SENATOR ABRAMS (13TH): Ladies and gentlemen, I’d ask you to take your seats now please and we’re gonna try to get started on time.

Welcome to the Public Health Committee Public Hearing today. We have a lot on our agenda. I appreciate you all being here. I will remind everyone that in this hearing we want everyone to feel welcome in this room. And so, therefore, I would ask that you keep any comments, applause, even encouragement to yourself, boos, whatever, try to keep, try to keep the decorum in the room that which you might find in a courtroom, just so everyone feels comfortable coming up and expressing their opinions.

So, let us begin with Commissioner Pino. Is Commissioner Pino here? Thank you, sir.

RAUL PINO: Good afternoon. I’m Commissioner Raul Pino, Department of Public Health, here to testify on three of our bills. You have our written
testimony and I will just go over the bills quickly to allow time for questioning and time for others.

We have bigger revisions, those are mainly cleaning up of the statutes and bringing in accordance to new times. Also there you have House Bill 7341, these are recommendations regarding electronic medical records. So, as you know, many interpretations are adopting electronic medical records and DPH by statute have the authority to have access to physical medical records, but we don’t have a qualifying statute that we should have the same access to electronic medical records.

We have worked with some institutions and some system, and we currently have that access to some of our institutions, but we would like to have it qualify to have the ability to have the ability to have access to electronic medical records. What it would allow us is to really save us a lot of time and increased productivity because we don’t have to travel to those institutions to have access to those records. At the same time, it will allow us to electronically have access to important data that the department use for its functions. That’s with regard to electronic medical records.

And our Bill 7303, is AN ACT CONCERNING RECOMMENDATIONS FROM THE DEPARTMENT OF PUBLIC HEALTH REGARDING DENTAL PRACTITIONERS. What that bill basically, what we are trying to do is to calibrate the way that we license dentists in the State of Connecticut and bringing it again up with the times.

And also to have as much as possible with priority in the licensing between medical clinical providers and doctors in dentistry. With these what we are asking to get a full session for you is what is
called PGJ1 licensing and, you know, some of the dentists when they leave a school they go right into a residency. So, after that first year for practice, what we are asking to be able to license then without the need to take regional exams. Because the regional exam is a practical exam. So, they will have been in practice for over a year when they apply for our license.

Part of our bill also is want to make Connecticut more competitive to attract dentists from out of the state. Currently, any dentist licensed in any state, they have to wait five years for the licensed to be transferred over to the State of Connecticut. Five years without any disciplinary action or any actions against them. We want to reduce that to a year to make it competitive and also at the same level that PGJ1. With these, also what we are, they, the American Dental Association is going to release some protocols and procedures for national exams as well as doctors have it currently. And we are looking into creating the ground that will make us available to do that at the national level and to follow those national standards may be placed by the dental association.

We are not eliminating the current licensing path that we have for dentists. What we are creating is a parallel system that will allow us in the future to being able to license dentists that will take in the national exams.

Those are our two main bills, three bills that we have in front of you. Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments? Representative Steinberg.
REP. STEINBERG (136TH): Thank you, Madam Chair, and thank you, Commissioner, for being here today and testifying on these bills which, to your point, will help you be more efficient and effective going forward.

While I have you, I can’t help but take advantage of the opportunity to see if you have any specific point of view on one of our other bills, specifically House Bill 7279, AN ACT ALLOWING DENTISTS TO TEST FOR DIABETES. This is sort of crossing the line, sort of dental practice, yet they see a lot of the symptoms related to diabetes. Is that something that has been brought to your attention previously?

RAUL PINO: So, that’s a very interesting question. I will not be able to give you a definite answer, but I’m going to give you the answer where we are on that. Not just with diabetes, there are other conditions that have manifestations in the oral cavity that could make sense for a dentist to have the ability and the feasibility of doing some type of treatment or diagnosis. We are engaged with the Connecticut Dental Society in conversations with regard to this. They also brought to our attention HPB, as you know, oral cancer, they do screen for oral cancer and that we, they will be interested in exploring the feasibility of engaging in more than what they currently do.

The department is not opposed or in favor at this point. We are, again, in conversation with them to see what they feel at least. But in change of a scope of practice, we’ll have to go through that process where the department also solicit information from all the practitioners and all the
trade associations. And that will be a more conclusive answer that we may have in the future, if it goes through that review.

REP. STEINBERG (136TH): Thank you. I’m not surprised to hear you state that you believe in the process that we definitely go through for any scope of practice issue. And since you hadn’t commented on it, offering testimony, I thought I would ask at this time. Thank you for that.

SENATOR ABRAMS (13TH): Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair, and thank you, Commissioner for your testimony. Along those lines, we also have House Bill 7199, which will be mandating the HPV vaccine to be given to all children enrolled, I think, prior to ninth grade. Does the agency have a position on that at all?

RAUL PINO: So, when we work last or the year before last, we include HPV vaccine in our Connecticut vaccine program. We initially were considering to make it mandatory. We have conversations with the Department of Education at the time. Our disposition of the Department of Education during that conversation was they have some concerns about school readiness and vaccinations.

Now the Department of Public Health as a principle, advocates for everyone to get vaccinated for what is in the schedule, but there are circumstances. Now, we, we decided at the time that we will watch our statistics behavior since we have incorporated the vaccine and to see if there was a need to make it mandatory or not.
So far we have seen a slightly intake in the number of individuals that are getting vaccinated for HPV. Also at the time, we went, the CDC changed the practice from three doses to two doses if the child was vaccinated before 15, 15 year’s old. And we hope that at the time that that will also increase our rate of completion because even in Connecticut, with the good vaccine rates that we have for others, not for HPV, but for other vaccines, what happened with HPV is that you get an intake in the first dosage and then in the number reduced by the second. And it really cracks down by the third, which means no completion, the individual may not have the full immunity needed to prevent getting infected by HPV or any other vaccine that require more than a dosage.

So, I haven’t reviewed all that information. I wasn’t prepared to talk about HPV. But again, I should be prepared, and I prepared to talk about HPV if you want me to. But with regard to the mandate, I’m 100 percent certain of what the data has indicated and what the needs would be.

REP. CANDELORA (86TH): Thank you. I do appreciate that. And one of the conversations that we’re also having around this building is the elimination of the religious exemption. Has the agency weighed in on that at all? Do they have a position on that?

RAUL PINO: So, that’s a very complex issue. We believe that there’s also, if you, if you expand on these, there are no religions that oppose vaccinations just besides, you know, Jehovah Witnesses, as a principle in their religion, religious practices. What we have, and I have talked to many of the parents, what parent has
argued is that they would like to have the right to make a decision with the healthcare of their children. And that’s an interesting point because I’m a father, too. Now, the, the issue that we have to balance and that I want you to as legislators to think about, if we give that right to an individual to refuse to be vaccinated, what right are we giving to the community that is getting vaccinated from being necessarily exposed by an individual that is not vaccinated in a communal setting.

So that includes daycares, schools, and other settings where individuals that are not vaccinated could be vectors of a disease. So, those are, that’s the balance that we have to find between the freedom and liberties of the individual and the parents to decide and the freedom and the liberties of those who are getting vaccinated.

Now, you can argue that those who are not getting vaccinated are benefiting from the high number of vaccinations that we have in Connecticut, and that is called the meaning of the herd. If you are not vaccinated against anything, but you’re going to the group that is fully vaccinated, it’s less likely for you to acquire any.

So, nationally, just to give you a quick perspective, we have several outbreaks going into the nation, not just the measles, which have been very visible lately, but also Hep A. And Connecticut has not seen any of those outbreaks because we have very high vaccination rates. So, every time, every time that we have seen any infections coming into the state, they stop in the first mode of transmission because the vaccination of the herd stopped the disease from spreading.
For example, we recently, and I’m just talking to these because it was on the news, so it’s not confidential information. We recently have a couple of cases of measles in New Haven County, two adults. We know those two are not related, the transmission is not related, but we know that they acquired the same virus, which came from South Asia. That is not related to any of the outbreaks that we have in the United States.

We know that because we analyzed genetically the virus and determined where it was coming from. Now, one of those individuals was in a communal setting where there was a larger number of kids, probably around 60 people may have been exposed to this individual’s virus at the time. The transmission didn’t occur. None of those 60 individuals acquired the disease.

And I’m just talking about measles because it’s very contagious. Stay in there, even when an individual who is infected leave a room, the virus continues to be present. So, there are several considerations to have in mind. And I think for us, as the State Health Department, our major role is to protect our community.

REP. CANDELORA (86TH): And I appreciate those comments because I know last year we actually had passed into law a bill that exempts unaccompanied children from vaccines up to 90 days in school. So, on the one hand, we create this policy of we’re recognizing individuals who are unvaccinated, and we’ve set a law in place that allows them to be comingled with students who are vaccinated. And then we have a very different conversation this legislative session. So, to me, I, I guess we’ll
leave it for another day. But it seems as if as our public health agency, we should have a broader conversation, I think is what I’m hearing.

RAUL PINO: We are fully willing to engage in that conversation. We are not closing the doors to any opinion. I have met with many of the individuals that have that, would like to have that right. I invited them to talk to all the health authorities in the state and to present their point of view. I think we as a state agency have to listen to everyone. But at the end, we probably will make the decision that best serves our communities.

REP. CANDELORA (86TH): Thank you. I appreciate that. Thank you. Madam Chair.

SENATOR ABRAMS (13TH): Thank you very much. Are there any other questions or comments? Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. Sorry for missing your most, all of your testimony, I got here late. So, I do have lots of questions. But one question just, in your testimony that I did hear you’re talking about how measles are very contagious. Now, you know, personally, when I, growing up as a little kid, kids got measles, they got chicken pox, and that was considered normal. And the understanding that I have is that these are normal childhood diseases that that allow the immune system, which is a very complex system, if they don’t have something to engage, then they can’t really ramp up and be fully actualized.

So, that’s why, you know, it’s always been my understanding, that’s why we have these childhood illnesses in order to have a fully functioning
immune system is that you’re sick for a week and then you’re better and you go on, but you have, you know, complete immunity for the rest of your life; whereas, I’ve heard that these vaccines have an expiration date of between two and 10 years. It didn’t seem like there was an issue back in the 1960s and suddenly if there’s one or two people that have measles, it’s, it’s, you know, like a pandemic. I just don’t understand how this is happening. And I don’t understand how that when I was a child nobody had allergies to like peanut butter or whatever, everybody was raised on peanut butter and jelly sandwiches back in the 1960s and now, you know, it can kill somebody if you have nuts in the school system.

I mean, there’s just a spike of so many different illnesses that didn’t even exist in the ‘60s. There’s a health concern here that we’re missing. And, you know, there’s something in the environment obviously that’s causing these, these increases in such things as autism and attention deficit disorder, allergic reactions. And I’d be interested to hear your comments on, on these questions. So, because it’s just, you know, these are the questions that I think we should be looking at.

RAUL PINO: How much time do I have? You asked me, I mean, that was loaded. So, with regard to other, just in general, I’m not an allergist. The more exposed you are, the more likely you could develop a reaction to anything, you need to be exposed first.

With regard to measles and childhood infectious disease, yes, in the ‘60s, it was a common occurrence. But it also was a common occurrence to
die from it and to have long lasting health consequences to some of those diseases.

I, one of the biggest human achievements has been the ability to protect ourselves to diseases, from diseases. If anyone tells anyone tomorrow that there is a vaccine that protects us against cancer and we have HPV that protects us against cancer, but we have a vaccine that protects us against cancer, most people would go and get vaccinated for sure. We don’t want to die.

Now, the issue with immunization is that we are making a decision for our children. And what we have to take into consideration, let’s say, let’s take the example of HPV. And we decide not, someone decides not to vaccinate their child for whatever the reason may be. I think that parent also has to be prepared in the future to be ready to answer that child, if they acquire cancer, why that was, the reason, why they did not get vaccinated at the time that they needed to.

Measles, mumps, rubeola, varicella, those are common occurrences in many countries in the world. But those countries don’t have the life expectancies that we have. They don’t have the quality of life that we have, and infant mortality is rampant in many of those places. Not because it was normal in the ‘60s, has to be normal in 2000.

REP. HENNESSY (127TH): Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you, any other questions or comments from the committee? Thank you very much for your testimony, Commissioner.
RAUL PINO: Thank you, I appreciate it.

SENATOR ABRAMS (13TH): Next we’re gonna call Maria Eleni Kaloidis, I’m not sure. You’ll have to pronounce your name for us. Thank you. They’re gonna bring the microphone over, I believe. Take your time. You can get settled. Thank you for being here.

MARIA ELENI KALOIDIS: Hello, it’s actually Kaloidis, but --

SENATOR ABRAMS (13TH): Thank you.

MARIA ELENI KALOIDIS: So, my name is Maria. I’m here about the Connecticut Cure SMA. As the Advocacy Chair for the Connecticut Chapter. So, I would like to share with you an unforgettable moment that I had two years ago when I came across a photo of a girl laughing and dancing. And she looked extraordinarily similar to any other child her age.

The caption was most memorable, it described that she was a girl with a disease called Spinal Muscular Atrophy Type I and that she was able to receive treatment early in life. I can explain from experience that the outcome of a person with SMA without treatment and early intervention is much different than the image I described. I am here today to advocate in favor of a proposed addition to Bill No. 7282, which would require that every newborn infant in Connecticut be administered a newborn screening test for spinal muscular atrophy. To add SMA to the newborn screening test in Connecticut.

So, to share some thoughts about SMA. Spinal muscular atrophy or SMA is a genetic
neurodegenerative disease, which destroys the nerve cells in the spine responsible for voluntary movement, the motor neurons. Like any other motor neuron disease, such as ALS, which is very similar, the result is progressive weakness and muscle wasting because the mind is completely unaffected. SMA robs individuals of the ability to walk, move, swallow, eat, speak, and breathe. In its most advanced form, which is SMA Type I, it is also the number one genetic cause of infant death; 1 in 11,000 babies will be born with SMA and 1 in 50 Americans is a carrier, is a carrier. So, SMA is by no means uncommon. It is a very real threat for newborn diagnosed.

So, as I said, my experience with SMA is quite personal. I have SMA Type I. And I began showing symptoms of the disease after birth but was not able to be diagnosed until 9 months of age. And the road to diagnosis was incredibly long, consisting of hospital stays and eventually a genetic carrier. And so, all of this could have been expedited by a simple blood test, 9 months of searching, by a simple blood test.

But that’s just the beginning. Most children with SMA Type I will not live to see their second birthday. And children will most likely be unable to speak, unable to sit upright, dependent on machines, such as ventilators and G-tubes. And they are unable to carry out the most basic life functions. Well, I have SMA Type I. I’m on the very short end of the spectrum. And I’m also, again, receiving treatment.

So, most individuals are just unable to sit up and are even more inhibited. So, as I said, early
intervention is critical. And SMA Type I is the first set of the motor neurons will die before their first, in the first year of life.

So, in 2016, on Christmas Eve, the FDA approved the first-ever treatment for SMA, called Spinraza. And it’s completely revolutionized the expectations for those living with the disease and, when given early enough, can produce the results as described in the image of the girl who can walk and is almost completely unaffected. Just like that girl, one moment. Just like that girl, we both share the same disease, and the same type, but have experienced vastly different outcomes. Individuals with SMA cannot reap the benefits of extraordinary therapies like Spinraza, until a system of early detection is established.

Over the past year I began receiving treatment for my disease and have gained strength and made great strides, such as being able to smile with my whole face and speaking without getting winded, perhaps I would not be able to speak with today without having this treatment.

And so, I’m so affected by the disease, is not a treatment, there was not a new treatment for this disease when I was an infant. A treatment now does exist. With this new appropriate testing in Connecticut so that children can reap the benefits. Should this pass, SMA will no longer be a death sentence for many individuals. I hope that we can do better for the future of SMA. I hope you are compelled by those walking and dancing for the SMA, like the girl in the photo, treatment like Spinraza. And also, by those with Spinal Muscular Atrophy Type
I who are still fighting the disease or are unable to receive treatment in time.

SMA became a part of the Recommended Uniform Screening Panel, or RUSP, on February 8, 2018. And I hope that we can see a similar result in Connecticut very soon to be in compliance with RUSP. I ask you to please pass this proposal to include spinal muscular atrophy on the newborn screening panels.

Thank you so much for your time.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Did you have another testimony that you wanted to read?

MARIA ELENI KALOIDIS: Yes, I do. Thank you. I need to stop again, as my friend do that, who also has SMA Type I, could not be here today, but I will read her testimony. So, Senator and members, regretfully I could not be here in attendance today. But I hope you will take a minute to hear my request for you to support H.B. 7282. My name is Yvette Haas, and I’m the Family Support Chairperson for the Connecticut Chapter, Cure SMA, as well as an individual living with SMA. As someone who has spent the last 27 years with this disease myself and me and countless others with the same diagnosis, I know firsthand how much newborn screening could change the trajectory of the disease for all future generations of those affected.

Since the FDA approval, it’s the first drug to treat SMA in 2015, it has become apparent that the earlier the patient has been receiving the treatment, the greater the success of the drug. The bill that would make the screening for SMA a requirement in
newborn screening in Connecticut. The bill would make a screening for SMA a requirement for newborns and infants in Connecticut. Thus, allowing immediate medical interventions for their child, giving them a chance to choose with much related health complications. At 27 years old, having been diagnosed when very little was known about this disease and the life expectancy, at 2 years of age, I consider myself very lucky to be alive. Back then families were not given much hope to infected their children. But now there are new treatments in the field. Let’s give families the brightest chance possible and provide them and their children hope for the future. Thank you. Please support H.B. 7282.

SENATOR ABRAMS (13TH): Thank you very much. Thank you for being here. You make a compelling argument. And I thank you very much for your advocacy and trying to make it better for other people is always so admirable and you’ve done it very well. I’m wondering if you know when the, it’s a blood test, correct?

MARIA ELENI KALOIDIS: Uh-huh.

SENATOR ABRAMS (13TH): That you can have at first. When did that become available?

MARIA ELENI KALOIDIS: So, that became available actually a day before I was born, so 1995.

SENATOR ABRAMS (13TH): It’s been available all that time?

MARIA ELENI KALOIDIS: Yeah. And there are many states doing a pilot program where they have a, the
testing, but at a more cost effective, just like different studies will pass out cost effectiveness.

SENATOR ABRAMS (13TH): Thank you very much. Are there other questions, comments, Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair, and thank you for being here to testify today. I think the points you made are really important. The most salient being that the detecting it early makes all the difference now that there actually are therapies and your circumstance versus somebody else can be dramatically different just because of your ability to be aware of the disease and be able to take action against it.

I guess I was really surprised, because I didn’t know anything about this disease, that the incidents was as high as it was. We’re actually doing something that, you know, it’s not a huge number, and I want to also thank those who have been on our rare disease task force for putting a spotlight on this as well, that’s what they’re there for. I hadn’t realized there are so many relatively rare diseases out there that we may not be familiar with. But it is simply a matter of detecting it in a blood test and making sure that the available therapies are applied. That sounds like a pretty straightforward thing for us to deal with.

So, thank you for that. Thank you, Madam Chair.

MARIA ELENI KALOIDIS: Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Representative Petit.
REP. PETIT (22ND): Thank you, Madam Chair, and thank you for that great testimony. I agree with what Co-Chair Steinberg said. I wondered if you could educate me a little bit. If we diagnosis it early and use the intrathecal Spinraza early on, do we prevent progression or do we slow progression, do we prevent progression? I have no experience or have not read about the treatment. So, as far as you know, what does it do to help the earlier we start treatment?

MARIA ELENI KALOIDIS: Sure. So, Spinraza completely halts the progression of this disease and if given early enough, the children show very, very little symptoms. So, if they do it very soon, so they completely at providing the body with the protein that will sustain it on. So, 100 percent of the children who are given the drug are able to walk.

REP. PETIT (22ND): Well, so it prevents people from regressing to requiring a wheelchair or not being able to talk or being respirator dependent?

MARIA ELENI KALOIDIS: Exactly, and many Type I children, they could not come today because they’re not able to sit upright and be able to speak and give testimony, so.

REP. PETIT (22ND): And it may be a little bit outside to prove you here, but the companies involved been, been working with patients in order to pay for this, I hear it’s on the order of $3,000 for a vial for the standard price for the medication?

MARIA ELENI KALOIDIS: Uh-huh. So, it’s actually a little less, it’s $125,000, but it’s only four times
a year. And if it’s into the cost long term, the children will not, it will reduce costs by vaccination, and also very expensive, requiring 24-hour-a-day nursing services to maintain a ventilator-dependent child. So, it will reduce costs exponentially.

REP. PETIT (22ND): Well, thank you, thank you very much for that education. Very much appreciate it.

MARIA ELENI KALOIDIS: Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments from the committee? Thank you so much for being here today. You really helped us understand this bill and your advocacy is very much appreciated. Thank you. Next we have Commissioner Delphin-Rittmon. Good afternoon, Commissioner, welcome.

MIRIAM DELPHIN-RITTMON: Good afternoon, Senator Abrams and Representative Steinberg and distinguished members of the Public Health Committee.

I am Commissioner Miriam Delphin-Rittmon and I have with me, Dr. Tobias Wasser of, the Medical Director of Whiting Forensic Hospital. We thank you for the opportunity to provide testimony on raised Senate Bill 967, AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES REGARDING EMERGENCY MEDICATION.

CGS Section 17a-543, (b), describes procedures for making involuntary medication for patients admitted to psychiatric hospitals via civil statute. That statute allows for the emergency use of medication if obtaining the consent provided for in this
section would cause a medically harmful delay to an involuntary or voluntary patient whose condition is of extreme critical nature, as determined by personal observation by a physician or by a senior clinician on duty. Emergency treatment may be provided without consent, within that particular section.

The language in Senate Bill 967 adds similar language to 17a-543(a), essentially codifying existing practice for criminal defendants who are placed in the custody of DMHAS for restoration for criminal trial.

DMHAS would like to assure the committee, would like to assure the committee that significant measures are taken before involuntary emergency medication is administered. So, quite a bit of work and activity happens before involuntary medications are administered. These measures include efforts to first seek the patient’s cooperation and consent, also de-escalation techniques and a number of other measures before involuntary medications are administered.

Involuntary emergency medication may not continue once the emergency has passed, so it really is a temporary measure. A Probate Court order, after a hearing, is required to continue the involuntary administration of such medication.

DMHAS would like to offer a small recommendation for substitute language for this particular bill. We respectfully requests the word, administer, be replaced with the word, order. This is in keeping with usual clinical practice. A practitioner, or a physician or an APRN, ordering the medication is unlikely to be the person actually administering the
drug. Typically, it will be a nurse or similarly-skilled clinician who would actually be administering the medication.

So, thank you for the opportunity to testify here before you today and we’re happy to answer any questions that you may have.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the members of the committee? Representative Betts.

REP. STEINBERG (136TH): Thank you, Representative Betts, I’ll be brief. Commissioner thank you for testifying on this bill. I appreciate your, your focus on extreme emergency circumstances for needing to invoke this particular strong response to the problem. There is testimony before the committee that says, yes, this could potentially be a slippery slope. And once we allow more and more people in the system to have the discretion to forcibly order some sort of emergency procedure, that it can be problematic from a, a privacy and individual rights standpoint. What would be your response to that?

MIRIAM DELPHIN-RITTMON: Yeah. So, what we’re talking about here are really very limited situations, in which it’s a clinical emergency for the individual. It’s, it’s really a very specific situation in which other measures have been tried, as I mentioned de-escalation. We’re working with the person trying to get, trying to get them agree on their own. And so it’s a very specific situation and once a certain medication is administered and the emergency has passed, then a court order is really required to be able to, to continue that, if needed.
So, it is a very specific situation that actually for individuals that are civil patients, there already is language and a bill or a law where that is allowable. So, this is just for individuals who are being sent to DMHAS for competency restoration and, you know, a medical emergency happens in which or a, a clinical emergency happens, which the medication is needed.

REP. STEINBERG (136TH): So, I take it you have a fairly detailed protocol for how this would be invoked and the circumstances and the reason why you might not want to wait for the head administrator is because there may be an urgency involved with that emergency and requiring that fairly quick administration?

MIRIAM DELPHIN-RITTMON: Absolutely, yes. So, there are clinical emergencies, and, in fact, I have Dr. Wasser here and I’ll ask him to speak a little bit about some of the instances in which this might be used.

TOBIAS WASSER: Thank you very much to the committee for the opportunity to speak today. As Dr. Delphin-Rittmon said, my name is Dr. Tobias Wasser, I’m the Medical Director of the Whiting Forensics Hospital. So, to further emphasize what she stated, we already have a separate statute for civilly hospitalized patients, both in Whiting and throughout the Connecticut hospital system, to allow us to emergently medicate individuals.

So, all that this bill is really asking for is to replicate that procedure for individuals who are sent to Whiting solely for competency restoration purposes. And we are the only hospital in
Connecticut that deals with that, so it primarily affects our hospital.

But as she stated before, we would emergently medicate somebody outside of an emergency situation, there’s very clearly codified procedures we go through for involving the probate court or the superior court to get us a specific order allowing for involuntary medication on an ongoing basis.

These situations arise only when there’s an emergency where someone’s life or limb is in serious jeopardy and we need to be able to act in that moment for the safety of staff or patients. Despite that, we would still make every effort to work with the patient to try to de-escalate the situation with verbal interventions. We’d offer them oral medication, if they’re agreeable to taking it. And we even give them choice into what medication they prefer to take. If there are other soothing techniques we could invoke to help calm them to reduce the risk of aggression. When all those measures have failed, it is only in that circumstance that we would utilize an emergency involuntary medicine to administer medicine in a different fashion.

This is typically, this would only be ordered by a physician, typically a psychiatrist, or a physician who’s on the premises. So, the medicine would never be ordered absent a physician’s order, which is also in keeping with the practice in all civil patients throughout the state.

So, I think you wouldn’t be, we wouldn’t see it as expanding the scope by any means. It would just be making sure that we can keep patients safe both,
regardless of the legal purpose for their being in the hospital.

REP. STEINBERG (136TH): Thank you, Dr. Wasser, that’s exactly what I was looking for. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. I’m trying to think of an example when this may apply. My assumption is it would be somebody who is having control, having trouble controlling the behavior, maybe a threat to him or herself or somebody else and is not responding to any requests to calm down or take any kind of treatment to help him or her calm down.

If you were, first of all, is that a fair example? And it’s frankly the only one I can think of right now. And the second part is, if you give medication once, I don’t know how long it lasts for, how fast it’s supposed to act, should you need a follow up, do you need to get a court order or can you give the medication, let’s say, two times within an hour because it’s a, a clinical emergency, but from that point on you have to get an order before a third one is administered?

TOBIAS WASSER: So, your description of the kind of circumstances that would lead to this are accurate. So, it would only be in a situation where someone is really having a difficult time controlling their behavior and as a result of that, they’re either actually attempting to harm somebody else or they’re threatening to harm somebody else and all of our other interventions that I described before are not effective in helping to reduce the acuity of the
situation. It’s only in that circumstance we would then utilize an emergency involuntary medication. You know, the duration of the medicine lasts, depends a little bit on the medicine, but you would expect it to last somewhere in the range of sort of, you know, one to four hours, ideally, potentially longer.

We only would administer the medicine in an emergency. So, the majority of cases, there’s one administration of medicine and that’s the sole administration. There are rare circumstances where somebody, despite being given a medicine, is unable to calm down in 30 minutes, 60 minutes, and is still really actively aggressive or threatening to harm others in a way that it requires additional administration of medicines. But I would say that is more often the exception than the rule.

REP. BETTS (78TH): Okay. Thank you very much.

SENATOR ABRAMS (13TH): Representative Arnone.

REP. ARNONE (58TH): Answered, thank you.

SENATOR ABRAMS (13TH): Okay. Thanks very much.

SENATOR ANWAR (3RD): Thank you, Madam Chair, Dr. Wasser, Commissioner, thank you for your testimony. I wanted to clarify a couple of things. In acute care facilities, this is already happening?

TOBIAS WASSER: Correct.

SENATOR ANWAR (3RD): And what you’re looking at is in non-acute situation, in a facility traditionally for behavioral and addiction services, that is where you’re looking at an opportunity to adjust and manage a situation if there’s an emergency
TOBIAS WASSER: Correct. So, again, this already happens --

SENATOR ANWAR (3RD): Right.

TOBIAS WASSER: -- and it’s just replicating the same procedure that we have for civil patients, for our patients who are sent from the Department of Corrections for competency restoration.

SENATOR ANWAR (3RD): One of the, and I understand this is lifesaving medicine in many situations, at least in the acute care facility, I, I recognize and respect that. But in the acute care facilities, we also have monitoring devices and a little bit different level of training for those emergencies. Would you need to have more monitoring devices, if some of those emergency medicines are going to be used? I presume it’s IV Haldol and Ativan intravenous or something?

TOBIAS WASSER: They’re typically administered through intramuscular injections as opposed to IV because in a psychiatric setting --

SENATOR ANWAR (3RD): Okay.

TOBIAS WASSER: -- we hopefully don’t have IVs, but yes, it’s a similar group of medicines. And typically for individuals after they receive the medicine, their vital signs are checked. And then we check them at regular periodic intervals afterwards.

So, I don’t think we would need additional equipment because, again, we already, in our sister facility that house civil patients, we’re doing this all the time and we’re not finding any significant troubles in that regard.
SENATOR ANWAR (3RD): Okay. So, what you’re saying is they won’t be none, there will not be a need for monitoring and special training if this was provided?

TOBIAS WASSER: No, I don’t believe so because it’s a practice we typically employ throughout the state in other DHMAS and acute care facilities as you’ve mentioned.

SENATOR ANWAR (3RD): Okay. Thank you so much. Thank you, Madam.

SENATOR ABRAMS (13TH): Representative Tercyak.

REP. TERCYAK (26TH): Thank you very much, Madam Chair. Thank you very much and thank you for your participation in this. You may know, I’ve retired from actively psych nursing and it’s great not to have to wake up that early in the morning anymore. However, this addresses a concern I’ve long had. I personally think it’s this side of criminal, when we’re able to help somebody and don’t. It is if soon they won’t be taking their medication. Soon they won’t be interested in getting better and the rest of their life they get to regret what they’ve just done because we thought medication was so horrible, that it was so special that we shouldn’t help those people regain their self-control.

So, thank you very much for this. No questions. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you, Representative. Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Doctor, if you could in the, I think in the statute it talks
about two physicians making a determination. Is there ever a time at Whiting, in these situations, is it always a psychiatrically trained M.D., or is there sometimes psychiatric APRNs that are involved as well or a combination of the two?

TOBIAS WASSER: So, currently right now it’s always a psychiatric physician. We don’t currently employ psychiatric, we do employ APRNs for medical purposes, but not for psychiatric purposes. So, at this point it would always be a physician making the order.

REP. PETIT (22ND): Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Are there any other questions or comments from the committee? Thank you very much for your testimony. Appreciate it.

MIRIAM DELPHIN-RITTMON: Thank you.


JORDAN SCHEFF: Thank you for having me. Senator Abrams, Representative Steinberg and members of the committee. My name’s Jordan Scheff, Commissioner of the Department of Developmental Services, and I’m here to testify in support of Senate Bill No. 920, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Our support is very specific to Section 25 of the Bill. DDS has currently learned that the current language in Section 17a-227a of the Connecticut General Statutes restricted the department’s ability to provide a criminal history records check to all
DDS employees that may have access to individuals with intellectual disability. As currently written, the statutory language only allows the department to submit state and national criminal history records check on applicants for employment that provide “direct services to persons with intellectual disability.”

As all DDS employees may have access to individuals with ID, not just those who provide direct services, the department is proposing to expand the scope of the statute to require that each applicant who has been made an offer of conditional employment by the department would be fingerprinted and submit to a state/national criminal, state and national criminal history records check. Requiring Fingerprinting and background checks for all DDS employment was the original intent of the language that passed last year’s session. During last year’s session as part of Section 52, Public Act No. 18-168, additional changes in Section 25 are technical in nature and they codify our current practice.

Thank you again for the opportunity to testify in support of this bill and I can answer any questions you may have.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee? Thank you for your time.

JORDAN SCHEFF: Thank you for having me.

SENATOR ABRAMS (13TH): Next we have Representative Jillian Gilchrest. Welcome.

REP. GILCHREST (18TH): Thank you. Good afternoon, Senator Abrams, Representative Steinberg and members
of the Public Health Committee. My name is Jillian Gilchrest and I’m a State Representative from the 18th District of West Hartford. And I’m here to ask that you amend Senate Bill 920, to include the licensing of nail technicians, eyelash technicians, estheticians and salons in the State of Connecticut. The issue licensing nail salons has been before this committee before. In fact, the legislature has introduced more than a dozen bills since 2001. Yet we are namely the only state in the country that doesn’t license these professions.

REP. BETTS (78TH): Mr. Chairman.

REP. STEINBERG (136TH): Do you have a point of order.

REP. BETTS (78TH): I have a point of order. I don’t believe this bill or the testimony that’s being given now is properly before this committee. I believe in the nine years that I’ve been here we’ve always had public hearing testimony on bills that are properly before us. If you can show me how this has gone through the committee process and shown this and raised it’s a bill for us to hear, I certainly would welcome it. But if it’s not, then I would strongly urge that it not be heard because it is not properly before us. And if we want to have that kind of an exception, then I think we’re gonna be opening up a pandora’s box that we can testify on anything we want, whether it be striking something or whether it would be just talking about something that’s not properly before us.

REP. STEINBERG (136TH): Thank you, Representative. That’s, I understand your point. I’ll give the Representative a minute to explain the relevance to the, to the tech bill that’s before us. To your
point, to assure that it is relevant to the conversation on that particular bill.

Representative Gilchrest, can you confine yourself to the --

REP. GILCHREST (18TH): Sure.

REP. STEINBERG (136TH): -- the general outline of the bill?

REP. GILCHREST (18TH): So, Senate Bill 920, is AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. And in order to license nail technicians, eyelash technicians and estheticians, that would go in the Public Health statute. And so I am here today to request that the bill before you be amended to include that licensing. And so, I’m asking for the ability to testify on that piece.

REP. STEINBERG (136TH): The point that I believe Representative Betts is making is mostly about the precedent of us entertaining testimony that is not at least fairly germane to the subject matter before us on that individual bill. Certainly, this might be described as a bit of a reach. So, I will ask the committee to, to humor us, we did provide Representative Gilchrest with the opportunity to, to testify today. If you can try to, to conform your remarks and we’ll try to keep it brief and I take your point and we’ll not entertain further conversation on, on a bill not before us as we go forward. But as a matter of some deference to a colleague, we’ll allow her to continue for the time being, if that’s all right? Thank you very much. Please continue, Representative.
REP. GILCHREST (18TH): Thank you. I appreciate the opportunity. I’ll be brief. Just last week 24 nail salons were closed for labor violations. This isn’t the first time, nor will it be the last, if we don’t take action. Violations included failure to have worker’s compensation coverage, cash payments without maintaining payroll records and misclassification as employees as independent contractors, making them ineligible for overtime and other benefits.

Connecticut’s lack of licensing impacts the state in three ways. It jeopardizes public health, it increases the likelihood of human trafficking and it hinders growth of small, predominantly women-owned businesses.

I’ll quickly speak to the first two areas, understanding this committee’s focus. Since introducing legislation, I’ve heard from many people who’ve reached out to me to share that they were injured or got an infection from a Connecticut salon. Women have told me about bacteria in their toes, needing surgery on their labia, and irreparable scarring on their eyebrows just to name a few. And just last week, Representative Fishbein shared how he got a staph infection after a facial at a Connecticut salon. The stories are horrifying, and Connecticut residents are angry to learn that we don’t require any licensing or training, putting them and others at risk. Also, while not all nail salons have human trafficking, there is labor trafficking taking place at some nail salons in Connecticut.

Another Department of Labor investigation done in 2016, identified salons where women are bused in
from Flushing, Queens at 8 a.m. to work at the salon, only being paid per customer and bused back at 8 p.m. And salons where the workers are housed above the salon, I know they’re paid to the employer for rent. There is also sex trafficking taking place. A salon in Southington reached out to then Representative Zoni, to complain that truck drivers kept coming into the nail salon asking for sex.

There’s also evidence some traffickers own nail salons and illicit massage businesses in Connecticut and share the women between the two. As it stands today, anyone in Connecticut can work as a nail technician, eyelash technician or esthetician and open a business. No training needed, no oversight, except occasional health inspections by local Departments of Public Health.

I am requesting that this committee recognize the need to license these professions and vote to allow us to continue our work and discussions this legislative session. I’m engaging with those in the industry, meeting with the Department of Public Health, local Departments of Health and have research on what’s being done in all 49 other states.

I thank you for the opportunity to testify before you. And I appreciate you taking the time to hear me and members of the nail, eyelash and esthetics industry. Thank you.

REP. STEINBERG (136TH): Thank you, Representative. I think everybody in this committee takes very seriously the issues that you’ve brought forward. These are genuine problems. The committee had considered a bill similar to this earlier in the session. And our difficulty is, as many people in
this room recognize, is often times it’s a matter of whether or not DPH can take on certain enforcement responsibilities and that’s perhaps one of the reasons why we hadn’t entertained that bill in the context of this session.

But I don’t want to, by any stretch of the imagination, minimize the seriousness of the problem or the need to address it.

REP. GILCHREST (18TH): Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Representative Tercyak.

REP. TERCYAK (26TH): Thank you very much, Madam Chair. Thank you, Representative, it’s so good to see you sitting there as a Representative.

REP. GILCHREST (18TH): Thank you.

REP. TERCYAK (26TH): It brings me back to my youth before I was elected, when I used to come before committees and say, nice bill, but you should amend it to add this, because of the importance we place in the legislature discussing things during the public hearing process. And being able to have a back and forth like this so that things are eligible to become law later, should our discussions lead us in that direction.

This is an important bill. Thank you very much for your points. We’ve spoken about it before. On a related section the speaker before you talked about wanting background checks and fingerprints on everybody, which surprised me because I, and I didn’t follow up there, but just want to mention here, should we be wise enough to move forward for including this in a bill, quite often just by,
wrote, the Department of Public Health requires criminal background checks. And for many people, especially folks who don’t require a lot of particular training to get to where they are, that question is enough to make them put down their pen and their paper and walk away.

So, should we be wise enough to move forward with this? Please keep that in mind, this would be a good example of someplace we don’t need to be requiring that expense to be born either by the individual, by the industry or by the department. But thank you very much for this. This is important, I appreciate it. Thank you very much, Madam Chair. Excuse me for taking so long.

SENATOR ABRAMS (13TH): I just want to tell the committee and apologize to Representative Betts because we did agree that we’d let our colleague testify and I should not have moved on to questions and comments, so I apologize for that. And we’re going to have to end here. Thank you very much, Representative Gilchrest.

REP. GILCHREST (18TH): Thank you.

REP. STEINBERG (136TH): And that’s at it, I think this is an instructive moment for all of us as we continue. We will try to enforce the same basic discipline for all those who testify before us. And we’ll ask the people, try to confine their comments to germane aspects of the bill before us that they’re testifying on. So, we’ll try to be as fair minded as we can for everybody but keep that in mind.

SENATOR ABRAMS (13TH): Thank you. I guess we’re out of our first hour. So, we will move on to

DANIEL MOYER: Senator Abrams, Representative Steinberg, and members of the committee. My name is Dan Moyer. I am with the Consumer Technology Association. I work on environmental policy. Thank you for the opportunity to testify in opposition to Bill 7197. Consumer Technology Association is the trade association representing the North American technology industry; we represent manufacturers, retailers and installers with 2,200 members and representing over 15 million jobs.

We support the language in this bill, exempting consumer electronics from the definition of children’s product. It’s important to recognize that flame retardants are an essential part of consumer electronics that are necessary for the function of a lot of the internal components, we’re talking about circuit boards, wiring and motors. So, we appreciate electronics being exempt in addition to electronic components.

The problem that we have with this bill is with the labeling provisions, being consumer electronics are exempted from the definition of children’s products, that means they’re included in the definition of consumer products. So, the label that’s requested by this bill would say that the State of Connecticut says that flame retardants could be taken out of this, these products and that, but this would simply not be true. Because flame retardants are essential for electronics and having a label on this would be both costly and it would go against any of the science or UL safety standards that are required for these products.
So, we ask that if you move forward with a labeling provision that’s outlined in this bill, that consumer electronics be excluded in addition from the labeling provision.

Thank you, and I’ll take any questions.

SENATOR ABRAMS (13TH): Thank you very much. Representative Steinberg.

REP. STEINBERG (136TH): Thank you for your testimony. You obviously understand the intent of what we’re trying to do with this bill, which is protect the consumer.

DANIEL MOYER: Absolutely.

REP. STEINBERG (136TH): Is there a standard and clear definition of consumer product that we could use because otherwise, it could be a very broad category of products. We would prefer to only exempt those things that really needed to be exempted. So, it would be helpful if you had a sense of how we might statutorily define such an exception.

DANIEL MOYER: Yes. I think you can look to several other states have looked at similar issues with consumer electronics and flame retardants. Minnesota and California have both exempted consumer electronics. Sort of what you did with the definition of children’s products. The items outlined that were exempted from children’s products, if they were exempted from the labeling provision as well, then I think that would be acceptable.

REP. STEINBERG (136TH): If you could help direct us in that fashion.
DANIEL MOYER: We can, we’ll provide you with language after the fact.

REP. STEINBERG (136TH): Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other -- Representative.

REP. ZUPKUS (89TH): Thank you, Madam Chair. Hi, just one quick question. I think you said that it is, they’re needed.

DANIEL MOYER: Yes.

REP. ZUPKUS (89TH): Can you just tell me why they’re needed in electronics?

DANIEL MOYER: Sure. For a lot of electronics, I think the best example is printed circuit boards. I don’t know of any printed circuit board that’s made with a flame retardant. It’s because an electrical current goes through it, a heat source. So, in order to comply with UL standards, like UL94 to be sold in the United States, these products have to have some sort of flame retardant to prevent a potential ignition hazard.

REP. ZUPKUS (89TH): To prevent what? I’m --

DANIEL MOYER: Potential ignition hazard, fire.

REP. ZUPKUS (89TH): Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Sure. Senator Anwar.

SENATOR ANWAR (3RD): Thank you for your testimony. I want to clarify. You have said two things, if I understand them. One, is you don’t want to be restricted and you don’t want to label.
DANIEL MOYER: I believe that having a label, the label that says that the State of Connecticut has determined that these products could not be made without flame retardants and that would not be true because these products, a lot of these electronic components need to have flame retardants within them.

SENATOR ANWAR (3RD): Okay. So, your enemy is the heat that is generated?

DANIEL MOYER: Yes.

SENATOR ANWAR (3RD): And there are other products that can be used instead of flame retardant products?

DANIEL MOYER: It depends on the electronic product, but there’s a lot of components that are all manufactured using flame retardants.

SENATOR ANWAR (3RD): I’ll try to say yes and no questions.

DANIEL MOYER: Yes.

SENATOR ANWAR (3RD): So, there are other products that can be used, which would be protecting the heat and reduce the ignition risk, yes or no?

DANIEL MOYER: For electronics?

SENATOR ANWAR (3RD): Yes.

DANIEL MOYER: All right. So, the electronics industry has thousands of different, these, so unless we’re talking about a specific product or a category, I can’t answer specifically. But most, there are a number of electronic components that
must use flame retardants to comply with the standards.

SENATOR ANWAR (3RD): Okay. And, and, so I will repeat what you’re saying, you’re saying that there’s no way you can make electronic products for children without the flame retardants?

DANIEL MOYER: So, there’s some components that do require it and there’s some electronic products that you don’t. Having electronic product is a broad category, it’s just too difficult to say without specifying.

SENATOR ANWAR (3RD): And, and why are you against the labels?

DANIEL MOYER: Well, the label here, as outlined in the statute, it says the State of Connecticut says that these products can be made without flame retardants, and that would not be true for many electronic products.

SENATOR ANWAR (3RD): The way I’m seeing this is I want the consumer to know what is in the product that they are using.

DANIEL MOYER: Right.

SENATOR ANWAR (3RD): And what risks they may have.

DANIEL MOYER: Right.

SENATOR ANWAR (3RD): And so if there was a label that said that there is flame retardant products in this material or whatever the product is, you would not have a problem with that?

DANIEL MOYER: I think we also have a problem with it. I mean, our main problem is with the specific
language within the label. But applying any sort of label that doesn’t sort of talk about the hazard to the consumer. Whereas, say the flame retardants, you’re in, in a laptop, say the small, they’re within the wiring and stuff that’s internal, the component. Unless somebody is breaking apart the laptop, those chemicals that are within it are probably not getting brought out to the consumer. So, having a label on this without saying, talking about the risk or the hazard on the product, really doesn’t provide any information for the consumer. And then in addition, incredibly costly for our manufacturers to provide on products that are sold in Connecticut.

SENATOR ANWAR (3RD): Costly to apply a product label?

DANIEL MOYER: A label, yes.

SENATOR ANWAR (3RD): All right. I’m not yet convinced but thank you for your testimony.

DANIEL MOYER: Sure.

REP. STEINBERG (136TH): Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Is there, do you know if there’s data that has compared these to some of these components like circuit boards with flame retardant and without and if there’s a significant difference in terms of ease of ignition or close production in terms of actual fires?

DANIEL MOYER: I do not. And I don’t know, there’s some certain electronic components that I don’t know of any that don’t have flame retardants. So, I don’t know if they would be able to compare or not.
But it’s something I could go back to our members and ask if there’s any information to provide after the fact.

REP. PETIT (22ND): I think that would be helpful if there’s data that would suggest a significant reduction in ignition, since we’ve had exploding kind of motorized skateboards --

DANIEL MOYER: Right.

REP. PETIT (22ND): -- kind of products and phones and batteries and, and the like, if there’s a difference between those with and without it would perhaps help frame the argument from a safety, from a protective point of view versus the risk of the flame retardant explosion.

Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions? Representative Arnone.

REP. ARNONE (58TH): So, you said they’re sealed and most likely not gonna contaminate the area. But we know these toys do get broken. And, I think it would be important to let families know, once they’re exposed, like even a smoke detector, we know there’s hazardous waste in those, but the parent should have the opportunity to know what’s inside the toy.

DANIEL MOYER: I think if you’re looking to warn consumers that you want to look at the normal use and abuse of a product, that a lot of these internal components are inaccessible and that, you know, unless somebody’s taking a sledgehammer to a television or something like that, which usually doesn’t happen and the flame retardants if they get
out, usually it’s in the recycling process after the fact, handled in a special facility. But I think it’s not going to inform the consumer anymore if you warn them, hey, there’s these horrible things inside the product, when most of the time for most users, it’s not going to impact them.

REP. ARNONE (58TH): Thank you.

REP. STEINBERG (136TH): Thank you. Let me just do a quick follow up. You used the word, usually, on a number of occasions.

DANIEL MOYER: Uh-huh.

REP. STEINBERG (136TH): And our goal in Public Health is to take care of the unusual --

DANIEL MOYER: Sure.-

REP. STEINBERG (136TH): -- in many of these circumstances and if you’ve seen a toddler play, they do approach the sledgehammer on occasion. So, in lieu of perhaps a label on the product itself, have you contemplated warnings on other aspects of packaging or instructions that might relate to possible harm, maybe it doesn’t have to be a label, but something you might want to do for every state as just part of your general instructions on the use of the product?

DANIEL MOYER: It’s something we haven’t considered, but I think it’s something we could talk about. And I think, you know, aside from like a printed label on the package, there are other things that could be done in either manuals or warnings. That’s something we could consider.
REP. STEINBERG (136TH): I think you see where we’re going with this --

DANIEL MOYER: Yeah.

REP. STEINBERG (136TH): -- and I’m sure we’re not the only state contemplating it. So, maybe the industry does want to think more seriously about how we’re trying to control a potentially dangerous substance or substances. And perhaps you can proactively take care of it through a more pragmatic means.

DANIEL MOYER: I think it’s a conversation we could have.

REP. STEINBERG (136TH): Thank you very much. Are there any other questions or comments? If not, thank you for your testimony.

DANIEL MOYER: Thank you.

REP. STEINBERG (136TH): Returning to elected officials, we have Dr. MacNeil from UConn Health.

MONTY MACNEIL: Representative Steinberg and distinguished members of the Public Health Committee. I’d like to thank you for giving me the opportunity to comment on Raised Bills 703, regarding dental practitioners.

My name is Dr. Monty MacNeil and I am a professor and Dean Emeritus at the University of Connecticut School of Dental Medicine. I also hold two positions, volunteer, unpaid positions with two organizations that relate to this bill. I am Chair of the Board of Directors to the American Dental Education Association, and I’m a member of the executive committee of the Coalition for Modernizing
Dental Licensure, which is supported by three national associations, the American Dental Association, the American Student Dental Association and ADEA.

The School of Dental Medicine stands in strong support of Sections 1 and 2 of the raised bill, which would change the process for initial licensure of dentists in Connecticut. Specifically, we support, and we have long supported eliminating licensure exams that inappropriately require the participation of patients. And replacing these exams with an alternative examination that does not require patient participation as Commissioner Pino referred to earlier.

We have supported this legislation in the past along with the state dental association and many practicing dentists. This year, we are joined by a national coalition, comprising three significant national associations. Together those three associations represent over 200,000 dental professionals, practicing dentists, dental educators and dental students.

