

My most sincere objection of this entirely objectionable bill goes to the portions of sections 3 and 4 that order the collection of publicly-available data concerning vaccine-exempt children. I am disturbed by the disregard for the medical privacy rights of children and horrified by what would certainly be a violation of the rights afforded to them under the Family Educational Rights and Privacy Act. That act forbids the release of a student's educational records, including vaccine records, to anyone but state health officials-- and only then, it would be in the event of an emergency such as bioterrorism.

The newly-unveiled map of a county in California that designates bright red dots over schools with high numbers of exempted children reads like a registered sex offender list. The California legislature should be ashamed of themselves with having such disregard for Constitutional rights and federal law. {1}

In 2011 the local news of one city in California followed behind a school district representative as he personally knocked on the doors of the parents who had intentionally not vaccinated their children with a teen Tdap booster. His words to one parent were, "We are coming today to give your child her Tdap if she hasn't had it." Perhaps this committee does not have the foresight to imagine a school district rep going rogue with a needle-packing nurse in tow, but look no further than California to see what the future holds for this bill in Colorado. {2}

At best, in a large school, such a public database is creating a pharmaceutical mark for further unwanted and unnecessary vaccine education for the already-educated parent. However, in the circumstance of a small school having high exemption rates, the state of Colorado would be creating a helpless target for those residents who engage in lynch-mob mentality.

Supporting HB 1288 is bordering dangerously along impinging children's and parents' 14th Amendment protected rights of privacy. Privacy of their information, privacy of their decisions, and the right to live their life in the best interest of their families. Requiring a parent opposing vaccines to mandatory "pro-vaccination" education is a blatant prejudice against a minority population of parents who believe that vaccines are not right for their families. If you require this, mustn't you also require parents in favor of vaccines to undergo informational modules that clearly state all ingredients, side effects and dangers of vaccines, including VAERS (Vaccine Adverse Event Reporting System) cases? Currently, the responsibility to learn this information rests solely on the parent, as it is not voluntarily shared (or even known) by conventional healthcare providers.

And what about liability? Where will the responsibility of liability lie when a child is injured from a vaccine that was given in conforming to the education module? The doctor providing the education? The State Board of Health for creating the education? Will you amend Public Law 99-660 (the National Childhood Vaccine Injury Act of 1986) so that liability will finally rest upon the makers of these products? {3}

There have been accusations made that "the majority of parents who take a PBE either do so out of convenience (it is currently far easier to get a PBE than it is to keep a child up-to-date on vaccinations) or because they have sincere questions about vaccines and need more information." But how do they know this? Where is the PROOF? That is nothing more than a vague assumption.

Furthermore, there is a belief that everyone in the community has a responsibility to help protect immunocompromised children, thus placing faith in, and a large part of this bill on, herd-immunity. Again, herd-immunity is a theory that has never been proven. It would require the ENTIRE United States population be at a specific percentage (although, the CDC keeps changing what that percentage is) of currently vaccinated individuals. But when is the last time any adult you know had a booster shot for any of the childhood diseases? There simply is NO proof (that hasn't been paid for by the vaccine manufacturers or the CDC) that an unvaccinated child is any more of a threat to an immunocompromised individual than any other child that has been vaccinated or partially vaccinated.

The reason I focus so much on this bill not being driven by proof is because of what this study suggests; "A Longitudinal Analysis of the Effect of Nonmedical Exemption Law and Vaccine Uptake on Vaccine-Targeted Disease Rates," co-authored by Vicky Pebsworth-Debold, PhD, RN and published in the February issue of the American Journal of Public Health:

"This study's overall findings suggest that, 'making state laws more restrictive as a means to reduce disease burden would be an example of public policy based on beliefs rather than science. To base state-level vaccine exemptions laws on such beliefs would not be consistent with modern national efforts to establish evidence-based public health policies and laws.'" {4}

