

# MICROFILM DIVIDER

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DESCRIPTION

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10/21/03  
Date

**2003 SENATE HUMAN SERVICES**

**SB 2289**

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10/21/03  
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2289

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 3, 2003

Tape Number	Side A	Side B	Meter #
1	X		141 - 2385
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes:

SENATOR JUDY LEE opened the public hearing for SB 2289 relating to inoculations for children.

Roll Call was read. All members present.

SENATOR LEE introduced the bill. She said vaccinations for chicken pox are to be part of the required immunizations before children start school. The disease is shifting to older children.

(Meter # 141 - 306)

SENATOR POLOVITZ: Is this a combination of vaccinations?

SENATOR LEE: Chicken pox is free standing in a package.

TODD TWOGOOD, MD, representing North Dakota Chapter of the American Academy of Pediatrics (NDAAP), testified in favor of SB 2289 and answered questions about shots, boosters, relation to small pox and shingles. (Written testimony) ( Meter # 430 - 1178)

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Page 2

Senate Human Services Committee

Bill/Resolution Number SB 2289

Hearing Date February 3, 2003

SENATOR LEE: Is there any effort in vaccinating beyond the one year ... older children or adults?

TODD TWOGOOD, MD: Yes, there is. Anyone over the age of one who has not had chicken pox needs to get vaccinated. Also, a child may get a shot after being exposed within 72 hours.

(Meter # 1193 - 1475)

LARRY SHIRELEY, State Epidemiologist with the North Dakota Department of Health, provided testimony in support of Senate Bill 2289. (Written testimony) (Meter # 1508 - 1930)

SENATOR LEE: Question regarding cost?

LARRY SHIRELEY: Any child up to school age ... no cost ... cost of administration. (Meter # 1926 - 2091)

SENATOR TIM MATHERN, from District 11, indicated support for the bill.

Public Hearing closed. (Meter # 2155)

Committee Discussion:

SENATOR POLOVITZ made a motion to Do Pass.

SENATOR BROWN seconded the motion.

Roll call vote was read. 5 yes 0 no and 1 absent.

SENATOR BROWN will be the carrier. (Meter # 2290 - 2385)

Date: 02-03-03  
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2289

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass

Motion Made By Sen. Polovity Seconded By Sen. Brown

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield					
Senator Michael Polovitz	✓				

Total (Yes) 5 No 0

Absent 1

Floor Assignment Sen. Brown

If the vote is on an amendment, briefly indicate intent:

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12/21/03  
Date

**REPORT OF STANDING COMMITTEE (410)**  
February 4, 2003 7:52 a.m.

Module No: SR-21-1573  
Carrier: Brown  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
SB 2289: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS**  
(5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2289 was placed on the  
Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

SR-21-1573

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10/21/03  
Date

2003 HOUSE EDUCATION

SB 2289

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10/21/03  
Date

2003 HOUSE STANDING COMMITTEE MINUTES  
BILL/RESOLUTION NO. SB 2289  
House Education Committee

☐ Conference Committee

Hearing Date March 04, 2003

Tape Number	Side A	Side B	Meter #
1		x	2745-end
2	x		00-230
2	x		1100-1550
Committee Clerk Signature <i>Linda Fickner</i>			

Chairman Kelsch opened the hearing on HB 2289

**Sen. Judy Lee, District 13, See Attached Testimony**

**Rep. Hunsakor** I found out that some bad diseases were traced back to baby shots, are you aware of this, if a family chooses not to have this shot, will this child not be allowed to start school, would there be problems for that child.

**Sen. Lee :** They still would have the option that they have for the other inoculations, to opt out for religious or medical reasons. One of the important things compared to the discussion we had on Hepatitis B is that there hasn't been any adverse reaction to the vaccine and it has been used for several years now. So there is a greater comfort level for parents now.

**Robert Wentz, MD, MPH, ND Chapter of the American Academy of Pediatrics, See (3254-3600) Attached Testimony**

**Rep. Mueller** Are your colleagues in agreement with you on this?

**Wentz:** In general yes. When it first came out, I think it related to that concern would there be a risk of us creating a generation of adults who would be a risk of not being inoculations.

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*10/21/03*  
Date



Page 2  
House Education Committee  
Bill/Resolution Number SB 2289  
Hearing Date March 4, 2003

**Rep. Meier** Are there any benefits to having chicken pox as a child?

**Wentz:** There is some evidence that having the chicken pox as a child, they may produce a stronger immunity. We certainly don't support the concept of chicken pox parties, to get kids together so that kids would get it and get it over with while they are young. Young parents who have not seen the disease that we are promoting vaccinations for.