As I said earlier, I am a member of the committee of this, executive committee of this coalition. There are real concerns about the current dental licensure exam in Connecticut and the use of patients in these exams. We are the last health profession to use this method of examination. And there are reasons why the other professions do not. These concerns impact and relate to patient safety and care, ethics, conflict of interest, and also the validity and the reliability of these examinations.

I have submitted some materials to the committee that discuss these problems. This legislation is
tremendously important to address these concerns. And I truly hope that the committee and legislature is able to move this bill to the finish line this year.

We have a major concern in that a small group people who oppose this legislation have a significant conflict of interest in that this group is largely comprised of consultant examiners for the testing agency that administers the current exam.

This small group has blocked progress in the past. We now hope that this new legislation will be implemented in a timely way. And with this in mind, we respectfully suggest a revision in the proposed language. We have submitted that alternative language in the written testimony. It establishes a reasonable and specific deadline for the implementation of the changes proposed.

Thank you, and I’m happy to answer any questions you may have.

REP. STEINBERG (136TH): Thank you, Doctor for your testimony and your advocacy on this issue, which is obviously very important to you.

Do you know offhand how many states are similar to what Connecticut asked for, you said, are we virtually the only one?

MONTY MACNEIL: No, we’re not. Eight of the 50 states have changed their licensure approach to move away from this patient-based approach of examination. And that’s what the National Coalition is about, is encouraging additional states to do the same.
We hope Connecticut is the next one to do this. It’s, it’s the right time, it’s time that we do this because of the conflicts that we, the conflicts of interest and the other ethical issues that surround this process.

Also today what’s different is an alternative exists, alternatives that are actually more valid and reliable in terms of examining candidates for licensure.

REP. STEINBERG (136TH): I think that’s the key point. As you say, the majority of states may not have changed, but the circumstances have changed.

MONTY MACNEIL: Right.

REP. STEINBERG (136TH): And having an effective alternative is the reason why you feel so strongly and supported by the coalition and by the relevant agencies?

MONTY MACNEIL: Yes.

REP. STEINBERG (136TH): Thank you. Are there any other questions or comments? If not, Doctor, thank you for taking the time to join us today.

Next we return to the public. And next up would be Anne Hulick from Clean Water Action.

ANNE HULICK: Good afternoon Representative Steinberg, ranking members, Senator Abrams, Ranking Member Petit, distinguished members of the committee. My name is Anne Hulick, I’m the State Director of Clean Water Action.

I’m here today to support House Bill 7197, AN ACT RESTRICTING FLAME RETARDANTS. I testified on a very similar bill I think last week. So, I don’t know if
I need to go into a lot of detail. I’m happy to answer questions. My testimony has been submitted online.

Basically our concern is that flame retardants we now know do not retard flames. That is well established, well known. They are also very toxic chemicals that are carcinogenic, neurotoxic, and many of them disrupt hormones. They get into the air and dust. They off gas from the products that they’re in. They are ingested and inhaled. Babies and young children have three times higher, the level of these chemicals in their blood.

Babies are actually born with these chemicals already in their bodies. So, there are strong health concerns related to exposure to these chemicals. And many states across the country have moved away from use, you know, restricted these chemicals in products. California, in 2013, changed their flammability standards so that no longer are flame retardants required in products that contain polyurethane foam. That has really been the result of the research that I’ve cited in my testimony.

And the push from advocates and researchers across the country and frankly across the world to get these chemicals out of products and out of the environment.

So, the bill that I’m here to testify in support of today restricts these chemicals in children’s products, which is a very good thing because children are the most vulnerable. We now know that particularly cancers are the second leading cause of death in children behind injury.
So, any opportunity to reduce toxic chemicals is one that makes sense. And I’ll just summarize by saying, the difference in this bill is that it requires a label of products. I know that’s always been a concern for one state to require a label. The label that is required in this bill is exactly the same label that all manufacturers are now putting on products that contain polyurethane foam that are sold in the California market. So, because of that requirement in California, it really has become a de facto standard. So, if you go into stores right now, Macy’s, Bob’s Furniture, baby stores, you will see that tag already on products because manufacturers are doing that for the California market.

I’m happy to answer any questions.

REP. STEINBERG (136TH): Thank you, Anne. I think your last point’s a very valid one, which is often times it is problematic for an individual state to require something that’s not required in other states. But I get the sense that to your point that other states are concerned about. And this is an opportunity for industry to collaborate with government to come up with a better answer.

You’ve heard the testimony of the gentlemen before with regard to consumer electronics. Would you agree that we should be excluding that whole category of toys or is that still problematic?

ANNE HULICK: Electronics is problematic. I would agree with, on that. So, there is a lot of concern about flame retardants in electronics, TVs, the little screens, particularly for children. But there is, there has been no sufficient way to get them out of those products that we’re aware of. So,
we would be comfortable with an exclusion of electronic products at this point.

REP. STEINBERG (136TH): Thank you. Are there other questions? Yes, Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. Just a quick question. So, if there were labels on these, so a consumer would have a choice to buy these with, with these flame retardants in or without, correct?

ANNE HULICK: Yes. The label that, as I understand it from reading the bill, it’s the exact same label as California has, which is the manufacturer has to expressly say, this contains flame retardants, or it does not. So, it’s really clear to the consumer.

REP. ZUPKUS (89TH): Right. So, they can pick what they choose?

ANNE HULICK: Exactly.

REP. ZUPKUS (89TH): Okay. Thank you.

ANNE HULICK: You’re welcome.

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

ANNE HULICK: And I just would add that Rhode Island passed a bill last year banning all organohalogen flame retardants in children’s products and furniture. So, there’s no reason why we cannot do it in Connecticut.

REP. STEINBERG (136TH): We’re a bigger state than Rhode Island.

ANNE HULICK: That’s right.

REP. STEINBERG (136TH): Representative Petit.
REP. PETIT (22ND): Thank you, Mr. Chairman. Ms. Hulick, back to the electronics issue. Are you aware of any studies that have measured the exposure of children before and after use of electronic products?

ANNE HULICK: I don’t recall studies particularly for children. But I am aware of several, and I will go back and look, I am aware of several studies that have measured the flame retardants coming off of electronics and even made recommendations of how far you should sit away from those. So, that research is out there. But I apologize, I don’t recall off the top of my head specifically about children.

REP. PETIT (22ND): So, you’ve seen data concerning off gassing, but how about the direct exposure in terms of electronics? Is there data on direct exposure?

ANNE HULICK: I’m not sure about children, but yes, there is definitely a concern about not only direct contact, but again those products escaping out of the, the products.

REP. PETIT (22ND): And same question I asked previously. Are you aware of any data in terms of looking at electronics with flame retardants without, your stance has been today and other days that the flame retardants are not particularly useful. And in general the testimony has been that, the example is circuit boards, that perhaps it retards --

ANNE HULICK: That’s right.

REP. PETIT (22ND): -- increases the ignition point or decreases the potential for ignition; are you
familiar? Do you think there’s data to support that?

ANNE HULICK: Yeah, I do think there is still a concern for if you don’t have those chemicals in electronic products that there is, may be a higher propensity for a fire. So, I should have made that clear in my previous testimony, honestly, we, we have supported excluding electronics at this point because we understand that manufacturers haven’t been able to maintain the same level of safety without those particular chemicals at this time. There is work being done as I understand it to find alternatives, but I don’t think the industry is there yet. Whereas, with polyurethane foam products, children’s products, furniture, mattresses, the industry is already shifting.

REP. PETIT (22ND): Thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Representative Candelora, followed by Representative Klarides-Ditria, followed by Senator Anwar.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Just briefly on the Rhode Island legislation. Does that legislation have a trigger or is their ban immediate? Did they tie it to other states?

ANNE HULICK: No, no.

REP. CANDELORA (86TH): Thank you. Thank you.

REP. STEINBERG (136TH): Representative Klarides-Ditria.

REP. KLARIDES-DITRIA (114TH): Thank you, Mr. Chair. Thank you for your testimony.
ANNE HULICK: You’re welcome.

REP. KLARIDES-DITRIA (114TH): You may have answered this, but I may not have been here. In California, does California ban the flame retardant in their electronics?

ANNE HULICK: Not that I’m aware of, not yet.

REP. KLARIDES-DITRIA (114TH): Okay. Thank you for your testimony. Thank you, Mr. Chair.

ANNE HULICK: I promise I will double check and get back to you.

REP. STEINBERG (136TH): And you have a lot of homework, clearly.

ANNE HULICK: I know.


SENATOR ANWAR (3RD): Thank you, Mr. Chair. Ms. Hulick, I just wanted to clarify something. You have said that you, you are suggesting that the flame retardants should not be removed from electronic products?

ANNE HULICK: At this point we understand from the industry that there is still a need for them in electronics, like TVs and things. But for all the other products, there’s no need.

SENATOR ANWAR (3RD): So, I’m gonna ask you this question in a different way. The current generation of children, they’re spending more time with electronics --

ANNE HULICK: I know.

SENATOR ANWAR (3RD): -- than any generation before.
ANNE HULICK: I know, I really worry about that.

SENATOR ANWAR (3RD): So, if something is not safe, would it not be reasonable to have that label there that the flame retardants are in that product?

ANNE HULICK: On electronics?

SENATOR ANWAR (3RD): Yes.

ANNE HULICK: Yes. So, as I understood it in this particular bill, restricts flame retardants in certain products and then requires a label on all products that contain flame retardants. I do think that’s a good thing to label to make consumers aware.

SENATOR ANWAR (3RD): Okay. Yeah, I think it’s worthwhile for parents. Having screen time is another issue, which is beyond the scope of our --

ANNE HULICK: Yes.

SENATOR ANWAR (3RD): -- conversation today. We could have about a few hundred thousand people here, if we started to have that. But I can suggest that it’s a good idea to have a label in place so that people can make educated choices.

ANNE HULICK: Absolutely, yeah --

SENATOR ANWAR (3RD): The second --

ANNE HULICK: -- including on the electronics.

SENATOR ANWAR (3RD): -- yes.

ANNE HULICK: Yeah.

SENATOR ANWAR (3RD): The second question is that the flame retardant presence is almost like a throw-
away term. We need to know what those chemicals are. So, this bill does not tell us that.

ANNE HULICK: No.

SENATOR ANWAR (3RD): So, we do need to know if it’s polyurethane or it’s some other product which is a flame retardant that is being used. If, if it’s a, and then that may help us a little bit more. I guess at the starting point, this may be a step one. But ideally, we need to know which kind of retardant it is.

ANNE HULICK: Uh-huh. So, you’re right because there’s hundreds and hundreds --

SENATOR ANWAR (3RD): Yeah.

ANNE HULICK: -- and hundreds of different kinds of flame retardants. That was the reason, frankly, that Rhode Island and other states are moving in this direction as well. They used a whole class of organohalogen flame retardants because that captures the breath of those chemicals.

SENATOR ANWAR (3RD): Okay. But we are not labeling them as organohalogen or phosphates that you’re talking about. So, we are just saying that they are flame retardants. And that may not necessarily educate the consumer what we are trying to do.

ANNE HULICK: Uh-huh.

SENATOR ANWAR (3RD): You see what I’m trying to struggle with here?

ANNE HULICK: Yeah, I think so. I think the label that is proposed in this bill and is required now by California is all encompassing because it does just use the general term flame retardant. So, it
provides that information to consumers. But technically, it’s, you know, the manufacturer is certifying that there either are flame retardants, any flame retardant, whether it’s an organohalogen or chlorinated tris, or brominated flame retardant. By saying all, you know, are there any flame retardants, I think that captures the whole class of the chemicals for the labeling purpose.

SENATOR ANWAR (3RD): Okay. All right. Thank you so much.

ANNE HULICK: I don’t know if I’m answering your question properly.

SENATOR ANWAR (3RD): I think that we don’t have enough data to know which ones are more dangerous than the others. And that’s the reason, so we’re just putting them all in one family, which is probably fair in the absence of data at this stage and then maybe a few years down the road, we’ll find out the ones that are more relevant and, and they are associated with illnesses and other potential risks. So, that’s gonna be a future issue. But at this stage, based on our understanding at this time, this is probably a reasonable first step.

ANNE HULICK: Yes, I think so. I think it’s a really good step not only because these are toxic to, you know, all of us. They’re harmful to the environment. They don’t do what they’re purported to do and informing consumers so that they can make choices, I think is a good thing.

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

ANNE HULICK: You’re very welcome.
REP. STEINBERG (136TH): Thank you, Senator. Other questions or comments? If not again, thank you for your testimony today. I think it was very helpful to the committee.

ANNE HULICK: Thank you. I appreciate it.

REP. STEINBERG (136TH): Returning to the elected official’s side of the fence. Senator Kissel.

SENATOR KISSEL (7TH): Good afternoon, I’m State Senator John Kissel, serving the fabulous people of Enfield, Somers, Suffield, Windsor, Windsor Locks, East Granby and Granby. Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and esteemed members of the Public Health Committee as well as my State Representative, Representative Arnone.

I’m here on behalf of testimony regarding House Bill 7199, AN ACT CONCERNING IMMUNIZATIONS AGAINST THE MENINGOCOCCAL VIRUS AND HUMAN PAPILLOMAVIRUS. And I’m here with my constituent, Melissa Sullivan from the town of Suffield, and I’m now going to yield the rest of my time to Melissa.

MELISSA SULLIVAN: Thank you, Senator Kissel. Distinguished members of the Public Health Committee and distinguished Chair. Thank you for the opportunity this afternoon to submit testimony in opposition of H.B. 7199. I know this is my third time testifying this session. Some of you are gonna be on my Christmas card list, we’re getting very familiar.

So, let me just tell you about, I shared with you last time that I do have a vaccine injured child. So, I come at this from a very personal stance. And
this session has been wild with nonconsensual vaccines as well as now mandates. And 7199 is just that, a mandate. You want us to have our children get an HPV vaccine or Gardasil vaccine, which is the absolute most dangerous vaccine on the market. You remember me talking last time about we can’t sue a pharmaceutical company if something should happen to us or our children with the HPV vaccine.

It’s very, very dangerous. These are my children. This is my choice. Just like when I get pregnant, it’s my choice to have a child. Once I choose to have that child and bring it into this world, I’m allowed to make decisions for that child, especially health decisions, especially decisions that really could be dangerous. We don’t live in a bubble. We need to make sure that we protect our children; that’s why they’re given to us. It’s my job.

I honestly don’t appreciate that the state would mandate me to do anything health wise for my child. These are decisions I make with my doctor. That brings me to meningitis. Wow, that’s so fast. Same thing with meningitis. We give it in 7th grade. We don’t need to give it again for 12th graders. We, every college in the United States and in Connecticut mandate meningococcal for college admission. We don’t need to give it in 12th grade, there’s no interest to give it again. We give it in 7th grade, it’s not working.

If you want to do something good this session, please get rid of that 7th grade mandate because meningitis is for college kids, that’s where they get meningitis. And I know my time is up, so I don’t want to push it, but thank you very much.
REP. STEINBERG (136TH): Thank you, Senator, for bringing the, it’s good to see you again. I have to concur, this has been a wild session in so many ways.

MELISSA SULLIVAN: It has.

REP. STEINBERG (136TH): If you could just comment a little bit further why you’re particularly concerned about Gardasil?

MELISSA SULLIVAN: Absolutely. It is known to date that Gardasil is absolutely the worst vaccine ever produced on, in fact, there is a lawsuit and there’s a doctor that will testify on, in regards to that lawsuit later on, way later on, because you guys always stick us at the end. Thank you very much. Always seems to be that way. We have to have all these people stay all day. But anyhow, you know, he’ll tell you more about this lawsuit and Merck and another pharmaceutical company, the name is escaping me.

We have over 460 deaths from this vaccine alone. Over 60,000 adverse events from this vaccine alone. You heard Linny and her mom, Anne, testify the last time we talked about HPV and you wanted to give it to my kid without consent. This vaccine is really dangerous, really dangerous. And meningitis is right up there, too. This is, you know, we shouldn’t be mandating anything. This is, this is, even if you look at, I looked at Commissioner Pino’s testimony for 7199 and he clearly said, you guys aren’t supposed to be mandating. He is the one that mandates. So, I don’t know how this happens. Actually, I do know how this happens because you and I discussed that. And I call you Chair, but I call
her Madam Chair, right, so who, I’m confused, you don’t get anything before Chair, right?

REP. STEINBERG (136TH): Are you saying you’re gender biased?

MELISSA SULLIVAN: No, no, no, I’m not. And if you want to talk about tolls, we can do that, too. But no, I’m not, I’m not. No, no, I’m not. But I want to address you properly because I know you deserve that respect, so.

REP. STEINBERG (136TH): Thank you for that. You know, normally I would ask if you had any data, would you consider submitting it, but in your case —

MELISSA SULLIVAN: You know I do.

REP. STEINBERG (136TH): -- you have certainly submitted all the documentation anybody could require.

MELISSA SULLIVAN: And our CDC doctor, you know, some, some reference from, you know, we’re not talking about some doctor that you might think is a quack. These are all, everything I ever give this committee will always be something that you can find yourselves, per the CDC or per their legitimate reputable sources that you have access to.

REP. STEINBERG (136TH): Thank you, Melissa.

Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Chair. And thank you for your testimony. You know, typically when we’re addressing concerns, public health concerns, there’s an incident or episode that mandates that. And are you aware of any type of
issues that we’ve had with meningitis or with HPV as a communicable disease, which it’s not, which would dictate a public health concern?

MELISSA SULLIVAN: Yeah, that’s a great question. And I do have those statistics for you. I will tell you that in, and I have to read this. I don’t like to read, but I do have to read this because since January 1st, 2008, oh, by the way, this comes from the Epidemiology Department to Petit, not Petit, even though it’s spelled the same way, Petit, at the State Epidemiology Department, she gave me this information yesterday. So, January 1st, 2008 to December 1st, 31st, 2018, so over 10 years, we have had three cases of meningitis in Connecticut.

Now, get this, get this, I told you this is transmittable in college and none of these people died, by the way. Oh, sorry, these three people did die. An 83-year-old in 2011, sorry, these are the three deaths in over 10 years, okay. An 83-year-old in 2011. A 94-year-old in 2013. And a 21-year-old in 2015. Now, I don’t know about that 21-year-old, whether they were in college or not, but 21 is usually when we graduate. So, it’s just interesting that the target group here, college, those three people aren’t even in that target group.

Now, as far as adverse effects, in Connecticut alone for meningitis, we’ve had 186 adverse effects. Of those, 41 were ER visits, 3 were hospitalizations, one serious, 104 recovered, but 82 did not recover. So, you can see statistically, those are numbers, those don’t lie. You can see statistically that this vaccine has injured more children, people, than it has helped with three deaths over 10 years. Did I answer your question?
REP. CANDELORA (86TH): You did. Thank you very much for that.

MELISSA SULLIVAN: Thank you for the question, Representative.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair, hi there. Thank you for coming. I have a couple of questions. That was actually one of mine. What is the ways you can contract --

MELISSA SULLIVAN: Meningitis?

REP. ZUPKUS (89TH): Meningitis and HPV?

MELISSA SULLIVAN: Okay. So, I had this conversation with Representative Petit. So, I want to make sure I’m using the right words because he set me straight a little bit and he’s the doctor that I go to, although I know we have a new doctor, so welcome. And so Representative Petit told me that we’ve been saying noncommunicable and that’s actually not correct, right? That we should be saying not easily transmittable. So, what does that mean? That means that unlike measles, which we always want to talk about, unlike measles, it cannot be caught on the surface here. If I sneeze on Senator Kissel, he’s not going to get either of these illnesses.

By the way, meningitis and your bill is very flawed, I’m surprised you didn’t catch this. Meningitis is not a virus, folks, it’s a bacteria. The bill is written up as a virus. So, big, big typo there are somethings that have to be fixed.
However, they are communicable in ways such as, let’s talk about meningitis, you know, we’re talking about college kids, they’re under, they’re without the watchful eye of their parents. I’m about to send one off in August, God help me. And she’s gonna drink and she’s gonna share that cup with a friend. And she’s gonna share a toothbrush, they’re just kids. And they’re gonna kiss and make out with people and that kind of stuff. And that’s how meningitis, because they live in close quarters, where kids, 7th graders, where we mandate meningitis, they don’t live in close quarters. We have zero cases of meningitis. And we do have cases of meningitis over the years, very few over the past 10 years, we’ve had 34 cases of meningitis. So, very low numbers.

Now, HPV is communicated usually through sex. Certainly oral sex because you’re gonna hear about throat cancers and definitely intercourse. Other than that, anal, thank you. Okay. Sorry, sorry. Yeah, a good, the point was, you know, are we having a sexual activity problem at school? Are kids having sex at school, obviously not. You know, this is, this is not something we should be giving to our, to our kids. So, those, that’s the way.

REP. ZUPKUS (89TH): So, with screenings nowadays, so, when, I have an 18-year-old daughter also. So, when you go to the doctor, there are Pap smears, there are screenings and those be, can it be detected through --

MELISSA SULLIVAN: Absolutely, that’s the best way to contract, to realize if HPV is present. We have Dr. Sin Lee here today. He’s gonna testify, he’s way smarter than I am with all of that. He’s going
to tell you in his 50 years of experience, the best way to not spread HPV is through a condom, absolutely. And, and, Pap smears, you’re gonna predict it with Pap smears, sorry.

REP. ZUPKUS (89TH): So, I have some other questions, but I’ll save them for the doctor.

MELISSA SULLIVAN: Oh, please do because he -- I know my, my Senator has to run too, so he’s, he’s doing me a huge favor. He’s got meetings and I want to, I want to honor that for him too. So, but, yeah, he’s definitely going to be the one to answer those questions for you.

Thank you very much for your questions.

REP. STEINBERG (136TH): Thank you, Representative. I think we’re definitely gonna have the bill for next session for giving the sharing of toothbrushes.

MELISSA SULLIVAN: Can I tell you that I would not past you.


SENATOR ANWAR (3RD): Thank you so much for your testimony. I want to clarify if I heard you correctly. What you are suggesting for meningococcal vaccine is that you’re okay with meningococcal vaccine in college age group?

MELISSA SULLIVAN: I am sir, yes, but I also think that of course that should be up to the parent. Although, by the time I send my daughter off to college, she will be an adult and she can make that decision for herself, she’ll be 18. But yeah, I think it’s very useless for us to be giving this vaccine to our 7th graders, obviously. And then for
our 12th graders, there’s no need to mandate that because every college is going to require that vaccine, as well as a physical, before they step foot on a college campus because that’s where we spread this, this bacteria.

So, yeah, I don’t think we need to mandate it. It should always be a choice. But it’s certainly not needed, where we’re giving it now or where you’re suggesting giving it. And why would we give it to a child that’s not going on to college, right. I mean some of these kids don’t go on to college and we’re mandating it for a child that’s not going on to college. The susceptibility of that child that’s not going on to college is zero.

SENATOR ANWAR (3RD): The other question is, why do you think CDC’s recommending this?

MELISSA SULLIVAN: How much time do you have? So, honestly, I think the CDC recommends any vaccine because they believe in it. But I also believe that the CDC is not what it used to be. In fact, the CDC is in bed for lack of better terms with pharmaceutical companies. In fact, they own a lot of patents on a lot of our vaccines, which is a huge, huge conflict of interest. Easily can be tracked. I would ask you to please follow the money, sir.

SENATOR ANWAR (3RD): Is that in your testimony, too.

MELISSA SULLIVAN: It is not, but it is now.

SENATOR ANWAR (3RD): Okay. Thank you so much.

MELISSA SULLIVAN: And congratulations on your seat.
SENATOR ANWAR (3RD): Thank you.

MELISSA SULLIVAN: Welcome to the chaos.

SENATOR ANWAR (3RD): Thank you, I’m excited to be here, thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): We will try to restore some order to the chaos.

MELISSA SULLIVAN: Sorry.

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. Senator Kissel, Melissa Sullivan, thank you for testifying. So, I’m just, in listening to your discussion with the doctor, you’re saying, I’d like to clarify that you’re supporting the HPV vaccine for college kids?

MELISSA SULLIVAN: No. I’m not supporting any mandates of any vaccines. I certainly want to make sure that this is a choice. I don’t want the state telling me what I need to give my child at any juncture. The HPV vaccine is the most dangerous vaccine on the market. And meningitis, absolutely because of all the reasons I just said, doesn’t need to be given to our kids. So, I would like to see the 7th grade mandate disappear, and I would like to see this bill go away, quite frankly. So, no, I’m not anti-vaccine in any way, shape, or form. I just want each of you as parents and grandparents to be able to make the choice for your children, that’s what I’m asking for.

I don’t, I don’t think it’s in the state’s best interest to mandate anything. There’s some dangerous things happening in this building. There
was a press conference this morning that was very
dangerous, very alarming to the choice that we as
parents make. Pay attention. There are people that
want to mass vaccinate our children. And we had
this discussion last time. We have no emergency.
You heard Commissioner Pino, we call him Pino
Grigio, because we need wine after this.

We, you heard him, you heard him say, we have no, we
have no measles outbreak. We have two cases. It’s
not even the strain that the vaccine covers.
There’s no emergency here. We need to chill. We
need to just keep things the way they are. We don’t
need anymore vaccines. We don’t need anymore
mandates. And the state shouldn’t be involved in my
health decisions.

REP. HENNESSY (127TH): Thank you.
So, just, just a
comment that this is not only happening in the State
of Connecticut, but happening, I believe, in 12
different states in which --

MELISSA SULLIVAN: The hysteria is real, I mean, and
let’s not forget the billions and that’s with a B,
the billions of dollars these pharmaceutical
companies have to campaign. They’re in this
building through lobbyists, they’re talking to some
of you. There are people that work for
pharmaceutical companies that are asking for favors
of you. You make decisions for the public, that’s
what I would like you to do. We don’t work for, you
don’t work for lobbyists, you work for us. We’re
asking you not to continue this. Don’t buy into the
hysteria. This will be a different conversation if
we have kids dying from measles. I promise you, it
would be different. We don’t. And I know
Representative, Chairman Steinberg’s not gonna love
it because we always talk about measles. But measles is a really benign childhood disease, it really is. Look at the Brady Bunch in the '70s, we all grew up with the measles. I know Representative Steinberg says that, you know, we -- what?

REP. STEINBERG (136TH): I’m sorry, the Brady Bunch, they’re not a real family.

MELISSA SULLIVAN: They are not a real family. Thank you. Thanks for pointing that out, but here’s the episode, here’s the episode, all six kids get the measles, right, and there is, you know, Carol and Mike at the end of the episode. They got a chalkboard out and they’re checking off each kid. Oh, yeah, the Brady’s are done with the measles. In the meantime, the kids are playing Monopoly upstairs, laughing. This is the best sickness ever, they say. We don’t even have to take a shot and there’s no fever. We get to eat and drink whatever we want. Now, Carol and Mike are checking off the kids and around the corner comes Alice. They’re not done, Alice has the measles.

But that was what we all grew up with. The hysteria comes from now we have a vaccine. And guess what? Now, the marketing goes towards that vaccine and shift, that’s what happens. That is what has happened here. I’m sorry, I’m taking the floor. Go ahead, thank you. I hope that answers your questions, I don’t even know.

REP. HENNESSY (127TH): Thank you, Melissa, you’re quite eloquent.

MELISSA SULLIVAN: Thank you.

REP. HENNESSY (127TH): Thank you, Mr. Chair.
REP. STEINBERG (136TH): I guess that sums it up in a nutshell. Any other questions or comments? If not, thank you, Senator, thank you, Melissa, for your testimony.

MELISSA SULLIVAN: Thank you all very much. Vote no or don’t even move it, please.

REP. STEINBERG (136TH): All right. Next up is Louis Burch, followed by Representative Elliot.

LOUIS BURCH: Good afternoon, Honorable Chairmen and members of the Public Health Committee, thank you for the opportunity to testify today.

My name is Louis Burch. I’m the Connecticut Program Director at Citizens Campaign for the Environment. I am here to testify support of House Bill 7197, AN ACT LABELING AND RESTRICTING THE USE OF CHEMICAL FLAME RETARDANTS.

First of all, I think it’s important to say that there is a growing body of scientific evidence that tells that chemical flame retardants pose significant human health impacts, especially to small children. Small children are disproportionately susceptible to these impacts because of their hand-to-mouth behavior. There’s developing bodies, their developing immune systems. And so it makes a lot of sense for this legislation to be focusing on children’s products. The labeling piece is extremely important. And I think it’s also important to say that there’s been a great deal of data that’s come into, that has called into question the efficacy of these flame retardants in terms of their fire prevention potential.
In fact, in 2017, the Consumer Product Safety Commission released a guidance that acknowledged that there are significant health impacts related to chemical flame retardants and recommended that manufacturers of household goods and furniture discontinue their use. That is in large part because over the years, since 1975, when the State of California required a technical bulletin 117, which basically said, this upholstered furniture has to withstand a match test for a certain number of seconds. And all of the manufacturers started filling their products with flame retardants.

There’s a great deal of evidence that shows that over time, chemical, household fires have actually become more toxic because of the increased amount of chemicals and different types of polymers that we find in the household.

I think it’s also important to be said that one of the things that drove technical bulletin 117 was the fact that there was this trend of folks falling asleep with cigarettes in their beds and the mattress catching fire, starting a house fire. We know that cigarette smoking is down. We also have improved fire prevention techniques, education as well as smoke detectors that can help to notify people when there is a fire happening, as opposed to trying to prevent that fire with toxic chemicals.

My three minutes are up already. And so, let me just say that in addition to the impacts to children, there was a National Institute for Occupational Safety and Health study that found that firefighters actually have higher rates of several different types of cancer, including mesothelioma, esophageal cancer, mouth and pharyngeal cancer as
well as cancers of the kidney, breast, intestines, stomach and testicular cancer.

And so this is not just a children’s health issue, but it’s an issue regarding the health and safety of our first responders. And what you all are doing makes so much sense because you’re simply putting a label on these products so that consumers can make their own decisions about whether or not they want to purchase them. And taking those flame retardants out of children’s products, which are far, by far the most vulnerable population around this issue.

So, we strongly support the legislation. We appreciate you introducing it and I will leave my comments there.

REP. STEINBERG (136TH): Thank you, Lou for your testimony. I think you’ve amply demonstrated that this is indeed a potentially very serious problem that effects virtually every child. And we’ve had testimony about, you know, the higher vulnerability of children to all sorts of chemicals.

You’ve heard some of the testimony prior to this with regard to the consumer electronics and trying to be fair minded about the reasonableness of attaching labels. Given the sort of the thrust of the conversation, do you feel that if we made those exemptions and tried to be reasonable that we could fashion a reasonable bill for this problem?

LOUIS BURCH: Yeah, we have a philosophy that’s built around addressing the greatest source of a problem first. And our concern, I think should start with the impacts to children’s health, once again, they’re the ones that are, you know, breathing in this material, doing hand-to-mouth
activities. You know, it may make sense to start there and to demonstrate that this type of fire prevention can be done without flame retardants before moving on. But, yes, generally what we need to do, is we need to move the industry in a safer, less toxic direction and that’s a huge focus of the work that we do at Citizens Campaign for the Environment.

This is not, this is not that overreaching though. I think this is very straightforward policy and I think it should also be said that Connecticut would not be the first one out of the gate doing this. Actually, in 2017, the States of Maine and Rhode Island both passed their own bans on chemical flame retardants in response to that directive from the Federal Consumer Products Safety Commission.

So, you all would be in good company doing this. And it would be another important step in the right direction in terms of creating a safer, healthier home environment.

REP. STEINBERG (136TH): Thank you. I’m sure we are gonna take a look at what other states have passed recently as we go forward. Other questions or comments? If not, thank you for your testimony today.

LOUIS BURCH: Thank you for the opportunity.

REP. STEINBERG (136TH): Next up is Representative Elliot.

REP. ELLIOT (88TH): Chairman Steinberg, thanks for having us. I’m here to seed my time over to Linda Niccoli, who is a Professor of Epidemiology at Yale.
And as part of a working group on the HPV vaccine, speaking on behalf of 7199.

LINDA NICCOLAI: Okay. Thank you, Chairman Steinberg and esteemed members of the Committee for the opportunity to speak with you today in support of House Bill 7199.

As was mentioned, I’m a Professor of Epidemiology at the Yale School of Public Health, and I’ve been studying HPV vaccination for over 10 years.

I really want to begin my remarks by being very clear that the proposed bill is not a mandate. It is not a mandate. It is not one that takes away parent choices. And the bill will force no one to immunize their children against their will. We have policies in Connecticut, I’m sure you’re all aware, by which parents can opt out of any and all vaccines by obtaining an exemption.

So, again to be clear, this is not a mandate that will not prevent parents from choosing healthcare for their children.

When we go to the doctor, I believe that most of us expect an evidence-based approach to medicine, where the best available evidence guides the clinical care that we get. So, I am here today to urge you as legislators to engage in the practice of making evidence-based policy.

As a scientist and as a constituent, I expect that our policies are grounded in evidence, scientific evidence. The stories that you will hear from opponents of vaccine policies are just that, they’re stories. They may be compelling, but these
anecdotes should not be the basis for legislation that affects all of us.

When one looks at the scientific evidence, it is overwhelmingly on the side of support for this policy. Therefore, I support the legislation that children be protected against HPV infection prior to school entry in Connecticut. I support this legislation because of three lines of evidence that I’ll mention very briefly here, and they’re described in more detail in my written testimony.

The first line of evidence is that all children, it indicates that all children should receive the HPV vaccine, and that is why it is recommended by every major medical and public health organization that recommends vaccines. But Connecticut falls far short of that goal. Currently only about 70 percent of Connecticut children have been immunized against HPV. The results of that is that 56,000 children in Connecticut are left vulnerable to six different types of cancer.

Second, the evidence for HPV vaccine safety is actually quite robust and reassuring. I don’t have time to go into all of the, there’s so much data, I don’t have time to do that. But the point to note is that over 110 million doses have been distributed in the United States and no serious adverse events have been confirmed.

So, again, the risk and the harm, may I continue. Thank you. So, the risks and the harm that you hear about are stories and not anecdotes. And during questions, I’d be happy to speak much more to the safety issue.
Finally, we have evidence that school immunization policies are actually generally well accepted by most people and they’ve had a remarkable impact on preventing disease.

Importantly, please remember, that policies are also in place for Connecticut parents to decline vaccination for their children, if they wish. No one will be forced to immunize their children under this proposed bill.

I’ll just conclude now, I realize the time. On a personal note and just to let you all know that I was shocked, really shocked, when I had to ask my pediatrician for HPV vaccine for my children. It was not offered to them because they didn’t need it for school. As a parent, I should not have to ask for a vaccine that my children are supposed to get under all current best available medical guidance and recommendations. So, what I worry about is that other children remain unvaccinated because their parents don’t know to ask for it.

Passing this bill will ensure that parents are not unknowingly leaving their children at risk for cancer. And those who do not want the vaccine can opt by obtaining an exemption.

So, the time is now. Connecticut can really be a leader in the fight against cancer, if we simply stop treating HPV vaccine as different from other vaccines. There’s no reason why HPV vaccines shouldn’t be required for school in the same way that meningococcal and Tdap vaccines are required for middle school entry, so long as the opt-out provisions are available.
So, it really is time to normalize this vaccine by using a policy approach to increase coverage and save lives.

REP. STEINBERG (136TH): Thank you, we’re gonna have to conclude there. Doctor, thank you for your testimony. Two quick questions. One, when we typically talk about vaccines practically we don’t usually talk about cancer. Could you briefly explain how it is that a vaccine could actually prevent cancers?

LINDA NICCOLAI: This truly is one of the most remarkable public health advances of, of, of the decades. Six types of cancer, so you hear a lot about cervical cancer, but also oropharyngeal, anal, penile, vaginal and vulvar cancers are caused by HPV. So, this vaccine that in clinical trials has near perfect, see we don’t have a lot of vaccines that are as good as this vaccine. When this vaccine is given, as recommended before prior exposure, it can prevent nearly all of the HPV infections against the types that are in the vaccine.

So, and these are all the same viruses that cause these different cancers. So, really, truly, if we could immunize all kids before exposure, we could eliminate, you know, nearly 30,000 cancers in the U.S. every year. I think, I mean, I think if we could go back in time, you know, 15 years and say, we have a vaccine that prevents cancer, maybe it’s breast cancer, maybe it’s prostate cancer, people would be lining up to get that vaccine. This vaccine, HPV, was rolled out under some unusual circumstances, I don’t have time to go into, that got the message all mixed up that we can now prevent six types of cancer that affect 30,000 people in the
U.S., including, I did the math before I came here, about 900 Connecticut residents every year are diagnosed with an HPV-associated cancer. Those can all be prevented.

REP. STEINBERG (136TH): One last question before I hand it off to others. You’ve heard some prior testimony, and I think you’ll be hearing more if you stay the course here tonight. It’s not tonight yet, but it will be. With regard to concerns about the, the testing and the safety of Gardasil as it applies to this specific instance, could you comment on that?

LINDA NICCOLAI: Yeah, I’d be happy to. You will hear a lot about these 6,000 adverse events reported to VAERS and the 400 or so deaths. So, for those of you who may not know, and I’ll be very brief, VAERS are the Vaccine Adverse Event Reporting System. It’s a passive reporting system, anybody can submit what they think is an adverse reaction to a vaccine. That is not the definitive body of evidence for vaccine safety. What VAERS is meant to do is detect signals. So, signals, so we see a lot of this coming in. Then what people do, the government, scientists, researchers, everybody then does the rigorous research studies to evaluate these signals detected from VAERS to see if they’re really true.

So, when you hear the number from VAERS, those are, those are not confirmed. Those have not been studied. What that really is is a collection of stories. I come back to this idea that what you hear are stories and those numbers are collections of stories. When those numbers come in and there are concerns that are raised, there’s a number of other monitoring programs, Vaccine Safety Data Link
is one, where the rigorous controlled research studies are done to see if these signals are real or not. Nothing has been determined to be real when it’s gone beyond VAERS. So, the VAERS numbers don’t tell us about vaccine safety. They tell us, and in fact, you could argue that the large number of reports to VAERS is a sign of a robust vaccine monitoring program. But if there, we’re seeing a lot of signal, but nothing is a real outcome. And so, it’s good that these signals are appearing, because that gives me confidence that if there were a problem with the vaccine, we would know about it. And currently we know of none.

REP. STEINBERG (136TH): Just as a quick follow up. And I would ask people to try to restrain the editorial comments.

LINDA NICCOLAI: Thank you.

REP. STEINBERG (136TH): I’m sure you would not want to feel intimidated when it’s your turn to testify and you would afford that same courtesy to everybody else.

LINDA NICCOLAI: Thank you.

REP. STEINBERG (136TH): There is at least, I read something, and I’d be very appreciative if you could provide the documentation that relates to safety that has been performed.

LINDA NICCOLAI: Happy to.

REP. STEINBERG (136TH): There have not been a substantive quality peer-reviewed kind of study on this particular drug?
LINDA NICCOLAI: There has not. And I will send you, I would be happy to send you a thorough review of the vaccine safety monitoring for this particular vaccine.

REP. STEINBERG (136TH): Thank you for that.

REP. PETIT (22ND): Thank you, Mr. Chair. Thank you, Doctor. I wondered if you’d comment on HPV in terms of some people feel, some of the discussions are that they feel it can be elective because the children can be protected in other ways. Does the vaccine do anything in terms of carrier state; in other words, if a child doesn’t get it, is he or she more likely or less likely to transmit HPV?

LINDA NICCOLAI: Yeah. So, the vaccine, it is a prophylactic vaccine and not a therapeutic vaccine. So, it can only prevent infections which is why it’s recommended to be given at age 11, 12, because it is a sexually transmitted virus. We expect that most children have not been exposed by ages 11, 12. And that’s why it has to be given so early. So, but it has no known therapeutic effects on people who are already infected.

REP. PETIT (22ND): And in terms of the bacterial meningitis, the meningococcal vaccine, it’s my understanding that the additional dose is not recommended because there’s been a measurement of waning of antibody response after how many years?

LINDA NICCOLAI: That’s exactly right. So, the reason for the second dose, it’s a booster, it’s a booster dose because of waning immunity. And the idea is, in fact, to give people that booster prior to, you know, it is true, we heard that a big risk
from a meningococcal disease is students living in close quarters like in dormitories in college. But people living in close quarters in other places as well. I think that, so the boosting is for that and the requirement, I’m not sure, I’ll need to look into this, and I can get back to you as well.

I’m not sure that every college, as you’ve previously heard, requires. Colleges require one dose of meningococcal, the one that you’re supposed to get at ages 11 or 12. I’m not certain they require the booster. So, what happens if kids don’t get that booster, then they go off to college with insufficient antibodies. And meningitis, and we’ve also heard a lot about how rare meningitis is, and that is true. And that is a public health success story of, a byproduct of our vaccination programs. The reasons why meningitis is so rare is because we immunize our children against it. The problem is, when we have too many kids not being immunized and outbreaks can happen, that’s exactly what we’re seeing with measles. We’ve seen it with mumps.

So, the idea is in order for us to stay at such a low rate of meningococcal disease, we need to continue to make sure our kids are optimally immunized.

REP. PETIT (22ND): From infectious disease or public health point of view, would you be adverse to a bifurcated type of system and by that I mean, if someone was going to go ahead to service in the military or college and be in the close quarters and increase their risk for meningitis, they would get the second dose. But if they were gonna go to trade school, directly to work, some other, some other program where they wouldn’t be in close quarters
that it wouldn’t necessarily be particularly cost effective, if you will?

LINDA NICCOLAI: Well, I think, you know, there’s cost effective and then there’s saving lives. And when I think about saving lives, I think we should immunize as many people as possible. We never know where we’re gonna end up, where we’re gonna be. I think if there’s a structured opportunity to get more people immunized. You know, some people may head in one direction, then head in another direction and you never know what the risks are gonna be.

Meningitis, though rare, I don’t need to probably tell you as a doctor, but it is devastating, and it is deadly. It is something that is very worth preventing. So, I would be in favor. I think the CDC guidelines are to immunize, like you said, at 16, so that no matter where people go, they’re protected. And that’s good for public health and it’s good for herd immunity.

REP. PETIT (22ND): Thank you very much. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. Hi there. Two questions. My first question is, I believe earlier you said that this bill is not a mandate.

LINDA NICCOLAI: That is correct.

REP. ZUPKUS (89TH): So, why are we doing it?

LINDA NICCOLAI: The reason why we’re doing it, it’s a great question. So, mandates have historically
been used to increase coverage, right? We’ve heard about herd immunity. We’ve heard that we need coverage in the population to be high enough that people who can’t get immunized for reasons like medical, if they’re immunocompromised, it’s to really bring up herd immunity. So that the whole population is protected.

We, and again, it’s not a mandate that people can opt out. Mandates, excuse me, school requirements can also serve as safety nets. Kids who fall through the cracks who might not get immunized, they don’t have, they don’t go to the doctor, they don’t have access, parents don’t know what they need. This is a way of, of increasing coverage in a way where, I mean this is America, right? Parents can opt out. No one’s gonna force anybody to be immunized. What is does is it raises coverage, it reaches the kids who might otherwise be missed.

I really think of this requirement. So, if you look at HPV vaccines, we’re currently at coverage of about 70 percent. So, 30 percent unimmunized. I would say 5 percent maybe of that 30 percent don’t want the vaccine, won’t get the vaccine and in this state, they can opt of getting this vaccine. It’s that 25 percent, it’s the other people who are simply not getting it because their physician’s aren’t receiving it to them. They don’t know it. So, what this will do, in my mind, it would increase coverage from 70 percent to 90 percent, which is really where we should be.

REP. ZUPKUS (89TH): But how will it do that if, I, as a parent, opt out, okay, but then there’s that percent and it’s not a mandate, how are you gonna cover that? Because to me, this is a mandate
because it says that 12 or whatever it is you must get it. And if it becomes law, that’s the law, that’s a mandate.

LINDA NICCOLAI: There’s another law that says, parents can opt out of required vaccines for school. You go on to the website, you print out the form, you fill it out, you get it signed by a judge or a notary and you turn it in, and your child can go to school.

REP. ZUPKUS (89TH): Religious or not?

LINDA NICCOLAI: Religious.

REP. ZUPKUS (89TH): Right. So, again, in my opinion, this is a mandate. But, so my other question is, for the clinical studies for the HPV, has it been studied that it does cure cancer?

LINDA NICCOLAI: It does not cure cancer, it prevents cancer.

REP. ZUPKUS (89TH): Right.

LINDA NICCOLAI: Oh, yeah.

REP. ZUPKUS (89TH): So, where do we find that? And can you send me information that says that where these studies are?

LINDA NICCOLAI: Yeah, I would be happy to. So, the time from infection to cancer is about 20 to 30 years. We’ve had this vaccine now for about 12 years. So, we haven’t seen the endpoints yet on cancer, there hasn’t been enough time for this vaccine to prevent the infections that will cause cancer. That’s gonna take 30 years. What we do have and what I’ll be really happy to send you is research that I’ve been involved in where we are
studying pre-cancerous cervical lesions, so high-grade cervical dysplasia, diagnoses that are very upsetting to women that can become cancer. And what we’ve shown in Connecticut, since before vaccine, 3,000 women every year were diagnosed with pre-cancerous cervical lesions. Last year, 1,800. So, we’ve almost cut that in half. So, if we’re preventing the pre-cancers, then we’re ultimately going to prevent the cancers.

REP. ZUPKUS (89TH): And my last question to that point then, how many people are getting vaccinated, what’s the percentage of vaccinations of people getting vaccinated?

LINDA NICCOLAI: In Connecticut?

REP. ZUPKUS (89TH): Uh-huh.

LINDA NICCOLAI: Right now it’s about 70 percent of adolescents, age 13 to 17, have received one dose. They’re supposed to get two. About 58 percent have received both doses.

REP. ZUPKUS (89TH): Thank you.

LINDA NICCOLAI: You’re welcome.

REP. STEINBERG (136TH): Representative Hennessy, followed by Representative Michel, followed by Representative Candelora.

REP. HENNESSY (127TH): Thank you. I’m gonna ask you a question. Thank you, Mr. Chair. Thank you for your testimony.

LINDA NICCOLAI: You’re welcome.

REP. HENNESSY (127TH): So, have there been studies regarding the cumulative effect of this vaccine with
other vaccines? We have all these vaccines going into these bodies, is there any understanding as to the cumulative effect?

LINDA NICCOLAI: No, I’m not aware of that body of literature. I think that if, again, we really do have in this country a very robust vaccine safety monitoring program. Nobody, not the government, not the people who make the vaccines, want a harmful product to be out there. So, that all is monitored. I really do believe that if there were problems, we would know about it because of the effort that’s expended in, in post licensure monitoring of the vaccines in this country.

REP. HENNESSY (127TH): Okay. Thank you. And how long, do you know the HPV vaccine is effective for?

LINDA NICCOLAI: Oh, again, it’s a really great vaccine. So, immunity is very high, right. So, once somebody’s immunized, they have antibody titers or protected immunity is much higher than people get from natural exposure, so it’s a very robust immune response. And then there’s a little bit waning, and it appears to plateau. But again, it plateaus at a level that’s far above natural immunity.

And as far as we have data, again, which is about 12 years, which is all we can have, given when the vaccine was licensed, the immune response appears very robust and durable.

REP. HENNESSY (127TH): Okay. Thank you. So, I believe you said 900 Connecticut residents, is that a year --

LINDA NICCOLAI: 900, back of the envelope calculation done by me, and I’d be happy to share it
with you, about 900 Connecticut residents every year are diagnosed with a cancer caused by HPV.

REP. HENNESSY (127TH): Okay.

LINDA NICCOLAI: So, six different types of cancer.

REP. HENNESSY (127TH): Okay. And so my next, my last isn’t a question, it’s just that, you know, to state the obvious, Representative Elliot was in a press conference today to remove the religious exemption in the State of Connecticut. So, you started off with a, kind of a, it’s okay, you can always opt out. But we just passed a bill out of children’s committee that creates further stipulations on this and then there is this commitment to remove the religious exemption in Connecticut, which is not just happening in Connecticut, it’s happening in Washington state and it’s going forward in New Jersey and other states. There’s like 12 states that are seeking to remove this religious exemption.

So, there are people in this room that are very concerned about this. They have other ideas of the efficacy and safety of this and also removing the right to not have their children vaccinated.

Thank you, Mr. Chair.

REP. STEINBERG (136TH): And to your point, Representative, since that was not a question, I’ll just make it clear to everybody that is present that there is no such bill before this committee. Oh, we do seem to have a lot of noise. I just want to make sure it was clear for everybody here. There is no such bill before this committee relating to the religious exemption. Representative Michel.
REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you, Representative Elliot. Thank you, Madam, for testifying today. For the record, I just wanted to ask what are the risks with immunizations, and I don’t have a French accent, so, I’m sorry meningococcal, I can’t read it --

LINDA NICCOLAI: Meningococcal.

REP. MICHEL (146TH): I’m sorry. But if you could please talk about the risks with these vaccines?

LINDA NICCOLAI: The meningococcal or HPV?

REP. MICHEL (146TH): Both.

LINDA NICCOLAI: Well, I can sort of do that together because they’re quite similar and I’m not sure the testimony before, why HPV is the worse vaccine ever because the safety profile for HPV vaccine is actually comparable to every other vaccine we give our kids.

So, we do know that the side effects of any vaccine is local pain and swelling. It hurts, right, you know, but it is local pain and swelling. Some vaccines, and it tends to be the adolescent vaccines, there’s fainting, which is why recommendations are for after being given a shot, the patient sit for 15 minutes before they get up and leave the doctor’s office. Fainting has been confirmed, but it’s very preventable.