I mentioned in my previous emails to you all that Roe v. Wade is a perfect example of this. Griswold v. Connecticut is another example of our protected privacy in relation to healthcare practices. Even if a government official personally believes someone else's personal belief is wrong, you cannot enforce your belief on someone through mandated law. This has been proven time, and time again, throughout our nation's history through civil rights acts and amendments to the Constitution, including Amendments IX (9), XIII (13), XIV (14), XV (15), XIX (19), and XXIV(24). {5}

The right to choose healthcare procedures, treatments, insurance or even NOT to use conventional healthcare or put my faith in conventional practitioners is our unenumerated right afforded by the 9th and 14th Amendments of the Constitution. There is already a perverse violation of the Constitution regarding due process found in Public Law 99-660 (the National Childhood Vaccine Injury Act of 1986). HB 1288 would further damage the integrity of our government.

It is also going to injure the doctor/patient relationship, given there even is one to begin with. The majority of pediatricians throughout our country already have a high-pressure, biased "educational" time factored in for vaccines during a well-child visit, so why do you need a state mandated module? These high-pressure, condescending, bullying sessions are the reasons my son has not seen a conventional healthcare provider in over three years. It is also a reason the recent AAP study found that the more "education" a parent receives, the more likely they are to deny vaccines. {6}

I truly hope you will realize how unconstitutional this bill is and, therefore, cannot be made into law.

With my utmost, sincere gratitude for your time,

Mrs. Melissa Winefeldt

1. <http://blog.sfgate.com/chronrx/2014/03/04/contra-costa-unveils-vaccination-map/>
2. <http://www.youtube.com/watch?v=qrYp9AcYWMg&feature=youtu.be>
3. <http://history.nih.gov/research/downloads/PL99-660.pdf>
4. <http://www.nvic.org/NVIC-Vaccine-News/February-2014/non-medical-exemptions-not-tied-to-disease-incidence.aspx>
5. <http://billofrightsinstitute.org/founding-documents/>
6. <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/When-Pro-Vaccine-Messages-Backfire-Study-Examines-Effectiveness-of-Interventions-on-Parents-Intent-to-Vaccinate.aspx>

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New Study: Use of Non-Medical Exemptions Not Tied to State Disease Incidence Rates
Posted: 2/19/2014 10:43:29 PM| with [4 comments](#)

By Patrice La Vigne

Every so often, a study is published that accurately informs the public discussion about the relationship between vaccination and health. This is the case with "A Longitudinal Analysis of the Effect of Nonmedical Exemption Law and Vaccine Uptake on Vaccine-Targeted Disease Rates," which was co-authored by Vicky Pebsworth-Debold, PhD, RN, and published in the February issue of the *American Journal of Public Health*.

After conducting a comprehensive analysis of state vaccine exemption and disease incidence data, the study authors concluded that there is no or little measurable effect of stricter vaccine exemption standards on infectious disease incidence in states. This study contributes important information to the small body of empirical evidence on this topic.

"The Devil is in the Details"

Pebsworth-Debold, a pediatric ICU nurse with PhDs in both public health and nursing, noted that literature on this topic is limited. As an expert in health research methods with knowledge related to infectious diseases, vaccine effectiveness and state laws, she also collaborated on the study to help frame it to inform public health policy.

Across the country, state legislators are being pressured by lobbyists connected with pharmaceutical and medical trade groups to pass laws to eliminate or restrict the legal right to file and receive vaccine exemptions for sincerely held religious and conscientious or philosophical beliefs. "Presumably, these efforts are based on the belief that making access to and use of non-medical exemptions will decrease communicable disease rates," Dr. Pebsworth-Debold said.

In an effort to position the topic adequately, for example, Dr. Pebsworth-Debold argued for the use of the phrase "vaccine-targeted diseases" (VTD) instead of the routinely used phrase "vaccine-preventable diseases" (VPD). She pointed out that VTD is more accurate because vaccines are not 100 percent effective and vaccine failures are an inherent part of all vaccination programs.

