

Pandemic Response Project (PReP)

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To: NC Department of Health and Human Services

Re: Requesting Support for Amendment to Emergency Health Laws: The Addition of Explicit Exemptions to § 166A for Emergency Vaccines and Other Emergency Medical Protocols, and Citizens' Home Quarantine and Isolation Option

The Pandemic Response Project is a growing state and national network of professionals, lay people and other networks, all of whom support modification of Emergency Health Laws in NC and nationally to provide exemptions to emergency vaccines and other emergency medical protocols, and for the right to conduct isolation and quarantine in homes. Given that: 1) The State of North Carolina has authority to mandate vaccines during a declared emergency under Chapter 166A without exemptions, and to quarantine and isolate unvaccinated persons in government-selected locations irrespective of the person's personal preference; and 2) data from the 2009-2010 H1N1 Pandemic that raises questions about the appropriateness of the current limitations in Chapter 166A in these regards:

We respectfully request your partnership and support for enactment of statutory amendments to Chapter 166A to provide for: 1) explicit exemptions to immunizations and other emergency medical protocol that can be ordered and required pursuant to Chapter 166A during a declared emergency; and 2) the right for citizens to chose their homes or other lawful location for isolation or quarantine if ordered to be isolated or quarantined pursuant to Chapter 166A. In support thereof, we respectfully present the attached information, and request the opportunity to address any concerns the Department may have in response to this request and accompanying information.

Thank you for your kind attention to the above and the attached.

Respectfully Submitted,

Alan Phillips, J.D., Director
Rich Roberts, Manager

SUPPORT FOR REQUESTED AMENDMENT TO CHAPTER 166A

- I. Current North Carolina Law Pertaining to Vaccine Exemptions and Isolation and Quarantine Authority
 - a. North Carolina’s medical and religious exemption statutes apply to the immunizations required in Chapter 130A only. (The only philosophical exemption in North Carolina applies to nursing home employees and residents¹).
 - i. § 130A-157 religious exemption states: “If the bona fide religious beliefs . . . are contrary to the immunization requirements contained in this Chapter . . .”
 - ii. § 130A-156 Medical exemption refers to immunizations “required by G.S. 130A-152.”
 - b. Chapter 166A-5(b), Functions of State Emergency Management, directs the State Health Director to amend or revise the North Carolina Emergency Operations Plan to allow for “The appropriate conditions for quarantine and isolation,” with no explicit limitation on the location, and for “Immunization Procedures” without reference to any exemptions. § 166A-5(3)b1, subsections 5 and 6.
 - c. Current NC Quarantine and Isolation Order Templates allow the official ordering the quarantine or isolation to designate, without restriction, where the quarantine or isolation will take place.²
- II. Data Supporting the Requested Statutory Amendments
 - a. A risk-benefit calculation comparing vaccine benefits with vaccine adverse events is not possible with available data.

- i. We don't know the actual number of flu-related deaths. The CDC reports laboratory confirmed flu deaths (swine and seasonal) in the U.S. for the 2009-2010 flu season were 2,117,³ and puts its latest estimate of U.S. swine flu deaths at 8870 – 18,300.⁴ Flu Tracker (Rhiza Labs) estimates 4642 fatal U.S. swine flu cases based on “data from official sources, news reports and user-contributions.”⁵

U.S. FLU DEATHS 2009-2010

DEATHS	FLU TYPE	SOURCE
2117	Seasonal & Swine, Lab Confirmed	CDC
8870 – 18,300	Swine Flu, Estimated	CDC
4642	Swine Flu, Estimated	Rhiza Labs: Flu Tracker

- ii. We don't know the actual number of deaths and disabilities caused by the vaccines. The federal government's Vaccine Adverse Event Reporting System (VAERS) reports, as of May 28, 2010, a total of 11,180 adverse events following swine flu vaccination. Of these, 868 are categorized as “serious” reactions and 60 were deaths. However, the FDA and CDC have admitted that reported adverse events represent as few as 1-10% of events actually occurring,⁶ possibly less than 1% according to former FDA Commissioner David Kessler.⁷

b. Paradoxically, 2009-2010 swine flu vaccination may have been counterproductive.

- i. The WHO reported international swine flu deaths totaling 25,174 as of late spring 2010.⁸ According to the CDC, the US, which has approx. 5% of the

world's population, had 10,837 swine flu deaths, some 43% of the world's swine flu deaths. Britain, with about 1% of the world's population, reported 2% of the world's swine flu deaths. Poland, with 0.6% of the world's population, reported swine flu deaths totally 0.06% of the world's total. The U.S. reportedly vaccinated about 30% of its population, and had over 8 times its proportional share of swine flu deaths. The U.K. vaccinated 8% of its population and had twice its proportional share of the world's swine flu deaths. However, Poland, which refused swine flu vaccinations, reported only 1/10 of its proportional share of swine flu deaths.

