



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health & Human Services
Tuesday, February 6, 2018 at 8:30 a.m.

By

Jerris Hedges, MD

Professor and Dean

John A. Burns School of Medicine

And

Michael Bruno, PhD

Interim Vice Chancellor for Academic Affairs and

Vice Chancellor for Research

University of Hawai'i at Mānoa

HB 2465 – RELATING TO MEDICAL EDUCATION

Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

HB 2465 requests the Department of Health to conduct a study as to the feasibility of establishing a pilot program to permit residents of Hawai'i to pursue medical degrees at the college of medicine at the University of Northern Philippines in Ilocos Sur, Philippines. The University of Hawai'i is committed to providing opportunities for students from Hawai'i to become physicians and to increase the number of physicians in Hawai'i to help address the growing physician shortage in Hawai'i.

The proposal would use Hawai'i state taxpayer dollars to fund medical education in the Philippines. Although the graduates of international medical schools can occasionally successfully compete for post-graduate medical education programs (i.e., a "residency" position) in the U.S., these graduates are much less likely to receive a residency "match" as required for subsequent licensing and practice in the U.S. The greatest challenge to increasing the supply of practicing physicians is the availability of residency positions in Hawai'i and elsewhere in the U.S. There are more applicants than there are available positions. The following factors help increase an applicant's chances of obtaining a residency position:

- (1) Attending an LCME accredited medical school such as the John A. Burns School of Medicine (JABSOM) - as 92% of U.S. medical school seniors at allopathic schools (such as JABSOM) are matched to a residency program in the student's preferred specialty as compared to 48% of U.S. residents who attended non-U.S. based medical schools;
- (2) Superior scores on the USMLE examinations associated with attaining a position at the best residency training programs (among first-time takers of these exams,

non-U.S. medical school graduates have a lower pass rate than U.S. medical school graduates, the same is true for repeat takers of the exams); and

- (3) Students who do not match to a residency position in their year of graduation have an even lower probability of matching (i.e., small chance of being accepted into a U.S. residency program) in subsequent years.

Hawai'i residents who are unsuccessful in this process of attaining an accredited U.S. residency position would waste an enormous amount of time, effort and money by attending a medical school out of the country. Thus, the return on state investment seems limited with such an international program.

Nonetheless, there are elements of the proposal worthy of consideration if enacted WITHIN Hawai'i. Specifically, were the state to fund a full-ride scholarship program for Hawai'i residents admitted to the John A. Burns School of Medicine (JABSOM) that was coupled to a subsequent practice payback requirement, the school could attract more of the 30-40 Hawai'i residents who take medical school offers elsewhere in the U.S.

We have learned that 80% of students who obtain their medical degrees from JABSOM and go on to complete their residency with JABSOM remain in the state to practice. With more stable and enhanced investment in the operations of the John A. Burns School, further expansion of the class size and support of neighbor island practice and training programs could be enhanced. The University of Hawai'i looks forward to further conversation with the legislature regarding effective approaches by which the state can invest in its medical school.

Thank you for the opportunity to provide testimony on this matter.

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By Jerris Hedges, MD

HB 2465— RELATING TO MEDICAL EDUCATION

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HB 2465 requests the Department of Health to conduct a study as to the feasibility of establishing a pilot program to permit residents of Hawaii to pursue medical degrees at the college of medicine at the University of Northern Philippines in Ilocos Sur, Philippines. The bill will explore the practicality of using state funds to finance medical education internationally as a potential means to help address the growing physician shortage in Hawaii.

The proposal (if implemented) would use Hawaii state taxpayer dollars to fund medical education in the Philippines. Although the graduates of international medical schools can occasionally successfully compete for post-graduate medical education programs (i.e., a "residency" position) in the U.S., these graduates are much less likely to receive a residency "match" as required for subsequent licensing and practice in the U.S. The greatest challenge to increasing the supply of practicing physicians is the availability of residency positions in Hawaii and elsewhere in the U.S. There are more applicants for these residency positions than there are available positions. The following factors help increase an applicant's chances of obtaining a U.S. residency position:

