

VP100005 (Maui/Molokai)

Steven Jacobson: Okay. Good afternoon, everyone. Let's get this started.

Female: I can't unmute them...

Steven Jacobson: What do you do?

Female: I can't unmute Molokai [0:00:12 inaudible].

Steven Jacobson: Okay, yeah. Okay. Unmuted. Molokai folks, can you hear us?

Female: Molokai here, we hear you. Can you hear us?

Steven Jacobson: Yes, I can. How many people do you have there who wish to speak?

Female: Myself, one, two, three.

Steven Jacobson: Okay.

Female: [0:00:30 inaudible] one later.

Steven Jacobson: Okay, thank you. We'll let you know when you're up which will be fairly soon.

Female: Okay, thank you.

Steven Jacobson: Well, while the link is still working, so. Okay, folks in the back, if you could -- hello, folks in the back, if we can hold it down a little bit so we can get the hearing started. Good afternoon. Thanks all of you who come today. We're in Wailuku, Maui, Wailuku State Office Building 54 South High Street, 3rd Floor Video Conference Center. We also have a connection to the Island of the Molokai with the folks who were on this. Those who are in Maui, it's the folks who were sitting on the right in the schedule.

This hearing is -- My name is Steven Jacobson. I'm the Health Department Hearings Officer. That's my job. This is cases hearing doc number R1571807 which is an additional public hearing on a proposed amendment in compilation of Hawaii Administrative Rules Title 11 Chapter 157 Examination and Immunization. This hearing day was announced on November 1st as a supplemental hearing. I think if I didn't say this already, today is Friday December 14th. It's now 2 o'clock in the afternoon in the Hawaiian Islands.

The proposed amendments update and clarify immunization examination requirements for school, post secondary school and childcare facility

attendance in Hawaii. And they are those who've been published and are available also. It's still online on the Internet, the DOH's website and the address is indicated in the notice of this hearing. For those of you who don't have it, it's available on the back desk anyway. Okay. The hearing today, we have scheduled for two hours. I have three speakers on Molokai and so far, I may not have the most recent signup sheet but I've got five, six, seven, eight, nine, ten, eleven, twelve, thirteen so far here on Maui, so that's 16 speakers altogether. The announcements of the speakers will be limited to three or four is okay but not more than that. I guess we want to make sure everybody has an opportunity to speak.

Please after the hearing -- we did on Oahu where we have a bunch of mainland folks come in, please be polite to each other. You don't need to tell people who disagree with you they're stupid. Okay? Just, you know -- this is Hawaii, we're supposed to have aloha spirit here. Please, please show that.

And let me just clarify my role, I'm the State Department Health's Hearings Officer, I do not have a vote in whether these rules are passed or adopted as is or adopted with amendments or aren't adopted at all. I don't decide that. My role here today is solely as moderator, peace keeper, whatever, to make sure these hearings go forward appropriately. So you're not trying to convince me. These hearings are being recorded so further review by the people who will be making the decisions. There is also an opportunity to submit written comments and please take advantage of that. If you have more than three or four minutes, so if you want to say, please keep your -- try to keep to three or four minutes today. But you can also put in written comments and those will all be looked at before the decision is made. Question?

Female: Yeah. Could you tell us what the process is like since the people that actually are not making decisions are not here today to listen to our testimonies? So how does that go?

Steven Jacobson: How we goes is that we have a recording and a backup recording, okay? Everything that we'll say today is being taken down, will go -- will be put before those people as well as all the written comments. So they will have it all.

Female: I understand they will have it. Will they sit down to listen to it, there will be block of time, will they review all two hours [0:05:10 inaudible], two hours from Oahu, two hours from Kauai.

Steven Jacobson: They will review all of that. What their process is in addition to that is up to them. That's [0:05:17 inaudible] decision.

Female: And [0:05:17 inaudible] after today?

Steven Jacobson: This is an information...

Female: Excuse me. This is Molokai. Excuse me.

Steven Jacobson: Yeah.

Female: I have to make clarification. There will only be two people testifying here.

Steven Jacobson: Okay, thank you. Because -- actually, this is what these hearings traditionally been done. And that information -- the information will be given -- this is an information gathering procedure.

Female: I heard earlier that they won't actually view the video, there will be a transcript?

Steven Jacobson: They will get the transcript, yes.

Female: Is there some way we can see that transcript and if it all, the accuracy of the [0:05:55 inaudible]?

Steven Jacobson: I don't believe so but I'm not sure of that.

Female: Could you find that out for us [0:06:04 inaudible]?

Steven Jacobson: Okay. Well, I can't find out before the hearing is over but I can certainly check on it.

Female: [0:06:08 inaudible]

Steven Jacobson: Yeah.

Female: We can look back and see what was reported as [0:06:15 inaudible].

Steven Jacobson: These are public hearings and this is public matter, public record, so yes.

Female: Where is that record?

Steven Jacobson: It's probably right now in the immunization branch. What is the name of the - the...

Female: I'm not taking notes [0:06:36 inaudible]

Steven Jacobson: Okay. It's the division that is proposing the rules. Later on before the rules become law, there is a report that is prepared and they actually go to the governor for review before they become official rules.

Female: As of right now but that's also on the table, correct?

Steven Jacobson: Yes.

Female: That it could bypass the governor's office and that the board that's not here right now could make that decision directly in lieu...

Steven Jacobson: I don't assume it. I don't know that.

Female: Okay.

Steven Jacobson: I don't know the answer to that. My understanding is that's to go to the governor's office. I mean...

Female: I think...

Steven Jacobson: Every set of regulations I've seen is signed -- by the way, it's signed...

Female: As of right now...

Steven Jacobson: ...signed by the governor of Hawaii, you know, who's going back years and years.

Female: If you could see some public records that we, the people, I think [0:07:21 inaudible] we would like to have a public record of our testimony as it's been transcribed for you and your services rather than us.

Steven Jacobson: Okay. I don't transcribe, the [0:07:33 inaudible] reporter transcribes the -- yeah.

Female: I mean, the organization that you represent since you're their representative [0:07:38 inaudible]. We would like to see exactly what were typed and put before the board that actually makes the decision since you don't make any decisions.

Steven Jacobson: Okay, okay, okay.

Female: Does that make sense?

Steven Jacobson: Okay. That is in the record and...

Female: Thank you, sir.

Steven Jacobson: ...that would brought their attention. Okay. Are we ready to proceed with the testimony? Again, oral testimony always happens, people starts speaking, they forgot something they wanted to say, you have the opportunity to

supplement in writing even if you said everything you think you want to say today. If you hear what somebody says after you -- after you've spoken and you want to react to that, that's fine, put it in writing, get it in and the date to have that in is...

Male: December 26.

Steven Jacobson: December 26? Okay, thank you. Okay. All right. Let's go first Dr. -- yeah.

Female: Question. Is there any way you get an overview of the proposed changes?

Steven Jacobson: No.

Female: I'm just [0:08:39 inaudible].

Steven Jacobson: I understand that. No. I mean, in fact, I haven't read them and that's okay. I'm the information gatherer, okay, so. Well, I think there's something like this thing. Okay. Dr. -- whose last name starts with a Briley.

John Briley: Briley.

Steven Jacobson: Briley?

John Briley: [0:08:57 inaudible].

Steven Jacobson: Okay. You can -- other speakers, I'm going to want you to come up here. It's easier for the recorder to [0:09:04 inaudible]. Feel free to step in. Let's get this over towards you closer.

John Briley: Okay. I'm going to try and speak louder. I'm sort of soft spoken -- soft -- I'll do that and I hope [0:09:16 inaudible] everything out. But I'm here to give evidence-based material and to give my personal touch on it so you might better understand what immunizations are about. According to the recent CDC report, there's a fourfold rise in unvaccinated children begin ages [0:09:44 inaudible] toddlers one and a half and three years of age. And if they have reasons maybe first of all was lack of knowledge about immunization search, lack of knowledge about where they can get it for free. This is being addressed but transportation is probably, some people are just too far right from [0:10:06 inaudible] transportation. Some people can't get time off and they can't afford a childcare for, so that's tough. And there's a shortage of pediatricians and other health personnel.

But the saddest reason is the recent trend of vaccine refusal where it's had some disastrous consequences. In the past year, there's a massive third consecutive years that saw an increase in overall proportion of kids allowed an exemption and not on medical exemption but personal exemptions, religious

exemptions. Concerning [0:10:52 inaudible] but I'm trying to help you understand here. You may not accept it but I'll try my best. Stage of philosophical exemptions had a higher rate of refusal, a higher rate of disease and a higher rate of medical problems. The reverse show that the risk outbreaks had gone down in those places that did not allow anything but a medical attention. So it's one of those 18 states I have listed but I won't go into them that permit nonmedical exemptions from child who's vaccine and so I've seen -- I've seen an increase.

In North Carolina, they thought they were wording it in a way that it covered just nonmedical but something went wrong and everybody could get in. They're trying to fix that now in the legislature. I can talk a little bit about autism that's where a lot of people. And I think some of the history that there's a doctor named Andrew Wakefield in London and in 1998, he manipulated data and, I'll explain that, to author a fraudulent research paper that led people to believe that there was a link between the measles, mumps, and Rubella vaccine and autism. There wasn't, but I'll get into that. After the publication...

Steven Jacobson: Okay. Dr. Briley....

John Briley: ...other researchers were unable to...

Steven Jacobson: Dr. Briley, we have a lot of speakers and we're now up to 30 in the list I've got. So if you could hold it to three and four minutes and you're getting close to that. If you could...

John Briley: Okay, fine.

Steven Jacobson: ...summarize your main points and [0:12:41 inaudible].

John Briley: All right. But anyway, one of the reasons he did it so he could be, it turned out, could be in the front line. You know, it could be talked to in court, just in paid for testimony. What we need -- what they did is they took real good double blind studies and fulfilled at least four to seven criteria for what a good study is. And the studies I've seen from people who fight this, they don't do that, they're very poor studies and people accept it because that's what they believe.

I've seen -- I was trying, I had 60 kids died from -- I watched a child die from whooping cough and the parents refuse to vaccinate the kid, brought the kid in too late to the hospital, so risk [0:13:28 inaudible] this kid coughed herself [0:13:30 inaudible] and I saw that, makes an impression. I saw a child unvaccinated for pneumo vaccine got meningitis and later got severely retarded and died. I've seen [0:13:43 inaudible] I watched a child die next to me because oxygen ran out [0:13:47 inaudible] we couldn't get the nurse to

come. So there's guilt all over the ward that night. Nobody talked to us. So you get a kid with polio, it not only affects physically but it gives some post-traumatic experience [0:13:59 inaudible] like they don't [0:14:00 inaudible]. I'm tripping over myself. It's true, we can't -- one thing last, you don't extrapolate your personal problems to the whole world. What happens here is tragic depending on the degree but that's what's going to happen to everybody. Sounds like -- came up with aluminum [0:14:23 inaudible] why is that use in vaccines because it stimulates, tiny amount stimulates the immune take on the vaccine. And everybody uses aluminum, underarm deodorants and they don't have any problem. But anyway, I was going to talk about the flu vaccine and they're coming out with one now. They're still constructing, that it has no side effects. My niece is working on this. And we'll also cover all the flus. And so that's really -- she said, "I'll explain to you when we get that," and that would be really cool. I don't have to worry about that.

Steven Jacobson: Okay. Thank you very much for your testimony. [0:15:06 inaudible] let me just explain. I like at this point to have the two witnesses from Molokai testify. Again, please try to keep your testimony to three minutes and please identify yourself before you speak. Please connect in [0:15:29 inaudible] too often, so let's make sure we get to hear your testimony in the record. Please go ahead.

Tony Buencamino: Aloha. My name is Tony Buencamino. I'm here to testify against vaccination, mandatory vaccination. I am Laau Lapaau practitioner. That was given to me a title by my kupunas who are in their 80s and 70s. I haven't been to the doctors since 1997. I have spinal injury by taking medication caused me liver and kidney damage [0:16:16 inaudible]. The reason I'm sharing that is because after finding out the damage that it caused to my body, I changed from Western Medical practices to Laau Lapaau and it has worked for me and my families have been able to help a lot of people.

So I'll start. **Mama Kamaliki**, take care of our children. We have done so much to make our lives better and safer for our children and also adults, creating safe places and homes, schools and public places, removal of asbestos boards, lead paints, toxins and poisons, but we allow vaccinations with mercury and other toxic substances being injected into our children. The question is why, why do we allow that? Because it helps a little bit.

