

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672

4547 HHS HB 277 (FILE 2)

19

November 12, 1987

SUMMARY OF SEVERE ADVERSE REACTIONS TO STATE MANDATED IMMUNIZATIONS

Data collected by: Dissatisfied Parents Together, Alaska Chapter

Dates of survey: October 1986-October 1987

Method used: Alaska "DPT" vaccine adverse reaction questionnaire

Number of subjects (reactions) - 25: 24 DPT
1 MMR

Range of survey: State of Alaska

- | | |
|------------------|----------------------|
| 2- College, AK. | 1- Anchorage, AK. |
| 1- Gustavis, AK. | 1- Anchor Point, AK. |
| 1- Sterling, AK. | 1- Homer, AK. |
| 4- Kenai, AK. | 3- Fairbanks, AK. |
| 2- Juneau, AK. | 7- Soldotna, AK. |
| 1- Palmer, AK. | 2- Kasilof, AK. |

Ages of subjects at date of response:

- | | |
|--------------|-------------|
| 2- 4 months | 1- 4 years |
| 1- 6 months | 2- 5 years |
| 1-10 months | 3- 6 years |
| 1- 14 months | 1- 8 years |
| 1- 18 months | 1- 17 years |
| 5- 2 years | 1- 20 years |
| 4- 3 years | 1- 23 years |

Return to:

Dissatisfied Parents Together

Box 1746

Soldotna, AK 99609

Shannon Kohler 262-3825

DPT SHOT REACTION QUESTIONNAIRE

Directions: Please place an "X" before the answer(s) you select or fill in the spaces when appropriate.

1. Before your child received his DPT shot(s), did a health professional inform you of the possible serious reactions to the shot?

5 Yes (1) 19 No (2) 1 Don't Know (3)

2. Did the health professional who gave your child the DPT shot(s) tell you to look for and report severe reactions such as a high temperature, excessive crying or high pitched screaming, excessive sleepiness, etc.?

6 Yes (1) 18 No (2) 1 Don't Know (3)

3. Before giving your child the DPT shot(s) did a health professional tell you when the shot should not be given (i.e. if the child has an active infection or a fever, if the child reacted severely to a previous DPT shot, etc.)?

6 Yes (1) 16 No (2) 3 Don't Know (3)

4. Did you sign a consent form containing information about the DPT shot and its possible reactions before your child received his DPT shot?

2 Yes (1) 15 No (2) 8 Don't Know (3)

5. Before your child received his DPT shot(s), did a health professional question you about your family's and your child's medical history?

 Yes (1) 23 No (2) 2 Don't Know (3)

6. Do you believe your child reacted severely to any of his DPT shots? (Answer yes only if the reaction was more serious than a low fever, mild crying, or slight redness or puffiness around the site of the shot)

25 Yes (1) No (2) Don't Know (3)

If you answered yes to question #6, please answer the rest of the questionnaire. If you answered no to question #6, skip the rest of the questions and fill in your name, address and telephone number at the end of the questionnaire.

7. After the DPT shot that caused your child to react severely, did he have:

4 convulsions (1)
16 fever of more than 103 degrees (2)
13 excessive crying or high pitched screaming for long periods (3)
6 extreme sleepiness (4)
 collapse or shock (5)

5 loss of muscle control (temporary or permanent paralysis) (6)
 death (7) 1-nerve damage deafness 1-severe allergies & eczema
2-permanent partial paralysis 1-chronic cold sores

 other (please explain) 1-severe congestion 1-whooping-like cough (8)
1-limping 1-severe swelling of arm 1-severe leg swelling
1-severe swelling of glands in head
1-temperature for 1 week 1-temperature for 10 days

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

Box 1746

Soldotna, AK 99669

Shannon Kohler 262-3825

DPT SHOT REACTION QUESTIONNAIRE

Directions: Please place an "X" before the answer(s) you select or fill in the spaces when appropriate.

1. Before your child received his DPT shot(s), did a health professional inform you of the possible serious reactions to the shot?

5 Yes (1) 19 No (2) 1 Don't Know (3)

2. Did the health professional who gave your child the DPT shot(s) tell you to look for and report severe reactions such as a high temperature, excessive crying or high pitched screaming, excessive sleepiness, etc.?

6 Yes (1) 18 No (2) 1 Don't Know (3)

3. Before giving your child the DPT shot(s) did a health professional tell you when the shot should not be given (i.e. if the child has an active infection or a fever, if the child reacted severely to a previous DPT shot, etc.)?

6 Yes (1) 16 No (2) 3 Don't Know (3)

4. Did you sign a consent form containing information about the DPT shot and its possible reactions before your child received his DPT shot?

2 Yes (1) 15 No (2) 8 Don't Know (3)

5. Before your child received his DPT shot(s), did a health professional question you about your family's and your child's medical history?

 Yes (1) 23 No (2) 2 Don't Know (3)

6. Do you believe your child reacted severely to any of his DPT shots? (Answer yes only if the reaction was more serious than a low fever, mild crying, or slight redness or puffiness around the site of the shot)

25 Yes (1) No (2) Don't Know (3)

If you answered yes to question #6, please answer the rest of the questionnaire. If you answered no to question #6, skip the rest of the questions and fill in your name, address and telephone number at the end of the questionnaire.

7. After the DPT shot that caused your child to react severely, did he have:

- 4 convulsions (1)
- 16 fever of more than 103 degrees (2)
- 13 excessive crying or high pitched screaming for long periods (3)
- 6 extreme sleepiness (4)
- collapse or shock (5)
- 5 loss of muscle control (temporary or permanent paralysis) (6)
- death (7) 1-nerve damage deafness 1-severe allergies eczema
2-permanent partial paralysis 1-chronic cold sores
- other (please explain) 1-severe congestion 1-whooping-like cough (8)
1-timping 1-severe swelling of arm 1-severe leg swelling
1-severe swelling of glands in head
1-temperature for 1 week 1-temperature for 10 days

8. How long after the shot did the reaction begin to occur?

24 Within 24 hours after the shot (1) _____ 1 week - 2 weeks after the shot (4)
1 24-48 hours after the shot (2) _____ more than 2 weeks after the shot (5)
_____ 2 days - 7 days after the shot (3)

9. After which DPT shot did your child react severely? *Some children reacted to more than 1 shot*

15 First shot (1) 2 Fourth shot (4)
4 Second shot (2) _____ Fifth shot (5)
3 Third shot (3) 1 all shots

10. How old was your child when he was given the DPT shot that caused the severe reaction?

8 2-3 months old (1) 1 13-18 months old (5) 1 Don't know
6 4-5 months old (2) 1 19-24 months old (6)
4 6-7 months old (3) _____ 25 months - 3 years old (7)
3 8-12 months old (4) _____ over 3 years old (8)
1 all

11. How old is your child now?
See 1st page attachment

12. Did you report your child's severe reaction to the DPT shot to a health professional?

21 Yes (1) 4 No (2) _____ Don't Know (3)

13. If you did not report your child's severe reaction to the DPT shot, was it because you were not aware that the reaction was serious and should have been reported?

4 Yes (1) No _____ (2) _____ Don't Know (3)

14. If you did report your child's severe reaction to the DPT shot to a health professional, did that person report your child's severe reaction orally or in writing to: NO: 10

_____ drug manufacturer (1) _____ any local health agency (4)
_____ federal government (2) 8 Don't Know (5) *none of these parents had an official MSAEFI form completed*
3 state health department (3)

15. Was your child's severe reaction to the DPT shot written on his medical record?

6 Yes (1) 8 No (2) 11 Don't Know (3)

16. After your child reacted severely to a DPT shot, was he given another shot that contained the pertussis vaccine?

6 Yes (1) 17 No (2) 1 Don't Know (3) 1 n/a m.m.R shot

17. Was your child mentally and physically normal before he received the DPT shot to which he reacted severely?

25 Yes (1) _____ No (2) _____ Don't Know (3)

- 18. Prior to the DPT shot to which your child reacted severely, did your child have a history of convulsions or neurologic disease?
 Yes (1) 24 No (2) 1 Don't know
- 19. Does your family have a history of convulsions or neurologic disease?
 Yes (1) 23 No (2) 1 Don't Know (3)
- 20. Did you or your husband ever have whooping cough?
 Yes (1) 22 No (2) 2 Don't Know (3)
- 21. Is there a significant history of allergies in your family or has your child ever been diagnosed as having allergies?
 Yes (1) 9 No (2) 12 Don't Know (3) 4
- 22. If your child has allergies were the allergies apparent before or after the DPT shot to which he reacted severely?
 Before (1) 3 After (2) 5 N/A 12
- 23. At the time your child had a severe reaction to the DPT shot, was he primarily bottle-fed?
 Yes (1) 9 No (2) 11 5 Both
- 24. Has your child had a continuing physical or mental health problem since the DPT shot that caused the severe reaction?
 Yes (1) 12 No (2) 12 1 don't know yet

If you answered yes to question #24, please answer the rest of the questions.

- 25. Is your child now:
 1 experiencing motor delay mentally retarded (1)
 4 physically handicapped (2)
 3 experiencing convulsions (3)
 4 exhibiting learning difficulties (4)
 in an institution (5) 1-nerve damage deafness
 other (please explain) 2-cerebral palsy 1-epilepsy
1-speech problem
1-severe allergies (6) asthma

- 26. Has a physician confirmed your belief that your child's present health problems were caused by the DPT shot?
 Yes (1) 7 No (2) 7

- 27. Has your child required special medical treatment, medicine, hospitalization, or therapy since the DPT shot that caused the severe reaction?
 Yes (1) 11 No (2) 14

- 28. The cost of your child's special medical treatment is estimated to have been:
 1 Under \$2,000 \$12,000 - \$20,000 (4)
 10 \$2,000 - \$7,000 \$20,000 - \$40,000 (5)
 \$7,000 - \$12,000 Over \$40,000 (6)

29. Please feel free to use the back of this page to tell us your story of what happened to your child as a result of his severe reaction to a DPT shot. Try to be as specific as possible, giving names, dates, and places.

Name: See next page for Emergency Treatment Information

Address: _____

Telephone Numbers: _____ (home) _____ (work)

4 visits to emergency room
2 telephone contact only

- a) 1st parent
- b) 2nd parent
- c) 3rd parent
- d) 4th parent

- e) 5th parent
- f) with parent

30. Emergency room treatment of adverse reaction, if applicable,

a) What hospital did you go to?

- a) Central Pen. Gen. Hospital
- b) Kenai Emergency Medical Clinic
- c) Central Peninsula Gen Hospital
- d) Tanana, Alaska
- e) Central Pen. Gen. Hospital

f) Homer South Peninsula General Hospital

b) Did you call the emergency room?

5 yes a) b) c) 1 no f)
d) e)

c) Did you go to the emergency room?

4 yes a) b) d) f) 2 no c) e)

d) How were you treated? (if more room needed, use back of sheet)

a) told not to worry; give cold bath & tylenol e) give cold bath & tylenol

b) O.K.

c) told not to worry; give cold bath & tylenol f) good

d) hospital did not even record visit

e) Were you advised to tell your doctor of reaction?

 yes 6 no a) b) c) d) e) f)

f) Were you advised to tell Health Dept. of reaction?

 yes 6 no a) b) c) d) e) f)

31. Was your child hospitalized?

1 yes f) 5 no a) b) c) d) e)

a) Where? Homer South Peninsula General Hospital

b) For how long? 3 days

c) How was reaction treated? not treated as vaccine reaction

IMMUNIZATION COMPLIANCE RATES OF SCHOOL AGE CHILDREN (K-1ST GRADE) AND INCIDENCE OF VACCINE PREVENTABLE DISEASES (1986)

	compliance rate:	reported cases of:						
		measles	rubella	mumps	pertussis	tetanus	diphtheria	polio
Michigan	91%	185	24	467	36	1	INA	INA
Utah	93%	13 [38.5%] {61.5%}	15	16	44 [65.9%] {34.1%}	0	0	0
Washington	95.7%	176 [65%] {35%}	15	30	163 [56%] {44%}	0	0	0
Missouri	98.3%	32	1	23*	32*	2(2)*	0	0
California	93.4%	497 [50%] {50%}	242	336	310 [40%] {60%}	3	0	1
Pennsylvania	99.2%	28	1	63	52	1	0	0
Oklahoma	97.6%	39	0	INA	134	1	0	0
Nebraska	96.5%	1	0	2	10	INA	INA	INA
Indiana	97%	39	0	339	39	2	0	0
Delaware	98%	35	INA	INA	INA	INA	INA	INA

INA: information not available

*: immunization not mandatory in state

(n): fatalities

[n]: percent of ill fully immunized

} only 3 states provided this data - all were asked

{n}: percent of ill unimmunized

some stated: "information not available"

Data received from State Health Departments of states listed

22 states contacted - 10 states responded to date - November 10, 1987

Data compiled by the Alaska Chapter of Dissatisfied Parents Together

All states included in survey have philosophical objection to state mandated immunizations in statutes.



RICHARD F. CELESTE
Governor

4875, 4th Street
Columbus, Ohio 43260-0118
Telephone: 614-466-3543

November 4, 1987

Shannon Kohler
Alaska Chapter-DPT
Box 1746
Soldotna, Alaska 99669

Dear Ms. Kohler:

I am responding to your July 27 letter regarding immunization exemptions. I am sorry for the delay, but the mail had apparently been misrouted.

While immunization exemptions are a concern, immunization-exempt children have not contributed to disease initiation or propagation in Ohio.

In Ohio immunization levels exceed 95 percent in schools; in fact, in kindergarten they are 97 percent or greater. Immunization exemptions have not exceeded 0.3 percent - 0.5 percent among children new to Ohio schools. (The table enclosed gives you information regarding immunization levels, exemptions and reported cases of the vaccine-preventable diseases you requested.)

The measles cases in Ohio (10 last year) can virtually all be attributed to importations and spread from importations among persons either inadequately vaccinated or vaccine failures, but not persons who are immunization exempt. In 1986, only two of the 10 cases were not previously vaccinated. Because of their small number, exemptions have not played a major part in outbreaks.

In 1986 Ohio reported 170 cases of pertussis. Of these we were able to determine the age and vaccine status of 115. Most of these cases were just too young to have completed a full series of DTP immunizations. While an analysis of immunization exemptions was not made, only two of the cases were of school age.

Mumps cases have been declining in Ohio since the inclusion of mumps in the school immunization law beginning in 1984. The 150 cases reported in 1986 can not be attributed to immunization exemptions.

I hope this answers most of your questions, please let me know if I can provide any further information.

Sincerely,

Thomas J. Halpin, M.D., M.P.H.
Chief
Bureau of Preventive Medicine

KOHLERLE.PRN
Enclosure:

Deborah Gravel
Peter Dwyer
Rt. 2 Box 48
Ketchikan, Ak. 99901

To Concerned Legislators,

We seriously question the safety of the DPT vaccine. We cannot ignore the dangers to our children's health that compulsory vaccinations represent. We feel that we must have a choice of whether to vaccinate our children or not.

We will not try to convince you of all the risks involved with vaccinations. We hope only that you will research this topic enough to acknowledge that there are good reasons to be concerned about the safety of children being vaccinated.

We feel that HB 277 is a beginning for concerned parents. We need a reporting system to document how children are reacting to the shots. Vaccines are administered with no guarantees as to their safety or effectiveness, Yet parents are urged to vaccinate despite the fact that Sudden Infant Death Syndrome, polio, encephalitis, and rheumatoid arthritis have been conclusively linked to vaccination.

We will not vaccinate our children. We are gravely concerned with their wellbeing and as responsible parents cannot take the risk to their health that vaccines represent.

We urge you to pass HB 277 as it is written. We feel it is our personal right to safe guard our children's health and we ask you to respect our rights.

Sincerely,

*Deborah Gravel
Peter Dwyer*



Alaska State Legislature

1

Please enter into the record my testimony to the HESS
 committee name
 committee on HB 277, dated 3-10-88
 bill/subject

My name is Cheryl Rykaszewski.

I am a supporter of HB277 for a variety of reasons. At this time, I will address one of these reasons.

It has been the experience of members of the Alaska Chapter of DPT that Doctors and Public Health Providers who administer vaccines refuse to admit that symptoms a child experiences after a vaccination can possibly be a reaction to that vaccine.

This fact leads me to Question the current system of voluntary reporting of adverse reactions first to the State Health Department and then on to the Center for Disease Control for the purpose of compiling statistics. It appears that there is a Conflict of Interest for a physician to diagnose a vaccine induced injury in a child whom they themselves vaccinated. How objective can they be when their livelihood may be threatened

Signed: _____

Testifier

Representing (Optional)

Address

Phone No.



Alaska State Legislature

(2)

Please enter into the record my testimony to the Hess
 committee name
 committee on HB 277, dated 3-10-88
 bill/subject

by financial liability if a lawsuit occurs. Consider the emotional repercussions of watching a child suffer as a result of a drug that they administered.

Now, Put yourself in the frightening position of a parent who has a child reacting to a vaccination. No one will even acknowledge the reaction or take responsibility for treating your child's reaction. Where do you turn?

The Alaska Vaccine Reform Legislation, HB 277, strives to correct these inconsistencies in the reporting of reactions. One long term benefit will be accurate statistics on adverse reactions to vaccinations.