To any vaccine, there can be an allergic reaction, but those are very rare. So, that’s what you have and that’s pretty much the case for all vaccines. And again, the safety profile for HPV vaccine is no different than the safety profile for the other
vaccines that are currently in use in clinical practice.

REP. MICHEL (146TH): So, and through you, Mr. Chair, for the record, basically local --

LINDA NICCOLAI: Uh-huh.

REP. MICHEL (146TH): -- and then you mentioned fainting --

LINDA NICCOLAI: Uh-huh.

REP. MICHEL (146TH): -- and then --

LINDA NICCOLAI: A very small number of people are allergic.

REP. MICHEL (146TH): Okay. And allergic, that’s it?

LINDA NICCOLAI: Uh-huh.

REP. MICHEL (146TH): These other --

LINDA NICCOLAI: That’s it for adverse events that have been confirmed by the scientific literature and rigorously done studies. There are stories, you hear stories, I mean I could --

REP. MICHEL (146TH): Right.

LINDA NICCOLAI: -- but I’m talking about the scientific evidence what’s been reviewed rigorously and published in peer-reviewed academic and government journals.

REP. MICHEL (146TH): Okay. Thank you for testifying. Thank you.

LINDA NICCOLAI: You’re welcome.

REP. MICHEL (146TH): Thank you, Mr. Chair.
REP. STEINBERG (136TH): Thank you, Representative. Representative Candelora, followed by Senator Anwar.

REP. CANDELORA (86TH): Thank you, Mr. Chair. Thank you for your testimony. Do we know what the, how long the efficacy of the HPV vaccine is once it’s administered?

LINDA NICCOLAI: Uh-huh. Yeah, again, we know that the immune response, antibody titers remain very high for at least 12 years, that’s all we can know because we’ve only had the vaccine for 12 years. People are monitoring that so that, those are people who were in the original pre-licensure clinical trials, and they are being followed for, for levels of immunity. So, we wouldn’t know, say hypothetically, we wouldn’t know that if after 20 years titers waned to a point that we didn’t think that people were protected anymore. We could then talk about a booster. We don’t have that data yet. For as long as we have been able to follow people who have been immunized, their protection remains high.

REP. CANDELORA (86TH): Thank you. And getting to the question of being able to opt out because of the exemptions, do you support allowing the religious exemption to exist?

LINDA NICCOLAI: Do I support allowing religious --

REP. CANDELORA (86TH): We have two exemptions in Connecticut. You could opt out, I think, for medical reasons --

LINDA NICCOLAI: Right, or religious.

REP. CANDELORA (86TH): -- or you could opt out for religious reasons.
LINDA NICCOLAI: Do I support the religious exemption? Well, I mean, I support the law of the land as it currently reads, which is that people can opt out of any vaccine, HPV, meningococcal or anything. With that religious exemption, I didn’t really come here today to talk about exemption policies, more general. So, I’ll save that for another day.

I do think that the bang for the buck, if you will, for policy is the mandate. That’s really gonna get lots, sorry, the requirement, not a mandate, people keep calling it a mandate.

REP. CANDELORA (86TH): I understand what you, yeah.

LINDA NICCOLAI: Thank you, the requirement, the policies will really get a lot more kids immunized. The exemption policies affect frankly a really small number of people. So, the bang for the buck is the requirements and then the exemptions, I’m not prepared to speak fully on that at the moment.

REP. CANDELORA (86TH): And I appreciate that. You mentioned, and I wanted to flush that, flush that out. What we’re dealing with today is we’ve had a group of people stand this morning and say, let’s get rid of the religious exemption. So, it sort of amps up this public hearing now because now we’re looking at creating a requirement that we have the HPV vaccine be given. And obviously, if you eliminate the exemptions, now it does become a mandate, we back into it. And so, I think there’s a fear that the legislature is being disingenuous. I know that bill’s not before us, but that’s why I ask that question. You know, I have an 18-year-old, a 16-year-old and a 14-year-old since her birthday. And the one thing I would say about the HPV vaccine
and all my children are vaccinated, it does bring a
different conversation to the household, especially
for our family as a devout Catholic family, we talk
about, you know, the behavior.

And so this vaccine, I think it’s a little bit more
personal to families, not just for, you know, people
fearing injuries, but it’s associated with a
behavior. And so my children have not received the
vaccines yet. They’re not engaging in any high-risk
behavior. And I think that’s part of the rub here.

And so I appreciate your point that we want to make
sure that we’re reaching out to as many people to
educate them on different medical options. The flip
side of it is, if we don’t have the ability to make
decisions of when and if that vaccine is given, I
think that’s what gets people’s backs up.

LINDA NICCOLAI: Yeah. Thank you for that personal
testimony there. And I appreciate all that you say.
I think it’s important to know, the way I like to
think of it a little bit differently, which is to
say that there doesn’t need to be a different
conversation about HPV vaccine. If an 11-year-old
goes to the doctor, the pediatrician can say, three
vaccines, share the same routine recommendation,
they’re all safe, they’re all effective. They
prevent meningitis, whooping cough and cancer. I
think most people would take it.

I think, and we don’t spend a lot of time talking
about how diseases are transmitted when we immunize
people. We spend a lot more time talking about the
diseases that are being prevented. So, I would
argue that the conversation doesn’t need to be
different. I can appreciate how it often is and
there’s no doubt this vaccine is out there in the
media. But it doesn’t have to be that way, I don’t think.

REP. CANDELORA (86TH): And I appreciate that. And I guess just for thought, my 18-year-old has not had the vaccine yet. I think he plans to, but he’s not sexually active, not to call him out, but, but it’s a decision, you know, putting it all out there. These are decisions that people make and I think that’s part of the issue that I struggle with, with this type of mandate is because it is behavioral. And so, I do appreciate your testimony. And I think that’s where it doesn’t necessarily hurt if some people want to make the choice to wait. And I think especially with this vaccine, it doesn’t hurt if the choice is to wait. And so that, that’s where the mandate could become problematic. If we eliminate the religious exemption, all of these vaccines are mandated, including HPV.

LINDA NICCOLAI: Right. And people do make the decision to wait. What I worry about with that, as a public health professional, is sort of just missed opportunities that people, not your son, presumably, but that other patients who opt to wait will fall through the cracks and somehow never get immunized. That when their children, they’re going to the pediatrician every year for a well-child visit, it’s an opportunity that I hate to see missed.

REP. STEINBERG (136TH): Thank you, Representative. And I will just repeat consistently that there is no such bill relating religious exemption before this committee. Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you. Thank you for your testimony and I know it
sometimes can be difficult in a full room to give testimony on an important topic.

I want to start with two statements and that’s just to put things in perspective. The way I am seeing the room being full and the conversation and the emotions. I want us to know that we are all coming from a place of love. And because each and every one of us love our children, and that’s the most precious and most important things in our lives. And, and the people who are proponent of vaccinations, they’re a proponent of protecting their children from, from various conditions. And the ones who are against or are concerned about them are also trying to protect the children from their perspective because of the side effects and the issues.

So, we are one. Just please understand that it’s important to keep that in perspective that we are coming from a place of love. Now, the other part is the probability issue is the question that we need to ask ourselves. I probably am the only one in this room and maybe there are more who have actually seen people die from cervical cancer under my care and also meningitis, more than I would like. And, and both those conditions are significant, severe, and humbling because it reaches a point that you cannot do anything. And, and thankfully for appropriate prevention and early identification, not prevention, but early identification system for the parents, the Pap smears, the cervical cancer, we have reduce it significantly enough that there is almost a generation of clinicians who will not see the disease. I have seen it and I was just scared of it because it is almost as bad as the pancreatic cancer, where you cannot do anything. And, and it
can happen in young people and the patient who died was a young person.

And meningitis is also a condition where, if a person survives, they are never the same anymore. So, you have a very high-risk condition and then you have a potential of prevention of these conditions. There are arguably risks of prevention and, and people can argue those risks of prevention and the intentions behind it. And, I, I think what seems to be the issue that is concerning people in this room is the validity of the data. And so somebody would be able to go on the internet, depending on the site and the information that they are getting, they would have a higher risk of the vaccines in their understanding for their loved one. And somebody else who is looking at another form of data would say, the risk is very low.

And I think that’s the part we have, and I think that’s where we have to figure out how can we come together because we are coming from a place of love and responsibility and protection. And, and the, I had a chance to talk to some of the people and they felt that some of the data in the U.S. studies is not reliable because of pharmaceutical industries component and this is a perception, I’m just relaying the perception. And whether the CDC has an interest and they are collaborating with the pharmaceutical industry and trying to make money by increasing the market share by making everybody get those vaccines.

So, I started to look at the data from other parts of the world. And again, the CDC is controlling many of the European countries, that we have a, well, that’s very thoughtful. But, but I’m seeing
reliable similar data to what I’m seeing in the United States and I’m looking at this. And I’m still working to understand and look at this aspect, but I recognize that when people are concerned about it, they are reading and understanding data with information whether it’s anecdotal or not, but they are believing that that’s an issue.

I, I, I think what we have to collectively do is to make sure that we have an ongoing respectful conversation around this as much as we can. I know we have been and, I think, Mr. Chair, you’ve been excellent in keeping that in perspective. But even outside of or on the social media when we have those conversations, when we are hiding behind a curtain, we need to remain respectful if you’re coming from a place of love for each other.

If you can provide us more data about some of those aspects and the other aspects because we have a lot of unknown diseases. So, when people are seeing, there are unfortunately illnesses that are increasing. And those illnesses that are increasing are attention deficit disorders, autism, allergies and so on. And in the absence of direct relationship, it’s very easy to say that is related to the vaccination that is being mandated at various places.

I know from European studies, I’ve not been able to make that connection, but, but there enough websites are out there that are making those connections without as robust a data as one would like in the scientific community. But that part is going to be important. And I respect your perspective that, look, this is the data, it’s good to have the vaccinations and if the families want to opt out,
that’s good. Sometimes these processes are slow learning opportunities for all of us.

A lot of families are not yet ready. But if we get more information they would start to get ready and the education part is very important. I know people feel uncomfortable and there’s a top-down strategy that you are required to do something. The bottom of strategies are much more effective, where there’s a higher education opportunity for everyone to be a part of this. And I think there’s a, there’s a way to mix them together, but in a responsible, respectful manner, so, a lot of statements here. But I wanted to put things in perspective and I’d love to have some of that data for reducing the anxiety and concerns that the general population may have.

LINDA NICCOLAI: Yeah, just a couple of, I, that was beautiful. That was very well said, and I agree with everything you said. I do agree that I think our biggest challenge is sort of bringing everyone. We all do, and my concluding remarks were really around that we all want to protect and promote the health of our children. So, I agree, we come at it from that same place. Understanding the data and the science, bridging that gap is the challenge. I think, but since I am a scientist and I do data for a living, I will be happy to send you lots and lots of information.

I think, you know, the best way to explain it is a lot of the harms that people think are caused by vaccines are linked temporally, but only temporally. So, and when I talk about the science, I say, there’s no biologic mechanism. There’s no population-level data.
So, for example, you wake up in the morning, you brush your teeth and you head to the kitchen for a cup of coffee and you fall down the stairs. Did brushing your teeth make you fall down the stairs? No. But they are temporally linked. And so I think that the challenge for people to understand science is to say that a temporal link is not a causal effect. And that the causal effect comes from well designed rigorous studies, which there are so many. I will send you so many and it will be a lot and I’d be happy to sort of synthesize it for you as well, about the scientific evidence that has not been able to prove the cause and effect that you hear about in these stories.

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

REP. STEINBERG (136TH): Thank you, Senator. One quick question for which I hope will be a quick response. You’ve heard in previous testimony that the disease measles has been referred to as a relatively benign disease. That hasn’t been my understanding. I do believe that people used to die from it. Could you just comment as to your opinion about the risks inherent in measles?

LINDA NICCOLAI: Yeah, no, because I’m not an expert in measles. But I do think that for many people it could be a benign disease. But what we worry about, again in public health we heard earlier, we worry about the unusual events. What we worry about are the people who are immunocompromised or have a very severe case or who, for other underlying health conditions, it’s not a benign event. It may be benign for a lot of people, but it’s not benign for everybody. And I believe in public health, those
are the people we really need to reach and target with our efforts.

REP. STEINBERG (136TH): Thank you. Any other comments or questions? If not, thank you for your testimony today. We appreciate it. We look forward to all the data you’re going to send our way.

LINDA NICCOLAI: You’re welcome. It’s been my pleasure. Thank you for your time and attention.

REP. STEINBERG (136TH): Next up is Judah Prero. Please go ahead. Thank you very much.

JUDAH PRERO: Members of the Committee on Public Health, my name is Judah Prero, and represent the American Chemistry Council and its North American Flame Retardant Alliance, known as NAFRA.

Our member companies represent the cutting edge of fire-safety chemistry and technology, and we’re dedicated to improving fire safety performance in a wide-range of products as well as strong safety, chemical safety regulation.

I am respectfully speaking today in opposition to H.B. 7197. To start, not all flame retardants are the same. Yet, the bill bans or requires labeling for all chemicals that just fit into that basic function description. The requirements aren’t based on any specific hazard that’s been identified, any specific property or concern. And that’s not a science-based approach.

And being that EPA, in the first instance, have authority over chemical manufacturers and use in the United States, these chemicals are legal for use. And so, it’s unclear what the scientific basis for these blanket regulations and the ban were raised.
Equally perplexing is the language that appears in the bill for what is going to appear on the label. It states, the State of Connecticut has determined that the fire safety requirements for this product can be met without adding flame retardant chemicals. The state has identified many flame retardant chemicals as being known to or strongly suspected of adversely impacting human health or development.

Some questions, when were these determinations made in all consumer products by the state? How did the state make those fire safety determinations and who made them and what data did they use to make those determinations? When did the state identify chemicals? How did they identify them? And when did they reach conclusions as to the adverse human health impact posed by these chemicals? So, what is the factual basis for the verbiage underlying the label?

And the fact that this bill would apply requirements to flame retardants that may not have yet even been developed, makes this all a bit more perplexing. You’re mandating a statement that pronounces determinations about fire and chemical safety for products that don’t even exist yet. And when looking at the context of what we’re trying to do, which is prevent fires, it makes this somewhat confusing.

Flame retardants are, in the first instance can prevent or slow down the initial ignition, but they’re also used to slow down the spread of a fire, which is important. And to make blanket pronouncements about the fact that a flame retardant, which again as I said, you can’t just say flame retardants, there’s many types, it can, poses
a hazard to concern and therefore, we are opposed overtime the bill. So, looking forward to answering any of your questions and giving you a little bit of respite from vaccine questions.

REP. YOUNG (120TH): Representatives.

REP. ZUPKUS (89TH): Thank you, Mr. Chairman. Hi there. Did you just say, because we heard earlier that flame retardants don’t retard flames; did you just say they do? Can you explain?

JUDAH PRERO: So, flame retardants act in different ways. And as I’ve mentioned, there’s different types of flame retardants, different chemicals and they act in different ways. Just from a factual standpoint, flame retardants have been shown, when used in products, that they enable those products to meet flammability standards. So, by nature of the fact that they’re using the product, the manufacturers of the product are able to demonstrate that by the addition of these chemicals to the product, they meet a flammability standard, I think that shows that they work.

REP. ZUPKUS (89TH): Thank you, because even to the gentleman that spoke about the electronics, his reasoning was because it prevents flames igniting. So, thank you.

My second thought is, and you just said, so this bill bans chemicals that aren’t even developed yet.

JUDAH PRERO: Correct.

REP. ZUPKUS (89TH): Okay. It’s amazing. And then we hear a lot about, I was on Public Safety for a long time, and we hear a lot about firemen and how
they’re, you know, how this relates to them and their, can you just talk a little bit about that?

JUDAH PRERO: So, in testimony that was given earlier today, there was reference to a National Institute of Occupational Safety and Health study of firemen. To put the findings in context, if I could just spend like a few minutes, just describing what the actual findings were from that study. What that study found, and it was measured, fire, occupational exposure, cancer rates in firefighters over a number of years. It found that there was a decrease of nonmalignant disease in firefighters and that was attributed primarily because many of them have to stay physically fit in order to perform their jobs.

There were instances of cancers where they found spikes or rises, when compared to or increased from the general population. One was with regards to mesothelioma, which was attributed to exposure to asbestos in fighting fires. The other area where they’re found, a higher incidence that the general population was with digestive, with, when it was digestive related cancers.

Going to take that a step further, when they tried to pin it down to a specific cause, they found that there wasn’t enough, there wasn’t enough evidence that pinned that specifically on occupational exposure to chemicals from the fires. In fact, they found that it was more likely to other lifestyle factors, such as diet, obesity, tobacco and alcohol use that may have been attributed to that increase in those cancers as opposed to occupational exposures to chemicals from the fire.

REP. ZUPKUS (89TH): Great. Thank you.
REP. YOUNG (120TH): Are there any other comments, questions? Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much for your testimony. So, your perspective is that there should be no labels and no removal of some of these things from some of the, the things that children are exposed to?

JUDAH PRERO: Well, as I said, taking it a step back, what are they being exposed to? And if you’re going to say flame retardants, then the question is, what is a flame retardant? And as I mentioned, not all flame retardants are the same. The approach that we would have is, if you want to warn about something, then there should be a hazard that’s posed, and you want to balance the hazard against the risk. There are, I think that at least the way I understand the bill, people are concerned about hazards of flame retardants and that’s why they might want to warn.

On the flip side, there are products that you might want flame retardants and scaring people, whether appropriately or inappropriately about the presence of a chemical, might, one, push people away from taking a product that you might want to be flame retardant because you would want that additional degree of protection in your home. So, from what I’m seeing from the bill that that, A, it’s broad, it’s generalizing. And, but the balance just isn’t there.

SENATOR ANWAR (3RD): Can you remind me what was the organization you were representing or --

JUDAH PRERO: The American Chemistry Council.
SENATOR ANWAR (3RD): And, and that collaborates with the industry usually?

JUDAH PRERO: We are the industry trade association.

SENATOR ANWAR (3RD): You are the industry trade association?

JUDAH PRERO: Correct.

SENATOR ANWAR (3RD): So, from the industry point of view, you feel that it will be negative, that this would negatively hurt the industry?

JUDAH PRERO: We feel that when restrictions are put on the use of chemicals, yes, it will impact the industry.

SENATOR ANWAR (3RD): But there, are there absolutely safe retardants that are out there?

JUDAH PRERO: I will get the testimony from, I believe it’s from Dr. Linda Birnbaum, from the National Institute of Health, from two or three years ago, that there are classes of flame retardants that are specifically bound and encapsulated, such as in polymers that don’t come, that don’t get released, they’re not metabolized. And I think specifically in that context, if they’re not released and there’s not exposure, then they shouldn’t pose a risk. Do chemicals pose a risk, yes. And there are many things, there are medications that pose a risk as well, but in the proper context, you would want them used because they have a benefit.

And therefore, when looking at chemical use, the perspective that we have is, you want to not just look at hazards, but you want to look at the overall
risk profile and does the use, do the risks, are they balanced by the benefits or not.

SENATOR ANWAR (3RD): So, I’m gonna think like a parent. We all think like parents, right?

JUDAH PRERO: Yes.

SENATOR ANWAR (3RD): So, we’ll have to wait for some of that data, but within the spectrum of the flame retardants that are out there, significant proportions are associated with some risks, depending on the exposure and the circumstance of that exposure; is that a fair statement?

JUDAH PRERO: I, there, depending upon exposure, there will be risks, yes.

SENATOR ANWAR (3RD): And, and so I do not have the entire data of the safe ones at this point, but I don’t want to be caught in a situation that I expose my children and other children to something without the knowledge. Until we get the data, is it not reasonable to have that information available to consumers that we have this product in this, and, and, but keep that in mind that that’s not the end position. We need to have more data and then we should be able to spell it out. I think that’s what I was asking the question to one of the previous individual’s who was testifying.

JUDAH PRERO: And so, again, I think one, I, I understand, you know, a parent’s right know. I have children of my own. I can understand the concerns about wanting to know. But the way the bill is structured currently and the way it reads by just saying, flame retardants, that can embody literally hundreds maybe thousands of different chemicals.
And by just painting with a broad brush, saying that these are all bad and shouldn’t be used, that’s not the case. And in, it paints a picture, a negative picture, of a fire safety tool.

And so right now today, as I mentioned, EPA regulates the chemicals. They, they have information. Some of it is, well, all the chemicals that are legal for use in the United States are listed on EPA’s website. You’re able to go there. You’re able to pull information. You can find out who manufactures them. You can find out in what, in what types of products they’re used.

So, there is information out there and it’s available. And you’re not gonna say everything is because there might be times when certain things are proprietary. So, you’re not gonna get the entire wealth of information, but it’s not like all the information is kept in this little black box in secret and you’re never gonna be able to access it.

SENATOR ANWAR (3RD): Right. And I think one of the underlying things that we’re dealing with is that our trust in the EPA may be decreased in the recent past for some people because the resources are not being placed in. So, that’s a different conversation.

JUDAH PRERO: Well, actually, even in the budget now, with, with the current administration for the chemical safety office staff that they’ve increased.

SENATOR ANWAR (3RD): They have?

JUDAH PRERO: Yeah.

SENATOR ANWAR (3RD): Okay. That’s good news.
JUDAH PRERO: I think so also.

SENATOR ANWAR (3RD): And I think the key thing is gonna come down to is, if we need more data on the safe fire retardants and that’s gonna be flame retardants, and I think that may be, that may help us be in a better place, but in the absence of that having some protection for the people in the interim may not be bad, at least that’s where I’m at in my mind. But thank you for your testimony.

JUDAH PRERO: Thank you.

REP. YOUNG (120TH): Any other questions? If not, thank you for your testimony.

JUDAH PRERO: Thank you very much.

REP. YOUNG (120TH): Next up with be Representative Camillo. If not, then we’ll go to Kirk Lowry.

KIRK LOWRY: Good afternoon. Good afternoon, I’m Kirk Lowry, I’m the Legal Director of the Connecticut Legal Rights Project. I’m here to testify in opposition to Senate Bill 967, which deals with the amendment to add an emergency exception to the involuntary medication of pretrial detainees who are being held for competency restoration purposes.

So, this, this bill deals with and attempts to balance the constitutional rights of a pretrial criminal detainee, who’s subject to competency restoration, so somebody’s who not been convicted yet and who’s mental health and competency to stand trial has been questioned but not determined yet. Those people all get sent to Whiting Forensic Hospital, as Dr. Wasser testified to. And the
Connecticut Legal Rights Project represents those people in Whiting Forensic Hospital.

So, the balance is between their long-held and long-established constitutional right to informed consent, like everyone else has, including the constitutional right to refuse psychiatric medications versus the state’s interest in making them competent and bringing them to trial.

So, this section is in the Connecticut Patient’s Bill of Rights. There is a general and civil side, as Dr. Wasser testified, to all of these provisions and those were established after certain constitutional cases from the Supreme Court in 1990 that involuntary medication statute was changed in ’93. This part of the statute was added after another case, Sell vs. United States, and they added that in 2004.

So, that’s when the U.S. Supreme Court held that it was constitutional to involuntarily medicate in rare circumstances a pretrial detainee, even though they haven’t been convicted yet and have not had their competency determined yet.

So, that’s been determined. So, Connecticut attempted to and did pass that statute. But in the involuntary medication for competency restoration patients, there was no emergency exception in there. Nevertheless, since 2003, they have been doing emergency medication at Whiting on these patients.

So, for some reason, somebody thinks that it needs to be either balanced with the other section or brought in just to make it correct on this, this new part of the statute.
Dr. Wasser testified that they think that one part of the statute allows for it on the civil side. That has not been determined by the Court of Appeals or the Supreme Court. And there is a Superior Court case that says that that is incorrect. I cite that in my testimony, that’s Doe vs. Hunter.

So, we’re opposed to this. We don’t think that it’s necessary and we also think that as it’s written it’s overbroad. So, we think that it should be rejected.

REP. YOUNG (120TH): Would this have to do also with detainees that are addicted to certain --

KIRK LOWRY: No.

REP. YOUNG (120TH): -- drugs and things like that?

KIRK LOWRY: No. This provision, involuntary medication is pretty complicated and there’s a lot of different populations that go into the civil part of the hospital and the forensics side. And this statute only applies to those pretrial detainees who are subject to competency restoration. So, Sell said that the U.S. Supreme Court said that the preference is to do it the way Connecticut’s doing it, and have it done in Probate Court. That’s the standard way.

This emergency provision is, there’s no pretrial deprivation due process hearing at all. This is just the doctor on the unit determining that there’s an emergency because of direct threat of harm. So, it’s an exception to all that.

And interestingly with all the other discussion, there is a religious exception for both the civils
and the forensics. So, if they raise a religious exception, it’s supposed to be respected.

REP. YOUNG (120TH): Are there any other questions? Dr. Petit.

REP. PETIT (22ND): Thank you, Mr. Chair. So, maybe I’m misunderstanding where you’re going. So, in the clinical situation of someone potentially causing harm to themselves or others, if this is not allowed, what’s the option? Maybe I’m missing what the option is.

KIRK LOWRY: Well, right now there’s a commissioner’s policy that most of go to and that commissioner’s policy allows for emergency involuntary medication at the very start of the commissioner’s policy 6.15. The statute has not been that big of a factor. As I said, since 2003 and, you know, forever, they’ve been doing involuntary medications, emergency medications on patients in the forensics side, subject to competency restoration.

So, it’s unclear to me the necessity of this. If it is gonna be addressed, I think it should be addressed in a more comprehensive manner to make sure that both the civil side and the forensics statute, 17a543 and then 543a get matched up because they all have been done at different times and they’ve all kind of gotten incongruent.

REP. PETIT (22ND): So, you’re saying that, excuse me, under current statutes, psychiatric physicians have the ability to administer emergency medication to avoid harm to the person and/or other people on the unit under current statute and they don’t need this statute to be able to do so?
KIRK LOWRY: No, I’m not saying that.

REP. PETIT (22ND): Okay. Tell me again.

KIRK LOWRY: I’m saying that the practice is, is that we use the commissioner’s policy and it hasn’t been challenged. And, you know, the emergency exception is hundreds of years old, it’s part of the informed consent process that doctors are familiar with. So, there’s, there’s a general understanding that there is authority by a physician to exercise their right to involuntarily medicate somebody in an emergency.

Now, the statute as it’s written, I don’t think says that. The commissioner’s testimony was that they, they’re reading it as it does, and I just disagree. There’s no Court of Appeals case, there’s no Supreme Court case. There’s one Superior Court case from Hartford from 1995 and that case says that they, that they do not have that authority. In a different context, but generally, they read it as the section that they’re relying on does not give the authority to involuntarily medicate somebody in an emergency.

REP. PETIT (22ND): Leaving the civil issues aside for the moment, is there a way that this could be amended to make it satisfactory or you think not?

KIRK LOWRY: I think that it could be amended to make it satisfactory. My, there’s several different ways, we could just try to work on that section to clean it up because even the section that’s been proposed is much broader and much less detailed than the commissioner’s policy already, 6.15, has a lot more protections for my client. So, that’s a little bit concerning.
So, we could work on that section or we could look at both sections and all of the involuntary medication provisions that are applicable to the hospitals and try to make them congruent and consistent.

REP. PETIT (22ND): Thank you. I appreciate the information.

REP. YOUNG (120TH): Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you, Mr. Lowry for your testimony. I’m just gonna follow on the same line of conversation. Look in the inpatient setting, when there is an emergency of this capacity, the individual actually truly becomes a threat to themselves or someone else. And then we have to make sure we protect them, but also protect the workforce. And then in the, the other setting that we are looking at outside of the inpatient, there is the same risk that is there.

So, it is, it is almost not right to not have a protection in that emergent situation when an individual who is going through addiction management as well as mental health emergent situation, do not have that capacity to provide them emergency management at that time.

So, this legislation is focused towards giving them that protection. I, that’s the intention for this.

KIRK LOWRY: This, this proposed bill attempts to provide protection for patients subject to competency restoration, not addictions.

SENATOR ANWAR (3RD): Well --

KIRK LOWRY: Correct?
SENATOR ANWAR (3RD): -- both. You’re talking about 967?

KIRK LOWRY: Yes. So, people with addictions go to a different part of the hospital or other facilities, they don’t go to Whiting.

SENATOR ANWAR (3RD): But they would still be in the emergency situation if there is, if they are in an emergent situation, they will need intervention?

KIRK LOWRY: And that would be a different statute, I think.

SENATOR ANWAR (3RD): So, what we are trying to do is to have a protection of the workforce and that patient in that emergent situation; that is the rationale?

KIRK LOWRY: That would be a valid subject of policy debate in the bill.

SENATOR ANWAR (3RD): Okay. Thank you.

REP. YOUNG (120TH): Anybody else? Thank you.

REP. DAUPHINAIS (44TH): I’m Representative Anne Dauphinais. Welcome. Good afternoon, esteemed members of the Public Health Committee. My name is Anne Dauphinais. I’m representing the 44th District and I’m here today in opposition of 7199. And I have here with me Dr. Sin Hang Lee, is a resident of Connecticut, a pathologist who spent more than 50 years first in reading Pap smears and then in HPV diagnosis for cervical cancer prevention.

I will yield my time to him. Thank you.

SIN HANG LEE: Thank you. I finished my residency in the early ‘60s. I’m a Board Certified
Pathologist in 1966. And since then, I’ve been practicing pathology to prevent cervical cancer and other things. And started to practice pathology in New Haven County since 1971. First at Yale, New Haven and then St. Rayfield Hospital, and then Milford Hospital. Now, I’m officially retired, and I went to two important research projects. One, is to diagnosis Lyme disease and another is to accurately diagnose HPV in terms of reducing unnecessary surgery on women to prevent cervical cancer.

I’m here to testify against the Bill, No. 7199, which would force teenagers to receive HPV vaccination in the name of preventing cervical cancer 40 years down the road. This is not good. And in my experience, there is no evidence that HPV vaccination has ever prevented a single case of cervical cancer in any country in the world. I’m talking about cervical cancer, not pre-cancer conditions. Now, these are two different things. So, people must not mix up these, too important to evaluate cancer. And regular gynecological care has been proven to be effective in preventing cervical cancer in the past of 50, 60 years.

And, in fact, in Connecticut, I don’t think there’s a single woman who died of cervical cancer.

SENATOR ABRAMS (13TH): Excuse me, sir. I’m gonna have to ask you to --

SIN HANG LEE: So preventable --

SENATOR ABRAMS (13TH): Excuse me, sir.

SIN HANG LEE: -- cervical cancer is such --

SENATOR ABRAMS (13TH): Excuse me.
SIN HANG LEE: -- a preventable disease --

SENATOR ABRAMS (13TH): Excuse me, sir.

SIN HANG LEE: -- without a vaccine. -

SENATOR ABRAMS (13TH): Excuse me, sir.

SIN HANG LEE: So that --

SENATOR ABRAMS (13TH): Can you please ask him to -- excuse me. I’m gonna have to ask you to summarize your time has expired.

SIN HANG LEE: Summarize, okay.

SENATOR ABRAMS (13TH): Okay. Thank you. Thank you.

SIN HANG LEE: So, that, in fact, cervical cancer patients is a, is very -- so, my, my work on HPV vaccine is, I realize that, that the vaccine uses two refined proteins from the viruses, two have proteins, are very poor immunogens, immunogens. It cannot produce antibody, antibody easily, easily. So, that you have to add adjuvant to boost macrophages to cause the body to inflame the body in some conditions. And this vaccine has HPV DNA has a pro-reactive receptor 9 agonist to boost the immunity. And this high immunity would sometimes cause a serious side effect.

SENATOR ABRAMS (13TH): Excuse me. I have to stop you there, but there are some committee members who have questions.

SIN HANG LEE: Okay.

SENATOR ABRAMS (13TH): Okay.

SIN HANG LEE: Thank you.
SENATOR ABRAMS (13TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. Thank you, Dr. Lee for your testimony. So, previously there was testimony saying that there was 90 Connecticut residents with cervical cancer. How common is this HPV infection in Connecticut to create this?

SIN HANG LEE: Well, HPV infections is one of the necessary factors to initiate the infection of the cervix. This is persistent HPV infection is causing cancer, not HPV infection. Most HPV infections in young women would be self-cleared in 158 days spontaneously, okay. And then if you have repeated sexual contact with another sex partners, so that a new HPV may come in to infect afterwards. But that is not persistent infection. Persistent infection means that women cannot get rid of the HPV infection. Not the sequential, that is the problem. And the most people who have good immunity, good nutrition and they would clear HPV infection in 158 days and definite in 95 percent, 98 percent, sometimes in two years.

REP. HENNESSY (127TH): That’s interesting because that’s exactly what my wife said and I was like thinking, you know, she’s usually right. So, it just confirms that. How many people would develop cervical cancer or die of cervical cancer without vaccinations?

SIN HANG LEE: If one, if the women follow the regular gynecology checkup periodically, you have Pap smear, no one should die. Cervical cancer is a disease of unscreened, unchecked women. Now, usually you see the new immigrants, I talk to the doctors in Mexican, in, in Texas. The new Mexicans
who come in, they have a rate of cervical cancer. And sometimes these women coming in have never seen a gynecology in all their life and they have cervical cancer. You get to the statistics in this country. Okay. That’s a problem. And normally, no one should have cervical cancer, and no one should have cervical cancer, period, in Connecticut.

REP. HENNESSY (127TH): So, why are HPV vaccines so dangerous?

SIN HANG LEE: Why it’s dangerous? So, the problem is that the, the antigen in the HPV vaccine cannot produce enough antibody to sustain the antibody level. It has used a very special adjuvant and I’m an expert on that because I detected HPV DNA in the vaccine. The first one detected, published a paper, and FDA agreed to it, okay. So, HPV DNA combined with the aluminum vaccine, get into the macrophages to create a full sense of inflammation in the body, so that the body produce antibody against the HPV vaccine antigen. But in certain patients, the reaction are abnormal. So if the macrophages don’t get to the spleen and don’t get to the lymph nodes, to produce antibody, they can get into the heart and into the brain, that’s the problem. Now, we cannot predict in which patient, in which patient the macrophage get to the heart and the brain. In the brain, they will cause encephalitis. In the heart it will cause heart attack and that is the danger. And every month I receive women letters complaining to me and, Doctor, can you please tell me whether my child is having HPV vaccine syndrome or Lyme disease, because I’m also, you know, current Lyme disease. I, I, I also, these are two problems here for me to solve every day, every week to, to, you know, to solve these two problems.
REP. HENNESSY (127TH): Thank you, and my last question is, there was testimony before that the only evidence regarding problems of this vaccine are anecdotal and that they can generally be dismissed as anecdotal and not proven; can you speak to that?

SIN HANG LEE: Well, you mean, the vaccine side effect?

REP. HENNESSY (127TH): Yes.

SIN HANG LEE: It’s not true because I have been expert witness for a few cases. Patients who have post-Gardasil vaccine syndrome. And one of them even died in California, there was a 14-year-old boy, actually, who was an athlete and die of heart attack, myocardial infarction. You look at the heart, 14-year-old heart and autopsy, it looks like an old man myocardial infarct. But the coronaries were clear. There was no coronary diseases. So, these are the problems when the macrophages, when the active macrophages get into the myocardium that causes the problem.

REP. HENNESSY (127TH): Thank you. Thank you, Dr. Lee for your testimony. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you both for being here today and thank you everyone for spending the day with us. Can you please tell us about the Gomez case?

SIN HANG LEE: What you say?

REP. MICHEL (146TH): Can you please tell us about the Gomez case?
SIN HANG LEE: Yeah, the Gomez case, right. The Gomez case, I, because I didn’t want to take the case, you know, because the medical examiner called it a myocardial infarction, a myocarditis, myocarditis. And but the lawyer begged me to take the case and have to overcome the medical examiner’s wrong diagnosis first, you know. As a pathologist, I said, no, this is not organo, myocarditis. This is a myocardial infarct, you know. So, that’s why, thanks to my pathologist background, I do convince the medical examiner, no, this is not myocarditis, it’s infarct, you know.

REP. MICHEL (146TH): Okay. Thank you for that. Has a risk of death been proven with the HPV virus, risk of death?

SIN HANG LEE: The risk of the virus? Well, okay, there are reports, you know, a group of people in Ireland, in Dublin, have reported the HPV vaccine may trigger chronic Lyme disease infections, you know. That is one of the questions we are doing research on that. Because Lyme disease is another problem I’m involved. So, so HPV vaccination may trigger that.

REP. MICHEL (146TH): Through you, Madam Chair. I’m sorry, I have two more questions, quick. I’ll try and make it quick. What part of the reaction issues with the HPV that you have observed?

SIN HANG LEE: The reaction to a vaccination?

REP. MICHEL (146TH): Yeah.

SIN HANG LEE: HPV vaccination?

REP. MICHEL (146TH): Yeah. Okay.
SIN HANG LEE: Many, many problems. Number one, I think because the vaccine already carries the virus DNA, combine it, when they inject it into the muscle. Usually, on vaccination, according to the theory of vaccination, when you vaccinated, when the vaccine is injected into the muscle, the aluminum, the adjuvant would cause local pain, inflammation, damage to the cell. The normal cells would release the DNA. Then the aluminum find the DNA and they get to the macrophages and it cause inflammation. Tell the body, it’s dangerous, saying, you got to, the immune system wants to react. But for HPV vaccine, the DNA is already premade, instant, available, in the vaccine, when injected into the body. The macrophages will react right away, it doesn’t have to wait until the, the cell damage in order to cause an immune reaction. So, therefore, in HPV vaccination, the doctor always tells the girl to lie down for 20 minutes until you get up, yeah. Because that would cause the hypotension, the postural hypotension. And that is one of the problems, because it reacted right away because DNA is already in the vaccine from the virus and the FDA agreed to it.

REP. MICHEL (146TH): Thank you for that. And then my next question. Are we expected to see a reduction in cervical cancer from the HPV vaccine?

SIN HANG LEE: That is a question remain to be answered. I don’t know. But so far I’ve not seen any real reduction. And as I said, there’s no evidence HPV infection has caused the, the reduction of any one single cancer. But I’ve seen patients who die, who suffer cervical cancer after the vaccination. In fact, in fact in Australia, there was an Olympic medalist, a woman who had the vaccine
and she died of cervical cancer, you know. This was well reported in the, in the news.

REP. MICHEL (146TH): I want to thank you very much for those questions. Just a side note, my last name is Michel, my wife’s last name is Lee, so she shares the same name as you, so we might be related indirectly. Thank you.

SENATOR ABRAMS (13TH): Representative Arnone.

REP. ARNONE (58TH): Thank you, Madam Chair. So, do you disagree with the CDC and the National Cancer Institute when it comes to the HPV vaccine?

SIN HANG LEE: Yes, I do. Not only that, I only disagree with Lyme disease testing too.

REP. ARNONE (58TH): Lyme disease, what was that on Lyme disease, I didn’t catch that?

SIN HANG LEE: Because all the subjects, I don’t want to talk to it now. Another, another political subject. So, today’s the vaccine, so Lyme disease is another public, we will talk about it.

REP. ARNONE (58TH): Thank you.

SENATOR ABRAMS (13TH): Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you for your testimony, Dr. Lee.

SIN HANG LEE: Thank you.

SENATOR ANWAR (3RD): Can I clarify a few things. You are a pathologist?

SIN HANG LEE: Yes.

SENATOR ANWAR (3RD): Okay. Are you a clinician?
SIN HANG LEE: I’m not a clinician.

SENATOR ANWAR (3RD): Okay.

SIN HANG LEE: But a pathologist has to know a lot of clinical.

SENATOR ANWAR (3RD): Okay. But, but there’s a separation because then, if I heard you correctly, did you say that you made vaccines as well or you identified vaccines, okay?

SIN HANG LEE: The reason I got into vaccine is about nine or 10 years ago a bunch of women who read my paper, infected at the most sensitive accurate tests for HPV. Yeah. On woman Pap smear material, I published a paper. Then these women ask me a question. Dr. Lee, I understand you have the most sensitive accurate test for HPV DNA. And we believe, the women believe, I didn’t know about in 19, in 2010, I didn’t, and I wasn’t involved in cancer with the vaccine at all. And they said that we believe the vaccine may have HPV DNA in it. Can you test it? Initially, I refused the test, but they send a specimen to me to test it. I test, I found out HPV DNA in it. So, I published the paper, I told the FDA. The FDA agreed, you’re right. So, that’s why I got into the clinical problem.

SENATOR ANWAR (3RD): I want to again clarify; can you do DNA analysis at St. Rayfield Hospital? The last time I was there, you could not.

SIN HANG LEE: No, it was sent up already. But when I started the research, it was at St. Rayfield Hospital and Milford Hospital. But now, you know that we’ve also been up, too. So, the last I wouldn’t left to continue the research, so.
SENATOR ANWAR (3RD): So, you did DNA analysis of HPV at the St. Rayfield Hospital?

SIN HANG LEE: Not anymore. Because they --

SENATOR ANWAR (3RD): Did you ever do it?

SIN HANG LEE: Yeah, I left. And also, I don’t think Yale, New Haven wants to do the HPV DNA tests, okay, on vaccine or by DNA sequencing, I don’t think so.

SENATOR ANWAR (3RD): Okay. Because the last time you knew they never had that capacity. As a community hospital, they did not have the capacity to do DNA analysis. But I, and did I hear you say that HPV causes Lyme disease?

SIN HANG LEE: No. HPV vaccine may cause lower immunity, when you, when you vaccinate the people? And then the lower immunity may react, the for, chronic Lyme disease infection? Lyme disease actually what we see here, the so-called Lyme disease chronic, all chronic Lyme disease. Yeah, either active or so active, but the dormant disease, the dormant infection will come out and you don’t know when, when the HPV infection may cause the reactivation of the dormant infection.

SENATOR ANWAR (3RD): I wanted to just clarify that.

SIN HANG LEE: That is not my, my test. It’s a reporting from a group of scientists in Dublin.

SENATOR ANWAR (3RD): Okay. So, so HPV does not cause Lyme disease. You’re just --

SIN HANG LEE: No.
SENATOR ANWAR (3RD): -- you made a statement earlier --

SIN HANG LEE: The vaccine, yeah.

SENATOR ANWAR (3RD): Neither the HPV vaccine causes --

SIN HANG LEE: May lower the immunity when you have vaccination, lower the immunity.

SENATOR ANWAR (3RD): Okay. And what is a vasovagal reaction?

SIN HANG LEE: Well, vasovagal reaction is when you have a, maybe a psychological stimulation, whatever, you, you cause a reaction of the blood pressure, yeah, okay.

SENATOR ANWAR (3RD): When a, when a young person gets a needle they will pass out?

SIN HANG LEE: Right, they will pass out, okay. Temporary. There’s no pathological changes.

SENATOR ANWAR (3RD): Yeah, yeah, right. But I heard you say that when the vaccine is given to a young person and they get the needle, their DNA changes and that’s why they pass out. Do you think that was vasovagal or that was a DNA change that happened in a millisecond?

SIN HANG LEE: Okay. There’s a possibility of vasovagal reaction, there’s one possible, it was harmless usually.

SENATOR ANWAR (3RD): Okay.

SIN HANG LEE: When a vaccine, when a vaccine has DNA in it and it stimulate macrophages, the macrophages can be lethal all of cytokines right
away. The cytokines can cause blood pressure changes.

SENATOR ANWAR (3RD): But that is anaphylactic reaction?

SIN HANG LEE: That is not, right. That is not an anaphylactic reaction. It is not. This has a --

SENATOR ANWAR (3RD): I want to make sure that you correct what you said before that that is, that what you’re describing is an anaphylactic reaction, which is not what happens.

SIN HANG LEE: Right.

SENATOR ANWAR (3RD): What happens is a vasovagal reaction.

SIN HANG LEE: I don’t know and that’s -- is it, it’s an immunological reaction.

SENATOR ANWAR (3RD): Okay.

SIN HANG LEE: It’s the cytokine reaction.

SENATOR ANWAR (3RD): Okay. The fastest one is the anaphylactoid reaction, but that’s not what it is?

SIN HANG LEE: No, it is not.

SENATOR ANWAR (3RD): Okay. Thank you for clarifying that. And tell me about your epidemiological background?

SIN HANG LEE: What is that?

SENATOR ANWAR (3RD): Epidemiological background?

SIN HANG LEE: Epidemiologic background of HPV?

SENATOR ANWAR (3RD): Of your training?
SIN HANG LEE: Of my training?

SENATOR ANWAR (3RD): Yes.

SIN HANG LEE: My background?

SENATOR ANWAR (3RD): Yes. Epidemiological?

SIN HANG LEE: Okay.

SENATOR ANWAR (3RD): Because you said that in your studies in epidemiology or the data that you were seeing was it in your studies that you’ve done? So, I wanted to better understand about the, the broad statement on HPV that you mentioned, what was that epidemiologic study and what clinical study you had done?

SIN HANG LEE: The clinical? Oh, my epidemiological background? I have not studied epidemiologic background specialty.

SENATOR ANWAR (3RD): Okay, yeah, good, but I wanted to make sure --

SIN HANG LEE: And my background is a pathologist.

SENATOR ANWAR (3RD): That’s what I wanted to clarify.

SIN HANG LEE: The pathologist’s background is a wide spectrum reading.

SENATOR ANWAR (3RD): Yeah.

SIN HANG LEE: You can read anything, for example, molecular biology for HPV vaccine. Women who thinks their daughters were injured by HPV vaccine, they called me, yeah, there’s something wrong with the vaccine. I didn’t know about it. So, in, what I’m saying that one doesn’t have to be an
epidemiologist, you know, to understand the epidemiology of a disease. All medical school training, yeah, epidemiology.

SENATOR ANWAR (3RD): Okay. You said that the group of, and I’m repeating it just for clarity for myself and for everyone else, too. You said that a group of women felt their children were negatively impacted and they taught you what you know about this topic?

SIN HANG LEE: Yeah, the, the, the women wrote me, wrote to me, asking me to test the vaccine. It’s nothing to do with epidemiology.


SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments from the committee? Thank you very much.

SIN HANG LEE: Thank you.

SENATOR ABRAMS (13TH): We’re moving on to Senate Bill 920, with Gisele Tyler, followed by Karina Roman. Welcome.

GISELE TYLER: Good evening Committee members. Thank you for allowing me to speak, have my be heard on Senate Bill 920, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. Specifically, let me just grab my notes here, Section 18. Yep, Section 18, the bill regarding curriculum for hairdressers, barbers and cosmetologists.
For the record, I just want to state that I am a licensed cosmetologist and I just want to give you guys a little background about me and as it pertains to why I am here.

I am a small business owner. My experience and my business specifically pertains to a section of the cosmetic industry known as eyelash extensions. And I’m here because I feel that the Connecticut, as you may be aware, is the only state that does not require licensing for things like eyelash extensions. And, again, I’m here specifically speaking to that. My fellow women over here, we all waited very patiently to have our voices be heard about the esthetic services, nails, as well as eyelash extensions. Eyelash extensions and eyelashes as a beauty service by its nature is a very intricate and very complicated service. And as an --

SENATOR ABRAMS (13TH): Excuse me, I’m gonna have to interrupt you for one second.

GISELE TYLER: Sure.

SENATOR ABRAMS (13TH): I’m just reading the statute myself. And as you stated, it’s about the curriculum --

GISELE TYLER: Yeah.

SENATOR ABRAMS (13TH): -- of instructions?

GISELE TYLER: Yeah.

SENATOR ABRAMS (13TH): So you have to limit your comments to that area, not the licensure --

GISELE TYLER: Okay.-
SENATOR ABRAMS (13TH): -- and certification.

GISELE TYLER: Okay. Sure.

SENATOR ABRAMS (13TH): And if you can do that, then that’s wonderful.

GISELE TYLER: Okay. I’ll do it really quickly.

SENATOR ABRAMS (13TH): Thanks.

GISELE TYLER: What we’d like to see is a curriculum that falls under the cosmetology umbrella that will allow for eyelash extensions, estheticians and nail techs to have it taught in some form or fashion. I understand that, you know, having it fall under the cosmetology curriculum might be a little challenging. But we do have collectively some ideas as how that could feasibly be done on a state level to allow people, who want to become eyelash technicians and estheticians and nail techs to be licensed and trained because we feel currently there is a lack of training and education and it has posed a public safety concern, as you heard from Jillian Gilchrest.

So, that’s pretty much why we’re here and if you guys have any questions, I’m happy to answer.

SENATOR ABRAMS (13TH): Thank you, and thank you for being so respectful to stick to what --

GISELE TYLER: Sure.

SENATOR ABRAMS (13TH): -- the statute discusses. And if you have any ideas, either individually or collectively as a group, I would encourage you to share those with the Public Health, particularly myself and --
GISELE TYLER: Sure.

SENATOR ABRAMS (13TH): -- Representative Steinberg --

GISELE TYLER: Sure.

SENATOR ABRAMS (13TH): -- and we’d be happy to look at that.

GISELE TYLER: Sure. Yeah, currently we’re, you know, we’re proposing like specialty licensing program, which would require a certain amount of hours that we as professionals feel would be a good starting point to allow for technicians to get educated and trained on things that are necessary to provide a safe quality and effective service to the public. And we do have some ideas and one of those would be a specialty licensing type program.

SENATOR ABRAMS (13TH): Thank you very much. Are there any other questions. Representative Comey.

REP. COMEY (102ND): Hi, thank you for coming. How many hours, you said you were a licensed cosmetologist, how many hours did you have to, can you talk to us about what that involved? Thank you.

