

MONTANA FAMILIES FOR HEALTH FREEDOM

EXHIBIT 9
DATE 2/14/2011
HB 227

February 10, 2011

Mr. Chairman, and Members of the Committee,

HB227 "An Act Revising Laws Relating to Exemptions for Immunizations" was tabled following executive action on February 4. We are respectfully requesting that you remove this bill from the table for reconsideration.

As you know, when the hearing on this bill was scheduled so were the hearings on three other bills. Due to time constraints, we were afforded little time to present our arguments and were given no rebuttal time.

When notified that executive action would be taking place, we were informed that our presence was not necessary and were not told that DPHHS, the opponents, would be allowed to speak for what amounted to 45 minutes of additional testimony, just prior to your vote, and we again were allowed no rebuttal.

This legislation is a compilation of four years of dedicated time and energy; we have poured our personal time and monies into this serious issue. We individually and collectively are well-educated on a broad range of concerns surrounding this highly-charged subject. We strongly believe that due to our lack of face time, unlike the opponents to this legislation, we have been seriously disadvantaged. But more importantly, we believe you have been grossly misinformed.

We have listened to the questions and DPHHS responses from the executive committee meeting; we have formulated concise and referenced answers (attached.) We implore you to take a few moments to read this for a more balanced and accurate perspective.

HB 227 is NOT a bill addressing public health and safety. We have shown in previously submitted written documentation that there are more statistics supporting the safety of allowing religious exemptions in day care than DPHHS had provided to the contrary, including the fact that 48 other states already allow exemptions in day care with NO ADVERSE AFFECTS. However, this bill is of great importance in that, it addresses Montana's faulty administrative rules. Furthermore, this bill is in line with vaccine laws in 48 other states (see source on information enclosed.)

We acknowledge the vaccine issue is a complicated one, inherent with strong visceral responses. We also know that worldwide, many respected physicians, healthcare professionals and scientists continue to publicly question the long-term use and practices of vaccinations to prevent disease. The information we offer here is a truncated sample of the facts that are available, however, the issue before you is plain and simple – HB227 addresses the current discriminatory practices and constitutional inequalities within our very own Montana rules and is in-line with the overwhelming majority of other states.

If you, personally, believe that vaccinations are a positive and worthwhile effort, it should NOT prevent you from making the Montana rules constitutionally sound.

As your constituents, we respectfully urge you to read this rebuttal in its entirety and bring HB227 for reconsideration before you cast a final vote to send it to the House floor.

Thank You, Montana Families for Health Freedom

Montana Constitution Definition of Religion

"Moral or ethical beliefs about what is right and wrong that are sincerely held with the strength of traditional religious views."

29 CFR §1605.1

Vaccine Adverse Event Reporting System (VAERS) for the State of Montana, Years 2000-2010

Year:	Age: Birth to <age 7	Reported Events	Life Threatening	ER Visit	Disabled	Died
2000		24		13		2
2001		28		12		
2002		22	1	9		1
2003		27		11		
2004		21	1	10		
2005		34		14		
2006		20	1	7	1	
2007		26	1	11	1	
2008		28		7		2
2009		28		6		1
2010		20		10		
Total Reports		258	4	100	2	6
Due To Under-Reporting:						
Minimum (X 10)		2580	40	1000	20	60
Typical (X 50)		12900	200	5000	100	300 ** (99)

Note: It is likely that X10 above is seriously under-estimated for the true number of Vaccine adverse events that occurred in Montana between Jan. 1, 2000 and Dec. 31, 2010

** Based on national estimates, deaths caused by vaccines in Montana would be approximately 9 per year or 99 for the 11 year period above

Note: the figures above were generated 20 January 2011
Using: <http://www.medalerts.org/>

VAERS Report Montana 2000-2010

FACT: Vaccines are more likely a cause of death than the diseases themselves. See above chart.

If 48 Other States Can Protect BOTH Public Health & Individual Rights, Why Can't Montana?

