Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

Dear ,

My name is Karl Kanthak, I am the board president of Mt. Pleasant, a small district in SW WA. I am a lifelong educator, my parents were both in education, as are many of my extended family. Some are in California, which gives me an insider perspective to the impact of ending exemptions there through SB 277.

I am writing to you about my concern regarding HB 1638. I understand and agree with the intent of student safety. I believe bill is being promoted with incorrect information.

I know this bill will cause serious harm to the education system. There has been no impact study done to see what the effect on students and the school system will be.

Before I detail the problems that students, schools, and districts will face, I will allay any concerns about exemption overuse, or widespread measles mortality.

Outline:

Exemption use is being exaggerated by 400%. The vaccination rates are very acceptable to protect the public. Exemption use is reasoned, thoughtful, and rational.

Measles was well controlled prior to the school attendance rules.

There are multiple groups who have formal, adopted policy to work toward the elimination of the Personal Exemption and the requiring of the complete recommended schedule for school entry.

Eliminating Personal Exemptions will have a dramatic impact on individual students who use them, and the schools that they attend. It could result in the shuttering of some districts.

Washington state and Federal laws require the providing of a Free and Appropriate Education. There has been zero consideration of how to comply with education regulations. There is copious regulation for special ed, I.E.P., and other federally protected students. “If they want to go to school, then they have to get the shots” is not a practical basis for education policy.

The California bill removing personal exemptions,SB277, drove students out of the schools, hurt districts, and didn’t work.

No medical intervention is without unintended effects. Febrile seizure rates for measles containing vaccines range from 1/3500 to 1/1250.

Medical exemptions are very difficult to obtain and not a viable answer.

There is a distinct difference between Public Health and Public Safety.

There are legal implications of legislatively declaring a parent incompetent to direct the preventative medical care of their dependent minor child that extend far beyond vaccination.

Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

The Clark County Exemption Rates were / are being misrepresented by 400%.

The WA statewide MMR exempt for all types combined is only 2.9%.

The Clark County All Type MMR Exemption Rate is Only 5.3%.

100% - 5.3% is 94.7% who do not have an exemption.

In an OPB interview that went viral, Clark CO HO Dr. Melnick stated, **"22% of Clark County children do not have MMR" (paraphrased), implying a 22% exemption rate, <u>this is factually incorrect.</u>**

The statistic that Dr. Melnick was citing is not a survey of all Clark County school students, it is from the *Immunization Information System*, IIS, an incomplete, voluntary database where member pediatrician groups upload vaccination records of injections they may administer.

WA DOH tracks every single K-12 student down to the individual injection.

There is simply no reason to use the IIS when the actual School Surveys, which measure every injection into every student and exemption rates are available.

<u>To be sure, any discussion of school attendance vaccination legislation must rely on accurate school exemption usage.</u>

"100% minus Exemption Rate" (100%-ER), is the only accurate assessment of exemption impact on vaccination rates is

WA State- "100% - 2.9% = 97.1%".

Clark County "100% -5.3% = 94.7%"

Any "vaccination rates" below "100%-ER" are <u>measuring artifacts</u> due to dose timing, age of the surveyed group *(K students are still within administration window of the 2nd MMR injection)*, report close dates *(Nov 1, making them a snapshot of the first 8 weeks of school)*, report inclusionary criteria, clerical efficiency, and myriad other confounders.

Mathematically the maximum downward effect on rates is the nominal rate of the exemption, period.

Examples of the Rate misrepresentations follows.

WA MMR Exempt only 2.9%, Clark Co MMR exempt 5%
CDC National Survey says 95.3% of WA 19-35 MO Toddlers have MMR 1st Dose.
A WA 5-year-old Kinder with MMR 1st dose is up to date, 2nd dose by 7th Birthday.

Opinion: A call to vaccinate ?

There are no low rates.

Updated Jan 30; Posted Jan 30

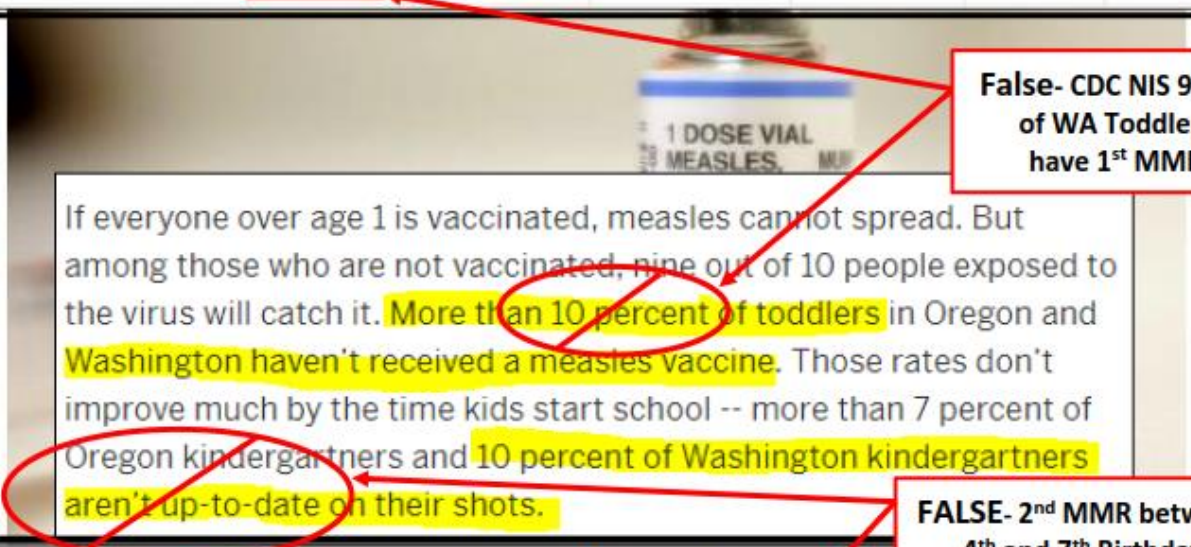
TABLE 3. Estimated vaccination coverage with selected individual vaccines and a combined vaccine series* among children aged 19–35 months, overall and by U.S. Department of Health and Human Services (HHS) region and state and local area — National Immunization Survey, United States, 2015†

https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm

WA Toddler NIS Rates- 95% plus of WA 19-35 month have the 1st MMR

Vaccine/Vaccine series	MMR (≥1 dose)	DTaP (≥4 doses)§	Hep B (birth dose)¶	HepA (≥2 doses)	Rotavirus**	Combined vaccine series
National, HHS region, state, and local area	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
U.S. overall	91.9 (±0.8)	84.6 (±1.1)	72.4 (±1.4)	59.6 (±1.5)	73.2 (±1.4)	72.2 (±1.4)
Washington	95.3 (±2.6)§§	87.3 (±4.7)	71.2 (±6.2)	57.5 (±7.0)	73.6 (±6.3)	77.1 (±5.7)

False- CDC NIS 95.3% of WA Toddlers have 1st MMR



If everyone over age 1 is vaccinated, measles cannot spread. But among those who are not vaccinated, nine out of 10 people exposed to the virus will catch it. More than 10 percent of toddlers in Oregon and Washington haven't received a measles vaccine. Those rates don't improve much by the time kids start school -- more than 7 percent of Oregon kindergartners and 10 percent of Washington kindergartners aren't up-to-date on their shots.

FALSE- 2nd MMR between 4th and 7th Birthday 1st dose K is up to date

Recommended and Minimum Ages and In… Between Doses of Routinely Recommended Va…

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Measles-mumps-rubella (MMR)-1[16]	12-15 months	12 months	3-5 years	4 weeks
MMR-2[16]	4-6 years	13 months	—	—

http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

By Dr. Alan Melnick, Dr. Paul Lewis, Dr. Sarah Present and Dr. Christina Baumann

The guest columnists are health officers in Oregon and Washington. Other contributors include epidemiologists and health officers from Oregon and Washington.

CLARK COUNTY DOH USE REAL SCHOOL STATISTICS, NOT IIS. CORRECT THIS IMMEDIATELY!

"22% of Clark County children not vaccinated for MMR", is false.
Use real school survey data, not the weak IIS incomplete "database".

What does the WA DOH School Survey report for Clark County?

Clark County	MMR Exempt	MMR Not Exempt	6th Grade Reported MMR 2 doses	**Kinder** 2 doses at beginning of school year. This rate INCREASES throughout the year. 2 doses by November 1
2017/18	5.3%	**94.7%**	**93.2%**	**84.5%** A higher percentage of Kinders have one dose, and one dose provides positive antibody titers for 95% of children. A 2nd dose is not needed.

The WA Immunization Information System is a voluntary database, it is not a survey of WA school students. It does not contain all WA school students. It does not track exemption use. The WA School Survey Report tracks every one of the 1,086,689 WA K-12 students.

The I.I.S. doesn't.

The honest statement would be,

"In Clark County, 78% of 6-18 year olds

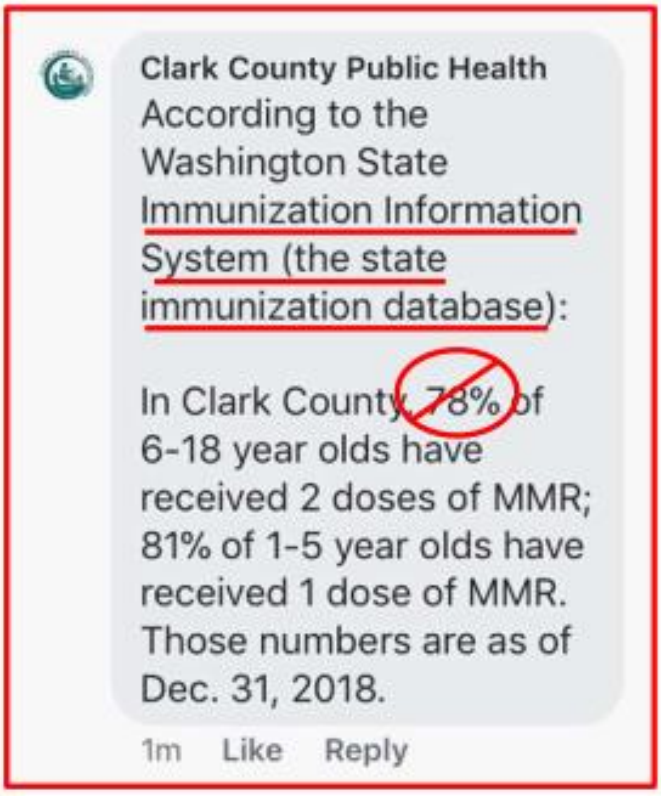
who belong to the database

have received 2 doses of MMR..."

This is astonishing.

Why use that database when the magnitudes more accurate School Reports are available?

How weak is the IIS?



The CDC National Immunization Survey for WA 19-35 Month Old Toddlers 1 dose MMR is 95.3% + or – 2.6% with a 95% Confidence Level.

The IIS says "81.8%" for the same measure.
https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm

Any legislation concerning school attendance must absolutely be based on school rate reports.
IIS is not appropriate for school vaccination legislation discussion.

