



The

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Whatever Happened to Informed Medical Choice?

Why are American infants and schoolchildren being forced to submit to hepatitis B vaccinations even though the French Health Ministry has suspended them in schools because of evidence they can cause neurological disorders or multiple sclerosis? (*New York Times*, Oct. 3, 1998) Has America become a nation where the government can force controversial medical procedures on children without allowing their parents informed choice? If you think such things only happen in Communist China, think again. Compulsory health treatment is on the march in the United States.

"Force" is not too strong a word. Across the country, newborn babies are being injected with hepatitis B vaccine only hours after birth (even when their mothers test negative for hepatitis B), and children are told they must present proof of having received three hepatitis B shots before they can be admitted to daycare, kindergarten, fifth grade or high school.

I first became interested in the hepatitis B vaccine when, in connection with the birth of two new grandchildren, I learned that hospitals are routinely injecting newborns with the vaccine during their first 24 hours of life. A series of inquiries produced no convincing medical reason or scientific evidence for this procedure. My new grandchildren were not at risk for hepatitis B, which is primarily an adult disease transmitted through bodily fluids. Those most at risk are the highly promiscuous (heterosexual or homosexual), needle-sharing drug addicts, health care and custodial workers exposed to blood, and babies born to already-infected mothers.

According to a Centers for Disease Control (CDC) report, there were only 10,637 cases of hepatitis B in the United States in 1996, including only 279 cases in children under the age of 14. Hepatitis B is not fatal for most who contract it, and it is not epidemic except among high-risk groups.

For the problem of 279 children who have hepatitis B, millions of U.S. children are being forced to submit to vaccination consisting of three hepatitis B shots (at about \$40 each)! The government isn't just trying to vaccinate the people who are *at risk* for Hepatitis B — that might

"stigmatize" them. Instead, the CDC recommends that *all* babies be vaccinated at birth to be ready for risky activities a dozen years later. "Infants are considered the easiest to immunize," says Dr. Walter Orenstein, Director of CDC's Immunization Program. (*New York Times*, July 30, 1997)

To win parental support for hepatitis B vaccinations, the vaccine police de-emphasize sex and drugs as risk factors, instead citing alleged dangers from ear piercing and contact sports. A hepatitis B coordinator said, "We didn't want to have to battle people's moral philosophy over children's vaccinations and having parents tell us, 'My sixth-grader doesn't have sex.'" ("Lining Up for Hepatitis Shots," *New York Times*, July 30, 1997, p.B10)

More than 24,000 reports of hospitalizations and injuries, including about 400 deaths, following hepatitis B vaccinations have been reported since 1990 to the U.S. government's Vaccine Adverse Event Reporting System. There have been no controlled studies to evaluate these reports, there is no adequate proof of the vaccine's long-term safety, and little is known about the effect of vaccines on a newborn baby's immune system. One nationally respected vaccine developer has been repeatedly turned down by the National Institutes of Health for a research grant to study hepatitis B vaccine-related injuries. (*Science* magazine, "A Shadow Falls on Hepatitis B Vaccination Effort," July 31, 1998, p.630)

Vaccines: the Key to Federal Control

It's been clear since 1993 that the Clinton Administration is steadily working toward federal control of the entire health care industry, and a major feature of this control is to compile the health records of all Americans on a government database. The 1996 Kennedy-Kassebaum Act gave the Department of Health and Human Services the authority to establish "unique health care identifiers" so the government can identify and track our medical records. Thanks to Eagle Forum and other alert citizens, last year's Congress postponed this authority until Congress takes further action.

The Clinton Administration is using vaccines as the

reason to build a massive database of the health records of individual Americans. The bureaucrats expect vaccines to be non-controversial because of the remarkable success of the smallpox vaccine in completely eradicating that disease. Here is how the Clinton Administration's plan works.

The 1993 Comprehensive Childhood Immunization Act, signed by President Clinton, gave the Department of Health and Human Services (HHS) \$400 million to assist states to computerize state vaccine databases, or registries, to tag and track children's vaccinations.

The CDC uses carrot and stick to force the states to obey federal "recommendations." The CDC has the power to withhold money grants if state health officials don't show proof of designated vaccination rates, and the CDC has doled out hundreds of millions of taxpayer dollars to reward state health departments for promoting mass vaccinations. States receive either \$50, \$75 or \$100 per child who is fully vaccinated with all federally recommended vaccines, including hepatitis B.

