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Health and Human Services Committee
January 26, 2007

[LB49]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, January 26, 2007, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB49. Senators present: Joel Johnson, Chairperson; Tim Gay, Vice Chairperson; Tom Hansen; Gwen Howard; Dave Pankonin; and Arnie Stuthman. Senators absent: Philip Erdman.

SENATOR JOHNSON: Well, good afternoon, everyone. Welcome to the public hearing of the Health and Human Services Committee for the Nebraska Legislature. First, let me introduce the members of our group, starting to my extreme left: Senator Howard, Senator Tom Hansen. Who we got next here? Arnie Stuthman is here and will join us shortly. And you might see today, by the way, that people will come and go from this hearing, and that's not because of disinterest in the subject. Senator Stuthman is making an appearance before another committee and this may well happen to other people as well. We also have Erin Mack, who's our committee clerk; Jeff Santema, just to my right, is our committee counsel; and then we have Vice Chairman Tim Gay; and then the extreme is Senator Pankonin from Louisville. And I guess I didn't introduce myself. I'm Senator Joel Johnson from Kearney. A couple of things, just little things to remember: The proceedings are recorded and they are transcribed; and if you have a cell phone with you, unless you want it confiscated, turn it off. Now the committee will first hear proponent testimony, followed by opponent, and then neutral. Now we only have one issue this afternoon and so we're going to treat things a little bit differently. We would like to spend about 45 minutes on both the pro and the con sides and so on, and we'll kind of let the groups decide things up to that. I must tell you that I left a little disgusted here yesterday because we had people that we repeatedly asked to hold their testimony down because at that time what we had, we didn't finish till well after 6:00, and it's not fair to those people who come with believing in their legislation and so on, and then it's awfully hard to hold the committee's attention. And I have not wanted to go to the light system that we use in some committees, but I got to tell you on the way home last night I thought pretty seriously about doing it because we had people reading three-page letters late in the day with no concern about those to follow them and so on. Don't think we need to worry about that today, and so...but I had to, I guess, kind of vent my frustration a little bit from yesterday. At any rate, let's get back to business. There is a testifier sheet on the back table, and one of the things that we want to make available to people, who want to be supportive of the bill or against it, to have a chance to register their opinions, and it's done officially if you sign this. And so you can register your opinion without getting behind the microphone there and expressing your opinion. So that will be available to everybody, as well. And please fill these forms out completely and put them in the transcribers' box, or the other one. And now when, for those of you who are going to publicly testify here, we do ask that you not only give your name, but please spell it for the person who's doing the transcription. And one other thing is if you would kind of move to the front who...so we have a reasonable transition for testifying,

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that helps us a bit too. I think that about covers all the instructions. Here we go, Erin. And with that, let's proceed and we'll open on LB49 and Senator Hudkins. Welcome. [LB49]

SENATOR HUDKINS: Thank you, Senator Johnson. Good afternoon to all of the members of the committee. For the record, my name is Carol Hudkins, C-a-r-o-l H-u-d-k-i-n-s, and I represent the 21st Legislative District. In 1999, the Institute of Medicine was asked to review the use of ethyl mercury, also known as thimerosal, as a preservative in vaccines. That initial review resulted in recognition that further study was needed, and that the use of thimerosal as a preservative in childhood vaccines should be discontinued until such time as the evidence established that thimerosal was safe to use. Since 1999 several states have passed legislation, including California, New York, and Oregon, restricting the use of thimerosal in vaccines. Congress has pending before it legislation introduced by Senator Hagel that would restrict thimerosal use. Since 1999 there has been a series of reviews of literature and studies attempting to resolve the debate as to whether or not the use of thimerosal and other ethyl mercury compounds are contributing factors to heavy metal poisonings in humans, especially young children and babies, that result in the occurrence of autism and other neurological disorders. I hope that you have had the opportunity to review the expanding literature regarding thimerosal. Increasingly, the use of thimerosal by the vaccine manufacturers has been discontinued, or they have changed their distribution methods so that the vaccines are distributed in single-dose vials as opposed to multidose vials. One thing, though, has become abundantly clear--the discussion has become one of nationwide interest. It has resulted in a growing concern among parents that the immunizations the government encourages them to give their children at very young ages, and sometimes the day they're born, may in fact be more dangerous than just the normal side effects the vaccines themselves may cause without the use of thimerosal additive. It is with this information that I come to this committee and urge you to pass or to advance this legislation. It's important that the parents of Nebraska be ensured that the risk of immunizations is limited. Outbreaks of polio, small pox, measles and the like have been greatly limited due to vaccination programs, but we have recently seen outbreaks of these illnesses because parents are not having their children vaccinated because of the fear of autism or other neurological problem. To allow thimerosal to eat away at immunization programs is not responsible on our part when the need for the product is so limited and reasonable alternatives exist and are, in fact, being used. LB49 does provide for emergency use of thimerosal in preserved multidose vaccines under certain conditions, such as a public health emergency. Williams Ruckelshaus, EPA's first administrator, stated in 1971, and I quote: An extensive body of information exists which indicates that the addition of alkyl-lead to gasoline results in lead particles that pose a threat to public health. It should be emphasized that scientific evidence capable of documenting this conclusion did not exist in previous decades, only very recently have scientists been able to prove that low-level lead exposure resulting from automobile emissions is harmful to human health in general, but especially to the health of children

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and pregnant women, end quote. This quote came from the May 1985 EPA Journal entitled "Lead Poisoning: A Historical Perspective." It's the same thing now. We don't know what all thimerosal is doing. Do we have the means to figure out what exactly is happening? Maybe not this afternoon, but we might tomorrow. Governor Schwarzenegger of California, when signing similar California legislation, stated, "I share the policy basis of the Food and Drug Administration, the Public Health Service, and the American Academy of Pediatrics 1999 recommendation. I believe that an abundance of caution merits the acceleration of the process already underway to remove thimerosal from the last few vaccines that contain it." I leave you with this thought from Wikipedia.org: If the consequences of an action are unknown but are judged to have some potential for major or irreversible negative consequences, then it is better to avoid that action. So vaccines don't need mercury. Even government experts acknowledge some possible risks, to the fetus, for example, but are insufficiently studied for 60 years. A link to autism has not been ruled out. They're continuing to investigate, as they should. In the meantime, why would we continue the risk to our babies and children when there are reasonable and effective alternatives? I thank you for your time and there are definitely experts behind me who can answer all of your technical questions, but I would attempt to answer any questions that you may have. [LB49]

SENATOR JOHNSON: Excuse me. Senator Howard. [LB49]

SENATOR HOWARD: Thank you, Mr. Chairman. Two questions that come to my mind: Number one, you mentioned three states. How many other states have passed legislation regarding this? [LB49]

SENATOR HUDKINS: It has been signed into legislation in seven states, and I believe that there are others that are at least looking at it. [LB49]

SENATOR HOWARD: Okay, so we have seven. The second question I have, it's my understanding, or should I say I've been told that the only vaccination, if you will, that continues to contain this ingredient is a flu vaccine. Is that your understanding, as well? [LB49]

SENATOR HUDKINS: Yes, more or less. But who do we ask that flu vaccines be given to? The very young and the very old. The older people, you know, that's another question entirely. But should we continue to give mercury, that we know is a toxic substance? Try to find a mercury thermometer on the market. Try to find Merthiolate or Mercurochrome. You can't find them. They've been outlawed because of the toxicity of their ingredients. And so we're saying there are alternatives; we don't have to have the preservatives. You can make flu vaccines without thimerosal. Is it as convenient? No. Is it as inexpensive? No. But you know what? If I were a young mother, and in fact I do have two daughters that are young mothers. They both had children who were in the

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age where they needed to be vaccinated. I called them both, one in California, one in Denmark, and I said, for crying out loud, check what is in the vaccines that your kids are getting. And our one daughter said it has already been outlawed in California. Well, that wasn't exactly true because it is just now being put into effect. Denmark hasn't had it in years, so I don't worry about them. I'm still worried about my two-month-old...one month, one-month-old grandson in California, that he still could be vaccinated with so many more vaccines than I ever received, so many more vaccines than our children received. It's good to vaccinate our kids. We don't want them to have chicken pox or small pox or measles or any of these other things, but I am willing to pay, and I think any young family would be willing to pay, the \$4 that it would take difference in a thimerosal-free vaccine and one containing thimerosal. Autism is almost a forever kind of thing. Yes, there are methods of chelation, and I'll let someone who knows about that go into it, but it destroys marriages. You have these kids that are getting vaccines that they really didn't need to have, and families are falling apart because of it. I know that's a very long and involved answer to your question, but I am very...feel very strongly about this. [LB49]

SENATOR HOWARD: Senator, my concern was when we generalize and we say vaccinations, the first thing that comes to my mind are the mumps, measles and rubella, and the DPT vaccinations, and the typical baby vaccinations that my children certainly got. I worry that people will be frightened away from those if they feel all vaccinations will contain this. [LB49]

SENATOR HUDKINS: Absolutely, and that is one of the problems. If there are parents that think, you know, I don't want my child to have autism--well, who would want their child to have autism--and if there is thimerosal in these DPTs and the measles, mumps, rubella, chicken pox, then I'm going to take a chance on their getting the chicken pox. And that's not the good attitude to have either because these are dangerous diseases. All they need to do is ask for a thimerosal-free alternative. Now the flu vaccines, public health, pandemics, epidemics, you know, that's another situation, but there are thimerosal-free flu vaccines. Fine. You give those to the babies and those of us who are over the...what's the age, 50, 60--well, I'm over both of those so it doesn't matter--then we can use the ones with the...I can't say that...the thimerosal preservative in them. But there are alternatives and those are the ones that we should be ensuring that our babies and our very young people get. [LB49]

SENATOR HOWARD: Well, I don't want to draw this out, but just so that I clearly understand, this ingredient isn't in the DPT or the... [LB49]

SENATOR HUDKINS: Good. [LB49]

SENATOR HOWARD: ...okay. Well, then when we say... [LB49]

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SENATOR HUDKINS: Good. [LB49]

SENATOR HOWARD: ...when we say vaccination...specifically the vaccination that you're concerned about is the flu vaccination. [LB49]

SENATOR HUDKINS: I'm concerned with any of the vaccinations that might have a trace. And how much is a trace? If your particular child has the inability to metabolize mercury, then maybe even a trace is too much. And why would a trace be there if you're not putting it there? [LB49]

SENATOR HOWARD: Thank you. [LB49]

SENATOR JOHNSON: Yes, sir, Senator Hansen. [LB49]

SENATOR HANSEN: Thank you, Senator Johnson. Senator Hudkins, it's nice to have you here today. [LB49]

SENATOR HUDKINS: Thank you. [LB49]

SENATOR HANSEN: In Section 2 we read down through the purposes of the Mercury Vaccine and Drug Act, and nowhere in it does it say or exclude veterinary drugs. Would... [LB49]

SENATOR HUDKINS: Actually, yes, it does, but maybe just not there. I was reading this... [LB49]

SENATOR HANSEN: Okay. [LB49]

SENATOR HUDKINS: ...the other day and it says something to the effect, vaccines for humans. But to make you feel better, we are working on an amendment that we will be offering you to clarify that;... [LB49]

SENATOR HANSEN: Thank you. [LB49]

SENATOR HUDKINS: ...that it is not...that animal vaccines are exempt. This came before us last year. I had people from the Nebraska Cattlemen in my office and they said, we have to oppose this bill. And I said, why? And that's what they said, because it dealt with vaccines, not exempting animal vaccines, and I said that was not my intent. The amendment is being drafted as we speak. And so we introduced this bill that same as last year's bill, and I don't...I can't find it, of course, right now when I'm looking for it, but there will be a further clarifying amendment so we should be fine. [LB49]

