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Another View

by Marian Tompaon



How do you get your non-immunized child into school when you live in a state in which immunizations are required? Well, let me tell you how Rose dealt with this situation this year when her oldest child, Lara, was ready to enter kindergarten.

Wanting to make this transition as smooth as possible for Lara, Rose contacted the state health department months before school was to begin and asked how she might go about getting an exemption from immunizations for her daughter. "All you have to do is write a note to the school stating why Lara doesn't have shots," she was told.

But when Rose tried to register Lara for school, she sensed there was going to be trouble. The school nurse was most unfriendly, declaring that no unimmunized child had ever been registered at that school. Even with a letter of exemption, it still was up to the principal to decide if Lara could enter school. "And if anyone in the school catches a disease," she warned, "you could be sued by the parent of that child!"

The week before school began, the school secretary phoned Rose with the urgent message that the exemption letter was needed right away so it could be presented to the school lawyer before the school committee meeting. The letter, which both Rose and her husband signed, was headed Legal Immunization Exemption Per Compliance With State Statute Provisions. Underneath, the name of the school, the city and Lara's name were listed. The text read as follows: "As legal parents of Lara _____ we hereby withdraw our consent to have our child immunized since one or two of the immunizing agents could manifest an allergic reaction. Also whereas; Vaccines are contrary to our beliefs and practices, which violates the free exercise of our religious principles. As legal and responsible parents of the above child we hereby release the school from its responsibility. This legal request to be filed with student's school health record is legal proof of our objection."

Rose accompanied Lara to her first day of school only to be told by the nurse that she had conferred with the school principal and he said the exemption letter wasn't specific enough to allow Lara to enter school. "And what if Lara should cut herself on the swing set?" the nurse demanded. "If she got lockjaw, she would just die because it's a fatal disease. So then, how are you going to live with that?"

The nurse next handed Rose a handwritten note containing the following points which she claimed the school's lawyer required be added to the letter: The name of the religion, an agreement to exempt the school and all of its personnel from any and all liability now and in the future, willingness to allow first aid to be given to the child as stated in the school department protocol, a list of the beliefs and practices specifically violated by immunizations given to the child, specific allergic reactions referred to and why, and the understanding that copies of the objection would be filed with the state health department. The letter was to be completed, signed and notarized before Lara would be allowed in school. Rose's objection that none of the points was required by law was met by the nurse's reiteration that the school's lawyer required them.

During the next 24 hours, Rose got a copy of the state's general laws on immunization from the library. Next she got a notebook, writing in it everything pertinent to the issue, including the names of everyone she had talked to and exactly what they had said. By making one long-distance phone call, Rose learned that the U.S. Supreme Court had ruled that an individual's personal religious beliefs do not necessarily have to be tied to or affiliated with any external manifestation of religious practice through any organized religious organization. She called the Attorney General's office in the role of an irate mother whose child was being kept out of school. ("I had been told that if you're too nice, they just put you on the back burner," Rose explained.) An assistant to the Attorney General told her that while they couldn't make a formal decision unless it was in writing, he personally felt that Rose and her husband had complied with the law in their original letter, and he suggested that Rose have the school lawyer call him.

When she telephoned the principal to get the lawyer's phone number, Rose learned that the principal never had seen the original letter. He also claimed to know nothing about the added demands made on Rose by the school nurse. A call to the school's lawyer produced the added revelation that he knew nothing about those demands. In the end, the principal prepared a statement which contained one single agreement which would allow first aid to be given. Rose signed the statement, and Lara started school, only one day late!

Getting her daughter into school became an educational experience for Rose as well. She learned to check out the claims of people in authority because they might be lying. She learned to check out the actual laws and use them. And she learned that, with persistence, even a young mother holding a nursing baby in her arms can challenge the system and win. And I think she deserves a medal!

the Peoples Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 9, NO. 6

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IN THIS ISSUE:

More on Immunizations



Dr. Robert Mendelsohn

As the vaccine machine prepares to roll out new products--chicken pox vaccine, H. influenza meningitis vaccine, AIDS vaccine, malaria vaccine--all of us must be alerted to the proven risks and unproven effectiveness of those vaccines which are already available.

Only this kind of information can immunize us from the latest voodoo curses of doctors ("If you are not immunized, you and your children will die from foreign travel") and from their irrational attempts to create guilt ("You unpatriotic people are depending on your immunized neighbors to keep you healthy").

Thus--this eighth People's Doctor Newsletter on the risks of immunizations.

Q

My eight-year-old daughter was immunized when she was a baby. I let her have the standard shots, something which I would never do today. So what now? Is there something I can do to balance out what was put into her body?--Mrs. C.L.

A

Can shots be undone?

Here are my recommendations for you and for the many other parents who have written me after changing their minds about immunizations:

- 1) Don't let your doctor give your child any more immunizations. Even if you are in the middle of a series, stop now.
- 2) In the future, don't accept any of the immunizations which are now on the drawing board, e.g., chicken pox, meningitis, gonorrhea, etc.
- 3) Since your child has already received, in addition to the weakened bacteria and viruses, a host of chemical agents in those shots, do your best to reduce her chemical intake in the future. Pay close attention to food and water, medicine, etc.
- 4) Most important, remember that in order to have your child immunized, you had to take her to the doctor when she was healthy. In the future, keep her away from doctors unless she is sick. That's what my latest book "How to Raise a Healthy Child in Spite of Your Doctor" (Contemporary Books, \$13.95) is all about.
- 5) Remember, when your doctor gave your child those immunizations, he did not tell you about their possibly disastrous side effects. In the future, ask him plenty of questions, and then check up on his answers.

DPT on last legs

Since three major charges recently have been exploded in the DPT controversy, no parent should take his child to the doctor's office for that triple vaccine without carefully reading the following documents:

1) If you did not see ABC-TV's April 1985 "20/20" program dealing with the DPT shot (or even if you did) write ABC for a transcript. Incidentally, one of the doctors on that program, Mark Thoman, M.D., a pediatrician and editor-in-chief of the Journal of the American Academy of Clinical Toxicology (1426 Woodland, Des Moines, IA 50309), will send you the warnings issued by his organization on the DPT vaccine.

2) A new book, "DPT: A Shot In The Dark" (Harcourt, Brace, Jovanovich, \$19.95), provides in easily readable form the most comprehensive documentation on DPT damage. The authors are renowned historian Harris Coulter and Barbara Fisher, founder of the parents' organization of vaccine-damaged children known as Dissatisfied Parents Together (DPT). The book includes scientific evidence and case reports.

3) A report on DPT by a group of lawyers, "Advocates for a Safe Vaccine," has been presented to members of Congress. This report, which provides scientific evidence and internal memos from vaccine manufacturers and public officials presumably responsible for vaccine safety, may be obtained through the offices of Congressman Henry Waxman of California and Senator Paula Hawkins of Florida.

Now that the vaccine issue is national news, every responsible parent must be sure to get all the latest information in order to avoid future guilt feelings. These three documents will enable parents to make up their minds. I hope you will ask your own doctor if he has done his homework, since I predict that any practicing physician who carefully reads this information will find his hands shaking every time he reaches for his DPT-filled syringe.

Q

On the eve of our daughter's first birthday, I am writing to ask you a few questions about vaccinations. We have been afraid to give them to Heather because we are concerned that they contain dreadful toxic things, that they would not contribute to her health and might cause harm to her immune system.

Our daughter was born at home and still is on breast milk, although she has eaten fruits, vegetables, cheese and butter. She was given the oral polio vaccine, and we have been thinking about giving her the tetanus shots. We are convinced not to give her pertussis, but are 50/50 on diphtheria. Would we be doing her harm or jeopardizing her health if we gave her the rest of the polio shots as well as the tetanus shot?

As you can imagine, our children's health is of the utmost importance. We are looking into home schooling for the kids and are planning to move out of Los Angeles; my husband has lived in Chicago and Wisconsin.--L.S.

A

You may not have to worry too much longer about the diphtheria shot. In early 1984, stung by the multi-million dollar judgments awarded to vaccine-damaged children, Wyeth Laboratories and Connaught Laboratories stopped the manufacture and distribution of DPT (production has since been resumed). Lederle, while still in the field, has raised the cost of the vaccine sharply.

As the country and the manufacturers--and even the doctors--are learning finally the true cost of the DPT vaccine, all the vaccine's manufacturers may permanently throw in the towel. When this happens, the vaccine issue will have been settled by my favorite method--the American free enterprise system.

When you consider where to re-locate, keep in mind that while Illinois laws mandate immunization (no shots equal no school), moves are afoot to change that law (see page 4). Since you are interested in home schooling, you have joined many other parents who have told me that if they are smart enough not to immunize their children, they also are smart enough not to

send them to school. You should know that Wisconsin is one of the 22 "loophole states" (your present state, California, is another) in which parents can exempt their children from immunization on the grounds of personal conviction.

*Measles
outbreak
raises
questions*

On the day after newspaper headlines told of two students who died from measles at Principia College, a Christian Science Church school in Southern Illinois, TV pictures showed anxious students on the campus lining up for immunizations. Those pictures were enough to scare any parent into taking his child on an emergency visit to the doctor's office for a measles shot.

If you should take this route, be sure to broach some subjects to your doctor before he fills the syringe for your baby, your college-age son/daughter or for you:

1) How sure were the Principia doctors of their diagnosis? After all, most doctors today see few cases of measles, and they may not even recognize the characteristic signs (e.g., white spots in the mouth) of the disease. Did the doctors confirm the diagnosis by virus isolation from the throat or blood, or by certain blood tests (e.g., complement-fixation) on those two victims, or in the other 79 cases diagnosed as measles since January 1985 in that school? Did they exclude other diseases sometimes confused with measles, including scarlet fever, drug rashes, meningococcal infections, infectious mononucleosis, Rocky Mountain spotted fever, etc.?

2) Even though these students came from families which reject vaccines, perhaps their parents felt differently years ago and had them inoculated with the killed measles vaccine when they were babies. This dangerous immunization (which is no longer available) was given to a million children in the U.S. and Canada between 1963 and 1970. Recipients of this vaccine, if later exposed to natural measles, may develop an especially virulent condition known medically as "atypical measles," characterized by severe pneumonia and other life-threatening conditions. Atypical measles has also occurred after inoculation with the live measles vaccine, perhaps as a result of inadvertent inactivation due to improper storage.

3) Ask your doctor to give you the government-mandated form or the manufacturer's prescribing information or the articles from the Journal of the American Medical Association which describe the adverse effects of the vaccine, including thrombocytopenia (a clotting deficiency leading to abnormal bleeding into body organs), hyperactivity, learning disabilities, polyneuritis, Guillain-Barre syndrome, ocular palsy (paralysis of the eye muscles), arthralgia (painful joints), arthritis, convulsions and a mysterious "slow virus" form of mental retardation named SSPE which leads to death.

4) Were all female Principia College students informed that the prescribing information for the vaccine clearly states, "Subjects should be considered for vaccination only if they agree they will not become pregnant within three months following vaccine and if they are informed of the reason for this precaution [fetal damage]"?

5) Were those college students warned that, in addition to pregnancy, other contraindications to the vaccine include illness with fever; allergy to eggs, chickens and chicken feathers, because of a potential risk of hypersensitivity reactions, and (of particular interest to college-age students) the use of cortisone, a drug present in many anti-acne medications?

6) Before the doctor plunges that measles vaccine needle under the skin, you might be well-advised to ask to see his bottle of adrenalin. The prescribing information warns that "epinephrine (adrenalin) should be available for immediate use in case an anaphylactoid (shock) reaction occurs

7) Even if doctors are right in claiming that the measles vaccine reduces the death rate from measles, how, in the absence of any controlled studies, can we be sure that the vaccine does not increase deaths from other causes? For example, cholestyramine, a popular cholesterol-lowering drug, reduces the death rate from heart attack. But patients on this drug have a higher death rate from violent causes (suicides, homicides, accidents). Thus, the "funeral rate" of cholestyramine takers is the same. Why hasn't a study of this nature been carried out on the measles (or any other) vaccine?