Signed: Ceryl Rykaczewski (RYKACZEWSKI)
 Testifier

Representing (Optional)

Box 311 KASLOF, AK 99610

Address

262-4937

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the HFSS
 committee name
 committee on HB 277, dated 3-10-88
 bill/subject

Feel HB 277 unnecessary.
 Many dollars and much time
 spent in effort toward immunized
 population. Prevention important!
 Medical and religious exemptions
 in place. That is enough!

Signed: Beth Jaeschner
 Testifier

Self - Retired School Nurse, Former PHN
 Representing (Optional)

P.O. Box 56 Soldotna, AK 99669
 Address

262-4287
 Phone No.

Tell conference

→ support bill HB 277

→ While parents have the right to free choice regarding the health of their children

→ feel parents in Alaska are concerned enough and informed enough to make the choice that's best for their children.

→ do not feel the medical community should take this choice away from parents.

Lee Conroy
PO Box 3934
Soldotna, AK 99669

Conscientious Conductor

I believe that all parents have the responsibility to educate themselves and to use that knowledge in making decisions regarding their children's welfare.

Society has demanded that all children be immunized, however most parents are unaware there are many risks associated with all vaccines. When my daughter received her first DPT shot she cried, a loud piercing cry for 2 days. In my ignorance, I just accepted it as an inevitable side effect of the vaccine. Later, as her second DPT was approaching, I started to question how anything that could affect my healthy 2 month old so strongly, could really be beneficial.

So I began reading and learning about immunization. I found that many parents and doctors agree that mass immunization ~~is~~ ^{are} neither a guaranteed preventative against the illnesses nor were they risk free. I also found that because of this many states and other countries do not require them. I was not informed by any health care worker of any of this information. Alaska does not require that this very pertinent information be shared with parents, or allow exemptions based on this knowledge. It is time for this state to adopt HB 277.



Alaska State Legislature

Please enter into the record my testimony to the 11855
committee name

committee on HB 277, dated 3/10/88
bill/subject

I want to urge HB 277 NOT to pass. A philosophical exemption would endanger the health & lives of Alaskan children. As a society we choose to protect our children in various ways & I believe it's reasonable to continue to enforce mandatory immunization. I'm afraid many people have been lulled into complacency, forgetting the past & potential future ravages of vaccine preventable diseases. Regarding the education ^{of parents} required in the bill - it's important for people to know that Public Health nurses administer a large percentage of immunizations in the state & because of a required procedure of informing parents about risks, benefits, & adverse reactions, parents are well informed. I, too, empathize with parents & such testimony can sound convincing, however, it's important to let parents to realize there's a big difference between temporal association of vaccine & ^{adverse} reactions - proof of causation. The vaccine, unfortunately, will still protect out a epidemiological exemption is not the answer. Benefits of vaccination will outweigh risks.

Signed: Public Health
Testifier

Public Health
Representing (Optional)

P.O. Box 2520 Fairbanks AK 99701
Address

661-252-2000
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the H.E.S.S.
 committee name
 Immunizations
 committee on HB 277, dated 4/17/87
 bill/subject

I support HB 277 due to the personal experience with both of my children. My son was given the measles by his measles vaccination and my daughter received an "extreme allergic reaction" - as stated by her doctor from her DPT. She had a 105° F fever and was limp & lifeless for 10 days. ~~and~~ This happened 2 times as when we moved to another state another DPT booster was required. Again she had the same reaction. The subject of immunization needs more investigation & the public needs to be informed. I have seen viruses come and go. Could it be that by immunizing we →

Signed: M. Suzanne Rich
 Testifier

Representing (Optional)
1451 Flat Mtn. Rd.
 Address
457-8096
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the H E S

committee name

committee on HB 277, dated 03/10/88

bill/subject

There is a growing body of scientific evidence indicating that animal retro-viruses may have contaminated the live vaccines with which we have all been inoculated for the past 30 yrs. These animal viruses, injected into the human body, may have combined with human genetic material to form the AIDS virus. One of the retro viruses only 4 have been identified, all in domestic animals - is apparently the closest virus to AIDS yet discovered. We've pumped live viruses into millions of people over 3 decades, to believe there's no downside is naive. The AIDS virus is widely believed to have begun in Africa where massive small pox vaccination were conducted from late 60s to 80-81. The standard method for developing the vaccine in Africa was to grow the pox in the bellies of cows. Most cow herds are thought to

Signed: _____

Testifier

David Lane

Representing (Optional)

Box 1725

Address

456 2877

Phone No.

contains retro viruses.



Alaska State Legislature

Please enter into the record my testimony to the H.E.S.J.
committee name

committee on HB 277 - Immunizations, dated 3/10/88
bill/subject

There is a school of medical science called Natural Hygiene.
The following discussion against immunizations is from an Australian
physician Alex Burton's (M.D., D.O.D.F.) speech taped at the July 1987
Natural Hygiene Society's international conference at St. Catharines, Ontario.

At this conference, Burton said that generally disease is thought
of as an "attack" of an "invader" - and that the physician is supposed
to destroy this "attacker" or "conquer the disease." A natural hygiene
physician conversely sees a disease not as something negative, but
positive: disease is seen as the process of the body healing itself.
For example, if you say that "on Monday I was ~~was~~ well, but on Tuesday
I was sick," the Natural Hygienist would say that on Monday you
were sick and on Tuesday you were getting well.
The concept of immunization - i.e. to make someone immune, →

Signed: Linda Redman LINDA REDMAN
Testifier

Representing (Optional)

21682 Goldhill Rd.

Address

479-3796

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the H.E.S.S.
 committee name
 committee on HB209 Vaccinations, dated 3/10/88
 bill/subject

I support HB209. The power of the state should not be used to compel people to vaccinate themselves or their children against their will. There is a constitutional issue.

The long-term effects of vaccines are not known, there has been a large increase in chronic degenerative diseases in countries with wide spread vaccination programs. Some authorities argue that this is due to weakened immune systems in vaccinated persons.

The situation is much like that of radiation. Thirty years ago we knew little about long-term effects of radiation, especially at low levels. Until medical science asks the question: what are the long-term effects of vaccinations? How could we be so sure, i.e. have asked this question about radiation, and we are learning to get the answers now. I think we are rather grossly overreacting now.

People should have the right to examine the pros and cons of this issue, and make an informed choice.

Signed: _____

Testifier

Representing (Optional)

Address

Phone No.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**



Alaska State Legislature

Please enter into the record my testimony to the H.E.S.J.
committee name

committee on HB 277 - Immunizations, dated 3/10/88
bill/subject

There is a school of medical science called Natural Hygiene. The following discussion against immunizations is from an Australian physician Alex Burton's (PhD, D.C.D.F.) speech taped at the July 1987 Natural Hygiene Society's international conference at St. Catharines, Ontario.

At this conference, Burton said that generally disease is thought of as an "attack" of an "invader" - and that the physician is supposed to destroy this "attacker" or "conquer the disease." A natural hygiene physician conversely sees a disease not as something negative, but positive: disease is seen as the process of the body healing itself. For example, if you say that "on Monday I was ~~sick~~ well, but on Tuesday I was sick," the Natural Hygienist would say that on Monday you were sick and on Tuesday you were getting well. The concept of immunization - i.e. to make someone immune, →

Signed: Linda Redman LINDA REDMAN
Testifier

Representing (Optional)
21282 Goldhill Rd.
Address
479-3796
Phone No.

implies that a person can have the freedom to do as he or she pleases without any consequences. Nature is not like that, Burton says. He continued, disease has three ~~parts~~ stages: the cause, the process of healing, & the effect. Immunization suspends causality.

Immunization relates to certain foreign substances that ~~can~~ gain entrance to the body. These foreign substances are often protein substances and are called "antigens." The body's means of resisting these antigens is to produce substances by lymphocytes called "antibodies."

[As a side note, according to Natural Hygiene, prevention of disease is possible by optimum nutrition. Intaking "high octane-type fuels" and maximizing fitness will keep the body's energy reserve level overflowing and thus can help prevent disease.

If disease occurs a high health and energy level can help the process of disease to successfully repair the body.

The theory of auto immune disease says that the body no longer recognizes itself, and the antibodies attack the body's own tissue, destroying it. ^{Dr. Burton continues} ~~that~~ ~~the~~ ~~process~~ says that this ~~is~~ is a process that results from a long time of ignoring causes and suppressing disease. The cause of auto immune deficiency, for example is that a person's body is so toxic and enervated (in poor nutrition, and thus a low vital force) that the result is an almost total collapse of the body's mechanisms to heal itself... ~~that is the end of~~

Basically, I believe immunization tends to over-ride the body's own immune system. There is growing concern that many vaccines serve to inhibit the body's natural defense mechanisms and suppress the full healing process thus allowing the later onset of immune deficient diseases such as cancer and AIDS. I suspect HB 277 is a believe reads in the into should have the most important choice of immunization



Alaska State Legislature

Please enter into the record my testimony to the H. E. S. S.
 committee name
 committee on HB 200 Vaccinations, dated 2/10/88
 bill/subject

I support HB 200. The people of the state should not be forced to compel people to vaccinate themselves or their children against their will. This is a civil rights issue.

The long-term effects of vaccines are not known, but there have been a large increase in chronic degenerative diseases in countries with wide spread vaccination programs. Some authorities argue that this is due to weakened immune systems in vaccinated persons.

The situation is much like that of radiation. Thirty years ago we knew little about long-term effects of radiation, especially at low levels. Until medical science asks the question: what are the long-term effects of vaccinations? There would be no way to know, we have asked this question about radiation and we are learning to get the answers now. How they are rather from the radiation side.

People should have the right to determine the personal nature of their lives, and make an informed choice.

Signed: Ed Berg — President, Vaccination Watch of Alaska
 Testifier

Representing (Optional)

2012 Old Mill Road, Fairbanks, Alaska 99701

Address

Phone No.

Please enter as testimony
3/10 - HHESS - HB277: IMMUNIZATION OF MINOR

H. E. S. S. TELECONFERENCE

I support HB 277 which would provide more information on the benefits and risks if the D.P.T. program.

I as a parent ~~am~~ uninformed of the risks and benefits of these shots, mandatory by the State with no guarantee or liability by the State in case of mental, physical, or mortal damage to my child.

I as a parent have become alarmed to see the negative reaction my child has had from these D.P.T. shots.

I as a parent demand to know the risk factor of the diseases. Are they in remission, currently life threatening or readily treatable by modern medicine? Does the D.P.T. vaccine guarantee safe protection or in fact cause illness itself ?

Please help answer these questions. SUPPORT HB 277.

Sincerely *Terry Eastham Nancy Eastham*
Terry and Nancy Eastham

Soldotna

My name is Eileen Wagner. I am the parent of a 3 1/2 year old boy who has severe allergies which began right after his first DPT shot. I think the shot triggered the allergies. Doctors do not think so. Onset of allergies is not considered a contraindication to further shots. There is a great gray area of vaccine reactions, there are many children who don't collapse, die, or suffer brain damage from the shot, but who are "slightly" injured, and never reported.

John seemed to be a normal baby at the time of his first DPT shot at 3 1/2 months of age. As the public health nurse prepared the shot, I asked "Don't I have to sign something?" "oh no, we don't do that," she replied. I remember being surprised, since we had lived in Wisconsin when one of my older children was getting her shots, and each time I had had to read and sign a lengthy warning about vaccine risk. (I have 2 older fully vaccinated children.)

I was given no information of any kind. After the shot, John went to sleep for 16 hours. It was a profound, deathlike sleep - he didn't move a muscle during that time, even when I felt his head for fever.

Within 2 weeks the skin trouble had started.

It was the beginning of a year of agony for my son. He itched intensely at all times, clawed himself bloody, even had hives on the soles of his feet. His nose and eyes ran constantly, his body was swollen all over. He writhed in my arms as I nursed him. He was completely breastfed, and exquisitely sensitive to the foods I was eating. Gradually we have learned what makes John tick, and he is now living a normal life, though his diet and environment are rigidly controlled. We carry an injection of epinephrine for emergencies. He still has occasional swelling of the windpipe, as well as many lesser allergic reactions.

The important thing for you to know is that the many doctors, both here and in Seattle, I saw during that first year steadfastly denied any connection with the DPT shot. It was all so unbelievable to me that I began to do research at the State Library about vaccines, allergies, the immune system. I don't pretend to be an expert. But I found out enough to decide that further vaccination is too risky for John. And I found a Canadian doctor who had studied babies like John for 30 years. We had many phone conversations and during one he said that vaccination had triggered the allergies of many of the most severely allergic infants. "It's quite common, actually." The reason this doctor could level with me and admit that the shot triggered the allergies, whereas 4 American doctors denied it, is that Canada, although they recommend vaccination, does not mandate it.

The mandatory nature of the vaccine policy puts doctors in the position of having to deny a lot of reactions, to deny in their own minds as well as to the patient. When my dr. urged me to continue to vaccinate John, offering to withhold the pertussis component, he said, "I'll admit I'll be biting my fingernails waiting to see if John has a reaction." The fault does not lie with individual doctors but with the AAP, which provides doctors with guidelines.

I am uneasy about not having John vaccinated against tetanus and polio. I would really like to do it. I would like to be able to study state or national statistics and compare the number of children reported to have had allergic reactions after their DPT to the number of allergic reactions after DT, without pertussis. My question is, was it the pertussis component? or was it the shock of vaccination to a child who apparently had latent allergies? There is no way to get an answer to my question - no statistics exist. For this reason, I urge you to require health care providers to report all adverse reactions to vaccines.

There is a moral question here - can a free society require citizens to be injected with a toxic vaccine and continue to deny the full extent of risk involved? We look to you to get the facts out on the table. Only if we know the facts can we decide if the benefits really do outweigh the risks.

MARK 2001 11/27/99

TESTIMONY BEFORE THE HOUSE H.E.S.S. COMMITTEE

March 10, 1988 by: Judy Ames, Box 824, Soldotna, Alaska 99669

I am a supporter of HB 277. This bill effectively addresses the vaccination issue so that I as a parent may try and raise my healthy child by known and safe health standards.

For this testimony, I would like to address one issue in particular - the questionable ingredients contained in these vaccines. Particularly, formaldehyde, mercury, and aluminum. These 3 ingredients are listed on the manufacturer's insert for the DPT vaccine with the exception of Connought Co. making no mention of formaldehyde. I am very particular about the substances I and my family consumes and I object to any level of formaldehyde, mercury or aluminum entering my child's body. It does not take many supposed or concrete findings to raise my objections to vaccinating my child with vaccines containing these potentially harmful toxins. Our state health dept. is not required to provide parents with a list of ingredients along with other vaccination information. The new Federal law, "National Childhood Vaccine Injury Act of 1986" under Sec. 2126 (c) Information Requirements, has no mention of requiring the manufacturer's product insert be presented to parents along with other pertinent vaccination information. Parents need to be informed of the ingredients entering their child's body at the time of vaccination. HB 277 would see to those requirements.

There are many uncertainties as to the rise and cause of certain diseases and immunological disorders in our society. For example, we are seeing an increase in allergies. In their article entitled "Bringing Vaccines into Perspective," Harold E. Buttram, M.D. and John Hoffmann suggest "...current mass vaccination programs must be highly suspected as contributing to the increased incidence of allergic disorders. And from James Gibson's book, Formaldehyde Toxicity, "The characteristics of an allergic mechanism are that the response can be evoked in sensitized individuals with very small amounts of formaldehyde."

I am concerned about the possible link between aluminum (a cumulative carcinogen) and Alzheimer's disease, as reported in research entitled Physiological Behavior and Frontiers in Neurology and Neuroscience Research.

According to the Merck Index, ethylmercuric chloride used in preparation of thimerosal (another ingredient in the DPT vaccine) has a caution of being highly toxic.

I am concerned about the standards by which the ingredients used in vaccines are screened as in the monkey kidney cells used in growing the polio vaccine. Can we be guaranteed they contain no latent virus or disease harmful to the human body?

The list of questions and concerns goes on and on. The manufacturer claims the ingredients used in these vaccines are set at safe levels. What long term studies ON HUMAN BEINGS are being done to prove these safeties? If our own health department calls its vaccine reaction reporting system passive, what can be said about studies tracing the effect of the potential toxins being injected as part of our vaccines. How can any conclusive, concrete findings about the effect of these ingredients on infants and all human bodies be established when a system has obvious flaws?

From my point of view it appears that vaccine safety is not proven, however, the risks are substantial. Please consider this issue is full depth. Thank-you.

(2)

Kay Brown

Alaska State Legislature House of Representatives

December 18, 1987

Clinton Lillibridge, M.D.
Pediatric Consultants of Alaska, Inc.
1200 Airport Heights Drive - Suite 230
Anchorage, Alaska 99508

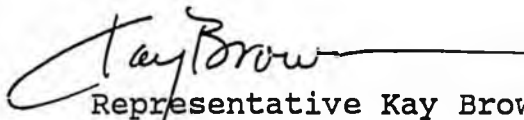
Dear Dr. Lillibridge,

Thank you for your recent correspondence regarding House Bill 277. Until I received your letter, I was not aware of this proposal. Although I have not yet had a chance to study this issue in depth, I am very aware of the value of immunization. I am inclined to agree with you.

As you may know, the bill was only introduced at the end of last session and has not yet been heard by the Health and Social Services Committee, the first committee of referral. I have taken the liberty of providing a copy of your letter to the co-Chairs of that Committee, as well as to the bill's prime sponsor.