SENATOR HANSEN: Okay. Thank you. [LB49]

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SENATOR HUDKINS: Uh-huh. [LB49]

SENATOR HANSEN: We do research on animal agriculture, as you well know,... [LB49]

SENATOR HUDKINS: Yes. [LB49]

SENATOR HANSEN: ...all the time, and having never sat on the HHS Committee before, we'll...you know, I'll take a look at animal drugs, too,... [LB49]

SENATOR HUDKINS: Okay, what... [LB49]

SENATOR HANSEN: ...but in a different committee and a different time. [LB49]

SENATOR HUDKINS: Yeah. What I was referring to is on page 2, line 8, where it's...well, that isn't really applicable, so forget what I said. [LB49]

SENATOR HANSEN: Okay. [LB49]

SENATOR HUDKINS: But we're working on that and there will be an amendment to further clarify it. [LB49]

SENATOR HANSEN: Thank you. [LB49]

SENATOR JOHNSON: Any other questions? Senator Hudkins, I got an easy one for you. [LB49]

SENATOR HUDKINS: Yes. Oh good. [LB49]

SENATOR JOHNSON: Got to stay on your good side. Would you not suppose that maybe the major reason about the vaccinations and so on, why people don't get them, is because these diseases have virtually disappeared from the earth? And when something isn't around, then we don't worry about it. I would think if we looked in our audience, for instance, that there would be very few of us that would have ever seen a case of primary polio. When Children's Hospital, in 1948 in Omaha, was built to take care of polio patients, it was full of respirators with people with polio. So if it's gone and we don't ever worry or see a case of these things, that that might be the major reason for, should we say, apathy for getting the shots? [LB49]

SENATOR HUDKINS: You know, I don't really agree with you, Senator Johnson, and I was looking at the audience to see approximate ages, and there are some people here who are older than I am, and of course there's lots of younger people, too, but anybody who is at least as old as I am remembers polio. We had a young man in my high school

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class that he and his brother both were stricken with polio. One of them was in an iron lung for some time. He still has some leg problems. I don't think that it's out of sight, out of mind, because young mothers are very faithful about taking their children to the pediatrician, and if the pediatrician recommends that, you know, this is when your child gets the mumps vaccine or the DPT or...I don't even remember what all they are now, they most likely are going to agree with the doctor in that, yes, they do need a vaccine. But, as the young mother, I would now be saying, is there thimerosal in this vaccine? If there isn't, no problem; if there is, then I would request an alternative, one without thimerosal, just to be on the safe side. [LB49]

SENATOR JOHNSON: Well, one other little point of discussion is remember a couple years ago there was a shortage of vaccines? And from my understanding of that, and maybe there are other people that heard different story, but what I heard there was that the administration, I think it was the Clinton administration at that time, had the good goal of making very inexpensive, therefore, more available, vaccines, so they put price controls on the making of vaccinations, or the vaccines. I think virtually all of the vaccine makers in this country said, if we can't make a profit, let them make them somewhere else in the world. And then, when our people found that there was a, you know, problem with one of the vaccines, that then we were very short of vaccines. And that's what caused the shortage. So, you know, I guess what I'm saying is price does make a difference and, you know, it's kind of a marketplace thing as well. So... [LB49]

SENATOR HUDKINS: I am not going to badmouth the pharmaceutical industry because I wouldn't be here,... [LB49]

SENATOR JOHNSON: Yeah. [LB49]

SENATOR HUDKINS: ...as probably a lot of us others... [LB49]

SENATOR JOHNSON: Yeah. [LB49]

SENATOR HUDKINS: ...wouldn't be here without them, but they are businesses. They're in business to make a profit. If they can make a vaccine with thimerosal for \$3.80 less than they can make the vaccine without it, which way are they going? Hmm, interesting. But... [LB49]

SENATOR JOHNSON: Yeah. But my point was, is that, you know, it does... [LB49]

SENATOR HUDKINS: With the shortages. [LB49]

SENATOR JOHNSON: ...yeah, it does... [LB49]

SENATOR HUDKINS: And as I... [LB49]

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SENATOR JOHNSON: ...is that aspect of it. [LB49]

SENATOR HUDKINS: Yeah. And as I said, there is an exemption in the bill, taking care of a public health emergency. Now was there really a shortage of vaccines, or was it a problem of distribution? I don't know that we know that. And there have also been cases where flu vaccines are probably good for one year because the strains of flu change. And so they had all of the...and the flu didn't appear that year. So they had all of this flu vaccine, but it had thimerosal in it. They couldn't take it to the local friendly landfill. They had to treat it as a HAZMAT product and they had to have special conditions under which to dispose of this. So it could be a problem, but we have addressed that in the bill. [LB49]

SENATOR JOHNSON: Okay. Well, people didn't come here to hear me talk. [LB49]

SENATOR HUDKINS: Or me. (Laugh) [LB49]

SENATOR JOHNSON: Let's...any other questions? And let's proceed then with proponents. How many do we have? Three of you? And since I've been the one who's kind of used up the time, let's kind of start the clock now rather than later. First, please. [LB49]

BOYD HALEY: (Exhibit 1) My name is Boyd Haley, B-o-y-d H-a-l-e-y. I'm professor of chemistry and biochemistry at the University of Kentucky, and I've been doing mercury toxicity research since about 1985 at the medical center at the University of Kentucky. And why I'm here today to support the friends I have from Nebraska, you know, is to point out the issues that we're facing with mercury toxicity. And I don't do anything that's based on hearsay. I'm a hard, cold, scientific person. When I talk about something like this, I stick with the science and the science says this. From the National Academy of Sciences, they had a committee investigate mercury levels in human beings, as well as did the Environmental Protection Agency. They both came to the conclusion that at least 10 percent of American women have such high mercury body burdens as to render susceptible to neurological diseases any child that they would give birth to, 10 percent. We go to the Center for Disease Control and we look at the data, again, a group of scientists--and I do have a lot of respect for the Center for Disease Control, by the way; there may be certain people there I don't think a lot of, but for the organization, I have high regard for it--and the Center for Disease Control say one out of six American children are born with a developmental disorder. We see that reflected in the education. When we look at the Education of Children with Disabilities Act, we are spending more money, roughly, if you look at each state and go down the line. I know in the state of Kentucky it went up 2,000 percent between 1991 to 2001. That's a huge increase. We have a major problem. In the United States today we're spending more money on drugs for behavioral disorders, Ritalin and things like that, than we're spending on drugs for

asthma and antibiotics for infections. We have a series problem and we have to look at that. And I think the one thing that we have to do is address the issue of where is the mercury in these mothers coming from. It is not coming from fish. If we do studies on people who eat fish and who do not eat fish, less...and you look at the science, less than 5 percent of the exposure, if you eat 20 micrograms of mercury from a fish, tuna sandwich, less than 5 percent of that is retained in your body because it's rendered biologically inactive, not a toxicant, by the fish. That's how the fish protects itself. It ties it up with selenium, glutathione, and other proteins in the fish. But the mercury that comes off our dentistry and medicine is mercury that our bodies were not designed to take. For example, when we walked the face of the earth with our knuckles dragging the ground, we drank bad water, we ate bad food. We did not breathe mercury vapor and we did not inject organic mercurials into our body. The amount of mercury that's in a vaccine is safe, according to EPA standards, if you ate fish, if the person weighed 275 pounds. Not too many six-month-old babies weigh 275 pounds. And this was also based on a population where the parents did not have such a high mercury body burden. So I think we have to address this issue and look at it very carefully. I also want to point out we seem to be concerned mostly about vaccines, but if you'll go to your Wal-Mart here and go down the aisles and you start picking up things that have vapor sprays, like Neo-Synephrine, where you squeeze it up your nose, turn around and look at it. I was an expert witness for the state of California and calculated the amount for them. Twenty-seven micrograms of mercury went up a person's nose every time they took a shot of Neo-Synephrine. Now I don't know if they have it, Neo-Synephrine, in Nebraska at this time, but you ought to have a law against it, California does, because if you don't have a law, if I decided to start a company in Kentucky and make a better, cheaper nasal spray, I could it put it in it and bring it here and there wouldn't be a thing you could do about it. You should have a law against these over-the-medical...over-the-counter medicines that people use. And if you look at the sprays, that's the primary one. If you look at some cosmetics, they're preserved with thimerosal. People are putting it on their eyes, their face, their cheeks. So you need a...you need a, you know, a convincing law to say don't bring mercury into medical or other products that would be used, even if it's over the counter, to prevent the exposure to these toxic materials. Now I want to talk about the toxicity. You know, if people say, well, that's just a little bit of mercury. And a little bit of cyanide will kill you. And thimerosal is as toxic, in certain ways, as is cyanide. Because if I gave you a little dose of cyanide, you'd get rid of it by tomorrow. If I give you a little dose of mercury, it's going to stay there. It's going to stay there for years, and every day you do it, it builds up. It's a retention toxicity. But even at that, the level of mercury in the vaccine varies between the type in how much they use to preserve it--125,000 nanomolar to 250,000 nanomolar. Now I know that doesn't impress you, but what I'm trying to say is if you look at that level, if you put it in to using it against neurons and immune systems, the level that will kill neurons is at a 5 to 10 nanomolar level, and the level that will cause your immune system to not function properly is 1 nanomolar. The level that will prevent you from making B12, methyl B12, which certain kids that we think are mercury toxic--sometimes they call them autistic, I just say they're slightly

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mercury toxic--they...you can inhibit that enzyme at 1 nanomolar levels and that is a biochemical aberrancy you see with autistic children. You have to give them methyl B12. You can't just give them B12 because they can't methylate it. It's inhibited and this enzyme does it. So we see with a lot of neurological diseases that mercury mimics and exacerbates the aberrant biochemistry, the bad biochemistry, that we see in these patients when we do brain assays or look at their systems. So we really need to work hard at getting mercury exposures out because there is no way to get it out of your body. We talk about chelation, etcetera. I can just tell you the chelators we use were invented by the Japanese and, pardon me, the Germans and the Russians in World War II. They're 70 years old. The chemistry on them is very bad. They do not detox a person very effectively. It takes months to get the mercury out of your body using those compounds. Now at the end, and I won't take a lot of your time, but there was a study done in Paris, France, on hundreds of autistic and controlled children, and what they established is a, you know, was backing up and proving a urinary porphyrin profile test. It's just a simple test like you could send to many hospitals if they offered it, but we don't offer it in the United States for children. It's called a urinary porphyrin profile and with that you can tell whether or not a person is mercury toxic. It's very clear-cut and very straightforward. And what they found is that the bulk of the children that they called epileptic, autistic, attention deficit hyperactive disorder, and you can put them all in one category, but they were all mercury toxic. The level of these compounds said these kids were suffering from exposure to mercury, and these were young children, less than seven or eight years old. They're not eating a lot of fish, they're not doing things that would be disastrous. So...and this is the freight train that's coming down the station, I think, in American medicine, and that's that there are numerous, and I see scores of these clinical reports where people have sent their urine to this major research lab in Paris, France, and it comes back showing that the children that are diagnosed with neurological disorders, of all categories, are severely mercury toxic. And this is happened to some very wealthy people in this country who believed that mercury didn't have anything to do with their child's autism or their grandchild's autism. And finally, after frustration, they sent it off and it has come back, their children were the most severely mercury toxic of anyone I've ever seen. So there is something coming. We can check for mercury toxicity and we don't know exactly where it comes from. I would agree that there isn't a good source of mercury, none of them is safe, but we ought to eliminate the ones that we can. And I would also point out I'm very much in favor of a strong vaccine program. I was raised on a farm. I vaccinated every animal I got, and I know what happens if you don't. It's a bad scene. I mean, I'm strongly in favor. But we have a major problem in this country. We're destroying some families and some children by just not taking care of doing it. And you have an Amish population in this state. Why don't you get a state committee to go look at the Amish. They don't have autism. They don't vaccinate. And I think it's basically because they don't get this high exposure to mercury that they don't have it. I don't think them being nonvaccinated is healthy for them, but I think they see what we do and they decide, hey, maybe we are the smart ones that we don't do it. So we need to...we need to back up and I don't believe in fear

