Dear Senators Monnes Anderson and Members of the Committee

Re: SB 869 and SB 580

We live in an age of information and it is important that EVERYONE have access to ALL relevant information. Four years ago, this legislature passed a law that created an education module for those wishing to claim a nonmedical exemption to vaccines. Those who supported the bill stated that, for those wanting to claim an exemption,

> "We're going to require parents to have a conversation with their primary care provider to go over all the benefits of immunization and address any risks or concerns,". "This will allow for true informed consent."

The problem with the current state of the law, and because of deliberate government policies at the federal and state level is this: those who opt to receive vaccinations give their consent without being truly informed. I have watched the education modules that provide an alternative to a conversation with one's provider and even they fall far short of providing true, informed consent. The videos present a one-sided view, heavy on the risks of disease and benefits of vaccines, short on the known potential risks of vaccines. The information must be CDC approved and the CDC is conflicted because they both purchase and market vaccines as well as supposedly ensure the safety of them

The foundation of medical ethics is the Hippocratic oath, "to prescribe regimens for the good of my patients and never to do harm to anyone." A look back through history shows that every time there has been an attempt to change medical ethics from a humanitarian to a utilitarian view, for the "greater good of society," it has resulted in practices that shock the conscience and should never be accepted. It was a result of some of those intolerable practices in the last century that led to the development of the Nuremburg Code, which primarily applies to scientific testing. The First Principle of the Nuremberg Code is,

"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision."

The FDA, CDC and vaccine makers openly state that often the number of human subjects used in pre-licensing studies are too small to detect rarer adverse events, making post-marketing surveillance of vaccines a de facto scientific experiment. When you consider this fact, it underscores the need for people to be given full, unbiased information so they are truly informed.

Even going further than the Nuremburg Code, is the Universal Declaration of Bioethics and Human Rights, adopted by all 193 countries participating in the United Nations, including the United States. Article 6 of the Declaration states that individuals must give "prior, free and informed consent" to "any preventative, diagnostic, and therapeutic medical intervention." The sole interests of science or society (think of the flawed herd immunity theory argument), is not more important than the rights of the individual. Any and every argument that vaccination rates may go down if people have more information, and the opponents of this legislation will make this argument, is an argument to "protect the herd" which diminishes the rights of the individual. The idea that people must vaccinate to protect "the herd" is not only repugnant to the principles of liberty and freedom that are the foundation of this country, but it is repugnant to the Universal Declaration of Bioethics and Human Rights, adopted by this country.

Parents are not fully informed of all risks associated with vaccines and need more information to give truly, fully informed consent. The vast majority of people and parents are also unaware of the existence of a national compensation program as the only route for compensation if their child is injured by a vaccine. In November 2014, the General Accounting Office (GAO) released a report on a procedural audit of the National Vaccine Injury

Compensation Program (NVICP). Despite that the statute establishing the program required the public be informed about the program, the analysis of the history of the program demonstrates that the government has utterly failed to undertake reasonable efforts to inform the public about the NVICP. This bill would require that knowledge of the program be provided to those who are potentially most in need of that information. (Manufacturers and doctors are immune to liability for injuries under a 1986 federal law). As of March 1st, of 2017, $3.6 Billion dollars has been paid to persons injured by vaccines and the average compensation is $300,000 per person. But of course, the only thing we hear from government health agencies and medical professionals is that vaccines are "safe and effective." The sheer number of and amount for claims paid for vaccine injury testifies to the fact vaccines are not as safe as the public is told. Parents also are not made aware of all legal rights, including right to claim nonmedical exemptions. The idea that too much information will scare parents and will claim an exemption and not vaccinate, again, is an argument in favor of "the herd" that infringes on the rights of each individual.

Even the education for doctors and medical professionals on vaccinations is quite limited, as most are only trained on the recommended schedule and that it should be followed. A review of a typical medical school curriculum shows that information about vaccine ingredients, adverse events and reporting, and any genetic susceptibilities and environmental factors that could predispose one to injury are missing. Because of the lack of education for physicians, adverse reactions are not reported and not recognized. Doctors dismiss them as a coincidence.

Deliberate government policies restricting information on vaccine risks begins at the federal level with the CDC and the FDA. In publishing a rule which made testing of the live polio vaccine less restrictive, the FDA stated in the Federal Register on June 1, 1984, that

". . . any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent."

This statement has become the de facto government policy regarding all vaccines. It is a call for censorship of serious and relevant scientific data, which puts individuals at risk, and it is demonstrated in everything we hear from government health agencies and the corporate mainstream media. The media has in fact helped create a culture of ridiculing those who are vaccine risk aware and seek greater vaccine safety, as well as disrespecting, disparaging, and dismissing those who have children that suffered vaccine injury.

The following information is from an Oregon Health Authority web page:

"The Toxic-Free Kids Act was passed during the 2015 legislative session. This law requires manufacturers of children's products sold in Oregon to report products that contain one or more high priority chemicals of concern for children's health, and ultimately remove these chemicals or seek a waiver. Products that fall under this law are those that are marketed to or intended for children.

Of the thousands of chemicals present in our environment, some have toxic effects that are harmful to human health, in particular to children. Children are more vulnerable than adults to permanent injury from toxic chemicals because:

- They are going through critical stages of growth and development;
- Their bodies are smaller than adults, so by comparison their exposure level to toxins is higher; and

Harm or injury from toxic chemicals can permanently alter a child's lifelong development and health.

The presence of these chemicals in a product does not necessarily mean the product will harm a child's health, or that there is any violation of existing safety standards or laws. In order for a child's health to be harmed by a toxic chemical, ***that chemical must somehow get out of the product and into their body***." (emphasis added)

Vaccines are not included under this law. However, the OHA has published a list of "High Priority Chemicals of Concern for Children's Health" that ultimately must be removed

from the children's consumer products that the bill applies to. Essentially, a zero tolerance policy is in the process of being instituted. There are 61 different vaccines listed by the CDC in their published Vaccine excipient and ingredient summary, (some vaccines have more than one manufacturer and different formulations.) This bill would require parents be provided with the list of vaccine ingredients, which fits on two, double sided pages. Of the 61 vaccines listed, 31 contain at least 1 and as many as 3 of the chemicals included on the list of High Priority Chemicals of Concern. The potential chronic health effects from those chemicals, which are also indicated on the list published by OHA, include "liver effects, developmental effects, central nervous system effects, leukemia, nose and throat cancers and asthma-like respiratory problems."