**Rep. Herbel** Are there any studies that show the number of cases that take place after the shot has been given?

**Wentz:** None of the vaccines are 100% effective, but the studies thus far show that at least 95% of persons who have received the vaccines are protected against the really serious disease.

**Rep. Herbel** how long does that last, a lifetime

**Wentz:** We don't know, it has only been available in the US for 7 years, Japan about 25 years.

**Rep. Sitte** What is the number of immunizations that we require? **Wentz:** It keeps changing.

**Chairman Kelsch** read what was on the bill

**Wentz:** That is not all of them the good news is that more companies are combining the vaccines, some will have 5 different diseases in one shot. It is getting to the point that we have to give 6 immunizations per visit.

**Rep. Sitte** isn't it true that Autism shows itself after the 18 month shot

**Wentz:** Is that the causation or a coincidence? We know that the frequency of Autism is going up, but I don't believe that it is a result of the immunizations.

**Rep. Sitte** Are you aware of some of these studies on mercury toxicity?

**Wentz:** I am very aware of that because I spent a lot of time on this when I was in the Health Department. And there is no evidence that the level of harm cause to a child.

Page 3

House Education Committee

Bill/Resolution Number SB 2289

Hearing Date March 4, 2003

**Rep. Haas** Kids don't eat enough dirt, we are sacrificing some of the normal protection if you live closer to nature as compared to an artificial environment? How do you respond to that?

**Wentz:** There is increasing evidence that this is true. Particularly with asthma.

I still think that the immunizations are valuable. One of the main things that have reduced death rates around the world has been public health activities. Clean water, clean air and vaccines which are rated at the top contributor.

**Rep. Hanson** do parent shave the right to be exemptions from these shots?

**Wentz:** In state law, we do have the exception, The parent need to have a doctor's signature.

**Sen. Ralph Kilzer,** See Attached Testimony

**Larry Shireley,** State Epidemiologist w/ ND Department of Health, See Attached Testimony

**Rep. Mueller** What percentage of kids being vaccinated now?

**Shireley:** We do offer it through the Universal Childhood Program, we are a universal state and the required vaccines are provided at no cost to any child regardless of the ability to pay. Right now we are 65% of age and most studies indicate that you need to at 90% and higher.

**OPPOSITION:**

(5700) **Suzy Sund Klundt:** inoculations should be the parents decision and the doctor. Reactions to 2nd series of baby shots and some say is linked to Autism, ADHD, SIDS, and MS. Has concerns with mandating of shots.

**tape 2 Closed hearing 212 1100 committee work**

**Rep. Herbel** moved a DO PASS, Vice Chair Johnson second, Roll vote: 11-3-0, Rep. Jon

**Nelson** will carry the bill to the floor

Date: 3/4/03  
Roll Call Vote #: 1

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2289

House HOUSE EDUCATION Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass

Motion Made By Herbel

Seconded By Johnson

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch	✓				
Rep. Johnson	✓				
Rep. Nelson	✓				
Rep. Haas	✓				
Rep. Hawken	✓				
Rep. Herbel	✓				
Rep. Meier		✓			
Rep. Norland	✓				
Rep. Sitte		✓			
Rep. Hanson	✓				
Rep. Hunsakor	✓				
Rep. Mueller	✓				
Rep. Solberg	✓	✓			
Rep. Williams	✓				

Total (Yes) 11 No 3

Absent 0

Floor Assignment Nelson

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Operator's Signature Deanna Waller

Date 10/21/03

**REPORT OF STANDING COMMITTEE (410)**  
March 4, 2003 3:30 p.m.

Module No: HR-38-3893  
Carrier: Nelson  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
SB 2289: Education Committee (Rep. R. Kelsch, Chairman) recommends **DO PASS**  
(11 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SB 2289 was placed on the  
Fourteenth order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-38-3893

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*10/21/03*  
Date

2003 TESTIMONY

SB 2289

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10/21/03  
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**TESTIMONY**  
**by Senator Ralph Kilzer**  
**To the Senate Education Committee**  
**Senate Bill 2289**

*Lee* *Human Services*  
Chairman Freborg, and members of the Senate Education Committee. It is good to be with you. I am here to testify in favor of Senate Bill 2289. The virus that causes Chicken Pox is one of the most infectious of viruses that is known. Most of us have had Chicken Pox in the past and we were able to escape school for a few days while we recovered from the Pox. Now there is a vaccine that is quite effective and has been added to the recommended immunizations in infancy.

