

TOP TEN Reasons NJ Needs Vaccination Choice

1. Vaccination is the only *mandated* medical procedure. Additionally, adverse reactions from vaccinations pose significant health risks.

An example of adverse reactions to the MMR vaccine include: encephalitis (brain damage), diabetes, arthritis, anaphylaxis, nerve deafness, febrile convulsions and seizures, pneumonia, Guillain-Barre Syndrome (GBS), Stevens-Johnson Syndrome (SJS), atypical measles and death. *Source: MMR II Package Insert, Merck: 12/2007.*

2. Vaccination is the only medical procedure that does NOT require industry-standard, double-blind, placebo-controlled safety studies.

Vaccination studies are NOT performed according to the industry-standard protocol: instead, both groups of subjects (children) are administered vaccines and then analyzed for adverse reactions, efficacy, etc. A “placebo-controlled” unvaccinated group is never used in studies. An example of the flawed studies involves the current influenza vaccine, Afluria. Two studies were conducted: the first had no control group, just 206 people vaccinated with Afluria; the second study compared 1,089 people vaccinated with Afluria with a “placebo” control group of 268 subjects who were vaccinated with a thimerosal-containing vaccine. *Source: CLS Limited 2008-2009 Full Prescribing Information.*

Manufacturers cite that there are no available unvaccinated test subjects; however, U.S. populations of unvaccinated children are readily available for studies: children with religious and/or medical vaccine exemptions; children (15,000) in the Chicago-area HomeFirst practice; and the Amish population. Additionally, vaccines are NOT evaluated for carcinogenic or mutagenic potential, or potential to impair fertility. MOST, if not all, vaccine studies are actually performed by the vaccine manufacturers themselves.

3. Vaccination mandates the injection of known toxic ingredients.

Vaccine ingredients/mediums include neurotoxins, carcinogens, foreign denatured viruses, DNA derived from aborted fetal tissue, and antibiotics. Examples of vaccine ingredients include: aluminum* (heavy metal neurotoxin conclusively linked to Alzheimer's Disease and other neurological disorders.), formaldehyde (carcinogen), bovine casein (animal protein/foreign DNA), glutaraldehyde (dangerous toxin), monkey kidney cells (animal/foreign DNA), calf serum (animal/foreign DNA), neomycin sulfate and polymyxin B (antibiotics), yeast protein, diphtheria toxoid (foreign virus), tetanus toxoid (foreign virus), Type 1, Type 2 and Type 3 poliovirus (foreign viruses). *Source: Pediarix Package Insert, GlaxoSmithKline Biologics and Norvartis: 6/2007.* Additionally, thimerosal (mercury) is still found in most flu vaccines, now mandated annually for NJ children 6 to 59 months.

*According to the American Academy of Pediatrics, “Aluminum is now being implicated as interfering with a variety of cellular and metabolic processes in the nervous system and in other tissues.” *Source: Aluminum Toxicity in Infants and Children, 1996.*

4. Federal and state government agencies and the American Academy of Pediatrics (AAP) have conflicts of interest.

On June 7-8, 2000, the US Centers for Disease Control (CDC) assembled an invitation-only meeting, entitled "Scientific Review of Vaccine Safety Datalink Information" at the Simpsonwood Conference Center in GA. There were fifty-two attendees, including high ranking officials from the CDC and the U.S. Food and Drug Administration (FDA), the top vaccine specialist from the World Health Organization (WHO) and representatives from all major vaccine manufacturers, including GlaxoSmithKline, Merck, Wyeth, and Aventis Pasteur. The objective of the conference was to discuss the findings of CDC epidemiologist, Tom Verstraeten, regarding a link between thimerosal in vaccines and a dramatic increase in autism and other neurological disorders as analyzed in the federal database of 100,000 children. In the end, the group withheld Verstraeten's findings, and told other scientists that the data was lost. By the time the study was finally published three years later, Verstraeten was hired by GlaxoSmithKline and the data was adjusted to discredit the link between thimerosal and autism. *Source: Simpsonwood Transcripts, 2000; Robert Kennedy Jr., Deadly Immunity; http://www.robertkennedyjr.com/articles/2005_june_16.html, 2005.*

