Bill as Introduced

HB 1211 – AS INTRODUCED

2000 SESSION

00-2498
04/09

HOUSE BILL ***1211***

AN ACT establishing a committee to study the health effects of child immunizations.

SPONSORS: Rep. D. Hall, Graf 13; Rep. Richardson, Ches 12

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill establishes a committee to study the health effects of child immunization programs.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1211 – AS INTRODUCED

00-2498
04/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand

AN ACT establishing a committee to study the health effects of child immunizations.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Committee Established. There is established a committee to study the health effects of child immunization programs administered in the state.

2 Membership and Compensation.

I. The committee shall consist of 7 members of the house of representatives, appointed by the speaker of the house.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The duties of the committee shall be as follows:

I. To study the health effects of child immunization and vaccination programs administered in this state by analyzing the most recent data available from the department of health and human services and other state agencies which may compile information relevant to the committee's objectives.

II. To study the risks of negative health effects which may be attributable to child immunization or vaccination programs and methods for minimizing such risks.

III. To study any other issue deemed by the committee to be in furtherance of its objectives.

IV. To recommend legislative proposals based on the committee's findings.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Four members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2000.

6 Effective Date. This act shall take effect 60 days after its passage.

Amendments

Rep. D. Hall, Graf. 13
January 19, 2000
2000-3127h
04/01

Amendment to HB 1211

Amend the bill by replacing section 1 with the following:

1 Committee Established. There is established a committee to study the health effects of child immunization programs.

Amend paragraph I as inserted by section 3 of the bill by replacing it with the following:

I. To study the health effects of child immunization and vaccination programs administered in this state by analyzing the most recent data from any available source relevant to the committee's objectives.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB1211 Date 1-19-00

Committee Health + Human Services

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con
Stuart Tracy	136 No. Main St. Concord	226-2984	N.H. Straight Chiropractic Society	✓	
~~Rep Stuart Bodge~~					
Jim Monahan	114 N. main street	228-3322	NH chiropractic Association	✓	
Karen Tolman	Nelson	827-3226	Health consumer	✓	
Joe Haas	P.O. Box 218 Ashland, N.H. 03217	e-mail = JosephHaas53@Hotmail.com	myself	✓	
See procedural paper + http://www.contrailconnection.com/					

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1211

BILL TITLE: establishing a committee to study the health effects of child immunizations.

DATE: January 19, 2000

LOB ROOM: 205 **Time Public Hearing Called to Order:** 11:05 a.m.

Time Adjourned: 12:11 p.m.

(please circle if present)

Committee Members: Reps. Emerton, Batula, Chabot, Manning, Case, Perkins, Dawe, P. Katsakiores, Feuerstein, Pilliod, Dalrymple, Wendelboe, Martel, Ruffner, Copenhaver, Kane, Haettenschwiller, Burnham, French, Donovan, Seldin and Potter.

Bill Sponsors: Reps. D. Hall and Richardson

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

REP. DAVID HALL (Sponsor): I support this bill. There is a language change on the amendment. The original would be too restrictive, so it was added to read "any available sources". Adverse reactions to vaccinations do exist. The FDA reporting system estimates only 10% of adverse affects are reported.

REP. MARION COPENHAVER: What organization is sponsoring this report?

REP. HALL: It is located in North Carolina. Their credibility, however, is they have documented their points.

REP. DANIEL BURNHAM: If the study committed decides to enter legislation, what would it be?

REP. HALL: They could make vaccination optional. The state could mandate reports requiring doctors to report adverse affects of vaccinations.

REP. BARBARA FRENCH: There are state laws requiring vaccinations at the suggestions of the federal government. There are religious and medical exemptions.

REP. JAMES PILLIOD: Is there a role for the state to demand that there be protection for the general population?

REP. HALL: Once the state is convinced.

REP. PILLIOD: What is the risk benefit ration?

REP. HALL: No, not sacrificing one child for the benefit of the general population.

REP. ALPHONSE HAETTENSCHWILLER: Define your interpretation of an adverse reaction.

REP. HALL: High fever, incapacitation of certain limbs and uncontrolled screaming. There are varying degrees; the most extreme being death.

*DR. RUSSELL JONES (NH Public Health Association): I oppose this bill. He then gave the example of measles: 2200 cases down to 100 cases in 1998. He submitted written information.

REP. JANEEN DALRYMPLE: Is it common for babies to have some mild adverse reactions to DPT?

DR. JONES: It does occur, but it is less.

REP. DALRYMPLE: Is it more dangerous for a child NOT to have the vaccination for whooping cough?

DR. JONES: He then gave the example of the reaction to percussis in England.

REP. PILLIOD: Are there any related deaths?

DR. JONES: Yes

REP. COPENHAVER: Can you address the issue raised by proponents of the bill regarding Hepatitis B problems?

DR. JONES: Newborns are now recommended not to have vaccinations based on the level of mercury to make the vaccine and now there is a movement to delay it to an older age.

REP. PETER BATULA: Can you accept there is a question about the Hepatitis B vaccine?

DR. JONES: Yes, however, the system is in place for monitoring the other. The frequency of severe adverse reactions is very minimal and occurs so rarely.

REP. BURNHAM: He had a question for Dr. Jones....

DR. JONES: It is difficult to make scientific decisions without the data.

*MR. GERHARD BEDDING (NH Citizens for Health Freedom): I support this bill. He then referred to a packet of information in a manila folder. Why do the study in New Hampshire? He then referred to the study and report in New Hampshire. If the system worked in New Hampshire, the public would not allow the Hepatitis B vaccine in New Hampshire. The state can have an influence.

REP. PILLIOD: Are you proposing that there were 11 deaths related to the Hepatitis B vaccine?

MR. BEDDING: This warrants scientific study. These deaths could have been caused by the Hepatitis B vaccine.

REP. BURNHAM: Do you believe we, as legislators, have the expertise?

MR. BEDDING: No, but we could heart input from physicians and could have public input.

*MR. BROOKE DUPEE (NH Dept. of Health and Human Services): I support the bill. Mechanisms exist to direct the issues raised in the bill. He then submitted written testimony.

REP. BATULA: What about swine flue and thalidomide?

MR. DUPEE: The mechanisms do work.

*MS. CAROLYN DEMOREST (NH Citizens for Health Freedom): I support this bill. She then submitted written testimony.

REP. BURNHAM: Has your group made proposals to the Department for a state study?

MS. DEMOREST: I don't know.

REP. BURNHAM: Is there a suspicion that the proposal would fall on deaf ears in the institutions that presently exist?

MS. DEMOREST: We have no relationship to the Department of Health and Human Services.

REP. PILLIOD: Where does the trust level exist? Do you want a study in New Hampshire?

MS. DEMOREST: I would like a study of Hepatitis B in New Hampshire particularly.

MR. EDWARD L. BROWN (U.A.I.C.): I support this bill. The UAIC investigates on the civilian level. The laws of the nation are what they adhere to. I tried to contact the Dept. of Health and Human Services, the Environmental Agency and the CDC without success. We need to try to use this holistic process. The immunization program is contaminated and the Dept. of Health and Human Services is responsible. I have cured may people in New Hampshire; even curing them of cancer.

REP. GLORIA SELDIN: What is the name of your group?

MR. BROWN: Unamerican Activities Investigative Commission

*MR. PAUL HARRINGTON (NH Citizens for Health Freedom): I support this bill. Doctors do not report an adverse reaction. People who oversee these medications need to be watched. Many children have an adverse reaction. He submitted written testimony.

REP. PILLIOD: Despite the concerns about swine flue, the decision was made in 20 states to go ahead.

Respectfully submitted,

Margaret A. Case

Rep. Margaret Case, Clerk

Testimony

GERHARD F. BEDDING

8 Green Acres Road
Keene, NH 03431
Tel. 603-355-2202 (also fax)

To the Chairman and the Members of the
Health, Human Services & Elderly Affairs Committee

January 18, 2000

Re: David Hall's proposed bill to establish a a committee to study the health effects of child immunizations.

I am a science writer, President of the Aurum Foundation, which supports complementary and alternative medicine in New Hampshire, and Vice-President of N.H. Citizens for Health Freedom. My daily work brings me in contact with medical, naturopathic, and chiropractic doctors, with owners of health food stores, and with a wide cross-section of consumers of health care.

1. On behalf of the people I represent, **I urge you to support David Hall's initiative which is very much needed to develop an independent, objective overview of the health effects of child immunizations in New Hampshire.**

A series of events in 1999 clearly point at the dire need for such a study: several congressional hearings, the withdrawal of the rotavirus vaccine because of adverse health effects; the request to vaccine manufacturers to remove mercury from vaccines; the changed recommendation of the Pediatric Society to wait with the hepatitis B vaccine until a child is several months old; the request from the Association of American Physicians and Surgeons to drop the mandate for hepatitis B vaccinations and their request of September 1999 that a congressional investigation be conducted into the approval process for new vaccines.

At one of the congressional hearings in May 1999, Chairman Micah referred to an especially disturbing report about the adverse events after hepatitis B vaccination in New Hampshire. (copy attached). This is just one example why a state study makes sense.

2. But first and foremost, there's an urgent need to **dispel a powerful myth promulgated by our medical establishment, and often uncritically supported by the media.** This myth states that everything is just fine with regard to childhood vaccinations and that the only problem is fear-mongering by some groups of lay people. In the words of Dr. Isadore Rosenfeld (Parade Magazine, 1/9/2000) : "While there is some uncertainty about vaccinations in lay circles, there is no disagreement whatsoever among doctors about the critical need to vaccinate every child...." No disagreement among doctors? Let's look at the facts.

* At the First International Public Conference on Vaccinations (9/13-15, 1997) in Alexandria the following medical doctors and Ph.D.'s, with impeccable credentials, spoke critically about one or several aspects of childhood vaccines: Mark Geier, M.D., Ph.D., Terry Phillips, D.Sc., Ph.D., Marcel Kinsbourne, M.D., Andrew Wakefield, M.D., Byron M. Hyde, M.D., Howard Urnovitz, Ph.D., Patricia Kane, Ph.D., Stephen Marini, Ph.D., Philip Incao, M.D., Hugh Fudenberg, M.D., Harold Buttram, M.D., J. Barthelow Classen, M.D., Murray Cohen, M.D., Eugene Robin, M.D.
* In May 1999 the Association of American Physicians and Surgeons took an official position against mandating hepatitis B vaccine. The same group, in September 1999, asked for a congressional investigation into the approval process for new vaccines, pointing at the withdrawal of the rotavirus vaccine which had just been approved for general use a year ago.
* Many medical doctors and practitioners of alternative medicine are critical of one or more aspects of the official U.S. immunization program and speak out clearly in a variety of newsletters and speeches.
* Attached statement (1/5/2000) by a well-known, respected medical doctor, Jay Gordon, shows how Good Morning America recently distorted his view on vaccines. They edited his remarks until he sounded like a vaccination proponent. Dr. Gordon states "I have to unequivocally state that I

oppose the way children are vaccinated in America. I do not oppose all vaccines but I think parents deserve honesty and correct data. They are not given either at the present time. (emphasis mine)

* A number of M.D.'s with outstanding credentials have questioned mandatory hepatitis B vaccinations for children. Examples are Burton Waisbren, M.D., Eugene Robin, M.D., Byron Hyde, M.D., and Mayer Eisenstein, M.D.

This is just a sampling of professionals critical of one or more aspects of U.S. childhood immunizations. **It is completely disingenuous and contrary to fact to state that only parents raise questions about vaccines!** Such misleading statements will only cause more and more parents to lose faith in the medical establishment.