I want to be sure that we do not confuse the varicella which causes Chicken Pox with vaccinia which is the agent that is used in immunizing people against Small Pox. The former is quite benign, the latter can cause severe symptomatology in people who are immune-compromised.

I would be happy to stand for any questions.

*Deanna Waller*  
Operator's signature

*12/21/03*  
Date

**Testimony**

**Senate Bill 2289**

**Senate Human Services Committee**

**February 3, 2003**

**9:00 a.m.**

**North Dakota Department of Health**

Chairman Lee, members of the Senate Human Services Committee, my name is Larry Shireley and I am the State Epidemiologist with the North Dakota Department of Health. I am here to provide testimony in support of Senate Bill 2289.

Many people perceive chickenpox, also called varicella, as a minor childhood disease. In fact, serious complications from chickenpox do occur, including death. Before chickenpox vaccine was licensed, there were about four million chickenpox cases in the United States each year, with 10,000 hospitalizations and 100 deaths. Two-thirds of the hospitalizations and almost one-half of the deaths occurred among children.

We in North Dakota have first-hand experience of the public health benefits of an effective childhood vaccination program. North Dakota has one of the highest childhood vaccination rates and one of the lowest incidence rates of vaccine-preventable diseases in the nation. Once common diseases such as measles, rubella and polio are almost forgotten in North Dakota. However, the National Partnership for Immunization characterizes North Dakota's progress in chickenpox vaccination as slow.

Chickenpox vaccine is recommended for children by the leading medical organizations. The American Academy of Pediatrics has recommended chickenpox vaccine for children since its licensure in 1995. Healthy People 2010, the national program that has established public health objectives, has targeted the goal of at least 90 percent chickenpox vaccine coverage for children 19 to 35 months of age and more than 95 percent coverage for children at school entry. The Advisory Committee on Immunization Practices, the expert national vaccination committee composed of physicians and other scientists, also has recommended that all states require children in day care centers or entering school be immunized with chickenpox vaccine if they have not already had the disease.

Currently, 31 other states require chickenpox vaccine for both day care and school entry, and three other states have similar legislation pending. Seven other states require chickenpox vaccine for either day care or school entry.

Chickenpox vaccine has been licensed for use in the United States since 1995 and has been used in Japan for more than 30 years. It is a safe and effective vaccine. Studies

have indicated that the vaccine was effective in preventing from 84 percent to 86 percent of primary chickenpox and was 100 percent effective in preventing severe chickenpox disease in those who were vaccinated and contracted chickenpox. Most side effects from the vaccine are mild, the most common being discomfort at the inoculation site. Although, there is not a long history of chickenpox vaccine in the United States to measure immunity over time, studies have indicated that the vaccine provides protection from disease for at least 11 years, and in Japan protection appears to last for at least 20 years.

Cost analyses illustrate the benefits of chickenpox vaccine. The indirect cost savings of chickenpox vaccine due to loss of work, school, etc., are estimated to be as high as 392 million dollars, while the direct medical cost savings are estimated to be between 3 and 8 million dollars.

As with all vaccines, children who have certain medical conditions should not receive the vaccine. In addition, people who have religious, philosophical or moral beliefs that their children should not be immunized with this, or any other vaccine, would be exempt from this requirement, as is the current law in North Dakota.

This completes my formal testimony. I am pleased to answer any questions you or other members of the Committee may have. Thank you.

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# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



**Testimony: Todd Twogood MD, FAAP**

**Support of: SB2282**

## **Representing: North Dakota Chapter of the American Academy of Pediatrics (NDAAP)**

### **North Dakota Chapter**

**Chapter President**  
Bernard J. Hoggarth, MD, FAAP  
Dept. of Pediatrics  
1000 S Columbia Rd  
Grand Forks, ND 58201  
701/780-8110  
Fax: 701/780-1888  
E-mail: bhoggarth@altru.org

**Chapter Vice President**  
Todd Twogood, MD, FAAP  
514 Sudbury Ave  
Bismarck, ND 58503-8294  
701/221-1177  
Fax: 701/323-8884  
E-mail: ttwogood@bismarck.com

**Chapter Secretary-Treasurer**  
Myra Quanrud, MD, FAAP  
Dakota Clinic  
401 3rd St SE  
Jamestown, ND 58401-4217  
701/252-0120