Columbian Newspaper finally prints the truth that Clark County has an only 5% MMR exemption rate, and that WA State MMR exemption is under 3%.

The article says we need 90 to 95% coverage to be safe.

Do the math, we already have it. 100%-5% = 95%, WA State 100%-2.9% = 97.1%

The "*22% of Clark County missing MMR*" was fake news.

This outbreak is an importation from a measles endemic country.

It is not due to "under-vaccination".

To stop measles in WA- restrict travel to countries with endemic measles.

This Bill was brought under false pretenses, time to kill it. WA is very safe.

Representative Paul Harris, Ranking Member, House Education Committee, left, and Representative Monica Stonier, Vice-Chair, House Education Committee, speak to the Washington State Board of Education at Educational Service District 112 on Nov. 7. Nathan Howard/The Columbian

Buy this photo

False- 47 states allow non-medical exemptions- the other states use different labels for the same function.

By Jake Thomas, Columbian political reporter and Wyatt Stayner, Columbian staff writer

Published: January 30, 2019, 7:14 PM

In response to a measles outbreak that has spread from Clark County to King County and Oregon, legislators have introduced a bill that would prohibit children from being exempted from vaccinations for the disease out of personal or philosophical reasons.

While all 50 states require students to be vaccinated, 18 states, including Washington, allow exemptions for families who object to vaccinations for philosophical, moral or other reasons. Some families use the provision to opt out of vaccines out of concern that they cause autism, a claim that has been repeatedly debunked.

House Bill 1638 would no longer allow families to use a philosophical or personal objection to exempt their children from the measles, mumps and rubella vaccine. State Rep. Monica Stonier, a Vancouver Democrat who is among the bill's sponsors, said the impetus for the legislation was the Clark County outbreak, which has seen 38 confirmed cases so far. Stonier said she understood that people may view vaccinations as a matter of personal choice, but she added, "I think every child has a right to participate in our community as a healthy, thriving child."

"Personal rights are important as long as they don't impose on the rights of others," she said.

The outbreak of the highly contagious disease was made possible by the high rate of unvaccinated children in Clark County. According to 2017-2018 data from the state Department of Health, nearly 6 percent of children enrolled in public and private schools in Clark County had claimed a personal exemption for some vaccine and 5 percent had been exempted from the measles, mumps and rubella vaccine.

Statewide, 3.7 percent of students had claimed a personal exemption, and just under 3 percent had specifically been exempted from the measles, mumps and rubella vaccine.

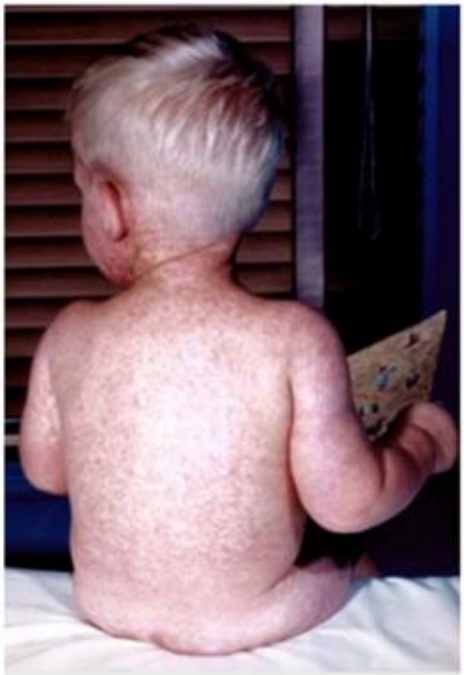
News | Health | Nation | Local

As Count Reaches 23, Health Experts Expect Measles Outbreak To Hit Oregon

by Kristian Foden-Vencil Follow and Crystal Ligori Follow OPB Jan. 22, 2019 1:53 p.m. | Updated Jan. 23, 2019 11:14 a.m. | Portland, Ore.

Clark County Public Health Director On Continuing Measles Outbreak

00:00 05:19



The third day of a measles rash on a baby boy back in 1983.

Centers For Disease Control And Prevention

The count of confirmed me
cases in Southwest Washin
to 23 Tuesday, and Oregon
say they expect the health
cross the state line soon.

"We wouldn't be a bit surpr
see people with measles in
said Dr. Richard Leman, a
health physician with the C
Health Authority. "Getting
vaccinated is perhaps the v
way to protect yourself aga

Authorities know someone
measles attended the Jan.
Blazers game at the Moda
and they are tracking other
potential exposures.

Clark County, Washington
already declared a public health emergency. Dr. Alan Melnick, the
public health director, said the strain on resources may lead to a st
declaration as well. That would allow Washington to request federa

If untreated, measles can cause pneumonia and swelling in the bra
lead to deafness. Immunizations are highly effective against the dis
in Clark County, 22 percent of students are not vaccinated for it,
Melnick said.

False- Clark County has only 5.3% exempt for MMR.

100% – 5.3% exempt = 94.7%, who will have 2 doses of MMR when old enough.

1st MMR CDC scheduled 12 – 18 months
2nd MMR CDC scheduled 48 -84 months

Kindergarten enrollment is 60 months by first day of school (5th birthday).
Report closes November 1, 60 days later.
Young K students have up to 7th birthday after K enrollment for 2nd MMR

Clark County Documented Rates
1st to 12th grade 93.2% 2 doses MMR
(reported in 6th grade)
Kindergarten 84.5% 2 doses MMR
93% plus of K students have 1st MMR

The K report improperly classes 1st dose MMR Kinders as "out of compliance". They are complete for their age. If included K rate would be 93%.

The report either needs to credit 1st MMR students or report should be moved to 2nd grade when all students are 7 years old.

CDC NIS 19-35-month Toddlers
WA State 95.3% 1 MMR
WA State 1st to 12th grade 96.1% 2 MMR
WA K-12 MMR exempt only 2.9%

https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports/DataTables

http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm

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Measles Danger is being exaggerated- WA DOH records show that before there was a vaccine, in 1959 there were 16,649 measles cases with a single mortality. In 1960, 13,678 cases, again with a single mortality. Hopefully in the 60 years since then the medical system's ability to treat measles has improved to reduce the mortality rate even further. The first measles vaccines were licensed in 1963, but then withdrawn. **Measles mortality in WA dropped to 0 in 1968, before widespread systematic measles vaccination coverage was established in the 1970's, and 12 years before school attendance rules in 1980.**

The idea that 2.9% exemption users represent dangerous risk is unreasonable.

60's impacts on infectious disease- Johnson's War on Poverty, Initiation of Medicare, Civil Rights Act

In the 50's, 25% of Country Homes and Farms had not been reached by the Rural Electrification Act- no electricity means limited running water, sanitation, refrigeration

ANNUAL REPORT OF COMMUNICABLE DISEASES AND DEATHS
STATE OF WASHINGTON 1920-1982

YEARS	MEASLES CASES REPORTED	MEASLES RATE PER 100,000 POP.	MEASLES DEATHS REPORTED	MEASLES RATE PER 100,000 POP.	YEARS	MEASLES CASES REPORTED	MEASLES RATE PER 100,000 POP.	MEASLES DEATHS REPORTED	MEASLES RATE PER 100,000 POP.
1920	10,063	737	78	5.7	1952	5,446	218	4	.2
1921	2,656	191	25	1.8	1953	12,373	489	12	1.5
1922	426	30	2	0.1	1954	21,662	844	9	.4
1923	8,344	585	23	1.6	1955	11,585	448	2	.07
1924	21,372	1,474	181	12.6	1956	11,585	437	2	.08
1925	347	23	3	0.2	1957	17,764	655	8	.3
1926	2,966	201	9	0.6	1958	11,428	413	6	.2
1927	11,845	785	56	3.7	1959	16,649	591	1	.04
1928	5,651	369	21	1.4	1960	13,678	479	1	.04
1929	4,075	263	22	1.4	1961	5,471	190	3	.1
1930	10,120	644	26	1.7	1962	22,060	748	4	.1
1931	3,455	218	32	2.0	1963	6,774	23	1	.03
1932	10,394	650	36	2.3	1964	22,799	758	3	.1
1933	2,987	185	9	0.6	1965	7,944	259	1	.03
1934	8,051	494	15	0.9	1966	5,528	177	1	.03
1935	9,090	554	24	1.5	1967	5,876	182	1	.03
1936	7,703	467	33	2.0	1968	609	18	0	0
1937	1,798	106	13	.8	1969	82	2	0	0
1938	1,709	100	3	.2	1970	912	27	0	0
1939	22,439	1,300	15	.9	1971	2,030	59	0	0
1940	17,254	990	18	1.0	1972	1,483	43	1	.03
1941	1,857	102	4	.2	1973	1,116	32	0	0
1942	12,926	682	11	.6	1974	84	2	0	0
1943	15,458	795	?	?	1975	307	9	0	0
1944	5,946	296	0	0	1976	298	8	0	0
1945	7,161	345	0	0	1977	658	17	0	0
1946	12,405	580	0	0	1978	442	12	1	.03
1947	1,309	59	0	0	1979	1,170	29	0	0
1948	12,915	570	9	.4	1980	178	4	0	0
1949	12,661	543	7	.3	1981	3	.07	0	0
1950	3,695	155	3	.1	1982	42	1	0	0
1951	18,656	763	13	.5	1983				

Baby Boom Huge Birthrate

'59 & '60- 30,000 plus cases 2 mortality

2 Vaccines Licensed in 1963 but with-drawn due to reactivity- used sporadically until 1968

No School Entry vaccine requirements until 1980, 58-68% vax rates, 1 death every 5 years.