3. The Centers for Disease Control stated in 1979: "Vaccinations are recommended and administered to millions of children and other individuals each year on the presumption (emphasis mine) that the benefits far outweigh the risk. The benefit side of the equation is straightforward: vaccinations can prevent serious disease. The risk side is not as straightforward since it includes factors that are known and others that may exist but have not yet been discovered. It is necessary therefore to maintain surveillance of potential risks of vaccinations to continually reevaluate whether individual vaccinations are, on balance, good for people. (emphasis mine)."

Commenting on this CDC statement, Philip Incao, M.D., writes (letter to Health Committee, Ohio Legislature, 3/1/99): "The above clear statement of purpose to monitor vaccine safety has unfortunately been totally eclipsed by our nation's enormous intellectual, bureaucratic, and economic commitment to vaccination as *the* method to eradicate illness." (emphasis mine)

Dr. Incao states in the same letter: "The present growing distrust of vaccinations by concerned parents nationwide is a grassroots movement that will not go away because it springs from a very real source: from a frequency of acute and chronic adverse effects of vaccinations far greater than is being officially acknowledged. This grassroots movement is only bound to increase until its concerns are acknowledged and dealt with in a scientifically objective and forthright manner." (emphasis mine.)

4. The establishment view that there is only one correct view on maintaining health and that anyone disagreeing with them can be belittled or ignored, is arrogant and prevents change and improvement in medical thinking. **It is a kind of unofficial state medicine that should be rejected by every thinking American as we reject state religion and state art.** Medical science is universal in its ability to test and to diagnose illness. However, when it comes to treating illness or maintaining health, views of practitioners vary widely. That's why we respect and invite second and third opinions and why a patient has the right to choose his/her doctor and treatment.

Medical paradigms change over time. Attached description of the way the immune system works by Philip Incao, M.D., is a good example. **This new paradigm goes far beyond the simplistic concept on which current immunization practices are based.** It provides a very clear and plausible explanation also for the tremendous increase in chronic and auto-immune diseases we have seen concurrent with the massive increase in immunizations.

5. **It is time for independent, thoughtful citizens and legislators to take a hard look at the ever expanding immunization empire in the U.S.** Medical correspondent Nicholas Regush (ABC) suggests in the attached article "Shot in the Dark" that there is a great deal of digging to be done to expose the roots of immunization problems. Under the subtitle "Dig Deep, Dan!", Regush writes "I know it's tough to brush up against motherhood and apple pie, but if Dan Burton (chairman of the hearings on vaccine safety) is truly interested in digging into vaccine safety, then I suggest he buy himself a very big, strong shovel." Yes, there is a great deal of hard digging to be done! Let a committee be formed and let the work begin.

Gerhard Beetz

REPORTED CASES OF HEPATITIS B DISEASE vs. REPORTED ADVERSE REACTIONS TO HEPATITIS B VACCINE

0-10 AGE GROUP

STATE OF NEW HAMPSHIRE 1993-1997

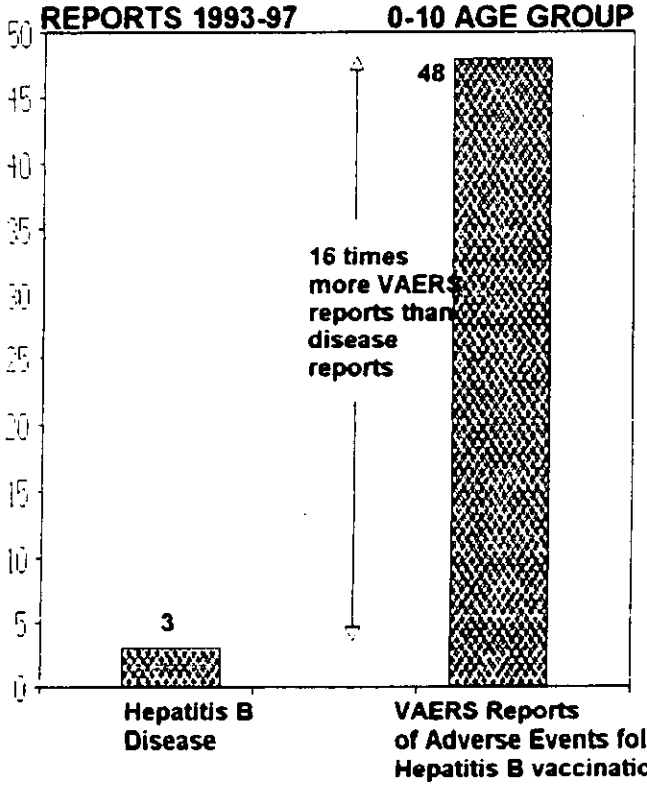
Sources: Hepatitis B disease statistics -- State of New Hampshire Department of Health and Human Services

Adverse reaction reports -- Vaccine Adverse Event Reporting System (VAERS)
Data obtained under Freedom of Information Act
by National Vaccine Information Center (NVIC)

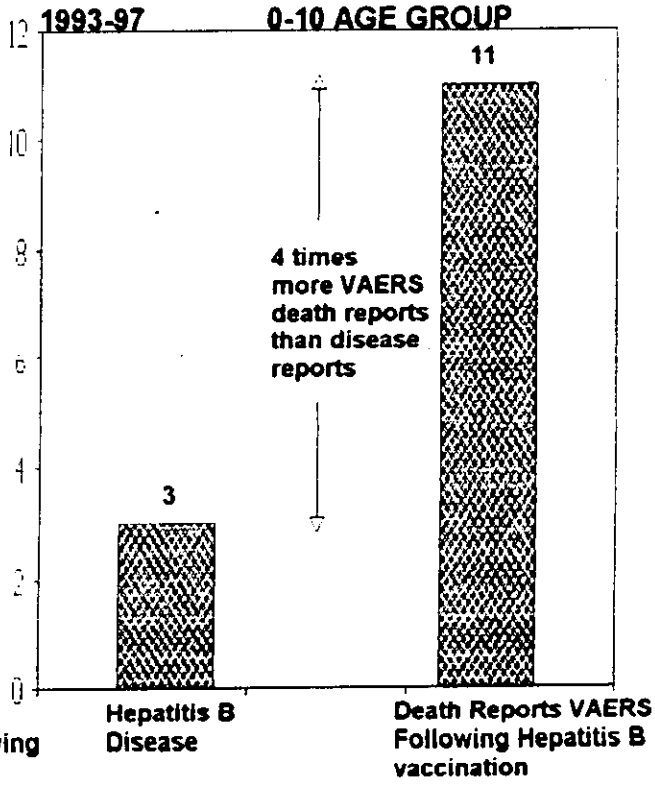
Michael Belkin
Director of Hepatitis B Vaccine Project NVIC
(212) 502-3693

	REPORTED CASES HEPATITIS B	VAERS REPORTS	VAERS DEATHS	VAERS EMERG ROOM	VAERS HOSPITALIZED	VAERS TOTAL SERIOUS REPORTS	VAERS PERCENT SERIOUS/TOTAL
1993	0	11	2	2	3	6	55%
1994	0	7	3	2	1	5	71%
1995	0	13	1	4	0	5	38%
1996	2	12	3	4	1	8	67%
1997	1	5	2	0	0	2	40%
TOTAL 1993-97	3	48	11	12	5	26	54%

NEW HAMPSHIRE
HEPATITIS B VACCINE ADVERSE REACTION REPORTS vs. HEPATITIS B DISEASE CASE REPORTS 1993-97 0-10 AGE GROUP



NEW HAMPSHIRE VAERS DEATH REPORTS FOLLOWING HEPATITIS B VACCINATION vs. HEPATITIS B DISEASE CASE REPORTS 1993-97 0-10 AGE GROUP



1993 VAERS ID	SEX	AGE	ENTRY DATE	ER VISIT	HOSPIT-ALIZED	DIED	COSTART1	COSTART2	COASTART3	REPORTED TEXT
49122	F	0.1	01/21/93	No	No	No	RASH			non specific rash-1st noted on 3 later shots
52531	F	0	05/12/93	No	No	No	FEVER	AGITATION	CONVULS	pt had high fever, irritability, p/1st Hep B shot, pt had sz like activity, [illegible]
53199	M	0.2	05/27/93	Yes	No	No	AGITATION	PALLOR	CRY ABNORMAL	pt was irritable p/sleeping, became very pale, some high pitched crying, was irritable but consoled
53909	F	0	06/17/93	Yes	Yes	No	FEVER	AGITATION	DEHYDRAT	pt recvd vax 15FEB93 & 16FEB93 developed a fever of 101.9, taken to ER & was hospitalized, pt has
55303	M	0	08/17/93	No	Yes	No	FEVER	CSF ABNORM	JAUNDICE	Pt recvd vax 29SEP92 & 30SEP92 showed WBC count 12.3, RBC count 5.9, hemoglobin 21.3, hr
54297	F	0.5	07/02/93	No	No	No	SCREAMING SYND	FEVER	AGITATION	Irritable & crying all noc, temp 100.5, 02APR93 irritable but consolable, rhinitis, nasal congestion
55395	M	0.2	08/23/93	No	No	No	MASS INJECT SITE			small intracutaneous lump, firm area of induration which is non erythematous & non tender (leg
56092	M	0.2	09/20/93	No	Yes	No	PALLOR	SOMNOLENCE		pt w/pallor & lethargy 3-4 hrs p/vax, hospitalized for observation, no LOC, sz, vomiting
56592	M	1	10/18/93	No	No	No	VASODILAT	HYSN INJECT SITE		pt recvd vax 23SEP93 & arm turned red immediately, was still red when pt left office-10 min sl not
57392	F	0.2	11/22/93	No	No	Yes	SIDS	HEM	LUNG DIS	SIDS.
59039	M	0.2	12/15/93	No	No	Yes	SIDS	HEM	EDEMA LUNG	SIDS death.

1994 VAERS ID	SEX	AGE	ENTRY DATE	ERVI SIT	HOSPIT ALIZED	DIED	COSTART1	COSTART2	COASTART3	REPORTED TEXT
58900	M	0.1	01/12/94	No	No	Yes	SIDS			SIDS 21OCT93.
58901	M	0.3	01/12/94	No	No	Yes	REACT UNEVAL			10nov93 taken to hosp p/being found by babysitter
61783	F	0	04/18/94	No	Yes	No	CYANOSIS	BRADYCARDIA		started having skin color changes (grey-blue) heart beat very slow,
65353	F	1.4	08/01/94	No	No	No	HYSN INJECT SITE			p/receiving vax in arm, local react of redness, hives noted p/1-2mins, no resp distress noted, color
66741	M	0.2	09/20/94	No	No	Yes	AGITATION	SIDS		irritable for several hrs later that day next morning pt was fine smiling acted nl -- good eating, sl
66970	M	0.8	10/04/94	Yes	No	No	FEVER			fever x 1 wk 101-102 today 15SEP94 105.5 16SEP phone call to mom-no fever
66990	F	0.5	10/05/94	Yes	Yes	No	CONVULS	EEG ABNORM		pt recvd vax & had > 1 hr sz, sepsc including lp nl, ct scan nl, eeg unilateral (left sided) slowing,

