March 13, 2019

Chairwoman Millett, Chairwoman Kornfield, Distinguished Members of the Joint Standing Committee on Education and Cultural Affairs:

My name is Alan Cobo-Lewis. I live in Orono. I am director of the Center for Community Inclusion and Disability Studies at the University of Maine (CCIDS). I am testifying for myself and for CCIDS, not for the University of Maine or the University of Maine System as a whole.

I am testifying **FOR LD 798**, “An Act To Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements”.

CCIDS is Maine’s federally funded University Center for Excellence in Developmental Disabilities (UCEDD, pronounced “you-said”), authorized by the federal Developmental Disabilities and Bill of Rights Act of 2000 (“DD Act”). The purpose of the national network of UCEDDs is to provide leadership in, advise federal state and community policy leaders about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life. Part of the federal mandate of CCIDS is to educate and advise policymakers, including members of the state legislature.

I am also a parent of two adult teenagers, one of whom has autism and has significant functional limitations. I assure you that I remember well the sense of deep concern and search for answers—and even fear—that pervaded my life when my younger son was diagnosed 16 years ago. I do not minimize parental concerns. I lived there. Sometimes I still live there.

The 21st-century movement against vaccines is traceable to a large extent to a paper by Andrew Wakefield and colleagues[[1]](#footnote-1) that has subsequently been declared fraudulent and that has been retracted by the journal that published it[[2]](#footnote-2).

Let me be clear. The initial hypothesis, that heavy metal in a vaccine preservative, was not on its face implausible. It was worth testing. That is how science works—by subjecting hypotheses to test. However, study after study after study (not reviewed in this testimony) have failed to confirm any causal link between vaccines and autism. The hypothesis has been disconfirmed. It is important for those of us who engage in research, education, service, and dissemination in developmental disabilities to convey this information.

The Committee faces a decision about how to balance liberty interest against public health interest. The liberty interest is real. When I first discovered the exemption for philosophical objections in Maine law, about a decade and a half ago, I found it interesting (if surprising), and I felt that, as long as vaccination rates were high enough to confer herd immunity, it was defensible.

However, due to the spread of what is essentially a contagious false belief, vaccination rates are falling toward the point where herd immunity is at risk. This changes the calculation. Vulnerable members of the population—people with compromised immune system, children too young for vaccination—are unable to enjoy the benefits themselves of vaccine-induced immunity, and they rely on herd immunity for protection. Moreover, all of us rely on herd immunity to prevent epidemics—costly in dollars and in human life and suffering—that, depending on the disease, had heretofore been banished from the developed world, or even banished from the earth.

It is time to repeal the philosophical objection exclusion.

I would also like to weigh in on LD 987, “An Act To Provide Autonomy for Health Care Providers To Practice Patient-centered Care by Amending the Laws Governing Medical Exemptions to Immunization Requirements”. Although I don’t particularly object to the changes in Sections 1-3 of the bill authorizing a broader class of health care providers or public health officials to offer a certificate of immunization or written assurance, I do object to the broad authority that the bill would grant to health care providers to use their sole discretion, not subject to any rules or policies adopted by the state, school boards, municipalities, or private schools. That kind of discretion would put public health at risk.

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1. Wakefield AJ, Murch SH, Anthony A, Linnell, Casson DM, Malik M, et al. Ileal lymphoid nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children [retracted]. Lancet 1998;351:637-41. [https://doi.org/10.1016/S0140-6736(97)11096-0](https://doi.org/10.1016/S0140-6736%2897%2911096-0) [↑](#footnote-ref-1)
2. The Editors of the Lancet. Retraction—Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. Lancet 2010;375:P445. [https://doi.org/10.1016/S0140-6736(10)60175-4](https://doi.org/10.1016/S0140-6736%2810%2960175-4) [↑](#footnote-ref-2)