

## **Megan Belval**

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**From:** Megan Belval <Belval@Comcast.net>  
**Sent:** Sunday, May 12, 2019 9:55 PM  
**To:** kidtestimony@cga.ct.gov  
**Cc:** 'Megan Belval'  
**Subject:** TESTIMONY ON RELIGIOUS EXEMPTION 5/13/19

RE: HEARING ON RELIGIOUS EXEMPTION TO VACCINATION  
MAY 13, 2019

Dear Members of the Children's Committee,

I urge you to vote NO on any bill to remove the religious exemption to vaccination. I am an attorney and mother of 3 children and I have spent years working with and researching FDA regulated products. I worked at the FDA for 7 years and then worked as a corporate attorney for two multinational corporations that manufactured FDA regulated products. I have researched the topic of vaccines for almost a decade after my children suffered serious vaccine injuries from their numerous vaccines. Vaccinating my children has been the greatest regret of my life and I will never agree to give them another vaccine.

This is a fabricated crisis. There is no health emergency requiring the extreme action of removing our parental rights, our children's right to an education and our religious freedoms. Please dig deeper and don't rely on media soundbites which are not supported by scientific evidence.

A bill this session to remove the religious exemption is predicated on three false assumptions: (1) that the wild measles virus circulating in our country is dangerous and deadly; (2) that only the unvaccinated are spreading disease and pose a health threat which will be alleviated by removing them from school; and (3) that the MMR vaccine carries very little risk to the vast majority of the population. If all of these assumptions were true, then perhaps an argument could be made for sacrificing certain rights. However, if even one of these statements is false, then the entire premise behind the bill falls apart. My testimony demonstrates with scientific studies, reports and historical data that each of these assumptions is entirely false.

### **FACTS TO CONSIDER WHEN VOTING ON REMOVING A CHILD'S RIGHT TO A PUBLIC EDUCATION DUE TO FEAR OF A MEASLES INFECTION**

#### **MEASLES FACTS:**

**FACT:** Due to sanitation, better living conditions and better nutrition from 1900 and beyond, the death rate from measles declined by over 90% BEFORE THE INTRODUCTION OF THE VACCINE in 1963. See: [https://www2.census.gov/library/publications/1975/compendia/hist\\_stats\\_colonial-1970/hist\\_stats\\_colonial-1970p1-chB.pdf#](https://www2.census.gov/library/publications/1975/compendia/hist_stats_colonial-1970/hist_stats_colonial-1970p1-chB.pdf#), and <https://jamanetwork.com/journals/jama/fullarticle/768249> and <https://jhu.pure.elsevier.com/en/publications/annual-summary-of-vital-statistics-trends-in-the-health-of-america-4>

**FACT:** In the 1960's before the MMR vaccine, there were approximately 4 million measles cases per year with approximately 400 deaths per year resulting in a death rate of .0001%, or 1 in 10,000. "This self-limiting infection of short duration, moderate severity, and low fatality has maintained a remarkably stable biological balance over the centuries." Dr. Alexander D Langmuir  
[https://www.researchgate.net/publication/9126520\\_Medical\\_Importance\\_of\\_Measles](https://www.researchgate.net/publication/9126520_Medical_Importance_of_Measles),

**FACT:** Virtually everyone contracted measles at some point before age 15 and it was not feared, as evidenced by the popular culture of that time and the low mortality rates in the US. Popular television shows and children's books (Barbar) of the times describe measles as an inconvenient but mild illness: This short video has clips from three television shows airing before the measles vaccine was introduced: <https://video.search.yahoo.com/search/video?fr=yfp-t-s&p=measles+in+the+days+before+the+vaccine+youtube#id=1&vid=0e2507400e28a4c56d29671ae7e1ac3c&action=click>

**FACT:** Studies show that those who contract measles as children have reduced risks of heart attack, stroke, and certain cancers later in life. More recently, the measles virus is being investigated as an effective cancer treatment. See for heart disease risk: <https://www.ncbi.nlm.nih.gov/pubmed/26122188> and reduced cancer risk: <https://www.ncbi.nlm.nih.gov/pubmed/16406019>, and for cancer treatment see: <https://www.ncbi.nlm.nih.gov/pubmed/18316099> and [https://www.wddty.com/news/2019/04/measles-is-a-natural-cancer-killer.html?fbclid=IwAR3LSck5P\\_NWa7ZWaZWJ-zWgkhtnNGvEzXPqIQhflC8U9t0M34dqvQvD3hA](https://www.wddty.com/news/2019/04/measles-is-a-natural-cancer-killer.html?fbclid=IwAR3LSck5P_NWa7ZWaZWJ-zWgkhtnNGvEzXPqIQhflC8U9t0M34dqvQvD3hA)

**FACT:** We do not fear death from common childhood illnesses such as strep for which there is no vaccine but that actually cause higher death rates than measles. The CDC estimates that there are several million cases of Group A strep illnesses with between 1,100 and 1,600 death each year. So the death rate for strep infections today is higher than the death rate for measles when 4 million people caught it annually before the measles vaccine was marketed. <https://www.cdc.gov/groupastrep/surveillance.html>

**FACT:** Severe measles infections are almost always in poorly nourished young children with low vitamin A. 95% of measles deaths occur in countries with weak health infrastructures such as Africa. See: <https://www.who.int/en/news-room/fact-sheets/detail/measles>