GISELE TYLER: Yeah, for cosmetology and hairdressing in the State of Connecticut, I completed 1500 hours, which took me roughly, I fast-tracked at about 10, 10 months. I also wound up at that time with a $13,000 tuition bill or debt, rather. So, we don’t recommend that at that time, me personally, I don’t feel that eyelash techs specifically should have to undergo that level of training, it would just be punitive for a lot of people seeking to enter into the field. But we, I do feel that some level of, of formal training is
necessary to learn the skillset required to provide a safe and effective service. And for me personally, my experience, and I actually have, have, you know, taught some people, I feel 350, 400, up to 600 hours for other services would be a good starting point.

REP. COMEY (102ND): Thank you, and the, the current Section 18 here and in parts here, said that the curriculum that they’re looking at is approved by the department or made available in the Department of Public Health internet website. Is there a curriculum for, for eyelash --

GISELE TYLER: Nothing. There is nothing that’s in the curriculum as it currently stands now.

REP. COMEY (102ND): And in other states?

GISELE TYLER: In other states there is. Other states have a clearly defined outline of a curriculum. Some falls under the cosmetology arch. Other states have their own specialty licensing curriculum as it pertains to such services as eyelash extensions. But the State of Connecticut currently does not.

REP. COMEY (102ND): And do you pay an annual fee for being, for your cosmetology license

GISELE TYLER: Yes, for cosmetology license I do.

REP. COMEY (102ND): And it does not include --

GISELE TYLER: It does not include the eyelash extension. The eyelash extension service, as it stands now, is not, does not only fall under state regs, it doesn’t fall under any municipal regs. Because as you know, the municipality follows the
state regs. So, currently it is an unregulated service here in the State of Connecticut.

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

GISELE TYLER: You’re welcome.

SENATOR ABRAMS (13TH): Are there any other questions or comments? Thank you very much for your testimony.

GISELE TYLER: Thank you.


IOLE PUNZO: Thank you, Committee members. My name is Iole Punzo, and I am also here with the regulation of the aesthetics, curriculum for the aesthetics/extension and nail techs. I kind of wanted to give you another view of where they’re coming from. I’m actually an Aesthetic Nurse Specialist. I graduated from St. Josephs College in West Hartford with a bachelor’s degree in nursing. I worked at Hartford Hospital for 12 years in the ICU setting. I became extremely passionate about skin. But I knew I wasn’t ready out there in that world or confident yet. So, I actually had to go to Massachusetts, went through a 600 hour course, certified and licensed to do skin. I’m not saying that a lot of our technicians are not skillful, there are. But our law, our lack of laws here in Connecticut actually do not allow for us to be confident, confident enough to actually do these treatments that should be done in those kind of settings.
In the medical field I am a nurse injector. I inject Botox. I do lasers, I’m a laser specialist. And I’m a skin care specialist. I actually, three years ago, owned three medical spots. And one of my positions was to actually hire our estheticians, which was the most difficult thing I’ve ever had to do. Why? Because I had no regulations to base that on.

In Massachusetts, if I were there, I could say, you have to have three hours, 300 hours or 600 hours or whatever our laws were, here I cannot. We’re administering TCA peels. We’re administering Jessner’s with Resorcinol, which can cause some serious damage on skin. These are done in certain spas, but even in the medical spas, if there is no law to tell us how we can proceed about hiring someone, we can’t do it. We, we can’t just assume people have the skills. I actually have the reps come in, train my girls, have them go to classes outside of Connecticut because there were no classes in Connecticut for them to go to. So, for me, I knew the importance of that. I wanted the safety. My clients came first.

SENATOR ABRAMS (13TH): That was, that was the alarm, so I’m gonna ask you to summarize, please.

IOLE PUNZO: Okay.

SENATOR ABRAMS (13TH): Thank you.

IOLE PUNZO: So, basically what I’m stating is, we do need a curriculum not only for only our skin techs, which are our estheticians, our lash extension technicians as well as our nail techs. We all have to have a curriculum in order to be able to safely and effectively give treatments to clients.
Thank you very much for listening.

SENATOR ABRAMS (13TH): Thank you. Wait one moment, please. Are there any questions or comments from the committee? Thank you very much for your testimony.

IOLE PUNZO: Thank you so much.

SENATOR ABRAMS (13TH): Tony Sicignano. Welcome.

TONY SICIGNANO: Thank you. Thank you Chair Abrams and members of this Public Health Committee for allowing me to submit testimony for the record under S.B. 920, to introduce language that will allow Connecticut Nuclear Medicine Technologists to move from the Statute of Recognition model to the granting of full state license under Title 20, Chapter 376c. My name is Tony Sicignano. I am a retired Nuclear Medicine Technologist. Nuclear medicine technologists known as NMT’s, are highly trained, educated and skilled professionals who perform diagnostic imaging on patients in both hospital and medical office settings.

Nuclear medicine imaging provides procedures often identifying abnormalities very early in the progress of a disease. It is unique because it provides doctors with information about both structure and function. The need for NMT’s in Connecticut to be licensed is a real one.

We operate as a modality under the umbrella of radiology; however, we have never been included in the current Connecticut state licensure regulation as have radiographers and radiation therapists. We are required to have the same levels of education and competency exams and pass similar certifications
of the exams before we are allowed to practice in a specialized field.

As the current regulation states, only those whose camera systems emit ionizing radiation require a state license. However, the nuclear medical profession who procures, prepares and handles radioactive isotopes, substance called radiopharmaceuticals and administers them either by injection, orally or through inhalation is not required to possess a license.

Although this omission exists, our hope is that your committee will allow the status and grant us full state licensure. One of our main concerns is that of patient safety.

If we continue to perform our duties without a state license, there is nothing to prevent someone who did not go through the same rigorous clinical and didactic education from performing the duties of the NMT.

And immediate example would be an RN, an APRN or PA who might be handling the radioactive pharmaceutical and administering said drug to the patient. Nationally, in 2017 and '18, we saw two encroaching, legislative attempts that would have allowed APRN’s in the VA systems to perform, order and interpret nuclear medicine studies. Thankfully, these bills are defeated.

However, a similar bill was later introduced in Texas. It too was defeated. These types of bills are bills are proposed on a consistent basis, requiring those in the field to be ever vigilant in the defense of our profession and with the concern for the safety our patients.
SENATOR ABRAMS (13TH): Excuse me, sir, that was your time. So, I’m going to ask you to summarize, please.

TONY SICIGNANO: Connecticut is the only New England state that does not license nuclear medicine technologists. By including NMT’s in the current state licensure regulation, Connecticut will join 37 other states that have established standards for nuclear medicine through licensure.

I’m open to any questions you may have and willing to work with this committee toward a positive outcome for our request. Thank you very much.

SENATOR ABRAMS (13TH): Thank you, Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Mr. Tony Sicignano.

TONY SICIGNANO: Tony’s fine.

SENATOR ANWAR (3RD): Thank you. I think you make a valid point. So, I agree with you because I have worked with nuclear technologists and between the various exposures that you have, it’s a significant important training process and it’s worthwhile to make sure it’s part of this Public Health suggestion.

TONY SICIGNANO: Yeah.

SENATOR ANWAR (3RD): So, thank you for your testimony.

TONY SICIGNANO: Thank you.

SENATOR ABRAMS (13TH): Are there any other questions or comments? Thank you very much for your testimony.

TONY SICIGNANO: Thank you.

KAREN CATURANO: Thank you members of the Chair, and Committee. My name is Karen Caturano, and I reside in the Town of Guilford. I am a Certified Nuclear Medicine Technologist currently working in the IT field of radiology. I am here to speak in favor of the certified nuclear medicine technologists becoming, being able to obtain state licensure.

Nuclear medicine technologists, as you’ve heard, deliver radiation to the patients through the use of radioactive isotopes. We also deliver radiation through an x-ray tube that is on some of our hybrid gamma cameras. So, after the patient is injected with this radioactive isotope, they emit a gamma ray. And the hybrid detectors detect these gamma rays and create an image. The x-ray to create a Cat scan image. They can infuse these two images together to help determine attenuation correction for different soft tissue artifacts.

It is my opinion that licensure is a professional. Patients undergoing nuclear medicine exams will take comfort and feel safe in knowing that the technologists performing these exams are licensed by the State of Connecticut. I see licensure as an extra measure of competence and dedication to the profession as, I am sure, does the general public.

Employers in several disciplines indicate that they find licensed professional employees to be more dedicated and look to licensure in evaluating the hiring and advancement potential of employees. The states that surround Connecticut, as Tony testified, currently issue state licenses to Certified Nuclear Medicine Technologists. And it is my hope here today that we can move from statutory recognition
and become licensed. Thank you. Boy, I timed that perfect.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee members? Thank you for your testimony.

KAREN CATURANO: Thank you.

SENATOR ABRAMS (13TH): Thomas Morneau.

THOMAS MORNEAU: Morneau.

SENATOR ABRAMS (13TH): Thank you.

THOMAS MORNEAU: I’m used to it. Good evening, members of the Committee and Madam Chairman, thank you for allowing me this time to speak. I, along with Tony and Karen, are just giving, I wanted to give my voice to licensure for nuclear medicine technologists in the State of Connecticut.

I’m currently the Manager of Noninvasive Cardiology at Hartford Hospital, but I am also a Nuclear Medicine Technologist. And equality is really, is paramount to our profession along with other imaging modalities. And currently there’s really no state standard for verifying the credentials of nuclear medicine technologists. Most of them are, but there’s really no way to verify that. So, I think it’s important that we are.

The other thing is, ionizing, we’re the only modality in Connecticut that’s really not licensed regarding ionizing radiation. So, I think it’s important that we’re part of that also. As Tony and Karen also said, we’re the only New England state that’s not licensed and there’s only 17 states in the country that are not licensed for nuclear
medicine technologist. So, and radiation safety is a paramount portion of the training that nuclear medicine technologists are given. So, I think it’s also important that we maintain safety for our patients, especially when it comes to radiation.

That’s all I have. Any questions?

SENATOR ABRAMS (13TH): Thank you for being so succinct, we appreciate that.

THOMAS MORNEAU: Thank you.

SENATOR ABRAMS (13TH): Are there any questions or comments from the committee members? Thank you for your testimony.

THOMAS MORNEAU: Thank you.

SENATOR ABRAMS (13TH): Tina Gilbert, please. To be followed by Julia Triglia, Triglia.

TINA GILBERT: Good afternoon. Boy have I heard a lot today. Great information. But I am here to talk about amending Bill 920, Section 18, regarding the curriculum of barbers and cosmetologists to include those of nail technicians, eyelash technicians and estheticians.

I’m a co-owner of a cosmetics import company based out of Deep River. And we sell primarily to the salon industry. We also teach advanced training.

The larger professional beauty industry in every single state but Connecticut, is licensed and regulated to protect its consumers and the professionals that are offering these services.

I think what is important is you talk to curriculum to know that licensed professionals study a broad
array of concepts, including skin care, chemistry, anatomy and physiology, CPR, and they are trained in proper hygiene protocols, science-based infection control and product chemistry and use.

In the beauty industry, we are a hands-on service. Infections can be and are transferred in many ways, including through contact with tools, skin-to-skin and unsanitary materials and products. And it is time that we look at the consequences of such neglectful lack of regulation of these professions in this state.

As it stands, and as you’ve heard, any person without any formal education can practice nail technology, aesthetics or lash enhancement in Connecticut. What does this mean? This means that somebody can use cyanoacrylate glue, think super glue, to adhere eyelashes on someone’s eyes. And they do glue them shut. They can also use chemical acid peels and more. We had heard testimony from Representative Gilchrest that when we are in front the Department of Labor, one of the committee members received a staph infection as a result of a botched facial from an unlicensed esthetician. This puts consumers at significant risk. Licensed professionals are trained to utilize the chemicals and tools safely to avoid these injuries and the spread of infection, infectious diseases such as, staph, Hep B, Hep C and athlete’s foot. And I would love to address the hours and the concerns of the chairman earlier, regarding the lack of being --

SENATOR ABRAMS (13TH): I’m sorry, if you can summarize --

TINA GILBERT: -- able to support the --
SENATOR ABRAMS (13TH): -- I’d appreciate it.

TINA GILBERT: -- the regulations. Any questions, I’d be happy to address them. And I do have a --

SENATOR ABRAMS (13TH): Are there any --

TINA GILBERT: -- California.

SENATOR ABRAMS (13TH): -- questions or comments from the committee? Thank you very much for your testimony.

TINA GILBERT: You’re welcome.

SENATOR ABRAMS (13TH): Julia Triglia.

JULIA TRIGLIA: Good afternoon, Senator Abrams, Committee, how are you today? I am also here to talk on Section 18. Instead of just going verbatim from my testimony, I’d like to stick with the curriculum aspect.

Given that we already have a curriculum for hairdressers and barbers to assure safety, I’m asking if we can take baby steps, given the tall order of licensing and regulating with the health and safety. If we could at least provide a minimum curriculum for people to practice nails, practice skincare and practice lash extensions, we could at least start putting people in the industry that are educated on health and safety. And this will significantly start minimizing the amount of injuries that are caused, especially in nail salons.

The amount of infections, bacteria and other health concerns that are happening within this industry is quite alarming. So, I’m really hoping that you would consider it. We do have some hours that we already think are, are proper for each industry.
But we would be happy to discuss anything further. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Representative Comey.

REP. COMEY (102ND): Thank you, Madam Chairman. Thank you, Ms. Triglia. The cosmetology portion of Section 18, what does that exactly license? What does it entail?

JULIA TRIGLIA: Section 18 does not pertain to licensing, it pertains to the curriculum for hairdressers, cosmeticians and barbers.

REP. COMEY (102ND): Right. I was just wondering under a cosmetologist, a definition of a cosmetologist?

JULIA TRIGLIA: Cosmetologist, in a cosmetology school, they, I believe, it’s 12 or 1500 hours. They have to practice the majority here, but there is, I believe practice, and don’t quote me on this, but they do practice a very, very small amount of nails and skin just for the purpose of waxing and manicures. But it’s a very, very small amount.

REP. COMEY (102ND): Okay. Because it would seem to me that it would be makeup, but that’s not, I’m not in the industry, so I really don’t know.

JULIA TRIGLIA: I’m not a cosmetologist, I’m an esthetician. And I didn’t practice, I practiced in the State of Arizona; so, I’m not 100 percent sure what is being provided in the cosmetology curriculum currently.
REP. COMEY (102ND): I understand. Okay. Thank you very much.

JULIA TRIGLIA: Okay.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony.

JULIA TRIGLIA: Thank you.

SENATOR ABRAMS (13TH): Kate Germain-Kobtka.

KATE GERMAIN-KOBTKA: Good evening, how is everybody? I’m also here to talk about Section 18, as well. I put in a testimony and however you want me to, you want to mostly speak about the curriculum, so I’m gonna kind of go off of my testimony.

SENATOR ABRAMS (13TH): I have to have you exclusively speak on the curriculum.

KATE GERMAIN-KOBTKA: That’s what I’m saying, yep. So, I am an esthetician. I did my 600 hours here in the State of Connecticut back in 2012 to 2013. During my 600 hours, there were many components of my education that I feel that we just barely scratched on being such as skin diseases, contraindications, blood-borne pathogens, things that we could have even gone further. Now, in the State of Connecticut, we are able, anybody is able to be an esthetician, an esthetician, a nail tech or an eyelash technician.

I have personally seen people that have no education whatsoever work in the spa setting that have caused severe damage to clients, burning them with LED lights, ripping off skin with wax. Giving a pedicure to a diabetic, who clipped their toenails
too short and they, they end up having to go to the hospital for bleeding. Giving a facial massage to somebody who has a known history of cancer with no education whatsoever.

So, we are proposing that an amendment, an addendum to the, to regulate the hours, to regulate the education, to make sure that people are not able to just come off the street and just work on somebody’s skin. To be able to just wax your hair and be able to give you a facial massage that could actually do lymphatic drainage and could actually cause further sickness, especially with cancer. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from members of the committee? Thank you for your testimony. Taitira Lorenzo. Good evening members of the Committee. I am also here to speak on Section 18 of Bill 920. My name is Taitira Lorenzo. I am a business owner, I own a nail salon in Branford, Connecticut. I went to school for nails in Puerto Rico 13 years ago and I did 900 hours. Moving to, moving back to Connecticut, I wanted to open my on salon. And the most difficult part has been finding staff. Even if they are certified in Connecticut, because there are no regulations for a curriculum, the few schools that are teaching nails kind of are winging it. They’re giving 60 hours, charging $3500, 100 hours. So, even if the staff member that I do hire is certified in Connecticut, I’ve had to teach them from scratch. What that has caused is for me to teach people for free, who have then gone on to become my competition. It has stunted my growth because I’ve had to slow down, you know, taking clients while I’m teaching all of my employees. It has also, you know, been brought to my attention all
the clients that are coming in that do want staff that is certified that has been, you know, going to school, that has continuing education on the subject because they have their own horror stories of situations that they’ve encountered at salons that weren’t properly trained as far as not only the services, but the products that they’re using causing, you know, not only temporary discomfort but also infections and long-term disabilities even.

So, this is something that’s very close to me not only because I take my profession very seriously, but because I love Connecticut. I live here willingly, even though I love my island very much, I’d love to progress here. And not having to teach from scratch and not having, you know, that staff that knows their stuff is really stunting my growth as a business owner. And yeah, that’s about it.

SENATOR ABRAMS (13TH): Well, thank you very much for your testimony. Are there any questions or comments? Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Madam Chair. Hi.

TAITIRA LORENZO: Hi.

REP. ZUPKUS (89TH): Just a quick question just so I understand. So, you want more regulations and curriculum for hairdressers, barbers, nail salons?

TAITIRA LORENZO: So, currently there are requirements for hair stylists, barbers. So, if I were owning a hair salon, I would know that whoever is coming in to interview with me has at least that baseline education. There is nothing like that for nail techs in Connecticut. Therefore, what I am receiving are employees or, you know, people that
want to be hired that did 60 hours at a school, which is not enough. So, I still have to train for months.

REP. ZUPKUS (89TH): So, would you have to do more training yourself?

TAITIRA LORENZO: Yes, months of it. And it’s, obviously they’re not paying me to train them. So, it’s my training that I paid for that sets me apart because not a lot of people are trained in what I do. And then they go on to take that training and become my competition working out of their homes or working with cheaper products to, you know, undercut my business.

REP. ZUPKUS (89TH): Thank you.

SENATOR ABRAMS (13TH): Representative Comey.

REP. COMEY (102ND): Thank you, Madam Chair. Hi, Tait.

TAITIRA LORENZO: Hi.

REP. COMEY (102ND): Thank you so much for coming in. Tait is a business owner in Branford and she’s one of the salons that we’re very proud of. I would love to see you grow. So, you’re saying that because you don’t have the capacity to find qualified folks that, that your business is being limited in, in its growth opportunity?

TAITIRA LORENZO: Absolutely. It is not only limited in its growth, it is also being undercut because I take my standards as far as hygiene and as far as the products that we use, I take that very seriously. So, our products are all high-end. My sanitation, you know, I take that very seriously.
And so, a lot of the salons that are not educated on products are using, you know, cheaper products because they want to keep their prices low. And it’s driving, you know, it’s not only driving people there to be harmed potentially, but it’s undercutting our business as well.

REP. COMEY (102ND): Yeah, thank you. Actually, you informed me of that when we, when we have been talking. The curriculum that you did, how many hours did you say you did in Puerto Rico?

TAITIRA LORENZO: I did 900.

REP. COMEY (102ND): 900 hours.

TAITIRA LORENZO: It was for nails and makeup. I did about 200 hours in makeup, but most of it was nails.

REP. COMEY (102ND): And was that solely for nails or did that, how did they license in, in, do they, do they put, is it just for nails or is it for other cosmetology or hair or things?

TAITIRA LORENZO: It was solely for nails. And that’s also a good point that even if we don’t go the licensing route, even just having a mandated curriculum and having me as a business owner know that you are certified and you did 300 hours, that responsibility would then be put on the schools, not on the state. It would be each, you know, accredited institution that is already teaching hair and, and, you know, cosmetology and barbers to then just add nails to it. And at least we, I would have the peace of mind that you were certified and did 300 hours or 400 or --
REP. COMEY (102ND): Okay. Thanks. Thanks for coming down today and hanging out with us.

TAITIRA LORENZO: Thank you for having me.


SENATOR ANWAR (3RD): Thank you so much for your testimony. I think there’s a lot that you and the group needs to talk about, but always be in this conversation, we are limiting you at this point. My sense is that you’re scratching the surface of a bigger issue that’s going on in the state.

TAITIRA LORENZO: Absolutely.

SENATOR ANWAR (3RD): I perceive that issue is that in every town there are about four or five nail salons that are coming up and, and they are being managed and you’re sensing that the regulation around them and the personnel in them are not necessarily trained to the level within the United States the way that most of us are or most of you would want?

TAITIRA LORENZO: Right.

SENATOR ANWAR (3RD): And I think that a broader conversation and it’s important to have that conversation as well because of the limitation and your entry point into this public hearing, we are not able to have those conversations and, and I am itching to have that conversation and, and I know many of the people are as well. I will figure out how to have that conversation --

TAITIRA LORENZO: I would love to.

SENATOR ANWAR (3RD): -- but what I am worried about is that we suddenly do not want hundreds of people
to lose jobs as we make some regulation because there are literally hundreds of those places around our state right now.

TAITIRA LORENZO: Right, and I don’t want --

SENATOR ANWAR (3RD): They are taxpayers, too.

TAITIRA LORENZO: Correct. And nobody is trying to have anybody lose jobs, right. It’s just a matter of putting the public’s health and being able to inform these people. Some of these salons don’t have the education to know what is correct and what’s not, and to know what’s beneficial in the product sense. And so if they can, you know, if they can save a dollar --

SENATOR ANWAR (3RD): Right.

TAITIRA LORENZO: -- and it’s legal to do so, they will do so.

SENATOR ANWAR (3RD): Right.

TAITIRA LORENZO: So, it’s just a matter of bringing up the standards --

SENATOR ANWAR (3RD): Right.

TAITIRA LORENZO: -- and evening the playing field for all and to ensure that the public is, is going to, it shouldn’t be your responsibility as a consumer to come into my salon and question me on my education and look around and check my cleaning products. You should just know or assume --

SENATOR ANWAR (3RD): Right.

TAITIRA LORENZO: -- that I know what I’m doing and you’re in safe hands.
SENATOR ANWAR (3RD): So, so because this part of the public hearing that’s happening is almost this entry point is ad hoc if you will and it’s not official from, from this specific issue point of view, I’m not sure the people who may be impacted by this are aware of this conversation. And that’s why part of me wishes that this was a formal official conversation that would allow everybody to be on the table and find a solution which would strengthen the public health without having people lose jobs. And that’s --

TAITIRA LORENZO: Well, I think --

SENATOR ANWAR (3RD): -- what we’ll have to navigate.

TAITIRA LORENZO: -- I think one --

SENATOR ABRAMS (13TH): I just wanted to remind you that what we’re talking about here is curriculum and not the --

TAITIRA LORENZO: Right.

SENATOR ABRAMS (13TH): -- other.

TAITIRA LORENZO: Right. And as far as the curriculum, I know that obviously, obviously we have, you know, dozens of salons and hundreds of nail techs that are already working. And so, if we were going to implement a curriculum, they would be affected as well as me and my staff, right. So, I think that there are avenues such as being able to grandfather them in or grandfather us all in. Even if it comes to taking a small course or some sort of seminar just to kind of bring us all up to date because at this point, as a working nail tech, you don’t need to teach me nails, right, we would just
have to be up to date on sanitation and disinfection and how to prevent.

So, there would be an avenue of being able to grandfather everyone in with just taking some sort of small course or seminar or video or, you know, whatever you would deem fit.

SENATOR ABRAMS (13TH): Thank you, Senator, any other questions or comments? Thank you very much for your testimony.

TAITIRA LORENZO: Thank you for having me.


ANDREA DOYLE: Hello, thank you. I’m not gonna totally read from my testimony because you guys all have a copy of that. I’ll just kind of go on why I’m here. My name is Andrea Doyle. I am a nail professional since 1995. I’m also, also a national manufacturer educator. So, I, my specialty is teaching continuing education. And I travel around to different states and I also teach also in Connecticut. And I am greatly disappointed on the lack of education that is in the state. And it’s actually quite scary from what blood borne pathogens could be transmitted and just to speak to the group, I mean, I know you guys are all on Public Health. I know that you know that something like hepatitis can be spread and it can stay on any surface for three days. So, think about an uneducated salon, not knowing how to disinfect that properly. And now spreading it to three days’ worth of clients, especially in discount salons, which they do high volume at a fast rate.
So, with that being said, I also do consultations for district health departments and I’ve been to many meetings where finding out when they do do there, in their district they are voluntarily inspecting some of these salons and what they’re finding. And some of their education as well as far as this industry is also lacking.

So, but the things that they’re finding like prostitution, like it’s going to a whole other level.

SENATOR ABRAMS (13TH): We’re not talking about any of that. If you can’t stick to the curriculum, I’m going to have to end your testimony.

ANDREA DOYLE: Okay.

SENATOR ABRAMS (13TH): Okay. Thank you.

ANDREA DOYLE: So, I’ll answer any questions.

SENATOR ABRAMS (13TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you. Thank you, Andrea for your testimony. So, I was a massage therapist for many years, and I know that, you know, there was this problem with prostitution being involved and so I worked on legislation to help kind of clean that up. So, I know that’s an issue. But what I’d like to ask you is, we’ve heard that if we’re not amending Section 18 of House Bill 920, it does not help with the hiring process and health issues can also occur; can you elaborate?

ANDREA DOYLE: Well, yeah, so if we get a curriculum of, like a standardized curriculum that gives a level of education, proper education, will help minimize and especially if like the salon owners are
the ones that have to hire people that are educated versus non-educated, like maybe a mandate on that, then we at least get a level of not spreading diseases, at least just in the health aspect, never mind, you know, chemistry and what the chemicals are being used, too.

REP. HENNESSY (127TH): Okay. Thank you. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Are there any other? Representative Comey.

REP. COMEY (102ND): Thank you, Madam Chair. Hello, Andrea, how are you?

ANDREA DOYLE: Good.

REP. COMEY (102ND): The, you mentioned that you, and I know that you do work with our health department, our regional health department --

ANDREA DOYLE: Uh-huh.

REP. COMEY (102ND): -- helping salon’s understand the importance of, of these sorts of things. Have you found that, that they have been focused on, able to focus as a health department on curriculum or the requirements for said salons or cosmetology or any of that, any of the hairdressing?

ANDREA DOYLE: There, our, our district health department, the only thing that they’re trying to do, and again that’s voluntarily on their own, is they’re trying to get the, our district salons to come in for like a video training, so to speak, and actually help them put that together. But there again, it’s so hard to get them all to come in. So, we get a very small minimum to actually watch this
video. And but they’re trying, they’re getting better and trying to, plus there’s a language barrier, so it’s hard to kind of get them to understand to come in and watch a video.

REP. COMEY (102ND): And when the health department, in your knowledge, when the health departments go into say a barbershop or a hair salon, they are checking licenses and what, what, not so much licenses, but what their education has been; is that typically what you seen in, in that area?

ANDREA DOYLE: Well, if someone has a license, then that’s proof of their education. But as far as what, so, when you go into a barbershop or a hair salon, then you know they have their education and there’s a standard level of education. So, you know you’re in safe hands. But in nail salons there’s not that.

REP. COMEY (102ND): So, in nail salons they’re just coming in and checking that the owner has filed the paperwork that they own a business with the state and that the, that the place is clean by health standards?

ANDREA DOYLE: Yes. And again, it’s kind of a gray area because again these, I’ve had, the reason why they actually helped me come on board is they don’t have any education on how the nail industry works. So, there’s a lot of that like, okay, well, we know typical health standards, but now there’s also chemistry involved like someone had mentioned about like UV lights, exposing burning skin or whatever and there’s, well depending on what chemical you’re using, how that reacts to that product and how, because certain products react differently, and you need to know your products so you’re not harming
anybody. If that makes any sense as to how to explain that.

REP. COMEY (102ND): Yes, absolutely. Thank you, Andrea, for coming in. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you for your testimony.

ANDREA DOYLE: Thank you.


BETSY GARA: Thank you. Senator Abrams, Representative Steinberg, Senator Somers and Representative Petit. My name is Betsy Gara. I’m the Executive Director of the Connecticut Waterworks Association, a trade association of municipal and regional private water companies. Connecticut’s water companies are committed, as you hopefully know, to providing residents and businesses with safe, high quality supply of water, which is critical to public health, firefighting, sanitation, economic development, et cetera.

So, we are very in strong support of Section 2 of the bill, which actually creates a mechanism to assist communities in addressing situations where they may be faced with a contaminated well, some kind of infrastructure failure or a water shortage.

And currently there isn’t a mechanism to address immediate needs such as those. You know, there’s a situation in Glastonbury now with a contaminated well in certain areas of the city, and this will help address that. So, it’s vitally important when those communities are suffering from these issues, it, it just makes it very difficult for them and again this is an important mechanism.
We’d also like to testify on Section 22 of the bill, dealing with public water supply wells. Jess Candler from Southeastern Connecticut Water Authority and Gail Sperry was here to testify. Unfortunately, I didn’t anticipate this many people speaking on this bill. So, that’s on me. But he had to leave. But what we’re trying to do is address a situation in Southeastern Connecticut where they have a well, they need to put a replacement well in and because of certain of wet fields, wetlands constraints, even though the replacement well is located only a few feet away, they’re unable to do so under the existing statute.

So, we’ve been advised by the Department of Public Health Drinking Water Division that, in fact, we would need a correction to the statute in order for them to do that. They did try to drill a well in a different area and unfortunately there was insufficient water supply. So, in this particular, this is their largest well. It serves 900 families in Southeastern Connecticut. So, it’s very important that they be able to do it. So, it’s a minor change in the statute, but a much needed change. So, thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the members of the committee? Thank you for your testimony. Before we get into the next bill, we’re going to call Ann Henry, please. testifying on House Bill 7199.

ANN HENRY: Good Afternoon. My name is Ann Henry. This is my daughter Linny Henry. We are here today because we are vehemently opposed to proposed bill 7199. We would like to share our reasons with you.
When my children were growing up, I followed everything my pediatricians told me to do. My kids had their physicals, vaccinations and sick visits. I trusted these doctors to make their health decisions. The doctors would do their part and I would do mine. I would make certain my kids had the sleep, nutrition and love they needed. It was my job to protect them from harm.

In 2010 Linny's doctor said it was time for her to have the HPV vaccine. I haven't heard of it, so I asked him a plethora of questions. He assured me it was safe, and I trusted him.

When I left the office that day I took on a guilt that will never leave me until the day I die. My family had their world blown apart by my trusting her doctor.

The day of the HPV vaccine, Linny started with a very bad headache that has never gone away. It goes from stabbing in one area of her head up to four migraines that resemble convulsions with her arms flailing and her pulse in her throat looking ready to jump out.

She started losing her balance and having falls and couldn't pronounce words like jewelry and family. Our family watched helplessly as her neurological system failed. We made hundreds of appointments for her all over the country, to various specialists and no one could help her. My honor roll student could no longer read or write.

Shortly after, Linny lost the ability to move her hands, arms and legs. All she could do was lie on the couch and move her eyes. She lost many years of memories of family, friends and all her high school
years. To this day she cannot remember people’s names, so she gives them names she will remember. It is very scary for her.

We were on our way up for physical therapy for her one day at Gaylord and Linny looked at me and said, I don’t know who you are, but I trust you. That was, I have never had that kind of shock in my life before. I said, I’m mommy. She said, no, I don’t think so, but I still trust you. And it just, that was shocking.

After the second round of the HPV vaccine, Linny developed gastroparesis, acid reflux and is now having loud hiccups, which she has been doing, that are extremely noisy and cause her to have intense pain.

During this time Linny had a stroke. She almost totally lost the ability to speak and developed dysfunctional vocal cords. She developed hyperacusis, which still makes her have to wear strong ear plugs and noise cancelling head phones. She will go unconscious if noises are too loud, someone honks their horn, can I please finish? Thank you. Or even if a bird chirps in too high a pitch. Without the jaw thrusts, Linny would not be here, she actually had one a few minutes ago over there and I had to do one on her.

Imagine this experience, Linny and I had while going to the Cleveland Clinic. We were driving 70 mph, which is the posted speed limit, and getting ready for a left hand exit. A truck beeped its horn and Linny went unconscious. There was nowhere to pull over. I had to perform a jaw thrust on her with one hand as she was choking on her own saliva and was blue.
In August it will be 9 years since she had the original vaccine. We have been told by doctors all over the country they believe the HPV vaccine is responsible for this happening to Linny. She is working so hard to try and get well.

I personally feel the HPV vaccine should never be mandated. If you feel it’s harmless please continue, please come walk in Linny's shoes for a day. Come experience all the things that she will never have, the pain and frustration she feels, the things we take for granted.

Please look at my beautiful, courageous daughter’s face and when it’s time to vote think of vote the right way against H.B. 7199.

Would you want your vote to be responsible for another child and family going through this pain and hell?

Any questions?

SENATOR ABRAMS (13TH): Thank you, Ms. Henry.

ANN HENRY: And thank you for letting me finish before.

SENATOR ABRAMS (13TH): Of course. Any questions or comments from the committee? Thank you for your testimony.

ANN HENRY: Thank you.

SENATOR ABRAMS (13TH): Eleanor Doolittle. Welcome.

I enjoy my high school career greatly, having become an avid participant in theater, writer in the newspaper and harpist in the orchestra, all while making some incredible friends.

I’m truly grateful to have received the HPV vaccine, which protects me against cervical cancer. I’m so thankful that I was given the vaccine at a young age, as it is most effective during early childhood. Each year more than 13,000 women in the United States are diagnosed with cervical cancer. More than 250,000 women alive today currently struggle with cervical cancer. They undergo painful surgical procedures, radiation therapy and chemotherapy. They live with the worry, the pain, the emotional and the financial costs of this disease.

Each year more than 4,000 women even die of this disease. The fact that a simple vaccine can prevent cancer is truly amazing. I’m encouraged to think that my classmates, my generation might never suffer from cervical cancer. I realize that the vaccine protects us all from a dangerous illness that affects us decades later.

However, the opportunity to put this dangerous cancer behind us is now. I encourage you all to support this important legislation, to make this vaccine a requirement for all high school students. We have the opportunity to make cervical cancer a diagnosis of the past that my generation can live cancer free into the future.

Thank you.

SENATOR ABRAMS (13TH): Thank you very much Eleanor for your testimony. I’m wondering what inspired you to be here today and testify?
ELEANOR DOOLITTLE: You know, this is very, it’s an extremely complex issue. And, you know, we all have, as a teenager we have uncomfortable conversations with our parents. Do we tell them everything, no, absolutely not. But I think that’s --

SENATOR ABRAMS (13TH): Okay. Let’s, let’s be respectful. Thank you.

ELEANOR DOOLITTLE: But I think that’s a little bit what being a teenager is about, having --

SENATOR ABRAMS (13TH): Not you, Eleanor. You’re fine.

ELEANOR DOOLITTLE: So, having had this conversation with my parents, I think it’s really important, an important conversation to have, so, yeah, thank you.

REP. STEINBERG (136TH): Thank you for your testimony. It is interesting that you, you’ve taken us to this issue with such passion and you’ve obviously done a lot of research. I really want to thank you for taking the time. I’m sure you have other things you could do today, as many people here.

I also want to add, and this has really nothing to do with you, Eleanor, that I have been asked to make sure that those who have chosen to videotape aspects of this hearing, do not approach those who are testifying in any fashion. It could be construed as intimidating their ability to testify. We indulge your right to record this event, but we ask you to respect others in their ability to testify without having a camera too close to them so they might find it intimidating. I hope of those who testify here
today will do so without any such feeling of intimidation. And I hope all those who choose to video these proceedings here today are respectful of that.

SENATOR ABRAMS (13TH): Representative Cook.

REP. COOK (65TH): Thank you, Madam Chairman. Thank you for being here.

ELEANOR DOOLITTLE: Thank you.

REP. COOK (65TH): What grade are you in?

ELEANOR DOOLITTLE: I’m a junior.

REP. COOK (65TH): So, when you were having this, so, you had a conversation with your parents or did your parents bring the conversation to you about having the vaccination?

ELEANOR DOOLITTLE: No, I think it’s always sort of been maybe mentioned in middle school in, in passing. But I don’t, I don’t really remember a sit-down conversation that we had. But there were definitely times that I was brought aware to the, you know, causes and the risks with the, that perhaps not having the HPV vaccine brings. And it makes me really happy that I don’t have to worry about cervical cancer and that I had the vaccine at a young age.

REP. COOK (65TH): So, I have two daughters and we had the conversation. And I, and I think it was important to have that conversation with them for the understanding but let them have a say in how that worked out. But I’m glad that you have taken an initiative and decided to voice what you think is appropriate. And so you’re saying that you think
that everybody should have it regardless of choice, or should they have a choice?

ELEANOR DOOLITTLE: Well, again, my understanding of the bill is that it’s not mandating the vaccine, but rather requiring it with and making it an opt out rather than an opt in vaccine. So, it’s for perhaps religious or medical reasons the parent doesn’t feel that the vaccine is right for their child, they have the opportunity to opt out.

REP. COOK (65TH): Thank you. Thank you so much and you did a fabulous job.

ELEANOR DOOLITTLE: Thank you.

SENATOR ABRAMS (13TH): Thank you. Are there other questions or comments from members of the committee? Thank you very much for being here today, Eleanor.

ELEANOR DOOLITTLE: Thank you.

SENATOR ABRAMS (13TH): We’re going to revert back to House Bill 7279 and Keith Libon. Welcome.

KEITH LIBON: Thank you. Good evening Senator Abrams and Representative Steinberg and members of the Committee. My name is Dr. Keith Libon, I’m the Chief Clinical Officer of Delta Dental of Connecticut. Patients with diabetes have more gum disease and patients with gum disease have more diabetes. Other manifestations, orally of diabetes include infections and delayed wound healing.

There are about 84 million estimated pre-diabetics by the Center for Disease Control, of which only about 12 percent have been recognized. The other 88 percent, the majority of them will go on, to go from pre-diabetes to diabetes, but if identified early,
many can revert to a state of health with appropriate lifestyle changes.

This bill will support earlier identification pre-diabetes, allowing for a lower medical cost of treatment, and most importantly, better medical treatment outcomes.

I also want to reflect on the fact that we did approach the Dental Commission for a declaratory ruling on this issue. The Dental Commission ruled 5 to 4 against the declaratory ruling because the Dental Practice Act does not support such testing. This is why we have turned to the legislature to clarify the statute.

Two other issues I want to mention, as they were raised earlier, the medical society, the Connecticut Medical Society is not opposing this initiative. And the Connecticut State Dental Association is supporting the initiative.

Last point to mention, excuse me, is there is a billing code that was created by the American Dental Association for this procedure. And as a company, we do provide a benefit for it. So, it is a reimbursable procedure.

So, thank you for the opportunity, and --

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair. Thank you for your testimony today. I think you, the testimony you, the testimony you’ve seen makes a very good case for why dentists are in the right place at the right time to perhaps head off this terribly debilitating chronic disease. And I
personally believe that it’s virtually inevitable that time will come when that will be something that is permitted and indeed encouraged. But we hope you understand that we are very respectful of process, particularly working through the Department of Public Health.

It sounds like you put all the other pieces in place. We just need to get to that one last hurdle before that can really happen. And I’m sure that we’ll have that conversation again.

Thank you.

SENATOR ABRAMS (13TH): Are there any other questions or comments from the committee? Thank you very much for your testimony.

KEITH LIBON: Thank you.

SENATOR ABRAMS (13TH): Okay. We’re going to move on to House Bill 7281 and call Miranda Peralta. Welcome.

MIRANDA PERALTA: Thank you. Good evening, Senator Abrams, Representative Steinberg, and members of the Committee.

My name is Miranda Peralta, and I am a registered dental hygienist providing preventive dental care at a locally, federally-qualified health center in Meriden, where I also live. I serve as President of The American Dental Hygienists’ Association of Connecticut and represent over 3,000 dental hygienists licensed to practice here as well as the four general hygiene schools with over 200 students.

Most importantly, I am a mother, a wife, and a healthcare professional born and raised here in
Connecticut, who has chosen to raise my growing family here as well.

On behalf of the American Dental Association of Connecticut, I’m offering testimony in support of two bills that create the mid-level oral healthcare provider, referred to as the dental therapist. The bills are House Bill 7281 and House Bill 7030, Sections 4 and 5.

Since both bills deal essentially with the same subject, we offer verbal testimony on the first bill, 7281.

The Department of Public Health, after years of discussions and meetings with our organization and other stakeholders has endorsed and proposed the concepts of a dental therapist as part of their dental practitioner bill.

The dental therapist would hold a dental hygiene license and be certified after taking the required educational courses and work in public health settings. This will be done under the general supervision of a dentist and include a collaborative agreement.

According to the Health Resources and Service Administration, known as HRSA, and the U.S. Department of Health and Human Services, the following data was reported for Connecticut as of December 31st, 2018. All eight Connecticut counties are listed in the health professional shortage area, known as HPSA. And these dental HPSA’s in Connecticut are overwhelmingly designated as non-rural. Dental HPSA’s are absence to care indicators and there are 37 dental HPSA designations in
Connecticut. 101 practitioners would be needed to remove the HPSA designation.

First it has designated my home city of Meriden with over 60,000 residents as a Health Professional Shortage Area since 1993. I can assure you that my experience at the FQHC, where I currently work, has proved to me that dental access issues continue to exist in Connecticut, especially my own city.

Dental therapists will reduce barriers to access by providing on-site services, for instance, in school-based clinics where dental hygienists are already working.

I have personally seen as recent as this week and today, children who have unresolved dental care, dating back over a year ago.

In conclusion, the American Dental Hygienist Association of Connecticut is in strong support of the two bills you are hearing today. We look forward to working with you and the department to craft the best bill possible.

Thank you.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments from the members of the committee? Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. In your clinic in Meriden, is there a dentist on site five days a week or is the dentist only in there intermittently?

MIRANDA PERALTA: I work at a fixed site, so we do have a dentist, but we do provide services in all
the Meriden public schools, where there is no
dentist.

REP. PETIT (22ND): Correct. But at the clinic
there is. The services listed, which seems like a
reasonable list, do you feel that most of those can
be provided whether there’s a dentist on site or not
or you think the dentist needs to be on site in
terms of the list of procedures that are, that are
here?

MIRANDA PERALTA: I feel with proper education, we
would have no issue performing these without a
dentist on site.

REP. PETIT (22ND): And what do you think is the
number one issue in terms of how you impact public
health in general by providing a service to people?

MIRANDA PERALTA: Personally, the children that I
see daily, I mean not to say that adults don’t have
issues as well, but my heart breaks for children who
have, you know, baby teeth that need to be taken out
when they’re 7-years old, you know, when they’re 4-
years old. This afternoon I saw someone who was 3-
years old that needed all four of her front baby
teeth taken out.

REP. PETIT (22ND): Ouch.

MIRANDA PERALTA: Yeah, it’s devastating. So, I
feel, you know, that’s where we really need to, we
need to be, need to do with our children, we need to
help them.

REP. PETIT (22ND): Thank you. Thank you for the
care of the people in the clinic and thank you for
your answers. Thank you, Madam Chair.
SENATOR ABRAMS (13TH): Are there any other questions or comments? Representative Steinberg.

REP. STEINBERG (136TH): Thank you for testifying. If I heard you correctly, you made reference to, I think you meant to reference 7303?

MIRANDA PERALTA: Correct.

REP. STEINBERG (136TH): Right. That bill is a bit more specific in what would be required to achieve that level of expertise in the fact of that matter. Are you supportive of that language?

MIRANDA PERALTA: Absolutely. We could work with, I mean, there are some things that we would like from, to merge, but we support both bills.

REP. STEINBERG (136TH): My guess is that bill might have more leg so to speak.

MIRANDA PERALTA: I’m sorry, I didn’t hear you.

REP. STEINBERG (136TH): That bill might have more potential for moving forward --

MIRANDA PERALTA: Yes, absolutely.

REP. STEINBERG (136TH): -- and the things you’d like to see migrate from one to the other, if you could help us with that, that would be great.

MIRANDA PERALTA: Yeah, absolutely.

REP. STEINBERG (136TH): Okay. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? As the State Senator from Meriden and a Meriden hometown girl myself, I thank you very much for the work that you do.
MIRANDA PERALTA: Absolutely.

SENATOR ABRAMS (13TH): Appreciate it.

MIRANDA PERALTA: Thank you.

SENATOR ABRAMS (13TH): Next we have Marcia Lorentzen. I know, you can correct it when you come up.

MARCIA LORENTZEN: Good afternoon.

SENATOR ABRAMS (13TH): Welcome.

MARCIA LORENTZEN: Good afternoon, yeah, I blame that on my husband, it’s Marcia Lorentzen. He had to be from Norway. My name is Marcia Lorentzen, and I’m glad to be here with you, Representative Somers or Abrams and Senator Steinberg.

I am the Director of the Fones School of Dental Hygiene at the University of Bridgeport, which has the college of health sciences, dental hygiene is part of. The dental therapist is of great interest to our program and the University of Bridgeport as an attempt to make clear where our students become a reality, rather than having them exposed to more opportunities. The dental therapist has been based on the dental hygiene model in the State of Minnesota, and that has been in place since 2009, when the first programs opened and now both programs, which one was without a dental hygienist, you could become a dental therapist. Both programs are dental hygiene based, licensed dental hygienists who then are entered into the dental therapy program.

The practice of dental therapy is through the supervision of a licensed dentist and there’s a
requirement for a thousand hours that has been in place in Minnesota, which has worked out very well to have that direct supervision before there is just a collaborative agreement between the dentists and the dental therapist.

There is always communication. The dentist is the one that is in supervising mode and collaboration. Any scope of practice that is beyond the dental therapist is then referred to the dentist.

The dental hygienist, as I say, is the foundation. And at the University of Bridgeport, we ended up having a dental therapy forum held in October, the first ever in the State of Connecticut, bringing together integrative professionals who are interested in having dental therapy be a reality in Connecticut.

I am also a member of the Access to Care, which is a part of the primary care access group, housed in Bridgeport. And this brings together hospital, community health centers, people who are working with individuals in Connecticut, who are seeking better care. And what has come out from all the studying that has been done has shown that the access to care is lacking.

In conclusion, I hope that this committee will support both bills. We are interested in elements of both being combined. And I would be more than happy to answer any questions that you have about education or the practice of the dental therapist.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions? Representative Hennessy.
REP. HENNESSY (127TH): Thank you, Madam Chair.
Welcome, Marcia.

MARCIA LORENTZEN: Thank you.

REP. HENNESSY (127TH): I took a tour once as a legislator. The school at the University of Bridgeport, how long has that been there?

MARCIA LORENTZEN: Well, it’s the very first school in the world. It originated in 1913. And our new clinic has been in operation since 2008.

REP. HENNESSY (127TH): And you serve a population that is underserved, obviously?

MARCIA LORENTZEN: Yes, we definitely do, between our outreach activities, we see 8-9,000 people and in our clinic we see more than 2,000. We also see patients in the Tisdale Elementary School, and that’s where we really see the need. In fact, my dentist had written a letter to the committee in regards to the needs that she sees. And she provides restorative care there because otherwise, they’re not gonna get the care. They come back to our clinic and we’re seeing the same problems, even though some of them have been to a dentist, but the care hasn’t been provided.

REP. HENNESSY (127TH): I’m so happy to hear about this dental therapist. I didn’t know that there was this other level of training. Could you speak, you said that there’s 1,000 hours of training; could you just elaborate a little bit on what kind of training they need?

MARCIA LORENTZEN: Sure, I’d be happy to. First of all, I’m very pleased to say that there are accreditation standards in place through the
Commission on Dental Accreditation. And the two programs in existence in Minnesota were part of the setup of the accreditation standards.

In order for a dental therapist to be entering into a collaborative practice with a dentist, they need to have 1,000 hours of supervised practice and it’s documented with particular skills that are in evidence for the dentist and the dentist would have to sign off on that.

REP. HENNESSY (127TH): Well, thank you and thank you for taking care of this enormous problem that we have. It just seems that people are not getting the dental care. It is so expensive, even when you have insurance. So, I’m very pleased to hear that, you know, hopefully we’ll move forward with this.

MARCIA LORENTZEN: Thank you. I appreciate that.

REP. HENNESSY (127TH): Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you very much of your testimony.

MARCIA LORENTZEN: Thank you.


LYNORE MCCOY: Good evening. My name’s Lynore McCoy, and this is my future colleague, Justin. We are both dental hygiene students at the University of New Haven, at the University of Bridgeport.

As a dental hygiene student at the University of Bridgeport, Fone School of Dental Hygiene, I am speaking to you to ask for your support of the dental therapy legislation that is being put forward by the Department of Public Health.
I am in my final year of dental hygiene school and as a student who attends a school with a strong public health focus, I have seen firsthand the disparities and the access to oral healthcare for the residents of all ages.

In the City of Bridgeport, where we provide oral health screenings, patients come to us with extensive decay and all say they cannot find a dentist to treat them. It can be very frustrating to see patients for a dental screening who have rampant decay, knowing that your referral to a dentist may be impossible for them to follow through on. For various reasons, such as transportation costs being prohibitive or finding a Medicaid provider that is located close to them.

