

The proposal by Dr. Sean Gallagher to require that ALL school immunization/vaccination exemptions go through medical doctors for counseling and approval is inherently biased against any family which chooses to follow a different route in supporting the health of its children. It is wrong on several counts:

It forces a family to pay to be subject to a sales promotion. That's a financial penalty, an imposition in both time and money. It also assumes the family hasn't done its homework. Even Paul Offit MD, prime spokesman for vaccinations, has stated that the families who don't vaccinate tend to be smart, well-educated, often with professional accomplishments.

The current medical system in which a medical doctor spends a mere 5-7 minutes cameo appearance visit, even if in addition to an assistant 'taking the vitals', is not enough to afford understanding of an individual patient and his or her needs. Most medical procedures these days are based on a brief process: correlation of signs and symptoms to a diagnosis, followed by prescription of a drug (or several) which matches the diagnosis. (This is how my son-in-law the medical doctor explained his work to me.) This process reinforces the cursory one-size-fits-all, and 'everyone is assumed to fit in the statistical model' paradigm of modern western allopathic medicine. Again, it does not allow for tailoring of general procedures to individual needs. Few if any medical doctors have had any training in the details of vaccination – how vaccines work – or don't, what their side effects are, the finer aspects of immune system response and various means of supporting it, what VAERS is and how and when to use it, nor even that vaccination is NOT the same as immunization.

Most medical practitioners rarely know about the post vaccination situation where a child is screaming inconsolably – and at an extraordinarily high pitch, or that a previously cheerful and articulate child is now dazed, silent, and confused, or that relentless diarrhea is now in its third or fourth day. If the parents do call the office, it's usual to dismiss such parents as hysterical, hypervigilant, misguided, to tell them that a reaction is 'normal' – whether or not it's healthy. It's just a coincidence, and certainly not related to vaccination – except that if the child had even merely thought about consuming some controversial substance such as say raw milk, the immediate conclusion would be that that substance was surely the cause of the problem.

It's far easier to diss, deny, or even deride such parents, than to acknowledge that what one has done, all with good intentions, is to not only violate the first rule of medicine – above all do no harm – but that simple routine, unexamined procedures have now set up a child for a lifetime of incapacity, physical and mental damage, misery, where death would often been the more pleasant outcome. It's not just the child; it's the entire family who's affected.

Those practitioners who have looked more deeply into the issue have realized that the CDC schedule is not necessarily appropriate for everyone, that individual differences and needs do exist. They recognize, as have many health care practitioners in and outside the United States, that there are many ways to support health, and that vaccination according to the CDC's schedule is not always the answer.

In addition to the modern American medical system being simply and inherently unable and unprepared to be an objective gatekeeper of vaccination, it has no incentive to do so. Medical doctors are subject to both positive and negative incentives to promote the CDC's vaccination schedule. In addition to the frightening prospect of having to admit that one's well intended actions have wrought a possible disaster, few medical doctors are willing to subject themselves to the persecution inflicted on them by the medical board for failing to follow so-called standards of care, whether or not those standards of care make sense.

There are two positive incentives to the arbiter of whether or not a family is granted an exemption. The first is that it costs the challenging family for an office visit. The second positive incentive is 'compensation' to the physician of \$400 for each child who is vaccinated according the CDC's schedule with 14 or more different pathogens (plus adjuvants) for a total of 25 injections by the time the child is age 2 years. Details are on the accompany sheet from Blue-Cross Blue-Shield. The irony is that in this germ phobic world these pathogens are injected directly into the child's body, but we go absolutely bonkers if someone sneezes on the kid. This means that for each child who is vaccinated according to the CDC's recommendations, the physician receives \$400. 100 children in a practice = \$40,000. That's a pretty sweet way to assuage an aching conscience, and hardly an incentive to objectivity.

The short form is that medical doctors don't have complete knowledge about vaccines, their workings and their effects, nor are they the only folks who understand physiology, the immune system, and ways of maintaining health. They certainly don't know their patients as well as family does. Requiring people to pay for an 'education' session and approval from an agent of that belief system, aka a medical doctor, is akin to requiring everyone, including legendary barefoot runners, to undergo counseling with a boot salesman to determine how and 'if' they should cover their feet, or insisting that approval for a hunting license be granted only through (a paid session) with the vegetarian society.

With regard to maintaining a data base available essentially to public view, isn't that a fundamental violation of HIPPA policies?

There are additional fallacies in letting the world know who's been vaccinated and who hasn't. First off, this is an intimidation tactic, especially since only .2% of the public apparently presently opts for exemptions.

Secondly, vaccination is NOT the same as immunization, even though the terms are often used interchangeably. Vaccination is the process of injecting substances past the mucosal barriers, directly into the bodily tissue in contact with the bloodstream. Immunity results from the body's response to that injection. Simply being vaccinated does NOT mean that immunization has occurred. Vaccine people know that; that's why a series of 3 shots is used, and why there are booster shots.

Thirdly, sometimes a person who's been vaccinated sheds the virus of that vaccine. This means that the injected virus proliferates and the vaccinated person ends up distributing, disseminating, spreading the target virus. The medical world knows this. That's why blood donors are asked if they've had recent vaccinations. When you give blood, you fill out a form which asks if you've recently been vaccinated. They want to know about possible shedding.

Complete eradication is impossible. In the world of biology, particularly with microbes, organisms mutate to fit the context. The same goes for terrorists. As long as a particular set of circumstances exists, some life form will evolve to fit it. Build it and they will come.

If something isn't good enough that people choose to embrace it voluntarily, if people have to be forced, mandated, or snookered into using it, something's missing – maybe integrity? If people have to be forced or snookered into using something, I'd be very very suspicious.