

# Vaccine Facts

## Conscientious Choice and Informed Consent for Vaccination are Parental Rights

There are no conscientious choice exemptions for vaccination allowable currently in Texas. The Texas Department of Health already requires, by law, 33 doses of vaccines for 9 different illnesses. Mandates are in place for measles, mumps, rubella, polio, hepatitis B, pertussis, diphtheria, tetanus, and haemophilus influenzae b vaccines. TDH also recently added mandates for chicken pox, hepatitis A in some counties, and expanded hepatitis B for teenagers bringing the total to **36 doses for 11 different viral and bacterial illnesses by the time the child is 5 years old**. To view PROVE's opposition to these additions, see [Oppose New Vaccine Mandates \(http://vaccineinfo.net/alerts/previous/new\\_texas\\_vaccine\\_mandates.shtml\)](http://vaccineinfo.net/alerts/previous/new_texas_vaccine_mandates.shtml). All mandates do not allow any room for flexibility based on parental choice.

### *Did You Know that...*

7 vaccines (polio, hepatitis A, varicella, pertussis, diphtheria, tetanus, and haemophilus influenzae b) have NOT been "evaluated or tested for their carcinogenic potential, mutagenic potential, or for impairment of fertility" or "reproductive capacity" according to the vaccine manufacturers' own product inserts.

3 vaccines (varicella, hepatitis A, and rubella) were cultured in human diploid cells (eg. human embryonic lung cell cultures and human diploid cell cultures WI-38 and MRC-5). The Chickenpox vaccine contains "residual components of MRC-5 cells including DNA and protein."

6 vaccines (polio, hepatitis B, hepatitis A, pertussis, diphtheria, and tetanus) contain formaldehyde - a highly noxious and carcinogenic preservative.

5 vaccines (hepatitis B, pertussis, diphtheria, tetanus, and haemophilus influenzae b) contain thimerosal, a mercury derivative preservative BANNED by the Food and Drug Administration (FDA) in over-the-counter (OTC) drug preparations because of questions over safety. (Federal Register: April 22, 1998 (Volume 63, Number 77))[Page 19799-19802]

5 vaccines (hepatitis B, hepatitis A, pertussis, diphtheria, and tetanus) contain aluminum as an adjuvant. Aluminum accumulates in brain, muscle and bone tissue and can be linked to causing fibrosarcomas (cancerous tumors) at the injection site.

5 vaccines (measles, mumps, polio, varicella, and diphtheria) are developed from animal ingredients including cell cultures of chick embryos, monkey kidney cells, fetal bovine serum, and embryonic guinea pig cell cultures. There has been a moratorium in this country on animal organ transplants in humans because of concerns of people contracting latent animal viruses. Despite the history of unscreened animal viruses infecting humans from injectable products like vaccines [monkey cells and SV40 virus and bovine serum and "Mad Cow Disease" (bovine spongiform encephalopathy)], this practice continues with vaccines.

5 vaccines (measles, mumps, rubella, polio, and varicella) are LIVE virus vaccines. Live virus vaccines can sometimes infect the recipient and can even sometimes infect those in close contact with the recipient. These vaccines are given to young children, and vaccine immunity sometimes wears off for adults. This can put a pregnant mother or immunocompromised adult at risk by being around a recently vaccinated child with live virus vaccines.

For ALL 11 vaccines there have been NO long term studies on the cumulative effect on the child's developing immune system of combining all these vaccines together.

For ALL 11 vaccines the biological mechanism for why some children react to a vaccine is not understood.

For ALL 11 vaccines there are no genetic or other lab screening tests available to determine which children will react to a vaccine.

## Immunization Risks Are Too Serious To Be Ignored

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By Dawn Richardson  
Special to the Star-Telegram

It is time to stop dumbing down the vaccine safety debate by calling parents concerned with vaccine reactions and parental rights "anti-vaccine." An Op-Ed column on Monday by Russell Tolman and Dr. Mark Shelton oversimplified and misrepresented a serious issue.

Parents love their children and want to protect them, but vaccines, like the diseases they are designed to prevent, carry an unpredictable risk of injury or death.

Texas parents want the Texas Legislature to pass proposed legislation to give them the same freedom that parents already have in Arizona, California, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont and Washington to make their own informed, voluntary vaccination decisions without being subjected to government sanctions.

All diseases and vaccines are not the same, and neither are all children.

Yet current Texas mandatory vaccination laws, which treat chickenpox like smallpox and hepatitis B like polio, don't contain a parental rights exemption provision. More than 200 new vaccines, which are being developed for everything from cocaine addiction to sexually transmitted diseases including AIDS, will be candidates for future mandates.

Some children are at greater biological risk than others for reacting to vaccines. Texas' one-size-fits-all mass vaccination policies don't take these differences into account, and they fail to minimize the risk of vaccine-induced injury and death for too many children.

Annually, 12,000 to 14,000 reports of hospitalizations, injuries and deaths following vaccinations are made to the federal Vaccine Adverse Event Reporting System, and yet about 90 percent of doctors fail to report these reactions.

