

# Children's Healthcare Is a Legal Duty, Inc.

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## Largest measles outbreak since 1991

In 2014 Amish communities in four Ohio counties had the nation's largest measles outbreak since 1991, dwarfing the current Disneyland measles outbreak.

It started with Amish men who went on a Christian mission trip to build homes for impoverished families in the Philippines. They became sick but thought they had a

non-contagious tropical disease, dengue fever. Weeks later, however, with more and more Amish getting sick, an Amish mother went to a communal call box and phoned the Knox County Health Department to report that she and several others had the measles.

Jacqueline Fletcher, the nursing director for the Knox County Health Department, was in the community the next day examining the sick, taking swabs, and sending samples to the state lab. Neither she nor her nurses had ever seen a case of measles but they recognized the symptoms from textbooks. The illness was quickly confirmed as rapidly spreading measles.

She and other salaried staff worked many hours of uncompensated overtime setting up and manning makeshift clinics in the Amish community. More than 8,000 Amish persons came voluntarily for the MMR vaccine. The Amish also cooperated with quarantines, staying in their homes, and posting notices on their doors about the disease.

All of the 383 measles cases were among the Amish. About 80% were children. None of the

infected persons had been vaccinated. Ten people got hospital care. There were no deaths.



The Amish have strong religious beliefs against public or private insurance. The whole Amish community contributes to pay medical bills for members.

Nevertheless, Fletcher said, providers put the bills on a sliding scale geared to what the community was able to pay.

Fletcher hoped that the huge outbreak

would motivate the Amish to accept all recommended vaccines but she said most of those who got the MMR vaccine were unwilling to have others. See the next article on their concerns. Providers recommended a second dose of MMR vaccine 28 days after the first but many of the Amish did not return for the second dose.

There is little written by the Amish themselves about their religious beliefs. We know of nothing forbidding medical care in their theology. Some believe their low vaccination rates reflect only a preference for a nineteenth-century lifestyle.

However, James Cates, author of *Serving the Amish: A Cultural Guide for Professionals*, says

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That their lack of interest in prevention is a religious belief—a fatalistic assumption that the Lord will provide and never gives them more than they can handle. Cates said this faith is behind disinterest not only in vaccination but also in warning signs on their slow-moving buggies, lightning rods on their buildings, hardhats at construction sites, and smoke detectors.

### **Don't plan ahead**

This attitude dovetails with their well-known opposition to insurance. They cite Jesus' directive to "take no thought for your life" as a prohibition against insurance. It is against their religion to plan ahead and especially to plan for an accident, a disease, or other misfortune.

The Ohio Department of Health calculated that the Amish measles outbreak cost the Department \$186,170 in staff salary and supplies. The four counties had considerable costs.

Jaqueline Fletcher expects there will eventually be another outbreak of vaccine-preventable disease among the Amish because of their unwillingness to immunize their children.

During the measles outbreak a bill was introduced to require immunizations in state-licensed childcare facilities. It passed with an exemption "for reasons of conscience, including religious conviction" that Ohio K-12 schoolchildren have.

### **Religious objectors spread big outbreaks**

In the past quarter century the three largest measles outbreaks and dozens of smaller ones have been caused by religious objections to vaccination. In 1990-1991 Philadelphia had an outbreak of 1424 cases of measles with nine deaths of children. It began among the Faith Tabernacle and First Century Gospel Churches with 486 cases and six deaths, but spread to the general public and killed three more children. In 1994 an unvaccinated teen at the Principia schools for Christian Scientists brought measles to St. Louis. The outbreak of 247 cases spread beyond the Christian Science school into the general public.

Sources include *Bad Faith: When Religious Belief Undermines Modern Medicine* by Paul Offit, *1001 Questions and Answers on the Christian Life*, and "Amish Country's Forgotten Measles Outbreak," *Al Jazeera*, Feb. 18, 2015.

## **Response to Amish concerns**

During the measles outbreak the Ohio Amish voiced the common objections of the national anti-vaccine forces. Some told Jacqueline Fletcher, Nursing Director of the Knox County Health Department, that they preferred to let the body develop immunity to disease through natural exposure. Some said there were heavy metals in vaccines. Some complained that vaccines were made from aborted fetal tissue.