VACCINATION RATE VS. PROPORTIONAL DISEASE DEATHS

COUNTRY	% OF POPULATION VACCINATED WITH SWINE FLU VACCINE	PROPORTIONAL SHARE OF WORLD SWINE FLU DEATHS
U.S.A.	30	> 8 times
U.K.	8	2 times
Poland	0	0.1 times

- ii. VAERS data shows a 2500% increase in swine flu vaccine-related miscarriages in the 2009-2010 flu season over that of seasonal flu vaccines for the preceding year. CDC officials have given conflicting statements about this.⁹ The National Coalition of Women estimates that the H1N1 vaccination program contributed to up to 3587 miscarriages and stillbirths among women 17 to 45 years of age in the U.S., based on analysis of data from two different sources.¹⁰ Some swine flu vaccines contain Polysorbate 80, which has been shown to render female rats infertile.¹¹

- c. The efficacy of emergency flu vaccines is unclear.

The efficacy of swine flu vaccines is based on that of prior seasonal flu vaccines. E.g., the CSL swine flu package inserts admitted that “there have been no controlled clinical studies demonstrating a decrease in influenza disease after vaccination” with its AFLURIA vaccines for 6-month old children.¹² However, the efficacy of seasonal flu vaccines has been substantially challenged. Former FDA Chief Vaccine Control Officer Dr. J. Anthony Morris has stated: “There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know that they are worthless, but they go on selling them, anyway.”¹³ Tom Jefferson of the non-profit, independent Cochrane Collaboration, widely recognized as the world’s leading authority on flu vaccine literature, has stated that the “vast majority of [flu vaccine] studies were deeply flawed.”¹⁴ A 2008 Cochrane Review of more than 50 studies involving 294,000 children concluded that the vaccines were no better than a placebo in children six months to two years of age.¹⁵ However, the CDC now recommends the swine flu vaccine for everyone from the age of six months.¹⁶ Other studies bring into question the effectiveness of seasonal flu vaccines for virtually all age groups.¹⁷ A recent 2010 Cochrane Collaboration review of the medical literature concerning the effectiveness of influenza vaccines for healthy adults issued a WARNING stating that “reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies.” The review also found that “vaccine use did not affect . . . working days lost” and “had no effect on hospital admissions or complication rates.”¹⁸

- d. Swine flu vaccine adverse events have been an on-going international problem.

In April of 2010, Australia suspended flu vaccines containing an H1N1 strain for children under five following *nine times* the expected seizure rate; CSL withdrew its child flu vaccine.¹⁹ Finland suspended H1N1 vaccines in August 2010 due to a

narcolepsy-related scare,²⁰ and subsequent reports have documented the narcolepsy-vaccine connection.²¹ Nepal suspended importing of H1N1 vaccines in September 2010 following reports of complications.²² Estonia recently suspended use of Pandemrix.²³ U.K. health officials recently ordered doctors to stop giving flu vaccines to healthy children, despite increases in flu cases.²⁴ Here in the U.S., federal authorities recently began looking into significant increases in seizures following flu shots.²⁵

- e. Available alternatives are more effective, less costly, and safer.
 - i. In the fall of 2008, Cuba used homeoprophylaxis to protect 2.5 million Cuban residents from a Leptospirosis outbreak following tropical flooding. The protective effect profoundly exceeded that of conventional immunizations—10 infections and no deaths with homeoprophylaxis vs. thousands of infections with deaths in prior years with conventional immunization. The cost was about 1/15th that of conventional immunization. This was achieved “with full scientific verification.”²⁶ Numerous other instances of successful homeoprophylaxis have been documented around the world over the past 200 years, including here in the U.S.²⁷ With homeoprophylaxis, adverse events are virtually non-existent; there is no resulting death and disability as inevitably occurs with the widespread use of conventional immunizations.
 - ii. A recent Japanese study found that “Vitamin D [is] better than vaccines at preventing flu,”²⁸ and experts say that vitamin D toxicity fears are unwarranted.²⁹

III. CONCLUSIONS

- a. Current North Carolina vaccine exemption laws apply to routine immunizations only, and not to emergency vaccines mandated under 166A.

- b. Current isolation and quarantine authority allows the state to order isolation and quarantines in locations of the state's choosing, potentially over the objection of citizens (with regard to location).
- c. An emergency vaccine risk-benefit assessment is not feasible, even after the fact, given the lack of hard data.
- d. Available data strongly suggests that the 2009-2010 international swine flu vaccination campaigns were actually counterproductive.
- e. The efficacy of flu vaccines, and thus swine flu vaccines whose efficacy is based on that of flu vaccines, has been shown to be "thin," while the manipulation of conclusions to show false flu vaccine benefits has been shown to be widespread.
- f. Mixed seasonal and swine flu vaccines have caused unexpected, widespread adverse events internationally and cancellation of national flu vaccine campaigns.
- g. Demonstrated emergency vaccine alternatives may be safer, more effective and less expensive. They should therefore be aggressively studied and a legal option.

Based on the foregoing, the citizens of the State of North Carolina should have the right to make informed decisions regarding emergency vaccines and other emergency medical protocol. In particular, citizens should have the right to lawfully refuse emergency vaccines and other emergency medical protocols. Furthermore, North Carolina citizens should have the right to conduct isolation or quarantine ordered pursuant to Chapter 166A in their homes or other lawful locations of their choosing. The Pandemic Response Project respectfully requests the support of the NC DHHS as we seek enactment of amendments to Chapter 166A accordingly.

