



SHAE SORTWELL

STATE REPRESENTATIVE • 2nd ASSEMBLY DISTRICT

Hearing Testimony
Assembly Committee on Labor and Integrated Employment
November 16, 2023
Assembly Bill 612

Chairman Penterman and members of the Assembly Committee on Labor and Integrated Employment – thank you for giving me the opportunity to speak on Assembly Bill 612, relating to waivers from workplace immunization requirements.

Under Wisconsin statute 252.04(3), Wisconsin offers K-12 students the right to waive any immunization requirements for reasons of health, religion, or personal conviction. However, current law does not expand these protections to our workers. AB 612 extends this right to every Wisconsin employee and prospective employee.

In preserving their bodily autonomy, Wisconsinites, in every facet of life, have a right to decide what goes into their bodies. We saw the freedoms of Wisconsin workers compromised during the COVID-19 pandemic. We must ensure that does not happen again.

It is important to note that this legislation does not ban vaccine mandates by employers. They still have the power to make their own policy. However, their policies do not supersede or override the bodily autonomy rights of their employees.

I want to thank the committee for your time and consideration. I am happy to answer any questions members of the committee may have.



AB 612 Waivers from Workplace Immunization Requirements

Testimony of Senator Steve Nass
Assembly Committee on Labor & Integrated Employment
November 16, 2023 • 417 North (GAR), State Capitol

Thank you Chairman and committee members for allowing me to provide testimony in support of AB 612. This bill provides additional protection to Wisconsin workers by expanding the right to waive immunization requirements as a condition of employment.

Under existing law, students in grades K-12 and their parents have the ability to waive an immunization requirement for reasons of health, religion, or personal conviction. This bill expands that right to Wisconsin workers.

AB 612 requires any employer that compels an employee or prospective employee to receive an immunization or vaccine as a condition of employment to waive that requirement if the employee objects to the immunization for reasons of health, religion, or personal conviction. In addition, an employer would be prohibited from requiring the employee to provide an explanation or justification for their request for a waiver.

The bill further requires an employer to inform the employee or prospective employee of their right to a waiver from an immunization requirement in writing at the time they inform the employee of the requirement.

At least one other state, Montana, already prohibits mandatory vaccination as a condition of employment. And similar proposals have been introduced and are being considered in a number of other states. Earlier this month, Texas Governor Greg Abbott signed a bill prohibiting Covid-19 vaccine mandates by private employers.

As more evidence emerges from employer experience, there are a variety of compelling arguments why an employer should not mandate immunizations.

Employer vaccine mandates violate personal privacy and may exacerbate intolerance and discrimination in the workplace. Employees may have health or other reasons for not being vaccinated. While employers are required to allow exemptions, the paperwork may require an employee to disclose sensitive personal information that could be used against

“In God We Trust”

the employee. Some people with less visible disabilities or medical conditions who do not require other accommodation may prefer not to divulge medical information to their employers.

Vaccine mandates are not the most effective workplace policy. Offering alternatives or incentives to vaccination increases compliance. A high percentage of employees will already likely be vaccinated or be agreeable to it. For employees who are concerned with or hesitant to receive a particular vaccine, a mandate is not likely to change their mind. It may, in fact, make them even more skeptical. A far better way to voluntarily change an employees' mind is to provide information, incentives, or alternatives that achieve the desired workplace safety benefit.

Employer vaccine requirements can disproportionately harm marginalized communities. People of color and other minority groups, for example, have higher rates of healthcare distrust due to historical medical mistreatment and discrimination, which can translate into vaccine hesitancy. Combining a legitimate, historical distrust of institutionalized healthcare with a threat of job loss is not good policy and may open the employer to discrimination complaints and liability.

Beyond the legal complexities of mandatory vaccination, there are a number of practical concerns to consider. These concerns include resistance from employees with vaccine hesitancy, resentment of employer medical mandates, and workplace disruptions caused by firing employees who refuse to comply. In a time of tight labor markets, employers risk losing talent from throughout their organization that could be difficult to replace, as employees move to competitors without invasive medical mandates.

Finally, there are potential health side effects of certain vaccines that could injure an employee, particularly if it is not yet fully approved by the U.S. Food and Drug Administration (FDA). The Covid-19 vaccines, for example, only have emergency use authorization from the FDA. In the event employees suffer adverse effects from a vaccine, now or in the future, they may seek legal recourse against the mandating employer.