- (1) Attending an LCME accredited medical school such as the John A. Burns School of Medicine (JABSOM) - as 92% of U.S. medical school seniors at allopathic schools (such as JABSOM) are matched to a residency program in the student's preferred specialty - as compared to only 48% of U.S. residents who attended non-U.S. based medical schools;
- (2) Superior scores on the USMLE examinations are associated with attaining a position at the best residency training programs. Among first-time takers of these exams, non-U.S. medical school graduates have a lower USMLE pass rate than U.S. medical school graduates, and the same is true for repeat takers of the exams; and
- (3) Students who do not match to a residency position in their year of graduation have an even lower probability of matching (i.e., small chance of being accepted into a U.S. residency program) in subsequent years. Without a successful U.S. residency experience, medical licensing in Hawaii is not possible.

Hawaii residents who are unsuccessful in this process of attaining an accredited U.S. residency position would waste an enormous amount of time, effort and money by attending a medical school out of the

country. Thus, the return on state investment would be small to negligible with such an international program.

Nonetheless, there are elements of the proposal worthy of consideration if enacted WITHIN Hawaii. Specifically, were the state to fund a full-ride scholarship program for Hawaii residents admitted to the John A. Burns School of Medicine (JABSOM) that was coupled to a subsequent practice payback requirement, the school could attract more of the 30-40 Hawaii residents who take medical school offers elsewhere in the U.S.

We have learned that 80% of students who obtain their medical degrees from JABSOM and go on to complete their residency with JABSOM remain in the state to practice. With more stable and enhanced investment in the operations of the John A. Burns School, further expansion of the class size and support of neighbor island practice and training programs could be enhanced.

Thank you for the opportunity to provide testimony on this matter.

Jerris R. Hedges, MD
Professor & Dean
John A. Burns School of Medicine
University of Hawai'i at Mānoa

HB-2465

Submitted on: 2/4/2018 6:51:15 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Otsuki		Oppose	No

Comments:

Testimony Presented Before the
House Committee on Health & Human Services
Tuesday, February 6, 2018; 8:30 a.m.

By J. Alan Otsuki, MD

HB 2465– RELATING TO MEDICAL EDUCATION

Chair Mizuno, Vice Chair Kobayashi and members of the committee:

HB 2465 requests the Department of Health to conduct a study as to the feasibility of establishing a pilot program to permit residents of Hawaii to pursue medical degrees at the college of medicine at the University of Northern Philippines in Ilocos Sur, Philippines. The eventual goal of this effort would be the use of additional state funds to finance medical education in the Philippines as a means of reducing the growing physician shortage in Hawaii.

Attending medical school is only one of several step needed to obtain a medical license in the United States. Graduates of medical schools need to pass four medical licensing examinations (known as USMLE Step 1, Step 2 CK, Step 2 CS and Step 3) and complete additional training in an approved residency program (in which new medical school graduates study as young physicians to become specialists in a field of medicine). Admission to residency programs is competitive and the number of applicants to these programs exceeds the number of available positions. In fact, the

greatest challenge to increasing the supply of practicing physicians is the availability of residency positions in Hawaii and elsewhere in the U.S.

While graduates of international medical schools may apply to U.S. residencies, they are less likely than graduates of U.S. schools to be accepted into a residency program. A review of data from the National Residency Matching Program that coordinates the applications of medical students to the vast majority of U.S. residency programs shows the following:

(1) 92% of graduates from an LCME accredited medical school such as the John A. Burns School of Medicine (JABSOM) received an offer of acceptance (a “match”) to a residency program in the student's preferred specialty (JABSOM's match rate is actually higher). By comparison, only 48% of U.S. residents who attended non-U.S. based medical schools received a “match”;

(2) Among first-time takers of the USMLE examinations needed for medical licensure, U.S. medical school graduates have a higher pass rate than non-U.S. medical school graduates, and the same is true for repeat takers of the exams;

(3) Students who do not match to a residency position in their year of graduation have an even lower probability of being accepted into a residency program in subsequent years. Without a successful U.S. residency experience, medical licensing in Hawaii is not possible.

Hawaii residents who attend a non-U.S. medical school and who are unable to secure acceptance into an accredited U.S. residency position would waste an enormous amount of time, effort and money in this process. Should the state subsidize a portion of this education, return on state investment would be small to negligible.

