

32,000 reason to oppose SB 895-2

4/9/15

Dear Senate Education Committee Members:

Thank you for your time today. My name is Jonathan B. Handley and I am a registered voter in Senate District 17, the district of the bill sponsor.

I strongly oppose the two provisions spelled out in SB 895's new amendment which would not only force schools to publicly report on their population's exemption data but would also require parents to have their vaccine exemption formed signed by a Health Care Provider/medical professional.

Firstly, I ask the Committee members: where's the emergency, what's the problem, and who declared this a problem? Is Rob Saxton here today to speak about the Oregon Department of Education's need for this legislation? When the ODE was contacted about the bill sponsor's previous vaccination bill, SB 442, their response was very revealing, and I quote:

"This bill was not initiated or driven by ODE and as I mentioned earlier, we have not taken a position on it. This is an issue that is of particular interest to Senator Steiner Hayward and she would be best able to speak to the background, context, and purpose of the bill. I would recommend contacting her office directly if you have not already done so."

Is the Education Committee really going to mandate schools display vaccine exemption rates on their websites but not standardized state test scores? In a state with underfunded education, are you really going to add an additional administrative burden to every single school?

Exemptions are very confusing

In 2014, according to the Oregon Health Authority, approximately 32,000 children utilized the personal belief exemption for vaccination in order to attend school. I can already see the headlines and confusion:

32,000 Oregon Children Unvaccinated!

Vaccine exemptions have created tremendous confusion in the Oregon Legislature and in fact I think that's why we're discussing this wasteful bill right now. The simple explanation for why exemptions are so confusing is that Oregon uses a binary system—a child is either "exempt" or "non-exempt"—for what is a far more complex situation.

Please consider:

- Oregon law requires proof of immunization of 23 doses of 7 separate

vaccines for school attendance. (DTaP, IPV, Varicella, MMR, Hep B, Hep A, and Hib). I have included this form as Exhibit A so Committee Members without school-age children can see what I mean.

- Missing even 1 dose of the 23 doses of the 7 vaccines would require a student to sign an exemption form and be counted by the state as "exempt" which many have confused with "unvaccinated"

The scenarios that would cause a child's parents to sign an exemption form are nearly infinite, but could include the following:

- The child had chicken pox so didn't need the Varicella vaccine
- The child had a bad reaction to the DTaP vaccine, so the parents stopped vaccinating after the third dose (leaving 3 missed doses)
- The parents felt, after consulting with their doctor, that the low risk of contracting Hepatitis B outweighed injury risk from the Hep B vaccine
- The family's religious beliefs precluded them from vaccinating
- The child had a compromised immune system and live-virus vaccines (MMR, Varicella) were deemed to be too risky by the child's doctor

ALL of these scenarios happen in Oregon, ALL of these scenarios would qualify the child for a vaccine exemption, and ALL of these scenarios are no one's business except the family and their chosen medical professional.

Importantly, SB 895 does not contemplate reporting on the vaccination status of teachers or administrators. What is the point of reporting on the status of the "herd" if you are not acknowledging the 10-15% of every school population of adults? It renders the data even more useless, and teachers/administrators are a larger percentage of school populations than students with vaccine exemptions in almost every school in Oregon.

The bill sponsor has continually asserted that a pernicious rise in vaccine exemption rates in Oregon needs to be halted. That's the whole point of SB 895-2. In the press, she has blamed this rise on misinformed parents who don't understand the science. However, the Oregon Health Authority has provided a much different explanation, ironically from a study that the bill sponsor's legislation in 2013 triggered, SB 722. The study, which dealt with cervical cancer and the HPV vaccine, actually recommended lowering the age of consent for vaccinations from 15 to 11 for children, which should frighten all of us, but the quote germane to this debate involved exemptions, which OHA understands clearly:

"When other vaccines have been added as school immunization requirements, non- medical exemption rates have increased for all vaccines." (p.28)

As Exhibit B, I include a chart that demonstrates clearly exemption rates in Oregon rising as the OHA has added vaccines to the mandatory schedule. As

one example, Oregon requires the Hepatitis A vaccine for school entry, which less than 20 other states (neither California nor Washington require it) do and no foreign countries.

Privacy

Public health professionals maintain a simple rule that data that can be identifiable on a personal level will not be reported. Specifically, if the numerator is 5 or smaller or the denominator is 50 or smaller, public health officials view the data sample as likely to create privacy risks. According to one public health official who chose to remain anonymous:

“Basically, if someone can look at a school and see that the student population is 300 and their exemption rate is .33%, that is information which, combined with other readily available information, will identify a particular student, and that is a violation of HIPPA privacy laws.”

Note that SB 895 would also likely break current FERPA laws:

“The Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records...Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record [which would include their vaccine exemption status].”

Bullying

Students with active HIV infections are not only ALLOWED to attend school, the confidentiality of their infection status is protected by state and federal law. Students with Hepatitis B and Hepatitis C infections also may attend school without any required public disclosure.

Students vaccinated with live virus vaccines experience viral shedding and can infect susceptible individuals for a period of several weeks post-vaccination and yet no notices are published in schools and classrooms warning of viral shedding of recently vaccinated students.