1995 VAERS ID	SEX	AGE	ENTRY DATE	ERVI SIT	HOSPIT ALIZED	DIED	COSTART1	COSTART2	COASTART3	REPORTED TEXT
70603	F	0.1	01/23/95	No	No	Yes	SIDS			pt recvd vax,COD SIDS.
71279	M	0.2	02/08/95	Yes	No	No	FEVER			1105 x 24 hrs,
71446	M	0.2	02/17/95	No	No	No	PALLOR	AGITATION		pt recvd vax 07DEC94 in AM, that afternoon had episode of looking white, crying if not held
73941	F	0.3	05/15/95	Yes	No	No	TREMOR	STUPOR		mom describes pt as having shaking & staring several times a day, seen by MD & neurologist, sta
74538	F	0.2	06/08/95	No	No	No	FEVER	AGITATION		fever 103, fussy, crying,
75632	M	0.2	07/10/95	No	No	No	FEVER	SCREAMING SYND		pt recv vax, fever 101.3, crying for 4 hr, crying started about 3 hr p/ vax, tx w/ apap,
76161	M	0.1	07/27/95	No	No	No	PALLOR			pt recv vax, got very pale, but no LOC recovered spontaneously,
76650	F	0.3	08/18/95	Yes	No	No	FEVER	ECCHYMOSIS	EDEMA INJECT SITE	pt recv vax fever 101 R bruising lt thigh from side down to ankle thigh enlarged kept in o/c for 1 hr
76715	M	0.1	08/25/95	No	No	No	CYANOSIS	AGITATION	CRY ABNORMAL	mom said feet turned blue, screaming @ least 1/2 hr, no swelling of thigh, treated w/Motrin
76747	F	0.5	08/25/95	No	No	No	AGITATION	INSOMNIA	RASH VESIC BULL	mom reports extreme irritability, unable to sleep during the noc,no fever, no swelling of thigh seen
76746	M	0.2	08/25/95	No	No	No	EDEMA INJECT SITE	CRY ABNORMAL	AGITATION	swelling of thigh, screaming & crying (odd cry), treated w/Motrin
77870	F	0.2	10/09/95	No	No	No	FEVER	SOMNOLENCE		fever since last PM 101-102, sleepy, eating OK., supple neck, chest clear,
79477	M	0.2	11/29/95	Yes	No	No	AGITATION	OCULOGYRIC CRISIS	HYPOTONIA	pt let out cry eyes rolled back went limp-diff to awaken mom called rescue squad pt never cyanot

1996 VAERS ID	SEX	AGE	ENTRY DATE	ERVI SIT	HOSPIT ALIZED	DIED	COSTART1	COSTART2	COASTART3	REPORTED TEXT
90841	F	0.3	01/18/96	No	No	Yes	SIDS	INJURY ACCID		pt recvd vax, SIDS 9sep95.
95094	M	0.2	04/24/96	Yes	No	No	EDEMA PERIPH	VASODILAT		3 days post vax pt had transient edema & redness of distal extremities migratory w/o tenderness to
96613	M	0.1	06/13/96	Yes	No	No	STOOL ABNORM	DIARRHEA	FEVER	pt recv vax 8MAY96 & began w/green, mucousy stool & 13MAY or 14MAY96 about 10AM (102.1 b
96915	M	0.2	06/13/96	Yes	No	No	SCREAMING SYND			inconsolable crying greater than 3hr presumed pertussis nos
97591	M	0.2	06/28/96	No	No	Yes	SIDS			SIDS-30OCT95
97534	F	0.2	07/08/96	No	No	No	SCREAMING SYND			cried cont for about 10hr (2PM-12PM)-APAP & Motrin given w/o effect napped x 1-2hr from 12PM
97914	F	10.2	07/18/96	No	Yes	No	SYNCOPE	MYDRIASIS	TREMOR	pt recv vax 5JUL96 9AM & 905AM pt left shot room 906AM pt found face down in waiting room on
98944	M	0.3	08/20/96	No	No	No	URTICARIA	CRY ABNORMAL	AGITATION	hives, high pitched crying, approx 5-6hr p/vax,
99825	M	0.2	09/13/96	Yes	No	No	PALLOR	STUPOR	HYPOTONIA	pale, motionless, no awakening normally, hyporesponsive nos 13MAR96.
99824	M	0.2	09/13/96	No	No	No	STUPOR	TREMOR	HYPERTONIA	blank stare body trembling, clenched mouth lasted 20min 25FEB96 evening.
89877	M	5	09/16/96	No	No	No	INJECT SITE REACT			large local rxn shoulder & upper arm.
91425	M	0.1	11/04/96	No	No	Yes	SIDS			SIDS

1997 VAERS ID	SEX	AGE	ENTRY DATE	ERVI SIT	HOSPIT ALIZED	DIED	COSTART1	COSTART2	COASTART3	REPORTED TEXT
95504	M	0.1	03/11/97	No	No	No	RASH	DYSPNEA		gen rash & mild breathing difficulties p/ none mom did not follow through to notify MD pt J 3a, s/at
96391	F	0.3	03/25/97	No	No	No	URTICARIA	RASH		urticarial rash,
96389	F	0.1	04/15/97	No	No	Yes	SIDS	APNEA		by history died of SIDS was off the monitor which was discharged home with on the floor having f
97016	M	0.2	04/22/97	No	No	Yes	SIDS			SIDS
99233	M	0.5	06/26/97	No	No	No	SCREAMING SYND	FEVER	TWITCH	crying 3hr p/vax fever had jerking of arms & legs 10 times whole episode lasted 3hr crying was

Subj: **DR. JAY GORDON ON GOOD MORNING AMERICA, 1/5/00**
Date: 1/6/00 1:19:14 AM Eastern Standard Time
From: via@access1.net (karin schumacher)
Reply-to: JNGMD@aol.com
To: via@access1.net (via)

JNGMD@aol.com wrote:
They edited the piece in a manner which eliminated all my statements about the possible problems with vaccinations. We shot over an hour's worth of tape for the 3-4 minute segment and the main thrust of my comments was to say that doctors and manufacturers have never presented an honest picture to parents. I discussed mercury, research funding for committee members, statistical implications of the rise in diabetes and other autoimmune phenomena associated with vaccines and many other controversial topics. I did not tell parents to refuse all vaccines, but I did tell them to think harder, ask harder questions and consider the misrepresentations that have been made about vaccine safety and effectiveness.

They edited the segment to make me sound like a vaccination proponent. I have to unequivocally state that I oppose the way children are vaccinated in America. I do not oppose all vaccines but I think parents deserve honesty and correct data. They are not given either at the present time. Most of us on this list are to the "left" of center on vaccination and don't realize that just questioning vaccines at all on a mainstream show like GMA is a big step. We also have to understand the impact of a person as well-known as Cindy Crawford delaying vaccines for over six months. Overall, the GMA piece will make people think but it certainly did not convey my true doubts and feelings. For this, I apologize to you all.

Jay Gordon, M.D.

We Must Have The Freedom To Choose & Respect Everyone's Choice
****

Karin Schumacher
Vaccine Information & Awareness (VIA)
858-484-3197 (phone/voicemail)
858-484-1187 (fax)
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From: Dawn Richardson [prove@swbell.net]
Sent: Wednesday, September 15, 1999 7:58 PM
To: Undisclosed.Recipients@lion.esosoft.net
Subject: [PROVE] How Vaccines Work

Dear PROVE Members,
The tragic thing that I hear over and over again from families who contact us whose children are hurt or killed by a vaccine is that there is a previous family history of vaccine reactions or autoimmune conditions that are never even questioned or looked into by the doctor giving the vaccine. These doctors give the parents the sweeping generalization that the benefits outweigh the risks when these concerns are brought to their attention.

Below I am sending you a letter written by a doctor for which I have a tremendous amount of respect on "How Vaccines Work" which challenges the very foundation of the platform used to justify a one size fits all policy for mandatory vaccinations. I wanted to share it with you because it will help many of you put into language ideas and questions you may have held closely that you were not able to articulate. We have added this to the web site under the section "Vaccines - A Closer Look." I think it should be required reading for any parent weighing all aspects of immunization so they can make a fully informed decision for what is best for their individual child! Enjoy!

How Vaccinations Work

Will this unorthodox view gain serious consideration?

PHILIP F. INCAO, M.D.
1624 Gilpin Street
Denver, CO 80218-1633

May 5, 1999

Dear K,

Thank you for your interest in vaccinations. To answer your questions impartially based on logical thinking I must provide the following explanation of how vaccinations work:

In order to use vaccinations wisely, we need to understand exactly how they work. Until recently, the "mechanism of action" of vaccinations was always understood to be simply that they cause an increase in antibody levels (titers) against a specific disease antigen (bacterium or virus), thus preventing "infection" with that bacterial or viral antigen.

In recent years science has learned that the human immune system is much more complicated than we thought. It is composed of two functional branches or compartments which may work together in a mutually cooperative way or in a mutually antagonistic way depending on the health of the individual.

One branch is the humoral immune system (or Th2 function) which primarily produces antibodies in the blood circulation as a sensing or recognizing function of the immune system to the presence of foreign antigens in the body. The other branch is the cellular or cell-mediated immune system (or Th1 function) which primarily destroys, digests and expels foreign antigens out of the body through the activity of its cells found in the thymus, tonsils, adenoids, spleen, lymph nodes and lymph system throughout the body. This process of destroying, digesting and discharging foreign antigens from the body is known as "the acute inflammatory response" and is often accompanied by the classic signs of inflammation: fever, pain, malaise and discharge of mucus, pus, skin rash or diarrhea.

These two functional branches of the immune system may be compared to the two functions in eating: tasting and recognizing the food on the one hand, and digesting the food and eliminating the food waste on the other hand. In the same way, the humoral or Th2 branch of the immune system "tastes" and recognizes and even remembers foreign antigens and the cellular or Th1 branch of the immune system digests and eliminates the foreign antigens from the body. But just as too much repeated tasting of food will ruin the appetite, so also too much repeated stimulation of the "tasting" humoral immune system by an antigen will inhibit and suppress the digesting and eliminating function of the cellular immune system. In other words, overstimulating antibody production can suppress the acute inflammatory response of the cellular immune system! 1
This explains the polar opposite relationship between acute discharging inflammations on the one hand and allergies and auto-immune inflammations on the other hand. The more a person has of one, the less he or she will have of the other!

A growing number of scientists believe that the increase in America, Europe, Australia and Japan in allergic and auto-immune diseases (which stimulate the humoral or Th2 branch of the immune system) is caused by the lack of stimulation of the cellular or the Th1 branch of the immune system from the lack of acute inflammatory responses and discharges in childhood. 2 3 4 5 We need to identify the factors which cause this shift in the function of the immune system or which cause allergies and auto-immune diseases in childhood to increase!

If we now return to the original question of the mechanism of action of vaccinations, we find what I believe is the key to the puzzle. A vaccination consists of introducing a disease agent or disease antigen into an individual's body without causing the disease. If the disease agent provoked the whole immune system into action it would cause all the symptoms of the disease! The symptoms of a disease are primarily the symptoms (fever, pain, malaise, loss of function) of the acute inflammatory response to the disease.

So the trick of a vaccination is to stimulate the immune system just enough so that it makes antibodies and "remembers" the disease antigen but not so much that it provokes an acute inflammatory response by the cellular immune system and makes us sick with the disease we're trying to prevent! Thus a vaccination works by stimulating very much the antibody production (Th2) and by stimulating very little or not at all the digesting and discharging function of the cellular immune system (Th1).

Vaccine antigens are designed to be "unprovocative" or "indigestible" for the cellular immune system (Th1) and highly stimulating for the antibody-mediated humoral immune system (Th2).

Perhaps it is not difficult to see then why the repeated use of vaccinations would tend to shift the functional balance of the immune system toward the antibody-producing side (Th2) and away from the acute inflammatory discharging side (the cell-mediated side or Th1). This has been confirmed by observation especially in the case of Gulf War Illness: most vaccinations cause a shift in immune function from the Th1 side (acute inflammatory discharging response) to the Th2 side (chronic auto-immune or allergic response). 6
The outcome of this line of thought is that, contrary to previous belief, vaccinations do not strengthen or "boost" the whole immune system. Instead vaccinations overstimulate the "tasting and remembering" function of the antibody-mediated branch of the immune system (Th2) which simultaneously suppresses the cellular immune system (Th1) thus "preventing" the disease in question.

What in reality is prevented is not the disease but the ability of our cellular immune system to manifest, to respond to and to overcome the disease!

