

1 SHEEHAN: Okay. Thank you Brian. Raweewan Hoontrakoon.
2 You'll have to see if I've pronounced that even close okay and then Jim Wailes?
3 HOONTRAKOON: Well, good evening ladies and gentlemen. My name
4 is Raweewan Hoontrakoon and Commissioner Sheehan pronounced it perfectly.
5 SHEEHAN: Yea but now you've got to spell it though.
6 HOONTRAKOON: It's spelled H as in Henry, o-o-n as in Nancy, T as in
7 Tom r-a-k-o-o-n. I live at 820 Brown Squirrel Lane, Golden. I am a pediatrician
8 and an allergist. My residency training was at the Mayo Clinic and I completed
9 my fellowship training and allergy and immunology at National Jewish Hospital
10 in Denver. A week ago at this hearing information about health risks from
11 residential RF exposure was presented and there seems to be a debate about
12 how much risk is acceptable. So the question remains what standards have
13 been set regarding how much the government has to know before it acts and
14 steps in to protect the public from potential health hazards? And I'm here today
15 to provide you with a recent real life example to illustrate where the standard
16 lies. Some researchers suggested that there was a possible link between
17 immunization and autism and for those of you who don't know, autism is a very
18 devastating neuro-developmental disorder in young children. Now by
19 and large, no link can be made between autism and immunization and
20 vaccinating your children is as safe as can be. But one of the hypothesis is that
21 the preservative in the vaccine called thimerosal might be contributing to the
22 disorder in some way but susceptible young infants. Now at this point the
23 studies were not reproduceable, non conclusive, a lot of contradictory evidence

1 and no clear conclusion could be drawn. So the Immunization Safety Review
2 Committee looked at the study and concluded that there's no...that the evidence
3 is inconclusive. Meaning they don't know the effect of thimerosal and autism
4 remained unknown. So what kind of action did they take? They asked the
5 pharmaceutical companies to take out thimerosal from the vaccines. By the end
6 of 2001 no vaccines contained thimerosal or only trace amounts of it and I have
7 the first hand experience on this example because I was the investigator on the
8 thimerosal (inaudible) free vaccination trials. I can tell you this millions of dollars
9 were spent. A lot of inconvenience was caused when changing these
10 vaccinations. Nobody complained. Commissioners I hope this example helps
11 you navigate through the difficult question of how small would the risk have to be
12 before you should stop taking into consideration. And the answer is simple,
13 zero. You will take no risk when technology allows you to eliminate them and
14 while the science behind this question is important we all should remember that
15 in a risk benefit analysis of a public health concern scientific values and
16 numbers alone do not hold the solution. It is the combination of our social,
17 cultural and community values that definitely finally define the answer and in the
18 United States of America you never risk harming innocent children whenever
19 there is ever an alternative available. Thank you for your time and attention and
20 I'd be happy to answer any questions.

21 SHEEHAN: I have no, good testimony. Jim Wailes? W-a-i-l-e-s?
22 Wailes? Okay. Jake Mola? He already spoke. Julie Herrmann? Julie? Paula
23 Smith? Paula Smith. How am I doing Bob, am I keeping on track here.