The professional, the proposed profession of dental therapy will improve access to the dental healthcare for those populations who cannot access care from a dentist. Dental therapists will work with populations of low means by being reimbursed through Medicaid.

By training dental hygienists to perform restorative procedures, patients of low socioeconomic status will have a mid-level provider who can both treat and prevent oral diseases.

Dental therapists will work directly with those populations who need them most, to improve their oral healthcare and reduce the burden that oral systemic diseases have on the community and the government as a whole.

Some alarming statistics about the plight or oral health in the State of Connecticut are as follows: All eight Connecticut counties have areas of dental
health professional shortages or HPSA’s, including Bridgeport. 101 dental practitioners are needed to remove the HPSA designation. And the HPSA’s goal is one dentist to every 5,000 people. And 53 percent of long-term facility residents who are being treated by medical professionals with teeth have untreated decay. I would truly appreciate your support on this proposed bill to allow dental therapists to be trained to practice in the State of Connecticut.

Dental therapists will be a mid-level provider in the dental field, similar to physician assistants or advanced practicing registered nurses in the medical field. These two practitioners have been invaluable to the community at large as will be the dental therapists.

Thank you for your time and consideration.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from members of the committee? Thank you very much for your testimony. Appreciate your time. Pam Sylvestri. Welcome.

PAM SYLVESTRI: Oh, hello, Senator Abrams and Representative Steinberg and members of the committee. My name is Pam Sylvestri and I speaking in support of House Bill 7281 and also Bill 7303.

I am a dental hygienist and have practiced in various public health settings for more than 30 years. I currently work for the State of Connecticut, Department of Developmental Services and I serve individuals with developmental disabilities for 40 hours a week.
I believe there continues to be underserved populations here in Connecticut. I treat patients from all over the state, including Windham County, New London County, Hartford County, Middlesex County and Tolland County. They travel far to see me because there are no areas that will treat my patients.

Individuals with intellectual and developmental disabilities typically have poor oral hygiene and a large percentage of these individuals have untreated decay.

I have heard from family members and staff members of some of the individuals who have been forced to seek treatment in the community with no success. One individual, in particular, and I could tell you many, many stories, but one, in particular, went to a community dentist to have a filling done on a front tooth and because of difficulty swallowing, which many of our patients have and the inability to lie back, she was not able to be seen and they also told her they didn’t want to see her in the future. She could not be treated there.

When I called to, you know, just ask and maybe get some insight, the supervising dentist said that they were not required to stand to see patients. And I haven’t sat to see a patient in nine years.

The Connecticut Department of Public Health, as well publishes the, Every Smile Counts, The Oral Health of Connecticut’s Children. And in 2017, as follow ups to the report in 2012 and 2007, it shows that there has been no significant public health improvement in dental decay. The basic screening survey is done without radiographs. So, it
underestimates the proportion of children needing services.

So, one thing I will say in conclusion is that I completed my master’s degree in May 2018 to be prepared for a transition into the dental therapy program.

I am personally and professionally interested in becoming a dental therapist in order to provide more comprehensive treatment to individuals I currently serve.

I implore you to support the implementation of a dental therapist in the State of Connecticut, allowing more comprehensive treatment not only for patients with intellectual and developmental disabilities, but for all individuals who have difficulty obtaining dental treatment.

Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. As a former special ed teacher, I know how important the work you do --

PAM SYLVESTRI: Thank you.

SENATOR ABRAMS (13TH): -- to that clientele. So, thank you so much for specializing in that. Hold on a minute. Okay. Any questions or comments? Senator Somers.

SENATOR SOMERS (18TH): How are you? I wanted to say hello. And I know I’ve heard you speak about some of the issues that you’ve run into with those with intellectual disabilities. I was wondering if you could share some of those with us, as far as getting treatment or access to dental care?
PAM SYLVESTRI: Yes, well, we do have a dentist in our clinic now that works four days a week. But the dentist who previously worked in the department was there for 37 years and it took us two years after he retired to find another dentist. Public health traditionally is difficult to fill because the pay is low, the patients can be very difficult, and you really just have to have a love for treating the population, because it certainly isn’t about the paycheck we bring home.

SENATOR SOMERS (18TH): Thank you very much for your testimony. And thank you for being here today.

PAM SYLVESTRI: Okay. Thank you.

SENATOR ABRAMS (13TH): Are there any other questions or comments? Okay. Thank you very much.

PAM SYLVESTRI: Thank you.


DINAH AUGER: Good afternoon. A lot of my testimony has already been addressed through others, so I’m going to make it a little short and sweet for you people.

My name is Dinah Auger. I practiced in public health dental hygiene and in a dental clinic for 18 years. I’ve been a practicing dental hygienist for 46 years. So, I’ve been around the block a few times.

My experience with dealing with patients in public health with a great deal of need, particularly the population that Pam Sylvestri just talked about, I also address, particularly seniors and children with, who are deaf, who have motor skill
disabilities. And it takes time to build a rapport and to know how to handle these patients.

And over the years parents and the patients themselves gain trust in the provider, and we’re seeing them every six months, so we’re seeing them on a regular basis. And some people even more often, if they’re conditions advise it.

And so many times I’ve heard, well, I have a filling, are you the one going to be doing it? And I say, no, it’s gonna be a dentist and let me bring you in, you’re gonna meet him. And they just say, I trust you, I want you to do it. And it would just be a wonderful opportunity for hygienists to be able to expand their practice for those who’d want to, to be able to provide that care. It’s something we’re very passionate about.

And it’s my experience that a lot of people who come in want cleaning and then they will need 15 to 20 appointments for, to get their work done. Very often they’re waiting up to a year to get that done. And in the meantime, the disease process continues, and they may end up with a tooth extracted or they may end up with a root canal needed. And if we could get a dental therapist in to treat them earlier, it might halt that disease sooner, so that the procedures wouldn’t be as complicated and as costly.

So, I ask your support of these two bills so that we can combine them into one. There’s elements of each and we’re more than happy to help you with that.

So, thank you for letting me address you with these issues with you today.
SENATOR ABRAMS (13TH): Thank you very much and thank you for your willingness to work with us on the bills. Are there any questions or comments from members of the committee? Thank you very much for your testimony.

DINAH AUGER: Thank you.

SENATOR ABRAMS (13TH): Okay then. We are going to move on to House Bill 7303. And Pareesa Charmichi-Goodwin. I know, it’s not even close.

PAREESA CHARMICHI-GOODWIN: Perfect on the first, two more difficult names, and the last one’s Goodwin. Thank you very much. Good evening, Senator Abrams, Representative Steinberg and Honorable Members of the Public Health Committee.

Thank you for the opportunity to comment on House Bill 7281, and Section 4 of House Bill 7303. For the record, my name is Pareesa Charmichi-Goodwin. I am the Executive Director of the Connecticut Oral Health Initiative, a 501(c)(3) nonprofit and the only organization in the state with the sole mission of advocating for increased access to affordable quality oral health services.

I’m going to focus my comments on Section 4 of H.B. 7303, as the language is more comprehensive than H.B. 7281. I’m generally supportive of H.B. 7303, but I recommend modifications in order to make the most impactful evidence-based policy possible.

Dental therapy is an important tool for addressing cost barriers to receiving necessary oral health services and integrating oral health into public health settings such as schools, nursing homes, and rural community clinics.
These providers would not only reach Medicaid patients, this provider would be helpful for reducing the cost for people who do not have dental coverage, people who have high deductible plans and people who for other reasons rely on safety net facilities.

Many people have difficulty affording the out-of-pocket cost of dental care. Dental therapists can offer many of the commonly needed services at a lower cost. They’re uniquely positioned to meet the needs of people who are struggling financially and provide care in public health settings.

Dental therapy has been authorized in some capacity in Alaska, Minnesota, Washington, Oregon, Arizona, Michigan, Maine and Vermont. We have the benefit of learning from these other states. Policy experts in this arena have compared the differences in state policies and outlined what aspects are optimal for addressing the high cost for dental services.

Dental therapy legislation has been shown to best tackle the cost barrier to care, when it only legislates graduation from a program that follows the Commission on Dental Accreditation, referred to as CODA.

H.B. 7303 includes graduation from a CODA accredited program, but it also includes a dental hygiene prerequisite. While others certainly overlap in the hygienist and dental therapist education and practice, legislating the prerequisite is unnecessary, and I will summarize, and will increase the cost of educating, training and employing dental therapists.
Another goal of dental therapy is to build a workforce that represents the community they serve, particularly low-income people. Therefore, keeping the education attainable for low-income people will be beneficial for the workforce in the long term.

SENATOR ABRAMS (13TH): I’m gonna have to stop you there.

PAREESA CHARMICHI-GOODWIN: Okay.

SENATOR ABRAMS (13TH): Thank you very much.

PAREESA CHARMICHI-GOODWIN: Absolutely.

SENATOR ABRAMS (13TH): Are there any questions or comments? Thank you very much of your testimony.

PAREESA CHARMICHI-GOODWIN: Thank you so much.

SENATOR ABRAMS (13TH): Dr. Jack Mooney. Take your time. Welcome.

JACK MOONEY: Senator Abrams, Representative Steinberg and members of the Public Health Committee. My name is Dr. Jack Mooney, I’ve been practicing in Putnam since 1989. I am a general practitioner. In my practice we have over 800 Medicaid families that we take care of.

I am in opposition to 7281 because of the obvious language issues. However, I think we can support the public health bill regarding dental therapy, if some changes are made. I am the Chair of the CSDA’s Access to Care Committee and we’ve kept a watchful eye on dental therapy since its inception in 2004 in Alaska. We were convinced that it would quickly come down to the lower 48 and based on our analysis, that particular dental therapy model was one that we could support the most.
We evolved in 2008, 2009, we supported a pilot study of a dental therapist. And in 2015, when CODA said that it was going to accredit dental therapy, we adjusted our policy to support a basic CODA model in public health settings only.

It’s important because the CODA model predisposes no prerequisite or educational requirements and paves a natural pathway for the recruitment of individuals from the community of need.

It also allowed the possibility of the educational and clinical requirements to be adapted to a Community College curriculum, drastically reducing the cost of education and the benefits of that reduced cost.

The important concept here is that the proposed dental therapists outlined by Council on Dental Accreditation, is a separate dental auxiliary that functions under the supervision of a dentist.

Thus the requirement for an individual to have a hygiene license, kind of goes directly against what CODA had proposed.

I leave you with this quote, because I know we’re pressed for time. Some public health practices at FQHC’s will benefit from a dually credentialed dental hygiene therapist. Others may need only a dental therapist.

Institutions of higher education should have credence to develop a variety of programs and students should have the freedom to choose the credentials that best meet their needs. And also, employers should be able to determine the type of education that is needed to best meet their needs.
This is a direct quote from Colleen Brickle, registered dental hygienist, a panel member of the Blue Ribbon Committee, that looked at dental therapy at Normandale Community College, in Minnesota. Thank you for your time.

SENATOR ABRAMS (13TH): And thank you for your testimony. Are there any questions or comments from members of the committee? Thank you very much, sir.

JACK MOONEY: Thank you.

SENATOR ABRAMS (13TH): Dr. David Fried. He had to leave, okay. Dr. Allen Hindin. Welcome.

ALLEN HINDIN: Thank you, Representative Abrams, Senator, Representative Abrams and, I’m sorry. Here we go, cataracts will do that all the time. Representative Steinberg and Senator Abrams, I’m Allen Hindin.

I’m not going to go through my credentials. There’s a couple of pages of stuff that I’ve been involved in since 1972. And let me suffice it to say that I’ve been everywhere that dental therapists might potentially benefit the residents of Connecticut.

I worked in all of those settings. I have been to various countries where dental therapists have functioned, from Europe to Alaska, Saskatchewan and Minnesota. I’ve heard Somali-speaking dental therapists in a public school setting. But I must tell you that CODA is the issue here.

The most important piece of this whole picture is the Commission on Dental Accreditation. It held public hearings, it gathered data, it worked hard on this subject. It did that over several years. I attended many of those meetings, including the ones
in which the Federal Trade Commission attended to make sure that this issue was handled fairly because there was a lot of politics involved.

What CODA determined was that, yes, dental hygienists can become dental therapists. But to hold the RDH as a gateway will prevent a large segment of our population, particularly those who might be suited to become dental therapists from getting into it because they have to go through university education.

CODA specifically designed a curriculum plan that would be suitable for community colleges. It might work with collaborative agreements with the University of Connecticut or with private dental offices, which will make their sites available to training. We’ve got a whole bunch of innovative capacity here. We do not have to use only university settings. We can bring a dental therapist into play to somewhere between $30 and $60,000, according to the people I’ve worked with over the years, provided we’re allowed to use the community colleges.

So, I urge you not to just require dental hygiene. It does not mean I’m against it, but I have not seen very many dental therapists who are dental hygienists. They came from places, I’ll be real quick. One of them I know personally was pumping jet fuel at Anchorage Airport, this was in 2002. He’s one of the most beloved Native Americans in Alaska. So, I won’t go on further, I’ll leave my testimony for you. I also have a slide sheet from CODA so you can better acquaint yourself with it. I’ll be happy to answer any questions, if you’d like.
SENATOR ABRAMS (13TH): Thank you very much. Appreciate having that resource to look at. So, thank you for sharing that. Are there other questions or comments by members of the committee? Thank you very much for your testimony. Dr. Jonathon Knapp. Welcome.

JONATHAN KNAPP: Good evening, Representative Steinberg, Senator Abrams. My name is Dr. Jonathan Knapp. You do have my written testimony before you and I don’t want to reiterate that verbatim. But there are a couple of issues that I would like to touch on.

I, too, am an active Medicaid provider. I have a daughter with an intellectual disability, so I tend to treat a lot of patients from that population, due to family relationships and friendships and acquaintances in the community. Active Medicaid provider, I like to think of myself as trying to do as much as I can to benefit the dental community and oral health in general in the state as well as nationwide. A couple of things, Sections 1 and 2, the PGY1 piece of 7303, I’m very much in support of that. I did not do a residency and I wish I had. The body of knowledge has exploded. And in order to get the knowledge that you need to be a dentist in four years has become virtually impossible.

So, I support that language, but I would actually support at some point going further and making it mandatory. In terms of the dental therapy piece, I think it’s been previously stated that hygiene licensure as a requirement and hygiene degree as a requirement is, is problematic. It’s not necessary. It creates a bloat of education that is unnecessary and expensive. It eliminates the track for people
coming from large, we have large Cambodian and Laotian community in Danbury that could certainly send someone from their community in three years at a community college or even a, or even a less expensive two years, six semester university-based program and send those people, have those people go back into the community speaking the language, knowing the culture and bringing their cultural competence back to the communities that they wish to serve. I think that’s a very important part.

The other thing that I wanted to raise that is actually not in my testimony, was the idea that we have a PRI process that does scope review. And there’s a problem because the PRI process does not have a means to analyze or a mechanism to work on a new provider position. It only works off existing providers and this is essentially based on what CODA has accredited. It’s an entirely new position and it does not require, according to CODA, does not require a hygiene license or a hygiene degree. And, as was previously stated, CODA explored this. CODA has hygienists on the commission. They had hygienists that provided testimony and CODA came out with the idea that it does not need a hygiene license.

Lastly, I’ll say that, so the PRI process doesn’t, isn’t equipped to manage that, so it becomes a bit of a trap and to say that what when through the PRI process previously is the dental therapist is inaccurate, it was the ADHP model, the Advanced Dental Hygiene Practitioner model that existed before CODA came out with their accreditation standards.
Lastly, and more importantly, I think positively, I am on the Board of CT Mom, and I would like all of you, it’s the free dental clinic that we do each year, I would like to invite all of you to come. I have invitations here that I’m willing to pass out. It will be in Willimantic at the middle school. So, I would please encourage you all to come. I provide the tours directly and it’s the kind of project that you have to see to believe. You have to see to comprehend. It’s an incredible service that is provided by dental hygiene assistant, lay volunteers, numbering of about 1600 each time we do one. So, I’d welcome any questions you might have.

SENATOR ABRAMS (13TH): Thank you very much. And I would ask you to leave the invitations at the Clerk’s desk --

JONATHON KNAPP: Yes.

SENATOR ABRAMS (13TH): -- so people can pick them up, if they’d like. Are there any questions or comments by members of the committee? Thank you very much for your testimony.

JONATHON KNAPP: Thank you.


MARY MORAN BOUDREAU: Thank you, Senator Abrams and Representative Steinberg and for the faces that I’ve seen here for quite a few years and the new faces. It’s great to be back. I’m Mary Moran Boudreau. I’m a registered dental hygienist, and I am recently retired from the Connecticut Oral Health Initiative, which is an advocacy organization concerned with oral health care, so I am speaking in support of HB-
7303, and as you know, for those of you who have known me for a number of years that I’m always looking for ways in order to address access to barriers of dental care in order to get more people to be able to get that dental care that they need, and looking at those barriers being people of low-end moderate income without dental insurance whether public or private, that lack and ability to get to the location where services are provided and the lack of cultural competency care, not totally, but it’s still out there addressing age, race, ethnicity, sexual orientation and so on, that I really support not just the dental therapist part of the bill, but the other parts of the bill, so please look at my testimony that I submitted ‘cause I can’t go through all the three or four pages -- whatever it ended up -- in my three minutes.

But, we need these services in areas where even the DPH studies that have been done looking at the amount of dental -- the dental health and the amount of missing dental care that is for children and also for older adults in the two surveys that they’ve done -- or the two age groups that they’ve done it in. We still have a lot of oral disease that is not prevented, not diagnosed, not treated, and this is in every part of the state, pretty much every city, most suburbs, except for some of our higher-income suburbs, so we need to have these dental therapist where dentists are not normally providing the care or they’re providing it on fewer days than what is needed, and so I did put in a number of comments on some recommendations I make to HB-7303. One I really want to emphasize is that this physician needs to be a licensed physician. The Department of Public Health needs to know who’s out there
practicing, what are they doing, what services are they providing, and just to summarize on that -- it’s also for the safety of the patient because organizations where they may work may not do all the research to make sure these people are certified, so I do want to push that, and my last comment --

SENATOR ABRAMS (13TH): I’m going to have to stop you there.

MARY MORAN BOUDREAU: Just to say that even though I’m retired --

SENATOR ABRAMS (13TH): Yes.

MARY MORAN BOUDREAU: I will certainly help any one of you who want to work on this bill and all the different parts of the bill. I’m still available.

SENATOR ABRAMS (13TH): Thank you very much for that offer. I appreciate it and I appreciate your testimony. Are there any questions or comments from members of the committee? Thank you very much.

MARY MORAN BOUDREAU: Thank you.


VICKI NARDELLO: Senator Abrams, Representative Steinberg, and members of the committee, it’s my pleasure to be here this evening with you. My name is Vicki Nardello, and I have been practicing dental hygienist for 39 years. I am now retired. I spent 25 years in the public sector and 14 years in the private sector, so I want to address some of the issues that have come up in testimony today, in particularly the one about a dental hygienist requiring a dental hygiene license in order to go on
for dental therapy. The way that the programs are written at this point in time is that you cannot actually complete this in 18 full-time months. It’s either three academic years or 18 full-time months, and that’s what’s being done in Minnesota, so by having a dental hygienist who is licensed to come forward and do that, then what you’ve got is that person has already worked with patients, already has a background in all the terminology, and just has to go on for 18 months in order to do that. The other issue is that for a safety and quality reason if the -- as this is proposed, it would be a certification and not a licensure. It would be the dental hygienist’s licenses on the line, so if there were any problems, that individual would lose their dental hygiene license and their certification, so therefore, it is actually better for quality control, and the programs in Minnesota have all gone to a dental hygiene-based program, although they started initially saying that anybody could do that. The other issue I wanted to address is the fact that the 1000 hours that has also been shown in Minnesota as being the number that works in terms of direct supervision of a dentist following your education, and it is a standard that the Department of Public Health supports and has researched, and we believe would be right for Connecticut.

So, I just want to say a couple of other things. I did work in the Hartford school system, and it took us three years to get a dentist once we lost our dentist, and since I’ve left, I talked to my colleagues and they just had another dental position and they only had one person applying for that position, so clearly, there’s a problem in the public sector. Also, the fact is that dental
hygiene is 97 percent a woman’s profession, and what you’re really seeing here as a committee is that there’s a group of women who want to get additional education in order to serve patients, meet the criteria, and have more educational opportunities, and that’s -- that’s a good thing. It’s a win/win in many ways. The public is going to get better dental access, the profession gets to have a career ladder and has more opportunity, and the state gets to create jobs without any money. We don’t have to pay for these jobs. We’re just going to create more jobs, so thank you, and I’m happy to answer any questions.

SENATOR ABRAMS (13TH): Thank you for being here, Vicki. I really appreciate it. Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair. Vicki, thank you for being here. You know, we’ve been talking about this for a number of years, and we may be closer to the finish line now. Obviously, DPH’s involvement in the helping shape 7303 is very important to us, and we count on you to work with us to -- to get the bill into shape and correct some of the objections that have been brought forward, but I think that through your points you -- you have consistently advocated on behalf of this change and particularly highlighted some of the potential access issues that were related to not having enough people willing to take on the job that -- that -- that people are asking to do here, so all I would suggest is that we work very insidiously to make sure we get the language right going forward. Thank you.
VICKI NARDELLO: I thank the committee for raising it, and would be willing to work with you, and we all would be willing to work with you to make this a reality after 14 years. [Laughing].

SENATOR ABRAMS (13TH): That -- that sounds a little short by -- by this --

VICKI NARDELLO: [Laughing].

SENATOR ABRAMS (13TH): By this committee’s measure, actually. Representative Hennessy.

REP. HENNESSY (127TH): Yes. Thank you -- thank you, Madam Chair. Hi, Vicki. How are you?

VICKI NARDELLO: How are you?

REP. HENNESSY (127TH): It’s good to see you. So, I just learned about this through email like yesterday. I’m new on the committee, and so I was really excited to hear about this dental therapist. I hadn’t been aware of it, and then when I discovered that DPH is in support of it, I was even more kind of happy that, you know, underserved populations might get better dental hygiene, but now, I understand that this has been a major work in progress because I was trying to like how -- how could this happen that everything aligns? It seldom happens -- [Laughing] -- around here, so -- [Laughter]. So, I’m just happy to see you, and -- and I hope this still moves forward. Thank you.

VICKI NARDELLO: Thank you very much. I appreciate that, Representative Hennessy.

SENATOR ABRAMS (13TH): Any other questions or comments? We look forward to working with you on this, Vicki. Thank you very much.
VICKI NARDELLO: I look forward to working with you as well. It was also a pleasure to serve on this committee. Still my favorite.


KAREN SUE WILLIAMS: Good afternoon, Senator Abrams, Representative Steinberg, and the Public Health Committee. My name is Karen Sue Williams, and I’ve been a hygienist -- hello [Laughing] -- for 27 years, and I am currently a full-time faculty member at the Fones School of Dental Hygiene, University of Bridgeport. I am here today in support of the Department of Public Health Bill 7303 on the provisions of dental therapy. You’ve heard testimony on the previous bill 7281, which I also am in support of. I cannot stress enough the importance of having this model via certification for an already licensed dental hygienist. To allow someone without the fundamental knowledge of dental health and disease defeats the purpose of increasing access to care. A dental therapist with a dental hygiene license will be able to work with less supervision and have a larger scope of practice than someone without that foundation; therefore, meeting more needs. I had the opportunity to visit the dental therapist program in Minnesota and talk with the program developers, which were both hygienists and dentists. They spoke to the changes in their program, which included no longer having a dental therapy model for non-licensed hygienists. They changed their program to be strictly hygiene-based providers because of the non-licensed hygienist dental therapist failed -- model failed in all outcome reports. I am concerned about the Dental Association supporting a model that has shown to be
ineffective, instead of supporting a model that has been shown to be highly effective in all outcomes. I encourage the committee to really look at the bill and see what the best provisions are for the dental therapists and really help with the access of care need in Connecticut. Thank you.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments from the committee? Thank you.

KAREN SUE WILLIAMS: Thank you.

SENATOR ABRAMS (13TH): Have a nice evening. Thanks for waiting. So, we’re going to move on now to House Bill 7199. Is there nobody else? And, Dr. Heather Osbourne. Welcome.

DR. HEATHER OSBOURNE: Thank you. Good evening, Chairman Steinberg and Chairman Abrams. I am speaking today in support of HB-7199. So, as you heard, my name is Health Osbourne, and I’m a head and neck surgical oncologist at Yale University. I’m speaking today on behalf of all head and neck surgical oncology at Yale because as oncologists this is something that the group of us believes very strongly in.

I’d like to start by telling you about a patient of mine, and I want to bring up this patient because he is very typical of the types of patients that I see in my practice. So, my patient is in his 50s, you know a family man in the prime of his career, healthy, runs marathons, and one day when he was shaving he noticed a lump in his neck, and this is actually the most common way that head and neck -- HPV-associated head and neck cancer is detected, so after workup, ultimately, we did find a cancer in
the back of his tongue, which had spread to his neck, and you know, I consider him one of my lucky patients because after 7 weeks of chemotherapy and radiation we cured his cancer, and today, he is cancer free. However, the side effects of that treatment including significant impacts on his ability to speak and swallow are things that he will be dealing with for the rest of his life.

Now, patients often say to me you know I never smoked or drank and I -- I played by the rules. I ate healthy. I worked out. You know, what more could I have done to prevent this from happening to me? And, I say to them you know we know now that your cancer -- you know, more than half of my patients have cancer caused by the HPV virus, and in the past, we didn’t have a way to prevent this, but today, we actually have a vaccine to prevent these infections, and while it’s too late for more of my patients to benefit from that, it’s not too late for their sons and daughters to benefit from that.

So, unfortunately, as you know, the vaccine uptake rate in Connecticut remains low meaning that many of these children are slipping through the cracks. So, right now, as I mentioned, about half of my busy head and neck surgical oncology practice is treating people with HPV-associated head and neck cancers, and this disease has actually reached to what some people are calling epidemic proportions. It’s the most common HPV-associated cancer today, and it’s continuing to rise. The incidence is growing every year, so I believe that if the next generation of young people grow up to suffer these same disease, then we will have failed this generation. So, I strongly believe that we should make this vaccine opt-out in order to ensure that parents have access
to the information, access to the vaccine, and allow them to make the informed and educated decision that it’s right for their children. I would be happy to take any questions.

SENATOR ABRAMS (13TH): Thank you very much for your testimony, and for the work that you’re doing actually.

DR. HEATHER OSBOURNE: Thank you.

SENATOR ABRAMS (13TH): Any questions or comments? Representative Steinberg.

REP. STEINBERG (136TH): Thank you, Madam Chair. Just a quick question. You -- you -- you mentioned -- and were getting to the semantics of opt-out or opt-in -- do you believe you could get to the level with an opt-in provision that would assure that people are acquainted to the information they need in order to address the growing problem that you described?

DR. HEATHER OSBOURNE: I think it’s very difficult to do that because I think many of us in this room are in a relatively privileged position where we have good access to physicians to help education. You know, many of my patients are uninsured, they struggle to pay a co-pay much less, you know, an out-of-pocket fee to see a physician. They don’t see physicians regularly, and they’re not receiving this education from family doctors and pediatricians or people like me, so I think it’s one of the reasons that our uptake rates are relatively low, and we are -- you know, we are missing children who I think if they were fully informed would choose to have this vaccine.
REP. STEINBERG (136TH): And, the story you -- you related had a relatively beneficial outcome but with the -- the reservations that you and us have made. Of the cancers that HPV causes, what are the relative fatality rates?

DR. HEATHER OSBOURNE: So, with effective treatment across all stages of HPV-associated oropharyngeal cancer -- I can’t speak for the other cancer sites -- survival at five years is someone in the high 80s; however, this is survival at five years, and we’re talking about a disease that affects people in their 50s and even younger, so that -- you know, that doesn’t mean survival forever, and it certainly does not mean symptom-free survival. Most of my patients are suffering significant side effects of their treatments.

REP. STEINBERG (136TH): And, we’re talking about compromising quality of life in a significant fashion.

DR. HEATHER OSBOURNE: And, the fundamental things that make us human, things like our appearance, our ability to talk, you know our ability to work, like things that are really very significant to people.

REP. STEINBERG (136TH): Thank you, doctor. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. So, the strains that cause the cancer, are these the same strains that -- that’s in the vaccine?

DR. HEATHER OSBOURNE: Yeah, correct. So, there are different formulations -- you know, different vaccines available, but the 9-valent, you know, it’s
commonly available at this point, and it covers the two most common cancer-causing strains -- HPV 16 and 18, which cause the vast majority or oropharyngeal -- HPV-associated oropharyngeal cancers.

REP. HENNESSY (127TH): Thank you. Thank you, Madam chair.

SENATOR ABRAMS (13TH): Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you, Dr. Osbourne for being here. I wanted to clarify a couple of things.

DR. HEATHER OSBOURNE: Sure.

SENATOR ANWAR (3RD): Tell me what latency period is?

DR. HEATHER OSBOURNE: Yeah, so I think that that has been the subject of quite a lot of research, and it’s been difficult to define. We know that most people are exposed to the HPV vac -- the HPV virus -- excuse me -- in adolescence or perhaps in their early 20s -- you know when we look at college freshman versus college seniors, almost everybody has been exposed to it by the end of their college education, and we know that people don’t tend to get HPV-associated oropharyngeal cancer until their 50s and 60s, so that suggests the relatively long latency period, but we don’t at this point have clear data to give you, you know, a number of years.

SENATOR ANWAR (3RD): So, what -- what -- I -- I think at times is the confusion in the community, what develops is that people say okay, an individual developed an HPV infection -- not the vaccine but the infection.
SENATOR ANWAR (3RD): And, they overcome the infection and improve clinically. What they do not realize is that the slow insidious process at DNA level is processed, which will lead to a latency period -- period of 15, 20, 30, up to 40 years for cancer to develop, so just because they do not have the clinical signs and symptoms of an acute infection does not mean that the DNA changes are not that way; is my understanding accurate?

DR. HEATHER OSBOURNE: Yes, that is absolutely correct.

SENATOR ANWAR (3RD): Okay.

DR. HEATHER OSBOURNE: You can easily have no signs of infection.

SENATOR ANWAR (3RD): So -- so, and I think what -- what people sometimes worry about is the fact that -- that okay, the person’s clinical signs have gone away and -- and they’re fine now, but -- but the viruses have a capacity to play with the DNA, if you will.

DR. HEATHER OSBOURNE: Yeah.

SENATOR ANWAR (3RD): The other question is have you -- I know you’re an oncologist, so you’re probably not an epidemiologist. You have not studied the HPV vaccine or do you have -- you ready for some of those questions or comments?

DR. HEATHER OSBOURNE: I’m happy to hear the questions, but it’s correct, I don’t study public health or epidemiology.
SENATOR ANWAR (3RD): Okay, so I’ll -- I’ll leave those questions, but is it fair to say that if a person has the known risk factors, chewing tobacco, smoking, and then some of the others are dental challenges, and in the absence of those and in the absence of an HPV infection, the likelihood of an oral cancer or head and neck cancer is very, very low?

DR. HEATHER OSBOURNE: Extremely low. If --

SENATOR ANWAR (3RD): Okay.

DR. HEATHER OSBOURNE: If nobody smoked or drank and everyone got the vaccine, I would be out of business tomorrow.

SENATOR ANWAR (3RD): Okay. Well, we want you out of business.

DR. HEATHER OSBOURNE: [Laughing] That’s true.

SENATOR ANWAR (3RD): Oddly. So, the other aspect is that is there additive effect with tobacco consumption?

DR. HEATHER OSBOURNE: So, not only -- you know, if you add tobacco consumption to an HPV previous infection -- to an HPV exposure, you are more likely to get a cancer. You are also more likely to have a bad prognosis when you -- when you get it. You’re less likely to survive your cancer.

SENATOR ANWAR (3RD): Okay. That’s -- that’s helpful. And, because of the lack of -- the latency period has not been completed, we have not yet been able to show the data on the cancer prevention but the 14 or 15-year studies are not showing that the cancer is occurring, but it’s a little too early?
DR. HEATHER OSBOURNE: I think in the oropharynx, which is really the only area that I can speak to, we have not yet been able to show that the HPV vaccine has led to less cancer, but we would not have expected that in this timeframe. Nonetheless, I don’t think that there is any doubt about that because we have such clear scientific data about how the virus affects the DNA, how it causes cancer, how we can cause cancer by causing these gene mutations in animals. I don’t think there’s any question that this will downstream result in a decrease in oropharyngeal cancers, and certainly, we have seen a decrease in HPV infections with the vaccine.

SENATOR ANWAR (3RD): Okay. Thank you so much. This is very helpful. Thank you.

DR. HEATHER OSBOURNE: You’re welcome.

SENATOR ANWAR (3RD): Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony.

DR. HEATHER OSBOURNE: Thank you.

SENATOR ABRAMS (13TH): Reverend Ernestine Holloway, followed by Pam Lucashu. Reverend Holloway? Okay, we’ll move on to Pam Lucashu. You probably need to pronounce your last name. Thank you for being here.

PAM LUCASHU: Good evening, Senator Abrams, Representative Steinberg, and members of the Public Health Committee. I’m Pam Lucashu, and I’m here to ask you to vote no on SB-7199. My written testimony addresses my concerns with the safety of the necessity of the vaccine, but today, I’d like to address the testimony offered by those who do not have degrees in the field of medicine. Credentials
are helpful. They quickly establish who has formal training in a field. I know this because I’m an attorney, but credentials aren’t everything. Intense interests coupled with investigation can produce an extremely informed citizen. After all, it was amateurs who discovered benzene and the modern theory of genetics. I also have firsthand experience with that combination of intense interest and investigation because I suffer from a rare disease. We’ve pinpointed the cause of the disease not through the specialist who I was working with, who are wonderful doctors, whom I like and respect, but through someone else suffering from the same disease. [Clearing throat] She saw an alert about an FDA recall notice and posted it in our group. She is an educated woman. I had found the information that I needed. It is my understanding that the recall was based not on direct evidence but on a strong correlation as well. Some might say that it was a fluke and others might call it providence, but my doctors were amazed at how it all came together. Most people spend approximately 7 years before pinpointing a cause.

You have heard and will hear after me those who have testified about their own or their children’s injuries. Many of those I’ve met here also hold degrees. Some are just simply very smart people, and I am still learning from them. [Clearing throat] Excuse me. [Crying] They know how to read documents. They will take the time to understand them. They search for answers if they don’t understand something. They are willing to say, I don’t know but I will look it up, and they have read the credentialled studies too. It was our experiences and our own injuries that caused us not
only to question those who are credentialed but to investigate, and that has been a good thing. I hope the committee will consider this when listening to the testimonies -- [Clearing throat] -- of those who disagree with what might be considered more established credentials. Science is constantly changing. Perhaps, in time --

SENATOR ABRAMS (13TH): I’m gonna have to ask you to summarize ‘cause your time’s up. Thank you.

PAM LUCASHU: Yes. Thank you. Last line. Science is constantly changing, perhaps it is time to investigate if it has changed again? Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from members of the committee? Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you for your testimony, and I -- I think you’re right when you say that anybody who is a scientist needs to have the humility to -- to know that they may not know everything. As my professors would say that 50 percent of what I’ll teach you is wrong. You’re job is to figure out which 50 percent.

[Laughter].

PAM LUCASHU: Thank you.

SENATOR ANWAR (3RD): So, I take your words for the humility.

PAM LUCASHU: Thank you very much.

SENATOR ANWAR (3RD): Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you for your testimony.
PAM LUCASHU: Thank you.


REVEREND ERNESTINE HOLLOWAY: Good evening.

SENATOR ABRAMS (13TH): Welcome.

REVEREND ERNESTINE HOLLOWAY: I feel like I know some of y’all. I’m sorry I was upstairs getting ready to testify when they said you called my name. Good evening, Madam Chair, Mr. Chair, members of this committee. I do want to talk about 7199. Please, I cannot even pronounce that word but -- HPV. And, I’m telling you as a mother who has a daughter who took that shot and she’s miserable. My daughter never had trouble with cycles or anything like that until she took that shot. It disappeared for two years, and then it came back, and when it does come, she’s in pain, she’s angry, and I’ve taken her to doctors, and the solution is what happened? What did she take? And I told them HPV. They said, well, we believe that this caused her problem, so one of the doctor’s said, bring her back, we’ll give her the second one. I’m not gonna tell you what I said. [Laughter].

I think before you pass this bill you really have to do your homework. The public is in conflict. Some people say it work, some people say it don’t work. It’s just like apples and oranges, but to me, if it hurts one child, it’s a problem. I think the CDC has conflicting information. Some say it’s a bad shot and here are the side effects and this is why you shouldn’t do it, and one the other hand, the other one says, sure go ahead and give it to your
daughter and your sons now too. I’ve watched videos ‘cause I wasn’t sure what was happening to my daughter. It causes other illnesses. This brings on other illness like PCOS and -- and -- and fertility issues ‘cause without a cycle you can’t have babies or if it comes unpredictable, you don’t know when it’s gonna start or when it’s gonna finish. She didn’t have these issues. This was a 14-15 year old girl that wears pampers because of the stupid shot. Now, if you want to give your kid this shot, guess what, it is your prerogative, it is your choice. But, let us as parents choose. The government should not be in the business of telling us to give our kids shots.

You know, this morning I was here and I was at a press conference upstairs, and it really bothered us that you’re stepping in a room of parents. Where is the right to the parent? And, that’s what I’m gonna say about this.

SENATOR ABRAMS (13TH): Thank you very much for your testimony. Are there any questions or comments from the members of the committee? Thank you very much. Nice to see you, Reverend.

REVEREND ERNESTINE HOLLOWAY: Nice to see you too.

SENATOR ABRAMS (13TH): Leann Ducat. Thank you for your patience.

LEANN DUCAT: Thank you for -- [Crosstalk]. No, I understand completely. Thank you for your time. Thank you for allowing me to speak. I’ll get right to it. I only have three minutes. My name is Leann Ducat. I’ve from Woodstock, Connecticut. Thank you very much for having me. I recently attended the CDCs advisory committee of immunizations practices
meeting in Atlanta. They hold three per year. In this meeting in February while I was there, I watched their HPV workgroup give some presentations regarding the most recent data that they were looking at. Of those presentations, three very alarming points stood out to me. One, is that 90 percent of HPV infections clear naturally. Two, is 30-40 percent of precancers clear naturally, and three, less is known -- and I’m quoting the CDC -- “Less is known about the natural history of HPV at noncervical sites and about the progression from infection to cancer in males.” So, in a nutshell per the CDC, the vaccine is not necessary. It should have never been given boys to begin with -- given to boys to begin with, maybe because they don’t have a cervix. Per the previous testimony we’ve heard today, there is no cumulative data on administering this vaccine in combination with the other 74 vaccines that include antigens and adjuvants. That’s kind of concerning. Herd immunity is a myth. We will never have the vaccination rate to achieve herd immunity. It can only be achieved through natural infection that provides lifelong immunity.

Before I go much further, by show of hands, how many adults in this room are up-to-date on their 74 pediatric vaccines and 19 additional adult CDC recommended doses? Anyone? Yeah, so herd immunity is a myth. [Clearing throat]. Further, requirement and mandate mean the same thing, so let’s stop beating around the bush here. Lastly, I’d like to apologize for this committee. We are frustrated and it shows, and I apologize, but we are fearful, but we are never going away. We are tired of having our concerns dismissed and no ethical scientist would
dismiss a possible variable. At some point, our anecdotal evidence and stories are a large enough body of evidence to warrant serious scientific scrutiny. Why are you ignoring the profound scientific and anecdotal evidence that we try to offer you and continually push forth recommendations from a liability-free industry. Not one of these vaccines licensed in the United States -- I’ll wrap -- has been tested for carcinogenic effect, mutagenic effect, or impairment to fertility. Vaccine requirements are nothing more than forced penetration by needle, and we are screaming me too. I do not consent to this. My son has a constitutionally protected right to free public education. Who should I speak to about getting my tax money back? Please forward me their information because I pulled him from school because of the harassment we were getting about our choice, (inaudible - 05:36:01) protected choice to not vaccinate in additional to his medical conditions, so I would like to not --

SENATOR ABRAMS (13TH): I’m gonna have to stop you there.

LEANN DUCOT: Yep.

SENATOR ABRAMS (13TH): Okay.

LEANN DUCOT: If you could just forward me the information of who I would speak to, to get my money back, that’d be great. Thank you.

SENATOR ABRAMS (13TH): Are there any questions or comments from -- Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. So, you know, unfortunately, this debate seems like two
groups are talking past each other and not really connecting with the subject matter at hand. We’re finding it every day with all these different vaccine bills that are before us. One of the salient conundrums is this idea of herd immunity. Now -- now, you just spoke of the fact that all of us here are not vaccinated. I don’t think we’re breaking any laws -- yet anyway -- but, could you speak about the herd immunity? Because I believe that it’s like in the classroom that that is the whole idea because you go outside the classroom to -- to the shopping mall or whatever because the idea of herd immunity, you know, 80 percent, 70 percent, I mean nobody’s vaccinated in the public, but yet, their focusing I believe in the classroom like -- like on 1st grade and 2nd grade in the grammar school.

LEANN DUCOT: Yes. So, the -- the responsibility of “herd immunity” and I say quote very loosely because I do believe it’s a myth. They’re placing it on the backs of small children in schools. It’s, you know, show me your papers to get into schools. Are you gonna start asking us to show you our papers at Walmart and the post office and the library or to get on a plane or to renew our driver’s license or something of that nature? You can’t place that on small children. I mean not every -- more people are nonvaccinated in the general public by this chart depending on what decade you were born -- the general public -- if -- if by this logic, the general public is more of a danger to anybody than these small children, and -- and if everybody is up-to-date on their vaccinations, what are they so concerned about a child who is medically exempt from vaccines? Who by the way is not different from a
child who’s religiously exempt. There’s no difference between the two. So, if you’re going to pull exemptions, why are you not looking at medical as well? And, I’m not encouraging that -- believe me. I’m just saying there really is no difference here. The state of Connecticut data says that we have 1255 religious exemptions being utilized for kindergarten and 7th graders in this state. We have about 1300 schools. You’re talking less than one exemption per school. What is the big concern here other than to open up a market? It just seems to me that this agenda is to push forth something in effort for profitability of a pharmaceutical company and not at all in the interest of public health, and we’re very concerned about this. We -- I have been meeting with legislators in this building for weeks now, including on my son’s birthday, and every single one of them tells me that their heads are spinning because they have over 6000 bills that have been introduced into this legislature, and that they don’t have the time to properly inform themselves of the issues. We are the parents who are sitting here. We are so laser focused on finding out what happened to our children and why that we’ve done more research than most physicians have had time to dedicate to on this subject, and in fact, we’re finding that many physicians we speak to don’t even know some of the points that we’re trying to bring to them with our concerns, so again, at some point, the body of anecdotal evidence have to be big enough to warrant some sort of scientific scrutiny because we are screaming from every racial and socioeconomic demographic in the entire country -- never mind globally, I’m talking about the United State right now. We are screaming from everywhere. It’s not just rich people. It’s not just poor people. It’s
not just white people or black people. It is everyone. We are all screaming this, and we are being dismissed, and again, the first scientific study -- or first scientific step is observation, right? So, when we go to the doctors, the doctors ask us what our children, how our children are, what their medical conditions are, if they’re having any symptoms, and they believe us. Then, when we come back to them two weeks later and say my son just received three shots and now he has 105 fever, recurring ear infections that require 11 antibiotic prescriptions in his first year and a half of life, and they say, oh, that’s normal. It’s not the vaccine. It couldn’t be the vaccine. Well, it’s no normal. It’s common, but it’s not normal, and we’re being dismissed, and that is why many of the legislators in this building refer to us as zealots or we’re the crazy anti-vacs people. We frankly are very tired of that label because it connotes that there is a black and white situation here. It is not black and white. A lot of these children have pre-existing conditions. A lot of physicians don’t understand that you know -- okay, the methylenetetrahydrofolate reductase gene mutation I don’t think anybody on this panel can tell me what it is, but I can tell you what it is and what it means for my son’s body when he receives a vaccine. My own physician can’t even tell me what that is and how it affects my son’s body and his inability to detox some of these ingredients of this vaccine, so I don’t feel in my -- my personal opinion with all due respect -- that this legislature has any business mandating a vaccine into my son or my body that they have not had the time to do this research on. Thank you for the time.
REP. HENNESSY (127TH): Thank you, Leann, and thank you for your passion and for diving deep into this. This is an emotional -- emotionally charged issue just as tolls are and so many other issues that are before us. You know, there’s outbursts and -- and you know, you can’t do this and nah nah, and this is just one of them, so thank you for your passion.

LEANN DUCOT: Thank you.

REP. HENNESSY (127TH): Thank you, Madam Chair.


SENATOR ANWAR (3RD): Thank you, Madam Chair.

LEANN DUCOT: Hi, Senator. Nice to see you again.

SENATOR ANWAR (3RD): Good to see you too.

LEANN DUCOT: Thank you.

SENATOR ANWAR (3RD): I wanted to commend you. Your children are extremely well behaved.

LEANN DUCOT: I’m sorry. Could you repeat that?

SENATOR ANWAR (3RD): Your children have been here for the past six hours or so. They are very well behaved, so you have to learn from you about that aspect.

LEANN DUCOT: [Laughing]. He’s here. Whenever I’m here, he’s here. He’s had a couple 11 hour days at this Capitol. [Laughter]. He’s opened the place and closed the place with me. He’s -- he’s learning. He is -- we had -- we had to pull him to homeschool him, and this is how I teach him about civics and government. He gets -- he gets to meet legislators. He gets to see the issues. He gets to
understand why we are passionate parents here, and again, I do apologize to this committee and every single legislator in this building who has ever thought that we were aggressive or confrontational, but have you ever seen a momma bear in -- in the wild when you mess with her cubs?

SENATOR ANWAR (3RD):  [Laughing].

LEANN DUCOT:  We’re getting a little frustrated honestly. We really honestly feel like we’re being dismissed, and that the information that we’re providing is just going in one ear and out the other, and I keep being told that we -- that the legislators want to hear our concerns, but they have to listen to the medical community. Well, we can’t get the medical community to listen to the information that we’re trying to offer them, and when we do offer it, they gaslight us and tell us that it’s not true. When -- when -- I mean in the movement if a woman comes to you and tells you something happened to her we believe them, right? Well, why are we dismissing a bunch of mothers who claim that their children regressed into autism or speech delays or fevers or seizures after a vaccination? Why do we believe them in every other aspect of life when they come to -- come out with an accusation or you know a confession until it comes to the magic “V” word? I don’t understand why vaccines have --

SENATOR ABRAMS (13TH):  I’m going to have to stop you for a second ‘cause the Senator hasn’t even asked a question yet. [Laughter]. So, you know, we need to be respectful of everyone’s time, so I’m going to allow him to ask his question.

SENATOR ANWAR (3RD): I want to understand the religious exemption a little bit.

LEANN DUCOT: Yes, sir.

SENATOR ANWAR (3RD): I’ve not been able to understand that yet.

LEANN DUCOT: Yes, sir. So, right now -- oh, I’m sorry. Did you have a question or do you just want -- okay.

SENATOR ANWAR (3RD): Yes, that’s what I want to understand. [Laughter].

LEANN DUCOT: [Laughing]. So, right now the Connecticut statutes do allow parents to opt out of vaccinations for religious purposes. It’s a simple form that requires a signature from a parent, but what it also does is it requires us to go to a perfect stranger and say, here’s my child’s medical information. Can you just confirm that I am my child’s parent because I showed you my ID. A signatory’s role on the religious exemption form is nothing more than confirming the identity of the signer. Now, I can send my son to school and I can sign for a field trip permission slip or to get a Tylenol at school and nobody has to confirm it’s me, but when I say I want to practice my statutorily protected rights as a religious exemption I somehow have to go now expose my son’s private protected information to someone else to get an authorization signature that it’s really me. I think there’s a lot of confusion because the person who is authorized as a signatory -- and I’m one of them.
I’m a state of Connecticut licensed notary public -- so, when people come to me with these forms, all I’m supposed to do is say, show me your ID, and I sign the form and I send them on their way. It’s none of my business the information contained within that document. I am not confirming their religion. I am not confirming their decision to not vaccinate for whatever reason. I am confirming their identity and that is it.

SENATOR ANWAR (3RD): But, what I’m trying to understand is which religions or -- or the interpretation of religions say that vaccines are not allowed?

LEANN DUCOT: So, here’s where the integration of church and state -- in my opinion -- needs to stop because there is a separation of church and state, so my religious creed does not at all delineate that I have to explain to the state what it is.

SENATOR ANWAR (3RD): Okay.

LEANN DUCOT: And -- and the state, you know --

SENATOR ANWAR (3RD): It was more for education purposes.

LEANN DUCOT: With all due respect -- but, there are many religions that don’t agree with injecting cell lines from aborted fetal tissue into their bodies or cell lines from other species because there are monkey, dog, guinea pig, and even worm DNA in some of these vaccines, and they’re not kosher, they’re not vegan, and they have aborted fetal tissue in them. A lot of people object to that.

SENATOR ANWAR (3RD): Okay. Thank you so much for your clarification.
LEANN DUCOT: Thank you for your time, sir.

SENATOR ABRAMS (13TH): Thank you. Are there any other questions or comments? Thank you very much.

LEANN DUCOT: Thank you for your time. Have a great evening.

SENATOR ABRAMS (13TH): Tatiana Lukanora?