A fondness for "natural exposure" is an adult's preference not a child's. The immunity provided by vaccines is strong enough to prevent disease and infinitely safer than getting immunity by contracting the actual disease.

Heavy metals in current vaccines are present only in trace amounts that pose no danger. Perhaps the greatest fear is of mercury, which is a potent neurotoxin. But today only the influenza vaccine has more than trace amounts of mercury, and it is ethyl mercury, which is rapidly excreted. Methyl mercury found in fish among other sources stays in the body longer and therefore is a more legitimate health concern.

### **Church: vaccine lesser of two evils**

No tissue from aborted fetuses is used to make vaccines today. However, several vaccines are grown in cell lines that originally were cells taken from two aborted fetuses in the 1960s. The Catholic Church encourages its members to accept these vaccines if no other type of vaccine is available. For the church it is a matter of accepting the lesser of two evils. After all, the church points out, the rubella vaccine prevents spontaneous abortions.

### **Why Amish children got polio**

The Ohio Amish also worried that five Amish children in Minnesota contracted polio from the vaccine in 2005. The oral polio vaccine is the only vaccine that can shed dangerous antibodies from a vaccinated person to an unvaccinated one. It has not been used in the U.S. since 2000. If the Amish children had been vaccinated, they would have been protected from the exposure to a vaccinated person.

We are indebted to Dr. Paul Offit for this information.

## Unlicensed midwives pose dilemma

When unlicensed providers allow gross harms to infants—harms that would have been prevented by standard medical care, who is responsible? The parents or the providers? Can or should the state regulate these providers? These are important questions in Pennsylvania.

Certified professional midwives (CPMs) are not state licensed and do not work under physician supervision. They do, though, meet standards set by the North American Registry of Midwives (NARM), including coursework, examinations, 1350 hours of clinical work under supervision, and continuing education.

Babies who died or nearly died under the care of CPM Diane Goslin have been the focus of Board of Medicine censure and a grand jury in Pennsylvania. The majority of Goslin's patients are Amish.

With their large families and opposition to insurance, the Amish keep Goslin very busy. NARM states that the average CPM has 3 to 6 patients a month, but the press reports that Goslin delivers 200-300 babies a year. She charges about \$1500 for her care during pregnancy, delivery, and postpartum.

### Was she practicing medicine?

In 2005 an Amish baby under Goslin's care died at 21 hours old, likely from pneumonia caused by bacteria transferred in utero. She was fined by the State Board of Medicine and ordered to stop delivering babies. The Commonwealth Court of Pennsylvania, however, overturned the fine and the cease and desist order, holding that she was not practicing medicine or surgery nor misrepresenting her credentials. *Goslin v. State Board of Medicine*, 949 A.2d 372 (Pa. Commonw Ct. 2008) One judge wrote a strong dissent arguing that she was practicing medicine, for example with her claim that she could do pap smears, pku tests, and hemoglobin tests. This was the third time she was ordered to stop and the third time she prevailed.

The Amish are united in defending her. Ordinarily non-political, 200 Amish came to the capital and rallied for continuation of her practice.

## Grand jury investigation of midwife for Amish

Recently three more of Goslin's cases were the subject of a Lancaster County grand jury investigation. In 2011 baby Daniel Kravets died of pneumonia and meningitis due to group B streptococcus infection. Both the baby and his mother Julia were infected with GBS.

Julia had a history of kidney infection and at six months pregnant was treated by a physician for a urinary tract infection of E.coli and GBS. Goslin was aware of those infections but did not recommend testing for GBS nor antibiotics during labor and delivery. Goslin's chart does not indicate that she provided any counseling to the Kravetses about the dangers of GBS.

As an unlicensed midwife Goslin could not write prescriptions, place an IV line in a patient, or order labs.

For more than 24 hours as the baby's condition deteriorated, his father Mikhail called Goslin repeatedly to describe the symptoms. Daniel pulled his legs up to his stomach, cried, and stopped breathing for seconds at a time. Goslin recommended remedies from a health food store including catnip and fennel drops. Neither she nor her staff came back to the family's home to look at the baby.

When Mikhail called to report that Daniel was no longer breathing, Goslin's staff called 911 and directed Mikhail on how to give CPR.

