

## **FOR ADVOCATES ONLY – DO NOT DISTRIBUTE TO LEGISLATORS**

(Note: An italicized heading flanked with – (dashes) indicates areas appropriate to individualize either to the legislator or to your state.)

### **Talking Points, Questions and Guidelines**

#### **Who are we and why are we here?**

Many have traveled to Washington this week from nearly every state in this country to attend the Green Our Vaccines rally and to meet with their legislators. The vast majority of these Americans are parents of children injured by vaccines -- vaccines licensed, recommended and promoted by the Federal Government. Parents have made tremendous sacrifices to attend the activities today because we believe Congress needs to hear our concerns about the very real dangers lurking within our immunization program.

It's time to take a fresh look at vaccine safety. We believe the evidence of harm caused by vaccines is far more abundant and of greater significance than health officials have been willing to admit. It is critical to the health of future generations that this evidence be given the attention of which it is worthy.

Our vaccines can be and should be made safer. Safety should be of utmost importance in the totality of vaccine research. Sadly, vaccine safety research has been sorely lacking.

Government officials responsible for ensuring vaccine safety should operate with absolute independence from those developing, promoting and licensing these drugs.

Those who are injured by vaccines should be acknowledged, not dismissed. Reports of suspected vaccine injury should be investigated without reservation or bias.

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.

Ignoring calls for increased transparency is a luxury in which public health officials can no longer afford to indulge. To preserve the public's trust in our immunization program, these officials must operate in a manner that is open to public scrutiny.

Clinicians and scientists who raise questions regarding the safety of vaccines and present evidence supporting their concerns in the face of skepticism and even condemnation by their peers should be commended for their courage -- not branded as heretics.

No matter the size, the group gathered in Washington today is but a small, representative sample of the increasing number of parents across this country – in every state – in every congressional district - convinced the existing immunization program policies must change. If, as the highest legislative body in this country, Congress continues to ignore our concerns regarding this frequently-expanding program riddled with conflicts of interest and operating under woefully inadequate oversight, we know many, many more will be injured unnecessarily by the very vaccines that are, ironically, intended to protect them.

It is for these reasons we have joined together in our nation's capital to personally deliver to Congress our most inescapable Wake-Up Call yet.

## **Why meet with Federal legislators rather than State lawmakers?**

Because the vast majority of Americans are directly affected by FDA and CDC officials' decisions regarding vaccines (particularly those living in states with no religious or philosophical exemptions), we naturally look to Congress to assume ultimate responsibility for those decisions.

Officials at the CDC are often quick to remind us that their agency is not responsible for "mandating" vaccines. This is merely a technicality. In truth, it's widely understood that 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 and, frankly, it's disingenuous to suggest otherwise.

### **- [STATE] INFORMATION -**

Include a bit of state-specific information in the Talking Points, if you can. Suggestions:

- Statistics on autism, ADHD and other diseases affecting citizens in your state. (Example - If the prevalence rate of autism in New York State is 1 in 150 children, approximately 30,300 New York children are living with autism. That's more than the total number of students currently attending Yonkers City schools.)
- Links to articles or news reports on vaccines from local (state) media sources (example: New York state bill to allow philosophical exemptions to vaccines – *Bill Would Allow Parents to Opt Out of Vaccines*, Suffolk Life (NY) April 30, 2008 [http://www.zwire.com/site/printerFriendly.cfm?brd=1776&dept\\_id=6365&newsid=19648326](http://www.zwire.com/site/printerFriendly.cfm?brd=1776&dept_id=6365&newsid=19648326)  
Comment - Considering that more and more parents are genuinely concerned about the very real possibility vaccines are contributing to a decline in children's health, many states will be facing demands by parents to adopt philosophical exemptions to immunization requirements. Mississippi and West Virginia are, currently, the only states without religious exemptions.)
- Your state's vaccine requirements for school attendance and the types of exemptions allowed in your state. (It's important to demonstrate how policies established by Federal agencies affect residents through state legislation.) (To locate your state's requirements, search for "vaccine requirements [insert state]" – sample: *New York State Immunization Requirements for School Entrance/Attendance*. <http://www.health.state.ny.us/publications/2370.pdf>)

## **LEGISLATION CURRENTLY PROPOSED**

We encourage you to discuss the three currently-proposed House bills listed below with your legislators. Summaries, lists of cosponsors and links to the full text of the bills are included.