**FACT:** There is effective treatment for measles. Numerous studies show that vitamin A is highly protective against complications and death from measles. The WHO recommends high dose vitamin A as an effective treatment to minimize rare complications. See: [https://www.researchgate.net/publication/21205157\\_Vitamin\\_A\\_supplementation\\_reduces\\_measles\\_morbidity\\_in\\_young\\_African\\_children\\_A\\_randomized\\_placebo-controlled\\_double-blind\\_trial](https://www.researchgate.net/publication/21205157_Vitamin_A_supplementation_reduces_measles_morbidity_in_young_African_children_A_randomized_placebo-controlled_double-blind_trial)

#### **OUTBREAK AND DISEASE TRANSMISSION FACTS:**

**FACT:** Data demonstrate that recently vaccinated people have caused measles outbreaks and that measles can be spread from fully vaccinated people to other fully vaccinated people. The 2011 Measles outbreak in NY was caused by a fully vaccinated individual. See: [https://pdfs.semanticscholar.org/7180/63faae5ceb1552eb5e658217d6c582d8245a.pdf?\\_ga=2.17028601.1935564216.1557445348-351081092.1557445348](https://pdfs.semanticscholar.org/7180/63faae5ceb1552eb5e658217d6c582d8245a.pdf?_ga=2.17028601.1935564216.1557445348-351081092.1557445348)

**FACT:** During the 2015 California Disneyland measles outbreak, many cases (38%) actually occurred in persons who were recently vaccinated. 194 measles virus sequences were collected in 2015, with 73 cases found to have actually been vaccine strain measles. While referred to by the CDC as a vaccine reaction, the rash and fever occurring 10-14 days following vaccination is indistinguishable from wild type measles and requires confirmation by genotyping because both are measles infections and doctors record both strains as measles. See: Roy F, Mendoza L, Hiebert J et al. [Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR. J Clin Microbiol. 2017 Mar;55\(3\):735-743.](#) and [Journal of Clinical Microbiology DOI: 10.1128/JCM.01879-16](#) and <https://www.nvic.org/vaccines-and-diseases/measles/measles-history-in-america.aspx>

**FACT:** The large measles outbreak in Quebec in 2011 occurred in a highly vaccinated population where a large percentage had received 2 MMR doses. "This outbreak raises important questions concerning the relative contributions of vaccine failure versus failure to vaccinate" See: <https://academic.oup.com/jid/article/207/6/990/898747>

**FACT:** Scientific evidence demonstrates that individuals vaccinated with live virus vaccines such as MMR, rotavirus, chicken pox, shingles and influenza can shed the virus for many weeks or months afterwards and infect the vaccinated and unvaccinated alike. See this list of 152 scientific studies demonstrating clear proof of live virus vaccines infecting others: <http://medscienceresearch.com/recently-vaccinated-shedding-and-injuring-others/?fbclid=IwAR0C6cGily5n32wUhAdtFQKGROUhyhvdLr8loOkAYa4-nfeVW6rpypWji-U>

**FACT:** Major medical hospitals such as Johns Hopkins and St. Jude's have posted warnings to their immunocompromised cancer patients to avoid those who were recently vaccinated with live virus vaccines such as those for measles (MMR) and chickenpox and flu mist. See: <https://www.westonaprice.org/public-health-officials-know-recently-vaccinated-individuals-spread-disease/>

#### **FACTS ABOUT MMR:**

**FACT:** A recent (2019) FOIA request submitted to the FDA revealed that there are no long term safety studies of Merck's MMR vaccine (it was studied for 42 days!) and a significant number of children in the safety trials suffered adverse events.

- There were eight clinical trials that in total had less than 1,000 individuals, out of which only 342 children received the MMR vaccine
- The safety review period only tracked 'adverse events' for 42 days after injection
- More than half or a significant percent of all participants in each of the eight trials developed gastrointestinal symptoms and upper respiratory infections
- All adverse events were generically described as 'other viruses' and not considered in safety profile of licensure
- The control group received other vaccines for either rubella or measles and rubella, and none of the controls received a placebo (an inert substance such as a saline injection) See: <https://www.prnewswire.com/news-releases/mmr-vaccine-licensing-called-into-question-following-icans-latest-foia-exposure-of-fda-coverup-300842503.html> and <https://icandecide.org/government/FDA-Production-FOIA.pdf>

**FACT:** MMR Vaccine adverse events are tracked but only a small fraction are actually reported: As of November 30, 2018, there were more than 92,844 adverse events reported to VAERS from the MMR vaccine, including 457 deaths. It is estimated only approximately 1 to 10% of MMR injuries are reported (See Harvard analysis), meaning the actual number of adverse events is potentially over 9 MILLION from this vaccine. See: <https://vaers.hhs.gov/data/datasets.html> and <https://truthsnitch.com/2017/10/24/cdc-silence-million-dollar-harvard-project-charged-upgrading-vaccine-safety-surveillance-system/>

**FACT:** Vaccines have not been safety tested or studied to determine if they cause cancer, infertility or genetic mutations (but several of their individual ingredients have studies demonstrating they cause these things). See manufacturer vaccine inserts pages 1-8 for MMR II: [https://www.merck.com/product/usa/pi\\_circulars/m/mmr\\_ii/mmr\\_ii\\_pi.pdf](https://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf)

These facts are indisputable and are backed by science. There is now ongoing litigation against US vaccine manufacturers for fraud with respect to vaccine safety. We hear testimony after testimony from parents with their children's vaccine injury stories that match up with the facts I just presented. Are these not enough red flags to hold off rushing to enact draconian legislation? In light of these truths, it will be clear that any YES vote will be based on propaganda. Any NO vote will be based on truth. Your vote will signify to your constituents whether you have truly done your due diligence.

Sincerely,

Megan Belval  
Avon, CT