I have to wonder why weren't vaccines included in the list of products covered under the Toxic Free Kids Act? I understand and agree with the concern to prevent harming children by toxic chemicals that *might* somehow get out of a product and into their body, but why is there no concern when those same toxic chemicals ARE in a product directly injected into their body??

Parents have a right to know the ingredients in vaccines, even if that knowledge creates well founded doubts as to the safety of a vaccine. Also, when you pick up a prescription at the pharmacy, as a consumer you receive the drug package insert required by the FDA that accompanies that drug. Vaccines also have a package insert required by the FDA. Those too should be passed on to the person receiving or parents of the child who is receiving a vaccine.

While attending a workshop last fall, there was a large poster created by OHA that touted the past, present and future of vaccines. Of particular concern was a statement that "future vaccines may modify DNA to prevent diseases." That future is here and now. A US National Institutes of Health press release from last August regarding the investigational Zika Virus vaccine states the vaccine "includes a small, circular piece of DNA." People have a right to

know whether some vaccine will use synthetic genes to "protect against disease," while changing their genetic makeup. A 2015 New York Times Article discussing vaccine research stated, "The viruses invade human cells with their DNA payloads, and the synthetic gene is incorporated into the recipient's own DNA." Personally, I don't wish to have my DNA synthetically altered and I, and every individual, ought to have the right to receive information to make that decision for themselves.

I was always taught that a half truth is still a lie. Currently, our OHA lies to people because while they publish information about Oregon law's vaccine requirements, they rarely if ever, let people know that both medical and non-medical exemptions are available to vaccines. The flyer regarding vaccination requirements even contains a statement with an asterisk, stating, "Oregon law requires the following shots for school and child care attendance*" But nowhere on the flyer, including the asterisk information listed as a footnote on the bottom, is there any mention whatsoever that exemptions are available. Once again, government health agencies are deliberately leaving out relevant information that parents are entitled to, and it is even contained in the same statute that requires vaccines. This bill would require such notices include a statutory reference to the law making the requirements, and give notice to all rights that exist under that law. People should get more than half truths from their government.

Finally, this bill is virtually identical to a similar bill that was considered last year in Oklahoma. That bill passed with overwhelming and almost unanimous bipartisan support in both the Oklahoma Senate and House of Representatives. Regrettably, fearful that the bill would violate that de facto policy of not allowing well founded safety doubts to exist, the bill was vetoed by their Governor. Don't let Oregon continue to follow in the footsteps of government endorsed censorship of relevant information, solely because that information may create "well

founded doubts" of a vaccine's safety. Let Oregon be a beacon of light, leading the way that stands upon the foundations of liberty and individual rights stated in our Declaration of Independence, recognized in our Constitution and universally recognized in the Declaration of Bioethics and Human Rights.

Robert M. Snee
Oregonians for Medical Freedom
2459 SE Tualatin Valley Hwy #298
Hillsboro, Oregon 97123

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

In addition to weakened or killed disease antigens (viruses or bacteria), vaccines contain very small amounts of other ingredients – excipients or media.

Some excipients are added to a vaccine for a specific purpose. These include:
Preservatives, to prevent contamination. For example, thimerosal.
Adjuvants, to help stimulate a stronger immune response. For example, aluminum salts.
Stabilizers, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These include:
Cell culture materials, used to grow the vaccine antigens. For example, egg protein, various culture media.
Inactivating ingredients, used to kill viruses or inactivate toxins. For example, formaldehyde.
Antibiotics, used to prevent contamination by bacteria. For example, neomycin.

The following table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine. Each of these PIs, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

All information was extracted from manufacturers' package inserts, current as of January 6, 2017.
If in doubt about whether a PI has been updated since then, check the FDA's website at:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Vaccine	Contains
Adenovirus	human-diploid fibroblast cell cultures (strain WI-38), Dulbecco's Modified Eagle's Medium, fetal bovine serum, sodium bicarbonate, monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, microcrystalline cellulose, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	amino acids, vitamins, inorganic salts, sugars, aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	casamino acids, yeast extract, mineral salts, anti-foaming agent, ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
DT (Sanofi)	aluminum phosphate, isotonic sodium chloride, formaldehyde, casein, cystine, maltose, uracil, inorganic salts, vitamins, dextrose
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, 2-phenoxyethanol
DTaP (Infanrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, VERO cells, a continuous line of monkey kidney cells, Calf serum, lactalbumin hydrolysate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, formaldehyde, ammonium sulfate aluminum phosphate, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, MRC-5 cells, normal human diploid cells, CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate

Vaccine	Contains
DTaP-HepB-IPV (Pediarix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, VERO cells, a continuous line of monkey kidney cells, calf serum and lactalbumin hydrolysate, aluminum hydroxide, aluminum phosphate, aluminum salts, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein.
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate, modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin. glutaraldehyde, MRC-5 cells (a line of normal human diploid cells), CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, modified Mueller and Miller medium
Hib (ActHIB)	sodium chloride, modified Mueller and Miller medium (the culture medium contains milk-derived raw materials [casein derivatives]), formaldehyde, sucrose
Hib (Hiberix)	saline, synthetic medium, formaldehyde, sodium chloride, lactose
Hib (PedvaxHIB)	complex fermentation media, amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hib/Mening. CY (MenHibrix)	saline, semi-synthetic media, formaldehyde, sucrose, tris (trometamol)-HCl
Hep A (Havrix)	MRC-5 human diploid cells, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	MRC-5 diploid fibroblasts, amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	soy peptone, dextrose, amino acids, mineral salts, phosphate buffer, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep A/Hep B (Twinrix)	MRC-5 human diploid cells, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein
Human Papillomavirus (HPV) (Gardasil)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Human Papillomavirus (HPV) (Gardasil 9)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Afluria) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Fluad)	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, egg proteins, CTAB (cetyltrimethylammonium bromide), formaldehyde
Influenza (Fluarix) Trivalent & Quadrivalent	octoxynol-10 (TRITON X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and *Spodoptera frugiperda* cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts
Influenza (Flucelvax) Trivalent & Quadrivalent	Madin Darby Canine Kidney (MDCK) cell protein, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, and β-propiolactone
Influenza (Flulaval) Trivalent & Quadrivalent	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials)
Influenza (Fluvirin)	ovalbumin, polymyxin, neomycin, betapropiolactone, nonylphenol ethoxylate, thimerosal
Influenza (Fluzone) Quadrivalent	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials), sucrose