Again, thank you for bringing this issue to my attention. As the bill is considered by the Legislature in the coming session, I will be sure to raise the points you have made.

Sincerely,



Representative Kay Brown

cc: Representative Mike Navarre
Representative Johnny Ellis
Representative Niilo Koponen

THE FOLLOWING IS AN OUTLINE OF THE MAIN COMPONENTS OF H.B. 277,
PROPOSED BY ALASKA DPT AND SPONSORED BY REP. MIKE NAVARRE. IF YOU
WOULD LIKE A COPY OF THE BILL, CONTACT YOUR LOCAL LEGISLATIVE
INFORMATION OFFICE OR FOR ADDITIONAL INFORMATION CONTACT:

DISSATISFIED PARENTS TOGETHER
ALASKA CHAPTER
BOX 1746
SOLDOTNA, ALASKA 99669
(907) 262-3294

I. PARENTAL CHOICE: To allow philosophical objection
(parental discretion) on administration of immunizations without threat
of exclusion from a school, preschool, or day care in this state.

II. PARENT IMMUNIZATION INFORMATION: To
mandate that each parent receive extensive written information as to the
risks as well as the benefits of each vaccine before vaccination and with
immunization information provided by Public Health Dept. at birth.

III. ADVERSE REACTION REPORTS: To mandate that
all health care providers (physicians, nurses, etc.) report to the Public
Health Dept., all occurrences of serious adverse reactions resulting from
immunizations, and that long-term follow-up investigations be included.

IV. IMMUNIZATION RECORDS: To insure that the vaccine
manufacturer and lot # be kept on file for at least three years and to
insure that reaction be recorded in minors permanent medical record so
that no further doses of questionable vaccine be administered to minor,
even if location of administration varies.

Shannon Kohler
Alaska Chapter - DPT
Box 1746
Soldotna, Alaska 99669
262-3825

July 27, 1987

Blanche Brunk
co-facilitator
Economic & Family Opportunities Committee
Dept. of Health and Social Services
P.O. Box H-01
Juneau, Alaska 99811

Dear Blanche;

Many thanks to you, your sub-committee and the Governor's Commission on Children and Youth for addressing the problems of Alaska's children and trying to resolve them. Thank you all for providing a forum for the public to be heard in regard to these issues.

While attending the two day teleconference of both committees in Anchorage, I sensed a feeling of frustration emerging as each member of the commission struggled to identify all the issues and the right path to take in the resolving of each issue. I have great faith that once the irregularities are ironed out, both committees will proceed to make recommendations and changes to improve the quality of life for Alaska's children.

I was especially impressed by your compassion and integrity, not only during the public testimony portion, at which our DPT group was heard, but throughout the July 10th committee meeting. I was both pleased and dissatisfied when all was said and done and you were assigned to the "Health" sub-committee. I feel that in regard to health issues, you are the expert and the most accessible to health information. Due to the tight time schedule this interim committee must adhere to, I understand the need to have you on the "Health" sub-committee. I am concerned because I fear that due to a possible conflict of interest, your sub-committee may not be able to recommend the endorsement of H.B. 277 by the Commission. As H.B. 277 is written right now, each desired legislative change involves the Alaska Public Health Dept., of which you are an employee. I am concerned that if the Public Health Dept. takes a stance against any part of H.B. 277, you will not be able to view the bill objectively and may not be able to see the recommendations as possible. I fear a conflict of interest may arise. As you recommended, Rep. Mike Navarre and I will arrange a meeting with Dr. Middaugh in the fall to discuss all aspects of this bill.

I don't intend to offend you by broaching this subject. As I mentioned earlier, I admire your compassion and integrity. I'm only putting this possible conflict on the table because it needs to be considered. Our group's main concern, as testified to by so many parents, is that Alaska's infants and children will no longer be needlessly injured by an inefficient, uninformative immunization program. This program needs to be changed to allow for better education of parents and health care providers alike. Our group supports every aspect of H.B. 277 and stresses that every item needs to be included to effect the improvements needed in Alaska's immunization program.

We addressed the Commission on both days in the hope that it would endorse H.B. 277. We are cautiously optimistic that this endorsement may be achieved. We would hate to have a conflict of interest be the insurmountable obstacle in our path.

I have faith that you will regard this letter objectively and do what you feel needs to be done to best approach the immunization safety issue.

I am looking forward to a response. Please feel free to contact me in regard to any information you or your sub-committee may desire from our office. A bibliography of some of the material we are able to provide is enclosed.

Sincerely,

Shannon Kohler

cc to: Annie Calkins
Niesje Steinkruger

KOHLER

0



August 3, 1987

Shannon Kohler
Alaska Chapter - OPT
Box 1746
Seldovia, AK 99669
262-3825

Rep. Niilo Koponen
Alaska State Legislature
Co-Chairmen H.E.S.S. Committee
Box V (MS 3100)
Juneau, AK 99811

Dear Representative Koponen,

Thank you, your committee, and the Governor's Interim Commission on Youth and Children for attempting to identify and resolve the major issues that affect the well being of Alaska's children. Thanks, too, for the compassionate response in regard to our OPT groups public testimonies. It was quite emotional, especially the public testimony of July 10th before the Comprehensive Child Care Systems Committee. I've included a copy of the public comment in this packet. Also included is a copy of House Bill #277, our briefing paper, supporting evidence, a bibliography of some materials available from our group, and a copy of my letter sent to Blanche Brunk outlining a possible conflict of interest that may (or may not) arise in regard to the Commission's endorsement of H.B. #277.

Our OPT group came to the meetings to give public testimony to encourage the commission to endorse H.B. 277.

KOHLER

②



We stressed that only through these much needed regulation changes will our immunization program aspire to help, instead of injure our children. We are cautiously optimistic that this endorsement may be obtained. As you can see by the enclosed materials there are many problems associated with our immunization program. Our group feels that due to inadequate education, poor communication, etc., many more children (and parents) are being adversely affected by ~~our~~ immunizations that we can begin to realize. This is only the tip of the iceberg. Our groups short term goal is to try to reach more affected families to provide support and to gather more evidence to present to the Legislature. It saddens me that the most effective argument our group can present is vaccine injured children. It saddens me even more that our immunization program is designed to ignore these children.

I recently attended a three day immunization training seminar taught by people from the federal CDC; Center of Disease Control, Atlanta, Georgia in Anchorage. I came away from that seminar even more committed to the necessity of the passage of H.B 277 to protect the health of our children. In regard to serious adverse reaction reporting, the trainers stressed that it is up to the parent to recognize and duly report in person any serious adverse reaction they ~~to~~ may be aware enough to diagnose. If the parent can't afford to pay a doctor, can't arrange (travel, time, etc.) to see a public health nurse, etc.



within 28 days, the report will not be accepted "into the system" and thus will not be accepted as a statistic. The immunization benefit/risk ratio is seriously affected and any long term damage that may occur goes undiagnosed as vaccine related.

If a parent does go to a doctor (they should with a serious reaction), the doctor is not required to report anything anyway. Emergency room personnel aren't required to report either.

I could go on and on about what was presented (and not presented) during this seminar but went. Perhaps we can discuss it at a later date. The main concern of the CDC was to immunize the "target" population; never mind that the measles vaccination only seems to "work" for ten years if it works at all, that the only polio disease in the United States since 1979 was caused by the polio vaccine, and that there have been no studies of the long term effects of the toxic immunization ingredients: formaldehyde, mercury, aluminum, etc. in the human body in these instances.

I hope this enclosed material is helpful to you and sheds some light on this issue. I've labeled it all for convenience sake. I hope I haven't included too much information here. I surely don't want to overwhelm you with video paper. I have found that information is truly lacking about this issue and since you are so directly involved with the outcome of this legislation the more information you have the better. I am waiting to receive more copies of the video, Vaccine Violette, as listed in enclosed bibliography. It pretty much encapsulates the major difficulties with our currently licensed DPT vaccine. As soon as I receive these videos, I'll forward one on to you.

KOHLER

(4)



In regard to the H.E.S.S. Committee and its future involvement with H.B. 277, Rep. Mike Navarre suggested that perhaps the committee may be able to hold a hearing with teleconference participation before the House reconvenes to set some early groundwork. I support this idea and hope it can be arranged.

Thanks again for your interest, time, and effort.

Sincerely

Shannon Kohler

President AK-DPT

INFORMATION MAY BE FOUND IN THESE ARTICLES, TRANSCRIPTS,
VIDEO AND BOOKS *

1. Video: DPT: Vaccine Roulette, April 19, 1982, WRC-TV, Washinton D.C.
2. Transcript: 20/20, (DPT segment), February 5, 1985
3. Public Information Packet, DPT National,
4. Coulter, Harris L. and Fischer, Barbara Lee. DPT: A Shot in the Dark.
5. Mendelsohn, Dr. Robert. "The Medical Time Bomb of Immunization Against Disease" from Raising a Healthy Child in Spite of Your Doctor.
6. Mortimer, Edward A. "Pertussis Immunization: Problems, Perspectives, Prospects". Case Western Reserve University, Cleveland. October, 1980.
7. Stewart, Gordon T. "Vaccination Against Whooping Cough-Efficacy vs. Risks". University of Glasgow, Ruchill Hospital. Printed in "The Lancet", Jan. 29, 1977.
8. "Influenza-The World Problem". The Medical Journal of Australia Special Supplement, June 2, 1973.
9. Edwards, Kathryn and Lawrence, Eileen and Wright, Peter. "Diphtheria, Tetanus, & Pertussis Vaccine", "A Comparison of the Immune Response & Adverse Reactions to Conventional and Acellular Pertussis Components"/ May 23, 1986.
10. U.S. Dept. of Health, Education & Welfare, Center for Disease Control. MMWR (Morbidity, and Mortality Weekly Report) Epidemiologic Notes & Reports. Measles, Massachusetts, July 22, 1977.
11. White, Kerr L. "Life & Death & Medicine". Scientific American, Vol. 229, Number 3, Sept. 1973.
12. Fox, Rosemary. "Immunization Against Whooping Cough". British Medical Journal. Feb. 21, 1976
13. Cockrell, J. "Vaccine Reactions: The Challenge to Pediatricians." Virginia Medical Journal. 1982; 109:380-381

14. Cody, C., Baraff, L., Cherry, J. et al. "Nature and Rates of Adverse Reactions Associated with DPT and DT Immunizations in Infants and Children." *Pediatrics*. 1981; 68:5: 650-659.
15. Berg, J. "Neurological Complications of Pertussis Immunization." *British Medical Journal*. 1958; 2: 24-27.
16. Strom, Justus. "Is University Vaccination Against Pertussis Always Justified?" *British Medical Journal*. 1960; 2: 1184-1186
17. "Immunizations: Are they Necessary?" Hering Family Health Clinic.
18. Toomey, J. "Reactions to Pertussis Vaccine." *Journal of American Medical Association*. 1949; 139:7: 448-450
19. Harrison, H. and Fulginiti, V. "Bacterial Immunizations." *American Journal of Diseases of Children*. 1960; 134: 184-193
20. National Women's Health Network. "How the F.D.A. Determines the Safety of Drugs-Just How Safe is Safe?"
21. Strom, Justus. "Further Experience of Reactions, Especially of a Cerebral Nature, in Conjunction with Triple Vaccination: A Study Based on Vaccinations in Sweden, 1959-1965", *British Medical Journal*, 1967; 4: 320-323

*All the above information and more available from Alaska Chapter-DPT.

Feb 19, 1988

④

Shaunon Kotler, President
Alaska "DPT"
Box 1746
Soldotna, Alaska 99669
262-3825

Lisa - She mentions (on last pg) your
suggestion of a joint letter.
what do you think?

JE

Rep. Johnny Ellis
Box V
Juneau, Alaska 99811

FEB 22 1988

Dear Rep. Ellis,

Thank you for scheduling the H.E.S.S. committee hearing on H.B. 277 and meeting with me afterwards. I appreciate your concern and am confident it is justified. Alaska DPT is very excited about the upcoming teleconference. We are expecting it to be held March 10. If this changes, please notify me as soon as possible.

I've included in this packet copies of all the completed petitions we have received to date. We have many more circulating. As you can see, there are quite a few people who support H.B. 277. (I've made copies on front & back to save paper & money!)

I've also included an article titled "Adults with Pertussis". This article is especially pertinent because it supports what I've been told by many health care professionals, Dr. Fraser of the Ak. Health Dept. as one, that adults can harbor and spread pertussis. Add to this information the fact that no one over the age of seven years is vaccinated with pertussis vaccine (for a variety of reasons) and that the immunity conferred by the vaccine lasts only 3 to 5 years and one may begin to question the actual effectiveness of the mandatory pertussis vaccine requirement. True this vaccination

schedule does offer partial immunity to children 6 months to 12 years (2)
but it leaves a major portion of our population able to
spread pertussis often undetected... very able to spread it to the
highest risk group of all; children under 6 months. I'm sure that
it would be quite impossible to ascertain who coughed on who
and when during a pertussis outbreak. Was it the once vaccinated
adult that coughed on the partially vaccinated four month old
that coughed on the fully vaccinated four year old that coughed on
the ~~a~~ unvaccinated 2 month old or was it the other way around?
All are quite able to contract the disease and spread it....

Earlier this year I sent a video titled "Vaccine
Roulette" to Rep. Hopwood's office. Lisa MacClaren has told me
that it is on file in her office for those who wish to view it.
This twenty minute video nicely encapsulates the issues
surrounding the pertussis vaccine. Please watch it if you can
find the time!

I met with Elizabeth Ward, Director of Public Health
while I was in Juneau. She mentioned that the health dept. wanted
to recommend me via Senator Ted Stevens to a federal commission
being appointed by the Secretary of Health to oversee the enactment
of the National Childhood Vaccine Injury Compensation Act. I would
very much like to serve on this commission. I've included an
excerpt from the federal bill that refers to it and a copy of
the letter Senator Paul Fischer has sent to Senator Stevens.

I know that I could be very effective if allowed to address
this issue at the federal level. I know, too, that some very
important aspects of this issue (i.e. philosophical exemption,
ingredient info, etc) need to be addressed at the state level.

I would greatly appreciate a letter of recommendation from
you (if you think I qualify, of course) Since I am a member
of the general public whose child has not suffered a vaccine-
related injury I am eligible for just one place on this commission.

3
I'm relating the same request to Rep. Koponen so
it might suit you both to write a joint letter. (Chisa
MacCleren suggested this possibility) I called Senator
Stevens office to get more data as to deadline and they
responded that recommendations need to be in "as soon as
possible". Thank you for consideration of this request.

Thanks again for your time and effort.

Shannon Kohler

Return to: Box 1746

262385

Soldotna AK

99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Michelle Hachner	192 Riverview	Soldotna AK	99669
Laura Pietro	Debbie Circle	Soldotna AK	99669
Kristie Fairchild	Box 4250	Skene, AK	99611
Therese Sangster	Box 1744	Soldotna, AK	99669
Angie Hemingway	Box 1443	Soldotna, AK	99669
Jana Kralick	318 30th	Soldotna, AK	99669
Dottie Eggston	145 Soldotna	Soldotna AK	99669
Jennifer Thompson	Box 2552	Soldotna AK	99669
Sheila Hanson	Box		
Wendy Morgan	Box 2191	Soldotna, AK	99669
Scott Rosin	Box 1505	Soldotna, AK	99669

*needs newsletter

Return to: Box 1796

262-3825

Soldotna, AK

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
------	----------------	-------------	-----

Melissa Reese	Box 687	Soldotna AK	99669
---------------	---------	-------------	-------

Christine Hebel	425 W. Redoubt. Ave #305	Soldotna	99669
-----------------	--------------------------	----------	-------

* Rachel Kitson	Box 112	Sterling, AK	99672
-----------------	---------	--------------	-------

Kevin Carlisle	Box 69	Soldotna	99672
----------------	--------	----------	-------

Cindy Litzenberger	Box 4091	Soldotna	99669
--------------------	----------	----------	-------

Please Print

Name	Street Address	City, State	Zip
------	----------------	-------------	-----

MARY BEN BYRNE	Box 47	STERLING, AK	99672
----------------	--------	--------------	-------

Ramona Perkins	Box 4471	Soldotna, AK	99669
----------------	----------	--------------	-------

Ray Dowdy	44433 CARVER DR	Kenai, AK	99611
-----------	-----------------	-----------	-------

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Shannon Kohler	Box 1746	Soldotna, AK	99669
Shannon McTier			
Quetta D. Long	Box 1981	Soldotna, AK	99669
Melton Volk	P.O. Box 3377	Soldotna AK	99669
Mickey Hammack	PO Box 579	Kasilof	99610
Leah Vienna	Box 773	Sterling	99672
P.M. Swearingen	PO Box 617	Soldotna AK	99669
Terry Eastham	POB 2891	Soldotna AK	99669
Lisa H. Mayood	POB SIS	Clam Gulch, AK	99568
Darlene Wallis	Box 455	Nemichuk, AK	99639
Shalene Bell Knight	DR #65	Soldotna AK	99669
Christy May	SR 2 Box 311	SOLDOTNA AK	99669
Darje M. Gerber	SR12 box 560-2	Kasilof AK	99610
Sharon Keen	P.O. Box 622	Sold. AK	99669

99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. House Bill #277

Please Print

Name Street Address City, State Zip

Robin Course	Robin Course	Box 598 Soldotna, AK	99669
Mary Mize	Mary Mize	SR 1 Box 3910 Id Sterling	99672
Pamela Clark	Pamela Clark	Box 13 Kenai AK	99601

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

P.O. Box 242 Kenai AK 99611
Name Street Address City, State Zip
James R. Meek, Jr.

