

Dear Chairman Hawkins and members of the committee,

Thank you for taking the time to read the many reasons why I am concerned about and strongly oppose HB2205--a slippery slope of a bill that will add the meningococcal vaccine to the schedule required for school entry. Not only am I concerned about the safety and efficacy of the meningococcal vaccines, I am suspect of any information regarding a mandate originating from the CDC due to the recent accusation made by their own senior scientists.

The incidence of invasive meningitis in the state of Kansas is incredibly low without a mandated vaccine—in fact; the rate of disease is this low despite not attaining the level of vaccination set forth by the HP2020 at 80%.⁽¹⁾ Adolescents in Kansas may not be vaccinated for MenACWY at rates near the HP2020 goal, and yet the most recent findings state that there were only five cases of invasive meningitis in Kansas in 2016.⁽²⁾

Meningococcal disease does not spread like the common cold that seems to flood each classroom with just one sneeze; it is not highly contagious. The bacteria that causes meningococcal disease requires its victims to exchange respiratory and throat secretions during close and/or lengthy contact.⁽³⁾ Since it is not common practice to kiss or share a toothbrush with one's classmates, it is highly improbable that the disease will spread in a school setting.

Often when we hear the term “vaccinated,” we automatically assume it means immune or that the word is interchangeable with “immunity”; however, it is not that simple. Immunity is not conferred to all people who receive the vaccine, and what immunity is granted does not last more than a few years.⁽⁴⁾ Additionally, the vaccine can actually cause the patient to contract meningococcal disease. Receiving previous viral vaccinations damages the terminal complement portion of the immune system, leaving the patient more vulnerable to meningococcal infection. Our children are most vulnerable to meningococcal disease when they are receiving multiple vaccines for viral infections, and multiple vaccines that are contaminated with unknown numbers of viruses.⁽⁵⁾

It is possible to gain immunity to meningococcal disease without vaccinations. Mothers with innate immunity transfer maternal antibodies to their newborns. This transfer protects the infant in the first few months of life until babies can make their own antibodies. Furthermore, at any given time, about 20 to 40 percent of Americans are asymptotically colonizing meningococcal organisms in their nasal passages and throats, which throughout life boosts innate immunity (obtained as a newborn) to invasive meningococcal infection. By the time American children enter adolescence, the vast majority have asymptotically developed immunity that protects them.⁽⁶⁾

When considering any vaccine, it is imperative to investigate the rate of injury that follows said vaccine. Essentially asking the question: Do the costs of the vaccine outweigh its benefits? A simple review of the available information—the vaccine product insert as well as the Vaccine

Adverse Event Reporting System (VAERS) database—shows that the meningitis vaccines carry risk. Additionally, it should be noted that the reports made to VAERS is an extreme underrepresentation of the actual rate of adverse reactions—a mere one to ten percent of adverse events are reported. Concerning the MCV4 vaccine, as of January 14, 2017, there were 3,283 reports of adverse events following the MCV4 vaccine on the VAERS database. This figure includes the 60 reported deaths caused by the vaccine.

Addressing the conflicts of interest in mandating this bill is of the utmost importance. In recent years, senior scientists at the CDC have come forward with alarming information and accusations regarding improper conduct and undisclosed conflicts of interest among high-ranking personnel.(7) The CDC owns many patents for vaccines or the manufacture of vaccines; therefore a conflict of interest arises when the CDC stands to profit from mandates.(8)

I appreciate your time spent reading this testimony. I urge you to take appropriate action by either taking the time to educate the committee further on this issue, or to not pass this bill. Where there is risk, there must be choice. Please reflect on one final note: ask yourself who has the most to gain and who has the most to lose should this bill pass.

Sincerely,
Lara Copeland

- 1) <https://www.healthypeople.gov/>
- 2) http://www.kdheks.gov/epi/download/All_Disease_Counts_Summary_2015.pdf
- 3) <https://www.cdc.gov/meningococcal/about/causes-transmission.html>
- 4) <https://www.cdc.gov/vaccines/vpd/mening/>
- 5) CDC, MMWR, vol. 54, No. RR-7, p. 2
- 6) <http://www.nvic.org/Vaccines-and-Diseases/Meningitis.aspx>
- 7) <https://sharylattkisson.com/cdc-scientist-we-scheduled-meeting-to-destroy-vaccine-autism-study-documents/>
- 8) <https://www.google.com/search?tbo=p&tbs=pts&hl=en&q=vaccine+inassinee:center+s+inassinee:for+inassinee:disease+inassinee:control&tbs=ptss:g&num=100>