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SB276: By the Numbers

Insufficient to Address the Problem at Hand, Insurmountable Costs

A report prepared by Educate.Advocate.

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SB276: By the Numbers

Insufficient to Address the Problem at Hand, Insurmountable Costs

SB 276 is Insufficient to Impact Measles Outbreaks

SB 276 identifies physicians issuing medical exemptions for illegitimate reasons as a source problem to the current inability to combat measles.

It purports to provide a solution to the current measles outbreak by restricting medical exemptions to CDC contraindications and precautions, as verified by a public health officer. Thus, the number of medical exemptions will decrease and in response, the number of measles cases in California may decline.

This bill fails to consider a multitude of factors that impacts the strategy for measles prevention and imparts a significant cost to our state.

ME Totals Are NOT Equal to “Unvaccinated” Children

When interpreting medical exemption statistics, we must extrapolate the data by each immunization exempted and those conferring serological immunity to comprehensively interpret vaccination coverage levels and implied risk.

A case study of the San Diego Unified school district, the second largest district in the state, revealed 486 medical exemptions on file for all grades (not all are active enrollment).

Reviewing SDUSD’s 486 medical exemptions, which represent .38% of the 126,400 students currently enrolled, we can deduce that **nearly 20% are written for:**

- Delayed “catch up” immunization schedules
- Positive titer results conferring immunity
- Temporary exemptions for live virus vaccines due to immunosuppressive therapy or medication

20% of ME’s are written for children who are partially vaccinated, in the process of being fully vaccinated, or have serological immunity to the diseases requiring vaccination.

Current Levels of MMR 2-Dose Coverage is 97%

According to the CDC¹, 97.3% of the kindergarten population in California has had two doses of the MMR vaccine.

The CDPH Vaccine-Preventable Disease Surveillance Report (2017) states:

“After one dose of vaccine, approximately 95% of people will be protected against measles, and after two doses more than 99% will be protected against measles.”²

It follows that California’s coverage of 2-dose MMR vaccination is impressively high, conferring 99% protection for over 97% of Kindergarten students.

Susceptible Populations

The CDPH reports 40 total measles cases in California during 2019. 30 of the 40 cases, **75%, are adults 18 years and older**³. Focusing on the minuscule number of school children exempted from the MMR vaccine will have little to no impact on measles outbreaks in the overall population.

SB276 does not put forth legislation that can effectively manage the measles outbreaks, as they do not originate or propagate through the population the bill targets as frequently as susceptible adults whose immunity has waned over time.

Financial Burden to Strained Public Health Funds

Fixed Cost of Vaccine Failure & High Cost of MMR

There will always be a fixed cost of treatment associated with primary vaccine failure and secondary vaccine failure associated with waning immunity, as indicated by Merck’s Clinical Pharmacology documentation in the prescribing information for their trivalent biologic, MMRII⁴:

“a small percentage (1-5%) of vaccinees may fail to seroconvert after the primary dose”

California has an adult population of 30M⁵, multiplied by a conservative 3%, 900,000 adult residents will not acquire vaccine induced immunity from a single dose of the MMR. This number

remains fixed relative to the direct and non direct costs associated with measles outbreaks per adult.

UCLA conducted a study on the cost efficacy of various strategies, including vaccination and serological screening, in an effort to identify a constructive strategy to combat measles.

“we found that **the overall cost of elective vaccination strategies is driven by the cost of the vaccine itself.** If vaccine could be provided at a nominal cost to the university, a strategy of vaccinating all students without proof of immunity (by either history of two vaccinations or positive titer) would provide the high level of immunity needed to prevent outbreaks and still be most cost effective (\$16,644 per measles case avoided).”⁶

The current cost of the MMR are as follows⁷:

Age Range	Vaccine	Brand Name/Trade Name	Packaging	CDC Cost/Dose	Private Sector Cost/Dose
Child	MMR	MMR II	10 Pack - 1 Dose Vial	\$21.22	\$75.04
Adult	MMR	MMR II	10 Pack - 1 Dose Vial	\$45.65	\$75.04

Utilizing programs such as the CDPH’s Vaccines for Adults⁸ initiative, California may be able to decrease the end cost per trivalent adult MMR and increase adult measles immunization rates, of which, adults ages 22 to 61 remain the largest population segment at risk.

Strain on Public Health Funding

Governor Newsom’s January budget proposal recommends that 39 counties, including Sacramento, **divert 15% of health realignment funding** to support his proposed initiatives.