- ✓ Pat Collison
257 Marydale Seldotna, AK
- Metak ^{CHRISTIANSON} Gustavson Seldotna AK Box 1857 262-2839
- ? ~~Donna~~ Dawson Seldotna AK NO PHONE LISTING
- ? Dwight Akley Seldotna AK NO PHONE LISTING
- ? Kathy Wilks Seldotna AK
- Heather L. Heames PO Box 73 Clam Gulch AK 99562
- ✓ Janette Lowell Kenai 283-3890 Box 2618, Kenai AK 99611
- Pam Sarto Kenai 283-7975
- MICHELLE LAMBOURNE SOLDOTNA NO PHONE LISTING 99669
- ✓ Glenda Landua 39918 Dawn ave Kenai, AK 99611
- ✓ William F. McDonald POB 4092 Kenai, AK 99611 283-7100
- ✓ Steve Battershall PO Box 4232 Kenai AK 99611
(Battershall)

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
✓ Tom Hadsney <i>[Signature]</i>	^(see also Diana) Bx 244	Kenai, Alk.	99611
* June Harris	520 PINE AVE.	KENAI	99611

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
CHERYL RYKACZEWSKI	Box 311	KASLOF, AK 99610	262-4937
LORI Raymond	Box 32	Kenai, AK 99611	283-7680
Mama Harris	425 W Redoubt #206	Soldotna, AK 99669	262-2919
Jocelyn Barnes	11568 Spur Highway	Kenai AK 99611	
Nina Doyle	Box 582	Kenai, AK 99611	283-3729
Deanna Doyle	Rte 1 Box 1225	Kenai, AK 99611	776-8552
Mary Jane Yragui	P.O. Box 4778	Kenai, AK 99611	283-3281
Diana Mackay	P.O. Box 244	Kenai, Alaska 99611	262-9515
Nancy Scarbrough	P.O. Box 1872	Kenai, Alaska 99611	283-7302
Wilma Scarbrough	P.O. Box 1872	Kenai AK. 99611	283-7302
Rhonda Manyle	P.O. Box 1786	Kenai, AK 99611	283-5949
Ivy Barnes	11568 Spur Highway	Kenai AK, 99611	283-3718
Wilma Stator	P.O. Box 1093	Soldotna 99669	262-4841

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Judy Ames	Box 824	Soldotna	99669
Judy Ames			
Lillyn Kincaid	Box 269	Kasilof, Alaska	99610 (new address)
Lillyn Kincaid			
* Molly McNally	P.O. Box 151	Soldotna AK	99669
✓ Eric Sandberg	338 Columbine St B8	Soldotna	99669
* Sarah Thagg	Rt. 2 Box 579	Kasilof, AK	99610
* Paulette Jacobson	SR 1 Box 121-Z	Soldotna AK	99669
Janne Sep	Box 4414	Soldotna AK	99669
John Selby	Box 1252	Kenai AK	99611
Nancy Wyatt	4839 Bryn Mawr #5	Anch AK	99504
* Angela Brinkerhoff	P.O. Box 2142	Soldotna AK	99669
* Sharon L.H. Stoney	905 AUK A-5	Kenai AK	99611
* Ronald Boyson	Box 3970	Soldotna AK	99669

Return to: Box 1746 262-3825
 Soldotna AK
 99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Elizabeth Szczesny	Box 404	Sterling AK	99672
Russell H. Phipps	P.O. Box 1783	Kenai AK	99611
DEBRA D. SCOTT	P.O. Box 1785	Kenai, AK	99611
Patricia Garoutte	P.O. Box 1785	Kenai AK	99611
Dennis Simmons	P.O. Box 935	Soldotna AK	99669
Ima Harman	Box 372 N. Focused Exl.	AK	99669
Kate O'Dell	44580 Wooded Lane	Soldotna	99669
Matthew Dale	1-1576	Kenai	99611
Ron Clark	208 Evergreen Apt. #4	Kenai, AK	99611
Blair Doyle	11568 Spur Hwy	Kenai, AK	99611
Namara Medcoff	Box 4476	Kenai, AK	99611
Wilma Allred	Box 3791	Kenai AK	99611 (res. Mile 30 Spur Hwy)
Ty Miller	PO Box 3791	Kenai	99611
Wendy Carbell	PO Box 8177	Kenai	99635
Joanne W. Cobban	201 Sterling Ct.	Kenai	99611
Kathy Doyle	17 1 Box 1225	Kenai, AK	99611
Lynne Doyle	1, Box 1225	Kenai, AK	99611
P. Doyle			

return to: Box 1746 262-3825
So Kona, AK
99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
L. Wisniewski	5839 Spur. Hwy	Kenai	99611
^{Hemmett} Billie Hemmett-Lalakea	5730 VIP Dr.	Kenai	99611
Dana Gustlauer	535 Shore Ct.	Kenai	99611
^{Bryson} Eileen Bryson	1205 Third Ave.	Kenai	99611
Ruth Decker	Box 1887	Kenai	99611
Mary Thussman	P.O. Box 555	Kenai	AK 99611

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name Street Address City, State Zip

AROL E BUTLER BRUCE RD PO BOX 4221 HOMER AK 99603

Margie Belier Hudson Dr. P.O. Box 2163 Homer, AK 99603

Jetsey Lescoe 442 E Leo Dr Homer, AK 99603 (NOT centered Look up new address)

(Sinnhuber)
Wynne A. Sinnhuber BOX 1657 Homer, AK 99603

DATRICIA OEDENHEIMER 966 HILFAC # 2 Homer, AK 99603

RAY HODGE 248 W. PIONEER AVE HOMER AK 99603

LAURA INGLIMA HCR 1259 OLD STERLING ANCHOR PT, AK 99556

DONE

1

Sokolna, AK 99609

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
ASA BROSseau-PARBY	PO Box 2842	Homer, AK	99603
Debbie Haakinson	PO Box 109	Anchor Pt, AK.	99556
Michelle Perdue	SR Box 1273	Anchor Pt., AK	99556
Michelle Perdue	Box 3630	Homer, AK	99603
Francine Trygstad	Box 407	Anchor Pt, AK	99556
Robin Jayme (Blayville)	Box 1166	Homer, AK	99603
Diana Skumelle	Box 398	Anchor Point,	99556
Loan M. Crane	PO. Box 3874	Kenai, AK.	99611
Judy E. MARTIN			

Answers & volunteer sheet sent

Subletting 9/16/68

762-3325 N
235-6038

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. (House Bill #17)

Please Print

Name	Street Address	City, State	Zip
Kay Ayako	P.O. Box 2633	Homer, AK	99603
Kenneth R. Kline	39955 Highway (4)	Homer	235-6708 603
Jeanne Parker	PI Box 237	Homer	99603
CRISANN MEIER	Box 1675	HOMER	99603
Shirley Heusel	Box 320	HOMER	99603
Margoric Belien	Box 2163	Homer	99603
Kim Smith	Box 2235	Homer	99603
D. SWANSON	Box 2633	"	99603
Aileen Lopez	Box 15022 FCF	Homer	99603-6022
Thelma Ulmer	Box 1950	Homer	99603
Stan Jacobs	Box 1373	Homer	99603
Laine Wayman	Box 2964	Homer	99603
Julie Cesarini	P.O. Box 812	Homer, AK	99603
MICHAEL SHEPPARD	P.O. 2229	" "	" "

Super-hour

CESSANT

Please return to BOX 1740 99603 262-300

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. (House Bill 197)

Please Print

Name	Street Address	City, State	Zip
✓ LISA WOOD LONG	BOX 592 HOM	HOMER AK.	99603
✓ Kathleen Stier	60760 Skyline Dr.	Homer, AK	99603

39918 Dawn Ave
Kenai, AK 99611

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Andy Macy	P.O. Box 56205	N. POLE AK	99705
Barbara Reed	P.O. Box 2795	FAIRBANKS AK	99707
Barbara MUMFORD DUNN Chapman	P.O. Box 2795	Fairbanks AK	99707
BUNNIE Chapman	921 Coral Ln.	Fairbanks, AK	99712
Barbara			
Barbara			
Kathleen Palmer	1374 Grunac Rd.	Fairbanks, AK	99709
Barbara	710 10th Ave	Fairbanks AK	99701
Jacqueline Conducy	4021 Fahrenkamp	Fairbanks	99708
HUCK BCKERI	476 NORDALE RD	NORTH POLE	99705
Sheryl LaValley	1764 Pineridge Dr.	FAIRBANKS	99712
Mary Patricia	1201 McCarty 80105	Fairbanks, AK	99701
ATINY Danna	P.O. Box 80105	Fairbanks, AK	99708
Robert Brooks	703 Front St.	FAIRBANKS, AK	99701

39918 Dawn Ave
Kenai, AK 99611

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

~~PLEASE PRINT~~

Name P.O. Box or Street Address City, State Zip

- VANESSA GARBEN 147 KNIFFEN RD FAIRBANKS, ALASKA 99712
- DAVE LACEY LACEY P.O. Box 81765 College 99702
- MARY SNEPENSER SNEPENSER 701 A Tanana Fairbanks, AK 99725
- KATHY NEALAN 12 1/2 M. Old Nunami Ester AK 99725
- Box 96
- ROBERT L. LAYNE Box 81915 College, AK 99708
- Lyn Roberts 5820 A 1st 99709
- Eleanor G. Vierock 1707 Red Fox Dr. Flk 99709
- ANDREA ANDREA L. OSWICK Box 1347 99707
- Amy K. Hebel 404 College K C Fxs AK 99701
- TRUMAN? Dorothy Truman 1930 Lynn Fbks 99709
- Rivka Miller 2418 WOOD VIEW FBKS 99701
- Sally Jessner 1137 Violet FBKS 99712
- BARBARA BRADLEY 1501 Maruka #8 Fbks 99710
- KATHLEEN LAYSELL 2320 Gold Hill rd Fairbanks Alaska 99709
- Pauline Higdon 1335 ... Fairbanks, AK 99709

39918 Dawn Ave
Kenai, AK 99611

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Eddie Hopper	1969 Holmes Road	North Pole, AK	99705
Judy Whitt	3729 Grite Ln	North Pole, AK	99705
Gail Matthe	593 Florence Rd	North Pole, AK	99705
Anthony G. ^{Tramo} Watts	P.O. Box 140031	Sakha Ak.	99714
Tom Byrnes	311 Noyes St.	North Pole Fairbanks	99705
Jeanne Byrnes	311 Noyes St.	Fairbanks, AK.	99701

RETURN TO:
Box 1746
So Wotna, AK 99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private-physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
✓ Gail Carlo	1918 Central	Fairbanks, Ak.	99709
✓ Ruth Jacobs	253 Farmers Loop.	Fbks AK.	99712
✓ Jeanne Hurtt	2085 Van Horn Rd.	Fbks AK	99707

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name Street Address City, State Zip

Heidi M. Kyllonen ^{Rytkonen}	2199 Cascade St.	Juneau	99801
Jennifer Gundelinger	220 N. ...	Juneau	99801
Pauline Lerma-Bignell ^{Lerma-Bignell}	5003 Steelhead St	Juneau, Ak	99801
M. Johnathan Reynolds ^{Johnathan Reynolds}	1003 2nd Douglas	Juneau	99801
Mrs. Grace Chalcraft ^{Chalcraft}	4551 Klondike Way	Juneau	99801
Janda R. Harrigan ^{HARRIGAN}	P.O. Box 32973	Juneau, AK	99803
Heide Little	P.O. Box 34472	Juneau, AK	99803
Connie Harjer ^{Harjer}	P.O. Box 546	DeGloia, Ak	99824
John W. Foster ^{FOSTER}	8193 Thunder Street	Juneau, ak	99801
Maxwell ^{m. Maxwell}	8428 Steep Pl.	Juneau, AK	99801
Bonita Credo ^{Bonita Credo}	P.O. Box 020169	Juneau AK	99801
Denny H. Mankart ^{Denny H. Mankart}	9632 Stikine	Juneau, Alaska	99801
Penny S. Pearson	PO Box 33439	Juneau, AK	99803
Diana L. Gilbert	3481 Thunder Mt. Rd	Juneau, Ak	99801
Jessica Narvag ^{Narvag}	8303 Valley Ave	Juneau, ak	99801

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. H. B. 277

Please Print

Name	Street Address	City, State	Zip
Keith L. Hediger, D.O.	413 Central St.	Kodiak, Alaska	99615
John Kitzo	Rt. 1338	"	"
Celine Hediger	413 Central St.	"	"
Andre Kwanangke			
Normette Salazar	Rt Box 382	Kodiak	99615
Mary McElroy			
Don E. Parker	Rt. Box 2918	Kodiak	99615

S. H. H. AK

69669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
David Etison	212 West 9th	Juneau AK	99801
SHARON HEM	104 TROY	Juneau AK	99801
Mary Alice McLean	212 W 9th	Juneau AK	99801
Jody Daniels	Box 210588	Anchor Bay, AK	99821
Joan Cahill	PO 210313	Anchor Bay, AK	99821
Robert Cahill	Box 33457	Juneau, AK	99803
Joan Scott	Box 210587	Anchor Bay AK	99821
Shari Kochman	420 East St	Juneau	99801
Sam Alderhaas	343 Tongass	Juneau	99801
Jane Stricker	P.O. Box 022115	Juneau	99802
Ken Burch	316 DISTIN	Juneau	99801
Cathy Blue	137 Behrens	Juneau	99801
Eileen Wagner	517 Kennedy	Juneau	99801
ANNIE HANES	217 5th St.	"	"
Judy Hall Blaback	11220 N Douglas	"	99801
Juan Wallen	Box 02-1003	Juneau	99802
William Zutter	19191 RANDALL RD	JUNEAU	99801
ANNA ROMANO	1015 W. Burn	Juneau	99801

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

Please Print

Name	Street Address	City, State	Zip
MARTIN Kilroy	8185 Threazemere St.	Juneau, Ak.	99802
Theresa Kinney	4447 Taku Blvd.	Juneau, Alaska	99802
Rae Lynn Crago	Box 2272	Juneau, Ak	99802
Jody Daniels	PO Box 210588	Auto Bay, Ak	99821
Mary J. Hayton	2516 Scott Dr.	Juneau, Alaska	99801
Susan	119-2nd St.	Juneau, Alaska	99801
Leon	8601 Hayes Way	Juneau, Ak	99801
(CHARLIE DANIEL HANSEN)	C. L.	2587 DAVIS ST. #23 Juneau, Ak	99801
Martha A. Ecklund	8521 Forest Lane	Juneau, AK	99801
Nancy A. Taylor	POB 210566	Auto Bay Ak	99821
Jo-E Benedict	8523 Forest Lane	Juneau, Ak	99801
S. Sharon Armstrong	8183 Ewen St.	Juneau AK	99801
J. Cybris	19161 Randall Rd	Juneau	99801
Allen Samet	16.9 mi. Chena Hot Springs Rd. Box 82676	FAIRBANKS, AK	99708

Please return to: AK-DPT
 Box 1746
 Seldotna, AK. 99669
 262-3825

I support House Bill #277, an act relating to the immunization of minors, sponsored by Rep. Mike Navarro and proposed by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty-two states of these United States.

Please Print

Name	Street Address	City, State	Zip
------	----------------	-------------	-----

Carol Smith	211 S K-Beach Box 717	Kenai, AK	99611
Carol Smith	PO Box 4117 111 S K-Beach	Kenai, AK	99611

Richard Garcia	35749 Kenai Spur Hwy	Seldotna	99669
Mary Connor	113 Carroll #9	Seldotna	
Mary Nichols	107 Yorkwood	Seldotna	
Lorraine Lujan	Box 354	Kenai, AK	99610
Elaine Loren	Box 757	Seldotna, AK	99669
Rachel J. Strapp	Box 1592	Seldotna, AK	99669
Marta Kluener	Box 1796	Seldotna, AK	99669
Skip Collins	Box 2399	Seldotna AK	99669
Quaker Clark	374 Lee Dr.	Kenai, AK	99603
Larry D. Stewart	35574 McDonald	Seldotna, AK	99669
Marie Bernick	PO Box 335	Seldotna	99669

Please return to: AK-DPT
Box 1746
Soldotna, AK. 99669
262-3825

I support House Bill #277, an act relating to the immunization of minors, sponsored by Rep. Mike Navarre and proposed by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty-two states of these United States.

Please Print

Name	Street Address	City, State	Zip
TORRY GOODMAN	P.O. BOX 3877	Soldotna	99669
Mary Keith	P.O. Box 365	Kenai	99611
Mary Bunnell	PO Box 3297	Soldotna	99669
Karlene Michel 262-5076	Box 609	Stechling	99672
Karlene Michel			
Earley	Box 3416	Soldotna	99669
Catherine Ayer	Box 3416	Soldotna	99669

Return to: Box 1746
Soldotna, AK
99665

262-3825

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States.

House Bill 2??