- ◆ *Vaccine Safety and Public Confidence Assurance Act of 2007*- H.R. 1973
- ◆ *Mercury-Free Vaccines Act of 2007* – H.R. 881
- ◆ *Comprehensive Comparative Study of Vaccinated and Unvaccinated Populations Act of 2007* – H.R. 2832

Each of the proposed House bills will be “dead” at the end of this year unless passed. Should any of these bills not pass, a member of the House could possibly re-introduce them the following year. Please note that Congressman Dave Weldon of Florida, who is responsible for introducing the Vaccine Safety and Public Confidence Assurance Act of 2007 and the Mercury-Free Vaccines Act of 2007, has announced he is retiring from the House of Representatives. His current term ends in January 2009.

Unfortunately, none of the proposed bills has been introduced in the Senate. When meeting with your senators or their aides, ask them to consider supporting a companion bill in the Senate.

## Vaccine Safety and Public Confidence Assurance Act of 2007- H.R. 1973

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### H.R. 1973 - Full Text

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:h1973ih.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h1973ih.txt.pdf)

### H.R. 1973 - Summary and Cosponsors

<http://thomas.loc.gov/cgi-bin/bdquery/z?d110:HR01973:@@L&summ2=m&>

#### COSPONSORS(7)

<a href="#">Rep Burton, Dan [IN-5] - 4/19/2007</a>	<a href="#">Rep Jackson-Lee, Sheila [TX-18] - 3/31/2008</a>
<a href="#">Rep Maloney, Carolyn B. [NY-14] - 4/19/2007</a>	<a href="#">Rep McCotter, Thaddeus G. [MI-11] - 4/23/2007</a>
<a href="#">Rep Shays, Christopher [CT-4] - 11/5/2007</a>	<a href="#">Rep Smith, Christopher H. [NJ-4] - 4/19/2007</a>
<a href="#">Rep Turner, Michael R. [OH-3] - 4/9/2008</a>	

This legislation requires the Agency for Vaccine Safety Evaluation to:

- conduct or support safety research and monitor licensed vaccines which includes requiring vaccine manufacturers to: provide for post-marketing surveillance and clinical testing for any acute or chronic adverse reactions associated with the vaccine and register in a qualified public registry each clinical trial conducted or supported by the manufacturer with respect to the vaccine;
- develop a vaccine safety research agenda;
- evaluate means to promote compliance with federal adverse reaction reporting requirements;
- provide a clearinghouse for vaccine studies;
- ensure that functions relating to vaccine monitoring or research on adverse reactions are not carried out by anyone with a conflict of interest;
- assume responsibilities for and oversee the Vaccine Safety Datalink Project, the Clinical Immunization Safety Assessment Centers, and any other post-licensure vaccine safety monitoring activities; and
- resolve U.S. conflicts of interest related to international agreements, partnerships, and activities.

Under the provisions of the *Vaccine Safety and Public Confidence Assurance Act of 2007*:

- The Director for Vaccine Safety Evaluation is allowed to establish a program of awarding fellowships for research on vaccine safety.
- The Commissioner of Food and Drugs is required to provide the Director, upon request, with complete access to all vaccine-related information submitted to the Food and Drug Administration (FDA) by vaccine manufacturers.
- The Secretary is required to establish an advisory council in the Agency.

### H.R. 1973 – Discussion

The *Vaccine Safety and Public Confidence Assurance Act of 2007* amends the Public Health Service Act. This bill creates the Agency for Vaccine Safety Evaluation in the Office of the Secretary of Health and Human Services.

- *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.*

*In the 1970's, the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP) said children should get 23 doses of 7 vaccines by age 6. The first vaccinations were given at 2 months old.*

*Today, the CDC and AAP tell doctors to give children 48 doses of 14 vaccines by age 6. The first vaccination is given at 12 hours old in the newborn nursery. At age 2 months, a baby can receive 8 vaccines on a single day. At age 15 to 18 months, a child can receive as many as 12 vaccines on a single day.*

~ National Vaccine Information Center, *Are We Overvaccinating Our Children?*  
January 2008

[http://www.nvic.org/NVIC\\_poster2\(hi-res\).pdf](http://www.nvic.org/NVIC_poster2(hi-res).pdf)

The *Vaccine Safety and Public Confidence Assurance Act of 2007* is intended to improve vaccine safety. Parents are questioning the safety of vaccines in greater numbers today than in recent years. In 2008, more children suffer from conditions such as asthma, arthritis and autism than ever before. As the number of children with health problems has grown simultaneously with the increase in the children's immunizations, vaccines have been suggested as a possible explanation for the rise in diseases which were once considered rare among children. Undoubtedly, this has contributed to parents' rising concerns about the safety of vaccines.