There is no system of the human being, from mind to muscles to immune system, which gets stronger through avoiding challenges, but only through overcoming challenges. The wise use of

vaccinations would be to use them selectively, and not on a mass scale. In order for vaccinations to be helpful and not harmful, we must know beforehand in each individual to be vaccinated whether the Th1 function or the Th2 function of the immune system predominates.

In individuals in whom the Th1 function predominates, causing many acute inflammations because the cellular immune system is overreactive, a vaccination could have a balancing effect on the immune system and be helpful for that individual.

In individuals in whom the Th2 function predominates, causing few acute inflammations but rather the tendency to chronic allergic or autoimmune inflammations, a vaccination would cause the Th2 function to predominate even more, aggravating the imbalance of the immune system and harming the health of that individual. This is what happened in Gulf War Illness.

The current use of vaccinations in medicine today is essentially a "shotgun" approach which ignores differences among individuals. In such an approach some individuals may be helped and others may be harmed.

If medicine is to evolve in a healthy direction, we must learn to understand the particular characteristics of each individual and we must learn how to individualize our treatments to be able to heal each unique human being in our care.

Based on the preceding explanation of how vaccinations work, here are my answers to your questions:

Vaccinations are usually effective in preventing an individual from manifesting a particular illness, but they do not improve the overall strength or health of the individual nor of the immune system. Instead, vaccinations modify the reactivity of the immune system, decreasing acute discharging inflammatory reactions and increasing the tendency to chronic allergic and auto-immune reactions.

Epidemiologic studies 7 8 9 have shown that as families improve their living conditions, hygiene, nutrition, literacy and education, the risk of life-threatening acute infectious , inflammatory diseases very much decreases. Families with poor living conditions, hygiene, nutrition and literacy would generally be most likely to benefit from vaccinations. Families with good living conditions, hygiene, nutrition and education probably would benefit from vaccinations very little or not at all. Individuals with a tendency to allergic or auto-immune diseases are likely to be harmed by vaccinations.

Side effects of vaccination are usually allergic or auto-immune inflammatory reactions caused by the shift of the immune system's reactivity from the Th1 side to the Th2 side. Modern medicine is just beginning to recognize this.

10

Modern medicine has not scientifically measured the risk/benefit ratio of any vaccine. 11 Research into the risks of vaccines is very inadequate, according to two comprehensive reports on vaccines by the U.S. Institute of Medicine in 1991 and 1994.

My preceding explanation of how vaccinations affect the immune system is true also in animals. Vaccinations cannot make animals healthier, but only good handling, environment and nutrition can make animals healthy and resistant to disease. Vaccinating pigs may prevent them from having illness from one particular strain of virus but will not improve their overall resistance to other illnesses nor even to other strains of the same virus.

It is important to remember that an infection with a particular virus or bacterium does not necessarily cause illness unless the resistance of the individual is low. In the case of Japanese Encephalitis Virus (JEV), most infections cause no symptoms and fewer than 0.1% of infected individuals develop severe encephalitis. 12 Individuals living in poor conditions, with poor hygiene, nutrition and education are at higher risk of serious illnesses from JEV or any other infection. In such individuals a vaccination would most likely be helpful.

Each individual should inform himself or herself: just how widespread is the disease outbreak? How many have become seriously ill or died? Does the outbreak affect all levels of society or mainly those in poor living conditions?

Very often the media exaggerate the extent of such outbreaks. Each individual should freely decide, based on knowledge and not on fear and hearsay, whether he or she or a child would benefit from a vaccination.

Philip F. Incao, M.D.

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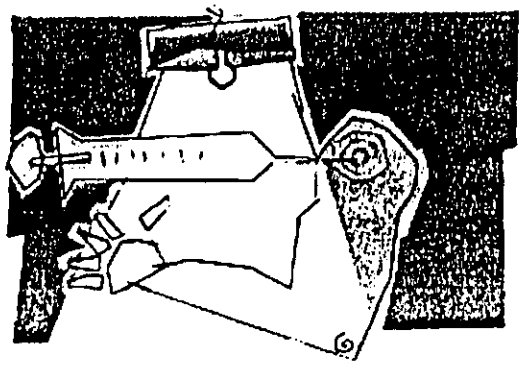
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Shot in the Dark?



Our Columnist Hopes Congress Sheds Some Light on the Vaccine Debate

The risk-reward ratio for childhood vaccines seems small, but politics and a dearth of long-term research may keep us from getting clear answers about side effects. (A.Shepherd/ABCNEWS.com)

By Nicholas Regush
ABCNEWS.com

SECOND OPINION NICHOLAS REGUSH

I hope the latest congressional hearing on childhood vaccines doesn't turn out to be yet another flash-in-the-pan noisemaker that fizzles into a lame, embarrassing (and to some communities, X-rated) genuflection to the status quo.

These lawmaker health issue "hearings" typically end up pimping to the interests of high-flyer doctors and scientists and the pharmaceutical industry that adores and nurses them.

I'm sure the goal — exploring the vaccine safety issue — was well-intentioned. Rep. Dan Burton, R-Ind., the chairman of the House Government Reform Committee, became concerned after two of his grandchildren developed side effects and a child known to his family died following vaccination. Skeptical that the three events could simply be coincidence, Burton wondered how often this actually occurs. "It's not that we don't want children vaccinated," he said at the hearing this week, "but we want to have an informed public."

Dig Deep, Dan

So along comes U.S. Surgeon General David Satcher

SUMMARY

The question of whether childhood vaccines are linked to diseases such as diabetes and autism will probably not be resolved without more long-term research.

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to inform the committee about the benefits of mass childhood vaccination, in particular that vaccines have protected us from once rampaging diseases such as polio, measles, tetanus and meningitis. Sure, serious side effects can occur, Satcher said, but they're rare, and the benefits far outweigh any risks. In fact, vaccines are thought by the many to be the safest, most effective medicines we have.

Well, maybe so. I'm sure it would feel terrific to be as hopeful as Satcher about the risk-benefit ratio. But I trust Burton is not moved by knee-jerk propaganda any more than I am and is interested in real science. The problem is, if he checks, he'll probably end up asking, "What science?"

And that's when he should get some serious hearings in gear. I know, it's tough to brush up against motherhood and apple pie, but if he's truly interested in digging into vaccine safety, then I suggest he buy himself a very big, strong shovel.

Science Project

If Burton really wants to know how many vaccine side effects occur in this country, he will be hard-pressed to arrive at a satisfying answer. Studies to monitor reactions to new vaccines are very short-term, sometimes lasting only weeks after vaccination. And then it's up to doctors to report reactions to the FDA, which they do, of course, but this is voluntary and assumes physicians can actually make the connection between an illness and a vaccine. Each year, the FDA handles about 12,000 vaccine-related reports, but readily admits that this represents only a fraction of actual side effects.

Burton would also be strapped to find much research exploring how multiple vaccinations might affect the body's immune system, possibly leading to a variety of diseases, including diabetes and asthma. Where are the long-term clinical trials and laboratory research to probe this potentially hellish connection?

Doubters and Data

I presume Burton is aware that often when researchers suggest a link between vaccines and disease, they are attacked as less than scientific and portrayed as mavericks who are only frightening the public.

Take the situation of Bart Classen, a Maryland physician who published data showing that diabetes rates rose significantly in New Zealand following a massive hepatitis B vaccine campaign in young children, and that diabetes rates also went up sharply

it receives annually on pharmacologic side effects from vaccines represent only a fraction of what actually occurs.

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in Finland after three new childhood vaccines were introduced. Classen took a poke from a vaccine advocacy group who put the word out to some of us at ABCNEWS that he was a lone wolf who had misinterpreted the data.

Classen would be the first to recommend more research. But why bother promoting further research or debating the science when it's easier to protect your interests by smearing someone?

Shooting Down Red Flags

And then there were the British doctors who published data on 12 children showing a possible link between a measles, mumps and rubella vaccine and two illnesses, a new bowel disease and autism. They took nasty hits from both sides of the Atlantic from vaccine researchers who claimed they were needlessly frightening the public with information that was only preliminary. This happened despite the fact that the British researchers made it clear that they had not proven an association between the diseases and the vaccine, but that they felt it was important to raise a red flag and generate more research.

I hope Burton also digs deeply enough with to find out how how vaccine science and policy are orchestrated in this country — and by whom. It's not pretty.

Let's help him a little next week in this column. ■



Nicholas Regush produces medical features for ABCNEWS. *In his weekly column, published Wednesdays, he looks at medical trouble spots, heralds innovative achievements and analyzes health trends that may greatly influence our lives. His latest book is* The Breaking Point: Understanding Your Potential for Violence.

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Department of Health and Human Services
Testimony on HB 1211
January 19, 2000

Good morning Mr. Chairman and members of the committee. For the record, my name is Brook Dupee and I'm here today representing the Department of Health and Human Services.

As you know this bill would establish a committee, which as its first task would study the health effects of child immunization programs administered in the state by analyzing data from my department and from other state agencies. The second task of the committee would be to study in particular the negative health risks that may be attributable to vaccinations. Lastly the study committee would be authorized to examine additional issues including recommending legislative proposals.

In regard to both the issue of studying immunizations by analyzing data from my department or from other agencies, and the issue of the need for further legislation regarding vaccines, this actually happened last year when this committee considered HB 392. At that time you held extensive hearings on the subject, taking testimony not only from my department, but also from other experts in the field of immunization, and from members of the public.

In commenting on this legislation it is not our intent to dismiss out of hand questions about vaccine safety, or to suggest that parents should not critically evaluate their children's health care, or to intervene in matters of religious belief. In fact we encourage parents to make such inquires. And, should issues of vaccine safety arise in the future, we will be the first to come

back to this committee to recommend changes to improve the safety and effectiveness of the vaccination program.

Thank you for this opportunity to comment on HB 1211.

Tes1211h.doc

Testimony before Health & Human Services Committee

HB1211 - to study the effects of child immunization
January 19, 2000

By Carolyn A. Demorest
POB 306
Dublin, NH 03444
563-8804

Mr. Chairman,

I would like to encourage the Committee to endorse this bill so that child immunization programs in the state can be studied.

In the past year several authoritative sources have recommended further studies of vaccinations on a national level. The Association of Physicians and Surgeons in May of last year came out with an official statement against mandating the hepatitis B vaccine, and in September asked for a congressional investigation into the process by which new vaccines are approved.

The request for study of the approval process came after the rotavirus vaccine was withdrawn because it was causing bowel problems in children after having been approved only a year before. A series of articles in The Wall Street Journal reported that CDC officials had withheld Chinese vaccine safety trial data from FDA advisory committees that were responsible for voting for licensing the new vaccine. The Chinese trials had indicated that the same bowel problem was a risk factor with the vaccine.

Clearly the questions about immunization are coming from more than a fringe group of physicians and parents. New Hampshire would do well to undertake a study of the situation.

Thank you.

Paul Harrington
3 Brinton Drive
Nashua,N.H. 03064
Tel. (603) 595-0845

To the Chairman and the Members of the Health, Human Services and Elderly Affairs Committee

Re: Rep. David Hall's proposed bill to establish a committee to study the health effects of child immunizations.

I am a concerned citizen of N. H. ; a parent, a husband, and a small business owner. President of N.H. Citizens for Health Freedom; an organization to help the people of N.H. learn about complementary health care ; this includes nutrition.

I strongly urge you to support Rep. David Hall's proposed bill to establish a committee to study the health effects of child immunizations; this is long overdue and 1999 proved it. From the May 1999 congressional hearings in Washington D. C. to the flood of parents and doctors throughout the U.S. and the world wanting answers on why are there so many reactions to certain immunizations and cases of SIDS.

