

Why the Medical Exemption Only is an Inadequate and Unworkable Option to School Attendance Vaccination Requirements. How the PBE functions as a PAME- Parent Administered Medical Exemption.

Some proponents of eliminating Personal Belief Exemptions (PBE) purport that all PBE use is frivolous, that it must be constrained, and that the Medical Exemption (ME) is fully adequate and workable to protect parent's ability to direct the health care of their children. This is false for several reasons.

Health Care Providers, (HCP) have numerous disincentives to write a Medical Exemption, as will be detailed below. This makes Medical Exemptions very difficult, or impossible to obtain for many parents.

These disincentives have resulted in a significant number of Personal Belief Exemptions to become, in effect, , "HCP Advised Personal Belief Exemptions," where an HCP says, "Well, you are probably right, your child did become quite ill after the last round of vaccinations, but you do not need me to write a Medical Exemption because WA provides a Personal Belief Exemption".

Some of the disincentives to a Health Care Provider writing a Medical Exemption:

1. **License Board Scrutiny:** Writing a medical exemption can raise the attention of the State Medical License Board. There is tremendous pressure against medical exemptions. The Medical Exemption puts the HCP in a position of being accused of not following the "standard-of-care." Current scientific advances have not made their way into vaccine policy or "standard-of-care" in doctors' offices, and doctors who understand these advances in areas such as epigenetics, mitochondrial disorders, methylation, and gut microbiome issues are penalized for writing exemptions based on this advanced science. The personal belief exemption is necessary to protect doctors in a world of continually advancing science, where personalized medicine is much better able to maximize benefit and minimize risk than the one-size-fits-all policy that is still considered "standard-of-care." Doctors in CA who are writing ME are being accused of "monetizing their medical licenses". This is not accurate. The income from administering the recommended vaccines to a child is many times that of a single office consult and chart review for writing a medical exemption. Another alarming development in California is that while the law was expressly written to give full discretion to the doctor, the government is attempting to take the discretion over what constitutes an exemption out of the hands of doctors and hand it to the DOH, which would follow the extremely narrow criteria set by the CDC. This would be a travesty for our children because science is always evolving, and doctors must have the freedom to determine what is best for an individual patient. There are currently several high-profile cases of an HCP in California being investigated for writing Medical Exemptions.

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2. **Practice Management Policy:** many practice groups have express or implied policy discouraging the writing of Medical Exemptions. Vaccination percentage levels are often used as criteria for performance success, i.e. higher rates mean better medicine. Some insurance companies link financial performance incentives to the achievement of certain vaccination percentage levels.
3. **Contradicts Vaccine Safety Claims:** Universal Vaccination policy is predicated on the idea that vaccines and the vaccination process are so safe, and injury so rare, that the risk of injury should never play a significant role in a parents' decision to vaccinate. Granting a medical exemption confirms an injury or risk, and directly contradicts the proposition that vaccines are nearly perfectly safe.
4. **Inadequate Vaccine Reaction Education-** HCP's have almost no training in recognizing and identifying vaccine injury, and some suffer cognitive dissonance to anything but the most blatant, "needle still in the arm in the office", irrefutable injury. This is not restricted to vaccination, HCP's are very reluctant to assume any of the procedures they perform or medications they prescribe cause harm in their patients.

Due to the preceding reasons, it is very important that the Personal Belief Exemptions be maintained to prevent the harassment of leading-edge physicians who have the skill set to recognize and identify vaccine injury.

An even more important reason for maintaining the PBE is that not all HCP's are informed and accepting of the fact that vaccine injury is real and occurs with measurable frequency. Low-income families will be hit hardest by removal of the personal belief exemption, because they may not have the means to see to a doctor who is well educated in the circumstances that may necessitate a medical exemption.

The best research directly querying parents on why they use a vaccine exemption is the Oregon Vaccine Hesitancy Index, and the Lane County Capstone study, "Understanding Childhood Immunization Religious Exemption Rates in Lane County". This research clearly identifies that vaccine reactions are the major driver of vaccine hesitancy.

For a parent who has an HCP that is not understanding of the reality of vaccine injury and the risks, the PBE is more accurately functioning as a **PAME- Parent Administered Medical Exemption.**