Currently, The Centers for Disease Control and Prevention is the Federal agency responsible for both vaccine safety and promotion. As a result, existing vaccine safety research is seriously lacking and adequate research oversight is undermined by this glaring conflict of interest. The 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 multiple vaccines administered 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?

The last question is of particular interest to many parents. We have been repeatedly told by public health officials in the government that there is no link between vaccines and autism. In fact, during a telebriefing for the media on vaccine safety, Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention emphatically stated that with respect to looking for the causes of and identifying the best treatments for autism, the CDC is committed to doing more in the future, "But in the meantime," Dr. Gerberding stated, "**we need to disassociate the issue of autism with the very important public health and health protection intervention of immunizations for children.**" [emphasis added]

Evidence exists and continues to accumulate suggesting vaccines could have played a role in the etiology of certain disorders – disorders that have significantly increased among children since the 1990s.

As recently as May of this year, researchers presented results from three such projects at the International Meeting for Autism Research in London. In these studies, researchers examined the possible effect of vaccines on infant primates as these vaccines were administered to children in the 1990s. They studied the impact these immunizations, in combination, had on the brain, behavior and gastrointestinal tissue of a group of macaque monkeys. The results of their yet unpublished studies indicate marked changes in brain and GI tissue as well as the behavior of monkeys who were given the vaccines when compared to monkeys who were given only saline injections as members of the control group. (See <http://www.ageofautism.com/2008/05/sick-monkeys-st.html> & <http://www.ageofautism.com/2008/05/pediatric-vacci.html> for more details)

These types of reports call into question the actions of some public health officials. Yet, despite attempts by some to steer research away from vaccines, there are those who believe it is imperative to continue research into such a viable area of research.

According to Dr. Bernadine Healy, former director of the National Institutes of Health and past president and CEO of the American Red Cross, the question of a causal link between autism and vaccines has not yet 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 [between vaccines and autism] – what I come away with is – the question has not been answered.*

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

Contrary to what many in the public health community may suggest, 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 would, ultimately, be detrimental to the program.

The *Vaccine Safety and Public Confidence Assurance Act of 2007* is supported by many organizations advocating vaccine safety reform.

**USE HANDOUTS** – Too Many Too Soon & Generation Rescue 2007 Unvaccinated Survey

Congressman Dave Weldon's **PRESS RELEASE**

<http://weldon.house.gov/News/DocumentSingle.aspx?DocumentID=47773>

Congressman Dave Weldon's July 26, 2006 **STATEMENT**

<http://weldon.house.gov/UploadedFiles/Vaccine%20Statement%20Final.pdf>

## Mercury-Free Vaccines Act of 2007 – H.R. 881

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### H.R. 881 - Full Text

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:h881ih.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h881ih.txt.pdf)

