

February 12, 2007

To: The Honorable Representatives of the House Education Committee

Dear Representatives;

Reference: Rebuttal to testimony given to opponents of HB 465, at public meeting on Friday, February 9th.

The ending opportunity to rebut opponents testimony left several important points uncovered:

The issues related to HB 465 should be settled based upon allowing choices to be made by day care operators and the involved parents, and the equally simple fact that unvaccinated children have a degree of immunity.

If DHHS simply stated they believed that vaccinated meant "higher immunity" rather than unvaccinated means "no immunity" we could agree that it is safe to send unvaccinated children to day care.

An example was given by DHHS of a disease of importance (Hib) for children to be vaccinated against. The official estimates of prevaccine incidence can be stated three ways, one child in 200, or 99.5% lifetime immunity or 20,000 cases per year. Is it significant that the unvaccinated child might have 1 chance in 200 to contract the disease as far as allowing that child to go to day care? More on this subject is below.

The opposition's statements make it necessary to examine "vaccine preventable deaths", the theory of immunity, did vaccines save millions of lives, and do the unvaccinated have a degree of immunity. Please take the time to read the following information.

"Vaccine Preventable deaths":

DHHS employees stated they have seen "vaccine preventable deaths". Children do not die from a lack of vaccine, instead they die from malnutrition and medical mistreatment. To understand why deaths occur either in illness or following vaccination see the book, "Every Second Child" by Dr. Archie Kalokerinos. Japan stopped vaccinating it's under age two children from 1975-1980 and saved many infant lives.

A DHHS employee stated that a child had died of a severe case of chickenpox. Chickenpox is mild and doctors in the 1800's never saw children die of chickenpox. Children do not die FROM infectious disease but there are three reasons why children die WITH infectious disease.

1. External forms of "poison" get into the body. (Filth, sewer water, etc)
2. Malnutrition. Yes even in a well fed society this happens.
3. Mistreatment.

One. As our society has good sanitation, this external poisoning by filthy

conditions is seldom seen today.

Two. Malnutrition among young children is more common than usually thought. Simply put, it requires internal nutritional support, typically vitamin A and Vitamin C to support the successful healing of a disease. The lack of this nutritional support is a large part of the cause of death as well as the disease's severity. Vitamin A and C therapy is cheap, available, safe and effective in preventing death but seldom used in conventional settings. This key to why children die with infectious disease applies as well to death following vaccination as recovery from either challenge requires nutritional elements.

Three. Mistreatment can consist of the suppression of fever. Fever is a healing mechanism of the body. Another form of mistreatment is the giving of one or more rounds of medicines which suppress the mechanisms of healing rather than supporting the body's needs.

The chickenpox death mentioned above was most likely preventable by proper vitamin therapy and/or by withholding harmful treatments.

In the USA, about 3000 children are estimated to die each year from vaccine adverse reactions. These deaths usually occur in the first 2 years of life, predominately under age one and are typically labeled SIDS or Respiratory Failure. When older and unvaccinated children die their deaths are labeled "vaccine preventable" but in fact these children typically would have died earlier of vaccine reactions had they been vaccinated. Disease occurs but vaccination is not the solution. [1] Please review the vaccine adverse reports (VAERS) summary handed out at the end of the hearing.

Antibody Theory of Disease prevention:

A DHHS employee stated a standard theory of immunization by antibodies which is used to justify vaccination. However, this antibody theory was disproved over 50 years ago.

1. Individuals with high levels of antibodies can contract the very disease for which they are supposedly protected.
2. It has also been found that individuals with low or zero antibody levels exhibit immunity.
In a diphtheria lab in Great Britain during an outbreak, no correlation between antibody level and immunity could be found. [2]
3. In addition, there are a few individuals who have a medical condition [3] such that they can not manufacture antibodies. These individuals not only recovered from disease incidence almost as rapidly as their peers, but in addition, exhibited good immunity to further exposures in the above study.
4. Recently, immunologists have found that there are many kinds of antibodies. A healthy immune system has a high level of killer cells and a low level of memory cells. Vaccines bias the immune system to the opposite condition, an unhealthy one associated with asthma and allergies.

Antibodies are NOT an adequate explanation of how immunity works. By focusing on antibodies, attention is diverted from the true causes of health and immunity.

No immunity in the unvaccinated:

Is vaccination the only factor in immunization?

Imagine a family living in a highly polluted area gives their two children a very poor diet. A second family living in a clean environment gives their two children an excellent diet and other health advantages. Each family vaccinates one child and leaves the other child unvaccinated.

Will the immunity of the two vaccinated children be the same?

Will the immunity of the two unvaccinated children be the same?

Of course not, it is non controversial to state that the child living with a good diet and clean surroundings will have the higher immunity over their counterpart in both cases. Vaccination is obviously only one factor in immunity.

