

GREEN OUR VACCINES RALLY VACCINE SAFETY

Vaccine Safety

Diseases among children are rising at alarming rates. In 2008, more children suffer from conditions such as asthma, arthritis and autism than ever before.

- In 1976, 796,000 children were learning disabled - Today 1 child in 6 is learning disabled.
 - In 1979, there were 2 million asthmatic children – Today 1 child in 9 has asthma.
 - In 1970, 1 child in 2,500 developed autism – Today 1 child in 150 develops autism.
 - In 1970, 1 child in 1,750 was diabetic – Today 1 child in 450 becomes diabetic.
- ~ National Vaccine Information Center

Evidence exists and continues to accumulate suggesting vaccines could play a role in the etiology of certain disorders – disorders that have significantly increased among children since the 1990s. As the number of children with health problems has grown simultaneously with the increase in the children’s immunizations, parents are questioning the safety of vaccines in greater numbers today than in recent years. Many in this country find themselves grappling with a rapidly-eroding trust in senior officials within the immunization program.

Today, the Centers for Disease Control and Prevention is the single government agency responsible for promoting vaccines as well as monitoring vaccine safety. As a result, existing vaccine safety research is seriously lacking and adequate research oversight is undermined by this glaring conflict of interest. Government officials responsible for ensuring vaccine safety should, but do not, operate with absolute independence from those developing, promoting and licensing these drugs.

Present research fails to address many lingering questions about vaccine safety. These questions include:

- Are certain vaccines, combinations of vaccines, or toxins and other ingredients in vaccines – even trace amounts – harmful to some people, particularly children?
- Are children vaccinated too early in life?
- Are young children’s immune systems sufficiently developed to safely respond to vaccines as currently administered – particularly multiple vaccines given simultaneously?
- Are adverse effects to vaccinations adequately reported? When these events are reported, are they investigated appropriately?
- Are so-called “hot lots” adequately reviewed for potential recall?
- Is vaccine safety research conducted in the manner in which the vaccines are administered - with all ingredients used in the vaccines and to a sampling of the population representative of those who will ultimately receive them?
- Do vaccines cause neurological disorders such as autism?

After the reviewing the existing evidence addressing the possible causal link between autism and vaccines, Dr. Bernadine Healy, former director of the National Institutes of Health and past president and CEO of the American Red Cross, concluded that “the question has not been answered.” In a recent CBS interview, Dr. Healy stated:

I think the government or certain public health officials in the government have been too quick to dismiss the concerns of these families without studying the population that got sick. I haven't seen major studies that focus on 300 kids who got autistic symptoms within a period of a few weeks of a vaccine. I think that the public health officials have been too quick to dismiss the hypothesis as irrational without sufficient studies of causation. I think that they often have been too quick to dismiss studies in the animal laboratory either in mice [or] in primates that do show some concerns with regard to certain vaccines and also to the mercury preservative in vaccines.

...

One never should shy away from science. One should never shy away from getting causality information – in a setting in which you can test it. Populations do not test causality – they test

associations. You have to go into the laboratory and you have to do designed research studies in animals.

... [I]f you look at the basic science – if you look at the research that’s been done in animals – if you also look at some of these individual cases – and if you look at the evidence that there is no link – what I come away with is – the question has not been answered.

<http://www.cbsnews.com/blogs/2008/05/12/couricandco/entry4090144.shtml>

The greatest threats to the immunization program come not from parents of vaccine-injured children or rouge scientists, but from within the immunization program itself. Public confidence in vaccines hinges on the actions of government health officials. To disregard or in some way abuse that trust will be detrimental to the program.

Obtaining fully-informed consent prior to administering any vaccine is the duty of every healthcare professional. It is the responsibility of public health officials to know and disclose the risks associated with vaccines – administered either singly or in combination. Without full disclosure, one cannot give informed consent.

Vaccines can be and should be made safer. Safety should be of utmost importance in the totality of vaccine research. State lawmakers rely heavily on their public health officials when passing vaccine legislation. State public health officials, doctors, and professional organizations base their opinions regarding immunizations, in large measure, on the CDC’s recommendations. Considering the tremendous influence CDC officials currently exert over both State and Federal vaccine policy in this country, their recommendations are frequently tantamount to mandates in most states. The Federal Government is, therefore, ultimately responsible for vaccine safety in this country.

Vaccine Safety and Public Confidence Assurance Act of 2007- HR 1973

This legislation attempts to eliminate the many conflicts of interest as they currently exist in the immunization program. It removes vaccine safety responsibilities from the agency also responsible for vaccine promotion - the Centers for Disease Control and Prevention.

This legislation requires the Agency for Vaccine Safety Evaluation to:

- conduct or support safety research and monitor licensed vaccines
- develop a vaccine safety research agenda
- evaluate means to promote compliance with federal adverse reaction reporting requirements and ensure that functions relating to vaccine monitoring or research on adverse reactions are not carried out by anyone with a conflict of interest
- provide a clearinghouse for vaccine studies
- assume responsibilities for all post-licensure vaccine safety monitoring activities, including the Vaccine Safety Datalink Project
- resolve U.S. conflicts of interest related to international agreements, partnerships, and activities

Mercury-Free Vaccines Act of 2007 – HR 881

HR 881 amends the Public Health Service Act to ban any mercury-containing vaccine containing one or more micrograms of mercury in any form.

Under this legislation the Secretary of Health and Human Services has the authority to declare an actual or potential bioterrorist incident or other public health emergency which would allow the administration of vaccines with one or more micrograms of mercury for a specified period of time no greater than 1 year.

