Follow The Money On Vaccines

September 5, 2001

It isn't often that a Governor vetoes a bill that was passed unanimously by both Houses of the State Legislature. It reminds us of the old saying of the mother, watching her son drill for the first time with the troops: "Everybody's out of step except my son Jim."
This time the one who is out of step is George, as in Governor George Ryan of Illinois. He vetoed Senate Bill 1304 entitled "An Act Concerning Immunizations."

This bill would have provided that a person is ineligible to serve on the Illinois Immunization Advisory Committee if the person or his spouse is an officer, employee, or agent of, or has any ownership or other financial interest in a pharmaceutical company that manufactures vaccines. It also would have prohibited Committee members or their spouses from soliciting or accepting anything of value or any other economic benefit from a pharmaceutical company that manufactures or produces vaccines unless it is offered and available generally to licensed physicians or the public.

That sounds like an excellent rule and we wonder why it hasn't always been the law. Those who officially advise government agencies whether or not to force Americans to submit to vaccines should not be on the payroll of the corporations that profit from the government mandates.

Ryan's veto message states that "Senate Bill 1304 would severely limit the number of pediatric disease specialists and pediatric physicians in general, who would be eligible to serve on the Immigration Advisory Committee." This amazing statement indicates that it's difficult to find anyone to advise making vaccines mandatory other than those who are paid in some way by the corporations selling the vaccines.

This conflict of interest was confirmed by an emotional outburst against S.1304 from one of the members of the Illinois Immunization Advisory Committee at its meeting on July 12, 2001. He said, "No infectious disease specialist will be able to serve on this committee! We all take money from pharmaceutical companies."

Ryan's veto message acknowledged that Illinois depends on vaccine company contractors for its vaccine policymaking. Here is what Ryan wrote:

"Many physicians with expertise in the field of immunizations and infectious disease have contractual relationships with pharmaceutical companies with regards to speaking engagements. Also, many medical schools and academic centers employ infectious disease specialists that perform research funded by the pharmaceutical industry."

So that's how the racket works! "Experts" who are being paid by the vaccine manufacturers have an official pipeline through which they "advise" the state government authorities to mandate vaccines.

This incestuous relationship between the pharmaceuticals and governmental bodies in not unique to Illinois. A hearing before the U.S. House Committee on Government Reform on June 14, 2000 produced evidence that similar conflicts of interest are common practice for the federal advisory committees: the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) and the CDC's Advisory Committee on Immunization Practices (ACIP).

Most children entering public school today have been forced to take up to 33 immunizations, and more and more vaccines are in line for government mandates despite widespread controversy over their efficacy and their side effects.

The hepatitis B vaccine is widely administered to newborns while still in the hospital, even though there is no scientific evidence to justify it before the age when the child is subject to risk factors such as sexual promiscuity or sharing dirty needles. Hepatitis B immunizations have been associated with 53 deaths and 828 serious injuries, but the yearly incidence of the hepatitis B disease itself is only 191 among the 38 million children younger than age 10 years, according to a letter recently published in the Journal of the American Medical Association (JAMA).

Furthermore, the Asian Liver Center at Stanford University recently reported that more than half of the total hepatitis B cases in the United States are among Asian-Americans. The rate is 70 times greater for Asians than for whites or Hispanics, and 14 times greater than for blacks.

Another letter in JAMA described the benefits to newborn hepatitis B immunization: (1) it is too confusing to just vaccinate those who need it, (2) there are some (very rare) cases of young kids at risk, (3) it gets all the kids on the vaccine schedule right away, and (4) it is easier to get to babies than adolescents. You don't need to be an "expert" to understand that those are mighty poor reasons to vaccinate all newborns.

It looks like the manufacturers have figured out that they can't make big money selling their hepatitis B vaccine only to those at risk for the disease, so they have managed to get the vaccine administered routinely to all newborns. Vaccine advisory committees should not be beholden to the drug makers.