The question I ask is what's in the vaccinations? We don't know because they don't want us to know. Why? Why don't they want us to know? There is no proof that vaccination works for everyone. But there is a lot of research that shows that vaccinations caused deadly problems to our health in many people, continued damage to mental and neurological damage. So there's so many things that is unknown. So -- but they do know but they just not exposing that to us. And that's how I've learned that western medicine, fixes the symptoms

and not the actual cause of the problem or the health of the people [0:18:15 inaudible].

It's our constitutional right to choose whether we want to circumcise our children or not but really, it's our children's right, not ours. We're making decisions for our children and because we're supposed to be responsible adults and -- for our children. However, we're not asking them if they want to get circumcise. So vaccination is really the question if our child who make the decision for themselves, will they choose to get vaccinated or not. We don't know because we're assuming that they want that and we know what's best for them but yet 30 years from now, we know the repercussions of the vaccinations.

Our kupunas, here in Hawaii, with no vaccinations is relying on the Laau Lapaau. Spanish then came, you know, came through here in the 1300s but all their European diseases to us but yet we practice this Laau Lapaau. So here I am, I am against mandatory vaccination for individuals who choose not to, whether it is personal choice of -- the way they treat their medical conditions, spiritual, religious, however, but it's our human right to say no to vaccinations. Just listen to our children. So I say again, the question is do we allow ourselves to dictate what our children will have to take into their body and affect them 40 years or 30 years from now. Who knew that Roundup?

Steven Jacobson: Could you wrap it up please?

Tony Buencamino: Okay. Who knew that round up? Okay. Who knew that Roundup 30 years ago would be a major cause of cancer with genetic modifying of plants spraying it, getting it on your hands, the animals, the creatures, the ocean. How do we know that effect of these things? There's not enough that we know but we know that. We all have rights and so protect your rights, protect your children.

Steven Jacobson: Thank you. Could we have the other Molokai speaker next please and please identify yourself?

Lee Aklina: Hello, my name is Lee Aklina and I am also testifying against the mandatory vaccination. I do want to say thank you for the clarification of the policy as it's written as a previous person acting as registrar in a public school. It can be confusing to understand what needs to be enforced and how to enforce it. So I saw that there was written clarification in the wording of things and I just want to say thank you for that.

In regards to the policy in general, I believe that the purpose of health requirements are for the -- the health of the individual students and the health of the school community as a whole reducing communicable diseases and so on. But I have sincere question about vaccination ensuring health. Yes,

vaccination does work in some cases, however, in other cases, it causes lifelong injury. I personally know someone who had a bad reaction to a flu vaccine and now has a debilitating illness that will be with her for the rest of her life. She can't climb stairs and she gets overly stressed. These things will make her diaphragm stop working. She's fast breathing, she has to go to the hospital. And like I said, that's for the rest of her life because of one vaccine. Children have a schedule of vaccination that is now recommended. They're getting it from the first day of life when they're so small and so tender. I [0:22:55 inaudible], I'm -- anyways, I'm getting off track a little bit. But...

Steven Jacobson: Yeah. Could you please wrap it up, too, [0:23:03 inaudible]?

Lee Aklina: Yes, I can. Thank you. So deadly disease has their own declines and before Jonas Salk created the polio vaccine and that's because physicians and the general public had a way to understanding of how disease was transferred and how to keep that contained. And these recommendations are made by the ACIP and the CDC which have a lot of conflict of interest and that's been documented. In 2000, there was a study done by the Senate -- a Senate Committee that showed lots of conflict of interests between these groups and the big pharmaceutical companies that are making these -- that injections, these vaccinations. That's all I really have to say. Thank you very much for hearing what we have to say.

Steven Jacobson: Okay. Yeah. Thank you very much. Those of you at Molokai, just a reminder that if you wish to supplement or anyone else with their wishes to test -- to present testimony, you may have till the 26th to get written testimony at the address provided. If -- I understand that as the last person at Molokai wishes to speak. If someone else decides that they want to -- if someone else shows up, please let me know. Okay? Otherwise, please feel free to [0:24:34 inaudible] or whatever. Okay. Next up Maui witnesses, if you could sort of some up to the center spot here to testify, I think that makes it easier. And I will announce people in advance, next will be Felicitas Livaudais followed by Stephanie Roberts, followed by Julie Patry. Yeah. And if the other -- if when -- if -- the next [0:25:16 inaudible] people could sort of the standing by poster so we can -- we're now at the 30 plus makers of that as we speak so we may end up being short of time. Please go ahead.

Felicitas Livaudais: Okay. Thank you. Hi, I'm Dr. Felicitas Livaudais and I support the CDC recommendations for changes and the DOH policy for school attendants. I am just a simple pediatrician. I have been in Maui for 17 or 18 years and my work is to keep children healthy and to take care of them when they are ill. It is not only my work but my passion. I love every child I see. I want Hawaii to be filled with resilient and healthy children who will become amazing adults. For decades, vaccines had been so successful at eradicating many common and potentially deadly childhood diseases.

So as a society, our guard is down and we take it for granted that these are diseases of the past. In my over 28 years as a doctor, I have held a baby with congenital rubella. He's unvaccinated pregnant mother went to Egypt and contracted rubella early in her pregnancy. The baby was born blind, had a heart defect, did not smile or coo and was fed by gastrostomy tube. I've sat by the bedside of a once healthy teenager with meningitis night after night while she had a coma. She was in the pediatric intensive care unit for over a month and when she finally recovered, she had lost a kidney and some of her fingertips. She was lucky to be alive. We now have meningitis vaccines to prevent such tragedies.

When Captain Cook opened Hawaii to the world, measles and other diseases killed tens of thousands of native Hawaiians. In Kamehameha II, a strong and robust king journeyed to England and died with his wife for measles. Our islands are not isolated. We do not know the vaccines studies of our visitors. I know the person who brought measles to Maui a few years ago. That one unvaccinated person by choice traveled abroad exposing hundreds of people.

You see, measles is airborne and all you have to do is to be in the same vicinity to be exposed. When the patient came, it was winter during flu season and the clinic was crowded. A herculean effort was made with hundreds of phone calls to track down any one exposed. Babies too young to be vaccinated and people who were in no compromised had to get the immunoglobulin to protect them. We even had a measles tent in the parking lot so people could be checked if for possible measles symptoms.

The effort of the Department of Health and the medical community were truly heroic and the outbreak was contained. It started with a single unvaccinated individual. One of my dearest friends contracted HPV having the cancer. It has been a long and difficult mode for the family with surgery, chemotherapy and radiation. She is a very wonderful person and the cancer -- her cancer could have been prevented had the vaccine been available decades earlier. This vaccine is now available, Human Papillomavirus vaccine or HPV. Isn't it wonderful to have a vaccine to prevent cancer? What I want to say is the reason for our community celebration of first baby luaus.

Back in the day, it was considered lucky for a baby to beat the odds and live their first year prior to modern medicine. But if enough people refused vaccines are heard, immunity will start to fade and the vaccines will return. The vaccine controversy is something ideal with in my everyday practice with patients refusing vaccines and alternate schedules. People are scared we are injecting toxins into their babies which is not true and that vaccines will give babies autism which is also not true. Vaccines are safe. They are effective and they are important and life saving. We, the pediatric community who care for their [0:29:34 inaudible] Maui every day, we implore our children to be

vaccinated against preventable and possibly deadly diseases. Vaccines are a miracle and it is a gift.

Steven Jacobson: Thank you for your testimony. Stephanie Roberts, followed by Julie Patry, followed by Patricia Nelson.

Stephanie Roberts: Can I stand?

Steven Jacobson: Sure.

Stephanie Roberts: Okay. And is this mike up on?

Steven Jacobson: Yeah.

Stephanie Roberts: All right. Aloha, everyone. I'm going to speak to you as well as to the camera. My name is Stephanie Roberts. I'm here as a citizen as a concern parent. I wrote down notes. I typed them up but I'm going to read them on my phone because they're really disorganized. I'd love to do rebuttal to the doctor and the pediatricians but I'm gonna stay focused here. Okay. So, so I'm also very [0:30:25 inaudible]. I'm a caregiver for deaf individuals, individuals with Alzheimer, lots of health problem. I'm a state home parent as well. I work in the community as an interpreter for those who have lost their hearing due to meningitis and other things.

Okay. So I'm concern -- I'm concern about choice and I'm concern liberty and I'm concern about the physical, mental, spiritual and academic success of all children, not just my own. I have sidestep the vaccination issue by homeschooling. But I care about all children. I care about all beings. I've personally been damaged by vaccination. My husband got the measles from the measles vaccination. He's okay and I'm okay. All right. So fair wise, where it's planted the seed of death.

So I have three or four bullet points, what is the vaccination, who makes them, what are the reasons to vaccinate according to the CDC, why are adverse reactions tracked, hint hint, what is the biggest switch to a child's life and overall wellbeing today in 2018 and what creates health and immunity, for real and why we should always have a choice, a personal choice to vaccinate. Okay.

So here we go. Vaccines are defined as a medical products. Vaccines create \$61 billion in US revenue. The top three makers are publicly traded. They answer to their shareholders. In 1975, shots were run around \$10 a piece and we can get too many of them and now, they're about \$385, I don't know how much of that is profit. Okay. The top-seated reasons on the CDC website for vaccinations, okay, the top three, two of them are like for personal choice, okay? The top one is prevention; number two, comfort from fever and rashes;

okay, number three, convenience from missing school and work. Okay, you know, productivity, that sort of thing, that gives a shot when people get sick.

All right. Now, the CDC and the FDA tracked adverse reactions which are about 2% to 5% of babies, so we're not talking flu shots, we're talking babies, just babies, so that's about 200,000 to 500,000 babies a year are tracked as having the adverse reaction. Okay. Now, open that into perspective in a moment, okay. The CDC and FDA recall on average four vaccinations a year. Those are the actual recalled, okay. Many adverse reactions are not even recorded such as mine and my husband's. They also say that many who have low immunity are at higher risk for adverse reaction. I don't know about you but babies don't have a lot of immunity, right? Okay, just we leave it there.

Okay. So let's put this back into perspective, the top four reasons for death in children under the age of 14 are accidents like car accidents and whatnot, homicide, heart problems and asthma, okay? Now, the number of polio deaths from 1951 to 1954, the craziest, gnarliest vaccination and highest risk of death, like 30% of people died, okay. It was like 2,000, 2,000 in one year deaths. Like there's like 10,000 deaths of children from accidents alone. That's a top reason.

Okay. So now historically, for polio and any other disease, pandemic flu, famine, war, chronic malnutrition go hand in hand with disease and poor immunity. Immunity is also intimately tied to birth, okay, and breast milk and microbiome which wasn't even like I thing back when vaccinations were developed, okay? So, in the US, 36.5% of babies are born C-section, 50% are breastfed. Colostrum, the first secretions out of your breasts is like mostly immunoglobulin, okay, that's protective for the mouth, the throat, the respiratory system, the intestinal track which is we now know is like the heart, this epicenter of immunity, okay.

So colostrums, those breast secretions, they're primary immunoglobulin, [0:35:13 inaudible] myself, that's okay, they're good bacteria on top of that protect. Okay. Vaginal birth also covers the baby in wonderful amazing gooey plethora of beneficial bacteria and PH and all of that wonderful stuff. And now, they're taking guys out of the vagina, we may know you can have C-section, they swiped it up all over the baby and they stop scrubbing the baby, wow, they're learning a lot. They're learning a lot but they don't know it all. Okay. So...

Steven Jacobson: Okay. Can you wrap it up [0:35:46 inaudible].

Stephanie Roberts: I'm wrapping it up.

Steven Jacobson: Okay.

Stephanie Roberts: Down to my last bullet point which is the greatest threat to school children is accidents, poor births, poor birth outcomes, lack of breastfeeding. Those who choose natural birth choose breastfeeding and trust in God, nutrition and the microbiomes that passed to true immunity should always have an option. My choice not to vaccinate did not come from fear as the last speaker spoke up, okay. Well, here by the way. From thousands of generations with no vaccinations, we are survivors here, okay? We are survivors. All right. And that immunity is going down, down, down, right, from lack of nutrition among other things. Okay.