In their letter⁹ to the California Department of Finance, the California State Association of Counties, as well as Senators Pan, Mitchell, Stone and Hurtado, as members of Senate Budget Committees, note that this reduction significantly impacts public health funding by way of communicable disease surveillance, investigation and control as well as other public health services.

Sacramento, Stanislaus and Placer County Board of Supervisors authored a letter¹⁰ to Senator Pan, as Chairman of the Senate Budget Committee on Health, which warns:

“A 50% cut of realignment support to communicable disease control...**would result in severely limiting County ability** to conduct day-to-day communicable disease surveillance and response and cripple our ability to identify and response to outbreaks and disasters...

Vaccination services would also be reduced and significant reductions to programs that serve new mothers, children and other vulnerable and special populations will occur.”

The Legislative Analyst Office’s Analysis of Health and Human Services Budget (2018/2019)¹¹ indicates that the Department of Public Health’s General Fund decreased by approximately 4% from 2017/2018 to 2018/2019 and additionally, a 77% decrease affected local assistance programs.

Senator Pan has also expressed his concern with the budgetary cuts to public health, as quoted by the Sacramento Bee¹²:

“I hope there will be some reconsideration,” said state Sen. Richard Pan (D-Sacramento), chairman of the Senate Health Committee. “There’s a disconnect there.”

With declining General Funds and excess cuts to support the Governor’s directives, the Department of Public Health cannot shoulder the excess cost associated with SB 276 while maintaining its current programs and public outreach.

Medical Exemption Database Cost Requirements

SB 276¹³ requires the State Department of Public Health to:

1. Create and maintain a database of ME requests, approvals and denials
2. Implement a functional ME database by December 31, 2020
3. Review and include previously granted and new ME requests in the database
4. Provide database access to public health officers and schools, at minimum

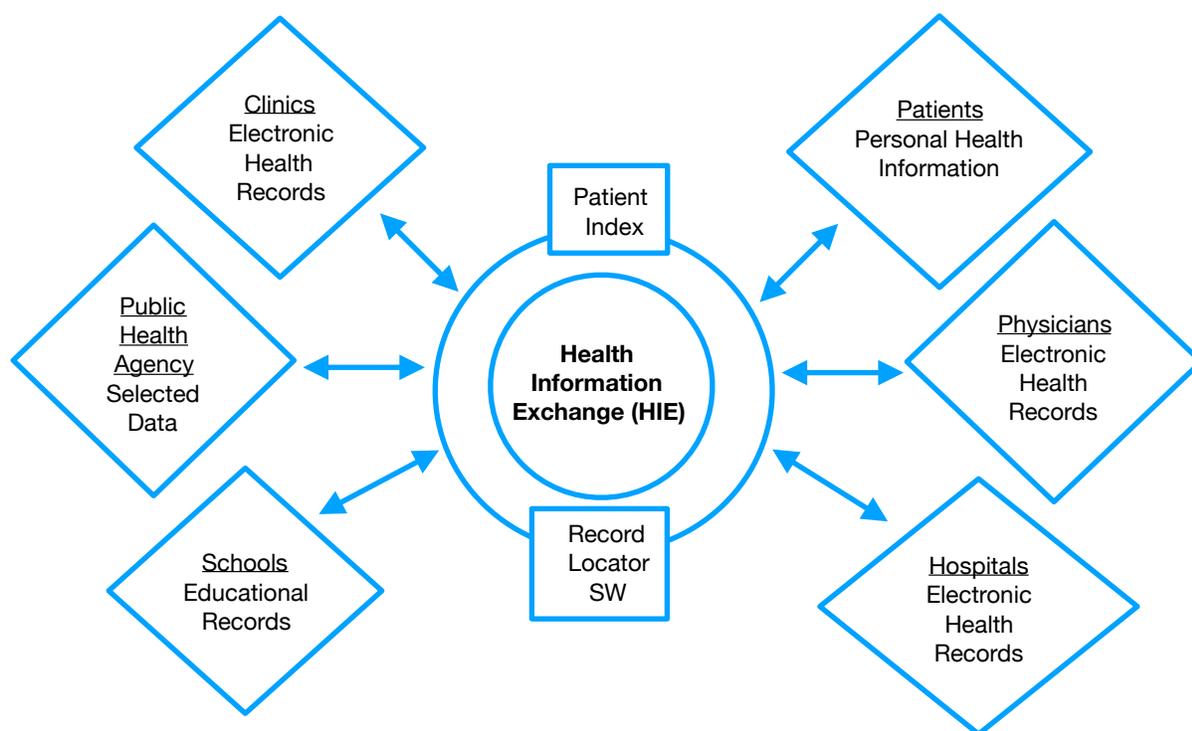
Information is needed regarding the initial and long-term costs of developing and implementing this database, it’s cost-effectiveness and the consequences and cost of not developing this registry. Sustainable funding sources based on this information must be identified before advancing this bill.

