

Dear Committee Members,

My name is Dr. Denise Lusitani. I am a Ph.D. scientist with training in protein biochemistry, immunology, and experience in biological drug development. I have sincerely held religious beliefs against vaccination. I am grateful for the chance to speak today and have my opposition to the removal of CT's religious exemption heard. I have concerns that this process to remove the RE is occurring outside of set procedures and without any emergency.

I am often told that my family's right to religious freedom is not valid because it puts others at risk. This is false. Unfortunately vaccination can not achieve herd immunity and 100 percent vaccinated populations can and do have outbreaks of infections for which they are vaccinated. In my testimony I will reference facts related to the MMR vaccine, but similar literature is available for other mandated vaccines.

MMR vaccination rates in CT have been high, approximately 98%, and stable for the past 20 years as is shown very clearly on the CDC website. Any infections are cyclical and fall within the norm for a fully vaccinated population.

<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/mmr/trend/index.html?fbclid=IwAR11NOQF97wXGO8hnwVzTP36TTWiZXms4Fs77UE7x9AJGMdWKwSbtHIIGQ>

Reasons herd immunity is not attainable using vaccination (please see references):

- 1) Primary Vaccine failure – 2-10 % will never produce antibody's against the MMR vaccine viruses, even with 3 doses. 2 out of every 100 people vaccinated will never gain immunity to measles, mumps, or rubella.
 - 2) Secondary Vaccine Failure – Immunity wanes over time and after 30 yrs it is predicted that 33 percent are no longer immune, this number continues to rise with longer periods of time, hence a large portion of adults no longer carry immunity.
 - 3) Minimal response is found following continued revaccination. Studies have found that a third MMR did not produce a substantial increased immunity to measles and mumps in those with low titers initially and that any increase seen was sustainable for less than one year.
 - 4) Asymptomatic wild type measles infections occur in the previously vaccinated. These carriers are reservoirs and are known to spread wild type infections, with many documented cases of this occurring. These people do not appear sick and have no reason to realize they may carry and spread an infection to a vulnerable population.
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Primary and Secondary vaccine failure leads to risks in our most vulnerable populations. It's been shown that mother's who had wild type measles pass antibody protection to their newborns while mothers who were vaccinated cannot, leaving their babies unprotected. Vaccination then leads to the creation of a large pool of susceptible individuals – adults with waning immunity and all

infants except those whose mothers had a natural infection. Unfortunately, these are the 2 groups most at risk to severe side effects of wild type infections.

As we stand here today, there is no emergency in CT. I pray that all our legislators will open their minds and hearts and see that any current and future risk in our society is the result of loss of natural infection in childhood, and thus loss of true herd immunity, to our current vaccination program – which results in never-responders, which leads to a loss of immunity over time, a loss that doesn't respond to further boosters, and which leads to asymptomatic carriers of infection. In light of these facts the current knee jerk type of response to remove first amendment protected exemptions from vaccination is not the answer. Coercing vaccination through the threat of removal of our CT constitutional right to a free and public education is unconscionable.

The belief that vaccines provide herd immunity has led to a culture of aggression, discrimination, and censorship of any person who in any way questions the safety of our current vaccine schedule. Something needs to change and trampling on constitutional rights is not the solution.

Sincerely, Denise Lusitani, Ph.D.

References:

Bullet point 1 and 2)

<https://www.ncbi.nlm.nih.gov/pubmed/17339511>

<https://www.ncbi.nlm.nih.gov/pubmed/24585562>

<https://www.ncbi.nlm.nih.gov/pubmed/1632248>

<https://www.ncbi.nlm.nih.gov/pubmed/10813152>

Bullet point 3 and 4)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4324223/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5234812/>

<https://www.ncbi.nlm.nih.gov/pubmed/articles/9431973>

<https://www.ncbi.nlm.nih.gov/pubmed/articles/26597262>

<https://www.ncbi.nlm.nih.gov/pubmed/articles/12237431>