In 1995, HHS Secretary Donna Shalala gave the states the power to get access to newborn babies' Social Security numbers in order to put them on vaccine tracking databases. Now, the CDC is trying to *link* the state vaccine databases, or registries, into a de facto centralized database containing every child's medical records. Once in place, the national vaccine database can serve two important goals:

First, the database will enable the government to enforce mandatory vaccination of all children, thereby conditioning Americans to accept compulsory control of their individual health care. Although American children entering kindergarten have a 97% to 98% immunization rate for most prescribed vaccines (Statement of Dr. Alan R. Hinman, Director of CDC's Center for Prevention Services, to the U.S. House Subcommittee on Health and the Environment, Mar. 7, 1990), government officials are determined to let no child escape.

The federally monitored vaccine database, which will have all children tagged from birth with an I.D. number, will serve as a gatekeeper to deny the child admission to daycare, kindergarten, school or college, or even access to medical care, without showing proof of all required vaccinations.

Second, once the vaccine database is in place, it will be easy to add *all* medical records. This will accomplish one of the major goals of the Clinton Administration's nationalized health care plan, and will be the key to government's ability to dictate the giving and rationing of health care.

Before any of this happens, it is vital to pass state privacy protections to forbid state officials from sharing personal health data with other states or the federal government. It's also important to keep the feds from preempting existing state privacy laws, which Congress tried to do last year in the so-called Patient Protection bill that fortunately did not pass.

How Are Vaccines Made Compulsory?

Medicine used to have a grand tradition of according patients the right of informed choice before being given drugs or submitting to medical treatment, including the right to refuse unwanted medical procedures. The only vaccination required when I entered public school was for smallpox, and that's the only immunization I ever had.

A national campaign to enforce mandatory vaccination laws started with the Jimmy Carter Administration, and then was aggressively accelerated during the 1990s. Most states have now passed laws requiring children to be injected with about 33 doses of 9 or 10 different viral and bacterial vaccines, including three doses of hepatitis B vaccine, in order to enter public school. A New Jersey court recently upheld the right of a private school to deny admission to a student who objected to taking a vaccine.

When it comes to vaccines, instead of "choice," some states tolerate limited and hard-to-get "exemptions." Most states permit a *medical* exemption, but that must be signed by a doctor. All but two states permit a *religious* exemption, but that can be interpreted narrowly or broadly. Some 16 states permit a *philosophical* exemption, but that can be arbitrarily interpreted by state bureaucrats. There's a big difference between exercising free choice or having to plead with some government functionary to tolerate your exemption.

Where do these intrusive and expensive vaccine mandates originate, and how can they be enforced nationally since immunizations are a state, not a federal, matter? The vaccine police have figured out how to override state authority (and even overrule pediatricians who might otherwise act in the interest of their patients). They have developed an intricate system of control outside the spotlight of public scrutiny and without accountability.

U.S. vaccine policy is set by a quasi-governmental group of mandatory-vaccination promoters called the Advisory Committee on Immunization Practices (ACIP), whose members are appointed by the Centers for Disease Control (CDC). ACIP members can have financial ties to the drug corporations, which is a gross conflict of interest since the vaccine manufacturers' profits depend on laws that force vaccines on all children instead of just those at risk. One would think that ACIP's objective would be to promote the health of Americans or to provide information to aid informed choices by patients, but it's not. ACIP's stated purpose is "to increase the safe usage of vaccines."

After ACIP and CDC endorse a given vaccine, then state health officials move to make it mandatory for all children. Sometimes the state law designates a specific vaccine, and sometimes the state law delegates to the state bureaucracy the authority to add a new vaccine to the mandatory list. The unaccountable bureaucrats make regulations that follow CDC instructions and have the impact of law. The drug corporations are involved every

step of the way in securing CDC endorsement of a vaccine and in lobbying legislators and bureaucrats to make its use compulsory.

The *New York Times* recently published a front-page report on how the pharmaceutical corporations spent \$5.3 billion last year sending their representatives into doctors' offices and hospitals, with gifts and meals, to sweet-talk physicians into using their brand-name products. The *Times* headlined the news story: "Fever Pitch: Getting Doctors to Prescribe is Big Business." (Jan. 11, 1999) The *Times* explained that "business is a big part of medicine now." Indeed it is. But, of course, doctors have complete freedom to accept or reject the drug corporations' sales pitches.

