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LD 51

I wanted to write on behalf of myself, as well as other nurses in our state, and community members in regards to the recently presented vaccine-related bills.

I want to first and foremost say that I am not for, nor against, vaccination. However, I recognize the sensitivity of the subject and know a number of people who are personally affected by vaccine injury. Where risk is associated, there must be choice. The "choice" to not have access to education due to whatever reason a person personally chooses not to vaccinate is not a choice, it is coercion. Maine has one of the highest vaccination rates in the country for COVID-19, yet, we also have one of the highest infection rates. I bring up the COVID vaccine because, as mentioned in Dr. Northrup's and Dr. Hamilton's live testimony, I have major concerns surrounding the fact that childhood vaccines are to be manufactured with mRNA gene technology in the future. Many countries have halted recommending the vaccine made with this type of technology due to the increase in cardiac events amongst many other adverse reactions. The argument many people make about mRNA vaccines is that they have been studied and developed for some time now. While this may be true, they have not been utilized in this nature and have failed each animal study. It takes nearly two decades for a new product to go through proper approval channels, therefore, we are still being used within a clinical trial framework. Whether or not vaccination works is not the point, the point is that there are a number of risks associated with vaccination, and not vaccinating, which means we must allow for choice. Our job as nurses is to enforce informed consent. This means that we educate our patients to the best of our ability, and then allow them to make a choice based on what they feel is right for themselves. We educate our patients about the risks associated with smoking, poor food choices, etc. yet, I would never discriminate against caring for a patient who got emphysema or diabetes from their lifestyle choices. We must also place a focus on the several other ways community members can stay healthy outside of vaccination; handwashing, exercise, proper diet, sleep hygiene, etc. as there is just as much science available suggesting that vaccination can be just as harmful as it is helpful.

Information is constantly evolving surrounding the efficacy of certain evidence-based practices, and then practice changes based on this evolving information. Florence Nightingale claimed nursing was "both a science and an art." What she meant is that, yes, we practice utilizing evidence-based practice but it is also an art in that nurses heavily rely on their intuition and "sense of knowing" to help guide their practice. Our sense of knowing is based on the close relationships we form with our patients and the rapport we build based on what is best for that individual. What is best for one individual isn't what is always best for the other individual. We treat the individual holistically and respect their experiences that help us formulate this kind of judgement together with the patient.

Since LD 798 has been put into practice, I have felt that this trusting relationship is lacking. Parents feel scared to disclose their reasonings, feelings, and true concerns surrounding vaccination. Maine has lost a number of students enrolling in schools, with many parents having to reconfigure their lifestyles in order to accommodate their child's schooling needs; something we should be helping families with in our communities. It is an undue hardship that has been placed on numerous Maine families who were already struggling to begin with. Prior to LD 798, Maine had nearly 95% of students entering school already vaccinated. We broke relationships with families, made them feel more hesitant and guarded, and put up more of a wall to even welcome a discussion about being able to provide education surrounding vaccination. Families that have chosen not to vaccinate their child, for whatever reason, feel that they cannot even seek regular healthcare for their children in fear of being pressured into a conversation about vaccines. As a master of science in nursing specializing in nursing education, one of the biggest lessons we learned was in educating others and how to recognize whether someone is "ready" or not to learn. If

a patient or family member is not "ready" or open to learning, a different approach must be used or attempted at a different time. We must also assess what the learner already knows in order to determine what is actually teachable to the learner. And, sometimes, the learner teaches us. I do not claim to know everything there is about vaccines, but I have heard my patients and their experiences, which has ultimately allowed me to understand more of where they are coming from, and their concerns are completely valid. We can always learn more from our patients, we must be humble in that we do not know what is personally best for them and validate their experiences and concerns. I am not comfortable "educating" someone to the point of persuasion and coercion in order for their student to attend school and reap the social, emotional, and holistic benefits that are now only privy to those vaccinated. Allowing for religious and philosophical exemptions to be reinstated allows for families to regain access to our schools and social circles. Just because these students are not in our schools, does not mean they no longer exist in our communities. We are not eradicating a problem or disease, we are creating one and highlighting a segregated population. We are sending the message and making the statement that vaccines are not up for discussion, nor are we willing to listen to or support our community members with concerns. Those who are immunocompromised should receive ample education on their risks, take proper precautions, and be free to vaccinate to protect themselves just as they would prior to LD 798 being enforced. There has been no evidence to support such a draconian measure, resulting in extreme lifestyle changes and hardships.

As you consider whether to accept or reject these bills, I realize you may see certain associations such as MASN or the MPA make a statement in opposition. While I understand the weight of an endorsement one way or another from such school-related associations, I ask that you please be mindful that these statements do not reflect all educators or practitioners viewpoints. I do not feel it is appropriate for associations to speak on behalf of members without 1) transparency of said statement to members, and 2) speaking on behalf of all members, many of whom are not in agreement with the position taken. In an effort to maintain a nonbias and trusting relationship with colleagues, association members, and our communities, I suggest such associations make this consideration carefully. I ask that you restore freedom and equity to education for all children and constituents and pass all of the presented vaccine-related bills. Everyone deserves the right to choose.

In health & happiness,  
Kaylee Knudsen, MSN, RN