Testimony in Support of LD 1616:
An Act To Establish The Vaccine Consumer Protection Program
Richard Atlee, of Southwest Harbor

Senator Gratwick, Representative Hymanson and distinguished members of the Committee on Health and Human Services,

One of the most serious problems of a legislative sort facing the health of our country is a denial of the existence and/or significance of injury by — and failure of — vaccines. This denial of safety issues has manifested itself in the passage of one-size-fits-all vaccine mandates, previously in Mississippi, West Virginia, and California, and pending or recently passed in Washington, Oregon, Colorado, and here.

The bill before you, LD 1616, acknowledges those safety issues, described below — issues that are ignored or downplayed in the mandate atmosphere of denial — and does an excellent job of addressing them.

Federally-acknowledged damages through the National Vaccine Injury Compensation Program have totaled ***$4 billion so far***, with ***$110 million in the last quarter alone***. This, despite the fact that only about a third of claims are successful, and a huge sector — autism — has been arbitrarily excluded due to fraudulent statements by Department of Justice attorneys in the 2007 Omnibus Autism Proceeding.

The CDC's Vaccine Adverse Event Reporting System (VAERS) collects reports of adverse events from doctors and patients. The CDC cautions on use of the data to imply causation. However, a large proportion of doctors and virtually all patients are unaware of VAERS' existence, resulting in what a CDC-funded study found to be a ***99% underreporting rate***. Where there is as much potential smoke as what 99-times VAERS numbers shows, there's very likely a fire. The following data was extracted using the VAERS query tool, WONDER:

Event Category	2017	2018
Death	120	165
Life Threatening	347	384
Permanent Disability	566	849
Congenital Anomaly / Birth Defect	11	14
Hospitalized	1,176	1,984
Existing Hospitalization Prolonged	21	12
Emergency Room / Office Visit	3,698	804
Emergency Room	1,906	4,180
Office Visit	6,056	13,122
None of the above	40,189	52,966

Further, since the FDA categorizes vaccines as "biologics" rather than "drugs," no vaccine has gone through the "gold standard" safety testing protocol required by the FDA for drugs. There has ***never been a long-term, double-blind, inert-placebo-controlled (i.e., saline) safety test*** of a vaccine. The tests last only days to a few weeks, and the "placebos" are other vaccines or vaccine

components. Combined with the pharmaceutical industry's ***total immunity from liability*** for damages, the ***immense financial incentives*** in getting vaccines on the CDC schedule, and its ***undue influence over regulatory agencies***, there is little incentive for the care and expense required for insuring vaccines safety.

Last year, HHS was forced to admit that it had ***done none of the vaccine safety monitoring and improvement and reporting to Congress*** that was required of it when pharmaceutical liability was removed three decades ago.

In this atmosphere, ***there is no guarantee of even nominal safety of vaccines***. Every vaccine has a different safety/efficacy profile, and every vaccine recipient has a different genetic/metabolic/nutritional/health profile that will affect his/her reaction to a vaccine.

Vaccine mandates such as LD 798's force the recipient to choose between the potential high-cost risks of vaccination and the loss of public services. Making this choice depends on a thorough evaluation of the vaccine/recipient profiles by both the recipient and his/her healthcare provider (hopefully trained in this field). This cannot be accomplished without the ready provision to the recipient of relevant safety information that is independent of both direct and indirect pharmaceutical industry influence.

LD 1616 does a thorough and excellent job of promoting all of this.

I think it is clear that the bill's §1081's paragraphs 1, 2 and 4 are not practicable at this time. Removing them until some future time when they are more achievable will not damage the bill's tremendous benefit. LD 1616 is essential to the welfare of Maine residents, whether or not the LD 798 mandate is passed.

Thank you.

[also available at https://dickatlee.com/vaccines/maine/atlee_ld1616_testimony.pdf]