

181218_0004 (Lanai)

Gino Mereg: The purpose of today's public hearing is to take an oral testimony regarding rules changing. We are here only to take testimony and not to make decisions regarding the proposed rules change. We will not be taking questions. If your plan is to make oral testimony or comment on the testimony of others, please be sure that you state and spell your name for the record. How many people here intends to present oral testimony? Okay. Okay. Depending on the number of the people testifying the time allotted for each testifier maybe limited to two minutes. Usually, we have a lot of people testifying, so we may extend it to five minutes, okay. And we're not sure how many people are going to walk in during the testimony.

When your time is called you will be asked to conclude your testimony, okay. If you have signed in to testify, when I call your name please approach the podium or come to the front her and state and spell your name for the record. You may present your testimony or stand and then read the testimony submitted. Please note that prior submitted written testimonies are already on the record and we'll be taken into account. Therefore, if you're trying to testify what you had submitted please speak only to the high [0:01:22 inaudible] testimony. If you have not signed up to testify and wish to do so, you will be allowed to testify after the testimony has concluded for those who have signed up.

Persons who are not able to attend the public hearing may submit written testimony to the Department of Health by mail at the Disease Outbreak Control Division, 1250 Punchbowl Street, Room 443, Honolulu, Hawaii 96813 or by email at immunization@doh.hawaii.gov. All testimony shall be received no later than Thursday, December 27th, 2018 at 12 PM noon Hawaii Standard Time. Are there any questions regarding what I just covered?

Female: How is the testimony that we're giving going to be presented to the board that actually does make decisions and when will it be public so we can have access to see however it does in the transcript?

Gino Mereg: I can only answer the first part and that is we record the testimony and that goes to the people who are making decisions on the rule.

Female: In this form, they're recording itself?

Gino Mereg: They're recording itself. We have it -- we do have it transcribed.

Female: Okay. And it's available for public record, correct?

Gino Mereg: I have a question about that, public records for the access?

Male: We will be providing [0:02:56 inaudible].

Female: Can we know where we can access it and what timeframe that will be available in?

Male: That's not been decided yet. [0:03:02 inaudible] hearing.

Female: Okay. I understand. Who can I contact directly to find out that information [0:03:10 inaudible].

Male: The Department of Immunization..

Female: And who within that branch will be responsible for providing the public testimony part of it?

Male: I'm sorry?

Female: Who in that branch is responsible for presenting the testimony on public relations that we can view it?

Male: Just contact the immunization branch.

Female: There's not one specific person?

Male: No.

Female: The head of the department is, his name is?

Male: Dr. Bruce Anderson.

Female: Dr. Bruce Anderson. I have his phone number. Thank you.

Gino Mereg: Okay. Are there any more questions?

Female: My [0:03:51 inaudible] are not being filmed?

Gino Mereg: We don't need to film public hearings.

Female: The one on that film, that film --

Gino Mereg: It wasn't filmed by department.

Female: There was a department camera I believe not just our own cameras, those are very public for me.

Male: [0:04:08 inaudible]

Female: Oh, that one, yeah. Those ones, oh, okay, so just back and forth and they can have [0:04:14 inaudible], okay.

Gino Mereg: You could give me one physical [0:04:16 inaudible] since Maui as part of the multi part of the [0:04:20 inaudible].

Female: Multi part of the State of Lanai but [0:04:21 inaudible] Molokai who were included in Maui.

Gino Mereg: And I did not have [0:04:26 inaudible].

Female: That's right. Okay, got it, cool. Thank you.

Gino Mereg: Any more questions?

Female: If more than five [0:04:35 inaudible] goes by and there's no other speakers, we have the room until 3:00 PM so we can continue to give testimony on record [0:04:41 inaudible] five minutes?

Gino Mereg: Sure, we can have that. But what if we have additional testifiers, then we have to allot the time.

Female: Yes, I will give my appropriate five minutes and then read until the very end to speak again. Thank you.

Gino Mereg: All right, any more questions? Okay. Let the record reflect that today is Tuesday, December 18th, 2018 and the time is 1:06. We are on the Island of Lanai at the Lanai Public and School Library, 555 Fraser Avenue, Lanai City, Hawaii, Small Conference Room.

Female: Can you please spell your name one more time so that I have your name by the record.

Gino Mereg: My name? Gino, G-I-N-O; Mereg, M-E-R-E-G.

Female: Thank you.

Gino Mereg: Okay. This is the Department of Health State of Hawaii Public Hearing for Document number R-157-18-07, Title 11, Chapter 157 Examination and Immunization establishes immunization requirements and immunization and examination requirements for school, post-secondary school, and child care facility attendance in the State of Hawaii and provides for the immunization of indigents and other high-risk individuals.

The proposed amendments update and clarify the immunization and examination requirements for school, post-secondary school, and child care

facility attendance in Hawaii. For example, unneeded definitions are deleted, other definitions are amended and new definitions are added, tuberculosis requirements are amended, exemptions are amended, physical examinations, provisional attendance and exclusion provisions are amended, reporting and records provisions are, and suspension, revocation and exclusion provisions are amended. So, may I call Barbara Barry to be the first testifier.

Barbara Barry: I'm Barbara Barry. I am [0:06:39 inaudible] so I vote on that but I'm [0:06:41 inaudible].

Gino Mereg: Okay.

Barbara Barry: Thank you. I have submitted my testimony.

Gino Mereg: Thank you. Dr. Jennifer Dustow.

Jennifer Dustow: Aloha. Dr. Jennifer Dustow.

Female: [0:06:55 inaudible]

Jennifer Dustow: Okay. So Dustow, D-U-S-T-O-W, Dr. Jennifer. My testimony is in two parts, one is there is not enough research that has been conducted on vaccination in regards to -- if the side effects of -- what is [0:07:20 inaudible]. So, with the immunization, [0:07:37 inaudible] the ones that they are proposing, there is research that's out there that shows that the ability for females to get pregnant due to the side effects, so there needs to be more research that should be done in that. With everything that I have is I am the board of directress for a private pre-school that's non-profit and I specialize on autism, and my clients now is worldwide. So, I don't have a typical pre-school, so they can go from Monday to Friday and they can go all day. So, how it works is if they have special behaviors, then what they do is they submit an application to my board, we used to have them and it's a process. And they come through the facility that I have on -- excuse me. It's so nerve-racking, like, I'm just like all in [0:08:33 inaudible] is shaking.

Female: No, no, no, it's all good.

Jennifer Dustow: It's crazy.

Female: No, it's okay. [0:08:39 inaudible]

Jennifer Dustow: I'm supposed to be doing that right now. So what it is -- so when they send an application to my non-profit, we look over their needs and also the clearing team and so a lot of times they'll stay in Maui because the [0:08:56 inaudible] season and the children will attend my pre-school. We work on specific needs to build on a team and we create a behavioral path and then they lead. So,

their immunization records are different throughout the world and the requirements. And this is going to influence my pre-school because now they're going to be required [0:09:21 inaudible] covered sensitive means with it. And so, that is going to directly impact my bylaws and also other parenting affects my program. So, the pre-school program that I have was one of the initial ones that -- the ones from the mainland [0:09:43 inaudible] and my curriculum permanently still [0:09:46 inaudible] you can give in to several other pre-school program because it helps and it works.

So, by doing what they're doing right now with immunization, it's going to directly impact my privileges and also my team that I put together for each group as, you know, the old team, the speech and all of them can impact them. And I think I miss anything? Oh, my heart, my heart is in [0:10:15 inaudible] right now. And I guess, that's the end of my testimony. So, two parts, one is there needs to be more research done in this especially [0:10:24 inaudible] on females and then the other part is the immunization requirement and how it's going to impact my client's health that they're going to be coming around the world and that's what I have right now, so.

Gino Mereg: Okay.

Jennifer Dustow: Did I miss anything?

Female: I don't think so.

Female: Who are you? Are you a doctor?

Jennifer Dustow: Yes, I'm a doctor that's very nervous right now.

Female: How long have you been a doctor?

Jennifer Dustow: How long have I been a doctor, since 2007?

Female: So have you worked with -- have you -- can you -- have you worked with vaccine injury?

Jennifer Dustow: Yeah.

Female: Have you seen vaccine injury? Have you seen -- how much have you seen throughout your work?

Jennifer Dustow: A lot.

[Overlapping]

Jennifer Dustow: Okay. Because that's the conversation that I don't want to participate in, what I want to participate is in the solution. I don't want to participate in the arguments all these years because it wastes my energy and my energy is more designed with the kids and in getting the services that they need, getting what they need so they can be successful. And so, for me, I participate on this side of the conversation and the reason why I'm testifying today is because it's going to influence my ability to reach, be found and [0:11:50 inaudible]. More research on autism is still the biggest research in the world. Since 27, I [0:11:56 inaudible]. So, I want to talk about [0:11:59 inaudible].

Female: So you're opposing? I never heard you say if you were opposing.

Jennifer Dustow: I'm opposing.

Female: Okay.

Jennifer Dustow: [0:12:08 inaudible]

Female: Yeah, you need to say that, I opposed. It's hard for everyone to see that [0:12:12 inaudible].

Jennifer Dustow: I'm opposing. Okay. Is that it?

Gino Mereg: Thank you, thank you, [0:12:15 inaudible]. Okay. We have Chava?

Chava Vashevsky: Chava.

Gino Mereg: Chava.

Chava Vashevsky: Hi.

Gino Mereg: Hi.

Chava Vashevsky: Thank you. Hi, my name is Chava, so it's C-H-A-V-A. I'm using my real name right now because my identity and my personal breakthrough are important to me and I don't think I have [0:12:43 inaudible] saying any of them.

Gino Mereg: Can you spell your last name for the record?

Chava Vashevsky: Vashevsky, V-A-S-H-E, V as in Victor, S-K-Y.

Gino Mereg: Okay, thank you.

Chava Vashevsky: You're very welcome. I am here today because I testified on Maui and a different moderator was there but he [0:12:59 inaudible] after my testimony

that we all referenced scientific evidence but not a lot of them have been brought and put down on record as official testimony.

So, let's get started. This is the severity. These are all at the very top here. I have **met** all definitely peer reviewed articles. This is about -- I don't know, 50, 40, 30 pages of peer reviewed articles that I'd like to submit via testimony. I'll be emailing them as well for further consideration. But the thing that I would like to start out with first and foremost is the actual article insert that I very strongly opposed HAR 11-157 because I believe it is against our civil liberties and individuals should be able to have the choice on whether we choose to vaccinate our children, not having been mandated in order to attend **[0:13:53 inaudible]** right now with the national law I think if I'm not mistaken, instead we have to provide our kids with an education in the country.

So, the insert itself, I don't know if anyone is aware that aluminum is a testing that they **[0:14:06 inaudible]** this is the insert, they didn't have it from creating for themselves from -- what was it -- I'm sorry, it's a digital format those article **[0:14:15 inaudible]** and you guys have access to that, I'm sorry. The very first thing is that they want to mandate HPV vaccine in school starting from your nine-year-olds. Now, these highlight do not include information needed to use the Gardasil 9 **[0:14:31 inaudible]** for these people prescribing information for Gardasil 9. There are lot of various scientific information in **[0:14:37 inaudible]** understand it all. I wonder if the nurse is going to send this home and have the parents read over this have access to this.

