

Testimony of Siobhan Justin

Ohio House Health Committee

Re: House Bill 559

Opposition to proposed changes to vaccination exemptions and tracking processes

May 22, 2018

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and honorable members of the Health Committee:

Thank you for allowing me to provide opponent testimony to House Bill 559. My name is Siobhan Justin. I was born and raised in Willoughby, Ohio and am a lifelong resident of Lake County, along with my four children, their spouses and seven grandchildren. I am an Ohio Central Committeeman because I believe that citizens should be involved in the political process. I have been a Registered Nurse since 1981. Since 2013 I have been investigating vaccines and the issues surrounding them.

I object to HB 559 because there is no compelling reason to infringe upon the established law in Ohio that allows parents to exempt their children from the compulsory vaccination requirement for school entry.

In addition, Ohio already has an established procedure for parental notification to the schools when exempting children from vaccination. Parents can submit the vaccine exemption on a form which includes a reference to ORC 3313.671(B)(4)..

To require the parents who choose to exempt their children from compulsory vaccination to receive a "vaccine education" from a health care provider is onerous and constitutionally objectionable.

The law would add a "substantive" or "third requirement" to the federal Religious Exercise Clause. The Federal clause has only two requirements, that the belief is religious in nature and that it is firmly held. Since federal law is a higher legal authority than state law, states cannot add requirements to federal law.

So I ask the Ohio State Legislature to reject this bill on the grounds that it infringes upon the religious freedom of parents.

Not only would HB 559 violate parents' Federal right to the "free exercise of Religion", it would also violate Ohio law. Article 1.07 of the Ohio Constitution states..."nor shall any interference with the rights of conscience be permitted." HB 559 interferes with parents rights of conscience.

The Constitutional right to parent our children comes through the 14th Amendment Due Process Clause. We are presumed as parents to make decisions and take actions that are in the best interest of our children, UNLESS PROVEN OTHERWISE. Until there is evidence of abuse or neglect we are presumed to be fit parents who are capable of making all decisions for our children.

HB 559 would presume that all of the parents who choose to utilize philosophical or religious exemptions to compulsory vaccination, are not fit to make this decision UNTIL they receive a "medical education". In other words, they must be "educated" to BECOME fit.

I suspect that the true intention of the "medical education" is to reduce the number of non-medical vaccine exemptions in the State of Ohio. And I see no compelling reason to do so.

The presumption is that the parents who utilize non-medical exemptions lack medical knowledge about vaccines, however this presumption is false. Parents utilizing non-medical exemptions don't need the "medical education" that would be required by HB 559 because they are ALREADY educated about vaccines. They have already done the hard work of educating themselves.

And parents have the legal right to make medical decisions for their children without interference.

Parents also have a moral obligation to protect their child in the manner that they see fit. HB 559 would potentially interfere with a parent's ability to protect their child from vaccine injury, if they are coerced into vaccinating as a result of the "medical education" from the health care provider.

One of the arguments in favor of HB 559 is that it streamlines how data regarding vaccination is handled and reported so public health officials, parents of immuno-

compromised children and “other stakeholders” would know the opt out percentage rate at each school building.

I question whether parents of immunocompromised children have the legal right to this information, based upon potential privacy issues. It is also doubtful that this information would be of any real benefit to the parents in the first place.

This information is already available to public health officials to utilize as they see fit in the interest of public health.

I’m not sure who the “other stakeholders” are, but they must be required to be identified.

I have compassion for the small minority of children who are immunocompromised. Because of their susceptibility to ALL TYPES of infections, including the common cold, and the few infections for which vaccines are available, they need protection. But what should that protection look like, and how can it be achieved?

These children who are susceptible to develop severe infections from even normally indolent microbes can’t adequately be protected by simply avoiding the infections included in vaccines. And they can’t adequately be protected by altering the environment only in the schools. And they can’t adequately be protected in the schools by only being concerned about infection transmission between children. And they can’t adequately be protected in the schools by also being concerned about infection transmission from adults in the school.

Unfortunately, it is impossible to protect the immunocompromised child in the public school setting. There are so many microbes that could potentially infect the child and so many variables that can’t be controlled for, that it is impossible to adequately protect the vulnerable child in a public school setting.

Knowing the VACCINATION STATUS of the children may seem to be worthwhile, but realistically, knowing the IMMUNE STATUS of both the children AND the adults in the schools would be far more beneficial information to possess.

Knowing whether a person is vaccinated or not is not at all helpful, because we don’t know whether immunity was ever achieved in the first place or if the

vaccine immunity has worn off. VACCINATION STATUS does not give an accurate picture of the IMMUNE STATUS of an individual.

Vaccinated persons don't have bloodwork 4-8 weeks after each round of vaccinations to determine if the vaccine has created antibodies, and antibody production doesn't guarantee immunity, so nobody really knows who is immune and who is not.

Even if that testing was routinely done and it accurately predicted immunity, it is known that vaccine immunity wanes over time.

In the case of the Pertussis vaccine, immunity wanes very rapidly.

And we now know that even the vaccine immunity from the Measles vaccine wanes fairly rapidly, when in the past it was thought that the immunity from the Measles vaccine was permanent.

So, what is needed to know is the IMMUNE STATUS of the persons who come in contact with the immunocompromised child, but again this would be impossible to achieve.

So, I agree that the immunocompromised child needs to be protected. However, I know that this is not the solution to the problem. It is quite possible that the public school is not a safe environment for an immunocompromised child, and other accommodations would need to be provided to that child in order to adequately protect him from inadvertent infection.

Sincerely,

Siobhan Justin