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tactics either. This is...I mean, I have never presented this to any group that's not a scientific group that would listen to me and could do something about it. I write my papers and I publish them in scientific journals. I get no money for doing this. I take no money from these folks; I never have. This is something that scares the daylights out of me. I am a grandfather and I'd hope to be a grandfather a few more times, and I think we need to take care of our children. And the science is very strong. This...there is not one paper where anyone has added thimerosal to a living organism, via cell and culture, a rat, or a monkey, or anything like that where they haven't seen severe neurotoxic effects. It is not safe. And to sit there and say I have to prove it causes something, to prove that this tremendously toxic material, more toxic than almost anything I can name, is safe, seems we've got it backwards. We should prove it's safe and then use it. Because I would take something to get rid of worms, etcetera, if it weren't safe, if I knew that ahead of time that the level I was taking was not going to kill me. And I think that's the way a lot of people feel, and I think this is something that needs to be addressed. But if you don't have that data today, we're talking about the children next year, and I would urge you to err on the side of being, you know, ultrasafe and pass a law that says, you know, don't bring thimerosal in products into the state of Nebraska, and I mean nasal sprays as well as vaccines. That's all I have. I'll be glad to answer questions. [LB49]

SENATOR JOHNSON: Thank you. Yes, Senator Howard...Hansen, excuse me. [LB49]

SENATOR HANSEN: Thank you, Senator Johnson. Dr. Haley, can you very briefly tell us the difference between...in a scientific way, tell us the difference between ethyl mercury and methyl mercury. [LB49]

BOYD HALEY: It's just an extra carbon on the thing. Ethyl mercury is CH₂ CH₃ with the mercury attached, and methyl mercury is CH₃ with the mercury attached, and methyl mercury primarily comes from a bacterial product. Bacteria in, say, an estuarial swamp will make...take mercury that falls in there and convert it to methyl mercury to get rid of it. It protects the bacteria, but it collects in the plants and then, you know, little animals eat the plants and fish eat the little animals and it ends up in the fish. [LB49]

SENATOR HANSEN: Is methyl mercury used in any type of drug for injection? [LB49]

BOYD HALEY: Oh, methyl mercury, no. Methyl mercury was used in preservatives or fungicides on seed corn. It's what caused the Iraqi disaster in the 1960s where the Iraqis ate seed corn sent from the United States that was preserved with a product that released methyl mercury and it killed a lot of people. [LB49]

SENATOR HANSEN: You spoke of the research that was done in Paris, France. So where is research done in the United States? [LB49]

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BOYD HALEY: The 2004 Institute of Medicine recommended to the NIH and many other people not to fund any research in the United States with regard to thimerosal toxicity, so you can't get that kind of research done in the United States, and so it's being done in foreign countries. And I think the people that follow me will report several things that are coming out of foreign countries saying how bad thimerosal is on neuronal cells and the development of the nervous system. [LB49]

SENATOR HANSEN: Same thing... [LB49]

BOYD HALEY: By the way, that 2004 IOM committee, by another IOM committee, has been disputed and more or less said they're not going to believe the 2004. A later committee from the Institute of Medicine corrected the errors they made in the 2004, as well as the National Institutes of Health. The National Institutes of Health reviewed that group and said don't look at thimerosal anymore, and said, no, we need to look at this with other methodologies, and they said some very unkind things about the 2004 committee. [LB49]

SENATOR HANSEN: Same thing, same question about testing: Where does testing for mercury occur in the United States? [LB49]

BOYD HALEY: If you want to send samples out for measuring the level of mercury in tissues, there are several commercial labs that will do that. I do at my laboratory as a scientific experiment. I don't charge for it, and I won't do it for money. I just do it for experiments. But you can get... [LB49]

SENATOR HANSEN: Is there commercial testing anywhere in the United States? [LB49]

BOYD HALEY: Yes. [LB49]

SENATOR HANSEN: Okay. [LB49]

BOYD HALEY: Doctors Data in Chicago being the most prominent, and a couple other laboratories that will do that. [LB49]

SENATOR HANSEN: Thank you. [LB49]

SENATOR JOHNSON: Okay. Any other questions? Yes, Senator Pankonin. [LB49]

SENATOR PANKONIN: Thank you, Senator Johnson. Dr. Haley, I'd like to follow up with a question that was similar to Senator Howard's of Senator Hudkins, and that is, of the common vaccines that are used for children--and whether you're aware of the ones in Nebraska but I would think they're national in nature--how many of them that you

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know have these, these compounds that are, in your opinion, dangerous, of course?
[LB49]

BOYD HALEY: The ones...the ones that have, unless they have a live measles virus or a live virus, they will have traces of thimerosal in them, and traces is, again, this is something that you're getting a bad reaction. They used to put down .01 percent, and when they say traces, people say what's a trace? It's not a scientific word. And so people from the National Autism Association are sending me vaccines, collecting them, and I'm going to measure the amount to see how much is in a trace. If it were, say, 2 micrograms, you'd be concerned. If it were .02 micrograms, you would be less concerned. But I don't know what a trace means. [LB49]

SENATOR PANKONIN: Also, Senator Hudkins indicated people can ask for vaccines that don't have these materials. Is that true? Are they available? [LB49]

BOYD HALEY: Oh, certainly, if they know to ask for it, yes, they can ask for it. But the problem is, you know, the common labor type working person can't spell thimerosal let alone enunciate it. And, you know, they're not going to ask where's the mercury in this. I mean I think that you have to build in legislation to protect people, and also compliance. I'm in favor of everybody getting vaccinated and as long as they can say, well, there's thimerosal or mercury, trace amounts of mercury in vaccines, the people who aren't very well educated, no matter how many times you tell them this is a safe level or a level that hasn't caused any problems, they're not going to come. The CDC and certain other places have destroyed their credibility by making comments that just don't hold well with people, I mean, for example, saying 36,000 people a year die from the flu. Anybody that could go on the Internet or talk to anyone that knows about this knows there's nothing like that number of people that die. And a day or two ago, when I was in Missouri, someone said 7,000 people...a medical doctor gave a report, said 7,000 people died last year in Missouri from the flu. That's a preposterous statement. And when people say outlandish things like that to scare the hell out of you, you don't believe them when they say anything. And so there has to be some...I think there has to be some damage control done with these things, and I think, you know, that it needs to be much more carefully discussed to the public. [LB49]

SENATOR JOHNSON: Senator Gay. [LB49]

SENATOR GAY: Yeah. What other products are...you mentioned other products that are common that might include this. [LB49]

BOYD HALEY: Well, the worst one, I'm the expert witness for a lady who was made blind. She went to the doctor. She had an eye problem. The doctor recommended eye drops for her. And when she went to the pharmacy, and I don't know who made the mistake, the doctor's writing or at the pharmacy, but they gave her ear drops, and ear

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drops contain .1 percent thimerosal, and she kept putting them in her eyes and she went blind. So there are numerous products that have this. And when you get to people that are sensitive, the amount, this can be an excruciatingly painful event to have thimerosal in your eyes or in your body if it comes from another product. A lot of the over-counter products, a few years ago I went and looked. I just went down the counter. You can do that too. Go down the counter, pick them up and look for thimerosal as a preservative. If they're in there they can injure people. I happen to be a person that's extremely sensitive. When I tried to wear contact lenses when I was a young professor at the University of Wyoming, they put thimerosal-containing optical lens solution in my eyes, and I went wild, and I think it's because of my reaction from vaccines I got when I was a medic in the army. I cannot...I cannot tolerate thimerosal. I have a very violent reaction to it, and I've never taken a flu shot because of that. But there are a lot of products and I can't name them all, and I don't know...I don't know when companies, like certain pharmaceutical companies, have taken thimerosal out of their products. I mean if you look at Preparation H, that H stands for mercury. I don't know what product is in there. And any time you have something like calamine or stuff you rub on your arms to prevent itching, it contains mercury because mercury kills the effects of a...I mean, it stops neuronal transmission and stops itching. I mean, it's a neural toxin, so it will block the itching very well. [LB49]

SENATOR JOHNSON: Any other questions. I always thought the H in Preparation H... [LB49]

BOYD HALEY: For hemorrhoids? [LB49]

SENATOR JOHNSON: ...stood for hemorrhoids. (Laughter) [LB49]

BOYD HALEY: Yeah. Yeah. Well, I didn't...I didn't... [LB49]

SENATOR JOHNSON: Maybe I've been putting the stuff in the wrong place. (Laughter) [LB49]

BOYD HALEY: I wasn't...I should be more (inaudible). I didn't name it, but that's what people told me that the H stood for. But I can tell you it had a preservative in it and the preservative was thimerosal, or the compound that worked. [LB49]

SENATOR JOHNSON: Well, sir, I kind of warned you when we had our nice conversation earlier what I'm going to ask you now, and what it is, is this, is, you know, you're here and making a good case that mercury is dangerous and all that kind of thing. But, you know, as we talked in my office, here we have world-recognized institutions in the CDC, in the NIH and so on, that as mentioned this morning when there was a problem with the SARS outbreak in China, the Chinese are on the telephone calling our institutions. I think that says that these are world-class institutions,

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trusted by everybody. Now this being...well, I'm going to expand that. I suspect that people from two fine medical schools that we have in this state are going to testify contrary to what you're proposing. Why should we believe you and not the trusted people that we have in our institutions and that the world trusts in the CDC and NIH and other type of organizations? [LB49]

BOYD HALEY: That's a very good question and I wish I had time to answer it before, and the difference is this very trusted organization you have has many people in it, and people from that same organization, the Center for Disease Control and the Institute of Medicine, reinvestigated the comments of the first committee that said thimerosal wasn't involved in any causation and said that they used very poor studies to make that conclusion. Further, the National Institutes of Health is a highly regarded institute also, and they also reviewed, at the request of Congress, the 2004 IOM that said thimerosal was safe, and they also said that the studies that they used and the studies...that they were severely impaired in what they could tell from those studies and that they were seriously flawed. So there is no doubt, I mean I have a lot of respect for the entire CDC and the FDA, but there are certain bureaucrats in those areas that have a vested interest in not letting the American people know they made a big mistake. It's that simple. It's not the doctors. It's not the doctors at your Medical Center. They were told by the CDC. But what I would do, if they want to say that, I would challenge them. Let's come out and have a debate and let's put our science on the wall. How many papers do you have that will say that thimerosal is a good thing to inject into any living thing that you didn't want to damage? You can say, well, I believe in the CDC, but where's the science? And the science the CDC or the 2004 Institute of Medicine, the conclusion they came with, the data was produced in Sweden, Denmark, and England, and all three of those countries have removed thimerosal from their vaccines. So the people in the countries where this research was done don't believe it, so they don't believe the CDC, not the CDC in total. Everybody knows it's a good organization. It's like, I don't know the political standing of you people, but I mean there's some...I'm kind of a Democrat but there's a lot of Democrats I can't stand, and there's some Republicans that are very good friends of mine in Congress. [LB49]

SENATOR JOHNSON: So basically you're saying then that we shouldn't believe the place that everybody...not everybody... [LB49]

BOYD HALEY: The final conclusions. Their final conclusions, Senator. [LB49]

SENATOR JOHNSON: ...but the vast majority of the people believe it. [LB49]