Please Print

Name	Street Address	City, State	Zip
Roebel-Jane Abbott	Box 75	Sterling, Alaska	99672
Annab Coon	Box 423	Sterling, Alaska	99672
Jane Husky	Box 304	Sterling, AK.	99672
Miss W. Zita	Box 510	Sterling, AK	99672
Jack Thupp	Box 579	Sterling, AK	99672
Richard W. ...	Box 579	Sterling, AK	99672
Jean Ann Henry	Box 522	Sterling, AK	99672
Mary McPally	Box 151	Soldotna AK	99669
Dale H. Cuddridge	Box 606	Sterling Ak.	99672
Normie M. Conroy	Mill Box 366	Sterling Alaska	99672
Jean Jackson	Box 90278 ^{4AE}	Fairbanks, Ak.	99775
Linda E. Quinn	SR2 Box 909	SOLDOTNA AK	99669
Steven D. McVed	Box 4132	Soldotna, Alaska	99669
Diane E. McVed	Box 4132	Soldotna, AK	99669

Please return to: AK-DPT
Box 1746
Soldotna, AK. 99669
262-3825

I support House Bill #277, an act relating to the immunization of minors, sponsored by Rep. Mike Navarre and proposed by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty-two states of these United States.

Please Print

Name	Street Address	City, State	Zip
Cheryl Rykaczewski	Box 311	Kaslof AK	99610
Anteen Holt	Hc 2 Box 715	Kaslof AK	99610
Sheryl Jensen	Box 201	" "	" "
Doreen Coyle	Box 193	" "	99610

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. H.B. 277

Please Print

Name	Street Address	City, State	Zip
D.W. CARRAWAY	5070 NOTTINGHAM	ANCH, AK	99503
Dwen Crawford	107 Davis St Apt	Anch. AK	99508
Julio & Carter	P.O. Box 773121	Eagle River	AK 99577
Liz Walbrun	4011 Tunoyok	Anchorage	AK 99517
Trish Entsminger	P.O. Box 575	Palmer, Ak.	99645
Julia Blue	P.O. 874716	Wasilla AK	99687
Terri Blue	P.O. Box 874716	Wasilla	99687
Terrie Shodin	7420 Rowena	Anch, Ak	99518
Marianne Conway	5070 Nottingham	Anch. AK.	99503
Sandra Smart	7241 Buler Dr	Anch. AK	99507
Lynne Murray	2548 Raspberry Rd	Anch AK	99502
Lynn Childs	Pouch 340007	Pudlo Bay, Ak	99734
Liz Childs	1301 W40 th	Anch AK	99503
Linda L. Chambers	3300 FAIRBANKS ST	Anch, AK	99503
D. Carraway	5070 Nottingham	Anch, Ak	99507
E. J. Waldman	7041 E. Triana	Anch, AK	99516

Box 1746
99669

I support the Alaska State Vaccine Reform Legislation proposed and drafted by the Alaska Chapter of Dissatisfied Parents Together, parents concerned with vaccine safety, awareness, and efficacy. In particular, I support the requirement that parents be presented all available information concerning the benefits and especially the risks of all vaccines to be administered. I support mandatory record keeping and adverse reaction reporting by private physicians and public health clinics. I also support the mandatory "follow up" system to accurately discern any long term impairments suffered in relation to immediate adverse reactions. I also support an Alaskan parent's right to exempt their child from any immunization due to philosophical objection, as is allowed in twenty two states of these United States. H.B. 277

Please Print

Name	Street Address	City, State	Zip
THOMAS W BATHER	1890 Oxford	ANCH	99503
Leah A. Gibson	8028 Cranberry	Anch., AK	99502
Pattie Graham	7521 Mayfair #4	Anch. AK	99502
Karen B Saunders	P.O. Box 230268	Anch.	99523
Mary Kay Oikjer	Box 368	Valdez AK	99686
Charles A. Bore	5050 Nottingham Way	Anch AK	99503
Edward Warner	Box 4662	Ida Idolo	99669
Jerry W Nelson	2406 76th St Suite "B"	ANCH.	99503
Marguerite Drinkall	13601 Hillside Drive,	Anch., AK	99516
Bruce Otterson	4100 Hale Ct.	Anch. AK #FA	99502
Teresa D. Burke	Rt 1 Box 1595-6	Kenai AK	99611
Michael D. Burke	"	"	"
Camille E. Abbott	3830 W 72nd Ct	"	99502-7803
Elizabeth J. J...			
Lorena Gurr	5949 Yukon Ave	AK	99516
Laurel J. Barber	1510 Oxford Dr.	Anch, AK	99503

CLINICAL WORK IN GENERAL PRACTICE

Adults with pertussis

D. W. MACLEAN, MB, FRCP
Senior Lecturer, Department of General Practice, University of Edinburgh

SUMMARY Eighty adults were diagnosed in one general practice as having infection due to *Bordetella pertussis*, type 1.3, during a period of 30 months. Their clinical presentation and progress is recorded. A plea is made for attention to be paid to this infection in adults.

Introduction

BECAUSE whooping cough is a disease of childhood it is not surprising that children have received most attention over the years. No age is exempt, although the illness may be atypical in adults (Christie, 1980). The DHSS report on whooping cough (1981) states that 3.3 per cent of all notifications between 1977 and 1979 were of adults. These notifications must be only the tip of the iceberg. For example, the Swansea Research Unit (RCGP, 1981) has recorded 11.1 per cent over the fifteenth birthday. Children may be infected by adults; the Swansea survey and others (Phillips, 1921; Nelson, 1978) detail mothers and nurses infecting neonates. Infected staff can also contribute to the spread of pertussis to children in hospital (Kurt *et al.*, 1972). The risk to the individual adult is less clear, but in the past it has been described as a "very serious affliction" in the elderly (Osler, 1901). The recent epidemic has focused attention on whooping cough, but have adults received a fair share of this interest?

This paper describes the presentation and progress of 80 patients aged 16 or over, diagnosed as having whooping cough due to *Bordetella pertussis*, type 1.3, in a general practice of 5,000 patients, between November 1978 and May 1981.

Diagnosis

The criteria for diagnosis were a relevant clinical history together with serological evidence. The serological method used was direct agglutination against a suspension of *Bord. pertussis*, type 1.3, as described in the Combined Scottish Study (1970). (No serological test

© Journal of the Royal College of General Practitioners, 1982, 32, 199-200

was available for other serotypes of *Bord. pertussis* or for *Bord. parapertussis*.) A titre of 60 or greater was regarded as significant. Sera from 36 controls in the practice, who were not coughing, were matched for age and sex with the first 36 patients, and failed to agglutinate the suspension in a titre of greater than 30.

Because the interval between onset of symptoms and clinical suspicion of pertussis was usually long, isolation of the organism was not attempted.

Patients

Eighty patients between the ages of 16 and 79 years were diagnosed (Table 1). Fifty other patients were tested because they had similar symptoms; however, in these the disease was not confirmed. All but two of the 80 persons diagnosed were British or Irish. They came from 76 households, half of which contained no children. Socio-economic status varied, ranging across the whole spectrum from those with professional qualifications to unskilled workers. Fifty were in employment and some, including three nurses and two ward domestics, had occupations carrying a special risk of infecting others.

Thirty-five of these 80 patients were already being treated or were under observation for significant illness

Table 1. Age, sex and agglutination titres to *Bordetella pertussis*, type 1.3 (highest or only titre where not \geq four-fold rise) Total positive = 80, total negative = 50

Age group	\geq Four-fold rising titre								
		\geq 960	480	240	120	60	30	<30	
16-25	2	4	1	6	4	2	1	9	
26-35	1	3	2	4	3	4	1	5	
36-45	1	1	2	2	8	1		4	
46-55	4	1		4				12	
56-65	2	2	2	3	4	2		8	
Over 65		1	2	2				10	
Male	0	3	4	4	4	5	0	9	
Female	10	8	4	17	17	3	2	39	

when the diagnosis was made. Eight had chronic obstructive airways disease (two with cor pulmonale); 10 others were at special risk, suffering from hypertension, myocardial ischaemia, recent cardiac surgery, epilepsy or chronic neurological disease. Four pregnant women have been the subject of a separate report (MacLean and Calder, 1981).

Nineteen patients said that they had previously had whooping cough. Practice records of 15 to 25 years before confirmed this in four of the patients, although, unfortunately, no bacteriological evidence was available. One woman of 56 had been in hospital at the age of 18 with a previous adult attack.

Seven of 19 patients under the age of 26 were known to have had full pertussis immunization.

There was a reasonable probability that the source of infection was known in 20 cases (own children, seven; grandchildren, three; other children, two; and adults, eight). The majority, however, had no idea of the origin of their illness and were very surprised at the diagnosis.

Symptoms and progress

The main symptom at first consultation is shown in Table 2. A quarter had had symptoms for several weeks before consulting, but about half the patients came in the first week, before the typical clinical picture developed. In only 33 was the diagnosis suspected at the first

Table 2. Main presenting complaints and duration in weeks at first consultation for the episode

	Weeks						
	-1	-2	-4	-6	-8	-10	
Chesty	4	1					
Cold/flu	10	2	1	1			
Cough and sore throat	4	2	1	1			
Cough	15	14	6	7	1	1	
Sore throat	6	1					
Total	34	20	8	9	1	1	

Table 3. Duration of main symptoms (weeks)

Symptom	Total with symptom	Weeks										
		1	2	3	4	6	8	12	16	>16	Not recorded	
Cough	80				20	11	19	5	8*	8*	6	1
Sore throat	36		9	12	5	4	2	2				2
Vomiting	32		20	5	2	2	2	1				
Malaise	34		5	2	4	1	1	3	4*	1*	4	

*One of four patients who died

Complications

Four patients are now dead, including the two found to have malignant disease. It is difficult to determine the part played by pertussis in the deterioration of the others. A 45-year-old woman, known to have had cor pulmonale and mental illness, spent 18 months after her pertussis alternating between acute respiratory and psychiatric units until she died of pulmonary emboli. The fourth patient, a hypertensive woman of 65, was admitted to hospital 11 weeks after onset of pertussis with a chest infection and left ventricular failure. She subsequently developed a hemiplegia and died four weeks later.

Another woman, aged 48, developed a hemiplegia in the second month of coughing and, although mobile, she is now incapacitated and cannot work. The only other patient admitted to hospital (twice) was a respiratory cripple with cor pulmonale; she has now recovered from her pertussis. Bronchiectasis has been diagnosed in one elderly woman after outpatient investigation.

Discussion

The symptomatology in this series is similar to that described by Mannerstedt (1934), with symptoms lasting from 24 to over 80 days. His report differs in recording costal muscle pain in half his patients and throat symptoms in the majority. The most striking finding relevant to NHS general practice at the present time was the large proportion consulting early in their illness. Other patients may have come early, been reassured about a simple cough and not returned. They may then have infected others, for the patients were generally unaware of their condition. (Even among the doctors in the practice there was a marked difference in the number of cases detected.)

Second attacks of whooping cough have been reported by many authors but rarely with bacteriological proof. This paper is no exception, although about a quarter gave such a history. The failure of past immunization could be expected because of the lapse of time since last injection (Lambert, 1965) and because the efficacy of some of the vaccines used before 1968 has been questioned (PHLS, 1969).

There is little value in calculating attack rates in one practice, but the national figures (DHSS, 1981) show the highest adult rate in the 25-34 age group, with women in the majority. The female: male ratio of 3:1 in this series equals that found in adults by Stocks (1933). The true incidence of pertussis in adults is unknown, although there have been suggestions that adults constitute a reservoir of infection (Linnemann and Nasenbeny, 1977). Sixty years ago Phillips (1921) wrote, "The prevalent idea among the laity and sometimes among physicians and nurses, that adults seldom contract whooping cough, is responsible for lack of quarantine." This is probably still true today and may be a significant factor in spreading and maintaining an epidemic.

References

- Christie, A. H. (1960) *Infectious Diseases* 3rd edition p 661 Edinburgh Churchill Livingstone
- Combined Scottish Study (1970) Diagnosis of whooping cough: comparison of serological tests with isolation of *Bordetella pertussis*. *British Medical Journal*, 4, 617-619.
- Department of Health and Social Security (1981). *Whooping Cough*. Reports from the Committee on Safety of Medicines and Joint Committee on Vaccination and Immunization. London, HMSO.
- Kurt, T. L., Yeager, A. S., Guenther, S. et al (1972). Spread of pertussis by hospital staff. *Journal of the American Medical Association*, 221, 264-267.
- Lambert, H. J. (1965). Epidemiology of a small pertussis outbreak in Kent County, Michigan. *Public Health Reports*, 80, 165-169.
- Linnemann, C. C. Jr. & Nasenbeny, J. (1977). Pertussis in the adult. *Annual Review of Medicine*, 28, 179-185.
- MacLean, D. W. (1981). *Bordetella pertussis* infection in patients with bronchogenic carcinoma. Letter. *Lancet*, 1, 503-504.
- MacLean, D. W. & Calder, M. A. (1981). Pertussis in pregnancy. *Scottish Medical Journal*, 26, 250-252.
- Mannerstedt, G. (1934). Pertussis in adults. *Journal of Paediatrics*, 5, 596-600.
- Nelson, J. D. (1978). The changing epidemiology of pertussis in young infants. The role of adults as reservoirs of infection. *American Journal of Diseases of Children*, 132, 371-373.
- Oster, W. (1901). *The Principles and Practice of Medicine*. 4th edition. Edinburgh: Pentland.
- Phillips, J. (1921). Whooping cough, contracted at the time of birth. *American Journal of Medical Sciences*, 161, 163-165.
- Public Health Laboratory Service Whooping Cough Committee and Working Party (1969). Efficacy of whooping cough vaccines used in the United Kingdom before 1968. A preliminary report. *British Medical Journal*, 4, 329-333.
- Royal College of General Practitioners, Swansea Research Unit (1981). Effect of a low pertussis vaccination uptake on a large community. *British Medical Journal*, 282, 23-26.
- Stocks, P. (1933). Some epidemiological features of whooping cough. *Lancet*, 1, 213-216.

Acknowledgements

The author thanks Dr Margaret Calder and her staff in the Department of Bacteriology, City Hospital, Edinburgh, for carrying out the serological testing and his medical, nursing and secretarial colleagues in the Department of General Practice for their help in this study.

Address for reprints

Dr D. W. MacLean, Mackenzie House, 34 West Richmond Street, Edinburgh EH8 9DY.

Words our patients use

- "I feel empty"—I feel out of sorts (South Yorkshire).
- "I feel neither lost nor won"—I don't know how I feel (South Yorkshire).
- "Towty"—lethargic, or not well (Glasgow).
- "Hinging"—pale, wan or listless (Glasgow).
- "Cuttered"—drunk (Dundee).
- "Hangy"—the malaise of an acutely febrile child (South Scotland).
- "Marred"—coddled or protected: "He has been marred all his life" (Staffordshire).
- "Spail" or 'spale"—splinter (Scotland and Northern England).

HISTORY OF MEDICINE

Leg ulcers in the eighteenth and early nineteenth centuries. II. Treatment.

I. S. L. LOUDON, DM, FRCCP

Wellcome Research Fellow, Wellcome Unit for the History of Medicine, University of Oxford

In a previous article it was shown that in the eighteenth and early nineteenth centuries leg ulcers were extraordinarily common compared to today. It was also shown that the underlying pathology was much more varied and that ulcers due to venous insufficiency (varicose ulcers), although they existed, probably formed only a minority of cases. The relative youth of leg ulcer patients and the excess amongst males was demonstrated, and the part played by ascorbic acid deficiency was discussed, not only in the case of leg ulcers among men in the Navy, where true scorbutic ulcers were very common, but also amongst the civilian population. Little was mentioned in that paper, however, about methods of treatment, and it is that aspect which is discussed here.

Introduction

HISTORICAL accounts of medical treatment are apt to seem quaintly archaic—and certainly that could be said about some of the methods of treating leg ulcers. But to describe past treatment solely for its quaintness would be a trivial undertaking. The main importance of historical descriptions of medical and surgical treatment lies in the way in which they can illuminate past ideas about the nature of disease, particularly when methods are changing and are the subject of controversy.

Methods of treatment may be determined by past authority ("it has always been done this way"), by empiricism ("we do not know why this treatment works, but it seems to"), or by rationality, where treatment is logically based on current pathological theory. All three approaches were evident in the treatment of leg ulcers in the period with which we are concerned, but there was a gradual change to an increasing emphasis on rational methods. This is illustrated by the decline in the influence of humoral pathology, which dominated the management of leg ulcers until the last decades of the eighteenth century.

© *Journal of the Royal College of General Practitioners*, 1982, 32, 301-309.

The humoral theory and leg ulcers

In essence, the humoral theory held that ulcers anywhere, but especially 'inveterate' ulcers of the legs, were the result of acrid humors in the blood. Not only could the humors cause ulcers, but the ulcers—even if they had an obvious origin such as a cut or graze—acted as drains through which such humors could escape. The corollary was that the surgeon, faced with a chronic ulcer, was forced to consider the wisdom of curing it. Alleviation was justified, but complete healing ran the risk that the acrid humors, denied their exit through the ulcer, could accumulate, ascend to the lungs or other organs and cause serious illness or death. Thus the chronic ulcer was at one and the same time a serious disability and an essential requirement for continued health. A balancing act was demanded of the surgeon in which he had to achieve maximum alleviation short of cure. A anonymous article published in 1764 expressed current views on this subject well. Surgeons were advised to think:

"whether a conglutination of inveterate Sores or Ulcers in the feet and legs can be effected with safety, because there are instances in the writings of most experienced physicians where the consequences of such cases have been very severe and dangerous disorders and oftentimes most certain and present death".