The concept that the unvaccinated have no immunity is based on the disproved theory of protection by the preexisting presence of antibodies. It is common for the vast majority of unvaccinated individuals exposed to a virus to exhibit no symptoms of disease. This demonstrates preexisting immunity which is not dependent upon having antibodies prepared ahead of the exposure.

A summary of the minimal expected natural immunity levels for childhood diseases is in the blue folder given to the committee Friday.

As an example of natural immunity in the unvaccinated, Hib incidence before 1946, was one child in 800 (estimated). Following the addition of several vaccines for each child, Hib incidence in VACCINATED (against other diseases) children increased to one child in 200 by 1985. "In Minnesota, a state epidemiologist concluded that the Hib ... vaccinated children were five times more likely to contract meningitis than unvaccinated children." [4] Studies have shown that Hib vaccine increases the rate of diabetes to the extent that any alleged benefit is offset by the increased cost of diabetes care. [5]

Millions of lives:

An example of the 90 percent decline in deaths associated with infectious disease prior to the introduction of vaccines is shown by the graph on page 5 of the blue folder given in Friday's meeting. The decline in mortality following vaccination is similar to the decline before the introduction of vaccination. Some diseases disappeared without any vaccination. Sufficient data is available to quickly prove that smallpox vaccine did not prevent smallpox. Millions of lives have been saved by sanitary and nutritional reforms. Vaccination has been given the credit that rightfully belongs to other beneficial changes in the last 250 years.

Employees of DHHS made an "excellent" presentation on behalf of pharmaceutical company interests and the sales of a product (vaccines) which is one way to attempt the immunization of children. An understanding of nutrition, including breast feeding, sanitation, hygiene and other life style factors which

produced a 90 percent decline in mortality hold the key to future improvement of our children's health and immunity.

Which brings us to a dilemma facing the committee. You were assigned a legislative request that requires a decision on legal and ethical principles, or alternately the sorting out of a huge and long standing controversy in science. I believe this reveals two basic problems.

One, does legislative committees have access to an independent scientific body for advice in controversial issues?

Secondly, DHHS employees have each been educated in schools that are heavily influenced by pharmaceutical company pressure to present only views friendly to pharmaceutical methods and ignore safer, more effective and more economical methods. This educational bias applies to many issues not only to state immunization mandates.

I recommend you consider establishing a scientific committee or resource of available individuals to advise legislative committees and to oversee policies such as the current rules for vaccination established by DHHS. Such a committee must be composed of individuals who have no educational bias or financial conflicts of interest in the areas of concern.

Much more information can be supplied and I welcome requests for information or clarification.

Summary:

The ethical right to make choices belongs in the hands of parents and day care operators not the DHHS.

The issue is not, "do vaccines improve immunity?" but rather do unvaccinated children have some degree of immunity? The answer is yes, the unvaccinated do have immunity and with attention to diet and other factors have high degrees of immunity.

Is it safe to send unvaccinated children to day care? Yes. In Montana, children too young to be vaccinated attend day care. Children old enough to be vaccinated but possessing a medical exemption attend day care. There is no rational reason to exclude children too healthy to obtain a medical exemption from using the religious exemption to attend day care.

I urge you to vote Yes on HB 465. Please enter this email into the public record regarding HB 465.

Thanking you very much.

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References:

1. There is a handy Vaccine Adverse Event Reporting System (VAERS) search utility at: <http://www.medalerts.org/vaersdb/>
2. Medical Research Council entitled A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 cited by Magda Taylor in article for "Informed Parent."
3. Medical condition called agammaglobulinaemia prevents the formation of antibodies.
4. DISPELLING VACCINATION MYTHS: by Alan Phillips
5. Vaccines Are They Really Safe & Effective? revised edition, by Neil Z. Miller.

HB 465 Vaccination is NOT the will of the Majority

February 13, 2007

To: The Honorable Representatives of the House Education Committee

Dear Representatives;

Reference: Addendum to Rebuttal to testimony given to opponents of HB 465, at public meeting on Friday, February 9th.

Subject: Vaccination is Not the will of the Majority

Proponents of mandatory vaccination often cite the idea that vaccination is the will of the majority. However, this is not so. Take a brief look at history.

1800's England

Vaccination was introduced about 1800 and was made mandatory in England in 1853 because the majority of people believed the practice to be ineffective and dangerous. In some areas as much as 90 percent of the population avoided vaccination.

USA

Circa 1920 a pro-vaccine medical doctor stated that with education about 28 percent of the people would accept vaccination. With fear and pressure the remaining 72 percent would accept vaccination. [1]

USA

Coming closer to our own time, the Influenza Vaccination (flu) was licensed in 1945. In 1980, after 35 years use, acceptance was only 20 percent of the target population. In 1988, after 43 years of use the coverage was only 33 percent. By the year 2000, coverage of the target population was about 65 percent.

It took over 50 years of voluntary flu vaccine use to reach the majority, over 50 percent, of the target population, those over age 65.