A study published in the February issue of 'Pediatrics' revealed that 40 percent of doctors admit to not even mentioning vaccine risks to their patients.

The National Vaccine Injury Compensation Program has paid out more than \$1.2 billion in damages and yet still turns away three out of four vaccine victims to cope on their own. Meanwhile, because of a complex network of state and federal laws, doctors and the vaccine manufacturers continue to profit while taking no financial responsibility for vaccine injuries and deaths.

Some parents are trying to save their children from doctors who are unwilling to acknowledge past vaccine reactions with a medical exemption and are willing to literally vaccinate a child to death. A statutorily guaranteed conscientious exemption provision, like the one being considered by the Texas Legislature, is the only hope that these parents have.

Public health involves more than Tolman and Shelton's myopic fixation on high vaccination rates and low infectious-disease rates.

The rate of chronic disease and disability in children is at an all-time high. Texas children get as many as 39 doses of 12 different vaccines by school entry -- while the brain and immune system are developing at the most rapid rate. There is growing evidence and a groundswell of scientists, doctors and parents who believe that overzealous vaccination policies have contributed to the dramatic increases in asthma, allergies, learning disabilities, autism, attention-deficit disorder, diabetes and other chronic neuroimmune illnesses.

Recent congressional hearings have raised eye-opening questions about inadequate vaccine licensing and safety standards; conflicts of interest involving drug companies and vaccine policy-makers; and huge gaps in scientific knowledge about how vaccines affect the body.

Based on the epidemic of doctors and public health officials who mislead parents by exaggerating the risks of the diseases and the benefits of the vaccine while minimizing and often denying the risks of the vaccine, it is becoming clear why a growing number of educated parents are pushing during this legislative session to reclaim their rights over what vaccines their children will receive and when they will receive them.

Vaccination is a medical procedure that carries an inherent risk of injury or death, and it is time to let our legislators know that every Texas parent deserves to be given truthful, unbiased information about diseases and vaccines and be allowed to make informed, voluntary, vaccination decisions for their children.

Dawn Richardson is president and co-founder of Parents Requesting Open Vaccine Education (PROVE). The group's Web site is [www.vaccineinfo.net](http://www.vaccineinfo.net).

# Inoculations May Be Rx for Disaster

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By Kelly Patricia O'Meara

**The ounce of prevention that vaccinations should provide may not be worth the risk, say parents, doctors and politicians with second thoughts about mandating shots.**

Before they can enter kindergarten, children are required by law in all 50 states to receive 33 doses of 10 different viral and bacterial vaccines -- inoculations that, of course, contain the disease. Now, more than ever before, parents, health practitioners and elected officials are discussing whether it's right for the good of the many to sacrifice "small" numbers of children (on average, 10,000 reported cases per year) who experience adverse side effects to the vaccines.

Though vaccines long have been considered safe, there is growing evidence and increasing concern that they may be playing havoc with immune systems and causing an increase in learning disabilities, including attention deficit/hyperactivity disorder, or ADHD, as well as autism, cancer and autoimmune and allergic diseases.

Until July, babies only hours old were inoculated with the hepatitis B vaccine -- treatment for a disease common only among intravenous-drug users and prostitutes. During testimony before the House Committee on Government Reform about issues related to vaccines, Professor Ronald C. Kennedy of the microbiology and immunology department at the University of Oklahoma said, "The chance of an infant or child getting either hepatitis A or hepatitis B is close to nonexistent."

Because of the large number of reported adverse effects, the U.S. Public Health Service and the American Academy of Pediatrics, or AAP, have changed their policy advisories favoring vaccination of newborns with the hepatitis B vaccine and instead have adopted a new policy recommending that mothers be tested during pregnancy for the disease. If the mother tests negative, the vaccination of the child may be delayed for as many as six months.

Kennedy also urged in his testimony that "informed consent for certain vaccines, such as hepatitis A and hepatitis B, should be considered and the parents allowed to choose based on their perceived risk to benefit from vaccinating their infants."

Many parents, newly informed of potentially harmful effects of some of the "required" vaccines, are becoming increasingly outraged at demands being made in the name of public health. Mandatory-inoculations opponents note that vaccines are made from toxic materials. When informed, parents tend to resist having such materials injected into their children.

For instance, some of the toxic ingredients used in vaccines include thimerosal, a mercury-based preservative; aluminum, an additive to promote antibody response that has been associated with Alzheimer's disease and seizures and found to cause cancer in laboratory mice; formaldehyde, another carcinogen; and phenol, also known as carbolic acid, used as a disinfectant and dye.

But this catalog is only the beginning. The vaccines are grown and strained through human or animal tissue, including monkey kidney, chicken embryo, embryonic guinea-pig cells, calf serum and human diploid cells (the dissected organs of aborted fetuses used in the rubella, hepatitis A and chicken-pox vaccines). Concern is growing that interspecies transfer of viral infections from animals may be a source of adverse reactions.