### Mom not told she was infected

Later in 2011 Goslin provided maternity care for Sylvia Stoltzfus. Goslin recommended that Sylvia be tested for GBS. The lab reported to Goslin that Sylvia was positive for GBS, but Goslin did not tell that to either Sylvia or her husband.

Two days later Sylvia went into labor. Her amniotic fluid was dark, indicating meconium and fetal distress. When the baby, Sadie, was born, she did not cry and was not breathing well. Goslin's assistant put oxygen on her and took it off periodically, causing Sadie to turn blue. Neither Goslin nor her assistant ever mentioned that the infant could have an infection nor were antibiotics given.

### Midwife opposed calling an ambulance

After Sylvia's mother arrived taking Sadie to a hospital was discussed. Goslin did not want an

ambulance called because the ambulance would take Sadie to the closest hospital; Goslin insisted the baby should go to a hospital 30 to 40 miles away but would not take the baby in her own car.

The father called a neighbor, who came over right away and said an ambulance should be called, but Goslin again insisted that the baby not be taken to the closest hospital. Finally the neighbor agreed to drive them to the hospital Goslin preferred.

At the ER Sadie was given a neonatal code blue because she was not breathing, had turned blue, and had a low heart rate. The baby was in the hospital for 23 days and discharged apparently healthy. The attending physician said it would take many years of close monitoring to know for sure whether she had brain damage from the infection.

### **Still no information given on bacterial infection**

In 2012 Goslin provided care to Chelsea and Cody Richelderfer for the birth of their first child, Harper. Despite her experiences with the babies Daniel and Sadie the year before, Goslin did not tell the Richelderfers about the dangers of GBS or what should be done to prevent the risk of infection.

After Chelsea's water broke a Goslin assistant came to the home and told her not to take a bath because there was no longer a barrier between the baby and the outside world. She said the baby needed to come soon and gave herbal medicines to induce labor. She did not explain that the risk of infection increases over time.

Over the next 23 hours Chelsea's labor did not progress. Goslin did not call to ask how she was doing. Then Cody called in his concern, and Goslin recommended castor oil. Goslin warned that if they went to a hospital doctors might perform a Cesarean section and said, "You don't want that."

After she took castor oil, Chelsea's contractions became regular. Goslin and an assistant arrived and delivered Harper. Chelsea immediately saw that Harper was blue and wheezing. Chelsea asked them if that was normal; they did not answer but did rush Harper into another room and give her oxygen. The assistant constantly used and removed the oxygen for an hour after the baby's birth.

### **Month-long hospitalization; painful procedures**

Then Goslin or her assistant said they should probably take Harper to a hospital to be checked



*Diane Goslin*

either that night or next day. They did not convey any sense of urgency about it but presented it as a routine checkup. They also told them an ambulance would not be needed. Cody left for the hospital with the assistant holding the baby. Harper was quickly diagnosed with an infection and airlifted to Hershey Medical Center.

She required a breathing tube, several different ventilators, a heart-lung bypass, and painful procedures. She suffered an intraventricular hemorrhage. She was in the hospital for about four weeks and continues to be evaluated for developmental delays. She had been infected with streptococcus pneumonia before birth.

### **God is responsible, not midwife**

None of Goslin's files on these three births had any evidence of informed consent for a home birth, for GBS counseling/testing, a plan for emergencies, or collaborative relationship with a physician. Goslin did require them to sign a document absolving her and her staff of "any liability" for "any complications, mishaps or anything else that might ensue" pertaining to their services because they understood that "God is sovereign and in control of all circumstances."

### **Birth location falsified**

Goslin operates New Beginnings Alternative Birthing Institute in Strasburg, Pennsylvania. Many Amish mothers do not want older children to witness their labor and delivery and therefore prefer to come to Goslin's facility to give birth. In 2005 the Pennsylvania Department of Health advised Goslin that she did not have a license to operate a birthing

center and therefore could not schedule or plan deliveries there. The grand jury, however, found several cases of babies delivered there after the Health Department's warning was issued and of Goslin knowingly falsifying the location on the birth certificate.