Perhaps the heads of Principia College and their Church should have insisted on a full investigation by a panel of experts representing both sides--vaccine enthusiasts and vaccine critics--so that they could have learned the real truth. If that had been the case, college students and parents would not have been panicked into moving hastily only to regret at leisure.

*Salk vs. Sabin
polio vaccine*

Many of you have been justifiably frightened of the Sabin polio vaccine which has been linked to every case of polio in the U.S. during the past three years, and so you have asked me whether you should not be taking the Salk vaccine instead. Even though the Salk vaccine has not been shown to cause polio, I have been skeptical of it for other reasons (e.g., its ability to produce tumors in experimental animals).

Now, an outbreak of five cases of polio in Finland (reported in American Medical News, February 8, 1985) reveals problems with the Salk vaccine. A 17-year-old male developed paralytic polio, even though he previously had received five doses of inactivated (Salk) polio vaccine. A 12-year-old boy, who also had received five doses of Salk vaccine, developed paralytic polio. A 33-year-old man, who had not been completely immunized and who had Hodgkin's disease, developed paralytic polio.

Can you guess what the Finnish doctors have recommended? You guessed it--a campaign to immunize all adults with oral (Sabin) vaccine!

*Religious
exemptions
for vaccines*

For more than a year, Penny and Stanley Heard of Hot Springs, Arkansas have been fighting to exempt their healthy children from state-mandated inoculations. At the beginning of the 1984 school year, the State granted the Heards a six-month exemption based on religious grounds. As reported in attorney Mark Huberman's column (Vegetarian Health Science, November/December 1984), the Heards furnished evidence of membership in the Universal Life Church, based in Modesto, California. Individual branches of that church, including the one to which they belong, oppose vaccines.

*Illinois
reconsidering
mandatory
vaccinations*

The Illinois State Board of Education and the Superintendent of Education have recommended the elimination of financial penalties for schools which permit non-immunized students to attend classes (Illinois Medical Journal, September 1984).

The Board also adopted a recommendation to eliminate the fifth- and ninth-grade mandatory physical examination. As you might expect, the Illinois State Medical Society opposes these two brave actions by the State's education officials who feel that the purpose of schools is to educate, not medicate.

I will keep you informed on the legislative fate of these proposals.

*Flu shots
discredited*

Thanks to former top government virologist, J. Anthony Morris, PhD, I can pass on to you scientific data which discredits the flu vaccine.

At a meeting on January 24 and 25, 1985, a government group known as the Vaccines and Related Biological Products Advisory Committee (Centers for Disease Control, Influenza Branch, Atlanta, Georgia) presented studies showing the failure of the vaccine to protect against influenza B illness. Nursing home patients in seven states were studied over four successive influenza seasons. In an analysis of studies to measure protection afforded by the influenza vaccine against influenza illness in aged patients in two New York/New Jersey hospitals, it was shown that improper controls were used. Thus, the test results were meaningless.

In addition to these important disclosures at meetings attended by scientists and doctors, this bad news about the flu vaccine was distributed to the public through the Gannett News Service in an article (January 30, 1985) by ace reporters Chris Collins and John Hanchette headlined "Flu shot benefit questioned in new studies."

In case your doctor points that needle in your direction and tells you that flu shots are good for old folks, be sure to ask him whether he is aware of these important studies.

Many older patients who suffer from asthma are advised by their doctors to have flu shots. I hope their doctors know that "immunization procedures should not be undertaken in patients who are on corticosteroids (Medrol and prednisone both belong to this group)...because of possible hazards of neurologic complications and a lack of antibody response." That means that any kind of immunization given to a patient who is taking Medrol can cause vertigo, convulsions, increased intracranial pressure, and death. At the same time, as measured by blood tests, the shot doesn't work.

*The drive to
immunize
adults*

While no one knows for sure whether routine childhood immunizations benefit children, no one questions that such shots certainly benefit pediatricians. Compulsory immunizations have produced a captive population for pediatric service, a captive population which must return at regular intervals for pediatric service. This round-up of child patients by pediatricians has not gone unnoticed by doctors who treat adults. So not surprisingly, the 60,000-member American College of Physicians has launched a major campaign to make sure that "adult Americans are as well protected by vaccines as their children..."

Since the good doctors are recommending seven vaccines for adults, you must be prepared to ask your doctor some questions if he tries to convince you of the safety and value of these shots:

1) If your doctor suggests a tetanus shot, ask him to hand you the prescribing information that the manufacturer has shared with him so you can discover the references describing neurological damage from that vaccination.

2) Should your doctor recommend diphtheria shots, ask him about the evidence from diphtheria outbreaks (including that reported by the Chicago Board of Health) which show that neither the incidence of the disease nor the outcome were different in those who were vaccinated and those who were not.

3) If the doctor advises you to have the measles vaccine, be sure to ask him for the printed prescribing information so that you can learn the severe neurological complications associated with this immunization.

4) If the doctor recommends the rubella (German measles) vaccine, ask him about the much higher incidence of arthritis in adults who use this product.

5) If the doctor advises the hepatitis vaccine, ask him why two-thirds of medical personnel who are considered to be at risk of developing this serious liver disease have refused this vaccine, even when it is offered without charge. Because the hepatitis vaccine is a human blood product, health professionals fear it may harbor the agent that transmits AIDS--even though not a single case of AIDS has thus far been traced back to that vaccine.

6) If the doctor offers you the influenza vaccine, ask him if he remembers the hundreds of cases of paralysis that resulted from the swine flu vaccine, a condition which can develop with any kind of flu vaccine.

7) If the doctor suggests the pneumococcal vaccine, ask him if he knows that a variety of neurological disorders, including paralysis, have been associated with this substance. Furthermore, make sure you have not received pneumococcal vaccine in the past, since re-vaccination of adults is not recommended.

When your doctor recommends the seven vaccines, be sure he doesn't accidentally throw in the polio vaccine (not to be given to adults) or pertussis, the whooping cough vaccine (not to be given to anyone over five years of age).

After you have done your homework, you may decide to reject your doctor's recommendations. He then may remind you of the danger of tetanus. He may luridly describe the risk of a rusty nail leading to lockjaw, paralysis, convulsions and painful death. If so, you might point out to him that, according to the Federal Centers for Disease Control, 40 percent of adults in this country have not had the booster tetanus injections which are needed to protect them against this disease. In view of those statistics, where are all the cases of tetanus from all those rusty nails?

Will this adult vaccination drive succeed? I predict that these well-intentioned doctors will not be able to corral their adult patients with nearly the same success rate achieved by their pediatric colleagues. After all, most parents fear more for their children than they do for themselves. So support your commonsense with a little homework. Before your doctor aims the needle in your direction, ask him to give you the reading material on vaccines recommended by this Newsletter.

With the stepped-up drive to vaccinate U.S. adults (now that more than 90 percent of children have been forced to receive immunizations because of the no shots/no school laws), the government doctors at the Centers for Disease Control are trying to figure out how to accomplish their new goal. The front page of the AMA News (February 1, 1985) bore the headline, "Is a 'Gimmick' the Answer?"

The government doctors complain that 40 percent of U.S. adults lack protection from tetanus, 30 percent have no antibodies against diphtheria, and 10 to 15 percent of women are still susceptible to German measles. The government doctors tell us that, with regard to the flu vaccine, things are getting worse. The popularity of flu vaccinations peaked at 38 percent of the high-risk population in 1977, but since then, it has declined to between 25 percent and 35 percent (sounds as though people learned something from the swine flu fiasco).

Because of this sorry state of affairs, the AMA advises, "Adult vaccines need a gimmick--something catchy, yet sophisticated, designed to capture the imagination of a populace that embraces bottled water, running shoes, and Prilokin diets, yet balks at the thought of a simple inoculation." (Imagine comparing my sneakers to a "simple" inoculation!)

The CDC's well-intentioned physicians then proceed to speculate on the reasons for the "abysmal" acceptance rate of vaccines. Reason #1 is: "Patients don't want vaccines." The doctors answer: "There are lingering

doubts about safety. In the minds of many patients, the hepatitis vaccine still is linked to acquired immune deficiency syndrome (AIDS); the flu vaccine, to paralysis, and the diphtheria/pertussis/tetanus vaccine to brain damage." (The CDC doctors fail to mention that two-thirds of physicians eligible for the hepatitis vaccine have refused to take it, and Guillain-Barre paralysis from the flu vaccine and cerebral palsy from the whooping cough-pertussis vaccine exist not in the minds of patients, but rather in their paralyzed limbs.)

Another reason given by government doctors is, "Physicians do not encourage vaccination." (Maybe physicians who have flesh-and-blood patients know something the CDC theoreticians don't.) A recent poll revealed that 50 percent of elderly people who requested a flu vaccine were dissuaded by their physicians--let's hear it for those doctors!

The government doctors complain about other forces which oppose immunizations, e.g., "Resistance from civil libertarians who assert that you cannot force healthy individuals to be vaccinated..." And they conclude, "The biggest obstacle, however, is physician and public ignorance."

"Consumers aren't sold on the idea," bemoans the director of marketing for Merck Sharp & Dohme. (What would you expect a director of marketing for a vaccine manufacturer to bemoan?) He continues, "We're asking them to do something they don't want to do and aren't required to do. We're asking them to spend money and cause pain to prevent themselves from disease they'll probably never get." (Can't argue with that!)

The vaccine enthusiasts have solutions which even they concede "range from the sublime to the ridiculous." They describe a "vaccine voucher" which is "just like the discount cards people use to get bargains at dry cleaners or win prizes from cereal boxes. These government-provided vouchers could be traded in by patients for a free vaccination at the physician's office of their choice." They propose, "A vaccine superstar could do for infectious disease what Michael Jackson did for drug abuse or Mary Tyler Moore did for diabetes." (I assume this falls in the "sublime" category of recommendations.)

CDC physicians suggest a catchy slogan, such as "Vaccines are not just kid stuff" or "Vaccines: The adult thing to do!" In case the above marketing techniques don't do the trick, the government doctors are ready to unfurl their crepe-hanging techniques, using TV spots to stir up memories of the 1918 flu epidemic (precious few of us have memories that go back that far), iron lungs and crippled limbs from polio, etc. Magazine ads could warn high-risk groups; for example, the hepatitis vaccine has been plugged in 73 gay magazines.

The CDC doctors recognize that, for child vaccines, the school system is the "gatekeeper" of immunizations. They complain, "But adults have no common institution through which they all pass."

Perhaps your own doctor, if he belongs to the AMA, will share this entire AMA News article with you. Then, you can read in detail the government doctors' game plan for this new shooting war in which you are the target.

Dr. Mendelsohn's latest book, "How to Raise a Healthy Child in Spite of Your Doctor," has been published by Contemporary Books (\$13.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

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Another View

by Marian Tompson
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My immunization file originally was put together to help my daughters and their husbands decide what to do about immunizing their children. But in recent years it's been shared with a lot of other families. If you're looking for information, documentation, or help with a vaccine damaged child, here are some of the published resources now available:

1) "DPT: A Shot In the Dark," by medical historian Harris L. Coulter and Barbara Loe Fisher (Harcourt Brace Jovanovich, \$19.95). While it's hard to get through the heart-wrenching interviews with parents whose children developed serious reactions to the DPT shot, this comprehensive report also gives us the background on pertussis and the development of the DPT vaccine with all the political, economic and social forces involved in shaping our vaccination policy. It includes a guide for parents on vaccine reactions, medical conditions that put a child at high risk of a reaction, and the dangers of the disease itself.

2) "Dangers of Compulsory Immunizations--How To Avoid Them Legally," by attorney Tom Finn (Family Fitness Press, P.O. Box 1658, New Port Richey, FL 33552, \$5.95). A nationally-known trial attorney, Tom Finn has litigated cases dealing with health freedom issues, including compulsory immunizations. Brief and to the point, the book gives readers the background of immunizations, the status of the law, and alternatives to inoculating their children.

