with anybody would be great. I don't have any, I mean it's a very complicated question

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and I assume that you are referring to children who are maybe partially vaccinated who maybe do not have an exemption. So it's a good question. You know when you look at the data and the studies that we are, and why did they represent a much larger pool of susceptible children? If they have made the decision and do not have an exemption, what is keeping them from continuing up on the schedule so I think a lot of that can be time with physicians during their primary care visits. It also might be other things that might be a socioeconomic issue of being able to make it to the visits or being able to provide that care. We are fortunate to be able to spend the time.

SENATOR SOMERS (18TH): And like I said we don't have to answer that now but we should have a conversation on that at some other time and we have heard that. It could be socioeconomic, they don't have access, they can't take off from work, they can't get there, they can't find a primary care physician, etc. There's many different things but it's just illegitimate to pool it altogether and count it as those that are not being vaccinated. There's a lot more detail in the numbers that is not being captured I think in appropriate way and when it's discussed in sort of the macro level, it gives people a sense of oh my god, all these people are not vaccinated but that's not really what's happening and I think we need to be much better the way we deliver the data than has been delivered to us so far.

ROBERT REID: Yes, I completely agree and there were a couple of points in this that I think are worth repeating, that more than 85 percent of under-vaccination was unrelated to exemptions. So



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students without exemptions are primarily responsible for under-vaccination in schools. So when we talk about herd immunity you know these children are very susceptible as well and we're not discussing how do we ensure that if they are on the schedule, that they are keeping up to date. You know, this is a much larger pool of people. Before we even think about removing a religious exemption, we should first be looking at how to have people comply who are fully on board and able to move forward with their vaccination schedule.

SENATOR SOMERS (18TH): Thank you. Did you want to say something?

MARCIE REID: I just want to say he mentioned in his but I didn't mention in mine that the third study that's cited in this testimony that points out that 22, I believe it was 22 percent of the children that were reported as having exemptions by the school, the parents actually said no, that's not right. Our kids are fully vaccinated so this points to you know something we heard in the DPH release of Connecticut school day you know schools saying wait, no, that's not right for our school and I think it's largely in part due to transcription errors or some flaws in reporting so there are a lot of issues surrounding this that we really need to look into before this bill goes anywhere.

SENATOR SOMERS (18TH): So I worked in, I had a biotech company for 25 years too so one of the things that gives me great pause here is we are potentially taking away somebody's first amendment rights, their religious freedom based on data that is not accurate and flawed, based on we don't even know if the reporting of the data is correct. That

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would not be done in the environment that I am used to so it's putting the cart before the horse before we even have the information that we truly need to make an informed decision and I applaud you for bringing this to us because I know it's early in the morning and we've all been here for a long time but I'm really, really intrigued by both of your testimonies and I would like to talk to you further about that because you have a good way of framing it in a way that legitimizes some of the things that many of us have been thinking so I appreciate that and I think other people have questions.

REP. STEINBERG (136TH): Thank you. Senator Anwar followed by Representative Betts.

SENATOR ANWAR (3RD): Thank you so much. Thank you for your testimonies. I just was looking. We don't have that electronically, it's not uploaded, your testimony.

ROBERT REID: So we both submitted them yesterday and got confirmation emails yesterday morning. [crosstalk]. If not, I have a copy for you here. I have one in my backpack downstairs where our two kids are probably waiting this out.

SENATOR ANWAR (3RD): All right. We'll figure it out then. Thank you.

REP. STEINBERG (136TH): Representative Betts.

REP. BETTS (78TH): Thank you and thank you both for your testimony and I think you reflected what I keep thinking about as we've gone through the testimony and listening to everything. The questions you've raised have been valid, the questions that people have been asking throughout the night are very valid. I said about 12 hours ago does anybody see

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any harm in postponing action on this so that we could have more time to better understand this very complex situation and try and reach some common ground. Do you, in your view and the way you perceive this problem, do you see any harm in postponing as opposed to trying to tweak this to achieve something that may be frankly very difficult to achieve at this point?

ROBERT REID: No. I see no harm in further continuing these conversations in depth. I think they are very valid arguments. This is scientific data. We are both scientists. There are many of us as well and we would be happy to discuss further but I don't see any harm in postponing this. There is no emergency so I think there is time to discuss.

REP. BETTS (78TH): Okay. Thank you. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you for your testimony. I just wanted to accent that point. You know right now all we have from the department is the chart showing the religious exemption and it's actually showing a down tick and I'm not sure the uptick of religious exemption being exercises. I mean I certainly do know we're definitely becoming a much more diverse state with immigrant population moving in to all different communities and I don't know what impact that might have, but the point of the children that are in schools that aren't exercising any exemption that you speak to, when the commissioner had testified, their office spoke to those are the children that spread out their schedule. I'm not sure how they would even know that because the

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schools just report it in aggregate and I'm not sure HIPAA laws would allow that data to even be conveyed to the department. So have you looked at that data at all to try to ascertain what that number could be of the noncompliant children?

ROBERT REID: So you are saying noncompliant fully unvaccinated with no exemptions or [crosstalk].

REP. CANDELORA (86TH): Yeah, when I refer to noncompliant and that was the term that was given to me from the department five months ago roughly when I asked for this information, our students that are enrolled in school that don't have a religious exemption, don't have a medical exemption and have not handed in any immunization paperwork. Have you looked at that at all?

ROBERT REID: I haven't looked at that specifically but the study showing that 85 percent of under-vaccination was unrelated to exemption I think speaks directly to that. And being noncompliant can mean that you have missed one dose or you're behind in one dose so the numbers and how they are portrayed and marketed can tell all sorts of different stories depending on what you would like to look for in that sense so if you would like that to count as an exemption or noncompliant, it can or if that person maybe wasn't able to make their visit and they're behind on a vaccination on their schedule, they're noncompliant so those are two totally different worlds of somebody who is not vaccinating completely or somebody who is behind because they were out of town and they had to reschedule their appointment so I don't know if that speaks directly to that but I did want to touch, when we're talking about percentages of children who

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are vaccinated fully in schools or compliant or on the schedule, if we remove the religious exemption, I don't believe the numbers will change very much on how many people are in compliance with the vaccination schedule. You will see a large uptick in the percentage that is given by the school of how compliant they are because all of the students who were not compliant will be removed so be cautious in the future if this passes unfortunately, you will see what looks like a success but don't be fooled by that success. You have removed the people who have the exemptions so of course your percentages are going to go up. This is math, I'm a scientist and an engineer so the percentages will go up but the number of people in compliance I do not believe will change unless there are other measures in place as well like spending more time with your physicians and being educated.

REP. CANDELORA (86TH): And I think that's the intent of the first bill that's not getting a lot of attention but the 5043. And the 85 percent that you speak to, is that your number that you came up with?

ROBERT REID: No. No. So that is, no. That is from a study, Vaccination Coverage Rates and Factors Associated with Incomplete Vaccination or Exemption Among School-Aged Children Based in Public Schools in New York State.

REP. CANDELORA (86TH): Okay. Thank you. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you both. If there are no more questions, we'll move on. Next up Randy Trowbridge followed by Pastor Meredith is that Ryan or Payton? I can't quite tell. Is Dr. Trowbridge here? No? That's going the wrong direction. Okay.

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Is the Pastor here? No? Moving along then, Tim Muckell? How about Maria Smith? Nicole Plourd? All right. Nyla Tresser? Chari Norton? Patrick McCann? There we go, we have a winner. [laughter]

PATRICK MCCANN: Good morning distinguished members of the Public Health Committee. My name is Patrick McCann. I live in Durham, Connecticut and I am the Chair of the Secular Coalition for Connecticut. I represent the very large and thriving atheist and humanist community here in our state. We support H.B. 5044.

In his seminal work on the topic of pseudoscience myth-busting, *The Demon-Haunted World*, Carl Sagan presciently wrote in 1995, "I have a foreboding of an America in my children's or grandchildren's time when the United States is a service and information economy; where nearly all the manufacturing industries have slipped away to other countries; when awesome technological powers are in the hands of a very few, when the people have lost the ability to set their own agendas or knowledgeably question those in authority, when, clutching our crystals and nervously consulting our horoscopes, our critical faculties in decline, unable to distinguish between what feels good and what's true, we slide, almost without noticing, back into superstition and darkness."

Twenty-three years later, Researchers from George Washington University, the University of Maryland, and the Johns Hopkins University concluded in a peer-reviewed paper published in the *American Journal of Public Health* that whereas bots that spread malware and unsolicited content disseminated anti-vaccine messages, Russian trolls promoted

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discord. Accounts masquerading as legitimate users create false equivalency, eroding public consensus on vaccination. Welcome to the future about which Carl Sagan opined.

It is obvious that folks on both sides are concerned about the health and wellbeing of their children. Our side knows vaccines are a safe and effective way of protecting our children. Those on the other side of the issue know that in order to keep their children safe, they cannot allow the poison that big bad pharma is trying to pedal into the bodies of their children. We can argue all day about it, but we are not going to convince them and they are not going to convince us. But that is all beside the point. The point here is actually religion, not vaccines. None of the world's original religions have any dogma against vaccination. Most of them were written where the sun went at night let alone how the immune system works. It is only some newer and very minor religions and sects and revisions of older ones that make the claim that vaccines are forbidden. The religious exemption is nothing more than a loophole that the cherry pickers are trying to exploit.

New sects and new religions pop up all the time. If someone made up a new religion tomorrow that claimed red lights were against their faith, would we not ticket them for running red lights? As an atheist, like 26 percent of our fellow Americans, as one of the 42 percent of Connecticut's adult citizens that are non-religious, allowing a religious exemption to a public health law makes as much sense as allowing religious exemptions from our traffic laws or our banking laws or our consumer protection laws. Freedom of religion also means in the strongest

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terms, freedom from religion. Please vote to progress House Bill 5044.

REP. STEINBERG (136TH): Thank you. Questions anyone? If not, thank you for staying up until the wee hours.

PATRICK MCCANN: Can anyone ask me about Prince versus Massachusetts? Any takers?

REP. STEINBERG (136TH): I'm not sure I understood what you were asking.

REP. MICHEL (146TH): I'll take the bait, Mr. Chair.

REP. STEINBERG (136TH): All right. Thank you. [laughter] Please put that in the form of a question.

PATRICK MCCANN: There seems to be a precedent for that tonight.

REP. MICHEL (146TH): I'd like to hear about Prince versus Massachusetts.

PATRICK MCCANN: So Prince versus Massachusetts was a case in which the Supreme Court of United States that the government has a broad authority to regulate the actions and treatment of children. Parental authority is not absolute and can be permissibly restricted in doing so if it is in the interest of the child's welfare. In that room, it was written that the right to practice religion freely does not include the liberty to expose the community or child to communicable disease or the latter, to ill health or death. Parents may be free to become martyrs themselves, but it does not follow that they are free in identical circumstances to make martyrs of their children before they reach the



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age of full and legal discretion when they can make those choices for themselves. Thank you.

REP. STEINBERG (136TH): Thank you. It's clear that this Committee, not being the Judiciary Committee will still be obliged to do some study of constitutional case law before we're done. Thank you very much.

PATRICK MCCANN: Thank you. Have a good morning, everyone.

REP. STEINBERG (136TH): Next up is Kathryn Firisin followed by Nina Manidow I guess. I'm not sure.

KATHRYN FIRISIN: Good morning, everyone. My name is Dr. Firisin, I am a naturopathic doctor. I've decided after listening today to comment on some things I have heard rather than read my written testimony.

The Public Health Commissioner's panel brought up statistics about measles. The commissioner mentioned a high measles death statistic in the past in the US near 500. She was incorrect. It was actually 700 and dates back to the 1950s. Statistics are powerful, but they are only valuable when viewed in context. While no death, adult or child, is insignificant, please understand that if 700 people were dying in the US each year of measles, comparatively over 2000 children in the US die of diarrhea each year. Based upon these statistics, if measles is a public health crisis, diarrhea is relatively apocalyptic.

I would like to clarify what was said by the commissioner's panel about aluminum content. She quoted information about single-dose vials. Understand that single-dose vials used to be

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available. A parent concerned about vaccines had the option to request vials of measles, mumps, and rubella separately, the same for DTaP. These options have been completely removed from the market and parents have no choice but to inject multiple vaccines at once. The aluminum content referenced earlier was mentioned relative to single-dose vials. The safety of aluminum in multi-dose vials has not been established.

The medical community has already been abandoning unvaccinated children and expectant mothers for years. I receive weekly calls in my practice from parents who ask if I can be their pediatrician because they cannot find doctors who will take them into their practices. The doctors who you think are out there waiting in the wings to critically think for their patients and make these necessary medical exemptions do not exist. They've already checked out. Some are financially incentivized to give more shots than exemptions. I do understand the [bell] provision in the bill and the Medical Review Council and if this bill is passed, please count me in on the record for having volunteered to participate. I hope this provides some clarity and perspective about some of the issues brought up today. Again, thank you very much for your time.

REP. STEINBERG (136TH): Thank you. Comments or questions? Representative Young.

REP. YOUNG (120TH): Dr. Firisin, just want to thank you very much for spending some time with us today, quality time, and thank you very much for your research and everything that you do. I appreciate it. Thanks.

KATHRYN FIRISIN: Thank you.

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REP. STEINBERG (136TH): Representative Carpino.

REP. CARPINO (32ND): Thank you, Mr. Chairman. So I was one of the ones about 12 hours ago or so who asked the commissioner's panel about the differences in aluminum being ingested or injected and they indicated that they would send me some information later on and I will hold them to that but I make you the same offer. If there's some additional information or a different perspective, particularly on the multi-doses, I'd ask if you wouldn't mind sending it along.

KATHRYN FIRISIN: Sure. Can I speak to that a little bit right now?

REP. CARPINO (32ND): Absolutely.

KATHRYN FIRISIN: I know it's late. I'll try to keep it brief. I do want you all to understand that children, babies, are now born with over 200 chemicals in the umbilical cord so they start out with a high toxic burden. And there's no way to know how each infant or child is going to react to that small little additional amount of aluminum that they get exposed to and there's a very stark difference in how the body processes things through our metabolism. So our body is designed intelligently to actually pass things through the liver. We go through phase I and phase II conjugation. Conjugation means the body attaches something to a foreign substance to identify it as toxic and therefore, it gets removed and eliminated from the body. When we inject things directly into the bloodstream, we completely bypass that mechanism so there's even criticism of people who actually do IV nutrients, like do an IV of vitamin C for example because the body can't use it and metabolize it the

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same way that it would if you were to orally ingest vitamin C. So when you think about these aluminum quantities, we don't know what the individual child's initial starting out burden of aluminum may be and there's certainly no pediatricians that are testing the blood levels of aluminum in children prior to vaccination, which is possible to do. So establishing quality health requirements for children prior to vaccine injections and perhaps standards around vaccines would decrease the potential for adverse side effects. Does that help? [laughter]

REP. CARPINO (32ND): Sure. When I replay your testimony after we've all had a few hours of sleep it'll make a little more sense but it was helpful.

KATHRYN FIRISIN: And yes, I'm willing to provide some of that in writing and I can give you additional resources.

REP. CARPINO (32ND): Thank you.

REP. STEINBERG (136TH): Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Hello. Thank you for your testimony. And to continue on the aluminum comment, so we don't even know what aluminum does, how long it stays in your system. Some doctors mention with mercury, how long does it stay in your system, it affects everybody differently and doesn't make it to your brain and the affects it has on your whole body and as you mentioned, depending on what's in their umbilical cord to start with, some people, some babies could have much higher levels than others and it could be toxic and it could be extremely harmful to them. So there should be more

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studies done on everything. I just, I feel this is really important and we need to, it's the safety of the people and the safety of our children and babies first and if they're healthy as babies, we know they'll be healthier as adults.

KATHRYN FIRISIN: And to your point, any bacterial or viral exposure or chemical exposure is really only relevant based upon the susceptibility of the individual. Things that affect susceptibility in people when we're exposed to bacteria and viruses are everything from sugar consumption prior to and after exposure and when trying to recover from something, vitamin D levels, nutritional status. None of those things are being evaluated when we look at the impact of vaccines on children so the ability of a child to handle that burden is completely variable and is impacted by things that conventional medicine really doesn't look for. And so when we look at the data that's available, none of those factors are certainly being considered and when we look at safety related to all of those things, we have to look at the aluminum, the sorbitol, all of the potential adjuvants that are being put into these vaccines. They're intentionally put in there to, pardon the expression, to piss off the body because that's the only way you're gonna mount a reaction. You're only going to stimulate the body by making it mad and getting the immune system activated and the viruses are not always enough to do that. That's why they add that adjuvant into. And until we really examine that and understand all the factors that go into how people react, there's no way anyone can claim safety in vaccines.

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REP. KLARIDES-DITRIA (105TH): Thank you for your explanation and thank you for your testimony and staying here until the wee hours of the morning.

KATHRYN FIRISIN: Thank you all for being here and staying here in the wee hours. It's not just us.

REP. STEINBERG (136TH): Other questions or comments? If not, thank you very much. Next is Nina, want to try this one, maybe you could tell us.

DR. NINA MANIPON: Good morning. My name is Dr. Nina Manipon. I am a mother, a Naturopathic Physician, and business owner in Stamford, Connecticut and I am urging you to please vote no to H.B. 5044. There is no health crisis. I am asking you to look at the implications and the detrimental effects it will have on children. What are we teaching our children when we tell them that they have no control over what is injected into their bodies? What kind of message are we sending to our children about consent and respect? You are taking away personal liberties. This is about freedom and taking a parent's right to choose what is best for their child. There is a lack of safety studies and inadequate research regarding vaccines and whenever there is a risk, there must be choice.

There are many ethical issues at hand. Doctors are being paid for high vaccination rates and pharmaceutical companies are not being held liable for vaccine injuries. This is about religious liberties, segregating children who are not vaccinated, and dismissing parental rights. The government should not decide who medically treats my child. Is this not the land of the free and the home of the brave? I urge you to please vote no to H.B. 5044. If this bill passes, my family and I

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will be leaving the state and relocating to another state that respects religious beliefs. Thank you for your time.

REP. STEINBERG (136TH): Thank you. Representative Zupkus?

REP. ZUPKUS (89TH): Thank you, Mr. Chair. Thank you for coming tonight and I just wanted to make a comment that I'm glad you're here as a naturopathic doctor and I hope that this Committee looks at that council. If this piece of legislation moves forward, that it is balanced with naturopathic doctors and medical doctors. Thank you.

DR. NINA MANIPON: Yes, I absolutely agree. Thank you.

REP. STEINBERG (136TH): Other questions or comments? If not again, thank you for your testimony. Next up is Tom Dombrowski followed by Sandra Dombrowski.

TOM DOMBROWSKI: Good morning. My name is Thomas Dombrowski and I'm a resident of Coventry, Connecticut. I'm also a pastor with the Seventh Day Adventist Church. I have a Master of Divinity Degree from Andrews University and a Doctor of Ministry Degree from Gordon Conwell Theological Seminary. I've been pastoring for 25 years throughout the New England area, Rhode Island, Connecticut, Massachusetts, and now my second time in Connecticut. I have two congregations, one in South Windsor and the second in Tolland, Connecticut.

The Seventh Day Adventist Church has a strong record of public engagement to promote total health. It is through that practice and with the blessings of the

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Almighty that our work has been able to span the globe. In addition, the official statement of the Seventh Day Adventist Church regarding vaccinations is that they place a value on them for public health. However, in that same statement, it also leaves room for individual freedom of choice. That being said, I must speak to the opposition of H.B. 5044 for the following reason. Seventh Day Adventists not only value personal and public health, but also the health of religious liberty. Seventh Day Adventists through our history have experienced religious persecution. In the 1880's, we had members who were assigned to chain gangs simply because they chose to worship on a different day than what was the common practice. H.B. 5044 is a law that has a specific goal, to make vaccinations mandatory for students in Connecticut in both public and private schools without the benefits of religious exemption. This is unacceptable for the specific reason that it violates the free exercise clause of the First Amendment of the United States Constitution, not to mention the Connecticut State Constitution. Of our three branches of government, it is the legislative branch that is given the specific role to create laws, yet the First Amendment of the Constitution states that Congress, the legislative branch shall make no law establishing a religion nor prohibiting the free exercise thereof. You are part of the legislative branch of the State of Connecticut. So here's my question to you; are you prepared for the years of litigation that you will initiate with your action this session?

Proverbs Chapter 24, verse 6 states, there is safety in a multitude of counselors and I commend you in



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following that counsel by allowing us to share our concerns with you and we can counsel together on this matter [bell] and if you'd just allow me to conclude, but in hearing the testimonies given today, I can only conclude that there is a great controversy brewing on this subject and in the heart of that controversy is the call to freedom of choice. So I leave you with this question to wrestle with; why remove the minorities rights while making a law mandatory for all in light of such a great controversy? Please vote no on H.B. 5044.

REP. STEINBERG (136TH): Thank you. Any questions? If not, thank you for your testimony. Next is Sandra Dombrowski followed by Jennifer Benham.

SANDRA DOMBROWSKI: Good morning ladies and gentlemen. From your postures, even though you're tired, I can tell that you're still listening. Thank you. My name is Sandra Dombrowski and I'm a resident of Coventry. Yes, I'm married to the last guy. We home school our boys and so our life isn't really going to change if this pass this bill and so actually today I stand before you on behalf of my neighbors in Connecticut to ask for personal freedoms, religious freedom and as we've been hearing today, health freedom as well and that's my plea for you.

I'm not going to go into any other verbiage except for this morning, I just want to remind you of something I heard this morning. It was from the Commissioner of Public Health. She spoke first and one other person and this is what they said. The number of religious exemptions in Connecticut are rising significantly and of course, she is supporting the bill. There was another person who

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presented just shortly after her, there is an eightfold increase in religious exemptions since 2002. Now these stats should tell you as representatives of your constituents that your constituents, that's there a growing number of your constituents that are not happy with the vaccination requirements if there's a growing number of religious exemptions, right? This should be the canary in the coalmine for you who are representing the people. This should be telling you that something is wrong with the vaccination system and we've been listening to reasons all day long.

So I ask you to think about what you've been hearing as you vote. Also I'm remembering the Public Health Commissioner herself conceded that the implementation schedule should be amended and be a little more gracious in giving time. As I look at the bill and I hear all of the testimonies, I would say that the bill is not ready to go and I would ask you to vote the bill down. Thank you very much.

REP. STEINBERG (136TH): Thank you. Any questions? If not, thank you. The chairs have been acquainted with the fact that there are apparently three families with kids, with the kids asleep in one of the overflow room and that overflow room is now being consolidated with the other overflow rooms. Security has asked us to do so. So the suggestion has been made that rather than wake the kids up, move them to another room, then wake them up again when it's time to testify, that perhaps we indulge and bring those three families forward now. I really do beg the indulgence of all those who've waited. I'm sure you can appreciate the common sense aspect of bringing them up sooner than later. I don't know if they're yet. We will have Jennifer

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Benham first and then as soon as they're here, we will bring them in if that's okay with everybody. I think we're good. All right.

JENNIFER BENHAM: Thank you very much. I'm Jennifer Benham from New Hartford. I have a vaccine-injured child. I gave him vaccines at two months of age and he developed a little bit of eczema. The doctor told me to stop eating peanut butter. That helped a little bit. I brought him back for his four-month immunizations. She said oh it's just incidental. Eczema starts at two months of age so I gave him his four-month immunizations and the following morning, he woke up with head-to-toe eczema. He scratched himself until he bled. One doctor told me that if I didn't put him on heavy doses of steroids, he would end up in the ICU. He became allergic to more foods than he could eat. It took us eight years to heal him. You know, I'd much rather have him have a ten-week or two-week bout of chicken pox than ten years of itching and misery; but he's lucky cause he recovered.

If this were truly about the measles, a lot of people have religious objections to the rubella and the MMR. You could simply require the vaccine manufacturers to reintroduce the stand-alone measles vaccine. I might risk it you know at least for my child that hasn't reacted yet if there was a measles outbreak. I'm not going to risk the MMR but I'd probably risk the measles only. You could do that. You could increase your vaccination rate for measles without a single mandate.

If government can force me to inject a product I believe is morally abhorrent and medically unsafe into my child, what power does it not have? Like

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that's what I value the most is being able to keep my child safe. We would cease to be a free country. Is the goal of this legislation to increase vaccination rates, or silence those with vaccine safety concerns? Mandates will only serve to weaken the public's trust of vaccines and public health policy. Do we trust Chinese statistics? Just from a public health standpoint, I already know children whose vaccine records are pure fiction. You guys will think your vaccination rates are great, but you'll have no idea what your true rates of vaccination are. It'll be anybody's guess and you won't know who the unvaccinated kids are.

There are a lot of steps that the legislature could take to increase public trust in vaccine safety and keep vaccination rates high. While it might seem counterintuitive, removing vaccine mandates as they have done in Japan increases public trust. I want the freedom to make my own risk benefit assessments for myself and my children. Make vaccine that are not cultured in human tissue readily available. What kind of [bell]. Thank you.

REP. STEINBERG (136TH): I suppose that will be a good place to end your testimony. Yes, Representative Carpino.

REP. CARPINO (32ND): Your testimony begs the question so who's altering or misstating the vaccination records that you refer to? Are these medical providers, are these family members? And please don't give me a name.

JENNIFER BENHAM: Well it's anecdotal.

REP. CARPINO (32ND): But you made the statement and I appreciate you making that but now I want to know

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a little bit more about what you mentioned briefly in your testimony.

JENNIFER BENHAM: Well it's anecdotal but I do know that there are children who look like they are fully vaccinated and they have never had a vaccine.

REP. CARPINO (32ND): Do you have anything more than anecdotal?

JENNIFER BENHAM: Not that I'm willing to testify.

REP. CARPINO (32ND): Okay. Thank you.

REP. STEINBERG (136TH): Okay. Thank you. Thank you for your testimony. I believe, do I see one of the families that have been. All right. Take advantage of the opportunity, somebody with a kid. Please identify yourself cause we're kind of going well out of order here.

JAMES JIMENEZ: Hi. My name is James. I am 9 years old. Please do not take me and my brother out of school. We want to learn more at school. We get to be creative at school. Our friends are there. We won't be able to see our friends and work them anymore. We are very healthy. Our parents and doctors take good care of us. Please vote no. Thank you.

REP. STEINBERG (136TH): Thank you for that. That would have been fantastic if it wasn't at 2:00 in the morning. [laughter]. Please continue.

EVA JIMENEZ: Thank you for staying up so late and hearing our testimony. Hi. My name is Eva Jimenez. I'm a 20-year veteran teacher, daughter of Polish immigrants who escaped communism and I'm a parent here to urge you to kill H.B. 5044. This bill goes against everything I believe in and stand for.

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As a master of education with a concentration in multicultural bilingual education, I strongly value and promote diversity in all its forms and am committed to welcoming all students in my classroom. Even students who have been expelled from school have a right to a free appropriate public education. The current trend towards a uniform state-sponsored health belief system that sensors and oppresses opposing views and restricts our rights to an education is deeply troubling to me and dangerous to society.

This bill coerces a minority group to accept medical procedures against our firmly held religious beliefs and coercion is not consent. I heard a lot of testimony today about how people are forgetting measles, forgetting about polio and they're relying on the herd and they're hiding in the herd. What people are forgetting about is our hard-earned freedoms. Just over 50 years ago in Poland, my father was denied his hard-earned college engineering diploma because of his refusal to join the communist party. He escaped Poland and came to Connecticut where he became a highly valued senior design analyst at Pratt and Whitney earning five patents for the company. Pratt and Whitney funded his education to finally attain an associate's degree in mechanical engineering.

H.B. 5044 would require adult bread winners like my father to succumb to vaccination with known risks in order to attend college, jeopardizing their health and ability to care for their families let alone attain a degree and contribute to the economy of this state. How many talented healthy children and adults will be denied the pursuit of their dreams because we guard our health in ways more pleasing to

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God? A future valedictorian, a UConn basketball recruit or scientist may never realize their potential and contribution to this great state. [bell] I'd like to conclude. No one mentioned English language learners. I work with English language learners. My two children are English language learners. While I am allowed to teach children at school, my children would need to stay home with my husband who is not dominant in English and he would be responsible for their schooling which he feels inadequate to do and they represent many students whose families were not capable of testifying for them here today. I urge you to vote no.

REP. STEINBERG (136TH): Thank you. Questions or comments? If not, thank you for staying with us to the wee hours. David, do we have one of the other? You decide bringing them up here.

JOLAN BETTE: Hi. My name is Jolan Bette. I am nine years old. I have been doing gymnastics and piano for four years. I definitely want to stay in school because I've been getting really good grades and want to learn more and more, getting better at math and writing. I love school because I learn something new every day. I love that all of my friends are in my school and I love my teacher. There is no reason for you to take me out of school. I think it is wrong to put something into a person's body when they refuse to. If a person does not want something injected into their body, then they should definitely not be forced to. What if I get one, one day and after, I get sick? Whose fault is it going to be if I get sick? I'm a healthy kid and I am staying that way. I have a right to go to school. By the way, yesterday I should've been in school

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with my two brothers and sister, but I was protesting for what I think is right and school is very important to me. Thank you very much.

REP. STEINBERG (136TH): Thank you. I hope you get some sleep before school today. [Laughter]. There you go. Mom, make sure that you get her name to the clerk just so we have it in the record. Thanks. All right. Who's next?

MIA FIERO: Dear members of the Public Health Committee. My name is Mia Fiero. I am nine years old and I am in fourth grade at Moriarty Environmental Sciences Magnet School in Norwich, Connecticut. I am asking you to please vote no to H.B. 5044. Reading comprehension and math have been my main two struggles over the last couple of years. With the help of my amazing teachers and lots of hard work on my part, I have not only met but exceeded fourth grade standards. I believe that without my teachers' help, I would still be struggling. This year, I joined show choir and participate in Project O Mondays after school. I love my teachers and friends and couldn't imagine not being allowed to attend school with them anymore because of my family's religious beliefs. I am a healthy kid and I am no more of a health risk than any other child or adult in my school. Please vote no and allow me to continue to learn in the environment that I love.

REP. STEINBERG (136TH): Thank you so much.

ERICA PASQUALE: Dear members of the Public Health Committee, I am writing to ask you to please oppose H.B. 5044. This bill will remove thousands of children from Connecticut schools and prevent thousands more from being provided the equal



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education they deserve. I could go on and talk about how vaccinating myself or my children is against my religious beliefs, but I feel that argument despite its legitimacy has fallen upon deaf ears. So I would like to go at this from a different perspective and give you a glimpse of what it would be like for a family like mine if the religious exemption was removed and our only option was to homeschool.

I co-parent with my ex and last session it was said several times that nobody is being forced to vaccinate their children, that we can simply homeschool. I'm not sure most legislators actually understand how difficult or nearly impossible homeschooling is for most families. My ex and I co-parent our 9-year-old daughter together and for us, homeschooling is anything but simple. He and I have worked really hard over the years to provide a loving and stable environment between homes for our daughter. Co-parenting at times is about as simple as homeschooling, but we work hard at it because it benefits our daughter immensely. Unfortunately, my daughter's father had a horrendous experience with being homeschooled himself. I won't go too much into detail but I will say that when I met him as 27-year-old adult, he could not read or write beyond an elementary level. He was homeschooled but, [bell], darn. That went very quick.

