Testimony on LD798
An Act To Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements
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OPPORTUNITY COSTS OF VACCINATION

Thank you, members of the committee, for your time.

Because vaccines are focused on simply generating antibodies to diseases via a needle, their mechanisms of action are quite different from natural infections, which enter the body via different channels and engage a whole other side of the immune system. This has given rise to many unanticipated vaccine results.

Here are three examples of how this plays out in public health.

1. CHICKENPOX

Natural chicken pox is a relatively mild disease that confers lifelong immunity, though the virus may remain, lying dormant until later years, and emerging as nasty shingles.

Two decades ago, CDC-funded research [1] in California on the effects of the chickenpox vaccine found an unexpected sharp rise in shingles, not just in older people, but at all ages. When the researcher reported this, the CDC terminated the research.

It turns out that wild chickenpox virus, circulating in the community, provides an immune "booster shot" that keeps the virus in a dormant state. When a person gets older, in less contact with the boosting community, the chance of shingles increases. But when the vaccine eliminates the wild virus, thus eliminating that booster effect, shingles can appear in all ages.

2. MEASLES

Before the vaccine appeared, measles had become a relatively benign temporary affliction of children, providing lifelong immunity. Its death rate had plummeted to 1 in 10,000 [2] — hardly the deadly disease portrayed today.

Measles vaccine, being injected rather than coming naturally through mucous membranes, teaches the immune system to skip a vital first step that would otherwise occur in those membranes. This difference in immunity manifests in a variety of ways. Two examples:

a. Natural immunity is lifelong; vaccine-induced "immunity" wanes, and thus requires a booster shot. Additional booster shots do nothing [3]. As a result, periodic measles outbreaks occur world-wide in highly-vaccinated populations [examples: 4].

b. Natural immunity passes from mother to infant, protecting the baby in its first months of life. Vaccine immunity passed this way is weaker and wanes faster [5]. Thus, measles has shifted

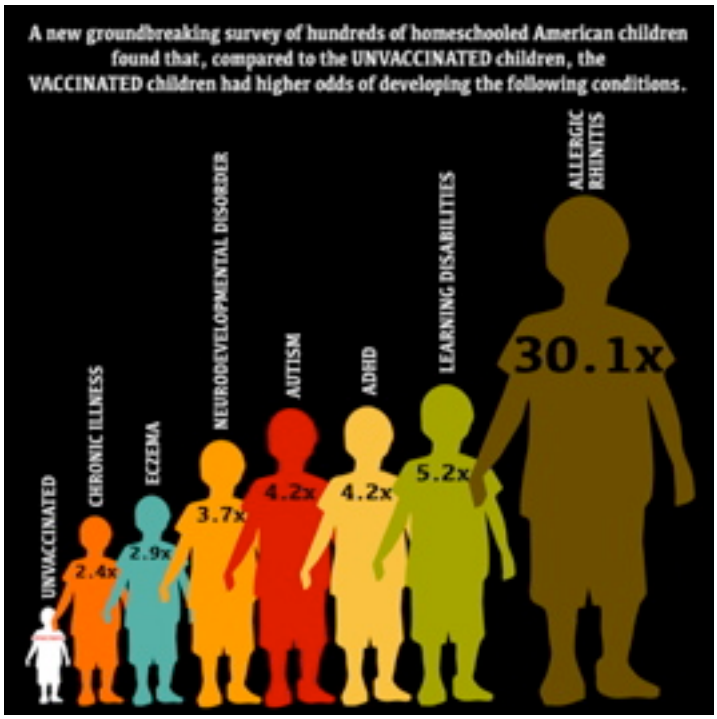
from children at an age at which they could conveniently handle it, to the very young and very old, for whom it is more dangerous, and to adults, for whom it presents serious logistical problems.

3. OVERALL HEALTH

Chronic disease in children has been increasing [6]. Vaccine implication in this could be resolved by comparing the health outcomes of fully-vaccinated and completely unvaccinated children, using the CDC's Vaccine Safety Datalink database. However, the CDC has repeatedly refused to do this.