There are other potentially more successful and cost-effective ways to address our physician shortage. These include the following:

- Expand the capacity of JABSOM to admit more qualified students. This would be aided by implementing incentives for practicing physicians to teach and supervise the educational experiences of medical students at JABSOM.
- Capture qualified applicants who are accepted by JABSOM but who choose to go to mainland medical schools due to scholarship offers that reduce the cost of medical education below that of JABSOM. Providing targeted scholarship funds for Hawaiian residents to attend JABSOM would be one way to achieve this.
- Explore ways to finance additional residency positions at JABSOM.

Thank you for the opportunity to provide testimony on this matter.

J. Alan Otsuki, MD

Associate Dean for Academic Affairs

John A. Burns School of Medicine

University of Hawai'i at Mānoa

LATE

HB-2465

Submitted on: 2/5/2018 5:11:24 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Calvin John Bagaoisan		Support	No

Comments:

Chair Mizuno, Vice Chair Kobayashi, and members of the House committee on Health & Human Services.

I am speaking as an individual in **support** of **H.B. 2465**. The main intention of this bill is to find an appropriate solution to alleviate the physician's shortage. There is much reason to support this bill because individuals under this pilot program are returning to Hawaii with the intent to service the local community.

Friends that I have spoken to over the years have personally expressed to me, or have this notion, that getting into the medical school at the University of Hawai'i is "difficult." Moreover, the cost of living and the increased competition give way to other options, such as moving to the mainland U.S. and other countries.

For those actively seeking careers in the Health industry here, the pressure to find a suitable job with commensurate pay is felt throughout. I believe that conducting a study on this pilot program will clarify any pre-conceived notion that there is little opportunity to practice in Hawai'i. Furthermore, this serves as a catalyst for a successful career path that gives these individuals the stability they need to live in Hawaii.

Thank you for the opportunity to testify on HB 2465.

kobayashi2 - Kevin

From: Edward Thompson, III on behalf of Rep. Bertrand Kobayashi
Sent: Monday, February 5, 2018 6:32 PM
To: kobayashi2 - Kevin
Subject: FW: HB 2465 Testimony, Calvin Bagaoisan



Ed Thompson
Office Manager
Representative Bertrand Kobayashi
PH: (808) 586-6310
Email: repkobayashi@capitol.hawaii.gov

From: Calvin John Bagaoisan [mailto:cjbagaoisan@gmail.com]
Sent: Monday, February 5, 2018 5:31 PM
To: Rep. Bertrand Kobayashi <repkobayashi@capitol.hawaii.gov>
Subject: HB 2465 Testimony, Calvin Bagaoisan

Statement of

CALVIN BAGAOISAN

Director, Oahu Filipino Community Council

before the

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

Tuesday, February 6, 2018

8:30 AM

State Capitol, Conference Room 329

in consideration of

HB 2465

RELATING TO MEDICAL EDUCATION

Chair Mizuno, Vice Chair Kobayashi, and members of the House committee on Health & Human Services.

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Thank you for the opportunity to testify on HB 2465.

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Calvin John R. Bagaoisan
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To: Hawaii House HHS Committee

From: Laurie Sommers West, RN

Phone: 8083430120

E-Mail: lwest402@hotmail.com

Date: Feb 5, 2018

Subject: HB2622 Testimony Resend

Pages: 5

Urgent Please Reply For Review Please Recycle Please Comment

Comments:

Aloha, I was told by Chairman Mizuno's staff to make this third attempt to submit my written testimony for tomorrow's HB2622 hearing. I plan to give oral testimony, as well. Thank you!

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ifaxapp.com

Aloha Chairman Mizuno, Vice-Chairman Kobayashi and to the rest of the Committee,

My name is Laurie West. I'm an Oahu resident and I'm a formerly practicing RN, now a stay-at-home mother. I strongly **SUPPORT HB2622** and I urge you to support it, as well.