These arguments all lend strong support to passing this bill. Thank you for the opportunity to provide testimony in support of AB 612. I am happy to answer further questions committee members may have on this legislation.



KAREN HURD
STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

Assembly Bill 612
Public Testimony
Assembly Committee on Labor and Integrated Employment
November 16, 2023

Thank you, Chairman Penterman and members of the committee for hearing my testimony today.

The information that our society currently has available on the safety and efficacy of vaccines is not settled science. Actually, very little of science is “settled” when framed in the totality of the realm of science. It is a forever developing field that oftentimes has to go back and repudiate previous findings based on new data.

Therefore, it is imprudent to require vaccinations on the premise that it is for the protection of the public health when these same vaccinations may indeed be harming the public health. I will give an example. The example is technical and detailed, but necessary to understand the complexity of the issue in which we are dealing.

Mercury is a neurotoxic metal. People are exposed to mercury from a variety of relatively common environmental sources, from dental amalgam tooth fillings to fish consumption. Mercury can be a component of some vaccines, notably those in multi-dose preparations.

Gene-mercury interaction studies have identified some common genetic variants that worsen the adverse effects of mercury found in polymorphisms common in individuals. A polymorphism is the presence of two or more variant forms of a specific DNA sequence. Two examples of gene polymorphisms that affect mercury neurotoxicity are genetic variants in coproporphyrinogen oxidase (CPOX) and catechol-O-methyl transferase (COMT).

About 28% of the population have a CPOX gene that encodes a variant form of CPOX, called CPOX 4, which substantially reduces heme synthesis. The altered heme synthesis affects the individual’s ability to tolerate mercury exposure, even low-level mercury exposure. The effects of low level mercury exposure on those with this polymorphism are wide ranging, including deficits in attention, visual-spatial acuity, executive function, learning, memory, and motor function issues.

About one-half of the population have the polymorphism COMT rs4680, which independently predisposes them to many of the same disorders of attention, learning, and memory as does mercury exposure. Accordingly, people genotyped with COMT rs4680 have been observed to be especially susceptible to the neurobehavioral effects of mercury. Thus, while either COMT rs4680 or mercury has a limited impact on a person’s neurobehavioral performance, together this polymorphism plus mercury exposure results in greater deficits in tests of attention,

learning and memory, and visual-spatial acuity, compared to mercury-exposed persons that are genotyped as COMT WT (Wild-Type—the non-variant gene).

To understand the detrimental effects to the population of these two polymorphisms the following calculation is made:

$$P(A) = \% \text{ of people with CPOX 4 gene variant} = 28\% = 0.28$$

$$P(B) = \% \text{ of people with COMT rx4680 gene variant} = 50\% = 0.50$$

As the two noted events are independent of one another to find the probability the intersection of the two events is taken, so the probabilities of the events are multiplied. Therefore, to find the probability that a person would have both these gene variants: $P(A \cap B) = P(A) \times P(B) = 0.28 \times 0.50 = 0.14 = 14\%$

There is a probability that 14% of the population could carry both gene variants exposing them to risk of low level mercury intolerance that could result in greater deficits in tests of attention, visual-spatial acuity, learning and memory, in a gene-dose response manner.

Gene-dose is a term that refers to the number of copies of a particular gene present in a genome. Different individuals can have different number of copies of the CPOX 4 and COMT rx4680 gene variants.

The 14% of our population that that could carry the polymorphisms that pre-dispose them to low-level mercury intolerance resulting in neurobehavioral dysfunction is only one example in many that our science is not settled when it comes to vaccinations.

There are numerous examples that I could bring to the committee to further elucidate this point that we as a scientific community do not have all knowledge when it comes to vaccinations. My intention in bringing an example of this detail to the committee's attention is that it is imprudent for employers who may not have taken the time to study the full impact of their requirement for vaccination to have the power to require a medical procedure for individuals. The choice of whether a medical intervention should or should not be done must remain with each individual, not an employer. If an employer does decide to require an employee to receive an immunization as a condition of employment a waiver MUST be available for each individual to independently make the determination if they will or will not take the vaccine.

Mr. Chairman, I have testified to this committee as a biochemist, nutritionist, and Master of Public Health candidate at the George Washington University. However, you and the committee should be made aware that as the Representative of the people of the Wisconsin 68th District Assembly, I have added my name as a co-sponsor of AB 612 as of November 15, 2023.



KAREN HURD

STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

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