BOYD HALEY: The final conclusion: The IOM, a second committee looked at the 2004 committee and said that it was improperly done and that the conclusions they came to weren't justified; so did the NIH. So believe those two committees that came after the one that said it was safe. That's what I'm suggesting. And I'm suggesting data that

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wasn't known at that time, and data that probably your experts don't know, that the porphyrin profiles on autistic children, and a lot of it done in this United States, are showing that these kids are mercury toxic. Nobody knew that a year ago. [LB49]

SENATOR JOHNSON: Okay. Thank you. Any other questions? Seeing none, thank you, sir. [LB49]

BOYD HALEY: Why thank you. It was a pleasure talking to you, by the way. [LB49]

SENATOR JOHNSON: Thank you. Next, please. [LB49]

LINDA WEINMASTER: (Exhibit 2) Hi. My name is Linda Weinmaster, L-i-n-d-a W-e-i-n-m-a-s-t-e-r. I am born and raised in Nebraska. Unfortunately, I moved from this state in 1999 because of my son's mercury toxicity. We had issues getting services and were forced to move. My husband remained working in Nebraska for about the next six years until he could get his whole territory transferred south. I am vice president of NoMercury, as well as I am on the board of A-CHAMP, which is Advocates for Children's Health Affected by Mercury Poisoning. I didn't want to have to do anything. I just wanted to be mother to my three sons. I have a 20-year-old son, an 18-year-old son, and my 15-year-old son is the one that has mercury poisoning. My husband played football here for the University of Nebraska and was just inducted to the Nebraska Football Hall of Fame last fall, which was a great family event that Adam was not able to attend because of his neurodevelopmental delays. The thing that made my husband such a terrific football player and also my older boys are both all-state football players in the state of Nebraska, played in the Shrine Bowl, the Metro Bowl, which it takes the best Kansas versus the best Missouri players, it's the same thing that caused my son to fail when I was injected with a toxic poison in a Rhogam shot I received during my 28th week of pregnancy that I did not have with my older children. We have done the porphyrin study from France. We have also done them twice a month for the last 14 months from LabCorp of America. My son's porphyrins have been all over the chart, depending when we're chelating and not chelating him. It's been very amazing, which proves his mercury toxicity. My whole family went through the genetic study because everybody kept saying it was genetics, and we got his back and I knew, I had issues from all the mercury containing vaccines I had, from Rhogam, being Rh negative, and I used to take the flu shot, and it came back that he had two snips in the MTHFR, which made it nearly impossible for him to excrete heavy metal, and then also it showed that his testosterone was ten times higher than the highest acceptable level for a child his age. So made the whole family go do this and what we found out, that my husband and myself both have this identical genetic snips, so all of our children are identical. And because of the amount of mercury my younger son was exposed to in 1991, with his childhood vaccines as well as my Rhogam shot, that was in excess of what my other two children were exposed to, he reached his toxic tipping point. It has wiped out his pituitary, his endocrine, his pancreas. His blood sugar was over 900, which the

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endocrinologist about fainted when she called me. I didn't understand it. They said he should be in a comma, he shouldn't be functioning, his organs were failing. He was not going to make it. They put him on growth hormones to get his organs working again. He's doing quite well, but I don't want to see another parent...I love this state. I don't want to see any more children harmed because of this toxic poison. And the position of NoMercury and A-CHAMP is that we support the removal of mercury, since it is a known neurotoxin, from vaccines and all preparations, so that families do not have to live the way we live. And unfortunately, I'm sure I will never be able to move back to the state I love because both of my boys are playing football in Kansas, which is very difficult when you're a diehard Husker fan. But they do love us in the Journal world and my middle son who was just asked to play in the Shrine Bowl, the headline was "Families winning tradition in line for Weinmaster," because they're all linemen, except for my youngest son, who practiced with the wrestling team and so he got his team picture. He wanted a frame and I thought he wanted it hung in his room, and he said, no, it needs to go in my dad's office next to my brothers' pictures where he's got all his football pictures above, which he understood where it should be but he can't participate. And it's very difficult. In your packet, which I won't go through because obviously I'm too emotional, there is all the science that shows how toxic mercury is to the immune system, the heart, the liver. It is very toxic, especially to families like me. Our M.D. recommended that my entire family never receive another vaccine that contains thimerosal because it will cause too much damage to us, meaning my children in college may...may not take the meningitis shot, they may not have tetanus shots because, even though the vaccines for babies are mercury free, those shots still contain 25 micrograms of thimerosal, meaning my boys, who are large, need to weigh 550 pounds. They do not weigh near that much. Also in your packet there is a statement from Dr. George Lucier. He was the head of the National Institute of Environmental Health Sciences in 2000 and he is an expert in this also, and you can read all the science yourself. I appreciate you hearing this again, but I just love this state and love the people here, and I don't want any more children to be damaged, and it's not all children. [LB49]

SENATOR JOHNSON: Any questions? I've got just one comment. [LB49]

LINDA WEINMASTER: Yes. [LB49]

SENATOR JOHNSON: There was a guy by the name of Kerry Weinmaster a generation or so ago that was an outstanding middle guard. [LB49]

LINDA WEINMASTER: Thank you. He'll appreciate that. [LB49]

SENATOR JOHNSON: Thank you. Next, please. [LB49]

LUJENE CLARK: (Exhibit 3) Good afternoon. Thank you, Mr. Chairman and

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distinguished committee. My name is Lujene, L-u-j-e-n-e, Clark, C-l-a-r-k. I'm here this afternoon as legislative liaison for the American Academy of Environmental Medicine. The academy was founded in 1965 as a nonprofit medical association, and the AAEM brings together physicians and scientists interested in the complex relationship between the environment and health, with an elite membership of highly trained physicians and clinicians. The academy is committed to advancing the field of environmental medicine through member development, education, awareness, and research. We passed a resolution stating: Whereas, scientific research has clearly identified that mercury in all forms is a known toxic substance that adversely affects human health and, whereas, the American Academy of Environmental Medicine educates physicians and the public about the dangers and subsequent prevention and treatment of environmental toxicity; and whereas mercury in vaccinations constitutes a significant exposure to adults, children and infants; and whereas the time is ripe for recognizing like-minded and synergistic participants in the field of environmental medicine, therefore be it resolved that the American Academy of Environmental Medicine, the AAEM, is opposed to the intentional use of mercury in any material that is implanted, ingested, or injected in the human body, including all forms used in medicine, including but not limited to any medicaments, specifically vaccinations; and we support any legislative efforts that effectively reduce human exposure to mercury. On a personal note I will tell you I support vaccines very strongly. The academy, our position is that we recognize that vaccines are a very important part of the public health, the cornerstone of our public health. I have an 11-year-old son. He is fully vaccinated. I will also tell you he is mercury toxic and we have had his porphyrin test done. There are several vaccines that still contain mercury, although I have to applaud the vaccine manufacturers and the Public Health Service for working relatively rapidly beginning after the press conference of July 7, 1999, in making reductions in the amount of mercury in routine childhood vaccines. It has been significantly reduced but it does still remain in some vaccines given to older children and adults, including the tetanus shot, also in rabies vaccines, snake venoms, etcetera, and as Mrs. Weinmaster mentioned, there is a brand I believe of the meningococcal vaccine that still contains thimerosal. So it is still available and it is the position of the academy, and my position personally, that it's not just the younger children that this substance is very dangerous. When Mrs. Weinmaster discussed with you about she's providing you science, I would like to make clear I have seen her list. That is maybe one-tenth of the science that is available. And when we talk about science, we're talking about the pharmacokinetic, the biological science, or in the field we would call it bench science, rather than epidemiology, which is an important branch of science. Unfortunately, epidemiology can be subject to bias. Epidemiology can be subject to numerical stratifications. And even in the purest form, sometimes it does miss signals. For example, I'm sure Dr. Johnson, being a physician, will recall that for many years even epidemiology did not pick up the fact that vitamin C had a causal relationship, the lack of vitamin C had a causal relationship to neural tube defects. And so as the biological science caught up and gave a strong indication, they could then formulate stronger epidemiological models so that they were able to recognize the

signal. But the biological science is very, very clear. The academy does not take a position on whether or not thimerosal causes autism. As far as we are concerned, we are so convinced that it causes so many other things, it is a known immunotoxin; cytotoxin, meaning it causes cell death; genotoxic, it causes DNA breaks at nanomolar levels; neurotoxin, nephrotoxin, cardiotoxic, thyrotoxic. We know of so many systems that this material damages at nanomolar levels that the academy did not feel that we had to take a position on whether or not it caused autism. We knew that it caused so many system...so much system damage that we didn't have to take the particular position on one psychiatric diagnosis. There is sufficient scientific evidence that we need to get this out of the vaccines. I personally feel that the vaccination program is very important and I will also give a personal anecdote that I am from Atlanta. I still have friends that work at the CDC. I'm very proud of the CDC. They are a fine agency. I will also tell you that it's run by humans and humans can make mistakes. We didn't always know that...I mean, at one point we thought that mercury was a good way to treat syphilis. As we learn and as science shows us, and as research progresses, we...I hope that we always recognize that medicine is always evolving and, in doing so, we need to always understand that we can change our mind, that we don't always make the right choices. We make the right...we make the choices available to us at that time. And so while I don't fault any particular person for allowing this to happen, I will tell you that the IOM, when they looked at this in 2005, it was called the VSD Committee, the Vaccine Safety Data Committee. They made the recommendations to Congress that they were so concerned about the same committee or the same agency, the National Immunization Program, which is a center within the CDC, those of you...I'm sure Dr. Johnson knows, it's not actually just the CDC. It's the Centers for Disease Control and there's actually 12 centers, and the National Immunization Program is just one of those centers. But it was in a very unique position. They were charged, up until just recently, with not only promoting vaccines but also its oversight. Now we do not let the airlines investigate whether or not someone is at fault if there is a airline tragedy, so the transportation department is not the one overseeing transportation safety. The National Immunization Program was in a unique position until recently that they did, and one of the recommendations that came out of the 2005 IOM report was that those two divisions needed to be...that one division needed to be separated, one that promoted vaccines and formulated policy, and then one that provided oversight. That has since been done. So, while no one is criticizing the CDC, there was always room for improvement. So I do ask this committee to understand no one is criticizing the CDC. They are a fine organization, but it is run by humans and sometimes humans can make decisions that, while in the...with the best possible motive, perhaps in hindsight are not the best decisions made at the time. But there are a number of states pursuing this and I encourage you to be the next state to also move to protect these children. It is important to keep the confidence level up about vaccines. There are concerns that if we do not ensure that these vaccines are made without a known neurotoxin that parents will stop vaccinating and that would not be good. That would be tragic. And I can also tell you that it is not in anyone's best interest to allow our National Immunization Program to

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be...have a further erosion of confidence. I know that you are concerned about whether or not there are shortages. The last time we had a shortage, that was due to a manufacturer defect. They had a flu vaccine that had severe contamination of *Serratia marcescens*. That is...and, by the way, that was thimerosal-containing vaccine, so as you can see, thimerosal does not always work. It has been noted for the record by Len Lavenda of Aventis Pasteur, which is now sanofi pasteur. He is the public spokesman. He gave comments on the record to the L.A. Times, The Kansas City Star, the newspaper in Springfield, and there's been private communications and e-mails which I can provide this committee that, in fact, even when there was a shortage of thimerosal-containing flu vaccines, they in fact that year destroyed thimerosal free because it was not requested. They do believe that if given ample time they can provide sufficient thimerosal-free flu vaccine so that they can provide it for all children. And we can provide you with that documentation because it is in the best interest of all to keep our vaccinations strong. I will tell you the lead time that Mr. Lavenda indicated that they need in order to supply that amount was six months. Thank you so very much for your time and your courtesy, and I'm happy to answer any questions you may have. [LB49]

SENATOR JOHNSON: Any questions? Yes, Senator Hansen. [LB49]