And for those very bad case of the insert, it continues to say vaccination does not eliminate the necessity four months ago under recommended cervical screening recipients of Gardasil 9, blah, blah, blah, blah. Anyway, you guys can read it but it also says to report any adverse reactions to healthcare providers, so on and so forth. I wonder if this information is going to be given to the parents or if it's going to be **[0:15:10 inaudible]** a consent form prior to them receiving this vaccination in school. I believe this is something the doctors should discuss with their patient prior to the choice that the patients have to make whether they want this vaccination or not.

I personally do not believe that the Gardasil vaccine is even necessary given the statistical numbers. The reason I am saying this is because this is an opening statement to another testimony given, but let's see, in safety studies only 1200 girls under 16 years of age participated even though the target age - - even though this is a target age for the vaccine. So, if you look at the Gardasil study itself, there's about 15,000 participants who were studied overall out of those groups, boys and girls, as well as different age group that's targeted if you break it on 1200 people. This is tested on 1200 people and it's being mandated to everyone. Furthermore, if you look at the package inserts, there is breakdown. Most of the tests were done on mostly white group. I'm sorry but in Hawaii were not mostly white.

We also know that in a clinical trial by Merck, the makers of Gardasil, participants recorded serious adverse event after taking the Gardasil -- 1 in 40 participants reported serious after taking the Gardasil HPV vaccine. In addition, 3.3%, 1 in 30 also reported autoimmune condition. I don't think it's been studied enough. I don't think that the adverse effects are reported in the actual insert. Does your daughter needs the HPV vaccine? Another scientific article by a doctor, MD, there is an average of 9,710 new diagnosis' of cervical cancer and 3,700 deaths from the disease in the United States this year. According to the CDC, of these new cases 70% are related to HPV. That's about 6,797 cases per year. Over 14 types of this year associated with cervical cancer. Gardasil protects against the HPV strains that are -- implicated about 90% of cervical cancer is not 100%.

That furthermore reduces the number of cases of cervical cancer that might potentially be prevented with a vaccine, so just under 6,200. And the vast majority of these cases could be prevented with improved nutrition, safe sex as many doctors are pointing out. HPV clears itself naturally usually within six months to a year, which is this article is trying to take the importance of receiving through this vaccine a lot of times. And it goes on to say, regardless, if there were 102 adverse events and 21,540 women and children who refused the vaccine, there's aluminum containing placebo. By the way, in their study their placebo contains an aluminum adjuvant, it's not a placebo in my opinion.

This translates to 474 adverse events for 1 million people getting vaccinated. And conservatively speaking that 40,220; 474 times 30 million, which is the recommendation from the CDC. Adverse events excited as you're given the vaccine as recommended to about 30 million women and girls, the approximate number of people in the target market for Gardasil. Is it worth it to make 14,220 girls and women sick in order to possibly prevent 6,200 cases of HPV related cervical cancer? In Hawaii, the rate is 1.8% for death from cervical cancer, 1.8%. This is on record [0:18:49 inaudible]. 1.8%, that's 18 out of a 100,000 people could suffer death due to cervical cancer. It's not an epidemic. We don't need to mandate vaccine for this. If you want to do it, that's your choice, do it in your doctor's office.

The Gardasil vaccine has way more adverse vaccination risks and I'll get to that next, but these developers of HPV vaccine comes to you one-tenths in young girls and [0:19:21 inaudible] we can prove that one. This is peer review medical adverse event following HPV vaccination. This is reviewed medical, a case central study of quadruple in human papillomavirus vaccine associated with autoimmune adverse events. Here is another one from the Journal of Investigative Medicine, adolescent premature ovarian insufficiency following human papillomavirus vaccination. Administration of aluminum with no neonatal mice -- with neonatal mice and vaccine relevant account is

also proceeded with adverse long term neurological absence of placebo I was talking to you about.

This is prepared [0:19:59 inaudible] when people report vaccine injuries. If we look at the various reports, anybody can pull these themselves. Events reported today are inaccurate HPV vaccines through October 14th, 2018, very recent. How many deaths? 330. How many did not recover? 11,042. How many had an abnormal pap smear? 660. Cervical dysplasia? 360. Cervical cancer? 142. How many had life threatening injuries? 860 females. Emergency room visits, 13,653 females. Hospital visits, 5,597 females.

This, every single one of these numbers and from there, that's all the death associated with Gardasil. Every single one of these numbers is a death associated with Gardasil. This is what their report looks like when you click on one of those numbers, because every child this is -- I'm so, so, so sorry. I'm sorry, one more case. The patient is 22, she's vaccinated 5/21/ 2007, she's an onset 5/23/2007. She died 5/23/2007 [0:21:20 inaudible] onset day who got few days. How can you feel comfortable with yourself mandating this in school? If you do, if you guys have this, what is on your hands? You've had mandated Gardasil before, guess what, a few years later they pulled it, why, because of all the adverse effects that they were experiencing among women. How many people do we have [0:21:41 inaudible] in these islands? And how much of that population was put into the Gardasil studies that showed their effect to -- and create vaccine in quotation mark in their own studies, less than 20%. So, we have more than 20% Asians on Hawaii? I don't know. I think we do have.

Let's see, CDC was so worried. So, this is the fun part. This is where I'm really going with this. I'm reading this to you. I will go back to law school if you guys do this out, will figure this out. I'm actually already betting on it. I will post you all personally responsibly accountable one by one until this is going to change. We have recently shown in the court of law these recorded cases in New York that the result of the lawsuit is that is that HSS had to finally and sulkingly admit they never not even one submitted a single bi-annual report to Congress [0:22:36 inaudible] the improvements in vaccine safety. This speaks the volume of the seriousness by which vaccines [0:22:42 inaudible] treated at HSS and threatened and heightened the concern that HSS does have a clue as to the actual safety -- good morning momma -- to the actual safety profile of the now 29 [0:22:56 inaudible] growing of vaccines given by the age of one.

Regrettably, HSS has showed its focus on its obligation to increase vaccine up to -- and defend against anything vaccines formed in the national. This is a lawsuit. This is a great lawsuit. It is super fun to read. Do you know how many of these are out there? This is a baby who died from [0:23:16 inaudible] vaccines and are compensated for this. It's happening. We're ready to

[0:23:23 inaudible]. This, I will pass out to all of the parents. This is another reason why I feel like [0:23:29 inaudible] reviews are [0:23:31 inaudible] right now. The forms that we want -- the forms that they want now, you have religious exemptions all along. Now, they want you to put your religious exemption on the form that they have created that's going to not only be tracked by your school, but your school would have to take those records if you have a religious exemption and submit them to the Department of Health.

Now, let me ask a theoretical question. If I don't know my kid's biology homework really well, can I schedule an appointment with my doctor for a [0:24:06 inaudible] visit and have the doctor kind of explain their biology homework to them? And then one of the lessons [0:24:11 inaudible] a little bit, can I come in three months later for a booster? You know, not everything sits around all the time. You need more help to keep your grades up. No. If I was a parent that kept coming in to my doctor's office and asking them, "Hey, can you help me with my homework?" They're not going to take me seriously, right? She's at the doctor's office's work is in the doctor's office and education of our kids in the school.

If you want [0:24:38 inaudible] common spaces or if you could be [0:24:39 inaudible] that the doctor releases that this child is safe to go to school. That's the only thing the school needs to know. You do not have access to my personal record of whether I have not vaccinated or not and I will not let you keep a record of my children's vaccination. So, this right here is actually an article I would like to pass it on to the parents and everything [0:24:58 inaudible] for testimony. What can happen from that little form who's actually said one. And last but not least, why, why, how much money did pediatricians really make from vaccine? There's motive and there's a crime and I'm going to go after you as well and I submitted this testimony on record. And but this, this is just the beginning because, you know, I only have three to five minutes. I can keep going with thousands of cases which will be in some of your email [0:25:29 inaudible].

Gino Merger: Can you [0:25:30 inaudible]?

Chava Vashevsky: Oh, yeah. There's plenty of records [0:25:32 inaudible] my own. And please I would love to see the actual process of how this is reviewed because I do not believe that the board is going to take all of this seriously and look through every single one of this article. So, I would like to know some kind of proof because they're not here that my testimony is actually being heard by these board members. And once again, if it's just a proof and we find out later somehow that adequate review was not done, that they were not here behind us, they did not have a -- I will figure out and get people on board and start looking into legal action for our safety. That's my testimony for now.

I have about a 30-minute video I would like to say about aluminum adjuvant which I don't think are very strongly understood yet. But once again, I'd love all the mommas in the room to go first and then if we have time for whoever would like to stick around, but I'd like that video to be on record as well. So, if you guys -- so mind, if we're here till 3:00, I'll keep repeating you guys with more scientific medical peer review documents. Thank you so much for your time.

Female: Yay. [0:26:43 inaudible] earlier on the board, the review board that was going to be making this determination, the name of them, what was that name again?

Gino Mereg: I did not see that. It's listed in -- this would be [0:26:57 inaudible] control division.

Female: Right. You mentioned the name of a board that is --

Gino Mereg: I wouldn't know. I didn't mention any board.

Female: [0:27:07 inaudible] something right there about that.

Gino Mereg: Okay. Is there a Martina Kalfors?

Martina Kalfors: Yes. My name is Martina Dodson Kalfors, so Kalfors is my student's last name.

Gino Mereg: Do you want to testify?

Martina Kalfors: Yes.

Gino Mereg: Please come up here.

Martina Kalfors: Do I have to?

Gino Mereg: No, actually, testify from over there but can you spell your name for the record?

Martina Kalfors: K-A-L-F-O-R-S, D-O-D-S-O-N.

Gino Mereg: Okay.

Martina Kalfors: I do not like talking in public but I think this is important and I think it's very [0:27:53 inaudible]. I have seen vaccine injury of [0:28:02 inaudible] and it's not a good sight. [0:28:07 inaudible] child. I see my best friend, two perfectly healthy two boys permanently brain injured to make me [0:28:23 inaudible] vaccine appointments. They were perfectly healthy. They were running around, they were talking fairly [0:28:33 inaudible] they go in on a

Gardasil -- one that was called [0:28:43 inaudible] 15 vaccines in one appointment, they were not feeling good. You're not supposed to get a vaccine when you're sick. They all got in that office and then [0:28:58 inaudible] and they had laughing eyes and they will never talk again.