It's time to hear the rest of the story about how politics is an even bigger part of medicine. With a \$5.3 billion marketing budget, the drug corporations can easily afford to lobby thousands of state legislators and federal and state bureaucrats to pass laws that force us to buy their products, particularly vaccines. It is the mandatory feature of vaccines that makes them so profitable for the industry. (How the Hepatitis B mandate was lobbied through the Ohio legislature, bypassing the proper committee, with no notice, study or debate, is described in "Hepatitis B vaccine for Ohio's kindergartners unnecessary," *Cincinnati Enquirer*, Jan. 15, 1999.)

Vaccines are designed to give us immunity from certain diseases, but the most interesting immunity is the drug corporations' immunity from any liability related to vaccine side effects, which Congress gave them by law in 1986. That, combined with coercive state laws, has made vaccines extremely profitable for the drug corporations.

Physicians who respect the traditional Hippocratic Oath have a duty to work for the well-being of their patients (rather than the good of society or any other social goal). This presents a conflict with CDC vaccine policy, which is to promote public health.

The American Academy of Pediatrics (AAP) issues vaccination guidelines for pediatricians. In 1995, however, the AAP and other physician organizations agreed to endorse schedules determined by federal authorities. Some HMOs are requiring pediatricians to achieve a near-perfect vaccination rate of their patients as a condition of their HMO contract, and even be subject to on-site inspection of records to verify compliance.

It's time to have a free and open debate on the pros and cons of the policy considerations that go into laws that make the use of drugs compulsory. Better yet, it's time to give all parents the right of informed choice about medical treatment for their healthy children.

Vaccines a Miracle of Modern Medicine?

Smallpox has been virtually eliminated from the face of the earth, and polio is well on its way to the same fate. We don't hear much about diphtheria, whooping cough, or scarlet fever any more, and the cases of once-common

childhood diseases such as measles and mumps have dramatically decreased. Conventional wisdom credits vaccines for these remarkable changes. But there are many variables and unknowns in matters of disease and health. No vaccine was responsible for the dramatic decline of scarlet fever.

Vaccines are supposed to fool the body's immune system into producing antibodies to overcome viral and bacterial diseases in the same way that actually having the disease usually produces future immunity. Natural recovery from infectious diseases usually stimulates the immune system to produce a type of immunity that lasts a lifetime. Once a child has had chickenpox, for example, he will never get it again. However, vaccines provide only an artificial, temporary immunity. That's why booster doses of vaccines are often needed.

Vaccines contain either inactivated (killed) bacteria or viruses or they contain live viruses that have been attenuated (weakened). Sometimes, live-virus vaccines can cause the disease they are designed to prevent. The live-virus polio, measles and chickenpox vaccines can cause vaccine-strain infections of these diseases. Drug corporations grow the viruses and bacteria used to make vaccines in either chicken or pig embryonic cell cultures, monkey kidney cells, human embryonic lung cells, yeast cells, or other mediums. Chemicals such as formaldehyde are used to inactivate the viruses or bacteria. Vaccines also contain such additives as aluminum, thimerosal (mercury), gelatin and antibiotics.

It is not clear that the increased use of vaccines always promotes the health of individuals. No vaccine is 100% safe or effective. We hear persistent reports that some children, following vaccination, develop chronic health problems such as seizure disorders, asthma, persistent ear infections, learning disabilities, hyperactivity, autism, diabetes, arthritis, or other autoimmune or neurological disorders. Virginia's Lieutenant Governor John Hager is in a wheelchair because he acquired polio from the vaccine given to his infant son.

Between 12,000 and 14,000 reports of hospitalizations, injuries and even deaths following vaccination are reported to the Vaccine Adverse Event Reporting System every year. The National Vaccine Injury Compensation Program has already paid out \$925 million in claims for vaccine-caused injuries and deaths. Nobody knows the real total of adverse reactions following vaccinations because very few doctors report vaccine-associated health problems.

When we ask questions of the scientists who created the vaccines, the drug corporations that make and sell them, the public health officials who issue regulations, and the legislators who pass laws forcing every child to be vaccinated, the answers are unsatisfactory and disturbing. The more we ask questions, the more we find that the subject of vaccines is not all based on science — some of it is politics.

Many vaccines are required without publication of

the risks and benefits. The vaccine establishment's attitude is that such information unduly alarms parents and, anyway, the government knows what's best for children.

New Vaccines Are Coming Fast

A new live virus varicella zoster (chickenpox) vaccine has recently come on the market. Chickenpox is highly contagious but is a mild disease for most children. More than 95% of all American children get chicken pox between the ages of 1 and 9, recover without complications, and have lifelong immunity. The movement to make the chickenpox vaccine compulsory for all children is moving rapidly. Maryland, Oregon, Washington, D.C., and Massachusetts have already used rulemaking authority to mandate use of the chicken pox vaccine, and legislation is pending in several other states. Radio and newspaper advertising for the chicken pox vaccine is designed to frighten parents about the disease.

In 1998, the Food and Drug Administration licensed a live rotavirus vaccine to block one cause of infant diarrhea, even though the vaccine has been shown to be only 50% effective.

The principal selling point used by public health officials in mandating the new chickenpox and diarrhea vaccines is not the health of the child, but that it will save working mothers money from wages lost if they have to stay home with a sick child. ("Cost-effectiveness Analysis of a Rotavirus Immunization Program," *JAMA*, May 6, 1998 p.1371; concludes that this factor accounts for 3/4ths of the alleged savings from the vaccine.)

More than 200 vaccines for a variety of diseases are now under development by drug corporations and government scientists, and there is much talk among government officials about more mandates. A prominent vaccine policymaker has said that all 12-year-olds will be targeted for injection with an AIDS vaccine when it is put on the market.

Can Vaccines Be Worse than the Disease?

The Economist, in an article entitled "Plagued by Cures" (Nov. 22, 1997, p.95), stated: "There is growing evidence that preventing diseases in infancy may be a mixed blessing. Can intervening in an illness sometimes be worse than doing nothing at all? . . . The first possible effect is the replacement of one disease by another. As the incidence of childhood infections has fallen, a number of chronic ailments, such as diabetes and asthma, have become more frequent. In parts of the world where childhood diseases are still common, these chronic ailments are rare. . . . Childhood infections do indeed seem to reduce the probability of chronic disease — an idea known as the 'hygiene hypothesis.' . . . The second possible effect of intervening in a disease is that the intervention makes the disease worse in the long term, not better. A number of viral infections are more

dangerous to an adult than an infant."

Science News, in an article entitled "The Dark Side of Immunizations" (Nov. 22, 1997), reviewed several studies by New Zealand and by British researchers showing that vaccinated children have a higher incidence of asthma and diabetes than do unvaccinated children. The article notes that animal studies indicate that an absence of contact with naturally occurring viruses increases the risk of diabetes, and that research in humans suggests that some childhood infections may be advantageous in priming the child's immune system to fight off asthma.

A 1994 study suggested that the pertussis vaccination of infants may increase the risk of asthma five-fold during childhood. (Odent MR, Culpin EE, Kimel T., "Pertussis vaccination and asthma: is there a link?" *JAMA*, 1994; 272:591-592.)

None of this provides conclusive proof, so we need basic science research and large clinical studies, conducted by independent, non-government, non-industry-financed scientists, on the side effects and long-term effects of vaccines and of multiple vaccinations. But neither the government nor the drug corporations appears willing even to talk about this.

Who Should Decide a Child's Care?

When it comes to balancing risks versus benefits, it's not always obvious how to weigh the risks. Parents, not government politicians or bureaucrats, should be balancing the risks and benefits of vaccines for their own children based on complete information.

State legislators and state and federal bureaucrats are seldom physicians or scientists. They get their information from other unaccountable bureaucracies such as the CDC and from the lobbyists for the drug corporations. Scientists and physicians aren't infallible. When I was growing up, tonsillectomies were routinely performed on children. I now am glad my family couldn't afford that unnecessary surgery.

Freedom in America should include allowing parents to make their own informed choice about injecting their babies with potentially dangerous vaccines. Parents should do their own research. Helpful information about vaccines is available from a non-government educational organization: National Vaccine Information Center (NVIC), 512 W. Maple Ave., Suite 206, Vienna VA 22180; 1-800-909-SHOT; fax: 703-938-5768; www.909shot.com

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