The majority of people are perfectly willing to "wait and see" if effectiveness and safety is established before adopting the use of a vaccine.

Mandatory vaccination is the will of a minority which is imposed upon the majority.

Once again, I urge you to vote Yes on HB 465.

Thanking you for your time and attention to this matter. Please make this email a part of the public record regarding HB 465.

Sincerely yours;

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Reference:

1. Dr. John Keller, see the quote at <http://www.whale.to/b/hoax1.html>

February 13, 2007

To: The Honorable Representatives of the House Education Committee

Dear Representatives;

Reference: Addendum #2 to Rebuttal of testimony given by opponents of HB 465, at public meeting on Friday, February 9th.

Subject: Recognized authority on developing immunity without either vaccination or illness.

I have given explanations and statistics on the high degrees of natural immunity in the unvaccinated. It occurs to me that to support legal decisions you need statements from a highly recognized authority on vaccination and immunity.

The following quotes are by Dr. Paul Offit, whose biography is at the page bottom. Briefly Dr. Offit is recognized by the U.S. government, helped make U.S. vaccination policy for a time, has advised Merck Pharmaceuticals, and authorized pro-vaccine text books. His explanations are somewhat different than mine, in that he says exposure to disease without developing symptoms is a **development** of one type of natural immunity versus my explanation that this action represents a exhibition of **preexisting** immunity. However his statements clearly support the observation that unvaccinated children experience exposure to disease and can do so without any symptoms. As might be expected of someone in his position, Dr. Offit does not recommend this approach to immunity.

Quotes (in italics) from The Children's Hospital of Philadelphia, Dr. Offits web site:

* Natural immunity is created by the body's natural barriers, such as the skin, protective substances in the mouth, the urinary tract and on the eye surface. Another type of natural immunity is in the form of antibodies passed on from mother to child. [1]

[Below, Dr Offit compares two children developing natural immunity, one by immunity following sickness (Chip) and the other (Dale) by exhibiting no symptoms.]

Dale also plays with the child who had measles. However, Dale never develops symptoms of measles. He doesn't get fever, rash or pneumonia. Dale was infected with measles virus, but didn't get any of the symptoms of measles. This is called an "asymptomatic infection." Because Dale, like Chip, also develops "memory B cells," he too is immune to measles for the rest of his life. [2]

[Dr. Offit admits that babies have an ability to handle immune system challenges

far stronger than routine vaccine challenges.]

"Children have an enormous capacity to respond safely to challenges to the immune system from vaccines," says Dr. Offit. "A baby's body is bombarded with immunologic challenges - from bacteria in food to the dust they breathe. Compared to what they typically encounter and manage during the day, vaccines are literally a drop in the ocean." In fact, Dr. Offit's studies show that in theory, healthy infants could safely get up to 100,000 vaccines at once.

[100,000 may refer to antigens not vaccines. Given this natural 'enormous capacity', is it any wonder that many children do not need additional immunization?] [3]

Please see Dr. Offit's extensive biography and references below. The quotes above show that the existence of natural immunity is recognized by a leading pro-vaccine government policy maker and vaccine patent holder and provides a basis for the judgment that unvaccinated children have sufficient degrees of immunity and thus are safe to enroll in day care.

Once again, I urge you to vote Yes on HB 465.

Thanking you for your time and attention to this matter. Please make this email a part of the public record regarding HB 465.

Sincerely yours;

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Dr. Paul Offit's Biography:

The Vaccine Education Center director: Paul A. Offit, MD, is a pediatrician specializing in infectious disease medicine, an internationally known expert on vaccines, immunology, and virology, the Maurice R. Hilleman Professor of Vaccinology, Professor of Pediatrics at the University of Pennsylvania, Chief of the Division of Infectious Diseases, and the Director of the Vaccine Education Center at The Children's Hospital of Philadelphia.

Dr. Offit has been a member of the Centers for Disease Control's (CDC) Advisory Committee on Immunization Practices [ACIP]. [ACIP is the committee that makes recommendations for vaccines to be put on the children's schedule in the USA.]

He is also an author and a consultant to pharmaceutical giant Merck, with whom he shares a rotavirus vaccine patent (number 353547).

Dr. Offit has published more than 120 papers in medical and scientific journals in the areas of rotavirus-specific immune responses and vaccine safety and is the co-inventor of a rotavirus vaccine recently recommended for universal use in infants by the CDC.

Offit is the co-author of three books, entitled Vaccines: What You Should Know (2003), Breaking the Antibiotic Habit (1999), and The Cutter Incident: How America's First Polio Vaccine Led to Today's Growing Vaccine Crisis (2005). [4]

References:

[1] http://www.chop.edu/consumer/your_child/condition_section_index.jsp?id=-8238

[2] <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75748>

[3] <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=81553>

[4] Dr. Offit's biography was taken from: <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75689>

Note: chop.edu is the web site of The Children's Hospital of Philadelphia. See above for Dr. Offit's work in this Hospital.