Chairman Gustavo Rivera  
172 State Street, Capitol Building  
502C  
Albany, NY 12247

RE: GHLF Patient Group Supports Senate Bill 2994

Dear Chairman Gustavo Rivera,

The Global Healthy Living Foundation (GHLF) writes in support of Senate Bill 2994 and hopes it is supported and moved forward by the Committee on Health. The legislation would shift current vaccination policy for New York school children by repealing the religious belief exemption from the state vaccination policies, and thereby, only allowing an exemption for medical reasons moving forward.

By way of background, GHLF is a 20-year-old, New York-based, non-profit patient organization reaching millions of chronically ill patients and their caregivers across the country through social media, community events and online support and education. GHLF works to improve the quality of life for patients living with chronic disease by making sure their voices are heard and advocating for improved access to care at the local level. Our patients suffer from chronic conditions including arthritis, psoriasis, gastrointestinal disease, cardiovascular disease and migraines. As a result, these patients are exceptionally vulnerable to disease and infection due to their immunocompromised state. Therefore, these patients rely on strict vaccination policy, and subsequent high vaccination rates, to prevent the spread of crippling, and often fatal, diseases.

It is on behalf of the patients we represent that we write to express our ongoing support for SB 2994.

Only three states - Mississippi, West Virginia, and California – provide medical exemptions as the only legally viable reason for nonvaccination. All other states additionally allow for religious exemptions, philosophical exemptions, or both. Several studies have presented a clear link between the ease of obtaining vaccine exemptions under a state’s law, the number of exemptions claimed in the state, and, in turn, the risk of outbreak of vaccine-preventable diseases. The New York City area has found itself at the crux of these exemption policies, as they face one of the worst measles outbreaks in over two decades with the epicenters focused around religious communities with low vaccination rates. However, despite the outbreaks occurring in religiously-affiliated enclaves, no major religious denomination has documented anti-vaccination sentiment; thus, making the religious argument against vaccination obsolete. On the contrary, states such as Mississippi and West Virginia, who have remained diligent in their strict vaccination regulations amidst great controversy, continue to see the highest rates of vaccinations in the country. As a consequence, their states’ borders function as a protective wall, just as the scientific evidence surrounding population immunity suggests. Since 2008, states surrounding West Virginia, including Pennsylvania, Maryland, Kentucky, Virginia, and North Carolina - have experienced outbreaks and attacks of various vaccine-preventable diseases including, but not limited to, whooping cough, measles, and mumps. West Virginia has experienced no outbreaks or transmission across state borders. This underlines how their vaccination policies have contributed to the effectiveness and success of population immunity and kept their population safe and out of harm’s way from any of these diseases.

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As an organization that communicates and works closely with patients, we understand the vulnerability some have because of their pre-existing conditions. For a patient with an autoimmune disease, the lack of vaccination rates not only leads to their potential disability and reduced quality of life, but also has the potential to unnecessarily burden the healthcare system with secondary and tertiary care needs when cheap preventative care is available. Furthermore, while vaccinations are not 100 percent effective, research suggests the protection of population immunity significantly increases the effectiveness of vaccinations for everyone. This means any undue use of the healthcare system extends beyond individuals who are immunocompromised to include the general public as a whole.

New York is known for its inclusive nature; therefore, we understand any hesitancy tackling religion-oriented policies. However, research has not only identified the importance of vaccinations and its ability to protect those who are immunocompromised when rates are adequate, it has also shown how expansive exemptions result in outbreaks. For these reasons alone, we believe the benefits of repealing the religious exemption rule in New York far outweighs the costs. Religious exemptions gained traction in the mid-1980s after people became concerned about the pertussis vaccine and, again, in 1998 after a now-discredited study linked vaccinations and Autism. Science has reaffirmed many times the safety of vaccines and discredited all studies that say otherwise, including the study linking vaccinations to Autism. Furthermore, a US Supreme Court case that is continuously cited in immunization cases is the Prince v. Massachusetts case, which rules that a parent’s right to practice religion freely does not include the liberty to expose the community or a child to disease or ill health. Mississippi additionally reasoned against religious exemption in 1979 when their own state Supreme Court ruled that any use of nonmedical exemption would result in the violation of other citizens’ Fourteenth amendment rights to equal protection under the law- as children exempt from the law leave the rest vulnerable to the “hazard of associating in school”\(^2\). While this at your discretion, these are important rulings to keep in mind when hesitating on this religious exemption policy.

GHLF stands behind the policies enforced by Mississippi, California, West Virginia and DC. Vaccination rates need to improve and we are committed to expanding policies that achieve that goal. We support SB 2994’s effort to repeal the religious exemption to vaccinations.

For the reasons listed above, we respectfully ask that you support SB 2994 and bring it up for a committee vote. We appreciate your thoughtful consideration of this legislation and feel free to reach out to me or my colleague, Corey Greenblatt, MPH, Manager of Policy and Advocacy (cgreenblatt@ghlf.org).

Respectfully submitted,

Hanne Genyn
Policy and Advocacy Fellow
Global Healthy Living Foundation