This is my [0:29:10 inaudible] bestfriend children and that happens every day to this [0:29:16 inaudible] one time, this happens every day because autism with one in [0:29:21 inaudible] children. I have evidence right here and disclosed [0:29:28 inaudible] you can be disclosed. Like I said, autism is not something great, it's something horrible. 247 has neurological problem and then from 147, that's an epidemic [0:29:50 inaudible] cases, 10 measles cases, it's nothing, not cases. All the month outbreak are in fully vaccinated children, why? Because the vaccines don't work, they don't even work and then re-injecting all these poisons, pure toxins, DNA fragment into our children. There's no safety studies done on injecting animal DNA and human DNA from female [0:30:27 inaudible] tested on aborted babies that have been dead. They're still alive when they used them for the testing.

Okay. For when they start [0:30:39 inaudible] them up, speaking out all their hearts to use [0:30:44 inaudible] and testing you for the study to say that 73 babies in one study used for a lot of vaccine. People don't know they only use two babies. No, they used more than that, they use -- for every study -- all these science -- anyway, that's a different story. But what I'm saying if you [0:31:17 inaudible] changes go through, they will have the most vaccinated [0:31:22 inaudible]. We would like to know who to hold responsible for the death and injury that we'll [0:31:29 inaudible]. We might not be able to hold them accountable by law because there's so much conflict of interest in the Department of Health and in the CDC. And there's been a scientist that said they only pretended to [0:31:54 inaudible] whistleblowers proving that this corruption inside of the CDC and there ACIP and here we're going to take us and do exactly what they're telling us to do and then forced us very dangerous promise on my children.

And I'm now talking about when we grow up, this is what we had, we had three vaccines, maybe, you know, 83. There was a total dosage of 24 vaccines, 62 [0:32:34 inaudible] vaccines. 2018, all of a sudden they have 72 vaccines. Why is this? What is wrong with this picture? How much money are they making? How many billions of dollars from each vaccine introduced from the ACIP are they making? I don't have the numbers exactly here but it's been over 400% in fold, increase in the vaccine market. They're making billions of dollars all from poisoning our children. This is poison, they're injecting all kinds of stuff and no [0:33:19 inaudible], you have a proof, we're going to send in all scientific studies, you can see aluminum is a neurotoxin and mercury is one of the most dangerous substance consist of in the world, in the whole world.

If I'm going to drop a vaccine, here on the floor, the vial will break, we would have to evacuate the whole building, the whole building, they would have to come in, we'd have to suits to come to clean this up and this is what we're injecting into babies. Something is wrong with the picture. We can't continue doing this. Our children are suffering, there's an epidemic, there's an epidemic of autism, neurological problems, cancer, it's all related to vaccine. Every insert, 31 in every single vaccine insert, there's no -- there's no -- I'll read it. They can all be [0:34:27 inaudible] to maintain kid's vaccine schedule that's never been tested for safety in combined dosage. Never has any vaccine ever been evaluated for the ability to create cancer, helping gene mutation or the [0:34:43 inaudible] fertility base in the insert. And here we are with an epidemic and the whole United States and the whole world and every single person in the world is getting vaccine and it's not just a little, a lot.

I mean, seriously, this doesn't take a brain surgeon or a scientist or a freaking doctor to figure this out. It's right in front of us. So, here in my testimony, everybody here, everybody here in this camera that is watching, we're giving conferences, we're giving [0:35:28 inaudible] in every single group everywhere because then you will not even say anything about this. Look at the news, the media [0:35:38 inaudible] corner by corner. We only got HPV, he said that, he said in 10 years' time, in 10 years, he was allowed to talk on national TV about vaccine. He can't even talk about this subject because they're going to come after you, or you're not allowed to talk about it because every single commercial on TVs about drugs because they own the whole system, they own the -- all the outlets talking [0:36:15 inaudible] here, we're not on TV. All we hear, sure but I didn't say that. Here's all the [0:36:21 inaudible] you can die but if you [0:36:23 inaudible].

So, in this testimony, we will go back and we will let every single person in this case now and I'm sorry, this is my child. If you are vaccinated, if you have the vaccine, you're perfectly healthy, [0:36:51 inaudible] she's the healthiest person I've ever seen. She's [0:36:56 inaudible], you know, she would talk, she's like, "Am I little sister, too?" She's like, "How do you make yourself healthy?" "I don't inject them with poison. I feed them organic. I try my best because we're just [0:37:15 inaudible], we're exposed everyday by -- excuse me, everyday, for the past [0:37:22 inaudible] poison, through chemicals where it sounds like pesticide." My association was [0:37:32 inaudible] all over the place and we were getting sick and I'm like, "Why am I getting sick? I just don't get it." And I [0:37:41 inaudible]. It's not the [0:37:44 inaudible] let them do that and I asked them, I'm like, "Why would you get to the doctors? It's poison, it's [0:37:51 inaudible]." The guy that put \$30 million of bills, a couple of hundred thousand to a billion every [0:37:59 inaudible]. Yeah, and then he used his [0:38:01 inaudible] you know. That's to prove right there [0:38:05 inaudible] is poison. And [0:38:07 inaudible] for this [REDACTED], seriously.

So, I moved because they refused to stop [0:38:16 inaudible]. I'm not going to subject my children and they are, you know, no matter what they're going to be projected to poison, but I'm not going to do it and to try to force to do this on people because of profit. I mean, they want to make profit, they just did it just to make more money, you know, it has nothing to do with health, this is not health, I'm sorry.

Female: [0:38:51 inaudible] I think we're looking over two minutes.

Martina Kalfors: I've been wanting to say this for a long time. In my work here, this testimony through the [0:39:07 inaudible] every single person in the state room, [0:39:10 inaudible] people's eyes and set reports is the public's eye and we're the only persons that could not [0:39:16 inaudible]. I used to work for the CDC and everybody else that it isn't [0:39:29 inaudible] to join [0:39:29 inaudible] and he goes through. We were all held responsible for all these children that are going to get injured and they are going to die. They are going to die from the HPV vaccine, they're going to get sterilized, they're going to get cervical cancer because we have all studies that prove that. If you can go back to the CDC healthcare studies, whatever, they're all pharma affiliated. Of course, they're going to say, this [0:39:56 inaudible] vaccine for good. They're not. There's healthcare studies that says they're not.

We're going to hold them responsible for mandating this dangerous HPV vaccine. The evidence are overwhelming of the danger of this particular vaccine. If it would have been a regular medication on the market, they would have been recalled by now. But because it's labeled as vaccine, they can now make this poison. Only 30 states help them mandated for schools and they all have exemptions. It's called medical tyranny. Over 400 deaths have been reported, over 59,000 adverse events [0:40:51 inaudible]. And we've got to keep in mind that FDA admitted to only 1% to 10% here got reported. So, what numbers are we really looking at? I urge you to look at the real proposal change into think a way -- to take away parents' rights and parents' choice especially when they launched the mandated vaccine for diseases that do not spread in school environment.

There's a medical dissipating [0:41:20 inaudible] for 74 dose of vaccines before the age of 18, 4 billion had contained on injury and died from vaccine court. You can't definitely call this science when the vaccine makers have full legal immunity from damage claims. 1986 NCDIA was created in a vaccine scheduled [0:41:46 inaudible]. Is this a coincidence? No way. It's not a coincidence. What is 40 children with autism, 33% of American children with autoimmune disorder, cancer is the leading cause of death in children. The US has the highest infant mortality rate and the developing country also the most vaccinated. If we're so freaking healthy but if this makes us so healthy, why are we still freaking sick? We're sicker than ever. The vaccine can decrease -- it can all be [0:42:25 inaudible].

Here's a letter from Robert F. Kennedy, Jr., his immunization is called children's health defense. He sent out this post by giving [0:42:46 inaudible] how to end autism, autism epidemic to 7,400 legislators. So, all these legislators that have read this code should know the truth. I have all the evidence right here. Autism is vaccine related. There's been a claim for kids to fade out for vaccine causing autism. Is this a whole vaccine? I don't know. It's environmental. This was the -- HPV vaccine on file has all evidence, what is going on with HPV vaccine across the whole world. It's causing injury, death in all our children and our young girls are getting -- some of these girls, their stories, there are studies in the vaccine and you can all relate it here. The Department of Health have all the evidence now.

So, you can go through this and you can do very carefully because this is evidence that whatever you're trying to mandate and force it on people is basically a war crime, you know. It's a [0:44:13 inaudible], it's not right. It's against our human rights and we have rights or I don't even know if I have rights anymore. This is about the flu vaccine. You know, here we can see how much mercury is in the flu vaccine, what we're injecting to people, these are pure poison. Here, this is what I'm submitting, so you're going to take this book, give it to Bruce Anderson or, you know, whoever is going to be on the board because now they're going to change out the board members for the New Year.

So, who knows who's going to read all this? But these people out there know the truth and we're going to make sure that everybody knows the truth. And we're giving our kids, our keiki are being sold out for profit. It's unacceptable. We, the people, don't want this. We have rights and these people who love to freaking give out their kids with poison, let them, but we're not going to. So, I'm submitting [0:45:37 inaudible]. Here, take it all.

Female: [0:45:44 inaudible] look at all the reading you can do nowadays.

Martina Kalfors: Yeah, yeah, here you go, Department of Health. I have it all right here and I want everybody to look --

Female: Shall we collect if you can do that through your phone, probably everybody [0:46:02 inaudible].

Martina Kalfors: Yeah, I want everybody to be able to speak and then if we have time, we're going to make time, how about that? We were actually going to make time because this is about our children's future. If you say two hours, we say five, how about that, you know? I notice -- are you a police officer?

Male: Yes, I am.

Martina Kalfors: Okay.

[overlapping]

Male: Well, I'm an officer.

Female: Is that a requirement? What are your requirements?

Male: I wish I wasn't --

Martina Kalfors: Whatever you are, you're [0:46:31 inaudible].

[overlapping]

Male: No, I was only to [0:46:33 inaudible]. My role [0:46:35 inaudible] is to make sure that each -- the conversation is somewhat civilized. I know there's a lot of emotions involved and [0:46:44 inaudible] recorded one way or another and emotions are going to be hard to [0:46:50 inaudible] when everything is -- the pressure already is being very high anyway.

Martina Kalfors: Yeah, you'll never know with mama bears because how can I keep tracking [0:46:58 inaudible]. I'm talking about the legislators or DHA, you can all [0:47:06 inaudible] kind of stuff, we're going to speak up or we're going to spread the word for everybody to know what is going on because this, they were trying to hide it. They were trying to hide HAR 11-157 from the public so we wouldn't even know what was going on. It was just going to slide right in there and parents will just going to be like, "Oh, no, you can't come to school if you don't have the HPV vaccine and the flu vaccine and any other single vaccine," so making Hawaii the most vaccinated state in the whole United States.

Female: Can I [0:47:43 inaudible].

Martina Kalfors: Sure.

Female: The doctors of Lanai here, they did not hear of this hearing anywhere on Lanai. They heard it from someone online.

Martina Kalfors: Yeah. This is not told in school. How they found out our group, Hawaii for Informed Consent was one of our members was on Hawaii Immunization Coalition email list and they knew about it. Nobody else know about it. And those people are all affiliated with the DOH and [0:48:18 inaudible].