Vaccine	Contains
Influenza (Fluzone) High Dose	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde, sucrose
Influenza (Fluzone) Intradermal	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, sucrose
Influenza (FluMist) Quadrivalent	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
Japanese Encephalitis (Ixiaro)	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein
Meningococcal (MenACWY-Menactra)	Watson Scherp media containing casamino acid, modified culture medium containing hydrolyzed casein, ammonium sulfate, sodium phosphate, formaldehyde, sodium chloride
Meningococcal (MenACWY-Menveo)	formaldehyde, amino acids, yeast extract, Franz complete medium, CY medium
Meningococcal (MPSV4-Menomune)	Mueller Hinton casein agar, Watson Scherp casamino acid media, thimerosal (multi-dose vials), lactose
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanamycin
Meningococcal (MenB – Trumenba)	defined fermentation growth media, polysorbate 80, histidine buffered saline.
MMR (MMR-II)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen)	chick embryo cell culture, WI-38 human diploid lung fibroblasts MRC-5 cells, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	soy peptone broth, casamino acids and yeast extract-based medium, CRM197 carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
Pneumococcal (PPSV-23 – Pneumovax)	phenol
Polio (IPV – Ipol)	Eagle MEM modified medium, calf bovine serum, M-199 without calf bovine serum, vero cells (a continuous line of monkey kidney cells), phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B
Rabies (Imovax)	human albumin, neomycin sulfate, phenol red indicator, MRC-5 human diploid cells, beta-propriolactone
Rabies (RabAvert)	chicken fibroblasts, β-propiolactone, polygeline (processed bovine gelatin), human serum albumin, bovine serum, potassium glutamate, sodium EDTA, ovalbumin neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum, vero cells *[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]*
Rotavirus (Rotarix)	amino acids, dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids solution, L-250 glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan *[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]*
Smallpox (Vaccinia – ACAM2000)	African Green Monkey kidney (Vero) cells, HEPES, human serum albumin, sodium chloride, neomycin, polymyxin B, Glycerin, phenol

Vaccine	Contains
Td (Tenivac)	aluminum phosphate, formaldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate
Td (Mass Biologics)	aluminum phosphate, formaldehyde, thimerosal, modified Mueller's media which contains bovine extracts, ammonium sulfate
Tdap (Adacel)	aluminum phosphate, formaldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, glutaraldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, modified Mueller's growth medium
Tdap (Boostrix)	modified Latham medium derived from bovine casein, Fenton medium containing a bovine extract, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (inactivated – Typhim Vi)	hexadecyltrimethylammonium bromide, formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, semi-synthetic medium
Typhoid (Vivotif Ty21a)	yeast extract, casein, dextrose, galactose, sucrose, ascorbic acid, amino acids, lactose, magnesium stearate. gelatin
Varicella (Varivax) *Frozen*	human embryonic lung cell cultures, guinea pig cell cultures, human diploid cell cultures (WI-38), human diploid cell cultures (MRC-5), sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, EDTA (Ethylenediaminetetraacetic acid), neomycin, fetal bovine serum
Varicella (Varivax) *Refrigerator Stable*	human embryonic lung cell cultures, guinea pig cell cultures, human diploid cell cultures (WI-38), human diploid cell cultures (MRC-5), sucrose, hydrolyzed gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	sorbitol, gelatin, sodium chloride, egg protein
Zoster (Shingles – Zostavax) *Frozen*	sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; MRC-5 cells, neomycin, bovine calf serum
Zoster (Shingles – Zostavax) *Refrigerator Stable*	sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, MRC-5 cells, neomycin, bovine calf serum

A table listing vaccine excipients and media *by excipient* can be found in:

Grabenstein JD. *ImmunoFacts: Vaccines and Immunologic Drugs* – 2013 (38th revision). St Louis, MO: Wolters Kluwer Health, 2012.

emical name	Potential ACUTE health effects (sudden or short-term)	Potential CHRONIC health effects (over time or long-term)	CAS numbe
2-Tetrachloroethane	Nervous system effects	Cancer of the blood system (includes spleen, bone marrow, kidney and liver)	79-34-5
1,4-Dioxane	Upper respiratory irritant; central nervous system effects	Liver and kidney cancers; gallbladder and nervous and digestive system effects	123-91-1
3,3',4,4',5,5',6,6'-nodiphenyl ether; BDE-209		Thyroid, liver, nervous and immune system effects; persistent, bioaccumulative and toxic	1163-19-5
-Diaminotoluene	Severe eye and skin irritation; nose and throat irritant	Liver, breast, and skin cancers; reproductive, blood, cardiovacular and nervous system effects; may damage DNA in cells	95-80-7
-Aminotoluene		Bladder and liver cancers	95-53-4
thylhexanoic acid		Developmental effects; reproductive and respiratory system effects	149-57-5
-Ethyl-hexyl-4-thoxycinnamate		Endocrine disruptor; has estrogenic properties; thyroid effects	5466-77-3
Methoxyethanol	Eyes and respiratory system effects	Long-term exposure can cause fatigue, nausea, tremors and anemia; blood, kidneys, central nervous system and hematopoietic system (bone marrow stem cells) effects; developmental effects (including low birth weight and miscarriage); reproductive system effects, including fertility, sperm, and male gonads	109-86-4
methylbenzidine and Metabolized to 3,3'-methylbenzidine		Cancers of multiple sites, including skin, liver, mouth, intestinal tract, lung and breast	119-93-7
lphenol; 4-NP and its somer mixtures		Endocrine disruption; estrogen signaling effects; sperm quality and female reproductive system effects	104-40-5; 84852-15-3; ar 25154-52-3
ctylphenol; 4(1,1,3,3-methylbutyl) phenol		Endocrine disruption; nervous and reproductive system effects; developmental effects	140-66-9
Acetaldehyde		Nose and larynx cancers; developmental effects	75-07-0
[illegible]	[illegible]	Breast, digestive tract, central nervous system effects; lung, prostate, tongue and other cancers, developmental effects	[illegible]