SENATOR HANSEN: Lujene, you named two products that have thimerosal in them yet, and that was tetanus and snake bite, and I live in western Nebraska where we...where are kids are around horses a lot so if they get a cut, they get a tetanus shot a lot of times. [LB49]

LUJENE CLARK: Yes. Yes, sir. [LB49]

SENATOR HANSEN: And then the snake bite, you know, that happens too. Are those single-dose vaccinations or single-dose vaccine bottles? [LB49]

LUJENE CLARK: It is my understanding, although I'm not a vaccine manufacturer, it is my understanding that both of those products are inserted not necessarily as a preservative in that instance but as part of the manufacturing process. I hope I'm stating that correctly. But I do believe they have, because they have successfully gotten it out of the DTAP and the DT. There's now even a DT product, which is the diphtheria and tetanus for the older children. There is now one brand that is thimerosal free on that. It is encouraging that if legislation encourages that we move to thimerosal-free vaccines, that given sufficient time, you know, perhaps most of these states go 12 to 18 months before their ban is implemented, so given sufficient time, I do believe that the manufacturers will step up to the plate and work with each legislative...will work with each department of health and legislative body so that we can provide vaccines that are thimerosal free. [LB49]

SENATOR HANSEN: And they will be individual dose for sure? [LB49]

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LUJENE CLARK: That is the recommended way so that you do not need a preservative. There are other preservatives, 2-phenoxyethanol and there are some other different preservatives, but 2-phenoxyethanol seems to be the most common... [LB49]

SENATOR HANSEN: Thank you. [LB49]

LUJENE CLARK: ...when not used with thimerosal. Thank you, sir. [LB49]

SENATOR JOHNSON: Any other questions? Yes, Senator Stuthman. [LB49]

SENATOR STUTHMAN: Thank you, Senator Johnson. I just want to make a comment. I want to thank you for coming back and testifying again. [LB49]

LUJENE CLARK: It is my great pleasure... [LB49]

SENATOR STUTHMAN: Thank you. [LB49]

LUJENE CLARK: ...and it's always a pleasure to be here in Nebraska. It's beautiful. Thank you very much. [LB49]

SENATOR JOHNSON: Thank you. [LB49]

LUJENE CLARK: Thank you. [LB49]

SENATOR JOHNSON: Let me ask you... [LB49]

LUJENE CLARK: Yes, sir. [LB49]

SENATOR JOHNSON: ...same question that I asked the gentleman that testified. [LB49]

LUJENE CLARK: Yes, sir. [LB49]

SENATOR JOHNSON: Why should we believe your organization rather than the world's best organization in the Centers for Disease Control and so on? [LB49]

LUJENE CLARK: Because it's the scientists, the clinicians and physicians in our organization that does a lot of the biological research. And as I stated, Doctor...Senator Johnson, that in fact others very well-respected, the Institute of Medicine, the National Institute of Health, have looked at that particular situation in the National Immunization Program and particularly that 2004 IOM report and found that it was flawed. And that's not the first time that the IOM has reversed itself on a previous report. And as we stated,

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mistakes can be made, or decisions can be made with the best information available at the time and as new information comes forward then it's time to make new decisions. [LB49]

SENATOR JOHNSON: But, see, I guess I could interpret what you're saying is that you should replace the Centers for Disease Control. That's what bothers me. [LB49]

LUJENE CLARK: Oh, no, not at all, sir. That is not... [LB49]

SENATOR JOHNSON: But then why shouldn't we take the recommendations that they're giving us now? If...why should we believe you instead of this respected organization? That's what I'm trying to understand. [LB49]

LUJENE CLARK: Well, sir, perhaps the best way I could address that was a quote from Upton Sinclair: It's difficult to get a man to understand that which his very job depends upon him not understanding. In many ways no one, especially people in medicine...my late husband, for those of you who don't know, my husband was a 31-year triple board certified physician. We were on our way to testify before you last year when he passed away from complications of cancer, the day before your committee meeting. But it's very difficult for the medical community to think, because the very basis that we practice is do no harm, provide comfort always. So to expect the CDC to hoist itself on its own petard, that's more than we should expect in human nature. No one did this intentionally. There's congressional testimony from those who sat on the committee, the Committee for Immunization Practices. The Advisory Committee for Immunization Practices, in congressional testimony, admitted; we didn't know, was their testimony; we didn't do the math; we didn't realize when we accelerated the program that we were expanding that much thimerosal. So to expect an organization, especially one as respected as the CDC, to stand up and say we made a mistake and it may have harmed some people, no one wants to make that kind of admission, sir. And the blame game doesn't help anybody and that's not why we're here. We're saying hard biological, pharmacokinetic studies have now told us, without question, at nanomolar levels thimerosal is dangerous. Let's don't look back. Let's look forward. We are all human and I'm sure, because I'm a former elected official, albeit at a local level, but you sit in these positions where we have to make decisions and we make them based on the information before us. We all come to our jobs, whether it's at the CDC or whether it's as an elected official, and each day you come hoping you make the right decision based on the information before you. And I say that they made those decisions with the best possible intention, but now science has now shown that there's a better way and we should avail ourselves of taking out this known neurotoxin if at all possible. I mean no disrespect of the CDC. I have friends there still and they're very dedicated people. [LB49]

SENATOR JOHNSON: But you still come back that you want us to believe you rather

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than them, and you didn't tell me why we should believe you. [LB49]

LUJENE CLARK: Well,... [LB49]

SENATOR JOHNSON: Is it because they are afraid to admit that they made a mistake, or what? That's... [LB49]

LUJENE CLARK: Yes, sir. [LB49]

SENATOR JOHNSON: ...kind of what you're implying. So should we, you know, go to your organization for our guidance for this and other problems? [LB49]

LUJENE CLARK: Involving environmental medicine and environmental toxicants, I think that would be very wise, sir, but I do believe that you should also get expert opinions from many areas. I believe that's why each time a hearing is held, whether it's in this august body or even in local levels, we always have opponents and proponents and there's always experts on both sides so that at the end of the day, when you're asked on behalf of your constituency to make a decision, you have to weigh that evidence before you. And I bring to you, and Dr. Haley brings to you, and Mrs. Weinmaster brings to you biological evidence that this is dangerous. They bring to you statistical studies that it hasn't caused autism. You have to weigh, in your heart, what is in the best interest of your constituency, and we will respect that decision either way you go. I appreciate your time, but thank you. [LB49]

SENATOR JOHNSON: And let me thank you for coming. I would suspect it has been kind of hard for you to come here (inaudible) bring back some unpleasant memories. So thank you for being able to do that and take part in this. [LB49]

LUJENE CLARK: Well, the very last promise I made to my husband is that I would continue. As a matter of fact, he fully expected me, on the day of his death...I had mentioned that I needed to cancel the plane, that obviously we were not going to be able to come, and he was insistent that I come instead, even as he lay in the hospital bed. Of course, I did not. [LB49]

SENATOR JOHNSON: Yeah. You bet. I understand. [LB49]

LUJENE CLARK: But, yes, we do feel it is that important. [LB49]

SENATOR JOHNSON: Thank you very much for coming. [LB49]

LUJENE CLARK: Thank you for your time. [LB49]

SENATOR JOHNSON: You bet. Any other proponents? How many opponents do we

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have? One, two, three, four, five, six maybe. Let's see if we can all get our testimony in, in, you know, roughly 45 minutes, if we can. And so let's have at it. First testimony here, please. [LB49]

ARCHANA CHATTERJEE: (Exhibit 4) Good afternoon. My name is Archana Chatterjee, A-r-c-h-a-n-a, the last name is spelled C-h-a-t-t-e-r-j-e-e. Senator Johnson, members of the committee, I have appeared in past years before this committee in opposition to similar bills that have come before this committee. You have all probably received copies of my written testimony with regards to why I oppose this bill, but given the short period of time we have to talk, I want to say a couple of things. First of all, a little bit about my background: I am an associate professor of pediatrics, medical microbiology and Immunology, and pharmacy and allied health professions at Creighton University, one of our two medical schools here in the state. I also serve as the hospital epidemiologist for the Children's Hospital in Omaha. I have lived and work here in the state of Omaha...in the state of Nebraska for nearly 17 years, providing care to the children in the state that have been referred to me by other physicians. I am a pediatric infectious disease specialist and have spent many years researching, studying, and advocating vaccines. That is my medical and scientific background. I also will talk to you as a sister and a mother, and I will give you that side of my take on this issue. A couple of points that I would like to make with regard to some of the testimony that you've already heard: I think you've heard from many people the concerns about thimerosal and mercury that may be in childhood vaccines, and I think from the questions that the senators asked there are a number of people who are not very clear on which vaccines contain mercury and how much, and so I took the liberty of bringing with me a copy that is being distributed as we speak. This is of a list of vaccines and how much mercury is actually in them. This is published by the Institute for Vaccine Safety of the Johns Hopkins Bloomberg School of Public Health. This particular source is not the only one where you can get this. You can get this from the American Academy of Pediatrics, a number of other sources that are available. I would call the attention of the senators to all the zeros that are listed under thimerosal concentration for most of the childhood vaccines. You have heard how some of the older children and adults may get vaccines containing thimerosal, or mercury, and the contents are listed there. Dr. Haley, who is a chemist, mentioned that he doesn't know what trace amounts of mercury mean. I will call your attention to the end of that table where they talk about the fact that products that contain trace amounts of mercury should be considered thimerosal free, and they actually tell you that trace amount means less than 0.3 micrograms of mercury. These are established sources. There are two references to journal articles from JAMA, the American Medical Association journal, that back up the fact that these trace amounts of mercury are not considered a problem. I brought my bottle of water up here for a reason. How many of you heard of the unfortunate woman who was water intoxicated and died because of water intoxication? So water is a poison, right? Should we ban this from the state of Nebraska? It depends on how much there is. You will hear testimony from Dr. Steven Seifert of the University of Nebraska Medical Center, who is head of the

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Poison Control Center of the state, and he will talk to you in more detail about mercury. The point I want to make is how much matters? And most childhood vaccines only contain trace amounts. Now I want to talk a little bit about my personal experience with autism. Some of you have heard this before and I beg their forgiveness for repeating the story, but I grew up with a brother who's autistic. Again, this is a part where I do get a little emotional, so I will beg the committee's pardon, but I went to see him last month when I was in India. He's 37 years old. He has survived much longer than any of us expected him to. He's a low-function autistic. He is cared by the most wonderful people that I know on this earth. My parents, because they did not believe in vaccinations, they felt you should have natural immunity, did not vaccinate any of their five children, except for me. I lived with my grandmother for a short period of time as a child and I actually did receive some childhood vaccines. So my brother, who is now 37, received no childhood vaccines. I do not know why he is autistic. In India, the genetic testing for autism is not available, so we have not been able to test him to find out why. But right here in Nebraska, Dr. Brad Schaefer at the University of Nebraska Medical Center is a geneticist. In my conversations with him about autism, which I talk to him periodically because of my brother, he tells me that 60 percent...in 60 percent of the cases of autism the genetic basis can be identified. Do people want to find out about it? Some do, and some don't. Some do not want to know what caused their child's autism. They would prefer to blame somebody or something. I know the pain of growing up and living with a person with autism. I saw my mother take my brother to every quack and charlatan and faith healer who's there who said they could cure him. They would tell us what caused his autism. To date, we do not know. My mother was also told by the physicians at that time that her neglect of this youngest child caused his autism--you will all remember that at one point in time maternal neglect was presumed to be the cause of autism--this, to a mother who brought up three daughters who are all physicians and a son who is a telecommunications engineer. You can't tell me that that mother neglected the youngest child. She did not. And she lived with that guilt for years. I think she died with it too. Point is that we do not know what causes autism. The neurologic...other neurologic conditions that have been mentioned--epilepsy, ADHD--they're all entirely different neurologic conditions. The causes are different, their treatments are different, their pathogenesis is different. I think it is presumptuous to assume that one thing--mercury--causes all of these things. I would encourage the committee to focus their efforts on proposing and moving forward legislation that will truly help the children who are afflicted, the children and the families who are afflicted by autism and other neurologic defects. I believe you have heard two bills already in this committee that relate to providing more research and more services to these families and children. And it is my earnest plea that you focus on those bills and not this kind of legislation that, no matter what the proponents tell you, essentially choose to restrict vaccine availability in the state of Nebraska. You have heard reasonable alternatives exist, from Senator Hudkins. I would like to ask what is the reasonable alternative? Nearly all of the vaccines, except for the live virus vaccines that Dr. Haley mentioned, in the manufacturing process require the use of thimerosal as a preservative. It is removed in