Female: And originally testimony was only first supposed to be submitted on Oahu because of the overwhelming response from the neighbors island, you have reached out --

Martina Kalfors: And I am on Lanai because I went to Maui and I didn't like the support. I'm here, I [0:48:34 inaudible] on school and I determined, that way all voluntary just come over here to testify because I wasn't allowed to testify. There's plenty of us on Maui that didn't get to testify. We were prevented [0:48:49 inaudible]. How is that even possible in two hours letting over 60 people testify?

Female: And it's certainly [0:48:56 inaudible] board members behind this. I'm so sorry --

Martina Kalfors: Where are the board members? Where are the...?

Female: They're not here.

Martina Kalfors: What is -- where is Department of Health? Where are the legislators. They're not even -- did not even come. So I want everybody to get to hear, I'm also going to play a video.

Female: This one has -- like I mentioned about the lack of communication for individuals and myself that need to participate in this conversation, there was nothing on the Lanai community announcement board. There was no posters up and there haven't been colleagues that had informed me of this and the impact that it will have on me who has not have known about it.

[overlapping]

Female: And it's the best time to [0:49:43 inaudible] off the top of your head where do you go to free flu shot on Lanai?

Female: Yeah, I was like, right?

Female: Do you know that in Maui they get flu shots at [0:49:57 inaudible] along with possible HPV vaccine and in school, they have schools [0:50:03 inaudible] doctor who'll discuss this, what's in that insert. Anyway, [0:50:09 inaudible] or --

Female: And whatever they're [0:50:12 inaudible] that day.

Female: Of course [0:50:15 inaudible].

Gino Mereg: The [0:50:18 inaudible].

Female: Yes, I would like -- I wanted to give the first [0:50:22 inaudible] state and then I do when I see my little video [0:50:28 inaudible] videos.

Gino Mereg: Okay. Thank you.

Female: Mahalo. Thank you.

Gino Mereg: Next, we have -- well, Bobbie isn't going to testify. Bobbie, do you want to testify? No. Leslie Moore -- she's not going to testify. So the last one is -- is it Carter?

Gabe: Gabe.

Gino Mereg: Gabe.

Female: Gabe [0:50:53 inaudible].

Gino Mereg: Gabe Johnson?

Female: I can state for the record that I am opposed to this vaccination.

Gino Mereg: Could you just state your name and your -- spell your name for me please?

Barbara Barry: Yes, my name is Barbara Barry, B-A-R-R-Y and I am [0:51:12 inaudible] oppose to any kind of mandatory vaccination on any law and any part of society, especially for high school children.

Gino Mereg: Okay, thank you.

Martina Dodson Kalfors: Hi, [0:51:24 inaudible] I oppose to [0:51:26 inaudible] I don't even know if I said that to you.

Female: No, you didn't, no.

Evan: Okay. So I'm Martina Dodson Kalfors, I oppose strongly, strongly more than strongly oppose HAR 11-157. Thank you.

Gino Mereg: Okay. Do we have anybody else here who wishes to testify?

Female: [0:51:46 inaudible]

Male: No.

Female: [0:51:47 inaudible]

Male: Here.

Female: [0:51:46 inaudible]

Male: Okay.

Bobbie Konkell: I have some questions.

Gino Mereg: Yeah, we're not taking questions, but we are open for testimony.

Bobbie Konkell: Thank you. Bobbie Konkell, I strongly opposed HAR 11-157.

Gino Mereg: Can you spell your last name, Bobbie?

Bobbie Konkell: K-O-N-K-E-L.

Gino Mereg: Okay. Since there's no more testimony, or we're going to have a written testimony. I suppose, Barbara, you want to show a video?

[overlapping]

Female: There's really -- there's no one to ask questions because there's nobody authorized here from Department of Health [indistinct chatter]

Female: Thank you, Barbara, I really appreciate you doing this.

Female: Are those parents [0:52:59 inaudible].

Female: I just met the doctors [0:53:05 inaudible].

Female: Yeah, sure [0:53:08 inaudible].

Female: Are you using your email? I'll make sure to email you the actual [0:53:17 inaudible].

Female: [0:53:18 inaudible]

Barbara Barry: Thank God, they're now -- they can't come after your home school, so, yeah, [0:53:23 inaudible] unless you want to do some daycare program required to you. But so far now, the one thing is about where they might go later with this is they'll having you record on record whether your home school children are or are not vaccinated which will get down to their record keeping where the Department of Health through your schools and educational facility will have a record of everyone who is and is not immunized and that's none of their business in my opinion, it's my own personal business [0:53:53 inaudible] my doctor in my opinion once again.

All right, so this video is -- and just to take it here, all of it, if you want to say [0:54:11 inaudible]. So, this is Dr. Suzanne Humphrey, I mean, if you have done any research into the questionability of vaccine safety, it's definitely -- female speaker's testimony for -- in government preparation for the hearing, like the one that I watched recently, West Virginia for mandated vaccine.

[0:54:40 inaudible] expert women. She [0:54:44 inaudible] Dr. Suzanne Humphrey is her name and -- okay. I think that time I would -- she's offered to -- like I said the [0:54:54 inaudible] right now are what makes [0:54:56 inaudible] testimony.

Female: [0:54:59 inaudible]

Barbara Barry: ...if I can get this all. Oh, yes, I'm going to [0:55:03 inaudible] so it will be heard all over the room really nice as well. I think that -- I wanted to mention to you, on January 16th, the legislative opening day while everybody is on, I think we are going to try to organize an island-wide for that same place, same time on the legislative opening day, we will start at local courthouses and then have a little sit in there or county's students. And then depending on how those goes, we will hopefully take more students at the Department of Health and while we -- or picket in your lobby, so get ready for it, all of us. We're coming and we're getting organized. So, if anybody would like to join on that, you can get in touch with me as well.

[video] And I want to talk to you about AAHS which stands for Amorphous Aluminum Hydroxyphosphate Sulfate. What I'm going to reveal to you tonight is a history of violent complexity of drug manufacturers. And what you might find here is struggling history that stems back probably into the 1950s or even beforehand information that as far as I know we're not going to reveal to the public together in the way that I'm putting it together tonight. It's on the same length of going off on big campus but I tell you this, the more to give you the whole picture of the primal complexity as [0:56:46 inaudible].

[indistinct chatter]

Gabe Johnson: Sure.

Female: All right.

Gabe Johnson: I need to [0:57:00 inaudible].

Gino Mereg: Could you state your name and spell it for the record?

Gabe Johnson: Sure. I'm Gabe Johnson, spelled G-A-B-E J-O-H-N-S-O-N. [0:57:11 inaudible] myself, Waianae resident. So, I was looking from a testimony I do with a lot of our concerns we have as parents [0:57:21 inaudible]. This is important for me personally because my daughter had liver transplant when she was only five months old and due to that extent she's on immunosuppressants forever until, you know, forever and ever and that is a really important thing or concern for me because when you have suppressed immune system these kinds of shots are not on the table for her, you know. We have to be really careful with the kind of immunization she took. She's

agitating because her immune system is suppressed. And I think when we give in to legislation or we give into the policy making of this, you have to have room for people to either be on board and not onboard.

And I think for my family, she can maybe onboard with it because of previous medical condition, but I think that is something that you guys start looking at besides [0:58:18 inaudible] making policies or not. So, everyone has come to say that as a parent. As far as the health concerns, yeah, sure, we want to live in healthy community so not just because of cheaper medicines and [0:58:32 inaudible]. And I know there's a lot of debate on this side that I don't agree that or agree that the -- these consequences of having mercury in our vaccine and medicines. And among other things that any medicine that you probably went [0:58:47 inaudible] certain medicine because like the side effects [0:58:52 inaudible] is not worse and [0:58:53 inaudible].

So, that's the kind of thing I just wanted to do real quick and clear with it. Thank you for coming over to Lanai [0:59:00 inaudible]. The last thing I want to say is the people that testify is really important [0:59:06 inaudible]. It has to hold weight, 10 years [0:59:11 inaudible]. I don't want it to be a requirement for policy makers and common justice and say, hey, we heard you and now, we're going to move forward and none of it -- none of our voices hold weight. So please when you go around and do these mandatory [0:59:25 inaudible], make sure that our voices [0:59:28 inaudible]. So that's all I want to say.

Gino Mereg: Thank you, Mr. Johnson.

Female: Thank you. Gabe, can I have a question?

Gabe Johnson: Yeah.

Female: Did you hear anyone mention this meeting in a community of Lanai?

Gabe Johnson: Yes. We talked about it at the Blue Ginger Café which is really where a lot of our grassroots conversations happened. But it was, you know, it's typically for the advertise and that's why we, you know, I went out of my way to tell the proponents about this and speak to the residents about this. So, we're all working families, we're all working folks and even the smallest room available, there's just no signs, there's no [1:00:09 inaudible] presidents, no commercials, there's no way it really gets to the community. There's this one right here, doesn't mean we're not involved and that we don't have concern.

So, that -- I think that we [1:00:21 inaudible] it goes back to my idea of what our opinions holding war to policy makers. And a lot of times say why [1:00:28 inaudible] anyway. So that's an important thing is don't look at the lack of people to testify as an apathy. If the real [1:00:37 inaudible] we feel

like where we haven't had much faith and like our voices don't have the weight that it should. So, if you really wanted more people to come, it's more on you as policy makers to [1:00:50 inaudible] the people who decided this thing. Although, my voice [1:00:52 inaudible] where I can say something and you [1:00:55 inaudible] on it, so it's what I wanted. Thank you.

Female: A lot of people are still working and these meetings are scheduled and really inconvenient side for the general project. Like on Maui, there's...

Female: [1:01:10 inaudible].

Female: [1:01:11 inaudible] Friday afternoon [1:01:13 inaudible] school and having the remains and all that. So, you know, it's almost like Department of Health doesn't really want to hear what we really have to say about this.

Female: The schools are [1:01:27 inaudible]. This is a school issue too. The Department of Education should inform all the teachers and all the preschool owners, all the daycare facilities should be informed about this. My teacher maybe didn't even know about this.

Gino Mereg: You know, let me remind everybody again, when you say something please state your name because when it gets transcribed, your name gets [1:01:56 inaudible]. So, do you want me to [1:01:58 inaudible] your name and it's going to come out as unknown, who's [1:02:02 inaudible].

Martina Kalfors: Okay. This is Martina Dodson Kalfors. So, I [1:02:07 inaudible] DOH and Department of Education somehow I think everybody should be notified about the meeting, you know. They say the school are not notified, the teacher should be notified so they cannot submit their testimonies. [1:02:29 inaudible] a huge place on this. Nobody, nobody even knows about it, no daycare, no preschool. They're not even notified about this. I don't know. I think the lack of -- yeah, yeah, sorry [1:02:51 inaudible].