The un-constitutionality of providing a conditional religious exemption is a severe offense to the dignity of state citizens' deeply held religious beliefs when deciding that those beliefs are only valid when their children reach a certain age. There is a strong contradiction in allowing the exemption for older children but not daycare children. One's religious beliefs in opposition to vaccines should either be honored or not, but not dissected.

Deleting the false-swearing clause: "A person who falsely claims a religious exemption..."

This was removed to create consistency with parameters surrounding the religious exemption language in other states; and because the Montana Constitution definition of religion is *"moral or ethical beliefs about what is right and wrong that are sincerely held with the strength of traditional religious views."* 29 CFR §1605.1 How can the State argue on one's supposed "moral or ethical" beliefs? We are, however willing to concede this clause.

Staying at Home or Finding other Care

This is a **discriminatory** suggestion. Un-vaccinated children whose parents hold strong religious tenants against vaccination deserve the same kind of safety and protection that vaccinated children get through the day care/preschool licensing process. Licensed day care facilities are funded in part by taxpayer monies through the food program, subsidies for low income families, or both, and should provide services to ALL taxpayers regardless of their religious convictions – see the MT Childcare Act, 52-2-702, MCA.

Exemptions Put Immunized or Not-Fully Immunized Children in Jeopardy

FACT: All 50 states allow a medical exemption to vaccination in day care/preschool. These policies have existed in either statute law or states' administrative rules for 30 years or longer. The suggestion that unvaccinated children expose vaccinated children to disease is flawed logic on these counts:

1. Being unvaccinated does not mean that one has, or exposes others to, a disease. There can be no risk from a vaccinated or unvaccinated child to any other vaccinated or unvaccinated child unless the child has a disease;
2. If vaccines work, then there is no risk even if an unvaccinated child does have a disease.
3. In the event of a local outbreak unvaccinated children are required to stay home, so there is no basis for concern about un-immunized children putting immunized children at risk.

The assertion that the unvaccinated child poses a risk assumes that the unvaccinated child is more likely to contract a disease. Yet, statistics show that far more vaccinated children contract disease than unvaccinated children. If anything, it is vaccinated children pose a risk to unvaccinated children, statistically.

Religious exemptions are OK for older children & why it should be OK for younger children as well

FACT: *48 other states allow for religious exemptions to **ALL** vaccinations in daycare settings.

Once a religious exemption is offered by the State for one vaccine (as in Hib,) as well as for one segment of the population (as in school-aged vs. day care,) to decide that it can be exercised only when children reach a certain age constitutes overreaching on the part of the State and represents an intermingling of church and state, resulting in a blatant discriminatory ruling.

*Only West Virginia and Mississippi do not

(Reference: National Conference of State Legislatures: www.ncsl.org/Default.aspx?TabId=14376 October/2010)

DPHHS says 19 vaccines is the number of vaccines given to a child aged 35 months (2 3/4 years)

This is erroneous information.

FACT: According to ARM 37.95.140, and working from the CDC's recommended vaccination schedule, a child of nearly 3 years old has been injected with **37 different vaccinations**. Part of the difference in information is that DTaP and MMR include three (3) total vaccines bundled into one shot. Unbundling is not commonly offered in the US by pharmaceutical companies and when they are available, physicians are not compelled to purchase an entire pack for a single family's request.

<http://www.mtrules.org/gateway/RuleNo.asp?RN=37%2E95%2E140>

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>

Immunization and Vaccination

FACTUALLY AND SCIENTIFICALLY these are NOT synonymous terms since one can be vaccinated against a pathogen and still not have immunity to that same pathogen. The recent pertussis outbreak in Flathead County is proof of that with the health department reporting that **95%** of the children with pertussis **had been vaccinated**.

Do doctors inform parents of the possible effects of vaccines & access the child's health prior to vaccinating?

Unfortunately, all-too-often the "informed consent" piece does not happen, and if a parent questions the schedule or bundling or efficacy of vaccines, quite often they are "bullied" with fear-mongering and coercion tactics.