This was most likely to occur when the patient was "far advanced in years and of a very bad habit of the body", for then the ulcers were "a great means of health, as being so many issues or outlets by which nature is accustomed to expel the noxious or superfluous humors".

There were two ways round this dilemma. One was to prevent an ulcer that appeared too eager to heal from doing so. If a long-discharging ulcer dried up too quickly, 'topics' should be applied to it:

"roots of gentian, or Florentine orris bruised; or if these prove not strong enough, the root of Hellebore reduced to powder or in globules; or, in the last place, if this be ineffectual, powder of Cantharides, or a globule of blister-plaster of the shops. By this method such ulcers are stimulated and irritated to such a degree as some-

vaccine, no petition may be filed for compensation under the Program for such injury after the expiration of 36 months after the date of the occurrence of the first symptom or manifestation of onset or of the significant aggravation of such injury, and

"(3) a vaccine set forth in the Vaccine Injury Table which is administered after the effective date of this title, if a death occurred as a result of the administration of such vaccine, no petition may be filed for compensation under the Program for such death after the expiration of 24 months from the date of the death and no such petition may be filed more than 48 months after the date of the occurrence of the first symptom or manifestation of onset or of the significant aggravation of the injury from which the death resulted.

"(b) EFFECT OF REVISED TABLE.—If at any time the Vaccine Injury Table is revised and the effect of such revision is to permit an individual who was not, before such revision, eligible to seek compensation under the Program, such person may file a petition for such compensation not later than 2 years after the effective date of the revision, except that no compensation may be provided under the Program with respect to a vaccine-related injury or death covered under the revision of the table if—

"(1) the vaccine-related death occurred more than 8 years before the date of the revision of the table, or

"(2) the vaccine-related injury occurred more than 8 years before the date of the revision of the table.

"(c) STATE LIMITATIONS OF ACTIONS.—If a petition is filed under section 2111(b) for a vaccine-related injury or death, limitations of actions under State law shall be stayed with respect to a civil action brought for such injury or death for the period beginning on the date the petition is filed and ending on the date a final judgment is entered on the petition.

"SUBROGATION

"Sec. 2117. (a) GENERAL RULE.—

"(1) Upon payment of compensation to any petitioner under the Program, the trust fund which has been established to provide such compensation shall be subrogated to all rights of the petitioner with respect to the vaccine-related injury or death for which compensation was paid, except that the trust fund may not recover under such rights an amount greater than the amount of compensation paid to the petitioner.

"(2) In any case in which it deems such action appropriate, a district court of the United States may, after entry of a final judgment providing for compensation to be paid under section 2115 for a vaccine-related injury or death, refer the record of such proceeding to the Secretary and the Attorney General with such recommendation as the court deems appropriate with respect to the investigation or commencement of a civil action by the Secretary under paragraph (1).

"(b) DISPOSITION OF AMOUNTS RECOVERED.—Amounts recovered under subsection (a) shall be collected on behalf of, and deposited in the trust fund which has been established to provide compensation under the Program.

"Sec. 2118. The compensation under subsections (a)(2) and (a)(4) of section 2115 and the civil penalty under section 2127(b) shall, effective December 1 of each year beginning 1 year after the effective date of this title, be increased by the percent change in the Consumer Price Index for the base quarter of such year over the Consumer Price Index for the base quarter of the preceding year, adjusted to the nearest $\frac{1}{4}$ of 1 percent. For purposes of this section, the term 'base quarter', as used with respect to a year, means the calendar quarter ending on September 30 of such year and the price index for a base quarter is the arithmetical mean of such index for the 3 months comprising such quarter.

"ADVISORY COMMISSION ON CHILDHOOD VACCINES

"Sec. 2119. (a) ESTABLISHMENT.—There is established the Advisory Commission on Childhood Vaccines. The Commission shall be composed of:

"(1) Nine members appointed by the Secretary as follows:

"(A) Three members who are health professionals, who are not employees of the United States, and who have expertise in the health care of children, the epidemiology, etiology, and prevention of childhood diseases, and the adverse reactions associated with vaccines, of whom at least two shall be pediatricians.

"(B) Three members from the general public, of whom at least two shall be legal representatives of children who have suffered a vaccine-related injury or death.

"(C) Three members who are attorneys, of whom at least one shall be an attorney whose specialty includes representation of persons who have suffered a vaccine-related injury or death and of whom one shall be an attorney whose specialty includes representation of vaccine manufacturers.

"(2) The Director of the National Institutes of Health, the Assistant Secretary for Health, the Director of the Centers for Disease Control, and the Commissioner of Food and Drugs (or the designees of such officials), each of whom shall be a nonvoting ex officio member.

The Secretary shall select members of the Commission within 90 days of the effective date of this subtitle. The members of the Commission shall select a Chair from among the members.

"(b) TERM OF OFFICE.—Appointed members of the Commission shall be appointed for a term of office of 3 years, except that of the members first appointed, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years, as determined by the Secretary.

"(c) MEETINGS.—The Commission shall first meet within 60 days after all members of the Commission are appointed, and thereafter shall meet not less often than four times per year and at the call of the chair. A quorum for purposes of a meeting is 5. A decision at a meeting is to be made by a ballot of a majority of the voting members of the Commission.

"(d) COMPENSATION.—Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the

Effect
42 US
300aa

42 U
300aa

PHSE . 10

MULLENHISE 361-74307

42 USC
300aa-17.

0 Courts, U.S.
0 Records
0 Claims

Government shall be compensated at a rate not to exceed the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Commission. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for employees serving intermittently.

"(c) **STAFF.**—The Secretary shall provide the Commission with such professional and clerical staff, such information, and the services of such consultants as may be necessary to assist the Commission in carrying out effectively its functions under this section.

"(f) **FUNCTIONS.**—The Commission shall—

"(1) advise the Secretary on the implementation of the Program,

"(2) on its own initiative or as the result of the filing of a petition, recommend changes in the Vaccine Injury Table,

"(3) advise the Secretary in implementing the Secretary's responsibilities under section 2127 regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions,

"(4) survey Federal, State, and local programs and activities relating to the gathering of information on injuries associated with the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b), and advise the Secretary on means to obtain, compile, publish, and use credible data related to the frequency and severity of adverse reactions associated with childhood vaccines, and

"(5) recommend to the Director of the National Vaccine Program research related to vaccine injuries which should be conducted to carry out this subtitle.

"PART B—ADDITIONAL REMEDIES

"AUTHORITY TO BRING ACTIONS

"SEC. 2121. (a) **ELECTION.**—After the judgment of a district court of the United States under section 2111 on a petition filed for compensation under the Program for a vaccine-related injury or death has become final, the person who filed the petition shall file with the court—

"(1) if the judgment awarded compensation, an election in writing to receive the compensation or to file a civil action for damages for such injury or death, or

"(2) if the judgment did not award compensation, an election in writing to accept the judgment or to file a civil action for damages for such injury or death.

An election shall be filed under this subsection not later than 90 days after the date of the entry of the court's judgment with respect to which the election is to be made. If a person required to file an election with a court under this subsection does not file the election within the time prescribed for filing the election, such person shall be deemed to have filed an election to accept the judgment of the court. If a person elects to receive compensation under a judgment of a court or is deemed to have accepted the judgment of a court,

death for which the judgment was entered.

"(b) **LIMITATIONS OF ACTIONS.**—A civil action for damages arising from a vaccine-related injury or death for which a petition was filed under section 2111 shall, except as provided in section 2116(c), be brought within the period prescribed by limitations of actions under State law applicable to such civil action.

"STANDARDS OF RESPONSIBILITY

"SEC. 2122. (a) **GENERAL RULE.**—Except as provided in subsections (b), (c), and (e) State law shall apply to a civil action brought for damages for a vaccine-related injury or death.

"(b) **UNAVOIDABLE ADVERSE SIDE EFFECTS; WARNINGS.**—

"(1) No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this subtitle if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.

"(2) For purposes of paragraph (1), a vaccine shall be presumed to be accompanied by proper directions and warnings if the vaccine manufacturer shows that it complied in all material respects with all requirements under the Federal Food, Drug, and Cosmetic Act and section 351 of the Public Health Service Act (including regulations issued under such provisions) applicable to the vaccine and related to vaccine-related injury or death for which the civil action was brought unless the plaintiff shows—

"(A) that the manufacturer engaged in the conduct set forth in subparagraph (A) or (B) of section 2123(d)(2), or

"(B) by clear and convincing evidence that the manufacturer failed to exercise due care notwithstanding its compliance with such Act and section (and regulations issued under such provisions).

"(c) **DIRECT WARNINGS.**—No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this subtitle solely due to the manufacturer's failure to provide direct warnings to the injured party (or the injured party's legal representative) of the potential dangers resulting from the administration of the vaccine manufactured by the manufacturer.

"(d) **CONSTRUCTION.**—The standards of responsibility prescribed by this section are not to be construed as authorizing a person who brought a civil action for damages against a vaccine manufacturer for a vaccine-related injury or death in which damages were denied or which was dismissed with prejudice to bring a new civil action against such manufacturer for such injury or death.

"(e) **PREEMPTION.**—No State may establish or enforce a law which prohibits an individual from bringing a civil action against a vaccine manufacturer for damages for a vaccine-related injury or death if such civil action is not barred by this subtitle.

State
GovernmentState
Government
Claims
42 U.S.C.
300aa

21 U.S.C.

Alaska State Legislature

Senator Paul Fischer
Senate District D
Box 784
Soldotna, Alaska 99669
(907) 262-9420 W
262-9269 H



State Senate

White In Juneau
P.O. Box V
Juneau, Alaska 99811
(907) 465-3791

February 12, 1988

Honorable Ted Stevens
United States Senate
522 Hart Building
Washington D.C. 20510

Dear Senator Stevens,

Please consider this letter recommendation for the appointment of Shannon Kohler to the Advisory Commission on Childhood Vaccines.

Shannon has been active in Alaska Dissatisfied Parents Together (DPT) for a number of years. During this time she has completed extensive research with regard to vaccine safety and efficacy. She has been instrumental in the introduction of HB 277, a copy of which is enclosed, and the improvement of the vaccination program within the State of Alaska. Many of these concerns need to be addressed at the Federal level especially in regard to National Childhood Vaccine Injury Act of 1986.

Shannon has expressed a willingness to serve on the Commission. Taking into consideration her background, dedication, and motivation she would be an asset to the Commission.

Thank you for your time and consideration.

Cordially,

A handwritten signature in cursive script that reads "Paul".

Senator Paul A. Fischer

PAF/ssw

Feb 19, 1988

Shannon Kohler, President
Alaska "DPT"

Box 1746

Seldovia, Alaska 99669

262-3825

Rep. Niilo Koponen
Co-chairman House H.E.S.S.
Box V (MS 3100)
Juneau, Alaska 99811

Dear Rep. Koponen,

Thank you for scheduling the H.E.S.S. Committee hearing on H.B. 277 and meeting with me before hand. I appreciate your concern. Alaska DPT is very excited about the upcoming teleconference. We are expecting it to be held March 10. If this changes, please notify me as soon as possible.

I've included in this packet copies of all the completed petitions we have received to date. We have many more circulating. As you can see, there are quite a few people who support H.B. 277. (I've made copies on front & back to save money & paper!)

I've also included an article titled "adults with Pertussis." This article is especially pertinent because it supports what I've been told by many health care professionals, (Dr. Fraser of the Ak. Health Dept as one) that adults can harbor and spread pertussis. Add to this information the fact that no one over the age of seven years is vaccinated with pertussis vaccine (for a variety of reasons) and that the immunity conferred by the vaccine lasts only 3 to 5 years and one may begin to question the actual effectiveness of the mandatory pertussis vaccine requirement. True this vaccination schedule

does offer partial immunity to children 6 months to 12 years ⁽²⁾
but it leaves a major portion of our population able to
spread pertussis often undetected... very able to spread it to the
highest risk group of all; children under 6 months. I'm sure that
it would be quite "impossible to ascertain" who "coughed on" who
and "when" during a pertussis outbreak. Was it the once vaccinated
adult that coughed on the partially vaccinated four month old that
coughed on the fully vaccinated four year old that coughed on the
unvaccinated 2 month old or was it the other way around? All
are quite able to contract the disease and spread it...

I met with Elizabeth Ward, Director of Public Health
while I was in Juneau. She mentioned that the Health Dept.
wanted to recommend me via Senator Ted Stevens to a federal
Commission being appointed by the Secretary of Health to oversee
the enactment of the National Childhood Vaccine Injury Compensation
Act. I would very much like to serve on this Commission. I've
included an excerpt from the federal bill that refers to it and a
copy of the letter Senator Paul Fischer has sent to Senator Stevens.

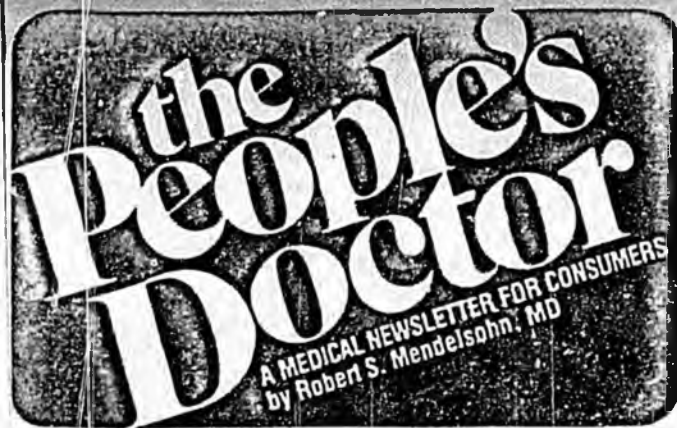
I know that I could be very effective if allowed to address this
issue at the federal level. I know, too, that some very important
aspects of this issue (i.e. parental choice, ingredient info, etc.) need to
be addressed at the state level. I would greatly appreciate a
letter of recommendation from you (if you think I qualify, of course).

Since I am a member of the general public whose child has not
suffered a vaccine-related injury, I am eligible for just one place
on this commission. I'm relating the same request to Rep. Ellis.

Lisa MacLaren suggested that you both may ~~not~~ wish to write a
joint letter as co-chairs of N.E.S.S. Any way would be great!

I called Senator Stevens' office to get more data as to deadline and
they responded that recommendations need to be sent to Senator
Ted Stevens as soon as possible. Thank you for consideration of this
request.

Sincerely,
Shannon Kohler



P.O. Box 982

Evanston, Illinois 60204

IN THIS ISSUE:

Avoiding Immunizations and their Dangers



Dr. Robert
Mendelsohn

This is my sixth Newsletter on the subject of immunizations. It updates and elaborates on the documented information on vaccine dangers which I have tried to bring to your attention during the past seven years. Those of you who have closely followed the immunization arguments know that the case against vaccines becomes stronger with each passing year. However, I never would have predicted that this issue—which only I and a few others used to regard as controversial—would, within my lifetime, consciously concern millions of American mothers and fathers whose children must be immunized before they can be admitted to school. The controversy escalates—in the media, in AMA meetings, in the pages of scientific journals, and in the minds of the public.

This Newsletter brings to your attention publications of doctors who have recently joined with the opponents of mandatory immunization. It also tries to help those who are unfortunate enough not to live in one of the 21 "loop-hole" states which allow parents to reject immunization on the basis of personal conviction or belief.

Because of compulsory immunization, some parents have opted out of the school system, turning instead to home schooling. In the words of one mother, "If I'm smart enough not to immunize my kids, I ought to be smart enough not to send them to school." For those of you who feel that school is important, in this Newsletter I offer some opportunities for legal maneuvering within the system.

Since researchers already are hinting that vaccines against chicken pox, gonorrhoea, and meningitis are about to appear, I hope my Newsletters on immunizations will immunize you against the promotional efforts which are sure to accompany these new breakthroughs.

Aids kept?

*Abscesses
linked to
DPT vaccine*

The official publication of the Centers for Disease Control (MMWR, October 1, 1982) carried an article headlined "Group A Streptococcal Abscesses after DTP Immunization—Georgia." The article began, "From July 19 to July 20, 1982, a cluster of severe local reactions with prolonged fever occurred among children immunized with diphtheria-tetanus-pertussis (DTP) vaccine at a private pediatric office in Atlanta, Georgia. Twelve children developed abscesses at the injection site within 2 weeks of vaccination; four of these were hospitalized because of the severity of symptoms or for incision and drainage of their abscesses.

"Group A streptococci were cultured from the abscesses of nine of the 12 children. The remaining three had been on antibiotics for at least five days before being cultured. In addition, two of the hospitalized children had blood cultures positive for Group A streptococcus."

As a word of explanation, the finding of germs such as streptococci in the blood is referred to as "septicemia" or "blood poisoning." Septicemia is a potentially fatal condition.

The children affected had high temperatures, irritability, vomiting, and rash. A subsequent CDC investigation of this group of abscesses "suggests that one multi-dose vial of the lot had been contaminated with Group A streptococci."

This is not the first time this has happened. The CDC publication states, "This is the second cluster of abscesses caused by Group A streptococcus following DTP immunization reported to CDC during the past 18 months. In the other outbreak, seven children developed abscesses after vaccination with DTP vaccine from a different manufacturer."