And there have been adverse reactions from the beginning. In the late 1700s, British physician Edward Jenner was the first to use live disease as a vaccination when he injected live cowpox into a healthy 8-year-old boy. The boy contracted the mild disease and, when infected later with the more serious and often fatal smallpox, proved to be immune. This is regarded as the first successful vaccination. But, even though this early vaccine contained none of the toxins that are added to vaccines today, many suffered adverse reactions.

Gradually, techniques and knowledge improved and the medical community began to drive full throttle to eradicate all disease through vaccinations. Two hundred years later, public-health officials point to widely reported success stories to support their call for general and mandatory vaccination. Poliomyelitis is at the top of the list.

Polio is a contagious disease caused by an intestinal virus that may attack nerve cells of the brain and spine, though in a majority of cases only flu-like symptoms are experienced and gone within a few days. During an epidemic in the 1950s, more than 20,000 cases were reported with a little more than 1,000 deaths. In 1955, Jonas Salk, an American microbiologist, developed a dead-virus vaccine that was used until the 1959 development by Albert Sabin of a live-virus oral vaccine. After widespread use of both, polio was all but eradicated in the United States. In fact, the few reported cases were contracted from the live-virus oral vaccine. Although the live-virus vaccine widely was used for more than 30 years, the Centers for Disease Control and Prevention, or CDC, this year announced plans to stop using it and return to the injected (dead) polio vaccine by the year 2000.

Critics of mandatory vaccination, however, argue that severe illnesses and deaths associated with polio and other diseases were decreasing at a steady rate long before the vaccines were introduced. For example, according to Neil Z. Miller, author of *Vaccines: Are They Really Safe and Effective?*, "from 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively."

The same is true of diphtheria. Miller says, "A significant decline in [the incidence of] diphtheria began long before the vaccine was discovered. In the United States, from 1900 to 1930, years before the diphtheria vaccine, a greater than 90 percent decline in reported deaths from diphtheria had already occurred."

While no single cause exists for the decline of infectious diseases during this century, great progress has been made in the United States and other developed countries where better diet, living conditions and sanitation are credited for much of the decrease. Poverty and lack of medical care also contributed to the spread of disease, as did medical ignorance. Whether the decline of the traditional infectious diseases resulted from increased use of vaccines or some combination of the social improvements cited above, new and more debilitating diseases have developed. And people such as Rick Rollens of Granite Bay, Calif., believe their lives have been tragically altered because of vaccinations.

Testifying before the House Committee on Government Reform, Rollens shared his story of what he believes was his son Russell's vaccine-induced autism and the growing epidemic of autism in California. "Russell was born a normal, healthy child," said Rollens. "At seven months, he received his third of four DPT [diphtheria, pertussis and tetanus] shots and first hemophilus influenza vaccine. Within 72 hours, Russell developed a high fever and shrieked with a high, wailing scream for days. He began losing eye contact, smiling less, losing interest in people and had constant croup and was chronically ill. At 18 months, Russell received his first mumps, measles and rubella vaccination. Within days he lost most of his remaining skills, developing severe sleep irregularities, chronic gastrointestinal problems and expressing constant pain exhibited by harrowing days of endless crying. At 2-and-a-half years old, Russell was officially diagnosed with autism."

Responding to the outcry of parents, professionals and educators, the California Legislature, under two different governors, funded a study on whether autism was increasing in the state. After evidence showed a huge unexpected increase, millions of dollars were appropriated for independent research into all possible causes. The report, released this year, focused on the increase in autism in California from 1987 to 1988. According to the Department of Developmental Services, a 273 percent increase occurred in the number of children with autism entering the developmental-services system.

During the first six months of this year, 1,027 children diagnosed with autism were added to the system -- which means that California is adding an average of six autistic children a day, seven days a week, or one new child every four hours. This is just one state's statistics, and one analysis, suggesting that this may be one of the top epidemics in the country.

In response to the huge increase in the number of claims being filed against pharmaceutical companies that produce vaccines, Congress passed the 1986 National Vaccine Injury Compensation Program, or NVICP. It set up a system to allow families to file claims for financial assistance for children injured by vaccines. To date, more than 1,400 families have received awards totaling \$1 billion. Yet Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center in Vienna, Va., says, "Three out of four vaccine-injured children are turned away and more than \$1 billion sits idle in the vaccine-injury trust fund. Since 1993, federal health officials under Department of Health and Human Services Secretary Donna Shalala have moved to systematically gut the law and fight every claim with the help of Department of Justice lawyers. It's really beautiful: Vaccines are the only personal medical products in the United States required by law, and the vaccine manufacturers have a stable, predictable, yearly market for their product -- yet no product liability."

Public-health officials continue to cite the decline of disease to prove that vaccines are safe and effective, but critics contend there is no scientific data to support such claims. In fact, say the critics, data provided by the CDC and the increasing number of reports of adverse effects suggest that in many cases where diseases have been greatly reduced, the risk of side effects from taking the vaccine now far exceeds the risk of the disease.