TATIANA LUKYANOVA: Hello, my name is Tatiana Lukyanova. I live in Hampton, Connecticut. A lot of things were said. I also could speak about my friends who are injured by HPV, and I should. I wanted to add a couple things. Doctor who was proponent for the HPV vaccine she -- [Baby cryin] -- I’m sorry. Long day. The doctor who was proponent for HPV -- for this bill -- was talking about immunocompromised people, and I think it’s not very good reason because I think immunocompromised people should not kiss or share toothbrushes with people who could perhaps something or having mutual relationships with somebody who could have HPV. I also would -- would like to -- since measles and such, things were mentioned today. I would like to point your attention to the site of John Hopkins Hospital, and on the page with information about care at home for the immunocompromised patients they advise not to see recently vaccinated people with live virus vaccines such as chicken pox, measles/rubeola, intranasal influenza, polio, or smallpox, and not counting the children who were recently vaccinated. So, if we respect what the advice, should we quarantine all recently vaccinated people because we are spreading disease?

Another thing a lot was told about measles today. I would encourage you to look at the chart -- at the
graph of measles mortality before vaccine was introduced. It went practically to zero before vaccine was introduced -- so by the way, a big percent of all measles would have these -- has vaccine strain and lots of kids who got vaccine -- measles vaccine got it from vaccine -- I mean got measles from the vaccine. So, if somebody wants to take away whose exemption, it would be taking away -- or would get other things, or it would actually get worse, and lots of kids will suffer actually, and what we get. Thank you.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee? Thank you very much for your test --- oh, I’m sorry. Representative Michel.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you for testifying and thank you for your daughter for being patient with us. Thank you and for spending the whole day here, and it’s close to 8 p.m., so we will soon have dinner all together. Thank you.

TATIANA LUKYANOVA: God bless.

SENATOR ABRAMS (13TH): Thank you very much for your time. Diana Bump. Welcome.

DIANA BUMP: Thank you for having me, and congratulations Dr. Anwar on your election. I am a member of your constituency, and I’m proud to be so. I’m from Ellington, Connecticut, and my name’s Diana Bump. So, the strains of human papilloma virus that the HPV vaccines claim to prevent are sexually transmitted, transmitted through bodily fluids. They are not spread to other children in a classroom, on a baseball field, or in the lunchroom;
therefore, I can see no reason whatsoever for the HPV vaccine to be required for school entry. In addition, the HPV vaccine has been the subject of much scrutiny for health and safety issues. I was personally injured by this product, brand name Gardasil, and it left me with physical and neurological ailments that ruined my senior year in high school and some of which continue to affect me to this day 11 years later and are similar in nature to some of the side effects that Reverend Holloway’s daughter experienced. There have been many other reports of injuries. Of the injuries that were timely enough reported and lucky enough to get a case in court, $81-million 753 thousand 663-dollars have been paid out in settlements to the victims of injuries of this vaccine via the tax dollars distributed by the United States Court of Federal Claims as of January 2, 2019. It is important to note that the settlement payouts do not come from the drug manufactures. This settlement program is funded by tax dollars.

Also, clinical trials intended to test the safety of these products are a sham. The control groups used in these studies were aluminum adjuvants for Gardasil and hepatitis A vaccine for Cervarix. These substances are -- substances are absolutely not proper controlled. Saline placebo is the only proper control that should be used in the safety trials for vaccinations.

So, to recap, HPV is not spread at school. It’s sexually transmitted. The HPV vaccine has entered many people, including myself. The clinical trials for these products did not adequately test for safety, and this vaccine should not be required for school attendance and should be a parent’s choice.
whether or not to utilize it for their minor children. That’s it.

SENATOR ABRAMS (13TH): Thank you for your testimony. Are there any questions or comments? Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Madam Chair. Thank you for your testimony. You’re talking about saline placebos, so that’s kind of like the standard test for efficacy of a drug, correct?

DIANA BUMP: Well, I mean I -- any control group should be something that doesn’t have any effect on the subject that’s being tested, so typically, saline placebo would be the most logical choice, and it actually was used in a small subset of the control group, but -- at least for Gardasil -- but most of the control groups used aluminum adjuvants and hepatitis A vaccines as a -- as a control.

REP. MICHEL (146TH): So, that’s not very good obviously. I just want to make a comment. You come up here, you spend your whole day, several days here testifying on -- on your truth, and all of you that are here are -- are here. This is your shot. You know, once this public hearing is over the public input is done, and I just want to commend you all. I know you’re coming out with your families. You’re disrupting your entire lives out of -- out of fear of what may happen here, you know, once -- once, you know, the public hearings are over we are going to deliberate and you know, this is a democracy in which we -- we vote, and you know, there’s a lot of people --

DIANA BUMP: Thank you, Representative Hennessy. I -- I appreciate that, and you make a good point
about fear. I feel that fear drives a lot of these -- these issues. It -- it shouldn’t be based in fear to -- to take people’s rights away, to limit their choices, their bodily autonomy. I mean we talk about bodily autonomy a lot in other issues, you know, whether it be, you know, gender issues or the right to die, which is very controversial, or you know, reproductive rights, things like that. But, when it comes to vaccines, the horrible scary word that we keep talking about, you know, everybody seems to shut down and think, well, you don’t have a choice with that, and that’s really not right. It’s a human right to be able to choose what goes into your body, what goes into your child’s body if you’re a parent, and they’re minors, and that’s the way I see it.

REP. HENNESSY (127TH): Yeah, I’ve always been kind of over the mind in Chinese medicine. Chinese medicine denotes that you don’t pierce the skin barrier ever, and -- and you know, this medicine’s been around a lot longer than -- than us, so thank you. Thank you once again. Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Sure, Senator Anwar.

SENATOR ANWAR (3RD): Thank you so much, Diana, for your testimony, and -- and I’m sorry you had the side effects. I think what people are eluding to also is that there’s no feedback system to get back to the pharmaceutical industry, and their immunity about if something goes wrong they’ve been provided so much immunity in this area that’s a concern to people, and then -- and then once a vaccine is public there’s no way to try and look at the side effects that these people perceive are there.
DIANA BUMP: Well --

SENATOR ANWAR (3RD): I think that’s the systemic issue at the federal level that I’m actually recognizing from -- from the conversations that these people are feeling that way.

DIANA BUMP: You know, you make a good point too, Dr. Anwar, but there is a vaccine adverse event reporting system, and so you can track that -- you can look up that data online. It’s public information. It’s a government database, and so when adverse events happen, they can be reported to the system, but a lot of times -- like other people have said -- we get written off when we report these things. Oh, it’s just reported. That doesn’t mean it actually happened, so it’s like what reason do I have to say that this happened, you know? Like immediately following the vaccination that my cycles disappeared completely, that I had normally for six years prior to that vaccine -- gone. I was bedridden some days from the neurological ailments that I was experiencing. Why would I say that? You know, why would I report that if that really didn’t happen? And, I think the bottom line is if things like that are being reported it should not be forced on anyone. It should always remain a choice.

SENATOR ANWAR (3RD): Thank you for your testimony. Do you have a written testimony and the link to the -- the legal --

DIANA BUMP: I do.

SENATOR ANWAR (3RD): Okay.

DIANA BUMP: It was included, and --

SENATOR ANWAR (3RD): Okay.
DIANA BUMP: The links to the data --

SENATOR ANWAR (3RD): Perfect.

DIANA BUMP: Or calculations, everything is there, and they’re both government links.

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

DIANA BUMP: You’re welcome.

SENATOR ANWAR (3RD): Thank you, Madam Chair.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony today.

DIANA BUMP: Thank you.

SENATOR ABRAMS (13TH): Next, is Ann Manusky.

ANN MANUSKY: Good evening, Chairman Abrams and Steinberg, Vice-Chairman Anwar and Lesser, ranking members Somers, Petit, and members of the Public Health Committee. My name is Ann Manusky. I’m from Eastern Connecticut. I’m a 21-year resident of Connecticut, and I am a member of the Connecticut Republican Assembly. I write in opposition to this bill, which would use our parental rights in regard to vaccinations and consent. Parents have the right to raise their children and seek medical care for them. The decision that a vaccination for meningitis or human papilloma virus may have adverse reactions or any vaccination for that matter, and ultimately, it’s the parents decision -- it should be the parents’ decision to make for the best interest of the child. Neither of these viruses are communicable by typical day-to-day passing in the hallway of a school. Unfortunately, these bills are not really about health or vaccines. It’s about
control. There are no compelling reasons for the bill -- this bill to exist. If a child receives a vaccine without full parental consent and something happens to the child, would you -- Public Health Committee legislator be legally responsible for the future health and welfare of this child? No. This bill goes against the rights of parents to make informed decisions for their children. Please vote no. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Are there any questions or comments? If not, thank you for your patience tonight. We appreciate your testimony. Next up, it looks like Francesca Testa.

FRANCESCA TESTA: Good evening, Senator Abrams, Representative Steinberg, and the members of the Public Health Committee. I’m here today as a survivor of meningococcal disease as well as a supporter of HB-7199 for that specific reason. At 17 years of age, my life was pretty much changed forever. I was a senior at Cheshire High School, where I’ve lived for my whole 30 years. At the time, you know, my thoughts, cares, worries -- clothes, senior prom, you know, going out on the weekends, hanging out with my friends, and I was a college-bound swimmer. I had just returned from U.S. Nationals in Fort Lauderdale, Florida, and within hours, all of that had changed.

In April 2006, I came down with what seemed like the flu and within 24 hours, my parents were unable to wake me. I was completely unconscious and covered from head to toe in a purpuric rash all over my body. They immediately rushed me to Mid-State where I had a spinal tap, which confirmed meningococcal
disease. They were unable to treat me there. They had to air lift me immediately to Yale New Haven Hospital where I was subsequently put on a respirator and I was then in a coma for about 2-1/2 weeks. During this period of time, I had about a 20 percent chance of survival. All the skin on my legs became necrotic and started to come off with the risk of amputation on both of my extremities. I was not vaccinated for meningococcal disease. So, you know, we feel it may never happen to us and it can never happen to us, but unfortunately, it did, and it did happen in our community. If you’re lucky to have survived but unfortunately, I do live with sequelae for the rest of my life including hearing loss, vision loss, loss of -- [Clearing throat] -- function in some of my limbs, cognitive delays and dysfunctions as well. I will never be the same and the stress on caretakers, financial burdens of treatments, and lifelong medical expenses and grief are immense, not just for survivors but for our entire families and communities, including my family which took it much worse than I as I was in a coma at that time.

CDC, American Academy of Pediatrics, and American Academy of Family Physicians all recommend the second booster dose of the Men ACWY vaccine. The intent of Connecticut’s current law is to base the state standard of care on expert recommendations from national authorities on immunizations of which all of these organizations are to be considered. Currently, the commissioner of Public Health, however, does not have MCV-4, which is the conjugate vaccine as the current standard of care, even though it is the standard of care adopted by authorities on immunizations and vaccine-preventable diseases. The
disease is real and devastating. I am proof and proof that I was not vaccinated and that you can still get it, and it will affect for the rest of your life. It’s heartbreaking to know that there are ways for us to ensure communities youth, and although the number of cases is modest, the ripple effect this disease can have in a community is truly staggering. Thank you for your time and for staying this late for us.

REP. STEINBERG (136TH): Thank you for your testimony. I have to admit I’m curious. How was it that you didn’t have the vaccine?

FRANCESCA TESTA: I was not vaccinated at the time, so I was 17. It was April, so I was just getting ready to graduate high school. I just hadn’t been vaccinated. The initial thought process for my parents was we were gonna do the pre-college physical, which usually would be June or July. At that time, is when we were going to seek out the vaccination before moving on to a residential campus here in Connecticut, so I was not vaccinated either a first dose or the second dose of mening.

REP. STEINBERG (136TH): Thank you for that. It -- it does point out the fact that even though we may have a high incidence of vaccinations for a particular disease, that it does still leave any unvaccinated person very vulnerable. Any other comments or questions? Senator Anwar.

SENATOR ANWAR (3RD): Thank you for your testimony, and --

FRANCESCA TESTA: Thank you.
SENATOR ANWAR (3RD): And, I’m glad you’re here because not a lot of people can tell this story who have had meningococcal infection, so thank you for being here.

FRANCESCA TESTA: Thank you very much, appreciate it.

REP. STEINBERG (136TH): representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. So, just I’m still not clear about strains. So, there’s different --

FRANCESCA TESTA: Yeah, of course.

REP. HENNESSY (127TH): Strains of this, and there’s a vaccine to deal with this, so I know like with the -- the flue vaccine, they -- they think okay, we’re gonna to do this strain, and -- and --

FRANCESCA TESTA: Right, and every year it kind of changes up a little bit.

REP. HENNESSY (127TH): So -- so, is that true with -- with this vaccine? That it’s specific to a strain and --

FRANCESCA TESTA: Sure.

REP. HENNESSY (127TH): It may not be the strain that -- that you’re -- [Crosstalk].

FRANCESCA TESTA: Yeah, absolutely. So, there are five serogroups of meningococcal disease. You have meningitis B, which is a separate serogroup, which is not covered under the Men ACWY conjugate vaccine. I did not have meningitis B. I had Neisseria meningitidis, which is one of the Men ACWY strains, so I did not have men B, which is the newer
vaccination that has come out in the last -- I believe 2014 was when that was approved by CDC for a level B recommendation, so that particular strain was not applicable to my case, so the vaccine that I was supposed to get -- the men ACWY would have indeed protected me in this particular case, although obviously not for all.

REP. HENNESSY (127TH): That was my question. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Thank you, Representative. Any other questions or comments? Thank you for coming today.

FRANCESCA TESTA: Thank you very much for your time. I appreciate it.

REP. STEINBERG (136TH): Thank you. Next up is Katherine Z. I’ll just go without a full last name. It’s very mysterious.

KATHERINE Z.: Good evening, Mr. Chair, members of the Public Health Committee. My name is Katherine Z. I’m a resident of Fairfield County. I’m here today to ask you to oppose HB-7199. I’m the proud mother of two teenage boys. My sons will never get cervical cancer because they don’t have cervixes. They have, however, both been injured by vaccines. It’s real, and I’ve stopped vaccinating them. They have both already received more vaccines in their short lives than I have received in my entire life; yet, I and my peers, whom I presume followed the same childhood schedule that I did are allowed to go anywhere in public without question. I realize the goal of healthy people 2020 or 2030 is to increase adult vaccination goals uptake, and I will say no to that as well. My body, my choice. Any medical
decisions for my children are made by myself, my husband, our children, and our well-established team of medical practitioners. There’s no compelling state interest that warrants mandating the HPV vaccine and the meningitis vaccine. My son did not actually have sex as well as his class when they had sex ed. There was no lab for that -- thank God [Laughing], and HPV is not transmittable by sitting next to someone. There is no reason that a child should be discriminated against for not receiving such a dangerous vaccine and use free and appropriate education use as leverage for compliance. We also do not have large outbreaks of meningitis, and I do sympathize with that young lady. I am far more worried about the affects of the vaccine than the statistical likelihood of my sons contracting meningitis. That holds true for my immunocompromised son as well because I do have one of those.

[Crying] My mother dropped dead in my arms as a direct result of vaccine injury, and still the brainwash of all that danger. Safe and effective was so strong that I did vaccinate my children until their injuries became too apparent, and I stopped. Obviously, we don’t have the best genes. We have learned that some of our -- just some of our genetic makeup including an HLA allele (inaudible - 06:07:37) implicates an AASIA syndrome, which is Autoimmune Autoinflammatory Syndrome Induced by Adjuvants, and I included a link to the textbook vaccines and autoimmunity. This is the emerging field of epigenetics, which studies the relationship between our genes and environmental factors. The CDC is woefully behind an epigenetic research. The science is not settled and anyone who tells you
otherwise is selling something, especially if they’re selling something for which they have no liability. The HLA allele that my sons have is linked to sensitivity to aluminum. The Gardasil 9 vaccine contains 500 mcg of aluminum adjuvant in each shot. The series of three shots delivers a whopping 1500 mcg of aluminum adjuvant. For my sons, even one shot could be a fatal injection. Doctors are not writing medical exemptions for this as they are concerned about losing their licenses -- see what’s happened in California. I have a religious exemption because God did not give me my children and knowingly harm them. Our founders acknowledged our God-given right to life and liberty. Mandates have no place in a free society, and I can’t believe I have to be here today to fight for the right to not poison my children. Thank you for your time. I do appreciate all the late evenings that you have been here. I was here for a testimony before I chose not to speak -- obviously, you can see why -- and I left after 11, and you were still going, so thank you. We do appreciate it. We do appreciate you hearing our voices. And, does anybody have any questions?

REP. STEINBERG (136TH): Well, thank you. Take a deep breath.

KATHERINE Z.: [Laughing]. Did you get all that?

REP. STEINBERG (136TH): I think your testimony is very important because I think your story tells us that there may be a hereditary genetic --

KATHERINE Z.: Yeah.
REP. STEINBERG (136TH): Factor involved here, which should be a consideration when it comes to the vaccine.

KATHERINE Z.: It should, but again, and it should be medical, right? It’s not as easy as you would think to get a medical exemption, and the doctors are scared. The medical professions that -- that help our children, they’re scared. They are terrified of what’s happening in California where doctors are losing their licenses and they’re being persecuted. I didn’t want to leave my last name, because my son’s missing two vaccines. What is somebody going to catch tetanus from him? Let’s get real, but people don’t stop to think that all the adults in his school haven’t had as many vaccines as he has. It becomes almost a competition. You know, well my kid had it, well your kid better get them all, and nobody wants to acknowledge vaccine injury. It’s real. I’m not making it up.

REP. STEINBERG (136TH): You do sound like a Fairfield County parent. [Laughter]. There’s a lot of competition.

KATHERINE Z.: Well, yeah [Laughing]. You can thank the mommies.

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. So, you and others have thanked us for being here and listening to your testimony, but I think that we should be thanking you for speaking your truth, and it is an honor to be on this committee. Thank you.

KATHERINE Z.: Thank you.

REP. STEINBERG (136TH): Comments?
KATHERINE Z.: No? Okay.

REP. STEINBERG (136TH): If not, thank you for your patience.

KATHERINE Z.: Thank you.

REP. STEINBERG (136TH): I hope you have a lower stress the rest of the evening. [Laughter].

[Talking off mic]. [Laughter]. Bear with me. Every time they change the list, I lose my place.

[Background talking]. Thank you. Barbara R., and I won’t ask the question about the -- the initial anymore. [Laughter]. [Baby coughing]. That means you’re an actress?

BARBARA R.: I don’t know. I have my 15 minutes of fame every day I guess [Laughing]. All right, my name is Barbara Rudini, and I’m from Trumbull, Connecticut, and I kind of really got into this because my daughter six years ago developed a very sudden onset of an autoimmune encephalitis, and it’s triggered by infections, so of all people, of all moms, I should be shouting out to the rooftops, oh, everybody get yourself vaccinated because if my kid gets exposed to your kids, my kid will have neuropsychiatric symptoms, be debilitated, won’t be able to attend school, you know, poop on herself and she was 15 years old -- 13 years old when this first happened. I am also a -- I wouldn’t even say survivor because it’s ridiculous when I -- in 1996, I had the HPV virus, and I did have precancerous lesions on my cervix, but guess what my doctor said, we’re gonna do this cryotherapy where we slough the -- the part of your cervix, and you heal, and it goes away, and guess what happened? It did, and then I followed -- yeah, the protocol back then I believe it was every three months you just came back
for a repeat PAP smear for two years, and guess what? Then it was six months, and I’m perfectly fine, you know, 26 years later. So, you know, I’m -- with my daughter, she was very, very severe for seven years -- six years. Just back to school. She was a debilitated. She was an athlete, high honor student all her life. She was a vegetable, and she is 90 percent better basically because her immune system -- not because she has a lack of vaccines or a lack of whatever. It’s because there were issues with her immune system, and the more layers that I peeled and the more doctors that I saw and the more I researched, you know, I said why -- why is this happening to my kid? She has issues with her genetics, which I’m discovering, and guess what? As I address those, her immunity gets better, and as I address the infections like the Lyme and the strep and all that, guess what? Her symptoms get better, and she is 90 percent better, and I’m so -- I think it’s such a fallacy that immunity is measured by antibody response. Everybody wants to measure the antibody response, antibody response. Well guess what? My daughter also with the autoimmune encephalitis, she also had antineuronal antibodies. She ended up having to have plasmapheresis ten times. You know, two years of IVIG to get all these nasty antibodies, so you’re measuring these antibody responses, but what are they doing? They could be doing nothing, they could be doing something good, or they could be doing something bad. [Bell] A lot of these side effects include autoimmunity. And, if you can give me one more second? I want to address a couple of things. This right here is something called an excipient report and in public health have you ever heard? Do you know what an excipient is? It’s an ingredient in a medicine or anything, okay?
So, on all the vaccine information sheets, it gives you the ingredients. Well, all -- so on the HPV vaccine, the seven main ingredients, okay, my daughter has genetic susceptibility to getting an adverse reaction. It’s whether it be an allergy. We don’t know, but in her genetics, it’s seven out of the seven, and there’s four other ingredients that are genetic like vitamins. My daughter is sensitive to probiotics, sensitive to all these things, so you can’t impose something on a person -- and this is something that is easy to be tested. I went to the dentist last week -- and I hate to keep you -- but I went to the dentist last week, filled out my medical history, am I allergic to Novocain, blah, blah, blah. I went to the eye doctor -- medical history. Am I allergic to iodine, blah, blah, blah, and they proceeded with my checkups. Not once when you go for a vaccine -- because I stopped vaccinating my kids as soon as this happened to my child because there’s no way that it was going to happen to another one of my kids -- you could do one of these simple tests, hey, does my kid have any issues processing these ingredients. I knew for my son who has peanut and egg allergies -- luckily, I knew that early on. A lot of vaccines are put -- chi seed is used in some of the mediums. Eggs are used as some of the mediums. Why can’t we do one of these for every kid that’s born before we poke them, get an allergy test done to see if they have any sort of allergies. These are the basic things that could be done to avoid future adverse events, so these are just -- I just -- and one more thing just or ha has. I went onto the CDC website last night because I research how to get my daughters immunity back, how to you know -- that’s my definition of immunity. People don’t get diseases because they
have a lack of vaccination. They’re -- something is wrong with their immune system, and they just have to find out what it is to live a good healthy lifestyle. No toxins. No nothing will fix your immunity, so first off, you -- I hope we -- you have a copy of this -- so, the CDC provided some sort of recommendations to you, so I looked on the website last night, and these are a list of ingredients -- or a list of questions that this committee has to go through and answer in order to provide a recommendation. I don’t know about you, but I don’t know any of these people who are in this vaccine committee, and they’re sure not my doctors. I know when I chose my doctors I chose this one, I chose this one, I chose this one until I found answers. I don’t know these people. I don’t know these people.

REP. STEINBERG (136TH): I’m gonna have to ask you to summarize.

BARBARA R.: Okay, and one more -- I just have two more points. So, on this questionnaire, on the bottom, which really boggled my mind, it says when no evidence is available, provide transparent reflection by guideline panel on this matter. So, I just hope that you use the recommendations as a baseline, you do like what us moms do. We research it. Make sure that they provide the evidence, it’s legitimate evidence in order to support your vote. If you vote yes, we would -- you know, to get rid of this mandate, that would be great. You’re gonna vote whatever your gonna vote, so please, we want to make informed choices for our children, you make informed choices for our citizens, and it’s the basics. It’s the basics, so it’s just very, very frustrating that people are making decisions on possible transparent reflections.
REP. STEINBERG (136TH): Okay.

BARBARA R.: Okay.

REP. STEINBERG (136TH): Thank you.

BARBARA R.: So, that’s my testimony.

REP. STEINBERG (136TH): You make some really good points, and we’d like to see a lot of your documentation. I’m very interested about the -- the report concept that maybe we can arm parents with the realm of information they need to make informed choices. That sounds like something we could look at in the future.

BARBARA R.: I would be happy to. Thank you.

REP. STEINBERG (136TH): Thank you. Other comments or questions. Representative McCarty. [Background conversing]. [Laughter].

REP. MCCARTY (38TH): Thank you very much for your testimony, and I just want everyone to know we are listening to --

BARBARA R.: Thank you.

REP. MCCARTY (38TH): The things that -- but I wondered because I didn’t see it here when I came in.

BARBARA R.: Sure.

REP. MCCARTY (38TH): Did you submit that information?

BARBARA R.: I did. Yes, I did. I didn’t submit the things from the CDC website because honestly I ran out of ink this morning.

REP. MCCARTY (38TH): [Laughing]. Okay.
BARBARA R.: So, I couldn’t print off the copies, but you can get it right off the website. Thanks.

REP. MCCARTY (38TH): Thank you. That’s good. I just didn’t see it, but thank you.

BARBARA R.: So, I have a question. Do you actually receive them when you get the recommendation from the CDC? Do you get this?

REP. STEINBERG (136TH): We don’t typically take question. We like to ask. [Laughter].

BARBARA R.: I’m curious because I would actually like to see and I think the public is entitled to see what your recommendations are --

REP. MCCARTY (38TH): Right.

BARBARA R.: If we’re speaking on -- on our behalf on what they’re recommending, so I just -- I was just curious.

REP. STEINBERG (136TH): We’ll take that as rhetorical and we’ll look into it.

BARBARA R.: Okay.

REP. MCCARTY (38TH): Thank you. We’ll look into it.

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. You remind me of when we decided to have kids -- so my eldest is 33 years old and we were kind of like horrified that we really didn’t know anything about parenting.

BARBARA R.: [Laughing] I know.
REP. HENNESSY (127TH): And, we really didn’t have you know great upbringings, so it was like, you know, what do you do? So -- so what we did was we read a lot, you know. We researched this and we made up our own minds as to the best way to go in -- in raising our children, so my eldest is 33 and my youngest is 22, and he’s just graduating from college, and you know, it -- it takes a lot of conviction and -- and courage to -- to raise children in this world because there’s lots of experts out there, and -- and just listening to you figuring out how to make your daughter well and -- and improve her immune system, putting it together like a puzzle, I just really commend you and you remind me of the process that -- that my wife and I had to go through. Thank you.

BARBARA R.: You’re welcome.

REP. STEINBERG (136TH): Thank you for your testimony.

BARBARA R.: Thank you.

REP. STEINBERG (136TH): Next up is Meredith Nielson. Then, next up is Lilly Kearnen [phonetic]. Then, Jacqueline Flynn. Okay, then Dr. Matthew Paterna. [Background conversing]. [Laughter].

DR. MATTHEW PATERNA: Ten hours, huh? And -- and happy to be here. Thank you. So, my name is Dr. Matt Paterna. I’m here to speak in opposition to House Bill 7199, and just because I introduced myself as a doctor does not make me more qualified to talk about this subject, nor does it make any of the mothers sitting with me less qualified. The fact of the matter is that each and every one of us have spent hundreds, if not thousands, of hours of
our time over the past several years dedicated to learning and researching the truth, and that’s why we’re all here today because we want to understand why our children are damaged or dying.

So, I want to go over some facts with you, and according to the National Institute of Health, 2:100,000 women are going to die from cervical cancer in this country, and that’s terrible, but when you look at the package insert of Gardasil and you look at their initial drug trial, 40 -- 40 out of 29,323 people in the trial died. That’s their statistics. That’s their study. It’s in their package insert, and it take no more than 30 seconds of a Google search to find it. It’s right there, so if you do some simple math, if 100,000 people were in that study, 60 -- 136 would have died, so if you look at the -- if you look at the reality of that, we would have to -- in order to save one person, we’d have to see 68 die if we’re using the math. This is just math. So the opposite of truth is not always a lie. The opposite of truth is typically a myth, and there’s a myth out there that vaccines save lives, and I’m not here to debate that because maybe some do, but we also know that some of them are very dangerous, and with this particular vaccine, there appears to have been fraud committed, and as we sit here right now in California, there is a case being heard by a circuit judge that is exposing this fraud, and we need to know about this. See, the greatest gift that we have in everyone in this room the greatest gift we have is their kids. I identify as a doctor, but I am more of a father and a husband than anything else, and everyone in this room can -- can relate to that, and we’re here for the truth, and we want -- we want you to have
the information that we have. The thousands and thousands of hours. We want to share it with you, and I’m happy that you’re here listening, and the ones that are still here and paying attention and nodding, I know you’re with me [Laughter], so I just want to conclude by saying thank you for hearing my testimony.

REP. STEINBERG (136TH): Thank you. Sometimes we’re just nodding.

DR. MATTHEW PATENA: Yeah, I know. [Laughing]. You might be falling -- you might be falling asleep.

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you. Thank you, Mr. Chair. Can you elaborate on the fraud case?

DR. MATTHEW PATENA: Oh, boy. Okay, so what appears to have happened -- if you look -- if you read the -- if you read the package insert, on page 7 of the package insert, it says that 40 out of 29,000 people died, you know, during the study. What seems to have happened is they took the control group, which is the Gardasil group, and they took the placebo group. All right, so in a control study, there should be two groups. In this case, there were three groups, so I’ll give you an example. Let’s say we’re comparing an apple to an orange. All right? But, let’s say we took the seeds of the apple out of the apple and made that it’s own group, so the apple is the Gardasil, the seeds are the amorphous aluminum, and then the saline group is the placebo. What they did is they took the aluminum and put it into the placebo group, and then compared the numbers. The numbers came out to be 21 died from Gardasil, 19 died from the
aluminum, and 0 died from saline, but because they moved the aluminum into the saline group and called it the placebo, they said, hey, the control group and the placebo group are the same, there’s no statistical difference, we move on, and that’s how the drug came to market, and it came to market very quickly, and this is how they did it. This is what’s being disputed in court right now. The case is called Jennifer Robi vs. Merck and Kaiser Permanente in Los Angeles Superior Court. You’re gonna hear more about this very soon, probably in the next week or so.

REP. HENNESSY (127TH): Thank you. Thank you for your testimony.

DR. MATTHEW PATERNA: You’re welcome.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. My question -- so, Merck is the company, right?

DR. MATTHEW PATERNA: Yes.

REP. ZUPKUS (89TH): So, does any other drug company make this vaccination?

DR. MATTHEW PATERNA: I believe there are. There’s another company.

REP. ZUPKUS (89TH): There is another company?

DR. MATTHEW PATERNA: Yes, Glaxo. Is that correct? Yes, thank you.

REP. ZUPKUS (89TH): Okay. All right. Thank you.

DR. MATTHEW PATERNA: Yes. Yes, I do not work for Glaxo, so I’m not --
REP. ZUPKUS (89TH): No, I wasn’t -- [Crosstalk].

DR. MATTHEW PATERNA: I’m not here supporting the other.

REP. ZUPKUS (89TH): I have to say I thought it was just Merck, so it was interesting.

DR. MATTHEW PATERNA: No, there are -- there are other ones, and you know, I don’t have the data for that to share with you.

REP. ZUPKUS (89TH): Yeah.

DR. MATTHEW PATERNA: But, I just wanted to real quickly just thank Dr. Anwar for your -- you know, what you said earlier about we’re here for love. That resonates with me ‘cause that’s why I’m here, and that’s why we’re all here. We’re here because we love our kids and we want the best for them, so thank you for hearing our testimony.

REP. STEINBERG (136TH): Thank you, doctor. Any other comments, questions? If not, thank you for your time.

DR. MATTHEW PATERNA: Thank you.

REP. STEINBERG (136TH): Next up is Maria Smith.

MARIA SMITH: Those chairs get me ever time [Laughing]. Good evening, Chairman and Public Health Committee members. Thank you for hearing my testimony. I’m here today in opposition of Senate Bill -- House Bill 7199, and I’m opposed to this bill for many reasons. Many of you know that the National Childhood Vaccine Injury Act of 1986 exempted the pharmaceutical industry from vaccine injury liability. Years later in 2011, the Supreme Court ruled vaccines are unavoidably unsafe. Last
year, we learned that health and human services the
government agency charged with safety reporting and
oversight of the vaccine program has failed to
submit a single report in 32 years. Meanwhile,
their has paid out $4-billion dollars in vaccine
injury claims. Given those facts, this Public
Health Committee’s goal should be to minimize any
and all required school vaccinations due to their
inherent risks and leave such decisions to the
parents. When considering the proposed additions to
the schedule, I’d like for you to consider the
following: Cases of meningitis in Connecticut are
rare, and in the United States meningitis cases are
at a historic low. There were zero cases reported
in Connecticut in 2017, and the one case in 2018 was
for type B serotype, which isn’t covered by the
booster that you’re recommending. Adding this
vaccine as a 12th grade requirement unnecessarily
forces them to incur yet another vaccination with
unavoidable safety risks, so I ask you where is the
compelling state interest in this new vaccination
requirement? Regarding the HPV vaccine, did you
know 40 young women out of 29,000 subjects died
during the clinical trials? Here’s another
interesting fact. The National Institute of Health,
which is part of the U.S. Department of Health and
Human Services owns a part of the patent on the
Gardasil vaccine? A little conflict of interest
there? Merck, the manufacturer of Gardasil is
currently being sued as Matt just testified, and
they are in a trial as -- ongoing. The country of
Japan removed Gardasil from its recommended schedule
in 2013 due to the concerns of the nearly 2000
reported adverse events. As of December 2018, there
have been 60,000 adverse events associated with this
vaccination, and 2800 of them were serious and 450
of them were deaths. Those were claims for death. Now, that’s based on their statistics, which are reportedly passive and are underreported per the study that they did over here in Connecticut that those are unreported numbers to the tune of about five percent reporting. Routine PAP smears are an effective way of screening for precancerous cells, and the -- the screening is still required even if you have the vaccination, so you’re -- you’re still getting screenings and they recommend that you still get screenings, and finally, I would like to say that none of the HPV vaccines have ever been proven to prevent a single case of cancer, not one, okay? Mandating this vaccine with its known safety issues is simply unconscionable, particularly in light of the fact that we already have effective screening that works with no side effects. I submit to you that if this bill is approved you -- this committee becomes responsible for the injuries and the deaths associated with this vaccine. I implore this committee to consider all of these issues. Please, do not move this out of committee. Do not mandate this vaccine. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Representative Hennessy.

REP. HENNESSY (127TH): Why was the 7th grade meningococcal recommendation found to be inadequate?

MARIA SMITH: Why was it found to be inadequate?

REP. HENNESSY (127TH): Yeah.

MARIA SMITH: They felt that the -- I can’t speak to that, but I do know that there’s a requirement for college, so -- so adding another 12th grade requirement doesn’t make any sense. If you’re
required to get the vaccination to go into college, why are we going to mandate that on young people that may not go to college, if they choose to go to college, they may not live in a dormitory situation. It’s just it’s an unnecessary vaccination.

REP. HENNESSY (127TH): Okay. Thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chair. You said something about tests and it didn’t prove to prevent cancer?

MARIA SMITH: There’s no evidence that this vaccine prevents cancer. There’s none.

REP. ZUPKUS (89TH): I asked that question to a woman who was here earlier because I had read testimony that say it did not prove to prevent cancer, and she said the opposite, that it did, so I’m just curious as to --

MARIA SMITH: There is -- if someone could find that, I’d love to see that. I have seen no evidence that it prevents cancer. It’s not been used for long enough.

REP. ZUPKUS (89TH): I did ask that question to ask -- [Crosstalk].

MARIA SMITH: They are speculating based on other facts that it will reduce cancer.

REP. ZUPKUS (89TH): Right. Right, so it’s -- I did ask her to show me that information, so hopefully, I’ll get it.
MARIA SMITH: She’s -- the doctor clarified that, and she said that they don’t really have statistics on cancer because the drug has only -- the vaccine has only been in use for 12 years, which is not a long enough period of time to be able to determine that.

REP. ZUPKUS (89TH): Thank you.

REP. STEINBERG (136TH): Other questions or comments? If not, thank you for your testimony and your patience tonight.

MARIA SMITH: Thank you.

REP. STEINBERG (136TH): Next up is John Jout [phonetic]. And, Amy Tesler [phonetic]. And, Pazit Edelman. Not to rush. We’ll wait for you.

PAZIT EDELMAN: Hello. My name is Pazit Edelman, and I’m from Windham, and I wrote my testimony. I submitted it online, so you should have it. I’m not gonna read the whole thing. I’m just going to pinpoint a few things because I heard some things that I would like to say my -- my choice about. So, first of all, someone said here that other Jehovah Witnesses there are no other religions that vaccination would be contradicting to them, and this is false. There are many things in vaccines that me as a religious person do not settle with. It’s the aborted fetal cells, it’s the fact that some ingredients are not kosher like pig blood and some other animals. There is no religious supervision. There is no rabbinic supervision on the ingredients. As far as my religion, I should put my health first. I am not supposed to sacrifice myself or my children for the greater good, especially if it’s hypothetical greater -- prevention, so I -- I could
speak -- if anyone has questions, I could speak with you, I mean, in person and explain to you in depth what I’m -- where I’m coming from, but I don’t want to miss the other subject that I wanted to talk about.

You know, all these people that say it’s just stories. It’s not just stories. I mean when you see an overwhelming number of about 60,000 adverse events, and about 1200 events of -- of the events that people did not recover and actually that the vaccine itself can cause cervical cancer because some of these -- the -- number one, the vaccine has not been long enough to determine if the age of 50-55 or so that’s when usually women get cervical cancer, so we can’t see right now where these women -- these girls that are getting the HPV vaccine if they’re going to develop it or not because it has been on the market about 12 years, so there is a problem with that, and during trial if you open the insert and read the trial, there was an issue with that. Also, wanted to point out -- I’m closing up -- just want to point out -- point to the fact that in my testimony there is a link to the Gardasil lawsuit and also there is a link to the court case that Kennedy -- Kennedy -- Robert Kennedy, Jr. won against Health and Human Services, which essentially the -- the Health and Human Services admitted that they did not have any safety -- any safety reports. Their support (inaudible - 06:36:56) that the 1986 Act to remove the liability from all the -- the (inaudible 06:37:03) companies, the Human and Health Services was assigned a job to have biannual reports regarding like checking the effectiveness, the safety of vaccine, and they admitted in this court case that in 30 years they never had any
report done. That means that the other people that testified that the (inaudible - 06:37:29) that they check. It’s not. It’s not checked.

REP. STEINBERG (136TH): I’m going to ask you to summarize please.

PAZIT EDELMAN: Okay, so -- yeah, so basically, I would like to point out to these links that I have in my testimony, and also there is a link there that is from General of Toxicology and Environmental Health that says that there was a research that the HPV vaccine causes infertility, and it’s really substantial, so I really encourage you to look at my written stuff, so you can judge for yourself.

REP. STEINBERG (136TH): Thank you. We’ll do that. comments or questions? If not, thank you for your time.

PAZIT EDELMAN: Thank you.

REP. STEINBERG (136TH): Next up is Hannah Gale -- Dr. Hannah Gale.

DR. HANNAH GALE: Good evening, chairman of the committee and committee members. I am -- I apologize for how late it is, and I will try to be as brief as possible. So, my name is Hannah Gale. I’m a resident of Fairfield. I sit on the Public Health Committee for the RTM in Fairfield, so although I do not have the burden that you have, I can sympathize with your position. I’m here on behalf of my patients and my future patients. I have patients who are cancer patients as well as patients who have been victims of reactions to HPV the vaccination, so I actually consider both these populations very seriously. Oropharyngeal cancer I
think is really the concern that has been the clearest today as not being really dealt with by any other public health measure other than the -- you know the possibility of this vaccine addressing that. I would say that often in healthcare we’re in a catch-up mode. The fact that there are people in their 50s that are currently suffering from the effects of HPV does not necessarily mean that people that are in their 20s now are going to be in that situation when they are in their 50s. Sexual norms change, sexual practices change, and diseases change. Even though there may only be 70 percent vaccination rate, that may be more than enough to address the concern of oropharyngeal cancer in the future. The thing that I am most concerned about -- one of the things that has not come up is that there is an unusually high amount of adjuvant in the HPV vaccine. HPV is very hard to have the immune system recognize, so the adjuvant that is used in this vaccine is not just aluminum. It is a modified LPF adjuvant, and LPF is lipopolysaccharide. It’s a component of the cell wall of gram-negative bacteria, and those are the bacteria that are in the large intestine. They are gram-negative bacteria, so it is my unfortunate belief based on what I’ve seen in patients who have had extreme reactions of irritable bowel disease following their HPV series that there must be some variation in the degree to which they’ve managed to attenuate the immune reactivity of the -- of this adjuvant. Some people are very reactive and have really bad irritable bowel disease. I’ve also seen really high -- a lot of infertility. The patient that comes to mind the most without revealing any identifying characteristic is a patient who stopped also having her menses immediately after getting the HPV series,
and did not report this, did not even know that it could be connected, and then many years later -- she is now in her early 20s -- very early 20s, has very high levels of anti-ovarian antibodies, and she has almost zero eggs, so she has -- she has no fertility capacity whatsoever, and the only thing that happened to her whatsoever was the HPV series, so I really think there is a problem with -- and the data isn’t there because people are not reporting. They don’t know that they’re connected. They don’t know to report. Their physicians don’t even connect the dots, so it -- it’s really a problem. I would also say that I think we are really headed for a negative population crisis in this country. We are having birth rates go down. The accumulation of environmental toxins and environmental salts in people are really affecting their fertility. I am concerned that on a public health level if you mandate this vaccine it will really impact fertility, and that could be a very big problem.

REP. STEINBERG (136TH): Thank you, doctor. Thank you for your service on Fairfield’s RTM. I was chair of the Health and Human Services Committee on Westport’s RTM, so I know what you go through. You raised a subject that we have sort of talked about tangentially, which are the adjuvants. Do you have any knowledge about how vaccine makers choose the adjuvants that they -- they put into these?

DR. HANNAH GALE: Those -- there are -- I just I have a paper right by my seat on the -- the development of adjuvants since they first began developing vaccines. Aluminum was used almost exclusively for a very long time because it is so effective, but when the new genetically-modified vaccines began to be developed, hepatitis B was the
first one where they were able to program a plasmid to develop the antigen for the Hep B. That required a much stronger adjuvant as did -- as does this vaccine, and so that’s why they have been developing this lipid A adjuvant. It’s really the -- the -- and there are other ones that are being developed now. They have tried squalene, things that were oil -- oil emulsion in the past, and that had a side effect of narcolepsy, so it’s been an evolving thing, and it’s the more genetically programmed antigens that they develop, and these are of course intellectual properties, which have value to them, the stronger the adjuvants have to be, and that really may be why we’re seeing so many more injuries.

REP. STEINBERG (136TH): For that insight and I do agree with you that I think there are any number of chemicals we’ve introduced into our -- our bodies, our products, our environment that are contributory to infertility and a number of other things. It’s just that we don’t have any control over all these things anymore.

DR. HANNAH GALE: No, but we -- we -- you know, this vaccine makes sense for sex workers and people who are engaged in promiscuous lifestyles, and it -- you know, I would advise patients who are in those categories to get it, but it is -- there are dangers to it that are not fully represented by what the scientific community is even aware of.

REP. STEINBERG (136TH): Thank you. Other comments or questions? If not, thank you for your testimony. Thank you for your time. Next up is Arianna Fine [phonetic]. Sheila Diamond.
SHEILA DIAMOND: Good evening, distinguished members of the Public Health Committee. My name is Sheila Diamond, and I have a bachelor’s of science in nursing. I’m here to testify against HB-7199. The statement of purpose clearly states that it would require immunizations against meningococcal and HPV. I would like to point out some key points from the CDC regarding HPV. It’s the most common sexually transmitted infection in the United States, an estimated 79-million persons are infected, and an estimated 14-million new HPV infections occur annually. Over 120 HPV types have been classified into low and high risk categories, so we have 120 HPV types, but yet we can protect for only 9 -- a very small handful of them. Although the incident of infection is high, most infections resolve without treatment. Infection with a high risk HPV type is considered necessary for the development of cervical cancer, but by itself, is not sufficient to cause cancer because the vast majority of women with an HPV infection do not develop cancer. A small portion of infected persons become persistently infected and that infection, if left undetected and untreated, years or decades later can progress to cervical cancer, so I’m talking way down the line. And, the gold standard for detection of cervical cancer has been and continues to be PAP test screening on a regular basis. Now, if you break down the numbers, the risk of developing cervical cancer is .002 percent -- pretty low, and the vaccine was originally created to combat the spread of anal warts in homosexual men. Now, as you’ve heard, almost 60,000 Americans have suffered adverse effects as we have seen with Linny Henry as you saw this afternoon as well as Brianne Neal. I met her last week at the national hearing in Washington D.C.
[Bell].  I’ll summarize.  Her full testimony will be online shortly.  This page is long -- her personal story, and it parallels Linny’s pretty closely.  My last consideration is that if this is mandated any member on this committee that votes yes to it will inadvertently be responsible for deaths, debilities, and injuries of our Connecticut children.  So, to summarize, you can stop potential tragedies like Linny Henry and like Brianne Neal and like others who have spoken.  You have the power to say no, we are not going to mandate this, and that we will leave it up to the provider -- the healthcare provider and the patients to make that decision if this is a vaccine that is worth it for them.  Please do not make that decision for our children.

REP. STEINBERG (136TH):  Thank you.  Comments or questions?  If not, thank you for your testimony tonight and for your patience, particularly with the young ones.

SHEILA DIAMOND:  You’re welcome.

REP. STEINBERG (136TH):  Next up is Jessica Erickson Cadieu.

JESSICA ERICKSON CADIEU:  Welcome.  Good evening, esteemed members of the Public Health Committee.  Thank you for allowing me to testify on HB-7199.  My name is Jessica Cadieu.  I have a master’s in public health with a concentration in biostatistics and epidemiology.  I worked for ten years in the biotech and big pharma industry in which I managed their adverse event reporting system.  I’m also a mom to a 2-1/2-year-old daughter.  This bill makes the assumption that we can trust the vaccine schedule recommended by the CDC.  I want to share two examples
of why we should question this schedule instead of mandating more vaccines.

First, in 1986, by Congress ruling that pharmaceutical companies couldn’t be sued for vaccine injury those companies lost the economic incentive to make vaccines safer, so who monitors the vaccine safety then? Well, Congress placed this responsibility on Health and Human Services. There is a United States code entitled mandate for safer childhood vaccines, which obligates the HHS secretary to submit a report to Congress every two years detailing what improvements in vaccine safety were made. So, what improvements have been made? Well, we don’t know. In September of just this last year, RFK Jr. was able to provide that in 32 years ever since pharma was given economic immunity not once has the HHS submitted a report.

Secondly, as I’m sure you know, the CDC recommends that all pregnant women receive a flu and Tdap shot. The strange thing is that neither of these vaccines have ever been tested in clinical trials on pregnant women or are licensed for use in pregnant women. In fact, the manufacturers of these vaccines warrant against their use for pregnant women since safety has never been established. Now, the FDA regulations strictly prohibit pharmaceutical companies from marketing products for off-label use; yet, this is what the CDC is doing -- noncompliant companies are prosecuted criminally and civilly for this. Just last month after Freedom of Information Act was filed, also by RFK Jr., the FDA admitted they have no safety data to back up the CDCs off-licensed pregnancy recommendations. You may be thinking this must not be a big deal otherwise you would have heard about it in the news. Well, this
affects not just one pharmaceutical company but every single company that makes vaccines, and have you ever noticed that almost every commercial break has an ad for a drug. You probably see where I’m going with this. It’s not -- just not good for the network’s bottom line. Make no mistake, these are a big deal.

SENATOR ABRAMS (13TH): I’m going to ask you to sum up. Is that okay?

JESSICA ERICKSON CADIEU: Yes. In summary [Chuckled], given the major questions as to whether these governmental agencies are properly handling vaccine safety, I urge the committee to hold off on adding any new vaccine mandates. Thank you. I’ll accept any questions.

SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments from the committee? Thank you very much for your testimony.

JESSICA ERICKSON CADIEU: Thank you.

SENATOR ABRAMS (13TH): Jennifer Shafer.

JENNIFER SHAFER: Thank you. Oh, I had that recording. [Laughing]. I’m -- I’ve had recording here because we’re not being filmed today, so I was curious about that. Thank you for allowing me to testify today. I’m in opposition for House Bill 7199. My children are vaccine injured, and vaccine injury is real. To this date, there has been over $400-billion dollars paid out in vaccine injuries. That’s a pretty big number, so this isn’t just anecdotal evidence that vaccines cause harm to some. Vaccines are indemnified from lawsuit meaning that they can’t be sued, so you have the makers of Vioxx,
which is also the produces of Gardasil. Now, we all know that Vioxx was taken off the market. Right now, there are 33 -- since 1995, Merck has been sued 33 times. They have two -- they have a bunch of lawsuits actually on my iPad that’s filming ‘cause I finally got live on Facebook. They have open lawsuits right now with Vioxx for fraud for securities fraud. This is Merck -- the makers of Gardasil. So, is the public supposed to trust a vaccine manufacturer that profit from mandates? Is -- is the government supposed to trust you’re -- we are entrusted to you to watch over for us and our health and welfare, and we’re talking our children. We’ve been here all day. So, are we supposed to entrust that to Merck? Are we really? All these people that have been sitting here all day talking about injuries -- that young woman who sat in that wheelchair -- do you know that her mom had to treat her because she was having a seizure in this hearing that she had to sit and wait for? I would hope the committee might consider when someone handicap comes in to give them priority to testify first. So, I’m here today to say please oppose this. Merck and the makers of Gardasil and all pharmaceutical manufacturers are businesses, and if we look into these different businesses like Merck, the makers of Vioxx, we’ll see that there’s problems there. Look at the opioid epidemic. Purdue is being sued for billions of dollars. They’re going to go belly up. If they were indemnified, do you think that they would admit that there product caused this epidemic? So, I ask you to please vote no, and it’s -- it’s really hard to testify. I’m sorry I have to say this. I’m a mom, but you know, when people are talking to each other, it’s distracting when I’m talking. It’s really distracting me a lot that you
guys are talking while I’m -- you know, I’m not saying everybody is, and I understand we’ve all been here all day, so I commend you for sitting in this room. I’ve been here since 10 o’clock this morning. I’m also an independent journalist, and I was barred from that press conference today. I’m very upset that I was barred from that press conference. I produce a radio show on WESU that I’ve been producing for ten years, I’m a published writer, and I’m an independent journalist and write for myself right now, so that I was barred from that particular press conference this morning is very disturbing. I don’t understand why I was barred.

