

D. P. T.

Dissatisfied Parents Together of Oklahoma
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April 9, 1996

Dr. Jerry Nida, Commissioner
Oklahoma State Department of Health

Dear Dr. Nida:

As you know, we spoke before the Oklahoma House Public Health Committee recently to express concerns about Rep. Barbara Staggs' bill to add hepatitis B to the mandatory list of vaccinations here in Oklahoma. We expressed concern that the federal health officials were not following federal law in their investigation and disclosure of the many risks we know are associated with vaccinations. Despite our testimony, the bill was passed out of committee and we expected to present our case to the full House days later.

We were fully prepared to present a large body of information on the federal government's method of handling vaccination policy — a process which we believe currently deprives both your department and our state legislature of valuable information related to vaccine safety. Our organization, *Dissatisfied Parents Together (D.P.T.)*, is especially qualified to speak to this issue, in that our *National Vaccine Information Center* in Virginia maintains the largest independent scientific data base on adverse reactions to vaccinations in this country. A non-profit educational organization which receives no government funds, D.P.T. was in the forefront in helping frame the *National Childhood Vaccine Injury Act of 1986*, and our founder, Barbara Loe Fisher, has served as chairman of the *Subcommittee on Adverse Reactions* of the *National Advisory Committee*, created under that law. Recently, our national office has been openly critical of the lack of federal commitment to fully implement one of the main provisions of the law requiring the gathering of honest and accurate information related to vaccine safety. In addition, we have recently sued HHS Sec. Donna Shalala for her attempts to gut the intent of the 1986 law by using her rule-making power to change regulations mandated by Congress and in effect deny compensation for victims of catastrophic vaccine injury.

When the hepatitis B bill was suddenly returned to committee and two days later your Immunization Advisory Board met in a special meeting voting to add hepatitis B to a list of other vaccination policy changes under an emergency rule-making process, we were led to interpret this action as a possible political maneuver to avoid allowing us to present our case to the legislature.

Calls made to members of the legislature, the governor's office, your department and to members of the press who had covered the story did not help us understand how this switch in our state's rule-making process could be made while the legislature was still considering the bill. Consequently, we made an appointment to meet with Rep. Charles Gray, Chairman of the *Committee on Administrative Rule Review*, so that those who had concerns about how this issue was being handled procedurally could begin sorting things out.

During that meeting, many deep concerns were voiced. Critics of current vaccination policy seem to fall into three groups. Some disapprove of the social agendas apparently associated with the passage of

the *Comprehensive Child Immunization Act of 1992*, others object to what appears to be a federal commitment to promote unnecessary vaccination programs as a way to help drug companies develop larger markets for their drugs, and still others object to the fact that all mandatory vaccination programs are based only on allopathic medical treatment methods, without regard to other methods available for controlling infectious disease.

The one thread common to all these concerns is that, at the local level, the public feels a complete lack of control regarding the formulation of state vaccination policy. As you know, the U.S. Supreme Court (*Jacobson v. Massachusetts*) has already ruled that under the Constitution, it is a state power “to determine....whether vaccination is or is not the best mode for the prevention of [disease] and the protection of the public.” In its decision, the court made it quite clear that through their chosen representatives, it is “what the people believe is for the common welfare [that] must be accepted.” For this reason, Rep. Gray has assured us that we would receive a complete, written report addressing all the concerns we have on how current Oklahoma vaccination policy is created. He has already provided us with a detailed report regarding how the emergency rule-making process works and we are greatly relieved that we have a better understanding of how this legislative mechanism is employed.

Attached is a list of questions he asked us to provide both you and him, regarding just how our Oklahoma State Department of Health formulates and carries out local policy. The questions are very detailed, but they are not meant to imply that your department has ever, in any way, done anything improper. Rather, they are meant to help educate all of us, including members of our legislature, on just how much local control we currently are exercising in this state. We recognize that good vaccination policy is interrelated with federal policy. We also recognize that your department must work under the laws passed by the legislature, and, as a practical matter, may be working with well-established rules of thumb when dealing with both the legislature and federal authorities. The underlying purpose of these questions is to ask you, our state’s expert in this area of public policy, exactly where we are. In addition, we would appreciate any of your own thoughts regarding how we can establish even greater local control of future vaccination policy decisions.

