Hello Health and Human Services Committee,

Thank you for allowing me to speak to this important issue!

My name is Amy and I am an educated and concerned citizen.

Parents in Minnesota are paying attention to their children in ways that government studies sometimes cannot. Their experiences, their fears, and their observations matter — even when officials say "there is no causal link" between your experience and your child's outcome.

We would be remiss in MN if we did not acknowledge the underrepresented experiences of parents of Somali boys under age three, especially in relation to the MMR vaccine. In local 2014 surveys, most Somali parents refused vaccines because they had heard of adverse effects associated with the vaccine —or personally knew someone— who suffered an adverse effect.

Far too often, lived experiences are dismissed or waved away, by a scientific method which itself is on life support in the closet. Is not science meant to serve observable data sets?

Somali feedback submitted in response to a 2016 Minnesota Department of Health–sponsored forum included comments from parents about what they personally observed in their children following vaccination.

Many described children who were walking and talking before their clinic visits — and afterwards, no longer talking or walking. Parents wrote:

"Please tell health care professionals to really listen to parents who say their child was injured from a vaccine — to never deny it, but to respect them…"

"Please educate health care professionals to understand that in vaccine injury, with those children who have experienced injury from a previous vaccine, it is the next dose that often creates severe injury and disability, or even death."

These unacknowledged experiences contribute to a trust gap, where families feel that only authorities — mostly white-led institutions — get to speak for their own children, and even for generations of young Somali boys who may be genetically predisposed to injury.

Why aren't we allowed to study this?

Good parents teach through natural consequences. They watch, guide, and protect their children while still allowing them to learn from the world.

We must be allowed to ask: Could our modern bipartisan embarrassment on the national stage — where the suffering of Somalis directly became the suffering of all of Minnesota— be the consequence of failing to respond to the voices of Somalis who cried out to health officials in 2008, in 2014, and in 2016, but were completely ignored?

Sometimes hindsight is 20/20, and thoughtful scientific re-evaluations are a core part of the scientific method. Science works best when it listens as much as it measures.

Policies should reflect both evidence and empathy. By preserving conscientious exemptions, we uphold human dignity, honor parental judgment, share concern for the suffering of children, and strengthen trust between families and the public health system.

Compassionate governance listens and does not discriminate as to which families or ethnicities become the data sets within studies.

In fact, nobody wants to be part of a suffering data set, but to suffer silently without even looking at the suffering is the worst case scenario.

Please do not silence the voices of those most affected — the voices of parents, of families, and of children.

Thank you,

Amy Yarbrough