REP. STEINBERG (136TH): If you just want to finish your thought really quickly.

ERICA PASQUALE: Um, I mean, so he was homeschooled but never really taught the skills needed to be a productive adult and member of society and for us, because of his fear, if homeschooling is the only

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option we are left with, although we have always made decisions together including medical and are on board with both agreeing that it goes against our religious beliefs to vaccinate, if homeschooling is the only option, he will want to waiver on vaccines and I will not. I will not waiver and that is likely to tear apart the amazing bond in a co-parenting relationship and land us in a court in a battle over this and for what? For what when there is no crisis. Thank you all.

REP. STEINBERG (136TH): Questions or comments? If not, thank you both for testifying. Who do we have next please?

JAMES IRWIN: My name is James Erwin. I am a 9-year-old fourth grader at [inaudible - 15:38:21] Elementary School and my family has problems with vaccines. I read a lot, I love school, and I have strong feelings about the environment. I am going to tell you about my brother's reaction to vaccines. Julian became very sick. He had very bad eczema and bled all over his face. Mom and dad worked hard and luckily, before the next vaccine time, they had figured out that it came from vaccines. None of the family ever took a vaccine ever again. Now the two new babies are much healthier than me or Julian from the simple fact that they haven't had a vaccine in their life. If you pass this law, me and my brother and sisters won't be able to go to school. This law is unfair because it puts stress on families and is just plain unconstitutional. Home schooling puts money problems on U.S. citizens which means lower quality food, higher stress, more illness and more dangerous illnesses, not less. Finally, goes the ASA Inclusion law which states that children with all kinds of disabilities may attend public schools

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and therefore, it overpowers the state law. If you pass this law, then think about the consequences. I'm willing to tell you about the loss you will have if you pass this law. Track, I am a good cross country runner and I'm going to be in track. Therefore, if you pass this law, I wouldn't be on the track team and therefore, my school probably wouldn't win the championship. The environment: Most of my environmental actions are at school. Therefore, I wouldn't be able to help the environment as much. Orchestra: I have played the violin for four years and am in the middle school orchestra. I play for families raising school morale. Library use: I love to go to the library, mostly in my school library. If you pass this law, I wouldn't be able to go to my school library. Friendships: As a child, all or most of the friendships you make are in school so if you pass this law, I would have less friendships resulting in a decrease of health which means higher stress. Gifted education: I am a good student and am in the gifted program and add a lot to my school. If you pass this law, everyone would lose. I would lose my school and my school will lose me. I want to fight and I will. I am armed with knowledge and ready to fight. We are not going to take vaccines because Julian nearly died because of vaccines. If this law is passed and we would homeschool, other families would move away and overall, the public schools would become much smaller. My parents would both lose money so that would mean money problems for the family. Also, families with single parents would be tortured for money. Is this fair? Is this reasonable? This law should not be passed.

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REP. STEINBERG (136TH): Thank you. Would you like to testify as well?

ADRIENNE IRWIN: My name is Adriane Irwin. I have four children. My oldest is nine and testifying here with me today. I think I represent the average non-vacciner. When my first son was born, I trusted my doctor in vaccines and he got vaccines at every appointment, but after my second son's first vaccines at two months old, he got an awful cold immediately. He had already had mild eczema and food intolerances, but after the vaccines they seemed to worsen day by day. Soon I was back at my pediatrician's in tears because my son literally seemed to be falling apart. Struggling to breathe, lips and mouth blue, he was diagnosed with asthma that day. His belly button that had been healed for weeks now was open and bleeding again. His whole face was bleeding raw and now seemingly reacting to breast milk no matter what I ate. His eczema got so bad that we had to bind his hands at all times. It became frequent that I would wake up covered in his blood. I had to sleep right next to him for years so that I could catch him and stop him from scratching himself raw. I had to eliminate every inflammatory food from my diet to such an extent that I nearly starved. He was nearly 18 months old before he tolerated food besides by breast milk. At 7-1/2, he has eczema, asthma, wide-ranging food intolerances, ADHD and sensory-processing disorder. But you're all not doctors so what is meaningful to you.

Many who support this law are not informed about how it is enforced. In other states, the elimination of religious exemption has gone hand-in-hand with even stricture guidelines and what qualifies for a

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medical exemption. My son could not get a medical exemption. None of his conditions qualify based on how this law is enforced in other states. He reacts to Band-Aid adhesive and hand sanitizer and almost every food and yet someone besides myself and our family doctor is deciding that he can handle vaccination. Is that smart? Is it based on science? The Federal Inclusion Law was written so that kids of wide-ranging abilities and health issues would be guaranteed the right to a free and public education. Kids with violent tendencies, other kinds of communicable diseases, they are all still guaranteed the right to a public education and yet my son is excluded because he was born with a sensitive system and a crappy set of genetics.

When I think of this all being passed, I think of one of my closest friends who had documented vaccine reactions herself as a child. She is a victim of domestic abuse now three years free of her abuser, an amazing achievement. She has a 6-year-old son who is her whole world and a bunch of legal fees to protect him. My friend, she works every second. She finds jobs she can work from home that she can do when her son gets home from school and she's off welfare now because when he goes to school, she can work. What will my friend do next year? She will not vaccinate her son so she will move or she will go back on welfare.

People who do not vaccinate are not making idle choices. They are people like me, extremely intelligent, college-educated ex-vaccers who experience personally the effects of vaccines and who are now religiously dedicated to avoiding vaccines. My children's teachers can testify that I don't put chemicals in their bodies. My fervor

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extends to GMO's, pesticides, preservatives, I am consistent in my beliefs. People like me will never vaccinate because it goes to the base of our deepest beliefs and values.

I heard the state of New York right now is trying to figure out why thousands of people left New York State last year. Me and my husband laughed about how dense people are. This law will not increase vaccination rates. [bell] It will decrease the number of people in Connecticut, it will decrease the number of successful daycares, camps, and schools in Connecticut. It will put unfair pressure on the most desperate people in society, low-income, single parents with kids with known health issues. Ask yourself what is the goal, look at the desperate faces in this crowd. Making the poorest sickest people more desperate is not a good move for Connecticut. Do not pass this law. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Any questions? Representative Hennessy.

REP. HENNESSY (127TH): Thank you for being here and for testifying, bringing your son. I'd just remind you that we've had a wonderful turnout today. It's not over. It's not over.

ADRIANE ERWIN: I do really appreciate how many of you guys are still here. I really appreciate that.

REP. HENNESSY (127TH): Yeah, so let's, let's just keep it up. Thank you.

REP. STEINBERG (136TH): Okay. That wraps up the first 16 hours of testimony. [Laughter] Are there any other families we'd like to get through here?

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EMMA PAFUNDI: Hi, my name is Emma and I don't want to get kicked out of my school because of my family's religious beliefs. The government can't make me get kicked out of school because of my religion. If you want me to take the vaccines and if I don't, I will get kicked out doesn't mean I will get shots. It is rude to tell us we can't practice our religion. If you kick us out of school, I don't know what is going to happen. I might never get to go to school. I love my school. I don't want to leave. Please don't kick me out of school. Thank you.

REP. STEINBERG (136TH): Thank you. Are there others who would like to testify this morning? You don't have to if you don't want to.

SOPHIA PAFUNDI: Hi. My Sophia and I'm a 5th grader at CREC Montessori Magnet School in Hartford. I enjoy my friends and my teachers. I love art and music. In music, I am learning to play the ukulele and in art I am working on a poster. I have a word that describes my school. I picked hope. People should be able to believe in their religion and the government should not be able to tell them what to do even if the government doesn't like it. If you pass this law today, you will be taking away my hope. I would like to go to an art school someday and learn about art and how to draw. I want to go to college so I can get a degree and get a good job. I don't want to be stuck in my house without any other people. I'll be lonely and have no friends. I don't want to be a lonely grandma that has 20 cats. [Laughter]. Choosing not to vaccinate does not mean I'm sick. I feel that I should be able to go to school. If I am sick, I will stay home. It's my right to go to school if everyone else is allowed

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to. Do not take my family's choice between my education and my religion. Please keep me in school. Thank you.

REP. STEINBERG (136TH): I'd say you'll never be lonely with 20 cats. [Laughter]. Mom, would you like to as well?

MINDY PAFUNDI: Yes, please. My name is Mindy Pafundi and I live in South Windsor. I oppose H.B. 5044. I have 3 children, ages 4, 7 and 10. All three attend a public magnet school in Hartford. We chose the magnet schools system for diversity and inclusivity, to expose my children to a community that mirrors that of the world, a socioeconomically diverse population. A population that includes people from many different walks of life, religions, races and backgrounds. I do not teach tolerance, I teach acceptance. I teach them to embrace our differences and not to fear them.

Over the summer, my pediatrician's office of eight years forced us out of the practice. We were told we had 30 days to find alternative care. We were fired. I've never vaccinated my children. Nothing has changed. I was open with my doctors regarding our religious object from the beginning. I was always respectful, listened, and then politely refused. We were discriminated against.

Today, I find myself explaining to my children their community may no longer be allowed to accept them, their government may choose to no longer tolerate our family's religious beliefs. They may be removing them from their friends, their teachers, the world as they know. Their future will be greatly impacted. They will be forced to home school. They will no option to go to college in



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Connecticut. As parents we tell our children they can be whatever they want to be when they grow up. My children will be limited. Sophia, Emma and Miles cannot become who they dream to be if that dream includes college, not if this bill passes. This government may limit their future due to our family's religious beliefs.

An additional concern for my family is in regards to my 4-year-old son. He started with birth to 3 at 18 months receiving services through the state for his speech delays. As the years progressed, he has needed more services. He is currently receiving occupational therapy, speech therapy and special education through the preschool program at the magnet school. He has overcome many hurdles. Without this intervention, I am confident he would not have made such progress. He continues to need these services. Without access to the public school system, he will no longer be eligible for the necessary services.

I am asking you to tell my children, Miles, Emma and Sophia that their future is important, that their education is important, that they will not be excluded from school due to their family's religious beliefs. Tell them that they can become whatever they dream to be. Please show them that the government in this state stands for diversity and inclusivity. Thank you.

REP. STEINBERG (136TH): Thank you. Any questions or comments? If not, we bid you a good morning. I believe there may be one or two other, please.

ADELAIDE WILCOX-H: Hi. My name is Adelaide. I am 8 years old and in third grade. I have three little brothers and two amazing parents who are smart and

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loving. I am so lucky to have them. When I am sick, which is very rare, my mama and daddy keep me away from other people so I don't share germs. We always eat very healthy food and have two wise supportive doctors. Bill 5044 would keep me and my brothers from going to school. I love my school especially music class and Broadway Club. We would miss our teachers and friends and activities so I don't want to leave my school and neither do my brothers. So that is why I'm asking you to please vote no and help us stand up for our rights. Thank you for your time.

REP. STEINBERG (136TH): Thank you and I think you are particularly sparkly which is keeping us on our toes. There you go. I think we could all use one of those.

DEE WILCOX: Good morning. There were over 3000 people here today in opposition of H.B. 5044. There are many thousands more whose civil liberties and religious freedoms and educational rights are on the chopping block because of this. These are some of the kindest, wisest, bravest and most passionate people I have ever met. All walks of life, all ages, all spiritual beliefs, and all with their own stories as to why they want you to vote no.

Unfortunately, seeing as it's 2:45 in the morning, about half of those who were planning to do an oral testimony today have already had to leave, but believe it or not, there are still half of us left who are still ready to go so thank you for letting us kind of cut in a little bit. I'm just, I actually scrapped my written testimony and I'm just going to leave you with a few key takeaways from today's testimonies.

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This bill would dramatically affect the education, health, spiritual comfort and livelihoods of so many families. There is no eminent health crisis in Connecticut or any reason for concern. Connecticut is well within the herd immunity range. Mandating vaccines will create more sickness in many other ways. Vaccines should not be a one-size fits all pharmaceutical product. Vaccine administration is the only medical procedure without informed consent. There has been no double-blind placebo tested studies for more than a few days. Vaccine inserts list hundreds of potential adverse reactions. Vaccine makers have no liability. Families are being thrown out of their doctor's offices because of their religious beliefs. When there is risk, there must always be choice and we thank you from the bottom of our hearts for hearing us today and for still being with us at this moment. Have a great day. [Laughs]. Thank you.

REP. STEINBERG (136TH): Thank you. We're seeing parts of it we don't usually, the day I mean. Thank you. Are there any questions? No? Thank you very much. Since we're sort of in a benevolent state of mind, if there are additional families with kids who'd like to come up right now? Sure.

AMANDA DECKER: As an infusion/oncology nurse, consent is a major --

REP. STEINBERG (136TH): Sorry, could you start with your name, please?

AMANDA DECKER: Oh, I'm sorry, Amanda Decker, Norwich if anyone needs to know that. As an infusion/oncology nurse, consent is a major part of my job. Legally, the physician must inform the patients of drugs to be administered, side effects,

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risks, and what to expect from the cytotoxic medications being given. This must be signed and documented before I, as the infusion nurse, can order the chemotherapy from the pharmacy. Even with an informed consent, if the patient changes their mind at any time, even if the multi-thousand-dollar drug is mixed and ready to go, even if the patient changes their mind, I will not administer that drug. That is what consent means.

Even without that drug they will certainly die, even if they are in pain, and the medication may reduce their tumor size, thus reducing their level of pain, if the patient withdraws consent, I will not administer it against their wishes. If a patient with an internal bleed requires a blood transfusion in order to survive, yet they refuse blood products, I will not administer those products against that patient's consent, even if it will save their life. If a patient is in the hospital and they have not had their flu shot, but they don't want it, we don't give it against their wishes. That is what consent means.

Beyond medication administration, the main part of my job is inserting intravenous catheters and maintaining venous access. My hospital policy states that anyone on a heart monitor or anyone with intravenous medications requires an IV. Regardless of policy, if the patient refuses, even if the patient is confused, if the patient says no, they are within their rights to refuse. Also, if I force anyone, even confused, to submit to an invasive procedure, it could be perceived as assault. I'd like to repeat that; if I force anyone to submit to an invasive procedure, it could be assault and I refuse to have anything I do be perceived as

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assault. I refuse to perform an invasive procedure on a patient without their permission. That is what consent means.

H.B. 5044, which for all intents and purposes, stands to remove parents last defense against forced medication administration, religious exemption, is not in the best interest of your constituents. It is in the best interest of billion-dollar pharmaceutical companies and the lawmakers to whom they financially support. Our country was formed by our four fathers on the foundation of religious exemption. The original settlers left Europe due to religious constraints. To remove religious exemption for any medication, not just vaccines, would go against everything this country stands for. And it doesn't matter whether you're a Daoist, concerned with upsetting the fine balance of the internal yin and yang or the fine balance within your body, or if you're a Catholic, concerned with the fact that some vaccines were created using the cells from aborted fetal tissue. It is your choice to consent or refuse any medication based on religious beliefs. That is what consent means. Please do not pass H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Questions? If not, thank you very much. Let's bring up the last mother/daughter, oh, there's more than one. Okay. No, you're, that's good. All right. Please.

TAMMY STOTT: Good morning. I'm wide awake. My name is Tammy Stott. I'm from Norwich, Connecticut. I am disbelief that I am sitting before you to oppose H.B. 5044, a bill that to me is both discriminatory and overreaching. Fifteen years ago at the age of 19, I raised my right hand swearing

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into service for the United States Air Force, where I would go on to serve honorably for 10 years. I would come to be a Staff Sergeant, a wife to a U.S. Army veteran and a firefighter, and most invaluable, a mother to four daughters. Actually I want take a moment out because I cut a lot of my testimony out. Two are here with me today, my daughter Anna and my daughter Lilian. They are learning a lot today about what it means to be free, a free American. Warriors do not rest when there is a battle to be won and they have been warriors today and I can't be any more proud of them for that.

I take great pride in raising my family here in the historic Constitution State. My children and my family are in danger on more than one ground if you pass H.B. 5044. We will not consent to giving up the very rights that we once righteously defended. Essentially, we will be forced into homeschooling unprepared our four children. This is by far not a choice. This bill will impact on our healthy thriving daughters who have known none other than attending their school and building strong lifelong bonds. It will abolish their summers in 4H Camp, a vital part of their childhood. It will segregate their participation in extracurricular activities and it will ultimately generate financial hardship on our entire family, as we are not prepared to survive off one income. I gravely fear losing our home, being able to afford food, clothing, and even healthcare for our children due to the fact that we have previously been discriminated against and discarded from our family's pediatric practice. We are responsible already to pay out-of-pocket for alternative care, Anna 13, Lilian 8, Ella 7, and Adeline 4 deserve better than this.

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When I served my country, I upheld my oath to support and defend the Constitution of the United States. Today, I ask all of you, is it not your obligation to do the same? I know you understand that. I'm just going to leave you with a quote that I picked to close out. It's from the words of John Adams, the second United States President. Power always thinks that it is doing God's service when it's violating all His laws.

REP. STEINBERG (136TH): Thank you. Is that it for the family?

TAMMY STOTT: That's it.

REP. STEINBERG (136TH): Okay. Senator Somers.

SENATOR SOMERS (18TH): Yes, good morning, and thank you for being here and I do think that you are all warriors for being here at almost 3:00 in the morning. Thank you for spending your entire day with us and I was wondering if you could speak a little bit more about how you phrase that you were discharged from your pediatric practice. Did your pediatrician no longer see you because you had a religious exemption or could you speak more to that, please?

TAMMY STOTT: That is correct.

SENATOR SOMERS (18TH): So the pediatrician said that they would no longer see you because you were not going to be vaccinated; is that?

TAMMY STOTT: Yes. That is correct. And they, they also told us that it didn't matter the vaccine status of any of the four of our children, not even if it was one child in the family. None of the children in our family could be seen.

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SENATOR SOMERS (18TH): And is that a local pediatrician in Norwich or do you?

TAMMY STOTT: It is local, yes, to Southeastern Connecticut.

SENATOR SOMERS (18TH): I find that extremely troubling. We're hearing that more and more and more. My husband's a clinician and I asked I'm if they would not see somebody based on their religious beliefs and absolutely not. Actually, religion can be a very positive thing in healthcare and so I'm hearing that repeatedly from people today and I find it very, very troubling and I don't know if anybody finds it troubling but I wanted to see when you were told that they would no longer see you, did they give you a warning or were you just literally, that's it, see you later, find somebody else?

TAMMY STOTT: They provided us with basically a letter.

SENATOR SOMERS (18TH): They mailed you a letter?

TAMMY STOTT: They handed it to me in the office. It was a scripted letter. It said that this is our policy, our new policy, this is going to happen and we just immediately sought alternative care.

SENATOR SOMERS (18TH): And how long ago was that?

TAMMY STOTT: It was about three years ago.

SENATOR SOMERS (18TH): And how long had you seen that pediatrician?

TAMMY STOTT: That same pediatrician was seeing my daughter, Anna, when she was born and she's 13.

SENATOR SOMERS (18TH): Okay. So you went there for ten years.



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TAMMY STOTT: And that was three years ago that they stopped seeing us.

SENATOR SOMERS (18TH): Okay cause there are some pediatricians that will have a special room if you're not vaccinated we've heard and other rooms that are for if you have vaccines but that is disturbing to say the least. I want to thank both of you for your service to our country and what you said very much resonates with me as far as you fought for our country for the rights that we now could be possibly infringing on in this particular bill and thank you for being here and I can't remember what my other question was, I'm sorry. I'm sure I'll think of it after but thank you.

REP. STEINBERG (136TH): Okay. Representative Petit followed by Representative Betts.

REP. PETIT (22ND): Thank you. Just as a follow-up to Senator Somer's question. Did they give you a reason why after ten years the office policy changed? Was there any issue, a new provider in their practice, anything that changed? Why after a decade they changed office policy?

TAMMY STOTT: They did not. Just the fact that we were no vaccinating and that was their policy.

REP. PETIT (22ND): Thank you.

REP. STEINBERG (136TH): Representative Betts.

REP. BETTS (78TH): Thank you and thank you for your testimony and being here so late. Did you have any discussion or did the doctor share any information with you about the vaccines and any possible pros and cons to taking a vaccine?

TAMMY STOTT: No, no.

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REP. BETTS (78TH): Did you ask any questions about the vaccines themselves or were you like a lot of parents who say well what do you recommend and?

TAMMY STOTT: No. I did ask questions about vaccines. I was hesitant about vaccines. There was really no discussion to be had, however. It was pretty much this is what to do. If you don't get it done by this date, then it doesn't follow policy. There's just really, I wish I could give you more than that.

REP. BETTS (78TH): No, that's the way it was.

TAMMY STOTT: That's just what I experienced.

REP. BETTS (78TH): You know the other question that strikes me is I've been hearing all this testimony. A lot of times if we're given either bad news or something that's really shocking, medically a lot of people go and say well why don't you get a second opinion as to whether this is good or bad. Has that ever been raised by anybody as far as the pediatrician saying no, but you're welcome to get a second opinion or a more specific explanation?

TAMMY STOTT: No.

REP. BETTS (78TH): So it was their policy. It wasn't anything medical or specific relating to their medical condition?

TAMMY STOTT: Speaking of my child, is that what you mean?

REP. BETTS (78TH): Yeah.

TAMMY STOTT: I, we have a, my youngest child, my 4-year-old, at 13 months received the measles, mumps, and rubella vaccine and she had a very severe

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reaction, extremely severe, seizures. I mean I could go on and on, you've heard it all day long. I'm not going to go on and on, over and over again. The same things you've been hearing all day long. We had several visits to the pediatric office after, during that, during that reaction time period. We went through all of that with the pediatrician and then the end result was there will be no, we had to adhere to the schedule, there would be no medical exemption. All my children should remain vaccinated, to continue to get vaccinated and actually the end result was it was a coincidence and my daughter's reaction was viral.

REP. BETTS (78TH): Okay. So I want to try and understand this. He was your pediatrician when your 13-month-old child had some problems.

TAMMY STOTT: Yes.

REP. BETTS (78TH): And this is the same one when you came in again knowing what happened before --

TAMMY STOTT: Yes, that is correct and he denied the medical exemption.

REP. BETTS (78TH): Okay. Thank you very much. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Well my questions were really asked. It was all about your pediatrician so I'll just say thank you for fighting for our freedoms and we'll fight for yours.

TAMMY STOTT: Thank you.

REP. STEINBERG (136TH): Anyone else? If not, thank you very much. Oh, sorry. Representative Hennessy?

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REP. HENNESSY (127TH): So looking out at the crowd today you said 4000 people. You know in the face of a bill that I think is taking away fundamental rights, I think your family exemplifies what is good about America to a kind of model but I'm so proud to see this reaction to this bill. Thank you for your service and for hanging out with your family to testify.

TAMMY STOTT: Thank you.

REP. STEINBERG (136TH): Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much, Mr. Chair. Thank you so much for your testimony and thank you for your service. As I was reading over here, the American Association of Pediatrics has, a segment of American Association of Pediatrics suggests that if they have a significant proportion of patients whose families or the children are not vaccinated, that's why they are trying to get the message out to the families and I think their concern is based on the real issue that we are all dealing with right now, the perceived threat to immunocompromised patients. In those practices, I think that's where they're coming from as I read what their perspective is. That's part of the challenge and I think that's what was alluded to earlier in some of the other conversations for the people who are talking about the concerns that they have. Even the Commissioner's concern was in the same vein. The challenge that this puts the families under is that some of the practices were accepting the patients. They actually have a significantly increased number of the patients and they've figured out what is the best way forward if there is an immunocompromised patient and the families who have immunocompromised

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patients or rheumatologic conditions with the patients or autoimmune diseases, they are also asking some of the practices so this information is part of the reason that we are seeing this. I think that's the pattern we are looking at and may be worthwhile to have conversations with the pediatricians about what is the broader strategy, how do we take care of the community members. Now, looking at the families who have concerns about vaccines, this community is growing and so we will have to start to figure out a strategy from the primary care perspective, a pediatric care perspective, what would be the best way forward because walking away from them or having them walk away from you may not be the best option. And I think part of the bill today that we are looking at is looking at an opportunity for a better education, clarification and developing a strategy with the families for vaccinations or other options. I think that may be the way to do it because right now, if a clinician has a conversation and a detailed conversation with the family about vaccines, the pros and cons and understanding their perspective, it is literally on their own time and I think we are proposing a bill that is going to make sure that the insurance industry would compensate the clinicians for the time that's going to be spent in that situation. Most of the clinicians now are employed, they are not self-employed anymore and they're expected to see patients in 15 minutes and you cannot do justice for such an important conversation in 15 minutes and that's part of the struggle too. It's a number of things that have come together that is resulting in some of these efforts but I think your message and some of the other families who have repeated this message that they are not getting the

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pediatrician to take care of the children is something that we will have to start to look at and identify ways to be able to fix it. Part of this bill, not the bill on the immunization, but the pediatrician one will hopefully address that. Thank you again for your testimony. Thank you.

REP. STEINBERG (136TH): Thank you, Senator. Representative Michelle.

REP. MICHEL (146TH): Thank you, Mr. Chairman. Just a quick question. Do you, were you given a letter or did they show a letter? It wasn't clear to me earlier when you were testifying.

TAMMY STOTT: It was the same letter they had hanging in the office. It was an office wide policy letter that they posted in the office. They handed it to me in the waiting room and basically said this is the policy we have, we've now adapted and it needs to be followed with all of our children.

REP. MICHEL (146TH): You didn't happen to take a picture of that did you?

TAMMY STOTT: I didn't.

REP. MICHEL (146TH): Thank you very much for testifying tonight.

REP. STEINBERG (136TH): Anyone else? If not, thank you for your testimony this morning. Unless I'm mistaken, that concludes the junior portion of our presentation. One more, okay.

GEMMA PETERSON: Hi, my name is Gemma Peterson and I would like to paint you a picture. You're 16 years old, you have a year and a half before you can go to college, something you've been working towards since you wanted to be a veterinarian at age 6 and you

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have gone your whole life without being vaccinated. You worked really hard in your AP and honors classes to earn good grades. You take advantage of all the artistic classes offered to you by your school at Norwich Free Academy. Throughout the year, you play softball 24/7 and become a better person by training with your teammates. Coincidentally, tonight you got cheated out of a homerun and threw a girl out at second so. Your dream is to play college ball.

Your life is busy but in your spare moments you volunteer and make time for your family especially your little brother who you couldn't live without, and hang out with friends who mean the world to you. Then one day you're told that despite all you do, all you've worked for, you are a hazard to the community. You're told that if you don't get vaccinated, everything that you have worked for so hard but for your whole life, since you were a child is gone. So what do you do? You skip school knowing that your grades will suffer to talk in an intimidating room full of strangers and beg them. Beg them not to rip your life away from you, beg them to understand that if you truly thought that not being vaccinated was hurting people, you would get vaccinated. Even if you thought it would hurt you, you would do it so others wouldn't be harmed. But you don't. Never has anyone around you gotten any disease or died because of you. You yourself have ever gotten the flu. You got strep once but instead of taking antibiotics, your immune system was strong enough to fight it.

You do this because if this bill gets passed, your whole life will have been a waste and I don't know about you but I wouldn't, I won't be able to live knowing that. Now look at me. As you probably

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guessed, I just allowed you to step into my shoes for a minute. A minute out of 16 years, that's nothing. You do not know me and yet you want to decide what's best for me. You're doing this to tens of thousands assuming what's best for them. This is my life of which I only get one. This is my body and my choice. Why do we even have a constitution if these rights are not protected? What is to stop me from dealing drugs and stealing? If you don't respect this part of the constitution, why should I respect other aspects? This is the message you are sending by passing this bill.

All I'm asking is that one day I will be able to tell my children that they have a choice because despite being one in seven billion, their opinion is important to the world. Show me today, right now, that my words are not a waste, that my voice is worth something to the community. I may be young, but I am your future and I deserve to be treated with respect. [bell] I am perfectly healthy and I plan to stay that way. Please vote not to this bill. Thank you.

REP. STEINBERG (136TH): Thank you. Sir?

KEN PETERSON: I am Dr. Kenneth Roy Peterson. I am a chiropractor in Groton, Connecticut. I am against this bill. Pro-vaccinators believe their adamant pro-stance is based on actual knowledge and all the facts and evidence from the pharmaceutical companies and the medical world. But let's not be naïve. The full truths and facts are buried, hard to find, and not being disclosed readily. If they were, then there probably would be vaccinations and we'd all be doing everything we could health-wise through our diet, exercise, getting eight hours of sleep, proper



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water, staying mentally positive, making sure our nervous system is functioning at its optimum ability to ensure our immune system and our children's immune systems were as strong as they possibly could be, perhaps keeping us from catching those illnesses in the first place.

I'm hoping that earlier, all of you truly listened to those professionals who in their testimonies clearly and convincingly taught us by citing studies that there are clearly potential short-term and long-term serious health concerns from receiving vaccinations. As a healthcare provider, I've learned first-hand from parents of children who shared with me how their child was developing normally, starting to talk, to walk, discovering the world, communicating, focusing, even telling their parents that they love them by giving reciprocated hugs. They were developing normally and then it was time for that first round of vaccinations and within a day or two, they were never the same. No longer communicating, walking, talking, focusing, playing, hugging, nor telling their parents that they love them anymore. You don't need a scientific study to know something that the vaccination was the cause and that something about vaccinations is wrong. There are no if's, and's or but's to those parents that it was the vaccinations that harmed their children.

I won't get my children vaccinated and if you have a shred of doubt concerning the safety of vaccinations and you truly care about the safety of your constituents, you cannot in good conscience pass this bill. Please remember that you are supposed to have us, the people's best interest at heart, and not big pharma's. It seems to me that the non-

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vaccinated are being blamed for spreading these childhood illnesses, but this has not been proven. It also seems that vaccinations at the admission of the pharmaceutical companies and the medical world are not 100 percent effective and actually are very ineffective. So some of those vaccinated still get the illness and then spread it to one another and meanwhile, this bill in essence is still blaming the non-vaccinated for spreading it. [bell] This is ludicrous. Meanwhile, to top this all off, if I choose not to do something that I feel is potentially harmful to my children and I don't give up my right to choose how best to take care of my children, this bill will punish my children by taking away their right to receive an education. Seriously, again, this is ludicrous. There is no debate. We have rights and they shouldn't be taken away. Please throw this bill away.

REP. STEINBERG (136TH): Thank you, sir. Any questions? If not, thank you very much. I believe I see one more underage person here if you'd like to come up.

JACOB HILL: Good afternoon Public Health Committee. Hi, my name's Jacob. My earliest memories from having religious faith are from when I was 3 years old and my dad was in the Army. When my dad was deployed, I would get scared and sad. My mom and I would say prayers for my dad's protection, for him to come home safely. I always learned about God and went to Christian schools even when we moved. My faith has always been really important to me. This year, I made the decision to be baptized. I am currently a student. I like my school and I work really hard.

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Over the past year, I've had a math tutor so I can get ahead. I want to qualify for the engineering program in high school. I have to do more work than other kids, but it's worth it because I have a goal. I want to be really good at engineering. The bill called H.B. 5044 would force me to decide between God and school. With all due respect, that's not really fair and the government's power is going too far. Below are the 1st and 14th Amendments of the United States Constitution. These explain I have the right to freedom of religion and the government shouldn't interfere with that.