emical name	Potential ACUTE health effects (sudden or short-term)	Potential CHRONIC health effects (over time or long-term)	CAS numbe
Aniline	Dizziness and headaches; eye and skin irritant; methemoglobinemia	Cancers of the blood system, which includes the spleen, bone marrow, kidney and liver; methemoglobinemia	62-53-3
ıony and Antimony compounds	Eye irritation; skin and gastrointestinal system effects	Lung cancer; eye irritation; respiratory, gastrointestinal, reproductive and cardiovascular system effects; skin effects; may damage DNA in cells	7440-36-0
enic and Arsenic ıds, including arsenic and dimethyl arsenic	Gastrointestinal and cardiovacular system effects; hair loss	Lung, bladder, skin, and other cancers; reproductive system effects; cognitive development effects in children	7440-38-2; 1327-53-3; an 75-60-5
Benzene		Blood cancer; anemia; immune and reproductive system effects; developmental effects	71-43-2
zene, Pentachloro		Endocrine disruption; developmental effects; thyroid and reproductive system effects	608-93-5
ophenone-2 (Bp-2); 2,2',4,4'- ydroxybenzophenone		Endocrine disruption; estrogen signaling and kidney effects; photo toxicant (adverse effects are more pronounced in the light); cancer; may damage DNA in cells	131-55-5
Bisphenol A		Reproductive system effects; developmental effects; cognitive development and breast effects; early onset of puberty in females; endocrine disruption	80-05-7
enzyl phthalate (BBP)		Cancer; developmental effects; reproductive system effects; endocrine disruption	85-68-7
l hydroxyanisole; BHA		Endocrine disruption; stomach cancer; kidney, adrenal and thyroid effects; reproductive system effects	25013-16-5
Solvent yellow 14		Liver cancer; may damage DNA in cells	842-07-9
ıium and cadmium compounds		Lung, and other organ cancers; liver and kidney effects; reproductive system effects; central nervous system development effects; may damage DNA in cells	7440-43-9
arbon disulfide		Nervous and reproductive system effects; developmental effects; brain, liver and heart effects	75-15-0
nd cobalt compounds	Respiratory effects such as asthma, wheezing and	Lung and other organ cancers; reproductive system effects; developmental	7440-48-4

emical name	Potential ACUTE health effects (sudden or short-term)	Potential CHRONIC health effects (over time or long-term)	CAS numbe
ethylhexyl phthalate (DEHP)	May trigger asthma	Liver cancer; endocrine disruption; developmental effects; reproductive system effects, including the testes; skeletal system and neural tube development and heart effects; developmental effects in unborn babies; diabetes and obesity; persistent, bioaccumulative and toxic	117-81-7
ibutyl phthalate		Endocrine disruption; developmental effects; reproductive system effects	84-74-2
iethyl phthalate		Endocrine disruption; reproductive system effects	84-66-2
cyl phthalate (DIDP)		Developmental effects; liver effects	26761-40-0
nyl phthalate (DINP)		Developmental effects; Liver, spleen and kidney cancers; reproductive system effects	28553-12-0
n-hexyl phthalate		Endocrine disruption; reproductive system effects; developmental effects in unborn babies, including slowed growth, malformations and miscarriage	84-75-3
tyl phthalate (DnOP)		Liver, kidney, thyroid and immune system effects	117-84-0
Estragole		Liver cancer; multiple organ effects; may damage DNA in cells	140-67-0
Ethylbenzene	Respiratory effects; eye irritant; dizziness	Liver, kidney and lung cancers; developmental effects; nervous system, blood, liver, kidneys and inner ear/hearing effects	100-41-4
Ethylene glycol		Central nervous system, heart, lung, kidney and liver effects; developmental effects	107-21-1
glycol monoethyl ester		Developmental effects; toxic to blood cells; reproductive system effects, including spontaneous abortions, disturbed menstrual cycle, subfertility and developmental defects to male reproductive organs	110-80-5
Formaldehyde	Skin irritant; gastrointestinal system effects if found in drinking water	Leukemia, nose, throat, lung, eye, nose and throat cancers; can cause asthma-like respiratory problems	
romocyclododecane		Reproductive system effects; developmental effects; thyroid and liver effects; persistent, bioaccumulative and toxic	
xachlorobenzene		Liver cancer; developmental effects; endocrine disruption; central nervous	

emical name	Potential ACUTE health effects (sudden or short-term)	Potential CHRONIC health effects (over time or long-term)	CAS
achlorobutadiene		Cancer; nervous and reproductive system effects; persistent, bioaccumulative and toxic; developmental effects; kidney effects; may damage DNA in cells	87-68
cury and mercury inds including methyl mercury		Central nervous system effects; developmental effects; persistent, bioaccumulative and toxic	7439-97-6; an 22967-92-6
thyl ketone (aka MEK or 2-butanone)	Eye, nose, throat and skin irritant	Reproductive and central nervous system effects; developmental effects	78-93-3
thylene chloride		Lung, liver, and breast cancers; reproductive and nervous system effects; developmental effects	75-09-2
num and molybdenum compounds		Reproductive system effects; developmental effects	7439-98-7
Methylpyrrolidone		Developmental effects (low fetal and birth weights, developmental delays and impairment of cognitive skills in offspring)	872-50-4
rosodimethylamine		Liver, kidney and lung cancers	62-75-9
rosodiphenylamine		Bladder cancer; histiocytic lymphoma (a rare form of lymph tissue cancer)	86-30-6
thylcyclotetrasiloxane		Endocrine disruption; reproductive system effects; persistent, bioaccumulative and toxic	556-67-2
Parabens		The following five chemicals are grouped together because they share simlar characteristics, including the following: Endocrine disruption; estrogen signaling effects; increased risk for breast cancer; bioaccumulative; male reproductive system effects, including effects to sperm development and testosterone levels	
Butyl paraben		Same as above	94-26-8
Ethyl paraben		Same as above	120-47-8
Methyl paraben		Same as above	99-76-3
droxybenzoic acid		Same as above	99-96-7
Propyl paraben		Same as above	94-13-3
ra-Chloroaniline	Burns skin and eyes; interferes with ability of the blood to carry oxygen (methemoglobinemia and	Spleen and liver cancers; red blood cell effects; methemoglobinemia; anemia; kidney and the nervous system effects; may damage DNA in cells	106-47-8

emical name	Potential ACUTE health effects (sudden or short-term)	Potential CHRONIC health effects (over time or long-term)	CAS numbe
rchloroethylene	Respiratory system effects; neurological and central nervous system effects	Liver, esophageal, cervical, bladder and breast cancers; leukemia; multiple myeloma and non-Hodgkin's lymphoma; central nervous system and kidney effects; reproductive system effects, including menstrual disorders, altered sperm quality and reduced fertility; developmental effects in unborn babies	127-18-4
octanyl sulphonic acid l its salts (PFOS)		Developmental effects; liver effects; developmental effects in children and unborn babies; thyroid effects; persistent, bioaccumulative and toxic	1763-23-1
Phenol	Respiratory irritation, headaches, burning eyes and skin; irregular heart beat	Developmental effects; liver effects	108-95-2
Phenol, 4-octyl		Endocrine disruption; interferance with estrogen signaling	1806-26-4
thalic anhydride	Eye, skin and lung irritation; allergic sensitization	Lung, adrenal, and kidney effects	85-44-9
Styrene	Eye irritant; nervous respiratory system effects	Leukemia and lymphoma; developmental effects; hearing effects; changes in neurochemicals; pancreas and esophagus effects; liver, blood, kidney, stomach and endocrine, nervous and respiratory system effects; may cause genetic damage in the white blood cells	100-42-5
bromobisphenol A		Thyroid and kidney effects; binds to estrogen hormone receptors at high concentrations; persistent and bioaccumulative	79-94-7
Toluene	Cardiac arrhythmia; central nervous system effects	Central nervous system effects; developmental effects; liver, lung and kidney effects	108-88-3
s(1,3-dichloro-2-opyl)phosphate		Liver, kidney and testicle cancers; blood and thyroid effects	13674-87-8
hloroethyl) phosphate		Kidney cancer; reproductive system effects, including fertility impairment and male reproductive effects; central nervous system effects	115-96-8
Vinyl chloride	Central nervous system effects	Liver, brain, lung, lymphatic system and blood cancers; Lou Gehrig's Disease (ASL); immune and reproductive system effects; developmental effects; may damage DNA in cells	75-01-4

Parents, don't let your child get left behind!

School Year 2016-2017

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering **Child Care or Early Education** needs*	Check with your child's program or healthcare provider for required vaccines
A child 18 months or older entering **Preschool, Child Care, or Head Start** needs*	4 Diphtheria/Tetanus/Pertussis (DTaP) 3 Polio 1 Varicella (chickenpox) 1 Measles/Mumps/Rubella (MMR) 3 Hepatitis B 2 Hepatitis A 3 or 4 Hib
A student entering **Kindergarten or Grades 1-6** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A
A student entering **Grades 7-8** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 1 Tdap 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A
A student entering **Grades 9-12** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 1 Tdap 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Please check with your child's school, child care or healthcare provider for details.*

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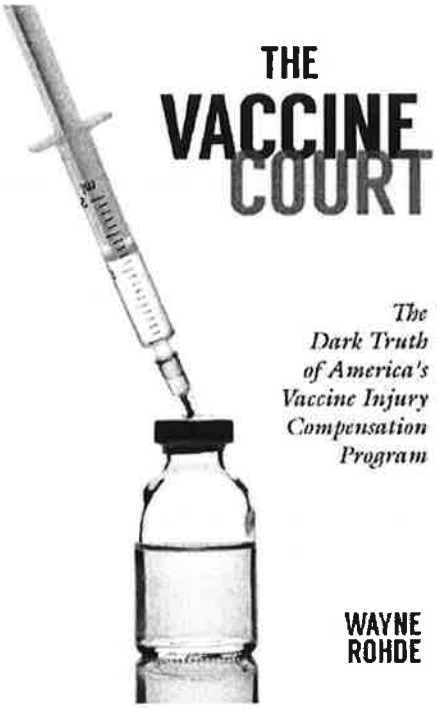
GAO Report on Vaccine Court Reveals Vaccine Injured Victims Not Being Helped

Posted By *Admin* On December 27, 2014 @ 12:01 pm In News | 3 Comments

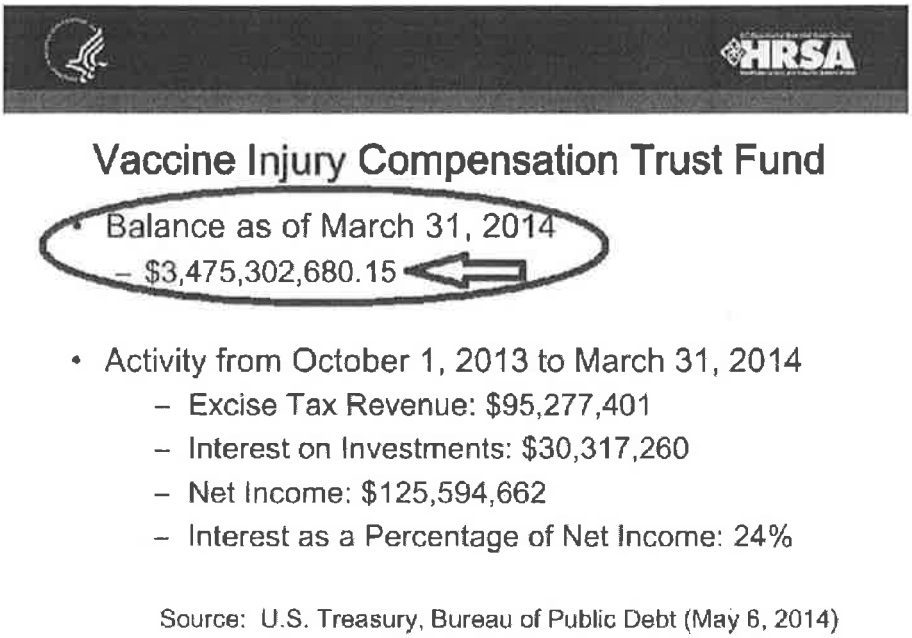


[1]

Health Impact News Comments by Editor Brian Shilhavy:

In November 2014 the Government Accounting Office (GAO) issued the first report [2] on America's "Vaccine Court," known as the *National Vaccine Injury Compensation Program* (NVICP), in almost 15 years.

As we have previously reported here at Health Impact News, the *Vaccine Injury Compensation Trust Fund,* which is funded by taxes paid on vaccines, has now grown to about $3.5 BILLION. Previous GAO reports on the NVICP have criticized the rate at which this fund was growing and being kept by the federal government, instead of being paid out to victims who have been injured or killed by vaccines. (See: How the Government has Earned $3.5 BILLION from the Claim that Vaccines Don't Cause Autism [3].)



The November 2014 GAO report on Vaccine Injury Compensations [2] revealed some problems with the *National Vaccine Injury Compensation Program* that the mainstream media reported. AP published an article [4] written by Justin Pritchard and Mitch Weiss which highlighted a few of the problems uncovered by the GAO report, such as:

Congress created the program to quickly and generously pay for medical care in the rare cases when a shot to prevent one sickness likely caused serious health complications instead. The AP found that the program has heaped additional suffering on thousands of families, including delays that have stretched a decade or more.

The Government Accountability Office's report noted how a program established a generation ago to help children injured by government-recommended vaccinations such as measles and chicken pox is now dominated by claims filed by adults who received a flu shot. Those cases typically claim that the adult suffered from Guillain-Barre Syndrome, in which the immune system attacks the nerves. (Source [4].)

But there are many more problems associated with the *National Vaccine Injury Compensation Program* that the mainstream media is not covering, so I have invited Wayne Rohde, author of a recently published book [1] on this topic, *The Vaccine Court: The Dark Truth of America's Vaccine Injury Compensation Program*, to give a more in depth report that you are unlikely to read in the mainstream media.

GAO Report – Failure to Raise Public Awareness of the Vaccine Injury Compensation is a Critical Flaw

by **Wayne Rohde and Louis Conte**
Special to Health Impact News

The GAO Report Failed to Interview Petitioners

On November 21, 2014 the General Accounting Office (GAO) released a much anticipated report on a procedural audit of the National Vaccine Injury Compensation Program (NVICP). The report demonstrates that the GAO did not go far enough in examining the inherent conflicts of interest which impair the program and the on-going injustices inflicted upon people with vaccine injuries.

Congressman Darrell Issa, chairman of the House Oversight and Government Reform Committee (OGR) asked the GAO, often referred to as the independent watchdog of the Congress, to review the practices of the NVICP, which many refer to as the 'Vaccine Court'. The NVICP is administered by the Secretary of Health and Human Services although case decisions are made by Special Masters (not Judges) who are ultimately reviewable by the US Court of Claims.

The GAO conducted interviews with federal agencies including staff attorneys from DOJ Civil Torts Division, attorneys from the Vaccine Bar that represent petitioners, Health Resources Service Administration (HRSA), the Office of Special Masters (OSM), and members of the Advisory Commission on Childhood Vaccines (ACCV). However, the GAO failed to interview petitioners who may or may not have been awarded compensation.

NVICP No Longer a Viable Justice Venue for the Vaccine Injured

The authors of this article have interviewed hundreds of families over the past seven years about their experiences with the NVICP. Based on our work, as detailed in our books and published articles, the NVICP is no longer a viable justice venue for the vaccine injured as

Congress intended.

The NVICP really ought to stand for The National Vaccine Injury Concealment Program. The GAO would have been better informed had they reached out to petitioners and investigated the issues that families are experiencing. In contrast to the number of interviews with federal staff, the sampling of families with direct contact with the VICP was dismal.

GAO Report: Failure to Educate Public on Availability of Vaccine Compensation Program

The GAO report did touch on one key failure of the Secretary of Health and Human Services; Congress required the Secretary to promote and conduct public awareness of the NVICP.

§ 300aa-10. Establishment of program [1]

(a) Program established. There is established the National Vaccine Injury Compensation Program to be administered by the Secretary under which compensation may be paid for a vaccine-related injury or death.

(b) Attorney's obligation. It shall be the ethical obligation of any attorney who is consulted by an individual with respect to a vaccine-related injury or death to advise such individual that compensation may be available under the program for such injury or death.

(c) Publicity. The Secretary shall undertake reasonable efforts to inform the public of the availability of the Program.

An analysis of the history of the program demonstrates that the Office of the Secretary has utterly failed to undertake reasonable efforts to inform the public about the NVICP since the program commenced in 1988.

The initial failure in this regard was the Secretary's duty to alert the public about the filing deadline for pre-act petitions for those injured by vaccines prior to the establishment of the NVICP. The original deadline was October 1990. Those who claim injury from the DPT, polio, or other vaccine they received in the 1940's, 50's, 60's, 70's or early 80's had an opportunity to file a claim for compensation.

Interviews conducted with the few attorneys who handled petitions at that time, revealed that most people did not know of the deadline to file. The number of petitions received was far less than originally forecasted, so the deadline was extended to February 1991. Public notification regarding the extension was minimal.

The second significant failure of the Office of the Secretary to inform the public came during 1999 when the Hepatitis B vaccine was included in the Program. If not for the aggressive outreach by a few attorneys, many vaccine-injured individuals would not have filed a petition seeking compensation.

Many of those who filed were awarded compensation but it is likely that the vast majority of the injured never knew to do so.

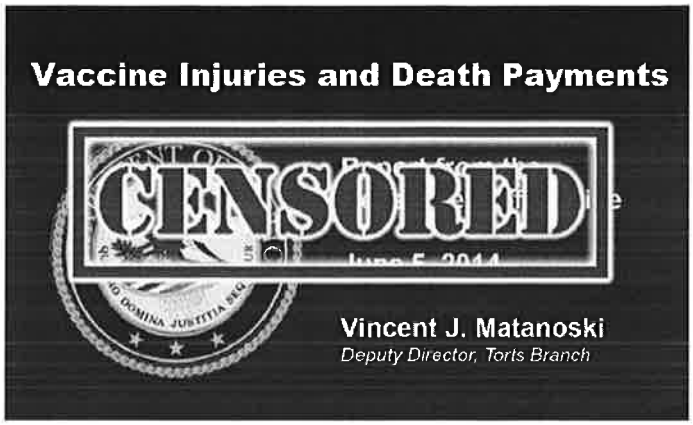
Failure to Warn the Public on Vaccine Dangers and Compensation Program is Intentional

By the mid-1990's, officials working in the program, particularly Dr. Geoffrey Evans, Director of the Division of Vaccine Injury Compensation (now retired), publicly disclosed a bias against awarding compensation fearing that doing so could be interpreted by the public as questioning the safety of the vaccine program.

Evans told Washington Post journalist Arthur Allen in August of 1998,

"I'm not going to say that awarding too many people will undermine vaccine safety, but I look on the Internet, and I see that our statistics are taken out of context," says Evans, the medical director of the compensation program. "And so it's important that the table reflect what we think is really caused by the vaccines." [2]

Dr. Evans' comments show an inherent conflict within HHS – promoting vaccines while administering the program to compensate the injured victims of that program – had impacted his Division's perspective on compensation in a manner Congress had not intended.



Department of HHS Conflict of Interest: Promoting Vaccines as "Safe" While Paying out Damages to Vaccine Injuries and Deaths

A GAO audit report completed in 2001 also pointed to the failure of HHS to adequately inform the public.

After years of delay, Banyan Communications was awarded a $300,000 contract in 2009 to conduct a public awareness campaign. Banyan Communications and its subcontractors conducted focus group meetings, a petitioner satisfaction survey, and developed a strategy to implement a public awareness program. Banyan held several meetings with a working group of the ACCV to inform the Secretary of developments before a final presentation in 2010.

Meeting minutes reflect that ACCV commission members expressed concern that the target audience should be the medical community and not the general public due to anticipated costs and budget issues. Echoing the earlier comments of the man still in charge, Dr. Geoffrey Evans, push back again came from ACCV members representing the medical community who expressed that a broad public-awareness campaign would create uncertainty regarding vaccine safety.

The end result: business cards and a brochure that could be distributed at medical conferences.

Myron Levin, an investigative reporter from the LA Times newspaper, in his 2004 article, "Vaccine Injury Claims Face Grueling Fight", pointed out the following:

Some see this as a natural result of federal health officials' fierce devotion to the immunization program – and their fear that if enough injuries were acknowledged, people would be afraid to get their shots. Universal immunization is a fundamental mission of HHS. One of its branches, the FDA, licenses vaccines, and another, the CDC, promotes their use with such slogans as "Vaccination: An Act of Love." [3]

However, love wasn't extended to the vaccine injured. Even though the ACCV approved the contract and the proposal from Banyan Communications in 2010, the public awareness program was killed. Commission members were not provided reasons why Banyan's plan was not implemented. Banyan was paid $300,000 for business cards and brochures.

New Vaccines Added to Compensation Program, but Vaccine Injuries Not Listed

Fainting is a typical reaction from the Gardasil HPV vaccine, admitted by the drug manufacturer, but other injuries paid out of the Vaccine Compensation Program are less publicized, such as autoimmune diseases, Guillain-Barré syndrome, Multiple Sclerosis, and others. Current cases include "Primary Ovarian Failure", or premature menopause.

When Hepatitis A, Human Papilloma Virus (HPV), and influenza vaccines were added to the Program, the lack of public awareness

continued.

As pointed out in the recent GAO report, several of the vaccines recently added to the Program did not have their associated injuries added to the Vaccine Injury Table. Injuries from these vaccines were known from surveillance reports submitted to the Vaccine Adverse Events Reporting System (VAERS) and from the Institute of Medicine.

Government Health Authorities: Public Does Not Need to Know about Vaccine Compensation Program

Commentators aligned with the public health field of 'Vaccinology', the scientific study of vaccine development, reject any scrutiny of the NVICP.

To a 'Vaccinologist' the over-riding concern is the vaccine program and not the effects of the program on the injured. Whether the injured are advised of the existence of the NVICP is hardly a concern. A recent article from one of these commentators glossing over the GAO report states:

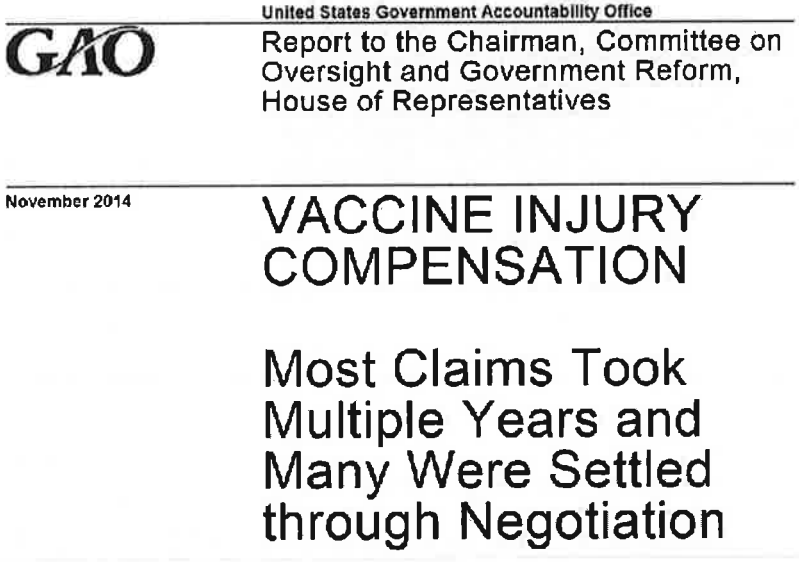
The report highlighted the importance of increasing public awareness. However, it's important that we put the awareness issue in perspective. How many readers know of the tax court? How many of you heard of the Commodity Futures Trading Commission, which has the authority to adjudicate and enforce issues related to future markets? How many of those who are not immigrants know of the Board of Immigration Appeals? How many of you would know how to appeal a social security disability benefits determination? [4]

This particular commentator is spouting the party line. The public doesn't need to know. The attempt to misdirect the public and maintain the status quo is clear.

Ignored is the reality that vaccines are mandated on children throughout the country. Every parent in the United States has a right to know that vaccine injuries occur and that the only legal recourse in the vast majority of instances is the NVICP.

Congress mandated the Secretary of Health and Human Services to inform the public of the existence of NVICP – not just medical insiders attending medical conferences – because they wanted the public to know that vaccine injuries happen.

Will Anything Change as a Result of the GAO Report?


United States Government Accountability Office

GAO

Report to the Chairman, Committee on Oversight and Government Reform, House of Representatives

November 2014

VACCINE INJURY COMPENSATION

Most Claims Took Multiple Years and Many Were Settled through Negotiation

[5]

The Human Resources Services Administration, apparently in response to the GAO report, announced that plans are underway to increase public awareness in 2015. They would use "plain language" in program literature, improve their website and target promotions to "health care providers, parents and expectant parents, adults aged 50 years and older (including Spanish-speaking older adults), and civil litigation and health attorneys." [5]

Such promises have been made before. The Secretary and administrators of the NVICP did not respond well to the last GAO report issued 15 years ago. The GAO report, while not nearly thorough enough, correctly identified the Secretary's failure to raise public awareness of the NVICP.

This failure is not minor. Every family in the country has been denied the information that Congress intended them to have.

Left Out of the GAO Report: The Voices of Families Who Have Tried to Use the Program

Over the course of the last 7 years, we have interviewed hundreds of families who experienced the injuries of loved ones who have been left with severe, incapacitating, life-long health impairments and even death.

What we have heard is startling.

The road of the vaccine injured is difficult; almost all were unaware of the NVICP, most received a federal mandated Vaccine Injury Statement after the administration of a vaccine, not before. When discussions about vaccine injuries did occur, few received help or guidance from their doctors.

When it comes to vaccine injury, people often find that they are on their own.

Most of the families we contacted reported that they learned about the NVICP through the National Vaccine Information Center [6] (NVIC), a not-for-profit organization. [6]

Where is Congress to Enforce the Program?

We encourage the Secretary to finally do what Congress intended and raise public awareness of the NVICP.

Because the history of the program shows that the Secretary has not complied with the intent of Congress because of the conflict of interest built into the program, we call on Congress to hold hearings on the NVICP.

It is time to raise awareness of vaccine injury and re-invent the system that is supposed to deliver compensation to the vaccine injured.

About the Authors

Wayne Rohde is the author of *The Vaccine Court: The Dark Truth of America's Vaccine Injury Compensation Program*.

Louis Conte is a co-author of *Unanswered Questions*, the author of a novel, *The Autism War* and co-author, along with Tony Lyons, of the Newly Released *Vaccine Injuries*.

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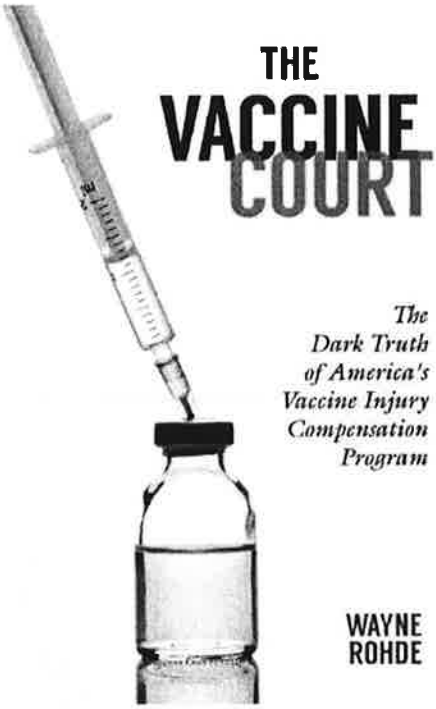

[1]

Free Shipping Available! Order here [1].

URLs in this post:

[1] Image: **http://www.tropicaltraditions.com/the-vaccine-court.htm**
[2] report: **http://www.gao.gov/products/GAO-15-142**
[3] How the Government has Earned $3.5 BILLION from the Claim that Vaccines Don't Cause Autism: **http://vaccineimpact.com/2014/how-the-government-has-earned-3-5-billion-from-the-claim-that-vaccines-dont-cause-autism/**
[4] AP published an article: **http://bigstory.ap.org/article/3c4086243dab4322981817ded92cc346/feds-vows-publicize-vaccine-injury-help-program**
[5] Image: **http://www.gao.gov/assets/670/667136.pdf**
[6] National Vaccine Information Center: **http://www.nvic.org/**
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