So I came to my belief and the better option in eloquent amazing biochemistry which I study and immunity that is better smarter and more effective than any publicly traded medical products. I chose prevention and I chose natural immunity for my children, me being a future blessing in to this community. Why? Because they hold secrets, they hold secrets in immunity that will be studied. Why are they immune? Why are they so healthy?

And let me wrap it up. Vaccination should always be a personal choice, not a mandatory government requirement. And let me remind you that the private school sectors which is lead -- which are leaders in education and in creating future leaders does not require vaccination. Let's give vaccination as a choice for the sake of our lives and for our liberty and thank you all for listening to me shout [0:37:18 inaudible]. And one last thing and that is my father died in HIV and if there's a vaccination, I would not have any of my children take it, I will not take it myself.

Steven Jacobson: All right. Okay. Thank you for your testimony. Julie Patry, Patricia Nelson, Amy Pease.

Julie Patry: I think I prefer to stand too though, right?

Steven Jacobson: That's fine.

Julie Patry: Okay. Because you all took the time to come today and I appreciate that. This is a topic that is close to my heart for my whole life. It's very hard to listen to. So my name is Julie Patry. I'm a resident of Hawaii here, Lahaina. I'm a healthcare worker in Lahaina and I strongly opposed this HAR 11-157. My testimony today is about my sister. I was 8 years old when she was born in 1983. My sister and I were so excited to have a sister. She was a healthy beautiful baby but when she was six weeks old my parent's took her for the first well baby visits, those well baby visits. She refused -- she got her first immunization, the DPT, a little bit early. It's supposed to be in 8 weeks but they decided to [0:38:36 inaudible] to give it early because she was there. Within 12 hours, she had three seizures and a period of high pitched crying.

Our family doctor who gave the immunizations easily diagnosed this as a severe reaction to the DPT shot. From that day on, she had seizures daily, if not, multiple seizures. Our lives were now medical appointments, extended hospitalizations, calling 911. We often had to call ambulances to get IV medications so that they could stop the seizures. Many important events in our lives were balancing active care for her often watchings in the hospital while also carrying on with our lives.

It's time when I became apparent that DPT immunization had also caused severe brain damage. She never talked, she never walked, she was considered profoundly developmentally disabled. There's was no doubt in our minds or any of her doctor's minds what caused this. It was the DPT shot. Because of the overwhelming evidence in her case and the testimonies of her doctors, my parents easily found a lawyer who was willing to represent us in the legal case.

However, that was exactly the time with The National Childhood Vaccine Injury Act of '86 was passed, meaning we actually got a choice. We could choose to sue or we could go to vaccine court. My parents chose vaccine court because a long protective court cases was not going to help my sister. She was awarded compensation. She had a trust fund that [0:40:24 inaudible] to take care of her. But this is in the beginning when that was actually possible, so not that that's true anymore.

It was often very difficult for our family but she also brought a lot of joy. She was a smiling and happy child who really didn't have a care in the world. To be honest, we couldn't say if she had autism because she wasn't high functioning enough to even make a diagnosis such as that. Many, many people remember her for her bright smile and I know that I'm a clinical social worker today because of her influence. When she was 11 years old, the doctors insisted that her compromised immune system would put her at severe risks if she didn't receive the MMR...

Female: No way.

Julie Patry: You see where this is going? The same doctor who gave her the DPT advised my parents that the risk of those illnesses outweighed the risk of MMR vaccination and insisted she have an MMR. He was convinced that because she had a reaction to one, she would not have a reaction to a different vaccination. She got the MMR. She felt ill quickly after receiving it and never recovered. She had the worst seizure of her life. We called an ambulance just as we did many times but they couldn't get the line to give her any valium. She had too many times that she's had valium IV.

They rushed her to the hospital and she was pronounced dead an hour later from cardiac arrest [0:41:57 inaudible] rest. Your body can only take so many

seizures. Her death starts to begin actually **reads** from her neurologist that the DPT was a part of her death, the reason for her death. It was very devastating for my family.

So this is an emotional issue for me, not -- everyone can talk and talk and talk but there's real risk involved and people need to have choices. My sister would be 35 this year. I wish she was here. So this is the legacy of my sister that tell you all her story because vaccine reactions do happen. We're all told that we have to do this for the greater good because the benefit outweighed the risk. For my sister, there was only risk, there was no benefit for her. Where there are serious risks, there needs to be choices, informed consent and choices.

I have a lot of specific concerns about the changes being proposed that I'm going to differ to everyone else who's going to make great testimony here today. I just want to remind people that vaccine reactions are real and it devastate people. I hear them all the time because once you have one, then you start talking to people and they tell you more. My children, they're here today. I have two healthy beautiful boys, they've never had a vaccine and it scares me to wonder what would happen if you gave them one. I could not do this again. They don't know why she reacted and we will never know because really I don't know that our country cares to find out.

I hope that somebody our country will care enough to do the real research that is needed to find out. If Senate is continuing to deny the concerns and our money and profit to rule decisions, until that day, I urge you to remember that vaccine is a medical choice which risks and consequences on both sides. We heard the stories but listen to mine too. This is why we need to have a choice. Thank you.

Steven Jacobson: Okay. Thank you for your testimony. And next Patricia Nelson followed by Amy Pease, followed by Nathan Patry.

Julie Patry: Can I just say one thing real quick before I'm done? This is a picture of her. What it doesn't show is the wheelchair she was in but it's a beautiful picture.

Patricia Nelson: Hi. First of all, I see friends and colleagues of mine on opposite side of fence here. My name is Patricia Nelson. I'm a registered nurse. I've been employed with Hawaii for 45 years since graduating from UH Manoa. I'm here to tell you that I adamantly -- I'm adamantly opposed to HAR 11-157. This proposed mandate in the absence of any national emergency goes against our fundamental right of freedom of choice.

Male: Can you speak up, please?

Patricia Nelson: I can. I'm here also to tell you that bad things do happen to many people when vaccinations are given. I know this personally because my husband got Guillain-Barré from his 2011 flu shot. If you don't know what it is, it's nerve damage with varying degrees of paralysis, kind of like polio. At first, his hands became painful and then he had difficulty using them. He became unable to walk unaided. He couldn't swim. He couldn't drive. And his ability to work in his career ended abruptly.

Bad things do happen to many people when vaccinations are given. I know this professionally because I am aware of two others here on Maui who got the Guillain-Barré from their flu shots. You're told by the CDC that's a one in a million chance. Well, that's wrong. Do we have 3 million people here on Maui? There's another case in Kauai but I don't know that.

In regards to our schools, to be clear, injecting chemicals and viruses into the bodies around minor children is an invasive medical procedure and it's actually inappropriate to do invasive medical procedures on a school campus. What about HIPAA laws? You know, that document you signed at the doctor's office about privacy? What about accidental overdoses such as giving a child a shot he already received elsewhere? There's no chart to reference and there's no parent present to ask. A permission slip is not equivalent to informed consent. A student's vaccine status should never prevent a child from getting an education at a public school.

Female: That's right.

Patricia Nelson: If you want healthy kids at school, then send the sick ones home period. And those students who do get the live virus vaccines should stay home also as long as they have the possibility to shed that virus. What if the child doesn't want the shot at school? If a nurse threatens to give it, that's assault. If a nurse goes ahead and gives it, that's battering. What about reactions? The CDC says there will be some adverse reactions. Are you going to train the teachers to recognize a reaction, to respond to a reaction? Are the decision makers going to accept responsibility for a child who loses the chance to ever even get to have a career or who dies because of this mandate? It's about choice. Giving shots to attend school or at school does nothing to enhance education, it doesn't make school feel like a safe place. It's disruptive. It can be traumatic. Instead of your stop flu at school program, I say stop shots at school.

Female: Yes.

Patricia Nelson: Put medical issues back into medical facilities where they belong. Give the decision making back to the parents, the parents and their doctors, their pediatricians. And what about those newborn babies up here at Maui Memorial? I've been there for more than a thousand births. I can tell you that

those mothers and fathers want the best possible outcomes. They prepared. They've done their homework, they've written their birth plans. Mommas want to hold their newborns. They want to swaddle them and kiss them and nurse them and protect them. But instead, you want to mandate that we nurses stab them a sharp object, put ointment in their eyes, cause them pain and confusion and fevers and maybe brain swelling and maybe seizures. And I didn't write this but both of my daughters have vaccine reactions reported to theirs.

Steven Jacobson: Okay. Can you finish [0:50:34 inaudible]?

Patricia Nelson: Almost. How can anyone think that that's the right way to welcome a baby into the world? It's violent. It's dangerous. And I'm hoping that today you'll learn why it's almost always unnecessary. The negative healthy mom, they've been tested for cephalous, there's a lot that can be done and we know that a lot of these immunizations are unnecessary.

Thank you for listening to me. I didn't have time to give into talking about fake placebos and all sorts of other study issues. But while the next speaker is coming up, let me ask you, I want you -- oh I'm sorry, you have to go Fely. Okay. I want you to think about who is the most important person in your life that you love the most and I want you to imagine how your life would be if that person became the next casualty because of the mandate. Thank you.

Steven Jacobson: Okay. Amy Pease, Nathan Patry, Eric Day.

[indistinct chatter]

Steven Jacobson: Can you speak -- can you speak -- can you be loud? Can you speak? Yeah.

[indistinct chatter]

Amy Pease: Well, hi everyone. My name is Amy Pease. Hi. I'm a mom of 3. I actually moved to Hawaii just over two years ago. One of the main reasons that my family moved on [0:52:24 inaudible] my husband and I moved, one of the main reasons was the mandate in California. The law is requiring my daughter who's just going to kindergarten at that time to not be able to use the religious exemption and then all, you know, vaccines will be required for her to attend public school even the charter school which is public as well. And that was a huge push for us to move out of the state that I was in for, you know, 30 something -- 30 years, something like that. I love Hawaii though.

So we're really happy to be here but when this came up, it rose a huge red flag for me. I'm very concern over this. And my belief is what we've been hearing a common theme here today is the personal choice and human rights. And I feel like I have to speak very uncomfortable for me to be up here but I felt I

have to speak how I feel about this because this is a violation of your right of [0:53:20 inaudible] no choice and our human right.

You know, little to no research is done on the safety this vaccine [0:53:29 inaudible]. I have a biology degree and I'm all about [0:53:31 inaudible], show me the numbers, show me the statistics, all that stuff and then, you know, [0:53:36 inaudible] educated decision on that. And there is not safety - - any safety studies shown underneath the benefits and even the effect for vaccines.

And in 1976, there is a Toxic Substance Control Act. It was actually grandfather then to our law allowed over 65 -- between 65,000 and a hundred thousand chemicals to be used now on personal therapy. Okay. That was way back in 1976 and we're seeing the repercussions of how that happened. Okay. There's long term effects of what we're exposing our bodies to. I feel like we have -- the leading cause of death in our nation second leading cause I should say is cancer. Ten percent of that, five to ten percent is genetic, the rest is environmental.

It's what we're exposed to on a daily basis, what we're putting on our body, what we're putting in our body and what we're injecting to our body. So I feel like, again, that comes down to personal choice. I'm going to choose organic, I'm going to choose to eat non-GMO, I'm going to choose to use non-toxic cleaning products and personal care products. I'm limiting my family's exposure to toxins and I'm also doing that by not vaccinating my children my choice, okay, because the ingredients that are in the vaccines are genetically modified organisms, formaldehyde, preservatives, aluminum, mercury, hello.

I mean, maybe it's in small doses, but you're injecting that into the tissue in your body which is going through a completely different [0:55:00 inaudible] process in our body and if we will breathing it in or ingesting it. So severe effects, long term cause have not -- we haven't -- we haven't determined that yet and I feel like as a state, as a community, we have the right to make that choice, personal decision for our families, so the benefit of our family. And I feel like we can tell those numbers and tell that research is in place, you know, then maybe we can revisit this discussion, you know, years down the road, but for now, this is -- this is my belief, what I believe in and, again, it's not my -- it is a personal choice and part of our human rights for -- to be -- ours to be our decision. Thank you very much.

Steven Jacobson: Nathan Patry, Eric Day and Lora Casim [0:55:54 inaudible].

Nathan Patry: Okay. Aloha. My name is Nathan Patry, a Westside resident, speaking as an individual today, as a parent and as a member of Hawaii For Informed Consent. I got a little emotional here in some of these previous testimonies.

