WMNF Debate: Should Vaccines Be Mandatory?
April 8, 2014
(5 minute limit)

In recent months, the media discussion over a measles outbreak at Disneyland has omitted critical facts. For example, according to the CDC, no one in the U.S. has died from measles in the past 12 years, but the federal Vaccine Adverse Event Reporting System (VAERS) reports over 100 deaths from measles vaccines in that same time period,¹ and both government and private sources agree that only 1-10% of serious adverse events ever get reported at all. These vaccine deaths are not simply the necessary cost we must endure for a disease-free society, because childhood infectious disease deaths declined throughout the 1900’s by an average of 90-95% before vaccines were introduced—97% with measles.² Vaccines are not the reason we have low disease death rates in the U.S.

The CDC has stated that vaccines work 85 – 95% of the time, and the median student exemption rate nationally is 1.8%, which is why most outbreaks occur in vaccinated children.³ There are five times more non-immune vaccinated children than exempt children, so the media’s focus on exempt children is misplaced. Meanwhile, the National Vaccine Injury Compensation Program pays out over $220 million/year now for vaccine injuries and deaths.⁴ So, if there is a problem with childhood infectious disease in the U.S., it is that the vaccine manufacturers—who have no liability for the death and disability caused by their vaccines—are not held to strict enough standards for vaccine safety and effectiveness.

Claims that “herd immunity” is threatened by non-medical exemptions are contradicted by the science. Most adults were last vaccinated as children. Their vaccine protection, which unlike natural immunity is temporary, wore off decades ago. This means that the majority of the U.S. population has no vaccine immunity, but this has not led to massive outbreaks. Clearly, then, lack of vaccine protection does not lead to outbreaks. In fact, there are peer-reviewed, published medical studies that say just the opposite—they document disease outbreaks in highly and even fully vaccinated populations.⁵ A meta-study reviewing measles outbreaks in highly and fully vaccinated populations...

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³ Centers for Disease Control and Prevention. Vaccines and Immunizations, Misconception #2. The majority of people who get disease have been vaccinated. The original CDC page stating this can be viewed here: http://web.archive.org/web/20150120055820/http://www.cdc.gov/vaccines/vac-gen/6mishome.htm
⁵ Studies are numerous, but include the following: (a) Measles vaccine failures: lack of sustained measles specific immunoglobulin G responses in revaccinated adolescents and young adults. Department of Pediatrics, Georgetown University Medical Center, Washington, DC 20007. Pediatric Infectious Disease Journal. 13(1):34-8, 1994 Jan. (b) Measles outbreak in 31 schools: risk factors for vaccine failure and evaluation of a selective revaccination strategy. Department of Preventive Medicine and Biostatistics, University of Toronto, Ont. Canadian Medical Association Journal.
populations concluded: “The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons.” Herd immunity may apply to wild diseases, but it does not work reliably with vaccinated people.

Everything above comes from mainstream sources. Why, then, do most doctors not know this? First, we have to distinguish medical science from medical politics, and then look beneath the surface to see how information is disseminated and controlled. But at one level, the answer is simple: Greed. Pharmaceutical marketing is out of control. This industry is the biggest defrauder of the federal False Claims Act. In the last 5 years, big pharma returned more than $19 billion from attempts to defraud federal health programs, more than double the previous 5 years. (Do you know how much money $19 B is? You could end hunger in Africa with that kind of money!) Over 8 years, there were twenty pharmaceutical company fines between $345 million and $3 billion. Criminal fines in the $100’s of millions are common, and have been as high as $1 billion. (Folks, you don’t get a criminal fine unless you knowingly violate a criminal law!) Criminal marketing has become routine practice in this industry. Profit has become more important than ethical, moral, and even criminal boundaries. When that happens in healthcare, people suffer and die needlessly for the sake of profit.

But the point is this: No one should ever be required to take a product from an industry that routinely engages in massive criminal behavior. PERIOD.

In closing: The vaccine industry has no liability, so CHOICE is a necessary “check and balance.” This is not just an abstract freedom principal, it’s the right to be free from the pharmaceutical industry’s corrupt, over-reaching intrusion into government policy. Vaccines come with a risk of severe disability and death, and no one can say whether you or your child will be next. The manufacturers have no accountability. The choice to refuse vaccines therefore must be fully allowed, honored and respected.

(Referenced Vaccine Fact Summary follows below)

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6 Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons. Review article: 50 REFS. Dept. of Internal Medicine, Mayo Vaccine Research Group, Mayo Clinic and Foundation, Rochester, MN. Archives of Internal Medicine. 154(16):1815-20, 1994 Aug 22.

Vaccine Fact Summary

1. In 2011, the U.S. Supreme Court ruled that vaccines are “unavoidably unsafe.” Bruesewitz v. Wyeth LLC, 131 S. Ct. 1068, 179 L.Ed.2d 1 (2011).