### **Midwife still certified**

NARM represents that its CPMs are obligated to fully disclose what services they can and cannot provide, a transfer of care plan, risks, benefits, and alternatives to their proposed care, and obtain informed consent for their treatment plan. In 2009 NARM added GBS counseling and testing to their standard of care. NARM requires CPMs to review the mother's GBS status and inform her of "options."

Diane Goslin failed to meet those standards in several respects but is still certified by NARM. The organization does not provide information about complaints against midwives or their resolution.

### **Will state licensure make births safer?**

NARM recommends that states license the CPMs. The grand jury cited advantages of state licensure. It would make the midwives accountable to the public and hold them to standards of practice. The grand jury declared that government regulation is the most effective way to ensure consistent and safe practice of midwifery.

Maybe and maybe not. The CPMs are quite limited in their scope of practice as described earlier. They do not have to carry malpractice insurance (and often cannot get it) and do not have to establish a relationship with physicians. If the local physicians refuse to work with a CPM, then the CPM cannot transfer cases to them. She can send them to a hospital but Goslin did not want to send a patient to the local hospital and therefore opposed calling an ambulance. She waited much too long before she even recommended going to any hospital.

### **Metabolic screening not done**

Perhaps because the Amish have a limited gene pool, they have above average incidence of some congenital disorders. The Lancaster County Amish, for example, have a high incidence of maple syrup urine disease, a metabolic disorder that can lead to

seizures, coma, and death if left untreated. But the CPMs cannot order metabolic testing themselves and have no legal obligation to offer it to families. The newborn screening program director at the state Department of Health says that the unlicensed midwives do not report screening results to the Department.

### **How will risks and options be presented?**

We also question the CPM's ability to explain "the risks" as NARM says they must do. Will they simply offer data about the safety of home births compared to hospital births or will they see a particular risk to an individual patient and explain it? And will a risk of 10% or 20% sound unacceptable to the parents who have committed to a home birth for several months. NARM says the CPM must advise the patient of her GBS status and explain her "options." But the only safe option for a GBS-positive patient is antibiotics during labor and delivery and since a CPM cannot put in an IV line, the patient must be transferred to a provider who can.

If the CPM's are state-licensed, federal law requires insurance carriers to reimburse them.

Sources include Lancaster County Grand Jury Report to Court of Common Pleas, Feb. 20, 2013.

## **Update from Philadelphia**

In February, 2014, Philadelphia parents who let a second child die without medical care were given prison terms of 3 ½ to 7 years. As members of the First Century Gospel Church, which opposes medical care, Herbert and Catherine Schaible let their toddler son Kent die of bacterial pneumonia without medical treatment in 2011. They were convicted of child endangerment and manslaughter but sentenced only to ten years' probation.

### **Let second baby die while on probation**

Even though their probation terms strictly required them to seek medical care when a child was sick, they let their 7-month-old baby Brandon die of bacterial pneumonia in 2013. They admitted to the police that they knew Brandon was sick. They described his symptoms as a rash, diarrhea, vomiting, loss of appetite, crying, fitful sleep, labored breathing and gasping for air.



“We believe in divine healing, that Jesus shed blood for our healing and that he died on the cross to break the devil’s power,” Herbert Schaible told police.

They also said they did not seek medical care because their religion prohibited it and God wanted them to trust Him for healing.

In Brandon’s death they were charged with third-degree murder, involuntary manslaughter, conspiracy and endangerment.

### “You killed two of your children”

They pled guilty to third-degree murder. At sentencing they both expressed remorse for violating their probation, and Mrs. Schaible said her religious beliefs had changed.

Philadelphia Common Pleas Judge Benjamin Lerner told them that it was not their son’s time to die. “You killed two of your children. . . not God, not your church, not your religious devotion — you,” he said.

### Lenient sentence

They will be eligible for parole in 3 ½ years. After serving a total of seven years prison time and parole, they will have to serve 30 months’ probation. Their six surviving children are in foster care.

Seven years is the maximum sentence for third-degree murder, but the prosecutor, Joanne Pescatore, argued that they should be sentenced to additional prison time for violating their probation. She is appealing the sentence.

If the prosecution had gone to trial and gotten a conviction for manslaughter or endangerment, the parents could have been sentenced to many more years of state supervision. For example, Philadelphia Faith Tabernacle parents Dean and Susan Heilman were sentenced to 17 years’ probation after they let their hemophiliac toddler bleed to death without medical care.