The one pilot study that *has* been done [7] has provided a "signal" — a finding that warrants further research. In it, while unvaccinated kids got the vaccine-targeted diseases, the vaccinated kids were sicker, with:

- more than a doubling of chronic illness
- a tripling of eczema
- a quadrupling of neurodevelopmental disorders, autism and ADHD
- a quintupling of learning disabilities
- a thirty-fold increase in allergic rhinitis



These three examples illustrate our lack of sufficient understanding of vaccines and the immune system. Attempting to remove the last vestiges of healthy, unvaccinated people from this country is inappropriate.

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References

[1] G.S. Goldman, P.G. King, "Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost-effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data," *Vaccine*, 25 March 2013, https://www.sciencedirect.com/science/article/pii/S0264410X12007761

[2] U.S. Measles Deaths per 100,000, http://www.dissolvingillusions.com/wp-content/uploads/2013/03/G11.6-US-Measles-1900-19871.png

[3] Fiebelkorn AP et al. "Measles Virus Neutralizing Antibody Response, Cell-Mediated Immunity, and Immunoglobulin G Antibody Avidity Before and After Receipt of a Third Dose of Measles, Mumps, and Rubella Vaccine in Young Adults," *J Infect Dis.* 2016 Apr 1, 1115-23, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5729920/

[4] Links to reports on measles vaccine failures: https://www.nvic.org/vaccines-and-diseases/measles/measles-vaccine-effectiveness.aspx
T L Gustafsone et al, "Measles outbreak in a fully immunized secondary-school population," *N Engl J Med*. 1987 Mar 26, 771-4, http://www.ncbi.nlm.nih.gov/pubmed/3821823
R M Davis et al, "A persistent outbreak of measles despite appropriate prevention and control measures." *Am J Epidemiol*. 1987 Sep, 438-49, http://www.ncbi.nlm.nih.gov/pubmed/3618578
B S Hersh et al, "A measles outbreak at a college with a prematriculation immunization requirement," *Am J Public Health*. 1991 Mar, 360-4, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1405017/
N Boulianne et al, "Major measles epidemic in the region of Quebec despite a 99% vaccine coverage," *Can J Public Health*. 1991 May-Jun, 189-90, http://www.ncbi.nlm.nih.gov/pubmed/1884314
S A de Oliveira et al, "Clinical and epidemiological findings during a measles outbreak occurring in a population with a high vaccination coverage," *Rev Soc Bras Med Trop*., 1995 Oct-Dec, 339-43, http://www.ncbi.nlm.nih.gov/pubmed/8668833
N Coetzee et al, "The 1992 measles epidemic in Cape Town--a changing epidemiological pattern," *S Afr Med J*., 1994 Mar, 145-9, http://www.ncbi.nlm.nih.gov/pubmed/7740350

[5] Sandra Waaijenborg, "Waning of Maternal Antibodies Against Measles, Mumps, Rubella, and Varicella in Communities With Contrasting Vaccination Coverage," *Journal of Infectious Diseases*, 8 May 2013, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4043230/

[6] e.g., Van Cleave J et al, "Dynamics of obesity and chronic health conditions among children and youth, JAMA, Feb 1, 2010, 623–630, https://jamanetwork.com/journals/jama/fullarticle/10.1001/jama.2010.104

[7] Anthony R. Mawson, et al, "Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children," J. Transl. Sci, 2017, https://www.oatext.com/pdf/JTS-3-186.pdf

Addendum: see following page

ADDENDUM: INFLUENZA

The ineffectiveness of the flu vaccine is famous. Beyond that, research has shown there is no difference in patient outcomes, whether nurses are vaccinated or not. Further, because of the vaccine's unnatural effect on the immune system, subsequent annual flu shots are even less effective [1] and the shot reduces a person's ability to subsequently respond to a pandemic-strain virus [2].

[1] e.g., Huang Q. McClean, "Impact of Repeated Vaccination on Vaccine Effectiveness Against Influenza A(H3N2) and B During 8 Seasons", Clinical Infectious Diseases, Sep 2014, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4207422/

[2] Danuta M. Skowronski, "Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada", *PLoS Medicine*, April 6, 2010, http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258