Please Attend Hearing or Send Comments
On Proposed MN Rule Revision
Requiring More Vaccines for Infants and Children

The Minnesota Department of Health (MDH) has announced its intent to add even more vaccines to the already-overcrowded shot schedules for infants and children.

A hearing will be held June 27 before Administrative Law Judge Eric Lipman. Please attend the hearing and testify, and/or submit comments to the judge.

Infants and children already are given up to 69 doses of vaccines, whose combined and potential ill effects over time receive inadequate study. New vaccines proposed include:

- Hepatitis B and Hepatitis A for infants in child care;
- Meningococcal and Pertussis vaccines for 7th graders;
- Chickenpox vaccine at an earlier age.

MDH can adopt new vaccination rules without legislative consent, but since the public has submitted 90 comments requesting a hearing, a hearing will be held by an Administrative Law Judge. You are invited to testify, or simply attend to show your concern. You are also invited to submit written comments or materials. The Judge will write a report and decide whether the proposed rule changes are needed, and whether they are reasonable.

Administrative Law Judge Hearing:

Thursday, June 27, 2013, 9:30 am.

Room OLF-B144, Freeman Building, 625 North Robert Street, St. Paul

Please write to Judge Lipman with your concerns about the need for and reasonableness of adding these vaccines. You may provide scientific information, studies, references, or simply testify about the adverse impact that vaccines and over-vaccination have had on you, your family, and your community.
Whether you attend or not, you may submit comments by email to:
rulecomments.oah@state.mn.us

Please put on the Subject line: Immunization Rules docket 0900-30570

This will ensure your comments will be sent to the correct Judge (Eric Lipman), and will reference the correct issue to be decided. Judge Lipman has received the comments that were already submitted, and will read all of them.

You may direct any questions about the hearing to Judge Lipman, telephone 651-361-7842

Minnesota’s exemption for philosophical reason to vaccines will still apply in all cases. However, we at VSCM oppose adding more vaccines at this time. We will speak in opposition to the new rules on behalf of the many parents who are not aware that there is an exemption option or that there are deep concerns about the safety of these vaccines.

Reasons for Concern over MN Department of Health Proposal

To Add More Vaccines to the Vaccination Schedule

Vaccine Safety Council of MN

The Department of Health’s desire to add yet more vaccines to the vaccination schedule raises concerns about over-vaccinating our children. Many Minnesota babies get 36 doses of vaccines before 18 months of age, and as many as 9 vaccines in one day.\(^1\) Adding more vaccine requirements does not guarantee our children will be healthier, but it does guarantee they will be exposed to even more possibilities of vaccine injury and death.

Children in America receive more vaccines than anywhere else in the world, and also have some of the highest rates of chronic illness.\(^\text{ii}\) One in ten American children now has asthma.\(^\text{iii}\) One in 6 has learning difficulties and requires special education.\(^\text{iv}\) One in 50 children now suffers from autism.\(^\text{v}\) Independent studies show that children who have not been vaccinated do not have these high rates of chronic illness.\(^\text{vi}\) Vaccination is known to cause chronic immune system problems, and American children have ADHD, auto-immune diseases, juvenile diabetes, and arthritis at rates never seen before.\(^\text{vii}\)

A bill has been introduced in Congress to require the National Institutes of Health to do a retrospective health outcome study comparing vaccinated and unvaccinated children. Shockingly, this proposal has been resisted by public health authorities. Until this study is done, we should err on the side of caution.
Public health authorities focus on eliminating diseases through vaccination, but the reality is that some children are killed or disabled by the very vaccines intended to prevent disease. viii This fact is not conveyed to parents by the people advocating more and more shots. The MDH wants to add new vaccines for rare infectious diseases that affect only a handful of our children. ix But the elephant in the room is that chronic, lifelong diseases are now affecting hundreds of thousands of MN children.

One of the major reasons that the MDH has cited in adding new vaccines to the vaccination schedule is to bring it into line with recommendations from the federal Advisory Committee on Immunization Policy (ACIP). However, this committee is known to have conflicts of interest—a majority of people on ACIP have ties to the vaccine pharmaceutical industry. x

**HEPATITIS B VACCINE:** MDH wants to require infants in child care to receive the hepatitis B vaccine. But hepatitis B is a disease primarily found in adults. Because it is contracted by exposure to blood or bodily fluids, this is usually from risky behavior such as sharing needles for illegal drugs, and sex with multiple partners.