Penicillin introduced into standard clinical practice in US after WW2

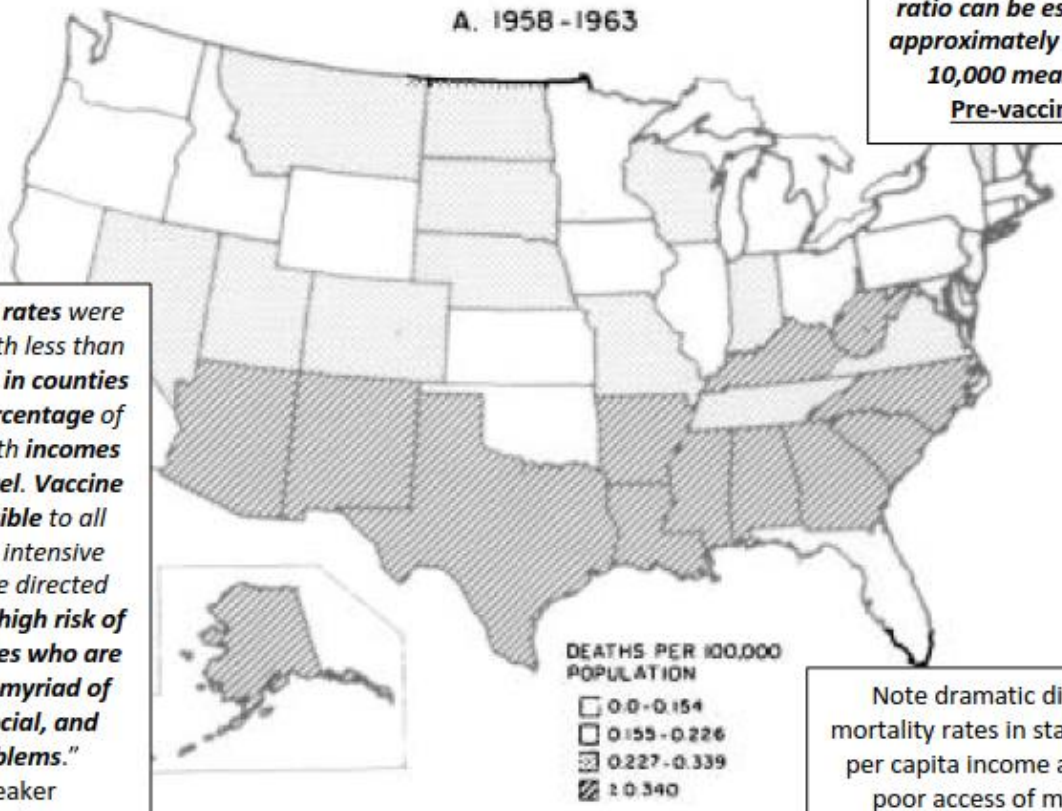
http://www.acs.org/content/acs/en/education/whatischemistry/landmarks/flemingpenicillin.html

http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/AnnualCDSurveillanceReports

WA measles mortality range **<u>0.0</u> to 0.154** per 100,000 population per year in pre-vaccine years 1958-1963.
1960 WA pop. 2.88 million. *"The effects of the post-war "baby boom" are also clear, with a 42 percent increase over 1950 in the number of persons aged 0-14, compared to a 20 percent increase in overall population. The data also shows that the median incomes of women and minorities lags seriously behind that of white males"*. http://www.historylink.org/File/9341 map from https://doi.org/10.1093/oxfordjournals.aje.a112170

ROGER M. BARKIN

A. 1958 - 1963



B. 1968 - 1970

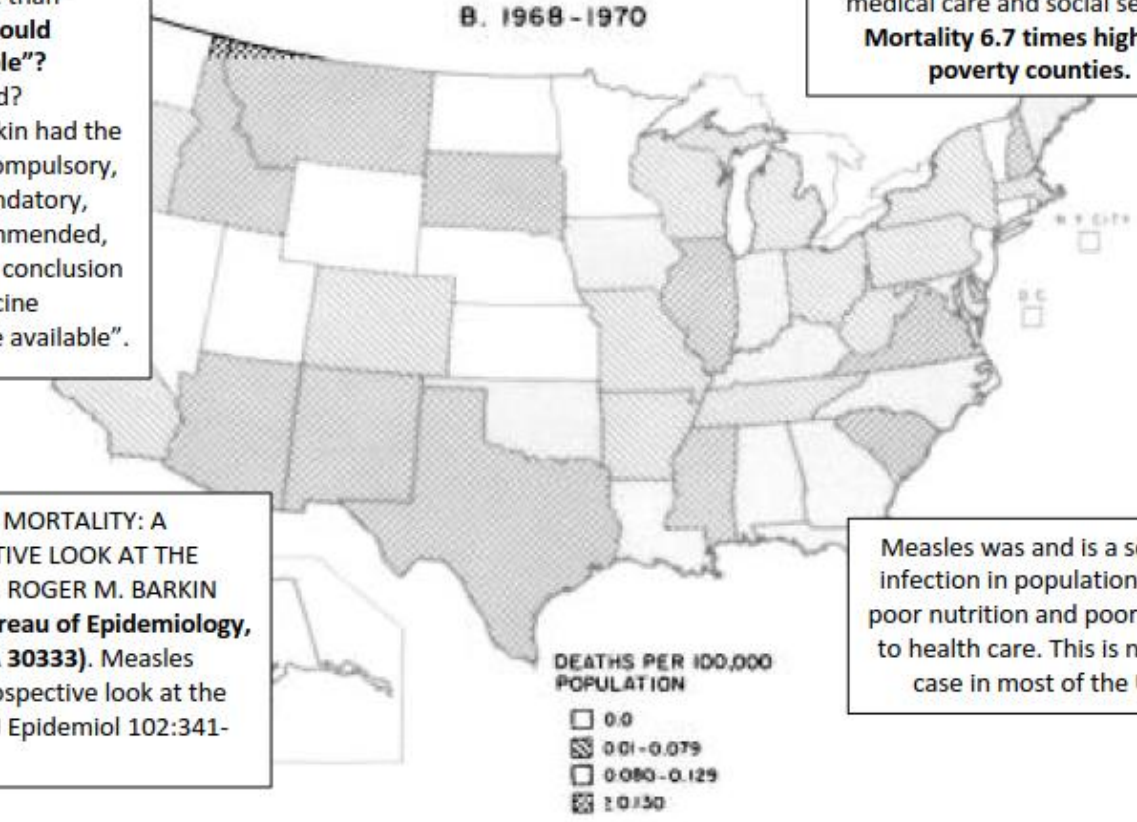


FIGURE 2. Average annual measles mortality rates, United States, 1958–1970.

"...the true death-to-case ratio can be estimated to be approximately 1.0 deaths per 10,000 measles cases."
<u>Pre-vaccine</u>. p.347

*"**Higher mortality rates** were noted in places with less than 10,000 people and **in counties** having a **large percentage** of the population with **incomes below poverty level**. **Vaccine** should **be accessible** to all populations, but intensive efforts need to be directed toward **<u>groups</u> at high risk of dying from measles who are suffering from a myriad of other health, social, and economic problems**."*
What is a weaker endorsement than-
"Vaccine should be accessible"?
Restricted?
CDC Manager Barkin had the terms, "critical, compulsory, important, mandatory, necessary, recommended, vital, etc.", yet his conclusion is that vaccine "Vaccine should be available".

Note dramatic difference of mortality rates in states with lower per capita income and history of poor access of minorities to medical care and social services. **Mortality 6.7 times higher in poverty counties.**

MEASLES MORTALITY: A RETROSPECTIVE LOOK AT THE VACCINE ERA. ROGER M. BARKIN
Barkin, R. M. **(Bureau of Epidemiology, CDC, Atlanta, GA 30333)**. Measles mortality: A retrospective look at the vaccine era. Am J Epidemiol 102:341-349, 1975.

Measles was and is a serious infection in populations with poor nutrition and poor access to health care. This is not the case in most of the US.

The Media Face of Public Health is that measles is a terrifying infection and every outbreak is a catastrophe.

What does Public Health say behind closed doors in their private journals?

MEASLES VACCINATION

Before the Measles-Mumps-Rubella Vaccine

Jan Hendriks, MSc, and Stuart Blume, PhD, MA

At the beginning of the 1960s, it was clear that a vaccine against measles would soon be available. Although measles was (and remains) a killer disease in the developing world, in the United States and Western Europe this was no longer so. Many parents and many medical practitioners considered measles an inevitable stage of a child's development. Debating the desirability of measles immunization, public health experts reasoned differently. In the United States, introduction of the vaccine fit well with Kennedy's and Johnson's administrations' political commitments. European policymakers proceeded cautiously, concerned about the acceptability of existing vaccination programs. In Sweden and the Netherlands, recent experience in controlling polio led researchers to prefer an inactivated virus vaccine. Although in the early 1970s attempts to develop a sufficiently potent inactivated vaccine were abandoned, we have argued that the debates and initiatives of the time during the vaccine's early history merit reflection in today's era of standardization and global markets. (*Am J Public Health*. Published online ahead of print June 13, 2013: e1–e9. doi:10.2105/AJPH.2012.301075)

just a few years previously, which differed in these four countries; the other was the European public health authorities' concern with the implications of introducing a new vaccine for the national immunization program, as a whole, and for popular confidence in it, in particular.

THE SEARCH FOR A

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Debating the desirability of measles immunization,

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in 1949 to 98 in 195[illegible]. Parents largely came to see measles as an unpleasant, although more or less inevitable, part of childhood. Many primary care physicians shared this view.

In the early 1960s researchers in numerous US and European laboratories were, nevertheless, trying to develop a measles vaccine. Building on their earlier success with the poliovirus, in 1954 John Enders and his Harvard colleagues succeeded in culturing the measles virus. Because their initial sample was taken from a boy named David Edmonston, the strain became known as the Edmonston strain. By 1960, Katz, End[illegible] loway had shown t[illegible] Edmonston strain, [illegible] uated, stimulated p[illegible] measles antibodies [illegible] children.[4]

Because it was fo[illegible] reactogenic, Enders [illegible] leagues set about at[illegible] further. Enders wan[illegible] age other investigat[illegible] the strain freely ava[illegible] soon numerous oth[illegible] (including Anton Sc[illegible] American Home Pr[illegible] Maurice Hilleman a[illegible] also working at atte[illegible] ther.[5] In addition, in[illegible] Salk's earlier develo[illegible] inactivated polio vaccine, other laboratories were developing inactivated (killed virus) vaccines. One or more safe and effective vaccines seemed within reach. But were they needed and would they be used? Although measles claimed the lives of 1 to 2 million children annually in developing countries, few of these countries had adequately organized immunization programs at this time.[6] In the United States and Western Europe, which did, measles mortality was low and declining and parents seemingly accepted it as an unpleasant part of childhood. What reasons could there be for introducing a measles vaccine?

In March 1963 the first two measles vaccines were approved for use in the United States: a live vaccine produced by Merck (*Rubeovax*) and a formalin-inactivated one produced by Pfizer (*Pfizer-Vax Measles–K*).[7] In September 1963 the US Surgeon General Luther Terry published a statement on the status of measles vaccines.[8] The live vaccine had by this time been given to some 25 000 people in the United States. A single dose produced an effective antibody [illegible] been tried. If a dose of inactivated vaccine was given a month or so before the live vaccine, reactions caused by the live vaccine were greatly reduced. The surgeon general recommended that children without a history of measles be immunized at approximately aged nine months.[10] There seemed to be no reason to begin a mass immunization program; the decision to immunize could be left to individual medical practitioners and parents.

The situation in the e[illegible] 1960s was thus that live attenuated vaccines appeared to offer long-term protection against measles. Their side effects, however, were a matter of concern, and attempts to develop further attenuated, less reactogenic strains continued. (The Schwarz strain would be licensed in 1965, and Merck's more attenuated "Moraten" strain in 1968.) Ina[illegible] vated vaccine produced no sic[illegible] effects, but it was unclear whether it could provide prote[illegible] tion of adequate duration. If p[illegible] tection was of too short durati[illegible] there was a risk of measles inf[illegible] tion being postponed to an olc[illegible] age, when its effects could be more serious.

> *"The situation in the early 1960s was thus that live attenuated vaccines appeared to offer long-term protection against measles. Their side effects, however, were a matter of concern, and attempts to develop further attenuated, less reactogenic strains continued."*

US AND UK IMMUNIZATIO[illegible] POLICY, 1963–1968

Any decision to begin mass measles vaccination in the ear[illegible] 1960s thus involved numerou[illegible] uncertainties. Was the disease serious enough? Would paren[illegible] feel it worth having their children vaccinated? And if mass vaccination did seem justified, should the live or the killed vaccine (or a combination of both) be used? In the United States, experience with the polio vaccines played a major role in shaping the consensus that gradually emerged.