Female: Okay. So [1:02:54 inaudible] to Dr. Suzanne Humphrey and --

[Video] [1:02:57 inaudible] being a lot of corruption in the history of vaccination and why some of the previous vaccine in the 1960s, '70s, '80s might have seemed to be extremely toxic. Well, we need to have to find that information, so bear with me as it seems like I'm going off on the [1:03:15 inaudible]. You will actually understand why I'm [1:03:19 inaudible]. So, I think we'll start with a study that I went over last month when I wrote about [1:03:29 inaudible] and I talked some other federal science in relation to the discovery of flaws in computer software that's been used for over a decade which could potentially invalidate over 40,000 studies which is supplying the analysis of certain MRI research and diagnosis.

So what I hear about software issue is the fact that they nullified thousands of studies. The first question that comes up in my mind is what else could either be hidden away or not yet discovered or what could be known about [1:04:01 inaudible]. How much clients today supposedly settled yet another visible is underneath a few rocks might completely hang for [1:04:10 inaudible]. I wanted to get to the core of what I want to reveal to you today, we have to start with the same good titled article called Approaching the Asymptote, Evolution and Revolution in Analogy. There's a renowned neurologist, Dr. C. E. Jewei described aluminum as the immunologist's dirty little secret. But here's a secret about aluminum, it could [1:04:37 inaudible]. And as I explain their secrets, you'll see that no one has talked about the bigger picture. But first, let's talk about game wave for their little secret, because is aluminum mixed with mycobacterium tuberculosis organism, which together served as an effective adjuvant.

And for those of you who don't know, an adjuvant is something that's serve as the immune system and make the vaccine called more information about work better. In the case of Celebrex vaccine, it's not like a bacterium TB, a dead salmonella bacteria particle mixed with aluminum hydroxide. Gardasil doesn't need to get a salmonella bacteria because the type of aluminum they use is highly potent without the dirt of added bacteria. But there are [1:05:27 inaudible] available for use in vaccine. Karfield in 2007, discussed the different types in an article and in essence described why Merck probably shows to you Amorphous Aluminum Hydroxyphosphate Sulfate or AAHS.

He explained that out of all three types, he gave a huge prolonged antibody level was of why an asset of attributes are naturally **fascinating**. And the medical system always love more antibody because they assume that more is better. I estimate that the type of aluminum adjuvant is listed on every vaccine package insert, which are also available online. It looks like this down here, from the original Gardasil. Gardasil 9 doubled the amount of AAHS to 500 micrograms even though early Gardasil has 250 micrograms per injection. Of all the vaccines in 2017, parents record Gardasil to be the most reactive vaccine in adolescents. The stories we hear and the cases I've seen are horrendous. It's something that Gardasil would hit from children's immune system, basically. Even that we know the adjuvant is in the vaccine, in other words somebody put a fire in the body and trigger inflammation.

We need to ask the question, what else is happening with Gardasil? Why does Gardasil seem to stand out amongst all other vaccines given today? According to the authorities, nothing is happening. And one day, this authority named Hendricks B. Johnson said, the problem we have is that these teenagers can tell us what they are feeling and [1:07:15 inaudible]. I noticed that the [1:07:17 inaudible] girl has said to be hysterical, the ones that become wheelchair bound are considered to have bad luck. And the hunt for multiple sclerosis and other neurologic diseases have undertaken [1:07:29 inaudible].

While doctors usually insist the one thing that you do know is that the vaccine is [1:07:35 inaudible]. The system said the Gardasil is a wonderful vaccine. [1:07:41 inaudible] that literally described it as beautiful vaccine.

And the local parents with damage girls are considered to have Munchausen by proxy. Merck's adjuvant, AAHS, Amorphous Aluminum Hydroxyphosphate sulfate is simply designed as Merck's proprietary compound. So, what exactly is it and how does it differ from other aluminum types in vaccine? This is what the three native pipes of aluminum look like under HANA authentication. Mostly profound different instruction [1:08:19 inaudible] between aluminum hydroxide which is crystalline in nature and forms many other strand [1:08:27 inaudible] the left and the slide. And the other two adjuvants, Amorphous Aluminum Hydroxyphosphate Sulfate, which is in the middle and amorphous aluminum phosphate which is on the right, both of those form an amorphous mass.

AAHS was chosen for Gardasil because compared to the other two adjuvants, it binds [1:08:50 inaudible] protein antigen. And for those configuring just a bonfire with more antibodies. If you read Karfield's article which is noted at the top with [1:09:01 inaudible] those are all my references, you'll see that all three aluminum adjuvants work in different ways and have different providence of [1:09:09 inaudible] and the presentation and therefore, the body processes them quite differently. This is vitally important to understand because these adjuvants are really not that interchangeable. This AAHS is physically and functionality different from all other aluminum adjuvants and it's a proprietary product where to discover the suddenly irrelevant FDA safety studies. It's assumed that what's listed on the package insert of any vaccine that was in the vial.

So, each vaccine that's made on one of these three different compounds which affect the immune system differently should state which one of them [1:09:49 inaudible]. And you would also think that all the other vaccine we get [1:09:54 inaudible]. If the label says [1:09:59 inaudible] 3 peanuts and 1 m&m, that's what's [1:10:03 inaudible] battle and nothing else, right, not when it comes to vaccines. Back in 1984, a newspaper called the [1:10:11 inaudible] brought to the public's attention the fact that the states of ingredients in the whole-cell deposit vaccine were meaningless. That might be irrelevant, but I'm not talking about whole stuff [1:10:25 inaudible] hang in there with me.

A pediatrician in California called Dr. Kevin Gariddy have a paid information which showed that even the FDA knew that the endoplasm level of vaccines could vary from 7.25 protective units to 37.33 protective units but the label said that there were 12. How is it that what is said on the label is not within the bottle with that symbol? The manufacturing process [1:10:56 inaudible] qualification for bottle. Everything shared depended in [1:11:00 inaudible]

form which is then not [1:11:02 inaudible] said into 0.5 ml poison on to bottle on the conveyor belt. And vaccine ingredients are not counted out like jelly beans into a jar.

Six years later, scientists of several practice opposed out [1:11:19 inaudible] vaccine and quantified the toxin level and presented this information to the National Academy of Science Infinity which has reviewed the adverse consequences of [1:11:29 inaudible] vaccine. And they too found that the FDA already knew which was that the endotoxin level varies hugely from bottle to bottle. They went one step further and compared the instant dose of endotoxin with normal healthy [1:11:47 inaudible]. And for those of you who don't know endotoxin is it's basically the poison that causes bacteria puts out and that poison is actually put into the vaccine in order to simulate immune response.

So basically, we're receiving anywhere between 25 to 672 times the dose which should start to create symptoms in an adult. Every child is unique [1:12:13 inaudible] 0.5 micrograms per ml. However, as [1:12:18 inaudible] poor child might react, 26.9 micrograms per ml. The responses of medical system to DPT or any other vaccine has long been that the problem wasn't caused by the vaccine. We are told that if adverse events can really happen then more people will have the same reactions at the same time intervals. Well, I know that people cannot be standardized. I used to think that vaccines could be but they're not. Well, the label could say one thing, we can't know for sure the content match. And with Merck's AAHS, there's another problem and that can be found in Merck's method of separation of Amorphous Aluminum Hydroxyphosphate which is slightly different to the compound in Gardasil Amorphous Aluminum Hydroxyphosphate Sulfate.

Merck's doesn't own specific test for AAHS, which is a compound in Gardasil even though they call it their proprietary brand. We're told that the federal regulations with control vaccine manufactures are high in [1:13:28 inaudible] that the FDA and the BDF before them force manufacturing for all the inaccurate labeling. The standardization of aluminum is the problem because how does the sizes vary which prevents consistency problem and Merck says that they need better methods to standardized given among hydroxyphosphate. And that's one example of many I could give you regarding inability to standardize a live virus vaccine.

I clearly want to show you that MMR is a standardized fever. The European Medical Agency openly admits and discusses a document that in their two licensed MMR vaccine products, there are what they called the degradation product. The quote you see here is an MMR variant called ProQuad which is MMR with chickenpox. The other is called MMRVaxpro. So, I want to draw your attention to the other quote that says degradation product are neither

identified nor classified. So, what are degradation products? Humans have degradation products that removes in the body into the [1:14:37 inaudible].

Vaccines degradation product are cellular waste which form as part of the breaking down when they changed in size due to a viral culture and they have nowhere to so they remain in healthcare medium because the vaccine system is a closed one and have nowhere discarded its byproduct. They cannot purify or renew the degradation product because if they did, the virus with which were cultured will be killed or filtered away. What was [1:15:07 inaudible] package insert?

Here's the ingredient that the MLC degradation product listed -- so where did they go? So, it falls in the category of other buffer medium ingredients? I really don't know. Do you really think that what it says on the label is all that is suggested into the vaccine recipients? Do you think that the actual quantities listed are accurate? But when manufactured ProQuad or Gardasil, how did the company remove the degradation product from those vaccines? Are they identified, quantified or that's assumed to be removed? [1:15:42 inaudible] can you think of any other vaccine into the children which was as to react to benefit Gardasil?

The only other aluminum adjuvant to vaccine industry with so many disastrous reaction. [1:15:58 inaudible] just to save formal protest in the 1970s and '80s was the old [1:16:04 inaudible] diphtheria, pertussis and tetanus shot. The reactogenic cause long [1:16:09 inaudible] possible for the 1986 National Childhood Vaccine Injury Act. Assuming the labels were correct and that aluminum was generally regarded as safe, scientists decided that the problem with reactogenicity of the DPT vaccine was the pertussis and the toxin level. No serious consideration was given with the mere presence of aluminum. These are package insert from the old DPT and DT vaccine, no aluminum phosphate and aluminum potassium phosphate are listed. The diphtheria, tetanus and pertussis vaccine remained separately and then combined at the end into one bottle. Measles, mumps and Rubella vaccines are made separately and then combined into one bottle. Gardasil antigen types are made separately and then combined into one bottle. And how did they count other [1:17:07 inaudible] antigens?

In 1984, the [1:17:10 inaudible] article reported honestly that there was no standard and different laws differ. Some doctors generally thought that the problem was just the [1:17:20 inaudible] correspondent in healthcare that they would drop the pertussis part and just inject the diphtheria and tetanus constantly which were available separately. Yet interestingly enough, in a British [noise] encephalopathy study said in 1976, [1:17:43 inaudible] wrote, the children who just got diphtheria and tetanus could also react badly. That's the [1:17:50 inaudible] court case transcript that I have and here's the front page, and I don't have time to get into all these details, but for now just know

that there are numerous references to the fact that the diphtheria and tetanus vaccine were also very reactogenic and as the report suggested reaction was hugely under debate. Even the doctors thought DT alone would be safer many parents discovered to their cost that the DT was also just as bad and the damage continued.

So with that in mind, consider looking package insert like none have [1:18:25 inaudible]. So, those are in 1990 took a closer look at Wyeth and Connaught DT vaccine and how could the adjuvant, the price of aluminum which were labeled as aluminum phosphate and aluminum hydroxide. He found that the Wyeth vaccine shown here was labeled aluminum phosphate but was not aluminum phosphate. It was actually Amorphous Aluminum Hydroxyphosphate, which is the one I said to earlier with a three panel slide, the more off to the right, that Merck admitted could not be standardized. Connaught vaccine listed as aluminum potassium sulfate on the old label but was actually Amorphous Aluminum Hydroxyphosphate sulfate which is the same adjuvant that's used in Gardasil.