Sincerely,

**Catherine Rott
Trina Jones-Hylton, O.D.
Attachment**

QUESTIONS REGARDING HOW OKLAHOMA VACCINATION POLICY IS SET

FEDERAL COMMUNICATIONS WITH THE STATE

Some critics of current vaccination policy believe that the federal government is not being completely honest about the problems with various vaccines. Others believe that federal vaccination policy is based more on creating new markets for drug products than addressing real health needs. These questions are designed to find out how the federal/state relationship works in coordinating vaccination policy, and in particular, the area of what the federal health officials are officially saying when they issue recommendations.

1. When the federal health officials or committees issue recommendations for vaccine policy changes, what documentation do they supply to justify changing current Oklahoma vaccination law? Using the current changes in DPT, Polio and MMR shots as examples, please be specific and include any technical information and scientific studies they've supplied to support the vaccine policy change.
2. When the federal government issues recommendations to add a new disease to the list of diseases earmarked for eradication through mandatory vaccinations, what documentation (epidemiological studies) do officials supply to justify adding it to the list here in Oklahoma. Using hepatitis B as the example, see below for some questions which this change has raised among those who are concerned about adding this disease to the list.
 - a As you know, one of the concerns expressed regarding adding hepatitis B to the list of mandatory vaccinations is the fact that the U.S. has one of the lowest rates for hepatitis B disease in the world and that the high risk groups for contracting it are homosexuals, prostitutes, I.V. drug abusers and children born to mothers who are infected. What justification has the federal government used to recommend vaccinating all healthy children?
 - b Do we keep local records on the verified cases of hepatitis B broken down by age, sex, region of the state, occupation and lifestyle which would offer meaningful evidence that we have a problem here justifying the trouble and expense of adding this disease to the list? Also, what data do we have regarding confirmed cases of hepatitis B disease which ended up in death or permanent injury?
3. There are several CDC officials assigned to the Oklahoma State Health Department. Can you please describe their functions and how they interface with state health officials on a day to day basis? Do they interface with state legislators? What way, if any, do they influence vaccination policy in Oklahoma?
4. The FDA recently proposed regulations which would classify as secret government documents any communications the agency has with state or foreign government health officials regarding public health policy. This raises the question of just what information the public is allowed to see regarding health matters. Do you know if this new FDA regulation went through? Do you know what, if any, other information is already classified regarding public health issues?

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

When Congress passed the National Childhood Vaccination Injury Act of 1986, one of its main purposes was to establish a meaningful DHHS-run data base to collect honest and accurate information regarding the possible adverse reactions to vaccinations. By federal law, all doctors are now required to report

hospitalizations, injuries and deaths following vaccination to the federal government's Vaccine Adverse Events Reporting System (VAERS). Reportedly, only 10 percent of all doctors are complying with the law.

5. Can you tell us what the federal government has told you about informing Oklahoma doctors administering vaccines that they should comply with the law?
6. Has the Oklahoma State Department of Health ever initiated a program to encourage doctors to comply with this law? If yes, please explain in detail? If not, why not?

ESTABLISHING A LOCAL VERSION OF VAERS

One of the purposes of the VAERS data base was to learn more about latent, long term effects of vaccines separate from the death and catastrophic brain damage categories which are already compensated for under the National Childhood Vaccine Injury Act. These more subtle vaccine side effects may include neurological and immune system dysfunction manifested by learning disabilities, hyperactivity, behavior disorders, autism, asthma, diabetes, lupus, chronic fatigue syndrome, rheumatoid arthritis or MS, among others. Some of the following questions are aimed at determining what assets we already have or could develop locally to build our own data base to get an idea of just what actually happens to people after they receive multiple vaccinations. Others are aimed at trying to determine the economic impact which might actually be occurring, such as the state having to set up special education class rooms in the public school system to care for these children, because vaccination risks are not currently being accurately assessed.