Cost Analysis: Immediate Impact \$9M/Yr¹⁴

The proposed ME database is a Health Information Exchange (HIE) system containing Electronic Health Records (EHR), which will likely require interfacing with the CDPH’s Health Information Exchange Gateway¹⁵, similar to existing immunization registries, such as CAIR¹⁶.

Records shared across this network encompass varying types such as personal health, medical and educational, enacting a multitude of state and federal oversight laws regarding privacy and confidentiality, such as CDC IIS Functional Standards¹⁷, HIPAA, FERPA and 45 CFR parts 161 and 170.

Additional information is needed to address whether the proposed ME database will be required to adhere to the Center for Medicare and Medicaid Services (CMS)’ certified electronic health record technology (CEHRT) Promoting Interoperability, previously titled “Meaningful Use” criteria. Currently, the CAIR2 meets Stage 3 Meaningful Use Immunization Measure standards.¹⁸



Cost of Creating Database Over 4 Years: \$1,559,250

In their study, *The Cost of Doing Business: Cost Structure of Electronic Immunization Registries (2002)*¹⁹, authors from the Partnership for Immunization Providers of UCSD School of Medicine Pediatrics, Kaiser Permanente and the President of International Health Systems, Inc, funded by an award grant from the CDC, predicted the true cost of developing and maintaining an electronic immunization registry.

“The effort requires **four man-years of technical effort or approximately \$250,000 in 1998 dollars. Costs for maintaining a registry were approximately \$5,100 per end user per three-year period.**”

Adjusted for inflation²⁰, \$250,000 in 1998 is now equivalent to \$389,880.

$\$389,880 \times 4 \text{ years} = \mathbf{\$1,559,520}$

Cost of Maintaining Database Every 3 Years: \$23,577,300

Utilizing the estimate from the study noted above, a cost of \$5,100 per end user per three-year period is noted.

End Users include, but are not limited to:

- 58 County Health Departments²¹
- 1026 School Districts²²
- 10,473 Public School Sites
- 1,228 Charter School Sites

Total: 13,869 Medical Exemption End User Sites*

$13,869 \text{ End Users} \times \$5,100 = \$70,731,900 / 3 \text{ Years} = \mathbf{\$23,577,300}$

**This is a conservative model estimate, which assumes one end user at each site and does not include hospitals, physicians, clinics and other health care providers initiated medical exemption form review requests*

Cost of Maintaining Personal Health Records Yearly: \$226K

In *Costs of Immunization Registries: Experiences from the All Kids Count II Projects (2000)*²³, authored by the Task Force for Child Survival and Development, the authors from determined:

“When the registries are fully operational, **the average cost per child** for the 16 AKC II projects **will be \$3.91** (range, \$1.60 to \$6.23; interquartile range, \$2.91 to \$4.81) **per year.**”

Estimated Number of ME's²⁴:

- 3,009 Childcare
- 4,111 Kindergarten
- 2,164 7th Grade
- 48,478 Grades 1-6 and 8-12*

Total: $57,762 \times \$3.91 = \mathbf{\$225,849.42}$

**This number equals the sum of all reported ME's and assumes, for unreported grade levels, the current reported average rate of ME's (.7%) times enrollment totals. Although this number may decrease initially due to rejection of ME's that do not meet CDC precaution and contraindication guidelines, the initial cost is fixed, requiring review of all existing ME's.*

Cost of Employee Overhead Yearly: \$541,943 - \$736,027

In the *California Immunization Registry (CAIR 2) Project Update (2016)*²⁵, the Immunization Branch of the California Department of Public Health noted the following staffing requirements and functions:

Positions	Functions
Technical Team	<ul style="list-style-type: none"> • Hardware/Software <ul style="list-style-type: none"> - Delivery and Build - Application • Establish Requirements <ul style="list-style-type: none"> - Development - Quality Assurance Testing - User Acceptance Testing
Training Staff	<ul style="list-style-type: none"> • Training <ul style="list-style-type: none"> - Material Development - Training for the Trainer(s)
Project Manager	<ul style="list-style-type: none"> • Implementation <ul style="list-style-type: none"> - Roll Out
Data (Migration & Cleaning)	<ul style="list-style-type: none"> • Data Migration <ul style="list-style-type: none"> - Planning/Script Development - Testing Validation - Production Data Migration
Public Health Officer	<ul style="list-style-type: none"> • Form review, documentation and communication
Central and End User Support	<ul style="list-style-type: none"> • Electronic, personal and phone support

Estimated CDPH salary costs per the State Controller's Office (2017)²⁶:

Data:	\$110,041 - \$119,588
Technical System Software Specialists:	\$101,414 - \$130,102
Training Officers:	\$8,000 - \$39,610
Public Health Medical Officer:	\$137,050 - \$183,758
Project Manager:	\$185,438 - \$262,969*
Support Staff:	\$8,000 - \$39,610**

Total Projected Yearly Salaries: \$549,943 - \$775,637

**No salary information is available for this or similar titles, assuming this position requires a director, supervisor or manager, we have estimated accordingly. Additional supportive resources can be found via CDPH county hiring notices:*

Deputy Public Health Officer in San Diego \$220,000-\$230,000/year
https://www.sandiegocounty.gov/content/dam/sdc/hr/jobs/Deputy_Public_Health_Officer.pdf

Sacramento Health Program Specialist, \$65,580 - \$82,092/year
<https://www.dhcs.ca.gov/services/admin/jobs/Documents/4HAAA.pdf>

***No salary information is available for this or similar titles, assuming this position is similar in function to training staff, with end users, we have used the reported salaries as a place holder*

Local Educational Agency Fiscal Impact

SB 276 requires local educational agencies to²⁷:

- Develop a process for parents to request and submit a ME for review by the public health officer (PHO)
- Facilitate and communicate the response by the PHO to the ME submission, to both parent and school
- File reports with CDPH on prescribed forms detailing students with ME's
- Permit unfettered access to student personal health information, including ME's and immunization records by the CDPH
- Carry out immunization programs in collaboration with the CDPH utilizing district funds, personnel and property

Reduction in ADA

Immediate Decline in Funding: \$439M

The US Census Bureau Annual Survey of School Systems states that California, on average, receives \$9,500 in state funding per pupil.

Use of a state form which restricts ME criteria to CDC precautions and contraindications, with no regard for physician discretion, will eliminate, conservatively, nearly 95% of current ME's. Here, we use 80% as a conservative estimate.

Rejected ME's result in exclusion from attendance and enrollment until the child is "up to date". Families following personal physician directives may choose homeschool enrollment, directly impacting the ADA funding, already dismally below the national average.

Estimated Number of ME's:

- 3,009 Childcare

- 4,111 Kindergarten
- 2,164 7th Grade
- 48,478 Grades 1-6 and 8-12*

Total: 57,762 x .80% = 42209.60* \$9,500 = \$438,991,200

**This number equals the sum of all reported ME's and assumes, for unreported grade levels, the current reported average rate of ME's (.7%) times enrollment totals. Although this number may decrease initially due to rejection of ME's that do not meet CDC precaution and contraindication guidelines, the initial cost is fixed, requiring review of all existing ME's.*

Continued Decline in Enrollment

The California State Constitution specifies that the minimum funding guarantee is not adjusted downward for declines in ADA **unless attendance declined the two previous years**. Given the consecutive yearly decline in enrollment, California schools are facing a budgetary crisis.

The Legislative Analyst's Office²⁸, in their article, The 2018-2019 Budget: Update on K-12 Student Attendance, writes:

“Attendance Expected to Continue Declining Over the Next Few Years. Both our office and the administration update our out-year attendance projections periodically. Figure 4 below shows projected attendance changes through 2021-22 as reflected in the Governor's budget and our [November fiscal outlook](#) (our office's latest out-year estimates). **Both of our offices project declining attendance over the next few years**, with the decline somewhat steeper under our outlook. **The projected statewide decline in attendance is likely to put downward pressure on the minimum guarantee and result in somewhat slower growth in school funding compared to previous years.**”

Some districts, including Sacramento City Unified, are facing imminent takeover by the State due to poor fiscal health, as noted by Senator Pan in his April 10th mailing.²⁹

SB 276 adds an additional layer of financial stress to the public school system, including added responsibilities and costs related to implementation and decreased funding related to student exclusion, increasing the likelihood of state takeovers, teacher strikes and school closures.