**Immediate Past President**  
Bondrol, MD FAAP  
25th St  
Forks, ND 58201-9231

Oh chickenpox isn't such a bad thing, it's a right of passage. That's what a lot of people might think and feel, however, there is a serious threat to our children and the older one becomes, the greater the risk involved. As a pediatrician, I often have to give great explanation and education to parents about vaccines. The varicella vaccine use to generate a large number of questions, but now that it has been recommended as a routine vaccine for children by the American Academy of Pediatrics (AAP) and the Advisory Committee for Immunization Practices (ACIP) of the CDC it is better accepted. We only hope now it will become required for the children of North Dakota, so that the immunization rates for this vaccine will increase in our state.

Immunizations have been the number one most important factor in preventing disease in the last millennium, and is still one of our best preventative tools. The varicella vaccine is one of the vaccines available for children that can actually prevent death and serious morbidity. On average, one child and one adult die from chickenpox each week in the United States. Each day there are several people hospitalized and suffer complications from chickenpox, not to mention the missed days of school for the child and the missed days from work for the parents. We could avoid all of this if the varicella vaccine was given to all children as a recommended and required vaccine for school entry.

There are numerous, long term studies that show the varicella vaccine to be safe and efficacious. There is no evident "falling off" of immunity and no booster shot is needed. The vaccine is nothing but positive, to keep our kids healthy and protected. Thank you for your time and support.

Sincerely,

  
Todd Twogood MD

Please contact me if you have any questions about this or any other pediatric issue:

Home Phone = 701-323-0748  
Office Phone = 701-323-5437  
Home email = [ttwogood@bjs.midco.net](mailto:ttwogood@bjs.midco.net)

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Date

(For Sen. J. Lee)

**Scratch Pad for Bill: SB 2289**

**SB 2289**

**House Education Committee**

**March 4, 2003**

SB 2289 would require inoculations for chickenpox to be given to MD children before they are admitted to school or day care facilities. I first became aware of the importance of these inoculations at an NCSL meeting. I learned that there are 38 states which currently require chickenpox inoculations. There have been no reports of adverse reactions and there is no evidence that immunity diminishes over the years.

These immunizations can be given to children up to school age with no cost for the vaccine to the individual. It is funded through the CDC. The only cost would be for the administration of the vaccine.

Chickenpox has become more virulent over the years. It was once considered to be something that all kids would get. But it now causes more problems not only for children, but very serious reactions for adults who develop the disease.

I urge the House Education committee to consider SB 2290 favorably and add this important protection for children to the list of required vaccinations.

<http://auth.intranetapps.nd.gov/lr/legislature/laws?request=LR LawsPrintScratchPad&memb...> 2/27/2003

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12/21/03  
Date

**Testimony in Support of S.B. 2289  
Presented on behalf of the ND Chapter  
of the American Academy of Pediatrics  
Robert M. Wentz MD, MPH  
March 4, 2003**

**Madame Chairman, Committee Members:**

**I appear before you today representing the North Dakota Chapter of the American Academy of Pediatrics in support of S.B. 2289.**

**I have a Master's Degree in Public Health and worked at the State Department of Health for 16 years, serving as State Health Officer for 8 years.**

**Varicella ("chickenpox") is frequently thought of as a harmless disease that simply causes an itchy rash. Actually chickenpox can lead to serious complications such as encephalitis or pneumonia which can be fatal. Each year approximately 100 persons die in the U.S. because of complications of varicella. Unfortunately, Congresswoman Patsy Mink (D-HI) was one of those victims. She died on Sept. 9, 2002 of varicella-related pneumonia. Infants or older individuals who contract varicella are at higher risks of having more severe disease.**

**When varicella occurs, it can produce up to 5,000 lesions which can serve as "portals of entry" for secondary bacterial infections, such as staph or strep infections. Some newer strains of strep are becoming highly resistant to antibiotics and can cause a condition in which tissues are liquified by the infection, leading to loss of limbs or death.**

**Varicella can present a serious risk to individuals with eczema. It also can cause serious disease in people who are immunocompromised, such as individuals on cancer chemotherapy or persons who have received organ transplants. If a pregnant woman who has not had varicella infection in the past contracts the disease shortly before birth, the infant will likely be born with the infection and is at high risk for mortality.**

**Another long-term complication of varicella can be herpes zoster ("shingles") which can be quite painful. Varicella zoster can be very serious in persons who are immunocompromised.**

*Deanna Waller*  
Operator's Signature

10/21/03  
Date

If a child who develops varicella is given aspirin, they are at risk of developing Reye's syndrome, involving vomiting and liver damage, which can be fatal. Fortunately, few parents use aspirin for children anymore.