3) "Immunization Booklet" (Mothering Publications, P.O. Box 8410, Santa Fe, NM 87504, \$5.00). Reprints of the best articles on immunization that have appeared in Mothering magazine are presented in this newly revised edition with an updated resource section.

4) "The Vaccine Machine" (Gannett News Service, Box 7858, Washington, DC 20044, 1984). A 24-page special report available free of charge.

5) "DPT" (Fresno Bee, Features Dept., 1626 E. Street, Fresno, CA 93786). Twelve-page reprint of a multiple-part series that appeared in the Fresno Bee.

6) "How We Beat the School System--One Family's Lengthy Struggle to Avoid Compulsory Immunizations at School," by Robert Allanson, plus "The Medical Time Bomb of Immunization Against Disease" (from "How To Raise a Healthy Child in Spite of Your Doctor") by Robert S. Mendelsohn, M.D., in East/West Journal, November, 1984. Available from East/West Journal, Back Issues Dept 144B, 17 Station St., P.O. Box 1200, Brookline, MA 02147, \$2.00.

The following organizations have excellent resources on vaccines:

1) DPTSHOT (Determined Parents to Stop Hurting Our Tots), P.O. Box 543, Beaver Dam, WI 53916. When Marge Grant, the founder, appeared on the Donahue Show with her vaccine-damaged son, Scott, she asked viewers to send her information on other vaccine-damaged children in an attempt to start a central record keeping agency. Everyone who writes to DPTSHOT receives a newsletter.

2) DPT (Dissatisfied Parents Together), 128 Branch Road, Vienna, VA 22180. The goals of this non-profit organization include in-depth research and study of the pertussis portion of DTP; effecting mandatory reporting of adverse reactions; promoting public debate on whether or not the vaccine should be a requirement for attending school, and assuring treatment and compensation for persons damaged by the vaccine. A copy of the first vaccine reform bill to be signed into law in Maryland in 1984 is available for \$2.00. The group also sells a 16-page information booklet, "Pertussis and Pertussis Vaccine," for \$3.00.

3) Advocates for a Safe Vaccine (Andrew W. Dodd, Esq., Ward, Dodd, Gaunt & Denver, 21525 Hawthorne Blvd., Pavillion A, Torrance, CA 90503) is a group of lawyers who have extensive experience representing plaintiffs allegedly suffering the effects of whooping cough vaccine injuries. They have prepared an impressive interim report on DPT vaccine for the use of professionals engaged in similar litigation.

4) Physicians for Study of Pertussis Vaccines (Box 345, 11072 San Pablo Ave., El Cerrito, CA 94530) is a small, but rapidly growing, group of physicians, scientists and nurses committed to the continued development, improvement and availability of safe and effective vaccines. This group recently initiated legislation introduced in the California Assembly which would require true labeling of DPT vaccines sold in California as to their actual assayed potencies.

5) And last but not least, there's this Newsletter. While most other resources have only been available for a few years, since April of 1978, The People's Doctor has devoted eight issues to informing readers on the risks and confusion surrounding immunizations.

The Peoples Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

P.O. Box 982

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IN THIS ISSUE:

The Truth About Immunizations



Dr. Robert Mendelsohn

As the government drumbeating in favor of immunizations grows ever louder, I've decided to devote a large part of this issue of my Newsletter to a discussion of the risks of inoculating against certain diseases. You've had ample opportunity to read all the "pros," so now is your chance to find out why immunizations, like all of medicine, are a mixed blessing.

Historically, immunizations were designed for very serious, life-threatening diseases such as smallpox, tetanus, and diphtheria. The risks of getting these illnesses were great, and so were the mortality rates. As the incidence of once-sweeping disease outbreaks (such as the smallpox epidemic which decimated the Aztec and Inca populations in the 16th century) has declined, the risks of immunizations have begun to take on a greater importance. In fact, with some immunizations, the risks of taking the shots may outweigh their benefits. For example, in 1976, while addressing science writers at a seminar of the American Cancer Society, Dr. Robert Simpson of Rutgers University pointed out that "immunization programs against flu, measles, mumps, polio, etc. actually may be seeding humans with RNA to form pro-viruses which will then become latent cells throughout the body. Some of these latent pro-viruses could be molecules in search of diseases which under proper conditions become activated and cause a variety of diseases including rheumatoid arthritis, multiple sclerosis, lupus erythematosus, Parkinson's disease and perhaps cancer."

Smallpox

The United States finally has abandoned smallpox immunization because the risk of serious complications, leading to death in one per million vaccinations, was higher from the vaccine than from the risk of smallpox itself. The risks of a person being hospitalized with encephalitis or with conditions known as eczema vaccinatum and progressive vaccinia was about 10 per million vaccinations. The risk of a serious complication including eczema vaccinatum, accidental implantation of vaccinia on the eye, or superinfection of a variety of skin conditions approached 1,000 cases per million primary vaccinations.

Diphtheria

Diphtheria, once an important cause of disease and death, has largely disappeared, but immunizations continue. Even when a rare outbreak of diphtheria does occur, this form of immunization often is of questionable value. For example, during a 1969 outbreak of diphtheria in Chicago, four of the 16 victims (according to a Chicago Board of Health report) had been fully immunized against the disease, and five

others had received one or more doses of the vaccine, two of these showing evidence of full immunity. In another report of three fatal diphtheria cases, one individual who died and 14 of 23 carriers had been fully immunized.

*Whooping
Cough*

Whooping cough (pertussis) vaccine is hotly debated in many places in the world, both because its effectiveness rate is only about 50 per cent and because it may cause high fevers and convulsions as well as a form of encephalopathy (brain damage). This vaccine is regarded as so dangerous that most public health authorities prohibit its use after age six. Meanwhile, whooping cough itself has almost completely disappeared (less than 1,000 reported cases in 1976), and it shouldn't be too long before the whooping cough vaccine goes the route of the smallpox vaccine.

Measles

In recent years, vaccines have been developed and introduced for measles, mumps, and German measles, conditions which certainly do not have the dread implications of smallpox, tetanus, and diphtheria. (Incidentally, contrary to popular belief, measles cannot cause blindness; it can cause a condition known as photophobia which parents years ago treated by simply pulling down the windowshades.)

Measles vaccine is designed primarily to prevent measles encephalitis which is said to occur in one out of one thousand cases of measles. Any of us who has had decades of experience with measles must question this statistic: The incidence of 1/1000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle and upper classes, if one excluded simple sleepiness from the measles itself, the incidence of true encephalitis probably is more like 1/10,000 or 1/100,000. Meanwhile, the vaccine itself is associated with encephalopathy in one case per million and with a series of other complications such as SSPE (subacute sclerosing panencephalitis). Other neurologic and sometimes fatal conditions associated with the measles vaccine include ataxia (inability to coordinate muscle movements), retardation, learning disability or hyperactivity, aseptic meningitis, seizure disorders and hemiparesis (paralysis affecting one side of the body). I wonder whether the current epidemic of hyperactivity in children may have its origin, at least in part, in the measles vaccine.

Mumps

Mumps vaccine is extremely questionable. While it obviously decreases the incidence of mumps in the children to whom it is given, it does so at a possible risk of exposing them to the dangers of mumps later, if the effects of the mumps vaccine prove to last less than a lifetime. The chance of sterility from mumps is overrated since in practically every case of mumps orchitis (inflammation of the testes), only one testis is affected, and a man could repopulate the entire world with the other one.

*German
Measles*

The German measles (rubella) vaccine remains controversial throughout the Western world, and there is little consensus regarding the age of the population which should be immunized and when the immunization should be given. Meanwhile, the risk of arthritis, usually temporary

but not uncommonly lasting for many months, from the rubella vaccine raises the question of whether it causes more damage than it prevents. It also is debatable whether immunization of children does anything to protect the one who is at the greatest risk if struck by German measles --namely, an unborn fetus. In the United States, rubella vaccine is administered routinely to children, rather than to women who are contemplating pregnancy. It is doubtful whether this kind of immunization can be validated scientifically, particularly since the rate of defective babies born to mothers with obvious, diagnosed rubella varies widely from one year to the next, from one epidemic to the next, and from one study to the next.

Polio

Immunization is not the sole factor in determining whether or not one contracts a disease. Numerous other factors such as nutrition, housing, and sanitation all figure in determining whether a person will contract a disease against which he has been immunized. As a matter of fact, one of the determinants in whether or not a person comes down with a disease may be whether he has been immunized against the disease! In September 1977, Jonas Salk, developer of the killed polio virus vaccine, testified along with some other scientists that most of the handful of polio cases which had occurred in the U.S. since the early 1970's probably were the byproduct of the live polio vaccine which is in standard use here. In Finland and Sweden, there have been no cases of polio in more than 10 years, but in those countries, the killed virus vaccine is used almost exclusively.

No one who lived through the 1940's and saw pictures of children in iron lungs, saw a President confined to his wheelchair by this dread disease, and was forbidden to use public beaches for fear of catching polio, can forget the frightening spectre it raised in all minds. But today, when the man who is credited with stamping out polio points to the vaccine as the source of the handful of cases which do exist, it's high time to question what we are gaining by vaccinating an entire population against that disease.

Influenza

I never can think about flu shots without remembering a wedding I once attended. Strangely enough, no grandparents were among the participants, and no one who was present seemed to be over 60. When I asked where all the older folks were, I was told they had all received their flu shots a few days before, and they all were at home, recovering from the ill effects of the shots!

The flu vaccine's efficacy and potency still are subjects of great debate, particularly since the strains covered by one year's vaccine often fail to correspond to whatever strains are causing flu at that particular time. The entire effort resembles a game of roulette in which, in any given year, the numbers may or may not match the strains.

We were all afforded a peek into the real dangers of the flu vaccine in 1976 when close governmental surveillance of one strain, the swine flu vaccine, disclosed that 565 cases of Guillain-Barre paralysis were associated with this vaccine, as were the unexplained deaths of 30 elderly persons. One wonders how much more would be known about the ill effects of flu shots if this kind of surveillance had been exercised over everyone who had received other forms of flu vaccine over the years.

What's ahead for the future? A vaccine has been developed for Russian flu which Dr. John Seal of the National Institute of Allergy and

Infectious Disease says may cause the same paralyzing Guillain-Barre syndrome. "We have to go on the basis that any and all flu vaccines are capable of causing Guillain-Barre," Dr. Seal says. Again, we are quick to pull the immunization trigger, but we are slow to examine the consequences of our actions.

Q

My son will be going away to camp next summer. Will he need a tetanus booster shot?--W.M.

A

Not if he's had one during the past 10 years.

Tetanus boosters

Q

Please help me with this problem. We apparently are going to be required by law to immunize our school-age children. I have put off getting rubella and mumps shots for our 12-year-old daughter in the hope that she would get these illnesses naturally, but she has not. I read that rubella immunization is not very long-lasting, with 25 per cent of those immunized losing protection within five years after inoculation.

When my daughter was immunized against red measles at the age of 18 months, she became very ill, and her eyes were crossed for years afterwards because of the high fever she had developed. The daughter of a friend of mine suffered from arthritis after being immunized against German measles, and she still has the condition 10 years later. I looked this up in the Physicians' Desk Reference and discovered that in my daughter's age group, there is a 5 to 10 per cent chance of joint pain, swelling, stiffness, and, rarely, encephalitis after rubella immunization.

Is it best to get these shots or not?--Mrs. B.C.

Q

What is your view of all the various shots that children are supposed to have? I'm afraid of complications which might develop if our son is exposed to all these immunizations. We have been careful to give him the very best start in life--he's 13 months old, still nurses, and received no solids until he was six months old. He has received no immunizations. Are there certain ones he should get and others he could do without? Our present doctor says we are relatively safe in what we've done, but other doctors have thrown us out of their offices for questioning their training. Please answer--we will accept your advice.--Mrs. K.B.