### Only 3 of 25 deaths prosecuted

CHILD has information on 25 Philadelphia children who died without medical care in faith-healing sects. The state filed criminal charges in only three of the 25 deaths and in two cases of severe injury to Faith Tabernacle children.

We suspect but cannot prove that Philadelphia filed its first charges in 1997 because prosecutors in

rural counties had by then prosecuted three well-publicized medical neglect deaths of children in Faith Tabernacle and won convictions.



*Catherine and Herbert Schaible*

The Schaibles are the first Philadelphia parents to serve any jail time for religious medical neglect.

Sources include *Religious News Service*, Feb. 19, 2014. See also the CHILD newsletter 2013 #1.

## And in the legislature

In the wake of the child sex abuse scandal at Pennsylvania State University, the Protect Our Children Committee led by Cathleen Palm finally got the legislature to appoint a task force to study and undertake a comprehensive overview of Pennsylvania’s child abuse and neglect laws.

With the death of Brandon Schaible (see above), CHILD hoped there would be opportunity to recommend repeal of Pennsylvania’s religious exemption to abuse in the civil code. By then the task force had finished its hearings, but I did go to Harrisburg and met with some legislative staffers to plead the case for repeal.

### One visit: no fevers, case closed

Certainly the state’s monitoring of the Schaibles after the death of their toddler Kent in 2010 was abysmal and the religious exemption was a

major reason. According to a Department of Human Services report, the DHS sought permission from the Schaibles and their pastor to examine their six surviving children. The pastor gave permission to check the children's "vitals and temperatures." So a DHS caseworker and nurse examined them only for "signs of bacterial pneumonia," i.e. high temperature and being sweaty." The children did not have fevers.

### **Legitimate religion: case closed**

The DHS report said the department followed "best practice" by "research[ing] the legitimacy" of the religion that purportedly governed the parents' behavior. The DHS legal department "researched the church and found it to be a legitimate religion." DHS personnel "all agreed that DHS has to adhere to the rights of the family's religion. The case is based on religious reasons and the case was closed."

After one visit, two days after Kent died, DHS ended its involvement with the Schaible family.

Pennsylvania's religious exemption prohibits an adjudication of abuse or neglect when religion is the reason for withholding medical care. It provides instead that "the county agency shall closely monitor the child" and seek a court order for medical care when necessary. 23 Penn. Consolidated Statutes § 6303(b)(3)

### **Social workers accept sore foot story**

The shortcomings of the exemption were dramatically shown in the 2002 death of 9-year-old Benjamin Reinert. The father told social workers his Faith Tabernacle beliefs prohibited medical care and claimed the boy just had "a sore foot." The next day Benjamin died of leukemia.

The DHS used the words of the exemption to justify its handling of the case, saying it had "closely monitor[ed] the situation, but could not obtain a court order because the boy's injuries did not appear life-threatening."

The intervention allowed by Pennsylvania's religious exemption was worse than none at all in Benjamin's case. For social workers to come in, look at the child, and then leave without trying to get medical care confirms the parent's claim that the problem is not serious. No criminal charges were filed against the father. The mother had died of a treatable illness a few months earlier.

CHILD wrote to the Philadelphia Department of Human Services twice after Benjamin's death calling for repeal of the religious exemption and asking if the boy's death had led to any change in departmental policy. We got no answer.

### **Exemption won't apply after child dies**

In 2014 we did our best to educate Pennsylvania legislators about the Schaible and Reinert cases and the nexus to the religious exemption. The Protect Our Children Committee and the Pennsylvania Chapter of the American Academy of Pediatrics promoted repeal of the exemption also.

The legislature retained the exemption but did add a caveat that it did not apply when the child died. That could give Human Services more authority to monitor surviving siblings after a child dies because of religious medical neglect.

We still have the conundrum though that the child must show symptoms of a serious illness at the exact moment a social worker visits in order for the state to stay involved with the family.

Sources include a Philadelphia Dept. of Human Services report May 21, 2009; *The Philadelphia Inquirer*, Jan. 21, 2003; *Philadelphia Daily News*, Feb. 1 and 5, 2003; and *Newsday*, Feb. 4, 2003.