Pardon that. Well, I'm here to oppose HAR 11-157 and I'm going to speak to some of the -- maybe the administrative side of it here, the problems with it.

The DOH submitted the application to the Small Business Regulatory Review Board, SBRRB, entitled Pre-Public Hearings Small Business Impact Statement to the Small Business Regulatory Review Board received on June 27th, 2017 by **Ms. Dori Popovich**, administrator. There are many problems with this impact statement which will be presented here at this public as a matter of record and the concerns are as follows: one, through a UIPA request of the SBRRB, Ms. Popovich's records showed that the SBRRB received the DOH's pre-public hearing small business impact statement to the Small Business Regulatory Review Board on June 27th, 2017.

In addition, the DOH also submitted at that time two documents, a version of HAR Chapter 11-157 dated May 26th, 2017 and a copy of DACIP guidance. On July 19th, 2017, the SBRRB voted to send the proposals rules dated May 26th, 2017 to a public hearing. However, the version of Chapter 11-157 dated May 26th, 2017 is different from the version of this currently posted on the DOH website which is dated September 5th, 2018. The September 5th, 2018 version was also the version that was debated on a public hearing on Oahu on November 1st, 2018 and will be the same version for the remaining hearings on the other islands.

There are **[0:57:40 inaudible]** differences in these versions of Chapter 11-157 relating to the tuberculin testing on the process to move these proposals to public hearing shouldn't have been halted what was not. Question, was the DOH legally or ethically require to submit an updated Chapter 11-157 at minimum to the SBRRB or at least disclose this information to the SBRRB?

Number two, on page two question one, basically asks how small business may be adversely affected by the proposed rules. The DOH responded, "The healthcare provider should not be adversely affected by the proposed rules childcare centers, compulsory schools and post secondary should not be affected by the proposed rules." Question, what documents, notes or additional information the DOH used to support their assertion that these providers "should not be adversely affected?"

Question, what additional written information, testimonies or summaries of information were submitted by healthcare providers, childcare centers, compulsory schools and post secondary providers that support the DOH's claims that these providers "should not be adversely affected?" Number three, page two question two asked for dollar amounts have increased direct costs and fees, funds and indirect cost including reporting, record keeping, equipment, construction, labor, professional services, revenue loss or other loss associated with compliance. Well, the DOH's response was, "increase

indirect cost associated with enhanced screening and record keeping may be incurred by some schools and post secondary schools.

The department does not anticipate any increase cost associated with compliance with the healthcare providers." However, no dollar amounts were provided as required. Question, the DOH admitted that, "Some schools and post secondary schools" may incur increase costs. What are these estimated dollar amounts? Question, what information that the DOH used to assert the healthcare providers are not anticipated to incur any increased cost.

Number four, page two question three, ask for the probable monetary cost and benefits to the agency or other agencies directly affected. Question, the DOH stated that it estimates that the additional requirements necessary for implementation have been determined to be \$60,000 for the first year and \$5,000 for additional years. Where is the cost analysis showing up? The DOH arrived that most of these figures and what is the plan the DOH intends to implement to achieve these goals? Question, since the Department of Education is another agency that will be affected by the additional record keeping and monitoring as described in the proposed rules, what information that the DOH used to determine the probable monetary cost for the Department of Education to implement these additional requirements?

Steven Jacobson: Could you please kind of wrap it up [1:00:17 inaudible]?

Nathan Patry: Okay. [1:00:19 inaudible]

Steven Jacobson: Okay.

Nathan Patry: Number five, page three question four asks for the message the DOH considered or used to reduce the impact on small business? DOH's response was the training provided would assist the providers and affected organizations to understand the changes to the requirements so that they would be able to screen records appropriately. So question, when small businesses are required, provide the manpower to implement the recommendations proposed by Chapter 11-157, exactly what are the expected duties necessary to properly screen documents and what are the estimated costs and manpower and supplies needed to satisfy this requirement. Thank you for allowing me to answer on the record.

Female: Thank you.

Nathan Patry: I'm also an educator.

Steven Jacobson: Thank you. Before the next speaker, we have 26 more people who want to speak. We have 60 minutes, so it's about two -- between two and three minutes each to get everybody. If we could please...

Female: Somebody asked that phones be put on airplane mode.

Female: [1:01:19 inaudible]

Steven Jacobson: Please put your phones on airplane mode. Okay, we're at the 28 with an hour to go. So if you could please keep your comments to around two minutes. Please understand that you can submit written testimony with -- include everything you want to say in those elaborate details as you wish but we do have 28 people who want to speak and we have an hour to go and that isn't -- oh, and that the address should be around the table somewhere. And since someone asked, we have an hour to go, let's see, that would be email to immunization@doh.hawaii.gov.

Female: Can you repeat that? I'm so sorry.

Steven Jacobson: Immunization@doh.hawaii.gov or -- that's email. By mail to the Disease Outbreak Control Division 1250 Punchbowl Street Room 443 Honolulu 96813. Have I said that too fast? No? Okay. [1:02:45 inaudible].

Female: I have a question that my friend was asking, I was told that a lot of times the emails that are sent around specific email address that you posted are actually gone to a junk mailbox and that a lot of the testimony, potentially all the testimonies won't be seen?

Steven Jacobson: I've never heard of that before. If you're concerned with that, send it both to the email address and to the post office address. And those are both in the -- both of those addresses are in the announcement of this hearing which is on the DOH website.

Male: I think we should keep on taking testimonies till everybody is done. I don't see a reason to cut it off after an hour.

Female: Yeah.

Steven Jacobson: Well, we have -- the point that it has -- we can only have the room till around 4 o'clock.

Male: Someone else can wait. This can over.

Female: I think they can wait. Yeah.

[indistinct chatter]

Steven Jacobson: Sir, we have as -- we have an allotted amount of time. We can extend it for a few minutes. [1:03:49 inaudible] we need to keep going. Okay. Eric Day.

Female: If we're not allowed to be heard today, we should be able to come back.

Female: Yeah.

Steven Jacobson: You can, you...

Female: [1:03:57 inaudible] to be here, I want to be heard.

Steven Jacobson: You can -- you can submit your written testimony. Well, hopefully trying to get everybody...

Male: Request further hearings.

Female: Yes.

Steven Jacobson: Okay. So Eric Day followed by Laura Hassen followed by Nicole Apoliona. Apoliona.

Eric Day: My name is Eric Day. I live in Kihei. I'm here speaking as an individual and a father of healthy toddler. I strongly opposed this bill R11-157. I'm also here testifying as a member of Hawaii For Informed Consent. We strongly opposed the bill as well. If you haven't heard about us, go to our website, I have information I can give off after the thing outside. H of IC is a nonpartisan group advocating for your right to choose or refuse any medical treatment or -- any medical treatment or procedure.

Truthfully, I shouldn't even be here. I should be at the park pushing my little girl on the swing and enjoying life with her but I'm not. Why? Because in 2013, the Department of Health SP1138 gave them far too much power with the citizens of Hawaii. The DOH does not represent the people. They have too much power. They don't have the same checks and balances as our government does in the legislative process. The DOH represents the CDC and the pharmaceutical interests that fund them. Look it up, fact truth.

This is a bill -- this bill is not about public health, it's about profit. Let's get into it, I'm going to talk fast, this bill cannot be made a law. Promoting mandatory vaccination for entire populations with products that essentially rely on manufactured data for their general safety and efficacy, as a breach of the precautionary principle. And as such becomes a force medical experiment. Your kids are medical experiments. Think about that. Did you know that your babies and children are called post marketing safety surveillance? Fact, look it up, that's what they say on the Advisory Committee on Immunization Practices when they recommend more vaccinations.

And the recommendations, they're not laws. Our state and our Department of Health is trying to make this a law. That is wrong. It's unethical. Stand up. [1:05:55 inaudible] place. It's cheaper for the manufacturers to see adverse events after the vaccination. The public are the guinea pigs and the lab rats. They don't do long term premarket trials or studies. They're not required to. Did you know that the premarket trials are only use healthy individuals? But that's not science. Vaccines are not a one-size fits all solution. I'm not a doctor or scientist but I know this.

The manufacturers have zero liability for any vaccine injuries. They're protected by federal law in 1986 National Childhood Vaccine Injury Act. They don't have to do the research since the helpers of vaccinations [1:06:26 inaudible] by individuals, everybody here. Department of Health and statewide must ensure the fully informed consent is left in place and preserved. Parents have the medical decision choice for their children and themselves. When there's risk, there must be choice.

Humans have many genetics variations, mitochondrial disorders, allergies. The science is there. The kids are looking for foods, ingredients in vaccines. Did you know that the above list of people are not included in the premarket trials? OMG. They say -- **that's the monitor**. They say it would be unethical to include those people in the above list. Hmmm, unethical? Do you know what's unethical? A crime against humanity.

Female: Yeah.

Eric Day: Injuring the public, lab rats. No, we are not your lab rats. This is what's being done to our children. Yes. [1:07:09 inaudible] ask this question and demand an answer to the public health, how is ethical legal to mandate these vaccines for the general public when unbiased premarket trials and studies have never been done? Adverse events to vaccines are guaranteed because of this lack of doing science. Did you know [1:07:22 inaudible] premarket trials of HPV vaccine? Did you know there's been over fifteen hundred thousand six hundred thirty four severe adverse events. I'm not talking about swollen arm, severe.

Female: Including death.

Eric Day: And they're only 1% to 10% of these adverse events have ever been reported. We can prevent this cancer with early detection. This is the only preventable cancer there is and zero side effects. Department of Health, my child is not your experiment. Department of Health, we think you're all educated. Really? You're going to mandate some HPV vaccine with the knowledge of this information? I'll tell you this, if you do, you're implicit in a crime against humanity. This bill is illegal according to US law. Does everyone here

whether your Supreme Court acknowledge in the case [1:07:58 inaudible] the Congress considers the vaccines are unavoidably unsafe. It says that.

I'm here to literally remind government employees or Department of Health officials, no. You can turn back into the state. There's a false claim according to US law. This is a fact. US law regards vaccines as unavoidably unsafe. This decision comes from the language in the 1986 National Childhood Vaccine Injury Act. They are all unavoidably unsafe according to the US law. In fact, in the recent lawsuit against the Department of Health and Human Services, Robert F. Kennedy Jr. and Del Bigtree proved that not a single required by annual report on the safety and the efficacy of vaccines that's ever been submitted to the Congress for over 32 years. That's a blatant disregard of US law and so is this bill. [1:08:41 inaudible] this is our hearing. I have a few more questions for the Department of Health [1:08:44 inaudible] but I don't want to take testimony away from people but -- okay.

Steven Jacobson: Please understand.

Eric Day: I respect everybody here. Thank you for coming.

Female: Thank you.

Steven Jacobson: Okay. Laura Hassen, Nicole Apoliona and Lori Auldridge. Go ahead, please.

Laura Hassen: Thank you. I want to thank all of you for being here. We are all here because we love our children. I'm here as a pediatrician and a parent. I'm here representing my colleagues which can I present -- do I give to you the list for...

Steven Jacobson: Sure.

Laura Hassen: [1:09:17 inaudible]

Steven Jacobson: If you get this thing. Okay.

Laura Hassen: Okay. They could not be here today. I'm representing my colleagues who are medical professionals who care for the safety of Maui. We support following statement issued by Hawaii Permanente Medical Group. We wholeheartedly endorsed evidenced-based recommendations to enhance some education requirements in Hawaii. The proposed rule changes will conform as current national recommendations by Centers for Disease Control and Prevention and the American Academy of Pediatrics.

We believe the recommended vaccines are safe, efficient and cost-effective way to protect against vaccine preventable diseases. I personally believe one of my most important tasks as a pediatrician is to promote wellness in children

by giving them vaccines. Although we're here to support updating vaccine requirements for school children, it's important to understand that the impact of these vaccines go far beyond schoolyard. The more children who are vaccinated on the recommended schedule, the last chance for vaccine preventable diseases such as pertussis, mumps, measles and many various in circulating community.

This in turn protects infants and chronically ill children from illnesses which can be fatal for them because they are too young or any [1:10:28 inaudible] from the medical conditions to receive vaccines. The term herd immunity is used to explain this, when a large proportion of the community is vaccinated, the spread of that disease is limited so that the few and then, yeah, and people in the community are protected from that disease. Depending on the contagiousness of the illness, vaccine rates of 80% to 95% are needed for herd immunity to take place. Unfortunately, we're far from reaching those numbers because children are not getting the vaccines. We're not protecting newborns and our sickest children when we do not even ourselves were able to receive vaccines. Thank you for your time and thank you for supportive of the proposed rule changes.