### H.R. 881 - Summary and Cosponsors

<http://thomas.loc.gov/cgi-bin/bdquery/z?d110:HR00881:@@L&summ2=m&>

#### COSPONSORS(21)

<a href="#">Rep Ackerman, Gary L. [NY-5] - 7/12/2007</a>	<a href="#">Rep Andrews, Robert E. [NJ-1] - 9/5/2007</a>
<a href="#">Rep Burton, Dan [IN-5] - 3/9/2007</a>	<a href="#">Rep Chandler, Ben [KY-6] - 3/29/2007</a>
<a href="#">Rep Cubin, Barbara [WY] - 6/7/2007</a>	<a href="#">Rep Doolittle, John T. [CA-4] - 5/3/2007</a>
<a href="#">Rep Goode, Virgil H., Jr. [VA-5] - 3/26/2007</a>	<a href="#">Rep Gordon, Bart [TN-6] - 5/1/2007</a>
<a href="#">Rep Granger, Kay [TX-12] - 4/23/2007</a>	<a href="#">Rep Hinchey, Maurice D. [NY-22] - 3/22/2007</a>
<a href="#">Rep Kennedy, Patrick J. [RI-1] - 3/9/2007</a>	<a href="#">Rep Latham, Tom [IA-4] - 11/1/2007</a>
<a href="#">Rep Maloney, Carolyn B. [NY-14] - 2/7/2007</a>	<a href="#">Rep McNulty, Michael R. [NY-21] - 3/22/2007</a>
<a href="#">Rep Norton, Eleanor Holmes [DC] - 3/9/2007</a>	<a href="#">Rep Olver, John W. [MA-1] - 3/22/2007</a>
<a href="#">Rep Price, David E. [NC-4] - 7/19/2007</a>	<a href="#">Rep Rothman, Steven R. [NJ-9] - 3/29/2007</a>
<a href="#">Rep Smith, Christopher H. [NJ-4] - 3/9/2007</a>	<a href="#">Rep Walsh, James T. [NY-25] - 3/9/2007</a>
<a href="#">Rep Wamp, Zach [TN-3] - 4/30/2007</a>	

Mercury-Free Vaccines Act of 2007, introduced by Congressman Dave Weldon and Congresswoman Carolyn Maloney, amends the Federal Food, Drug, and Cosmetic Act to ban the use of mercury-containing vaccines. This legislation 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 this bill, 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.

## H.R. 881 - Discussion

In recent years, the CDC has expanded the pediatric flu vaccine recommendations, significantly increasing the exposure of infants and children to mercury containing vaccines.

- 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.
- The EPA found that 1 in 6 infants are born with a blood mercury level exceeding the level considered safe by the EPA.
- 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. (See Environmental Working Group chart detailing the increases in autism cases in California and exposure to mercury in vaccinations.)
- In 2005, a study of primates revealed that ethylmercury in vaccines converted from the organic to inorganic form of mercury more rapidly than did methylmercury when it reached the brain. Mercury in its inorganic state is known to be far more toxic than organic mercury.
- 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.
- Although mercury in childhood vaccines has been significantly reduced, mercury remains in influenza vaccine recommended and routinely given to children as young as 6 months old and to pregnant women.
- No law currently exists banning or requiring a reduction in mercury in vaccines.
- 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.

Congressman Dave Weldon's [PRESS RELEASE](http://weldon.house.gov/News/DocumentSingle.aspx?DocumentID=57837)  
<http://weldon.house.gov/News/DocumentSingle.aspx?DocumentID=57837>

Congressman Dave Weldon's [April 2005 LETTER](http://weldon.house.gov/News/DocumentSingle.aspx?DocumentID=25677) to Secretary Michael Leavitt Regarding the Burbacher and Clarkson Study  
<http://weldon.house.gov/News/DocumentSingle.aspx?DocumentID=25677>

In a 2003 letter to Congressman Dave Weldon, officials from the Department of Health and Human Services stated that some vaccines contained thimerosal, the mercury-based

preservative, as late as 2003. (Read letter here - [http://www.a-champ.org/mercuryisstillinvaccines/FDA-Weldon\\_Mercury\\_Content\\_Vaccines\\_7-18-03.pdf](http://www.a-champ.org/mercuryisstillinvaccines/FDA-Weldon_Mercury_Content_Vaccines_7-18-03.pdf))

While the FDA is warning pregnant women about the dangers of mercury exposure through fish consumption and evidence continues to mount implicating mercury in the cause of neurological disorders such as ADHD and autism, CDC and other public health officials have steadfastly refused to recommend or even state a preference for thimerosal-free vaccines for children and pregnant women.

In 2005, three years ago, Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention told House of Representatives' Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce:

*The Department and the CDC have recommended for several years now that all vaccines for children be free of thimerosal as a preservative, and manufacturers have done that with all other vaccines.*

*The current flu vaccine manufacturers are converting over to be completely thimerosal preservative-free, and I believe the GlaxoSmithKline product that is in the pipeline is being formulated that way to start out with. So in a brief period of time, I believe the manufacturers will be utilizing vaccines that do not contain thimerosal as a preservative.*

~ Julie Gerberding, M.D., Director, Centers for Disease Control and Prevention  
The State of Readiness for the 2005-2006 Flu Season  
Hearing before the House of Representatives' Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce  
May 4, 2005

[http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.181&filename=21633.wais&directory=/diska/wais/data/109\\_house\\_hearings](http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.181&filename=21633.wais&directory=/diska/wais/data/109_house_hearings)

Yet, in 2007, Dr. Gerberding opposed a provision in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2008 which prohibited the use of Federal funds to purchase thimerosal-containing vaccines given to children under the age of 3 years.