Variable Cost of Liability

Discrimination & Special Education

Despite California Health and Safety Code (CA HSC §120370) and the federal Individuals with Disabilities Education Act (IDEA) explicitly providing an exemption for children with Individualized Education Programs (IEP's) to continue to receive services, regardless of immunization status, Educate Advocate, a non-profit special education advocacy organization, regularly receives complaints and requests for assistance from students with exceptional needs who have been discriminated against; excluded from enrollment, attendance and services due to immunization status.

In both 2017 and 2018, two school districts, Long Beach Unified and Chino Valley Unified, respectively, faced parents in the Office of Administrative Hearings due process proceedings. Both cases were ruled in favor of the student, who was returned to their original, agreed upon placement.

The district expenditure afforded to these cases totals nearly **\$7,500 per case**³⁰

Stringent ME requirements which exclude children with exceptional needs, whose life impacting disabilities afford them a right to a free and appropriate public education will result in a litany of complaints and lawsuits, including, but not limited to discrimination under the ADA, CA Civil Rights Act (Unruh), Office of Civil Rights, California Department of Education compliance complaints and due process.

With 4\$ billion in annual special education funding expenditures struggling to meet the 60% increase in special education spending over the last ten years, our local districts cannot maintain fiscal health with increasing litigation costs.

FERPA & Confidentiality

The database will include personally identifiable health information, such as the child's name, physician's name, specific medical conditions of the child and relevant family members, school and date of issuance.

With a broad range of end users, database integrity is of serious concern. In December of 2018, the San Diego Unified School District notified families that between January and November of 2018, phishing emails were utilized to gain access to the district's network, including the student database, which offered complete access to personal identifying, health, grade and scheduling information³¹.

Database integrity is a costly, universal problem. The VA compensated veterans \$20 million after an analyst misplaced a laptop containing personally identifiable information³².

Medical exemptions, for a child with exceptional needs, encompasses not only their diagnosis, but related disorders and often references their siblings' and parents' health disorders, as evidenced by the recent public records act request response, issued by the San Diego Unified School District, which included 486 medical exemptions.

Although FERPA requires that personally identifiable information be redacted, 20% of those released were not compliant and contained student names, ages, schools, physically distinguishable disabilities and characteristics, such as cochlear implants, organ transplants and chemotherapy treatments. Information that makes the students' and family members' identities easily traceable.

Equally concerning is the detail of family members' personal health information, such as ALS diagnosis, psychiatric disorders, epilepsy, autism spectrum disorder and disclosure of student's special education eligibility, indicating their IEP's and diagnosis, including OCD, ADHD, sensory processing disorder, neurological and developmental delays, etc.

Of valid concern, is a future employer, insurance company or higher education institution gaining access to the database and utilizing the medical information contained therein to discriminate against a disabled student or their family members.

¹ https://www.cdc.gov/mmwr/volumes/66/wr/mm6640a3.htm#T1_down

² Vaccine-Preventable Disease Surveillance in California (2017), <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/VPD-AnnualReport2017.pdf>

^{3 3} CDPH Total Reported Measles Cases in CA 2019, <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>

⁴ MMRII Prescribing Information, https://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf

⁵ <http://worldpopulationreview.com/states/california-population/>

⁶ Cost Effectiveness Evaluation of Measles Immunization Strategies on a College Campus (UCLA), <https://www.ncbi.nlm.nih.gov/m/pubmed/1905455/>

⁷ CDC Vaccine Price List, <https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

⁸ CDPH Vaccines for Adults, <http://eziz.org/vfa-317/>

⁹ <https://californiahealthline.org/wp-content/uploads/sites/3/2019/05/AB-85-Concern-Letter-3-1-19.docx>

¹⁰ <https://californiahealthline.org/wp-content/uploads/sites/3/2019/05/AB-85-Letter.pdf>

¹¹ <https://lao.ca.gov/reports/2018/3757/2018-19-HHS-Analysis-021618.pdf>

¹² https://www.sacbee.com/news/local/health-and-medicine/article230097959.html?utm_source=dlvr.it&utm_medium=twitter

¹³SB 276 Bill Text: **“This bill would require the department, by December 31, 2020, to create and maintain a database of approved medical exemption requests, and to make the database accessible to local health officers.** The bill would require a copy of a medical exemption granted prior to the availability of the standardized form to be submitted to the department for inclusion in the database by December 31, 2021...The bill would require the department, in consultation with local educational agencies and local public health officers, to **develop a process for a parent or guardian to request a medical exemption and the department to approve or deny the request and communicate its decision to the school district and the parent or guardian, as specified...**

(c) (1) By December 31, 2020, the department shall create and maintain a database of medical exemption requests approved pursuant to this section. The department shall make the information in the database accessible to local public health officers.