Q

I distrust drugs and try to avoid them as much as possible. When my daughter was born, I found myself confronted by the question of immunizations. I've read articles that questioned the injection of germs into a healthy body, and I've read articles about how the number of certain diseases has dropped drastically since vaccines against them came into use. When the pediatricians I spoke to recommended immunizing my daughter, I finally decided to do it. The day she got her first DPT shot [diphtheria, tetanus, whooping cough], she cried all night, and her reaction to the second DPT was a nightmare: her entire thigh became red and swollen, and she ran a high fever. She screamed all night, cried most of the next day, refused to nurse, and had an unusually large number of bowel movements.

Doctor, how can anything that makes a child so sick be good for her? Is the agony worth it? Of course, if need be, I'd rather have the baby suffer for a couple of days rather than for a week or two with one of the diseases, but what is the percentage rate of vaccine effectiveness?

What are her chances of contracting an immunizable disease these days if she's unvaccinated? What effect do immunizations have on her overall health? If we don't get the third DPT shot, will the two she's already had provide protection? Christian Scientists don't immunize-- I wonder if their disease rate is higher than anyone else's. Many other young parents share our concern.--K.P.

A
*Should
children be
immunized?*

Your three letters, as well as many others I have received in recent months, reflect the growing suspicions that the average American is beginning to feel and express about the ever-growing number of immunizations. In many cases, these vaccines are for diseases which have all but disappeared--in 1976 there were 9 reported cases of polio, 146 cases of diphtheria, 927 of whooping cough, and 68 of tetanus. Smallpox vaccine already has been discontinued in this country, since while the disease itself had disappeared, deaths and illnesses from the smallpox vaccine had not.

Even though medical societies, the pharmaceutical industry, and government agencies are pushing these shots, each mother and father still has the ultimate responsibility of examining both sides of the story in order to decide whether to place their child in the line forming for immunizations.

Of course, vaccine enthusiasts advocate their product on the grounds that, while they certainly produce complications, they are safer than the disease itself. Nevertheless, the adverse reactions listed in the prescribing information for measles vaccine include encephalitis and encephalopathy occurring within 30 days after vaccination, as well as sub-acute sclerosing panencephalitis in children who had no history of natural measles but who did receive measles vaccine.

Listed under adverse reactions for rubella vaccine are arthritis, arthralgia (painful joints) and polyneuritis. "Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after vaccination should be considered as possibly vaccine related."

The Journal of the American Medical Association, January 23, 1978, reported that, of the 18 cases of polio in 1977, three of the patients were persons who were in the United States but who were not residents, and two of the other 15 victims apparently contracted the disease abroad. Three cases occurred in recent vaccine recipients, and 10 cases had been in close contact with recently immunized people. Only three cases occurred in persons "without known vaccine associations."

As far as the whooping cough vaccine (a component of the triple DPT baby shots) is concerned, Dr. Edward B. Shaw, a distinguished University of California physician, has stated (JAMA, March 1975): "I doubt that the decrease in pertussis (whooping cough) is due to the vaccine, which is a very poor antigen and an extremely dangerous one, with many very serious complications...the decline in pertussis began long before the widespread use of vaccine." Dr. Shaw then proceeds to question the controversial view that the decrease in polio is a result of the polio vaccine.

As far as your query about Christian Scientists, I am not aware of statistics on individual diseases, but as a group, they have one of the best life expectancy records in our country.

The information you have already gathered on the pros and cons of current immunizations will also help you when you are faced with the vaccines currently being developed for chicken pox and venereal disease.

From the letters reaching me from all parts of the country, I am aware that many school authorities have decided to exclude unimmunized

children from classes. Thus, vaccination, once a medical matter, now has become a political issue.

As a case in point, some Alaskan chiropractors had sought to excuse healthy children in their practices from compulsory immunization. A Superior Court ruling that only M.D.s and D.O.s have the right to decide when a child's health will be harmed by a vaccination was appealed to the Alaska Supreme Court.

As with all political issues, the question of immunization will be resolved by lawyers, by elected representatives, and, ultimately, by informed public opinion.

*More on
diphtheria
immunization*

I was recently preparing to give testimony as an expert witness in some upcoming law cases which deal with children who are alleged to have been damaged by immunizations. During that preparation, I reviewed a government document which had never before come to my attention.

The November 20-21, 1975, minutes of the 15th meeting of the Panel of Review of Bacterial Vaccines and Toxoids with Standards and Potency (presented by the Bureau of Biologics and the Food and Drug Administration) contained a remarkably complete analysis of vaccines which are currently in use. While the panel's overall conclusion is that vaccines are good and worthwhile, let me pass on to you part of the darker side of immunizations as described by the eminent scientists on this panel.

The section on diphtheria immunization contains the sentence: "For several reasons, diphtheria toxoid, fluid or absorbed, is not as effective an immunizing agent as might be anticipated. Clinical [symptomatic] diphtheria may occur occasionally in immunized individuals--even those whose immunization is reported as complete by recommended regimens." The panel members claim that when diphtheria does occur in such an individual, "It appears to be milder." The report continues that "...the permanence of immunity induced by the toxoid...is open to question."

*Combination
diphtheria-
tetanus
vaccine*

Regarding the combination diphtheria/tetanus vaccine used in adults, the panel stated that this substance "has never been shown conclusively to be an adequate primary immunizing agent. Furthermore, the intervals between booster doses of Td [diphtheria/tetanus] in adults sufficient to maintain diphtheria immunity have not been established."

Finally, "efforts by producers to reduce the [reactions] of the toxoid by increasing purification may have resulted in diminished immunogenicity." In other words, as the vaccine is made safer in order to cut the severity of reactions to it, it gives less protection against the disease.

*Tetanus
toxoid
only*

Now, for tetanus toxoid itself. The government panel pointed out, "The antigenicity [degree of potency] of tetanus toxoid can vary considerably from preparation to preparation." Furthermore, "recent changes in manufacturing procedures may have resulted in lowering of the immunizing potency of tetanus toxoid in some products; hence there is a need for re-evaluating the primary antigenicity of current preparations....Most of the local and febrile [fever] reactions that are seen appear to be related to more frequent inoculations than are necessary."

*Whooping
Cough*

On to whooping cough.

While noting the reduction in this disease over several decades, the panel concedes that "not all of this remarkable decline can be attributed to widespread use of the vaccine for the reason that some decline in morbidity [illness] and mortality from pertussis [whooping cough] was observed in the United States and other Western countries prior to the institution of vaccination."

On one hand, the scientists claim the incidence of whooping cough is low, yet they qualify this statement with: "The exact rates, however, are

unknown for several reasons. Cases are frequently unreported or not recognized." Since many laboratories are not equipped to routinely test for the whooping cough germ, "the infection may go undiagnosed....Infection in immunized persons may cause bronchitis but without typical whooping."

In one of the most important admissions in the entire document, the panel concludes, "Therefore, reports of pertussis obtained by The Center for Disease Control probably represent only a fraction of all pertussis infections occurring throughout the country."

How pure is the whooping cough vaccine? The panel stated, "In contrast to some other immunizing agents, such as diphtheria and tetanus toxoids, pertussis vaccine is a relatively crude preparation that contains the majority of the bacterial constituents, most of which are probably not relevant to the induction of immunity to the disease."

*Complications
of whooping
cough
vaccination*

Has your doctor told you the kind of reactions which are due to the whooping cough vaccine? The panel described them as follows, "Significant reactions that have been attributed to pertussis vaccine have included high fever..., a transient shock-like episode, excessive screaming, somnolence, convulsions, encephalopathy, and extremely rarely, thrombocytopenia [deficiency of clotting elements in the blood]. Such reactions almost always appear within 24 to 48 hours after injection, but have been thought to occur after an interval as long as seven days."

How common are these complications? The panel first used the word "rare," but immediately thereafter confessed that the rates [of complications] are "difficult to define precisely at least in part because they are often not reported." The report further points out that vaccines of higher potency may produce more reactions.

Panel members admitted that the whooping cough vaccines pose a special problem since they "do not exhibit the effectiveness and safety which have been achieved with certain other immunizing agents." The report concedes that "without adequate surveillance of disease rates, the effectiveness of current vaccines and immunization programs cannot be monitored."

How long does immunity last? According to the panel, "Experience with modern pertussis immunization is not of sufficient duration to predict whether childhood immunization may in some instances postpone natural infection until a later age."

Should your child receive whooping cough vaccine before starting school? The panel stated, "...the usefulness of the currently recommended booster dose at school entrance has never been fully documented."

Having described the reactions to pertussis vaccine, the panel admitted that the ultimate significance, if any, in terms of permanent results of vaccine-induced somnolence, excessive screaming, and high fever is unknown. Without such knowledge, satisfactory recommendations for further immunizations when any of these reactions occurs cannot be made.

How often do complications occur? In the understatement of the decade, the panel says: "Physicians are expected to report complications of immunizations to manufacturers in the United States, but compliance with this expectation is less than optimum."

*Occurrence
of
complications*

The panel adds, "Many physicians are not cognizant of the importance of reporting untoward reactions or may be unaware of their clinical features. Further, both physicians and manufacturers have been held liable for damage suits by patients who may suffer adverse effects from established vaccines. All these factors undoubtedly discourage reporting; without maximum reporting or some other form of surveillance, definition of the rates and significance of untoward reactions to current and future vaccines cannot be ascertained."

*More research
needed*

The panel next criticized the laboratory procedures used in the production and testing of pertussis vaccine. Not surprisingly, increased

public support for more research was recommended because "Without such basic studies, a more effective and safer pertussis vaccine cannot be developed." I suggest that all pertussis immunization be suspended while such research is being conducted on this obviously low-quality vaccine.

The panel actually recommends that "The vaccine label should warn that if shock, encephalopathic [brain damage] symptoms, convulsions, or thrombocytopenia [a clotting disorder] follow a vaccine injection, no additional injections with pertussis antigens should be given....The label should also include a cautionary statement about fever, excessive screaming, and somnolence." (Wouldn't it be wise to ask your doctor for a peek at the label the next time he tries to immunize your child?)

The panel's final recommendation is for legislation providing federal compensation for "the few individuals" injured and disabled by participating "in a meritorious" public health program. The panel members frankly admit, "Such legislation would protect manufacturers and physicians against liability...." Does everyone remember the swine flu vaccine? Its manufacturers did succeed in passing the buck of liability to the federal government so that you and I now are paying for the many cases of paralysis and other damage which resulted from that immunization--for a disease that never materialized.

The panel's criticism of other vaccines (typhoid; TAB vaccine, which is the now-discontinued typhoid-paratyphoid vaccine given to all members of the armed forces who served in World War II; cholera, plague) is required reading for anyone whose travel agent tells him he needs these shots to travel abroad.

Tumor-causing substances

On the very last page of its minutes, the government panel mentions its "careful note" of a report on the potential for oncogenic (tumor-producing) action of aluminum and oil adjuvants, substances which are added to increase the action of many vaccines: "There is little doubt that some of the material containing aluminum as adjuvant appears to be carcinogenic [cancer-producing] in a strain of Swiss mice.

"The panel is also investigating the possibility of retrospectively examining the human experience with the incidence of fibrosarcomas (malignant tumors of the connective tissue) at the usual sites of injections of vaccines."

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Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition



Philip, our youngest, is in high school now, so while we weren't personally involved in the dilemma facing parents of grammar-school children in our town, we could sympathize with them. The problem was immunization. Parents just weren't signing the consent forms, so finally the superintendent announced that, if a larger percentage of parents did not have their children inoculated, ALL children would have to be immunized in order to attend school. My first thought was, "Who will sacrifice their children to appease the Board of Education?"

Parents are having second thoughts about all immunizations. And it isn't happening just in the United States. Headlines from Europe show the same concern. Doctors are troubled because children are not being immunized. Parents are worried about possible reactions if they are immunized. To combat this reluctance, the American Academy of Pediatrics released a film, "A Gift, An Obligation," which stresses the importance of childhood immunizations. The fact that the film was produced with financial assistance from a drug company does, I think, strain some of its credibility. During a trip to India, I noticed that, in one town, there were posters everywhere urging parents to have their children immunized. When I asked my host why this city had been singled out for a campaign, he laughed, "It's because the vaccine is manufactured here."

