

## SPEAKER

Dr. Jay M. Goodbinder, ND DC DABCI  
Stilwell, KS

Chairman Huebert and Education Committee Members  
RE: HB 2601

Dear Chairman Huebert and Education Committee Members:

I would like to express my support for HB 2601.

I believe people who choose to vaccinate their children have every right to do so, and I feel those who do not, also have every right to not do so. The concern is that unvaccinated children pose a danger to the "herd". I will dispel that myth with research. I see 4 patients currently that have differing levels of disability caused by vaccines. Whether it be headaches and fatigue from receiving Gardasil, or severe cognitive impairment with seizures following the MMR vaccination that has made the child unable to take care of himself, I have seen the damage done. I am well aware that vaccines are relatively safe, and relatively effective, but there is a small percentage of our populations that is severely affected by them. Where there is risk, there must be choice. My own children were not vaccinated and due to unfounded concerns to my children's danger to "herd", they will not be able to get a religious education in the way we would like. This is what I want to touch on – to find a middle ground where our society as a whole will not be put in danger, but also where we can reduce the level of government intervention in our lives.

Below is research showing that children who are not vaccinated, or who have limited vaccines, pose not greater threat to the "herd" than a vaccinated child. I will discuss in depth at the hearing.

Study on protection from pertussis vaccine creating protection but not against transmission. The primates readily transmitted whooping cough and this the aP part of DtaP. This shows that we can colonize when vaccinated but can still transmit the infection.

<https://www.ncbi.nlm.nih.gov/pubmed/24277828>

This is product info, stating "live attenuated vaccines produce longer-lasting immunity, similar but less than that produced by natural infection. Often one dose confers long-lasting immunity; however, they are inherently less stable than killed vaccines, with the possibility of reversion to wild strain, as in polio. Some may spread, enhancing herd immunity but putting at risk the immunocompromised."

<https://patient.info/doctor/vaccines-and-immunological-products>

“Excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination.”

<https://www.fda.gov/media/75191/download>

Although "the Department of Health and Human Services (HHS) has stated that one cannot reliably establish causation between a vaccine and an injury without 'substantial analysis' of VAERS data." "Because VAERS is a passive reporting system, many adverse reactions to vaccines may not be reported."

[https://dash.harvard.edu/bitstream/handle/1/9453695/Davenport%2C\\_Katherine\\_NVICP.pdf?sequence=2&isAllowed=y](https://dash.harvard.edu/bitstream/handle/1/9453695/Davenport%2C_Katherine_NVICP.pdf?sequence=2&isAllowed=y)

Fiscal Year Number of Compensated Awards Petitioners' Award Amount Attorneys' Fees/Costs Payments Number of Payments to Attorneys (Dismissed Cases) Attorneys' Fees/Costs Payments (Dismissed Cases) Number of Payments to Interim Attorneys' Interim Attorneys' Fees/Costs Payments Total Outlays

|         |     |                    |                    |                  |                  |                  |                  |                  |                |    |
|---------|-----|--------------------|--------------------|------------------|------------------|------------------|------------------|------------------|----------------|----|
| FY 2016 | 689 | \$230,140,251.20   | \$16,225,881.12    | 99               | \$2,741,830.10   | 59               | \$3,502,709.91   |                  |                |    |
|         |     | \$252,610,672.33   |                    | FY 2017          | 706              | \$252,245,932.78 | \$22,045,785.00  | 131              | \$4,441,724.32 | 52 |
|         |     | \$3,363,464.24     | \$282,096,906.34   | FY 2018          | 522              | \$199,658,492.49 | \$16,658,440.14  | 111              |                |    |
|         |     | \$5,091,269.45     | 58                 | \$5,220,096.78   | \$226,628,298.86 | FY 2019          | 653              | \$196,217,707.64 |                |    |
|         |     | \$18,991,247.55    | 102                | \$4,791,157.52   | 65               | \$5,457,545.23   | \$225,457,657.94 | FY 2020          | 217            |    |
|         |     | \$57,786,000.28    | \$5,677,818.84     | 39               | \$1,668,328.60   | 23               | \$1,562,373.61   | \$66,694,521.33  | Total          |    |
|         |     | 7,059              | \$3,942,157,779.14 | \$211,741,012.81 | 5,491            | \$86,550,572.65  | 512              | \$39,903,460.56  |                |    |
|         |     | \$4,280,352,825.16 |                    |                  |                  |                  |                  |                  |                |    |

The amount of settlements have equaled 4,280,352,825.16 dollars for vaccine injured victims.

<https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-vicp.pdf>

Sincerely,

Dr. Jay M. Goodbinder, ND DC DABCI  
Stilwell, KS Resident