(2) If a medical exemption has been authorized pursuant to Section 120370 prior to the adoption of the statewide standardized form, the parent or guardian shall submit, by December 31, 2020, a copy of that medical exemption to the department for inclusion in the database in order for the medical exemption to remain valid.”

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB276

¹⁴ Calculated using the per year totals and average salary costs stated

¹⁵ CDPH HIE Gateway, Immunizations: <https://hie.cdph.ca.gov/immunizations.html>

¹⁶ CA Immunization Registry: <http://cairweb.org>

¹⁷ 2013-2018 Immunization Information System (IIS) Functional Standards (<https://www.cdc.gov/vaccines/programs/iis/func-stds-table.pdf>)

¹⁸ CAIR2 and CMS Promoting Interoperability Standards <https://hie.cdph.ca.gov>

¹⁹ The Cost of Doing Business, Cost Structure of Electronic Immunization Registries: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1464026/>

²⁰ Bureau of Labor Statistics consumer price index notes the dollar experienced an average inflation of 2.14% per year between 1998 and 2019.

²¹ CDPH County Programs and Locations, <https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Program-and-Hours.aspx>

²² CA Dept of Education Facts, <https://www.cde.ca.gov/ds/sd/cb/ceffingertipfacts.asp>

²³ Cost of Immunization registries: Experiences from the All Kids Count II Projects, <https://www.ncbi.nlm.nih.gov/pubmed/10913898>

²⁴ CDPH Data Summary Reports for the 2017/18 School Year <https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunize.aspx#>

²⁵ CAIR2 Project Update, <http://www.ph.lacounty.gov/lp/ICLAC/materials/CAIR2.pdf>

²⁶ SCO Report 2017 <https://publicpay.ca.gov/Reports/State/State.aspx?year=2017>

²⁷ SB 276 Bill Text: “The bill would require the department, in consultation with local educational agencies and local public health officers, to develop a process for a parent or guardian to request a medical exemption and the department to approve or deny the request and communicate its decision to the school district and the parent or guardian, as specified...

(e) The department, in consultation with local educational agencies and local public health officers, shall develop a process for a parent or guardian to request a medical exemption and the department to expeditiously approve or deny the request and communicate its decision in a timely manner to the school district and the parent or guardian.

(c) The governing authority shall file a written report on the immunization status of new entrants to the school or institution under their jurisdiction with the department and the local health department at times and on forms prescribed by the department. As provided in paragraph (4) of subdivision (a) of Section 49076 of the Education Code, the local health department shall have access to the complete health information as it relates to immunization of each student in the schools or other institutions listed in Section 120335 in order to determine immunization deficiencies.

(d) The governing authority shall cooperate with the county health officer in carrying out programs for the immunization of persons applying for admission to any school or institution under its jurisdiction. The governing board of any school district may use funds, property, and personnel of the district for that purpose. The governing authority of any school or other institution may permit any licensed physician or any qualified registered nurse to administer immunizing agents to any person seeking admission to any school or institution under its jurisdiction.

²⁸ LAO Reports on 2018-19 K-12 Attendance, <https://lao.ca.gov/Publications/Report/3811>

²⁹ Senator Pan’s email link to flyer, https://gallery.mailchimp.com/804f67fd2c63b999b11efd76a/files/422b6781-decc-4558-8fcf-3519006703b8/Save_Sacramento_Schools_Flyer.pdf

³⁰ Student v. Long Beach Unified School District (2017): <http://www.dgs.ca.gov/oah/SpecialEducation.aspx>

Student v. Chino Unified School District (2018): https://www.dgs.ca.gov/OAH/Case-Types/Special-Education/Services/-/media/Divisions/OAH/Special-Education/SEHO_Orders/2018/8/2018071218-ORDER-GRANTING-MOTION-FORSTAY-PUT.ashx

³¹ (<https://drive.google.com/file/d/1timPjP0VTyzzjtNVyCLUWbtZ5MIMFOgq/view>)

³² http://archive.boston.com/news/nation/washington/articles/2009/01/28/va_agrees_to_pay_20_million_to_veterans_in_2006_data_breach/