Babies are not at risk of contracting the disease, except for during childbirth, if their mothers are infected. However, mothers are now screened in pregnancy, and if they are positive for hepatitis B, their infants are treated.

About 1 in 10,000 children in MN age 0 to 4 have hepatitis B. These children cannot transmit the disease to other children through coughing sneezing, or sharing drinking glasses. It can only be transmitted through contact with blood or bodily fluids.

It would require vaccinating 10,000 healthy infants to prevent one case of hepatitis B in a child. But the hepatitis B vaccine has one of the worst track records for safety, and vaccinating healthy babies that are not at risk for the disease only puts these babies at risk for vaccine injury.

**Hepatitis B Vaccine adverse effects:** The Vaccine Injury Compensation Program reviews claims of vaccine injury and does extensive reviews to see whether someone’s disability or death was caused by the vaccine. 575 people have gone through the process of documenting to the court a serious injury from the hepatitis B vaccine, including 44 deaths, and the court has ruled in favor and compensated 225. These have included death, lupus, multiple sclerosis, rheumatoid arthritis, and a host of auto-immune illnesses.

**HEPATITIS A** Hep A rates in MN babies are very low and are not increasing.

**Who is most at risk for acquiring HAV infection?**
- travelers to countries that have high levels of HAV infection
• men who have sex with men
• people who have clotting-factor disorders, such as hemophilia
• users of injection illegal drugs
• people working with nonhuman primates

The hepatitis A vaccine is known to have fragments of residual human DNA in it, because the vaccine was cultured on human fetal tissue. Research has shown increases in auto-immune reactions in children receiving vaccines containing human DNA.

MENINGOCOCCAL VACCINE: There have been no MN deaths from meningococcal disease in 11 – 22 year olds in eight years (2004-2011), including a year before the vaccine was licensed, that could have been prevented by the vaccine. (One nineteen-year old who had been vaccinated, and another 17-year-old, both died after contracting a strain of meningitis not covered by the vaccine)

The low incidence of meningococcal disease does not justify the risk of vaccinating all 7th graders. We know that the government has paid individuals for injuries and disabilities from the vaccine. The Vaccine Injury Compensation Program has compensated individuals for multiple sclerosis, Guillain-Barré Syndrome, acute disseminating encephalomyelitis, and transverse myelitis, following vaccinations which included the meningococcal vaccine. And temporary immunity from the vaccine wanes in just 2 – 5 years.

Vaccine Safety Council of MN

http://vaccinesafetycouncilminnesota.org

For more information, call 651 688 6515 or email jerrijohn@aol.com

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More information:

Minnesota Immunization Rule Proposed Revisions - Chapter 4604

http://www.health.state.mn.us/divs/idepc/immunize/immrule/

Public Comment and Hearing Information

http://www.health.state.mn.us/divs/idepc/immunize/immrule/public.html

http://www.health.state.mn.us/divs/idepc/immunize/immrule/contact.html

Get an email alert when information on the Immunization Rule Revisions is added or updated.


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REFERENCES

i 2013 Recommended Immunizations for Children from Birth Through 6 Years Old

ii A Compromised Generation: The Epidemic of Chronic Illness in America's Children
http://www.acompromisedgeneration.com/
http://www.epidemicanswers.org/epidemic/scientific-documentation/

iii Asthma in Minnesota 2012

iv One in six children have a developmental disability


vi A Population-Based Cohort Study of Undervaccination in 8 Managed Care Organizations Across the United States
http://archpedi.jamanetwork.com/article.aspx?articleID=1558057#qundefined

vii Chronic Disease State Profiles
http://www.cdc.gov/chronicdisease/states/index.htm

viii Vaccine Adverse Event Reporting System
http://vaers.hhs.gov/index
Incidence of Invasive Neisseria meningitidis Disease, Minnesota, 2000-2010

From 2008-2010 there were 7 reported Neisseria meningitidis cases in MN high school student but 5 of the cases could not have been prevented by the vaccine.

http://www.health.state.mn.us/divs/idepc/dtopics/invbacterial/nmen.pdf

http://www.cdc.gov/vaccines/acip/committee/members.html