Some people who are vaccinated still get the illness (vaccine failures) while some have subclinical infections and can still transmit vaccine preventable diseases and not show symptoms because the vaccine suppresses them (very true with pertussis). All of these situations happen every day in Oregon, and all of these children have their privacy protected, yet vaccine-exempt students should be treated differently?

The bill sponsor has publicly stated that SB 895 will help to facilitate “community conversation” about vaccination. In my opinion, “community conversation” is nothing more than a euphemism for bullying and intimidation. The bill sponsor is a practicing physician who vaccinates

children for a living. It's her perspective that every child should receive every vaccination, as evidenced by her failed attempts to pass SB 442, a mandatory vaccination bill. In the bill sponsor's world, children with vaccine exemptions are a threat to society and parents who exempt their children do so because they don't understand science. In point of fact, studies have shown that parents who sign vaccine exemption forms are highly educated and well informed, and that they take the decision around vaccination very seriously.

Doctor Consultations

SB 895-2 also adds a provision that eliminates the current online module parents are required to watch before signing their vaccine exemption form and replaces it with an in person Doctor visit. I ask the Committee members to consider the following points:

- The current online module was only introduced in 2014 after the legislator worked hard to pass SB 132. The bill sponsor has never shared any data on whether or not the module is actually serving its intended purpose of lowering exemption rates. What's the hurry? Can we see the data first? Does the bill sponsor have the data?

- 32,000 parents with an average doctor visit cost of \$100-200 means \$3-6 million in incremental expense for Oregon families that has to come from somewhere—where will it come from? Note: there is NO insurance code for "Vaccine Consultation" making these visits a likely out-of-pocket expense.

Imagine a parent who does not have an existing relationship with an authorized signer: "I am not a patient, I do not want to be a patient, I simply want to come in and have you do whatever it is you must to sign my exemption paper. Ideally as quickly and inexpensively as possible, please". How is the receptionist at a busy Medical office going to handle that call?

- The Bill sponsor has continually asserted that no major religions oppose vaccinations. This is a semantic game. The maternal side of my family are all Christian Scientists, and vaccines and visits to doctors certainly violates their personal beliefs, but this bill would force them to seek and meet with an allopathic physician. I'm certain that many people of faith wrote the Senators of Oregon to oppose SB 442, and these beliefs need to be respected.

- Asking a mainstream Healthcare Provider, who vaccinates for a living, to sign off on NOT vaccinating presents a permanent, and serious conflict. From Vermont testimony on this concept:

"Therefore, while the parent is in the office anyway for a regular visit the HCP can simply sign their form. The testimony in the committee proved that very few conventionally trained HCP's are comfortable signing an exemption.

That makes sense, because the model of modern, conventional western medicine has become pharmaceutical based. How can an HCP in that treatment model sign off that a pharmaceutical he administers universally could be not indicated for some patients?

Recent reports show that a significant percentage of conventional HCP's will 'fire' patients who do not follow the schedule. Please recall that the majority of parents exercising a PE do so at great personal effort, and would typically not use an HCP authorized to sign the bill. That forces an exempting parent into trying to locate a sympathetic authorized signer."

Will the bill sponsor be producing any mainstream health professional who are comfortable signing the 32,000 PBE forms headed their way?

- Most importantly, what definition of "informed consent" does the bill sponsor think represents a true explanation of vaccine risk and benefits? At present, the only requirement of physicians in SB 895-2 appears to be that they mirror guidance from our Federal CDC. The CDC itself has identified that the clinical setting is a very poor one for vaccine education because of the time restraints, no compensation for vaccine consultations, and because Health Care Providers are often less informed than parents about vaccine safety.

I'd like to show the Committee Members the difference between what the CDC publishes and what's actually included in the vaccine package itself, an insert that parents are almost never given the chance to review (Exhibit). If you want real informed consent, make physicians share the actual insert that comes with every vaccine.

Again, from Vermont:

"The idea that any parent exercising a Philosophical Exemption (PE) is not familiar with the mainstream concepts of the purported safety, necessity, and effectiveness of vaccines is absurd. Everyone is under a constant barrage of that information, from the time they start school and ongoing through adult life in the media. No parent is thickly thinking, "I have never heard of this, therefore I am not going to do it", where having the universally promoted concepts explained to them would result in an "aha" moment. The bulk of the parent committee testimony described parents who had started out with full faith in vaccination, and only began to question when they personally experienced or witnessed a family member or friend have a reaction to a vaccine. The exercising of a PE, and going against all of the cultural momentum is a very difficult decision to make, and not done lightly.

This is illustrated by the fact that there are so FEW PE's, and that they are typically for only a single vaccine, illustrating a thoughtful

approach, not an ignorant wholesale rejection of vaccination. No parent is ignorant of the represented risks and benefits of vaccines. They simply do not agree with the representations for their personal situation, either through experience or research or some combination of the two."

Confusion, privacy invasion, bullying, burdensome cost, SB895 is not good for families, not good for our children, a huge burden to school administrators, and not good for Oregon. And why in the world are we discussing this in the Education Committee anyway?

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