

Top 10 Vaccine Concerns Every Member of Congress Should Know

The Advocacy Community Believes Vaccines are Unsafe, Ineffective and Cause More Medical Conditions in Children Than They Were Created to Prevent

1 The Science finds Vaccine failure, not failure to vaccinate causing outbreaks.

There is a growing body of literature suggesting that our current vaccines, like MMR and DTaP, are failing to perform as promised. The Hill newspaper on 2/27/19 covered an outbreak of pertussis in LA: "Officials at a Los Angeles high school said Tuesday that a lack of vaccinations does not explain an outbreak of whooping cough." In a school of 1,600 students, 30 students developed pertussis (Whooping cough) which is a highly contagious disease. There were 18 students in the school unvaccinated. None of the unvaccinated students developed pertussis. This report supports new research published Feb 22nd, 2019 which clearly states that children who have received DTaP vaccines are **more susceptible** to pertussis infections. According to the researchers, "*in the last 13 years, major pertussis epidemics have occurred in the United States, and numerous studies have shown the deficiencies of DTaP vaccines, related to the small number of antigens that the vaccines contain and the type of cellular immune response that they elicit.*" Because of this infants and children who receive the vaccines actually become primed to the disease and "are more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility." In addition, several published studies now suggest that not only are influenza vaccines ineffective in most years but if a child gets an influenza vaccine, they are more susceptible to more severe respiratory viruses infections and to other strains of influenza. Two former Merck virologists, Stephen Krahl and Joan Wlcockowski, filed a whistleblower lawsuit in 2010 alleging that Merck knowingly overstated effectiveness of its mumps vaccine (part of the MMR-II vaccine) in order to maintain its patent. This was done by skewing tests of the vaccine by adding animal antibodies to blood samples, thus falsifying the results in favor of the drug maker. In 2012, Alabama-based Chatom Primary Care and two individual doctors, all purchasers of the vaccine, filed a proposed antitrust class action based on the allegations in the whistleblower suit. The two suits are now being coordinated before U.S. District Judge C. Darnell Jones and Magistrate Judge Sitarski. Waning of vaccine-induced immunity is a phenomenon that needs to be addressed, but not by requiring more vaccines in children who are already vaccinated and forced vaccination among those whose parents have chosen not to vaccinate. Giving more of an ineffective and potentially harmful product does not solve the problem.

2 Could vaccines result in more sickness to children than the diseases they were created to prevent?

Peer-reviewed published research and government data suggests the answer is "yes." The National Vaccine Injury Compensation Program (NVICP) has now paid out over \$4 billion dollars. While this is an enormous amount of money, it pales in comparison to the billions of dollars' worth of autism claims that the vaccine court unfairly dismissed in the Omnibus Autism Proceeding. Because this amount is borne by consumers, vaccine manufacturers have no incentive to make their products safer. Our vaccine program

relies upon 1980's vaccine technology, at the very latest, in a 2020 world. In 2016, the government's Vaccine Adverse Event Reporting System (VAERS) received 59,117 reports including: 432 deaths; 1091 permanent disabilities; 4132 hospitalizations; 10,284 emergency room visits. According to HHS, fewer than 1% of adverse events are reported. Therefore, the following number of vaccine adverse events could be happening EVERY YEAR:

43,200 deaths

109,100 permanent disabilities

413,200 hospitalizations

1,028,400 emergency room visits

3 Have we traded short term vaccination for lifelong chronic disease?

Emerging science shows that children who come down with and recover from acute febrile infections like measles, mumps, rubella, chickenpox, and influenza are much less likely to develop chronic autoimmune diseases and cancer later in life than those merely vaccinated against them. The truth is that we vaccinate purely as a matter of long-term health policy. Most of the diseases that we vaccinate against were already rapidly declining. This is thanks to improvements in sanitation, water quality, and other aspects of public health. Chronic health conditions are crippling our children in far greater numbers than in any generation in history and the increase in these conditions parallels the increase in our vaccine recommendations. 54% of US children have a chronic health condition like autism, ADHD, diabetes, rheumatoid arthritis, juvenile diabetes, autoimmune conditions, deadly allergies and more. Children born in the U.S. are 76% more likely to die *before their first birthday* than infants born in 19 other wealthy nations. Yet, the U.S. has the most highly vaccinated children in the world. Science suggests that vaccines play a role in most, if not all, of these chronic conditions; including SIDS deaths.

Here is a partial list of vaccine adverse events that are admitted in popular vaccine product inserts or have been compensated in Vaccine Court: Autoimmune Diseases, Food Allergies, Asthma, Eczema, Juvenile Diabetes, Rheumatoid Arthritis, Tics, Attention Deficit Hyperactivity Disorder (ADD and ADHD), Speech Delay, Neurodevelopmental Disorder, Autism, SIDS, Narcolepsy, Seizure Disorder, Epilepsy, Multiple Sclerosis (MS), Tourette's Syndrome, Guillain-Barre Syndrome, Transverse Myelitis, Encephalopathy, Seizure disorder, Death, Brachial Neuritis, Acute Disseminated Encephalomyelitis Chronic, Inflammatory Demyelinating Polyradiculoneuropathy (CIDP), Bell's Palsy, Idiopathic Thrombocytopenic Purpura (ITP), Rheumatoid Arthritis, Multiple Sclerosis (MS), Fibromyalgia, Infantile Spasms, Anaphylaxis, Ocular Myasthenia Gravis, Hypoxic Seizure. Do you know children who have been affected by these conditions?