To make the best healthcare decisions, both healthcare professionals and laypeople need to become more aware of the peer-reviewed science and literature highlighting the risks of vaccination. The current CDC's Vaccine Information Statements [VISs], which are given to patients usually just prior to vaccination—without time to research risks and benefits effectively—are inadequate to inform people of some of the scientifically documented side effects people have incurred post-vaccination. Side effects and ingredients are better documented on vaccine manufacturers' package inserts than on the VISs, and are easily accessible to anyone online, if they are apprised of their existence and where to find them; they convey critical information for patients to give their informed consent. Since some side effects of vaccination can be serious and life-long, or even deadly, legislation requiring access to more complete, readily-available information by both patients and healthcare workers will help people make better risk-versus-benefits assessments regarding vaccination.

I would like to share with you a list of just some of the *hundreds* of summaries, verbatim, of peer-reviewed scientific papers from Neil Z. Miller's book entitled, *Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers*. These papers document scientific evidence countering the mantra of vaccine safety and efficacy by CDC, media and other entities who promote vaccine mandates:

- Developed nations that require the most vaccines tend to have the worst infant mortality rates.
- Fully vaccinated children are significantly more likely to require emergency care than under-vaccinated children
- Developmental delays are three times more common in children who received vaccines with mercury
- A CDC-sponsored database shows significant links between thimerosal in vaccines and neurodevelopmental disabilities, including autism and ADD
- 180 studies provide evidence that thimerosal is dangerous; thimerosal-containing vaccines are unsafe for humans
- Six CDC studies showing that mercury in vaccines is safe are unreliable and provide evidence of scientific malfeasance
- Aluminum in vaccines can provoke permanent malfunctions of the brain and immune system
- Aluminum adjuvant vaccines can damage the nervous system and cause autoimmune disorders
- CDC policy to vaccinate pregnant women with thimerosal-containing influenza vaccines is not supported by science
- Annual vaccination against common strains of influenza reduces protective immunity against more dangerous strains of the disease
- Prior vaccination against seasonal influenza may increase the risk of contracting a severe case of pandemic influenza.
- Influenza vaccines are not effective in young children; safety data can't be trusted

- Healthcare policies that mandate influenza vaccination for healthcare workers to protect their patients are not supported by science
- The CDC collaborates with vaccine manufacturers to increase uptake by intentionally using scare tactics and inflated influenza death figures
- Pertussis vaccine failures are due to genetic changes in pertussis strains and poor efficacy, not because too many people are unvaccinated
- People who are vaccinated against pertussis can still spread the disease, making herd immunity and eradication unattainable
- The HPV vaccine may cause chronic pain, fatigue and nervous system damage
- The HPV vaccine may cause autoimmunity and ovarian failure
- Measles and mumps infections in childhood protect against deadly heart attacks and strokes during adulthood
- Measles can be spread from fully vaccinated people to other fully vaccinated people
- The MMR vaccine may be associated with brain autoimmunity and autism
- Scientists knew that vaccinating children against chickenpox would cause an epidemic of shingles in adults
- It's not ethical to increase cases of shingles in adults and the elderly by reducing cases of chickenpox in children
- The hepatitis B vaccine significantly increases the risk of multiple sclerosis and other serious autoimmune diseases
- Guillain-Barré syndrome (a neuromuscular disorder that can paralyze and kill) occurs after hepatitis B or influenza vaccination
- Childhood vaccines significantly increase the risk of seizures
- The mumps vaccine may increase the risk of developing type 1 diabetes
- Hexavalent vaccines significantly increase the risk of sudden infant death
- A mumps infection—but not mumps vaccination—protects women against ovarian cancer
- Childhood diseases experienced early in life protect against many different types of cancer later in life
- Wild chickenpox infections protect against brain tumors
- Vitamin A supplementation is highly protective against complications and death from measles
- Eleven randomized studies show that vitamin D significantly reduces the risk of influenza, pneumonia and other respiratory infections
- Influenza epidemics are due to weaker winter sunlight, inducing vitamin D deficiency
- Seasonal influenza occurs in the winter when solar radiation is weak and vitamin D levels are low
- Severe lower respiratory infections are significantly more likely to occur in children with a vitamin D deficiency
- Medical doctors recommend vitamin D supplementation for healthcare workers as an alternative to influenza vaccination
- Pediatricians reject vaccines for their own children
- Pediatricians do not vaccinate their own children against chickenpox; doctors refuse vaccines for influenza, pertussis, and hepatitis B
- Many European doctors think that measles is a harmless disease and do not recommend mandatory MMR vaccines