Connecticut is the Constitution State. We have our own Constitution with extra protections for Connecticut citizens. The Connecticut Constitution starts by recognizing God. It describes the right to practice religion, receive education, and protects from discrimination and government intrusion. This means that my rights to practice religion and stay in school are really protected in Connecticut. I have the right to be a Christian, stay in school with my friends, and pursue my dreams, but if you make me decide, I will choose God. Then what will I do? Why would you separate me from other kids? Why couldn't I go to school and follow my dreams? If you really want to protect kids, you will protect their rights to religion and education. Please vote no to the H.B. 5044 Bill. Thank you.

SENATOR ABRAMS (13TH): Thank you, Jacob. Did you want to say something as well?

CHERYL HILL: Yes, please. Good morning, respected members of the Public Health Committee. My name is Cheryl. I strongly oppose H.B. 5044 in its

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entirety. I am the mother of two school-aged children and the wife of a retired Army veteran. My husband proudly served our nation for 25 years. My children and I have also served. His military oath includes I will support and defend the United States Constitution. I will bear truth faith and allegiance so help me God. The military oath and mission is specifically to uphold the United States Constitution.

My husband and I were born and raised in Connecticut and upon his honorable retirement, we moved three times just to transition back to Connecticut so that our kids could grow up with their grandparents, their aunts, their uncles, their cousins. We have finally completed our service in the military and we have finally settled into our Connecticut home, our jobs, made friends, and the kids are in schools that they really love with amazing teachers.

This bill would force our military family to violate our oath that we still uphold and our religion or lose all of those things. It's not a choice. It feels instead like coercion and harassment. It's an abuse of power. It's a betrayal by our elected officials and a slap in the face to all of those who serve. It's mutually exclusive to our military who physically defend these rights and now risk have them taken away.

H.B. 5044 is a gross violation of the 1st and 14th Amendments of the United States Constitution and at least five provisions of the Connecticut Constitution which very specifically protects our religious rights, our educational rights, and protects us from discrimination, and also at least three general statutes. Every vaccine on the

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current schedule is deemed unavoidable unsafe by the Supreme Court. The vaccine inserts themselves list a myriad of acute and chronic effects including death. H.B. 5044 would literally mandate the potential of death. H.B. 5044 is medical tyranny and we will not comply. When you vote, please remember your oath, uphold the United States Constitution, the Connecticut Constitution, have reference for the oath and the mission of our military men and women. Vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions? Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (105TH): Thank you, Madam Chair. Thank you for your testimony today. Thank you for your family's service, your husband, the sacrifices you've made for our country and we all appreciate that. I find even though I'm opposed to this legislation, I find it appalling that this new legislation would make people that are already in the queue, that are not getting vaccinated, that are in school, not able to go back to school. We've heard many people talk who are juniors in high school, who are going to college in another year and a half, that will have to leave their high school, be home schooled. Parents will have to lose their jobs to be able to -- it's just, it's very upsetting that that's what this bill is going to do to these people but I appreciate everything you've done and I appreciate your testimony. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony.

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CHERYL HILL: Thank you.

SENATOR ABRAMS (13TH): Are there any other young people who need to, I think that's it. Thank you. Okay. So we'll go back to the list. Christine Wojdyla. Thank you.

CHRISTINE WOJDYLA: Good morning. My name is Christine Wojdyla. My two children are education refugees from New York and currently attend private school here in Connecticut. I sat at my computer for hours trying to think of something compelling to say that would convince you to vote no on H.B. 5044. After all, I've been through this before.

I could share my spiritual beliefs and concerns about the ethics of using cell lines from aborted fetuses in the manufacture of vaccines, but you would produce statements of support by religious leaders and state that protecting public health trumps my religious beliefs. I could state my concerns about the lack of vaccine safety studies and provide peer-reviewed journal articles supporting my concerns. You would respond that all the major health authorities dispute this and repeat the mantra that vaccines are safe and effective. I could tell you that I am able to have simultaneous concerns about the compatibility of vaccines with my religious beliefs and concerns about vaccine safety. You'd pass judgement without any spiritual authority to do so and put my testimony in the doesn't have a sincere religious objection to vaccinations pile. I could tell you about the irreparable harm my children suffered when they were thrown out of their schools in New York and the special education services my daughter lost. You would tell me that it was my choice.

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I could tell you about the profound anxiety my children feel as they await word about whether or not they will be kicked out of yet another school and lose yet another set of friends. You'd tell me to just homeschool, like it's no big deal. I could remind you that Believe Women became the rallying cry for the #MeToo movement and calls for the end of casting doubt on women's accounts of rape and sexual harassment, and then I'd point to the tens of thousands of women around the world who witnessed their children's vaccine reactions and injuries. You would dismiss their experiences as a coincidence because the health authorities said so without any medical basis for making such determinations. I could point out the hypocrisy of some legislators as they fight to preserve the rights of women to have an abortion while simultaneously attempting to take away a mother's right to decide what is injected into her child's body. A yes vote will cause irreparable harm to our children. The tide of public sentiment on this issue is turning in our favor and our numbers are growing. You have your vaccine mandates to thank for that, but make no mistake, we are entering an era of liability. We will no longer accept anything less [bell] than full informed consent vaccine choice and liability from manufacturers and pushers of vaccine mandates. Don't be like California Senator Richard Pan, be like New Jersey Assemblyman Jamel Holley. Be on the right side of history. Please vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you and are there any questions or comments? Thank you very much, oh, Representative Hennessy?

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REP. HENNESSY (127TH): I just want to thank you for your testimony.

CHRISTINE WOJDYLA: Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Next we have David Connelly followed by Barbara Rudini.

DAVID CONNELLY: Hello. David Connelly, Bristol, Connecticut. In 1802, President Jefferson said to the Danbury Baptist Association in Connecticut I contemplate with sovereign reverence that act of the whole American people which declared that their legislature should make no law respecting an establishment of religion, or prohibiting the free exercise thereof, thus building a wall of separation between Church & State. How our founding fathers felt about religion and the state is very important when confronting the reasons used to justify removing a protected right.

An example I often hear is that there's been a spike in the number of religious exemptions claimed. So basically, we must take away a protected right, because people are actually using it which of course, makes no sense. The point of protecting a right in the first place is so that it can be used. Another one is, we believe that people aren't being honest because the most popular religions are okay with vaccines so they must be lying. The hubris displayed by removing a natural right because you think that some people might be lying is astounding. There is absolutely no proof of this.

I have read several news articles with titles like, "*The Catholic Church Gives Green Light to Vaccines*" or something similar. This is not true and I will explain that using excerpt from the only teaching on



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vaccines to come from the Vatican called, "*Moral Reflections On Vaccines Prepared from Cells Derived from Aborted Human Fetuses.*" Quote, "They should take recourse, if necessary, to use the conscientious objection with regard to the use of vaccines produced by means of cell lines of aborted human fetal origin." Quote, "Equally, they should oppose by all means the vaccines which do not yet have morally acceptable alternatives." Quote, "There remains a moral duty to continue to fight and to employ every lawful means in order to make life difficult for the pharmaceutical industries which act unscrupulously and unethically."

And as explained by the National Catholic Bioethics Center, unfortunately, at present there are no alternative vaccines available in the United States against rubella, varicella, and hepatitis A. All of these are grown in the cell lines WI-38 or MRC-5. This is not a green light but a call to action to hold accountable pharmaceutical companies, legislators, and the media. It never gives permission for the removal of religious exemptions at all. In fact, the language uses phrases like "could permit parents to" or "have a duty to take recourse." This appears to promote choice, not government control.

Kicking children out of school is not choice parents are making. This bill proposes to withhold from parents a right that is already protected in Connecticut. So, the question I pose to you is, if the Roman Catholic Church sees fit to give its members the benefit of choosing what is best for their children, even with the questionable moral implications of abortion-related chemicals, [bell] why is the government trying to take that choice

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away? And in conclusion, a joint statement by the Connecticut Catholic Bishops on vaccines dated January 28, signed by the Archbishop of Hartford and the Bishops of Norwich, Bridgeport, and Stamford, "The Connecticut Catholic Conference, our public policy office, stands as a defender of religious liberty for all. In, general, the Conference maintains that all religious exemptions should be guarded jealously." Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Representative Tercyak.

REP. TERCYAK (26TH): Thank you very much. Is that the same statement that you referenced from the Catholic bishops where they said the Catholic Church does not ban vaccines? I think that was part of the statement also wasn't it?

DAVID CONNELLY: It was, yeah.

REP. TERCYAK (26TH): And is that the same statement where the bishops pointed out that every Catholic school in Connecticut requires children to get their vaccines, even the ones who complain about come from aborted cells?

DAVID CONNELLY: Correct. Correct.

REP. TERCYAK (26TH): Thank you very much.

DAVID CONNELLY: Correct. In fact, all of the excerpts in my statement which are in the one I went to you which is even longer than the one I ready to you all have links to the full documents of everything that is quoted in here.

REP. TERCYAK (26TH): Thank you. That would be from the Catholics who require children to get all --

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DAVID CONNELLY: Catholic schools.

REP. TERCYAK (26TH): That would be from the Catholics who require all children to be vaccinated in order to enroll in their schools.

DAVID CONNELLY: Yes.

REP. TERCYAK (26TH): Thank you very much.

DAVID CONNELLY: Don't forget to defend religious exemption jealously.

REP. TERCYAK (26TH): To be vaccinated, to go through --

DAVID CONNELLY: Religious exemption, sir. It's very clear. Anything else?

SENATOR ABRAMS (13TH): Uh, I get to say that. [Laughter].

DAVID CONNELLY: I'm sorry.

SENATOR ABRAMS (13TH): Representative Tercyak, were you finished?

REP. TERCYAK (26TH): Yes.

SENATOR ABRAMS (13TH): Thank you. Representative Candelora?

REP. CANDELORA (86TH): I just, I want to thank you for your testimony and making that point. I think what gets confusing about the Archbishop's letter and I think the news has reported the first part which talks about their, the church itself doesn't have an objection, but they support the defense of religious liberty.

DAVID CONNELLY: Correct.

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REP. CANDELORA (86TH): And so I think while my understanding is Catholic schools certainly allow for the vaccinated children to attend, they also accept people submitting religious exemptions in order to attend. They don't reject children who are exercising a religious liberty to attend a Catholic school. Thank you.

DAVID CONNELLY: You're welcome.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony.

DAVID CONNELLY: Thank you.

SENATOR ABRAMS (13TH): Next we have Barbara Rudini.

BARBARA RUDINI: Hello. I represent approximately 3700 children who are immunocompromised in Connecticut, who have PANDAS and PANS. In terms of medical exemption, I already have a team of physicians that are experts in my child's condition and that are dedicated to my child's care. The government assigned experts are not our experts so I truly oppose anything to do with a medical exemption, any statutes regarding it.

In the office the conversation with parents and having you know the ability to bill insurance, I think they should be paying the parents for the conversation and I would only allow a conversation that only talks about immunity and things that are things proactive to help the child and not just about immunizations so other options for the parents. And another point is my child is a medical exemption, but vaccines are also being pushed on the immunocompromised so this definitely applies to me and I think all of the Committee members that I

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actually have met with, so they know my story and they know that you know I have a very serious immunocompromised child so it's a big deal, the immunocompromised are excluded from press conferences so I appreciate the opportunity to discuss they eliminating the religious exemption would do nothing to protect our kids or anyone in a school or any setting now or in the future.

I did arrange to meet with Representative Ritter back in October with another mom to discuss actual measures that would be beneficial to our kids and all kids in a school setting. He's been vocal for many years regarding his stance on the religious exemptions and is concerned for the immunocompromised. Yet, we were the first parents that he said he has ever met with. That was a little bit, I was taken aback by that. We discussed the risks of shedding by live virus vaccines and how our kids are actually advised to avoid the vaccinated. One of the staff members chimed in and said yes, we've come across that situation when teachers are going through chemo, so they are aware of that situation and that risk. He stated his opinion that most parents are purchasing their medical exemptions and as a person who has a medical exemption, it was very hard, and I have a team of doctors so that statement was really disconcerting. So is he truly concerned about our fragile children is the question?

He also said he was in the process of updating their infectious disease manuals to kind of you know update their protocols. One ironic thing was I was actually testifying yesterday for a bill on the Children's Committee for PANDAS and PANS to mandate insurance to pay for treatments for our children so

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I spoke to that yesterday and one of those treatments is an IVIG. It's an immune globulin product. My daughter has 32 of those [bell] and if I could just finish the irony of that statement.

SENATOR ABRAMS (13TH): Go ahead, finish your statement.

BARBARA RUDINI: So today I'm here to oppose this bill because the more vaccinated there are, it actually compromises that product because the donors that are needed for that product, the best donors are the unvaccinated because their antibodies last a lifetime whereas studies are showing more and more that the antibodies from the vaccinated, they wane so that product is actually going to be compromised and you know the irony of this is that it's going to actually hurt the immunocompromised in the end so, so that's uh the iron.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you very much for your testimony. I appreciate it.

BARBARA RUDINI: You're welcome. Jeanne Higgin? Wiggins, I'm sorry.

JEANNE WIGGIN: It's okay. Hi. First, I want to thank you all for being here. It's really nice to see all of your faces here and we really appreciate you hearing us. Over and over I have heard people stating that one cannot hold deeply held religious beliefs opposing vaccines and question the safety and science. Are your reasons for opposition usually singular or are they multi-faceted?

Seven years ago my baby had a respiratory reaction to his four-month vaccines. He started wheezing shortly after and it continued for months.

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Following his reaction, I threw myself into research. I discovered that my son's respiratory reaction was a side effect of the DTaP vaccine, listed in the insert. I learned that human diploid cells are used to make vaccines and that remnants enter our bodies along with DNA. Fast forward to the spring of 2019. My older two children go to sleepaway camp. Six weeks before my 14-year old was set to go, we received an email stating that the camp would not accept his religious exemption. Stunned, I set to work to secure a medical exemption, which I was sure he qualified for having had multiple vaccine reactions. My son was jaundice, had gastrointestinal issues, acid reflux, eczema, food allergies, colic, neurological effects, migraines, chronic illness and a build-up of extra-axial fluid around his brain. Extra-axial fluid is a protective layer between the brain and skull. If the filtration system isn't working properly, a build-up will ensue putting pressure on the brain. In his case, his body was developing you know 10, 15th, 20th percentile and his head was in the 80th, 90th, 100th percentile so they did an ultrasound. I drafted a six-page report. Despite, oh, I'm sorry, I jumped ahead. So I wanted to earn him a medical exemption so I drafted a six-page report for my pediatrician. Despite supporting me, his pediatrician could not provide an exemption. He did not qualify under the CDC's narrow list of contraindications. Ultimately, my son was granted an exception to go to camp for one summer, his last as a camper, based on a conversation with his pediatrician about his medical history. Those five weeks were probably the worst of my life. It was my faith that carried me through.

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While I was aware of my son's vaccine reactions, it was devastating to scour his medical records and see the overwhelming correlations. The guilt was indescribable. I prayed for guidance and for strength. I prayed to God for forgiveness for unknowingly bringing harm to my children. This legislation aims to impart that same pain tenfold. It will force segregation on my family due to our religious beliefs and duty to protect our children from further harm. We will have to choose between upholding our religious beliefs and keeping our children safe or risking their health. We will be forced [bell] to homeschool and send our high schooler to boarding school or move out of state away from grandparents, family and friends and everything we have known.

Lawmakers, please hear me. Hear me as a mother. Hear the pain in voice. Hear the hours of tears I have shed. Hear the guilt I carry for unknowingly bringing harm to my children. Hear that my children are immunocompromised indicated by their vaccine reactions. Please, I am begging you, oppose H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you so much for your testimony.

JEANNE WIGGIN: Thank you and thank you all for being here so late.

SENATOR ABRAMS (13TH): Next is Jessica Tantan? Jessica? No. Madyson Ramsey? Madyson Ramsey? No? Tammy Stott, oh, Tammy already went. Annmarie Gianni. Okay. Jennifer Finefreck? Ellen Barrett? Isabelle Menozzi? Thank you. Imani, can't read the last name. Thank you. Julia Torcellini. You know



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what, if some people leave the room we could just go through the people here rather than go through the list. You know? I'm just wondering, are there still people downstairs who are waiting to testify, not just who happen to be here but are there people downstairs waiting to testify? So I'm just wondering if it makes more sense if we just have people start coming in here as opposed to. I'm sorry? [loud crowd objection]. Hang on. Okay. I'll just keep going through the lists. I'll just keep going. I thought it'd make it easier but it doesn't look like it's going to. Anita Kocyba? Thank you.

ANITRA KOCYBA: Good morning everyone. Thank you so much for being here in the wee hours. My name is Anitra Brooks Kocyba. I'm a resident of Greenwich, Connecticut. I was here earlier with my husband and two boys, Safryn who's 11 and Dee who is 7 and they are now home asleep. They stayed here as long as they could.

I am an educator, a performing artist, a mother of two boys who attend public schools in Greenwich, Connecticut. I oppose H.B. 5044 and respectfully request that you further review its impacts and unintended consequences. I am African American, I am a woman, I am a Muslim. This bill directly targets my intersectionality. The negative consequences of having my parental rights and religious freedom removed will fall heaviest on me and other women of color. This bill discriminates against low income families who, when faced with the inability to exercise their religious freedom, will not be able to afford to relocate or to homeschool their children. If those families cannot move or homeschool, they would be forced to violate their

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deeply held beliefs to comply with this bill. How is it fair that an affluent family would not have to face the same ethical dilemma? This burden must not be thrust upon us by those who represent us.

Not only does this bill impact my children's education, my parental rights, and my family's ability to practice our beliefs, it is also a violation of our personalized healthcare and body autonomy. My children happen to be vaccinated, but that happened at my discretion. The Connecticut Constitution guarantees me this freedom as well as a free and appropriate education for my children. Those rights must continue to be protected. The current system is working. There are already measures in place to protect Connecticut citizens in the event of an outbreak that do not include stripping parental rights and removing healthy children from school. Please vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Senator Somers?

SENATOR SOMERS (18TH): Yes, good morning and thank you for your testimony. I agree that when you look at this from a different perspective, this bill could hurt those who are at the lower socioeconomic end of the spectrum. Where you have money or wealth, you can choose to send your child to boarding school or be able to homeschool your child where if you're not a single mother or not reliant on two incomes. One of the things that has come up is that if you were on state insurance and you have to use an in-network pediatrician and that's the only pediatrician available to you but that

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pediatrician is now not taking you because you are asking for a religious exemption, we are actually preventing access to healthcare and that's something that has been brought up before.

ANITRA KOCYBA: That's right.

SENATOR SOMERS (18TH): And especially if you are someone who needs help with a state insurance, that puts you in an even more compromised situation. The other thing I wanted to ask you is, if we're going to look at having consent more fully informed where a clinician has to have a conversation with a patient and perhaps document it on vaccines, should we also consider having the clinician disclose what they're paid or what bonus or quality bonus they're given for X number of vaccines administered to a child. I think that's a conversation that we need to also include for full disclosure and I wanted to see what your thoughts are on that as far as the in-network, being on state insurance?

ANITRA KOCYBA: I think we would all love to know what those financial incentives are. I am on state insurance and my access to a pediatrician is restricted, in fact to all of my medical providers so your question was, would I like to see if there are financial incentives there based on --

SENATOR SOMERS (18TH): Well we're talking about disclosure of, you know consent and having more informed consent. We also have heard from different patients of pediatricians and you know you can read it online that they are incentivized through insurance companies for quality care that after X amount of vaccinations that are administered there is X amount of dollars paid so there is, you can go on and you can look at it. Each insurance company

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has their own thing but we're now hearing stuff that we haven't heard associated with vaccinations. We've heard today in testimony that's come in that insurance companies will no longer reimburse doctors if they are taking patients that are not compliant with the vaccines. This has not been verified yet but these are things that we are hearing from Connecticut patients, of Connecticut doctors, of Connecticut provided insurance companies. The other thing that has come up is insurance companies are now offering a bonus for X amount of vaccines administered through the pediatrician also going to the fact that now pediatricians are seeing more and more, I just got another email here about four different pediatric offices that one person went to on state insurance and they were rejected from those offices because they decided to not vaccinate, so I think there's a much bigger picture and a much bigger story that we need to look at and I want to see if you were on state insurance and did you have that same issue where you're forced to have an in-network doctor, you don't really have a lot of choice and it seems that they're not going to see you or they're getting rid of you as a patient because you're not complying with vaccines. Where do you get your healthcare?

ANITRA KOCYBA: That's a good question.

SENATOR SOMERS (18TH): Do you go to the ER, the most expensive point of call or?

ANITRA KOCYBA: Right.

SENATOR SOMERS (18TH): So those are all unintended consequences.

ANITRA KOCYBA: Right. I agree.

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SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony. Next we have Steven Schmalhofer? Bojana Staley? Jennifer Brown? Melanie Maurice? Tatiana? Okay. I thought you were her. [Laughs]. Jennifer Smith? Welcome.

JENNIFER SMITH: Members of the Public Health Committee, thank you so much for staying to hear my testimony at 3:40 in the morning. My name is Jennifer Smith. I am 28 years old and I have nearly everything a person could ever want. I have a Master's degree, a full-time job, a house, and a happy marriage. I say nearly everything because I lost my health and my ability to bear children.

When I was 17, I was coerced by my doctor and a very manipulative and misleading television advertisement to go get the Gardasil shot. I remember my mother telling me it was too new. I remember feeling uneasy about it. I remember my friends experiencing bizarre symptoms after their shots. I remember I ignored all of this and I took the advice of my pediatrician and of that sly commercial telling me I could prevent myself from getting cancer if I just ignored my mom, my gut feeling, and my friends' adverse reactions. After all, I was told Gardasil was safe and effective and thoroughly tested. I was told this vaccine would prevent me from a potentially deadly virus I could contract if I ever wanted to someday have sex. So I lined up like a good little patient and received all three rounds of the Gardasil vaccine.

What I don't remember is my doctor having a discussion with me regarding the risks the shots themselves could pose. I don't remember being

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offered the vaccine insert to analyze prior to making a decision, and I don't remember my doctor informing me of its chemical makeup. I don't remember this because this conversation never happened. If it had, I know I would have made the decision not to undertake Gardasil's risks. If I had only known then what I know now, I might not be sitting before you as a 28-year-old postmenopausal woman; postmenopausal.

I have only recently learned that Gardasil has never been evaluated for genotoxicity and that its ingredients include possible carcinogens including DNA fragments according to the FDA. The placebos that Merck claims to have used in their shady clinical trials were not true placebos, but solutions containing substances such as aluminum, a known neurotoxin, Borax which is banned by the FDA in food products, and polysorbate 80 which in rodent studies causes primary ovarian failure, yet has never been independently safety tested in human vaccines. Polysorbate 80 opens channels into the brain through which it and other toxic elements can enter. In Gardasil's clinical trials, 2.3 percent of girls became ill with autoimmune disease within six months. As an 11th grade AP statistics student, I would've understood this to mean that I was about to take a substance that had a 1 in 40 chance of giving me a lifetime disability in an attempt to reduce my 1 in 43,500 chance of dying from cervical cancer, and I would've thought this was stupid.

I also didn't know that if I ended up developing a lifelong disability, I couldn't sue the manufacturer. I wasn't told any of these things most likely because my pediatrician did not even know these things herself. It was not explained to

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me that about 98 percent of all HPV cases [bell] clear themselves and that routine Pap smears and early intervention could reduce the risk further. Although I can't go back and undo what I consider to be the worst mistake of my life, I at least can still have the right to refuse to be exposed to additional toxic components of vaccines and I will continue to fight for this right because my body cannot afford any more exposure to the toxic elements contained within vaccines.

SENATOR ABRAMS (13TH): I'm going to have to stop you there.

JENNIFER SMITH: Okay. I'll just conclude by asking, I want to say that science is never settled. My experience is proof of this so I ask the members of the audience to quote that manipulative commercial I saw when I was 17 years old, moms, dads, did you know? Maybe you didn't, but you do now. What will you do about it? Thank you. Jennifer Smith, Coventry, Connecticut.

SENATOR ABRAMS (13TH): Thank you. Hold on one minute, please. Are there any questions or comments? Thank you so much for your testimony. Next up is Laura DiDominzio. Thank you so much.

LAURA DIDOMINZIO: Hello. I'm Laura DiDominzio from Waterbury, Connecticut. Everyone has already made very point that was in my testimony so I'm going to take it in a different direction. I'm going to talk to you about what can come of this bill if it passes kind of in the vein of discrimination.

So my daughter started kindergarten this year and she started it at the Catholic school that we have been in four three years because we have four

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children, ages 6, 5, 4, and 2 and on the Friday night before school was starting on Monday, I got an email from the Archdiocese telling me that she was not going to be allowed in school because they don't accept religious exemptions. And I said well that's against Connecticut State Law. Luckily, I have really good access to lawyers through this amazing tribe that I've become part of and they told me over the weekend, don't come to school on Monday. Well I don't really do well when people tell me what to do and I know it's wrong so we brought her to school on Monday morning, marched ourselves into that parking lot and we were asked to go to the main office and I had to, I had taken my daughter to her class, left her with her teacher so that we could deal with this in private, and they told me I had to take her. And so I went over, I said Mags, we're just gonna go to the front office just for a little bit and as we talked to the front of the building she looks at me and she says, am I gonna get to go to school and I said don't worry. We're gonna figure it out and we did figure it out and she's a happy kid in kindergarten but from that situation that presented itself as we're sitting there by ourselves while every other kid is getting to start the school day in a big huge school meeting on the blacktop, you know it's a small school. Other parents saw us and so a few days later, there ended up being posts on Facebook, I don't know if you guys hang out on social media and see some of the really nasty comments that come at people who want to be pro-informed choice, but two mothers, they didn't put our names in it but it was about our family, wanting to really make a move to get us removed. They called the Archdiocese, they wanted us removed from the school, they wanted to bring it up at a PTA



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meeting. They got other people from the school to comment on their posts and say yes, that my healthy daughter should be removed because she might infect a child with an illness she doesn't even carry. So that's just, I just think this bill, if it goes through, it's going to be obvious, the kids that are leaving school probably because they have a religious exemption and that's just gonna open the doors so much more to, for these really nasty comments that come out on social media and even maybe in person and who knows what else. Any questions?

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Any questions or comments? Thank you very much. Next up is Megan Belval. Tom Fromson? Oh, I'm sorry, Megan, I didn't see you. I apologize. Welcome.

MEGAN BELVAL: Hi. Thank you. I'm Megan Belval. Members of the Public Health Committee, I urge you to vote NO on HB 5044. I am a mother of three teenage children who attend public school in Connecticut. I am also an attorney with years of experience working with FDA regulated products, having worked at both FDA and the industry.

I had no reason to doubt vaccines when my children were born. I fully vaccinated them through their infant and toddler years, as dark circles started to appear under their eyes, words and focus disappeared, loss of appetite, sensory issues, monthly ear infections, strep, MRSA, scarlet fever, PANDAS, croup, respiratory infections and more plagued them constantly. I lived at the pediatrician's office. It was a gradual poisoning and an insidious decline and I didn't make the

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connection of these issues to their vaccines until my daughter, who was a toddler at the time, could no longer walk immediately after her MMR vaccine. I remember frantically calling my doctor in tears asking if this would be permanent. Thankfully, that symptom eventually went away, but there were others that remained and that was the last vaccine I ever gave.

I dove into the science about vaccines and their ingredients and my research revealed to me that injecting vaccines into my children violated my religious beliefs. Over the next decade, with intensive recovery protocols, I detoxed them from the heavy metals and other neurotoxic chemicals injected into them from their vaccines and they are now healthy, focused and thriving in school, sports and other extracurricular activities.

This specious bill is not about health. There is not a shred of evidence that my healthy children or unvaccinated children are a danger to anyone. There is no deadly disease epidemic and there hasn't been one in the past 60 years that this religious exemption has been in place. We cannot pass laws based on irrational fear and unsupported theories about the future. This bill is not just about tolls or plastic bags or energy drinks. It targets and discriminates against a minority population, forcing them to home school or move out of state to be afforded a public education. These students will be effectively segregated from their community, considered too dangerous and diseased to continue to attend school with their friends and classmates. Imagine how traumatic this would be to a teen who has spent [bell] the past decade with the same friends working to build an academic, sports or

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music career to prepare for college? Can I have one more closing sentence?

SENATOR ABRAMS (13TH): Yes, hurry, please.

MEGAN BELVAL: If you believe in justice, religious freedom, equal protection and my body my choice, please ask yourself if this bill fits those basic principles that you support. The tide is turning. Many states are now raising bills which are criminalizing vaccine mandates and requiring proper safety studies for all vaccines. Please, be on the right side of history and oppose this despicable and discriminatory bill. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you for your testimony. Tom Fromson? No. Jennifer Shafer.

JENNIFER SHAFER: In my 28 years of being here in Connecticut and being active and coming up to the Capital for various differing causes, I've never been here at 4:00 a.m. so bear with me. I'm gonna talk about Merck, the makers of Vioxx.

Merck, the manufacturers of Varivax. The Merck Varivax vaccine injured my child. I'm not anti-vaccine. My children were vaccinated, okay. Not with all the vaccines. I decided with my family and my doctor which vaccines were right for us. So we did the chicken pox vaccine, the greatest regret, right? So Merck is being sued for fraud for Zostavax. That's the adult shingles vaccine. Zostavax is not covered under the 1986 Childhood Vaccine Injury Act. Zostavax is about to be taken off the market as hundreds of people sue Merck.

My child was injured by a Merck vaccine. I just want you to hear that. Merck, the makers of Vioxx.

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Why on earth would you force your constituents by withholding a public education from their children and force them to take a product from a company like Merck? Let me also just say this. Merck is being sued for fraud for the mumps portion of the MMR. There are over 11,000 outbreaks and cases of mumps in this country. Go look on the CDC website. There were just some mumps cases her in Connecticut. Where was the media? Where was the outrage? What laws we need are to reign in the pharmaceutical companies. What laws we need are choice with vaccines because if you pass this law, you're gonna force us or have our children be taken out of school because there's no other place to get the measles vaccine. What if we don't want the rubella portion like someone else said here earlier. What if we don't want the mumps because it's fraudulent. Two virologists have whistle blower protection. This court case has been going on since 2009. Go try and read about it because they have it all locked up legally, right? But it's happening and it was just proceeding forward, lots of discovery going on. This is what tort law does. Tort law protects us from bad products and bad companies like Merck, the makers of Vioxx. Merck, the makers of Zostavax. They're being sued for fraud for Gardasil. They're being sued for vaccine injury for Zostavax. They're being sued for fraud [bell] for the mumps portion of the MMR. Merck, the makers of Vioxx. Why would you put your constituents in a position to either forego a public education which is a right? We are the Constitution State. I love Connecticut. I'm going to stay here and fight but my husband and I talk often about leaving this state --

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SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you. Your time's up.

JENNIFER SHAFER: Thank you. I appreciate all of you for being here. I want to say just this one last thing. I've been following many of the states with this legislation happening. I want to say that I'm so thankful to all of you, even the ones that I've interacted with that I don't agree with, I just want to say thank you because you're all here. I want to say thank you for allowing us to testify because in California, they didn't. Thank you. Please, kill this bill.

SENATOR ABRAMS (13TH): Thank you. Are there any questions? Hang on one second. Are there any questions or comments? Okay. Thank you so much. Joan Roche? Okay. Anthony Aniello. Sorry, couldn't read it.

ANTHONY ANIELLO: Hi. So my name is Dr. Anthony Aniello. I'm a physical therapist. I have a broad education from like neuroscience, pathophysiology, cardiopulmonology, pediatrics, geriatrics, and I'm a cranial psychotherapist. So I'm against this bill and it's pretty obvious why, we've been talking about it all day, you guys have been listening enough. I appreciate your attention.

The vaccine schedule has gotten out of control. It's increased six-fold since 1980s. Okay, a kid is gonna get 72 shots, I got about 12. By the age of 1, a kid, a baby, a child, a 12-month-old is gonna get 25 shots. That's two times more than what I got in my whole life. You can only poke and prod and inject the body so long before it starts to break down and this is what we're seeing and it's obvious, we're very sick. I see it all the time. I work

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mainly with geriatrics but I have exposure with a lot of neuro disabilities as well. Moving on.

I got to speak up for our little ones cause there's a great injustice being done to them and it's serious. Hepatitis B vaccine is dangerous and hepatitis B is transmitted through sexual contact and only intravenous injection so drug use. Okay? If mom has it, she can be screened prenatally. We have great prenatal screening. She can be screened and then the baby can have precautions. This is a benefit of having the vaccines. When we know that the baby needs it, they can have it but other than that, we're injecting this baby with 10 to 15 times the amount of FDA guidelines for aluminum and aluminum is dangerous. It's very dangerous. It's a lipid, uh, it breaks down the lipids in the body. So what is it does is it affects the membranes in the body? You got the blood brain barrier and if the blood brain barrier is getting damaged and aluminum is getting in there, your nervous tissue is extremely delicate and the cerebrospinal fluid only flushes out the toxins very slowly if at all if it hasn't settled into the brain.

So we are literally pumping 10-15 times what's recommended. What's a safe amount of aluminum to have in the blood? Zero. Okay? So we're giving ourselves a little leeway here but this is all at once, it's staying in there and then we're doing it three times by six months and then we're also recommending Tdap for pregnant women? That's nuts. That's nuts. It goes right through to the baby and this is a developing fetus. That's dangerous and they don't even have this disease. Same with hepatitis B. It's too much and then they're getting pumped and then [bell] at the 12-month mark comes

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the MMR vaccine so they are so immunocompromised from all this, it's too much for their little systems and we're poisoning our next generation and it's unnecessary. Thank you.

SENATOR ABRAMS (13TH): Are there any questions or comments? Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. I'm sorry to ask, what is your background if I may ask?

ANTHONY ANIELLO: Physical therapy, just education wise or? It's a doctorate of physical therapy so it's a broad spectrum.

REP. MICHEL (146TH): Okay. Thank you for your insights.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony. Tim Sparks?

TIM SPARKS: Good morning. I'm Tim Sparks. I'm a citizen of Portland and I'm here to oppose H.B. 5044. You know most everything that I would want to say has already been said like 15,000 times so I won't go through all my objections cause I pretty much concur with what most people have said about you know the constitutionality of this law and all the aspects, medically, scientifically and I think the comments I would have is there's a lot of people here today. There was a lot and we've been you know streaming, broadcasting live and it's really amazing that people from all over the country are watching what we're doing here.

One of the comments I do want to mention is they're very appreciative of what we're doing here in Connecticut and that Connecticut is actually

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listening cause in other states they weren't doing that. They're dismissing, not allowing testimony so I just want to you know express that appreciation for everybody here still listening and just that you know all these people are coming here to get to address the government which is our constitutional right and I appreciate that process. And I just want to say that all of the questions that seem to be raised about why this bill is here, that people are maybe fudging their religious exemption and it's a growing concern and all those things and I think that the question that needs to be asked is why is this number growing. Why are people refusing this wonderful product? If it's truly effective or if people are truly not getting hurt by it, why are they coming here and saying that. I think that's something that needs to be looked at. And please don't tell me that it's Russian bots cause if I hear that one more time, that we are being educated that Russian bots. I think that's a very big insult. Adam Schiff brought that and wants Facebook to censor all information. This is terrifying. You know so these are so un-American concepts that are happening nationally and brought into every local state that it amazes me and you know I study history a lot and I think that one thing we should really think about is every European fascist government after the turn of WWI that got going started with taking away medical freedom in small increments and we may think oh, we're just trying to protect the greater good is exactly the language they used so thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your



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testimony. Next is Alexander Eisman? No? Julia Nadeau? Jim Mernigis? No? Jackie Lach?

JACKIE LACH: I'm Jackie Lach. I'm from Newington. I'm here in opposition of H.B. 5044. My biggest concern is that it's completely unconstitutional. The government was designed on freedom to include freedom of religion and H.B. 5044 is a smack in the face of our founding fathers and my beliefs.

To threaten the removal of free education is segregation and we as Americans need to do better. Connecticut needs to be better. What I want to share with you today is the impact this will have on my family. I'm the mother of two children. I have a 2-year-old. She is a very lively girl, very bright. Every morning she gets herself dressed and puts on a backpack and tells me that she is going to school and I have to remind her that she is only 2 and she doesn't go to school yet. It'll break her heart if I ever have to tell her that she will never get to go to school.

My son is 4, he's in preschool and recently, he was diagnosed with autism. He is doing amazing in his classes. He is in a preschool that does provide special education which has done so much for him. If his education goes well, he will become a contributing member of society. He's a very hands-on kid. He can build and he knows how everything moving functions. Homeschool will never be enough for him and the financial burden of the special help would be too much on my husband and I.

H.B. 5044 will strip him of his future. It will remove the option of trade school. Is the state ready for another financially dependent citizen that you can prevent by providing an education? We would

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be forced to leave this state. You actually heard my boss speak earlier and she'll be closing her business in this state if this bill passes so on top of my kids getting kicked out of school, I will also be losing my job. So what would keep me here?

My children are very healthy. We live in a house where we barely ever have sickness. We have that day we're like ugh, I think my kids are getting sick and the next day, they wake up perfectly fine. Their immune systems are strong. How is segregating and sacrificing the future of perfectly healthy children a good representation for Connecticut? Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony. Next up is Anthony Aniello? Oh you did? Oh. Okay. Erin McNamara followed by Colin McNamara. Welcome.

ERIN MCNAMARA: Hi. Thank you. I'm Erin McNamara and I am from Manchester, Connecticut. If we, as Americans truly believe every person is created equal, then we should adhere to the concept that every life carries equal importance, and that differing ideas borne from these differing lives can be heard and will be protected under our First Amendment.

In that Amendment, you'll find the statement that Congress shall make no law prohibiting the free exercise of religion. The proposed bill of H.B. 5044 directly prohibits the free exercise of one's faith and one's personal freedoms. H.B. 5044 as we've heard many times this evening and yesterday and this morning actually, is a multi-pronged issue that infringes on the religious beliefs of many

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people present here today, not because of a Puritanical idea of predestination, but because they contest the presence of aborted fetal tissue and animal byproduct used in the formulation of vaccines, and it infringes on our personal freedoms by forcing parents to adhere to a one size fits all approach to medical decisions, setting a dubious precedent, as the institution of H.B. 5044 will target children with unknown underlying sensitivities to vaccine ingredients. Adverse reactions can be something as mild as an inflamed injection site or a low-grade fever, but for some children, we've heard many accounts from parents whose children developed seizures, and for other people those reactions are deadly which are clearly stated in any vaccine insert.

Are the lives of children and people who are vaccine injured or who have differing beliefs on when life becomes life worth less? Are we to play a game of roulette with our children to satisfy a greater good that has yet to be defined given a lack of double-blind placebo testing on vaccines with the current schedule? H.B. 5044 will prove to be destructive for single-parent households who have thus far chosen a delayed or piece-meal vaccination schedule, who cannot afford to homeschool, for families who will not be granted medical exemption because their first child's adverse reaction was not serious enough, and others who simply follow the status quo and will have to watch their child change overnight.

Moreover, we created a government in this country that is supposed to uphold our unalienable rights, preserving a free-thinking society. H.B. 5044 is a discriminatory bill demonstrating government overreach, injecting itself between families and

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faith and patients and doctors. And as a reminder, governments are instituted among men, deriving their just powers from the consent of the governed and if you look around as you've been doing all day, we the people do not consent. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Colin McNamara. Welcome.

COLIN MCNAMARA: Good evening. Colin McNamara, Manchester, Connecticut. There's been a lot of talk about H.B. 5044 but I haven't heard much talk about what it's going to be repealing which is 1024a and I just thought I'd mention the third clause. Any such child who presents a statement from parents or guardians of such child that such immunizations would be contrary to religious beliefs of such child. It doesn't say the religious beliefs of the parents. It says of such child and I don't, I have three children and I don't think an infant has religious beliefs, but I know they do not like to be stabbed with needles and it would definitely be contrary to their belief to let that happen.

I'll also ask a few questions. How can we freely practice our religion when the state is trying to define it for us? How can we be safe in our persons when the state wants to stab us? If you boil down H.B. 5044 into one sentence, it would sound something like this: The government of Connecticut will inject whatever they deem necessary into your children's bodies and if you do not consent, you will be thrown out of school. That doesn't sound like freedom to me, religious or any other kind and it sounds to me that you're treating us like life stock. I have to ask is about herd immunity or is

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it about herd mentality? Legislators, are you going to violate your oath to defend the constitution and try to define our religion? Doctors, are you going to violate your Hippocratic oath and advocate individuals be stabbed against their wills and their beliefs? Is a child being stabbed against their will not a trauma? Is a trauma not a harm? I've spoken to my legislator several times and he's told me that he has faith in the CDC, that he has faith in the AAP. It struck me as odd that he would use the word faith, a word that implies a position of trust where there isn't complete evidence. When he tells me that he doesn't know much about the vaccine issue, but he trusts the authorities, why does his faith in the doctors count for more than my faith in my Creator? Why should we trust the state when they're trying to strip us of our rights?

If the Public Health Committee would like to take up a real cause that is truly in the best interest of the public, might I suggest mandatory tooth-brushing laws? For far too long this country has suffered from great moral and oral decay in the spirit and incisor. Our country's future depends on its ability to bite back. We can no longer be a nation indentured. [Laughter]. Our very salvation is at stake. Thank you. [Laughter]. Thanks for staying up late.

SENATOR ABRAMS (13TH): Uh, just a minute, sir. Are there any questions or comments? Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you for testifying. Were you talking about French people before?

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COLIN MCNAMARA: I have to admit that the last paragraph is not my own. It comes from one of the greatest unsung political minds of our time, Vermin Supreme. He's a libertarian candidate for president. Enjoy. Anything else?

SENATOR ABRAMS (13TH): Representative Michel, were you done? Are you done? Oh. Okay. Any other questions or comments? Thank you for your testimony. Next is Ryan Duggan. Welcome.

RYAN DUGGAN: Thank you. Members of the committee, my name is Ryan Duggan and I'm a Ph.D. student studying microbiology at the University of Connecticut. I come here to voice my support for H.B. 5044.

Vaccines have been proven time and again to be safe and effective and are one of the greatest aspects of modern medicine. Through man's vaccination efforts, we have reduced the incidence of preventable disease greatly in this country and across the globe, even completely eradicating smallpox. Thanks to the HPV vaccine, elimination of cancers caused by HPV is possible within 20 years in the United States, and within 10 years in Australia. We were on the verge of eradicating polio in the world; however, with the rise of anti-vaccine rhetoric, we are in danger of losing what progress we have made.

In 2019, the United States almost lost its measles elimination status with a 20-year high of 1,249 cases, all completely preventable through vaccination. Measles is one of the most infectious diseases requiring 95 percent of people to be vaccinated to prevent the spread. The cost of treating measles according to a 2013 study was between \$2.3 and \$5.3 million dollars in 2011 for

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only 107 total cases. To allow non-medical exemptions only invites the potential for disaster.

No doubt the Committee will hear and has heard a lot of opposition most founded on pseud-science and outright lies. I would like to point out that vaccines do not cause autism and the former doctor who published the one study that supported that view, lost his license to practice and the study was retracted for fraudulent results. Plenty of safety studies with placebo controls are available through the Centers for Disease Control and other sources. Thimerosal, an ethyl-mercury containing compound, is only present in some multi-dose flu shots and is less dangerous than the form of mercury you get from eating fish. Your body naturally produces more formaldehyde in its cells in one day than in the sum total of all the vaccines you will receive.

Other arguments made by those opposed to this bill will focus on religious liberties and parental rights. No major religion is opposed to vaccination and in fact, most openly support it. Many will say that it is the parent's right to decide to vaccinate their child. I ask them, what about the child's right to be protected from preventable disease? What about the children who are medically unable to be vaccinated who rely on herd immunity thresholds? I urge the Committee to take these points into consideration and to support H.B. 5044. Thank you.

REP. STEINBERG (136TH): Thank you. Are there any questions? If not, up, Representative Demicco.

REP. DEMICCO (21ST): Thank you, Mr. Chairman. So, Ryan, thank you for being here for a long time along with everyone else. You seem like a very thoughtful guy. You certainly have a lot of stamina to be here

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all day and all night. So I'm going to ask you what we're being asked to do. How do you reconcile your position which was very articulate and very thoughtful with the positions of the many who offered contrary testimony?

RYAN DUGGAN: So my opinion is that there are people in this country that either are too young to be vaccinated or are medically unable and I think it is our duty to people who cannot be vaccinated, to protect ourselves and them no matter what your belief is. It's about protecting everybody.

REP. DEMICCO (21ST): And the medical problems for lack of a better term, the harm that has been offered up to us, again, how would you reconcile all of this?

RYAN DUGGAN: So I, there, there's a difference between what people say are adverse events and side effects. Adverse events are usually things that are reported during these vaccine [inaudible - 17:36:04] studies. It's anything that happens to any of the participants during that study. It does not mean it is directly related to what happens, to the vaccine. In the office people seeing their children you know experience these things, I'm not gonna say that vaccine-injury doesn't exist. That would be silly. Nothing is 100 percent safe and it does exist but I will say it is incredibly rare and sometimes there are things, people look for answers. I'm not saying they're lying or they're wrong. I'm just saying there is, it's usually the closest, vaccination usually is the closest thing to what's happening and that's what people jump to.

REP. STEINBERG (136TH): Other questions or comments? If not, thank you.



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RYAN DUGGAN: Thank you.

REP. STEINBERG (136TH): Have a good rest of the day. Next up Steven Erlingheuser? No Steven? Jason Clay?

JASON CLAY: Good morning. Thank you for staying up late with all of us and for so many of you being here. Madam Chair, Mr. Chairman, and members of the committee, my name is Jason Clay. I'm here as a father, I'm here as a constituent of Simsbury, Connecticut, I'm here as an actuary. I work in the property and casualty industry, commercial insurance. I am an expert in that. I have my credentials with the casualty actuarial society. The reason I'm telling you this is because I'm very big on data. I am not a scientist even though our degree is called actuarial science, it's one of those funny things if you know what actuaries do but anyway, I'm really into data point we often use is lack of data. If there's lack of data, that's a data point and so one of the things I really wanted to get into was you know a lot of testimony has been covered. You know I'm number 206 and whatever on the list but I wanted to talk about you know the lack of data on things that I've, I've really had this thirst for knowledge on this subject and I've really dug into it quite a bit. I understand probability, I understand risk management, risk and reward, making those choices.

So the first thing I want to mention is the lack of testing on the entire CDC Schedule. Somebody just mentioned you know we've gone from 24 to 72 and you know I don't know what numbers they are, if they include the flu shot or not the flu shot but it's, 54, 72, 73, it's a lot of vaccines. I don't know

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what the right number is to be honest but I do know that that entire schedule has not been studied. Each vaccine individually has been studied and again, not against an inert placebo, but combining shots on a visit, you know six shots at once all these different, you know let's go right leg, left leg, right arm, left arm. We haven't really studied that and the World Health Organization just mentioned that at the end of 2019, that it hasn't been studied. So we haven't studied that.

It seems like there's a general lack of understanding of aluminum adjuvants and lack of understanding of accumulation of aluminum in the human body, especially the brain. You know Del Bigtree, he was here earlier and talked about math. Again, I'm qualified to talk about math. You don't need to be an actuary to talk about math but let's just talk about it. The target herd immunity rate of 95 percent, it's just not achievable if you've got vaccine failure rates and waning immunity which artificial immunization through MMR shots and things like that. You're just not gonna get there so you want to pass this legislation because of some school in Wilton, Connecticut is at 90 percent for MMR, okay, like if we're at 100 percent we still can have mumps outbreaks. We can still have pertussis outbreaks. These things are happening, they are happening.

I haven't heard mention in the rise of the chronic illnesses and how we're really concerned about that. To me, as the Public Health Committee I would really like you guys to think about how do we study that and how do we look at that and I couldn't find anything on the Department of Public Health [bell] but I did get into the, sorry, I'll just make this

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last point, the Health Services Program Information Survey Report which is developed for the State Department of Education clearly shows very large increases in asthma, allergies, all kinds of chronic illnesses and I'm not saying it's solely from vaccines. What I'm saying is we need to study it. We need to understand it and until we have that unvaccinated versus vaccinated study, it's just hard to make these decisions so that's all I have to say. I had more to say but.

REP. STEINBERG (136TH): Thank you. Any questions or comments? If not, thanks for sticking with us. Next up would be Sue Reynolds.

SUE REYNOLDS: Hi. My name is Susan Reynolds. I oppose H.B. 5044. Thank you for your time in reading our comments and hearing our views. I'm a 60-year-old single mother with a 15-year-old daughter who has been going to our local schools successfully all her life. She's an honor student who plays clarinet in the band and tenor saxophone the Jazz band. She is also sensitive to chemicals and has had adverse reactions to them.

It has become apparent to me that doctors have not been adequately educated so that they do no harm. They are told to stick to a schedule selling drugs but are not educated about how the drugs work, their failure rate, the lack of studies, the possible side effects, and the real reason for inflicting them on their patients. They are told they can lose their funding and/or their license if they disagree and don't conform. If vaccines were truly effective, then there would be absolutely no problem allowing people to opt out since everyone that chose to vaccinate would not be able to contract the disease.

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Are you aware that when children are well fed and basically healthy, measles is just a childhood disease that they recover from with a more robust immune system? They then pass on that immunity to their children for the first few years of their children's lives. That's natural when you have a natural measles. I think we all know that money is the driving force here. Do the people sponsoring this bill have any ties to pharmaceutical companies? True or not, there is the appearance of corruption here. We need to feel that the people we vote into office are honorable and working for the people, not personal gain.

The U.S. population is getting sicker. Anyone can see that. Where four decades ago, it was rare to know a child with a chronic illness, as the decades progressed and the vaccines increased, health has actually declined. Read the inserts for the vaccines. The possible side effects are horrendous yet you ask us to gamble with our children's lives. God did not create drugs in the first seven days. We did, after deciding to go our own way. I am not against medicine when someone is sick. I'm not even against other people having the right to decide what they are putting in their bodies. I object to my rights being denied and being forced to harm my child.

This is the United States of America, built on freedom and equality, started because people did not have religious freedom where they came from. I own a home and pay taxes but why would I continue to do that if I am losing my basic right to freedom of religion and to a free education for my daughter? If you try to force us to pay the pharmaceutical companies for these drugs, and force us to take

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them, there's a name for that; it's called prostitution and you would be the pimps. Well, my body, and my daughter's, are not for sale.

REP. STEINBERG (136TH): Sorry, I'm going to interrupt you here. If you're going to continue to insult my colleagues up here, I don't think that's appropriate. You've called us corrupt, you've called us pimps.

SUE REYNOLDS: No, I'm saying there's an appearance. I didn't say you are. I said there's the appearance.

REP. STEINBERG (136TH): Well apparently you're coming across that way. If you want to talk about appearance of conflict, you're giving an appearance of slander and I don't, I for one do not appreciate it so I would like [crosstalk].

SUE REYNOLDS: Well I apologize because my intent was just to let you know what the appearance is to me, in my opinion. When my daughter was born, I was supporting my family and so stressed about taking care of everything that I just went along with the program. I did what I was told. When she had a major reaction to the last vaccine she received, I was told I was on my own getting therapy. It stopped me in my tracks and made me realize that somewhere along the way I had replaced God with human authorities. [bell] You know my daughter now is healthier than the rest of the kids in her school, but she's 14 years without medical intervention and she's never sick. I agree with everything that everyone has said before about when you have adverse reactions, if you can do whatever you can to clean up their health and to keep them healthy and to keep them from getting, having more

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injury, if you can keep them from getting reinjured, they have a chance to recovery but you have to keep them from getting reinjured.

REP. STEINBERG (136TH): Thank you.

SUE REYNOLDS: Thank you so much.

REP. STEINBERG (136TH): Are there any questions or comments? If not, thank you, have a good day.

SUE REYNOLDS: Thank you, you too.

REP. STEINBERG (136TH): Next up is Michael Wolfsey? Michael? Looks like Jennifer Saines? No? Whitney Speed? Dale Reich? Leo Sheehan? Elle Goldfarb? Joe Martinez? Lukas Delosis? Erin Mariano? Frank Mariano? Catherine Bushman. Here we go.

CATHERINE BUSHMAN: Hello, Mr. Chairman and members of the awake Committee. [Laughter]. My name's Catherine Bushman from Wallingford and when I went to the vaccine.gov page, there seemed to be little alarmed about. So from the website, I'm informed that the ethyl mercury, aluminum and antibiotics found in some vaccines are to be trusted and safe to use for babies and children. Quote, "It's safe to use ethyl mercury in vaccines because it's less likely to build up in the body and because it's used in very, very small amounts." The less likely gives me pause and makes me feel worried that vaccines may not be safe. I don't have too much confidence.

I've spoken with many parents who tell me that the behavior and development of their babies changed for the worse when taking the MMR, measles, mumps and rubella vaccine. They told me that before the shots, their babies were naming colors and clapping their hands. After the shots, they were nonverbal

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and starting to walk on their tiptoes. After being recognized for curing polio, Dr. Jonas Salk made a different observation. *Science, April 4, 1977, in Abstracts:* In 1977, Dr. Jonas Salk, who developed the first polio vaccine testified along with other scientists that mass inoculation against polio was the cause of most polio cases throughout the USA since 1961. That's kind of a change for him and I don't know if that made newspaper headlines at the time, but why would that be? He also noted that when the polio vaccine was introduced, there was a spike of increase cause it was already naturally going down but when the polio vaccine was introduced there was an increase and then it continued down again.

Did God create Adam and then realize he made a mistake? [bell] Did he miss something in the immune system? Maybe. I decided to research a better way to be healthy, to pay attention to what created to make us strong. To combat viral infections, parents can work to improve their children's immune systems using many different methods such as eating a varied and nutrient diet, getting enough vitamin D and other supportive measures. Things that improve our overall existence by appreciating our food and interacting with our environment, [bell] by meditating on these practices, we find better ways to improve our health and bring us closer to what God created. Please keep the integrity of our families and decision making and please vote not. Thank you very much and thank you for staying awake mostly.

SENATOR ABRAMS (13TH): Thank you very much. Hold on one second. Are there any questions or comments?

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Thank you very much for your testimony. TJ Certo?  
Welcome.

TJ CERTO: Thank you. Good morning, Madam, Mr. Chair, members of the committee. Thank you for staying up with us all. I'm here in opposition of H.B. 5044 and to raise a few questions that I'm sure have been brought up today. The religious exemption has been in place for 60 plus years, so why now? Where's the empirical evidence that would justify this sort of a bill? Are we really ready to start kicking kids out of school in a state where there's more citizens leaving than coming?

If this was really about public health, where are the adult mandates? Why only kids? Children in K-12 and those entering higher ed are a small portion of the public. Why only school? What about libraries, parks, other public places such as this legislative building right here that we're all in today. I just don't understand how this bill could possibly benefit public health. If this bill becomes law, some of us will home school, most of us will move but like I'm sure you've heard all day, we will not comply. So what changes?

Where's the evidence that an unvaccinated child poses a high enough risk to the general vaccinated public or that the same unvaccinated child poses an even higher risk than the recently vaccinated do towards the immunocompromised? Where is the public health threat that warrants such unconstitutional legislation? Do we not already have infrastructure and procedures to deal with outbreaks? I understand wanting to be proactive rather than reactive, but are there not other methods that can be taken by our health department to be proactive before we start



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removing inalienable rights especially for our children?

With a slight increase in religious exemptions, where's the same increase in disease to warrant any of this? The MMR vaccine failure rate is 2 to 10 percent so how do we ever actually hit a 99 percent marker of immunization rate for community immunity if we don't know the percentage of people that the vaccine didn't work for? I was born in the late 80's and received about 24 doses of vaccine. Today my son will have to get 54. The number 72 comes from when you split the antigens apart, it's 72 different doses of all the different antigens. It's 54 individual shots, just to clarify that discrepancy in the number there. With the difference of 30 doses within a single generation, how can we possibly sit here and make claims of safety and efficacy?

I urge you to vote no on H.B. 5044. Don't segregate the Constitution State.

SENATOR ABRAMS (13TH): Thank you very much. Hold on one minute please. Are there any questions or comments from the Committee? Thank you for your testimony. Next we have Jake Ertel? Jake? No? Oh and Tanya, is Tanya Ertel here? Maya Adams? I cannot read the next name. Parmila? Robin Brown? Thank you. Robin Brown? Brigitta Jansa? Laura Schmidt? Hannah Gale? Oh, it's you, come on up. And can you tell us your name, please? I couldn't read your writing, sorry.

DR. HANNAH GALE: Yes. I am Dr. Hannah Gale. I'm a practicing naturopathic physician. Even though I'm old, I actually graduated in 2017. I've been at the University of Bridgeport for seven years. I'd gone

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back for an education after being a teacher for about 20 plus years.

So you know I'm trying to think of what I can add to this discussion and the one thing that I can really talk about is viruses and how hard they are to grow cause I know a little bit about that, having studied microbiology also. When we think of the history of vaccines the first one was obviously the smallpox vaccine and the history of that goes back many hundreds of years. There's reports in China that people would take some of the scabs and use those, make a cut and put those in peoples' arms and that was actually the kind of vaccination that was going on in George Washington's army of the Potomac when they were all at risk, you know very, very underfed and in very poor condition and Washington made that decision, that he was going to go ahead and vaccinate the army of the Potomac and probably saved them because they were so sick and so poorly fed that they probably would have succumbed to an epidemic. But of course, during that time there were also many people who that was done to who died from it. If anyone has ever read the biography of Samuel Adams, his daughter got smallpox from that and then later developed breast cancer and died so there were always casualties to vaccinations, even way back then.

The bacteria are kind of easy to grow. All you need is you know a medium, you can grow a bacteria and they make the toxoid and you can just wash the bacteria away and use those to protect people from things like the tetanus toxoid and it's very effective and very safe. But growing viruses is a completely different thing because they must have living tissue, living DNA. Viruses don't have their

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own DNA, that is the whole thing. So Salk used these monkey kidneys and the tissue was able to stay alive long enough to grow the cells but it turned out that there were problems with that. There were cancer-causing viruses that he wasn't aware of in those tissues right and then of course there was this amazing innovation of being able to use these aborted fetal cells, these fibroblasts from the lung tissues of these babies that they looked for so long, something that behaved kind of like a cancer, right, a cancer cell keeps reproducing and so stays alive but that wasn't as dangerous as a cancer cell and that's why they looked so far and so long to find these very special fibroblast cells [bell]. Sorry, but those, the last thing I want to say is the problem is those have the DNA of those babies and foreign DNA, another person's DNA, it causes cancer. It causes your own unco-protective mechanism to not be able to recognize who you are. So we think of these soaring rates of cancer all of these modern issues are immune diseases. I do believe that these vaccination rates and the amount of vaccines that are being given are behind these diseases. Thank you so much.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Representative Zupkus?

REP. ZUPKUS (89TH): Hi, doctor. Thank you for coming in and staying all night with us. I have a question. I asked this almost 18 hours ago. I think I asked the commissioner this but we talk about how, and even the gentleman before you, we talk about how many vaccinations we got and then how many are recommended now and the dosage. Why is that? How in a few years, I'll say 15 years, how

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could it go, what is the reason to expand those many doses?

DR. HANNAH GALE: It's just that the technology has been developing. So it's like the technology to make these things has been just burgeoned. We now have all this you know ability to do plasma technology where we can program bacteria to make little pieces of these proteins and so you know that's what the hep B vaccine was. It was the very first one of these GMO vaccines and the benefit of that is that you don't have to grow that in a live cell. The problem is that the body doesn't recognize it so it requires an extremely strong adjuvant and that is part of what's going on and why there's so many more injuries. It must be, it's what the WHO is beginning to question, what's going on with the synergy of all these different adjuvants being given at the same time.

REP. ZUPKUS (89TH): Thank you and as I said 18 hours ago, it concerns me a little bit that well a lot actually that there's over 200 in the pipeline coming and what does that mean for us? What does that mean?

DR. HANNAH GALE: And like so many other things, everyone is so specialized in esoteric in their little corner of medicine and science and you know, unfortunately, it's only the parents that are dealing with the holistic issue of all of these different things coming into a little human being so I really think that you know believe the parents. They are the ones who know their children, who know changes and the quality of their children's quality of life. I'm repeating myself, sorry.

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REP. ZUPKUS (89TH): Thank you and my last comment before is I hope this committee, if this bill moves forward will consider putting naturopathic doctors on that council and make it abound.

DR. HANNAH GALE: I would be honored to serve in any way and I thank you all for your service. I really appreciate the process that you are giving this here. Thank you.

REP. ZUPKUS (89TH): Thank you.

SENATOR ABRAMS (13TH): Excuse me, doctor, just a minute. I just want to make sure no one else has any questions for you or comments. I think you're all set. Thanks so much. Next is Barbara Szparkowski? Thank you. Heather Graveline? Sarah Boorman is next if she's here? Okay. Welcome.

HEATHER GRAVELINE: Good morning. My name is Heather Graveline. I live in Canterbury. Bear with me, I've been awake now for 24 hours straight and I hope I don't literally pass out in this chair. I'm going to tell you a story. Everyone's told you everything that you could possibly hear today.

I have a son who is allergic to the sun, like the actual sun. Okay? He has polymorphous light eruption. He gets blisters all over his body. He also is allergic to the ocean and what do all love on the east coast, right? He loves to go to the ocean. He is allergic to heat. He cannot be in any heat over 75 to 80 degrees or his body attacks itself. He cannot be in any cold temperatures, anything below 65 degrees or his body attacks itself. The first time his body attacked itself was when I gave him vaccines. My child swelled up with welts all over his body from head to toe, okay?

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High fevers. Within days he lost all of his speech and mobility. He is the epitome of what you would call a bubble child. We do not know what to do with him. He has to stay in air-conditioned climates at all times.

I took him out to the park, trying to be a mom, trying to give him a good life just for five minutes when the degrees were too cold. He was lethargic for the rest of his whole day. He had a fever. I had to give him antihistamines. I have to constantly medicate my child with Motrin to try to suppress his allergy problems now. He is allergic to 11 foods. He is allergic to any insects. I mean I could go on and on and tell you what he reacts to. I was called two days ago and CCM State, right, our hospital here declined my child. They said I cannot see your child in Immunology. We cannot see him. We don't know what to do with him. We don't have the expertise here anymore. You need to find someone in the private sector who can actually diagnose and deal with your child's medical conditions now. Okay? So I am going to have to pay probably thousands and thousands of dollars on a credit card or something to go to New York because that is the only doctor, Boston Children's and New York and I am a HUSKY [bell] A family. My oldest son, he is going to be 17. He is a junior. He is not fully vaccinated any longer. We just stopped. He has ADHD, he has bipolar disorder, anxiety, depression. He has been suicidal since his vaccine. When he was about six months old he had night terrors and the doctors, do you know what they told me? Stick your kid in the room, close the room, and don't open it for 12 hours, your child will be fine.

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But you know what? I'm a mother and you don't do that.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you. If there's something you'd like to say in conclusion?

HEATHER GRAVELINE: My conclusion is that you're asking for complete segregation. I am in a 20-year marriage this year. When you have a family unit that has significant disabilities, my son has intellectual disability, he is damaged forever. School and no one believe in my child. They think he is incompetent and unable to do anything. I do not vaccinate my older child in fear that there's gonna be shedding and my other one's going to have a reaction. If this bill passes, my family will separate. I had to say to my 17-year-old who's going to be a senior --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to, I'm going to have to stop you okay because you're over time.

HEATHER GRAVELINE: Can I just say this one last thing? I had to ask my 17-year-old if he is willing because I am so pro-choice for him and his beliefs, I had to ask him do you want to get your vaccines or do you want to be forced to not live in our home. Who wants to say that as a mother?

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Sarah is next and after is Priscilla Sianu. No? Shannon Brazee if you're here. Welcome Sarah. Thank you.

SARAH BROVMAN: Members of the Health Committee, my name is Sarah Brovman and I'm a speech language

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pathologist. I would like to thank you for taking the time to listen to my testimony today. I am here to address H.B. 5044 which removes religious vaccination exemption as well as potentially restricts medical exemption following a review by an advisory committee.

The religious exemption for vaccinations was passed in Connecticut in 1959. It has part of Connecticut law for over 60 years. So why do you have the urgency to repeal it now? Is there a public health crisis? As far as I'm aware, there is not. In fact, Connecticut is among the states with the highest vaccination rates in the country. How can you justify barring children from attending school and revoking their constitutional rights? I would like to stress that you cannot spread an illness that you do not have. In fact, across the country there have been recent pertussis outbreaks in schools among vaccinated students. How do you explain that? What about those who have been recently vaccinated who could potentially shed a virus. How are immunocompromised students protected at school in these situations?

Next, I would like to address the medical exemption. What if a student's doctor, after careful examination and analysis, has written a medical exemption from vaccination? What if the appointed review board disagrees with the exemption? Should that doctor not be entitled to her medical opinion? Should the medical exemption be revoked? Do you believe that there is only accepted medical opinion with no exceptions? And if you do not, why didn't add the following to the current bill; the review board has no right to overrule and revoke a medical



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exemption written by a licensed medical doctor even if the exemption does not follow DOH guidelines.

As a speech language pathologist, I've worked with hundreds of children with delays and disabilities. I would never discriminate against someone because of race, religion, or whether or not she was up to date. Now I can tell you I've worked in many schools. I have seen time and time again children sent to school sick, fevers, vomiting, coughing. Maybe that issue should be addressed. There needs to be more education on basic illness symptom prevention which includes keeping sick kids at home. If you support this bill, you are supporting discrimination and segregation and I cannot believe that religious discrimination is happening in the United States in the year 2020. This is a very complex issues [bell]. I urge you all to think deeply and critically and vote no. Under the Individual with Disabilities Act or idea, all children with special needs should have the right to go to school and receive a free and appropriate education and all children --

SENATOR ABRAMS (13TH): I'm sorry, your time's up so.

SARAH BROVMAN: Should have their constitutional right to go to school. Vote no on H.B. 5044.

SENATOR ABRAMS (13TH): Thank you. Thank you very much. Are there any questions or comments? Thank you for your testimony.

SARAH BROVMAN: Can I ask something?

SENATOR ABRAMS (13TH): No, sorry.

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SARAH BROVMAN: I was just wondering why that wasn't included in the bill.

SENATOR ABRAMS (13TH): Thank you.

KARI FLISS: Yeah.

SENATOR ABRAMS (13TH): Priscilla Sianu or Priscilla Escobar? Shannon Brazee? Kari Fliss? Welcome.

KARI FLISS: Thank you. My name is Kari Fliss. I'm from East Hampton, Connecticut and I'm here in opposition of H.B. 5044. I know a lot of things have been said today so I just want to make a couple of points. In the past year, I've had three family members diagnosed with various forms of cancer. While they each went through and in one case continue to go through chemotherapy, we were warned not to visit if we had recently been vaccinated with a live virus vaccine. For this reason, my in-laws have been postponing getting their MMR boosters for the better part of a year. Once everyone is solidly in recovery, they plan to get their boosters but in the meantime, it has been made clear to me that unvaccinated individuals and partially vaccinated individuals do not pose a risk to medically fragile children or adults.

I worry about the precedent that this bill sets. I worry that homeschoolers, adults or other public spaces will be next and this concerns me. For these reasons, I urge you to vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you for your brevity. It's appreciated. Are there any questions or comments? Thank you very much for your testimony. Eric Lemelin? Okay. Michelle McDadden or McFadden maybe? No? David Lunnenberg. Welcome.

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DAVID LUNNEBERG: Thank you. I am David Lunneberg. I oppose H.B. 5044. First off, I want you all to take a note. This hearing is about religious exemption but if anyone dares to dig through the 18 hours of testimony, they will find much evidence causing skepticism about vaccines. The vaccine safety issue needs to be discussed out in the open.

H.B. 5044 is an attack on parental rights and our freedom of religion. The state's outward hostility to religion is creating unsubstantiated fear which will lead to segregation and bullying of citizens who hold to religious beliefs. As you have heard today, there are a lot of families in Connecticut that partially vaccinate and with good reason. There should be informed consent and not on an all or nothing basis. There should be informed consent on each and every vaccine individually.

Even if parents could homeschool, how long before some other committee rams regulations down our throats for homeschooling or forcibly removes healthy children from healthy homes all in the name of the state's religious devotion to their idol, the CDC? My family also had to switch pediatric practices several times due to the physician's arrogance. They would tower over my wife and pressure her so much she refused to take the kids in for their well-baby visits and that forced me to take more time off of work, go home, pick up the kids, take them to their appointment, take them back home, and then go back to work.

I leave you with a couple of statements to ponder. There have been questionable tests done on the current vaccines to prove individual vaccine safety, but where the testing falls short is how safe is it

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to give a 4-month-old baby seven vaccines simultaneously? Every 4-month-old baby is required to have seven strains injected in one visit. A wise man once said which one of you if his son asks him for bread will give him a stone, or if he asks for a fish will give him a serpent. Thank you for listening to our testimony today. Please throw this bill in the garbage.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Next is Jenn K. or Kim F. followed by Ken Farrington and Molly Farrington. Are you here? Welcome.

JENN K: Hello. Please excuse me, I'm exhausted. I vehemently plead with you to vote no on H.B. --

SENATOR ABRAMS (13TH): I'm sorry, can you just state your name, please?

JENN K: Jenn K., Norwalk. I vehemently plead with you to vote no on H.B. 5044. This bill is unconstitutional. It is discriminatory, promotes segregation and removes critical religious, medical, parental and human rights as well as children's right to a public education. Explain to me why it is perfectly fine for a child infected with hep B or AIDS to attend school but healthy children who are not infected should be barred? This is absolutely ridiculous.

Should this bill pass, my family and so many others will be torn apart. I've heard legislators say we're not forcing anything. Parents have the option to homeschool. Keep it real. That is simply not an option for most families and for several different reasons. This bill is absolutely force via

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coercion. I am a single mother of two and need to work to provide for my children and myself. I split custody with my children's father. He has agreed not to vaccinate our two children until it would prevent them from being able to attend public school; however, as their mother and protector, I can never accept or tolerate injecting my already healthy children with medically known neurotoxins, carcinogens, and foreign DNA from aborted babies. This bill has huge potential to cause devastating repercussions for so many families who only want what's best for their children.

My children have half-siblings who I believe suffered adverse reaction to vaccinations. Their oldest sibling diagnosed with type 1 diabetes, an adverse reaction listed, an autoimmune disease, I'm sorry, and adverse reaction listed on vaccine inserts. She will live the rest of her life with an insulin pump attached to her body with the risk of severe health complications arising at any time. The CDC says children with parents or siblings with an autoimmune disease should avoid vaccination of the MMR, but the medical exemption does not recognize that.

The reality is vaccines might prevent symptoms of a temporary virus, but they also have the ability to cause lifelong diseases per the vaccine manufacturer inserts. I use the religious exemption because my religion does not condone knowingly putting my children in harm's way no matter what. I will not sacrifice my children's health and safety for another's false belief that it might provide protection to anyone else. You say name a religion that doesn't allow vaccination? There are several answers for that but I say name a religion that

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allows for a parent to sacrifice their own child for another individual. My children are mine to protect and they are not for sale to big pharma.

This extreme overreach and threat to my children by the state has caused me an immense amount of stress, anxiety, and deep worry for the health, safety and overall wellbeing of my children. I'm just going to skip some of this. To move forward with this bill would be insanity and so unjust. This bill violates the United States Constitution and the Connecticut State Constitution, the Nuremburg Code and the University Declaration of Human Rights. Our children are depending on you to do the right thing and vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you for your testimony. Kim F.? Ken Farrington. Molly Farrington as well or? Okay. Thank you very much.

KEN FARRINGTON: Members of the committee, my name is Ken Farrington. I'm from Naugatuck and I urge you to leave the religious exemption alone and vote no on H.B. 5044. I'm the father of five beautiful, healthy children and I take my responsibility before God to raise, care for, and protect my children very seriously.

When the mandated vaccines have unavoidable risks like we've heard about over the past hours, with the many published reactions and many more unreported, it is my duty before God to protect my children from being injected and possibly harmed permanently by a supposedly safe product which has such undeniable risks. In view of the risks, those most affected, children and their parents, should be allowed the

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freedom to weigh the benefits versus the risks and choose for themselves.

My children are blessed with almost 30 cousins, all of whom are unvaccinated, incredibly healthy, and all very smart. We are an excellent micro-sized control group and together we are a testament to how healthy children can be without being injected with foreign substances. Increasing numbers of people claiming the religious exemption as one testifier said already is not a reason to take it away. It is reason to take a closer look at the reliable data that is urging more and more parents to exercise their religious freedom and delay or exempt their children from the mandated immunizations. Thank you for your service to the state and for your time.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you for your testimony. Erica Sunshine? Melissa Cokas? Todd Maloney? Wanda Maloney? Michael Sussman? Were you getting up? Did I call your name? Oh, okay. [Laughter]. You're not Michael Sussman. Okay. Lindy Urso? Okay.

LINDY URSO: Good morning. My name is Lindy Urso. I am from Cos Cob, a father of three young boys and I'm a practicing criminal attorney and as I sit here today pondering how we got to this point in this country where we could be this close to having the government be able to force injections on our babies on our skin, I'm struck by this idea that we can sacrifice the individual for the greater good. Our country has become the greatest country in the history of the world, recorded history, for the exact opposite reason, because we value individual liberty. That's what this country is all about.

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It's why for instance the fourth amendment, if somebody's arrested, we will gladly let a guilty person go free if his fourth amendment rights were violated just solely to protect the sanctity of the individual rights. It's why we have Rowe versus Wade. That is the entire basis of this country; individual liberty, not sacrificing the individual for the greater good. It's the exact opposite.

I honestly, I mean I can't, I'm flabbergasted. We've got 96 percent vaccination rates, we've got a corrupt pharmaceutical industry, we've got no outbreaks in forever, and we're talking about this. It's just bizarre to me. I know Senator Anwar, Senator Ritter have talked a lot about the whole base, the whole reason we have to do this is to protect the Immunocompromised. Well if that's really the issue, if that's such a serious, serious concern, where are the parents of the immunocompromised people? Why aren't they here filling these rooms? Right? The only parent I saw of the immunocompromised was here tonight or a couple of hours ago and you know strongly against this bill.

So I think that's just a lame excuse for, I don't know what the motives are behind this but that certainly isn't it. There's no basis to suggest that a healthy unvaccinated child is a danger to anybody except pharma. I think the real reason we're here is because of the incestuous orgy of greed and self-interest. You've got pharma and the CDC; it's a revolving door, it always has been. Currently, Merck's head of vaccines is Julie Gerberding, former head of the CDC. That's just one example. Members of ACIP, the key committee that actually is responsible for developing the schedule,



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the ever-increasing schedule, they work for the vaccine makers. One of them, Paul Offit, owns a patent for the rotavirus and he consults for all the major vaccine makers.

To answer Representative Zupkus's question to Dr. Hale, why did it go like this [bell], it went like this because after the Congress immunized the vaccine companies from lawsuits, they took that as a license to sail. So I urge you --

SENATOR ABRAMS (13TH): Oh, I'm sorry, I was just going to ask you to wrap it up, please.

LINDY URSO: And then just specifically here, we've got, we all know about Representative Ritter's connections with Boehringer Ingelheim, his father's a paid lobbyist for Boehringer Ingelheim. They are in the human vaccine business. They're partners in the WHO Program, Human Vaccines Project and then we've got Representative Linehan, the yenta, Mr. Ritter's yang in this campaign, her husband actually works for the same companies. It's bizarre so I urge you all to come to your senses and vote this down. Thank you.

SENATOR ABRAMS (13TH): Thank you. Representative Tercyak?

REP. TERCYAK (26TH): Thank you very much. I just wanted to speak up for the parents of immunocompromised children and their absence from here. I believe the reason they're not here is because the building has a couple hundred people who haven't been immunized.

LINDY URSO: Did they call your office and?

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REP. TERCYAK (26TH): I said I believe it. That must make it true.

LINDY URSO: I gotcha.

REP. TERCYAK (26TH): That's what we've been hearing for hours and hours and hours but thank you very much for coming. I'm sorry for going off script there. Thank you.

LINDY URSO: Thank you.

REP. TERCYAK (26TH): Here's one thing we can all agree on; Connecticut public schools are great.

LINDY URSO: I don't know about that with Common Core but go ahead.

REP. TERCYAK (26TH): Huh cause one thing this is about is people's ability to have their children to go to Connecticut public schools. We have heard Connecticut public schools hundreds of times it seems today but we're not here to talk about that. I thought I had something we had in common regardless of which side of this debate you were on and if we do, it's not that. Thank you very much for coming in. Thank you for your patience.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you very much for your testimony tonight.

LINDY URSO: Thank you.

SENATOR ABRAMS (13TH): Next is Dan followed by Ariano Simo.

DAN: Thank you everyone for sticking around so late. I have a background in financial auditing. I'm a CPA, I'm a chartered financial analyst.

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SENATOR ABRAMS (13TH): I'm sorry, can you just give your name, please?

DAN: I'm sorry, I can't disclose my last name cause my employer's a large --

SENATOR ABRAMS (13TH): That's okay. I just got to make sure I have the right person so just say --

DAN: Dan. Yeah, I'm a CPA. I'm trained to have professional skepticism. This morning, the DPH commissioner repeated herself three times saying quote, "There is no link, no link, no link between vaccines and autism. The science is clear." She underlined clear in her testimony if you read it online.

When someone repeats themselves twice or three times, it raises a red flag so in my mind, I felt I needed to dig into this. The research she cited, we lost Senator Anwar but I will email this one page of research to ask you to all look at it. You can look at the CDC, you can look at the alphabet soup of agencies, just look at this one page of research from the Institute of Medicine, the IOM, which is the gold standard of research in the U.S. for medical research that was referenced by Renee Coma-Mitchell. The one page, 545 about 800 is the study of, they look at vaccines and the conditions that may or may not be caused by the vaccines. This page is for DTaP and autism. The causality conclusion at the bottom of this one page says quote, "The evidence is inadequate to accept or reject a causal relationship between DTaP vaccine and autism." I'm going to repeat that. "The evidence is inadequate to accept or reject a causal relationship between DTaP vaccine and autism." Dr. Nicholai at the press conference this morning that Chairman Steinberg held

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said we need to go back to the source of the research. This is the source of the Commissioner's research. I'm going to send this page to you guys so you can all take a look at it.

And I just want to say, I was never politically active before, but now this is personal. I refuse to live in a state where my kids are treated like second class citizens. I've always been a registered Democrat. I am now a single-issue voter along with the 2000 parents out here in Hartford. I've met with legislators on the Public Health Committee. I'm being told by them they agree this is not an emergency and Connecticut should not be forcing families to leave the state, but they are still gonna vote the bill out of this Committee because of their commitment to Democratic leadership. Please legislators, think for yourselves. There is no emergency. My child is not imminent threat. Therefore, kicking I don't know if it's 8000 or 10,000 students out of school should be your last recourse, not your first.

And the last comment I want to make is the Commissioner of Public Health has a tough job and I respect her. She recommended in September that you take a 2021 effective start date. I don't want to accuse anyone on the vaccine working group, this is a complicated issue, but why would you put a 2020 start date when the Commissioner recommended 2021? You just caused a ton of stress on my finances, on my job, everything by speeding it up when your Department of Public Health, who you rely on, tells you to do 2021. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your

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testimony. Next is Ariana Simo? Gina Consiglio? Asma Hossi? Raegan Maloney? Andrea Maloney? Oh, okay. Thank you. Just tell us your name, please.

ANDREA MALONEY: Good morning. I'm Andrea Maloney. Raegan is my daughter. She is 9 years old in third grade. She left here sobbing earlier cause she really wanted to come up and tell all of you how much she loves her school, but I'm going to speak about how I need you to oppose H.B. 5044 because this bill will do great harm, both to my family and to our beloved school in Newtown, Connecticut.

It's easy to be consumed by fear in worrying about children's health. Please set that fear aside and consider the facts. We have no health crisis in Connecticut for vaccine preventable illness. We have no health crisis that warrants kicking over 10,000 children out of the school that they love. To take away a first amendment right, the freedom of religion, as well as our Connecticut right to education, the state needs to demonstrate a compelling interest to remove these rights and do so via the least restrictive means possible. Removing thousands of children from school for their religious beliefs is not the least restrictive means possible.

When the Connecticut Department of Public Health released the data showing vaccination rates by school, our school, the Housatonic Valley Waldorf School was at the top of the list for 2017-2018 school year at 37.7 percent religious exemption and near the top for the 2018-2019 school year at 36 percent. With such a high percentage and being reported as a pocket of under-vaccination, one would expect that our school would be riddled with all

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sorts of illnesses, especially vaccine preventable sickness. I am here to tell you first hand that's not the case at all. I'm a parent of two children attending the school. For nearly seven years, my children have attended a variety of schools including nondenominational church preschools, Catholic school and public school, but of those seven years, the past 2-1/2 years have been at the tonic Valley Waldorf School. The children at this school I've ever encountered across all of our school communities. I regularly ask my children tell me who's missing from school today. I do this so I can prepare in case some illness may come upon us so that I can try to you know line up care or something so that I don't miss work.

With a whopping 36 percent religious exemption rate, you would think we would be besieged by flu, measles, chicken pox, whooping cough, but we're not. [bell] In our 2-1/2 years there's been one case of chicken pox, that's it. One. Nobody else caught it. These kids are healthy because they play outside three times a day at least. They get fresh air. They have to eat healthy food. If I try to send --

SENATOR ABRAMS (13TH): I'm going to have to stop you, the bell went off if you'd like to just wrap up that would be fine.

ANDREA MALONEY: So just one last thing I want to say. You know you've heard about our school and how great it is but I do understand the fear for the immunocompromised children. Do you know that they can use a 504 plan in public school to state that they only want to be in classrooms with vaccinated

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children? We have a mechanism in place. They can use the 504 plan.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much for your testimony. Next is Gemma Peterson and Dr. Ken Peterson but I believe they already testified. We have Dr. Ed Corsello? It's hard to read the writing but, okay. Mia? D. Wilcox? Artie Dolan? Welcome. Just state your name so I know I have the right person.

ARTIE DOLAN: Thank you. My name is Artie Dolan. I'm here to represent my children to explain how this law will impact family, and to ask legislators to stop and listen to the families who are asking you to think through the unintended consequences of a bill that in its present form will take away the right of children to have fair access to an education.

You can hear my Brooklyn accent. I've lived in Connecticut for the past 17 years and my wife has lived here her entire life. We both work full time in the town of Wethersfield. My oldest son is about to turn 6 years old and is attending kindergarten. We hope he'll start first grade in the fall. Our youngest is about to turn 3 and is in daycare. We hope he'll be able to go to preschool at the same school as my son.

If this bill is signed, here is what's going to happen. It will force my older son out of his school at a critical time in his intellectual development and segregate him from his friends at a critical time in his social development. It will take my younger son away from the relationships he's starting to form, an equally critical time in his

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development. With both children at home, it will force my wife to end her career as a mental health clinician, working with at-risk children in Hartford and take her out of the workforce to try and homeschool our children. The lack of income she provided will likely force us to sell our house and find a different place to live creating financial and emotional stress for our young family. This is not hyperbole. This is something we've examined and argued and agonized over. This is the scenario that will play out for many other families.

There are people who are here who support this legislation and I thank them for their testimony. There are people here who oppose this legislation and I thank them for their testimony. And I thank you all for being here at this point. I thank the cops for sticking around and keeping us safe and being so helpful to me, coming up here and asking hey, when is 263. My kids don't understand all this. They're home with grandma and grandpa right now and I'm going to go home and put them on a bus and I hope that a year from now I can put them on a bus. That's all I got.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you so much for your testimony. I appreciate you being here. Dr. Chris Lavoie?

DR. CHRIS LAVOIE: Thank you all for your time. My name is Dr. Chris Lavoie. I'm a resident of Glastonbury. I was born and raised in Marlborough. I've had a practice in Wethersfield for 15 years. I'm currently serving as the vice-president in the Wethersfield Chamber of Commerce and I stand here today in opposition of H.B. 5044.



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You know, I would hope that the fact that it violates constitutional rights to practice religion maybe would've shut this bill down, or the fact that it discriminates against people with lower socioeconomics that don't have the means to homeschool their children and would be forced to either compromise their religious beliefs or move out of state which I think would be an undue burden. Unfortunately, that's not enough either. Otherwise, I don't think we'd all be here at 5:20 in the morning.

I mean let's talk about a couple of numbers, 5,280,000,000, sorry, \$4.28 billion dollars; that's what's been paid in vaccine injuries from the federal fund and that's a lot of money. That tells me that there's been a lot of damage and estimates on the VAERS System which we heard a nurse testify she didn't even know about it for years estimates that maybe 10 percent of cases are actually reported. I don't know how many nurses know, I don't know how many patients know. I don't think that we're told about that when our kids are vaccinated and so if that's 10 percent, if we extrapolate that to the, you know, to the injuries that are potentially caused, that could be \$48 billion dollars in potential injuries so I don't know about the safe part and safe and effective.

Talking about effective, CDC said the flu shot last year was about 36 percent effective so one out of every three times. Imagine if your brakes only worked one out of every three times you hit them. In 2015 it was 19 percent effective and the reality is and for a lot of the other vaccines we're not even knowing what's effective cause we're not testing against controls from people that aren't

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vaccinated. We know that some people that are vaccinated get a certain disease and some people that aren't vaccinated get it. What we don't know is what's the percentage and what's causing it cause they're not doing those kind of double-blind tests. So whether it's effective, tough to say as well.

Herd immunity started off with cattle that actually got a virus, not ones that were vaccinated. They try to again push that on us as a concept to try to sell more vaccines in my opinion and the reality is that most of us probably have yet to meet an adult that has every vaccine that's on the current childhood vaccine schedule and so we're all a threat to herd immunity if it even works, forget about the decreasing immunity and the efficacy of the vaccine and all those things we don't even know so the reality is, that's not even a good selling point if you will but what is a good selling point is the vaccine companies estimate about a \$60-billion-dollar market for vaccines currently, and every projective I've seen the bars just keep getting bigger and bigger every year. Any time in any country, but especially ours, where there's profit for corporations and there's no downside for them is a recipe for disaster and right now that's why there's 150, 200 vaccines in the pipeline because it's all potential and as soon as that vaccine gets approved and put in the CDC schedule, every kid, almost every kid gets that vaccine. They don't have to market to them, they don't have to do anything. [bell]

So to summarize, \$4.28 billion dollars in damages, 19 percent, is it effective, who knows, \$60 million dollars and rising in profits. Oppose 5044.

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SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Thank you for your testimony.

DR. CHRIS LAVOIE: Thank you all.

SENATOR ABRAMS (13TH): Jennifer Hartley? Jonah Saunders? Gail Bowman? Aimee Allaire? Renee Iannacone? Kevin Maruitis? And you're next, you're Amanda.

AMANDA MAURUTIS: I'm Amanda, hi.

SENATOR ABRAMS (13TH): If you could say your name, please. And your last name cause I think I killed it.

AMANDA MAURUTIS: My name's Amanda Maruitis.

SENATOR ABRAMS (13TH): Okay. Great.

AMANDA MAURUTIS: I'm really nervous guys so bear with me. I am here today as a mother of two healthy, vibrant children. I have two girls and I cannot tell you how much they love school. The oldest is in Pre-K and all she talks about is starting kindergarten at her new big girl school, with her new friends, and the awesome school bus she will get to go on. She comes home from preschool. and talks and raves about her teachers and friends. The stories that come out of her mouth just make you laugh on the spot. Her love for learning new things is so strong, like her dad.

My youngest will be attending preschool at the same school as her older sister. My 2-year-old is so smart with a confidence I have never been able to muster up. When we go to pick up her sister from her school she says hi to all the moms, tells her teachers to be about the day she had with me. They

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laugh and cannot wait to have her in their class next year. Little do those teachers know, they both won't be able to attend school if H.B. 5044 passes.

When we leave the school and get into the car, I feel an overwhelming sense of sadness. I don't want to do this to my children. I don't want to keep them from an education. I don't want to homeschool them. We cannot turn our back on our religious beliefs. We also have health issues that run in our families. I cannot with a clear conscious inject my children and go against our beliefs, and risk harming them in anyway.

Obviously this is a hard topic to talk to a 2 and 4-year-old about, and I have not told them what is going on, nor do I want to. If you choose to push this legislation forward, you will be forcing me to tell them they are not allowed in school because of our religious beliefs. If you choose to move this legislation forward, you will be forcing me to tell them they cannot sit with their friends at circle time because of the medical discrimination happening. If you choose to move this legislation forward, you will be forcing me to tell them summer camp or being able to play tee ball is not possible anymore because we are labeled as a threat. How can they grow up to know what it is like to play on a team with others? If you chose to move this legislation forward, you will be forcing me to tell them they cannot go to the Daddy Daughter Dance that everybody talks about because we are facing segregation for not being part of the herd. If you choose to move this legislation forward, you will be forcing me to tell them they cannot see their grandparents for Sunday dinner anymore cause we will

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have to move out of state because we cannot live on one salary forever.

I don't ever want to tell them that this is happening to their constitutional rights and freedoms and I hope I can count on you, amazing committee members to see the pain, the long term effects and the financial burden this will cause thousands of families including mine, just for a false sense of [bell] protection. So I just strongly urge that you just really think about this and don't even bring it to a vote. Just reconvene and figure out you can fix this another way. Thank you.

SENATOR ABRAMS (13TH): Thank you. Just a minute please. Are there any questions or comments? Thank you for your testimony. Gina Civardi. Avery Hendricks. Oh, Gina, great. Welcome.

GINA CIVARDI: Thank you and good morning. My name is Gina Civardi and I'm a resident of Colchester. I will begin by giving you all a little personal background about myself. Twelve years ago, I was a healthy and active 26-year-old when, at the recommendation of my doctor, I received a series of the three HPV vaccines. Approximately one week after receiving the third HPV vaccination, I started experiencing blind spots in my vision. Days later after further testing, I was diagnosed with multiple sclerosis. Multiple sclerosis and optic neuritis, which is the medical term for the blind spots I was experiencing are both listed on the HPV vaccine insert as conditions reported after receiving the HPV vaccine, but at that time 12 years ago, I had no idea what a vaccine reaction or injury was mainly because I wasn't every given true informed consent

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by my doctor. I was only told the benefits and none of the risks.

Since then, I have become a strong advocate for my health. There is no one who knows me or my body the way that I do and no one who cares about my wellbeing more than myself. I was not going to let anyone make a recommendation about my health again unless I was fully aware of the benefits, risks, and any alternative methods. The fact that this bill is trying to take away my right to say no to a health recommendation if I wanted to enroll in college angers me. Moving forward to today, I now have three beautiful and healthy children of my own. God made my husband and I their parents. I am so proud and blessed to now be their advocate with life and with health decisions. I have a God-given right to protect my children by questioning and saying no if necessary to a medical procedure that has known risks and goes against my beliefs. I have a human right to say no without my children being denied an education in the State of Connecticut since homeschooling is not a long-term option for us. My children have a human right not to be discriminated against and segregated from their friends and activities which they love.

In closing, I'd like to say that speaking out today has been uncomfortable for me but it's probably the bravest thing I've ever done. It is brave to speak up against the majority or popular view when you know in your heart what is fair and what is right. After giving my testimony today, I've now done all that is within my power to do to make a difference. The power is now in your hands. I ask you to be brave, stand up for what is right, keep us free, and vote on H.B. 5044. Thank you.

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SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Thank you for being here. Next we have Avery Hendricks? Caroline Braglia? Jessica Tagliarini? Cleo Lagos? Mari C. Mariano? Oh, thank you. Welcome, good morning.

MARI MARIANO: Hi. I'm Mari Mariano from Guilford. So I submitted testimony but I'm going to like, this is just really short. Good morning Public Health Committee. Thank you for staying so late, being here so early. I submitted testimony today but decided to just say this; I oppose H.B. 5044. I'm so tired figuratively and literally. I know many of you are too. I literally feel like I've been hit by a truck. I have had anxiety since last year, I testified last year, knowing that this day was coming again. It cost my husband and I hundreds of dollars to be here today, yesterday, today [laughter] all the days. We're both self-employed, skipping work to fight for our kids' rights to be in school. When I told my daughter who's 9, in third grade, that I was going to have her miss school today to come up here, she burst into tears telling me she wanted to go to school cause she had a group presentation in Spanish in third grade. So we sent them for half the day. I have a son who's in first grade as well. So we sent them for half the day and my husband pulled them out about 12:00 to come up here. On the way here, he told them why we were coming here. We haven't really told them much about the situation hoping it would never have to come to this and that they could just go on with their lives but we needed to prepare them. So he said that I was here for their right to go to school. When I saw my son, he came running up to me with open arms

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and said mom, I want to go to school and burst into tears. They love school. I was blessed with amazingly healthy children who love school. I cannot believe they could be removed from it. I've used the religious exemption since the day they were born, when they were in preschool, all through school because I believe God is in charge of our lives. He made us perfect. I have feared the vaccines and I have feared the infections. I chose to have faith in God to protect my kids and it's the best decision of my life. Their quality of life is off the charts. They're healthy, they absolutely love school, and this will punish them. Please do not do this. This will break their souls. I just, it will ruin them. They're so happy and they would just be so devastated. [crying] I'm really tired.