Steven Jacobson: Nicole Apoliona, oh, I have a problem with this name.

Nicole Apoliona: Apoliona. Apoliona. Thank you.

Steven Jacobson: Followed by Lori Auldridge and then followed by Celeste Baldwin. Baldwin or Baldwin, I can't [1:11:27 inaudible].

Celeste Baldwin: Baldwin.

Steven Jacobson: Okay.

Nicole Apoliona: And Dr. Nicole Apoliona. I would like to submit my testimony for the record, for the recording and also I would like to make some remarks to the room. I am here representing the Hawaii Academy of Family Physicians as president of the Hawaii Academy of Family Physicians representing over 330 family physicians in the State of Hawaii. Hawaii Academy of Family Physicians has a strong support of these -- of HR11-157, HAR 11-157 to support national evidence-based immunization schedule followed in every state in the nation.

The American Academy of Family Physicians also endorses its immunization schedule that is based -- which is followed by all family physicians throughout the country. I'm also speaking as a mother of two children and a native Hawaiian. We strongly support the changes to the school examination in reporting rules to modernize the process and standardize reporting to the Department of Health. Vaccinations have been proven scientifically to

prevent serious and potentially fatal infectious diseases without significant documented harm.

Now, my testimony to the room, in case you didn't have the chance to read the rules or the hearing statement is that this is not a hearing and a bill to make a law, this is a hearing on a rule update from the Department of Health. The rule stands today, vaccines are required today for school attendance or at least reporting for school attendance. The changes to the rule that we are testifying on today that this public hearing is about include the definition of physician [1:13:17 inaudible] license natural [1:13:18 inaudible] physician where it hadn't in the past.

A school is define as a congregate setting for educational purposes. So vaccine requirements are updated from 2001 which was the last update, 17 years ago, to the current recommended vaccination schedule by the American Advisory Committee on Immunization Practices. It made minor changes to our immunization documentation as reported. Medical exemptions must be reported on standard form for particular immunizing agent that is medically contraindicated due to a stated cause for a specific period of time in conformance to standard recognized medical practices.

We're talking -- people talk about religious exemptions, they are so -- they are allowed now and they are still allowed in this new rule. I just want to make sure we're all clear on what's being proposed here. Religious exemptions are unchanged except for the reporting format. They're now reported on a standard form to the Department of Health. This will make sure that all -- they're all reported on standard form. It asks the requirement for pre-7th grade physical clarification. It clarifies rules for school attendance during the provisional period if the child is -- has not been fully vaccinated but it's ongoing through the vaccination process, it clarifies the rules for that.

It states that schools shall report twice a year, the provisionally admitted, excluded because of failure to comply or exempted students of standardize reporting form. Those are the changes. The rule exists, the vaccination requirements exist. We are testifying today on the changes. That's part of the new immunization schedule.

Female: So you're on schedule, that's why we're here?

Nicole Apoliona: So I just...

[indistinct chatter]

Nicole Apoliona: But we're not all talking just about HPV, we're -- a lot of talks has been about...

Steven Jacobson: Okay. Please be courteous to the speakers. You don't need to argue with them. Okay.

Nicole Apoliona: Thank you.

Steven Jacobson: Lori Auldridge followed by Celeste Baldwin followed by Chava or Chara.

Female: [1:15:31 inaudible]

Steven Jacobson: Here, yes.

Female: [1:15:35 inaudible]

Steven Jacobson: You can, just...

Lori Auldridge: Okay. So I'm just going to read from my paper so that I stay on solely standpoint. I'm Lori Auldridge. I'm a mom of three and I opposed HAR 11-157. I am not pro-vacs and I'm not anti-vacs. I don't believe that being opposed to 11-- HAR 11-157 makes a person anti-vaccine. I think there needs to be less emphasis on the sides of an issue and emphasis place on the issue at hand which is the proposed vaccine requirement changes by the Department of Health, a lot of us do understand. Here are my questions. Is there anyone in this room has voting power or who will be making decisions on the outcome of HAR 11-157?

Female: No.

Lori Auldridge: No. So if not, it was assigned earlier by the moderator that they will review -- that they'll review the transcripts, so I'm kind of wondering if they'll respond at all or, yeah, or what acknowledgment we'll get that they actually read the transcript because they handed it is one thing and reading it and considering it and how they [1:16:44 inaudible] points or whatever is something like another. What proof will we be provided that the deciding persons are hearing our concerns at all, right? What proof will we have that our concerns and questions are being genuinely considered because honestly, at this point from where I sit, that these hearings are all for show and the decisions passed HAR 11-157 has already been made.

Here are my concerns. I'm concern about the wording which I have read. It's too vague and inconsistent, it paves the way for our individual choice and medical freedoms to be taken away starting with vaccine mandates in schools. Plus the exemption forms that the ACIP recommends are too strict and don't truly give parents choices. There is no choice if our options are vaccinate or get a strict medical exemption that has to be approved by secondary individual. That isn't the parent deciding what is best for the individual child that is literally allowing someone else made medical decisions for your child.

How can a doctor who sees a child for 10 minutes every six months know what is best for that individual? The religious leader doesn't get to be the expert on religious exemptions because of individual beliefs. Relationships of God or a higher power are very personal. That's where the roll of involved the parents essential. HAR 11-157 were choices paved away for parent's rights and medical freedoms to be taken out of the equations. [1:18:18 inaudible] exemptions and other choice is a restriction of choice. Forcing someone to do something that they don't want to do is bullying and I have personally been bullied by medical professionals.

The Department of Health made such overreaches. I don't agree with the 2013 vote to allow the Department of Health made changes outside the legislative process. Unfortunately, I was unaware of this motion back in 2013 when I was pregnant and I'm opposed to it now because it affects me which brings up this point; just because something doesn't personally affect you now doesn't mean it won't affect you later. I highly encourage parents of young children or parents to be to pay attention. Individual freedom is the core belief and foundation of this country.

This may not personally affect you at the moment but our individual rights have been whittled away. Why made these changes? That is my biggest concern. There are no medical problems in our schools that warrant these changes. I have a problem with the word outbreak being overused and sensationalized by the media and the Department of Health to free unnecessary fear. Why made these changes? Just to say you made changes while in a position of power?

I believe the Department of Education has more pressing issues that they need to address like budgeting, teacher shortages and the quality of education our keiki are or are not getting. The sentiments of No Child Left Behind when it comes to education appeals to people because it honors the individual, it implies that every child is important because they are. That same individuality should be given to medical decisions because every child is important. And my final thought is with the HPV vaccine, what on earth kind of gatherings are happening in our schools that our children need a vaccine against a sexually transmitted disease?

Steven Jacobson: Thank you for your testimony. Next is Celeste Baldwin followed by Chava or Chara and William Kepler.

Celeste Baldwin: Okay. Hi. My name is Dr. Celeste Baldwin. I'm an advanced practiced RN. I've been in pediatrics for 42 years. I've been a nurse for 22 years. I teach nursing at the college and work in OB. I take care when you have babies and I bring my nursing students to take care of you as well. We visit you in your homes. We also see you in the clinic. So my cry for you here is I've listened to you guys, I ask that you listen to me and not give me dirty looks if you can

help it. Okay. I'm here because I care about kids too. I have three kids that are grown. I have four grandchildren under five, all have been vaccinated and the reason is that we want to protect them from diseases that are running around in our community because people are not vaccinating. And people who are sick that are taken care of in pediatrics over the course of the years have all contracted communicable diseases when they were immunosuppressed, suppressed that cancer, they had debilitating diseases.

So I think the important thing here is to make sure if you're going to bring testimony, you made sure that it's evidence-based. And that means that it should be a broad review of the literature and not just heresy if you're going to stand behind it. So some of the things that have been said today I don't believe aren't true and I'm here to tell you that the HPV vaccine is very important. I'm going to tell you why. I'm going to tell you why, because your children are not going to be children forever. And if you can prevent a cancer, I don't see why you would never ever do it.

[indistinct chatter]

Celeste Baldwin: There's plenty of reasons. Anyway, I rest my case and I wish you a lovely holiday.

Steven Jacobson: Okay. Chava followed by William Kepler followed by Kiii, name that begins with -- last that begins with K.

Chava: Oh, doctor, you're leaving?

Male: Don't you wanna be educated?

Chava: Probably good timing because...

Steven Jacobson: Yes, but please don't argue with other folks. Let's proceed.

Chava: Yes. Hi. What's up everybody?

Female: Hi.

Chava: Thank you so much for being here. I almost didn't want to come, because I really feel like this is a complete joke. If it wasn't a joke and they wanted to hear our opinions, then they would be here behind us.

Male: Yeah, I agree.

Chava: If it wasn't a joke and they didn't have a plan and action already, this would not be happening on a Friday afternoon between 2:00 and 4:00 PM when you're all picking up your kids from school. We're having to hire a babysitter

to come here and give testimony. I'm blessed. I'm lucky. I'm so grateful that I found out about this information prior to having children myself because now, I can make an educated decision and I know -- ladies, this has nothing to do with you and I think you probably are doing what you believe is best and I'm not. But people that are high up, they know what's going on. They have the schedule ready. It's going to be unfolded. It's coming and the way you're going to stop them is not by playing defense because what you're doing right now is this room, you're a high school football team and you're playing against the NFL.

And you're going to continue to play defense and you'll push it back for a year, you'll push it back for two years, you'll push it back for three years but eventually, they're going to score the damn touchdown. But what you have to realize is that these outdated frame of mind ideas, the NFL, their time gets screwed too but they grow up and they have to retire. And all of those high school kids are going to grow up and become the next NFL and one day it's going to be time for you to budge and step to the side of your children and what they know.

But right now, you're sitting here fighting something that's already done. I've never ever, ever, ever in my life found a group of more dedicated smart talented parents who care about their children so much that they go and spend time doing hours and hours and hours of research, 400-page papers. I mean, I reach out in a second and I have so much pro and against information in front of me and I could go for weeks and weeks and days. I go to my doctor, they give me this little pamphlet to read and that's it, you swallow the information and you take it for what it is because I know better than you.

No. Never ever in my life have I met a group of more powerful dedicated amazing people than I have for the parents that actually witness their children going through this and fight for children and not just say okay because the doctor said that I'm going to take it and say -- so stop, stop playing defense, go to college, learn, learn. Every single one of this people on this court has one connection or another or something is going on. How many doctor's offices are getting payouts from their insurance companies based on how many people and they practice, they do and do not vaccinate? And how many people are they sending away because then they get money taken away from their practice? Do your research and call every single one of those people out individually.

Female: Exactly.

Chava: Just go to court. Take them all to court.

Steven Jacobson: Do you have anything you wish to say about the regulations?

Chava: I would say that I very strongly opposed this bill.

Steven Jacobson: Can you wrap it up, please?

Chava: ...given primarily on [1:26:07 inaudible].

Female: [1:26:07 inaudible]

Chava: Thank you so much but I want to give it to all the mommies in the room too. I want to say the biggest reason I opposed it is because I believe in my own civil liberties.

Male: Absolutely.

Chava: And so do you and you're not victims and you don't have to fear as long as you eat healthy and you do -- everything you do mentally, spiritually, and cleans yourself and if it gets to that situation, that's for you to decide but it's not to be mandated. And I'm going to leave it at that and to tell you how serious I am about this, I'm moving off this island and I'm getting a plot of land where I can actually afford to buy land right now and I'm growing my own stuff and I'm going to home school my kids and I will be back but I would be back when I'm not dependent on any of your infrastructure. Thank you.

Steven Jacobson: Okay. I skip over one person but we'll pick that up. William Kepler, Kiii whose last name begins with K and then Kate Griffiths. Go ahead.

William Kepler: Thank you.

Steven Jacobson: Excuse me. Just one more thing. Reference of the last speaker was that there's a lot of academic papers out there. You have an opportunity to submit written testimony. Submit written testimony that cites those articles, okay? If you want them to be taken into account, submit the written testimony. Because once these regulations are passed, it is possible to challenge them in court if anyone wishes to. But if nobody has put the articles they want to rely upon into the record, then they can't rely on them in the court case, okay? And I should have said that I usually do that in the preamble I said, but you get to make sure you're getting the information. I'm also -- as hearing officer at Kona before it exploded, okay, for the people who were focusing over there. They -- I -- they were talking about the articles but nobody ever submitted the darn thing and I was trying to argue. The [1:28:07 inaudible] to go find. Anyway, go ahead, sir.