"Whether or not vaccines actually 'prevent' or merely 'target' particular diseases most likely varies by disease and should also be evaluated," Dr. Pebsworth-Debold said. The extent to which vaccines actually prevent disease or merely produce time-limited antibodies is a "testable hypotheses that should not be assumed to have already been falsified by gold-standard clinical trials."

Vaccine Exemption Effects on Five Infectious Diseases Studied

Using 2001-2008 data across the 50 states and the District of Columbia, the study authors analyzed the potential impact of use of non-medical vaccine exemption provisions as reflected by differences in state vaccine laws and state-specific annual vaccine uptake rates for vaccines typically required for school or daycare against state-specific annual incidence rates for five VTDs: pertussis, measles, mumps, Haemophilus influenzae type B (Hib) and hepatitis B. The four vaccines included in the study were those that corresponded with the five diseases: diphtheria-pertussis-tetanus (DTaP), measles-mumps-rubella (MMR), hepatitis B and Hib.

Dr. Pebsworth-Debold noted there is no valid, direct measure of use of non-medical exemptions at the state level and so they used two proxy measures for use of non-medical exemptions as reflected by the state-level vaccine uptake rates and a five-level measure of state law restrictiveness, which was determined by two groups of public health law experts. The authors assumed that the level of state law restrictiveness and vaccine uptake were correlated, so two different models of use of non-medical exemptions were tested.

All but two states permit non-medical vaccine exemptions based on religious and/or philosophical beliefs. Dr. Pebsworth-Debold defined state law restrictiveness as "the extent to which a state's statutes and regulations discourage or prevent parents from claiming a non-medical exemption to mandated vaccinations," taking into consideration the availability of exemption options and the time and effort required to qualify. The least restrictive states included California, North Dakota, Ohio, Oklahoma, Vermont and Washington, while the most restrictive states were Mississippi and West Virginia.

Study Main Take-Home Points

The results showed that neither measure of non-medical exemption use—the restrictiveness of a state's laws or vaccine uptake rates—was associated with annual disease incidence rates for four of the diseases evaluated. There was, however, a statistically significant, but weak, negative association between pertussis incidence and both proxy measures of non-medical exemption use for five of the eight years of data.

The real-world significance of the observed weak signal for pertussis suggests that if ALL states increased the restrictiveness of their exemption laws by one level, the annual number of pertussis cases would only decline by 1.14%, or 0.20 cases per 100,000 persons, resulting in 171 fewer cases nationally. Further, if states increased their pertussis vaccine uptake by 1%, the annual number of pertussis cases would only decline by 0.04%, or 0.01 cases per 100,000 persons, resulting in five fewer cases nationally.

Study Limitations

Dr. Pebsworth-Debold noted that the study is not without its limitations, including not being able to accurately quantify state-level pertussis incidence. Further, the study assumes that pertussis vaccines effectively prevent vaccinated persons from contracting and transmitting pertussis, even though data published after the study was completed suggests that the vaccine's effectiveness wanes more quickly than previously known, which increases the likelihood that vaccine uptake is less likely to be associated with disease incidence.

She added that this study's overall findings suggest that, "making state laws more restrictive as a means to reduce disease burden would be an example of public policy based on beliefs rather than

science." She said "to base state-level vaccine exemption laws on such beliefs would not be consistent with modern national efforts to establish evidence-based public health policies and laws."

The study authors concluded, "Thus, policymakers must balance multiple competing requests to not only strengthen public health infrastructures and protect the well-being of populations, but also safeguard the self-determination rights of individuals who choose not to take potentially ineffective medical treatments that can cause serious temporary and permanent adverse events." ¹

Vaccine Reactions: The Need to Know More

Dr. Pebsworth-Debold is no stranger to the profound effect that a serious vaccine reaction can have on the lives of the vaccine-injured and those who love and care for them. She has experienced the devastation of vaccine reactions in her own family, which affected her son and her niece. Her son suffered a "catastrophic reaction" to the seven vaccines he received at his 15-month well baby visit. She said she was initially in denial and once she realized what had happened she recalls "feeling deeply ashamed" and "ignorant" for "having had blind trust in the medical system and not having done my homework."