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the final process of making the vaccine, but during the manufacturing process it's there and traces of it will remain. It is not possible to get rid of those. In those countries where thimerosal-free vaccine is being used, they all contain traces of the vaccine. There are a small number of vaccine manufacturers in this world. They're multinational, international companies. They make the vaccine exactly the same way as they make it in Europe, as they make it the United States, as they make it in Canada. There is no difference in the manufacturing process. So some of what you have heard I think is meant to mislead, and I would caution you about your consideration of the previous testimony. One last thing I would like to say, and this is a quotation from a great American author that I like, Mark Twain, who said that a lie can travel halfway around the world while the truth is still putting on its shoes. I would call your attention to the truth, the science, the facts around immunizations, mercury and vaccines, and to not pay attention to the lies that are propagated about these biologic products. With that, I will close my testimony, and I'd be happy to answer any questions. [LB49]

SENATOR JOHNSON: Thank you very much. Any questions? Senator Hansen. [LB49]

SENATOR HANSEN: Oh. Yeah, I'll ask one, yes. Thank you. [LB49]

SENATOR JOHNSON: Okay. You bet. [LB49]

SENATOR HANSEN: On the back page of the second page of your handout, your second handout,... [LB49]

ARCHANA CHATTERJEE: Uh-huh. [LB49]

SENATOR HANSEN: ...you say a concentration of 1 part per 10,000. One part per million is measurable; one part per billion is measurable. [LB49]

ARCHANA CHATTERJEE: Uh-huh. [LB49]

SENATOR HANSEN: It seems like 1 part per 10,000 is relatively high. [LB49]

ARCHANA CHATTERJEE: That is correct. Those are the mercury-containing vaccines that you're talking about. That's the .1 percent, .01 percent. Those are...as you see there are on that back page one, two, three, four listed; on the front page one, two, three, four, five listed. Majority of these are not for childhood use. For example, the DTWP that you see, it's number one, two, three, four, five from the top, it's a wholesale pertussis product that is no longer used in the United States. So this is actually giving you even a historical view of how much mercury there was in these vaccines, but the ones that are currently used in children do not contain anything but traces of mercury. [LB49]

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SENATOR HANSEN: And the trace is one part per 10,000? [LB49]

ARCHANA CHATTERJEE: No, it is not. The trace is less than 0.3 micrograms. It's the last starred paragraph right at the end there. [LB49]

SENATOR HANSEN: Okay. [LB49]

ARCHANA CHATTERJEE: So what is considered thimerosal-free is vaccine that contains less than 0.3 micrograms, okay? [LB49]

SENATOR HANSEN: Thank you. [LB49]

SENATOR JOHNSON: Okay. Any other questions? Thank you very much. Next, please, and while you're taking your seat, let me say that there's a letter of opposition from Bruce Dart, Health Director, Lincoln-Lancaster Health Department, and a letter of opposition from Julie Karavas, Bio Nebraska Life Sciences Association. (Exhibits 13 and 14) Sir, go ahead. [LB49]

DAVID FILIPI: (Exhibit 5) Thank you. I'm David Filipi. I'm a family physician from Omaha, Nebraska. I come here bringing opposition from both the Nebraska Medical Association and the Nebraska Academy of Family Physicians, and also a 120-doctor group in Omaha who believes that this legislation is essentially unnecessary. No one is a fan of mercury, either given by mouth or given by injection or given by any type of administration. But it's a matter of balancing good against evil on this sort of a thing. I will tell you that there is more mercury given in a 5-ounce walleye filet than there is in a 35 microgram dose of vaccination. So I think it's a matter of judgment in a matter of how much mercury is safe. Most of the vaccines that we give to children, in fact all of our vaccines we give for children under age three contains virtually no mercury at all. And I think that when we talk about autism and the development of the central nervous track, that's where we need to focus in on (inaudible) three. But the problem is well taken care of. I have to recall in my own childhood, and I think many of yours probably, of being slathered with merthiolate when we got scrapes and cuts from the school nurse and from Mom. Merthiolate is thimerosal, and so we got a ton of merthiolate in ourselves and a ton of thimerosal in ourselves growing up, so you need to understand that legacy. Cost is an issue. You folks will be battling some of the issues of Medicaid right now. How do we decrease costs within Medicaid? How do we decrease costs of private insurance companies? Every time that insurance goes up 1 percent, 2 percent of people drop out of private insurance plans. Out-of-pocket costs are significant. And let me just explain to you, we're in the process right now of negotiating with our flu for the fall of 2007. The vaccine difference, if you buy vaccine without thimerosal, the cost, our cost right now for buying that is \$10.90. If you buy it without thimerosal, it's \$13.40. So it's \$2.50 difference per each dose of flu vaccine that we give. And right now we're in the process of purchasing 30,000 doses of vaccine. Somehow that's going to hit the

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financial bottom line of somebody, whether it's a patient's pocketbook, the insurer's pocketbook, or Medicaid. Lastly is more kind of an emotional thought. The more we victimize and the more we demonize, I guess I would say, mercury as being the cause of autism, the less we really take a look at the true causes of autism. Mercury may or may not be the cause of autism. I think the evidence is pretty clear from the CDC that it's not, but we need to find the cause of autism. And maybe it's through research; it's obviously through research. But the more institutions like legislatures, more institutions like the Senate says, yes, mercury is the cause for autism, the less we put the pressure on the right researchers to give us the right answer. Questions or comments? [LB49]

SENATOR JOHNSON: Any questions? Sir, I see none. Yes, sir; Senator Hansen. [LB49]

SENATOR HANSEN: Thank you, Senator Johnson. Dr. Filipi, do you have...have you ever done any of the tests that the proponents were talking about like the urine tests for any autistic children? Do you have any autistic patients? [LB49]

DAVID FILIPI: I don't have any autistic...in my family practice, I have no autistic patients, so I have never had the opportunity to do the testing. Other questions? [LB49]

SENATOR JOHNSON: Thank you for a very succinct testimony. [LB49]

DAVID FILIPI: I'm big on succinct. [LB49]

SENATOR JOHNSON: Thank you. Next please. [LB49]

JEFF KUHR: (Exhibit 6) Senator Johnson, members of the committee, my name is Jeff Kuhr, spelled J-e-f-f K-u-h-r. I'm here today on behalf of the Public Health Association of Nebraska, which opposes the proposed adoption of the Mercury Vaccine and Drug Act. I don't know if this is a credible source or not, but according to the U.S. Food and Drug Administration, thimerosal has been removed from or reduced to trace amounts in all vaccines routinely recommended for children six years of age and younger, with the exception of inactivated influenza vaccine. I think I'm saying what we've already heard but I'm looking at it more from a practitioner point of view and not so scientifically. Simply put, the Public Health Association feels strongly that regardless of what laws are passed in Nebraska, the fact remains that the federal government has a control over the time limits and extent to which thimerosal is being replaced as a drug preservative. And according to what we read with the Food and Drug Administration or CDC or what have you, there is progress being made in this area, therefore we feel this bill proposes an unnecessary use of time and resources at the expense of Nebraska taxpayers. [LB49]

SENATOR JOHNSON: Any questions? Again, we thank you, sir. Next please. [LB49]

STEVEN SEIFERT: (Exhibit 7) Senator Johnson, members of the committee, thank you for allowing me to speak. My name is Steven Seifert, S-t-e-v-e-n S-e-i-f-e-r-t. I'm a professor at the University of Nebraska Medical Center of medical toxicology, and the medical director of the Nebraska Regional Poison Center in Omaha. I'm very moved by the testimony of the parents of autistic children. It's a tremendous burden and devastating disease, and I wish I could sit here and tell you that we know what causes this and that we can simply make that go away by doing something like removing mercury from vaccines. But, in fact, we don't. In fact, although there appears to be a strong genetic basis to some of the cases, we don't know the relative interplay of genetics, infectious disease, immunologic disease, inflammatory, or even other toxic exposures. Dr. Chatterjee used my proposed example of the unfortunate woman who died of water intoxication. And the basic principle of toxicology that that demonstrates is that the dose determines the poison. Anything in sufficient dose is potentially toxic. Now we know, in fact, that mercury does have significant human toxicity and that it is particularly toxic to the brain and other neurologic tissues. Acceptable levels of exposure to mercury have to be established because we're exposed to it in a variety of contexts in the environment; you can't avoid it. And so that has been done by appropriate scientifically based federal agencies that set permissible exposure limits based on something called the reference dose. And this reference dose is set several orders of magnitude below the lowest observable clinical effects that we can see from mercury. This builds in a certain amount of safety so that if you go above the permissible limits you're still well below, in most cases at least a hundredfold below the lowest level that you can see any observable clinical effect. Now, form with a metal like mercury is also critical to its toxicity. These standards were based on methylmercury, the most toxic form of the organic forms of...well, one of the more toxic forms of organic mercury. And ethylmercury, which is thimerosal, is considerably larger, does not get into the brain nearly as well, and so by using the same standards that were set for methylmercury to apply to ethylmercury, we've built in an additional factor, safety factor, of severalfold. Now, in the 1990s, the question of a possible association between thimerosal and autism was raised, and the available data has been reviewed multiple times over the last decade, including the Workshop on Thimerosal by the National Vaccine Advisory Committee, a couple of meetings of the Advisory Committee on Immunization Practices of the CDC, and also by the Institute of Medicine Immunization Safety Review Committee. And I've passed around the executive summary of their 2004 report. That, in fact, was the eighth such report however that that committee made in reviewing exhaustively the materials involved in this. And that sort of review is a very structured process. They do an exhaustive search of the literature. The levels of scientific evidence are graded. There is a structured format to discussing this. Appropriate experts, of course, are all involved. You have epidemiologists, you have immunologists, toxicologists, and the very best and brightest minds turned their attention to this question. And they concluded, very strongly, in 2004, that they in fact rejected a...the evidence rejected a causal relationship between thimerosal-containing vaccines and autism. The basis for this were a number of things, including numerous

and large-scale epidemiologic studies, the fact that mercury poisoning when we actually see people who were mercury poisoned look nothing like autistic patients, that there was a natural experiment in which a number of European countries had removed thimerosal from their vaccines for, now it's been about 15 years, and those countries are seeing exactly the same increase in rates in autism as before and as the rest of the world is seeing. To go further into the specific basis for their discussion, I think is a question of how much you want to go into the depth of the scientific decision making process. And if you want to substitute your opinions for a group of individuals who are trained and tasked with doing that, then we would have to have a much longer discussion of the technical aspects of their analysis. The Executive Report, however, is written for the lay individual and you should be able to read and understand their recommendations. There were a number of misstatements of fact earlier with regard to what their recommendations were. They, in fact, do encourage more research on autism and on thimerosal, simply feeling that the link between the two has been demonstrated...the absence of a link between the two have been demonstrated. Also I put the URL here for the full report. It is available on-line if you wish to read the entire report. One other thing about the legislation that I want to address is the risk assessment and communication aspects of that. Informed consent is an important part of the patient-physician relationship. The language that LB49 would be required for, and I would put the words "informed consent" here in quotes, is not scientifically based nor would it result in an objective and balanced risk communication to the patients. In addition, I think that inserting this language into any sort of informed consent process would have the potential to harm public health by creating an irrational fear of vaccines and vaccinations and thereby reduce vaccination rates. So my conclusion is that this legislation, I believe, is based on an unscientific interpretation of the medical literature. It meets none of the criteria for evidence-based medical practice or the establishment of public health policy, nor does it result in scientifically based, objective and balanced risk communication, and it may have significant adverse public health consequences if passed. I urge you to reject it. Thank you. [LB49]