In her speech to members of the House of Representatives regarding this provision, Lucille Roybal-Allard from California stated, in part:

*Perhaps the most convincing statements against the amendment are in a communication from Dr. Julie Gerberding, the Director of the Centers For Disease Control and Prevention, dated July 16, 2007. Her opposition to the thimerosal amendment is as follows:*

*"There is no scientific basis to support a prohibition of use of thimerosal-containing vaccine. In particular, science does not support a causal association between thimerosal and autism. In fact, the Institute of Medicine concluded that, 'the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism.'*

*"CDC respects this IOM conclusion."*

~ Lucille Roybal-Allard, Congresswoman, California  
The United States House of Representatives  
July 17, 2007

<http://www.govtrack.us/congress/record.xpd?id=110-h20070717-55&person=400347#sMonofilem003Ammx002Fmmx002Fmmx002Fmhomemx002Fmgovtrackmx002Fmdatamx002Fmusmx002Fm110mx002Fmcrmx002Fmh20070717-55.xmlElementm32m0m0m>

These conflicting statements clearly demonstrate why so many in this country find themselves grappling with a rapidly-eroding trust in senior officials within the CDC and, more specifically, the immunization program.

## ***Comprehensive Comparative Study of Vaccinated and Unvaccinated Populations Act of 2007 – H.R. 2832***

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### **H.R. 2832 - Full Text**

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:h2832ih.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h2832ih.txt.pdf)

### **H.R. 2832 - Summary and Cosponsors**

<http://thomas.loc.gov/cgi-bin/bdquery/z?d110:HR02832:@@L&summ2=m&>

#### **COSPONSORS(14)**

<a href="#">Rep Burton, Dan [IN-5] - 2/7/2008</a>	<a href="#">Rep Filner, Bob [CA-51] - 7/19/2007</a>
<a href="#">Rep Fortenberry, Jeff [NE-1] - 10/10/2007</a>	<a href="#">Rep Gillibrand, Kirsten E. [NY-20] - 9/18/2007</a>
<a href="#">Rep Gordon, Bart [TN-6] - 7/11/2007</a>	<a href="#">Rep Hinchey, Maurice D. [NY-22] - 6/22/2007</a>
<a href="#">Rep Israel, Steve [NY-2] - 10/2/2007</a>	<a href="#">Rep Kennedy, Patrick J. [RI-1] - 7/19/2007</a>
<a href="#">Rep McNulty, Michael R. [NY-21] - 10/1/2007</a>	<a href="#">Rep Paul, Ron [TX-14] - 6/22/2007</a>
<a href="#">Rep Turner, Michael R. [OH-3] - 5/13/2008</a>	<a href="#">Rep Upton, Fred [MI-6] - 6/28/2007</a>
<a href="#">Rep Wexler, Robert [FL-19] - 9/24/2007</a>	<a href="#">Rep Wynn, Albert Russell [MD-4] - 7/16/2007</a>

The Comprehensive Comparative Study of Vaccinated and Unvaccinated Populations Act of 2007 requires the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health (NIH), to conduct a comprehensive study to: (1) compare total health outcomes, including the risk of autism, between vaccinated and unvaccinated U.S. populations; and (2) determine whether vaccines or vaccine components play a role in the development of autism spectrum or other neurological conditions.

This legislation requires the Secretary to seek to include in the study U.S. populations that have traditionally remained unvaccinated for religious or other reasons.

### **H.R. 2832 – Discussion**

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.

For more information, see the full report at <http://www.generationrescue.org/survey.html>.

### **USE HANDOUT – Generation Rescue 2007 Unvaccinated Survey**

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 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 describes in his column *The Age of Autism: 'A pretty big secret,'* one need only look to find the evidence.