Thankyou,

Paul Harrington

TO: The Committee Members
Health, Human Services & Elderly Affairs
New Hampshire House of Representatives

FROM: Karen Tolman Karen Tolman
18 Tolman Pond Road (Nelson)
Marlborough, NH 03455

DATE: January 19, 2000

SUBJECT: HB 1211

I've written to this committee before, on previous HB's, regarding my concerns about vaccine safety.

I support the bill before you "to establish a committee to study the health effects of child immunization programs administered in the state."

Obviously, illness and disabilities resulting from vaccine injury are a major concern of mine.

Also of particular interest to me, as a State of New Hampshire property taxpayer, is the impact that vaccine injuries may be having on the costs to our educational system.

California Health and Human Services Agency recently reported a 273% increase in California children diagnosed with autism during the past decade. Similar dramatic increases have also been reported in Florida, Maryland and New Jersey (The Vaccine Hotline, January, 2000).

If, as suspected, the growing number of mandated vaccinations and the increased rate of vaccination compliance are contributing factors to this phenomenon, then we severely need to take a very close look at vaccination safety.

Subj:
Date: 1/18/00 11:10:20 PM Eastern Standard Time
From: kiwipiet@rcn.com (Pieter & Mary Hanraets)
Reply-to: kiwipiet@rcn.com
To: Mamah4@aol.com ('Ginny Herman')

Mary Michalis Henraets
15D Purington Lane
Hampton NH 03842

Honorable Lawrence Emerton
Chairman of the Health Commitee
15 Medford Farms
Goffstown NH 03045

January 18th,2000

Dear Sir,
As an informed college educated mother who believes in informed consent I am strongly urging you to investigate the "other side" of vaccinations. I believe we as parents have the right to know what we're putting into our new borns' and otherwise healthy childrens' bodies.

Sadly we no longer live in a society where we can, or should without question, blindly follow the dictates of State and Federal health organizations.Both State and Federal government are perpetuating the Vaccination "mindset "born of the Polio era without looking at todays realities. Realities like the only incidences of polio in recent years are from vaccinations themselves. Sad realities like the growing numerous adverse reactions to the DpT vaccines.
The reality that there is a growing realization by some in the medical field that although we have been "successful" in our vaccination programs, we are now presented with increases in the incidence of childhood diabetes, ADD and a number of other maladies, some of which have a direct correlation to mandated vaccination drives.

The insular and provincial thinking perpetuted for decades by the Federal and State organizations that did not question what we as a public need to know is a thing of the past. We recently learnt from the events associated with Big Tobacco to what extent some corporations will go in the pursuit of profit. Are we going to take the 30 years it took for the public's perception of Big Tobacco to wake up and say "wait a minute, something is not right here" ! This is not smokers who choose to smoke, this is our children, and the State says we have to vaccinate them ! We as a public don't really think we have a choice.We must stop and look more closely at just what these trends are telling us, we must ask loudly why?
We must hold the drug companies accountable if they can't prove beyond a doubt the long term effects of the drugs that you insist, we should allow our child to be given.

The mandate of the Health Committee I'm sure deals with both health and welfare of the constituents of the State. It will be sad indeed if the State sides with the all mighty dollar & not the precious life of a newborn or the continued quality of life of a child. We have to ask what has lead this society to unquestionably vaccinate their newborn to then find adverse reactions occuring sometimes years later, and then to not have these reactions aggressively investigated whether it's one in one thousand or one in one hundred is quite unacceptable. I don't think we are being told the whole story.
This needs to be addressed so that our precious children don't end up as guinea pigs!

Furthermore,children are born to us parents and not the state . We therefore should be able to have the choice in this "Live Free or Die" state to omit or postpone vaccinations without any resistance/pressure from anyone.

Yours sincerely,

Mary Michalis Henraets w/
Pieter A. Henraets

A CALL FOR AN IMMEDIATE MORATORIUM OF MANDATORY HEPATITIS B VACCINATIONS FOR CHILDREN

BY

BURTON A. WAISBREN, SR., M.D., F.A.C.P., F.I.D.S.A.

As I drove in from Milwaukee this morning I asked myself, why during the past 14 years have I allowed myself to become so passionately involved in problems posed by the practice of universal hepatitis B vaccination? My only answer was that I sincerely believe an injustice is being done to the babies and parents of the United States by this program. As the grandfather of 16 grandchildren and the great grandfather of 1 great grandchild, I felt, for their safety, I should share my concerns.

My talk will concentrate on the hepatitis B vaccine but I think you will see that the points I make might have relevance to other "mad rushes" toward multiple vaccinations that are taking place in this country today.

I will present three trains of thought.

1. The first one will concern the evidence that hepatitis B vaccine could have been expected to cause adverse reactions and that it has done so.

2. The second will concern "my take" on how the program of universal hepatitis B vaccination was forced on the American people and on the very fallacious statistics that were used to promote the program.

3. Finally, I will present specific solutions to the problems that I have raised regarding the program of universal hepatitis B vaccination as it is practiced in the United States.

I will start out with a few remarks on how I, a practicing internist and immunologist, became involved in this field. In 1979, I made a clinical observation that suggested that the Swine flu vaccine, given to millions of people in the United States had caused, in some cases, multiple sclerosis. It took a sanction imposed on the Justice Department to legally establish that this had happened. Federal Judge Harold Baker applied the sanction when a Justice Department attorney admitted that she had destroyed evidence that was held by the Justice Department to this effect.

In 1984, I observed that multiple sclerosis had followed the hepatitis B vaccination in several of my patients. It took me eight years before I could get this observation published in a medical journal. During that time, while medical journals were refusing to publish this observation, over 20,000 reports were made to the Vaccine Adverse Events Reporting System (VAERS) set up by the CDC. Many of these reports confirmed that multiple sclerosis as well as other autoimmune diseases occurred after the hepatitis B vaccination.

In addition, reports about untoward reactions that occurred after hepatitis B vaccination surfaced in refereed medical journals all over the world. The handout I have given you refers to some of these articles. The VAERS reports and this literature have been

virtually ignored by the CDC and FDA whose spokesmen, as well as the spokesmen for the pharmaceutical companies who produce the vaccine, deny any significant adverse reactions to this day.

These experiences will explain to you why I am turning a "jaundiced eye" on the claims made by the CDC and the FDA regarding the safety of hepatitis B vaccine and the need for universal hepatitis B vaccination. These agencies stonewalled any discussion of toxic reactions until January 1998 when their bubble burst. First, the French government modified their program of universal hepatitis B vaccination when it was established to their satisfaction that multiple sclerosis followed hepatitis B vaccination. Then the parents of children in the United States who suffered serious effects from the vaccination went into action. A woman in Miami called a friend of hers who was a medical reporter in the ABC affiliate station in Miami. She told her in detail about the acquired autoimmune disease that followed a hepatitis B vaccination of her daughter. When the story was aired, the station was overwhelmed with similar stories. One of the directors of the ABC program 20/20 heard about the story and looked into it. She contacted me and others who had experienced concern about the dangers of hepatitis B vaccine. In spite of tremendous pressure from the CDC and the World Health Organization, a segment was put on the air regarding the dangers of hepatitis B vaccine. The initial mother then turned to Congressman Mica from Florida. He is on the oversight committee of the CDC and FDA. He held a hearing on the matter. I and several other scientists were allowed to express our concerns at that hearing. The head of the hepatitis branch of the CDC tacitly admitted that he knew of a problem with the vaccine when he stated that seven studies

were in process regarding hepatitis B vaccine toxicity. Later, in an answer to a query to Dr. Chen, director of VAERS, it was stated that the CDC was evaluating whether hepatitis B vaccine caused multiple sclerosis, optic neuritis, diabetes, and autism. How can we be confident of the results of these studies when if any of them are positive it will be revealed that the CDC started a program 10 years before they had established its safety? Representative Burton, whose granddaughter had suffered from the hepatitis B vaccine, held another Congressional hearing a few months later. Other parents whose children had suffered from the vaccine appeared. The most impressive of these was testimony from a father, who when his infant daughter died suddenly after a hepatitis B vaccine injection, investigated why his daughter was vaccinated. He could find no reason why his baby daughter was vaccinated with hepatitis B vaccine in the first place. In addition, he uncovered, by the Freedom of Information Act, the thousands of reports of toxicity reported to VAERS, and as a statistician, uncovered the faulty statistical reasoning upon which the CDC justifies universal hepatitis B vaccination.

Since that time, a firestorm of reports of untoward serious autoimmune reactions to the hepatitis B vaccination has surfaced on the "World Wide Web". Thus, in view of the over 20 reports of specific cases of untoward results of this vaccine in the medical literature, of the now 30,000 reports to VAERS of reactions, and the world wide uproar regarding this vaccine's toxicity, I am asking you to accept as a "given" that the vaccine causes serious untoward reactions. There is no doubt that these are rare enough to justify the use of this vaccine in persons with risk factors until a safer one can be developed. However, if these reactions do occur, there can be no justification in my mind for giving

it in this country to any one who has no reasonable chance of getting the disease. There will be those who feel that some people without risk factors should be given the vaccine to protect others who do have these risk factors and who refuse to be vaccinated. I reject this notion out of hand. If we accept as a given that hepatitis B vaccine hurts some people it should not be given to individuals without risk factors.

At this point, it seems worthwhile to consider how America's children became involved in an experiment in which they are being given hepatitis B vaccine without having credible risk factors. The idea of vaccinating all babies born in the United States at birth was the brainchild of two members of the CDC. One of them is the director of the hepatitis branch of the CDC and the other a close associate of his in that department. The close associate left the CDC in 1990 to work for Merck and Company, a major maker of hepatitis B vaccine. This was soon after the program was proposed. At Merck, he continued to support the program by submitting papers in its support to multiple medical journals. The rationale proposed for universal hepatitis B vaccination was that this was the only way to control this infection in the United States. The two prime movers felt that control was impossible because the largest groups who placed the virus in the population would not submit to vaccination. This group was composed of IV drug users, prostitutes of both sexes, people who were extremely sexually active, and immigrants who lived below the poverty line. To compensate for this it was felt that if everyone in the United States were vaccinated at birth these high-risk groups would be caught in this umbrella. The prime movers admitted from the onset that there was no proof that this would help solve the hepatitis B problem in the United States and that the only endpoint that would

establish this point would be if the rate of cancer of the liver and cirrhosis would decrease at the end of 25 years. This admission makes the program an admitted experiment. The facts that effective treatments are now being evaluated for hepatitis B and that a change in the virus that might occur so that it would not be sensitive to the vaccine, have never been mentioned. In all of the papers regarding the program, adverse effects of the vaccine were never mentioned. This is in spite of the fact that by 1990, the CDC must have been aware of the medical literature that suggested adverse effects and the thousands of reports sent to VAERS by that time. In addition, by 1990 numerous lawsuits regarding "failure to warn" had been settled. The repeated statements made that this was the only way to solve this problem seems to accept as fact that there is an only way to do anything.

Between 1988 and the present, the prime movers and members of their staff in the CDC, have written hundreds of papers all repeating the rationales for their plan. They realized that to sell this plan to the organizations that could implement it, they would have to present statistical support for it. They developed these statistics in the following way. There has been an ongoing governmental statistical survey called the *National Health and Nutritional Examination Survey* (NHANES II 1976-1980 and NHANES III 1988-1994) The head of the hepatitis B branch of the CDC conceived and co-developed the intellectual content of the NHANES III. The involvement of this individual in the NHANES III study was mentioned in the only report regarding NHANES III that appeared in a peer reviewed medical journal, *The American Journal of Public Health*, in 1999. An accompanying editorial in this journal warned against *carte blanche*

acceptance of the conclusions of NHANES because of the small sample size. In the NHANES III studies, 27,000 individuals were evaluated for antibodies against hepatitis B. They were considered to be a representative sample of all the people in the United States. The subjects were selected from different sites in the United States. The percentage of individuals who had positive blood tests were then extrapolated to make an estimate as to how many people in the United States could be expected to get hepatitis B infection in their lifetime. This resulted in a figure in the millions that has been repeated over and over again in the many articles written by the two prime movers. We have to ask ourselves, is it reasonable to possibly endanger babies in the United States with possible adverse effects from a vaccine based on extrapolated estimates from a sample of less than 1% of the people in the country? Equally disturbing is the assumption that all people who had a positive blood test had the disease rather than an exposure to one since it is widely admitted that the majority of people exposed to hepatitis B virus do not have any serious illnesses resulting from it.