Colgrove has explained how, after an initially euphoric

Parents largely came to see measles as an unpleasant, although more or less inevitable, part of childhood. Many primary care physicians shared this view.

Their side effects, however, were a matter of concern, and attempts to develop further attenuated, less reactogenic strains continued

In the United States and Western Europe,... measles mortality was low and declining and parents seemingly accepted it as an unpleasant part of childhood. What reasons could there be for introducing a measles vaccine?

Any decision to begin mass measles vaccination in the early 1960s thus involved numerous uncertainties.

Was the disease serious enough?

Would parents feel it worth having their children vaccinated?

Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

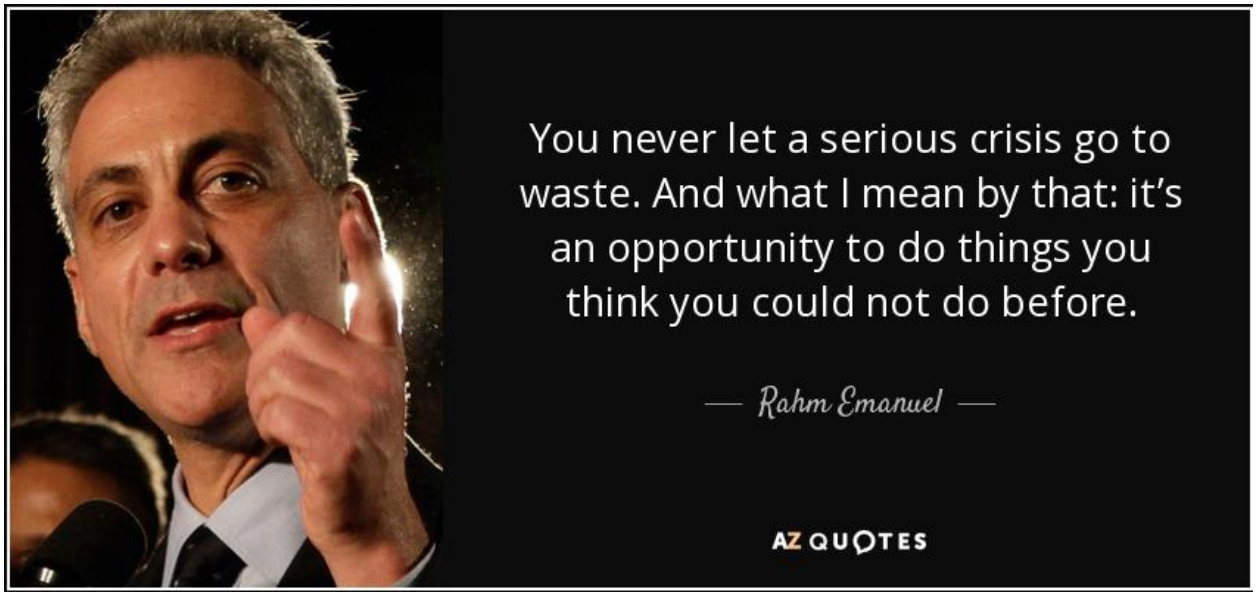
When you combine the misrepresentation of the vaccination rates with the exaggeration of the infection risk the question becomes, "why?"

One possibility is that virtually all WA DOH employees belong to the Washington State Medical Association, the Washington State AAP, NACCHO, or other professional affiliation groups, all of whom have formal, adopted policy to end personal exemptions. How persuasive would it be if the true facts on the ground were used to inspire legislation?

"Clark County MMR exemption rate is only 5.3%. Measles mortality dropped to zero in WA state in 1968. The current outbreak is in a specific religious group, if you don't associate with them you have a low chance of exposure. But even if you are exposed and you are vaccinated, and it fails or if you are unvaccinated, you have a low chance of a complication".

Not very compelling story to prompt action to remove exemptions, is it?

This situation makes me think of Rahm Emanuel's statement,



Would we be considering ending the exemption outside of this outbreak, the misrepresentation of the rates, and the exaggeration of the measles infection?

WA DOH currently has 97% voluntary compliance. The only logical answer for eliminating exemptions now is in anticipation of future additions to the schedule that parents may be resistant to, like the HPV. Should a public-school education be conditioned on the receipt of a STD vaccine?

Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

In its current state this bill will prevent all the MMR PBE users from attending school next fall. The statewide all types combined MMR exemption rate is 2.9%, some significant piece of that is PBE, **so probably 15,000 to 20,000 students will not be in school**.

If one believes that false claim that, "22% of the children are missing MMR", it is easy to think that some segment of that are doing so casually, and if PBE is ended will shrug their shoulders, sheepishly throw up their hands and say "Aww shucks, you got me, I guess we to have vaccinate now", and you could see rates climb.

When you know the real exemption rates, 2.9% statewide, and 5.3% Clark County, you see that **even if they all were vaccinated it is only a 2% or 5% increase** in school children complete for MMR. Is vaccine protection so tenuous that 2% or 5% is the tipping point to disaster?

And in the real world the medical, societal, and educational pressure to vaccinate is so intense that no one is using a PBE casually. They are using the PBE as a last resort. They are all very committed to this choice and will seek out alternative education options. **It must be understood that this will function as a "kick kids out of school" bill, regardless of the intent.**

If the bill is amended to end exemption to all vaccines, then 37,000 students are impacted. This can be a real issue for small districts as funding formulae are based on FTE. WA has 36 reporting districts less than 100 students, 84 with less than 300.

The last time an exemption bill was in play small districts were surveyed for what they thought about the need for the legislation, and its effect on their district.

One superintendent from Adams county replied;

*"**Specifically, regarding vaccinations, if legislation was able to exclude children who aren't vaccinated by state requirements, our school WOULD be in danger**. We do have a high number of "opt outs"* {this isolated, rural district has only 14 students, so "high", 3, is a relative term} *from parents who feel the state invades their personal rights to privacy and freedom to choose for themselves**. If the role of the state is to educate every child, it seems they're undermining their own role.** Also, if a family chooses not to vaccinate, it only hurts themselves. The others who are vaccinated shouldn't have to worry. Students need to be in school. Please continue to work for the students. **Changing the requirements to make things more restrictive isn't going to change these families out here. If anything, they'll pull their kids out of school and home school them**, which only hurts the kids socially. **It also puts small rural schools under more pressure to have enough students to stay open, under current WA laws**."*

The business manager of a small Puget Island district stated:

*"Because our school is small, it is quite easy to mitigate danger. **It would be detrimental for our small school to be required to exclude students with less than the 16 required number of immunizations.** I am including our board in this email. Are there any steps you suggest for our board/school district to respond to the potential legislation?"*

California passed a bill, SB 277, that eliminated personal belief exemptions. What does the California experience tell us will happen in Washington if the same mistake is made?

This article details that exempting parents are very committed to their decision and largely impervious to a rule change, and will instead homeschool. Bill supporters misrepresented that ending exemptions will "raise" vaccination rates. The schools may measure higher, but mostly because exempting families will have left, and there will be very few new vaccinations.

LOCAL NEWS

http://www.redding.com/news/local/new-state-vaccine-law-could-cause-enrollment-problems-3a6fb524-67bc-3ae7-e053-0100007fcab1-390814921.html

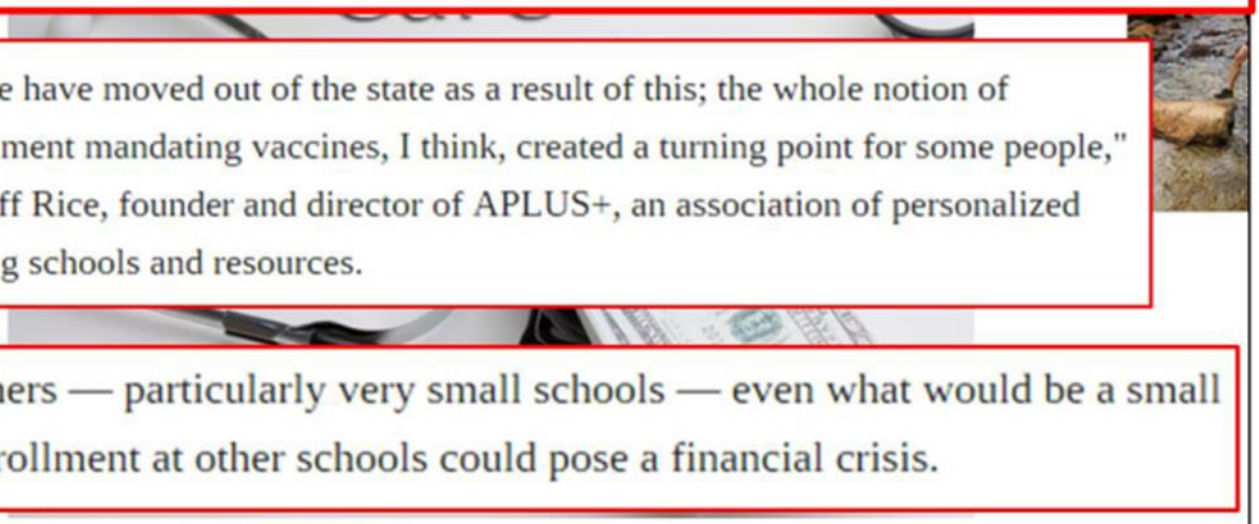
New state vaccine law could cause enrollment problems

CA SB 277 Pushed kids out of schools and hurt districts.

"There's a public perception out there that suddenly and magically, starting with this school year, everybody is going to be in vaccination compliance, and it's just not true," Rice said.

"People have moved out of the state as a result of this; the whole notion of government mandating vaccines, I think, created a turning point for some people," said Jeff Rice, founder and director of APLUS+, an association of personalized learning schools and resources.

But for others — particularly very small schools — even what would be a small drop in enrollment at other schools could pose a financial crisis.



Stethoscope wrapped around hundred dollar bills

By Alayna Shulman of the Redding Record Searchlight

But Rice said most of these families won't be so easily swayed by a new law.

"If ... they believe that the school is now forcing them, then it's likely that they will make a different choice rather than comply," he said. "I think there's a higher concentration of families who are ... more of the mind to say, regardless of what the government says, my principles tell me that I should have the choice, and therefore I'm going to make a choice based on principle rather than simply complying with the government says."

Action Item- *Notify your Professional Association, State Senator & Representatives-*
We don't need this bill, and don't let Medical Trade Groups set education policy.

This article describes administrator angst at now being the "vaccination police", a small district potentially losing $215,000 in funding, a family electing for a spouse to stop working to homeschool, and school districts trying to meet IEP student requirements.

CA SB 277
Pushed kids out of schools and hurt districts.

Article describing the issues with SB277 Implementation
"And, almost assuredly, they will be turning some children away. That's a new and uncomfortable position for many of them."