The Mercury-Free Vaccines Act of 2007 requires the Secretary to prohibit the distribution of banned mercury-containing influenza vaccines that are approved as biological products to: (1) any child under the age of three years old (effective July 1, 2007); (2) pregnant women if the vaccine contains thimerosal (effective July 1, 2007); and (3) any child under the age of six (effective July 1, 2008).

This legislation also requires the Secretary to revise the vaccine information provided with mercury-containing vaccines to include: (1) a statement that indicates the presence of mercury in the vaccine; (2) information on the availability of any mercury-free or mercury-reduced alternative vaccine and instructions on how to obtain such an alternative vaccine; and (3) a recommendation against administration of any mercury-containing vaccine to a pregnant woman.

By passing the Mercury Free Vaccine Act of 2007, Congress expresses that the Centers for Disease Control and Prevention (CDC) should disseminate, with any vaccine-related information, a recommendation against administration of any thimerosal-containing vaccine to a pregnant woman.

- Mercury is a known neurotoxin that is, in all its forms, harmful to humans in all forms, especially pregnant women.
- Mercury is in the air we breathe; it's in the fish we eat; and *it's in the vaccines we inject*.
- Mercury has a cumulative affect with repeated exposures.
- A growing number of experts including physicians, dentists and scientists believe there is no safe amount of mercury for the human body.
- Mercury, in the form of ethylmercury contained in thimerosal, has been used in vaccines since the 1930s.
- Adequate testing to ensure the safety of mercury in thimerosal has not been conducted.
- In the early 1990s, the mercury to which children were exposed through vaccinations increased significantly.
- In 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines and have been voluntarily reducing children's mercury exposure from vaccines since that time.
- Mercury remains in influenza vaccine recommended and routinely given to children as young as 6 months old and to pregnant women.
- There is no law or regulation prohibiting the reintroduction of thimerosal into any product from which it has been removed. This oversight allows for the possibility that thimerosal may be introduced into new and existing vaccines in the future.

Comprehensive Comparative Study of Vaccinated and Unvaccinated Populations Act of 2007 – HR 2832

In 2007, Generation Rescue, a parent advocate organization, commissioned a telephone survey in nine counties in California and Oregon. During the interviews, data on 17,674 children was gathered. Of the children inventoried, 991 were described as being completely unvaccinated. The results of this survey showed:

- Vaccinated boys were 224% more likely to have ADHD than unvaccinated boys.
- Vaccinated boys and girls were 120% more likely to have asthma than un-vaccinated children.
- Vaccinated boys ages 11-17 were 112% more likely to have autism than un-vaccinated boys in the same age group.

The Generation Rescue survey demonstrates a genuine need for a study comparing health outcomes of children who have been vaccinated to those of children who have not. Such a survey should be conducted by a wholly independent group of researchers – researchers who are not associated with government agencies and who are without ties to companies within the pharmaceutical industry.

These unvaccinated populations not only exist in sufficient numbers to conduct such a study, there is some evidence that this research may prove to be helpful in determining whether or not vaccines pose risks to some children – crucial evidence that has not previously been identified. As journalist Dan Olmsted demonstrates in his column *The Age of Autism: 'A pretty big secret,'* one need only look to find the evidence.

National Vaccine Injury Compensation Program Improvement Act

No legislation has been introduced for consideration before the current Congress on this matter.

The VICP was established to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines. The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. The U. S. Court of Federal Claims decides who will be paid. Three Federal government offices have a role in the VICP:

- the U.S. Department of Health and Human Services (HHS);
- the U.S. Department of Justice (DOJ); and
- the U.S. Court of Federal Claims (the Court).

The VICP is located in the HHS, Health Resources and Services Administration, Healthcare Systems Bureau, Division of Vaccine Injury Compensation.

The National Vaccine Injury Compensation Program (VICP) was created by Congress in 1986 and since that time has been operating without adequate oversight to ensure those injured as a result of their vaccinations receive appropriate compensation for their injuries. The court is not currently functioning as Congress originally intended.

During the proceedings of one case, the Special Master believed it appropriate to apologize to the petitioning family for the Government's counsel's "abrasive, tenacious, obstreperous litigation tactics." This type of behavior from respondent's counsel is not unusual. The increasingly adversarial tone toward petitioners and their witnesses during these hearings is in direct contradiction to the way in which the proceedings were intended to be conducted when this program was created by Congress 20 years ago.

Those who are injured by vaccines should be acknowledged, not dismissed. Reports of suspected vaccine injury should be investigated without reservation or bias. To this end, it is imperative that Congress amend the National Vaccine Injury Compensation Program to:

- extend the statute of limit for filing a claim;
- provide interim fees allowing petitioners to hire expert witnesses to better allow them to prove injury has occurred; and
- modify the burden of proof to give the claimant the benefit of the doubt.

Should Congress fail to remedy that which ails this important program, we will likely find ourselves in a situation similar to that which was present when the National Vaccine Injury Compensation Program was created.

Would you support a bill to reform the National Vaccine Injury Compensation Program to include extending the current statute of limitations?

Would you support an investigation into claims that the process to seek compensation for vaccine injury has become inappropriately adversarial toward claimants?

Final Note

It is essential that members of both parties understand the rising concerns among Americans regarding vaccine safety. Repeatedly reassuring the public that vaccines are safe without sufficient evidence to demonstrate that fact will be ineffective, in the end.

Members of Congress should recognize and appropriately address these growing concerns by making vaccine safety a priority. Political leaders are in a position during this presidential election year to express a renewed commitment to vaccine safety and demonstrate that this is, indeed, an important issue requiring greater attention.

In an effort to protect our most vulnerable citizens, would you request that vaccine safety be included in your party's platform during the up-coming presidential election?