When I was a child attending kindergarten in Illinois, there were no consent forms to sign. The doctor came to school, you got your shot, and your parents found out about it when you got home. Today, after 40 years of progress, the child still gets a shot, but the parents sign a paper agreeing not to sue if their child suffers complications.

This isn't so in California, where the state legislature passed a law--the first of its kind--which provides up to \$25,000 for medical expenses for children who suffer catastrophic reactions (how bad is catastrophic?) to required immunizations. The fact that this law was enacted makes me feel that such reactions can't be all that rare!

But we need more than insurance. We need reliable, objective information. It was reported in the January 23, 1978 issue of the Journal of the American Medical Association that out of the 18 cases of paralytic polio and two deaths from polio reported in the United States in 1977, three of the victims had received polio vaccine, and ten had been in close contact with recently immunized people. This revelation only heightens suspicions that immunizations not only do not guarantee protection from disease, but might actually cause them.

Where do we find a health official or school official who will address our concerns, and acknowledge their validity? We want to protect the health of our children, but we want to do it safely and sensibly. Researchers tell us that it soon may be possible to immunize babies against disease before they are even born by inoculating the pregnant mother. Is this good news, or should it be making us just a little more uneasy?

"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBoo' . (\$3.25).

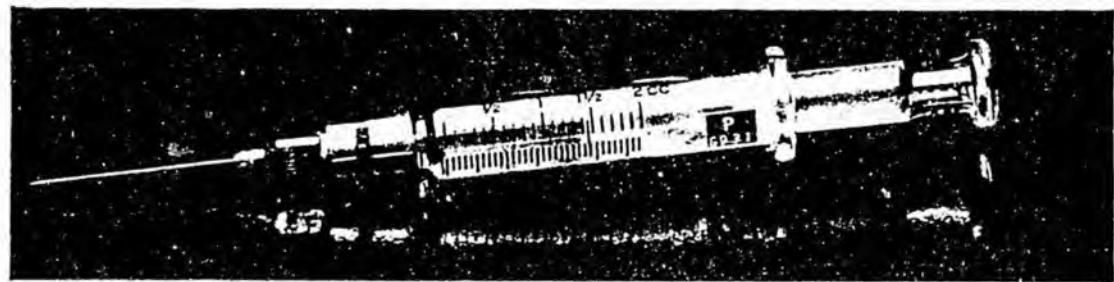
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DPT

A SHOT IN THE DARK



HARRIS L. COULTER

AND BARBARA LOE FISHER

amaged child drew a parallel to what he spoke of her son, who cannot speak. It could have been avoided. I thought of him that shot. If I had known about the option, I might have taken my chances. I don't know. But I do know that God gave me a happy when he was born. He was so on my fingers. God gave me a perfect child imaged God's perfect work."

about—parents grieving for their children—our lives are broken, many with futures too dim. But we miraculously conceive our babies while we eat the right foods and read the books. As fathers, we attend childbirth and withstand the pain of giving birth with our child. As mothers, we breastfeed to life, and we sit up nights rocking them to sleep. As parents, we work long hours and make their future secure.

As parents, we love our children. They are part of our lives. We love ourselves and more than we ever loved. We hope for them and want them to live. There is nothing we would not do to protect them. They are our children. We fight with all our strength to keep them from harm. The time has come to edu-

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H B

282

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

House Hess:

Feb. 3, 1988

Feb. 17, 1988

May 11, 1988

Original sponsors: Hudson, Gruenberg,
Ulmer, et al.

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 282 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to smoke detection devices."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 18.70.095 is amended to read:

9 Sec. 18.70.095. SMOKE DETECTION DEVICES. Smoke detection de-
10 vices shall be installed and maintained in all dwelling [LIVING] units
11 [BUILT, MANUFACTURED OR SOLD] in the state. The devices shall be of a
12 type and deployed in a manner approved by the state fire marshal.

13 * Sec. 2. AS 18.70.095 is amended by adding new subsections to read:

14 (b) In a dwelling unit occupied under the terms of a rental
15 agreement or under a month-to-month tenancy,

16 (1) the landlord shall provide initial and replacement
17 smoke detection devices; and

18 (2) the tenant shall keep the devices in working condition
19 by keeping charged batteries in battery-operated devices, by testing
20 the devices periodically, if possible, and by refraining from dis-
21 abling the devices.

22 (c) In this section, "dwelling unit," "landlord," "rental agree-
23 ment," and "tenant" have the meanings given in AS 34.03.360.

24 * Sec. 3. AS 34.03.100(a) is amended to read:

25 (a) The landlord shall

26 (1) make all repairs and do whatever is necessary to put
27 and keep the premises in a fit and habitable condition;

28 (2) keep all common areas of the premises in a clean and
29 safe condition;

1 (3) maintain in good and safe working order and condition
2 all electrical, plumbing, sanitary, heating, ventilating, air-condi-
3 tioning, kitchen and other facilities and appliances, including eleva-
4 tors, supplied or required to be supplied by the landlord;

5 (4) provide and maintain appropriat receptacles and conve-
6 niences for the removal of ashes, garbage, rubbish, and other waste
7 incidental to the occupancy of the dwelling unit and arrange for their
8 removal;

9 (5) supply running water and reasonable amounts of hot
10 water and heat at all times, insofar as energy conditions permit,
11 except where the building that includes the dwelling unit is so con-
12 structed that heat or hot water is generated by an installation within
13 the exclusive control of the tenant and supplied by a direct public
14 utility connection; [AND]

15 (6) if requested by the tenant, provide and maintain locks
16 and furnish keys reasonably adequate to insure safety to the tenant's
17 person and property; and

18 (7) provide smoke detection devices as required under
19 AS 18.70.095.

20 * Sec. 4. AS 34.03.100(c) is amended to read:

21 (c) The landlord and tenant of a one- or two-family residence
22 may agree in writing that the tenant perform the landlord's duties
23 specified in (a)(4), (5), [AND] (6), and (7) of this section. They
24 may also agree in writing that the tenant perform specified repairs,
25 maintenance tasks, alterations and remodeling. Agreements are allowed
26 under this subsection only if the transaction is entered into in good
27 faith and not for the purpose of evading the obligations of the land-
28 lord.

29 * Sec. 5. AS 34.03.120 is amended to read:

1 Sec. 34.03.120. TENANT TO MAINTAIN DWELLING UNIT. The tenant
2 shall

3 (1) keep that part of the premises occupied and used by the
4 tenant as clean and safe as the condition of the premises permit;

5 (2) dispose all ashes, rubbish, garbage, and other waste
6 from the dwelling unit in a clean and safe manner;

7 (3) keep all plumbing fixtures in the dwelling unit or used
8 by the tenant as clean as their condition permits;

9 (4) use in a reasonable manner all electrical, plumbing,
10 sanitary, heating, ventilating, air-conditioning, kitchen and other
11 facilities and appliances including elevators in the premises;

12 (5) not deliberately or negligently destroy, deface, dam-
13 age, impair or remove a part of the premises or knowingly permit any
14 person to do so; [AND]

15 (6) not unreasonably disturb, or permit others on the
16 premises with the tenant's consent to unreasonably disturb, a neigh-
17 bor's peaceful enjoyment of the premises; and

18 (7) maintain smoke detection devices as required under
19 AS 18.70.095.

HB 282 - "An Act relating to smoke detection devices."

FILE CONTENTS

- 1) Copy of HB 282
- 2) Copy of HB 282 (State Affairs)
- 3) Copy of State Affairs Committee report
- 4) Copy of position paper and fiscal note from Dept. of Public Safety
- 5) 1986 Fire Loss Analysis
- 6) Statement from Stephen Shows, President, International Conference of Building Officials, Alaska Southeast Chapter
- 7) Letter from Stephen Shows to Governor Cowper
- 8) State of Alaska, Division of Fire Prevention, 1987 Spring Edition, page 16.
- 9) 1985 Annual Report, Division of Fire Prevention
- 10) AS 10.70.095. Smoke Detection Devices
- 11) Letter from State Fire Marshall to Rep. Hudson
- 12) Resolution 87-3 from Alaska Fire Chief's Association
- 13) Minutes from May 11, 1987 State Affairs Committee meeting

HOUSE COMMITTEE REPORT

(7)

Date referred: 4/17/87

FURTHER REFERRALS: HESS

DATE: 5-11-87

The State Affairs Committee has considered HB 282

"An Act relating to smoke detection devices."

RECOMMENDS:

- replace with CS HB 282 (SA) the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

[Signature]

[Signature]

SIGNING OTHER RECOMMENDATIONS:

[Signature]

[Signature]
 Chairman's signature

FISCAL NOTE

REQUEST: _____

Revision Date: _____
Title: An act relating to smoke detection devices
Sponsor: Hudson, Gruenberg, Illmer
Requestor: House HESS

Agency Affected: Public Safety
BRU: Fire Prevention
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0

CAPITAL		0	0	0	0	0
---------	--	---	---	---	---	---

REVENUE		0	0	0	0	0
---------	--	---	---	---	---	---

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL		0	0	0	0	0

POSITIONS:

FULL-TIME		0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

No fiscal impact.

Prepared by: Gordon E. Brunton
Division: Fire Prevention

Phone: 465-4331
Date: 1/12/88

Approved by Commissioner: David A. Hopkins
Agency: Public Safety

Date: 1-28-88

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

BILL NO: HB 282

DATE: April 20, 1987

TITLE: An act relating to smoke detection devices

CONTACT: Gordon Brunton

AS 18.70.095 would be amended by this bill to include the requirement that smoke detection devices be maintained; and changes the term "living" unit to "dwelling" unit.

DEPARTMENT OF PUBLIC SAFETY / POSITION PAPER

Smoke detectors have proven to be effective life savers in fires, to the extent that, nationally, deaths by fire dropped substantially during the 1970's. 50 percent of all households are estimated to be equipped with detectors. There continues to be fire fatalities in dwellings where detectors are present, but not operating properly. It is estimated that a person's chances of surviving a fire are increased to 86 percent where a properly installed and functioning smoke detector is present.

The Department of Public Safety will continue its educational efforts to have dwellings provided with regularly maintained smoke detectors.

The Department of Public Safety supports passage of HB 282.

Arther English

Arther English
Commissioner

Smoke detection
Janda

Position Paper

CSHB 282(SA)

For an Act entitled: "An Act relating to smoke detection devices."

This bill would amend AS 18.70.095 to include the requirement that smoke detectors be maintained, changes the term "living" unit to "dwelling" unit, requires a landlord to install smoke detectors in apartments, and requires a tenant to replace batteries in DC powered units.

Smoke detectors are proven life savers in fires, but only an estimated 50 percent of all households are equipped with smoke detectors. Also, many homes have smoke detectors that will not operate due to lack of maintenance. The fire services estimate that the existence of a functioning smoke detector increases an occupant's chance of surviving a fire by 86 percent. According to the Alaska Division of Fire Prevention, in 1986, there were no fire deaths in Alaska in buildings with functioning smoke detectors.

The Department of Health and Social Services supports passage of CSHB 282(SA) because it will require functioning smoke detectors in all dwellings, which should help reduce the rates of deaths and injuries due to fires.

Recommended by:

Elizabeth Ward
Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

January 29, 88

Approved by:

Myra M. Munson
Myra M. Munson
Commissioner
Department of Health and
Social Services

Date:

2-2-88

FISCAL NOTE

REQUEST:

Revision Date: 5/12/87
Title: An Act relating to smoke
detection devices.
Sponsor: Hudson et al.
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: EMS Certification and
Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

The enactment of CSHB 282(SA) would have no direct fiscal impact on the Department of Health and Social Services.

Prepared by: Elizabeth Ward, Director *Elizabeth Ward* Phone: 465-3090
Division: Public Health Date: _____

Approved by Commissioner: Mike M. Munson *Mike M. Munson* Date: 2-2-88
Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

1986 FIRE LOSS ANALYSIS
SMOKE DETECTOR PERFORMANCE

Nationally, detectors operated in 4.3% of all fires.