North Coast journal of Politics, People and Art
HUMBOLDT COUNTY, CALIFORNIA
this week | ncj daily

"We are very frustrated that we are now the immunization police," said Julia Anderson, the executive director of Beginnings in Briceland, which includes Skyfish elementary school and a child care center. "This new law has a lot of parents in a total uproar."

"(Lawmakers) definitely put it in the laps of the schools when they made that law," said Steffano-Davis reflectively. "I'm hoping children can go to school. That's what I want to see. I want to educate kids."

Prepare for Impact

A new vaccination law has school administrators caught between a needle and a hard place

BY THADEUS GREENSON

It's not difficult to understand why administrators would be on edge given what's at stake. In California, school funding is tightly tied to enrollment and attendance. That means parents' deciding that homeschooling their children is preferable to vaccinating them has a direct impact on school budgets and, consequently, staffing...

Consider the case of Coastal Grove Charter School in Arcata, a Waldorf inspired school that serves about 230 students in kindergarten through eighth grade... 19 Kindergartners and nine 7th graders had PBE's... If those numbers carried over to this year, the school would have to turn away 28 students, or about 12 percent of its student body...

Going back to Coastal Grove, if the school were to see those 28 students vanish from its rolls this year, that would represent a funding reduction of more than $215,000...

Of course, the hope with the new law is that parents will opt to vaccinate their children and send them to school. But there's a lot of uncertainty, in Humboldt County, anyway, as to whether that will happen. Some families clearly are not going to do it. Take Tenae LaPorte, who has quit her job in a local dermatologist's office to homeschool her children. She had planned on sending them to Fieldbrook Elementary but is dead set against vaccinating them. "We can do this," LaPorte said of homeschooling and shifting her family from a two- to a one-income household, "because it's currently our only option we are willing to take."

Sitting in her office at the Humboldt County Office of Education, Special Education Director Tess Ives said there's one other large issue looming with the new vaccination law: What to do with the thousands of kids in Humboldt County who receive some sort of special education through what's called an individualized education plan, or an IEP. Under the law, districts and the county are responsible for providing the specialized services these kids need to get an education, a huge spectrum of offerings that range from special day classes to a bit of extra instruction or therapy. Even though schools might not be able to admit unvaccinated children under S.B. 277, that doesn't alleviate their special education obligations.

As the first day of school approaches, there's an anxiety building in many administrative offices throughout Humboldt County. The anxiety doesn't seem to be pervasive, but cloistered in different pockets throughout the region. And it centers around a simple question: Will students show up?

"It's easy to understand the controversy. After all, the bill mandated a medical treatment for children that some fear has adverse health impacts, with state lawmakers essentially telling parents: We're putting public health before your concerns for your immediate family."

Oppose legislation that restricts or eliminates non-medical vaccine exemptions

Vacaville school district is setting up a parallel education system for those that do not wish to comply to 16/16 injections or 17/17 injections, attempting to avoid litigation and to keep the FTE funding within their district. http://www.dailyrepublic.com/news/vacaville/vacaville-schools-provide-learning-options-for-children-not-vaccinated/

Parents are going so far as to move out of state to avoid the impact of SB277


DAILY REI

FAIRFIELD-SUISUN, CA

Education

Vacaville schools provide learning options for children not vaccinated

By Daily Republic staff — From page A4 | March 24, 2016

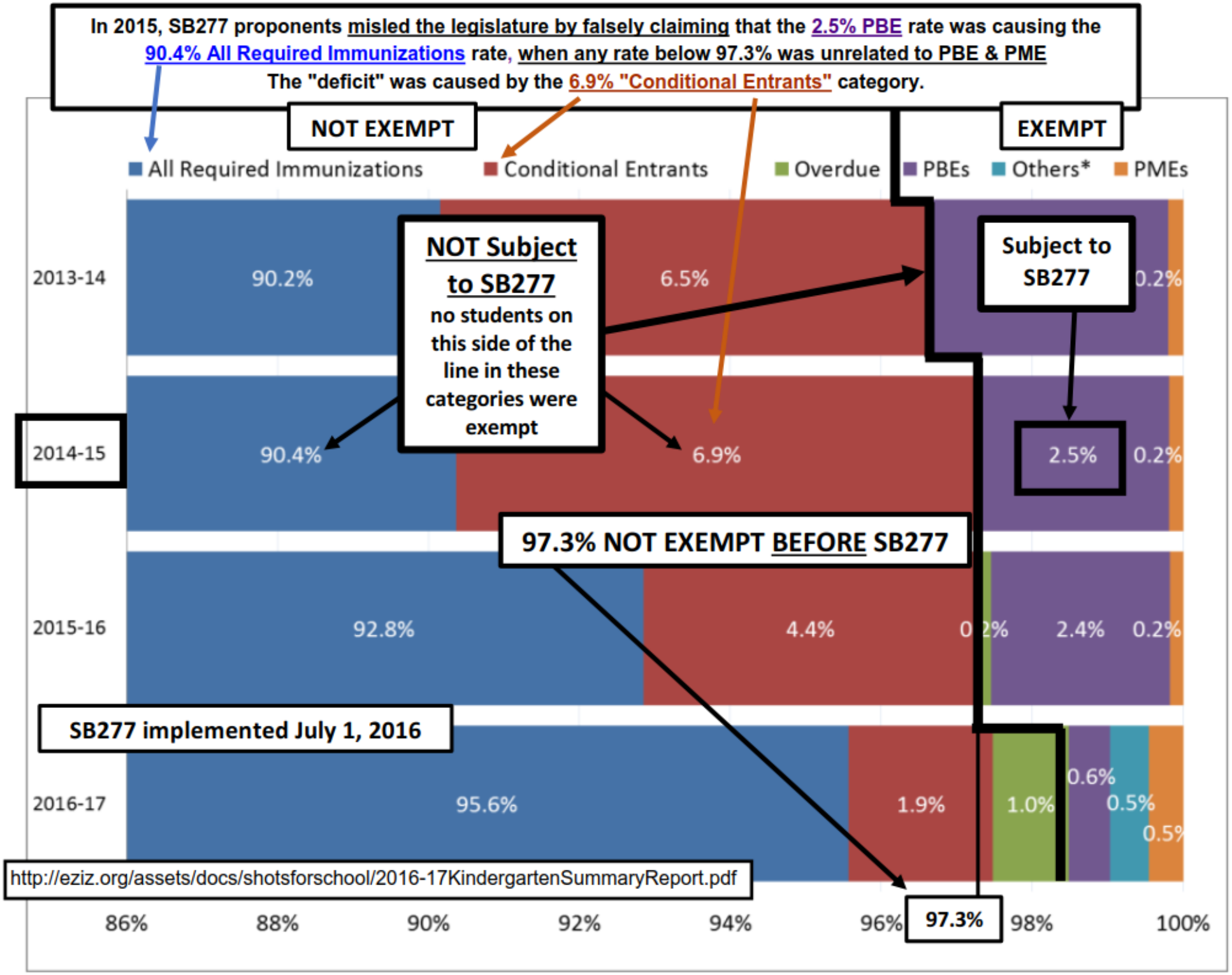
VACAVILLE — School officials in Vacaville are making plans for families who have unvaccinated children to continue their children's education.

The changes prompted by Senate Bill 277 will take effect July 1, which means that children without current vaccinations will no longer be able to attend California schools or day care centers.

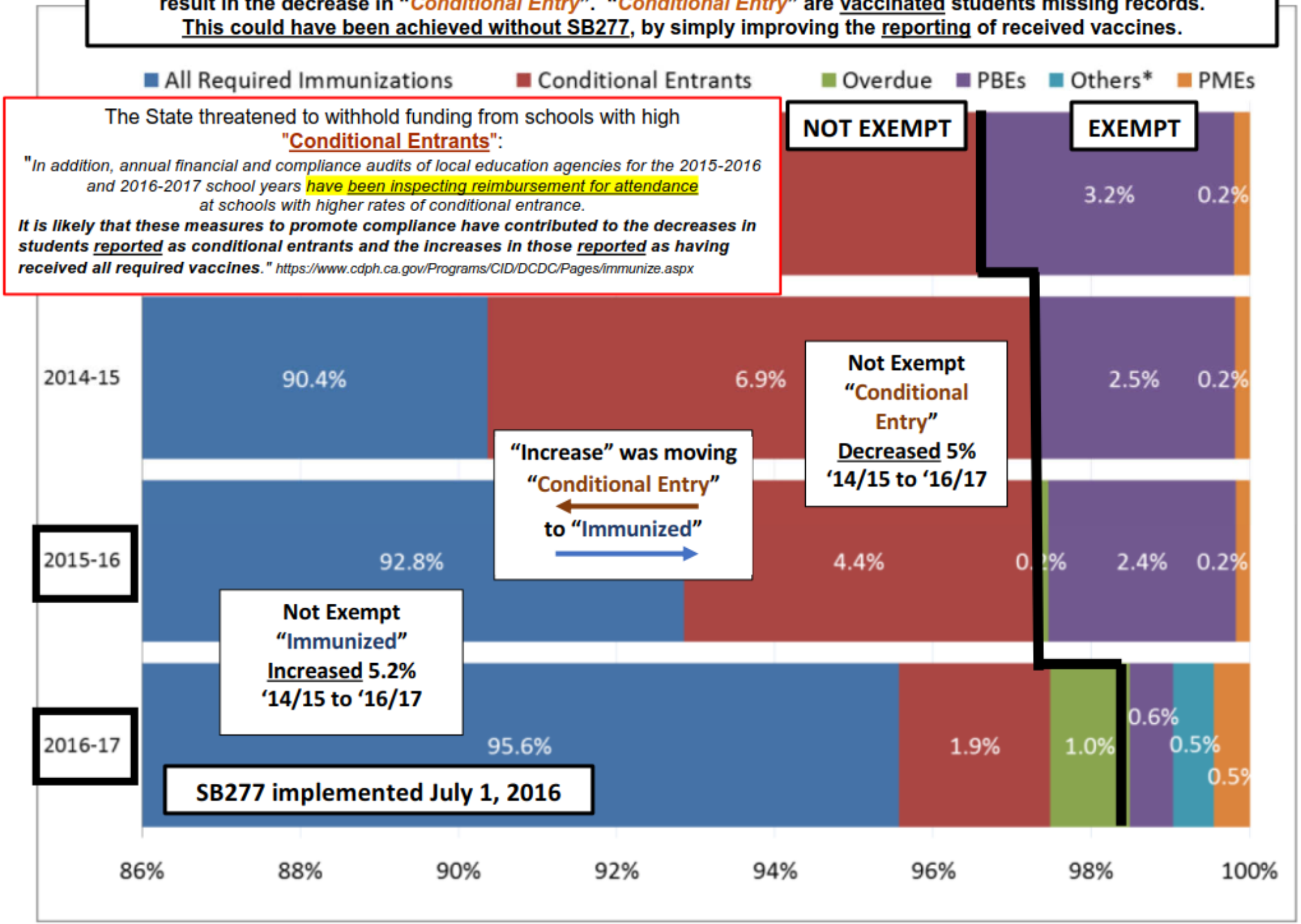
The Vacaville School District's Independent Study Program is an alternative offered for children in the area. The district recently created a school principal position for the Independent Study Program and appointed Manolo Garcia as principal, according to a school district press release.

