InformedChoiceWA

Dear Employee of the Archdiocese of Seattle Schools Division,

It has come to our attention that the Archdiocese of Seattle announced at a regional Principal's meeting that a policy change would take place effective January 1, 2020 by which no schools in the network would be allowed to accept religious exemptions. Several members of Informed Choice Washington have reached out to us asking for assistance. I have left two messages with your office. Neither call has been returned.

This policy change would effectively kick any child and family out of school who has chosen to exercise their legal right to a religious exemption and who have met with their healthcare provider per state requirements and received counseling on the risks and benefits of vaccinating. To be clear, this policy is more stringent than the state's and excludes healthy children from school. Here is a link to an explanation of state law regarding religious exemptions. https://www.informedchoicewa.org/religious-exemptions-clarified/

> Religious Exemptions Clarified – Informed Choice Washington
> SHB 1638 excerpt With the passage of HB 1638 removing the personal/philosophical exemption to the Measles, Mumps, and Rubella vaccine (MMR), questions have arisen ...
> www.informedchoicewa.org

We understand the Catholic church has stated members *may* receive vaccinations cultured on aborted fetal DNA fragments based on the misconceptions that it is important for the common good (Herd Immunity) and the false belief that only two abortions performed in the 1960's are used in modern vaccine manufacturing; WI-38 and MRC-5. WI-38 refers to a female baby and MRC-5 is a male.

First, WI-38 was not the only abortion done in development of the Rubella portion of the MMR vaccine. There were actually 27 women exposed to rubella who were convinced to have abortions. The strain used in the Rubella portion of the MMR is referred to as RA273. R(Rubella) A(Abortion) 27(they were not able to harvest lung tissue including Rubella until the 27th abortion), 3(number of tissue samples taken). Here is a link to a deposition in which Stanley Plotkin, known as the Godfather of vaccines, testifies under oath as to the number of abortions done in development of vaccines routinely given to children today. https://youtu.be/k1pKnJNFVKA

In addition, there is grave scientific concern regarding the mutagenic and carcinogenic effect of Human DNA fragments in vaccines. Here is a link to information from Dr. Theresa Deisher, a local scientist who discovered the adult stem cell. https://www.informedchoicewa.org/human-fetal-cells/ and also her rebuttal to CHOP https://www.informedchoicewa.org/education/rebuttal-to-chop-re-fetal-cells/

> Rebuttal to CHOP re: Fetal Cells – Informed Choice Washington
> www.informedchoicewa.org
> On July 11, 2019, the Children's Hospital of Philadelphia (CHOP) published an article about fetal cells. Informed Choice WA reached out to Dr. Theresa Deisher, the PhD genetic engineer who discovered adult stem cells, for a fact check of CHOPs statements.

A recent affidavit from Dr. Deisher is attached for your review.

Regarding the fallacy of herd immunity, the tiny number of unvaccinated children in the school likely pose less of a risk than those who are vaccinated with the MMR, but suffer from primary or secondary failure. A significant portion of individuals never mount an immune response to the measles vaccine and for those who do, protection does not last a lifetime. When measles is reported in an area, the parent of an unvaccinated child will watch closely for any symptoms including a runny nose and will choose to keep their child home from school at the first sign of infection. The parent of a vaccinated child who has not mounted a proper immune response will work under the assumption that their child is protected and would likely continue to send the child to school even with a sign of infection like sniffles. In this scenario, the vaccinated child may be a greater risk to any immunocompromised child at school.

From our website,
"Multiple studies demonstrate that 2–10% of those immunized with two doses of measles vaccine fail to develop protective antibody levels, and that immunity can wane over time and result in infection (so-called secondary vaccine failure) when the individual is exposed to measles. For example, during the 1989–1991 U.S. measles outbreaks 20–40% of the individuals affected had been previously immunized with one to two doses of vaccine. In an October 2011 outbreak in Canada, over 50% of the 98 individuals had received two doses of measles vaccine. The Table shows that this phenomenon continues to play a role in measles outbreaks. Thus, measles outbreaks also occur even among highly vaccinated populations because of primary and

secondary vaccine failure, which results in gradually larger pools of susceptible persons and outbreaks once measles is introduced. This leads to a paradoxical situation whereby measles in highly immunized societies occurs primarily among those previously immunized."
Poland, Gregory A, and Robert M Jacobson. "The re-emergence of measles in developed countries: time to develop the next-generation measles vaccines?." Vaccine vol. 30,2 (2012): 103-4. doi:10.1016/j.vaccine.2011.11.085
See also: LeBaron CW, Beeler J, Sullivan BJ, et al. Persistence of Measles Antibodies After 2 Doses of Measles Vaccine in a Postelimination Environment. *Arch Pediatr Adolesc Med.* 2007;161(3):294–301. doi:10.1001/archpedi.161.3.294

Studies show a third MMR dose will not extend protection. "While a third MMR dose may successfully immunize the rare individual who did not respond after 2 doses, MMR3 is unlikely to solve the problem of waning immunity in the United States." Any small rise in antibodies are only temporary and plummet after a few months. While the authors recommend attempting to push 2-dose MMR rates as high as possible, any increase cannot compensate for waning and will only increase the number of susceptible adults in the future. Public health must use other tools.