4 The Vaccine schedule as recommended by the CDC to be compliant has never been studied for safety!

The Institute of Medicine issued a landmark report in 2013, The Childhood Immunization Schedule and Safety, where they

reviewed all the existing vaccine safety literature and reported “No studies have compared differences in health outcomes... between entirely unimmunized populations of children and fully immunized children.” Experts who addressed the committee pointed to the fact that “existing research has not been designed to test the entire immunization schedule.” Furthermore, “studies designed to examine long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.”

In addition, despite the billions of dollars paid out in vaccine injuries, there has also been no attempt to determine which children are more susceptible to vaccine injury despite emerging science. Where are the studies? Parents want to know. In September 2018, HHS admitted its failure, for over 30 years, to comply with the Congressional directive to report to the Energy & Commerce and HELP Committees on their vaccine safety activities as outlined in the NVICP law. Since the laws inception in 1986, individuals and families have filed over 20,000 petitions for vaccine injury compensation to “vaccine court.” Sadly, the number of claims represent the tip of the iceberg in the highly litigious, one-sided program because many parents don’t ever file a claim. Mandating any medical procedure involving such risks is unethical.

5 Is the vaccine program geared towards industry profit rather than public health?

Four pharmaceutical giants—GlaxoSmithKline, Merck, Pfizer and Sanofi Pasteur—manufacture and profit from every vaccine on the U.S. childhood vaccine schedule. These are the same companies in the courts and mainstream press for fraud, unsafe products and billions paid to victims. What makes us think that these four are telling the truth when it comes to their untested, unmonitored and unsafe vaccines? The liability protections offered by the NVICP have sparked a gold rush of vaccine development since the NCVIA’s passage in 1986, converting vaccines from a “neglected corner” of the drugs business” into a major economic driver of the medical and pharmaceutical industries. In the context of the highly consolidated global pharmaceutical market valued at \$1.1 trillion (U.S. dollars), Pfizer and Merck were the first and second top-ranking companies in 2016 in terms of total revenues, and Merck was number-one-ranked in terms of annual revenue *growth*. Merck’s strong vaccine sales and monopoly of some vaccines, like the Measles-Mumps Rubella (MMR) have helped ensure record profits despite the fact that they have paid \$4.85 billion for Vioxx claims and will pay another \$23 million to settle claims it duped consumers into buying the drug. **Merck** made a «hit list» of doctors who criticized **Vioxx**, according to testimony in a Vioxx class action case in Australia. The list, emailed between Merck employees, contained doctors’ names with the labels “neutralise,” “neutralised” or “discredit” next to them. Merck emails from 1999 showed company execs complaining about doctors who disliked using Vioxx. One email said: We may need to seek them out and destroy them where they live ... These same tactics have been used to attack doctors and parents who voice concerns about vaccine safety!

6 CDC’s list of recommended vaccines includes those made using aborted fetal tissue, which directly conflicts with religious values of many Americans.

These aborted fetal cells come from several different sources, including MRC-5 cells, normal human diploid cells, human diploid fibroblast cell cultures (WI-38), and human embryonic lung cell cultures. In addition, DNA foreign to the human body, from

other living organisms such as monkeys, dogs, and chickens, is commonly used to create vaccines. The effects of this have never been studied for safety, although studies are currently being done on the danger of insertional mutagenesis caused by exposure to foreign DNA fragments in vaccines.

7 Two high ranking whistleblowers have come forward regarding vaccine adverse events in children.

Dr. William Thompson, Centers for Disease Control (CDC) senior scientist, has admitted to Congress that he was involved in a cover-up where study parameters in the CDC 2004 paper were changed after it became apparent that there was a statistically significant association between the MMR vaccine and autism, particularly in African American boys. Dr. Andrew Zimmerman, considered the world’s top pediatric neurologist in the field of autism research, was the star witness for the Department of Justice (DOJ) during the Autism Omnibus Proceedings (OAP). Dr. Zimmerman told DOJ attorneys that vaccines CAN cause autism in a subset of children with a mitochondrial vulnerability. DOJ attorneys allegedly suppressed this game-changing opinion from the public. Since this miscarriage of justice, roughly one million children have been diagnosed with autism. An unknown percentage of these cases are the result of vaccine injury. As of 2015, the projected annual cost for autism in the U.S. was \$268 billion and is expected to reach \$1 trillion by 2025. These growing costs now fall on families and on taxpayers through the costs borne by local school districts, states and Medicaid.

8 Mandating liability-free vaccines that have not been properly safety tested is in direct opposition to the first tenet of the Nuremberg Code: The voluntary consent of the human subject is absolutely essential.

The NVICP provides a blank check that allows and even incentivizes the industry to develop and market a pipeline of vaccines, based on the assumption that vaccines are safe and effective across the board. But if vaccines and vaccination are truly as safe and effective as the CDC and the industry have been insisting, it shouldn’t be that difficult for them to convince the public to want to give them to their children, without needing mandates to impose vaccines by force.

9 Vaccination is a states’ rights and individual rights issue.

It is well documented, admitted and scientific fact that many children have been severely injured or even killed as a result of adverse vaccine reactions. Therefore, the government has no right or authority of any kind to place parents in a situation where they are forced to expose their children to an admitted risk, and a risk that they deem to be unacceptable. Parents who are called “anti-vaccine” once supported vaccines. When their child was vaccine-injured, they began trying to save other children. These brave “ex-vaxxers” aren’t “anti-vaccine” they are “anti-vaccine-injury.”

10 The vaccine safety community thinks that our Federal agencies are lying to the American people.

Until Congress and the states do their due diligence regarding the science needed to insure our citizens are safe, it is reckless to let fear-mongering of benign childhood diseases and false claims of ‘crisis’ drive public policy.

***References and published research available upon request.**