SENATOR ABRAMS (13TH): I just want you to know that this committee had nothing to do with the press conference -- [Crosstalk].

JENNIFER SHAFER: No, I -- I just would like you guys to know that that happened.

SENATOR ABRAMS (13TH): I don’t think -- [Crosstalk].

JENNIFER SHAFER: Because I just wanted to say that out there.

SENATOR ABRAMS (13TH): Okay.

JENNIFER SHAFER: Because that actually happened.

SENATOR ABRAMS (13TH): Okay.

JENNIFER SHAFER: Okay? So, that’s taking away an exemption if you guys pass a mandate that we won’t be able to use.

SENATOR ABRAMS (13TH): Okay.

JENNIFER SHAFER: Okay. Thank you.
SENATOR ABRAMS (13TH): Thank you. Are there any questions or comments? Thank you very much.

Jessica Guglielmo [Laughing]. You can tell me -- Guglielmo.

JESSICA GUGLIELMO: Hello, and thank you for having me. My name’s Jessica Guglielmo. I am a lifelong resident of Connecticut, born and raised, ten years in Meriden now, and grew up in Norwich. I, unfortunately, missed the civics portion of my high school education, so I’m just now getting involved because of all these vaccine things coming up. I have two young children, one of whom is getting ready for kindergarten, and we’re trying to decide what to do. I am very much against House Bill 7199, and I’m gonna try to stick to the facts. Quite simply, there’s no reason to alter the current vaccination requirements for children in school. HPV is not a threat in our high schools. The virus is not being passed between students in classrooms through sneezing the cafeteria or touching doorknobs in the bathroom. It is, for lack of a better term, ridiculous to require children to be vaccinated against a sexually transmitted disease in order to be allowed to attend class. The vaccines do not cover all strains of HPV, and even if a high schooler happens to contract one without being vaccinated, the vast majority of cases are self-limiting with no symptoms, let alone complications. In the remaining instances, HPV-related cancer has an average onset after the age of 50, leaving decades for students to decide to get the vaccine after doing their own due diligence. There is currently no peer review data supporting the assertion that the HPV vaccine prevents cancer at all. Even if the future data bears that out,
according to the American Cancer Society’s most recently available statistics on cancer in Connecticut consider this -- Connecticut has some of the highest cancer rates in the country. Out of approximately 6500 total estimated cancer deaths predicted for 2019 in our state, fewer than 600 will likely be related to HPV. That 600 includes 90 deaths from oropharyngeal cancers and just under 500 from colorectal cancer. As HPV is not the only cancer trigger, those numbers include cases that would not be prevented by the vaccine in the first place. Vaginal, vulvar, anal -- excuse me -- anal and penile cancers are so rare that they’re not even calculated on the list of top 20 most common cancers that I referred you to. Cervical cancer is listed but no total deaths are calculated. However, to give you an idea of the impact of those deaths, per hundred-thousand members of the Connecticut population, fewer than two will die of oropharyngeal cancer and cervical is listed well below that. Combined with the controversial nature and high rate of significant side effects potentially associated with the vaccines, it’s clear the state has more to gain by focusing on things that may have an effect on lung and bronchial cancers, which will account for an estimated 1440 deaths in 2019.

Very quickly, with regard to adding a meningococcal vaccine, high school seniors are not spreading meningococcus through casual contact in school either. It’s a concern for persons sharing close intimate quarters. It’s long been referred to as a dorm disease, rare overall, but most common on college students away from home for the first time, staying up all night, lowering their immunity.
SENATOR ABRAMS (13TH): I’m sorry. I’m gonna have to ask you to sum up please.

JESSICA GUGLIELMO: Yes. According to the CDC, outbreaks of the kind that occur in college campuses are rare. There were zero cases in Connecticut in 2017, a total of 34 over the last 10 years as you’ve heard. I would like to read a quote from the CDC regarding the meningococcal vaccine, “Data suggests the meningococcal conjugate vaccine provide protections to those vaccinated but do not provide protection to the large unvaccinated community through herd immunity.” A statement that clearly points out there is no greater good to be pursued here. In conclusion --

SENATOR ABRAMS (13TH): Thank you very much.

JESSICA GUGLIELMO: I implore you to reject this bill that will not benefit our state and its students, but will only serve to create more burden for parents, students, and administrators in enforcing new mandates.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments from the committee? Thank you for your testimony. Shannon -- I cannot read that. Can you read that name? [Off mic conversing]. Yes, thank you.

SHANNON GAMACHE: Thank you so much for hearing me this evening. It is 9 o’clock. I am so happy to see so many of you still here. I really appreciate it. please, disregard my submitted testimony. I thought that this vaccine was for the meningococcal meningitis B vaccine, which it is not. This is for the booster for the conjugate. [Clearing throat] Excuse me. So, I have to say first of all I oppose
bill 7199. The bill as written is actually incorrect. It says meningococcal virus. That does not exist, so there is -- meningitis is not a disease. Meningitis is a state of inflammation of the meninges of the brain, and it can be caused by -- [Clearing throat] -- a bacteria, a virus, lupus, fungus, head trauma, medications, heat exhaustion, or even vaccinations. It’s listed on many, many vaccinations including all of the meningitis vaccinations. They can cause meningitis. [Clearing throat] The meningitis conjugate is for ACWY bacteria. The meningitis B serogroup or Neisseria meningitidis, which with the young woman that was here this morning said that she was suffering from, only -- only caused death in six people in the United States per year. It’s extremely, extremely rare; however, per the CDC, they cite only one study on their website regarding bacteria meningitis from the New England Journal of Medicine 2011, Volume 364, 4100 cases a year in the United States, and only 500 deaths amongst all ages, not just college students; 4100 cases is 0.000125 percent chance of getting meningitis, 500 deaths is 0.00000152 percent dying from meningitis in this country. It is extremely rare to die from this. [Clearing throat] Pardon me. This mandate seeks to vaccinate 137,000 12th graders in order to prevent the miniscule possibility of -- of dying from meningitis, or if this -- if this mandate was to carry across the United States, that’s 4-million 12th graders across America, which equals a lot of guaranteed profits.

Pharmaceutical industries seek to mandate vaccines because they have a guaranteed market with school -- public school because your children are being held hostage by the education system. Most people, if
you want to send your kids to school, they tell you you have to vaccine them. Most people do not know about religious exemptions or they don’t have a personal religious belief actually against vaccinations but they have a thinking person philosophical, you know, opposition to the vaccination, which is not provided in Connecticut but provided in many states, so that should be available for people. And, just to add at the end, I am vaccine injured. I was injured by the hepatitis B vaccine when I worked at Day Kimball Hospital. I did not know that was a vaccine injury until a few years later when I had my son, and he had three vaccine injuries -- every single one of them. Told by my doctor it was a coincidence, had nothing to do with the vaccine, and those reactions included stopping breathing within 12 hours of vaccination of the Dtap. I did not have him get the eight vaccines that day, only those three, and then two months later when I said I wanted to wait, I wasn’t comfortable, he bullied me into two vaccines, and from those two vaccines, my son had seizures for five months, and he said to me, “Do you even know what a seizure is?” I said, “I have a BA in neuroscience, and I’ve worked in in-patient psych, and I’ve floated on floors in the hospital. Yeah, I know what a seizure is. I know what a lot of different kinds of seizures look like,” and so I was told I was a coincidence.

SENATOR ABRAMS (13TH): I’m sorry. I’m going to have to cut you off there.

SHANNON GAMACHE: I know.

SENATOR ABRAMS (13TH): Thank you.
SHANNON GAMACHE: I fired that doctor, and I never vaccinated my son again or my other two children. They’re extremely healthy. That’s all I have to say.

SENATOR ABRAMS (13TH): Any questions or comments? Thank you so much for your testimony.

SHANNON GAMACHE: Okay.


DR. HANNAH ROSENBLUM: Distinguished members of the Public Health Committee, I am Dr. Hannah Rosenblum, and internist and a pediatrician at Yale and St. Mary’s Hospitals. My patients are all ages from newborns to the elderly. I live in New Haven, and I’m here to testify about why I strongly support House Bill 7199. I regularly take care of patients with cancer, and my testimony focuses on my experience as a physician caring for patients and my passion for disease prevention. I’ll share one story with you today.

A young patient of mine -- let’s call her Joann -- was diagnosed with cancer in her mouth that was caused by human papilloma virus. I first met her when she was admitted to Smilow Cancer Center for debilitating jaw pain. The HPV positive tumor had started years prior in her sinus and nose and was not eroding into her sensitive facial bones. Multiple rounds of chemo, radiation, and surgeries left her with profound difficulty chewing and swallowing, not to mention constant pain and social anxiety due to disfigurement. Her speech was barely intelligible to her daughter who was faithful at her bedside day and night. She is considered lucky
because her malignancy hasn’t taken her life, but her suffering continues to this day.

What if there was a magic bullet to prevent her cancer and her suffering? The best we can do for cancers like breast, colon, and lung cancer is to screen, hope for early detection, and then treat aggressively. But, for Joann’s mouth cancer and all of the other HPV-associated cancers of the genitals, we have the magic bullet. We have a vaccine against cancer -- the HPV vaccine, which makes these cancers totally preventable. Legislators, your opportunity is now. We all know that vaccinations are the greatest lifesaving intervention in modern public health and medicine. We pediatricians are familiar with routinely protecting children against diseases that used to maim and kill them in the past. I’m talking about diphtheria, polio, tetanus, and measles -- diseases I have been lucky to not see in my medical career so far. HPV, however, is a widespread infectious disease of our time, and I wish for the next generation of physicians to not be so familiar with it and its cancers. We also know that vaccine administration is continuously under threat with junk science and fear mongering. This is so much so that in 2019, the World Health Organization named vaccine hesitancy as one of the top ten global threats to mankind, right alongside climate change and Ebola.

With my written testimony, you’ll find scientific studies in the world leading journals that support the safety, efficacy, and impact of this lifesaving immunization against HPV. On a final note, I’d like to emphasize this bill does not remove parental consent and decision making about children. As a pediatrician, I would never give a vaccine to a
child without informed parental consent. This bill simply makes concordant medical recommendations and school requirements. I speak today on behalf of a number of physician colleagues who are prominent -- I’ll wrap up -- oncologists, pediatricians, internists, surgeons, and gynecologists. They submitted their written testimony, but unfortunately, could not be here today due to clinical responsibilities. Legislators, let’s eradicate HPV. Thanks so much for your time, and I’m happy to answer any questions that you may have.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Representative Steinberg.

REP. STEINBERG (136TH): Thank you, doctor, for testifying today. You’ve heard a fair bit of testimony with regard to the use of adjuvants in a lot of these products. We’ve heard that some -- that there are different adjuvants even in the same vaccine depending upon dosage and the like. Are you aware of any efforts to eliminate the use of certain adjuvants that seem to be more problematic?

DR. HANNAH ROSENBLUM: I can speak specifically to aluminum and that is in many, many products, in foods, including there’s a really beautiful chart on the top of the Children’s Hospital (inaudible - 07:08:14) I can send you about how much aluminum is in a liter of infant formula compared to a vaccination, and it pales in comparison. I mean these vaccines are studied, and there is rigorous safety data. So, we’ve heard a lot about VAERS. We haven’t heard yet about CISA, which is the Clinical Immunization Safety -- I think -- Assessment tool that is also used, so all of the things get reported
in VAERS, which includes any concerns about adjuvants gets studies, and there is rigorous chart review and case review to determine if there’s actual causality, so that if a vaccine is deemed to be unsafe it can be removed from the market, and Gardasil is actually one of the most safe vaccines. It’s remarkably safe. Some of the papers that I attached in my testimony that you’ll find go through specifically -- there’s a nice trial out of Europe that has over a million patients, and they show no link between autoimmunity, neurological effects, cost, like a lot of the things we’ve heard about, and there are horrible things that have happened to children. I see it every single day, and children die, and it’s awful, but just because they get a vaccine at time point A, and then they pass away from something at time point B, that’s not how we prove things in medicine or in science, and I think that that sometimes gets really easily conflated, and as a pediatrician and a doctor, I understand how that is the most horrifying thing to a parent, and so I understand why everybody is here today testifying, but to me, you know, it’s really important for you as -- as folks that are examining the science and making decisions for the people of Connecticut to really examine the evidence and -- and make sense of all that you’re hearing and then looking at the sources and where they’re from.

REP. STEINBERG (136TH): As a pediatrician, have you ever been pressured to not recommend vaccination? I’m not sure I have the right negative there. I’m getting tired. Has an insurance company or any other body pressured you to not offer an individual a medical exemption because of predisposition?
DR. HANNAH ROSENBLUM: An insurance company? No. I mean I’ve had parents who have asked for exemptions, and I’ve granted them in lots of personal conversations. It’s a case-by-case conversation with the family. Does that answer your question?

REP. STEINBERG (136TH): Thank you. Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair, and thank you for testifying tonight. Yep. I was just curious. I asked a question earlier, and I just was wondering if you might have more insight on this. Are -- is there -- are there any other risks than the bump in the arm and nausea or other minor factors, are there potential risks with these vaccines?

DR. HANNAH ROSENBLUM: Yeah, so I think it’s -- so I think that with every medical intervention there are risks and benefits and safety profiles, and we think about this all the time in medicine. I do a lot more than just give vaccines, right? So, I think about this with any intervention treatment or drug I’m giving a patient. For the Gardasil and HPV vaccine in particular, the things that have been causally shown to be effects are -- are the pain around the site like you mentioned, syncope or passing out which goes away, and you know, that’s why we watch children in the office after they get it, and that’s really it, and so there really aren’t these -- these proven other things that are -- that are true side effects of Gardasil.

REP. MICHEL (146TH): So, you have never experienced a patient of yours having a major issue with a vaccine?
DR. HANNAH ROSENBLUM: I haven’t, yeah.

REP. MICHEL (146TH): Or come back to you with the idea that it might have been from the vaccine?

DR. HANNAH ROSENBLUM: Yeah.

REP. MICHEL (146TH): Okay. Thank you.

REP. STEINBERG (136TH): Candelora, followed by Senator Anwar.

REP. CANDELORA (86TH): Thank you, Mr. Chairman. Thank you for your testimony. One of the things I struggle with -- with the HPV vaccine in the way this bill is written is that we’re actually tying a medical procedure for -- into a student’s ability or right to get a public education. How do you feel about that, especially when we’re dealing with something, you know, that isn’t readily caught in a classroom like we would with, you know, potentially, meningitis?

DR. HANNAH ROSENBLUM: So, I hear what you’re saying about where the disease is transmitted. I think that if you look at the data around how school requirements work around the world, they’re a tool to make our population healthy and it’s a public health measure, and this is the Public Health Committee, right? So, you understand what I’m saying, and I -- I think that it’s not really about whether the child is going to contract HPV in that moment. It’s about protecting them from when they’re an adult and they’re at risk for all of these genital and oropharyngeal cancers, and -- and so it’s just putting the HPV vaccine on par with all of the other recommended childhood vaccines. Children aren’t usually contracting hepatitis B in school,
but we start in infancy because the studies show that they can build their immunity then and then be protected for life from liver cancer. It’s the same principle, so I don’t necessarily see the two are different in my mind. Does that answer your question?

REP. CANDELORA (86TH): Yeah, it does, and I -- I think that the difference here for me. I mean even, you know, hepatitis B I think I could debate why we even give that as a vaccine as well from -- from a general public health standpoint. Do -- do you know of any other states or any other countries that require the HPV vaccine in order to be in a school?

DR. HANNAH ROSENBLUM: Yeah, so Australia is a really beautiful example, and there’s a paper in my written testimony if you take a look, who have instituted as part of their requirements for children, and they’ve already shown decrease in genital warts and cervical dysplasia, and they’re actually talking about eliminating cervical cancer in like one generation, which is a miracle. Rhode Island has had great rates of uptake of the vaccine after they have it as a school requirement, and then Washington D.C. is the other one. Some of that data is available in my written testimony, and I can get you the numbers on some of the international data as well.

REP. MICHEL (146TH): And, so currently when you see patients -- you know as I’ve said before, I think a lot of parents still struggle with HPV and whether or not to provide that, and you had said yourself that you have respected parents’ wishes not to give that vaccine.

DR. HANNAH ROSENBLUM: Sure.
REP. MICHEL (146TH): And, I think from what I hear from testimony there are other ways to avoid the chance, and I think that conversation is good. What we’re potentially doing with this legislation is really shutting down that conversation because similar I think to any vaccines the people are -- are just gonna get it because it’s -- it’s another check-the-box requirement on education. It -- on the flip side of it is there is concern that people won’t think about necessarily the -- the -- the behavior that could lead to it, and what do you do with those individuals that -- that really don’t want to provide it, that are currently out there, and I think there’s a large population that’s still not there with HPV -- with HPV. They’re not gonna have the ability to opt out and have that discussion.

DR. HANNAH ROSENBLUM: So, I think there’s a couple of parts to your question. I think that for me as a pediatrician and not every office or practice is the same, but I think pretty much universally like we talk with parents about everything we’re doing to children before we do it whether it’s required by school or not, so it’s not that the school is dictating every single thing that we do and that because something’s school required and we have to sign the form, we don’t have a conversation. I mean we hand out the sheets about vaccination. We have a conversation about which are due at which time point. That doesn’t go away with this bill in my mind or in my practice.

I think in terms with I think what you’re eluding to is that some folks see HPV as like a sex vaccine and that it changes behavior of children or others, you know, when they start getting it. There’s a really
nice study in Pediatrics that I also included that shows that they studied 11 and 12-year-olds and into adolescence to look at their behavior, and they showed the children who got it and children who didn’t get the HPV vaccine, there was no difference in like earlier onset of sexual behavior in those kids, so it’s not as if kids feel like they have a greenlight to do something that they otherwise maybe wouldn’t have done, which I think is a real concern from parents and something that I’ve certainly been asked about. I mean I think what Dr. Niccolai said earlier rings true for me, that I often don’t spend a lot of time talking about how a disease is contracted if I’m already protecting a parent -- or a child from it. So, for example, with polio vaccine, I usually don’t tell parents that their child could get polio from ingesting some other child’s fecal matter in the sandbox so they better not put stuff in their mouth because I’m actually just more concerned with explaining why polio is so deadly and it’s so important and devastating, and why it’s important for them to get the polio vaccine in that moment. But, to your point, I certainly do discuss with -- with teenagers and others how HPV is transmitted, and I think you can talk about condom use and you can talk about other things, but the reality is that if you want your children to go on to have children, they are sometime going to maybe be exposed to HPV and that’s the reality, so like 90 percent of Americans are exposed at some point and using condoms or something like that isn’t going to necessarily protect them.

REP. CANDELORA (86TH): Right, right, and I understand that, and I guess that the flipside -- and I’m glad to hear that you have those
conversations with your parents and patients. My experience right now with my pediatrician is I’m not allowed in the room with my children, and these conversations occur with me even being there, and so it’s become a very -- especially with HPV, the dynamic has become very different, and as a parent, it’s almost an adversarial relationship the way it’s set up because you’re not seeing necessarily the parents and the children being brought in the room together to have that conversation. It’s the parents being segregated from the kids, and then the vaccine being given, and now as a state I’m looking at proposing -- you know, voting on legislation that’s gonna just perpetuate that, and I think that’s why we just see so much push back.

DR. HANNAH ROSENBLUM: Yeah, I mean I obviously can’t speak to your pediatrician’s practice, but in our office, we -- I speak with the child and parents. I always -- every 11 and older, I ask the parent to leave for a few minutes. I speak about sensitive things. The parent comes back in. we make our plan. Vaccines are not given. No procedures are done, like physical exam, nothing without the parent being there, and there’s very specific things in Connecticut law that adolescents can get without their parents’ consent, right? So, it’s things like mental health and substance abuse treatment and things that are not -- this bill would not change that either. So, that’s -- that would be my answer to that.

REP. CANDELORA (86TH): Yeah, I appreciate that. Thank you, Mr. Chairman.

REP. STEINBERG (136TH): Anwar, followed by Representative Hennessy.
SENATOR ANWAR (3RD): Thank you, Mr. Chair. Dr. Rosenblum, thank you for your testimony. Have you been a part of any clinical studies or -- or epidemiologic studies?

DR. HANNAH ROSENBLUM: No, not related to this.

SENATOR ANWAR (3RD): Okay. Have you looked at the package insert? So, my understanding is in a clinical trial when a clinical trial is going on -- and this is again from general studies that are done -- if in the case study, and the control arm, if anybody has death from any cause that gets reported?

DR. HANNAH ROSENBLUM: Correct. If God forbid somebody had an accident, it would get reported? They would have a cardiac arrest, it would get reported or whatever the causation is. Do the studies attribute that always do the control arm or -- or the case arm if the deaths are related? Is there a way to look at that in more depth?

DR. HANNAH ROSENBLUM: So, my understanding is that bodies like the CDC and CISA, and VAERS data is looked at to see if there’s like possibility of actual causality more than just you know --

SENATOR ANWAR (3RD): Right.

DR. HANNAH ROSENBLUM: And, I think some of the depth that I’ve looked into from the Gardasil specifically were things like car accident, arrhythmias, things that biologically don’t necessarily make sense to be from a vaccine and temporally doesn’t necessarily fit with clinical scenarios that would make sense in science, but I personally haven’t done the studies myself.
SENATOR ANWAR (3RD): Okay. And -- and what -- what happens in a study there’s a none universe whether it’s 100,000 or one-million people, but when something gets approved, that universe increases exponentially.

DR. HANNAH ROSENBLUM: Sure.

SENATOR ANWAR (3RD): And, then so arguably the -- the -- some of the side effects that are not necessarily identified in the studies may start to show up because the probability is much lower, so but because the universe or the sample sizes increase your -- your -- one may identify -- how did the perception -- and I’m just relaying the perception that I’ve heard, and this is the subjective part of what people are feeling is that if they have symptoms and they’re reporting it nobody is accepting that within the -- the -- the research institutions, if you will.

DR. HANNAH ROSENBLUM: Yeah, so I mean my understanding of those research institutions is that they do rigorously look at the data. There’s also ongoing studies of long-term effectiveness and long-term outcomes of HPV vaccine and one of those is also in my written testimony about, you know, after these 12 years what are the women’s serologies look like, what are the adverse outcomes that have been reported? In my larger sample sizes than the original studies were done and like you’re referring to, and my best understanding of those studies was that the vaccine still deemed to be extremely safe.

SENATOR ANWAR (3RD): Okay, and -- and -- and so if -- if -- is there a way to get updated information from government and academic institutions if -- if they’re seeing something in a broad --
DR. HANNAH ROSENBLUM: Yeah, so if you look at CISA, they actually partner with I think seven or eight major institutions, and all of that data is pooled, and so it’s all of the U.S. data together, and I can link to those numbers and email it to you guys.

SENATOR ANWAR (3RD): Okay, okay, and -- and you’re -- you’re a clinician?

DR. HANNAH ROSENBLUM: Yes.

SENATOR ANWAR (3RD): And, you have seen moms and --

DR. HANNAH ROSENBLUM: Yeah.

SENATOR ANWAR (3RD): And, maybe a father as well who have come with some concerns.

DR. HANNAH ROSENBLUM: Absolutely.

SENATOR ANWAR (3RD): So, you realize the tension that we have right now is that we have a policy, but we also have concerned consumers who are not trusting the established system, and there’s a -- there’s a disconnect that’s there.

DR. HANNAH ROSENBLUM: Yeah, I think it’s really challenging. I mean I think, you know, like if we don’t trust the CDC at baseline, then we can’t use any of the data and we can’t trust anything that they’re saying, but if we do trust some of what the government’s saying and we look at the raw data ourselves, then we have -- and we have confidence in our experts like our epidemiologist and our physicians who spend years and years of their career just working on this one virus and this one vaccine, then we can -- we can say that this is safe and effective, and so I -- I think that that tension exists if -- if one -- if you don’t believe in
experts and you don’t believe in science, and -- and understand random control trials and things like that. So, I’m not sure how to overcome that. I think on a personal level when I’m speaking with parents, it’s -- it’s that relationship, it’s that conversation, it’s really finding out what’s the concerning, you know, parts of the giving of the vaccine, and I think what you said earlier about all of us coming at this from wanting to make people healthy and keep children from getting things like head and neck cancer and genital cancer is really rings true for me, and I know for all the doctors that I work with.

SENATOR ANWAR (3RD): Yeah, again, this is -- I think the other challenge is that people are perceiving that their -- their right of making a choice is taken away and that cause insecurity and concern, and there is a combination of things that are happening. I’m trying to read between the lines or very clearly what the issues are, but you want to protect the children, there is data, there is data not only here but outside of the United States, but whenever something comes from the government, people -- and then from the state and from a policy, people do not like that in general, and I -- and then that adds to the -- the distrust within the established system, and -- and how do we navigate that?

I can give you an example and whatever it’s worth. A lot of my patients would say they don’t want to take flu shot, and about two or three years ago they said there’s a shortage of flu shots and you cannot get it. people were lined up for hours to get the flu shot because there was a shortage, and then this was the same group that was saying in the past that we don’t want the flu shot because it’s not fun to
have a live vaccine in your body, and it causes pain, but also immune reaction causes a little bit of fever, so but we have interesting important decisions to make, but your -- your testimony is gonna be helpful.

DR. HANNAH ROSENBLUM: Yeah, I mean I think it’s very emotional to make decisions for individuals and it’s -- it’s I agree the top down approach can be difficult, but I think looking at the big data and the evidence is also important, right, because that’s -- that’s how we look at populations. That’s how we keep people healthy, so my perspective is seeing people who have died of cancer and taking care of a woman with cervical cancer that should have never even developed in the first place, right, so it’s very hard --

SENATOR ANWAR (3RD): Yes.

DR. HANNAH ROSENBLUM: To --

SENATOR ANWAR (3RD): Yes, but your testimony is very helpful. Thank you so much.

DR. HANNAH ROSENBLUM: Sure.

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

REP. STEINBERG (136TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you, Mr. Chair. I’d just like to followup. Chairman asked you a question regarding questionable ingredients in vaccines, and in your response, I believe you talked about formula has aluminum --

DR. HANNAH ROSENBLUM: Aluminum.
REP. HENNESSY (127TH): Or mercury or something in it, which reminded me I heard of an example that a tuna sandwich has more mercury than what’s in a vaccine or less, whatever, but I think we’re conflating two different issues. If you ingest something, it goes through the elementary system, which is a completely separate system within the body, and it’s not really part of the body. It’s sequestered off, but when you puncture the skin and put it into the blood stream, the body then -- it’s completely different format. The body thinks whatever is in there is self, and therefore, accommodates it even if it is something like aluminum. Your comment?

DR. HANNAH ROSENBLUM: Well, the idea with any vaccine or immunization is actually that the body is identifying it as not self, right, so you give someone a little bit of a virus or a conjugate bacteria, and then the immune system learns what is non-self, so that if you actually get infected by HPV virus or any other disease that you might be vaccinated against, your immune system is ready to ramp up and make you not get sick, so I’ll just take issue with the concept of self. In terms of the adjuvants and the additives, I’m not an expert and haven’t looked at all of those studies myself. My understanding is that what is in vaccines today that we use is very safe and is also part of the study aid ingredients in all of these -- in all of these scientific studies.

REP. HENNESSY (127TH): Thank you. Thank you, Mr. Chair.

REP. STEINBERG (136TH): Representative Zupkus.

REP. ZUPKUS (89TH): Thank you, Mr. Chairman. Hi.
DR. HANNAH ROSENBLUM: Hi.

REP. ZUPKUS (89TH): Thank you for coming. A couple questions. Do you know what the law is for meningococcal? Like what’s the age? Because I’ve heard that like you get it and it only lasts for a certain period of time, and then the child has to get it again.

DR. HANNAH ROSENBLUM: Yeah, so there’s the first dose at age 11, and then there’s the second dose that we’re talking about that’s in the language of this proposed bill that’s in -- that would be given in high school that is usually given around 16-17. There are different strains, and there are different vaccine types that protect against the different strains, and -- and it’s not necessarily about -- it is about lasting, but it’s giving a booster to the immune system. Kind of like what I was saying before about recognizing non-self.

REP. ZUPKUS (89TH): So, why would -- because what I’ve heard tonight is that meningococcal is for like dorm living or you know, close living. Why would we give it to an 11-year-old?

DR. HANNAH ROSENBLUM: So, it’s the same reason that I’m arguing to give the HPV vaccine before sexual debut, so it’s like putting on a seatbelt before you get into a car accident, so it’s protecting yourself before you ever would have the exposure to said virus or bacteria.

REP. ZUPKUS (89TH): Okay.

DR. HANNAH ROSENBLUM: And, the studies are done in certain age groups, and so that also helps confirm when we know that it’s going to be efficacious or
not, so if it was studied in 11 to -- I don’t know the studies exactly off the top of my head, but whatever age group it was, then that’s how the recommendations are formed. They’re not just made up ages.

REP. ZUPKUS (89TH): Right.

DR. HANNAH ROSENBLUM: Yeah.

REP. ZUPKUS (89TH): So, and I appreciate the fact that you talk to parents because I’m a -- I’m a big advocate for parental rights, and so I appreciate that conversation that you have with them. Have you -- once a parent says, no I don’t want it, have you ever dismissed them or do you continue to see them in your practices?

DR. HANNAH ROSENBLUM: Yeah, that’s a great question. So, you know, I -- I -- my outpatient practice is at the Family Health Center in St. Mary’s, and I will say that the majority of parents that I -- children that I care for, the parents are usually pretty open to vaccination. I would say the flu shot is one of the exceptions where a lot of folks decline it for various reasons, and so while I’ve had lots of conversations, usually after several visits and knowing me and all of that, I can get parents to come around or we talk about what’s going on, and they think about it, they bring me some data, I talk about it with them. I have had a few patients who have refused to vaccinate any for their child, and we still see them in our practice, although I’m not the clinic director. That wouldn’t be something that would be up to me.
REP. ZUPKUS (89TH): Right, and then my last question, if you may, and I’ve just heard this all night, so you just happen to be the person --

DR. HANNAH ROSENBLUM: Sure.

REP. ZUPKUS (89TH): Or, I have to ask the question. So, I keep hearing this is not a mandate, it’s a requirement, right? What’s the difference?

DR. HANNAH ROSENBLUM: So, I’m not a lawyer.

REP. ZUPKUS (89TH): [Laughing].

DR. HANNAH ROSENBLUM: At all.

REP. ZUPKUS (89TH): It’s all right.

DR. HANNAH ROSENBLUM: Far from it. I mean my understanding is that it would be -- so if you look at the school form that doctor’s have to fill out for children in Connecticut, there’s a list of vaccinations and HPV already appears there, and so it would -- it would just put HPV on par with all the other vaccinations, but it wouldn’t change the fact that parents can opt out of getting this vaccination.

REP. ZUPKUS (89TH): Like any other one?

DR. HANNAH ROSENBLUM: Like any of the other ones, yeah.

REP. ZUPKUS (89TH): Thank you.

DR. HANNAH ROSENBLUM: Sure.

REP. STEINBERG (136TH): Representative Carpino.

REP. CARPINO (32ND): Thank you, Mr. Chairman. Just a question that was -- hopefully, you can add some information on. We heard earlier about parents
sometimes having their religious exemptions denied, and then it led us to some conversation about medical exemptions and them sometimes being denied by medical providers. We’ll start there. Can you shed some light on any experience you or colleagues have had denying a medical exemption?

DR. HANNAH ROSENBLUM: I mean I haven’t. I’ve filled out the form for parents before, and I haven’t actually asked them any details about their religious -- I haven’t asked to look at anything specific to approve anything. It’s more of just we have this conversation, I understand that this is their position, and I’ve signed the forms before. It’s not my favorite thing to sign. I believe children should be vaccinated, right, but I’m not gonna not give them my opinion, but it’s -- again, it’s their choice.

REP. CARPINO (32ND): Have you ever had a parent ask for a medical exemption and you had to decline to grant it?

DR. HANNAH ROSENBLUM: I have never declined. I’m trying to think if I have had patients that have had side effects from something like the flu before and have not wanted it, but flu usually isn’t required. Some daycares do, so I maybe signed that once or twice, but nothing memorable in terms of declining on my personal practice.

REP. CARPINO (32ND): Thank you. You’re just the one who happens to come up.

DR. HANNAH ROSENBLUM: That’s fine.

REP. CARPINO (32ND): Someone who could add their perspective. My last point though was there was
also some testimony that physicians might be afraid of granting some of these exemptions in the event that this law passes. Do you have any insight onto that?

DR. HANNAH ROSENBLUM: I mean I haven’t heard that in the -- in the discussions among doctors. I think that one thing that Dr. Niccolai brought up and that I do see and is in my written testimony is that physicians are hesitant to talk about some of the vaccinations that aren’t required for school, especially the HPV vaccine, because parents are kind of dismissive of it, and it ends up being more contingent than it should be, and so for me, the bill would actually make parents understand why it’s just as important as all of the other vaccinations and give the message that it’s actually just as important as all the other ones that their children are getting.

REP. CARPINO (32ND): I’m sorry. I’m gonna follow up, Mr. Chairman, with one more, if you don’t mind based on her response? So, am I following you correctly by saying that in the event that this bill passes and it becomes either a mandate or a requirement regardless of whichever term you might use, you’re saying that it would -- I guess I’m not understanding how you think that’s gonna change the conversation with the parent? Because as a parent myself when I deal with my pediatrician, their medical opinion I would hope would be more important regardless of whether it is a mandate or it is a strongly suggested because of the health of the child should come before the adjuvant we’re using for the vaccine.
DR. HANNAH ROSENBLUM: Yeah, sure. I guess what I’m trying to say is as a younger physician the HPV vaccine is something I got when I was younger, and it’s been in my practice and in my medical school training, and it’s always been around, but some of the pediatricians that are -- or family physicians that are older than me who maybe didn’t necessarily grow up with it as part of their practice are likely offering it but maybe aren’t as familiar with it, and it’s not necessarily on their radar, and if parents aren’t asking about it, I think a lot of children are slipping through the cracks for that reason, and I just meant that HPV being on par with the other vaccines brings it into everybody’s purview a little bit more clearly.

REP. ZUPKUS (89TH): Sure.

REP. STEINBERG (136TH): Thank you. Thank you for your patience and your patience, doctor.

DR. HANNAH ROSENBLUM: Thank you very much.

REP. STEINBERG (136TH): Next up is Megan Belval.

MEGAN BELVAL: Good evening, committee members. My name is Megan Belval, and I ask that you please vote no on HB-7199, and before I get into my prepared testimony, I just would like to say that I’d love to see the data that the -- show that the HPV vaccine is the safest vaccine out there or one of the safest that the doctor just testified to because my research is much different than that, and you know, there are -- the trial doctor in the HPV trials was quoted as saying, “Serious reactions are 1 in every 500 girls, and in over 10 years, there’s been 55,000 serious reactions reported. We have a reporting system called VAERS, and so -- and that only
captures about 1 to 10 percent of the actual adverse events ‘cause many people don’t even notice or connect the adverse events to these vaccines, especially the HPV until years later. One of the adverse events is infertility, and they don’t even know, so I -- I beg to differ with that information, and I’d love to see that information.

So, I’d also like to say the fact that this bill is even brought to the floor shows that there is a gross lack of education about these vaccines and these diseases. I’m an attorney and a mother of three children, and while I am not a medical doctor, I have had years of training on how to thoroughly research. I worked at FDA for seven years, and then worked as a corporate attorney for two multinational corporations that sold FDA -- that still sell FDA-regulated products. I know how to think critically and take a deep dive into the details. I also know how to use my common sense and to keep an open mind when I encounter new ideas. I would not be here today if I did not take the time to research vaccines after my three children suffered serious vaccine injury. The majority of medical doctors are not doing the research that I and the other parents here are -- have done. They do not get training on the safety of vaccines in medical school. They do not get training -- they’re trained to accept the mantra that vaccines are safe and effective and not to look further. This blind faith about the safety of a pharmaceutical product that is injected into our children has had yet a devastating impact on our society and especially our children, and at the same time, there is a growing number of doctors who have studied the vaccine safety and who are therefore against vaccine mandates. Physicians for Informed
Consent is one such group, and I hope that you will review the information on their website.

So, most of my -- I guess my time is up. Is that already? [Laughing] Okay. I’ll -- I’ll just conclude here. I just ask that you all please be open-minded and be curious, and use your critical thinking and your common sense, and please research as we all have. This is a very serious issue, and if you mandate a product like this, we will have many more health problems with our teens and our children. Thank you.

REP. STEINBERG (136TH): Thank you. We have an abundance of research information with which to go through.

MEGAN BELVAL: [Laughing].

REP. STEINBERG (136TH): Any other comments or questions? Representative Kennedy.

REP. KENNEDY (119TH): Thank you, Mr. Chairman, and thank you for your patience. It’s been a very long night -- day. So, you had mentioned all the research that you do. Could you just provide where that research comes from? Is it legal research, is it Logic Health that you’re using?

MEGAN BELVAL: It’s medical studies, scientific studies. I review the -- I review all the ingredients in each vaccine and whether they’re carcinogenic or you know, the side effects. I research -- I am always, you know, since my children were vaccine injured, I have spent the last ten years recovering them, and you know, fortunately, I mean we’ve spent a lot of our retirement savings recovering them, and now, they are doing very well,
but because I was able to spend all day every day researching this, I was able to recover them, and they are now thriving, okay, but if I had done nothing, they would have IEPs and be full of food allergies, and you know, not be able to play sports and be bedridden as they once were, okay, so I research by research the science. I listen to whistleblowers because the CDC has one that has come forward and says that the autism study that all of the doctor’s are relying on to say that vaccines don’t cause autism, he has come out and provided 10,000 documents to Congress, but he’s not being called to talk about this because they are captured by the pharmaceutical industry. So, there is a lot of information out there, and it is not conspiracy theory, okay. I am smart enough to know what a conspiracy theory is, so no, my research is not -- I’m just not, you know, reading the headlines, and that’s the problem. Everyone is reading the headlines about how measles is so dangerous. Guess what? I bet most of your parents and grandparents all had measles, okay, and they survived. It was a right of passage. Everyone had measles, and now they’re finding -- the research that I’ve seen -- measles is protective later in life against cancer. It’s protective against heart disease. It is now there has been a study showing that the measles virus can reduce tumors. I just read that recently, so I am always researching. I am reading. I read the information on the physicians from Informed Consent. I read RFK Jr. He’s very prominent democratic lawyer who’s a democrat who spends, you know, fighting big corporations for years, and now he has come to fight the vaccine makers ‘cause he has seen they are following to stay in playbook as the cigarettes and roundup, okay, so it’s all out
there. You just have to read -- go beyond the headlines. So, I read the studies themselves. I have books and books. I have read the book by Suzanne Humphries. She’s a medical doctor who wrote the definitive history of vaccination and the diseases. And, do you know why? I know why, and she explains why people died in the 1800s from measles. It was because there was no sanitation. There was no -- you know, there’s no nutrition in the late 1800s, and if you look, I mean here’s -- here’s the mortality rate.

REP. KENNEDY (119TH): Thank you. I have your testimony right in front of me.

MEGAN BELVAL: Okay.

REP. KENNEDY (119TH): I do appreciate your diligence and your research.

MEGAN BELVAL: Yeah.

REP. KENNEDY (119TH): I didn’t see any references in your --

MEGAN BELVAL: Yes, so I would be happy to supply --

REP. KENNEDY (119TH): I really appreciate it though.

MEGAN BELVAL: References. Here’s the mortality rates that shows when the measles vaccine was introduced. Look at the death rate. Here and here. The measles vaccine was introduced when the death rate was virtually zero.

REP. KENNEDY (119TH): I appreciate that.

MEGAN BELVAL: Okay -- [Crosstalk].
REP. KENNEDY (119TH): Thank you, and thank you, Mr. Chairman.

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

MEGAN BELVAL: Thank you.

REP. STEINBERG (136TH): Moving to Nancy Dean. She’s gone. Monica Szymonik.

MONICA SZYMONIK: All right. Good evening. I believe I’m last, so you can all go home after this.

REP. STEINBERG (136TH): Only so [Laughing].

MONICA SZYMONIK: Okay. So, I’m -- I am a mother of a vaccine-injured son who will be entering into the workforce in a few years, a workforce that’s not prepared for him, and my son is part of the autism tsunami that started in the mid-2000s, and I’m gravely concerned with yet more vaccines potentially being added to our schedule. The last thing that this generation needs is more vaccines. We -- these little bodies cannot process the influx of aluminum, you know, formaldehyde, all the -- all the substances. We are not designed -- we don’t have an immune system to handle these chemicals. We have immune systems to handle bacteria, viruses, fungi, not -- we don’t have an immune system for formaldehyde or red monkey kidney. We don’t have immune systems designed to deal with that assault, so this vaccine mandate, if it does pass, it’s just gonna add yet more -- more trauma to my -- to my son, and it -- we’re very scared. We’re a very scared population of parents.
And, just to kind of correct something that came from the young lady who testified -- the pediatrician. The aluminum that we ingest in our food, you know, you wrap something in aluminum container, take it to work, your sandwich, that is not -- that is not a nanoparticle form of aluminum. The nanoparticle aluminum is present in our vaccines. In addition to the polysorbate 80 in conjunction with nanoparticle aluminum, that opens up the blood-brain barrier, and that aluminum is what gets into our brains. You don’t find nanoparticle aluminum in Reynolds wrap. So, it’s just clearly a total entire animal. It’s a whole different animal, and so it’s dangerous that somebody in the medical community would not really know that, especially if they’re treating young babies, 6 pounds, you know. Completely unacceptable that we would even be -- be putting anything into our children that have aluminum in it. Just because there’s not a lot of mercury anymore, doesn’t mean that vaccines are safe. Again, this -- this -- this education -- this economy is going to suffer with all these kids entering the workforce, you know, injured and not being able to even join the military. Does that leave our borders open for attack?

And, I’m just gonna close the coat by president -- well, she didn’t become president -- but Jill Stein when she was running for presidency. She said, “A population can’t grow and thrive when you’re devouring it’s youngest generation.” So, I’m just gonna close with that. Thank you.

REP. STEINBERG (136TH): Thank you. Any questions or comments? Thank you for your testimony.
MONICA SZYMONIK: Thank you.

REP. STEINBERG (136TH): Next up is Denise Lusitani.

DENISE LUSITANI: Good evening. I apologize ahead of time. I’m -- I’m pretty tired, but I thank you for giving me this chance to speak. I had a couple of comments I wanted to make before I got into my testimony. Actually, well just one. There’s scientific data available that shows very clearly that 100 percent of injected aluminum is absorbed into your body, 1 percent -- okay, there’s a range -- but 1 percent and it’s somewhere in the middle of that of orally ingested aluminum is absorbed into your body, so there’s a big difference there. These amounts -- that’s 100 times almost different, okay, so I am opposing HB-7199 for both the meningococcal bacteria and the HPV virus or HPV. These aren’t -- these aren’t communicable diseases. They have -- they’re not gonna get transmitted in the classroom. They shouldn’t be mandated in order to attend a classroom. I feel like vaccination policy can typically follow like very simple thought process versus a very complex one, okay, and it is complex. We’re consistently overestimating the benefit versus -- and underestimating the risks. I’ve heard it many times here today. It feels good. We’re gonna prevent cancer, isn’t that great. Maybe that’s not true, okay. There hasn’t been enough focus on something that as a scientist I just sit around thinking about when I hear about these vaccines. When I thought of something, I researched it, and what I found out is that there is over 140 strains of the HPV virus. There’s over -- up to 40, I believe, that are sexually transmitted, so if we vaccinate against 9 and those go away, what happens? HPV isn’t gone. There is still 31 more HPV viruses
that can be sexually transmitted, so is a virus that’s gonna be -- become more dominant now because a reservoir has been opened up, okay, is it gonna cause more cancer, is it gonna cause it sooner? We do not know that. We don’t know, okay. The same thing holds for -- and I have some -- some studies listed in my testimony. If you have questions about that, I have more references. I just want to finish up by saying the same thing holds for meningococcal. We -- this vaccine doesn’t cover all the serotypes. Australia has data that shows as soon as they get rid of one another one becomes prominent. Is it gonna cause worse disease? Maybe, okay. Is another bacteria gonna take that place? There’s a lot of bacteria in this world. We’re not getting rid of them all.

REP. STEINBERG (136TH): Thank you, and I would argue that we eat a lot of bacteria to live.

DENISE LUSITANI: I would also.

REP. STEINBERG (136TH): That’s another whole subject. Yes, any questions or comments? If not, thank you for your testimony tonight.

DENISE LUSITANI: Thank you.

REP. STEINBERG (136TH): Next up is Andrea Herlth.

ANDREA HERLTH: Sorry about the chair. I’ve never done this before. I was very nervous when I came here today. I feel like we’re family now [Laughter]. It’s been -- I have no problem. I was going to read. I’m not going to read. You have my testimony. I did provide written testimony for 858. I am Andrea Herlth from Higganum. Thank you for having me, Madam Chairman and Public Health
Committee. I did go to Staples. You can tell I’m really green, and printed pictures of my daughter and attached it to my testimony. I thought I needed to bring all that even though I supplied it online because I did want you to have the face, and I was going to talk about her, but what I think I need to talk about because you’ve all read the 858 testimony, and you have my testimony, is I need to start by we -- my family has always been pro-vaccine, and my daughter’s had everything, and I had HPV -- the virus, and I was very concerned about her. Her pediatrician started at 11 years old and I said no, it’s too new. I want to wait, so I waited until she was 15, and then I took her, and she got the first Gardasil. I wish if I could take that back I would. I hear people talking tonight -- the doctors about how wonderful the HPV vaccine was. Well, I trusted all these people. We always have. My daughter is one of the injured. She is -- you have the whole list of everything she has -- postural orthostatic tachycardia. She has -- everything she has is autoimmune. She has also lost her eyesight. She also has gotten Ehlers-Danlos, not caused by Gardasil, but expressed because of Gardasil. What I hear all the doctors talking about how this cures cancer, but I don’t hear anyone acknowledging the injured, and there’s plenty of them around the world. We need to do something for them. We need to acknowledge that they exist. From Gardasil 9 insert, they quote -- I hope I can finish. I have never been here before. It won’t be long -- 2.3 percent. That doesn’t sound like much but 2300 out of 100,000 is a lot of injured. What I would like to see and the few points I would like to make. My daughter’s life is not an anecdote and it’s not a story. My daughter’s life is a reality,
and we have lived it every day for the past five years. We have gone to medical professional after medical professional, and if you mention the word Gardasil, it’s like you said Lyme. You have four heads, and we have been told -- disrespected and told and many are with this -- I have it here -- that it’s conversion disorder. This is in your head. One eye professional went as far to say she was faking her blindness for a gain. What gain? She wants to drive. She is 20, going on 21 in two months. There is no gain. I have no gain here. I am opposed to this going forward because I do believe this is a parental right, and I made the choice for my daughter. I just did not know enough about this. Had I waited and watched Katie Couric -- her show -- and saw Emily Tarsell -- who is in the book HPV Vaccine on Trial -- she lost her daughter. Had I see just that show would have been enough for me not to have my daughter get the HPV vaccine. I would have been all over it like I have been for the last five years. Their show got called. Katie Couric the next day had to retract the interview, say she didn’t provide both sides, and then her show was off the air. Emily Tarsell lost her daughter and has just one appealed in vaccine court and won that the arrhythmia that she developed after Gardasil was what she died from.

I would like to present and I didn’t copy these. I did with my previous testimony for 858, give you resources. I didn’t this time, but I would like before your science day, to get some scientific articles -- medical articles to you about the autonomic dysfunction and HPV immunization. It’s an immunity issue. There’s a susceptible population out there, and that’s what I think is what you --
the injured are, susceptible for many factors. Some of them have autoantibodies in their -- that they have harboring that proves this is autoimmune in nature, not neurogenic. It is autoimmune. I had to send my daughters blood to Germany to cell trend where the only place that runs the test. She came back as many of the injured with all these muscarinic and androgenic autoantibody receptors. There’s something here. This is the latest science that they’re looking into to try to -- this is November 27, 2018, so this is the latest and the greatest.

And, just one last thing in conclusion about Jennifer Robi and her lawsuit with Merck and Kaiser. It’s not on the injury. Jennifer Robi lost in vaccine court. It -- her parents have the resources to take this further, and it’s all about the deceit and the fraud. That’s where this is stemming, so I’d like the people to remember the injured. I hope you don’t mandate this. There’s just too much uncertainty to mandate this. You know, when you have a vaccine --

REP. STEINBERG (136TH): I’m gonna have to ask you to conclude.