The second scare technique used by the proponents of universal hepatitis B vaccination was their assertions that it was relatively common for the disease to be passed from one person to another without known risk factors. This is called lateral transmission. This assertion is entirely unproven. The data cited to support it are questionnaires sent to people with hepatitis B. This questionnaire asked, "Do you know where you caught the disease?" The questionnaires came back with the answer, "I do not know where I caught the disease." Did the sender of the questionnaire think that prostitutes and drug addicts involved would send a list of their customers? The other data cited to support the

contention of lateral spread were all derived from refugees families who lived below the poverty level.

The final scare technique used was to claim that hepatitis B virus was sturdier than the AIDS virus. I have to answer this with a "so what!"

With these questionable statistics in hand, the proponents of universal hepatitis B vaccination called into session the Immunization Practice Advisory Committee. This committee is selected by the CDC and many of its members receive government grants either directly or through their universities. Many also receive grants from pharmaceutical companies. The committee issued recommendations for "HEPATITIS B VIRUS: A Comprehensive Strategy for Eliminating Transmission in the United States through Universal Childhood Vaccination". This was published in the *Morbidity and Mortality Weekly Report* that is the house organ of the CDC. With this report in place, the head of the hepatitis branch of the CDC and his former assistant who now was an executive of Merck, submitted articles to symposia that were published in medical journals. These symposia were financed by pharmaceutical companies. It should be pointed out that in symposia of this type, articles are usually printed as received without peer or editorial review. Then the American Academy of Pediatrics committee on infectious disease came out supporting the concept of universal hepatitis B vaccination. This organization received large grants from the pharmaceutical companies. Then the director of the hepatitis branch of the CDC went across the country to convince State boards of health and legislatures to institute the policy of universal hepatitis B

vaccination. In Wisconsin, this was relatively easy because chapter 252 in the state statues, entitled "Communicable Diseases", gives authority to the Department of Health and Family Services to write binding administrative rules to carry out immunizations. They did so after the visit from the head of the hepatitis B branch of the CDC. In 37 other states, laws were passed mandating universal hepatitis B vaccination. Christie Whitman, the governor of New Jersey, is the only governor to realize the implications of a universal hepatitis B vaccination program and she vetoed that proposal.

Thus we see that two individuals, one of whom stood to gain power and prestige for his department in the CDC and the other whose company stood to make billions of dollars were able to push through, in the United States, an experiment that they called by the euphemism a "strategy". They did this without ever mentioning that the vaccine might have untoward results and by using statistics about the prevalence of the disease that were based on extrapolation from estimates made from extremely small sample sizes. I could find no articles in peer reviewed medical journals that analyzed and/or critiqued the statistics upon which this program is based except for the comments in the editorial in the *American Journal of Public Health* that I have previously mentioned.

Now, hopefully having convinced this audience that hepatitis B vaccine has the potential for severe reactions and that they have unwittingly been forced to have their children be subjects of an experiment, I will share with this audience what I think should be done.

I will start with the United States Congress and work my way down to the grass roots.

1. There should be an in depth Congressional investigation of the CDC and its organ VAERS which touches on their lack of action regarding hepatitis B vaccine toxicity and upon abuses of power in orchestrating a program based on misleading propaganda. The relationship between members of the CDC and members of pharmaceutical companies should be looked into.

2. Congress should take the recommendation made by the select committee of the childhood vaccine initiative in 1994, that a National Vaccine Authority be formed that would be independent of outside influence from drug companies and inside influences from competing federal agencies. I believe when the CDC and VAERS are thoroughly investigated that they will be found not to be qualified for this task.

3. "The National Vaccine Injury Act of 1986" should be modified and the protection from tort law now being afforded drug companies who make vaccines should be voided. The drug companies forced the government to legislate this protection by threatening not to make vaccines unless this protection was granted. In view of the profits to be made by selling vaccines, it seems likely that pharmaceutical companies could be found that would be willing to produce vaccines, the safety for which they would take full responsibility.

4. There should be national legislation that no woman should be allowed to deliver a baby in a hospital in this country without having a blood test for hepatitis B (and AIDS for that matter) The CDC has repeatedly suggested that pregnant woman be tested but have never proposed legislation to this effect. Their reticence in this regard might be concern for the civil rights of the mother. I ask: "What about the civil right of our babies?"

5. All individuals who enter a prison should be tested for hepatitis through a law.

6. Government financing for the treatment of hepatitis B with interferon and Ribavirin for all who need it should be made available.

Now let us turn to the State legislators and governor.

1. The Wisconsin Legislature should repeal the right of the Department of Health and Family Services to make regulations that have the force of law. This law allowed the regulation requiring hepatitis B vaccination for a child to enter school. The responsibility for law making should remain in the legislature and each law about vaccination should be carefully considered on its merits. Of course, the Department of Health and Family Services should have a large input in any law regarding health, but in hearings before a law is passed, the legislature could make sure that the regulation is beneficial to the children of Wisconsin. It is also important that any regulation proposed is not merely a conduit for some CDC conceived national program.

2. The legislature should investigate the charge that universal hepatitis B vaccination is an unethical experiment forced on the children in this state. If they find that this program is reasonable and necessary, they should implement it. They should take the responsibility for the program by passing a law that the governor will be required to sign. Each legislator's vote will then be available to his or her constituents, as will be the governor's signature. Until this is done, A MORATORIUM SHOULD BE PLACED ON UNIVERSAL HEPATITIS B VACCINATION IN THIS STATE AS WELL AS THROUGHOUT THE COUNTRY.

Now what should parents and grandparents do?

1. They should meet with their child's physician and request assurances and evidence that each vaccination their child is given is of possible benefit to them. In addition, possible side effects of each vaccination should be discussed. The doctor should be clearly informed he is responsible for untoward reactions not discussed.

2. The parents should discuss with the administrator of the hospital they use, their concerns about the experimental nature of universal hepatitis B vaccination. They should request that the hospital ethics committee consider the matter and come up with a recommendation.

3. If and when the point comes in which the child is to be denied entrance to a school unless he or she is vaccinated with hepatitis B vaccine against their wishes. the parent can use the HFS 144.04 regulation of the Wisconsin Administrative code. This states that a licensed physician can give a statement "that an immunization... is or may be harmful to the health of the student" and that the requirement will be waived. The references that I have included, plus the thousands of reports to VAERS would seem to give any physician the right to make this statement if so requested.

4. Concerned parents should also contact all of their elected representatives (State and National) and ask the question, "Are you aware that claims have been made that the universal hepatitis B vaccination program in this country is an experiment and that my child may not need this vaccination? They should then ask them to look into the matter and make a decision whether universal hepatitis B vaccination is a necessary and ethical program. If they are convinced of this, they should then be willing to put themselves on record by voting for a bill that goes through Congress or the State legislature. It should be mentioned to them that concerned scientists have brought up the possibilities that hepatitis B vaccination can be followed by multiple sclerosis, other demyelinizing diseases and by diabetes and even autism. They should say, "I am sure you can understand my concerns in this matter and I will await your answer regarding them."

I suggest that parents contact their representatives face to face or by certified letter since e-mail has become so cluttered that many busy people do not have the time to answer it.

5. If there reaches a point in which a child is being denied entrance to a school because of present regulations and the parent is convinced that the hepatitis B vaccination will not benefit his/her child and may in fact cause harm, the parent can turn to the court for injunctive relief. If even some of the materials presented here prove correct it seems likely that a fair minded judge would halt the program until the government proved its case in court. It would seem to me that some civil rights organization would be willing to support the request for injunctive relief.

Finally, where is the strangely silent national and local vaunted press in all of this? The two national hearings and television programs have been virtually ignored. One would think imaginative investigative reporters would delve into the possibility of conflicts of interest between the billion-dollar vaccine industry and the national organizations and foundations that have gone on record supporting universal hepatitis B vaccination. These organizations include the American Academy of Pediatrics, the National Multiple Sclerosis Society, the Infectious Disease Society of America and the National Diabetes Society. Their recommendations are based solely on the data provided by the CDC and the pharmaceutical companies. It would be of interest to know the extent of the support these societies received from the pharmaceutical industry.

I personally have been particularly pained by the actions of the Infectious Disease Society of America. I am a founding member of this society and have been honored by it through my election to fellowship. This organization, without consulting its rank and file members, accepted a grant from a foundation widely regarded as an extension of the pharmaceutical industry to fund a position for a physician whose job it would be to support vaccinations. In a recent newsletter, it was announced that under the leadership of this doctor an organization was formed, with the support of the Infectious Disease Society of America, the American Academy of Pediatrics and the American Nurses Association. The organization had been originally called the Vaccine Initiative but for reasons that may be apparent, the name has been changed to the National Immunization Information Network. I question whether a more apt name would be the "Task Force of the Pharmaceutical Industry to Encourage Vaccine Sales".

The financial support of the medical journals that published Symposium regarding universal hepatitis B vaccination should also be open to inquiring reporter's questions. These journals include the *American Journal of Medicine* and the British journal *Vaccine*.

In summary, I have presented material that suggests that hepatitis B vaccination causes significant damage. Next, I have presented material that brings to the surface that the rationales used to promote universal hepatitis B vaccination may not be sound enough to support the program. Finally, I have suggested a course of action that National and State legislators can take to face up to the concerns presented. I have also suggested actions that parents can take to ensure that their children are not being taken advantage of. It

may well be that all of the concerns mentioned may finally have to be settled in a court of law.

First, in no way do I intend to discourage hepatitis B vaccination for those who have proven risk factors. However, these individuals should demand that safer vaccines be developed. Second, I want to emphasize that my remarks pertain only to the experiment of universal hepatitis B vaccination in the United States. While I fully support vaccinations in situations where there is a positive risk/benefit ratio, the experience detailed here suggests that the "rush to vaccinate" that is being pursued by the CDC and pharmaceutical companies may need greater scrutiny by parents, physicians and legislators than it has had to this date.

EVIDENCE THAT HEPATITIS B VACCINATION CAUSES AUTOIMMUNITY

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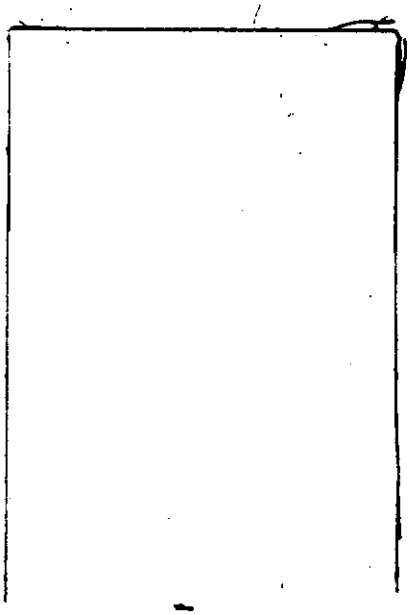
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Dan Burton - Nat. Vacc. Info Center
Barbara Fisher
General Conference on
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DISPELLING VACCINATION MYTHS: Part II

An introduction to the contradictions between medical science and immunization policy.