William Kepler: Thank you.

Female: Please go, thank you.

William Kepler: Ladies and gentlemen, my name is Dr. William Kepler. I have been on Maui since 1970. I have three children and eight grandchildren, seven of which were born on Maui. I worked with John Briley for many years and with these ladies here for a fewer number of years. The purpose of my testimony today is to recommend that the State of Hawaii and the counties involved [1:28:51 inaudible] continue to follow recommendations of the communicable disease center regarding vaccinations.

You know, I've heard a lot of wisdom today. There's no question about that. I am deeply affected by children who have been hurt by vaccines and I am very much affected by stories of people who watched family members. And I think I need to listen to that as a pediatrician and mostly as a man. I graduate -- I'm retired from my pediatrics practice in 2005 but I continued to do my sexual assault work with domestic violence people and with child abuse. I find that extremely rewarding and I believe that I'm doing a good thing for the community.

It's a weighty question to this because we have rights of the individual coming against the rights of the community. And I do believe that John Briley and I have worked -- before I came to Maui in 1970 and we had about 15 case of meningitis a year. John and I have worked side by side even though we were in competition of each other, you know, in our practices. We worked side by side saving the lives, saving the heron, saving the brain power, saving the bodies of children who have meningitis. I've done hundreds of spinal tests. We've treated countless children with antibiotics. Since 1982 or so, the Hep vaccine came out. It was been modified and changed, since then [1:31:17 inaudible]. But we have almost zero cases of meningitis now. I mean, when was the last time you saw a case of meningitis, Fely?

Fely: A long time.

William Kepler: Yeah, a long time, long time. So I don't think we -- that's 15 cases a year that have been saved and I believe primarily by the Heb vaccine. So when I think about the kids who had vaccine reactions, I'm very sorry and it hurts me. But I'm also glad that I and other doctors like me have saved those 15 children a year from getting meningitis and I believe that happened. I believe it still happens today with other diseases. Well, I don't think Dr. Briley had mentioned that he had polio. Did he mention it?

[indistinct chatter]

William Kepler: Yeah. He even [1:32:17 inaudible] now when I met him, he was pretty strong. I mean, he's all [1:32:21 inaudible] but he now has polio symptoms and he can barely walk. So...

Female: So are we his private medical inspirations so that's [1:32:32 inaudible].

William Kepler: This is not -- it's totally not HIPAA related. I don't want to say anymore. I need to yield for. I just want to say that I believe there are rights of the community that are different from the rights of the individual. It's a terribly, terribly important question. I don't want my children going to school with kids that are not protected and [1:33:01 inaudible].

Female: [1:33:02 inaudible] are you vaccinated?

William Kepler: If they aren't vaccinated, we don't want that, okay?

[indistinct chatter]

Steven Jacobson: Okay. This isn't an argument. Excuse me.

[indistinct chatter]

Steven Jacobson: Excuse me. This isn't an argument session. Okay. This is for testimony.

William Kepler: Yeah. This is my -- this is my...

Steven Jacobson: If you disagree, submit your testimony.

William Kepler: And, of course, there's a lot of argument from what you said, a lot of that make sense but a lot of it doesn't.

[indistinct chatter]

William Kepler: I'm sorry. I'm not going to get into an argument with you guys. What I'm saying is real. And I'm saying that pediatricians do feel for their patients that's why we exist.

Kiii: I hope so.

William Kepler: So that's my [1:33:54 inaudible].

Steven Jacobson: Thank you for your testimony. Kiii who's last name begins with K.

Kiii: [1:34:04 inaudible] is it possible [1:34:08 inaudible] right now? Is it possible?

Steven Jacobson: Excuse me?

Kiii: Someone is on the list that has to be on his way to pick his children. Can he take my case for now? Is that not okay? It has to be right now.

Steven Jacobson: You're Kiii?

Kiii: I'm Kiii.

Steven Jacobson: Okay. That's fine.

Kiii: Thank you so much. I appreciate them. Yes.

Nakiaweawe Kanekoa: Thank you. I appreciate it.

Steven Jacobson: Could you identify yourself please?

Nakiaweawe Kanekoa: Oh, yeah. My name is Naki Kanekoa.

Steven Jacobson: Okay.

Nakiaweawe Kanekoa: So I'm Nakiaweawe Kanekoa. I am signed up here. We just switched places because I have to leave right now. I just wanted to testify and read something out that we're all very aware of breaks and obvious and can be a light subject but we're here in Hawaii, right? We're here in Hawaii. Hawaiians do not come from anywhere else in the world. This is where [1:35:05 inaudible]. It's the only place we exist. This is the only place that we have home. Please at least consider, hand it to us if you need to. But for the board who's been in a silence as far as the years that our words are falling off.

So everybody here is, you know, stand on different sides. No matter what that looks like, what the equivalent is of that, Hawaiians are feeling this **heart**. We have a healing system that goes back thousands of years. It's not the best for everybody but give us a chance to enact it still. Maybe it's not a religious thing, it's a Hawaiian thing, okay, and everybody can support that no matter who you are and what side of the fence you stand on. Think about the Hawaiians and I hate to be the only one here saying that because I know I'm not. And it's only because I have to leave right now get to be the first one. But please consider that above and beyond all things where we stand and the importance of where we stand and who upon this little rock stands with us. Mahalo, kokua, mahalo all of you. Thank you much. I'll be back.

Steven Jacobson: Okay. Kate Griffiths. Yeah. Followed by Pohaku [1:36:46 inaudible]. Okay. Thank you. Okay.

Kate Griffiths: Hi. I'm going to actually face to the recorder because I don't think it's going to be picking up everything so I'm -- hi. So my name is Kate Griffiths and I'm the publisher of the Mauimama and I feel like this is dejavu. Last...

Female: [1:37:05 inaudible] on that side, right?

Kate Griffiths: Well the -- okay. Last year, there was...

Steven Jacobson: Put that in front of you [1:37:15 inaudible].

Kate Griffiths: Oh. Last year, there was a mandated vaccination bill SP2316 that actually got tabled. Hundreds of mamas and parents and people vote in to testify against it and actually, it got tabled and what they said last year was and I will quote, the statement was, "they will draft a resolution recommending the Department of Education will work for the Department of Health to create educational materials to parents of all students." So you can imagine my surprise when we're doing it all over again, they're now trying to mandate vaccination through a different way.

I have grave concerns about the HPV vaccine. Now the Mauimama, I don't advocate for vaccinations. I don't oppose vaccinations. What I advocate is for the parent's choice. This isn't about whether vaccinations are right or wrong, this is about whether we have the choice of what we put into our children's bodies. I want to make that very clear about the stand I'm taking.

So I do have a document that I want to submit to record. It is from the American College of Pediatricians. And back in January 2016, I wrote, "The American College of Pediatricians is committed to the health and wellbeing of children include the prevention of diseases by vaccines. It has recently come to the attention of the college that what are the recommended vaccines could possibly be associated with a very rare serious condition of premature ovarian failure, also known as premature menopause." So if we have the American College of Pediatricians speaking out against vaccine, I am totally surprise that it's now put on for mandatory vaccinations for 7th graders.

Steven Jacobson: Are you submitting this?

Kate Griffiths: Yes, I am.

Steven Jacobson: Okay.

Kate Griffiths: I'm submitting that for the record. So as I said, whether you agreed vaccinations or not, that is not my belief right now. My stand is the right as parent to choose what we think is right for the health of our children. Our religion and spiritual practices are as human rights. Vaccinations are not the only way to vaccinate. For example, we actually have a homeoprophylaxis which we can do here on the islands. It's a great homeo pattern haiku that does this. And with recorded risks and side effects and knowledge of vaccination ingredients, it should always be a choice. In fact, we made an ad where there is risk, there needs to be a choice.

Mandatory vaccinations, you're asking a parent to choose whether to vaccinate or send their child to school. This could be considered force vaccinations and your unwilling recipient is by definition a medical intervention. A medical

intervention is carried out without consent of the patient or the patient's parents. So I stand here today to stand up for choice of a parent and to strongly oppose the HAR 11-157. Mahalo.

Steven Jacobson: Thank you for your testimony. Pohaku Kahooahanohano.

Pohaku Kahooahanohano: Kahooahanohano. And [1:40:20 inaudible]

Steven Jacobson: Yeah.

Pohaku Kahooahanohano: [1:40:25 inaudible]?

Steven Jacobson: Yes. [1:40:27 inaudible] people would have been two or three with each other but doing it all anyway.

Pohaku Kahooahanohano: It was [1:40:30 inaudible].

Steven Jacobson: Go ahead, go ahead.

Pohaku Kahooahanohano: Yeah, okay. So [1:40:36 inaudible]

All: Aloha.

Pohaku Kahooahanohano: My name is Pohaku Kahooahanohano. I'm here as a concerned citizen who very emotional about this topic. I have five [1:40:49 inaudible] my own unvaccinated. I strongly opposed this mandatory -- [1:40:56 inaudible] be mandatory that we have vaccines just particularly essentially to go to school which should be a right to all children especially because it's by law, mandated for us that they need to be there in one-way shape or form. I have a lot of [1:41:10 inaudible] three years. I have 5 kids, I have kuleana to work, taking off work right now to be here. My husband is starting to take up multiple babies of the people in this room. This was designed to be in a time where we could be here. They don't want to hear our voices. Okay?

And I could go into all the different studies I was going to submit on and few things that new folks are all doing the same. Okay? I'm right here -- I'm here as Kanaka to represent that voice, our people, our [1:41:45 inaudible], the people that are hosting new here, yeah, think of all that. You lost enough, okay. We're done with the [1:41:54 inaudible], we're done with you guys telling us how, when, where to do everything. You tell us how to do everything. You take us and strip us of everything and trying to put in your answers and your ways and tell us that ours are not validated, okay.

I've been a healer of lomilomi, Laau Lapaau. I'm a [1:42:18 inaudible] I deliver babies in our communities here. I hold down for so many different aspects and almost is gone right now. Okay? We lost enough. We're done

compromising. We're done that you tell us how it is to be done. This is our **oi pono**. Yeah? This is our land. We should be entitled to have our own religious freedom. Our -- sorry, I'm loud.

[1:42:50 inaudible] decision for ourselves. We're tired of being lab rats, okay, [1:42:54 inaudible] Department of Health, pa`u, **lava**, enough already. We're over it and we will fight, we will fight until the last freaking straw, to the last Aloha `Aina. We are here. Yeah? We exist and we are proud of who we are. Remembering who we are because it was stripped of us. Yeah. We got to fight for this freedom and, oh, yeah, I know y'all think we're in America, we are not. This is an occupied nation. This is not your nation. You cannot impose your BS upon us anymore. We're done. Okay?

And then if I was to say, under duress. I'm an American in Hawaii, let me tell you one thing. We don't have the freedom. What freedom? Is that what it's all about? The freedom to choose. Yeah? Isn't that what America, the land of the free, meant because I'm not free. Okay. Not when [REDACTED] like this happens [1:43:57 inaudible]. There's nothing free about this. Okay. This is war crime. This is war crime. We're not taking it to our kanaka. We're not going to accept this. We're not going to laid down. We're not going to just say, oh okay. No.

Okay. Let me tell you a little bit about some evidence-based material, okay? I have my own family, my own nephew who's 13, right here in Maui. His two older brothers born at home, well how can he never got vaccinated? The third boy, not going at home, hey what's happened? Born in the hospital. That baby was getting vaccines, you know why, because my [1:44:44 inaudible] was working 45 minutes. And when she walks into the hospital for the very first time [1:44:48 inaudible] no materials but [1:44:52 inaudible] he needs to get -- the people were down and be there [1:44:56 inaudible]. Yeah? But instead of doing that, he's signing away on all this paperwork [1:45:04 inaudible]. And I think he didn't know about that how he [1:45:06 inaudible].

Okay. Talking about this baby for the rest of his life, and it is **proven**, his mental abnormalities, his disabilities and his physical disabilities that he will have for his lifetime and affect everybody around him will never go away, directly links to vaccination. Okay.