In Alaska, detectors operated in 7.3% of all fires.

No fire deaths occurred in Alaska where operating detectors were present.

In 24.6% of all fires in Alaska, NO detectors were present.

There is an indication that in the presence of operating detectors, property losses are less than where there are no detectors (not bad for an initial investment of about \$10.00 and \$3/year for batteries):

\$14,648 loss/incident where detectors are present.

\$15,470 loss/incident where no detectors present.

BASE-REPORT 18
SUMMARY OF FIRES BY ELEMENT
FOR TYPE OF SITUATION FOUND AND/OR FIXED PROPERTY USE

REPORT PERIOD - 01-01-86 THRU 12-31-86

COMPUTER RUN DATE - 04-22-87

STATE- AK

COUNTY- ALL

FIRE DEPARTMENT- ALL

FDID - ALL

STRUCTURE FIRES

	FIXED PROPERTY USE									
UNCLASS- IFIED	PUBLIC ASSEMBLY PROPERTY	EDUCA- TIONAL PROPERTY	INSTITU- TIONAL PROPERTY	RESIDEN- TIAL PROPERTY	STORE OFFICE PROPERTY	BAS INDS UTILITY DEFENSE	MANUFAC- TURING PROPERTY	STORAGE PROPERTY	SPECIAL PROPERTY	TOTAL
TOTAL STRUCTURE FIRES BY DETECTOR PERFORMANCE.....:										
UNKNOWN										
# OF OCCURRENCES	9	3	4	160	2	4	5	5	3	195
% OF COLUMN TOTAL	15.78	9.67	18.18	13.38	2.94	16.00	26.31	6.57	4.05	12.44
IN RM OF FIRE/OPERATED										
# OF OCCURRENCES	8	10	8	128	3	1	1			159
% OF COLUMN TOTAL	14.03	32.25	36.36	10.71	4.41	4.00	5.26			10.14
NOT IN ROOM/OPERATED										
# OF OCCURRENCES	2	2	2	89				2	1	98
% OF COLUMN TOTAL	3.50	6.45	9.09	7.44				2.63	1.35	6.25
IN ROOM/NOT OPERATED										
# OF OCCURRENCES	3	1	1	82	1	1				89
% OF COLUMN TOTAL	5.26	3.22	4.54	6.86	1.47	4.00				5.67
NOT IN ROOM/NOT OPERAT										
# OF OCCURRENCES	1	3	1	86	2			3	2	98
% OF COLUMN TOTAL	1.75	9.67	4.54	7.19	2.94			3.94	2.70	6.25
IN ROOM/FIRE TOO SMALL										
# OF OCCURRENCES	3	3	1	50	3					60
% OF COLUMN TOTAL	5.26	9.67	4.54	4.18	4.41					3.82
NO DETECTORS PRESENT										
# OF OCCURRENCES	31	9	5	594	52	19	12	66	68	856
% OF COLUMN TOTAL	54.38	29.03	22.72	49.70	76.47	76.00	63.15	86.84	91.89	54.62
OTHER										
# OF OCCURRENCES				6	5		1			12
% OF COLUMN TOTAL				.50	7.35		5.26			.76
** COLUMN TOTALS **	57	31	22	1195	68	25	19	76	74	1567

TALLY-REPORT 22

LISTING OF ALL FIRE ELEMENTS BY FREQUENCY OF OCCURRENCE
 REPORT PERIOD - 01-01-86 THRU 12-31-86 COMPUTER RUN DATE - 04-22-87

STATE- AK

COUNTY- ALL

FIRE DEPARTMENT- ALL

FDID - ALL

FIRE INCIDENT ELEMENTS

DETECTOR PERFORMANCE

	NUMBER OF INCIDENTS	PERCENTAGE OF TOTAL	NUMBER SERVICE INJURIES	NUMBER CIVILIAN INJURIES	NUMBER SERVICE DEATHS	NUMBER CIVILIAN DEATHS	DOLLAR LOSS
0 UNKNOWN	194	5.5	3	6		4	6377836
1 IN RM OF FIRE/OPERATED	159	4.5	1	4			2656478
2 NOT IN ROOM/OPERATED	98	2.8		4			1108097
3 IN ROOM/NOT OPERATED	89	2.5	1	4			524923
4 NOT IN ROOM/NOT OPERAT	98	2.8		6			574053
5 IN ROOM/FIRE TOO SMALL	60	1.7		1			15400
8 NO DETECTORS PRESENT	856	24.6	10	21		7	12678390
9 OTHER	12	.3					79000
BLANK	1908	54.9	6	4		2	2792147
TOTAL	3474	100.0	21	50		13	26806324

SPRINKLER PERFORMANCE

	NUMBER	PERCENTAGE	NUMBER	NUMBER	NUMBER	NUMBER	DOLLAR
			SERVICE	CIVILIAN	SERVICE	CIVILIAN	LOSS
			INJURIES	INJURIES	DEATHS	DEATHS	
0 UNKNOWN	100	2.8	1				2831095
1 EQUIPMENT OPERATED	33	.9		2			474750
2 EQP SHOULD OPERA/DIDNT	1						7000
3 EQP PRESENT/FIRE SMAL	62	1.7					53894
8 NO EQUIP PRESENT	1362	39.2	14	44		11	20582438
9 OTHER	8	.2					65000
BLANK	1908	54.9	6	4		2	2792147
TOTAL	3474	100.0	21	50		13	26806324

PROPERTY DAMAGE CLASSIFICATION

	NUMBER	PERCENTAGE	NUMBER	NUMBER	NUMBER	NUMBER	DOLLAR
			SERVICE	CIVILIAN	SERVICE	CIVILIAN	LOSS
			INJURIES	INJURIES	DEATHS	DEATHS	
0 UNKNOWN	2						2000000
1 1 TO 99 DOLLARS	148	4.2					5335
2 100 TO 999 DOLLARS	660	18.9		2			229700
4 10000 TO 24999	819	23.5	7	26		6	4211004
5 25000 TO 49999	112	3.2	3	11		3	3608590
6 50000 TO 249999	48	1.3	1	5		1	2704157
7 250000 TO 999999	79	2.2	9	5		1	12847538
8 1000000 OR MORE	1						1200000
9 NO DOLLAR LOSS	1605	46.2	1	1		2	
TOTAL	3474	100.0	21	50		13	26806324

BASE-REPORT 18
SUMMARY OF FIRES BY ELEMENT
FOR TYPE OF SITUATION FOUND AND/OR FIXED PROPERTY USE

REPORT PERIOD - 01-01-86 THRU 12-31-86

COMPUTER RUN DATE - 04-02-87

STATE- ALL

COUNTY- ALL

FIRE DEPARTMENT- ALL

FDID - ALL

STRUCTURE FIRES

	FIXED PROPERTY USE										TOTAL	
	UNCLASS- IFIED	PUBLIC ASSEMBLY PROPERTY	EDUCA- TIONAL PROPERTY	INSTITU- TIONAL PROPERTY	RESIDEN- TIAL PROPERTY	STORE OFFICE PROPERTY	BAS INDS UTILITY DEFENSE	MANUFAC- TURING PROPERTY	STORAGE PROPERTY	SPECIAL PROPERTY		
TOTAL STRUCTURE FIRES BY DETECTOR PERFORMANCE.....:												
UNKNOWN												
# OF OCCURRENCES	614	761	217	327	18593	933	189	512	1217	682	24045	
% OF COLUMN TOTAL	46.83	21.73	17.90	17.56	22.83	18.60	19.48	18.53	15.40	20.35	21.99	
IN RM OF FIRE/OPERATED												
# OF OCCURRENCES	60	179	183	571	6642	247	34	276	47	2	8261	
% OF COLUMN TOTAL	4.57	5.11	15.09	30.66	8.15	4.92	3.50	9.98	.59	.65	7.55	
NOT IN ROOM/OPERATED												
# OF OCCURRENCES	36	82	50	153	5763	119	8	54	59	23	6347	
% OF COLUMN TOTAL	2.74	2.34	4.12	8.21	7.07	2.37	.82	1.95	.74	.68	5.80	
IN ROOM/NOT OPERATED												
# OF OCCURRENCES	14	79	48	96	2776	89	4	40	22	7	3175	
% OF COLUMN TOTAL	1.06	2.25	3.96	5.15	3.40	1.77	.41	1.44	.27	.20	2.90	
NOT IN ROOM/NOT OPERAT												
# OF OCCURRENCES	25	114	71	87	4635	102	11	58	51	17	5171	
% OF COLUMN TOTAL	1.90	3.25	5.85	4.67	5.69	2.03	1.13	2.09	.64	.50	4.73	
IN ROOM/FIRE TOO SMALL												
# OF OCCURRENCES	10	138	61	249	2623	122		89	41	11	3344	
% OF COLUMN TOTAL	.76	3.94	5.03	13.37	3.22	2.43		3.22	.51	.32	3.05	
NO DETECTORS PRESENT												
# OF OCCURRENCES	538	2119	568	355	39271	3345	714	1703	6414	2555	57582	
% OF COLUMN TOTAL	41.03	60.52	46.86	19.06	48.22	66.69	73.60	61.63	81.16	76.26	52.67	
OTHER												
# OF OCCURRENCES	14	29	14	24	1128	58	10	31	51	33	1392	
% OF COLUMN TOTAL	1.06	.82	1.15	1.28	1.38	1.15	1.03	1.12	.64	.98	1.27	
** COLUMN TOTALS **	1311	3501	1212	1862	81431	5015	970	2763	7902	3350	109317	

TALLY-REPORT 22

LISTING OF ALL FIRE ELEMENTS BY FREQUENCY OF OCCURRENCE
 REPORT PERIOD - 01-01-86 THRU 12-31-86 COMPUTER RUN DATE - 04-02-87

STATE- ALL

COUNTY- ALL

FIRE DEPARTMENT- ALL

FDID - ALL

FIRE INCIDENT ELEMENTS

EXTENT OF SMOKE DAMAGE

	NUMBER OF INCIDENTS	PERCENTAGE OF TOTAL	NUMBER SERVICE INJURIES	NUMBER CIVILIAN INJURIES	NUMBER SERVICE DEATHS	NUMBER CIVILIAN DEATHS	DOLLAR LOSS
0 UNKNOWN	42782	12.8	203	174	1	52	53138657
1 CONFINED OBJECT ORIGIN	14210	4.2	61	138	1	16	22694844
2 CONFINED PART RM ORIGIN	9416	2.8	72	233		8	12951517
3 CONFINED ROOM OF ORIGIN	9407	2.8	83	330		13	18675854
4 CONF FIRE-RATED COMPAR	1610	.4	33	157		13	7870638
5 CONFINED FLOOR ORIGIN	7415	2.2	207	506	1	51	50961610
6 CONFINED BLDG ORIGIN	33260	10.0	2294	1920	2	506	1506248565
7 EXTENDED BEYOND BLDG	6178	1.8	638	292	3	90	174493504
8 NOT A STRUCTURE FIRE	9714	2.9	26	25		3	3142125
9 NO DAMAGE	20012	6.0	211	318		39	165164523
INVALID CODE	50						6024
BLANK	178115	53.6	605	931	1	192	743052472
TOTAL	332169	100.0	4433	5024	9	983	2758400333

DETECTOR PERFORMANCE

	NUMBER OF INCIDENTS	PERCENTAGE OF TOTAL	NUMBER SERVICE INJURIES	NUMBER CIVILIAN INJURIES	NUMBER SERVICE DEATHS	NUMBER CIVILIAN DEATHS	DOLLAR LOSS
0 UNKNOWN	55456	16.6	807	661	1	226	467068594
1 IN RM OF FIRE/OPERATED	8289	2.4	271	368		38	89828560
2 NOT IN ROOM/OPERATED	6378	1.9	244	383		38	53799387
3 IN ROOM/NOT OPERATED	3189	.9	90	225		2	18512747
4 NOT IN ROOM/NOT OPERAT	5223	1.5	142	196	1	30	22622350
5 IN ROOM/FIRE TOO SMALL	3392	1.0	15	50		2	3036722
8 NO DETECTORS PRESENT	65451	19.7	2205	2127	4	441	1341581026
9 OTHER	1977	.5	39	56	2	13	17134493
INVALID CODE	109		1	2			265279
BLANK	182705	55.0	619	956	1	183	744551175
TOTAL	332169	100.0	4433	5024	9	983	2758400333

SEEN ELSEWHERE

No smoke alarms in fatal fire; landlord jailed, fined
A landlord has been sentenced to 90 days in jail for failing to install smoke alarms in a home in South St. Louis where a 4-year-old boy was killed in a fire.