7. If we keep local information about the number of cases of disease we have in the state for each infectious disease, is it broken down by who had and had not been vaccinated? If we can separate out the vaccinated and unvaccinated cases, can we also determine if the unvaccinated ones suffer more or less serious illness than the vaccinated ones? Do we have any information about how many people suffered serious permanent complications from having the disease?
8. Do we have in-state, a complete breakdown of just how many special education kids we've got, by category, and some idea how much all this costs? Do we have in-state, a breakdown of just how many special needs kids we've got on public assistance, by category, and some idea how much they cost us beyond whatever costs are incurred by special education classes? Can you provide us with this information?

DUE BY TWO DATA TRACKING SYSTEM

In 1992, the Comprehensive Child Immunization Act of 1992 was passed to make sure all children in America were vaccinated by the age of two. Part of that program included incentives offered to each state to set up computerized tracking systems so that all birth records and social security information records would include vaccination information.

9. Has this program been fully implemented in Oklahoma? If yes, please explain how it works? If not, please explain the current status. Is this computerized data system now or will it be connected to national or international data banks sometime in the future? If yes, please describe how this information is to be used and include timetable if available.
10. What specific incentives (economic or other) are offered to encourage Oklahoma to participate in this program? What portion of this program is federally funded or state funded? If there are outside sources of funding (such as foundations, organizations, corporations or banks) please list, by name, which ones and what amounts they contribute. What penalties, if any, would be meted out if Oklahoma decided not to participate?

11. Who has access to the information on this system in state? Out-of-state?

12. In some states with such tracking systems already in place, there have been reports that if parents do not vaccinate their children, they are no longer eligible for food stamps, Medicaid, the WIC program or other entitlements. In other states, there have been instances where parents have been threatened with being charged with child abuse if they do not vaccinate their children (with the implication that their children will be removed from their custody). Do you know if any such incidents have happened here in Oklahoma? Are these types of compliance tactics legal in Oklahoma?

13. Under Oklahoma law, school age children are required to be vaccinated except for medical, religious or personal reasons. However, when a child is accepted at a day care center, no such exemptions apply. It appears that in the day care system only officials at the health department are the only ones who can grant such exemptions on medical grounds. Can you please explain, in detail, why this particular group of children needs to be treated differently than ones a year or two older ?

14. When a parent is issued the form to sign granting permission to vaccinate a school age child, does this form include a full explanation of the right to decline on medical, religious or personal grounds? Can you supply us with a copy of this form.

15. When the *Comprehensive Child Immunization Act of 1992* was signed, one provision of that Act was to direct the CDC to condense vaccine benefit/risk information for parents to one page. This greatly reduces the amount of information required by the *National Childhood Vaccination Injury Act of 1986*. Can you provide us with a copy of this new document? How do you verify that the information has been supplied to parents prior to they grant permission to vaccinate?

COSTS AND SOURCES OF FUNDING MANDATORY VACCINATION PROGRAMS

16. Please list how much each mandatory vaccine costs to administer each year in Oklahoma. Please identify sources of funding including the names of any private entities which might provide grants other funding or gifts to help out.

IMMUNIZATION ADVISORY BOARD

The current Immunization Advisory Board is made up of M.D.'s, D.O.'s, administrators of children's programs, health related providers of services and insurance, several out-of-state members representing drug companies, and others who seem to represent public interest groups.

17. How are these people appointed? How long do they serve? What responsibilities beyond attending the scheduled meetings do they have regarding formulation of state vaccination policy?

18. How often does this board meet?

19. Meetings of this board are supposed to be open to the public. How does an ordinary citizen learn of where and when they are scheduled? If ordinary citizens do attend, are they allowed to participate in any way, or are they only allowed to watch?

