

Chairman and members of the committee:

I have heard it said that to keep a population illiterate is an act of systematic disempowerment. If a population cannot read, they are all the more easy to use, abuse, and control. As a woman, a mother, and a citizen of the state of North Dakota, I ask you, what does it mean that most of our population is illiterate when it comes to understanding vaccines?

I was raised by a health care professional and an attorney. I studied pre-medicine at UND, I hold a Masters in Biotechnology and Ethics. And yet when I had my first child in June of 2013 and brought her to her six-week well baby visit, I found myself wildly underinformed. Thank goodness I wasn't phased by the scientific vocabulary with which I was confronted as I attempted to determine whether to administer or forgo some (or all) of the vaccines I knew the CDC, and therefore my pediatrician, would be recommending for my baby that day. But the fact was, I felt illiterate. I felt disempowered. I felt I was not being presented with facts, but instead I felt encouraged to decide out of fear of avoiding a potential disease rather than positively fostering the health of my child.

Having studied pre-medicine and having been raised by a father who performed regression analysis for fun, I have some ability to evaluate the quality of medical research. I found it extremely difficult to find what I understood to be high-quality, reliable information about vaccine safety.

- The meta-analysis presented by the CDC, in my opinion, zoom out so far from what's actually happening on the ground level to make it impossible to see anything with clarity. If you back up far enough, you can't see.
- Other studies were fraught with design flaws: selection bias, misclassification bias (in terms of both vaccine exposure and outcomes), to name a few.
- Obvious perverse incentives, where the studies conducted to evaluate vaccine safety are funded by those who most stand to profit from their sales.
- I was aghast that the voices of those attempting to engage in genuine scientific inquiry seemed to be drowned out by ideologues on either side of the issue.

What was a new mother to do?

I made a decision, and to me, I felt as though I was making a hasty decision, and a blind one. And as it turned out, this decision has had lifelong ramifications for my beautiful oldest daughter, and for our entire family. In no way did I feel like my basic human right to informed consent was honored in this process, and to no fault of the compassionate, highly trained health care professionals serving my daughter and I at this time. They could only offer me what they had been given. And it was not enough.

I believe my story highlights why there is a problem with vaccine safety. I am highly educated, and I felt illiterate, uninformed, and coerced by a system not ordered toward protecting my family's freedom to choose.

When I'm not living out my role as wife and mother, I work nationally advocating on behalf of a woman's right to informed consent over her sexual and reproductive health, with especially emphasis on empowering youth and young adults – Generation Z. This work has led me to work to understand the unique attributes of Gen Z, and I believe some of what I know about today's youth is relevant to this committee.

- Generation Z cares about social justice with intensity.
- Generation Z is slow to trust. As tech natives, they will research *extensively* before they will connect in person or take action. If they catch a whiff of inauthenticity or coercive tactics, you've lost them.
- Having lived through the pandemic, members of Generation Z have lost their faith in institutions.

To highlight these points, I share a story of a young friend of mine, a nursing student in her mid-20's. In her final semester of nursing school, she called me after receiving instruction from the state health department on delivering vaccines in public health settings. "Katie!" she said. "In nursing school, we've been taught about how important it is to advocate for our patients right to informed consent. We've been taught Motivational Interviewing and Shared-Decision Making as a best practice to ensure that our patients' healthcare decisions are line with *their* values. ALL of that goes out the window, apparently, when we're talking about vaccines. We're taught to use presumptive language, "It's time for your shot today, do you have any questions?" If our patients questioned about the toxicity of some of the adjuvants in vaccines, we were directed to say, "Well, there's toxins in most of the food you buy at the grocery store, too..."

Of everything that happened that day, most disturbing for this young woman was the fact that the state-sanctioned vaccine training did not take time to present the scientific evidence in support of vaccines nearly at all. This fact on its own raised my young friend's alarm bells. She shared that she had never been skeptical about the safety and effectiveness of vaccines...until this state-sanctioned training appeared to her to be *withholding* information. Now, she's not so sure.

I share this story to underscore my final point. It is precisely *transparency* that fosters *trust*. Members of the committee: If you want to decrease so-called "vaccine skepticism", lead by ensuring the people of our state are "vaccine literate," explain that while we can't control what happens at the CDC, we can control what happens in our own Department of Health. And we *can* trust the data collected in our small state. And most of all, we can trust that the transparent results of the study that would be funded by HB 1519 are being shared by our DOH to uphold the health and well-being of every North Dakotan, and to protect our informed consent, rather than protecting those who stand to profit from state-sanctioned vaccinations. This is how you protect your population. This is how you win their trust. Thank you for your consideration.