2. National Vaccine Injury Compensation Program (NVICP) vaccine injury and death payouts:
   a. Total to date (1989-2015): $ 3.1 Billion
   b. Average annual payout 2005-2009: $ 75,630,051 per year
   c. Average annual payout 2010-2014: $221,822,386 per year
   d. Cases pending: 1,943

3. There is vast underreporting of vaccine adverse events. FDA: As few as 1% of serious adverse reactions are reported. CDC: Only about 10% are reported. Congress: Has heard testimony that medical students are told not to report suspected adverse events, yet, federal law requires doctors to do so. National Vaccine Information Center (VIC) survey: 1 out of 40 doctor’s offices (2.5%) in New York report a death or injury following vaccination. Association of American Physicians and Surgeons (AAPS): Only 10% of serious vaccine adverse events are reported.

4. The Federal Court of Claims lists about 140 attorneys that accept vaccine injury and death cases. This number has been steadily increasing in recent years.

5. The National Childhood Vaccine Injury Act of 1986 (NCVIA) shields vaccine manufacturers from liability for the death and disability caused by their vaccines. There is no financial incentive for manufacturers to produce safer vaccines.

6. 90-95% of 1900’s infectious disease decline preceded the vaccines. Absence of vaccination will not bring back infectious disease rates of pre-vaccine days.

7. According to the CDC:
   a. Vaccines are 85 – 95% effective (5 - 15% of children do not develop immunity from their vaccines), and most outbreaks start in vaccinated children.
   b. The median vaccine exemption rate in the U.S. is 1.8%. There are more than 5+ times more non-immune “vaccinated” children than exempt children.
   c. Exempt children can get natural immunity, without even developing symptoms.

8. The American Medical Association Code of Medical Ethics recommends “medical, religious, or philosophic” exemptions to immunizations for medical doctors.

9. The pharmaceutical industry is the biggest defrauder of the federal government under the False Claims Act. In the last 5 years, $19.2 billion were returned from attempts to defraud federal health programs, more than double that of the previous 5 years (as of February 2014).

10. In 8 years (2004-2012), there were twenty pharmaceutical company settlements in the $345 million to $3 billion range. Criminal fines in the $100’s of millions are common, and have been as high as $1 billion (Pfizer 2009, GlaxoSmithKline 2012). This is routine business practice.

11. Merck, manufacturer of the mumps vaccine, is going to trial in two separate lawsuits for allegedly falsifying the efficacy rate of its mumps vaccine. One suit was filed by former employee-whistleblowers, the other by pharmaceutical competitors.

Conclusions:

1. Childhood infectious diseases have extremely low mortality rates in developed nations. Vaccines kill and permanently disable far more children than the diseases, and the mortality decline from the diseases preceded the introduction of vaccines.

2. There is insufficient data available to determine whether or not vaccines provide a net benefit, and no way to determine the risk of vaccine injury or death for any given child or adult.
3. Individual freedom of choice provides a necessary “check and balance” to the pharmaceutical industry’s overreaching, no-liability, marketing influence over vaccine policy and law.

4. Young adults are not required to risk their lives with mandatory military service, but newborn infants are required to risk their lives with a Hep B vaccine, for a disease they are not at risk of acquiring or spreading unless the mother is a carrier. This is unconscionable!

5. Parents for their children, and adults for themselves, must be allowed to make vaccine decisions, in consultation with the healthcare professional of their choice. No one should ever be required, absolutely, to take a product from an industry that routinely engages in large-scale criminal behavior.


6 American Association of Physicians and Surgeons, Fact Sheet on Mandatory Vaccines at http://www.aapsonline.org/.


8 42 U.S.C. § 300aa-25.

9 National Vaccine Information Center (NVIC), 512 Maple Ave. W. #206, Vienna, VA 22180, 703-938-0342; "Investigative Report on the Vaccine Adverse Event Reporting System."


14 Centers for Disease Control and Prevention, Vaccines and Immunizations, Misconception #2. The majority of people who get disease have been vaccinated. The original link, http://www.cdc.gov/vaccines/vac-gen/6mishome.htm, is now directed to a new CDC page that does not state these facts (but does not state contrary facts). The original CDC page can be viewed here: http://web.archive.org/web/20150120055820/http://www.cdc.gov/vaccines/vac-gen/6mishome.htm

15 Vaccination Coverage Among Children in Kindergarten – United States 2012-2013 School Year, Morbidity and Mortality Weekly Report (MMWR), CDC, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm?s_cid=mm6230a3_eThe

16 Centers for Disease Control and Prevention, Vaccines and Immunizations, Glossary, “Asymptomatic infection: The presence of an infection without symptoms. Also known as inapparent or subclinical infection.”