- Doctors and nurses in many different countries resist influenza vaccines
- Mothers who don't vaccinate their children are highly educated, value scientific knowledge and are sophisticated at researching vaccine
- Top scientists in the United States regularly engage in scientific misconduct that threatens the integrity of science
- Conflicts of interest are pervasive within the vaccine industry and compromise the objectivity of vaccine safety research
- The CDC receives money from the pharmaceutical industry that influences decisions it makes about the public welfare
- Anyone who is critical of vaccines may be unfairly suppressed, exposed by threats, censorship, and loss of their livelihood
- Authorities are tracking anti-vaccine information on the internet

Those are merely the summaries of a fraction of the scientific papers Miller so diligently researched and provided further details on in his book. As my gift to this Committee, I donate to you for your referral my personal copies of this invaluable reference book, so that you can follow the citations and see more details and direct quotes from those studies. Compare that peer-reviewed research to any VIS or media sound bite promoting the safety and efficacy of vaccines and ask yourself if the VIS adequately informs about known potential side effects leading to the best healthcare decisions.

Miller's other indispensable book, *Vaccine Safety Manual For Concerned Families and Health Practitioners*, which I am also giving to the Committee, has hundreds of notes and citations in almost every chapter. For the sake of all Hawaii residents across the age spectrum, I hope you weigh this wealth of information and support HB2622 in the effort to bring patients and healthcare workers more balanced, scientific, peer-reviewed information on vaccine ingredients and documented side effects.

I would like to share an anecdote of a Guillain-Barré Syndrome patient in a hospital, as was recounted by a nurse case manager. Guillain-Barré Syndrome affects the nervous system through destruction of the "myelin sheath," surrounding nerve cells. Patients with the disease suffer from paralysis which may be temporary or permanent, and may require victims to be put on a ventilator to survive. Some people with GBS die from associated complications.

A Guillain-Barré victim who was paralyzed was admitted to the case manager's hospital; the first thing the patient's nurses and doctors asked him was, "Did you recently have a flu shot?" The patient later expressed his FURY to the nurse case manager over being left out of this "dirty little secret" among his care providers—what was it that healthcare professionals seemed to know about paralysis after flu vaccine that was not shared with this patient PRIOR to his consenting to the flu shot? Why did no one apprise him of this apparently known risk among his caregivers when he actually had an opportunity to do a PROPER risk and benefits assessment beforehand, taking potential paralysis into consideration? He felt robbed of this critical knowledge to decide whether to take or reject the flu shot.

The fact that the national Vaccine Injury Compensation Program has already paid out approximately \$3.8 BILLION in acknowledged vaccine injury claims to the small fraction of claims made for injuries which were accepted for adjudication is a testament to the fact that vaccine injuries do occur and are not safe and effective for everyone. Vaccine manufacturers and all people and entities involved in

administering vaccines to patients are completely shielded from liability, leaving injured people to fend for themselves—often destroying their lives and their families’ dreams. Where there is risk, there must be the right to refuse—especially when injured persons assume all liability. Many people are concerned about the overly-simplistic information contained in the CDC’s Vaccine Information Statements. This can be remedied to some extent by increasing awareness of the information contained in vaccine manufacturers’ package inserts. Healthcare workers who do not currently refer to manufacturer package inserts will have a legal imperative to do so if HB2622 becomes law, thereby helping to safeguard and fulfill their solemn mandate to educate patients for their informed consent deliberations.

I urge Hawaii legislators to support measures such as HB2622 seeking to enhance individuals’ right to informed consent.

Thank you.

Sincerely,

Laurie Sommers West, RN

Citations:

Miller, Neil Z. *Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers*. Santa Fe, NM: New Atlantean, 2016. Print.

Miller, Neil Z. *Vaccine Safety Manual for Concerned Families and Health Practitioners*. Santa Fe, NM: New Atlantean, 2015. Print.

LATE

HB-2465

Submitted on: 2/5/2018 7:12:05 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez		Support	No

Comments: