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Vaccinations: Who Calls the Shots?

Written by Liza Greve | Friday, 13 May 2016 14:00

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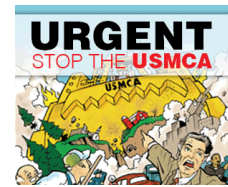


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Vaccine choice — whether to give one's own children vaccines for various viral maladies — has become a household topic, even working its way into the presidential debates. The debate has been characterized by most media and many politicians as a fight between those who are concerned about public health and those who ignorantly disregard public safety, and endanger others via their decisions not to inoculate, because of overblown fears of vaccine dangers. But the controversy has not been accurately presented. As someone who has been on the front lines fighting for parental choice, it's apparent to me that it would be more precise to say that the battle is between those who trust themselves to weigh the potential benefits and dangers of vaccines and those who wish to give the power to make parental decisions to the state (as if government is all-wise).

The year 2015 began with a media frenzy over a measles outbreak at Disneyland. It captured attention like never before and started a firestorm of debate. Thankfully, there were no deaths or serious complications. But that is not unusual. The Centers for Disease Control reports that approximately 0.2 percent of the measles cases in the United States from 1985 to 1992 resulted in death. In fact, it would have been unusual if someone had died, because no one has died from measles in this country since 2004. Compare that to CDC findings about the flu:

It is estimated that in the United States, each year on average 5% to 20% of the population gets the flu and more than 200,000 people are hospitalized from seasonal flu-related complications. Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people.



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So at the very least, the media frenzy over measles at Disney was overblown. It was also very one-sided — against parents' rights. Interestingly, what one didn't hear in the media coverage was a separate fact from the CDC: According to the CDC, since 2004, more than 100 people have died from the measles (MMR) vaccine. Based on the CDC's own data there is actually a greater risk of dying from taking the vaccine than there is from catching the measles.

Also pertinent is the observation that if the vaccinations work, how is it possible that the unvaccinated kids are endangering *everyone*? Shouldn't the vaccinated children be safe?

As a parent who has investigated the facts after seeing one of my children injured, I believe that the vaccine, in the case of measles, is more deadly than the disease, and I choose not to take that risk with my other children. While the knee-jerk reaction by the all-powerful-government crowd would be to accuse me and those like me of recklessness, irresponsibility, or worse, the simple fact is that I believe not only that my children are my responsibility and should be guided by me, but that it is the number one job of parents to decide what risks their children will be allowed to take, as they already do in most other areas.

Consider that Stanford Children's Health reports that in the United States about 30 million children between the ages of five and 14 participate in some form of organized sport, and 3.5 million of them (more than 10 percent) are injured, with many getting traumatic brain injury and some even dying. Stanford clarifies:

- Sports and recreational activities contribute to approximately 21 percent of all traumatic brain injuries among American children.
- Almost 50 percent of head injuries sustained in sports or recreational activities occur during bicycling, skateboarding, or skating incidents.

Some parents respond to sports-injury statistics by not letting their children participate in certain sports, such as football or skiing, or by not letting their children skate without helmets or forbidding trampoline use; others encourage all athletic activities, with the mind-set not only that athletics chisel properly functioning bodies, but that sports build character, and the only thing worse than a child who is physically injured is a child with a damaged psyche. But the important thing is that parents choose — as is their right.

An Outbreak of Legislation

Notwithstanding the facts that vaccine mandates are really mandates to restrict parental rights, and fueled by the media attention, legislation popped up around the nation with the purpose of abolishing non-medical vaccine exemptions or "opt-outs" for schoolchildren. Americans were led to believe that the Disneyland outbreak was the result of unvaccinated children and that all Americans were in danger as a result of the unvaccinated. Again, assertions diverged from reality.

According to the CDC, the outbreak likely started from a traveler who became infected overseas, then visited Disneyland while infectious. Analysis by CDC scientists showed that the measles virus type (B3) was identical to the virus type that caused the large measles outbreak in the Philippines in 2014. Whether the foreign carrier had been vaccinated is unknown.

Moreover, claims made about the efficacy of the vaccines and the dangers spawned by unvaccinated children were grossly inaccurate. Legislators who authored bills to require vaccinations claimed herd immunity — defined as a "general immunity to a pathogen in a population based on the acquired immunity to it by a high proportion of members over time" — was at an all-time low because parents were abusing their personal and religious exemption rights by not inoculating their children. But vaccine-based herd immunity is largely a myth.

The original concept of herd immunity was coined by Dr. A.W. Hedrich in the 1930s, based upon his epidemiological studies of measles. His theory applied to the protection that occurs when a population contracts and recovers *naturally* from infections. Later on, immunologists adopted the phrase, and they established a desired 68-percent vaccination rate to acquire "safe herd immunity" in a population. Later they increased the desired vaccination rate to 95 percent of the population to garner herd immunity, though nothing new was learned about disease pathology to account for the increase. But even that vaccination rate doesn't guarantee safety from infection.

Outbreaks still occur even in populations where 99 percent of the group has been vaccinated. In 1986, for example, a school in Corpus Christi, Texas, had a measles outbreak even though 99 percent of the students were vaccinated. Not only does this fact make a mockery out of herd immunity, it draws attention to the fact that *people who have been vaccinated can still become infected* — thus condemning the arguments of the big-government people.

Outbreaks among the vaccinated are common. In 2011, a 22-year-old woman, also known as “Measles Mary,” developed measles shortly after being vaccinated. Despite having received both of her two “recommended” doses, she turned out to be unwittingly contagious. Ultimately, she transmitted the measles to four people, of whom, not surprisingly, two had been fully vaccinated.

Also, some parents report their children developing “measles-like” rashes after being vaccinated with this live virus. One Oklahoma family, the Tylers, witnessed their one-year-old little boy become instantly lethargic after his MMR. Three days later, he spiked a high fever and then proceeded to scream all night for the first three days of the fever. Once the fever broke, he broke out in a “measles-like” rash. Needless to say, the Tyler family did not vaccinate him for the second MMR; therefore, this child needs an exemption to attend school.

Another weakness in the argument for herd immunity is based on adult coverage. Adults outnumber children three to one, yet currently this demographic of the “herd” cannot be said to be vaccinated. Natural immunity to a disease *can* last a lifetime; vaccine-induced immunity often does not. Vaccine efficacy rates depend on the vaccine. The Centers for Disease Control admits, “In the first year after getting vaccinated, whooping cough vaccines for adolescents and adults (called Tdap) protect about 7 out of 10 people who receive them. There is a decrease in effectiveness in each following year. About 3 or 4 out of 10 people are fully protected 4 years after getting Tdap.” Therefore, over half of our community of adults is unvaccinated, as most *do not* get boosters. Hence, our communities have never achieved a 95-percent vaccine-induced herd immunity, yet we still have managed to eliminate many serious diseases. So there must be other factors, such as better sanitation and nutrition, that explain our successes.

A Problem-causing Solution

The theory of vaccine-induced herd immunity is being sold in an attempt to achieve an agenda: forced vaccinations for all, beginning with our children, and increased government power over the people. What better way to achieve these goals than by legislation camouflaged in “greater good” rhetoric?

My home state of Oklahoma was one of the states threatened with legislation. State Senator and Doctor Ervin Yen attempted (unsuccessfully) to eliminate both the religious and personal exemptions to vaccinations that Oklahoma has long upheld. In response, thousands of concerned citizens quickly organized to oppose this violation of rights. Oklahomans for Vaccine and Health Choice was founded, and concerned parents (many with vaccine-injured children) began contacting their state legislators in record numbers. These parents began to coordinate e-mail campaigns, educational movie screenings, and town hall meetings to educate both legislators and fellow citizens on the issue of vaccine choice.

One town hall meeting was structured in a debate-like forum and featured Senator Yen and Dr. Stephanie Christner, a licensed psychiatrist, whose own infant daughter died of vaccine-induced SIDS. First, Dr. Christner gave her presentation, which detailed peer-reviewed studies demonstrating vaccines are not always safe or effective. Countering, Senator Yen defended his bill with two arguments: the theory of herd immunity and the claim that vaccine injury is extremely rare, at “one in a million.”

The claim about herd immunity is, as we noted, speculative, at best, and the second assertion is misleading. The CDC reports that one *patient is compensated* by the vaccine court for every one million vaccine *doses* given, not that only one person out of a million people is injured. Far more have likely been injured and not received compensation, because it is very difficult to get compensation for injury.

Pharmaceutical companies, to ensure their profitability, lobbied Congress for years to pass legislation to become virtually immune to prosecution. In 1986, the National Childhood Vaccine Injury Act was passed. The act removed liability for drug-caused injuries and effectively closed the courthouse doors to the injured.

In the place of standard trials for injury via vaccines, the National Vaccine Injury Court was formed. It is not a true court because it has no judge, no jury, no legal precedent, and no public hearing. It pays injured claimants from a fund created by confiscating part of the purchase price of each vaccine — if you can get into the “court” and win your case.

To make it before the court, an individual files a petition with the U.S. Court of Federal Claims. Next, the U.S. Department of Health and Human Services medical staff reviews the petition and determines if it meets the medical criteria for compensation. The U.S. Department of Justice develops a report that includes the medical recommendation and legal analysis and submits it to the court. The report is presented to a court-appointed special master, who decides whether the petitioner should be compensated, often after holding a hearing in which both parties can present evidence. If compensation is awarded, the special master determines the amount and type of compensation. Finally, if a family is able to navigate through each of the governmental steps, the court orders the U.S. Department of Health and Human Services to award compensation. Application must begin before the expiration of a two-year statute of limitation from time of injury or death.

To date, of the approximately 14,000 cases selected, only 4,000 were determined to be compensable, thus leaving almost *10,000 cases dismissed*. Sadly, most families living through the after-effects of injuries or death *never file a petition*, so the above numbers are just a fraction of what could and what should have been paid. The majority of vaccine-injured never see a penny. Despite the drawbacks of the new system for plaintiffs, to date, over \$3.2 billion has been paid out to victims.

Soon after legal immunity was granted, protecting pharmaceutical companies from lawsuits, the CDC increased the vaccine schedule for America’s children, and to date the schedule has tripled, with children receiving upwards of 70 vaccines. Vaccine revenues have soared from \$510 million in 1985 to \$24.3 billion in 2014. There has also been an increase in autism rates during this time, though the government disputes the fact that vaccines can even cause autism, despite its own court judgments and other findings.

For example, a study done by the *Pace Environmental Law Review* in 2011 revealed 83 compensated cases of autism, showing that the government has known about a link between vaccines and autism for many years now. In June of 2007, in a remarkably clear decision, Special Master Richard Abell ruled in a case accusing the MMR shot of causing Bailey Banks to acquire autism when he was 15 months old that the Bankses had successfully demonstrated that “the MMR vaccine at issue actually caused the conditions from which Bailey suffered and continues to suffer.” In his conclusion, Abell ruled that the MMR had directly caused a brain inflammation which, in turn, had caused the autism.

Moreover, a 2013 report published by the Institute of Medicine concluded that the federally recommended birth-to-six-year-old child vaccine schedule has *not* been fully scientifically evaluated; therefore, we may have traded the fear of contracting short-term illnesses for living a life with long-term chronic illness:

Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. Thus, key elements of the entire schedule — the number, frequency, timing, order and age at administration of vaccines — have not been systematically examined in research studies.

Many activists in the pro-parental-choice movement are parents who have had a child experience traumatic injury as the result of vaccines. They witnessed children change for the worse after vaccinations, with many reporting autism occurring.

Since the 1990s, there has been an explosion in the number of cases of autism. A disorder that was once very rare, according to the Centers for Disease Control, is now estimated to affect one in 50 Americans.

The disease was once so rare that very few doctors had ever seen anything like it. In April 1943, a psychiatry journal called *The Nervous Child* published an article entitled “Autistic Disturbances of Affective Contact.” Written by Leo Kanner, a Johns Hopkins child psychiatrist who is widely considered the founder of the field, the article discusses his observations of a few cases where he states that a new and unknown disorder — autism — was beginning to appear:

Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits — and, I hope, will eventually receive — a detailed consideration of its fascinating peculiarities.

Elsewhere, he called autism “a behavior pattern not known to me or anyone else theretofore.” And the increase in autism is so great that it cannot be explained on the basis of better diagnosing. If one in 50 now have autism, then where are all the elderly people with autism? There would have to be approximately two percent of our elderly population who have had a life of autism. That cohort doesn’t exist.

Despite, or because of, the explosion of autism in children, government is so intent on attacking claims of vaccine-induced autism that it literally trashed data finding that inoculations did cause autism. In the summer of 2014, Dr. William Thompson, a senior scientist at the CDC, stated that in 2004, he and his study co-authors intentionally threw away information relative to the autism-MMR link. He revealed that the CDC possessed evidence showing that the MMR increases the risk of autism in African-American boys by 340 percent if given before the age of 36 months. Instead of warning the public, the CDC’s top scientists actively conspired to bury, and even destroy, that evidence. Congressman Bill Posey (R-Fla.) quoted Dr. Thompson in testimony before Congress, saying, “The coauthors scheduled a meeting to destroy documents related to the study. The remaining four coauthors all met and brought a big garbage can into the meeting room and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can.”

Dr. William Thompson has not testified before Congress about the allegations. Congressman Posey has requested a congressional hearing take place, but one has not been scheduled, as the incident is still under investigation, according to Congressman Jason Chaffetz’ office. Chaffetz (R-Utah) serves as the chair of the Oversight and Government Reform Committee, yet for over a year has made no public attempt to subpoena Dr. William Thompson.

Going on the Offense

Aware of all the foregoing information, the pro-parental-choice movement in Oklahoma strove to find legislators who were both willing to listen to the facts and would be open to going on the offense to protect vaccine choice. State Representative Randy Grau and State Senator Nathan Dahm took the lead by authoring a bill that would require doctors to present a more balanced approach to informed consent that includes potential risks/benefits, ingredients, and knowledge about the lack of liability should injury or death occur.

The bill was in line with recommendations from the American Medical Association. That group says about medical procedures and the requirements for informed consent and the ability to refuse treatment:

The patient’s right of self-decision can be effectively exercised only if the patient possesses enough information to enable an informed choice. The physician’s obligation is to present the medical facts *accurately* to the patient or to the individual responsible for the patient’s care and to make recommendations for management in accordance with good medical practice. The physician has an ethical obligation to help the patient make choices from among the therapeutic *alternatives* consistent with good medical practice.

On February 8, 2016, Representative Grau introduced his bill, HB 3016, the Parental Rights Immunization Act, at Health Freedom Rally 2016. He announced to the crowd, “I know you did not pick this fight. This fight came to you when there was a proposal to take away your choice, to take away your rights.” Speaking about Yen’s bill, he continued, “Just like in education, where parents are the primary teacher, I believe parents are the first and primary health care provider.” The crowd cheered.

State Representative Mike Ritze, D.O., a physician and surgeon, co-author of the bill, also spoke at the rally: "Parental oversight of their children, in regard to vaccine choice, is the basic government that God has given to or in the family structure. With over 70 vaccines suggested by government today the parents should decide which is needed with advice and consent of their family physician."

And just as Americans want to know the ingredients in their food, many parents want to know what ingredients are being injected into their children. HB 3016 would ensure that parents could receive that information prior to vaccinations. Vaccine ingredients include heavy metals, such as aluminum; known carcinogens, such as formaldehyde; and human and animal cells, such as aborted fetal cells that are used as cultures to grow live viruses. On February 17, 2016, Oklahoma's HB 3016 unanimously passed out of committee. When it hit the House floor on March 9, it received little opposition and passed 89-6. HB 3016 passed its first Senate committee, the Health and Human Services Committee, by a vote of seven to one. The only senator to vote against informing parents was Senator Ervin Yen.

HB 3016 was eventually cleared by the Oklahoma legislature and sent to Governor Mary Fallin for her signature. Fallin vetoed the measure on April 29. As of this writing, proponents of HB 3016 are hoping to override the veto.

Strategizing for Forced Vaccinations

In response to opposition to his own bill, Senator Yen changed his original bill, which had removed both personal and religious exemptions, so that it only removed personal exemptions. Despite the change, State Senator Rob Standridge, chair of the Senate Health and Human Services Committee, refused to hear Yen's bill on the basis that the legislature should not get involved in decisions best left to doctors and parents. This was a victory, but it was a temporary victory. In the afternoon of Friday, February 19, 2016, grassroots activists were notified that another committee, the Education Committee, was going to hear the bill, SB 1478, the following Monday. Oklahomans for Vaccine and Health Choice-PAC immediately sent out action alerts. By the end of the weekend, hundreds of Oklahomans had e-mailed, as well as filling legislator's voicemails to capacity. By Monday concerned citizens were waiting in the halls at the Capitol. After one hour of debate, the bill was killed, but only by one nail-biting vote. Senator Yen has vowed to not give up, and in his closing statements, he stated to the dismay of the crowd, "I don't know why parents want exemptions. I think parents opt out of vaccines because it is easier than taking their kids to the doctor" — an obvious ad hominem attack, especially since it is easier to go to the doctor than the capitol.

The Elephant in the Room

For any parent who has ever opted out of vaccines, it is a reality that refusing to vaccinate is in no way easy. From the moment your child is born, vaccines are pushed, beginning with the hepatitis B shot at birth. This disease is mainly passed via sexual intercourse and IV drug use; yet the vaccine is given to newborns, and then parents are pressured to follow a hefty schedule of over 70 vaccines by the time the child is 18. If parents refuse, they are often made to feel guilty.

We are at a crossroads on who "calls the shots" over our health and freedom. With over 200 vaccines in development, this is not just about children anymore. All of us will be targets to meet the quota for "herd immunity." We either give over complete control of health decisions to government and the trillion-dollar pharmaceutical industry or fight this type of legislation now! Our nation has become the most vaccinated nation on Earth, and Americans are under the threat of being denied education or employment if they don't comply with vaccinations. When we consider that vaccines come with risk (thousands of reported injuries), are often not effective (outbreaks have occurred in populations where 99 percent were vaccinated), have no consumer product liability, and are given in numbers today that have never been tested in totality, it seems that the pursuit by legislators to remove personal and religious exemptions is tyranny in its highest form, so we opt to fight.

Photo: AP Images

Liza Greve is co-director of Oklahomans for Vaccine and Health Choice.

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