Most people especially in low income brackets, people of color, will never have the money or the means to fight this institutions and that's what it is. This is big pharma guys and they have nothing but lot of respect for all of those doctors and nurses and medical folks alike that actually have good hearted intention and they really do believe they're doing us, you know, the best that they can do and they come from love. They want to help the kids. I believe that's true. But they need to do more research. They need to dig

deeper. They cannot just take the word of whatever is handed to them or say, oh why that big box, why, you know, give this one out.

And they actually, again, lose money when they don't push the vaccinations. They get docked, not just do they not make the money, they get docked [1:46:25 inaudible] pay guys. Wow. Why? We're talking about going to school. We're talking about daycares. We're talking about schools. We're talking about private schools. Okay, religious exemptions, I have this religious exemption for all [1:46:41 inaudible] because this vaccination, these poisons, have nothing to do with what, Michael [1:46:47 inaudible] standpoint. Yeah. We have Laau Lapaau. We have the answers. They were given to us and we were born with them. We were created to have what we need. Yeah? The other lady talked about colostrum. That's the first gold of immunizations. So if you continue to breastfeed your kids, they're going to be protected, you guys.

Steven Jacobson: Okay, could you please wrap yourself, please.

Pohaku Kahooohanohano: You were told not to vaccinate or not to breastfeed for how many generations. Not every people start getting more [1:47:12 inaudible] Yeah? Anyways. This whole thing is a crock. We are lab rats, not by choice.

Steven Jacobson: Okay, next, we have Alena Ornellas. Thank you. Makalani Francis and Chelle Galarza.

Alena Ornellas: Aloha Waipahu [1:47:51 inaudible]. I am a Kanaka wili of this land [1:47:56 inaudible]. First and foremost, I would like to say that this is not -- [1:48:03 inaudible] that Hawaii is not legally up -- it's not legally annexed to America so we are illegally occupied under the jurisdiction of America. After that, I would like say I want to oppose of bill HAR 11-157. Everybody before me stated eloquently exactly why. I actually while I catch up on this process, this is a bunch of [redacted] and the people who's making the decisions isn't even in this room with us. I feel like we're only talking to each other [1:48:33 inaudible]. Anyways, I would like to be more involved so that, you know -- and try to hold these establishments accountable, be more transparent with us. Who are these people who are in charge? How did they even get to be the decision makers of all our children on Maui.

Male: I agree.

Alena Ornellas: That is [redacted] boggles my mind but, yes, I just opposed this bill. I am for the freedom and right for choice no matter what it is in life, if there's potential risk. Me as a parent, I have that right and that choice that I have that right to make for my child. Nobody else have that right to make for my child. Yeah. [1:49:28 inaudible] they'll probably say better things than me. But, yes, this is

█. People should really be sitting here listening to us. You really don't get facilitating keeping [1:49:39 inaudible].

Steven Jacobson: Makalani Francis, Chelle Gulurza and Ali Grimes.

Makalani Francis: Aloha. My name is Makalani Franco Francis. I'm a mother of three. I'm born and raise on Maui. I'm a Kanaka as well. I'm representing the voice. You know, not everyone may agree with me but I'm here to oppose HAR 11-157 because we should have a choice. When there is risk involved, there should and there needs to be choice. Whether you decide to go with that risk or not, each parent should have that choice over their child, not a board who is not even here to listen to us. This is going through the motions of hearing us.

As stated in other testimony, I as well would like to see proof that our testimonies were considered in this decision-making process. I would like to know who these people are who are in charge of making these decisions who felt that it wasn't even important to make the time to be here. Well, we all made a time to be here to speak on behalf of our children and our families and the right to choose. Whether you choose to vaccinate or not, that is a choice.

There's been so many great testimonies already. I just want to say to a board who is not here, are you prepared for -- to be responsible for this large number of kids who you're going to prevent from getting an education here in Hawaii? Are you ready to hold that on your conscience? Okay. Are you prepared to take on the responsibility of the adverse reactions that might occur when these things are mandated? I really, really hope that this does not affect the religious exemptions because if it does, it will be another attack on Kanaka religion, on religion as a whole saying that our religious practices do not matter.

Here in Hawaii, we do have our Laau Lapaau. We have our medicine. We have all those things. And, yes, we appreciate western medicine when it is needed but it should not be imposed. Any type of medical procedure, any type, any type, whether it's a serious surgery or a vaccination, you have the choice. It's your body sovereignty to choose for yourself and the keiki that you carried for nine months and you care about, you take care about, take care for each and every day. You know your child more than anybody else. And I said before, you know that child more than any doctor who you see every six months for 10 to 15 minutes.

And the board who was not even here does not know what is best for each child because every child is going to react differently. We are all made differently. We're all going to have different sensitivities to the things that we put in our bodies. And I just want to reiterate again, I opposed this, strongly opposed this. I support choices for all families. And that is it. Mahalo.

Steven Jacobson: Thank you for your testimony. Chelle Gularza or Galarza. I can't -- I'm having a problem with the writing, followed by Ali Grimes, followed by Autumn someone.

Autumness: Autumnness.

Steven Jacobson: Autumnness, okay. Chelle Gularza here? Seems not. Okay. Ali Grimes.

Ali Grimes: Okay. Aloha. I'm very honored to be able to speak today. So my name is Ali Grimes. I'm a concerned citizen and mother, opposing HAR 11-157. I've also spent 10 years working in schools as an administrator and [1:54:49 inaudible] teacher and like all of you, I care a great deal for the lives of all children.

I spent [1:54:57 inaudible] educating myself and reeducating myself about vaccines since I first became pregnant with my first child over 15 years ago. My decisions regarding my own children and all the ways I care for my children are influenced by what all parents is trying for. The best possible ways I felt I could give my children love, health, opportunity and longevity. The reason I chose personally not to follow the CDC's vaccine schedule recommendation is for the reason exactly with the gentleman from Molokai first spoke about and about many others who have spoken about today, we do not have long term research.

We do not know what happens 30 years, 50 years, 100 years to our bodies when we're placing many, many, many vaccines inside our bodies. Not 4 or 5, like when I was 6 or 7 years old, 39, 40, multiple but not at the age of where the immune system has established at 6, 7, 8 at the age of 1 month, 2 months, 3 months. The function of the immune system is simply not fully understood. We know this, doctors know this. And then history has toughed us anything it is not, we will not build a whole picture and there is always more to learn and understand.

I heard testimony today from citizens and doctors giving counts of injury from vaccinations and injuries from not vaccinated. The reality is that both could be true. However, I am opposing HAR 11-157 and the point I am adamant upon making is that this issue is about the choice and citizen's rights. The crossover between officials who have served on the CDC and who have also served as powerful executives for the big pharmaceutical companies is astounding. It is astounding, you can Google it.

The truth is the reason the CDC is recommending more and more vaccinations each year [1:56:47 inaudible] are billions and billions and billions of dollars being made in this industry benefiting individuals motivated by grief. Until the CDC and pharmaceutical companies are functioning without profit, any true lack of conflict of interest, as an educated citizen, I must understand that the information and recommendations they've given me simply cannot be

trusted. The government is set up to function for the people and by the people. The CDC, the Department of Health and all government organizations are supposed to function for the people and by the people.

Our government has setup the National Vaccine Injury Fund because there is a deep acknowledgement. We know people are getting hurt. We know that they are. And, again, I'm not arguing whether people are hurt by getting them or not getting them. The point is is that, as parents and citizen should have the right to choose. Okay. I think I'm done. Thank you for your time.

Steven Jacobson: Okay. It's almost 4 o'clock. I've been able to get the room for another 20 minutes. Okay? The -- it needs to be closed at 4:20. We need to stop all testimony. And we do have about 20 people but we'll go as far as we can. Okay.

Female: [1:58:08 inaudible]

Autumness: Hi my name is Autumness. I'm just going to speak to the camera and off chance that anyone is watching this. First, I want to express huge opposition the way this hearing has been handled. If people would have been timed from the very beginning, the whole room would be able to speak and be kept on topic and stuff like that.

My first thing is HPV cannot be on this mandatory vaccination schedule. I'm sorry. In general, I know of no other medication that doesn't come with contraindications. Every other medication, medical treatment, et cetera, no matter how effective it is, comes with contraindications. This medicine works except for these kind of people. It's incredibly naïve to think that every single immunization on this schedule plus the combination of those immunizations will have the same effect in our children and no one is contraindicated in this entire society of children. It's just -- it's asinine.

My personal experience, I have a family member who had a severe reaction, not something that would -- that would constitute an immunize -- I mean, a vaccination injury, but a severe reaction. So when I had my daughter, I -- I decided not to vaccinate her because they -- we all share the same, you know, DNA. My daughter also exhibits severe reactions to other things that other kids do not exhibit reactions to. For example, an inhaler, full body convulsions, thank you, to a regular inhaler, amoxicillin, sugar, sensor into a full body convulsion. So for me, she's not a candidate for vaccine.

There's no canary in a coal mine exemption though and the only that knows that is me. I'm the only one that can make decisions to keep her safe from things that other kids might not have reactions to. I want to thank the board for keeping the religious exemption in here and I think that should be maintained at all cost. Real quick, I'm almost done, talking about Gardasil,

the HPV vaccine, it was studied for less than two years before it was fast tracked for approval. It was only studied on women from 16 to 23 and not in combination with other vaccines. This is not how drugs -- trials work.

My daughter is half Japanese. She spends a month or two a year in Japan and she does go get checkups because frankly her insurance there is better. The Japanese government withdrew the recommendations for Gardasil because of the effects that it has on children, right? So in Japan, she's told not to get the HPV vaccine and then she comes here and our state law is trying to tell you that she needs to get it.

Female: It's criminal.

Autumnness: It's criminal. Also, the fact that they wanted to give her Hep B, a Hep B vaccine to my one-day old newborn in the hospital is ridiculous. And when I look at the insert, it says that it's contraindicated for someone who has had an allergic reaction to a previous dose. How I was supposed to know that when my daughter is one day old? The simple fact in -- bringing this all back around to my point, the singular fact that Hep B and HPV for newborn are on this mandatory vaccine schedule make me undermines my faith in the entire packet of regulations. If this is how we're basing how we decide what we give to our children, if Hep B and HPV are in there, I'm opposed to the whole damn thing to be honest.

I read the fact sheets during my child's first few well child visits because I was on the fence and in many cases, the risks and the risk statistics on the fact sheets were just as bad as the disease itself. Chicken pox, for example, the symptoms and the risks of a chicken pox vaccine were worst than chicken pox itself, so I refused. And I would like to -- and so we're there with my sisters, remind everybody this is not America and the people in Hawaii especially the Kanaka Maoli should not be held in to comply with these regulations that I sent to them by the American government. Thank you.

Steven Jacobson: [2:02:30 inaudible] okay. Okay. Pahnelopu McKenzie, followed by Susan Higa followed by Sarah Tomastik.

Female: Are any of these people are here still?

Sarah Tomastik: I'm Sarah Tomastik [2:02:46 inaudible].

Steven Jacobson: Pahnelopu McKenzie not here?

Female: What's that?

Steven Jacobson: Pahnelopu McKenzie not here?

Female: Just walked out.

Steven Jacobson: Okay. And Susan Higa?

Susan Higa: Here.

Steven Jacobson: Oh, okay.

Female: Sorry, my [2:03:04 inaudible].

Susan Higa[?]: Good afternoon. I'm here to oppose HAR 11-157. Vaccines are made to stimulate the defend system in the body. Aluminum is added as an extra stimulant because just attenuated virus has shown and is not reactive enough. Aluminum destroys the fossil lipid material which protects the nerve cells. The nerves then short circuit and the pathways of communication are disrupted. This is how deodorants work. The aluminum dissolves the nerve coating. Research has shown that aluminum travels to the brain. The brain is the largest concentration of nerve cells in the body. My choice to vaccinate my son was out of ignorance. Had I done some reading to understand what vaccination meant, the ingredients involved and the possible side effects, I might not have vaccinated him and he might be living an independent adult life today.

Instead we have had to petition to be his legal guardian and now we have to think about who will be here to take care of him after we are gone. There has been research, there has been a recent article that states that if the body is -- and if the immune system has some underlying and undetected issue like allergies and autoimmunity in the family that this can affect the immune system and the vaccines become an added burden. So you're adding oil to fire.

I have a 15-year old who is not vaccinated. Through the years, I observed him and he has the same sensitivity as my oldest son. He's allergic to many different types of foods. And when he eats these things, he becomes reactive. And this is a child that is not vaccinated.

