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Subject: RHODE ISLAND WELLNESS SOCIETY Testimony for RI HEW Committee Hearing June 15, 2020

Testimony for RI House of Representatives Health, Education, and Welfare Committee hearing for June 15, 2020

Agenda: <http://status.rilin.state.ri.us/documents/agenda-16910.pdf>

Submitted by: Christine Healy Waldeck, RI parent and Co-founder of Rhode Island Wellness Society
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Distinguished Legislators and Members of the Rhode Island House Health, Education, and Welfare Committee:

The Rhode Island Wellness Society have many serious concerns regarding the anticipated introductions of the new vaccines for the Coronavirus/SARS-CoV-2/Covid19 infection.

We respectfully request and call on our RI Lawmakers and our Rhode Island Department of Health to protect the informed consent ethic, protect RI vaccine consumers, and protect the PEOPLE OF RI's RIGHT TO KNOW all information about these new, fast tracked, liability free, sold for profit, "to-be created" pharmaceutical products/ biologics that will be introduced to the vaccine market, and possibly included in future Rhode Island public health policy.

Our main concerns surround this critical question:

How will our absolute, most crucial human and civil right to give our full informed consent for the medical procedure of COVID 19 vaccination be protected? The right to give full informed consent includes the absolute right to decline a medical procedure of vaccination.

Currently, RI does not have a law or regulation to protect informed consent for the medical procedure of vaccination. The CDC required Vaccine Information Statement sheets provide limited vaccine product information. However, the Emergency Planning and Community RIGHT TO KNOW Act of 1986 https://www.epa.gov/sites/production/files/2017-08/documents/epcra_fact_sheet_overview_8-2-17.pdf and the Agency for Toxic Substances and Disease Registry are good examples and responses of how certain ingredients and chemicals in products can indeed cause health problems for a subset of the population. Likewise, vaccines and their ability to cause harm and death is evidenced by data collected through clinical trials, post marketing surveillance, and documented in vaccine package inserts, data from the Vaccine Adverse Event Reporting system, The Vaccine Injury Table, <https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf> and the National Vaccine Injury Compensation Program.

There is current 2020 legislation that would indeed SUPPORT and PROTECT INFORMED CONSENT for the medical procedure of Coronavirus/SARS-CoV-2/Covid19 vaccination for the people of Rhode Island. **I beseech the HEW Committee, to please support and pass these bills as soon as possible:**

H7823/S2651: RI Informed Consent Protection

Act: <http://webserver.rilin.state.ri.us/BillText/BillText20/HouseText20/H7823.pdf>
<http://webserver.rilin.state.ri.us/BillText/BillText20/SenateText20/S2651.pdf>

H7811: Restoring and codifying the philosophical /personal belief

exemption <http://webserver.rilin.state.ri.us/BillText/BillText20/HouseText20/H7811.pdf>

RIWS respectfully requests the HEW Committee to ask RIDOH: How will RIDOH provide guidance to vaccine providers or the community at large to ensure that vaccine recipients will be fully informed of all vaccine information, prior to vaccination? The vaccine information that needs to be shared with vaccine recipients must include (but not limited to) the following:

-Name and manufacturer of the vaccine

-All vaccine ingredients

-All data from the vaccine package insert

-All data from the vaccine clinical trials, such as documented side effects, adverse events and deaths

-All known contraindications from vaccine clinical trials

-Acknowledgement that there is ZERO post marketing data for the new vaccines

-Warnings that the vaccine is a liability free product due to the National Vaccine Injury Act of 1986 and Public Readiness and Emergency Preparedness Act

https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx?fbclid=IwAR1cOueumPfyvkUst6QmM_y-63eZiy-8O_f_ujEpVUDAFWG_CdrcyO6xu9c

<https://www.law360.com/articles/1253029/attachments/0?fbclid=IwAR37-CuH25QpiplxmhPwrf0ZSp4in5-c--wgH6L7M7CAP-Y22C0PdeUnNpY>

-Information regarding the legal religious and medical vaccine exemptions and the right to decline

Esteemed Lawmakers, again, I implore the HEW Committee to please consider SUPPORTING and PASSING H7823/S2651 and H7811. Please ensure transparency by requiring vaccine providers give ALL aforementioned vaccine information to vaccine recipients prior to vaccination, in the form of a document, and obtain written consent from the vaccine recipients in the form of a signature that will be kept on file with vaccine recipient and vaccine provider. RIWS is submitting a Vaccine Consumer Safety and Informed Consent Form example document for the Committee's review, and we respectfully request that use of a similar document be required for all vaccine providers to give all vaccine consumers in the state of RI.

Thank you very much for your consideration!

Submitted by Christine Healy Waldeck, Rhode Island Wellness Society

For HEW Committee Consideration-
Example Document Of RI Vaccine Consumers' Safety and Informed Consent Form:

The Rhode Island Vaccine Consumers' Safety and Informed Consent Law (TBD) is a law that requires Vaccine Providers to adhere to the informed consent ethic by obtaining written consent from the vaccine recipient in the form of a signature that is to be kept on file with recipient and vaccine provider.

I, _____(Signature of vaccine recipient or legal guardian) confirm the vaccine provider gave me a copy of the vaccine manufacturer's package insert and informed me that I can read the package insert on the vaccine manufacturer's website. I understand that I have the right to read and take home the vaccine package insert before I or my child agree to vaccination. I have read and understand the vaccine package insert.

I, _____(Signature of vaccine recipient or legal guardian) understand that I have the lawful right to read the vaccine manufacturer's package insert and to fully inform myself of the vaccine's ingredients, contraindications, and potential adverse reactions, including death. I understand that the vaccine package insert provides additional information which may not be included on the Vaccine Information Statement (VIS) sheet provided by the Center For Disease Control and Prevention.

I, _____(Signature of vaccine recipient or legal guardian) understand I have the lawful right to decline this vaccine. If this vaccine is for school inclusion, I was informed by the vaccine provider that I may sign a Rhode Island Vaccine Exemption form provided by the RI Department of Health's website. I understand my child will still be able to attend school.

I, _____(Signature of vaccine recipient or legal guardian) understand that if I suspect I (or my child) am suffering an adverse reaction I must inform the vaccine provider immediately. According to the National Childhood Vaccine Injury Act of 1986, the vaccine provider must file an adverse event report to the Vaccine Adverse Event Reporting System (VAERS database) at (800) 822-7967. I understand that I may be able to receive compensation under the National Vaccine Injury Compensation Program, and there is a time limit to file a claim. I understand that I cannot sue in a court of law if I (or my child) dies or suffers a life -altering reaction or disability from this vaccine.

Signature of vaccine recipient or legal guardian and
relationship to vaccine recipient

Printed Name of vaccine recipient or legal guardian

Date