So, close to DT manufactured by Wyeth and Connaught which were then combined with the pertussis vaccine were not made on the form of aluminum listed on the label but was made on a continuum of Amorphous Aluminum Hydroxyphosphate or Gardasil Amorphous Aluminum Hydroxyphosphate Sulfate. And then in that AAHS was manufactured by accident and not by design. And in 2013, we know that there are consistency problem admitted by Merck with aluminum amorphous hydroxyphosphate, how on earth should they label them any of the old DPT vaccine have ever been accurate?

Here's the package insert for today acellular DTAP vaccine which are definitely less reactive, but knowing how the old vaccines were mislabeled, can we really trust today's labels to get more accurate quantities, conspicuous and [1:20:25 inaudible]. Is Sanofi's aluminum phosphate standardized or is it amorphous aluminum hydroxyphosphate sulfate that you see on the blue arrow that it's so difficult to standardize? It's difficult for me to believe the list particularly known that in 1992, Connaught's acellular package insert that you see here described the manufacturing process for aluminum potassium sulfate in similar terms for those used by [1:20:57 inaudible] result in AAHS, the same adjuvants that's in Gardasil. Note that this vaccine also contains polysorbate 80 which is also in Gardasil.

In case you missed that, the diphtheria and tetanus [1:21:17 inaudible] and they got the highly problematic [1:21:20 inaudible] diphtheria, pertussis and tetanus vaccine contains the same adjuvant Amorphous Aluminum Hydroxyphosphate Sulfate as is used today in Gardasil. Even though it was discovered by accident to have been a result of a process used by manufacturers, it was the one that Merck doesn't have a specific patent for the discovery of AAHS. So, how is it that Merck called AAHS its proprietary

product? Unfortunately, the dirty faces don't stop with DPT and Gardasil vaccines. The hepatitis B vaccine pathogens are [1:22:02 inaudible] 1987 that it contains aluminum hydroxide.

So, Merck wrote a letter to United States and New Zealand, which is my home away from home, to get the description changed and that's the actual content which was Amorphous Aluminum Hydroxyphosphate and that it has always been used in that vaccine, which means the Merck hepatitis B vaccine were mislabeled for over a decade, which is a type of aluminum that is probably more reactogenic and definitely more difficult to standardize. Vaxta is one of [1:22:41 inaudible] hepatitis A vaccine. Its 1994 package insert also said it contains aluminum hydroxide. But in 2001, Merck requested that [1:22:54 inaudible] from New Zealand change the description to Amorphous Aluminum Hydroxyphosphate Sulfate. Again, citing Dr. [1:23:03 inaudible] article from 1999 and saying that they had always used AAHS the same adjuvant used in Gardasil.

So, for years, everyone assumed that Merck Hepatitis B and Vaxta contains the Aluminum Hydroxide when they actually contain the AAH or AAHS which this thing on the right which have no [1:23:31 inaudible] quality of study both affecting immune system differently and are processed differently by the body. In one of today's Merck's hepatitis B vaccine package insert called Recombivax HB. But they also manufactured HB Vaxpro, both have the same wording that you can see above. But today's [1:23:53 inaudible] it contains AAHS, the same adjuvant as with Gardasil and not Amorphous Aluminum Hydroxide. So, they've done another switch in labeling. But note that very careful wording at the bottom where it says previously referred to.

So, let's put this all together, we know that the work done on Gardasil that any AAHS is a far more powerful adjuvant than aluminum hydroxide or aluminum phosphate. Given that sulfate would be put as buffer in all [1:24:26 inaudible] vaccine, one point lined out is, are -- the whole-cell vaccine [1:24:32 inaudible] used as gazillion mothers who subsequently had microbes [1:24:36 inaudible] and still used in other countries in the world, still adjuvant is with AAHS are still mislabeled? I have no idea. And to think that the [1:24:47 inaudible] vaccine was so reactive because as it was far showed, it was adjuvanted on to something completely different to what the manufacturers thought they used. Could the problems of jaundice and cyst in newborn infants in the United States be a result of AAHS in Merck's hepatitis B vaccine?

I was unable to tell which hepatitis B vaccine is more commonly given to newborns in the USA because we have two options. One of which is not Merck, but I know that in New Zealand Merck's hepatitis B vaccine [1:25:22 inaudible] have a lot of reaction which mimic [1:25:24 inaudible] to be and that vaccine was [1:25:28 inaudible] schedule and then later added back in at

six weeks of age for babies of non-carrier mothers. But New Zealand uses GlaxoSmithKline hepatitis B vaccine now and not Merck's. So, this remains a huge question. So, we know now that all Merck's vaccines had always used AAHS in them. We also know that Connaught and Wyeth's whole-cell DPT vaccines were based on AAH or AAHS because they used the sulfate buffer which changed both the confirmation and the potency of the aluminum.

It is odd that Merck's HPV vaccine patent application for 2012 states something called MAA, which is interchangeable with AAHS. Connaught and Wyeth both used AAHS before 1990. I can't find Merck's patent for the discovery of the first proprietary adjuvant specifically called AAHS. Supposedly the method described for Amorphous Aluminum Hydroxyphosphate covers all AAH adjuvant including AAHS. But what are the implications of the fact that for decades the labeled have not accurately described the aluminum adjuvant? The first implication is that this information totally nullifies the [1:26:59 inaudible] aluminum from 2004 [1:27:02 inaudible] which I've been hiding for the book for several years now.

Dr. Tom Jefferson thought that they were investigating aluminum hydroxide or aluminum phosphate when in fact, many of the vaccines they reviewed were actually adjuvant that are AAHS. So, if you recall that the consistence of the study were that replacement of aluminum compound is currently licensed vaccine would necessitate the introduction of a completely new compound that would have to be investigated before licensing. No obvious candidate to replace aluminum are available, so [1:27:45 inaudible] would severely affect the immunogenicity and protective effects of the currently licensed vaccine and threaten immunization program worldwide. I believe that's why they came to the conclusion even though they knew there could be serious problems with this aluminum immune vaccines.

Any negative results on safety would indeed half threaten immunization program worldwide requiring product recall, new safety studies and pre-license required in order to be licensed. The fact is that in 2004, vaccine manufacturers need [1:28:24 inaudible] that their labels are false and never informed Dr. Tom Jefferson. They chose to leave that information buried in the medical and regulatory information out of the sight of scientists and the public. It is convenient for them to allow people to believe the myth that apples are being combined with apples when in fact Dr. Tom Jefferson would compare it apples and pears and watermelons.

Strangely, Dr. Jefferson concluded that despite lack of good quality evidence, there should be no further research on the product. My opinion is that perhaps another investigation as to why there is lack of good quality information badly needed because the information I presented could vastly change the face of research into vaccine reaction. It's almost as important as the recent finding that there is indeed a revises [1:29:20 inaudible]. In the past, inconsistencies

in the reaction base with various DPT vaccine for [1:29:28 inaudible] is unfathomable. Maybe it was unfathomable is the way [1:29:32 inaudible] what was really in vaccine. Maybe it was unfathomable if people realize that every vial is not the same as the next vial and every child is different.

I don't know about you but I see an enormous elephant in the room. It was to Merck's advantage not to have a factual adjuvant review done which works at the safety on all forms of aluminum because questions would have been made as to whether or not AAHS and the whole-cell DPT vaccine contributed to the reactogenicity of the pertussis vaccine. Questions might have been asked about the dismissal of the claims about the DT vaccine with the assumptions that it was only the pertussis toxin that was the problem, it was largely believe back then.

Questions might have been asked as to why the early Merck hepatitis B vaccine created such devastating side effects in France, New Zealand and elsewhere. Everyone thought those vaccines were made on aluminum hydroxide when they were made on the same adjuvant used in Gardasil today which is causing enormous reaction in our young teenagers. We know that first adjuvant was removed from the market because it was highly toxic or what would have happened if the comparison was made between current adjuvant for TD bacteria and Connaught and Wyeth's and AAH and AAHS were whole-cell bacteria.

One unifying concept which could explain the immunologic form created by Connaught and Wyeth all formed DPT vaccine. Merck's hepatitis B vaccine and Merck's Gardasil vaccine is Amorphous Aluminum Hydroxyphosphate Sulfate. But [1:31:27 inaudible] must be [1:31:30 inaudible]. Manufacturers don't want too often this accurate labeling. They want vaccine reaction to continue to be categorized as coincidence. After all, ignoring the problems for a lot of golden egg is the survival of other [1:31:46 inaudible] golden egg [1:31:48 inaudible]. Thank you.

Gino Mereg: Okay. We have -- the person who wishes to testify, Tyra Du Bose.

Tyra Du Bose: Hi. Am I recording or is it live?

Gino Mereg: You're being recorded.

Tyra Du Bose: Okay. I guess the [1:32:11 inaudible].

Female: You're requested to get your proposal to --

Tyra Du Bose: I don't think [1:32:20 inaudible].

[overlapping]

Tyra Du Bose: I'm Tyra Du Bose and this is [1:32:37 inaudible].

Gino Mereg: Tyra, can you spell your name for the record?

Tyra Du Bose: Yes. My name is Tyra, T-Y-R-A, Du Bose, D-U B-O-S-E and I have a 15-year-old son with autism and a 12-year-old daughter, she is now in the spectrum. And I have [1:33:00 inaudible] he's 3 months old and my biggest fear is that one day he'll be vaccinated and changed from the great young child he is [1:33:12 inaudible] cannot function on his own just like what happened with my son. As they say they're not against his autism but [1:33:20 inaudible] his autism but I do know this just with talking with hundreds of other parents out there that their child changed after they have their 18 months shot which is the MMR. My son who would sing ABCs, 123s at a year and a half, he's an 8-year old, he was already verbally not gibber jabber, not, you know, messing up on words but he could tell you whole sentences.

He can say your name, [1:33:53 inaudible] and he could sing whole songs, he always wanted attention. He was -- he would stand up on the table and he would be singing like, "Come on, everybody, let's go," at a year and a half like it was pretty crazy. And all of a sudden, he started [1:34:09 inaudible] inhibitions, he started regressing and having fever, constant fever. He had [1:34:18 inaudible] neurologist give him Tylenol, give him [1:34:21 inaudible], you know, they would send up a way. One day he wound up having a fever of 105.9. As a new mother, I was only 20 years old at the time, I didn't understand that that's where it's really extremely high fever. So, I did what the doctors told me every time I went to the emergency room within two months period. I go to the emergency room about three times and I my [1:34:46 inaudible] home. They'll put some cool rubs on him and on summer day I dress, undress him and I took a little nap with him and woke up to him gasping for air. I [1:34:57 inaudible] back of his head and he was having a seizure.