SENATOR ABRAMS (13TH): I understand.

MARI MARIANO: Thank you for being here.

SENATOR ABRAMS (13TH): Are there any questions or comments? Representative Zupkus:

REP. ZUPKUS (89TH): Thank you. I just wanted to say to you and to everybody, thank you for coming up because I know that you take days off from work and I know everyone is busy and I appreciate how important this is to all of you so thank you for coming up and spending the night with us. I know it's better to be somewhere else but it's most important to be here for what you're doing so thank you.

MARI MARIANO: Thank you very much.

SENATOR ABRAMS (13TH): Anyone else? Representative McCarty?



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REP. MCCARTY (38TH): Thank you, Madam Chair, just very quickly also I wanted to add my thanks to you for staying all night and giving us your testimony. Did you say your child was receiving Spanish in third grade?

MARI MARIANO: Yes, she's learning Spanish.

REP. MCCARTY (38TH): That was another piece as we're talking about what would happen to all of our students. I'm making a list of the various topics that we've heard tonight that may not be able to be taught in the homeschool setting.

MARI MARIANO: Oh yeah, I don't know Spanish.  
[laughter]

REP. MCCARTY (38TH): Thank you.

MARI MARIANO: Yeah, thank you, and the good news is I think they might've got to see me which they wanted to so they might be up by now so thank you very much.

SENATOR ABRAMS (13TH): Oh, just a minute. I just want to make sure, anybody else have any questions or comments? No? Thank you very much. Is Mike Mariano, is that your, okay. Joshua Shain? Jennifer Boyd? Emmanuel Cardona? Kristin Lyn? Andrea Adimando? Karen Yorgensen? Christine McCann? Mary Dougherty? Anna Miroslaw? I have no idea. What is it? Zibiglu [phonetic] Miroslaw? Okay. JJ Schwartz? Jarod Novak? Oh, JJ.

JJ SCHWARTZ: Good morning.

SENATOR ABRAMS (13TH): Good morning.

JJ SCHWARTZ: JJ Schwartz is my son and he's sleeping.

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SENATOR ABRAMS (13TH): Okay. [Laughter].

JJ SCHWARTZ: He, I'm looking for this testimony, I'm so sorry. We live in South Windsor. May I read his testimony?

SENATOR ABRAMS (13TH): Absolutely.

JJ SCHWARTZ: Thank you. Hi, my name is JJ. I used to live in New York. I loved my old school. Every morning we would meditate. I became so good at it, I became an emotion ocean ambassador. I would like to share a meditation that I wrote. I am loved, I am light, I am peace, I am smart, I am a rock star. I am great friend, I am a great brother, I am a great son [crying], I am great student, I love my friends, I love my family. I love God and God loves me. This is me, JJ. In school teachers tell us not to bully because it's not nice and it hurts peoples' feelings but today I feel like I'm getting bullied and I don't like it. I don't want to get kicked out of school. I like my new school and my new friends and my new teachers. I like my ecos class, gym, music, STEM and art. I also like my classroom. I am a great friend and a great student. Please don't kick me and my brother out of school. Please don't bully us. I'd like to share a song, I won't sing, but he was going to sing God Bless America and then he was ending with God bless you, God bless Connecticut, God bless me and all the kids here today. Thank you for your time, JJ.

SENATOR ABRAMS (13TH): Thank you very much for reading that. Are there any questions or comments? Thank you.

JJ SCHWARTZ: May I give my testimony?

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SENATOR ABRAMS (13TH): You could, I'll give you a minute okay if you want to wrap up too.

M. SCHWARTZ: Good day members of the Public Health Committee. I'm submitting my testimony and opposition to proposed H.B. 5044 for the removal of the current religious exemption, accepted by our schools.

I am a stay-at-home mom to three wonderful children whom I adore and love with all my heart. We uprooted and left the Big Apple in 2018 because we believed our boys would have the opportunity to attend school here in Connecticut. We could tell New York was going to do away with their religious exemption and we did not want to put our kids through the heartache of getting kicked out of school. So for the benefit of our children, we left behind all that we knew. My husband and I left behind our aging parents, our family, our friends, our neighbors, our home, everything. We moved to Connecticut without knowing one single person.

At school, in camp, and in town our little ones started to meet other children and make new friends. This made us feel confident that we made the right move, again, for the love that we have for our children. After all, we were moving to the Constitution State, a state where our children would not be discriminated against for our and their religious beliefs, let alone risk getting kicked out of school. Had we known this --

SENATOR ABRAMS (13TH): I'm sorry, can I ask you just to wrap up cause you weren't really signed up to speak, only JJ was so if you can wrap up, okay?

M. SCHWARTZ: Oh, I did sign up but I'm later.

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SENATOR ABRAMS (13TH): Okay.

M. SCHWARTZ: Had we known this was the route Connecticut was considering we would've never left the only place we've ever known as home. We would not have sold our home in New York City and purchased a house here in Connecticut. So now here I stand 20 months later before you to defend my children's right to attend school. I pray that this bill will not pass because I would prefer not to move again. Let the record show that according to the 2018 Census, the year that we moved, 180,649 residents left New York. Our family are part of that number. We are very fortunate that our family had the means to pick up and leave and frankly, if need be, we'd get up and leave Connecticut.

I can say with certainty that we would not be the only families to relocate. Many will follow because parents will always do what is best for their children. We like Connecticut but we love our children.

SENATOR ABRAMS (13TH): I'm sorry I'm going to have to stop you there.

M. SCHWARTZ: Thank you. In health.

SENATOR ABRAMS (13TH): Are there any questions or comments? Thank you very much for your testimony.

M. SCHWARTZ: Thank you. Have a good morning.

SENATOR ABRAMS (13TH): Jarrod Novak? Mindy Fernandes?

MINDY FERNANDES: Good morning.

SENATOR ABRAMS (13TH): Good morning.

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MINDY FERNANDES: My name is Mindy Fernandes from Brookfield, Connecticut. So this is from my 4-year-old. Hello and good morning or good day. To the members of the Public Health Committee. My name is Quin and my mom, Mindy, will be standing in for me. I will be four years old next month. I am so excited. I have been attending Fraser Woods Montessori school in Newtown since I turned 18 months old. During this time, I have established relationships with my teachers and friends and have such a love for learning. Just last month, I started to read.

I am very healthy and often times, many of my friends are sick and will stay home for a week, but not me. I bounce back quickly. I have never had an ear infection, no tummy issues like reflux. I started walking, actually running at 10 months old. No eczema, no strep throat, no asthma, and I can go on and on. I have been totally crushing all of my milestones and I truly enjoy my time being a healthy toddler.

I am asking, actually begging all of you to allow me to stay in my beautiful school. I cannot wait to get into the upper grades. There is just so much to learn. please vote no to HB5044. It your responsibility to help ME keep my rights to an education. Please be the hero. Go against this bill. Support my equal rights, medical freedoms, my mom and dad's rights and religious freedoms for all of my family and friends in school. School has been a big part of my life and I couldn't imagine not returning in September because of a health crisis that does not exist. I am healthy, have always been healthy and I promise you that I cannot transmit any diseases I do not have. I am not a threat.

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If this mandate passes, I will need 54 vaccines by this summer to catch up. Does that sound reasonable or healthy to you? Please say no to H.B. 5044. I want you to look at me cause this is who I am. This is the face. Thank you for your consideration.

SENATOR ABRAMS (13TH): ty. Are there any questions or comments? Thank you for your testimony.

MINDY FERNANDES: Thank you and good night.  
[Laughter].

SENATOR ABRAMS (13TH): Good night. Next we have Marcy Dolan? Ed Graham or Carrie Graham? Rachel Ewers?

RACHEL EWERS: Good morning. I'm Rachel Ewers. I'm from Thomaston. I'm a mother of five, a former Connecticut public school teacher and I oppose H.B. 5044. As the Public Health Committee I want to share quickly with you a public health issue that I am very passionate about and that's breastfeeding. I've often said that if you don't believe in God, you should learn about breast milk. It's astounding and the science is clear, it's proven that breastfeeding reduces the risk for infants and children of many of the health risks that Connecticut children are actually facing like obesity, allergies, asthma, leukemia, other childhood cancers. It reduces risks for mothers as well in uterine cancers and breast cancers and the World Health Organization recommends two years of breastfeeding so why aren't we here looking at a bill to mandate two years of breastfeeding? I think we can all agree that is absurd. It is absurd to tell a woman what she must do with her body. It is absurd to tell a mother what she must feed to her child. But somehow, we don't see the absurdity in

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telling a mother what she must inject into her child.

This is not a bill that pits anti-vaxxers against pro-vaxxers. This is a bill that threatens, I'm sorry, this is a bill that threatens the bodily autonomy out of the hands of individual and parents and coerces families to dismiss their first amendment rights to exercise their religious beliefs. This bill would discriminate against lower income families as you have already heard today for whom homeschooling would not be an option. This bill would rob students who are protected under IDEA of their services that they are provided through IEP's.

I'm not going to read the rest of my testimony that I had written because I have sent it into you. I am so grateful that all of you are here with us and that you've stayed up all night with us but I want to point out that this is not the first night that 2000 parents that were here today and the thousands of other parents that couldn't make it here today have lost sleep over this bill. This is not the first time we have had to lose time with our families because of this proposal. This is taking up our lives since last May when it first came up so I am going to ask you to take it one step further. I'm not asking you to kill this bill now. I'm asking you to kill this bill and leave it dead like it should've stayed dead last May. Thank you.

SENATOR ABRAMS (13TH): Hang on one second. Are there any questions or comments? Thank you for your testimony. Laura Flahive? Bobby Stashenko? Frank Stashenko? Rachel Oshrin? O-S-H-R-I-N. Ted Aposto? Sheila Dinnard? Yeah.

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SHEILA DIAMOND: Good morning chairs and members of the Committee. As a medical professional --

SENATOR ABRAMS (13TH): I'm sorry, can you just state your name just so I make sure I have the right?

SHEILA DIAMOND: Sheila Diamond. I'm a registered Nurse with a Bachelor's of Science degree with minors in biochemistry and psychology. I am firmly opposed to H.B. 5044. I can attest to the fact that formal education on immunization is woefully inadequate. In my pharmacology course, immunizations were covered in one chapter out of 109. In my Medical-Surgical course, immunizations were covered in three pages out of 2,240. This was at one of the top nursing programs in Connecticut. We were taught about general considerations, target diseases/illnesses, specific vaccines and toxoids, the CDC schedule and how to administer. Not once did we read a vaccine manufacturer's product insert. We were not taught about how vaccines are made, the excipients, preservatives, adjuvants, stabilizers, cell culture materials, inactivating ingredients, and antibiotics, or where they are made. It has only been through eight years of independent research that I have acquired not only that information, but also an understanding of an incredibly complex issue that affects all of us.

Did you know according to information obtained through the World Health Organization, and I quote, "China is currently producing nearly all of the commonly-used vaccines for viral diseases such as influenza, measles, rabies for humans, mumps, rotavirus, hepatitis A and B and for bacterial diseases, including typhoid, tetanus, and



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diphtheria," says Dr. Ming, Vice President of the China Chamber of Commerce for Import and Export of Medicines and Health Products. Why are we mandating vaccines in this country that are licensed by the China Food and Drug Administration?

As a mother of two and Connecticut resident for 17 years, I find it disturbing that the state has not provided any compelling empirical evidence that supports the violation of our First Amendment rights. I am adamantly against the injection of substances procured from both male and female aborted fetal DNA. Our religious freedom is constitutionally protected, and the burden of proof falls on the state. I will not be coerced into making medical decisions for my children that should remain between my family and our physician. My healthy daughter is thriving in her private school, and has been with her classmates for three years. She will be devastated if she is not allowed to continue, especially next year when she is on track to make her First Holy Communion with them. She misses 1-3 days of school once a year due to a viral infection. When she is sick, she is home where she belongs. Several of her fully vaccinated classmates miss far more days due to illness, to the point they are at risk of being reported to the authorities. Even worse, if the religious exemption is repealed, my younger daughter who has been home screaming for three hours because I was not able to testify earlier, she is home screaming after being here all day and now I get to go home not only to a screaming baby, but a husband who doesn't understand my passion and my research and how this has become my life. So now he's going to be angry because he's

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been up for the last three hours when I should've been there.

SENATOR ABRAMS (13TH): Your time's up. Is there anything else you'd like to say in the end?

SHEILA DIAMOND: In closing, committee members, you may not realize this now, but this is the most important vote of your political career. The long term unintended consequences are far reaching and grave, as residents of California and New York can attest to. If you vote against this bill, you will have an army of support behind you. There are thousands of us across the state ready to rise up and support your re-election this fall. We will campaign for you, donate, and spread the word like wildfire that you stand for medical freedom. This bill is a direct assault on parental rights, on religious freedom, on our liberty, and the promise that we can live free from coercion and government control. I implore you to move past the media soundbites of safe and effective and community immunity. Did you know that 70 percent of mainstream media's --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there then. Are there any questions or comments? Thank you very much and thank you for staying.

SHEILA DIAMOND: Thank you.

SENATOR ABRAMS (13TH): Laura Kostin? K-O-S-T-I-N it looks like. Marija, M-A-R-I-J-A. No? Gabrielle Sellari.

GABRIELLE SELLARI: Good morning everyone. My name is Gabrielle Sellari and I'm from Shelton, Connecticut. I come to you this morning as a former

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educator and as the mother of two beautiful children. My son will tell you that his mom's job is to teach others how to keep kids safe. If he was still here now, he planned to tell you that something different works for everyone. Being his mother makes me the experts on him and his brother.

I am reasonably skeptical and my case is not unique. You've heard many similar stories here today and that's not just a coincidence. I can go through my story and tell you about the uncontrollable screaming. I can tell you about the constant crying, the severe eczema, very similar to one of the other mothers. The hands that had to be bound because he would scratch himself bloody. And I can tell you what my doctor's response was; this is common and I remember one day I asked her, so this is normal? And she said I didn't say this was normal, I said this is common.

I eventually followed my gut and stopped vaccinating and switched pediatricians. I currently have a 5-year-old who has over 17 life-threatening food allergies and asthma. He's been in the ER twice, had pneumonia twice, and gone into anaphylaxis twice simply from food residue. I want to tell you that I will not comply with potentially harming my child anymore. No child should be required to have special permission in order to attend school. No child should be subject to isolation, discrimination or exclusion. If you support this bill, I encourage you to go home and speak to your children and/or grandchildren's classroom teachers and ask them to choose one or two students from their classroom who are no longer worthy of education. Who will they choose to sacrifice? Then I encourage each of you to prepare your own children and grandchildren that

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perhaps his or her best friend might not be returning to school in the fall because you made a choice to implement a law that directly discriminates against them and kicks them out of school. Then explain why these children no longer deserve an education. Tell the high school students who were previously here today why they have never been a threat to society for the past nine plus years of their schooling, yet today they are.

I implore each of you to do the right thing. Be on the right side of history and do not vote this bill out of Committee. Our children and grandchildren will eventually learn about this and the discrimination of the 21st century. Think about where you stand on the topic. There are a couple of additional points I'd like to make. I am the prime example of the two types of children; the one child who clearly had issues from vaccination and a second child who wasn't vaccinated. My second child is picture perfect health. I then want to encourage each of you to get a copy of the I Love School Campaign. [bell] There are letters from doctors who have kicked families out. There are letters from our children in there as well as other information. Sorry, I know my time is up.

SENATOR ABRAMS (13TH): No, thank you very much. I appreciate that. Any questions or comments? Well, Representative Comey first.

REP. COMEY (102ND): Hi, Gabrielle, good to see you again. I appreciate you keeping your testimony short. I know that your story is much more involved with that than what you said and you know I just appreciate you taking the time out and coming down

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here. You're actually in the newspaper this morning.

GABRIELLE SELLARI: Oh boy [laughs].

REP. COMEY (102ND): But thank you for sharing your story with me personally and with the group here today.

GABRIELLE SELLARI: Thank you. I sincerely thank you for your compassion and listening because my story does go much deeper even than the dialogue that we've had.

SENATOR ABRAMS (13TH): Representative Michel?

REP. MICHEL (146TH): Thank you, Madam Chair. I couldn't catch exactly what you said at the end but you said there was a website where what was in that website?

GABRIELLE SELLARI: There was a booklet, it was an I Love School Campaign that was put together. Many of our children wrote letters that told you legislators why our kids love school. There is then a section of letters from superintendents and school administrators from New York giving a warning call to Connecticut, telling us why it is such a bad idea to exclude children. There is then another section that I personally helped put together collecting tons and tons of letters from families who've been kicked out of practices. It was condensed for the purpose of cost, but there are many more letters than the ones that you will find in there.

REP. MICHEL (146TH): Could you share that website after?

GABRIELLE SELLARI: I don't know if it is up on a website but there is a physical hard copy.

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SENATOR ABRAMS (13TH): Representative Michel, we have it in our mailbox.

REP. MICHEL (146TH): Do you recall anything in particular as to what the reasons were? Were there various reasons or were they all a repeat of the same?

GABRIELLE SELLARI: So the letter that was actually the most concerning to me is the one that I will share with you. It is my understanding that the purpose of vaccination is to prove that you have antibodies. In order to prove that you have antibodies, you can get a test called a titer test where they do blood work to see whether or not you have antibodies and one of the letters kicking kids out said we will no longer accept patients who don't vaccinate, who have a delayed schedule, and/or we will not do titer tests so that is to me a clear indication that this is not what is in the best interest of children because if it was, it would be simple; do the titer test and if they have the antibodies, why would we need to give them that particular vaccine.

REP. MICHEL (146TH): I think we've heard a lot of stories like this all through the night and morning so thank you for bringing additional material and thank you for testifying this morning.

GABRIELLE SELLARI: Thank you. If I can make one other point, I think about keeping kids safe and I think about my child. The common cold, the last time that my son had an uncontrollable asthma attack, it was after a runny nose for 24 hours led him into the hospital. We're not proposing legislation to keep kids with colds out of school and I would never expect a parent to keep their

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child out of school. I figure out what to do to keep my kid safe because he is my child.

REP. MICHEL (146TH): That was a [crosstalk].

SENATOR ABRAMS (13TH): Just a minute please. Just a minute, sorry. Representative Carpino?

REP. CARPINO (32ND): Thank you. Just one question and you may not be the right one to ask this of but since you volunteered that you helped put together that section of the book, do you know if any of those parents who have been denied access to their pediatrician's office have filed a CHRO complaint on religious discrimination yet?

GABRIELLE SELLARI: I know that had been encouraged for those parents to do, but I do not know if any of those parents followed through with doing that and I can tell that my former pediatrician, when I spoke with her after every doctor visit, not necessarily making the connection just yet but I knew after every doctor visit my son's symptoms were getting worse and worse and again, her comment to me was well we can't have a conversation about vaccination every time you come in and I said who else am I supposed to talk to then if not you? So I mean this is a problem across the board but I do not know if families are taking that next step. Parents oftentimes are in the fight or flight mode and they're immediate attention is on this injured child and sometimes even taking a simple step of filing a complaint is so overwhelming to them between doctor visits, coming to the Capital and all of the things, you know, that we have to do.

REP. CARPINO (32ND): I thank you and I just want to, I truly thank you for your candor but I do want

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to remind you that there are parents sitting on both side of this room.

GABRIELLE SELLARI: Absolutely.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you for your testimony. We have Matteo and Paolo and they're your children and they're not here I'm gonna say. Okay. Thank you. Tatiane Roberts? Corrin Burke? Morgan Kearns? Christina Karas? Christian O. and Andrew O.? Marybeth O.? Tammy J.? Jacquelyn Ross? Chris Foss? Robert Piazza? Lily Kiernan? Nolan Flynn? Jackie Flynn? Jolan Bette? Jai Bette? Julian, Jana, Jeff Bette? Melissa Parisi? Tara Galbo? Emily I cannot read this one. Capidoferro? Emily Maxfield? Brittany Kilburn? Oh, okay.

EMILY MAXFIELD: First, I want to thank you all for letting our voices --

SENATOR ABRAMS (13TH): Can you just tell us your name first?

EMILY MAXFIELD: Yep. My name is Emily Maxfield and I'm from Portland, Connecticut. I first want to thank you all for letting our voices be heard and our stories told. I am a mother of three, ages 13, 7 and 2, and I oppose the H.B. 5044.

The Government has no place in the medical decisions that should be made between physicians and parents. My oldest son was vaccine-injured on four separate very occasions. For whatever reason, his body cannot handle vaccines and we live daily with the proof that vaccines are in fact not 100 percent safe for every child.



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There is no way that in good conscience I can put another vaccine into his body. I believe God is against knowingly doing harm to children and while vaccines help many, in our case they are absolutely harming my son. I'm going to skip the lecture because we all bonded in this historic night.

At age 23, I became a mother, and like most first-time young moms I did everything by the book. I never questioned doctors or their advice. I believed they knew best and followed their direction every step of the way. I lived in a bubble unaware of any controversy over vaccines. There wasn't a question about giving them or about their safety; it was just the normal thing to do. Tristin, [crying] my Tristin, he developed typically meeting all of the developmental milestones up until he was 15 months. I did Ages and Stages all along the way from birth, I had tracking. The very next morning after receiving his MMR, I watched his tiny little body, my baby short circuit before my eyes. Suddenly, he stopped talking, had low muscle tone, loss of coordination, ticks and odd body movements, delayed processing, and more. What was happening? My doctor very confidently reassured me that there was absolutely no link to the MMR and what Tristin was experiencing and the timing was just very much coincidental citing numerous studies. It's surprising that we're all going through the same coincidence here. I foolishly trusted here. I knew no different.

Next, he an allergic reaction to the Tdap and two years in a row his behavioral and skill data showed that he had regressed three months each time had had the flu shot, as if the progress of in-home therapy had been erased. Six months of his life, hundreds

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of hours of hard work by him and all the therapists and all of us, it was erased. [crying] It was gone and I had allowed it. I had allowed repeated damage to my son [bell] even though I knew in my gut, I knew it was wrong but the doctors and the schools were convincing me otherwise.

I will not be forced to repeatedly damage and injure him anymore. I will not allow it. My son will never be the same. He will never be normal but we push on. He is currently thriving at a special needs school but this bill will add even more trauma to his life and set him back even further as it will expel him from the one thing actually working.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to ask you to, I, I gave you some extra time.

EMILY MAXFIELD: Sure. I appreciate that.

SENATOR ABRAMS (13TH): I know this is hard for you so, but I need you to wrap it up.

EMILY MAXFIELD: I appreciate that. I will. We can all agree at this point that medical exemptions have a big issue, that they need to be expanded cause my son Tristin should fall under that criteria, so that's a separate issue. Another issue you guys have been addressing as well, giving doctors extra time to give parents that information they need to make an informed choice. But guess what? I still need the religious exemption because there's no way I'm putting my other two kids through the hell that we just went through for the last 13 years.

SENATOR ABRAMS (13TH): Thank you. Hold on one minute. Anybody have questions? Representative Candelora.

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REP. CANDELORA (86TH): Thank you, Madam Chair, and thank you for your testimony. I certainly appreciate everybody, it's a vulnerable time and it's emotional and we do appreciate it. Would you mind sharing, so is your son currently in a public school? What type of setting?

EMILY MAXFIELD: My oldest son, he's in a special needs school.

REP. CANDELORA (86TH): And is that through the district then?

EMILY MAXFIELD: It's an outplacement.

REP. CANDELORA (86TH): Okay. So the school's paying for those services right now?

EMILY MAXFIELD: Yes.

REP. CANDELORA (86TH): Thank you.

EMILY MAXFIELD: Yeah. Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony.

EMILY MAXFIELD: Thank you.

SENATOR ABRAMS (13TH): Next is Brittany Kilburn? Kimberly Wallace?

KIMBERLY WALLACE: Good morning. I'm Kimberly Wallace from Andover, Connecticut. Thank you all for still being here. When I realized that I'd probably be testifying at 3:00, 4:00, 5:00 in the morning I thought I'd be talking to one, not 20, so thank you. It means a lot.

So my name is Kim Wallace and I'm here for both my husband and myself to oppose H.B. 5044. We are proud parents of two successful teenagers here in

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the State of Connecticut. Our 17-year-old daughter is an honor roll student, is a passionate leader in her Lions Service Club, has received state and national recognition for scientific innovation, works a part-time job slinging coffee at Dunkin on the weekends, and looks forward to studying paleontology in college starting at Eastern.

Our 14-year-old son has won two national STEM awards, is a beloved volunteer and passionate volunteer for Special Olympics in Connecticut, is an active rock climber and baseball player and is excited to start at a regional tech school in the fall to focus on electrical engineering, something I definitely cannot homeschool him for.

With their trajectory, these are children who will become vibrant contributors to our Connecticut economy, but H.B. 5044 puts that in jeopardy. We believe that this bill is in clear violation of our religious and constitutional rights. I am going to skip a little part that I think a lot of people have touched upon regarding vaccine failure and its effectiveness rate. I will say that I do believe there is no grave health crisis and I do believe this is just plain discrimination. Fear mongering and hate speech regarding this issue leads to segregation, bullying, and violence. One must only look to the increased hate crimes against the Hasidic community in New York this past year after the state removed religious exemptions to see what damages can occur.

What is the next step after removing healthy children from school? Ban them from public places? Restrict their ability to get a job? Remove their access to healthcare? My children were told to

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leave their pediatrician's practice last August after 14 years of going there. This was devastating to them. It was the only doctor my son had ever known. Our hospital is next. Have we thought about the psychological impact this will have on this group of children? Do we know who will provide special education services to children who have IEP's and who are protected by the Individuals with Disabilities Education Act? Are we prepared to give tax refunds to families that will be barred from accessing public resources that they have paid for? Have we thought about how this will affect state assistance programs if we have an uneducated population who will not be academically prepared to contribute to society? I believe that these are all important questions that we must answer before we move forward.

H.B. 5044 removes constitutional rights from taxpaying families. We oppose it and we ask that you oppose it too. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? Thank you very much for your testimony. Sarah Duran? Alana, oh, Sarah? Great. Alana Doutney? Come on up Sarah, I'm just gonna see while you come up. Welcome.

SARAH DURAN: Good morning everyone. My name is Sarah Duran and I live with my family of four in Stafford Springs, Connecticut. I have two beautiful children, a boy and a girl aged 4 and 2. Currently we are homeschooling. However, we plan to have the option open for our children to choose to if they want to go to school or not as they grow. Passing

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H.B. 5044 would take that opportunity to choose away from my children.

I would like to tell you a little bit about my son, Damon. I chose to vaccinate him from birth until 2 years old. I wanted to continue but his reactions to the vaccines became too frequent and as I learned later, dangerous as well. It started with hives and swelling after almost every injection he got. It turned into inconsolable crying and screaming and not long after, a fever of 105. Our doctors told us this was all normal so we continued except on an even more delayed vaccination schedule. This did not help. After getting the oral rotavirus vaccine, he began having severe stomach issues, trouble going to the bathroom, abnormal stool, and severe pain in his stomach to name a few. I turned to the CDC website and to the vaccine inserts themselves and found out these reactions are indeed not normal. The CDC website indicates a child should not get the DTaP vaccine again if they have a fever of 105 or over or if they scream uncontrollable after getting that shot. The insert to the rotavirus vaccine indicates several stomach issues as side effects of the vaccine including intussusception which can be deadly.

Unfortunately, my child is not the only child with this story. Despite our medically advised decision to stop vaccinating, he is not a threat to anyone. I would also like to remind everyone sitting here today, you cannot give another person an illness that you yourself do not have. If you are wondering how my son is doing now, Damon is still healing. He was recently diagnosed with pancreatic insufficiency which is extremely rare in 4-year-olds. We are working with his pediatrician and specialist and

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have no doubt that my loving, intelligent, and charismatic almost 5-year-old will have a bright future.

I have the choice of homeschooling him and yes, I ask that you do not away the right for him to go to school should he choose. However, I am also here today to ask you to consider that there are more children like my son who cannot be vaccinated due to medical or religious reasons. Some of these children are already choosing to go to school. They have friends and teachers they adore and their parents value the education that they are receiving. Please don't take their rights away. They are not a threat and they do not deserve to be taken out of school. I oppose H.B. 5044 on behalf of all the children who would be greatly affected by this bill, on behalf of my son and his options for the future, and behalf of the parents who are making the best decisions for their children. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? Thank you very much for your testimony. Next is Cora Stover? Avrum Garcia? Isaac Garcia? Dr. Sandi Carbonari? I think we, right, we heard from her earlier. Sarah Winiarski? Mary Damato. We already heard from her I think. This one I cannot read. What do you think it is? Wadolowski's the last name? Mollie Soto? Shanna Keegan? Lonnie Miller? Tricia Robinson? I feel like we're playing bingo here or something. Finally, huh? Welcome. Thank you.

TRICIA ROBINSON: Hello. My name is Tricia Robinson. I'm a parent of two severely immunocompromised children with Lyme and PANS/PANDAS. I oppose legislation to repeal

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religious exemptions. Healthy exempt children are not a public threat to my immunocompromised children.

Thank you for holding this hearing today and allowing me to testify. I'm a graduate from Purdue University with a bachelor of science in chemical engineering and an MBA from Carnegie Melon. I worked for General Electric for 17 years. I served as the PTO President of an award-winning Danbury public school for three years and remain on the board.

As the daughter of a registered nurse, granddaughter of a family doctor, and former employee of GE Healthcare, it seems like most of my life has revolved around the medical world. My daughters have received all required vaccinations so far. This past year, I declined to give them the flu vaccine after conferring with their nurse practitioner who has been treating both of my daughters for Lyme and PANS/PANDAS for the past year. She suggested that we abstain from future flu vaccines due to both my daughters recovering from Lyme. My 11-year-old daughter is required to receive Tdap and her first meningitis vaccine which is believed to make the second shot before college more effective prior to entering 7th grade next school year. So she's currently in 6th grade. Due to her recent recovery, I really do not want to give her either the Tdap or the first meningeal vaccine. The overall risk of meningitis to our general population is extremely low, less than 100,000 cases in the past 15 years, and the population most at risk, college freshman, are already being targeted by the individual school requirements for students living in a dorm. She is not going to be living in



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a college dormitory for many years. I need her immune system to fully recover before I overtax it from vaccines that her body does not need at this time. As a parent and primary caregiver, I believe my primary responsibility is to keep my daughter safe. Giving her any vaccination at this time puts her system at risk. The only avenue I have to prevent my daughter from receiving these vaccines is with a religious exemption. I had inquired about medical exemptions and was told that it's extremely difficult to qualify unless my daughter had cancer or had already suffered from extreme injury due to a vaccination.