¹ N.C. Gen. Stat. § 131E Article 6, Part 1 Nursing Home Licensure Act, § 113. Immunization of employees and residents, subsection (e): "No individual shall be required to receive vaccine under this section if the vaccine is medically contraindicated, or if the vaccine is against the individual's religious beliefs, *or if the individual refuses the vaccine after being fully informed of the health risks of not being immunized.*" [emphasis added]

² NC Pandemic Influenza Plan, Appendix L-3, Quarantine Order Template, http://www.epi.state.nc.us/epi/qcdc/pandemic/AppendixL3_2007.pdf; Appendix L-2 Isolation Order Template, http://www.epi.state.nc.us/epi/qcdc/pandemic/AppendixL2_2007.pdf

³ 2009 H1N1 Flu U.S. Situation Update, May 28, 2010, CDC, <http://www.cdc.gov/h1n1flu/updates/us/>

⁴ CDC Estimates of 2009 H1N1 Cases and Related Hospitalizations and Deaths from April 2009 through April 10, 2010, By Age Group, http://www.cdc.gov/h1n1flu/pdf/graph_April%202010N.pdf

⁵ Flu Tracker, Rhiza Labs, <http://flutracker.rhizalabs.com/>

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- ⁶ Testimony of Bernard Rimland, Ph.D., Before House Committee on Government Reform, April 6, 2000, <http://www.whale.to/v/rimland.html>
- ⁷ Testimony of Barbara Loe Fisher, Co-Founder & President National Vaccine Information Center, U.S. House Government Reform Committee - August 3, 1999 "Vaccines: Finding a Balance Between Public Safety and Personal Choice", <http://www.whale.to/vaccines/fisher.html>
- ⁸ www.flucount.org
- ⁹ H1N1 Vaccine-Related Miscarriages, Health Freedom Report, AAPS, January 13, 2011, <http://www.themedicalpodcast.com/2011/01/13/h1n1-vaccine-relate-miscarriages/>
- ¹⁰ CDC allegedly falsifies reports—ignoring up to 3,587 Miscarriages from H1N1 Vaccine, NCOW Press Release, September 17, 2010, <http://www.progressiveconvergence.com/Final%20Press%20Release%20CDC%20Allegedly%20falsified.htm>
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- ¹² CSL AFLURIA Influenza Virus Vaccine Package Insert, http://www.abopharmaceuticals.com/ProductSheets/afluria_pi.pdf
- ¹³ Flu Vaccines, pharma fraud, quack science, the CDC and WHO – all exposed by Richard Gale and Gary Null, Natural News, July 2, 2010, http://www.naturalnews.com/029124_flu_vaccines_quackery.html
- ¹⁴ The Infection Deception: Unanswered Questions about the Swine Flu Controversy (Part 1), Townsend Letter February/March 2010, <http://www.townsendletter.com/FebMarch2010/swine0210.html>
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- ¹⁶ CDC Says "Take 3" Actions to Fight The Flu, CDC Website, <http://www.ncbi.nlm.nih.gov/pubmed/16437500>
- ¹⁷ The truth about the flu shot, Sherri Tenpenny, D.O., http://drtenpenny.com/the_truth_about_the_flu_Shot.aspx
- ¹⁸ Vaccines for preventing influenza in healthy adults, <http://www2.cochrane.org/reviews/en/ab001269.html>
- ¹⁹ a) Parents hammer hotline as 250 adverse flu jab reactions reported, news.com.au, April 27, 2010, <http://www.news.com.au/national/parents-hammer-hotline-as-250-adverse-flu-jab-reactions-reported/story-e6frfkvr-1225858600384>
b) Flu Vaccine Early Warning Signs Ignored As Children Convulse and Die, news.com.au, April 28, 2010, <http://www.theoneclickgroup.co.uk/news.php?start=3500&end=3520&view=yes&id=4725#newspost>
c) Parents recount flu jab nightmare, ABC News, April 29, 2010, <http://www.abc.net.au/news/stories/2010/04/29/2885884.htm?site=news>
d) CSL Withdraws Child Flu Vaccine, The Wall Street Journal, Asia, June 1, 2010, http://online.wsj.com/article/SB10001424052748704875604575279922859279964.html?mod=WSJ_latestheadlines
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- ²⁷ Dana Ullman, *Discovering Homeopathy*, at 42 (Thomas L. Bradford, *Logic Figures*, p68, 113-146; Coulter, *Divided Legacy*, Vol 3, p268)
- ²⁸ Vitamin D better than vaccines at preventing flu, report claims, The Sunday Times (U.K.), March 15, 2010, <http://www.timesonline.co.uk/tol/news/uk/scotland/article7061778.ece>; *American Journal of Clinical Nutrition* (Am J Clin Nutr (March 10, 2010). doi:10.3945/ajcn.2009.29094)
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