After that day, actually, in the ambulance they were carrying us to the hospital I'm like, "Mateo, Mateo." [1:35:09 inaudible] I'm looking at him. I was like, "Wohoo," you know, like nobody was there and he have not called me mother, call me mom until he's five years old after that. We've had a lot of interventions and help him get through where he is now. He's actually [1:35:24 inaudible] right now [1:35:25 inaudible]. He still is not fully comprehensible with a lot of things that normal kids are, the conversation wise, we have to teach him everything. We have some [1:35:40 inaudible]. I did give him some more vaccines because I realized that at that time that that was the trigger and so I started thinking back and what was -- what happened at that time period, you know. And I talked with other parents, I'm like, "Yeah." My mom was actually the one who told me he was autistic.

And I'm like "What is that? What is autism?" And I researched it and there was a 15 items on the list that said your child maybe autistic if these 15 things are going on with him. And I marked 13 on those 15 things on that list and I couldn't even imagine, you know, he was two when [1:36:19 inaudible] figure out, oh, he's autistic. But, yeah, it was a definite itself. I would -- I fear to death to immunize this guy. I [1:36:30 inaudible] positive about him all of my heart, my soul is telling me don't do it or at least wait until he's older so his body can handle something like that. But there's some kind that they're injecting them with what -- and just like they said, the vaccine with the videos like there's only this much on the prescription or on the bottle or whatever but how do you really know what's being put inside of there.

So right here is the contributing factors, I believe that autism is also genetic but I feel like that is a major trigger, something happened like a trigger point when he have those vaccinations. And it was definite like he shut down, he did not talk, he would not get up and his eye contact, it's nothing. We kind of get -- we can drop a book behind him, a big [1:37:21 inaudible] behind him when he wasn't expecting it, then he would [1:37:24 inaudible]. He was above average in his hearing. He was above average, his sensory, everything was super strong. It's just that he couldn't communicate [1:37:38 inaudible] for hours and hours for about four years and we finally got him to calm down and with help [1:37:47 inaudible] services which, you know, part of a lot of conspiracy right now, providing more jobs for people because a lot with autism [1:37:57 inaudible] to provide more job, more specialists, more physical therapists and all those things, so -- I don't know.

It's just my opinion of what it is. I [1:38:10 inaudible] I don't be vaccinating this time. We're waiting until he's, I don't know, how old -- whenever I'm told that the time is right. This is why I'm submitting my testimony, you know, that's what's stated is trying to mandate HPV vaccine [1:38:30 inaudible] you know, they're focusing on today's -- they try to give vaccine to my daughter and I'm like, you know. I've done some research about it, I need to do more before I decide a hundred percent that I don't -- I think when I pick something this is not broken, you know. And hopefully, there's going to be [1:38:54 inaudible]. I already don't do flu vaccines because it kind of freaks me out [1:39:00 inaudible].

Female: That's supposed to be mandated, too.

Tyra Du Bose: Yeah, I mean, you're injecting my child when I'm not even there as who with who knows if that's even a flu vaccine or it is a [1:39:11 inaudible] vaccine. That's my thought when I [1:39:15 inaudible] hey, sign this form and I'm like I want to be there when my child was -- if anything is happening.

Female: Okay. It's a medical intervention that should not be [1:39:23 inaudible] from school ever.

Tyra Du Bose: Yeah.

Female: It's something in between you and your doctor. It has nothing to do in school, absolutely not.

Tyra Du Bose: Are they trying to make it where parents don't have to at least leave their work because they'll have to [1:39:37 inaudible] school. You know that the teachers get paid like -- I forget [1:39:42 inaudible] number. They get paid in hundred per child per day when they go to school and they hate it when the child misses school because then they won't get that money, that funding for that day for that headcount of the child. That's why they always say like you can't miss on the day, you can't be [1:39:56 inaudible], you can't do this, you can't do that. So, maybe if they do the vaccines at school, they won't have to go the doctor, you know, and be one with [1:40:03 inaudible] day that the child leave on school for...

Female: They're mandating all these vaccines, they're not going to be able to go to school because they're all going to be sick from vaccine injuries.

Tyra Du Bose: Yeah.

Female: So the Department of Education should keep that in mind, too.

Female: Let's look into that.

Female: Well, that's what I was trying to bring out is that [1:40:24 inaudible] adequate studies, especially for things like HPV, especially in our race, especially in the age groups that we're administering to and things like that. They found one study sort to say and [1:40:37 inaudible], you know, it's appropriate, but I don't think they will overseeing all the information. But one thing I just [1:40:43 inaudible] in the Department of Health [1:40:46 inaudible] that you should be aware of [1:40:48 inaudible] to vaccinate your kids and you do file for a medical intervention. There's going to be a form that your government mandates you and your doctor fill out. That form is standardized now. And I personally believe that there is a bigger system being created on the backend of it where they will be putting that information to a big database and the school must report now all undocumented [1:41:15 inaudible] medical and religious exemptions that go to their school if the administration has it. So, your school is keeping records on your health, your child's health so that they -- and then submitting them to the Department of Health.

Tyra Du Bose: Yeah. I think we got a form like that.

Female: You think that the school sent this to be involved in taking care of your doctor's -- or in terms of your child's health or they're there to educate,

because you have those things happened at the doctor's office and the doctor has assigned one little relief that this child is probably not to go to school.

Tyra Du Bose: Yeah.

Female: And that's all you do and that's all [1:41:50 inaudible] give them an education, that's my question. You know --

Female: It's not about that. I mean, if more students in this school [overlapping] because they're going to school of a cold or they wanted to have a vaccination for colds. The vaccines, and I think they're so amazing and the [1:42:10 inaudible].

[overlapping]

Female: Actually, this is the honest [1:42:21 inaudible] research study there, one of the things that they're working on developing, already testing is [1:42:28 inaudible]. I don't know if you can imagine an invisible little -- tiny little [1:42:33 inaudible] right now, you get a vaccine and you have to get a booster afterwards to keep the adjuvants of the vaccine antibody levels up.

Female: Yeah.

Female: They're creating one-shot stop remedies in the [1:42:42 inaudible] that they will inject into your children already being tested and that dissolves by themselves at a certain point in time based on how it's deciding to work or not at that period of time. So, I don't know how -- Yes, they will pretty much -- they'll give you all of your research for all one, whatever, whatever you got by the time you're one, you can get it all in the hospital on day one, that's the idea. And this is about this, listen to me, [1:43:10 inaudible] the whole thing first. So you get it all at once?

[overlapping]

Female: Are you finish? Are you done [1:43:25 inaudible]?

Tyra Du Bose: Oh, yeah, I think [1:43:26 inaudible]. Never been true with my standards which one is a lot longer and more details but pretty much he do not [1:43:35 inaudible] at the time like he's ask [1:43:36 inaudible] where is he, 15 years later where is the child that I had who [1:43:41 inaudible]?

Female: So this is -- yes.

Tyra Du Bose: Think over [1:43:44 inaudible] whole world. I don't --

Female: I would recommend it that [1:43:48 inaudible]

Martina Duolson: Martina Duolson here.. It's an annual call for autism, 268 billion and it's expected to be 1 billion like 2025 could really talk now for all the families and [1:44:00 inaudible] through the [1:44:02 inaudible] buy local foods which is safe and [1:44:04 inaudible]. I just want to add that too.

Female: I just want to [1:44:08 inaudible] while in pain a little bit on my co-parents who have also a child with autism. They're right here. Review and open the change, have fun, you know. This is based on the HAR report, you know, I wish I could support families with special needs kids if you are approved, people aren't even approved for it.

Female: Yes, but you can continue a vaccine [1:44:30 inaudible]. My friend who not [1:44:32 inaudible] both of her children and, you know, what happens if something happens to her, who's going to take care of her kids?

Female: Yeah.

Female: The family. Did you get any money? You know, if you get a little bit of money, you know, that's not enough and they compensate to the [1:44:51 inaudible]. The compensation paid out whether it is [1:44:56 inaudible] vaccine injury court and their compensation paid [1:44:59 inaudible] is actually from the access set by the vaccine makers, they add an added test, so every kid that's already added vaccine to that. So but you are paying to get your vaccine, that's the money that they're using to pay [1:45:14 inaudible].

Female: So we the taxpayers are paying for the vaccine increase. This is our chance to get --

Female: And also, only one or two cases to get compensated in vaccine. It's hard to prove your cs. And then so the doctor would not file a report. If you can't prove to the doctor, you can't prove anybody there. Nobody is held responsible if your child is injured or died or -- nobody. This is just ridiculous.

Female: That's why I want to go back to school, before I want to go back to school and figure out how to hold this people accountable one at a time.

Female: How do we know that HPV isn't going to make our children [1:45:55 inaudible]?

[overlapping]

Female: What they're not trying to do because they're trying to create a population of children already how many women out there who can't have kids and it's amazing that [1:46:03 inaudible].

[overlapping]

Female: Why is [1:46:12 inaudible].

Female: 54% of the [1:46:18 inaudible] to give 34% of the military women, then they get a lot of vaccines because they go on a federal schedule. They are pretty much can't give birth to anybody [1:46:30 inaudible]. I mean, where does that come from? It's just been published and this is -- I don't have resources for it, but it's [1:46:37 inaudible] has a lot of BT over migrants -- immigrants that comes from Israel, the country force immunizations upon them not disclosing what they were. And it has come out now that these women, Ethiopian women are being targeted for sterilization having very huge per grade -- like [1:46:58 inaudible] the title of these vaccinations are now pro-rates and rally groups are actually looking into uncovered [1:47:03 inaudible] vaccine. Public information was given to the [1:47:06 inaudible] it's hard to get. I honestly believe they have a mechanism by which they can delay, prolong, or fully sterilized you and [1:47:17 inaudible]...

Female: Martina, they found that in leukemia, they found out in the vaccine, the government...

Female: Can you translate it?

Female: Yeah, they found it that's why I personally believe that it is one personal choice to be made with their doctor if they choose to have these procedures in the doctor's office not mandated to receive an education. So, it might be that a lot of the vaccines are also contaminated and these study shows contamination. There's plenty of evidence that you will also receive, DOH will receive from my testimony, written testimony. I think we should do one more video report. This is --

Gino Mereg: But maybe [1:48:00 inaudible]. If the video goes longer than 10 minutes, which you can do, I'm going to call the hearing over, but what you can do is submit it.

Female: We can submit the videos?

Gino Mereg: You can submit -- you direct to email.

Female: Oh, you're about to get --

[overlapping]

Gino Mereg: [1:48:22 inaudible] testimony.

Male: Videos and content.

Female: Oh, so the idea -- no, [1:48:28 inaudible].

[overlapping]

Female: Because, I mean, [1:48:36 inaudible] mandatory [1:48:38 inaudible].

Female: So [1:48:39 inaudible] are you oppose [1:48:42 inaudible].

Tyra Du Bose: I'm Tyra Du Bose and I oppose, so the voluntary vaccinations that -- the mandatory vaccinations.

Female: [1:48:51 inaudible]

Tyra Du Bose: Mandatory vaccinations in school.

Female: HAR-11 part 157.