Other parents are now homeschooling in record numbers to avoid the mandates.

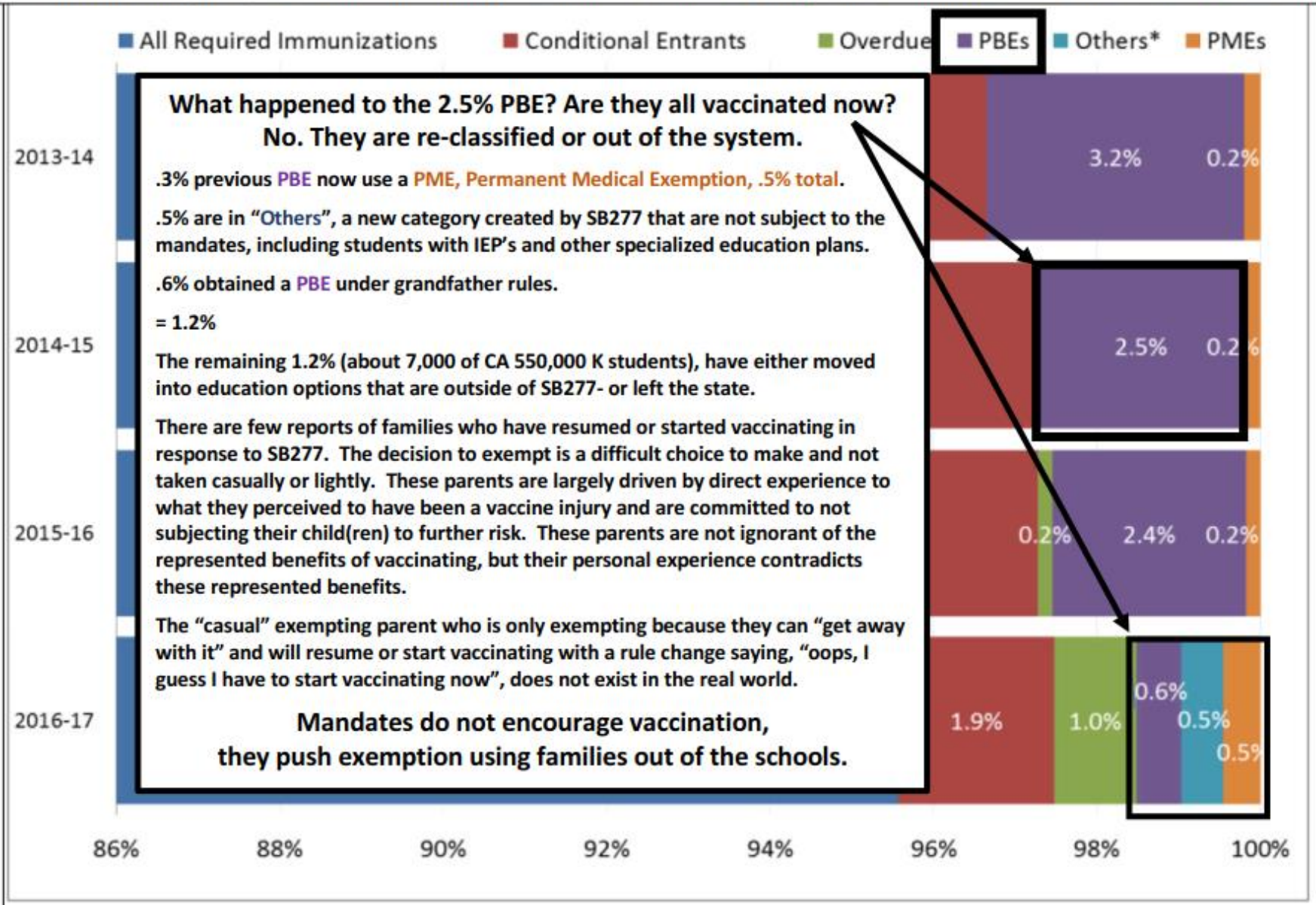
CA SB 277 Pushed kids out of schools and hurt districts.


In 2015, SB277 proponents misled the legislature by falsely claiming that the 2.5% PBE rate was causing the 90.4% All Required Immunizations rate, when any rate below 97.3% was unrelated to PBE & PME
The "deficit" was caused by the 6.9% "Conditional Entrants" category.
NOT EXEMPT
EXEMPT
All Required Immunizations
Conditional Entrants
Overdue
PBEs
Others*
PMEs
2013-14
90.2%
6.5%
0.2%
NOT Subject to SB277
no students on this side of the line in these categories were exempt
Subject to SB277
2014-15
90.4%
6.9%
2.5%
0.2%
97.3% NOT EXEMPT BEFORE SB277
2015-16
92.8%
4.4%
2.4%
0.2%
SB277 implemented July 1, 2016
2016-17
95.6%
1.9%
1.0%
0.6%
0.5%
0.5%
http://eziz.org/assets/docs/shotsforschool/2016-17KindergartenSummaryReport.pdf
86%
88%
90%
92%
94%
96%
97.3%
98%
100%

Did, or is, SB277 "working", in the sense most people think it should- i.e. are more students vaccinated?
No. Almost all "improvement" has been in the "not exempt" left side of the line. The "increase" in "*Immunized*" is a result in the decrease in "*Conditional Entry*". "*Conditional Entry*" are vaccinated students missing records. This could have been achieved without SB277, by simply improving the reporting of received vaccines.



These CDPH charts show that PBE use played no part in vaccination rates below 97.3%. Recording the vaccination of over 500,000 CA Kindergartners within the first few weeks of school is a significant task. Students must have a status to enroll, so school staff were placing not exempt vaccinated students without records into the "Conditional Entry", where they have been misrepresented to be "unvaccinated". Further compounding the issue is that 4 of the 16 required injections are scheduled in a 2-year window between age 4 and 6. K enrollment is age 5. Younger K students who were still in process and receiving these boosters during the year could not be counted as "immunized" and were also put into "Conditional". PBE use was measured & responsible.



*Other children lacking required immunizations under criteria specified in SB 277.

Figure 6. Percentage of All Kindergarten Students by Reported Admission Status by School Year, 2013-2014 to 2016-2017. In the 2014-2015 and 2015-2016 school years, entrants were subject to AB 2109. In the 2016-2017 school year, entrants have been subject to SB 277.

Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

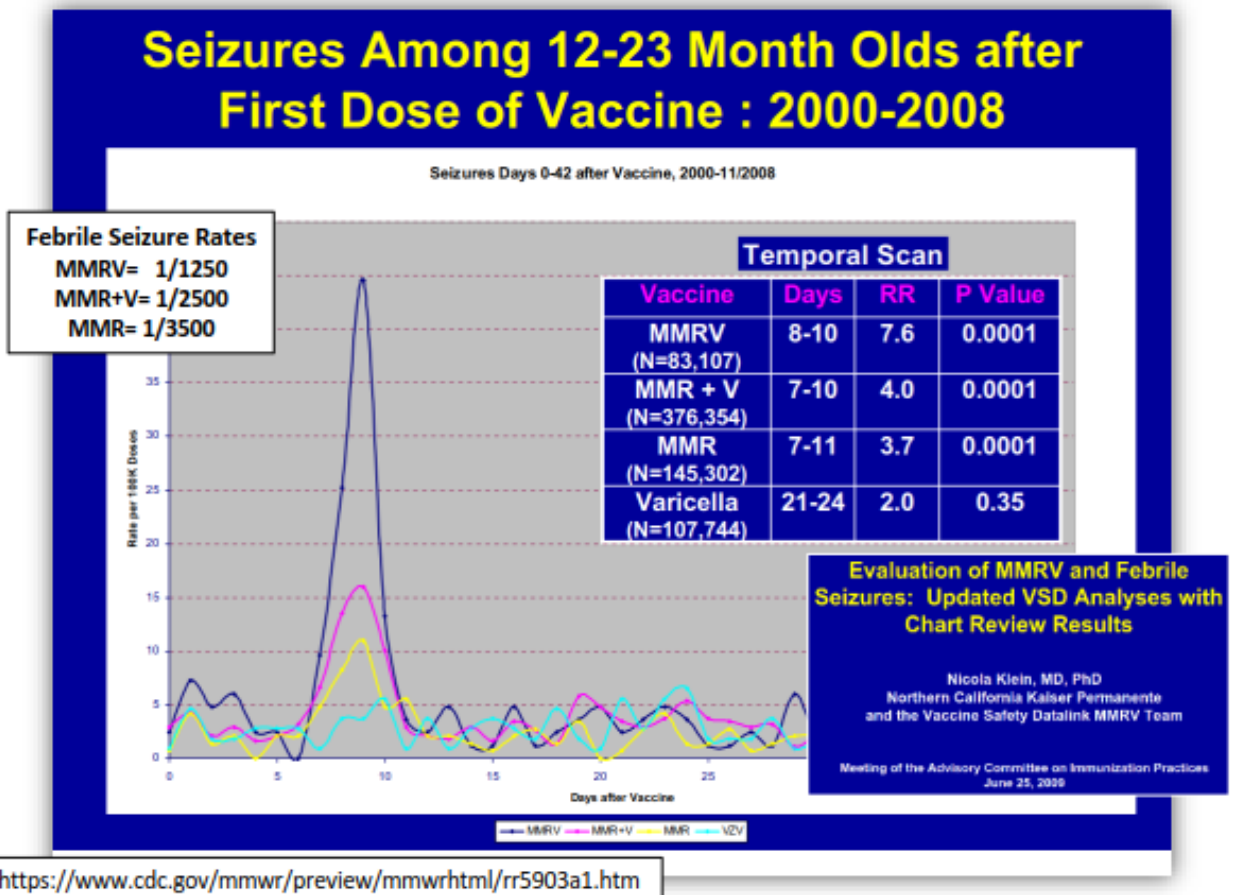
The MMR puts 1/2500 to 1/3500 recipients into the ER and can incapacitate children. I am excerpting 3 pages & attaching a report called, *"Why don't they just get the shot?"* which has the CDC information about the reactivity of the MMR vaccine and in combination with the Chicken Pox vaccine to provoke seizures. As we discussed, if your child has extreme reaction to a vaccine, it is understandable you may want to avoid later doses, and obtaining a medical exemption, especially in this current climate is nigh impossible, as discussed in the next point. I am also attaching the $2,500,000 initial payment for an NVICP settlement with a family whose healthy daughter was incapacitated by the MMR. **This family sacrificed their daughter on the altar of Herd Immunity**. Vaccine injury is real.

Why don't they just get the shot?

During the discussions about how to handle the exempt children during outbreaks, or in relation to non-medical exemption legislation, several common responses are, "If they want to stay in school, they can simply get the shot"; and "Why don't they get the shot, are they stupid?".

Who are the people who "Don't want the shot?'

