

Medical Board of California  
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May 28, 2019

RE: Physicians for Informed Consent Testimony on SB 276<sup>1</sup>

Dear Board Members and Executive Staff,

My name is Dr. Shira Miller and I am the founder and president of Physicians for Informed Consent<sup>2</sup>, a 501(c)(3) nonprofit organization, which since the passing of SB 277<sup>3</sup>, has been educating hundreds of doctor members from across the nation on how to better identify vaccine contraindications, precautions, and adverse events, in order for them to be able to provide informed consent and prevent as many vaccine injuries as possible. In addition, we perform statistical analyses of infections and their respective vaccines, which can be used for public-health decision-making.

The purpose of my testimony is to explain how SB 276 contradicts the Medical Board of California's mission to "protect healthcare consumers" and "promote access to quality medical care,<sup>4</sup>" and urge you not to support it.

The standard of care for recommending a medical exemption was established by SB 277 in 2015, and to date, although 153 cases related to medical exemptions have been investigated...none were found to be fraudulent. As there has not been a single case of a patient or a patient's parent complaining about a doctor in these situations, it may be that actually the fraudulent accusation has been misplaced. And, if SB 276 passes, it would circumvent the 4th amendment<sup>5</sup> protection against the unreasonable search and seizure of patient medical records without any probable cause.

Since the National Childhood Vaccine Injury Act of 1986<sup>6</sup> which indemnifies both vaccine manufacturers and physicians from liability for vaccine injuries, and the creation of the Vaccine Injury Compensation Program<sup>7</sup> which has awarded about \$4 billion<sup>8</sup> in compensation to only 1/3 of petitioners, it has mostly been those families with a history of vaccine injuries and their physicians who have had a heightened awareness of their risk of suffering more vaccine injuries. This latter explains why less than 1% of schoolchildren have medical exemptions in California, and why there are a relatively small number of physicians who are able to meet their needs.

Although the Centers for Disease Control & Prevention has helpful guidelines<sup>9</sup>, these are not all-inclusive, it can take decades for medical research on vaccine injuries to become a CDC guideline, and

medical exemptions are not one-size-fits-all. If SB 276 passes, patients will no longer be able to effectively access the care of physicians who specialize in recognizing and preventing vaccine injuries, and who are best able to protect them from vaccine injuries.

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For example, the risk of seizure after the measles, mumps and rubella (MMR) vaccine occurs in up to 1 in 250<sup>10</sup> in siblings of children with a history of febrile seizures (and 5% of those would develop epilepsy<sup>11</sup>). Although SB 277 permits a physician to exempt such a sibling from the MMR vaccine, CDC guidelines would not.

In terms of measles, before the measles vaccine was introduced in 1963 there was a 1 in 10,000 (0.01%) chance of dying from measles (that's about the same as one's lifetime chance of being struck by lightning), not 1 in 1,000, which is the often-publicized misrepresentation of historical data. In addition, three treatments are available for the rare severe complication: Vitamin A, immune globulin<sup>12</sup>, and the antiviral medication, ribavirin<sup>131415</sup>.

By comparison, the chance of a child dying in his or her first year of life (the infant mortality rate) is currently 1 in 170<sup>16</sup> in the U.S. overall (0.6%)—which is 60 times the risk of a child dying from measles in 1962<sup>17</sup>, a time period when almost every child had measles by age 15<sup>18</sup> and 99.99% fully recovered.

Infant mortality rate (IMR) is a major indicator of the health of a population, not the number of measles cases nor the medical exemption rate. West Virginia and Mississippi, which only allow state public health officers to approve medical exemptions to vaccination (like SB 276 would do) have about double the infant mortality rate of California. And Massachusetts and Washington have a lower infant mortality than California, even while allowing non-medical exemptions. This means that SB 276-like laws are unlikely to improve public health and may worsen it.

Physicians for Informed Consent urges you not to support SB 276.

Respectfully,



Shira Miller, M.D.  
Founder and President (Volunteer)  
Physicians for Informed Consent

<sup>1</sup> [http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200SB276](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB276)

<sup>2</sup> <https://physiciansforinformedconsent.org/>

<sup>3</sup> [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB277](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277)

<sup>4</sup> [http://www.mbc.ca.gov/About\\_Us/](http://www.mbc.ca.gov/About_Us/)

<sup>5</sup> [https://www.law.cornell.edu/constitution/fourth\\_amendment](https://www.law.cornell.edu/constitution/fourth_amendment)

<sup>6</sup> <https://www.congress.gov/bill/99th-congress/house-bill/5546>

<sup>7</sup> <https://www.hrsa.gov/vaccine-compensation/how-to-file/index.html>

<sup>8</sup> <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-may-2019.pdf>

<sup>9</sup> <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pubmed/15265850>

<sup>11</sup> <https://academic.oup.com/aje/article/165/8/911/184889>

<sup>12</sup> <https://physiciansforinformedconsent.org/government-doctors-make-gross-errors-concerning-measles-statistics-misinform-senators-threaten-public-health/>

<sup>13</sup> <https://www.ncbi.nlm.nih.gov/pubmed/22480102>

<sup>14</sup> <https://www.ncbi.nlm.nih.gov/pubmed/7008941>

<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pubmed/23629813>

<sup>16</sup> [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm)

<sup>17</sup> <https://physiciansforinformedconsent.org/measles/dis/>

<sup>18</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/>