"I assumed that the CDC-recommended vaccine schedule was a well-established, evidence-based clinical practice guideline and that pediatricians and their nursing staff were well-versed on identification and treatment of vaccine reactions," she said. "Had I only known which shot was causing the severe indurations at the site of the injection after previous rounds of vaccinations prior to his 15-month shots and done some homework, I probably wouldn't have given him that particular shot without testing his titers first and most certainly, would have not given it along with everything else he got that day."

She continued, "I eventually realized that there were substantial holes in what was understood with certainty on these topics and that there was a very poor understanding of the types, causes and treatment of vaccine adverse reactions which results in poorly educated clinical practitioners and parents and, no doubt, negatively affected the quality of care my son received. As a nurse and public health professional, I had vaccinated many children and had no reservations about vaccinating my son because I had no reason to believe that he was at risk of harm. Like most other health care practitioners, I was virtually uneducated on how to recognize and immediately respond to a wide variety of known vaccine adverse reactions. His injury might have been much less severe with fewer long-term consequences if we all had been better educated."

After her son suffered serious health deterioration after his 15-month shots, Dr. Pebsworth-Debold conducted her own research in university libraries and on the Internet. She obtained information on NVIC.org that she couldn't find anywhere else. Then, in 2006, she responded to NVIC's call for a nurse to help respond to vaccine reaction reports and phone calls NVIC receives, and today she serves as a Board member and volunteer director of research and patient safety for NVIC.

Dr. Pebsworth-Debold served as the consumer member of the Food and Drug Administration Vaccines and Related Biological Products Advisory Committee for four years. She participated in public engagement projects initiated by the National Vaccine Advisory Committee to evaluate vaccine stakeholder concerns about vaccine safety and was the consumer representative to the independent H1N1 Vaccine Safety Risk Assessment Working Group (VSRAWG). She has also been a consultant to the Centers for Disease Control and Prevention (CDC) Board of Scientific Counselors and reviewed research proposals for the CDC's Special Interest Panels and a Congressionally Directed

Medical Research Programs (CDMRP) peer review program administered by the Department of Defense (DoD).

References:


1 Yang YT and Debold V. A Longitudinal Analysis of the Effect of Nonmedical Exemption Law and Vaccine Uptake on Vaccine-Targeted Disease Rates. *American Journal of Public Health* February 2014;104(2): 371-377.

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Interesting, but not really surprising. Now if a study can be conducted on the health of vaccinated vs. unvaccinated children, that would be more interesting.

2/27/2014 7:52:17 AM

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Shane

If everyone else is vaccinated why do I have to be or if everyone else's kids are vaccinated why do mine have to be!

Basically saying if it is a risk of not being vaccinated and vaccinations work then it should be my prerogative to vaccinate or not because no one else is in danger other than myself and those others that choose not to be vaccinated!

2/27/2014 9:54:28 AM

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Kristin

Have there been any longitudinal studies done on kids who do not get vaccinated to track their health history and incidence of contracting disease? I would love to read such a study?

3/1/2014 11:45:30 PM

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Russ

I don't know that I would call it a longitudinal study but there is a report published by the German site impfshaden.info and its counterpart vaccineinjury.info to compare the health of vaccinated versus unvaccinated children.

THis does appear to be a self reported survey so how much "scientific" weight are you willing to put behind it? You decide. It is interesting to note the glaring differences in the survey results and reported incidences in medical literature for the various diseases.

Both of the following links review this survey but also link to and review other non vax health studies.

<http://www.thehealthyhomeeconomist.com/survey-results-are-unvaccinated-children-healthier/>

<http://childhealthsafety.wordpress.com/2011/08/26/new-survey-shows-unvaccinated-children-vastly-healthier-far-lower-rates-of-chronic-conditions-and-autism/>

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“(2)(A) No person may bring a civil action for damages in an amount greater than \$1,000 or in an unspecified amount against a vaccine manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this subtitle, and no such court may award damages in an amount greater than \$1,000 in a civil action for damages for such a vaccine-related injury or death, unless—

“(i) a petition has been filed, in accordance with section 2116, under subsection (b) for compensation under the Program for such injury or death,

“(ii) a district court of the United States has issued a judgment under section 2112 on such petition, and

“(iii) such person elects under section 2121(a) to file such an action.