The short answer? They are the families and friends of children who had a serious reaction. This Vaccine Safety Database Slide comparing seizure rates between the MMR and Chicken Pox (Varicella) vaccines singly, in combination, and the MMRV "Pro-Quad" 4 in 1 quantifies hundreds of children hospitalized in just this study group.

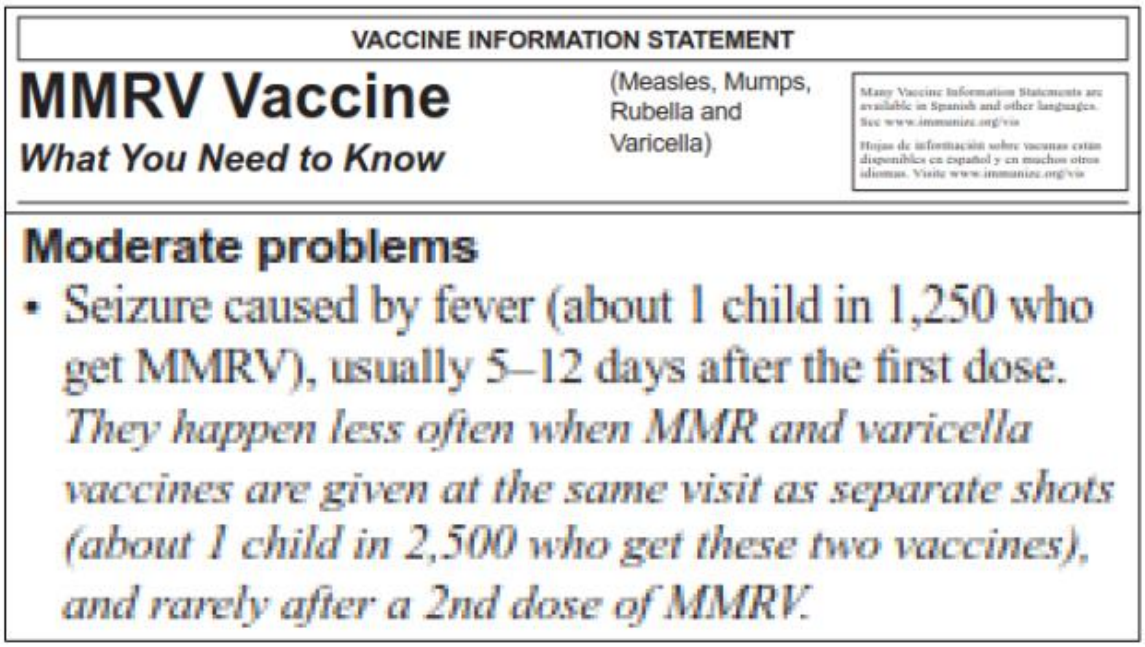


https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm

Why don't they just get the shot?

This issue displays the differing definitions between Public Health and Parental concepts of what constitutes a 'Rare' rate of injury, or what is a "Moderate Reaction".

From the MMR VIS, Vaccine Information Sheet for parents, it discloses:



VACCINE INFORMATION STATEMENT

MMRV Vaccine

What You Need to Know

(Measles, Mumps, Rubella and Varicella)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

Moderate problems

- Seizure caused by fever (about 1 child in 1,250 who get MMRV), usually 5–12 days after the first dose. *They happen less often when MMR and varicella vaccines are given at the same visit as separate shots (about 1 child in 2,500 who get these two vaccines), and rarely after a 2nd dose of MMRV.*

These febrile seizures are not discrete events but the crescendo of 1 to 2 weeks of a child who feels poorly shortly after vaccination, deteriorating over time with an illness that is not responding to anti-pyretic and analgesic medications and culminates in rushing a frequently nonresponsive child to the Emergency Room.

The typical parent does not consider hospitalization from routine vaccination to be moderate, but serious, and a 1/1250, or 1/2500 frequency is not especially "rare".

Parents are told that combination vaccines are no more reactive than single antigen vaccines, and multiple injections in a visit is not more reactive than a single injection, yet this VIS & graph clearly and unequivocally contradicts this assertion. MMR & V is more reactive than either vaccine singly, and the MMRV "Pro Quad" combo 4 in 1, doubles that increase again. There is obviously some interaction.

If a routine vaccination hospitalized or made your child very ill would you repeat it?

Bill proponents are portraying the vaccination choice as "Harmless Injection vs Dangerous Infection", when the truth is, "Injection Risk vs Infection Risk".

Why don't they just get the shot?

To recap-

1250 children are administered MMRV

275 experience a fever greater than 102f.

45 become so feverish their parents return to the Doctor's office.

1 becomes so ill they develop a Febrile Seizure requiring ER admission.

2500 children are administered the MMR & V

375 experience a fever greater than 102f.

75 become so feverish their parents return to the Doctor's office.

1 becomes so ill they develop a Febrile Seizure requiring ER admission.

This example also demonstrates the tension between the Public Health's community priorities versus a parent's responsibility to protect their child. 1/1250 children going to the ER is apparently an acceptable Public Health tradeoff for having the other 1249 children vaccinated.

Parent Quote:

"I am fine with a sore spot on my daughter's arm, and a fussy feverish day or two. This last round of shots was unacceptable, she was sick as a dog for almost 2 weeks, and punky for another month after that. My mother told me she was sicker than any of my older siblings who had the regular infections (they grew up with only Polio and DPT shots). And that they recovered very quickly back to normal in just days, not this long, extended malaise. I am not saying we are stopping shots altogether, but we are definitely going to space them out, and maybe not do them all, only the important ones."

Does this statement sound irrational, or uniformed?

If a routine vaccination hospitalized or made your child very ill would you repeat it?

How many possibly avoided measles infections justifies doing this to a family?

In the United States Court of Federal Claims

Not a real court- DOJ "Judge", DOJ Attorneys defend HHS, No discovery, subpoena, rules of evidence, or jury.

OFFICE OF SPECIAL MASTERS
No. 16-119V
Filed: November 20, 2017
UNPUBLISHED

MMR Permanent Encephalitis

[redacted] on behalf of [redacted] a minor child,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

Special Processing Unit (SPU);
Damages Decision Based on Proffer;
Measles Mumps Rubella (MMR) Vaccine; Encephalopathy

What does vaccine injury look like?
This decision describes a 1 year old girl who had her life destroyed by routine vaccination.
This $2.5 mil initial payment recognizes she will never be employed, and is incapable of caring for herself.
Pain, Suffering, and Death capped at $250k in the NVICP

Diana Lynn Stadelnikas, Maglio Christopher & Toale, PA, Sarasota, FL, for petitioner.
Camille Michelle Collett, U.S. Department of Justice, Washington, DC, for respondent.

DECISION AWARDING DAMAGES[1]

Dorsey, Chief Special Master:

On January 27, 2016, petitioner filed a petition for compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. §300aa-10, *et seq.*,[2] (the "Vaccine Act"). Petitioner alleges that [redacted] was diagnosed with encephalopathy following receipt of Hepatitis A, Haemophilus influenza type B, measles, mumps and rubella (MMR), Prevnar, and varicella vaccinations on February 13, 2013. Petition at 2. The case was assigned to the Special Processing Unit of the Office of Special Masters.

On July 18, 2016, a ruling on entitlement was issued, finding petitioner entitled to compensation for [redacted]s encephalopathy injury. On November 17, 2017, respondent filed a proffer on award of compensation ("Proffer"). Respondent proffers that, based upon her review of the evidence of record, petitioner should be awarded:

Pursuant to the terms stated in the attached Proffer, **the undersigned awards petitioner:**

A. **A lump sum in the amount of $1,191,475.29 paid to Regions Bank, as Trustee of the Grantor Reversionary Trust for the benefit of [redacted]**

B. **A lump sum in the amount of $1,043,951.66 paid to the court-appointed guardian(s)/conservator(s) of the estate of [redacted] for the benefit of [redacted]**

C. **A lump sum payment of $278,476.84, representing compensation for satisfaction of the State of Oklahoma Medicaid lien payable jointly to petitioner and**
Oklahoma Health Care Authority

Oklahoma State Government recognizes vaccine injury when they cash this check.

Oppose HB 1638- WA MMR exemption rate is only 2.9% - 97.1% of WA Students are not exempt. Clark CO MMR exempt only 5%. WA is very, very safe. HB 1638 will harm small school districts.

The Medical exemption is an inadequate safeguard to balance school requirements with the ever-expanding vaccine schedule. In the same way that parents feel pressure to not exempt, **Health Care Providers have tremendous pressure to not write Medical Exemptions.** First, vaccination is the "standard-of-care," regardless of the scientific advances that have revealed the mechanisms of vaccine injury in susceptible subsets. Second, going outside that standard-of-care, even when medically necessary for a patient, can attract medical board scrutiny, and scrutiny from medical groups who have a "no medical exemption" policy, etc. Please see the attached report, "*Why the Medical Exemption Only is an Inadequate and Unworkable Option to School Attendance Vaccination Requirements, and how the PBE functions as a PAME- Parent Administered Medical Exemption*" explaining in detail the problems.

CA parents were promised unrestricted access to medical exemptions with SB 277. Now Doctors who write ME are being hounded. They are being accused of "monetizing their medical licenses", when the opposite is true, the big money is in giving vaccines. A child today is worth more than $2,000 to the pharmaceutical companies and a similar amount to the pediatric clinics for the associated "well baby checks" and vaccine administration reimbursement

In California, Some Doctors Sell 'Medical Exemptions' for Kids' Vaccinations

En Español

By Dennis Thompson
HealthDay Reporter

MONDAY, Oct. 29, 2018 (HealthDay News) -- A handful of California doctors are making hay off anti-vaccine parents, charging hundreds of dollars to issue medical exemptions for required childhood vaccinations, a new study claims.

In 2015, California passed a law eliminating personal belief exemptions for vaccinations that kids must receive before they can attend public school.

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The Medical System wants to condition access to education to promote Public Health objectives that are not necessarily Public Safety issues. The original, rationale intent of school attendance rules was to keep schools from being infection hubs for the highly contagious, high mortality small pox infection. We have gone far beyond that now, by mandating the vaccine for Hepatitis B, a blood borne infection so difficult to transmit that a known infected child is allowed unrestricted, medically confidential attendance. And Chicken Pox, an infection very few first world countries vaccinate against.

Would Chicken Pox vaccine have a 90% plus uptake if it were not a requirement for school?

> Please see report, *"Competing Paramount Duties-Balancing Public Safety, Public Health and the Right to a Public Education*", for a detailed analysis.

There are staggering amounts of money associated with the mass vaccination program. Every child born today represents a $2,000 tithe to the pharmaceutical industry.