Q

My grandson, who will be four in October, has a nervous twitch that causes him to draw his mouth down while opening his eyes very wide. This action causes the veins in his neck to stand out.

When we took him to the doctor nine months ago, the doctor suggested "Turrets." After a while, the symptoms ceased, but now the condition is back full force. We try to blame it on a nervous habit, but we are afraid.

After seeing you talking about DPT shots on the Phil Donahue show, I began to wonder whether those shots might cause "Turrets." What do you think?--Mrs. J.B.

A
*Tourette's
and DPT
shots*

When your grandson received the diagnosis of that unusual condition from the doctor, why didn't you ask that doctor to write down the diagnosis for you? Then at least you would have learned that the correct spelling is "Tourette's" syndrome. Had you then done your homework, you would have learned that this neurologic disease involving tics and peculiar speech patterns was named after a 19th century French physician, Gilles de la Tourette. You also would have learned that, for practically 100 years, doctors knew of no cause for Tourette's syndrome. However, in the last decade, Tourette's syndrome has been linked to the administration of Ritalin (methylphenidate), a drug widely used for hyperactive children.

You are the first person who has asked me whether Tourette's (which seems to be increasing in frequency) might also be produced by infant vaccines. Since no-one knows the answer to your question, I recommend that you--an obviously articulate and concerned grandmother--undertake a little research. First, ask your doctor to contact the leading national authorities on Tourette's syndrome to see whether they have investigated such a possible linkage. If not, it should be fairly easy for them to question the parents of children with Tourette's syndrome regarding a possible relationship between the time of immunization and the onset of neurologic symptoms.

Second, you might ask a lawyer to help you contact the growing number of lawyers who now concentrate on malpractice cases involving immunization-damaged children. These legal experts have developed a considerable body of knowledge in this area and may have information about such a linkage.

Let me know if the results of your research produce any association between immunizations and Tourette's syndrome.

*Hospitals breed
whooping cough*

Doctors have been threatening those who reject the whooping cough vaccine with dire predictions that they may contract whooping cough. This really may come to pass if one takes one's child to a hospital.

Eleven years ago, the University of Colorado Medical Center published an article (*JAMA*, July 17, 1972) entitled "Spread of pertussis (whooping cough) by hospital staff." A resident physician developed whooping cough and, while still in the catarrhal (running nose) phase, he infected two children whom he saw in the outpatient clinic on the same day. This same house officer also infected his wife and a hospital clerk. Intrafamily spread occurred again during this outbreak when the head nurse transmitted whooping cough to her husband.

In a second outbreak, a nurse who made home visits to children with whooping cough developed whooping cough herself and transmitted pertussis to a hospital nurse who attended a graduate course, thus permitting re-entry of the organism into the hospital environment. The Colorado study concludes that "Pertussis is much more common in the hospital environment than is generally appreciated."

Moral of the story: If you hear of any cases of proven whooping cough, carefully check whether the patient has been in contact with anyone who works in a hospital.

*Expert
says
whooping
cough
doesn't
return if
shots cease*

If the whooping cough vaccine is abandoned, will the disease return? Recently, the Maryland Health Department tried to blame a whooping cough outbreak (41 cases) in that state on television programs which had attacked the pertussis vaccine. In response, J. Anthony Morris, Ph.D., formerly top virologist for the U.S. Division of Biological Standards, analyzed the original data provided by Robert E. Langenecker, Immunization Program Coordinator for the State of Maryland's Department of Health and Mental Hygiene.

Dr. Morris concluded that exactly the opposite was true (copies of Morris' full report are available from P.O. Box 40, College Park, Maryland 20740), pointing out that some of the children who had developed whooping cough were less than two months old, too young to even receive the first injection. Furthermore, 20 cases occurred in children who had received at least one injection of DPT vaccine. Of seven cases of whooping cough that occurred in children over one year of age and in adults, six had received one or more DPT injections; of these six, three had received four vaccine injections. Using the Health Department's own reports, Dr. Morris points out that, in many of these cases, there was not enough clinical evidence (symptoms) to justify the diagnosis, nor was there sufficient laboratory evidence (cultures, etc.) to confirm the diagnosis. Indeed, of the 34 children whose cases were reported, 18 had not even experienced a "whooping" cough.

In Dr. Morris' opinion, only in five of the 41 cases was there sufficient evidence to presume that the diagnosis of whooping cough was correct. Each of these children had received one or more doses of DPT vaccine, one as many as four doses. Thus, far from proving the value of pertussis vaccine, the Maryland "epidemic" raises serious questions about the efficacy of DPT vaccine, while also casting serious doubt on the criteria that were used to reach the diagnosis of whooping cough. These criteria, says Dr. Morris, "have led to seriously flawed conclusions."

*Doctors
don't
take shots*

In an article entitled "Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation," the Journal of the American Medical Association (February 20, 1981) reported that the lowest vaccination rate for the German measles vaccine occurred among

obstetrician-gynecologists (less than 10 per cent of those known by blood tests to be susceptible). The next lowest rate occurred among pediatricians (less than one-third). The authors concluded that the disappointing vaccination rate of physicians, which also has been shown in other studies, was due to "fear of unforeseen vaccine reactions." House officers were particularly concerned about the Guillain-Barre syndrome, seen with influenza vaccine.

Another
doctor
attacks
compulsory
immunizations

The latest physician to join the mounting chorus of voices within medicine opposing the vaccines is a young doctor who received his M.D. from New York University as recently as 1963.

Dr. Richard Moskowitz had previously graduated Phi Beta Kappa from Harvard. After receiving his medical education, he held a Graduate Fellowship in philosophy at the University of Colorado. In addition to his classical medical education, he is a member of the American College of Home Obstetrics and has attended more than 400 home births. An expert in homeopathic medicine, he is a member of the American Institute of Homeopathy.

In Dr. Moskowitz' new publication, "The Case Against Immunization" (available through the National Center for Homeopathy, 1500 Massachusetts Avenue, N.W., Washington, DC 20005), he describes his growing disenchantment with routine immunizations, a disenchantment which began 10 years ago. At first, he felt people had the right to make the choice. Later, he discovered, "I could no longer bring myself to give the injections to children even when the parents wished me to."

Dr. Moskowitz' thoroughly documented treatise points out that some diseases (e.g., measles) have continued to break out, even in highly immunized populations, and while the incidence of measles in the U.S. has dropped sharply, the death rate remains the same (!).

Dr. Moskowitz refers to a scientific publication which describes a recent outbreak of mumps in supposedly-immune schoolchildren. Several children developed vomiting, loss of appetite, and rashes without any involvement of the parotid gland (the gland at the angle of the jaw, usually enlarged in mumps). The diagnosis required extensive blood testing to rule out other diseases. Thus, immunizations have resulted in new diseases such as "atypical measles" and "atypical mumps," diseases often more dangerous than the typical forms of those diseases. Moskowitz speculates that the whooping cough vaccine today is one of the major causes of recurrent fevers of unknown origin (F.U.O.) in small children and that introducing the vaccine directly into the blood--thus bypassing the nose and throat route of natural whooping cough infection--may promote deeper pathology. He reports a case of leukemia which first appeared following a DPT vaccination. This five-year-old boy's family physician--a friend and teacher of Dr. Moskowitz--did not communicate his suspicion of vaccine-related leukemia to the parents, let alone to the general public.

Dr. Moskowitz suggests that immunization, instead of protecting us against an acute disease, actually drives the disease farther into the interior of the body, leading to a chronic state in which the body has been "tricked" so that it no longer initiates a responsive defense mechanism: "Since routine vaccination introduces live viruses and other highly antigenic material into the blood of virtually every living person, it is difficult to escape the conclusion that a significant harvest of auto-immune disease must automatically result...then what we have done by artificial immunization is to trade off our acute, epidemic diseases of the past century for the far less curable chronic diseases of the present."

to school. She had confronted the principal in his office and then had marched into the child's classroom, sitting down with him and challenging the school administration to remove her by force.

I expressed my admiration for this courageous mother who stood up for her rights--even at the cost of considerable embarrassment to her child--and I added that since this was the first time I had heard of any parent accompanying a child into the classroom to protest compulsory immunization, Arkansas may well be setting a national precedent. (For a moment, my mind flashed back two decades to another school confrontation in Arkansas when then-Governor Orval Faubus tried to block the entry of black children into school.)

When several parents in my audience stood up and pledged that they were going to take the same action as Mrs. Cook with their own children, I suddenly realized that all my efforts to help unimmunized children enter school (serving as an expert witness in legal actions, making media appearances, writing books, newsletters and my syndicated column, writing letters of exemption), were not nearly as powerful as the determined action of a parent who physically accompanied her child into the classroom.

Just before writing this Newsletter, I telephoned reporter Larry Sullivan of the Arkansas Democrat for an up-to-date report. He told me that Mrs. Cook again had appeared in the classroom with her child on Friday and that the child had remained in school all day Thursday and all day Friday. He predicted that the next confrontation would occur Monday (tomorrow) when the school superintendent returns from vacation. I passed the news of this sit-in on to my friends on the staff of the Phil Donahue television show, and I will keep you informed on what may well turn into an historic confrontation.

A new booklet, "Dangers of Compulsory Immunizations: How to Avoid them Legally," written by Florida attorney Tom Finn (Family Fitness Enterprises, Inc., P.O. Box 1658, New Port Richey, Florida 33552, \$5.95), provides concise, authoritative, and easily understandable directions for parents who have decided against immunizing their children. Uniquely qualified by a major victory in immunization litigation, Finn has written a book which is important not only to patients but also to every doctor who vaccinates patients.

Other lawyers who also are experienced in immunization cases include: James Filebaum, Nanuet (Rockland County), New York; Robert Kaufman, Gaylord, Michigan; Alan McDowell, Chicago, Illinois; Clifford Neumann, Boulder, Colorado.

Legal experts are handling hundreds of cases of children who allegedly have been damaged by DPT (cerebral palsy, mental retardation, epilepsy). A new organization, Dissatisfied Parents Together (Barbara Fisher, Box 563, 1377 K Street, N.W., Washington, DC 20005), has been created.

The 21 "loophole" states which allow parents to reject immunizations on the basis of personal objection are: California, Colorado, Idaho, Indiana, Iowa, Louisiana, Maine, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin.

If you didn't read the American Medical Association News of July 16, 1983, here's what you missed: According to this publication, "A confrontation between syndicated columnist Robert Mendelsohn, M.D., and the director of the American Academy of Pediatrics unexpectedly enflamed a report on pediatric immunization at the American Medical Association Annual Meeting.

"Dr. Mendelsohn made a surprise appearance before a reference committee to state his widely published views that vaccinations, particularly for pertussis, should be halted pending further research."

At this AMA meeting, the AAP Executive Director had tried to personally insult me after I made my statement. However, my fellow medical school alumnus, Joe Skom, M.D., past president, Illinois Medical Society, came to my defense, recollecting that I had been his children's pediatrician and pointing out that, while he did not agree with my views on immunization, he objected to the ad hominem attack on me. Nor did the AMA's Council on Scientific Affairs agree with me. After conceding that "Some pediatricians agree, at least in part, with his (Dr. Mendelsohn's) assessment and do not administer the pertussis vaccine," the Council solemnly declared: "These physicians are ignoring the lessons of the past."

At the end of the discussion, I thanked the chairman for giving me the opportunity to speak out in front of the American Medical Association. I pointed out that I have been a dues-paying member of the AMA for 31 years. The chairman responded, "Dr. Mendelsohn, continue to pay your dues and you may continue to speak."

Q I never have given my son DPT shots, and he's about to start school. He always has been very healthy, and I do not want to immunize him now. The state in which I live only allows exemptions on religious or medical grounds. Can you provide me with a medical exemption?--M.U.

A If you will obtain from your child's doctor a statement on his stationery certifying that he has examined your child and found him to be healthy, and if you send that letter to me, I will return it to you along with a letter on my stationery stating that routine immunizations are contraindicated in your child.

(Another View, cont'd from page 8)

nized. I know I'm not alone in feeling this way, but I don't want to put him in the middle of a fight with the school administration at the age of four and-a-half.

"I feel like the government is asking me to trade my son's healthy body for an education."

"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books

"Confessions of a Medical Heretic" is available from WarnerBooks

The People's Doctor Newsletter
P.O. Box 982
Evanston, Illinois 60204

Published monthly. Subscription rate: \$24.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Managing Editor

© The People's Doctor, Inc.

Another View

by Marian Tumpson
Executive Director,
Alternative Birth Crisis Coalition



"It was so degrading, I'll never do it again! I was furious at the government, and I felt helpless. It makes me angry that my husband and I have no choice in the matter, short of denying our son an education." Janis was on the telephone, calling me after returning home from the county health department where her son had received his pre-kindergarten MMR (measles, mumps, rubella) inoculation.

"Our doctor had suggested we go to the health department for the MMR because it is quite expensive. My husband and I really didn't want him to have the vaccine in the first place, but when I checked with the health department and the school, I was told the only acceptable exception would have to be made on religious grounds. When I asked why boys need rubella vaccine, the answer was: 'What if one of the teachers is pregnant?'

"So we went to the health department this morning, and a woman who I imagine is a nurse asked me what shots my son had already received. I told her he had received a DPT shot and the oral polio vaccine last month from our doctor. All he needed now was an MMR. 'Oh we can give him another DPT, since it's been a month,' she said. When I questioned if he should really be getting another shot, she stopped, thought a moment and then said, 'Oh, that's right, he won't need a DPT booster for another year.' If I hadn't questioned her, would he automatically have received another shot? And how would it affect him if he had it on the same day as an MMR shot?

"Next, I was given a release form to sign. The form describes the diseases and possible side effects of the vaccine. It states that, if a person who receives the vaccine gets sick within four weeks after the shot, it should be reported. But the blank which should have contained the information on where to report such a reaction was not filled in. At the bottom of the page was room for the parent's signature and a place for the lot number, site of injection and date, along with a notation to please keep the upper portion of the form for your records.

"After my son received his shot, the nurse put the form on a pile without filling in the information on lot number and date. I asked her whether a record of the lot numbers was kept, and she said I could call at any time and get that information. With so many children being taken care of in one day, I wonder about the accuracy of information that is not filled in until later in the day.

"When I tried to tear off the upper portion of the form, the nurse stopped me, explaining that they had to keep the whole sheet for their files. But since I wanted to keep the information on the side effects, she told me to speak to the receptionist (who was busy interviewing mothers) and maybe she would give me a copy. This meant I had to cut into the long line of mothers and babies, and while I felt badly about doing this, the only alternative was to wait another hour or two. The receptionist insisted she couldn't give me a blank release form because she needed them for the patients. When I persisted, she offered to Xerox a copy of the form. This involved her leaving her desk and going down the hall to another office, keeping everyone waiting until she got back. When she returned, I realized she had Xeroxed both sides of the release form and handed me a piece of paper identical to the ones she was holding in her other hand!

"It bothers me that the people handling the immunizations not only seemed to be inept, but also that they acted as though they were doing me a favor and that they knew what's best for me and for my children. There was no time for discussion about my feelings or fears. It's hard to believe that here in America we have no freedom of choice about the kind of medical care our children receive. My son was breastfed and he is very healthy, and if I were allowed to do what I feel is best for him, he would not be immu-

(Cont'd on page 7)

Doctors aren't the only critics of immunizations. An anonymous lay person, writing under the pseudonym, Elben, has published an almost 500-page book entitled, "Vaccination Condemned" (Better Life Research, P.O. Box 42002, Los Angeles, CA 90042, \$12.50). The most significant feature of this book is an extensive presentation of more than 100 years' historical opposition to immunizations.

Immunization
fight
heats up

Now that millions of Americans are becoming aware of the dangers of immunizations (particularly, but not exclusively DPT), a counterattack is being launched against those who have pointed out those dangers. While some doctors now are admitting that immunizations may cause mental retardation, cerebral palsy, and other forms of brain damage, they concurrently are saying that the incidence of these complications is so low that the benefits of the immunizations outweigh the risks. They claim that epidemics of whooping cough, polio, and other diseases will return if people reject immunization.

Meanwhile those who have criticized immunizations are continuing their attacks. A new booklet, "Vaccinations and Immune Malfunction," written by Harold E. Buttram, M.D., and John Chriss Hoffman (The Humanitarian Publishing Co., Quakertown, PA 18951, 1982) reinforces the same company's earlier publications ("The Dangers of Immunizations" and "How to Legally Avoid Unwanted Immunizations of all Kinds"). *

While vaccine enthusiasts claim that vaccinations enhance one's immunity, the above authors conclude, "The real danger appears to be an indirect effect with impairment of the immune system." Vaccinations lower the body's resistance, but since this effect (malfunctioning of the immune system) often is delayed, indirect and masked, its true nature is seldom recognized.

During Congressional hearings investigating immunizations, Dr. J. Anthony Morris characterized the testimony of the vaccine enthusiasts as "either misleading, self-serving, or both." The transcript of these hearings (the May 7, 1982 hearings were chaired by Senator Paula Hawkins; transcripts available from her, c/o Senate Office Building, Washington, DC), contains statements from proponents of these vaccines, from opponents, and from parents whose children have been damaged.