Another example of conflict of interest: Paul Offit, MD, of University Children's Hospital, Philadelphia, is a member of the CDC Vaccine Advisory Committee and was one of the members who voted to add the rotavirus vaccine to the Vaccines for Children's program. Dr. Offit is a patent holder of a rotavirus vaccine and admitted to receiving \$350,000 in grant money from Merck to develop the vaccine. The rotavirus vaccine was approved by the FDA in August 1998, then recommended by the CDC for universal use in March 1999. During safety trials and the vaccine's introduction, children developed serious bowel obstructions and many had to undergo surgery, while some died from intussusception. The vaccine was pulled from the U.S. market in October 1999. According to a federal hearing on conflicts of interest, Rep. Dan Burton (R-IN) stated, "No individual who stands to gain financially from the decisions regarding vaccines that may be mandated for use, should be participating in the discussion or policy making for vaccines." He went on to say that the CDC "routinely allows scientists with blatant conflicts of interest to serve on intellectual advisory committees that make recommendations on new vaccines," even though they have "interests in the products and companies for which they are supposed to be providing unbiased oversight." The House Government Reform Committee discovered that four of eight CDC advisors who approved guidelines for a rotavirus vaccine "had financial ties to the pharmaceutical companies that were developing different versions of the vaccine." *Source: FACA: Conflicts of Interest and Vaccine Development: Preserving the Integrity of the Process, June 15, 2000.*

Furthermore, in a news report by CBS on July 25, 2008 it was revealed that the vaccine industry provides significant contributions to the American Academy of Pediatrics annually. According to the report, the total amount approaches \$1 billion.

Lastly, vaccine makers have a vested interest in ensuring their vaccines are included on the CDC recommended schedule because of the liability protection (and increased profit potential) guaranteed by the National Vaccine Injury Compensation Program. (see Reason #5 below)

5. Informed Consent is limited or non-existent because vaccine manufacturers and physicians bear NO liability for vaccine injuries and deaths.

Vaccine manufacturers and doctors bear NO liability for vaccine injury or death once a vaccine is mandated or recommended for the Childhood Vaccination Program, as stipulated in the U.S. National Vaccine Injury Compensation Act of 1986. This act also established VAERS (Vaccine Adverse Events Reporting System), a government tracking system for vaccine injuries and deaths. Through VAERS, 252,130 vaccine adverse reactions, including deaths, were reported between Jan 1990 and August 2008, by doctors and individuals. Since pharmaceutical companies cannot be sued for damages for any vaccine that is on the official CDC recommended schedule, parents of children injured by vaccines must pursue their cases in the taxpayer funded Federal Vaccine Court. Parents are consistently not informed of the risks of vaccination vs. the diseases, nor have the ability to make informed vaccine choices through a conscientious exemption.

6. Nineteen other states currently have the conscientious/philosophical exemption.

Currently nineteen other states provide their citizens with the right to informed consent for vaccinations by providing them with a conscientious/philosophical exemption to mandatory vaccinations. NJ Parents deserve these same basic rights. In 2003, Jane Orient MD, FACP, executive director of the Assn. of American Physicians and Surgeons stated, "Parents should be offered vaccines for their children, with full disclosure, and without the pressure of a "requirement."

7. The NJ vaccine mandate process bypasses our legislative process and is managed by the Public Health Council, a government-appointed panel.

New Jersey's childhood mandatory vaccine schedule is discussed and voted on by the Public Health Council (PHC), a governor-appointed advisory panel of 7 voluntary members, and is then approved by the health commissioner and the governor. The PHC members are NOT representative of NJ citizens, are NOT an elected body, may have conflicts of interest, and consistently ignore public comment. New Jersey deserves the right to have all medical procedures, especially those that are recommended to be mandated, pass through our state legislature and include thorough, unbiased review, a full public hearing and inclusion of public comment.

8. There is substantial evidence that links vaccines to neurological disorders, including autism, as well as chronic and acute illnesses.

Evidence of the connection between vaccines and illness/disorders is being provided by the government, independent researchers and families throughout America and the world.

In 2007, the case of Hannah Poling, the first of 4,900 autism cases being considered by Federal Vaccine Court, was conceded by US Assistant Attorney General Peter Keisler, on behalf of the Department of Health and Human Services, confirming a causal link between vaccines and autism. According to a CNN Interview (March 28, 2008) with CDC director, Julie Gerberding, she admitted that Hannah Poling's "autism-like symptoms were caused by vaccine-induced fever." Additionally, Dr. Bernadine Healy, former National Institutes of Health (NIH) director and a cardiologist, stated publicly that when she began researching autism and vaccines she "found credible published, peer-reviewed scientific studies that support the idea of an association. The government has quite simply refused to conduct the studies, so others have come forward."