The following comes from the University of Pennsylvania Center for Bioethics: Informed Consent in Vaccination:

Because vaccination in the U.S. is viewed as routine, discussions between physicians and parents about immunization may be truncated, if not omitted entirely. While not a replacement for a meaningful dialogue between healthcare providers and parents, information statements produced by the Centers for Disease Control and Prevention are required to be made available to parents whose children are vaccinated. In addition to its ethical importance, consent has legal meaning as well, as parents are responsible for the medical decisions involving their minor children. More controversial is what role, if any, "assent"--the approval of the child, independent of the parent's--should play in the decision to administer vaccines.

DPHHS says, Montana's childhood immunization rates are well below the national average, increasing our susceptibility to outbreaks of vaccine preventable disease. An additional exemption to vaccination may result in even lower coverage rates and increase our vulnerability to outbreak of disease.

FACT: Montana has NO higher incidence of vaccine preventable diseases than any other state. The total of religious and medical exemptions combined seldom exceeds 1% of the population. High rates of vaccination have been maintained in states that maintain parental access to medical, religious **and** philosophical belief exemptions.

The CDC's document "Comparing States' Immunization Coverages of Preschool Children" states:

1. We have very limited ability to rank the states with the highest and lowest immunization coverages;
2. We have much less ability to rank states 'in the middle' – If a state's rank is, say, 15 in one year and 35 in the next, it means absolutely nothing (although it will probably not be so perceived);
3. We need to educate the media and government officials concerning how **little** ranks mean.

Reference: www.cdc.gov/nchs/data/nis/estimation_weighting/barker2003.pdf

DPHHS suggesting that an additional exemption, meaning the religious exemption, may result in even lower vaccine coverage rates and increased vulnerabilities is simply conjecture. There is no proof that children with religious exemptions to vaccines, allowed into day care settings, present any higher risk of contracting and then spreading a vaccine preventable disease, than do medically exempt children, or even fully vaccinated children.

Actual Montana Statistics

- Ranked low in number infant mortality cases in 2006 (35th from worst) (US Census Bureau)
- Ranked low in number of autism cases in 2003 (lower than 48 other states & Puerto Rico - statemaster.com)
- Except for pertussis and varicella (chickenpox) very few cases of infectious diseases are reported statewide. See the graphic below that is based on data published by MT DPHHS.

Infant Mortality Rate

2006 Montana 5.8 35th from worst (U.S. Census Bureau) **

2005 Montana 7.0 23rd (Census Bureau)

2002 Montana 7.5 19th from worst (statehealthfacts.org)

** <http://www.census.gov/compendia/statab/2011/ranks/rank17.html>

Sheet3

Vaccine Preventable Diseases - Montana Communicable Disease Summary(s)

	Hep A, Acute	HIB	Meningococcal	Mumps	Pertussis	Varicella
YTD 2009	6	1	6	0	61	164
YTD 2008	1	0	7	1	84	321
YTD 2007	10	1	2	1	46	427
YTD 2006	12	0	6	0	115	65
YTD 2005	10	0	0	1	586	0
YTD 2004	8	0	3	0	84	0
YTD 2003	8	1	6	0	5	
YTD 2002	13	0	3		10	
YTD 2001	16	1	4	1	55	
YTD 2000	7	1	6	1	35	
YTD 1999	18	3	5	0	2	

Source: <http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-surv.shtml>

Pertussis Outbreak Flathead County

FACTS: As of January 18, 2011, of the 20 cases, half have been confirmed by testing, half have been confirmed by connection and symptomology. 99% of those who contracted the disease are children who HAVE BEEN vaccinated, and the vaccine carries only an 85% efficacy rate. Most of the cases are coming out of one school where the "10-year-olds are due for boosters, so their immunity is waning." However, one of the children had been recently vaccinated and contracted pertussis, and a pre-schooler who contracted the disease was current on the vaccination. One adult who contracted pertussis was not vaccinated.