



SENATE BILL 372

Health Occupations – Pharmacists – Administration of Vaccines

UNFAVORABLE

Dear Chair, Vice Chair and Committee:

I am founder of the Women of Color For Equal Justice a non-profit advocacy and policy group of women lawyers who litigate and develop legislation to seek equity and equality for communities of color and women of color.

Thank you to the members of the committee for allowing me to testify today. We are opposed to the concept of SB372 and particularly the language that says that a "caregiver" can bring a child to receive a vaccination. This language must be changed to "parent/ legal representative". The bill sponsors office said that a babysitter could be considered a guardian in this situation. Children as young as 12 are allowed to babysit in the state of Maryland. Is a 12-year-old considering a caregiver?

Furthermore, the proposed bill conflicts with and is pre-empted by Federal Law 42 U.S. Code § 300aa–26 - Vaccine Information which requires:

“each health care provider who administers a vaccine set forth in the Vaccine Injury Table **shall provide to the legal representatives of any child...**” a copy of the information materials developed pursuant to subsection (a), supplemented with visual presentations or oral explanations, in appropriate cases. Such materials **shall be provided prior to the administration of such vaccine.**

Legal representatives include parents and legal guardians and not “babysitters”. If a babysitter/caregiver is allowed to submit a 3 year-old to a pharmacist injected vaccine, then the pharmacist would violate the Federal Law which requires health care administrators to provide the federally required information to the parent or legal representative of a child “before” the vaccine is administered. Furthermore, the above Federal vaccine information standard must be complied with and is extremely important because: 1) a parent could have a religious exemption on file for the child and “babysitter” would not know that fact, 2) during a divorce – one parent who may want a child vaccinated while the other parent does not could give the child to a “caregiver/baby sitter” and have that third-party complete the vaccination over the objection of the non-consent parent, creating a big mess for family courts that are already overwhelmed with the volume of cases and 3) a babysitter will not have the detailed medical history of the child to determine if vaccination may have been contraindicated by the child’s pediatrician – which would be a huge disaster if the child is injured. The caregiver would not be responsible for the lifelong care of that child. It would be the parent left with managing an injured baby possibly for the rest of the child’s life and not the “caregiver”.

In addition, vaccines do not “prevent” the spread of communicable diseases based on OSHA standards. See attached Emergency Motion to the 2nd Cir. Re: OSHA prohibits the use of vaccines to “prevent” the spread of airborne communicable disease.

Finally, we are deeply concerned about disenfranchised, children of color in our state who will be targeted by pharmacists who will be given a quota by their companies to give a certain amount of vaccines per day. Our concern is that poor black mothers will be offered a coupon or money to give their child a vaccine for which they may not have first determined if the vaccine is in fact counter indicated. Children of color already suffer disproportionately from chronic childhood diseases and food insecurity is truly the foundational reason for poor health outcomes for these children.

We call upon legislators to focus on providing nutrient dense whole plant-based foods to children of color to improve their over all health, reduce childhood chronic disease and communicable disease and stop relying only “pills” and “shots” to make up for what is really a problem of inadequate nutrition in children who live in food deserts and are fed animal foods that contribute to communicable and chronic disease. Do the right thing and not the cheap, expedient and irrational thing – vote no on 372.

Sincerely,

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See The History of Pandemics by Dr. Michael Greger, MD FACLM former Public Health Director at the HSUS in Washington DC -

https://www.youtube.com/watch?v=7_ppXSABYLY&t=1705s

See Nutrition Facts - <https://nutritionfacts.org/subscribe/>

See Studies re: Plant-Based Diets reduction of Covid-19

See Plant-based Research Database - <https://plantbasedresearch.org/>

See CDC Report - Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Providers, Updated Oct. 14, 2021 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinicalcare/underlyingconditions.html>

See Nutritional status of micronutrients as a possible and modifiable risk factor for COVID-19: a UK perspective - British Journal of Nutrition (2021), 125, 678–684 - <https://www.cambridge.org/core/services/aop-cambridgecore/content/view/35B4C4BC5B0FBD132370128EC03FE309/S000711452000330Xa.pdf/div-class-title-nutritionalstatus-of-micronutrients-as-a-possible-and-modifiable-risk-factor-for-covid-19-a-uk-perspective-div.pdf>

See Plant-based diets, pescatarian diets and COVID-19 severity: a population-based case–control study in six countries – BMJ Journal Jun 2021 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8219480/>

See Diet may affect risk and severity of COVID-19 - September 8, 2021,
<https://www.sciencedaily.com/releases/2021/09/210908180530.htm>