INCLUSION OF NON-ALLOPATHIC MEDICAL EXPERTS

IN FORMULATING FUTURE VACCINATION POLICY

Vaccinations are commonly understood to be an allopathic way of addressing epidemic diseases which might present risks to the general population. While it is obvious that some diseases are extremely dangerous to a large number of people, other diseases, like chicken pox are minor discomforts of childhood for most children which many non-allopathic practitioners believe is nature's way of strengthening the immune system to naturally be able to fight off more serious illness in adulthood. As a practical matter, many non-allopathic practitioners of all sects recognize that vaccinations have their place in controlling dangerous diseases, so the age-old question is, which diseases and which vaccines are appropriate to mandate? Currently the federal government seems to be pushing for eradication of all diseases with mandatory vaccines for all people of every age.

Here in Oklahoma, we permit certain non-allopathic practitioners to sign medical exemptions and we allow everyone to obtain exemptions on both religious and personal grounds. Consequently, we already legally recognize and respect dissent with regard to allopathic disease control strategies based on mandatory vaccination. The following historical background and questions are presented here as a way of opening up the question of how best to include non-allopathic medical input into Oklahoma public health policy in the future. We'd appreciate your thoughts about how this might be done and if there are any regulatory reasons which would need to be changed if it is not currently possible.

In 1910, the Flexner Report was published by private interests to outline how the American medical system was to be reorganized and run as an allopathic monopoly. One provision of this report outlined how each state chapter of the American Medical Association (the primary trade association for the allopathic medical sect), was to support passage of state licensure laws creating one unified board run by allopaths who would then be able to control all other medical sects such as osteopathy, homeopathy, naturopathy etc. practicing at that time). Such a law was passed in Oklahoma in 1917 but was rejected by the people in a statewide referendum in 1920.

In 1994, in an effort to modernize allopathic licensure law, HB2123 was introduced with language attempting to again grant the allopathic licensure board regulatory jurisdiction over a wide variety of non-allopathic sects. Again, Oklahomans rejected allopathic jurisdiction over these practices by successfully lobbying to amend portions of this bill to deny the board's authority over any non-allopathic service even when offered by licensed allopaths. At this same time, a national survey published in the *New England Journal of Medicine*, reported that one-third of all Americans used the services of non-allopathic practitioners. That means 1,000,000 Oklahomans now use these services for some or all of their health care needs.

20. Since Oklahomans have voted with their ballots, their dollars and their personal action to lobby for laws reflecting their interest in protecting and supporting non-allopathic medical practices, it seems appropriate to begin asking how experts in non-allopathic practices might be included when state public health officials create public policy. For the sake of discussion, we've listed three types of practices which seem particularly appropriate to Oklahomans. We'd appreciate your thoughts on this issue as related to each of these groups.

- a Homeopathy - Homeopaths came to America in the 1820's with the Amish and Mennonite religious sects. Early rapid growth of this medical healing art came about because it posed no religious conflict with groups which frequently reject allopathic medical care. During this time in both Europe and the U.S., homeopathy gained major secular support due to its stellar ability to prevent or successfully treat cholera, yellow fever, influenza and other epidemic diseases which commonly killed thousands. Today, homeopathy is widely practiced in Europe and enjoys equal legal status to allopathy in many countries. Here in the U.S., the FDA maintains a separate Homeopathic Pharmacopoeia (HPUS) which includes many FDA regulated homeopathic immunization products. Homeopathy is covered by Medicare.

- b Naturopathy - Naturopathy is an all-natural medical healing art (including the practice of homeopathy, herbalism, diet, dietary nutritional supplementation) which is akin to the health practices of Seventh Day Adventists who are the backbone of the natural food and nutritional supplement industry. In Oklahoma City, the first health food stores were opened by Naturopathic physicians to serve their Seventh Day Adventist patients. Some health insurance companies reimburse for naturopathic services.
- c Chiropractors - The chiropractic profession is a large one in Oklahoma. Chiropractors are allowed to sign medical exemptions for vaccination. Many insurance companies as well as Medicare cover chiropractic care.

CLOSING THOUGHTS

While we have asked many questions about how vaccination policy making works, we also we wanted you folks at the Oklahoma State Department of Health to know what we were thinking. We hope we have done so. With all the changes coming with health care reform, we all have a lot of growing to do. We hope this is the beginning of a process to create a uniquely Oklahoman health care system which appropriately serves all of our citizens.

Thank you.