Parker, Amy, 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." OUP Academic, Oxford University Press, 23 Nov. 2015, academic.oup.com/jid/article/213/7/1115/2912150

> 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 | The Journal of Infectious Diseases | Oxford Academic
> academic.oup.com
> Measles is a contagious, viral rash illness; complications include pneumonia and encephalitis and can result in death [].High coverage with 2 doses of measles, mumps, and rubella (MMR) vaccine and improved measles control in the World Health Organization (WHO) Region of the Americas resulted in the declaration of measles elimination in the United States in 2000 [].

In addition to the concerns listed above, Merck is currently on trial in federal court accused by their own scientists of faking the efficacy of the Mumps portion of the MMR. They faked the efficacy which is why we are now seeing Mumps outbreaks in fully immunized teenagers, young adults, and adults. In addition, Dr. William Thompson, a senior scientist at the CDC continues to work at the CDC under federal whistleblower protection after providing Congress with over 10,000 documents showing a link between

the MMR vaccine and a developmental disorder. The rate of seizures from the MMR is five times higher than the rate of seizures from Measles. Families, after doing the research, may come to the conclusion that the MMR and other vaccines not only violate their deeply held religious beliefs, but also that the risk of vaccinating is greater than the risk of contracting Measles which was once considered a mild childhood illness.

Are you comfortable removing the constitutional right to freedom of religion based on the false narrative that the health of your schools and students will be protected by doing so?

How do you believe these students will be protected given that no students in the Seattle Archdiocese schools have been harmed by measles from the time even before 1980 when school vaccine requirements were established in the state? No measles cases were transmitted to students in this latest outbreak outside the close-knit Slavic communities in Vancouver. For much of the time since the MMR was introduced, a large percentage of the population had natural lifetime immunity from having measles in childhood. This natural herd immunity made the vaccine appear to work far better than it actually does. The vaccine does not provide lifetime protection, as I explained and cited, and we are moving into an era of fully-vaccinated but measles-susceptible populations. There are likely more fully-vaccinated children and adults attending (school) who are able to spread measles than there are children using religious exemptions. If you are serious about preventing measles from spreading in your schools, you would require titer testing, not proof of vaccination status, and send children home who develop fevers.

Please see the recent case of the nurse at Seattle Children's Hospital. https://www.seattletimes.com/seattle-news/health/seattle-childrens-hospital-nurse-diagnosed-with-measles/.
https://physiciansforinformedconsent.org/mmr-waning-immunity/

With the current failure rate of the measles vaccine, the ability to protect students by forcing out a small percentage of them is tenuous at best. The other required vaccines are for personal protection only; they are not designed to stop person to person transmission, or they are not capable of doing so. None of this is my opinion. It is established science.

Given the tenuous ability to protect students by enacting the new draconian policy, how do you justify the guaranteed emotional harm this will do to the perfectly healthy children who are suddenly stripped of their education and relationships? Suicide is the

second leading cause of death in children aged 10 and up. This policy threatens to interrupt education, relationships, and extracurricular activities and will cause emotional harm to the students targeted.

If you are hoping this strong-arm tactic will force parents to vaccinate against their will and against their core religious values and beliefs, then you have not carefully considered this issue enough to make a determination about it. Educated parents who are confident and unwavering in their deeply held religious beliefs will not vaccinate against their will and against their core religious values. This policy change is a perversion of the constitutionally protected right to freedom of religion, done in the name of a "greater good" that does not exist.

When I was a child, I received 3 vaccines. Children now receive 72 doses of 16 vaccines by their 18th birthday with hundreds more in development. Vaccine manufacturers have no liability and therefore, no incentive to improve their product. Tens of thousands of parents are reporting injury and even death in their children following administration of one or more routine vaccines.

In light of all of this, it saddens me that the Archdiocese of Seattle is proposing an even stricter stance than the state to disallow a valid religious exemption negatively impacting students, families, and even the schools themselves.

With all of the difficulties our world and youth are facing, receiving an education in a private Catholic school environment provides a solid foundation and it is a shame a parent would be forced to choose between exercising their constitutionally protected personal religious beliefs and obtaining a Catholic education for their children. I urge you to work to get this proposed policy change stopped before it negatively impacts the children and families attending Catholic schools in the area.

Families who have come to this conclusion have done so thoughtfully after looking at the research and doing soul searching. They answer to their Faith in God and should not be placed in a position of violating their deeply held personal religious beliefs in order for their children to continue in schools they have already been accepted into and paid tuition for. The ramifications of this policy change are much more serious than I think anyone in this organization has considered.

Thank you in advance for your thoughtful consideration of this issue. I am happy to provide you with additional information and look forward to a reply.

Sincerely,

Jena Dalpez
Program Director

InformedChoiceWA