Judge Christopher Smith of the St. Louis Municipal Court ordered the landlord, Richard Lewis of Kirkwood, Mo., to bring his wife to court so that the judge could give her the same sentence, said Vincent Sabella, housing court coordinator for St. Louis. Lewis's wife, Sharon Lewis, also is an owner of the house, Sabella said.

Smith also fined Richard Lewis \$500 and indicated that he would impose the same fine on Sharon Lewis.

The fine and jail term are the maximum allowed by the ordinance requiring smoke alarms in city dwellings.

On November 14, Jacob Daniel Wiley was killed in a fire at the house. Fire fighters found the boy unconscious and wedged into a closet in the front room.

The boy's mother, Patty Wiley, 27, told authorities that she had scolded Jacob earlier in the day for sticking pieces of paper into a space heater.

(St. Louis Post-Dispatch, January 9, 1987)

Homeless burning

BOSTON (AP)—The death of a homeless man whose clothes caught fire in his makeshift shelter graphically illustrates the growing problem of homelessness in American cities, said Mayor Raymond L. Flynn, who knew the victim.

John Griffin, 55, known in the South Boston neighborhood as "Dukey," was a Navy veteran and welfare recipient who walked the beach along Dorchester Bay for the past 2½ years, according to Flynn and Police Superintendent Paul Evans.

One Saturday night, he crawled under a cement staircase behind a city bathhouse and covered the opening with planks. Evans said it was unclear whether Griffin built a fire to keep warm in the 33 degree weather, or if it was a cigarette that ignited his clothes.

Griffin apparently tried to crawl 40 feet to the bay, but collapsed. His body was found about halfway between the bathhouse and the water, Evans said. Cigarette butts and empty vodka bottles were found strewn behind the bathhouse.

The Midland Syn-Tech™ Challenge...

In 1982 some people simply didn't believe the Midland Syn-Tech™ synthesized two-way radio. That it had more capability than existing radios, was field programmable, yet cost less than anything comparable. We said, "Match it against any other radio."



In 1982, it took guts to switch radio brands. Now you just have to look at the track record. Since 1982 Syn-Tech radios have averaged fewer than 1% "infant mortality" failures, and life test results correspond to a unit availability of better than 99% on a normal annual operational schedule.

Some pretty tough customers accepted our challenge. They compared capability and specs. Ran side-by-side field tests with other radios. Put them on shake tables. Compared price. Then they bought ours and put them to work.

Here at last was an affordable high-capability radio, that could be tailored to the user's exact needs by their own maintenance operation or local two-way dealer. And reprogrammed if needs changed. Up to 80 channels. Channel scanning. Choice of priority and scan mode CTCSS and DCS squelch. DTMF. Wideband options and more.

Circle No. 014 on Reader Service Card

has made believers out of...

Today, there are over 100 Syn-Tech models—including the new Syn-Tech portables—plus many other new Midland LMR mobiles, portables, and repeaters. We think a considered comparison will convince you there's still no better value.

We challenge comparison. Give us a call.



"Operational flexibility"

"The large channel capacity, plus the ability to reprogram the Syn-Tech quickly, means I can operate anywhere in or out of my service territory on an instant's notice."

Harold M. Enabe
Public Information Officer
Kansas City, MO Fire Department

MIDLAND LMR
LAND MOBILE RADIO
1-800/MIDLAND
In Missouri: 816 241-8500
Ask for Ext. 1690

In Canada: A. C. Simmonds & Sons, Ltd.

some pretty tough customers!



International Conference of Building Officials

Alaska Southeast Chapter

JANUARY 13, 1988

LEGISLATIVE POSITION PAPER IN SUPPORT OF

CSHB 282 AND SB 266

AN ACT RELATING TO SMOKE DETECTION DEVICES

Our membership recommends adoption of these two bills which are amendments to the existing statute pertaining to smoke detectors. The current law is vague in defining conditions under which smoke detectors are required.

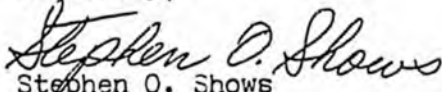
Smoke detectors are inexpensive and save lives. They offer the best available strategy in Alaska for reducing the loss of life and property from fire. Our State leads the Nation in these losses per capita year after year.

Section 2. of the proposal clearly sets forth smoke detector maintenance responsibilities for landlords and tenants in rental situations.

In addition to the State Fire Marshall's office, AS 13.70.09C allows local fire chiefs to enforce these provisions within their jurisdictions. The municipalities of Juneau and Anchorage currently require detectors in all dwelling units.

These acts would have negligible financial impact on both rural and urban residents of Alaska. There is no fiscal note to the State associated with implementation of these amendments.

Sincerely,


Stephen O. Shows
President

International Conference of Building Officials

Alaska Southeast Chapter

Building and Fire Safety
March 30, 1987

Governor Steve Cowper
State of Alaska

Dear Governor Cowper,

The Alaska Chapters of the International Conference of Building Officials are composed of dedicated and trained career professionals in the fields of life and property safety. Our membership represents every major municipality, several Federal and State agencies, and private sector design professionals in Alaska. We respectfully request your consideration and support of three proposals that we strongly believe to be in the best interest of all Alaskans.

1. In December 1984 the Alaska Task Force on Fire Prevention concluded that Alaska has the highest rate of fire death per capita in the western world. We would like to have you introduce an amendment to AS 18.70.095 which would require the installation of smoke detectors in all dwelling units. This action would produce the greatest potential for saving lives under currently available technology. The financial impact of this action on both rural and urban citizens would be negligible.

In addition, funding for the State Fire Commission would greatly help the efforts of those who serve in this State as firefighters, fire chiefs and construction code officials.

2. During the unprecedented construction boom of the early eighties, cities and boroughs learned that increased efficiency and communication occurred when related functions were consolidated into "one-stop permit departments". They were also far less expensive to administer. The consensus of the construction industry, from our perspective, is that it would be timely for the State to adopt a similar organizational structure now that construction activity has cooled down.

Smaller Alaskan communities which have taken the initial steps to regulate construction activity within their boundaries often need continued assistance from the State because of staff limitations. The Departments of Public Safety, Labor, Environmental Conservation and others often complement the local staff. We fear that funding cuts may erode the current level of service.

Most rural communities currently have some degree of fire service personnel. In addition, larger municipalities usually provide some level of building inspection services. As an integrated extension of a State department governing fire prevention and building safety, the State could maintain a strong commitment to help train

International Conference of Building Officials

Alaska Southeast Chapter

We support the following amendments;

AS 18.70.095. Smoke detection devices. Smoke detection devices shall be installed and maintained in all [living] dwelling units and mobile homes [built, manufactured or sold] in the state. The devices shall be of a type and deployed in a manner approved by the state fire marshall.

A dwelling unit is any building or portion thereof which contains living facilities, including provisions for sleeping, eating, cooking and sanitation.

Add to AS 34.03.100 It shall be the duty of the landlord to provide smoke detection devices in rental units.

Add to AS 34.03.120 It shall be the duty of the tenant to maintain smoke detection devices in rental units.

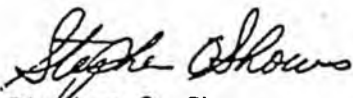
Justification

Current statute and regulation 13.AAC 50.020 require smoke detectors in all guest rooms in hotels and lodging houses used for sleeping purposes. They are also required in all dwelling units (apartments, condos etc.) except single family homes, duplexes and triplexes built before 1975 that have never been sold. Living units are not defined in the Uniform Building Code (UBC). Dwelling units are defined in the UBC and used in the state fire marshall's regulations. Responsibility for smoke detection devices and maintenance in rental property is not clearly defined.

Alaska has the highest per capita death rate by fire in the western world. These amendments would help reduce fire deaths in Alaska.

This act would have negligible financial impact on rural and urban Alaskans. There is no fiscal note to the state due to implementation of this amendment. This change is also supported by the fire service in Alaska.

Sincerely,



Stephen O. Shows
President

STATE OF ALASKA

DIVISION OF FIRE PREVENTION

FIRE MARSHAL UNIT

SPRING EDITION 1987

FIRE SERVICE TRAINING UNIT



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Sylvester (Sam) Neal, Director

Alaska State Fire Marshal

CORRECTION

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

International Conference of Building Officials

Alaska Southeast Chapter

Building and Fire Safety
March 30, 1957

Governor Steve Cowper
State of Alaska

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Most rural communities currently have some degree of fire service personnel. In addition, larger municipalities usually provide some level of building inspection services. As an integrated extension of a State department governing fire prevention and building safety, the State could maintain a strong commitment to help train

these local government officials to deliver services within their jurisdictions. This would save the State revenue and also increase services at the local level. In most cases disputes or questions could be resolved locally with a telephone call or an appeal hearing rather than by purchasing a plane ticket and sending a State inspector out into the field. Currently disputes with State inspectors must usually be resolved in civil court.

It just makes good sense to promote State goals by having them supported and reinforced at the local level. We support consolidation of State building regulations within one department.


3. We urge your support for adoption of the 1993 Uniform Plumbing Code (UPC), without amendment. The objections to the UPC by the plumbers union are no more than traditional "featherbedding". The plastic pipes in dispute have been used in thousands of buildings and for many years in Alaska with no problems of fire safety, water quality, sanitation or mechanical durability. In addition to low cost, plastic pipes have many other advantages in cold climates.

We were pleased with the State's dismissal of case #4FA-93-1077 against Fairbanks. The court held that Article X, Section II of the Alaska Constitution permits local governments to adopt and enforce newer editions of the UPC than the State. Recent correspondence, however, with Commissioner Sampson indicates his reluctance to respect that decision in the other districts in Alaska. We respectfully request that your office explain to us any compelling interest the State may have in pursuing this matter beyond an examination of fire and building safety issues by our membership and the court. Please consider the time and expense involved for both sides to litigate this matter further.

The State Fire Marshal currently defers their regulatory authority to municipalities who have demonstrated an ability to enforce the fire safety provisions of the codes. This saves the State money and avoids duplication of services. We request that you review this policy with your Commissioner of Labor for implementation within all jurisdictions that have adopted and currently enforce newer versions of the UPC.

Thank you for your attention to these matters. We appreciate the opportunity to help resolve any areas of conflict that may exist and look forward to cooperating with your administration in a positive manner to promote safety related issues in Alaska.

Sincerely



Stephen O. Shows
President

International Conference of Building Officials

Alaska Southeast Chapter

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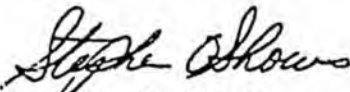
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President

STATE OF ALASKA

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Alaska State Fire Marshal

HOME FIRES KILL 4,885 in 1985
Fire Chief Magazine
October 1986

Fire deaths in U.S. homes increased 19.8% in 1985 over the previous year, according to a report from the National Fire Protection Association (NFPA).

The report, "Fire Loss in the United States During 1985", stated in 1985, 4,885 people died in home fires compared to 4,075 in 1984. A total of 6,185 civilian deaths (non fire fighters) were reported, an increase of 18% over 1984.

According to a 1985 Lou Harris poll, nearly 75% of all U.S. homes have at least one smoke detector, however studies have suggested that nearly one-third of the installed smoke detectors are inoperative due to dead batteries of faulty detection mechanisms. Further studies indicate that the majority of home fires occur in homes without smoke detectors.