When children develop varicella they have to be kept out of daycare or school, generally for at least a week. In my experience, parents who have elected not to have their children immunized against varicella are shocked and angered when they realize that one of the parents is going to have to miss a week of work to stay home with the child.

The varicella vaccine has proven to be safe and effective in children. At this time, it is given as a single shot at 1 year of age. There has been concern that, with time, the immunity against varicella may wane, but the vaccine has been in use in Japan for more than 25 years with no problems.

We believe that it is important to protect children (and adults) against varicella and are in favor of adding varicella to our list of required vaccinations.

Thank you

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10/21/03  
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**TESTIMONY**  
**by Senator Ralph Kilzer**  
**To the Senate Education Committee**  
**Senate Bill 2289**

Chairman Kelsch, and members of the House Education Committee. It is good to be with you. I am here to testify in favor of Senate Bill 2289. The virus that causes Chicken Pox is one of the most contagious of viruses that is known. Most of us have had Chicken Pox in the past and we were able to escape school for a few days while we recovered from the Pox. Now there is a vaccine that is quite effective and has been added to the recommended immunizations in infancy.

I want to be sure that we do not confuse the varicella virus which causes Chicken Pox with vaccinia which is the agent that is used in immunizing people against Small Pox. The former is quite benign, the latter can cause severe symptomatology in people who are immune-compromised.

I would be happy to stand for any questions.

**Testimony**

**Senate Bill 2289**

**House Education Committee**

**March 4, 2003**

**10:30 a.m.**

**North Dakota Department of Health**

Madam Chairman, members of the House Education Committee, my name is Larry Shireley and I am the State Epidemiologist with the North Dakota Department of Health. I am here to provide testimony in support of Senate Bill 2289.

Many people perceive chickenpox, also called varicella, as a minor childhood disease. In fact, serious complications from chickenpox do occur, including death. Before chickenpox vaccine was licensed, there were about four million chickenpox cases in the United States each year, with 10,000 hospitalizations and 100 deaths. Two-thirds of the hospitalizations and almost one-half of the deaths occurred among children.

We in North Dakota have first-hand experience of the public health benefits of an effective childhood vaccination program. North Dakota has one of the highest childhood vaccination rates and one of the lowest incidence rates of vaccine-preventable diseases in the nation. Once common, diseases such as measles, rubella and polio are almost forgotten in North Dakota. However, the National Partnership for Immunization characterizes North Dakota's progress in chickenpox vaccination as slow.

Chickenpox vaccine is recommended for children by the leading medical organizations. The American Academy of Pediatrics has recommended chickenpox vaccine for children since its licensure in 1995. Healthy People 2010, the national program that has established public health objectives, has targeted the goal of at least 90 percent chickenpox vaccine coverage for children 19 to 35 months of age and more than 95 percent coverage for children at school entry. The Advisory Committee on Immunization Practices, the expert national vaccination committee composed of physicians and other scientists, also has recommended that all states require children in day care centers or entering school be immunized with chickenpox vaccine if they have not already had the disease.

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have indicated that the vaccine was effective in preventing from 84 percent to 86 percent of primary chickenpox and was 100 percent effective in preventing severe chickenpox disease in those who were vaccinated and contracted chickenpox. Most side effects from the vaccine are mild, the most common being discomfort at the inoculation site. Although, there is not a long history of chickenpox vaccine in the United States to measure immunity over time, studies have indicated that the vaccine provides protection from disease for at least 11 years, and in Japan protection appears to last for at least 20 years.

Cost analyses illustrate the benefits of chickenpox vaccine. The indirect cost savings of chickenpox vaccine due to loss of work, school, etc., are estimated to be as high as 392 million dollars, while the direct medical cost savings are estimated to be between 3 and 8 million dollars.

As with all vaccines, children who have certain medical conditions should not receive the vaccine. In addition, people who have religious, philosophical or moral beliefs that their children should not be immunized with this, or any other vaccine, would be exempt from this requirement, as is the current law in North Dakota.

This completes my formal testimony. I am pleased to answer any questions you or other members of the Committee may have. Thank you.

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Deanna D. Smith  
Operator's Signature

10/21/03  
Date