*...[T]housands of children cared for by Homefirst Health Services in metropolitan Chicago have at least two things in common with thousands of Amish children in rural Lancaster: They have never been vaccinated. And they don't have autism.*

*"In the alternative-medicine network which Homefirst is part of, there are virtually no cases of childhood asthma, in contrast to the overall Blue Cross rate of childhood asthma which is approximately 10 percent," ~ Dr. Mayer Eisenstein, Founder and Medical Director, Homefirst Health Services, Chicago, Illinois*

~ Dan Olmsted, *The Age of Autism: 'A pretty big secret'*, United Press International, December 7, 2005

[http://www.upi.com/NewsTrack/Health/2005/12/07/the\\_age\\_of\\_autism\\_a\\_pretty\\_big\\_secret/6829/](http://www.upi.com/NewsTrack/Health/2005/12/07/the_age_of_autism_a_pretty_big_secret/6829/)

## LEGISLATION PREVIOUSLY PROPOSED

### National Vaccine Injury Compensation Program Improvement Act

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(For a history of the legislation, click [HERE](#). [\[LINK\]](#))

**Note: There is currently NO legislation for consideration before Congress on this matter.**

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. (In support of the NVICP Improvement Act, offer Dr. Bernadine Healy's article, *Fighting the Autism-Vaccine War*. <http://health.usnews.com/articles/health/brain-and-behavior/2008/04/10/fighting-the-autism-vaccine-war.html>)

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.

For more info on VICP visit <http://www.hrsa.gov/vaccinecompensation/>.

Contrary to Congress' intended purpose in establishing the Vaccine Injury Compensation Program, members of the Department of Justice frequently treat witnesses testifying on behalf of the petitioners as though the hearings were being conducted as part of a typical court proceeding. Petitioners and their witnesses should not face the type of intimidation to which they have been subjected throughout many of the proceedings in "vaccine court."

This is but one example of the manner in which the process has become adversarial toward petitioners - which is in direct violation of Congress' original intent.

The National Vaccine Injury Compensation Program should be changed to adhere to Congress' original intent at its inception. According to Cliff Shoemaker, a Virginia attorney representing injured children in Vaccine Court:

*The program was supposed to be a non-litigious, compassionate program which would err on the side of over-compensating rather than under-compensating these unfortunate victims. In practice, the program has become a litigious, expensive process where it is becoming more and more difficult to prevail.* (Hearing before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the House of Representatives, September 28, 1999)

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106\\_house\\_hearings&docid=f:66079.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_house_hearings&docid=f:66079.pdf)

In the eight years since Mr. Shoemaker appeared before Congress, the program has become even more adversarial toward parents seeking compensation for their children's injuries. During the proceeding of one case, the Special Masters felt it appropriate to apologize to the family for the Government's counsel's "abrasive, tenacious, obstreperous litigation tactics." This type of behavior from respondent's counsel is not unusual. In this case, the child had become mentally retarded following her vaccinations.

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.

Questions:

**Would you support an investigation into the inappropriate adversarial nature of this process?**

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

## LEGISLATION VETOED

### Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2008 - H.R. 3043

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#### H.R. 3043 - Full Text

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:h3043enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h3043enr.txt.pdf)

#### H.R. 3043 - Summary and Cosponsors

<http://thomas.loc.gov/cgi-bin/bdquery/z?d110:HR03043:@@L&summ2=m&>

In 2007, both the House and the Senate passed H.R. 3043: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2008. (See the history of H.R. 3043 [HERE](#). [<http://www.govtrack.us/congress/bill.xpd?bill=h110-3043#votes>]) Thanks to Congressman Dave Weldon of Florida, this bill included a provision prohibiting the use of government funds to purchase thimerosal-containing vaccines intended for children under the age of 3 years. (Read the text of this provision [HERE - Section 221](#).) [<http://www.govtrack.us/congress/billtext.xpd?bill=h110-3043>] Despite strong opposition from CDC officials, other public health agencies and some members of Congress, H.R. 3043 passed both the House and the Senate only to be vetoed by President Bush. The bill, unfortunately, did not pass a subsequent vote to override the president's veto.

Although H.R. 3043 was a broad bill addressing many issues not related to immunizations, the fact Congress passed legislation with this important provision intact is significant. We encourage you to review each of the votes your legislators made regarding this bill. If your senators or representative voted in favor of this bill, take a moment to thank them for their support of this. If your elected official opposed this provision, mention the importance of such legislation intended to protect the health and well-being of children. (You may find it helpful to read some of the speeches made by Congressmen Weldon and Waxman and other House members regarding this provision [HERE - Section 221](#) [<http://www.govtrack.us/congress/record.xpd?id=110-h20070717-54&bill=h110-3043>])