SENATOR JOHNSON: Thank you much. Any questions? Seeing none, again thank you very much for a succinct testimony. [LB49]

LEWIS FISHER: Good afternoon, Senator Johnson, committee. I'm Lewis Fisher, L-e-w-i-s F-i-s-h-e-r, and I come today to represent the Nebraska Chapter of the American Academy of Pediatrics and myself as a person who's been in pediatrics for 36 years. LB49 is a very threatening, intimidating bill to me. Nebraska enjoys and we are very proud of our state having the second highest level of immunizations of all the states. This bill would have an incredibly chilling effect. There is not a month, much less a week that goes by that a patient will not ask about questions about mercury and vaccines and should they vaccinate their children. We have long-standing relationships, and I counsel according to this report that you've already received from Johns Hopkins that we have used and it's been presented at many pediatric conferences that we have

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only two vaccines that really we use with thimerosal. This trace issue is an infant thing, and one speaker I have heard, spoke there is more mercury in a breast feeding than in all the vaccinations put together. One thing I would agree with Dr. Haley, there is probably mercury in every mother, and hence in their breast milk. We've heard the CDC warn us that probably ocean fish should not be ingested more than once or twice a week because of the levels of mercury because that might be toxic. And you've also head the levels of mercury addressed in terms of their relative toxicity, ethyl, methyl, and organic mercury. I can only reiterate what my people have said before me, that we as pediatricians, and especially the last section which is really intimidating to a practitioner, about the penalties for not having adequate informed consent, whatever that is, would inhibit us, and number two, require a great deal more time and explanation to not serve the science and not serve the achievement we have and the health levels that we have. We don't need to go back to the days of meningitis and whooping cough and measles like they have in England because of fear of vaccines. A little over 50 percent of children in England are vaccinated because of some of these fears, and they have measles tests all the time. Fortunately, that has begun to change over the last couple years. In Germany, we study whooping cough vaccines because they have whooping cough because they don't vaccinate because they're afraid of vaccines. I don't want to see that for my charges, and my 22 grandchildren are fully immunized. Thank you. [LB49]

SENATOR JOHNSON: Any questions of the doctor? Thank you very much, sir. [LB49]

LEWIS FISHER: Thank you. I've got to sign my form. [LB49]

SENATOR JOHNSON: Next please. How many more do we have, by the way? Any other proponents (sic)? One, two, three, four. Okay. [LB49]

MARGARET BROCKMAN: (Exhibit 8) Good afternoon. My name is Margaret Brockman, M-a-r-g-a-r-e-t, Brockman is spelled B-r-o-c-k-m-a-n. I'm here today to represent the Nebraska Nurses Association in opposition to this bill. We concur with the information that has been presented by the previous testifiers and stated. And to summarize I have sent out a written letter, but to summarize that very quickly for you here, nurses on a daily basis deal with parents and children in the healthcare system. This bill may eliminate individuals from receiving preventative healthcare necessary to live healthy lives in our society. We believe the benefits of immunizations far outweigh any potential risks and NNA encourages you not to advance LB49 from committee. Thank you. Any questions? [LB49]

SENATOR JOHNSON: Any questions? Thank you. Next please. [LB49]

KRIS STAPP: I'm thinking you must be exhausted. [LB49]

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SENATOR JOHNSON: We're doing fine. [LB49]

KRIS STAPP: (Exhibit 9) Are you? My name is Kris Stapp and I'm here representing the Visiting Nurse Association. I am manager of their maternal child and serve as a nurse clinician for our community flu prevention campaign. And there are people here that a lot smarter than I am and I'm going to share my testimony, but a couple things I guess I just wanted to reiterate. And I'm actually here from a provider prospective, as much as anything. Young parents have a lot of questions and concerns that they have about vaccines. And I think Dr. Fisher put it pretty well, and I probably can't do it any better. But I really am concerned that this legislation requiring parents to sign off on a warning statement would really make it very difficult for parents to make that decision. I think it's going to really place a lot of doubt on the general safety of the childhood vaccinations that we have encouraged and continue to encourage. And so I think it's really important that we remember how important the collective community is when we look at immunization status in protecting our children, our community, from the vaccine-preventable diseases, because I think we have forgotten how dangerous they are. The other piece that I really kind of wanted to share with, you know about a year ago when we were ordering vaccine for our flu vaccine, and we order through a contract through the National Visiting Nurse Association which has really served us well in the past as far as being able to access vaccine. We placed our order within 24 hours of being able to do so and were unable to access any thimerosal-free vaccine, so I really have concerns about what this could do to availability of vaccines. And if vaccine isn't readily available when parents are on the spot to vaccinate their children, you miss opportunities to vaccinate them. It's very difficult to get them back in to make sure that children are age-appropriately vaccinated. And as you look at my testimony, you will see that I'm urging you to look at the issues presented today and to oppose LB49. [LB49]

SENATOR JOHNSON: Any questions? Senator Hansen. [LB49]

KRIS STAPP: Yes, Senator Hansen. [LB49]

SENATOR HANSEN: I didn't want you to leave too quickly. Thank you, Senator Johnson. You say age-appropriate vaccination. How many vaccinations are given routinely to children who...? About 14? [LB49]

KRIS STAPP: Oh, now you're going to put me on the spot, but I...and there's probably somebody who can tell me here better, but it's...I want to say it's somewhere between...it's not quite 20 but in the 15, 16, 17, 18? [LB49]

_____: Twenty-four by age 5. [LB49]

KRIS STAPP: By 5. Okay. Because I was thinking 2 and under. So it's a lot. Now a lot of

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them are given in combinations now, so hopefully it's necessarily 24 sticks. But it's a lot of rendezvous that you have to have with that child in the immunization clinic and/or the doctor's office to actually keep them age-appropriately immunized. [LB49]

SENATOR HANSEN: How many would you say...is there any percent of children who have reactions to any of these vaccines? If you are a visiting nurse, do you go out and see children at home after the...? [LB49]

KRIS STAPP: We see families in home. We do not...the only vaccine that we are currently providing is the influenza vaccine, to children, so we at this point in time are not doing childhood immunization clinics. But one thing we try very hard with the families that we see during home visitation in our public health and when we visit new moms and babies, is to discuss and promote the importance of age-appropriate immunizations for children. So a lot of discussion and questions come out in that process. [LB49]

SENATOR HANSEN: Is every one of those 24, intramuscular? [LB49]

KRIS STAPP: No. Some are subcutaneous. [LB49]

SENATOR HANSEN: Some are "sub-q." And are some of them oral liquid, too? [LB49]

KRIS STAPP: It used to be that the polio vaccine was, but now they've gone to an injectable vaccine. [LB49]

SENATOR HANSEN: Okay. Thank you. [LB49]

KRIS STAPP: Certainly. [LB49]

SENATOR JOHNSON: Any other questions? [LB49]

KRIS STAPP: Thank you. [LB49]

SENATOR JOHNSON: Just one observation and then you might give me your take on it. What it is, is this: is we've been talking about the cost of various vaccines which makes it so that the higher the price of the vaccine, the less people have it and so on. But there must be more to it than that because the countries that were given as examples of low rates of vaccination are all socialistic-type medicine where the vaccines are free, and yet the number of people vaccinated were down in the 50 percent range compared to almost double that for Nebraska. So kind of an interesting statistic, I thought. Your...? [LB49]

KRIS STAPP: I could probably retrieve versus giving you my best guess, I could

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probably retrieve some very accurate information for you, but I think the dilemma that we see in influence vaccine now, there is some that is manufactured but it's a small amount of a very large pool that is actually the individual-dosed unit dose presentation that is the thimerosal-free. And so right now the bulk of what is manufactured does contain thimerosal or traces of it. [LB49]

SENATOR JOHNSON: Any other questions? Thank you very much. [LB49]

KRIS STAPP: Thank you. [LB49]

SENATOR JOHNSON: Next please. [LB49]

TIM CUDDIGAN: Good afternoon. My name is Tim Cuddigan, T-i-m C-u-d-d-i-g-a-n, and I'm a member of the Immunization Task Force of Metro Omaha. And unlike the other people that have talked to you this afternoon, I'm going to talk about a little different perspective because I'm a community representative. I'm not a medical professional and so my interest is as a volunteer in going forward on this vaccination activity. My background and occupation is as a lawyer, so I'm going to talk about one part of the bill that really hasn't been touched on and that's Section 8 of the bill. And that is provides that the medical providers will be civilly liable for attorney's fees as well as criminally liable if there's any violation of the act. I think that this either has two effects: either it's going to make a lot of plaintiff's lawyers rich or it's going to chill the ability of medical providers for fear of not giving the proper consent or having the proper consent form in the file to provide vaccination services to patients. I think this is one of the aspects of the bill that has a terrible effect. To make the physician, to make the medical assistant, to make the nurse responsible for this activity, I think is wrong. I've given you in a letter previously delivered to the committee, a more thorough discussion of my feelings about the bill, and I would just ask that you, in view of the late hour, look at that. [LB49]

SENATOR JOHNSON: Thank you. Any questions? I'm afraid I've got another one. With this portion of the legal language there, would this be a Catch-22 situation where if there is any adverse reaction that would theoretically be attributed to the shot, that the physician or shot-giver would then be liable, but if they don't have the vaccinations and develop the disease that the vaccination was for, would they then be liable? [LB49]

TIM CUDDIGAN: Boy, I sure think so. I think so. I think that it...the physician would have to provide, at least this is my opinion, standard of care for immunizations of a child. And that if they decided not to provide that service because of the onerous liability that was attached as a result of LB49, then they would be vulnerable, as you say, in a Catch-22 situation. [LB49]

SENATOR JOHNSON: Any other questions? Thank you, sir. Any other testifiers? Hey.