Furthermore, government toxicologists in the CDC have linked thimerosal to autism. (*April 2007 (PowerPoint Presentation) by Dr. Larry Needham, Chief, Organic Analytical Toxicology Branch, National Center for Environmental Health, CDC, "Exposure (To Stressors) and Autism Spectrum Disorders" to the Institute of Medicine (IOM) of the US National Academy of Sciences.*

Also, since 1991, when the CDC and FDA recommended three additional thimerosal-containing vaccines for infants, the estimated number of autism cases increased fifteenfold, from one in every 2,500 children to one in 166. According to Dr. Bill Weil, an American Academy of Pediatrics consultant attending the 2000 CDC Simpsonwood meeting, "You can play with this all you want; the results are statistically significant." *Source: Simpsonwood Transcripts, 2000.*

In June of 2007 an independent national research firm, SurveyUSA, posted results of an extensive survey "of more than 9,000 boys in California and Oregon and found that vaccinated boys had a 155% greater chance of having a neurological disorder like ADHD or autism than unvaccinated boys." - Generation Rescue, June 26, 2007: Data was gathered from parents of more than 17,000 children, strictly following the same format the CDC employs on surveys. *Source: www.generationrescue.org/survey.html.* It must be noted that New Jersey has the most mandated vaccines throughout the world and the highest rates of autism.

Finally, what is more evident than the very real experiences of countless families who tragically see their children become autistic following the administration of one or more shots? How much longer will these accounts be denied by those who do not want to see any problems with the current vaccination schedule?

9. The current religious and medical exemptions in NJ are often challenged and have inconsistent requirements.

School principals, nurses, and preschool directors, as well as the NJ Health Department officials often challenge and reject religious and medical exemptions submitted by parents. The approval process is inconsistent and confusing. Medical exemptions are difficult to acquire from doctors. Additionally, the religious exemption is all-or-nothing and does not allow a parent to make informed choices. For instance, many parents are aware of the ineffectiveness of the flu vaccine and do not want to give it to their child, but parents cannot choose to eliminate one vaccine from their child's schedule; they must reject all vaccines. There are no options. Additionally, a parent/guardian who is agnostic or atheist is not allowed the same rights to exempt his/her child from vaccines as someone who practices a religion.

10. The premise that a certain number of our children may become disabled or die so that other children may escape a possible disease is unethical and unacceptable.

Does our state government have the ethical right to require that a number of children become injured or disabled or die so other children can possibly avoid a disease? As citizens and parents, we expect and deserve the right to protect our own children. Children are dying from adverse reactions of vaccinations. From 1990 through August of 2008 (less than 20 years), there have been 101,880 adverse effects reported to the Vaccine Adverse Event Reporting System (VAERS) database for children 0-5 years old. According to the Federal Vaccine Court website, more than 12,500 injury claims, including death claims and 5,300 autism cases, have been filed since creation of the program in 1987. The compensation for a

proved death claim is \$250,000. And to date more than \$1.7 billion has been paid out for all proved injury claims. These are frightening facts. Shouldn't parents have the right to informed consent in order to determine the risk they are willing to accept for their own children? - Are you willing to sacrifice your child for the so called "common good" as determined by the state?

A further question remains about vaccination and diseases: Why is it that our children today need 36 vaccines for fear of rampant disease epidemics which might make children sick and/or die; yet the currently "undervaccinated" population of adults in our country who received eight or so vaccines as children and whose "protection" dwindled within a few years, are not causing epidemics or ill and dying from chicken pox, diphtheria, polio, mumps, hepatitis B or any other diseases?

Since 1983, there has been a 260% increase in vaccine mandates for NJ children. As of December 2007 New Jersey mandated four new vaccines for our children, as young as 2 months old. NJCVC and other organizations are voicing opposition to the disturbing trend. Parents should have the right to informed consent regarding vaccinations for their children, just as they do with any medical procedure. Dr. Lawrence Rosen, a board certified pediatrician and Chief of Pediatric Integrative Medicine at Hackensack University Medical Center, notes, "There are risks associated with all medical practices, including vaccines, so it is important for parents, along with their doctors, to evaluate an individual child's medical history and health, including genetic predispositions and allergies, to determine what is appropriate. Informed consent is a key ethical principle in medical practice."

We thank the current senators and assemblypersons who are sponsoring A260/S1071 and ask others to support this important legislation by making it a law in New Jersey as soon as possible.

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