Courts, U.S.

“(B) If a civil action which is barred under subparagraph (A) is filed in a State or Federal court, the court shall dismiss the action. If a petition is filed under this section with respect to the injury or death for which such civil action was brought, the date such dismissed action was filed shall, for purposes of the limitations of actions prescribed by section 2116, be considered the date the petition was filed if the petition was filed within one year of the date of the dismissal of the civil action.

Courts, U.S.

“(3) No vaccine manufacturer may be made a party to a civil action (other than a civil action which may be brought under paragraph (2)) for damages for a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this subtitle.

“(4) If in a civil action brought against a vaccine manufacturer before the effective date of this subtitle damages were denied for a vaccine-related injury or death or if such civil action was dismissed with prejudice, the person who brought such action may file a petition under subsection (b) for such injury or death.

“(5)(A) A plaintiff who on the effective date of this subtitle has pending a civil action for damages for a vaccine-related injury or death may, at any time within 2 years after the effective date of this title or before judgment, whichever occurs first, elect to withdraw such action without prejudice and file a petition under subsection (b) for such injury or death.

“(B) If a plaintiff who on the effective date of this subtitle had pending a civil action for damages for a vaccine-related injury or death does not withdraw the action under subparagraph (A), such person may not file a petition under subsection (b) for such injury or death.

“(6) If a person brings a civil action after the effective date of this subtitle for damages for a vaccine-related injury or death associated with the administration of a vaccine before the effective date of this subtitle, such person may not file a petition under subsection (b) for such injury or death.

“(7) If in a civil action brought against a vaccine manufacturer for a vaccine-related injury or death damages are awarded under a judgment of a court or a settlement of such action, the person who brought such action may not file a petition under subsection (b) for such injury or death.

“(b) PETITIONERS.—



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When Pro Vaccine Messages Backfire: Study Examines Effectiveness of Interventions on Parents' Intent to Vaccinate

3/3/2014

For Release: March 3, 2014

Recent measles outbreaks in the U.S. highlight the importance of maintaining high rates of immunization with the measles, mumps and rubella (MMR) vaccine. However, little is known about what messages are most effective in overcoming the reluctance of some parents to vaccinate their children. A study in the April 2014 Pediatrics, "Effective Messages in Vaccine Promotion: A Randomized Trial," published online March 3, tested four types of messages with a nationally representative sample of 1,759 parents. Parents were randomly assigned to receive one of four interventions representing strategies commonly used by public health agencies to promote vaccination: 1) information from the Centers for Disease Control and Prevention explaining the lack of evidence that MMR vaccine causes autism; 2) textual information about the dangers of the diseases from the Vaccine Information Statement; 3) images of children who have diseases prevented by MMR vaccine; 4) a dramatic narrative about an infant who almost died of measles from a CDC fact sheet, or to a control group. Parents' beliefs and attitudes about vaccines were surveyed before and after the interventions. None of the messages increased parents' intent to vaccinate, and some of them backfired. Parents who heard the CDC information debunking a supposed link between MMR vaccine and autism did have fewer misperceptions that vaccines cause autism. But compared to the control group, these parents' intent to vaccinate decreased after hearing this message – a reaction that was concentrated among the most vaccine-hesitant parents. In addition, messages intended to communicate the dangers of the diseases MMR prevents were found to increase misperceptions – images of children who have the diseases increased parents' reported misperceptions about MMR causing autism, while those who read a narrative about an ill child expressed more concern about side effects from the vaccine. The researchers conclude additional research is needed to determine what messages would be more persuasive, such as more subtle narratives or messages that do not induce fear. According to the study authors, any approaches should be carefully tested before dissemination to assess their effectiveness, especially among skeptical populations.

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