Cost to Immunize One Child in the Public Sector Has Risen by Over 500% Since 2000

	2000	2002	2004	2006	2008	2010	2012	2013	2014
DTaP	$46.25	$59.65	$62.05	$63.98	$63.25	$66.25	$75.00	$76.90	$76.90
Polio	$31.00	$34.64	$40.40	$43.28	$45.92	$46.96	$48.96	$49.68	$49.84
MMR	$30.16	$31.22	$32.38	$34.56	$36.52	$37.27	$38.66	$39.52	$39.82
Hib	$21.96	$28.44	$33.60	$31.74	$33.78	$34.53	$35.91	$27.99	$28.08
Hep B	$27.18	$28.11	$27.45	$27.65	$28.50	$30.75	$32.19	$32.79	$33.00
Varicella	$37.14	$40.87	$47.02	$113.80[2]	$123.00	$134.16	$144.98	$150.72	$156.68
PCV	$88.50[1]	$183.96	$203.00	$230.36	$265.76	$367.00	$408.12	$428.48	$449.76
Flu	--	--	$30.00	$69.18	$205.36[4]	$175.67	$186.44	$217.39	$280.16
Tdap	--	--	--	$30.75[3]	$30.75	$28.54	$29.59	$24.63	$30.25
MCV-4	--	--	--	$68.00	$76.35	$79.75	$164.24	$138.72	$164.24
Hep A	--	--	--	$24.31	$24.50	$26.50	$29.50	$30.50	$32.30
Rotavirus	--	--	--	$156.00	$171.60	$167.50	$182.04	$184.30	$190.40
HPV	--	--	--	--	$301.77[5]	$288.24	$335.89	$321.47	$363.09
TOTAL[6]	$282.19	$406.89	$475.90	$893.61	$1407.06	$1483.12	$1620.15	$1711.52	$1894.52

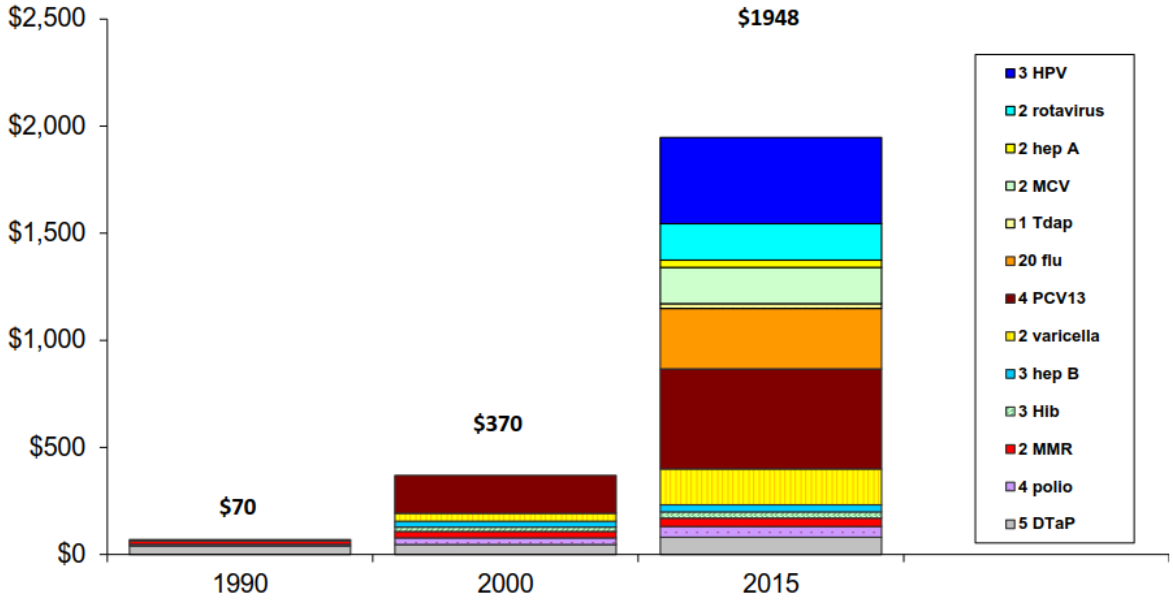
1. In 2000, the PCV cost to fully vaccinate one child was for half the calendar year. The CDC contract was not in place until July 1, 2000.
2. In 2006, ACIP recommended two doses of varicella.
3. Tdap replaced Td as the adolescent booster recommended by ACIP in June 2005, to provide protection against pertussis. The cost of Td has not been included in previous years due to the absence of a CDC contract.
4. In 2008, ACIP recommended annual influenza vaccination for all children up to age 18. Two doses are needed the first year of vaccination and 1 dose is needed annually thereafter, for a total of 20 doses.
5. Beginning in 2007 the total represents the cost to fully vaccinate a female including the HPV vaccine. The HPV vaccine is also recommended for males as of late 2011.
6. The cost of recommended vaccines is significantly higher when combination vaccines are factored in to the total cost. This table shows only the lower cost of single vaccines.

TOTAL represents the cost to vaccinate one child with vaccines universally recommended from birth through 18 years of age using federal contract prices.
Source: Centers for Disease Control and Prevention

March 2015

Association of State and Territorial Health Officials

Increase in Pediatric and Adolescent Vaccines, Doses, and Cost of Products: 1990, 2000, and 2015



2015 represents minimum cost to vaccinate a child (birth through 18); exceptions are 1) no preservative pediatric influenza vaccine, and 2) HPV for males and females.

Federal contract prices as of February 1, 1990, September 27, 2000, and April 1, 2015.

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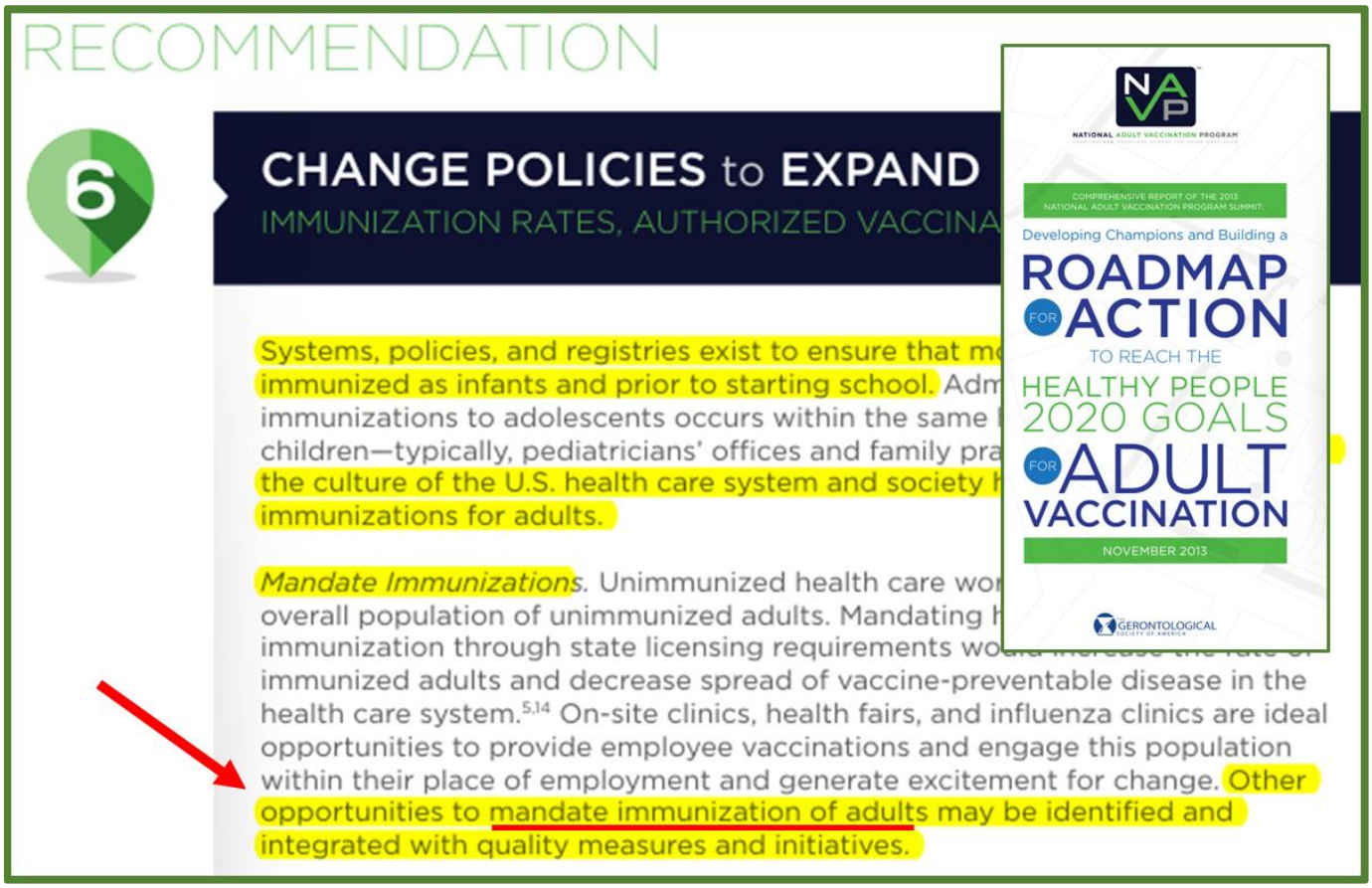
I am very discouraged to hear a quote about, "tightening up on religious exemptions". I have a personal and philosophical objection to products that utilize fetal tissue derived from abortions. I think many people who do not belong to religions that eschew all medical treatment share this distaste. Where will they be if this legislation passes?

The Adult compliance to vaccine recommendations is under 30%. 2020 Goals are 80% & 90%. Those will only be reached with mandates.

When a vaccine is mandated it shifts into the NVICP, and the manufacturer has no liability and government often purchases for public.

Ending exemptions for children is an incremental step to adult mandates.



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By removing the PBE, the government is declaring an adult citizen parent as incompetent and incapable to make medical decisions/vaccine choice for their dependent minor child, <u>without any due process, hearing, or review</u>.

Vaccines are not therapeutic drugs administered to ill children(people) to treat the illness. They are drugs given to healthy children(people), with the intent of theoretically preventing an infection. Opting out of a vaccine is not withholding a necessary treatment.

Simple disagreement with the recommendations is terminating parental rights, without due process.

Most importantly, if the government can this easily categorize any adult to be incompetent and incapable to make the correct medical decision/vaccine choice for his child, then can't any adult by definition be categorized incompetent to make <u>their own medical decisions/vaccine choices</u>? i.e., If you are not smart enough to make decisions for your child how can you be smart enough to make decisions for yourself? This is a repellent concept.

Removing the PBE opens the door for the mandating of all populations to any medical procedures or vaccines public health considers important. Remember that the chicken pox vaccine is now a school requirement. A significant percentage of personal exemption use is for chicken pox vaccine only. Is a person "anti-vaccine" if they have 14 of the 16 injections, and only opt out of Chicken Pox? Should that choice force the forfeiture of a state constitutionally guaranteed education? If the bill is amended to eliminate personal exemptions to all vaccines then WA citizens will be denied access to an educational system they are taxed for because they don't fear chicken pox. Does anyone remember people picketing the streets demanding a chicken pox vaccine?

In closing, I truly hope that you will examine these issues and see that the Personal Exemption is a safe and necessary part of the current school rules.

I am very willing to meet and explain or discuss any issues.

Best Regards,

Karl Kanthak 360-798-8900