My daughter loves her school and she's thriving there. She's on the high honor roll and has a role in the school musical. She wants to remain there. I'd love for her to stay there too but if my right to use religious exemption is removed, I will not be sending her to public school next year. We just cannot take the risk of her body having a negative reaction. I believe in the right to choose, to have or not to have a child. I believe that right includes the choice for vaccination. We considered moving to New York but decided not to do that just to be close to my husband's work because they removed religious exemptions. Thank you for your time today. I appreciate it.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? Thank you very much for your testimony. Next is Melissa L.? Sara Castro? Welcome.

SARA CASTRO: Hi. My name is Sara Castro from Wilton, Connecticut. I'm here to testify in opposition to H.B. 5044. My husband is a Latin

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immigrant to this country and became a citizen of the United States. When he was a young adult living here, he was given a vaccine that nearly killed him. About an hour after the vaccine was administered, he went into anaphylactic shock. A rash broke out all over his body and his face was swollen and disfigured. By the grace of God, he was able to get a shot of epinephrine that saved his life. Before he got that vaccine, his life didn't need saving. He was completely healthy. My husband was injured by a vaccine.

My mother is a healthcare worker and as a requirement of her job, she was forced to get the hep B vaccine series, the Tdap booster, and the varicella series. After receiving those vaccines, she did not test positive for the immunity to any of them. She was required to also get the antibody titer test. She was then given the entire hep B series again and another antibody titer test. After all of this, she still does not show immunity for any of those diseases although it's important to point out that in this titer test, she shows lifelong immunity for the diseases she contracted as a child which are measles, mumps, and rubella. She recovered from those illnesses with zero complications, yet after a total of nine vaccines she was forced to get to keep her employment, her autoimmune disease came out of remission and covered 30 percent of her body in disfiguring scars she will have for the rest of her life. For my mother, vaccines delivered injury, not immunity.

Will you be requiring that every single child who attends public school get an antibody titer test to ensure that they are actually immune to the vaccine preventable diseases? How about every teacher or

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adult volunteer in the public schools? If this bill is passed, all three of my children who I'm here to represent today, and I've stayed up for 24 hours too, all three of my children will be ostracized, discriminated against, and denied their right to an equal public education. All of my children are exceptionally healthy and bright. My children are not walking diseases and they are not a threat to the State of Connecticut, and if you amend this bill to grandfather in those with current religious exemptions, how can you then say my son, who is kindergarten age is suddenly not a threat but my younger two are? That's illogical and that is not a compromise.

Vaccines are not completely safe and effective. [bell] Let's see. We used our relationship with God to obtain a religious exemption and by voting yes on H.B. 5044, you are telling us to turn our back on God and play Russian roulette with our children's health. You are backing us into a corner. You are telling us to choose one right over the other. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee?  
Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair. Thank you for your testimony. I just wanted to bring this out because what we hear so much of, you know, the religious exemptions being abused, it sounds like and we're not here to question the genuineness of anyone's religious beliefs, but it seems as if a lot of times what I'm hearing is that the medical issues back you into the religious.

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SARA CASTRO: Absolutely. That was the last part of my testimony, that we take into consideration our family history in making this decision, but ultimately even with that and the research there are so many questions that go unanswered so we turned to our God and we used prayer and we used fasting to make that decision and that is we absolutely count it as a religious exemption, but yes, there are many factors that go into that.

REP. CANDELORA (86TH): Cause sort of the struggle here, you know parents know their kids. You know sometimes you know I feel like I know my children better than they know themselves so I understand and the anecdotal stories can't be dismissed. You know science can only go so far and I think that's what we're struggling with because to the extent we're looking at expanding the medical exemption to try to capture families like yours if doctors haven't already done that, how are we gonna convince them that families like yours are entitled to a medical exemption given what your family has presented and so I appreciate that testimony cause I think that's part of the struggle with the way this legislation is written. We sort of have two camps that are very, very polarized and somehow we've got to pull them together and have our medical community working with families like yours and I feel like it's going the other way.

SARA CASTRO: Absolutely.

REP. CANDELORA (86TH): Thank you.

SARA CASTRO: Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you for your testimony. Heather

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Strauch? Quinn Russo? Analisa Robertson? Jenn, oh, okay. Jenn Sherriff. Is Finn Sherriff here as well or?

JENN SHERRIFF: No. Waking up for school.

SENATOR ABRAMS (13TH): Okay.

JENN SHERRIFF: Thank you for having me. My name is Jennifer Sheriff. I am a doctor of chiropractic from Fairfield, Connecticut and I am imploring you to vote no to H.B. 5044.

There are many reasons why I oppose this bill. First and foremost being my family's deeply held religious opposition to vaccinations. No law or mandate will change that belief and no amount coercion will force me to inject human and animal DNA into myself or my children.

I don't have a lot to add to the beautiful testimonies that have been said today but I promised my children that I would stay here until I was able to speak for their right to a free education and to their religious freedom. There are many great speakers that we heard from tonight who talked to our constitutional rights to our free education and our religious rights and I'm just going to add a few points of common sense and this is going to the issue of protecting the immunocompromised children that continues to be brought up.

If your true concern is for immunocompromised children and the need to create the theoretical herd immunity, what about all the adults that work in our schools: teachers, administrators, kitchen staff, custodial staff? Are they up to date according to the current CDC schedule? Our children's school has 357 students and 67 full-time adult staff members.

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We have staff members in their 60s and 70s who had only the vaccine they had when they were children, four. Many staff members are in their 40s and 50s when the vaccine schedule was for seven vaccines. If we assume that most, if not all, of the adults are not up to date with the current CDC guidelines, currently 69, then our school rate would fall below 85%. This has been true for years and years.

That herd is not working. Should we require all of those adults to be up to date before excluding the 1 to 2 percent of the children with religious exemptions? Should the 10 percent of people that the CDC recognizes do not create an antibody response be tested to see if they should be in school?

Immunocompromised individuals are warned not to be in contact with individuals who have recently been vaccinated with live virus vaccines, the MMR, varicella, influenza nasal spray. Are you going to ban the children who leave had recent live virus vaccines from school for the 2-6 weeks that these vaccines might shed in order to protect the immunocompromised? [bell]

Why are we wasting our taxpayers' money and our time and energy when no emergency or crisis exists? What are we doing here debating if 1 to 2 percent of our school children pose a threat to the health of our schools when we know based on factual scientific evidence that they do not? Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you for your testimony. Next is William Ennever? Michael Murphy? James Jimenez? Kerry Harrison? Rachel Butova? Sharon Sherwood? Oh, great. Welcome.

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RACHEL BUTOVA: Thank you. I am Rachel Butova, a lifelong resident of the Constitution State. As a parent and a patriot, I oppose the stripping of first amendment rights and the attempt at tyranny made evident by H.B. 5044.

As a practicing Buddhist, I abstain from any product derived off the back of another's oppression, human or animal. This is an uncompromising lifestyle I have lived without exception to the best of my knowledge inspired by my deeply held religious spiritual beliefs with unwavering commitment for 22 years. I want no part in the torture of the billions of animals used in the formulation of and contained within vaccines.

I have abstained from consuming animal flesh or byproducts and I will not inject myself or my children with the DNA of various primates, dogs, cows, and human fetuses just to name a few vaccine ingredients. While my religious beliefs are valid and powerful and protected by the first amendment, they are not led me to become an anti-vaxxer. At first, I didn't even know anything about how vaccines contradict my religious beliefs and practices until I started researching.

The first thing I learned about was the lack of scientific evidence supporting necessity, efficacy, and safety of vaccines. Zero double-blind inert placebo trials, zero studies on the synergistic effect of 72 doses of 16 vaccines over 18 years, 25 years, looking forward to what happens after 50 years, subsequent generations of people who've been injected 72 times. What happens to them? Nobody's looking at it. There's not even one year. Some of the studies don't even go one week.

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In light of all that, you have no usable data so all you have is belief and in the words of the great Del Bigtree, I would like a scientific exemption from everyone's religious belief in vaccines. But I did not come here to convince anyone vaccines are unsafe. I came to ask that you prove that they are safe prior to mandating children be injected 72 times, a number which will certainly increase once the right to decline is stripped.

The burden of proof is on those claiming safety and pushing mandates so if you truly believe that 72 doses of 16 vaccines is really safe, please prove it and provide the study that backs this claim. That's all any of us want to see is that proof of safety before you mandate it. This study has never been done and I dare say it never will be. Therefore, no government in good conscience can remove the essential right to informed consent, mandate an untested liability free pharmaceutical and force citizens to play Russian roulette without becoming a tyrannical monster.

I oppose the removal of religious freedom on which this country was founded and I urge you bring forward a new bill eliminating the need for any exemptions at all for no free people should require special permission to say no to any medical procedure or pharmaceutical product especially an untested liability free pharmaceutical product. And any honest honorable governing body of a free people will always uphold the constitution and defend liberty and if I have, did the bell ring already? Oh, awesome. Ben Franklin, he said that any society that would trade essential liberty for a little security will deserve neither and lose both and there's a lot of wisdom in what he said and we



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really have to stop and think about that when we're talking about taking away first amendment rights.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the Committee? Thank you for your testimony.

RACHEL BUTOVA: Thank you. Thank you guys.

SENATOR ABRAMS (13TH): Next we have Sharon Sherwood. Welcome.

SHARON SHERWOOD: Good morning. Sharon Sherwood, Southington. I oppose H.B. 5044. Thank you everyone for being here. This country was founded on certain principles, freedom of religion being one of them. One of the responsibilities of government is to protect rights, not take them away. In law there is a saying; it is better that ten guilty persons escape than one innocent suffer. This is the message that government and courts must err on the side of innocence. I believe this to be true of religious exemption.

Is it fair to punish those who hold a deeply rooted and a heartfelt religious exemption for a few who may be abusing it and in the absence of true emergency? The argument for removing the religious exemption was in the name of protecting those who were not vaccinated or immunocompromised. But at best, vaccination comes with risk and at worst, may not work the way we think they do so I ask you, how can you play god? How can you ask some to abandon their religious beliefs and even put themselves at risk of injury or death for the sake of another? Who are you to decide that one life is more important than the other?

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We know that vaccines fail in 10 percent of the time to produce antibodies. Even when they do, some are still not immune. Those who do become immune, the immunity wanes and wears off and even if you are active immune, if exposed to the virus you may not show signs of the disease, but the virus can colonize inside of you and you can shed and spread it to others. So in other words, if every single person in the world was vaccinated, there is still no guarantee we can protect the immunocompromised. No man, no doctor, no vaccine, no bill, no policy, no law can ultimately protect anyone. It is up to God, mother nature, and the health of the individual person. You are not God; you don't have much control.

By voting to retain the religious exemption, it takes that responsibility off of you and keeps your responsibility where it should be; protecting rights. Vaccination is a tool that can be used to keep disease away, sure. But it is not the only tool. Parents know this. God knows this. I leave you with three thoughts. If vaccines are so great, why is the USA the most heavily vaccinated in the world but we rank 37th in healthy outcomes? We boast one of the worst infant mortality rates among industrialized nations. Why are 54 percent of our children living with chronic and autoimmune disorders? Two, if you play God and a child is injured or killed by a vaccine, how will you answer to that parent? How will you answer to God? The pharmaceutical companies may be liability free, but are you? Three, are you willing to catch up on the 72 doses comprised of every vaccine on the schedule because that's what you're asking our children to do? [bell] Two more sentences. Are you going to

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take every single vaccine that gets added to the schedule even though it may not be thoroughly tested, contaminated with human and animal DNA and even if it has a high adverse reaction because this is what you're asking our children to do in order to get an education? Please don't play God. Please oppose this bill. Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there any questions? Representative Betts.

REP. BETTS (78TH): Thank you. Thank you for your testimony. I apologize, it's a little hard to concentrate but you were just talking about I think you said 54 percent of babies, could you repeat that again, 54 percent of the babies are?

SHARON SHERWOOD: Fifty-four percent of American children are living with an autoimmune or chronic disorder; 54 percent. The health of our children is supposed to be getting better with vaccination, but it's getting worse.

REP. BETTS (78TH): So what I'd like to ask you is what is the source or where did you get that number from?

SHARON SHERWOOD: I don't have it in front of me but I can certainly get it for you. I believe that was printed by the World Health Organization. It's in multiple places. You can Google it and find it very easily. It's you know WHO data, it's not something that we made up.

REP. BETTS (78TH): Okay. Thank you very much. Thank you, Madam Chair.

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SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you for your testimony.

SHARON SHERWOOD: Thank you.

SENATOR ABRAMS (13TH): Next we have George Wood? Amarilis Sanchez? Eileen Lanati? Carolyn Demasi? I'm sorry, what? No, what's your first name? No, not yet. Nancy Dean? Oh, I'm sorry, I missed Carolyn Demasi. Nancy Dean. Cheryl Hill? Jacob Hill? Anna Horoszczak? No. James Janklewicz? Okay. Keep going. Dawn Carlson, Rick Carlson, Martha Lokaj, Magda, I cannot read that, Fluroyle, Krista Matson, Joan Caggindel, April Little Lavoie, Kelly Proulx? What is it? Proulx? Thank you. Liz Mojica, Chelsea Ambrosetti, Kaitie Ambrosetti, Brandon Nadeau, Dana Robinson, George Trejo, Mindy Fenton, Sean, Dennis Samules, Pazit, is that it? There we go. Thank you, Pazit.

PAZIT EDELMAN: Pazit Edelman from Windsor.

SENATOR ABRAMS (13TH): Welcome.

PAZIT EDELMAN: Well I'm half asleep so I hope I'm going to make sense. I'll try to do it briefly.

SENATOR ABRAMS (13TH): So are we so we'll probably understand you perfectly. Go ahead.

PAZIT EDELMAN: I'm not going to get into my religious aspect, why I'm doing it because it's really no important. We're dealing with kids and we want the best for them and we want to make sure that we're doing the right thing and we do not pose a threat to anybody. So yesterday I printed up a copy from the visiting guidelines of St. Jude Hospital and it says there specifically, some vaccines are

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made from live viruses which can pose a threat to the health of St. Jude patients. Visitors should not enter the hospital if and then they, there is a list of live vaccines that they recommend people who got them recently not to go in. And it's in my testimony so you can have the link. I have additional copies here as well. If you want a hard copy, I have them anyways.

Also, I found a statement on the federal vaccine mandates from Association of American Physicians and Surgeons and they say, immunosuppressed patients might choose isolation in any event because vaccinated people can also possibly transmit measles even if not sick themselves. So they suggest that there is an asymptomatic, forgive my English, I'm just tired and that's the first thing that goes out the window, asymptomatic transmission means like they don't have the symptoms but they can infect someone.

And then there is a whole bunch of articles from PubMed about the pertussis that it becomes like a vaccinated illness because people can carry, vaccinated people who get the pertussis vaccine can keep the germ in their throat and it's contagious, they can be contagious but they don't have symptoms so that's one thing. Also from personal experience, one of my children was immune compromised for a whole year and I was suggested the same things so there is no contradiction. I don't know why those health officials don't mention and they don't consider it a threat to the immunocompromised when it's suggested by hospitals and this American Physicians and Surgeons, they have several thousand members.

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Now the question that rises for me from that, if the health of the children, that's the goal and you're considering this bill which I oppose, are you going to quarantine these kids who are newly vaccinated for about four weeks to six weeks to make sure that they are not posing a threat to the immunocompromised? So that's a question to think about. I mean I think that overall, I had to deal with having an immunocompromised child and it's not easy, but there's so many illnesses there. I was told that even the flu or the common cold could hurt my child so I used common sense. That's all. I didn't try to impose anything on anybody. I dealt with it and we managed.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? Thank you very much for your testimony. I appreciate you being here.

PAZIT EDELMAN: Thank you for staying so long. I fell asleep, I don't know how you keep up. [laughs]

SENATOR ABRAMS (13TH): Next is Daniella Purslow? No. Alicia Makowski? Kelly Roland, Katie Vees, James Thomas, Chelsea Gavin, Chris Croker, oh, there we go. Come on up. Just tell us your name. What's your name?

CHELSEA GAVIN: Chelsea Gavin.

SENATOR ABRAMS (13TH): Okay. Welcome Chelsea.

CHELSEA GAVIN: Thank you. Thank you for staying. I really appreciate having the opportunity to speak here for the first time. I oppose H.B. 5044. I can basically share the same story as all the other parents that I heard over the last day and I have

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three beautiful children currently attending public school.

I will not stand by this bill and teach my children that it is acceptable to segregate and discriminate against any other child or minority of children seeking an education simply because they have different strongly held religious beliefs. We are one nation built out of many people and faiths and we should be extremely proud. We must protect religious freedoms for all. No one should be criticized, persecuted or attacked by individuals or governments either for what he or she believes or doesn't believe about God.

Not all families are fortunate enough to just homeschool, provide individualized educational plans and related services for their children or simply just move to another state. I personally think this bill is bound to inflict social and emotional trauma on families and our communities. I urge you to vote no on H.B. 5044. Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Hold on one second. Does anyone have any questions or comments? Okay. Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for being here.

CHELSEA GAVIN: Thank you.

SENATOR ABRAMS (13TH): Thank you. Let's move on. Chris Crocker, Christine McGinley, Agnes Mroczka, David Oldham, Svetlana I'm not going to even try the last name, Victor Gorshkov, Taylor Shorter, Yashasvi I don't know, Cheryl Martone, Stephanie Crossen, you know what? Why don't we just try this? Raise your hand if you still would like to testify, if you're

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still waiting to testify. [Laughter]. Okay. Would any, we're on number 405. Are you 406? Come on up. Are you Dr. Ryan Kish?

DR. RYAN KISH: I am.

SENATOR ABRAMS (13TH): Great.

DR. RYAN KISH: Thanks for having me.

SENATOR ABRAMS (13TH): Thank you for being here.

DR. RYAN KISH: I am a chiropractor. I work in Brookfield, I live I Southbury. I'm here basically to give a little bit of a further education on some of the comments about vaccinating against food allergies. If you don't know who Charles Richet is, then you probably don't know what I'm gonna say. Charles Richet in 1913 won a Noble award for his work with proteins in the blood and he is the one who actually discovered the phenomenon of anaphylaxis. His original research was named phylaxis. It's a Greek word meaning self-protection. The intention was to help create stronger healthier people, immunity. At the turn of the century that was kind of a big deal. What he found though, what the key statement in his research is that any intact protein that is non-self that gets in your bloodstream will produce sensitivities and allergies. There is kind of a spectrum there as far as the severity of the sensitivity all the way up to what I already referenced was anaphylaxis which we know is pretty bad and it certainly leads to potential death if not serious lifelong alterations in their life and quality of life.

So when I hear earlier on, I believe the initial panel was out here discussing there are no studies that actually make reference to food allergies being



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caused by vaccines. That is wrong. I have one right here. It's the first thing that shows up on Google when you search it so they probably didn't look very hard or they stopped looking a while ago as this study is from 2015. So in 1913 Charles Richet came up with this fundamental law of immunology is that a protein of the blood will cause this sensitivity and reaction and so the question is, how does this affect the vaccine policy? The vaccine policy, as we look at that we'd say well are there proteins in the vaccines and absolutely, yes. The ingredients that are used to create the vaccines are all derived, the large part are derived from animal and plant food sources and as far as like polysorbate 80 doesn't sound like it possibly could, it is and the problem is that their refinement of these products, the agencies charged with having to refine them down to being pure, they admit they can't do that. The actual emitted amount when we talk about like the peanut substrates and the peanut oils is that there's about 3 to 5 percent contamination rate. That means that there is a protein in 3, 4 or 5 formulations of the vaccine out of 100. That means a child or an adult who is going to get that protein introduced to them will have a sensitivity. That is a fundamental law and it may not be anaphylactic, but there is going to be a consequence so when we look at side effects of vaccines, that's something that's never going to be addressed and that's something that exists and we've known that for over 100 years and most of the physicians I talk to when I bring this up don't know because they study small little windows and that was such a long time ago that it's kind of forgotten and it's a shame. I have patients come in my office who have children or they themselves have allergies and

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they kind of ask me I wish we knew what causes food allergies and the answer is we've known for 100 years what the mechanism is that causes it, when it happened to you, the day and what you ate or what you were exposed to. I don't know when it happened to you but we do know how your body becomes sensitized and allergic to things.

And so I just wanted to add that little info to all the stories of other experts that are going to say there are no studies, there is no evidence. There absolutely is.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the Committee? Thank you very much for your testimony. I appreciate it. So we're at 407. Stephanie Lanzano? Cathy Ambrose? Kari Cutler? Jennifer Major? Andre Heyward? Helena McCarthy? Lexi Diamond Fields? Natacha Vanegas? Oh good. Thank you.

NATACHA VANEGAS: Members of the Health Committee, my name is Natacha Vanegas, a Hispanic college-educated woman who will have two girls forced out of school for our religious beliefs. I oppose H.B. 5044.

We appoint legislators as our national voices to make policies that will best serve our country. It is a legislator's duty as a public servant to make policies based on scientific research. He or she must look at the scientific research if he or she is to vote on a bill that mandates a medical procedure. The fear of future outbreak is not a good enough reason for my healthy children and thousands of other healthy children to be segregated and thrown out of school.

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According to the CDC, there are 480,000 preventable deaths in the United States related to smoking. This is a public threat. According to the CDC, there have been zero deaths in the United States from measles since 2003. This is not a public threat. That is one in five people dying from a smoking-related death. Why is smoking not outlawed? Why do my children and I have to be exposed to this when scientific research shows it causes death? Since 2003, there have been unvaccinated children and adults with waning immunity but yet there hasn't been a grand scale outbreak of measles where thousands of deaths have occurred. There have been minor outbreaks and zero deaths.

Since the introduction of vaccination in the early 1800's, parents have questioned its safety. The issue of mandating vaccines for kids in order to enter school is not new. In the late 1800's the smallpox vaccine was mandatory for children. This law was later revoked because parents demanded that the law be changed since mandatory vaccinations did not reduce the incidence of smallpox among school children. What was the best solution to eliminate smallpox? No, it was not vaccination. It was awareness. Isolate those that were sick and sanitize. Simple, right? Mandatory vaccination for children has already been tried. What makes you think it will work now?

Our schools, the only location where unvaccinated children congregate or come in contact with other children, will they have to walk around in a hazmat suit? Denying children of an education paid for by my taxes is wrong. How does this prevent the spread of illness when there's exposure everywhere? Take a glance at the insert of a live vaccine like the MMR.

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This alone will tell you that live vaccines shed. How can one pretend to protect others with a product that is flawed? How can the desired herd immunity be achieved by vaccines that shed?

I can go on about other scientific data and other evidence that shows the flaws in vaccination but I will not. I have done my research. Legislators are obligated to do the same before making a decision on a medical procedure that negatively affects the lives of thousands of children. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Do you have any questions or comments? Committee? Nope? Thank you very much for your testimony.

NATACHA VANEGAS: Thank you.

SENATOR ABRAMS (13TH): We are on 415, it's Brad Hadley? Raymond, before 420? Anybody before 420? Let's do it. Rebekah. Rebekah Farrington? I like your energy, Rebekah. We need that. Thank you.

REBEKAH FARRINGTON: Good morning. I am supposed to press a button I hear everybody say, right?

SENATOR ABRAMS (13TH): Excuse me, you have to turn the other microphone off or else it's hard to hear you.

REBEKAH FARRINGTON: Okay. I am Rebekah Farrington, I am a mother of five children, and I am from Naugatuck. As Dr. Ryan Kish just said, there are severe allergies and my father is an example of someone who has one of those severe allergies. He has been allergic to peanuts his entire life and I have had to face nearly losing him on a number of occasions because of that severe allergy.

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If this bill passes, it would open up the floodgates for new laws and control points to be made in order to erode our freedoms. Consider what happened in Argentina in December 2018. They created a mandatory vaccination law, 22.909 and in order to get or renew a passport or a driver's license or get an ID, you must present a completed vaccination card. Not to mention there could be other things coming down the pipeline like possibly forced sterilization.

You know the CDC makes it no secret that they're actively seeking to increase the number of adults that are vaccinated as well and so what my question is, and the reason for bringing up Argentina at all, is where will this end? If we allow, you know, Americans should not have to claw at loopholes to maintain their freedom to choose. So it wouldn't be fitting that Connecticut be, you know, think with me, South Dakota, House Majority Leader, Lee Qualm has introduced H.B. 1235 and this bill would repeal all medical mandates in the state. God Bless South Dakota! If this bill passes, they will be the first US state to have no vaccine mandates at all joining other governments like the U.K., Japan, and Canada, and uncoerced vaccine decision making. Arizona also introduced a bill to end school vaccine mandates and would be the second state if both bills pass.

America is not like Germany and we don't ever want to become like a Communist nation. Wouldn't it be fitting that Connecticut be the third to end vaccine mandates like South Dakota is doing? Let me just read to you, South Dakota is actually working to criminalize vaccine coercion; 32-22-6 compelling vaccination violation as misdemeanor. It is a class 2 misdemeanor for any board physician or person to

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compel another by the use of physical force to submit to the operation of vaccination with smallpox [bell] or other viruses as class 1 misdemeanor for any educational institution, medical provider or person to compel another to submit to immunization. This is unconstitutional.

SENATOR ABRAMS (13TH): Your time is just up. Is there anything you wanted to say in conclusion?

REBEKAH FARRINGTON: No. Thank you. You guys have a great day.

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SENATOR ABRAMS (13TH): Oh, no, no, wait a minute. You have a question. Representative Comey?

REP. COMEY (102ND): Well you, hello, over here. You mentioned a lot about other states. Is there something that you wanted to say about what's going on here? I mean you mentioned a lot just talking about other states.

REBEKAH FARRINGTON: Well I believe that if you guys, you guys are a big defense to us right now by not legislating, you know by not removing our religious exemption. We need you guys and I'm excited that you guys are all here. This is such a huge blessing and thank you to each and every one of you. I really believe in each one of you and I believe that you're here for our good and I believe that you want what's best for our children and I can see you guys Connecticut go down in history as the third state to just really defend our freedom and to even go further than that, to criminalize those who would seek to take away our freedom that make us claw and grasp at a loophole like a religious exemption which people are being forced to, right? They're being forced to even if they're not religious because they hate what they're seeing, these vaccines are doing to their children and no, they're not medical doctors. They're moms like me. They know their kids the best and they care about them more than anybody could ever claim to care about their kids. Every mom would know that from the bottom of their heart.

REP. COMEY (102ND): Thank you very much.

REBEKAH FARRINGTON: Any other questions?

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SENATOR ABRAMS (13TH): Are there any other questions or comments from the Committee? Thank you very much for your time. I appreciate it. So we are in the 420's. Anybody else in the 420's, have 420 as a number? How about in the 430's? Come on up. Thank you so much. Can you tell us your name, please?

CARLIN HAYES: My name is Carlin Hayes.

SENATOR ABRAMS (13TH): Carlin Hayes. Thank you, Carlin.

CARLIN HAYES: I'm here to oppose HB 5044 and any other attempts to remove exemptions, religious or otherwise, as it pertains to vaccinations. I'm a mom and a college student so this affects my family in a multitude of ways.

It should already be a concern that we have to defend our decisions to decline from a medical procedure of a liability-free consumer product. No should be the only exemption we need. My refusal to consent is the exemption. I am troubled by people claiming that we are taking advantage of religious exemptions as if there are people who do not have the right to use them or a limit to how many people get to practice their religion.

There is also an assertion that these decisions should be left up to the doctors, until they are the ones advocating for medical freedom. This bill would remove, not only our religious freedoms, but also that otherwise protected relationship with our doctors. It would instead force us to either comply with whatever the state and the pharmaceutical companies decide or be exiled. This state is not my doctor. Pharma is not my God.



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We beg you to see who this bill is actively harming. My son lives school and his friends. They are a part of his community. If he is forced to leave he will be devastated but he will know it is not because he is dirty or a global health threat. In fact, he is one of the healthiest kids you'd ever meet and so it seems that the problem isn't that our children are a threat to the public health, but rather a threat to the vaccine program because how could an under vaccinated child be alive, let alone healthy? He knows if he is forced to leave school, and make no mistake it will be by force because coercion is not consent, which apparently needs to be said in the Constitution State in America in 2020, it is because the people who were supposed to protect our rights let him down. He will know that science, our faith, and our bodies are stronger than any corruption that pharma could afford and I assure you he will learn every name and every vote here.

I'm glad that there was attention paid to hep B tonight because that is actually the vaccine that my son was assaulted with. I did not consent to that vaccine being given to him and it was given to him anyway, and he got encephalitis which is a side effects of the measles that everybody's so afraid of. They told me that the reason he was screaming was probably because of my breast milk. I'm attending college for a master's in counseling and unfortunately, following this bill, I may have job security because I don't think you're understanding the generational repercussions of what you're putting into place here. The stress alone from what we're going here, shaking, is enough to inflict pain on generations to come let alone the pain that's been inflicted from the vaccines that have gone

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through the generations already. Like we said, we don't have the science backing up whether or not they've been safe for us so far. So how are you going to protect the generations to come and if anybody wants to ask me about generational trauma, I have no problem explaining how that works and how an unborn child inside a woman experiencing trauma will feel that trauma for generations to come.

SENATOR ABRAMS (13TH): Thank you. You all set? Are there any questions or comments? Thank you so much for your time. I appreciate it.

CARLIN HAYES: Thank you for having me. Thank you all for staying. We do appreciate it and I hope that my passion wasn't misconstrued as disrespect.

SENATOR ABRAMS (13TH): Not at all. Okay. So we're in the 430s. Anyone else in the 430s? All right. 440s? Anyone in the 440s? Okay. 450s? Okay. Come on up. While you're coming up, does everyone know their number? Okay. Good.

L. SCHLOTTER: Hi. My name is Lina Schlotter. I am a resident of West Simsbury and I oppose H.B. 5044. I'm from California and moved to Connecticut directly because of the vaccination laws that were passed in California hoping, and I had no idea this was coming down the pipeline here as well so soon, I've been here two years. And so I fought to try to not have these bills passed in California and unfortunately, that all fell through. We lived there for ten years. I became pregnant there with my son. During my pregnancy my doctor told me to get the flu vaccine. He just told me, you're pregnant, your autoimmune compromised, get the flu vaccine. The doctor did not give me the flu vaccine. His nurse did which is usually the case.

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That night I went blind. I went to emergency and they couldn't figure out what was wrong with me. I lost complete vision in my right eye. It was like a veil went over my eye. They referred me that next morning to an ophthalmologist, a specialist to see me like at 6:00 a.m. He sent me in for an MRI and they saw lesions actually forming in my brain. They couldn't figure out why I was having an autoimmune response so they suggested that I had MS, which is funny because another lady recently here testifying said the same thing with the HPV vaccine.

