

5/25/2017

Good morning.

I'm Mel Corrigan, PhD. I live in Clarkston, in Oakland County.

I'm here today because my constitutional right to parent my child is being infringed by the Oakland County Health Department, who has violated our state's legislation.

Prior to the Immunization Rule Change (December 11, 2014), a vaccination exemption waiver entailed submitting a written letter or signed form to institutions requiring vaccines for enrollment (such as schools) [1]. How can the Michigan Department of Health and Human Services (and the Oakland County Health Department) justify its Immunization Rule Change when it violates both the Michigan Compiled Laws and the United States Constitution in regards to two points:

1. A parent must attend a thirty-minute education session

This is a direct contradiction to the Public Health Code Act 368 of 1978, from Michigan Compiled Laws, § 333.9215:

"A child is exempt from this part if a parent, guardian, or person in *loco parentis* of the child presents a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of this part cannot be met because of religious convictions or other objection to immunization" [2].

Attending an education session adds burden to parents who wish to exercise their right to exempt their child/ren from one or more doses of one or more vaccines, whereas parents who fully vaccinate do not have to undergo this procedure, and is therefore a violation of Equal Protection under the Fourteenth Amendment.

The Equal Protection Clause under the Fourteenth Amendment also protects my fundamental liberty to parent my children without government interference, specifically related to making medical decisions for my children [3].

2. The health department assumes the authority to discern the validity of one's religious or philosophical beliefs.

The Immunization Rule Change asserts one of two circumstances to waive or delay vaccines as:

"The parents/caregivers have valid religious or philosophical beliefs which prevent receipt of a vaccination" [1]. (emphasis mine)

It is a direct violation of the Free Exercise Clause of the First Amendment, as no government beholds the jurisdiction to discern the validity of one's religious or philosophical positions.

This is a direct contradiction of the Fourteenth Fmendment, specifically related to repeated Supreme Court rulings as it applies to a parent's interest in the care, custody and nurturing of their children [4-7].

It's yet another violation of Michigan Compiled Laws, § 333.9215, as the HD assumes the authority to validate or invalidate the reason a parent might elect to waive (one or more) vaccines where it has no jurisdiction whatsoever; the health department rule cannot trump the state constitution.

Conclusion

The burdens imposed by Oakland County Health Department to acquire a vaccine waiver for my children infringe upon my fundamental right to parent my children.

The Michigan Department of Health and Human Services is operating outside of established state and federal law.

References

1. <https://www.oakgov.com/health/services/Pages/Immunization-Rule-Change.aspx>
2. <http://www.legislature.mi.gov>, Michigan Compiled Laws § 333.9215
3. *Parham v. J.R.*, 442 US 584, 602-606 (1979)
4. *Meyer v. Nebraska*, 262 U.S. 390 (1923)
5. *Pierce v. Soc'y of Sisters*, 268 U.S. 510 (1925)
6. *Troxel*, 530 U.S. 57 (2000)
7. *Santosky v. Kramer*, 455 U.S. 745, 753, 71 L. Ed. 2d 599, 102 S. Ct. 1388 (1982)



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

NICK LYON
DIRECTOR

IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school and/or in 7th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Pneumococcal conjugate and *Haemophilus influenzae* type b vaccines are also required for preschool-aged children. Meningococcal vaccine and Tdap are also required for children who are 11 years of age or older upon entry into 7th grade or higher and newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). This waiver must be certified by the local health department. A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this waiver, I acknowledge that I have been informed that I may be placing my child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

ALL INFORMATION MUST BE FILLED IN BELOW:

I object to having my child, Little Michigander, born 00-00-year, immunized with the vaccines I have checked below:
(First & Last Name) (Birth Date)

- | | |
|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Meningococcal |

Reason: Philosophical or Religious Reason described.

Parent(s)/Guardian(s) Name: Mrs. M. Michigander

Address: Any Street GRIM 49000

Telephone: 616-xxx-xxxx

Any School, Preschool, or Childcare

Preschool Program or Licensed Day Care Center OR School Name (Required)

Parent or Guardian's Signature Mrs. Michigander

00-00-year

Date Signed

XXXX RN

Local Health Department Signature

Stamp

00-00-year

Date Signed

File in the child's permanent record and send a copy to your local health department.

*Condition of acceptance is based on local health department policies.

DCH-0716

AUTHORITY: P. A. 368 OF 1978, Part 92

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