Dispelling Vaccination Myths: Part I

Unsolicited Reader Comments

© by Alan Phillips, Director, Citizens for Healthcare Freedom, P.O. Box 62282, Durham, NC 27715. Revised periodically. This Posting Revised February 5, 1998.

Report Contents with approximate word counts/section:

- Myth 5: How dangerous are childhood diseases? (360 words)
- Myth 6: Did vaccines really cause the polio declines? (440 words)
- Myth 7: What are the long term effects of vaccination? (320 words)
- Myth 8: Are there alternatives to standard vaccination? (215 words)
- Myth 9: Can vaccination be legally avoided? (250 words)
- Myth 10: How are the "Myths" sustained? (215 words)
- Summary: Where are we headed? (355 words)
- About the author (150 words)
- Information Sources: The medical literature, gov't statistics, alternative medicine.
- Information on the Vaccination Resource Directory.



VACCINATION MYTH #5:

"Childhood diseases are extremely dangerous..."

...or are they, really?



Most childhood infectious diseases have few serious consequences in today's modern world. Even conservative CDC statistics for pertussis during 1992-94 indicate a 99.8% recovery rate. In fact, when

hundreds of pertussis cases occurred in Ohio and Chicago in the fall 1993 outbreak, an infectious disease expert from Cincinnati Children's Hospital said, *"The disease was very mild, no one died, and no one went to the intensive care unit."*

The vast majority of the time, childhood infectious diseases are benign and self-limiting. They may also impart lifelong immunity, whereas vaccine-induced immunity is only temporary. In fact, the temporary nature of vaccine immunity can create a more dangerous situation in a child's future. For example, the new chicken pox vaccine has an effectiveness estimated at 6 - 10 years. If effective, it will postpone the child's vulnerability until adulthood, when death from the disease is 20 times more likely.

About half of measles cases in the late 1980's resurgence were in adolescents and adults, most of whom were vaccinated as children,[35] and the recommended booster shots may provide protection for less than 6 months.[36] Furthermore, some healthcare professionals are concerned that the virus from the chicken pox vaccine may *"reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders."* [37] Dr. A. Lavin of the Dept. of Pediatrics, St. Luke's Medical Center in Cleveland, Ohio, strongly opposed licensing the new vaccine, *"Until we actually know...the risks involved in injecting mutated DNA [herpes virus] into the host genome [children]."*[38] The truth is, **no one** knows, but the vaccine is now licensed and recommended by health authorities.

Not only are most infectious diseases rarely dangerous, but they can actually play a vital role in the development of a strong, healthy immune system. Persons who have not had measles have a higher incidence of certain skin diseases, degenerative diseases of bone and cartilage, and certain tumors, while absence of mumps has been linked to higher risks of ovarian cancer.



VACCINATION TRUTH #5:

"Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but profitable procedure."



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VACCINATION MYTH #6:

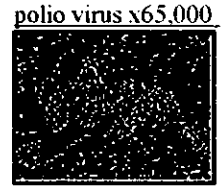
"Polio was one of the clearly great vaccination success stories..."

...or was it?



Six New England states reported increases in polio one year after the Salk vaccine was introduced, ranging from more than doubling in Vermont to Massachusetts' astounding increase of 642%. In 1959, 77.5% of Massachusetts' paralytic cases had received 3 doses of IPV (injected polio vaccine). During 1962 U.S. Congressional hearings, Dr. Bernard Greenberg, head of the Dept. of Biostatistics for the University of North Carolina School of Public Health, testified that not only did the cases of polio increase substantially after mandatory vaccinations (50% increase from 1957 to 1958, 80% increase from 1958 to 1959), but that the statistics were manipulated by the Public Health Service to give the opposite impression.[39]

polio virus x65,000



According to researcher-author Dr. Viera Scheibner, 90% of polio cases were eliminated from statistics by health authorities' redefinition of the disease when the vaccine was introduced, while in reality the Salk vaccine was continuing to cause paralytic polio in several countries at a time when there were no epidemics being caused by the wild virus. (For example, in the U.S., thousands of cases of viral and aseptic meningitis are reported each year--these were routinely diagnosed as polio before the Saulk vaccine; the number of cases needed to declare an epidemic was raised from 20 to 35; and the requirement for inclusion in paralysis statistics was changed from symptoms for 24 hours to symptoms for 60 days; it is no wonder that polio decreased radically after vaccines--at least on paper.) In 1985, the CDC reported that 87% of the cases of polio in the U.S. between 1973 and 1983 were caused by the vaccine, and later declared that all but a few imported cases since were caused by the vaccine--and most of the imported cases occurred in fully immunized individuals.

Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine. At a workshop on polio vaccines sponsored by the Institute of Medicine and the Centers for Disease Control and Prevention, Dr. Samuel Katz of Duke University cited the estimated 8-10 annual U.S. cases of vaccine-associated paralytic polio (VAPP) in people who have taken the oral polio vaccine, and the [four year] absence of wild polio from the western hemisphere. Jessica Scheer of the National Rehabilitation Hospital Research Center in Washington, D.C., pointed out that most parents are unaware that polio vaccination in this country entails "a small number of human sacrifices each year." Compounding this contradiction are low adverse event reporting and the NVIC's experiences with confirming and correcting misdiagnoses of vaccine reactions, which suggest that the actual number of VAPP "sacrifices" may be many times higher than the number cited by the CDC.



VACCINATION TRUTH #6:

"Vaccines caused substantial increases in polio after years of steady declines, and they are the sole cause of polio in the U.S. today."



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VACCINATION MYTH #7:

"My child had no short-term reaction to vaccination, so there is nothing to worry about..."

...or is there?



The documented long term adverse effects of vaccines include chronic immunological and neurological disorders such as autism, hyperactivity, attention deficit disorders, dyslexia, allergies, cancer, and other conditions, many of which barely existed 30 years ago before mass vaccination programs. Vaccine components include known carcinogens such as thimersol, aluminum phosphate, and formaldehyde (the Poisons Information Centre in Australia claims there is *no* acceptable safe amount of formaldehyde which can be injected into a living human body).

Medical historian, researcher and author Harris Coulter, Ph.D. explained that his extensive research revealed childhood immunization to be "...causing a low-grade encephalitis in infants on a much wider scale than public health authorities were willing to admit, about 15-20% of all children." He points out that the sequelae [conditions known to result from a disease] of encephalitis [inflammation of the brain, a known side-effect of vaccination]: autism, learning disabilities, minimal and not-so-minimal brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, crib death, diabetes, obesity, and impulsive violence are precisely the disorders which afflict contemporary society. Many of these conditions were formerly relatively rare, but they have become more common as childhood vaccination programs have expanded. Coulter also points out that "...pertussis toxoid is used to create encephalitis in lab animals."

A German study found correlations between vaccinations and 22 neurological conditions including attention deficit and epilepsy. The dilemma is that viral elements in vaccines may persist and mutate in the human body for years, with unknown consequences. Millions of children are partaking in an enormous, crude experiment; and no sincere, organized effort is being made by the medical community to track the negative side-effects or to determine the long term consequences.



VACCINATION TRUTH #7:

"The long term adverse effects of vaccinations have been virtually ignored, in spite of direct correlations with many chronic conditions."



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VACCINATION MYTH #8:

"Vaccines are the only disease prevention option available..."

...or are they?



Most parents feel compelled to take some disease-preventing action for their children. While there is no 100% guarantee anywhere, there are viable alternatives. Historically, homeopathy has been more effective than "mainstream" allopathic medicine in treating and preventing disease. In a U.S. cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homeopathic hospitals had a documented death rate of only 3%.[40] Roughly similar statistics still hold true for cholera today.[41] Recent epidemiological studies show homeopathic remedies as equaling or surpassing standard vaccinations in preventing disease. There are reports in which populations that were treated homeopathically after exposure had a 100% success rate--none of the treated caught the disease.[42]

There are homeopathic kits available for disease prevention.[43] Homeopathic remedies can also be taken only during times of increased risk (outbreaks, traveling, etc.), and have proven highly effective in such instances. And since these remedies have no toxic components, they have no side effects. In addition, homeopathy has been effective in reversing some of the disability caused by vaccine reactions, as well as many other chronic conditions with which allopathic medicine has had little success.



VACCINATION TRUTH #8:

"Documented safe and effective alternatives to vaccination have been available for decades but suppressed by the medical establishment."



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VACCINATION MYTH #9:

"Vaccinations are legally mandated, and thus unavoidable..."

...or are they?



There are three exemption possibilities in the U.S.:

1) Medical Exemption: All 50 states in the U.S. allow for a medical exemption. A few states allow licensed naturopathic or chiropractic doctors to issue medical exemptions in addition to medical doctors. However, few pediatricians check for indications of increased risk before administering vaccines, so it is advisable for parents to research this matter for themselves. Epilepsy, severe allergies, and siblings' previous adverse reactions are but a few of the many conditions in child or family history which may increase the chances of an adverse reaction, and thus qualify for a medical exemption;

2) Religious Exemption: Nearly all states allow for a religious exemption. This may or may not require membership in an established religious organization, as individual state laws vary; and

3) Philosophical or Personal Exemption: An increasing number of states allow one of these exemptions, in recognition of the controversy and/or violation of freedom that mandated vaccination laws impose.

Generally, exempted children may not be banned from attending public schools and colleges except during local outbreaks. It is best to contact local school officials in advance to determine their particular procedure for handling exemptions.

The best source for a copy of your state's vaccination laws is state health officials or our public library. A phone call to the state Department of Epidemiology may be all that it takes to get a copy mailed to you.



VACCINATION TRUTH #9:

"Legal exemptions from vaccinations are obtainable for most--but not all--U.S. citizens."



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VACCINATION MYTH #10:

"Public health officials always place health above all other concerns..."

...or do they?



Vaccination history is riddled with documented instances of deceit designed to portray vaccines as mighty disease conquerors, when in fact many times they have actually delayed and even reversed disease declines. The United Kingdom's Department of Health admitted that vaccination status determined the diagnosis of subsequent diseases: Those found in vaccinated patients received alternate diagnoses; hospital records and death certificates were falsified. Today, many doctors are still reluctant to diagnose diseases in vaccinated children, and so the "Myth" about vaccine success continues.

However, individual doctors may not be wholly to blame. As medical students, few have reason to question the information taught (which does not address the information presented in this report). Ironically, medicine is a field which demands conformity; there is little tolerance for opinions opposing the status quo. Doctors cannot warn you about what they themselves do not know, and with little time for further education once they begin practice, they are, in a sense, held captive by a system which discourages them from acquiring information independently and forming their own opinions. Those few that dare to question the status quo are frequently ostracized, and in any case, they are still legally bound to adhere to the system's legal mandates.



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SUMMARY



In the December 1994 Medical Post, Canadian author of the best-seller Medical Mafia, Guylaine Lanctot, M.D. stated, *"The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are actually changing our genetic code through vaccination...10 years from now we will know that the biggest crime against humanity was vaccines."* After an extensive study of the medical literature on vaccination, Dr. Viera Scheibner concluded that *"there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects."* John B. Classen, M.D., M.B.A. has stated, *"My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. This question can only be determined by proper studies which have never been performed. The flaw of previous studies is that there was no long term follow up and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research...and thus acknowledges the need for proper studies."* To some these may seem like radical positions, but they are not unfounded. The continued denial of the evidence against vaccines only perpetuates the "Myths" and their negative consequences on our children and society. Aggressive and comprehensive scientific investigation is clearly warranted, yet immunization programs continue to

expand in the absence of such research. Manufacturer profits are guaranteed, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

Meanwhile, the race is on. According to the NVIC, there are over 250 new vaccines being developed for everything from earaches to birth control to diarrhea, with about 100 of these already in clinical trials. Researchers are working on vaccine delivery through nasal sprays, mosquitoes (yes, mosquitoes), and the fruits of "transgenic" plants in which vaccine viruses are grown. With every child (and adult, for that matter) on the planet a potential required recipient of multiple doses, and every healthcare system and government a potential buyer, it is little wonder that countless millions of dollars are spent nurturing the growing multi-billion dollar vaccine industry. Without public outcry, we will see more and more new vaccines required of us and our children. And while profits are readily calculable, the real human costs are being ignored.