On Thursday, September 15, I gave a public lecture in Little Rock, Arkansas. That same morning, the Arkansas Democrat had carried a story about six-year-old Justin Douglas Cook of Pine Bluff, Arkansas, who was excluded from first grade because his mother had refused to let him be immunized. She had objected because of problems that had occurred after DPT shots given when Justin was a baby. The Health Department had granted a waiver on the DPT series of shots, but the department insisted that Justin receive vaccines against measles, rubella, and polio. Mrs. Cook maintained, "If they can't tell me, in writing, that he will not go into a coma or die after the shots, I don't want him to have it."

Since the audience to which I spoke was keenly interested (as are audiences I speak to around the country) in the immunization controversy, I mentioned the story to them, pointing out how fortuitous it was for me to be in Little Rock at that particular time. Several members of the audience then told me that, after the article had appeared that morning, television news had carried reports that Mrs. Cook had taken her child

IMMUNIZATION

by Carol Horowitz

Back to school means many things to American families—time to buy schoolbooks, pencils, maybe shoes, and now in forty-nine states it means pulling out the children's immunization records and checking to see whether they'll require any back-to-school shots. In every state except Wyoming, children are not allowed to enter school unless they are current on all the immunizations mandatory in the state or their parents refuse to permit immunization on religious grounds.

Wyoming is the only state without mandatory immunization because it has the highest voluntary immunization rate. When a rubella (German measles) epidemic hit Casper, Wyoming, in 1971, the health officials were shocked to see that the immunized community should not have a rubella epidemic. It did, and because of this epidemic Casper is now famous in the medical world as the place where the entire theory of basis of rubella immunization was proven false.

Soon after the epidemic, Drs. Louis Pastan and Te-We Chen wrote an editorial for the highly respected *New England Journal of Medicine*. They discuss the Casper case and other well-known examples of immunization failure, and concluded that "Although immunization of young children may not be a panacea, it strikes us that laws to make immunization against rubella compulsory that have been passed in some parts of the country cannot be defended and should be repealed."

These laws have not been repealed. In fact, they are being enforced more vigorously than ever before.

The Immunization Drive: Who's Behind It?

The state legislatures have passed laws mandating immunizations primarily at the urging of the Center for Disease Control (CDC), a powerful arm of the Department of Human Services (previously HEW) based in Atlanta, Georgia. With the establishment of laws requiring certain immunizations, CDC took a big step toward taking children's health out of the realm of parental choice and placing it in the hands of politicians.

On the surface, there may seem to be nothing wrong with this move: public health officials often make recommendations to state legislatures, and in turn the states pass laws mandating the recommendations. Looking beneath the surface, however, it is possible to find a lot wrong with the legislation of health care, both from the standpoint of civil liberties and the standpoint of health.

CDC does more than just set health policy on immunization; it also distributes vaccines to state immunization programs, providing them with the financial advantages of bulk buying. But who really benefits from bulk buying? The drug companies, who then need only one contract for millions of doses and can cut down on shipping and packaging costs. The drug companies even save on advertising, since CDC also distributes "edu-

cational information" about the vaccines to clinics, doctors, and parents. CDC's main educational materials were in fact produced by Merck, Sharpe, and Dohme on a grant. Merck is one of the largest producers of vaccines in the world. The information that the company provides is, naturally, totally proimmunization; it ignores potential problems with the vaccines (including side effects) and plays heavily on parental fears and guilt. In essence, CDC, using our tax money, paid Merck, Sharpe, and Dohme to promote its own products.

What Are Vaccines?

Vaccines are injections that contain small amounts of the disease virus that they are meant to protect against. They work by stimulating the body to produce antibodies—proteins that defend the body from an invasion by harmful microorganisms. Ordinarily, the body develops antibodies in two ways: (1) A mother shares antibodies with her child while it is still in utero and through breast-feeding; and (2) the body develops antibodies during exposure to a disease. In most cases, antibodies produced naturally will provide permanent, lifelong immunity.

Vaccines, on the other hand, generally induce an immunity as good as that produced by a wild virus. Blood tests measuring the levels of antibodies present for various diseases show that vaccine viruses produce fewer antibodies, and follow-up tests show that in many cases these levels continue dropping—even to the point of no longer providing any protection.

Horowitz, M.P.H., lives and works in New Mexico, where her independent research on immunization cost-less a job with the State Health Agency.

Photos by Terry Burson

Problems with Vaccines

Every vaccine produces side effects in some of the people who take it. The most famous example is the swine flu vaccine, which caused such serious side effects—including death among the elderly and Guillain-Barre syndrome, a painful and crippling nerve disease—that it had to be taken off the market only six months after its development. A fiasco in every sense, the swine flu vaccination campaign nonetheless remained a financial success for the drug companies involved: of the \$135 million appropriated by Congress to fund the entire drive, \$100 million went directly to drug companies to buy the vaccine.

This expensive debacle led to the first massive public questioning of our national immunization policy, and many health practitioners, like Dr. Sidney Wolfe of the Washington DC Health Research Group, began to express the belief that "Unless there is a real need and unless the preventive measure is effective and also safe, relative to the disease it seeks to prevent, the prevention or cure may be worse than the disease."

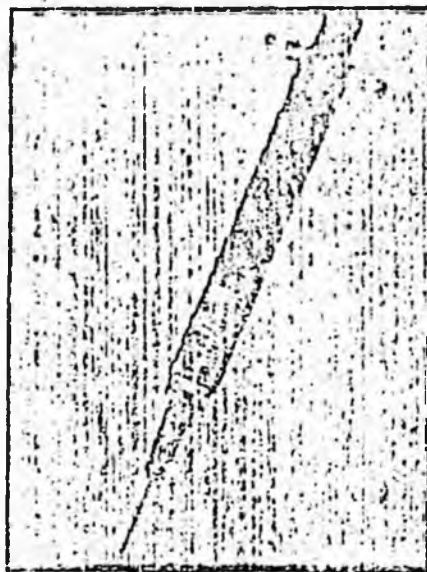
"... Every vaccine produces side effects in some people, and many vaccines present some very real risks..."

Many vaccines present some very real risks,* and it is indeed questionable whether the diseases they're designed to prevent merit taking chances. Now that many serious and life-threatening diseases such as smallpox, polio, and diphtheria have fairly effective vaccines, research scientists—with vast economic support from the drug companies—have been developing vaccines against less serious illnesses such as rubella, mumps, and measles in a race for patents and profits. As the influential British medical

* The information provided to parents about vaccines is usually oversimplified and tends to gloss over potential side effects. If you want to find out the problems with vaccines that generally only doctors know about, ask to read the package inserts that the drug companies are required to provide by federal law.

journal *The Lancet* noted as long ago as 1969, early on in the vaccine era, "More and more vaccine viruses should not be foisted upon us just because it is possible to make them."

How Vaccines Are Born



The federal government requires that vaccines, like all new drugs, be tested by the Food and Drug Administration (FDA). However, in actual practice, most of the testing is conducted by the companies themselves or by university professors paid by company grants. A human rights crisis exists with the selection of human test subjects: almost without exception, new drugs are tested on poor and powerless people in the U.S. and around the world—Third World citizens, prisoners, and, in the case of vaccines for childhood diseases, the mentally retarded.

The testing of vaccines is especially controversial because they must be tried out on healthy people (whereas drugs designed to cure an illness are generally tested on those already afflicted, who are likely to have a personal interest in seeing a cure developed). Outrage at the unprincipled testing of vaccines led the World Health Organization to draw up some guidelines at an international hearing held in 1976: WHO stressed that all participation should be voluntary, and the risks should be clearly explained. Such ideals are commendable yet impractical, for at the time of testing, the risks remain theoretical; in fact, the express purpose of the tests is to determine whether the benefits outweigh the risks.

The introduction of a pneumonia vac-

cine onto the market—this new vaccine became commercially available in February 1978—provides a much more realistic picture of how vaccines are tested in the world today. A prototype of pneumonia vaccine was first tested in South African gold mine workers in 1912, and again in 1970. Brought from warm, sunny areas of Africa on work contracts to live and work in horrible, overcrowded, dark and wet conditions, these miners, not surprisingly, have the highest rate of pneumonia of any group in the world.

The tests begun in 1970 involved 12,000 gold mining novices at the East Rand Proprietary mine near Johannesburg. The mine ownership received a gratuity from Merck, Sharpe, and Dohme for the testing, but the miners were unpaid "volunteers." Rather than urge their South African corporate counterparts to improve the working and living conditions of the miners in an attempt to eliminate or reduce pneumonia, the American drug company chose to take advantage of these conditions to search for a vaccine that could earn them billions of dollars.

A second test of the vaccine was done on 12,000 adults in the isolated highlands of New Guinea. (The number of cases of pneumonia was not reduced during the study; however, the company—with no apparent scientific basis—claims that the severity was reduced.)

Thus far, federal recommendations for the use of pneumonia vaccine appear cautious, but in reality large numbers of people are being urged to receive this vaccine, including the elderly, and people with sickle cell anemia, diabetes, and liver disease. Since the government is under constant pressure by the drug companies, it seems likely that mass immunization against pneumonia will be suggested soon.

Some Provalent Vaccines

Rubella vaccine provides the most blatant example of a very strong drug being universally abused through the recommendation of the federal government. Rubella (also known as German measles or three-day measles) is a mild disease in both children and adults; it only causes problems for pregnant women, since the rubella virus can attack the fetus and cause severe deformities called congeni-

he ruth bout IMMUNIZATION

rubella syndrome (CRS). Thus, there is absolutely no medical basis for ever immunizing males against the disease; the only sensible application for rubella vaccine would be for nonimmune women of childbearing age. (The vaccine would have to be administered at least a few months before a planned pregnancy, since the vaccine alone can cause CRS.) The logical approach, followed by many countries in Europe, involves testing and vaccinating a maximum of 20 percent of the women of childbearing age, since 80-85 percent of the population develops natural immunity by adolescence, by having been exposed to the disease.

CDC, however, has declared an all-out war on rubella: in 1977 more than 70 million doses of rubella vaccine were administered. This deluge may have done little for public health, but at an average cost of \$12 per vaccination, the drug companies—with the encouragement of the federal government—managed to generate \$140 million in revenue by promoting a treatment that is totally unnecessary in the majority of cases.

Ironically, CDC's ultimate goal is 80 percent immunization—some 5 percent less than the natural immunity level. And, as is the case with many vaccines, the protection provided by immunization is apt to be less dependable than exposure to the wild virus: reinfection has been proven to occur ten times more often in vaccinees than in natural immunes. Many times the reinfection is subclinical, which means that there are no apparent symptoms. This situation is very serious because it means that more people—including pregnant women—may be unwittingly exposed to the virus. As the *New England Journal of Medicine* noted in 1970, under the present policy "the potential risk of fetal rubella might be increased rather than decreased."

Measles vaccine originally appeared to make more sense as a potential antidote for what can be a very serious disease. However, it too has engendered controversy in recent years. The main problem with measles vaccine is that it cannot help the group most at risk from the complications of measles: very young

children. When the vaccine was originally licensed, infants were immunized; however, continuous vaccine failure indicates that the vaccine does not provide protection to children younger than fifteen months, because of the amounts of maternal antibodies still present in their bodies. A study done in St. Louis after a large measles epidemic concluded that the possibility of eliminating measles via immunization was "bleak."

Since measles can be a serious disease, it's easy to understand the search for a vaccine to prevent it. Mumps, however, is in a class with rubella—neither very serious nor long-lasting, especially among children. Mumps can be a very uncomfortable disease when contracted by teenagers and adults, but even then it has few dangerous side effects. One possible side effect—though an extremely rare one, despite popular belief—is sterility among mature males. Thus it might make sense to immunize preadolescent and older males who have not had the disease, but to inoculate an entire population against such a benign disease is clearly worth neither the effort nor the expense involved.



Merck, Sharpe, and Dohme, however, has found a way to get more out of its mumps vaccine patent. (Each vaccine patent gives the pharmaceutical company exclusive rights to the vaccine for thirteen years.) The company has come up with a triple vaccine which combines measles, mumps, and rubella vaccines in one injection. With CDC's endorsement, and the practical advantage of com-

bining three trips to the doctor in one, this "multi-vaccine," known as MMR, is well on its way to becoming the most commonly administered vaccine. Yet it is so new, there is no way of telling whether it will work—whether a child receiving three different viruses at the time will develop enough antibodies to each virus to actually provide protection. Also unknown is the effect of dosing young children with three viruses simultaneously. Since all three of the component parts can incur problems, it is hard to imagine that the combination will be free of harm.

Immunization Policy and Personal Choice

Unfortunately, at present the choice whether to immunize a child is not left to the parents, but dictated by the government—and ultimately by the drug companies. In many states parents who do not wish to have their children immunized can fill out a "Certificate of Conscientious Objection to Immunization," but the reasons they cite must be religious beliefs—whether held "individually or with others." To date no provision is made for parents with scientific objections to specific immunizations (even those which the medical community questions); they cannot legally refuse to immunize their children for medical reasons and still keep them in school.

Gradually, though, the government's arbitrary, overzealous approach to immunization is forcing parents, community-minded lawyers, and dissident health professionals to band together to put an end to mandatory immunization. If enough people begin to refuse immunizations by becoming conscientious objectors, perhaps the laws will be changed and choice returned to the people.

Carol Horowitz would like to hear from people who have refused immunization, for a possible follow-up; please write her c/o New Age

This ruling clearly shows that the federal government, Dept.

(Continued from Page 7)

VACCINATIONS—A TIME RELEASED DISEASE ?

(Continued from Page 7)
childhood disease is more severe when an adult contracts the disease.

The measles vaccine was developed exclusively to prevent measles encephalitis. The vaccine has become exclusively associated with the cause of measles encephalitis. Also frequently occurring with this measles vaccination are neurological and fatal conditions such as a taxia (dis coordination, retardation, hyperactivity, aseptic meningitis, seizures, and hemiparesis paralysis of one side of the body). The German measles or Rubella vaccine also appears to do more harm than good. There is a very high risk of arthritis in children (Robert S Mendelsohn wonders whether the current epidemic of hyperactivity in children may have its origins, at least part, in the measles vaccine (Confessions of a Medical Heretic))

All these diseases and vaccines to combat them are something to be quite concerned about. Recently published in the Aug 80 Issue of Good House Keeping was a two page article,

once again hailing the miraculous vaccines and the diseases they prevent. Not one word was printed as to the side effects of the vaccines themselves.

They reported the phenomenal success the United States Government, the same group who brought you swine Flu Vaccines, was having in combatting and preventing all seven commonly occurring childhood diseases. Not one word was written on the adults contracting these childhood diseases because the vaccines had stalled the childhood disease and then failed. Also within the article was the statement "no shots, no admittance to school!" This statement is totally wrong and misleading. No one can be forced to submit to any vaccination. In fact compulsory vaccination or any tax supported vaccine program violates the Declaration of Independence. The United States Constitution, Article IX and X 1780, The Preamble, and Article Six of The Bill of Rights.

The Declaration of Independence states that "All men are endowed by their creator with

certain unalienable—rights, among which are life, liberty and the pursuit of happiness." Forced vaccination violates all these rights. The Sixth Article of the Bill of Rights promises, "The right of the people to be secure in their persons shall not be violated" Enforced inoculation violates these rights.

This year, once again the Flu Scare is being promoted, for 1981 the vaccine will immunize against Type A Brazil, Type A Bangkok, and Type B Singapore but because the strains are changeable, the vaccine is prepared according to which strains experts believe will be prevalent in the next year. Could this just be a way of using up the left over Swine flu vaccine, which really was never made because there was no swine flu?, or could it be any number of other vaccines less widely used but also in abundance?

Just recently the Philadelphia Inquirer, (July 13, 1980), printed an article titled "Smuggled report contends Soviet germ-plant blast killed thousands." It was an eyewitness account of a mysterious epidemic that swept

the Soviet city of Sverdlovsk in April 1979. The reports alleges that "1000 people died of gases released by an explosion in the plant. The officials stated anthrax was the problem, but not one animal died although many people did. The residents were forced to undergo vaccinations, but these proved ineffective and caused deaths according to the author."

The point is, no one can deny the proof that vaccinations do kill. If one person dies, it is one person too many, and the program should be stopped and investigated. There is a catch 22 in all this vaccination business. The vaccines are called preventative measures against disease, they have never been proven to prevent. And yet they have never been halted even though thousands of people have died and who knows how many millions of people are paralysed even in the slightest degree. You can't enter school to gain an education without submitting yourself to being injected with these vaccines which might retard, cripple, and possibly kill you.

The public must seek out the other side of the story. They must read books and newspapers and have faith in their own decisions and their bodies own natural defence mechanisms for if they do not, it has been said, "Those who do not learn from the past are condemned to repeat it." (George Santayana)

Bibliography

- Vaccinations: The Silent Killer. Ida Honorof of and E. McBean
- Confessions of a Medical Heretic Robert S. Mendelsohn M.D.
- Medical Nemesis Ivan Illich
- Philadelphia Inquirer July 13, 1980
- Orthopractic Question and Answers Vol. II Dr. Joseph Strauss D.C.
- Good Housekeeping: The Healthier Way, pgs 207 and 208 Aug 1980

SPECIAL THANKS TO:

- Joe Strauss
- Lee Stewart, D.C.
- Mike Frigola, D.C.
- Glenn Strawson, D.C.
- Jerry Brill
- Camille Mispire