In 1985 a total of 2,371,000 fires in the U.S. were recorded, accounting for more than \$7.324 billion in property losses, up 9.2% over 1984. Also reported were 825 fire fatalities in road, water, and air vehicles, an increase of 30% over 1984. Approximately 770 of these fire deaths occurred in road vehicles on U.S. highways.

In 1985, 122 fire fighters died in the line of duty. This represents a 3.4% increase over 1984.

According to Dr. John R. Hall, Jr., director of fire analysis at NFPA, home fire deaths are still down 18.8% from 1978. However, a return to the fire death levels of 1982 and 1983 may signal the U.S. has "reached a plateau in reducing fire deaths".

IN ALASKA, HOME FIRES KILL 26 in 1985

Out of the 26 home fire deaths there were no known operating SMOKE DETECTORS.

Nine of the 26 home fire deaths had inoperative SMOKE DETECTORS.

SMOKE DETECTORS

As in any home, smoke detectors should be installed on each living level. They should be installed and maintained as directed by the manufacturer, and in good working order.

Single-Family Dwelling, South Carolina, January 30, 1983. Electric heater too close to combustibles; two killed.

This fire in a single-story dwelling of wood-frame construction started in the living room when an electric space heater on top of a coffee table ignited books and newspapers also located on the table.

A neighbor telephoned the fire department at 4:30 am. Fire fighters attempted to rescue the two occupants while battling the fire, but were unable to reach them initially due to the intense heat and fire. Both male victims, ages 21 and 19, were found in the living room, where both had succumbed to smoke inhalation.

Officials said that one victim had fallen asleep on the couch while the other was sleeping in a back bedroom. They believe that the latter awoke and was overcome by smoke while trying to rescue his sleeping friend on the couch.

Officials believe that if smoke detectors had been installed, these two deaths could have been prevented. The fire had a head start of approximately 15 to 20 minutes because the neighbor who discovered the fire had no telephone and had to make the call at another neighbor's home.

Damage from this fire was estimated at \$55,000.

1985 ANNUAL REPORT

DIVISION OF FIRE PREVENTION

DEPARTMENT OF PUBLIC SAFETY

STATE OF ALASKA

1981 - 1985 COMPARISONS

	1981	1982	1983	1984	1985
Civilian Fire Deaths	28	16	27	35	29
Deaths/Million Pop.	64.3	34.7	54.5	66.9	54.2
Civilian Injuries	84	62	70	63	70
Firefighter Injuries	46	28	42	36	37
Number of Fires	3,119	3,109	3,214	3,680	3,475
Total Calls	7,777	10,527	14,035	14,876	14,813
\$ Losses (in millions)	\$40.6	\$42.6	\$72.8	\$34.5	\$38.8
\$ Loss per capita	\$93.29	\$92.44	\$146.98	\$65.95	\$72.56

FIRE DEATHS

Once again, Alaska leads the Nation in deaths by fire, based upon the number of fatalities per million population. Of the 29 who died, 27 were in their homes, either single or multi-family dwellings.

17 were males, 12 females. 10 were under the age of 9. The continued need to install and maintain smoke detectors is demonstrated by these losses.

The discussion of fire deaths would be incomplete without examining the rates. Fairbanks, for example, appears to have the highest urban fire death rate during 1985, with 148 deaths per million population, compared to Anchorage, which was 32. Similar comparisons show Naknek, for example, to have a fire death rate per million population during 1985, of 3,333. Small communities such as this, however, must be looked at over a longer period of time, as the real picture is biased by their size and experience.

Table No. 1 in the appendices lists the fatalities in Alaska since 1979 by location. Local departments are urged to compare their fatality problem with the rest of the state.

DETECTOR AND SPRINKLER PERFORMANCE

Smoke Detectors



**DON'T STAY HOME
WITHOUT ONE!**

Detectors operated in 249, or 15.5% of all structure fires. Of the 1,187 fires in residential structures, no detectors were present in 58% of the incidents.

Automatic sprinkler systems operated in 16 fires, or 1% of the incidents. It should be noted that these were all non-residential (single or two-family dwellings) properties.



Studies by the Federal Emergency Management Agency indicate that the installation of home fire sprinkler systems could save thousands of lives and prevent millions of dollars in property loss.

New technology has made fire sprinklers much more practical for residential use. Sprinkler heads are smaller, more esthetically designed, and react at lower temperatures than conventional industrial fire sprinklers. In addition, installation costs and water requirements are minimal. For home builders, fire sprinklers are a low-cost safety option that would attract buyers, and the trade-offs between sprinklers and code requirements can mean lower construction costs or more units per area. For homeowners, the advantages of fire sprinklers include a safer environment for the family, protection for irreplaceable family possessions, and potentially lower insurance rates.

There is currently a movement in Alaska to encourage the installation of sprinkler systems in dwellings. Any success in this effort should see a reduction in life and property losses.

STATE OF ALASKA

STEVE COWPER, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE PREVENTION

REPLY TO:

P.O. BOX N
JUNEAU, ALASKA 99811-1200
PHONE: (907) 465-4331

5700 EAST TUDOR ROAD
ANCHORAGE, ALASKA 99507-1225
PHONE: (907) 269-5604

1979 PEGER ROAD
FAIRBANKS, ALASKA 99709
PHONE: (907) 456-4002

June 8, 1987

The Honorable Bill Hudson
House of Representatives
3379 Meander Way
Juneau, Alaska 99801

RE: House Bill 282

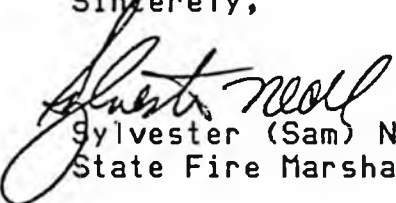
Dear Representative Hudson:

I just want to take a moment to express my appreciation for your sponsorship of HB 282, "An act relating to smoke detector devices." Though this bill did not pass last session, it undoubtedly will have a significant impact on fire fatalities in Alaska when it passes.

I request your continued support on our statewide public safety issues. If I, or members of my staff, can be of assistance on this legislation or other fire related issues, please give us a call.

Thanks again for your support.

Sincerely,


Sylvester (Sam) Neal
State Fire Marshal

SN:BJN

L87-158

cc: Dewey Whetsell, President, Alaska Fire Chiefs
Gaylen Brevik, President, Alaska Firefighters Assn.



ALASKA FIRE CHIEF'S ASSOCIATION

656 7th AVENUE • FAIRBANKS, ALASKA 99701 • TEL. (907) 459-6500

January 12, 1988

Representative Bill Hudson
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

Dear Representative Hudson:

I am pleased to present to you those pertinent resolutions recently adopted by the Alaska Fire Chiefs Association and the Alaska State Firefighters Association at their most recent joint conference that was held in Juneau in October of 1987.

These resolutions address those issues deemed vital by both Associations, not only for the fire service throughout ALL of Alaska, but also for ALL citizens of our great state.

Should you have any questions or desire clarifications on any of these (or other) issues, please do not hesitate to contact me at the address indicated in the letterhead or call 459-6500 (work) or 479-2001 (home).

I appreciate your time in reviewing the enclosed material.

Sincerely,

William Shechter, President

WTS:nba

cc: Galen Brevek, President, Alaska State Firefighters Association



ALASKA FIRE CHIEF'S ASSOCIATION

POST OFFICE BOX 304 • CORDOVA, ALASKA 99574 • TEL. (907) 424-7475

RESOLUTION 87-1

TITLE: SUPPORTING CONSOLIDATION OF CONSTRUCTION REGULATIONS
AND ENFORCEMENT ACTIVITIES WITHIN ONE DEPARTMENT

WHEREAS, many different state agencies adopt and enforce
building and safety codes; and

WHEREAS, these codes are not always adopted in a timely manner;
and

WHEREAS, the present system of code adoption and enforcement is
not cost effective and places an undue hardship on all
Alaskans;

Therefore, be it resolved that

The Alaska Fire Chief's Association and the Alaska State
Firefighter's Association support legislative action to promote
the consolidation of all construction regulations and
enforcement activities within the Department of Public Safety.
To reduce costs and improve governmental efficiency we support
funding for the Alaska Fire Commission, the adoption of the
most recent editions of national codes and the formation of an
appeals board to resolve disputes.

Recommendation: Pass

Adoption: Pass X No Pass

Distribution: Governor Cowper
Alaska Legislature

Dewey Whetsell, Pres., A.F.C.A.

Gaylen Brevik, Pres., A.S.F.A.



ALASKA FIRE CHIEF'S ASSOCIATION

POST OFFICE BOX 304 • CORDOVA, ALASKA 99574 • TEL. (907) 424-7475

RESOLUTION 87-4

**TITLE: SUPPORT OF AN OBJECTIVE AND TIMELY ADOPTION OF CODES
PERTAINING TO SAFETY AND CONSTRUCTION REGULATION**

WHEREAS municipal building officials share the common goals of the firefighters and fire chiefs to save lives and reduce property loss in the State of Alaska; and

WHEREAS building officials unanimously agree with the conclusion of the Alaska Task Force on Fire Prevention and Control that adopting and enforcing all modern construction codes will reduce fire loss in Alaska; and

WHEREAS due to recent funding shortfalls affecting the start up of the Alaska Fire commission, it is especially important that all organizations actively pursue, within their jurisdictions, the stated goals of the Commission; and

WHEREAS the International Association of Fire Chiefs requested the support of all building officials to keep polybutalyne plastic pipe in the Uniform Plumbing Code during the 1987 ICBO annual business meeting; and

WHEREAS modern plastic pipes have recently shown great potential for fire suppression in low cost sprinkler systems; and

WHEREAS the building officials in Alaska who enforce fire and life safety standards unanimously concur with the International Association of Plumbing and Mechanical Officials, authors of the Uniform Plumbing Code, that plastic plumbing pipes in combustible buildings have not been shown to be a significant hazard to life and property.

Therefore, be it resolved that

The Alaska Fire Chief's Association and the Alaska State Firefighter's Association urge the Alaska Legislature to adopt the most recent edition of the Uniform Plumbing Code (UPC) including the provisions pertaining to plastic pipes. Local governments will still have the option of amending the code to meet specific local conditions.

Recommendation: Pass

Adoption: Pass X No Pass

ALASKA STATE FIREFIGHTERS ASSOCIATION

P.O. Box 34324
Juneau, Alaska 99803-4324

RESOLUTION 87-3

TITLE: SUPPORT OF AN ACT RELATING TO SMOKE DETECTION DEVICES

WHEREAS the State of Alaska currently requires smoke detectors in all living units except single family homes and duplexes built before 1976 that have never been sold; and

WHEREAS the Alaska Southeast Chapter ICBO has a bill known as CSHB 282 and SB 266 pertaining to smoke detectors introduced before the State Legislature; and

WHEREAS this bill would also clarify the responsibilities for smoke detection devices between landlords and tenants; and

WHEREAS this bill would require low cost smoke detection devices to protect sleeping occupants in all dwelling units in Alaska; and

WHEREAS recent studies by the National Association of Home Builders indicate that fire occurs more frequently in older homes; and

WHEREAS no detectors were present in 49.7% of the residential fire incidents reported to the State Fire Marshal's office in 1986.

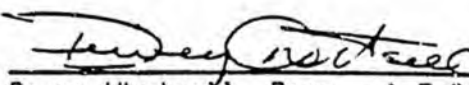
Therefore, be it resolved that

The Alaska Fire Chief's Association and the Alaska State Firefighter's urge the Alaska Legislature to adopt SB 266 or CSHB 282 to help promote the safety of all Alaskans from the threat of death or injury from fire.

Recommendation: Pass

Adoption: Pass No Pass

Distribution: Governor Cowper
Alaska Legislature


Dewey Whetsell, Pres., A.F.C.A.


Gaylen Brevik, Pres., A.S.F.A.



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