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MARY JOHNSON: (Exhibit 10) Senator Johnson, members of the committee, I'm Mary Johnson, M-a-r-y J-o-h-n-s-o-n. I'm a registered lobbyist for Ruth Mueller Robak and today I'm representing the Pharmaceutical Research and Manufacturers of America. I've had a chance to visit with a number of the committee members and they do have a copy of our position statement and why PhRMA is opposed to LB49, and I'll share that again because a number of our points have already been made. [LB49]

SENATOR JOHNSON: Thank you very much. Any questions of Mary? Thank you. Have a good weekend. Any other testifiers? Yes. [LB49]

LINDA OHRI: (Exhibit 11) Senator Johnson and the committee, my name is Linda Ohri. I am a pharmacist and I teach at Creighton University in the School of Pharmacy, and I'm here to testify primarily for myself. I have provided you a one-page information sheet that is my attempt to kind of outline the issue that we always deal with in medicine, and that is that we're always making decisions of benefits versus risks, and I think this is really what this question is about. And I've started this discussion, and I'm not going to go into this in detail, but to itemize for you what happens when we vaccinate. We have seen tremendous drops in the rates of measles in the recent times because of a big push to give measles vaccine. And yet in the United Kingdom, we have seen increases in measles because people refused to be vaccinated against measles because of fear of measles vaccine causing autism. Recently, in 2006, there was a measles outbreak threatened in Boston because somebody came from a country outside of the United States who had measles. So measles truly, or many of these other diseases, really are only a plane ride away. In terms of risks, there's been a lot of talk about how much thimerosal there is or that if any thimerosal is a danger. I think Dr. Seifert very clearly identified for you that it is matter of how much you get. Preservatives, by their nature, kill things; that's why we use preservatives. They are intended to kill bacteria, fungus, viruses, that can contaminate a sterile product. In the 1950s when the polio vaccine first came out, there was an incident of contamination of that vaccine. And as a result of that there was national legislation and there is existing law that requires that preservatives be used in any vaccine batch that is a multidose batch, so that indeed we have federal law that requires the use of a preservative. There are other preservatives, such as neomycin, but neomycin is a preservative that also had potential for harm. And again it kills things; that's the purpose of a preservative. The issue of how much has been talked about. I have attempted on this, and I'm not even going to talk about this, but I encourage you to look at it, is just what are we talking about in terms of the amount of exposure of a child or a person who gets a vaccine that has a trace amount of thimerosal or in the first six months of life gets the vaccines that may have a trace, and happens to have to get the flu vaccine, because there isn't available thimerosal-free, that has thimerosal in it. And this will indicate to you that that child is getting less thimerosal exposure, ethylmercury exposure, than they get methylmercury exposure in

breast-feeding or in formula. Now, am I recommending we don't breast-feed? I certainly am not; I am a strong proponent of breast-feeding. But it is a matter of relative exposure. On the back of this page I've taken the liberty of dedicating my testimony, because as I reflected on this I thought about the number of people in groups that I have either been personally exposed to, worked with, or interacted with, or just the world at hand, of what a tremendous impact vaccines have had and what happened before we didn't have vaccines. I had a cousin who died of hepatitis B before hepatitis B vaccine was available. And I've given other examples of this, as well. So I believe vaccinations with or without thimerosal are an excellent benefit to risk, and I encourage you to oppose this bill. I want to finish by looking at Section 2 of the bill itself. And this is the requirement that says that the Department of Health and Human Services will create a consent form, and that consent form has been made that the parent or the patient has been made aware that the vaccine or other drug to be administered contains mercury; has been advised that all forms of mercury are dangerous toxins; that exposure to even low levels of mercury may result in irreversible systemic damage to the brain, nervous system, other organs, and system; and mercury ingestion may cause adverse behavioral and other changes; and having read this, now consents to receive or have their child receive this vaccine. I can tell you, as a healthcare provider who has administered vaccines to patients, no patient who reads this is going to agree to receive that vaccine. And as a health provider, I could not agree to give this sheet to somebody because I believe it is inaccurate. I believe it is wrong and it is perpetuating a fear that will discourage people from what I consider one of the greatest public health advances that we have accomplished in the last 100 years, and that is having these vaccines available to prevent disease. Thank you. Do you have any questions? [LB49]

SENATOR JOHNSON: (Also see Exhibits 12 and 15) Thank you very much. Any questions? I see none. Thank you very much. Any other testifiers? Any other opponents? Any neutral? Seeing none, Senator Hudkins. And as she's taking her seat, let me say this: I think this has been one of the best sessions that I have been in on. We've had very civil discussions about this, and the one common bond that I think everyone in the room has is that the recognition of autism as being such a devastating condition and that we are all striving to see the cure for this disease rather than just treating it. Senator. [LB49]

SENATOR HUDKINS: Thank you, Senator Johnson...and the civility may end right now. I would like to talk about some of the opponents' testimony. First of all, someone asked why the CDC said that there was no problem with thimerosal. Comes to find out that the IOM was paid by the CDC, and there are transcripts; we can get those for you. The CDC set out certain specifications that they wanted to find. One of these specifications happened to be, we want you to find no problem with thimerosal. Now, that's pretty scary. We talked about you cannot dispose of these vaccines in a landfill because of their hazmat status but yet we're going to continue to inject them into our babies. We're not here for a blame game. You've heard that before. Neither am I. The pharmaceutical

companies are learning more every day. The CDC is learning more every day. The Public Health Administration, the FDA, the HPA, the whomever, whatever initials you want having to do with health organizations. And they are all wonderful organizations and they all serve a purpose, but they're learning more every day. But what we want to do is prevent other babies from having these neurological problems and prevent families from having to go through this heartache. One of the speakers at a briefing this morning said that her son was seven and a half years old; he was fine; he was a normal little seven-and-a-half-year-old boy until he received a flu shot. Within weeks he was exhibiting signs of a neurological disorder. Now, why didn't it show up earlier? Maybe he was lucky. Perhaps he hadn't had as many vaccinations. Perhaps he was able to metabolize the heavy metals in the vaccinations that he had received. But in any case, at seven and a half years of age...what is that, about second grade...his life had changed forever. Now, this does not only pertain just to babies. You all know young men in your town who are fine specimens of athletes and they play football or basketball. You have also heard about football players or basketball players suddenly dropping dead on the field or on the court. When all of the studies were done, these young men were taking steroids. Now, we all know that that is illegal, but young men being what they are, they want to play football; they want to be big and strong; they want to bulk up. Well, guess what is found in steroids? Thimerosal. Denmark has had thimerosal out of their vaccines since 1992. There, and I'll call it autism even though we don't know if that's the causal, but that's what I'm going to use as a form of speech...4-5 out of 10,000 births show up...four or five kids out of 10,000 show up with autism in Denmark. In the U.S., that's 60 out of 10,000. Do your math and that comes up to 1 out of 166. Denmark doesn't vaccinate as early as we do or as much as we do. Amalgams, it has been referred to us today or suggested to us today that the amalgams in our teeth contain mercury. Well, if that's the case, I should glow in the dark because I have so many fillings. And, in fact, 85 percent of the dentists and hygienists are mercury-toxic. They deal with this amalgam...or did deal with this amalgam every day when they made fillings. Now there is another filling substance, and I can't even tell you what it is--I've heard the term because I just got a filling. We've taken the lead out of gasoline. We've taken the lead out of paint because it was determined that lead is very, very hazardous to the developing child. It's time we took the mercury out of vaccines, including tetanus vaccine, rabies vaccine, snake venom, meningitis, and the flu. A single dose of the flu contains 25 micrograms of thimerosal. That equates to 50,000 parts per billion. Our water in our towns is not allowed to be above 2 parts per billion of mercury. We only allow 2 parts per billion in our water. How much water do we drink every day? Well, we all know we're supposed to drink eight glasses, and yet one flu shot gives you 50,000 parts per billion--25 times as much. We heard that in the medical profession it's do no harm, and Senator Johnson you signed an oath to that effect, the Hippocratic oath I believe that says, first of all, do no harm. We heard about we make decisions based upon the information that we have. And, as senators, we do that every day. And if we're smart, we keep our ears open and our minds open for new information because we can heard one part of the question and we think, well, that sounds logical, and then we hear

the other part and then we think, oh, good heavens, I never thought of that. So science is showing a better way; research is showing a better way. Should we continue the treatments for patients who already have these neurological disorders? Of course we should. And should be also continue the research? Absolutely. But what's that old saying? An ounce of prevention is worth a pound of cure. I think that if there is something that even though we can't go to the encyclopedia and open it up and it says thimerosal causes autism, even though we don't have that in front of us we have all heard the anecdotal evidence. Do you make decisions best on anecdotes? Sometimes that's the best information you have. We heard that Dr. Filipi had a ton of merthiolate put on his scrapped knees and scrapped elbows when he was a child. A ton of merthiolate? Now, I'm sure he was just exaggerating for effect. But if he's going to exaggerate this, what else can be exaggerated? What I'm saying is, I really doubt whether a ton of merthiolate was used on this little guy when he was little. Maybe two bottles, but not a ton. And he was fortunate. His body was able to metabolize that excess mercury. We heard that there were 30,000 doses of flu vaccine were manufactured at a cost of...I didn't do the math...let's say, \$3 less if they had thimerosal than if they didn't. Well, duh. If you're going to make vaccines, aren't you...and you're going to make 30,000 doses, \$3 apiece, that equates to quite a bit of money. Money is at the basis of a lot of this. We heard that...I told you that; won't go there. We had one testifier say that this is a threatening bill and it will have a chilling effect on vaccination. I'm sorry, Senators, but that's already there. There are people that...and there are thousands of people who have children who have suffered the effects of these problems. They are telling. I called my own daughters: Make sure that there's no thimerosal in the vaccinations your kids get. There was one gentleman that said he had 22 grandchildren. I'm envious; I only have five. But one of them is a month old...and one of them is three months old. I don't want to have them go through this. I don't want to have their parents go through the heartache. It seems to me that the opponents, from what I could tell, and I could be wrong, most of them had direct ties or indirect ties with the pharmaceutical industry. That looks like a conflict of interest to me. You have been given a report from Dr. Haley, and I would refer you to page 3, if you still have that. And he says on page 3, "I have reviewed the literature on thimerosal and have found numerous supporting references on its toxicity and many reports expressing the opinion that thimerosal is too toxic to be used in medicinals." I won't go through all of this; you can read. But I would please ask you to read this. I'm assuming you won't have executive committee today since you have members missing. Please read this. I would also refer you to a paper that you already got. It's called Thimerosal is a Developmental Neurotoxicant. I would refer you to page 14, which is very close to the end. And it says, "The IOM 2004 report on thimerosal-containing vaccines was funded by the CDC. The record shows that the IOM was inappropriately influenced by the CDC." So Dr. Johnson, Senator Johnson, you asked why should the testifiers be believed over the CDC? Well, somebody made a mistake, and there was money involved. I also have two other papers that I will give to legal counsel, and one of them...well, they both are from Toxicological Sciences, and this is from the Oxford Journals Life Sciences, and it gives the volume and the number

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and so forth and the pages from whence it came. And one of them, the headline is Thimerosal Induces DNA Breaks...a word here I can't even pronounce...Membrane Damage and Cell Death in Cultured Human Neurons and Fibroblasts. So there is...there are studies. Another one talks about the effects of thimerosal on NGF signal transduction and cell death in neuroblastoma cells. Another scientific paper. Here is a paper that talks about organ mercury levels in infants with infections of the umbilical cord who were treated with organic mercurial antiseptic. The results show that thimerosal can induce blood and organ levels of organic mercury which are well in excess of the minimum--minimum--toxic level in adults and fetuses. The analysis of fresh and fixed tissues must be carefully controlled against normal tissues in order to interpret mercury levels accurately. So there are the studies out there. And as we had sad, more studies are being done every day. We want our children to be vaccinated. We want them to not have to get mumps, measles, rubella, chicken pox, whatever else. And if the parents are going to the doctors and saying, I am really worried about this, you know, the diphtheria, pertussis, that kind of kind, is there thimerosal in this vaccine. And when the doctors or the nurse says, no, this particular vaccine does not have that preservative in it, then the parents are going to say, fine, give us the vaccine. Parents are not stupid. If it's a good product, they're going to use it. If they feel it's a dangerous product or has the potential to be dangerous, they're not going to use it, and that's what we don't want to have. We need our children to be vaccinated. Again, we've taken the lead out of paint; we've taken the lead out of gasoline because it was dangerous. We didn't know that for a long time; now we do, and it's gone. It's time we took the mercury out of medicines. Ladies and gentlemen, thank you for your time today. It's been a long day. For some of us it's been a little emotional. But just remember, first, do no harm. Thank you. [LB49]

SENATOR JOHNSON: Thank you. And I think we actually did quite well. We've only used a little over two hours and that's pretty good. So thank you all for coming today. This is the conclusion of the Health and Human Services Committee. [LB49]

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Disposition of Bills:

LB49 - Held in committee.

Chairperson

Committee Clerk