Tyra Du Bose: HAR 11?

Female: HAR 11-157. [crosstalking] exactly the name of it, but, yeah [1:49:02 inaudible].

Gino Mereg: HAR stands for Hawaii Administered Rule..

Tyra Du Bose: PDR?

Male: HAR is Hawaiian --

Tyra Du Bose: Oh, thank you. Now, I don't have the --

[overlapping]

Female: Thank you.

Female: Do you want me to [1:49:25 inaudible] from there?

Female: If you wish [1:49:28 inaudible] I think the call came on through.

Female: And how long is that one?

Female: It's about 10 minutes I think.

Female: Let's see.

Female: Thank you.

Female: So Martina, this video is --

Male: Have you ever viewed [1:49:53 inaudible] studies done in the [1:49:55 inaudible]?

Female: [1:49:56 inaudible] process, maybe we can explain.

Male: Have you ever used --?

Female: So the email is -- it's also called the Godfather of Vaccine, his name is Mr. Plotkin and he is also testifying in the case on the Mainland in New York and that is what we're going to show here.

Male: Have you ever used orphans to study experimental vaccine? Yes. Have you ever use [1:50:30 inaudible] studies pertinent to vaccine?

Male: I don't [1:50:42 inaudible] capabilities studies in [1:50:45 inaudible]. At this time in the 1950s, it was not an uncommon practice. There's an article entitled the Continuation of RA273 Rubella virus [1:51:05 inaudible]. Are you familiar with that article? Yes. In that article, one of the things it says at 13, to give one of the things they said, it's 13 0-. Mentally retarded children were given RA273-10. Oh, they will and then that's what he say what it is.

Male: Have you ever stressed that the standard [1:51:34 inaudible] and those with [1:51:38 inaudible] children without [1:51:47 inaudible] test?

Male: I don't remember specifically but it's possible.

Male: Do you remember ever writing any -- to the editor, ethics on human experimentation?

Male: I don't remember specifically but I may will have.

Male: Do you recognize this letter you wrote to the editor?

Male: Yes.

Male: Did you write this letter?

Male: Yes.

Male: Okay. One of the things you wrote, the question is whether we are to have experiments performed on fully function adults, then on children who are potentially contributed to society for this performed initial study with children and adults who are human in form and not social [1:52:45 inaudible].

Male: Yes.

Male: Maybe, exactly that this question of how [1:52:49 inaudible] prophylaxis, there's nothing that is difficult to think not functioning persons, a member of ethnic race is not a part of this.

Male: Hmm?

Male: Have you ever used babies and mothers and person who studies experimental vaccine?

Male: Yes.

Male: Have you ever used individuals under "colonial rules" having the experimental vaccine?

Male: Yes.

Male: Did you do so in building condo?

Male: Yes.

Male: 2000 experiment involved almost [1:53:21 inaudible] people?

Male: No. Well, I mean, yeah.

Female: Because sometimes it's private. You can time the whole time here but I do [1:53:41 inaudible]

Female: You could find the whole [1:53:38 inaudible].

Female: We just have one [1:53:45 inaudible].

Female: [1:53:41 inaudible]

Female: We just have an article that says --

[music]

Female: Vaccine choice is a fundamental human right. American children are experiencing an epidemic of poor health with 64% of our children suffering a chronic illness or neurologic developmental disability. Nearly 9 million children have skin allergies, 8 million have respiratory allergies, 7 million have asthma, 5 million have ovarian disability, [1:54:33 inaudible] and one in 50 kids have autism. What you may not know is that science makes all these chronic illnesses from vaccine.

[music]

Female: Vaccine injuries are real and some are life-threatening. The US government acknowledges that children have introduced and inject and shield by vaccines. Vaccine manufacturers and doctors who administer the vaccine have no liability for vaccine injuries. In 1986, this cost a multi-million dollar jury for vaccine injuries and some [1:55:15 inaudible] National Childhood Vaccine Injury Act. Congress identified vaccine manufacturers and created vaccine court across administrative agency with no judge, no jury and no discovery. Tuitions are paid from thousands collected from each dose of vaccine sold. More than \$3 billion in damages have already been paid. Many vaccine injuries have never reported and families [1:55:44 inaudible] for their injured children. Reported cases that you should resolve and payoff for often insufficient compensate [1:55:52 inaudible].

Male: It is said that she shared her story because of the measles outbreak and the [1:55:58 inaudible] parents who do not vaccinate. This video of Leo Clint was shot about eight months after he received two vaccine injections including one for diphtheria and whooping cough. His mother Amy [1:56:11 inaudible] says within the day, [1:56:13 inaudible] and a fever and [1:56:16 inaudible] seizures. The doctor called the cost was a rare vaccine reaction. He was after the injection, so the symptoms subsided but Leo stopped talking. Eight months later the original symptoms returned after Leo have a cold. This time Leo has developed an eye test [1:56:32 inaudible] diagnosed with autism and later other neurological disorders like Tourette syndrome. His mother said he feels constant guilt.

Female: I thought I was protecting him by taking him to get his vaccine and I ended up injuring him throughout his life.

Male: She serve her case to a federal program that offers vaccine injuries. The vaccine court ruled that the vaccine did in fact injured Leo and has awarded him \$55,000. The judge didn't get [1:57:03 inaudible] autism diagnosis.

Female: I regret not looking into it and now it's too late.

[music]

Female: Congress and Supreme Court legally classified vaccine as unavoidably unsafe products, which is expected to injuring yourself and children. We just hope vaccine [1:57:23 inaudible] and effective and most people never question this. The vaccine do not say it's effective for everyone. Mandating vaccine in some children will be injured or killed and no one can tell you in advance if your child will be one of them.

Male: The devil is always in the details and one of the problems with vaccines is that they've been so great that people only generalize about them as if they're wholly great. When you look at [1:57:50 inaudible] other personal approaches with 34 and 105 mortalities behind [1:57:55 inaudible] in Cuba and Slovenia. However, we have 36 vaccines which are our pride which include countries like Finland, Norway, Iceland, average 11 and 13 vaccines. From 1994, we had eight vaccines for a schedule. There are vaccines like flu, ROTA virus, varicella and it's only been taken off by two or three of the other 30 countries. So, what do they know that we don't, why did they get vaccines that have been around for 15 years and why do autism rates one in a thousand, one in 1500, one in 2000. It doesn't take a brain surgeon or an ER doctor to figure out there might be a correlation.

Male: Vaccines are really the one thing we haven't looked at [1:58:38 inaudible] and so I'm going to --

Male: That is completely bogus. It's such a bogus statement. How many vaccines have they looked at in this space? How many, what's the answer? It's two. How many ingredients did they studied [1:58:50 inaudible]? What's the answer? It's one. If you look two in 36 shots and one in 35 vaccines and you just [1:58:57 inaudible] stage and saying that vaccines and autism are unrelated, that it was the most bogus [1:59:02 inaudible]. It is mostly in anybody who give the time to read it will agree to those. It's so frustrating by not being heard. We are so tired of not being heard. We are so tired of getting [1:59:12 inaudible] second there that says it's improving, that vaccines and autism are unrelated. It's simply untrue and it's [1:59:20 inaudible].

[music]

Female: Vaccines are pharmaceutical products that have been studied differently in all other pharmaceutical products. Vaccine studies should not mistreat placebo, instead of water or saline. These other vaccines are other chemicals such as aluminum. Vaccines [1:59:39 inaudible] that are given a large combination. Vaccine patient studies with healthy subject. The vaccine is administered to all children regardless of health condition or disabilities. There has never been a large long term clinical study comparing health [1:59:57 inaudible] between vaccinated and unvaccinated children despite Congress repeatedly directing the CDC to do such a say.

Male: I would have think that CDC has conducted or facilitated a study from [2:00:13 inaudible] have we done that?

Female: [2:00:21 inaudible] a number of studies looking at the [2:00:24 inaudible] between five-year-old vaccines and autism and other developmental disabilities.

Male: So clearly and definitely [2:00:33 inaudible] you have studied a vaccinated person [2:00:36 inaudible].

Female: We have enough studies vaccinated versus unvaccinated --

Male: I think [2:00:43 inaudible] about that, that was [2:00:45 inaudible].

Gino Mereg: Can we enter now?

Male: There's a law on the autism forefront and Dr. Bryan Hooker [2:00:55 inaudible] Autism Foundation says he has a source inside the CDC, now we know the name Dr. William Wisconsin and Dr. Thompson shared a story with Dr. Bryan Hooker. Thompson says he stayed quiet for over 10 years after finding a link between vaccine in young black children and autism. Thompson said the CDC knew about this link and purposely manipulated the evidence by removing black babies without birth certificates from the study to justify their own multi-billion dollar vaccination operation.

Male: [2:01:30 inaudible] before a significant findings, I have great time shame now when I meet families with kids with autism because I have been part of the problem, the higher ups, one that introduced [2:01:44 inaudible] and I went along with them.

[music]

Female: Dr. Thompson issued a statement which [2:01:55 inaudible] submitting [2:01:58 inaudible] physically significant link between MMR and autism from [2:02:05 inaudible] pediatric article that claim no link between vaccine and autism. And CDC is not the only entity accused of engaging the scientific fraud. Merck maker of MMR vaccine is accused of fraud in connection to vaccine effectiveness.

[music]

Female: Virologist Stephen Klein and John Paski have filed a lawsuit against their claim employer and vaccine manufacturer Merck. They claimed that by taking effectiveness testing, Merck has mixed [2:02:47 inaudible] an American public as to the effectiveness of the main component of this MMR, measles, mumps, and rubella vaccine. They say that saline vaccines are attributable to ongoing large [2:03:01 inaudible]. Vaccines and saline [2:03:06 inaudible].

Female: And now brought to live an outbreak of pertussis that are known as whooping cough is being monitored at the Monterey Park [2:03:16 inaudible]. So, far four students have been diagnosed with a highly contagious disease. In less than one month, four students in Monterey Park School had been diagnosed

with pertussis or whooping cough. The school officials say of the 524 students 99.5% are vaccinated including the four students who have been diagnosed.

Female: The vast majority of whooping cough outbreak occurred in vaccinated children and health authorities [2:03:45 inaudible] vaccine is not providing long term protection. And measles vaccine is also failing [2:03:52 inaudible] measles outbreak every 25 cases where a vaccinated individual, measles outbreak that occurred in highly vaccinated communities in the US, Canada and China.

[music]

Female: According to the vaccine [2:04:11 inaudible] reporting system, there have been over 64,000 serious adverse reactions to vaccines since 1989 and 5,736 reported death. Vaccine injury is real. Long [2:04:30 inaudible] two hours [2:04:33 inaudible] response. The US vaccine courts says the vaccine was the cause. And injuries [2:04:46 inaudible] claims for life. Our bodies belong to us, no parents should be forced to risk their child's life to protect someone else.

Male: Okay. This will conclude today's public hearing. It's 10 minutes past three. Thank you for participating.

Female: Thank you for having us.

Male: Before you folks go --

[2:05:18] *End of Audio*