Whatever your personal vaccination decision, make it an informed one; you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes.

Do not use this report alone to make your vaccination decision:

FIND OUT FOR YOURSELF!

For information on how to obtain a copy of "Dispelling Vaccination Myths" and the "Vaccination Resource Directory" (publishers, books, tapes, videos, newsletters, government agencies, nonprofits, vaccination alternatives, internet and WWW sources, etc.), download a copy: Resource Directory Here.

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About the Author...

Alan Phillips is an independent investigator and writer on vaccine risks and alternatives. This report appeared in the April 1996 edition of "Wildfire Magazine," as well as numerous newsletters in the U.S. and around the world. It is being used by the Sheffield School of Homeopathy, UK. Alan has written to the Australian Minister for Human Services and Health for the Immunisation Investigation Group and the Campaign Against Fraudulent Medical Research in NSW Australia.

Alan is also the founder of Human Development Services, Inc., an international nonprofit conducting training and research in psychorientology; the designer of a national children's literacy program and materials; and a singer-songwriter and composer with albums of original songs and music in over two dozen countries on six continents. His academic achievements include a B.A. Magna Cum Laude, and election to the Phi Kappa Phi National Honor Society and The National Dean's List.

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INFORMATION SOURCES:

(35) Reported by KM Severyn,R.Ph,Ph.D. in the Dayton Daily News, June 3, 1995.
(36) Vaccine Information and Awareness, "Measles and Antibody Titre Levels," from Vaccine Weekly, January 1996.
(37) NVIC Press Release, "Consumer Group Warns use of New Chicken Pox Vaccine in all Healthy Children May Cause More Serious Disease".
(38) See note 35 (quoted from The Lancet)

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(39) Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, Second Session on H.R. 10541, May 1962, p.94.

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(40) Ullman, Discovering Homeopathy, p 42 (Thomas L. Bradford, Logic Figures, p68, 113-146; Coulter, Divided Legacy, Vol 3, p268).
(41) See Note 27.
(42) See Note 27.
(43) Golden, Isaac, Vaccination? A Review of Risks and Alternatives.

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Dispelling Vaccination Myths: Part I


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fax: (603) 924-7420
e-mail: Thomas_skye@hotmail.com

To: The Chairman and Members of the Health and Human Services Committee
From : Dr. Thomas Cowan
Re: Proposed bill to study the health effects of Immunizations on the children of N.H.

Dear Sirs,

I would like to write in support of the effort to make a study of the effects of immunization on the children of N.H. As a practicing family physician in N.H. for 12 years I have intimate contact with all the issues surrounding immunizations. I am well aware of the great benefits that immunizations have brought to people in reducing serious childhood diseases. I am also aware of the numerous scientific studies that show that childhood immunizations often lead to damage to the immune system, allergies, and other chronic illnesses. Clearly, there are many controversies that need to be resolved before this issues around immunizations can be resolved. I applaud your committee's attempt to shed light on these important issues. If I can be on any help in this effort please feel free to contact me at the above address.

Sincerely,

Thomas Cowan MD

Thomas Cowan, M.D.

Mary Kelly Sutton MD
Internal Medicine, Pediatrics
103 Roxbury Street Suite 203
Keene NH 03431
Phone: 603/358-9985
Fax: 603/358-9984

January 17, 2000

To the New Hampshire House of Representatives:

I applaud the bill to STUDY THE HEALTH EFFECTS OF IMMUNIZATIONS, based on the experiences I have had in 20-plus years of medical practice.

The current conventional stance on immunizations is quite one-sided, and your bill addresses a great lack in the body of scientific literature on immunizations.

The medical community commonly minimizes the possibility of adverse reactions to vaccines in discussions with parents. This refusal to admit that vaccines CAN cause adverse reactions has led to a lack of caution on behalf of those who might be vulnerable to vaccines reactions.

I site this example: A one-year old boy, whose mother had juvenile rheumatoid arthritis at age 9 yr old, and maternal grandmother had systemic lupus erythematosus, came in good health requesting that immunizations begin at a local clinic. Parents had not immunized him prior to this. His growth and development and health were normal prior to this time. The child was given in one visit 8 immunizations and a tuberculosis skin test (9 antigens for his immune system to deal with). Two months later, he was ill with high fever and swollen joints, and was diagnosed with juvenile rheumatoid arthritis. This is highly uncommon for juvenile rheumatoid arthritis: it is not a disease of 1-yr-old boys, but of grade-school-age girls, as his mother had a typical presentation. Would there not have been reason for caution administering vaccines given the family history of disordered immune activity? Might he have been fine if he had had one or four, but not nine antigens all at once? These legitimate questions and observations require and deserve scientific study. But currently the vast bulk of research effort is geared not towards understanding the adverse reactions that occur (because we ignore their existence) but toward developing ever more vaccines for administration. Only when we admit the possibility of adverse reactions can we as a medical community begin to understand who might be prone to reactions and begin to protect them.

Thank you for introducing this bill. It is a huge and important task you have identified.

Sincerely,

Mary Kelly Sutton MD

ANNA MARIA KONOPKA, M.D., D.P., F.A.A.P.
R R #2 BOX 1150 BUNKER RD
NEW LONDON, N. H. 03257
TELEPHONE (603) 526-6029

January 17.2000

To;

The Chairman of

The Health Committee

Mr. Lawrence Emerton.

Dear Mr.Emerton;

As the Medical Doctor practicing pediatrics and general medicine since 1962,I have many concerns and doubts regarding safety and clinical indications of multiple vaccines administered to our children.

Therefore,I support the bill sponsored by Representative David Hall, to establish a committee to study the health effects of child immunization program.

This letter gives me opportunity to express some my thoughts and questions regarding at least few vaccines.

1/ WHY vaccination with Hepatitis B is mandatory when a/we did not, do not and will not have epidemic ? b/Hepatitis B is self limited disease,the chronicity is only less than 5% and any rare complica--tions are induced by alcohol.hepatotoxic drugs or compromised immune system.

2/ WHY 2 days old infants are vaccinated in spite of their immature immune system and already reported (though denied by CDC) serious side effects. The milder ones but of future possible serious sequelas

ANNA MARIA KONOPKA, M.D., D.F., F A A P
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NEW LONDON, N. H. 03257
TELEPHONE (603) 526-6029

are generally ignored ?

3/ WHY now only IVP is available in spite of the fact that in 1955 quite many paralytic Polio and several tragic mortality cases were caused by IVP produced by Cutter Laboratory ? That famous medical scandal motivated the invention of Dr. Sabin oral Polio vaccine.

4/ WHY Hepatitis A vaccination soon will be mandatory,when the disease is even milder,chronicity is nihil and the prevention is of low cost and easy with Gglobulin 2cc IM and again a threat of epidemic does'nt exist.

5/ Lyme disease is only endemic and easily prevented and treated with antibiotics.The vaccine causes the autoimmune,chronic severe arthritis.

Every vaccine can induce autoimmunity.and the development of this disorder can take up to 20 years.The public should be informed about all possible side effects and consequences of vaccines,without minimizing or omitting the true facts.

6/WHY in USA all medical authorities denying any connection between immunizations and rapidly increasing the number of cases of juvenile diabetes and multiple sclerosis,though in Europe medical profesion is seriously concerned of such out come/.

Hopefully you will take these informations under consideration and future policy. Thank you for your attention regarding this matter.

Sincerely

A.M Konopka M.D.

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R R #2 BOX 1130 BUNKER RD.
NEW LONDON, N. H. 03257
TELEPHONE (603) 526-6029

January 17.2000

To;

The Chairman of

The Health Committee

Mr. Lawrence Emerton.

HB-1211

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Sincerely

A.M Konopka M.D.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1211

BILL TITLE: **establishing a committee to study the health effects of child immunizations.**

DATE: January 20, 2000

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Robert Chabot

Seconded by Rep. Alphonse Haettenschwiller

Vote: 11-3 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Yes

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Margaret A. Case

Rep. Margaret A. Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1211

BILL TITLE: **establishing a committee to study the health effects of child immunizations.**

DATE: 1-20-00

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, (ITL), Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Chabot

Seconded by Rep. Haeberschwelle

Vote: 11-3 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: (NO)

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case, Clerk

OFFICE OF THE HOUSE CLERK 2000 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: 1211 **Title:** _____

PH Date: ___/___/___ **Exec Session Date:** 11/20/00

Motion: ITL **Amendment #:** _____

MEMBER	YEAS	NAYS
Emerton, Lawrence A, Chairman		
Batula, Peter L, V Chairman		✓
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Case, Margaret A, Clerk	✓	
Perkins, Paul R		
Dawe, Eileen P		
Katsakiores, Phyllis M	✓	
Feuerstein, Martin	✓	
Pilliod, James P	✓	
Dalrymple, Janeen A		
Wendelboe, Francine		✓
Martel, Andre A	✓	
Ruffner, Walter D		✓
Copenhaver, Marion L	✓	
Kane, Cecelia D		
Haettenschwiller, Alphonse A	✓	
Burnham, Daniel M	✓	
French, Barbara C		
Donovan, Thomas E		
Seldin, Gloria	✓	
Potter, Frances D		
TOTAL VOTE:	11	3

Printed: 12/30/1999

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 1211**

TITLE: establishing a committee to study the health effects of child immunizations.

DATE: January 20, 2000 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

The committee heard testimony from a number of citizens expressing concern about potential adverse reactions from certain vaccines/immunizations. This proposed legislation would have established a study committee to look into these matters. Representatives from the Department of Health and Human Services and the New Hampshire Public Association pointed out that these issues are being investigated in great detail at the federal level i.e. the Center for Disease Control and the Institute of Medicine. The committee felt that this legislative committee would not have the expertise required to deal with the concerns expressed and would be duplicating efforts in process at national and international levels and declared the bill ITL.

Vote 11-3.

Rep. Robert Chabot
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Health, Human Services and Elderly Affairs

HB 1211, establishing a committee to study the health effects of child immunizations.

INEXPEDIENT TO LEGISLATE

Rep. Robert Chabot for **Health, Human Services and Elderly Affairs:** The committee heard testimony from a number of citizens expressing concern about potential adverse reactions from certain vaccines/immunizations. This proposed legislation would have established a study committee to look into these matters. Representatives from the Department of Health and Human Services and the New Hampshire Public Association pointed out that these issues are being investigated in great detail at the federal level i.e. the Center for Disease Control and the Institute of Medicine. The committee felt that this legislative committee would not have the expertise required to deal with the concerns expressed and would be duplicating efforts in process at national and international levels and declared the bill ITL. Vote 11-3.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 1211**

TITLE: establishing a committee to study the health effects of child immunizations.

DATE: 1-20-00 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

ONTL

Vote 11-3

Rep. Robert Cleveland
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

The committee heard testimony from a number of citizens expressing concerns about potential adverse reactions from certain vaccines/immunizations. This proposed legislation would have established a study committee to look into these matters. Representatives from the department of H.H.S and N.H. Public Assoc. pointed out that these issues are being investigated in great detail at the federal ~~and national~~ i.e. the levels.

The committee felt that this legislative committee would not have the expertise required to deal with the concerns expressed and would be duplicating efforts in process ~~by~~ at national + international levels. and declared the bill I.T.L.

R. Chabot

Center For Disease Control (CDC) & the Institute of Medicine.

RJC