ANDREA HERLTH: Sure. You’re on your own. We are not the same family we were five years ago, so there -- you know -- you need help. You need a taskforce to fix this. Thank you.

REP. STEINBERG (136TH): Thank you. Representative Candelora.

ANDREA HERLTH: Any questions?
REP. CANDELORA (86TH): Thank you. I had a quick question on this. How did you think there was a correlation between the HPV vaccine and the injury as a parent?

ANDREA HERLTH: As a parent, I know my child pretty well, but she did okay with the first shot. The second shot she was sick within five days. The autonomic -- I didn’t know even the word autonomic dysfunction at the time, but I guess that’s what it was. The vertigo and the nausea that has not left her until today started then, and then things began to not make much sense. She was a singer in school in the choir, and she kept complaining to us that standing up under the hot lights she felt like she was going to faint. Well, that was the autonomic dysfunction, so what we did when we finally went to a doctor -- a neurologist -- and she has been diagnosed by a board-certified neurologist -- we did a backwards timeline of all the strange events and medical things that were happening to her, and it stopped with the second HPV vaccine, and she temporarily, she within five days, the first reports of things that weren’t right. Her eyes became to get blurry. They progressed to being unstable. She is legally blind now. It -- it’s just amazing. We did hold backwards timeline just trying to figure it out, and that’s what it came up with.

REP. CANDELORA (86TH): I do appreciate you taking the time. I mean I just think as much as we hear from the science, you know, we’re also struggling with the opioid crisis, and we were told that that drug was fine and it was prescribed on a wide-scale basis and the legislature had to try and reign that in so doctor’s don’t prescribe it so readily, so as much as I know doctors you know have the oath to do
no harm, we -- we just don’t know completely, so I appreciate you giving that perspective because I think this is a big mandate, a big leap that we’re potentially seeking.

ANDREA HERLTH: It is. It is, and that’s why I’m here today. I don’t have any other children. I have no gain. I just want going forward to really consider what the ramifications of this are.

REP. CANDELORA (86TH): Thank you.

ANDREA HERLTH: And, just on the mercury -- aluminum. It’s a proprietary aluminum, and I don’t believe they even have the papers on file with the CDC what’s their aluminum content.

REP. CANDELORA (86TH): Thank you.

ANDREA HERLTH: Thank you.

REP. STEINBERG (136TH): Representative Petit.

REP. PETIT (22ND): Thank you, Mr. Chairman. Thank you for your testimony. That was really very well stated, and well --

ANDREA HERLTH: Thank you.

REP. PETIT (22ND): Discussed. I think your -- I think your point that other people have been that way -- that there may be vulnerable subpopulations, especially with autoimmune and autonomic dysfunction. It makes a lot of sense, but the hard part clearly for researchers and people going forward is how do you try to start those people out a priori and pull them from the pool so that you don’t render them susceptible to what vaccine or any kind of medication or intervention you may do.
ANDREA HERLTH: Right.

REP. PETIT (22ND): So, I think it’s a point well taken. I really appreciate the time and effort you put into it.

ANDREA HERLTH: No, thank you so much. Now, can you tell me how do I send you like the paper I have with the -- about the autoimmunity? Those are the things you need to see. Do I send it to PH where I submitted my testimony or do I send it to the chair?

REP. STEINBERG (136TH): If you could when you’re done testifying talk to our clerks. They will help you find a way to send it to us electronically if it exists in that form.

ANDREA HERLTH: Okay. Thank you so much, and goodnight. I hope everyone sleeps okay. [Laughing].

REP. STEINBERG (136TH): If we get a chance.

ANDREA HERLTH: Thank you.


MATT AMIS: Hello, Madam and Mr. Chair and members of the committee. Thank you for the opportunity to speak. My name is Matt Amos, from Stamford. I’m here to oppose this bill. Bear with me, this is my first rodeo, so I’m gonna go a little off script, so I think it’s easier to get lost in a lot of the stuff that gets thrown around with this debate as there is all this talk of you know science that shows this, science shows that, but I want to zero in on one very fundamental thing, which is that -- that the purpose of real science is to ask the right
question, and I think when it comes to vaccine science it invariably and very conspicuously asks the wrong questions. This is how you have -- for example -- every single vaccine on the current childhood schedule saves the one fraudulent study of the HPV vaccine has never been tested against an inert placebo. I mean this is a failure of basic science here. I mean doing this effectively obscures any safety issues. It would be -- [Clearing throat] -- it’s essentially tobacco science. You know, you might as well prove that Marlboro’s are safe by comparing Marlboro smokers to Camel smokers, and you know, this is how you get ironic situations where HPV is being mandated because it, you know, as a speculative cure for cancer; yet, it’s never actually been tested for any cancer-causes itself. Additionally, all of the vaccines on the schedule -- all of the vaccines being mandated by this bill have never been tested on pregnant women. They have set up post-marketing surveillance systems in pregnant women, but in effect, what you have here is an ongoing human experiment, a de facto human experience that has no informed consent, which is relevant here when you’re giving this to girls in the 12th grade who you know can become pregnant.

And, lastly, I just want to say that there’s a lot of talk of safety, and I think that safety is a huge concern with vaccination, but I also think that the right to make your own decision should never be predicated on safety because once -- once you really look at this information, it become clear that perception and definition of safety are open to mistakes, scientific mistakes, they’re open to deception, and they’re open to censorship, and
rights are not conditional and therefore, should not be predicated on something that can change over time. Thank you.

REP. STEINBERG (136TH): Thank you. Questions or comments? Representative.

REP. MICHEL (146TH): Well, we might see each other on the road later. Thank you for coming from Stamford. I’m Representative from Stamford, and I just wanted to comment that I think that trying to be the most detailed that about 98 percent of the emails I received from Stamford are against 7199.

REP. STEINBERG (136TH): Okay.

REP. MICHEL (146TH): I just wanted to mention that, and thank you for coming, again, and spending the whole day with us.

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

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

REP. STEINBERG (136TH): Any other questions or comments? No? Thank you for our testimony. Next is -- I’m having problems reading this one. Pamela Zerck [phonetic] -- something along that line.

PAULA ZWICK: Paula. [Laughing].

REP. STEINBERG (136TH): Well, you have very lovely handwriting. It’s just hard to decipher.

PAULA ZWICK: Sorry. Good evening. My name is Paula Zwick. I’m from Colchester, Connecticut. I am here with one of your anecdotal stories tonight. It’s my son’s story. I’ve been struggling with this for four years. At age 11, I brought him to his pediatrician for his annual physical, and I was told
that they now recommend the HPV vaccine for boys. Didn’t really know much about it, didn’t even know they offered it for boys, didn’t know why. He didn’t say much, I didn’t get a handout, he didn’t give me any information. He said, it’s a good thing. He could be a carrier and never know it. I had HPV when I was young. I didn’t want to have him be any part of that. I’m ashamed to say that I agreed to have my son vaccinated. I regret it, and I will regret it for my life. Moments after he had the vaccine, he had the same reaction that we’ve heard. He passed out. He had syncope -- whatever you want to call it. I caught him from falling off the table and hitting his head. The doctor had already turned around to put notes in his computer. Doctor turned when I caught him, helped me lay him back down, and said, this happens with this vaccine. I didn’t know that. I didn’t do my research ahead of time. That’s on me. He had two other vaccines that day that he did not pass out from, that he did not have to lay there until he woke up with jerking movements and eyes so dark because his pupils were huge.

From the time we got this vaccine on the evening of January 25, 2015, my son has suffered with headaches, chronic fatigue, nausea, rashes, difficulty breathing, difficulty with his vision and motor tasks. I’m a therapist in the school systems. I see kids with both physical and mental disabilities. I see struggles. I never thought a vaccine could do this. My son had all his other vaccines. Basically, from -- from this until I sought out other help, I went back to my pediatrician multiple times -- [Bell] -- I’ll sum up in just a minute -- and the doctors he had referred
me to. It wasn’t until I sought help from a more homeopathic physician, and they asked me to review the medical chart with him. I got his chart from his doctor to find out my doctor had never even reported any of this even though over five months I called him, I complained, I got referrals to see other doctors. I couldn’t go to see other doctors without referrals. He told me my son needed to see a psychiatrist. With help from these other physicians, a lot of time, four years, my son, Austin I returning to the person he was. I am a lucky one. He is a lucky one. A lot of others aren’t that lucky. Basically, I am here to say is that I have to live with this regret and this decision that I hope this committee makes the right decision, and that you don’t have to live with choices of seeing more children injured or harmed by this vaccine. It’s not safe. Thank you.

REP. STEINBERG (136TH): That’s a very heartwrenching story. Comments or questions? If not, thank you for your testimony and for your patience.

PAULA ZWICK: Thank you.

REP. STEINBERG (136TH): Next up -- I’m having problems again -- Jodi Moore, maybe? I’m not sure. So, I didn’t offend anybody because she’s not here. Okay.

JODI BROWN: Is it Jodi Brown?

REP. STEINBERG (136TH): Could be.

JODI BROWN: I’m Jodi Brown.

REP. STEINBERG (136TH): Okay, let’s -- let’s go with that then. [Laughter].
JODI BROWN: It’s the real deal. I’m here from Sherman, Connecticut to talk about my daughter. Her name is Ryan, and she had the vaccine in 2007, which would have been the second year that they were giving the vaccine, and she just turned 30 years old. She has probably seen 50 physicians, and has had approximately 40 different diagnoses; if you can imagine that? And, the majority of them are autoimmune. She is fully vaccinated and never had a problem until this vaccine. I didn’t even know she was having them. She was a senior in high school and taking care of her own health as far as going to see the gynecologist, and she thought she was making the right choices, and how we found out years later was that no so long ago, maybe a year and a half ago, an osteopath said, you know, Ryan, I think it’s Gardasil because I have a 17-year-old who just had the shot and she’s just like you -- just so much like you. And, this passing out thing as Andrea had mentioned this orthostatic, which is -- she’s been diagnosed with POTS where basically she would stand up and pass out or nearly pass out, and this has occurred for 12 years, until recently we have spent $10,000-dollars with a functional neurologist here in Connecticut to help put a lot of those symptoms in remission. She doesn’t work. She can’t complete college. She has been back out of college for another 2-1/2 years. She really doesn’t have a life. She’s in doctor’s appointments and therapies, and if I sat here and gave you the list of how she’s been affected, your eyes would roll back in your head, and people when I talk to them I think they must think I’m crazy. How can someone have so much wrong? And, I mean I wouldn’t wish this on any family. I’m out there talking to people all the time. I talk to so many injured girls that I come
across and can’t believe it, and the burden on us financially, the travel that we’ve done to Pennsylvania and to New York City, to the finest doctors, and thank God for us we have the financial means to do this, and I worry or those who don’t because they don’t have the same kind of access as we do because it’s the naturopaths and it’s the functional medicine doctors that are helping us try to recover her health, and I wish we could say we were even 90 percent, but we’re not, so that’s -- that’s what I’m here to testify to, and I hope that you just don’t go forward with this. Please don’t. [Crying]. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Comments or questions? If not, thank you for coming here and sharing your story with us.

JODI BROWN: [Crying] Okay.

REP. STEINBERG (136TH): Next up is Joan Ackley.

JOAN ACKLEY: Good evening, everyone. My name’s Joan Ackley. I live in Waterbury. Thank you for the opportunity to speak. I’m hearing support of HB-7199. I’m here today too to share my daughter’s story. Her name’s Kristin. My older daughter, Kristin, was the first of 13 grandchildren. She was the valedictorian of her high school. She graduated magna cum laude from Drew University in New Jersey. She received her Master’s in social work from Columbia University. She later became a licensed clinical social worker and had her own practice for children and families. She was also an adjunct professor at Seton Hall University. Kristin was the last person that you would ever expect to get cancer. She ate a healthy organic diet with no pork or beef, exercises regularly, never smoked, drank
only socially. She had only one sexual partner in her life, but yet, she was diagnosed with base-of-tongue HPV stage 4 cancer at the age of 31. Kristin did not get the HPV vaccine as it had only come out in June 2006 when she was 24. Her sister, two years younger, had the vaccine series and is doing fine. Over the next four years, Kristin had five surgeries, chemo and radiation. She participated in seven clinical trials. Unfortunately, the cancer spread to her lungs, left ribs, spleen, around to her back and her spinal cord. She started having trouble walking, and by the fall of 2017, her lower body was completely paralyzed. Over the four years, she endured severe pain, urinary retention, constipation, fatigue, forgetfulness, irritability, even a bed sore. By the end of October 2017, the cancer progressed up her spine and infected her breathing, swallowing, and speech. She suffered several grand mal seizures before finally passing away in early November 2017.

The public needs to be educated that HPV is a virus that nearly everyone will get in their lifetime and many but not all will recover from. The vaccine’s ability to prevent cancer needs to be emphasized. Due to the stigma of HPV as an STD, top doctors tend not to push for vaccination, and parents don’t request it. My daughter believed the vaccine should be included in the routine required immunization schedule instead of as a separate vaccine to be discussed. Follow up needs to occur to ensure both boys and girls return for their second injection. PCPs, OB/GYNs, ENTs, and dentist especially need to be trained to recognize and test for HPV. Where an HPV cancer is caught and treated early, the patient has a much better chance of long-term survival.
Kristin’s dream was for HPV cancers to be wiped out. Please don’t let anymore young people suffer and die as she did. With your help, I hope we can eradicate this total preventable disease and make her dream come true. Please feel free to share her story to help achieve that goal. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. You know, we’re hearing really difficult stories whether you are for or against. This is very difficult for us all to hear, so thank you for your testimony. Are there any other questions or comments? If not, thank you for your testimony tonight. Next, is Elissa Diamond Fields.

DR. ELISSA DIAMOND FIELDS: Would it be okay, Chairman, if she videos? Oh, that’s okay [Laughing]. Okay. [Off mic conversing]. Thank you so much. It’s been a long day. [Laughing]. Good afternoon, committee chairs and committee members. Thank you so much for the long haul that you guys are doing quite often. Every hearing that I’ve witnessed you guys have been here quite late. So, I am Dr. Elissa Diamond Fields. I am a family chiropractic physician coming up on 20 years here in Connecticut, and I have a lot of patients in my practice who consume vaccines in very difficult ways. I have many families who follow the CDC schedule, I have many families who selectively vaccinate, and I also have many families who don’t vaccinate at all. In the last group, there is also a part of that group who have one or two children vaccinated and had suffered some issues and then stopped vaccinating the other children, so I do feel like I come to this conversation from a unique perspective. I don’t have (inaudible - 08:17:55) child, but I do see -- I do see the story from all
the sides, and I have a lot of friends in the medical community, and we really grapple with this topic frequently. We go back and forth quite a bit, and you know one of the things -- there are so many things you guys have talked about today, and I actually went completely off of my testimony because I didn’t want to reiterate stuff that was already said.

I do want to talk about -- I do want to talk about the CDC situation. You know, we are in this bill you’re bringing together two very, very different illnesses -- infection -- different vaccines, and this is something that really bothers me with this conversation in general. You know, every single medical product, every single vaccine is a completely different conversation. You cannot group them together in one conversation. You have all of these bacterial vaccines like the meningococccals, which don’t prevent transmission. There is nothing to do with herd immunity in those conversations because they live in our airways and 10 to 20 percent of healthy individuals can be colonizing meningococcal at any time. If you have a healthy immune system, more often than likely, it will not cross into the blood and become invasive disease. It obviously happens rarely. You know, even I have a patient who’s an ER doctor, and she was shocked that we were even mandating the meningococcal because they don’t even recommend that for ER doctors, right, so -- sorry. Okay.

So, I want to talk about also. I wanted to go back to the CDC. [Bell]. Oh, God, already? Really? Oh, no. All right. I’ll summarize for my testimony then. Vaccines are powerful immune stimulators. They are designed to elicit a strong immune
response. We’re not talking about a little bit of saline and a little bit of attenuated virus. We’re talking about powerful drug that’s supposed to really elicit not only a strong response but a response that’s made to persist, so you know, in my growing up had this amount of vaccines. I think I had eight total, and today, by the first year, we recommend 27, by the age of 18, we recommend 53, so adding another vaccine to our Connecticut recommendation, you know, this is a lot for a body to handle, and when we hear about all these stories -- and actually, you know, you guys talk quite a bit about anecdotes, you know, we have 43 compensated injuries from HPV. That’s not anecdotal. Those are compensated. There was proof given in order to have these cases be compensated, and you heard from Dr. Lee today who was an expert witness on one of those compensated cases.

So, I will just close with like all medical products, they are all separate discussions. There must be critical need to consider adding more requirements, particularly as we’re seeing threats to the exemption within this legislature, not this committee right now. Passing this legislation is essentially serving out children’s bodies up for Merck, Glaxo, and Pfizer. Please use the greatest care with this recommendation and certainly with turning it into a mandate. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. Comments or questions? Representative Zupkus.

REP. ZUPKUS (89TH): Thank you. Thank you, Mr. Chair. Thank you for coming. Is that in your testimony -- that list of 57?
DR. ELISSA DIAMOND FIELDS: It’s not, but I have them here.

REP. ZUPKUS (89TH): You have it here? Because I’d like --

DR. ELISSA DIAMOND FIELDS: The CDC --

REP. ZUPKUS (89TH): One of those.

DR. ELISSA DIAMOND FIELDS: Yeah. I have a bunch of them.

REP. ZUPKUS (89TH): What really makes me nervous is what’s gonna happen in five years?

DR. ELISSA DIAMOND FIELDS: Right.

REP. ZUPKUS (89TH): Is there going to be 150?

DR. ELISSA DIAMOND FIELDS: Well, I think there’s about 250 currently in clinical trials, and really, you know, when we log product liability, you know, that’s when started ramping up research and development. This didn’t start happening until 1989 or 1990, right, when that law went into effect, and really all of these things came onto the schedule for high-risk groups. Meningococcal came on for high risk groups, so did pneumococcal, so did several hep A, hep B, and because they wanted to -- I’m sorry. The companies lobbied the FDA, lobbied the FDA, lobbied the FDA to expand their indications to grow their market. You know, when I was growing up and I had these eight vaccines, there were not tons of people around me dying of infectious disease. If we look at the leading cause of death in our country then and now, infectious disease doesn’t make the list. Influenza and pneumonia, yes, but none of these other diseases; yet, we see
medical error as the third leading cause of death, so we really need to be judicial in how we -- judicious in how we you know not promote but coheres these products.

REP. ZUPKUS (89TH): Right. Well, thank you. I would like a copy of that.

DR. ELISSA DIAMOND FIELDS: Yeah, I would love to give you one. Thank you so much.

REP. STEINBERG (136TH): Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chairman. I have two questions for you. Maybe I’ll just give you the two questions.

DR. ELISSA DIAMOND FIELDS: Sure.

REP. MICHEL (146TH): First one would be who is at risk of -- and I’m going to try to say that properly -- meningococcal --

DR. ELISSA DIAMOND FIELDS: Meningococcal.

REP. MICHEL (146TH): Thank you -- disease? And, then the other question would be vaccines are recommended by the CDC, doesn’t that mean it is the best standard of practice?

DR. ELISSA DIAMOND FIELDS: Okay, so the meningococcal to my understanding and according to the CDC, those at risk of someone has immunocompromise, HIV, if they don’t have a spleen, and then we also know that college freshman are considered a risk group as well and like some other people had mentioned before that’s not surprising because what do we do as college freshman -- we’re not sleeping, we’re eating poorly, we’re drinking alcohol, and our immune systems are not probably as
stellar as they would be, so really, I believe it’s an immune system issue, and I believe the same thing for HPV because we know that 90 percent or so of people who will contract HPV will clear on their own, so why does one clear and why does one not? We know those risk factors, smoking, and other things that depress immune function, so you know, really -- and I think that speaks to a bigger issue which is you know what are we focusing on, right? It’s just like fight to eradicate disease, and you know is -- is infectious disease truly the ban of society that we’re making it out to be, and we have, you know, so many of these vaccines when we’re talking about risks versus benefits have treatment, have you know different prevalence, different risk factors, so it’s just a completely separate conversation.

And, then as far as the CDC schedule being the standard of care I will go back to what I was going to say in my testimony, which is from 2002 to 2009, the CDC director, Julie Gerberding, completely restricted the CDC and really created tentacles into every health department, and -- and in a beneficial way got vaccination rates up throughout the country, but it really turned the CDC into this PR, you know, thing. So, Julie Gerberding brought the industry up by billions of dollars while she was at the CDC, and she left to become president of Merck Vaccines, so you know, the conflict of interest is very deep and insidious, and I know it’s an issue because people who are experts in the field have to, you know, have to be in government positions because they’re so knowledgeable, so it’s this very difficult inextricable conflict that exists, and I think that with vaccines because there is so much fear of disease we really will -- I think that a lot of
times the CDC will gloss over issues to protect uptake, and I think that a lot of doctors in general will look at the protection of uptakes first over some of these other issues. Oh, sorry.

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

REP. STEINBERG (136TH): Representative Hennessy, followed by Senator Anwar.

REP. HENNESSY (127TH): Thank you. How is risk versus benefit different for each vaccine and infection type?

DR. ELISSA DIAMOND FIELDS: Well, I think we kind of talked --

REP. HENNESSY (127TH): Okay.

DR. ELISSA DIAMOND FIELDS: About that a little bit already, yeah.

REP. HENNESSY (127TH): How would this bill have fiscal impact as you mentioned?

DR. ELISSA DIAMOND FIELDS: Oh, that’s a good question. Okay, so I did read Commissioner Pino’s testimony, and it was very interesting because he was actually against this bill. Apparently, you know, since there is no reporting going from the high school currently, this would be a big thing to start producing from the high school, so for 9th grade to 12th grade reporting, you would have this administrative impact at the high school. I do also know that the state right now is purchasing HPV vaccines for the past two years. I believe the budget passed in 2017 with $9.5-million dollars to purchase them, and I believe we also purchased about
$8-million dollars of meningococcal vaccines. These do not affect our regular budget because they’re paid through an insurance fund that filters down to our -- to our insurance premiums, so while it does appear there’s not going to be a fiscal impact, to mandate these vaccines, there certainly would be at the high school level.

REP. HENNESSY (127TH): Thank you, and my last question, I had asked earlier. Maybe you might have some insight. Why was 7th grade meningococcal recommendations found to be inadequate?

DR. ELISSA DIAMOND FIELDS: Yeah, so that actually that is a very excellent question, and I did research this back two years ago when the meningococcal bill came up then, and according to the ACIP CDC update in 2010 -- so, they originally gave the 7th grade recommendation back in I thin ’05, and the thought was that they could strengthen the preadolescent vaccination platform where we give meningococcal, Tdap, and HPV. They want to create this preadolescent platform, and so they thought that it would last through the risk period, which is the college freshman age, and what they found after five years was that it was not lasting, that the meningococcal vaccine does wane pretty quickly, and so kids were having outbreaks that had been vaccinated in 7th grade, so when they -- in this update, they said, well, we could have just moved the recommendation to 12th grade or we can add a booster -- let’s just add a booster, and so we still have this 7th grade recommendation even though there is no risk group.

REP. HENNESSY (127TH): Thank you, Elissa. Thank you, Mr. Chair.
DR. ELISSA DIAMOND FIELDS: Thank you so much.

REP. STEINBERG (136TH): Senator Anwar’s question was answered. Any other questions or comments? If not, thank you for your testimony tonight.

DR. ELISSA DIAMOND FIELDS: Thank you very much. Have a good evening.


ROSS KRISTAL: Good evening, everyone. My name is Ross Kristal and I live in New Haven, Connecticut. I’m a board-certified internal medicine physician, I’m the chief medical resident for the Yale Primary Care Residency Program, and I’m a clinical instructor in the Department of Internal Medicine at the Yale University School of Medicine, so what I’m most proud of is that I’m a clinician. I’m an internist who takes care of patients in the primary care setting as well as patients who are admitted into the hospital. I’m here today because I do not want any of my patients or future patients to have any complications related to the HPV infection, and thus, I’m here today to testify in support of HB-7199. As a physician, I have consoled my patients paralyzed with the concern they might have cervical cancer because of a positive HPV test on their PAP smear. Also, had to live with the fact that many of my patients -- not many, some of my patients have had positive HPV tests on their PAP smears and are lost to followup because many of my patients in their socioeconomic status, they don’t have the same phone number all the time, and they don’t regularly return for a follow-up visit, and therefore, it’s unknown what will happen to them. I’ve also cared
for patients admitted to the hospital with head and neck cancer. In fact, in medical school, one of the first, a very memorable patient of mine, had head and neck cancer, and it was the first patient I ever had a frank conversation with about that. These are a few instances that could have very likely been prevented with the HPV vaccine. As has already been said multiple times tonight, the HPV is the most commonly sexually transmitted infection in the United States and high-risk strains of HPV cause cancer, including cervical cancer, head and neck cancer, anal cancer, penile cancer, vaginal cancer as well. In the United States, there are over 43,000 HPV-related cancer diagnosed each year. There is no treatment for HPV once someone has been infected, and therefore, prevention is key. It is a fact that the HPV vaccines are highly efficacious for preventing HPV, and this is the first step that leads to an HPV-related cancer.

Based on this information, nearly all major medical organizations, not only in the U.S. but in the world recommend this vaccination series for both boys and girls. Now, as a clinician, I get asked all the time about if I should get this vaccine or not, if it’s safe or not, and frequently, I have to answer these questions. As it’s already been mentioned today, HPV is a more controversial vaccination, so I’ve done research to look up on this, so I can best inform my patients. I’m happy to talk about that in the questions. I’ve also looked at the VAERS information because of what my patients’ concerns are, and I think it’s just worth noting again that these are reports or stories from what’s happened, and that these are investigated, and despite the investigations, scientists have found no evidence to
support a causal relationship between the HPV vaccine and the reported events. I know it’s getting late, and I’m past my time, so I’m happy to take any questions. Thank you again.

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

SENATOR ANWAR (3RD): Thank you, Mr. Chair. Hi, Dr. Kristal. Good to see you.

DR. ROSS KRISTAL: Good seeing you.

SENATOR ANWAR (3RD): I wanted to ask you can you touch on the racial disparities and HPV and the cancers? I think that’s a part of the conversation we have not had tonight yet.

DR. ROSS KRISTAL: Do you mind specifying?

SENATOR ANWAR (3RD): Are there certain communities more impacted than the others?

DR. ROSS KRISTAL: So, that’s not information that I know about. What I do know is that in certain communities access to medical care and regular followup does differ amongst communities, and as I mentioned earlier, for some of the patients that I take care of, regular followup is not consistently done.

SENATOR ANWAR (3RD): Right. And, as I was reading some of this, I -- I think the minority communities in our state and all other places actually have a higher risk of HPV and then also subsequent complication, and then the meningococcal infections are also a little bit more common in some of the communities that are living in -- more people living in smaller homes. There’s a higher risk and then
because of the dropout base transmission for that, so that’s -- that’s something to be kept in perspective as well as in our conversation, but thank you for your testimony. Thank you.

DR. ROSS KRISTAL: Thank you.

REP. STEINBERG (136TH): Other questions or comments? No. Thank you for your testimony tonight.

DR. ROSS KRISTAL: Thank you.

REP. STEINBERG (136TH): Next, is Madden Rowell.

DR. MADDEN ROWELL: Hi, good evening, and thank you for hearing our testimony. I’m testifying in support of HB-7199. My name is Madden Rowell. I’m also an internal medicine doctor at Yale New Haven Hospital, and I regularly take care of patients with HPV-related cancers, and I would like to tell you about a patient that inspired me to advocate for the making the HPV vaccine opt-out.

So, Mrs. R. was 74-year-old when a mass on her tonsil was discovered by one of her doctors. She was soon diagnosed with HPV-related tonsillar cancer, and underwent chemotherapy and radiation. The radiation irritated the lining of her mouth and esophagus so much that she could not bear to swallow, and she was becoming dehydrated and malnourished. She had to be admitted to the hospital, which is where I met her. Ms. R. was incredibly friendly and always asked me how I was doing even though she was the one who was sick. I found myself circling back to her room at the end of a long day just to chat. Almost daily, she would lament to me that she had never smoked or drank
alcohol, and that she could not understand how she had gotten this terrible cancer when she had lived such a healthy life. Mrs. R. had a feeding tube placed in her stomach to get nutrition. The feeding tube got infected, and she never left the hospital. After four months of complication after complication, she eventually decided to transition to comfort care. She passed away after enduring four months of constant pain, procedures, and in her words “torture”, but you don’t need me or Mrs. R. to tell you that cancer is cruel. Cancer touches all of our lives. We spent billions of dollars on cancer research and celebrate the discovery of new treatments no matter how toxic they may be, and yet, here we have a vaccine, a simple elegant, and safe solution. A vaccine that can prevent this horrible disfiguring and often fatal cancers without suffering and only half of our children are receiving it. This vaccine has the potential to eliminate HPV-related cancers, but we have to increase the vaccination rates to 80 percent to do so. Requiring vaccinations for school entry is our most effective tool for reaching this number and reaching vulnerable children who are missing their checkups, and therefore, missing their vaccinations.

In Rhode Island where the HPV vaccination is required for school entry, vaccination rates have reached 78 percent compared to 58 percent in Connecticut. Is it fair that a child in Connecticut will grow up with a higher chance of getting cancer than a child in Rhode Island? The power of changing HPV vaccination from opt-out to opt-in is clear. And, I’ll stop there.

REP. STEINBERG (136TH): Thank you for your testimony. Senator Anwar.
SENATOR ANWAR (3RD): Thank you, Mr. Chair. Thank you, Madden, for your testimony. Describe to me what you understand with opt-out.

DR. MADDEN ROWELL: So, our understanding is that HPV would become equivalent to all the other vaccinations that are required for school entry in Connecticut, so parents still retain the option to pursue a medical or a religious exemption just like they have been for any other vaccination, and I think the important point is you know HPV vaccination is relatively new. It’s 12 years old, so we have lots of good safety data, but it just its time to make it part of the school regimen and without legislation will never do that, and the -- the current school schedule just pre-existed the actual existence of the vaccine, so now, it’s time to catch up and acknowledge the importance of this vaccination and just put it on par with all the other vaccinations that we have acknowledged as being incredibly important. You know it is a public health measure to ask children before they enter school, and we need to take advantage of that ability so that we can, you know, truly consider eliminating HPV-related cancers, and you know, as a young doctor, I’m here at 10 p.m. because this excites me, because we too often see patients who die from cancer, and it’s probably the most difficult part of our job is asking ourselves why, and I think we cannot take lightly the opportunity to actually prevent cancer. It’s a brand new thing, so we have to do it.

SENATOR ANWAR (3RD): Sure. so, if the family -- if the parents have the option of opting out, that does not necessarily mean it’s being mandated? And, I think that’s part of the difficult conversation we
are having is that if the parents can say for one reason or the other that there is an opportunity to opt-out, that may not necessarily mean that they are going to be required or mandated to have the -- or the children would be mandated to have the vaccine.

DR. MADDEN ROWELL: I agree. Yeah, I think, you know, there’s a lot of behavioral psychologist who studied opt-in versus opt-out. It’s something that we talk about a lot also with transplant. You know, if everyone was an organ donor and you had to opt-out, there would be a lot more organs available. This is a big body of literature, and I think something that we need to acknowledge, respect, and take advantage of, and really who we’re trying to catch is not people who don’t want that HPV vaccination -- absolutely not. We’re trying to catch the people who miss their appointments, live in rural areas, have poor access to health. The same people that we’re able to catch just by asking them before they walk through school, so it’s an effective tool, and we need to use it.

SENATOR ANWAR (3RD): Thank you so much for your testimony. It does help me quite a bit, so thanks for staying back until 10:40.

DR. MADDEN ROWELL: Thank you.

SENATOR ANWAR (3RD): Thank you.


SENATOR SOMERS (18TH): Yes, thank you for your testimony, and thank you for staying as late as you have. I’m sure you’re very busy. I would wonder or ask if you could give us a specific example. If I was someone who came into your office with my -- I’m
gong to say 12-year-old daughter, and I did not have a religious exemption and I did not have a medical exemption. Under this current law, would you sign the authorization that I do not have to get the HPV vaccine for my child? If I personally choose that that’s not what I want. How would you handle that?

DR. MADDEN ROWELL: Well, I just want to clarify that I take care of adult patients, so I’m not a pediatrician, so I haven’t actually had that situation, but you know, it’s my understanding also hearing from Dr. Rosenblum that we do not force vaccinations on anyone, and there are steps you can go through to obtain the exemption, so I -- I don’t actually participate in that process, so I don’t want to misspeak, but I have no knowledge of people being forced to have vaccinations.

SENATOR SOMERS (18TH): So, if I could just followup? Is -- maybe I shouldn’t ask you this, I should ask a pediatrician. So, is it your opinion that a pediatrician -- if you didn’t really have a medical exemption and you didn’t have a religious exemption -- that a pediatrician would not go it forward with a vaccine that the parent did not want for their child?

DR. MADDEN ROWELL: Well, the -- right, so the pediatricians aren’t allowed to give -- do any procedures without consent from the parent.

SENATOR SOMERS (18TH): I think we’re all struggling with we’re saying it’s not a mandate, but if you don’t fall into those two categories, what is the -- what is the box that you can check for a parent just saying, I’m the parent, I don’t want the vaccine. That does not seem to exist. That’s I think what -- I know that we’re struggling with here on this side.
It's either a mandate or it's not a mandate, and if it's a mandate with two exceptions, if you don't fall into those two exceptions, in order for you to go to school, you have to have it, so I think that's what we're struggling with. And, I mean I understand the health benefits and we've heard a lot today pros and cons. You either really like the vaccine or you really don't like the vaccine, and I think it's -- that's a big struggle for some of us here. We're not saying it's a mandate, but in reality, it is if you don't fall into those two categories, so I'm not -- I'm just throwing that out there. This is not directed at you personally.

DR. MADDEN ROWELL: No, I -- yeah, I -- [Crosstalk] -- definitely appreciate that, definitely appreciate that.

SENATOR SOMERS (18TH): Thank you.

REP. STEINBERG (136TH): Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you for your testimony tonight, and sticking with us all day. I just have a couple of questions -- some questions. I did a little bit of research. I'm not gonna mention Google 'cause I seem to be a little out of order recently, but I went to the judicial watch website, and I'm looking at the -- a bunch of claims that were submitted to the Health and Human Services, and a lot of cases of supposed to be injury from the vaccine were compensated, including deaths -- death cases, so I'm trying to -- I'm having a problem putting all this together because I've asked a couple of physician earlier if there were any risks related that are outside of having a a bump or having -- oh, I can't recall the term again, but you mentioned the term earlier.
DR. MADDEN ROWELL: Syncope.

REP. MICHEL (146TH): Thank you. Vasovagal, and so I’m having a hard time. I’m reading just on government website that people were compensated for people who died from having been vaccinated for HPV, so can you help me see more clearly through this because it’s kind of disturbing?

DR. MADDEN ROWELL: Absolutely, yes.

REP. MICHEL (146TH): Thank you.

DR. MADDEN ROWELL: I’m actually glad you brought that up. So, I think there’s a really important distinction between being compensated and there being a science to support cause and effect, so often times, in these lawsuits, you know, that sometimes there’s settlements, sometimes there’s just a jury needs to be convinced, a jury that’s not, you know, medical experts. What I’ll say for the safety that has been studied by the CDC and their vaccine reporting systems of which there are three -- since 2006, over 100-million doses of HPV vaccine have been administered in the U.S., and these every report that has become a pattern has been investigated by this and not found to have cause and effect, so, I’ll give you an example. There were $2-million studied case -- vaccines studied for a case of Guillain-Barre, which is a neurologic disorder that can happen after the flu vaccine, and there was only one confirmed case of Guillain-Barre out of 2-million doses. Out of 60-million doses of Gardasil, there were two physician diagnosed reports of premature ovarian insufficiency, which has been referenced today, and there were no pattern found to -- to suggest that the vaccine was the cause, so I think, you know,
these are very, very complex scientific questions, and I don’t refute the fact that this is scary, and that you know anything that is unknown is scary. I -- I absolutely understand that, but I think we have to be rigorous in our understanding of the information we have and the body that we trust to protect us such as the CDC, and -- and that’s what I would urge you to do is really look at those resources.

REP. MICHEL (146TH): And, I appreciate that, and I’m still struggling with the fact that somebody would be compensated hundreds of thousands of dollars for the three -- so on the HRSA dot gov website, and they -- they mentioned the -- the (inaudible - 08:46:16) injury or condition covered under the HPV vaccine, and it of course mentioned anaphylaxis, shoulder injury related to vaccine administration, and vasovagal syncope, so I’m struggling with the fact that somebody would be compensated hundreds of thousands of dollars for one of those three, but I guess I’ll stop it at that. This is more of a comment than a question. I -- I’m -- it’s still not clear to me. I’m -- this is a difficult subject to cover.

DR. MADDEN ROWELL: Yeah, I think you’ll find that -- yeah, medical legal cases are incredibly complex and highly refuted, so.

REP. MICHEL (146TH): Yep, thank you.

DR. MADDEN ROWELL: Thank you.

REP. MICHEL (146TH): All right. Thank you. Have a good night. Sorry, I mean -- I guess you get to go home soon. [Laughing].
DR. MADDEN ROWELL: Thank you all very much.

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

SENATOR ABRAMS (13TH): Representative Hennessy.

REP. HENNESSY (127TH): Thank you. Thank you. Since we’re speaking of vaccines, I’d like to know your training in vaccines? The background?

DR. MADDEN ROWELL: I’m an internal medicine doctor. I -- I don’t have specific training in creating vaccines. I’m a doctor.

REP. HENNESSY (127TH): Okay. Thank you.

SENATOR ABRAMS (13TH): Any other questions or comments? Thank you very much for your testimony.

DR. MADDEN ROWELL: Thank you.

SENATOR ABRAMS (13TH): Tricia Robinson. Is Tricia Robinson here? Okay. Go to Isabelle Menozi [phonetic]. [Off mic conversing]. Okay, we’ll move on and if you can get her. Tanya Majumder. Great, thank you.

DR. TANYA MAJUMDER: All right. Let’s do this. So, my name is Dr. Tanya Majumder. I’m a physician at Yale New Haven Hospital, and I am speaking in support of HB-7199. I am speaking on behalf of many doctors and public health experts and patients who could not be here today because they are treating patients including patients with cancer. You can see their written testimony on the website. As a primary care physician, I treat many women, I see there are many women in this room right now. I assume that many of you have gotten PAP smears before. I spend a lot of time discussing PAP smears. I talk to them -- my women about when they
need to get one, why they need to get one, and remind them have you made that appointment to get one? After performing a PAP smear, I call my patients with their results. I sometimes have to tell the patients that their PAP smear came back positive for HPV or something called cervical dysplasia, which is a precursor to cervical cancer. I try to help them understand as they worry what this means. I send them to get specialized testing, which can take weeks to get in and weeks to come back, and it leaves both of us with fear about what will happen. The answer might be that they need more invasive testing or surgery, which could impact their well-being, their physical health, and their ability to have children. This is a story that every single primary care doctor in the state of Connecticut can tell you. I don’t want this to keep happening, especially since we have a way to prevent it, and that’s the HPV vaccine. Many people have been asking today why do we need to change this to an opt-out requirement rather than keeping it the way it is? I’d like to address this question with several points.

First, as it’s been previously mentioned, all of the CDCs other vaccine recommendations for children are opt-out at this time except for the HPV vaccine and the meningococcal disease vaccine. Adding these vaccines would complete the recommendations. If you look at the childhood immunizations form requirement that’s on the DPH website, you see these glaring gaps. HB-7199 signals the importance of these vaccinations relative to other vaccinations. Making these vaccines opt out shift the default for vaccination. It does not change that any parent who did not want their child to get vaccinated would be
able to decline. It allows for parents who did not know about the vaccine and would like their child to have the vaccine to be able to get it.

And, lastly, school-based vaccine policies are not just used for school-based outbreaks, but have been historically used as tools to promote individual and community health. These vaccines would be no different. These are the policies that keep us safe. This is public health. I encourage you to -- to support HB-7199. I am happy to take questions.

SENATOR ABRAMS (13TH): Thank you very much. Are there any questions or comments? Representative Candelora.

REP. CANDELORA (86TH): Thank you, Madam Chair, and thank you for your testimony. You know, often times, we have had bills in the -- in this committee dealing with the opt-out provisions. I think just last year we had a dental exam provision that had an opt-out where school-based health centers and schools could provide that service, and parents could opt out if they don’t want that dental exam, but this bill is written differently. I think Senator Somers had pointed to the issue. The opt-out procedures for vaccines are very different in the state of Connecticut. We have a very narrow window, and I think that is what we’re struggling with. This isn’t -- if we pass this as is, the parents do not have the ability just to decline HPV or prevent it. We would be tying somebody’s ability to get a public education with getting this vaccine, and I guess we -- would you support a more broader conversation about giving parents access to be able to say, I don’t want to give my child this vaccine right now?
DR. TANYA MAJUMDER: So, I think first to speak to the exemption requirements, I believe that you have the medical and religious exemptions. Here in Connecticut currently the religious exemption category is quite broad. I -- you know, I think that -- and like Rosenblum said, again, I am not a pediatrician, but right now, we do not give anything without parental consent at this point in time.

REP. CANDELORA (86TH): And, I appreciate that, but so for my situation, I’m a practicing catholic and my kids are catholic. Our religion does not prohibit us from getting vaccinations. We’ve made the decision to forestall giving our children the HPV vaccine. Under this bill, I really don’t have the ability to insert a religious reason for it because my religion doesn’t prohibit me.

DR. TANYA MAJUMDER: So, I think this bill would work in the same way in terms of exemption that all the other vaccinations that are currently opt-out by the state of Connecticut would be. I don’t think that this bill would currently change any of those previously prescribed policies.

REP. CANDELORA (86TH): And, I think that’s what we’re struggling with ‘cause the -- the only opt-out -- like I said, the only opt-out is for a religious exemption or a medical, so if my child doesn’t show any adversity to vaccines, I can’t claim the medical. If I’m not practicing a religion that is contrary to vaccines, I can’t assert that exemption, so as a parent if I choose to delay giving the vaccine to my children, I mean under this mandate we would have to give it by 9th grade. If I know my child is not sexually active -- we’ve had this conversation, and she or he would like to have that
vaccine in 12th grade, that option won’t be there. We would either have to unenroll them from the public school system and put them into private school so they could delay that. Do you understand the problem?

DR. TANYA MAJUMDER: I think I’m understanding your point. I think for me where I’m a little often -- and to be fair, it’s been a very long day for all of us, is I’m trying to figure out how this would be different than other vaccination policies that have been previously in the state of Connecticut that have been currently done for all of our other childhood vaccinations.

REP. CANDELORA (86TH): I appreciate that, and I think part of this committee has to take up that conversation after this public hearing. Thank you.


AMY MONTICELLO: I believe I’m the last person.

REP. STEINBERG (136TH): You are not, but you have one amazing kid. I know you have more than one amazing kid.

AMY MONTICELLO: I actually have four but only three are here.

REP. STEINBERG (136TH): Yeah, but I’m talking about the one in your lap. I don’t know how she’s still -- she’s operating better than we are at this point. [Laughter].
AMY MONTICELLO: So, I want to thank you esteemed members of the committee for allowing me to speak tonight. I am not gonna -- my name is Amy Monticello, and I’m from West Hartford, and I’m a parent. I was an accountant in another life, and I’ve also been a massage therapist. I don’t know if that qualifies me as a vaccination expert or anything, but I have done a lot of research and follow a lot of groups, and try and educate myself on not just vaccines but parenting and the foods that my children eat. I educate my children. I’m a homeschooling parent, so I do a lot of research and I do a lot to educate myself. I’m not going to spend your time giving you more data or information or websites because we’ve all heard a lot of that today, and it’s just not more forte.

But, I am a parent, and I care about my children more than anything in the world, and the right to choose if they get vaccinated and what vaccinations they should get and when they should get them should be my choice. I carried them in my body for nine months. I have nurtured them, and I’ve spent a lot of time trying to be the best parent that I can be and do what is best for them. I am the one who takes them to their medical care. I know what is healthy about them and what is not. I know what they react well to and what they don’t. If I chose to give them a vaccine and they had an adverse reaction to it, it would be me as well as them living with the consequences of that decision. If vaccines become mandated, it takes away that right for me, but I’m still going to be stuck living with the consequences. You might vote as is your right as the legislature to make something mandatory, but when something goes wrong, you’re not going to be
sitting there in the home with the parent trying to take care of the child who is suffering or the family who is suffering. I do want to say we’ve talked about the VAERS -- just a few things. We did -- VAERS was brought up and that only about 10 percent of all reactions have been reported. I was on some mental health medications, and I’ll be real quick here. I had seizures from two different medications that I was taking for depression, and although they are different from vaccines, my doctor did not report them to the manufacturers because he says, well, they’re not listed as side effects, so it must not be that even though I had never had seizures before until I was on these medications.

Oh, and I wanted to talk about the opting out. You’re right, in regards to the religious exemption, if a parent doesn’t like the HPV vaccine, they can’t just say, well, it’s not a medical problem but I religiously don’t believe in the HPV vaccine. My understanding -- like I said, I home school so I don’t deal with this -- but it’s all or nothing that if you don’t like HPV well you really shouldn’t be getting any of the vaccines. You’re either religiously against all of them or you’re religiously in support of all of them, so it’s not really an opt-out situation for people. So, that’s all that I have. Thank you for listening. Hopefully, I’m leaving you at least with my point of view or whoever’s after me will be. [Laughing].

REP. STEINBERG (136TH): Thank you. Comments or questions? Representative Hennessy.

REP. HENNESSY (127TH): Sorry, I just had to mention. So -- so, I’m a massage therapist too, and I home schooled, so you know, yay!
AMY MONTICELLO:  [Laughing].

REP. HENNESSY (127TH):  I just wanted to mention, and also, I think of myself and my wife -- more my wife as an expert in being a parent, so thank you.

AMY MONTICELLO:  Okay.  Thank you.

REP. COMEY (102ND):  Thank you for coming and your children, all of the children here tonight have been amazingly behaved, and I don’t know how you -- how none of you have like technology involved in keeping these kids -- [Laughing] -- because it wouldn’t fly in my -- in my house, but thank you very much.  I really appreciate it.

REP. STEINBERG (136TH):  Thank you.  Have a good rest of the night such as it is.  We have Smithy Comsing [phonetic].  [Off mic conversing].  Jennifer Kraft.  Last one we have on the list.

JENNIFER KRAFT:  Hello, my name is Jennifer Kraft.  I wasn’t prepared for this today.  I was just gonna come and be in support of the other moms, and everybody else who is absolutely opposed to this whole idea of mandatory vaccine for HPV.  I oppose to mandating any vaccine for anybody.  Again, I wasn’t prepared for this and I’m exhausted.  So, just in response to what the previous have talked about with the religious exemptions.  I can tell you it is absolutely not that easy.  I’ve been kicked out of a practice already for refusing to further vaccinate my firstborn.  I did hours and hours and hours of research since the day I found out I was pregnant with my first.  I was very hesitant.  I was on the fence.  I didn’t know what to do.  Fortunately and unfortunately, I learned from thousands of other mothers who dealt with vaccine
injuries and deaths, and after I was bullied into getting my daughter, I was told she was going to get -- I think it was two or three -- I later found out from my leader pediatrician that it was actually five because they gave her combination shots and didn’t tell me. She developed a high fever. I didn’t sleep for a week because I was just sick over it, just watching her, watching her sleep.

So, as they were in the process of kicking me out, I was in the process of trying to find a new pediatrician. I went to two other pediatric offices, and both of them refused to take care of my daughter because I didn’t want to vaccinate my perfectly healthy daughter. I finally found a pediatrician 45 minutes away who would not pressure me into vaccines. She doesn’t even vaccinate her own two children, and she will vaccinate in her practice, but she refuses to do more than one at a time because she is well aware of the dangers of giving multiple vaccinations at the same time.

[Sigh]. Sorry, I wasn’t prepared for this.

I also need to point out that I think it’s disgusting that people will get kicked out for not vaccinating their children, and it’s well known that most pediatric offices count on their very hearty annual bonus that they get for having a high percentage of their practice being vaccinated. I don’t even know where to go. I’ve been in early childcare for 20+ years. I’ve seen firsthand what vaccines have done to children. I’ve watched them. I worked as an infant teacher up until age 3. I saw regression with my own two eyes. One little boy in particular who was thriving ahead of all the other infants in the class who came back in with -- with their documentation that they had received their
vaccines, and within three to four weeks, he was lining (inaudible 09:03:41), and would only tap them back and forth, no eye contact, lost all of his speech. It just doesn’t add up. I will do whatever I need to do to protect my children. I’m tired of the lies. I’m -- I’m just sick over it. This whole thing has consumed my life since the day I found out I was pregnant. I think mandating medical intervention in any way shape or form is criminal, and it has no place here. And, I guess I’ll just leave it -- I’m shaky. I’m sorry. But, that’s it.

REP. STEINBERG (136TH): Well, thank you. You’ve really -- I know we’re all tired now, but your testimony -- your personal testimony was very important. Any comments? Representative Michel.

REP. MICHEL (146TH): Thank you, Mr. Chair. Thank you. Both of you were here sitting, and you haven’t moved from the chairs for like hours, and so thank you very much for sticking with us. Thank you.

REP. STEINBERG (136TH): Other comments or questions? If not, thank you for your testimony. I believe we’re done for the evening. This has been a lot to think about. Have a very good evening. We are adjourned.