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## **ACA exemption dies but is reintroduced in 2015**

When the bills requiring individuals to obtain health insurance were moving through Congress, the Christian Science church got provisions in both a House and Senate bill requiring insurers to pay for Christian Science "treatment" (an argumentative form of prayer given by the church's spiritual healers). These healers often charge \$50 a day or more for a prayer.

With massive work by CHILD, the American Academy of Pediatrics, Americans United for Separation of Church and State, and others, those provisions were removed from the final bill, the Patient Protection and Affordable Care Act (ACA).

The church then turned to the states as they set up their "essential benefits" that all providers must reimburse and tried again to get Christian Science treatment included as an essential benefit. CHILD

and its members were active in several states to oppose such a mandate and to our knowledge the church did not succeed in any state.

In the 113<sup>th</sup> Congress the church moved to its Plan B: a religious exemption from the mandate to purchase health insurance. Identical bills were introduced in the House and Senate to exempt those with “sincerely held religious beliefs” against medical health care. Both were named the Equitable Access to Care and Health Act or EACH as if a child suddenly had equal access to health care because he was uninsured.

### **Waxman and Levin: high costs and high likelihood of fraud**

Over 200 legislators co-sponsored the House bill. House leadership brought it to the floor under suspension of the rules bypassing a public hearing in committee. Congressmen Henry Waxman and Sander Levin spoke strongly against the bill.

They cited the estimate of the non-partisan Congressional Budget Office that the exemption would increase the number of uninsured persons by 500,000 each year and cost the nation \$1.5 billion dollars over ten years.

They pointed out that the Internal Revenue Service has no authority to question a taxpayer’s religious beliefs so it would have to honor anyone’s claim to have sincere religious beliefs against medical care.

Congressman Levin explained that the ACA mandate is a neutral tax that does not discriminate against Christian Scientists. They can find insurance policies that meet ACA standards and also reimburse bills sent by the church’s healers and unlicensed nurses. Nobody is forcing them to use medical care, he pointed out.

Nevertheless, EACH passed the House by voice vote.

### **Exemption allowed fraud in Massachusetts**

EACH is modeled on the religious exemption that Massachusetts had before the ACA mandate took effect. In 2007 about 9,700 Massachusetts residents claimed a religious exemption from the mandate. A data match done that year showed that 745 of them had nevertheless received publicly-funded medical care during the year.

In 2012, 7155 Massachusetts residents claimed a religious exemption yet 401 of them submitted claims that year for medical care to Health Safety Net, a publicly-funded program. Their claims totaled over \$1 million, but HSN was able to reimburse the providers less than half that. The state has done data matches only for those two years and only for the claims to HSN. And, although Massachusetts law states that religious exponents who get medical care must pay a penalty as well as forfeit the exemption, a state official told us that the state did not enforce the penalty.

CHILD, the Secular Coalition for America, and the ACLU worked hard to raise objections to EACH and slow down the Senate’s consideration of it. The bill died without coming to a vote.

EACH has been reintroduced in 2015 as S.352 and HR2061. The prime sponsor of the House bill was Congressman Aaron Schock, R-Illinois, but he resigned under an ethical cloud. The new prime sponsor is Congressman Rodney Davis, who represents the village of Elsah, Illinois, where Principia, the world’s only college for Christian Scientists, is located. HR2061 currently has 117 cosponsors; S.352 has 26.

### **Insurance could save lives of children**

It is noteworthy that two churches mentioned in this newsletter, the Old Order Amish and the First Century Gospel Church, both have religious beliefs against health insurance. The First Century Church rejects medical care, insurance, and ownership of cars, homes, and other worldly possessions. The Amish do not have doctrinal beliefs against medical care in general but strongly believe the whole community should help pay members’ medical bills. While this consideration for others’ needs is admirable, it can also put pressure on families not to incur medical bills that burden the Amish community.

In opposing the EACH bills this session of Congress, CHILD intends to highlight the ongoing faith-based medical neglect deaths in Idaho. We have posted the webpage [www.idahochildren.org](http://www.idahochildren.org) to bring these tragedies to public attention. We believe that at least some of the hundreds of Idaho children who have died in the Followers of Christ church would have gotten medical care if their parents had been required to purchase health insurance.