So I was pregnant. It induced my labor so my son was ten weeks early. I was put in the hospital for a week in labor. It was 11 weeks early. He was born ten weeks early. He had the same autoimmune reaction that I did when he was born they found. He had vision loss in his right eye and one pupil bigger than the other. They kept him in the NICU for 42 days and the day, and I knew my son for 42 days nursing him. He was healthy other than that. He was a calm regular premature baby who just needed to gain weight to be discharged from the NICU. The day he came home, they didn't confer with me, ask my, uh, give me any information. They said he needs a hep B vaccine. I did not plan to have him in daycare, I'm a stay-at-home mother. I've stayed with him his entire life at home. My husband works at a company, was planning to come home, take a shower every day before he interacted with us so my son was essentially going to be incubated at home because he was a preemie. So they gave him a hep B vaccine. He started screaming, stopped nursing [bell] oh, man. I have so much more to say. Anyway, so I was vaccine injured, my son was. They still will not give us a vaccine exemption. They

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did it in California. They will not here. We were kicked out of two offices here. I did keep vaccinating because nobody assumed this was vaccine related, any of it. We later proved it was and I had to file VAERS reports with a vaccine injury reports for it and he still cannot get medically exempt. They found he's allergic to aluminum now. He has two autoimmune diseases. I have an autoimmune disease. It was not MS. I had optic neuritis and so we never consented. There was never consent. There was never information and every time I go to the pediatrician they just kick us out because we won't vaccinate any further.

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you there.

L. SCHLOTTER: I know and that was it so.

SENATOR ABRAMS (13TH): Thank you though. I appreciate it. Hang on a second. Are there any questions or comments from the Committee? Just one second, Senator Anwar? Go ahead.

SENATOR ANWAR (3RD): Thank you so much for your testimony. You had optic neuritis in one eye or then subsequently both?

L. SCHLOTTER: No, it was just the one and I still don't have 100 percent vision corrected in my eye still and my son doesn't either.

SENATOR ANWAR (3RD): And the onset was immediate?

L. SCHLOTTER: It was within hours.

SENATOR ANWAR (3RD): Within an hour. Okay.

L. SCHLOTTER: I went right to emergency, I called my medical line, I have Blue Cross and I called my

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online nurse and she said go, I thought maybe it's something to do with my pregnancy, you know, and I went, they, even when I went to the ER, she said go straight to the ER. You shouldn't have lost your vision just cause you're pregnant and they said well you know maybe MS, you know, you don't have any other presentation. I had no other presentation of anything and they didn't even recognize this was the flu vaccine until they went to go and I kept getting my son vaccinated. They found he had encephalitis with every vaccine. He has polyclonal gammopathy which is a secondary autoimmune reaction to an autoimmune disease which is chronic inflammatory disease, rheumatoid arthritis markers now and I have, so I've been diagnosed with TMR, an autoimmune inflammation so this, I mean it's just not, I was totally healthy. I'm a healthy person. I eat organic, I ate all organic, I nursed for two years. I ground my baby's food. He didn't have a bottle. He never even ate jarred food. It was all organic like there was nothing more I could've done to be a better parent.

SENATOR ANWAR (3RD): Thank you for sharing your experience and thank you for being here.

L. SCHLOTTER: Sure. Thank you so much. It's worth it.

SENATOR ABRAMS (13TH): Any other questions or comments? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair. You had mentioned you had a medical exemption in California?

L. SCHLOTTER: No, they refused it.

REP. CANDELORA (86TH): Oh, in California as well?

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L. SCHLOTTER: Yeah. And then they made it so the doctors can't even give you a medical exemption. There's only the board that can give it.

REP. CANDELORA (86TH): Yeah, I'm familiar with that. I just, I thought you had said you had one.

L. SCHLOTTER: Oh no. I wasn't able to get it. We moved here and I have not been able to get. We've been kicked out of doctors' offices, told the only way that they will give us a medical exemption is if my child has HIV or actively going through chemotherapy and that's the only two reasons.

REP. CANDELORA (86TH): Okay. Thank you.

SENATOR ABRAMS (13TH): Thank you. Representative Hennessy?

REP. HENNESSY (127TH): Thank you, Madam Chair. Thank you for staying all day and all night to testify. Thank you for your enthusiasm, your positive energy and your dedication to this. I know you spent long nights last year in public hearings and here we are again this year and I just wanted to commend you on, and you're not the only one, I mean we've been just seeing dozens and dozens, I guess hundreds of mothers that have testified in the last 24 hours about their love and commitment to their children.

L. SCHLOTTER: Thank you so much. It was my pleasure really and thank you guys for even staying here this long. I mean, California wouldn't do it for their constituents. I'm just so happy at least we're in a state where you'll listen to us.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your time. Okay

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so we're in the 450s. Is there anyone else in the 450s? 460s? Anyone 460? Come on up. You can, if you want to come up together that's fine. I don't know if you had signed up together. Just tell us your names and the name of your child.

REUBEN MANNING: Beautiful, tired, and cranky child.

SENATOR ABRAMS (13TH): They're even cuter that way when they're not yours so.

SERA GADBOIS: My name is Sera Gadbois and I'm from Scotland, Connecticut.

SENATOR ABRAMS (13TH): I'm sorry what was your last name?

SERA GADBOIS: Gadbois.

REUBEN MANNING: 461.

SENATOR ABRAMS (13TH): Oh, 461. Okay. Thank you. Go ahead.

SERA GADBOIS: You guys have heard a lot of testimony. I've heard about record breaking amounts of people that were here today. A lot of people wanted to speak and had to go home. You called a lot of names of people that are not here. I was told by multiple legislators that there have been more emails, more phone calls and more testimony about this here that we're discussing today than contact received last year regarding the state budget in its entirety. I think that means that people care more about this than about where their money goes. I think that's a big deal and maybe if anybody can just try to recall, I know we're all really tired, but try to recall the last time you heard somebody speak in support of this bill. It

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was a long time ago. I think it was around 5:00 p.m.

This isn't necessary. There's no emergency you guys. It's not necessary. We don't need to be here. The Department of Health has a protocol for dealing with outbreaks and they're doing a great job currently. When an outbreak is declared, unvaccinated children, even if they're healthy, cannot go to school until it's over. If this bill passes, those kids will never be allowed back in school. There is no crisis. There is no emergency. You don't enough to strip civil liberties. You don't have it. You don't have it. These kids are not a threat and they should not be segregated. If my four children are denied the right to an education, we will be forced out of this state. I'm a midwife who has helped over 300 families safely have 350 babies at home. I am one of six community midwifery practices here in the state. I will move my business out of state. My husband is self-employed. He's an attorney with a lively law practice. He will move his business out of state. My children will take their college tuition out of state. This is unnecessary. We don't need to be here. We should've all been sleeping last night. Please oppose this bill. This is unnecessary.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? And would you introduce yourself, sir?

REUBEN MANNING: Gladly. My name is Reuben Manning. That's Miriam. I know you'd asked her name so. I want to get that on the record.

SENATOR ABRAMS (13TH): I did. Welcome to Miriam.



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REUBEN MANNING: I too am from Scotland and I'm here to supplement my written testimony in opposition to H.B. 5044. I've heard it said that all politics is local. I'm here to put a face to potential consequences of your choices. I'm a father of four, a loving husband, and an attorney. I'm a native son of Connecticut. I was raised in Chester, graduated from Xavier High School, and attended Duke University and later, Villanova University School of Law.

My roots in this state are deep. I'm one of those Manning's. One of the ones that has held a family reunion on 11 and Town Green for 135 years. I traced my lineage back to the Mayflower so we have a long history of moving in the search of religious freedom. If you pass this bill, I will be forced to move my family and my business and my wife's business out of the state and away from our families. I've worked hard to make a place for myself in this state and was looking forward to finally buying a home. In short, I'm the kind of person you want to keep in your state. Please let me stay here and raise my family in the state that has helped make me the man that I am. Thank you for your time, attention, patience, and perseverance.

SENATOR ABRAMS (13TH): Thank you very much. I just want to point out that Miriam's been very quiet so she's a natural when it comes to testifying at a hearing. [Laughter]. I hope you remember that.

REUBEN MANNING: I think she might be asleep with her eyes open. [Laughter].

SENATOR ABRAMS (13TH): Are there any questions or comments from the Committee? Thank you very much for your testimony.

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REUBEN MANNING: Thank you very much for listening.

SENATOR ABRAMS (13TH): So we are in the 460s. Anyone else in the 460s? No? We'll move to the 470s. Anybody? Come on up. Come on up. Hurry up. 409. She missed her number. Just introduce yourself please.

KARI CUTLER: Yes. My name is Kari Cutler. Thank you for allowing me to testify. I really appreciate that. As a Connecticut resident, I am asking that you vote no on this bill. I am a registered Democrat and would consider myself to be quite liberal. I am a mechanical engineer and a mother. My husband and I have three sons who are being raised with no preconceived notions about gender, race, or sexual orientation. When we exit the toddler stage, we'll begin discussing their obligations as white boys, to stand by women and people of color when an ally is needed.

I believe in an individual's right to express themselves how they see fit and live the lifestyle that they identify with. I believe in a woman's right to choose, both before and after the birth of her child. I believe that all people should be in control of their own medical decisions because no doctor knows my body better than I do. During every visit with our pediatrician, who is pro-vaccines, she asks me what do you think Kari? She's not just doing this to be polite, she truly wants my input. She's aware that I know my children's bodies and behaviors better than she ever will, better than she can glean over the handful of hours she sees them annually. I believe in medical freedom of choice. I choose what foods to put into my children's bodies, what products to use on their skin, hair and

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teeth, what healthy habits to bestow upon them. We talk a lot about healthy eating and we discuss where our food comes from. It baffles me that the state is attempting to remove my right to choose what to inject into their little bodies.

In a free country, people should have the right to make decisions that support their religious and philosophical beliefs. To me, this is no different than people having the right to maintain differing lifestyles, free from prosecution. Freedom is not convenient; it never will be. I'd like to respectfully remind you that your vote today is not about you or your party standing. It is about your obligation to the residents of this state and your obligations to protect our constitutional rights. Thank you for your time and I really appreciate you letting me come and testify.

SENATOR ABRAMS (13TH): Thank you. Just a small correction so that you know. We won't be voting today. Today is just a hearing and when this comes up again for a vote in Committee is to be determined and where it goes from there.

KARI CUTLER: Yes, I understand.

SENATOR ABRAMS (13TH): Okay. Any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): Yes, good morning and thank you for staying all night to testify and for your thoughtful testimony and I just wanted to agree with you that this is not about us up here on the Committee. This is about a person's right to choose, their religious freedom, the public safety of our students and the testimony that we've heard

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tonight really I hope has this Committee seriously thinking about whether this bill should go forward.

KARI CUTLER: Great. Thank you and I appreciate you staying and I will admit that I went home to nurse my baby so.

SENATOR ABRAMS (13TH): Good for you! Any other questions or comments? No? Thank you very much for your testimony. So we were in the 460s. Anyone else in the 460s. How about 470s? That's all we have left. Oh, I'm sorry, I didn't see the second sheet. I apologize. Okay. So let's go back. 470s anyone? 480s? 482? Can anybody beat that? Okay, 482, come on up.

ANDREW ZIEMBA: Hi. My name is Andrew Ziemba from Ridgefield. I'm here to speak in opposition of H.B. 5044. As a father, husband, uncle, and concerned citizen, I'm here today to defend the rights of all the children who don't have a voice or a vote and also all the parents who could not make it here to testify because I know a whole lot of them. You know single parents, people who maybe their spouse did not allow them to come today because they were afraid of being bullied or ostracized by people for what they believe in.

I'm deeply concerned with the aggressive and coercive nature of this bill. While I support the concept and use of vaccines in limited applications, compulsory or coerced vaccination for an ever-growing vaccine schedule under threat of removal from public school is not only tyrannical but blatantly unconstitutional in my opinion. The most frustrating and disappointing aspect of this whole discussion is that for merely presenting this testimony today, a large percentage of our state

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including some in our Connecticut legislature based on comments that I've seen on Facebook, are going to label me an anti-vaxxer, a conspiracy theorist or a whole bunch of other really nasty names for abstaining from so much as simply the flu shot, Gardasil or even the hep B vaccine at birth of a newborn child. This bullying tactic has likely suppressed thousands from submitting written testimony and hundreds more from speaking publicly today for fear of being threatened, abused, harassed or any other repercussions all rooted in ignorance and cruelty.

The good news is that thousands of Connecticut residents turned out to protest this bill. We the people of all ages, religions, races, genders and political affiliations are a united coalition against this attack on our parental rights and bodily autonomy. I've been pleased to meet several Democrats today including some in our legislature who support the religious exemption. The tidal wave of opposition to this bill should be a clear sign to those who would pass this bill through Committee that we will all remember in November.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the Committee? Thank you for your testimony.

ANDREW ZIEMBA: Thank you.

SENATOR ABRAMS (13TH): So we're in the 480s. Come on up. And please state your name for the record. Thank you.

FRANCESCA FELICIANO: Yes. My name is Franchesca Feliciano from Norwalk, Connecticut. I am here to oppose bill H.B. 5044. There is no evidence to show

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that religious exemption is a threat to the public health. I believe in the freedom of choice, the freedom of religion. I am an active member of the Norwalk Methodist Community Church. My personal experience that I've experienced within the last couple of months leads me to believe that this bill will create a breeding ground for intolerance and discrimination which I've personally experienced recently.

My son who is now 2-1/2, we were kicked out of our pediatric office because we asked our doctor to hold off on vaccinations which we had started but then, because of some of the medical experiences that he was having, I had talked to my doctor about waiting. He asked me to do some research. I went, I did some. I didn't like what I was seeing on PubMed, NIH, many other scholarly published articles, and so again, I asked can we please wait and he asked me to sign a form. I signed it and the very next day I was asked to leave the practice.

When I found a new physician, my new physician agreed that vaccinations would do more harm than good based off of the medical experiences my son was having at the time. That was when he was 6 months old. Now, he is still in the healing process of what he was experiencing back then and so my belief is that if I vaccinate my son, I am potentially doing him bodily harm and the right to a healthy life. I believe I should be able to, with my physician, be able to make that decision on our own. Unfortunately, my son is not textbook immunocompromised. I asked my doctor for a medical exemption and she refused because my son is not HIV positive or currently going through chemotherapy. And so I found myself stuck between a rock and a

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hard place where I shouldn't be asked to choose between education which is a fundamental right and his health. Thank you. Oh, and I brought a picture of my Franco and my other son, Anthony who couldn't be here today.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee? No? Thank you very much for your testimony.

FRANCESCA FELICIANO: Thank you for being here. Okay. So anyone else in the 480s? Come on up.

SUSAN MADISON: Sorry, she's going to be munching a little. I'm sorry. [Laughs]. Hi, my name is Susan Madison and this is, you want to tell them your name? Sarah. And I am here to testify about my concerns and my strong opposition to H.B. 5044.

This bill is an infringement upon our constitutional right to exercise religious freedoms and make autonomous decisions for our families that align with those beliefs. My beliefs value life, liberty, and the responsibility to protect and raise my child because God has entrusted me to do so. This proposed bill eliminates those freedoms and is in opposition to my religious stance which is sanctity of life.

I value the freedoms I have in choosing the means and approaches in treating my child medically. To remove this freedom and enforce my child to undergo vaccinations, not even in the face of a medical crisis, is medical tyranny. I take my constitutional right and my religious responsibility seriously. This is an infringement upon those rights and freedoms that this bill is proposing. I request that you oppose this unconstitutional bill.

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You guys have been here all night and I thank you. We have not. I came home and came back so I'm not that awful. I didn't keep her here all night but I just want to say that I appreciate you listening to all of us and I do want to say that you have heard so many testimonies about vaccine injuries. You have heard so many testimonies in opposition to this bill, how it is impacting religious freedoms, how it's a very slippery slope and that, it's just not right. You know government overreach into our medical decisions is an awful thing and it's a scary thing for me. You know I love my daughter and I try to make the best decisions possible. I know her and I love her more than anybody in this room. I stand corrected; not more than God but I am second to that so with that, I thank you for listening to us.



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SENATOR ABRAMS (13TH): I should tell you I know your testimony was very serious and we were listening to you but she is just too adorable so if people were smiling and waving --

BABY MADISON: Mama's having a new baby and it's gonna look like a basketball or a baseball or ice cream cone. [Laughter].

SENATOR ABRAMS (13TH): I'm sorry, could you tell me your first and last name again?

SUSAN MADISON: Susan Madison.

SENATOR ABRAMS (13TH): Thank you so much.

SUSAN MADISON: I think I'm 486 on that list. Thank you.

SENATOR ABRAMS (13TH): Okay. So anybody else in the 480s? 490s? Come on up.

BRANDON HYDE: I don't have a cute child with me so I hope you'll pay as much attention. [Laughter].

SENATOR ABRAMS (13TH): That's okay.

BRANDON HYDE: We'll wave to each other so we can stay awake. My name is Brandon Hyde of Norwich, Connecticut. I'm a 13th generation descendant of a founding father of Connecticut, a business owner, but first and foremost, a proud husband and father. Good morning members of the Public Health Committee. I stand here before you in a unique position as someone who is involved civically in my hometown. I believe strongly in our political system, our form of government, and giving back. I believe that's why many of you chose this path here to serve.

I myself would love the honor of sitting here in your chair someday. I put myself in your shoes and

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I realize you have very important issues before you. Many of the decisions you make affect our way of life. This decision could ultimately affect life itself. As I heard the exemption may be removed, I asked myself how can this happen? The separation of church and state is a founding principle of our country. This is not to be taken lightly. You have a responsibility to protect and serve the people of Connecticut.

First and foremost, you have the responsibility to uphold the Constitution of the United States of America. By removing this religious exemption, you're crossing a fine line and it's a slippery slope. Our forefathers did not want government sitting at our kitchen table. The facts are vaccinations are not perfect science. As I studied this issue deeper, I referred to the CDC's website and many other publications including reports on adverse events, very thick by the way. Some of these vaccines have negative effects including swelling of the brain and spinal cord not to mention death. It is not just the immune compromise that is at risk of these severe effects. More and more research shows certain genetic variances also have a higher potential to be severely affected. I was disappointed earlier to hear the representative say that all he heard today was mostly assumptions. With all the testimony that you've heard over the last 21 hours, hours after, days after, to hear that they are assumptions in his eyes is very disappointing.

I do believe in many years to come, or maybe not many, hopefully sooner rather than later, we will understand this practice of vaccinations and view it as nothing but archaic. The idea behind herd

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immunity can easily be debated. Let's ask ourselves this question; if we have this much faith in these vaccines and an outbreak were to occur, wouldn't those students with the vaccines be fine? If not, then why are we forcing them to have it to begin with? After all, the only students that would be affected in that theory would be the ones that are not vaccinated and that's our legal choice.

I quote Theodore Roosevelt. [bell] "In this country, there must be a complete severance between church and state, that public money shall not be used for the purpose of advancing any particular creed, and therefore, the public schools should be non-sectarian." By removing this exemption, you have excluded certain religious populations from the public right to education.

SENATOR ABRAMS (13TH): Thank you, sir. Are there any questions or comments from the Committee? No? Thank you very much for your time. So we were in the 490s. Anyone else in the 490s. Is there anybody in the 500s? Come on up. Can you tell me what number you were?

DR. ROBIN HOHORST: 515.

SENATOR ABRAMS (13TH): And your name?

DR. ROBIN HOHORST: Robin Hohorst from Easton.

SENATOR ABRAMS (13TH): Thank you.

DR. ROBIN HOHORST: First of all good morning and I thank you all for being here. My name is Dr. Robin Hohorst. I'm from Easton, Connecticut. First and foremost, I am a mother, single parent, and sole provider to my daughter. Second, I am a board certified chiropractor in private practice in this

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state for 35 years. I want to thank you for taking the time to hear all of us out.

I've been to gatherings which were very one-sided and they did not go well. They were nothing but divisive. Yet, having been here since yesterday morning, 24 hours almost, alongside all of you here, I must say this session has been quite different and engaging and I am happy to hear that.

I come before you today to stand for my most important constitutional Right, one so dear to my heart and being, as well as the rights of all who are here today and thousands of others who couldn't be. I too am asking for your support in opposing H.B. 5044. Fortunately for me, at 18 years of age I was chosen to be a part of, and excuse me for being a bit biased, the most wonderful profession ever, chiropractic. This year, chiropractic will be 125 years old. I say chosen because chiropractic saved me from a surgery for a condition that I was diagnosed with that never existed. It changed my life in more ways than one. Chiropractic by hand only complemented my life by honoring my religious beliefs. God the healer within which transcends every bit of my body and being.

Fast forward me to the miracle of conception, God, being the creator, allowing two cells to come together to create a perfectly healthy functioning human being, producing every single chemical, every single hormone, every single antibiotic that the body needed, barring any interference. What be more invasive than that of what gets put into one's body? That being said, knowledge needed to be had and knowledge I did get from mothering and nurturing my child. I chose not to vaccinate. I consider myself

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a grass rooter in the sense of being one of the first to put a case on the books in this state and win in Connecticut back in 1996. When my daughter was 2-1/2 years old, she was healthy, happy, vibrant, thriving. She was at daycare and she was brought to my office. We were driving home. She was picked up in the car and she said mommy, I no baby, I no belong in a crib. She was quarantined in a crib and expelled from daycare because she was not vaccinated.

It was my god given right and obligation to parent her the way I wanted to. I reach out to you for your support today 24 years later right back where I was in 1996. My reason for moving forward in 1996 [bell] was to be assured that no other child or family would be subjected to what we went through. Today this bill as it stands is no different, but worse. We should be more educated, not less. I've been in practice long enough to have generations of families, watching them grow healthy and strong. I've also witnessed some along the way whose lives were permanently changed and I'm not talking for the better. When I started my practice back in 1985, autism was 1 in 10,000. Today, someone, somewhere, autism in 1 in 36 or 1 in 59, whatever you want it to be. That to me is the crisis of today or one thereof the many of today's autoimmune diseases. I ask you to please absorb what you've heard today hoping their spark and interest to continue to educate yourself and allow all of our beautiful children, your children, your grandchildren, anybody, the right to live the life that God intended for them to be, free expression and oppose H.B. 5044. I am proud to say that my daughter continues to excel.

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SENATOR ABRAMS (13TH): I'm sorry but your time's up. I'm going to have to stop you there. Thank you.

DR. ROBIN HOHORST: It's unfortunate. [Crosstalk].

SENATOR ABRAMS (13TH): Any questions or comments from the Committee? Yes, Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. Briefly if you can sum up, what was the law suit?

DR. ROBIN HOHORST: So that no child would ever wind up being expelled from another institution. That was 1996.

REP. MICHEL (146TH): Thank you.

SENATOR ABRAMS (13TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. Thank you, ma'am, for speaking truth to power and you're just one of a legion that have been doing it all day long, but I also would like to thank the Public Health Committee members that are here. It is, I'm kind of new to the Committee and it's an honor to be here with you all at this late hour or early hour. It's an honor to be here and to share this experience with you. You really care about your due diligence to the State of Connecticut and I just want to recognize you. Thank you.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Thank you very much for your testimony.

DR. ROBIN HOHORST: Thank you.

SENATOR ABRAMS (13TH): Is there anyone else who's in the 500s? I know, you'll have to wait a moment, okay? Come on up.

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AMY BAEZ: Good morning. My name is Amy Baez. [cry] I don't have my testimony. I'm not going to read it. I'm just going to speak from the heart. I believe I'm the last, I may be the last mom here to speak. On behalf of many mothers, I was here last night, I was here yesterday with my sister. I left here maybe about 1:00 in the morning when I heard that you stayed. I just want to tell you that I'm very grateful for that. I'm going to start this off with gratitude. I know I only have three minutes. I'm grateful that you stayed and I'm grateful that you're listening but I also want you to know that I did read Section 6 and I sat here and I watched you all. We cannot get exemptions. Don't pass your bill thinking that you have thought it all through because obviously you have not. You have several parents come in here yesterday and make you aware of issues that were not even on the horizon for you.

Section 6 doesn't mean anything to us. You have parent on top of parent tell you that doctors are not giving exemptions and if their nurses give exemptions, the doctors won't sign them. What are we going to do with our kids? Are you gonna put our kids back in the basement? Telling us you're gonna give you alternative places to educate your children. When I grew up, special needs kids were in the basement. I've been an advocate my entire life for my son. He will never again be put in the basement and I would appreciate the respect of eye contact, sir. I appreciate everyone here that allowed people to speak and respected them but don't think that we didn't notice those of you who chastised us and basically disregarded our statements because you think you thought it all through. Well you didn't. We have to fight for our

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kids every day and everywhere and that's why we're here. You're making us fight for their medical freedom, for our religious beliefs. Some of us didn't know what was in those vaccines until after we vaccinated our children. How about that? Why do you think it's okay to overstep? [bell] It's not okay. I oppose this bill.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments from the Committee? Thank you very much. Is there anyone else in the 500s? Okay. Sir, would you please come up? What'd she say? Excuse me? I don't know what she said.

PAUL PESCATELLO: So good morning. My name is Paul Pescatello. I'm Senior Council and Executive Director of the Connecticut Bioscience Growth Council. Thank you all for your patience and discernment.

I'm here today to speak in support of H.B. 5044, AN ACT CONCERNING IMMUNIZATIONS. Ensuring lifesaving immunizations for public school children, the subject of this bill, is an important public policy for at least three reasons. First, immunization saves lives. It is difficult to exaggerate how safe and effective vaccines are. The science, and the data produced by the science are overwhelming in their clarity. Each year, vaccines save nearly six million lives. The basic science and the decades of clinical research surrounding immunizations demonstrate the safety of vaccination.

Immunization's benefits dramatically outweigh the strikingly small risks associated with it. Because of the success of vaccine science, and the public policy that implements that science, we too often



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forget the misery caused by diseases such as measles, mumps, rubella and polio. In a sense, this bill is about not forgetting that grim history. H.B. 5044 is also about honoring and taking advantage of that great scientific and public policy achievement.

Second, immunization prevents long-term disability. People who survive preventable diseases such as measles, mumps, rubella and polio often suffer lifelong and life-diminishing complications. Most of us have seen the photos of polio victims living out their lives inside iron lungs or making their way through life in wheelchairs or weighted down, literally and figuratively, with immense metal braces. But too many of us are unaware, for example, of the children who cope with --

SENATOR ABRAMS (13TH): I'm sorry, I'm going to have to stop you for one minute, okay? Excuse me, ma'am? I need you to move over to the audience part and not to address any speakers. Thank you. Sorry for the interruption.

PAUL PESCATELLO: Sure. Too many of us are unaware, for example, of the children who cope with cognitive impairment for the rest of their lives as a result of brain swelling (encephalitis) caused by a measles infection. Since 2000, because of vaccination, more than 20 million children worldwide have avoided death from measles.

Third, immunization protects the most vulnerable among us, those who for medical reasons cannot be vaccinated or for whom vaccination is not effective. Who makes up this population? Those undergoing cancer treatment, people infected with HIV, organ transplant recipients and the aged. That

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immunization saves the lives of the unvaccinated may sound counterintuitive, but the science makes sense, common sense. If enough people in a community are immunized, disease cannot take hold within the community. Those who cannot be vaccinated or for whom vaccination is not effective are nevertheless protected through the immunity of those who can be and are vaccinated.

This community or herd immunity only works, [bell], I'm almost done, only works, however, if 95 percent or more of the community is vaccinated. Unfortunately, there are now 134 Connecticut schools with a student population below this 95 percent threshold. Not following the science and sound public policy behind public school vaccination is not about being free to choose because my choice does no harm to others. Not being vaccinated is harmful. It undermines community-wide or herd immunity and puts at risk those who can't be vaccinated for medical reasons.

H.B. 5044 is about safe schools, healthy workplaces and following evidence-based science. We encourage you to endorse it and for the General Assembly to pass it. Thank you so much for your time and I'd be happy to answer any questions you might have.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the Committee?  
Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair and thank you, Paul, for your testimony. You know one thing that we've heard a lot for the last 21 hours and we've heard it over the last couple of weeks is protecting the autoimmune children in the school systems. I know you didn't mention that in your

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list of the different -- how, where, what's your position on that segment of population? Should they be protected and afforded a medical exemption?

PAUL PESCATELLO: Most likely, yeah, if they can find a medical doctor who would provide it which I think would be most likely.

REP. CANDELORA (86TH): And I think that's one of the struggles I have right now because it seems as if we're polarized where we're saying it around the building, we need to protect the autoimmune deficient children, but we're hearing so much testimony that doctors are unwilling to provide that and under the CDC Guidelines which you enumerated seem to be more restrictive from, how does a state open that up when the feds have one standard, how do we create that public policy to afford that because you know doctors still have the discretion? Can that be done legislatively?

PAUL PESCATELLO: I think we have a deep bench of medical expertise in Connecticut so I think that, I'm not a medical doctor but I think patients can avail themselves of that deep bench and you know find the necessary medical advice in order to get that medical exemption if in fact they need it.

REP. CANDELORA (86TH): Okay. Thank you.

SENATOR ABRAMS (13TH): Representative Michel. No? Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. So I'm pretty sure that all the people that voted against this bill are like representing themselves. I'm wondering, do you represent pharmaceutical companies or have you ever worked for the pharmaceutical companies?

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PAUL PESCATELLO: So the Connecticut Bioscience Growth Council is a Committee of the CBIA for biotech companies and biopharma companies as well as patient groups.

REP. HENNESSY (127TH): So you earn an income in some way from big pharma.

PAUL PESCATELLO: It's a business organization with dues paying membership.

REP. HENNESSY (127TH): Okay. Thank you.

SENATOR ABRAMS (13TH): Okay. Any other questions or comments? Yes, Representative McCarty. I'm just gonna caution everyone, I think we've done a really good job over a really long period of time of being respectful to all speakers so I'm just gonna ask as we finish up today that we continue down that road and that means let's not make any verbal comments to anybody or, so let's just finish up the way that we've run this hearing the entire time.

REP. MCCARTY (38TH): Thank you very much, Madam Chair. I just have a very quick question. So tonight we've discussed throughout the evening, for 22 hours or so, herd immunity and we came to the percentage and I'm just trying to get a grasp because we're all interested in the safety of our children so could you direct me to where we would find, how do we determine what is a safe immunity? We're hearing the 95 percent tile. Connecticut is still over that right now? We're at 96 percent. Some of the schools have dropped below that but just if you could comment where that research came from?

PAUL PESCATELLO: Certainly. The Department of Public Health and I'd be happy to provide that to the Committee.

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REP. MCCARTY (38TH): If you would.

PAUL PESCATELLO: I will.

REP. MCCARTY (38TH): Thank you.

SENATOR ABRAMS (13TH): Thank you. Any other questions or comments? Sure. Representative Kennedy.

REP. KENNEDY (119TH): Thank you, Madam Chair. I just kind of have a dumb question. I couldn't hear you in the beginning. Could you just restate your name please sir and your? Thank you.

PAUL PESCATELLO: Sure. Paul Pescatello, Senior Council and Executive Director of the Connecticut Bioscience Growth Council.

REP. KENNEDY (119TH): Okay. Thank you very much, sir. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony.

PAUL PESCATELLO: Thank you.

SENATOR ABRAMS (13TH): I think we've come to the end. I just want to say that I am very grateful for all of you for staying here. I'm so proud to serve on this Committee because of your dedication and your passion and I really do appreciate the respect with which everyone conducted themselves today. We have a meeting of the Public Health Committee on Friday, February 21, at 10:30 in Room 2D in LOB. It is our last meeting to raise concept so otherwise, we might consider taking the day off but we really can't so I appreciate you all being there.

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PUBLIC HEALTH COMMITTEE

10:30 a.m.

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REP. STEINBERG (136TH): And we can guarantee it  
will be shorter than this public hearing.  
[laughter].