So if you force vaccinations on children that unable to tolerate them, this is -- you will be causing unnecessary harm. When all of this happened to us, nobody came to our door to say, "Do you need any help?" We were left to our own devices and it felt like the sky fell on us. You cannot mandate vaccines. For people that want them, they can have them but for people that no, that is not all right, you can't force it on them.

Female: No, you can't.

Susan Higa[?]: I strongly opposed HAR 11-157.

Steven Jacobson: Thank you for your testimony. Susan Tomastik, please.

Sarah Tomastik: Sarah Tomastik.

Steven Jacobson: Sarah Tomastik, I'm sorry.

Sarah Tomastik: Okay.

Steven Jacobson: Followed by Augustine Cole something.

Augustine Colebrook: Colebrook.

Steven Jacobson: Oh, Colebrook, Colebrook, okay. And we have about 12 minutes left.

Sarah Tomastik: Hi, sir.

Steven Jacobson: Hi.

Sarah Tomastik: Nice to meet you.

Steven Jacobson: Nice to meet you.

Sarah Tomastik: Can someone near at the door keep -- my four-year old white long haired boy child in a blue shirt. Thank you. Hi. So first and foremost, I'm acknowledged that I'm standing on colonized occupied land. I think we should be differing to Hawaiians and these and all decisions concerning people, the plant, the water and the air and the culture. Obviously, obviously. Secondly, I'd like to thank the speakers that came before me including those on the video and I have -- and I want to thank you as the moderator for being here to hear us.

I've been on island-- I'm in less than a year and so I'm still learning about the land, the culture, the people and how decisions are made here, so I thank you in advance for your grace and for hearing, now, as a resident, as a new comer and as a mother. So for example, I don't -- I don't know why because [2:08:48 inaudible] and I don't understand what will be done for the information that we provide today. What I'm hearing today about this is this is a -- maybe will be determined but I'm hearing today about how this is decision will be determined is concerning. It is contradictory and I don't know what is true in every case.

There are lots of different matter, really sad stories here today both by -- those negatively impacted by vaccines and due to the lack of vaccines. And my heart went out to every single one of those stories because they matter. Concerning the choice. When government enforces rules and laws that infringe on personal choice, an individual autonomy, I bullet down to one or

two things, one, we're **savings** for the good of the whole and that trumps individual choice or we're saying the potential of negative consequences outweigh the value of that individual's freewill. These are the two buckets. I can't think of any other bucket, maybe you can but stop.

If the government determines neither of the above is true, I am concerned about what happens from there for parents and for children. Some examples I could think of are seatbelts, drunk driving, helmet, which drugs are listed, which are medicine. Very interesting really is people determine. If the decision is already made and this is all for show and I'm screwed from there, I've got alternatives, I want the vaccines to be fixed. As a parent, of course, I want to protect my child from preventable diseases. I obviously want to protect my child from avoidable diseases. I opposed this bill to be clear. I hope that a philosophical exemption remains.

I'm also a parent who moved here from California partly because of what happened there after the vaccines were mandated so strictly that no one could be out of them. I want alternatives. I want options that are safe and by safe, I mean, gold standard premarket longitudinal double-blind studies. Every time the formula changes, my mother-in-law whom I respect very much spend half of her career as a doctor, practitioner and the other half as a pharmaceutical compounder, every single time they change the formula of anything, if you combine it with something else, if you change just a smallest, smallest thing, it will have a different impact.

That is obvious, it is biological, it is scientifically found. Scientists do not argue with that fact. I want the ingredients reexamined. I want every single adverse effect tracked and I want that number reduced but what about the number of those who die from the disease. I feel like mathematically, this is a sound argument. If the vaccines hurt this many people and the disease suffers this many people, that is **math**. I'm not doing -- I'm not doing it. I want them to be effective with no side effects. Is it too much to ask? I think not. I want a homeopathic natural option. If I'm required to -- exactly.

And I want that to be like, okay, you mandate my child have to X, Y and Z to go to school, well then, I want options. I don't want it to only be an injectable pharmaceutical option combined with other pharmaceuticals. I want studies of adverse reactions, why are some children having adverse reactions and others aren't, who's at risk and why are we -- why are we vaccinating children that are so small that we don't want their allergic too yet, you know. We introduce -- for those who are parents, when you introduce food into your kids for the first time **[2:12:47 inaudible]** formula, what are we told, we're told you give them one thing, not three things, not five things, you give them one thing and you wait and you watch to see if they're allergic.

Female: Yup.

Sarah Tomastik: That makes sense and we do it because we do not want to accidentally cause an allergic reaction in our children, right? Vaccines are counter to the other medical advice that were given about what's to put into our children. And so I just like the logic to be more sound. I want to be -- I want to have more options if this is required. I also encourage the board, decision makers to look to state schools who've already done this.

In California, what are the consequences that are not medically connected such as an increase in home schooling so much so that it is actually impacting the labor force, it's impacting public welfare, those who request services who then need help with different parts of their lives because if your -- if one of -- if you're a single parent, you're screwed and I love you. I was raised by a single mother myself. If you are in a multi-parent household and one cannot go to work because they're home schooling their child, how is that going to impact the community holistic groups, how is that going to impact that family, those children and the education system over all? I don't think it will solve for herd immunity. If everybody holds out their kids and still doesn't vaccinate them and then our education system is further.

Steven Jacobson: [2:14:20 inaudible] wrap it up?

Sarah Tomastik: Yup, I am wrapping. Thank you. You know what, I think I'm good there. Thank you for listening.

Steven Jacobson: Augustine Colebrook.

Female: She's [2:14:33 inaudible] testimony in favor of saying that if there is risk, then there must be a choice.

Steven Jacobson: Thank you. If you have got six minutes to go -- we'll see, Bruce Douglas.

Female: How many more people are on the list?

Steven Jacobson: Oh, Lord. One, two, three, four, five, six, seven, eight, nine, ten, 13.

Female: Are we getting additional hearings?

Steven Jacobson: No, none are scheduled. You can ask.

Female: Can we demand that?

Female: Who do we ask?

Steven Jacobson: Ask the Department of Health. The...

Female: Specifically, who do we ask?

Steven Jacobson: Ask the director of Health, Bruce Anderson.

Female: Director of Health?

Steven Jacobson: Bruce Anderson.

Female: Bruce Anderson.

Steven Jacobson: Yeah, okay.

Bruce Douglas: So let's talk about conflict of interest. It is essential when you talk about the drugs and the pharmaceutical companies. Six days ago, the New York Times published an article saying prominent doctors aren't disclosing their industry ties in medical journal studies. The journals are doing little to enforce their rules. It goes on to say that the Dean of Yale's Medical School, president of the prominent cancer group and the head of a Texas cancer society are among the medical figures who are not active disclosing their relationships. And it goes on to say the system is broken. Citing a University of California study, 100 doctors who received the most compensation for medical devices in 2015 and their conflicts of interest were only disclosed in 37% of the articles they published. So what I ask, sir, is what is your conflict of interest? Who is paying your money? People don't do these sorts of things just because they're randomly feel in their heart. Most of what's going on...

Female: Bruce, [2:16:29 inaudible] here.

Bruce Douglas: It's a conflict of interest. So I ask the people who may or may not be listening, what are your conflicts of interest? How many people -- it is common in the pharmaceutical industry when a person retires that they often get a six-figure salary from the pharmaceutical company that they have been supporting during their lifetime. So until that conflict of interest is taken care both in our health department -- both in our health department, you know, and the CDC, then how can we stand behind these studies? How can we stand behind these studies which are citing? You say no studies are saying things are dangerous. If this is a type of conflict of interest that we're seeing in these articles, how can we trust it? I rest my case. Thank you.

Steven Jacobson: Okay.

[indistinct chatter]

Bruce Douglas: I'm against this ruling here.

Steven Jacobson: Okay. Anybody who wants to see there are -- there are -- this post was actually filed by the state ethics department, so.

Female: Is there room for one more?

Steven Jacobson: But as far as -- yeah, yeah, there's room for one more and that one person is Tanya Raine, some experts on the list.

Female: It's 4:17.

Female: Okay, go, three minutes left.

Jordan Hacker: I just got one thing to say.

Steven Jacobson: Could you identify yourself, please?

Jordan Hacker: I'm sorry? My name is Jordan Hacker and I have a really naked baby. Okay. So my name is Jordan Ashley Hacker. I'm a mother of that toddler that you see running around and I live in Kula. The thing I want to bring up is about the HPV vaccine specifically. The one HPV vaccine that is distributed and given to people in the United States is Gardasil 9. When that vaccine came out, I was a teenager. We were thinking about giving it to me because HPV and you can prevent it, why not prevent it, right? So -- but we didn't for whatever reason. And then the reports started coming in about severe complications and death around the vaccine. And I remember very clearly my mother saying, "Wow, I'm glad we didn't give you out one [2:18:42 inaudible]."

So fast-forward now, I hear that it's going to be mandatory, right? It sucks that none of them are here because they love to say that we aren't doing our research, we aren't reading the things. And really, I say that the people in this room are very educated. So what you can do is if you go to Gardasil's website, you can see their studies on side effects, right? And the demographic groups that they did -- now, just so you're aware, this vaccine can be administered to -- administered to both women and men, okay? And the side effects are about 2% margin lower in boys and men than in the girls and women. So just need to know that.

Also, no women is born, no woman is born with HPV, it's the sort of delivery sort of thing. If you get what I'm saying. But the most important thing that stood out to me about this actual delivered by the pharmaceutical company that makes the vaccine is that the margin of people that they're testing are 62% whites and that is not the demographics here in Hawaii. 17% were Hispanic, both white and black identifying; 8% were Asian descent; and .01% less than and anything else. So the huge [2:20:11 inaudible] population here, you know, I knew what has been said before, we're an occupied territory and we should be differing this to Hawaiians. Unfortunately, that's not we're at during this period in time. So, being a that there is literally -- no active data on how this would affect our population, the State of Hawaii, that you need diverse

demographic here. Why is it being administered as a catch all. So when you look at that, the only thing that it leads to for me is profit -- for profit.

Male: You got it.

Jordan Hacker: They get a lot of money for vaccine and a lot of pediatricians get a lot of money for completing that vaccine schedule on time. So with the HPV, that's a big one, right? Yes, we need the right to choose. Yes, you can't come into this land and say you're going to do what we need you to do because it is active colonization and you are right. Okay? HPV vaccine alone is enough to sell this whole damn thing out.

[indistinct chatter]

Jordan Hacker: Okay? And why it's not being administered to little boys in the same way it is supposed to be administered to little girls, then I don't want anybody to have it for the record. But I opposed this bill so strongly just based on the fact that there has been no research done on how this specific vaccine affects our very unique demographic. And if it's for profit, then basically what you're looking at is the testing pool for side effects, for harm from this vaccine...

Female: Right here.

Male: [2:21:46 inaudible]

Jordan Hacker: ...that's what they're going to do, they're going to pull it from our keiki, they're going to pull it from our children but they're not, but that's what they're trying to do. This is the information you can look up, not hard.

Female: Look at the Mexico studies and all the deaths involved.

Jordan Hacker: Also.

Steven Jacobson: Okay. Could you please wrap it up, please? We've got to get out of the room.

Jordan Hacker: Yup, absolutely.

Steven Jacobson: Okay.

Jordan Hacker: That's actually all I had to say. Thank you very much and thank you for everybody.

Steven Jacobson: Yeah, yeah. So, yeah.

Female: Yes, yes.

Steven Jacobson: No, no, that -- excuse me...

Laura: This is Molokai.

Steven Jacobson: Yeah?

Laura: Excuse me, I'm Laura, this is Molokai.

Steven Jacobson: Okay.

Laura: We have no other people here to testify, so we're signing off.

Steven Jacobson: Okay, thank you very much.

Laura: [2:22:26 inaudible] have a great and wonderful afternoon.

Steven Jacobson: Okay. No, we need to conclude. We need to be out of the room.

Female: Yeah, we do need to be out of this room. This room is snatched by day, not by Department of Health. We were asked to leave at four, so you do need to leave. Thank you.

Steven Jacobson: Oh, excuse me. Before I conclude the hearing, you can still submit your written testimony up till the 26th to the addresses that are in the notice.

Female: [2:22:54 inaudible] another hearing.

[indistinct chatter]

[2:22:59] *End of Audio*