

# Strike the Bill, Give Us the Necessary Data

## AMEND H.R. 2862

About H.R.2862 as currently written - "To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes."

H.R.2862 will cost American taxpayers \$105,000,000 over five years, plus the cost of any research grants awarded by HHS. It will do absolutely nothing to improve the health of Americans, but its intrusive surveillance and marketing campaigns will increase distrust in both health officials and legislators.

Whooping cough and mumps are breaking out in fully-vaccinated populations, and it's estimated 1/3 of fully-vaccinated 26 year-olds are susceptible to measles. Between primary failure (never develop immunity), secondary failure (waning immunity), tertiary failure (strain replacement/mutation) and poor design (symptoms suppressed temporarily but infection & transmission not prevented)—the promised artificially-induced "herd" immunity simply cannot happen, not even with 100% vaccination rates. As naturally-immune populations shrink, the flaws and unintended consequences of artificial immunization are becoming visible. Stop blaming those who refuse the products for personal, religious, or well-researched scientific reasons, and start holding manufacturers accountable.

Worse than the failed promises of protection, inadequate safety testing and abysmal injury tracking mean nobody truly knows the risks of the products on the market. There is no system in place to track every vaccine injury, and no way to ensure that problems with vaccine design and administration are caught and dealt with in a timely manner. The CDC is unable to support the claim that vaccines are safe for short-term or long-term health when the required data is not even being collected. The existing passive Vaccine Adverse Event Reporting System (VAERS) captures less than 1% of adverse events recorded in medical records.

The first step toward restoring faith in Public Health Policy, is to strike the H.R. 2862's existing language and replace it with new language to include:

- Mandating an automated vaccine adverse event reporting system as modeled in the CDC-funded Harvard-Pilgrim Study.<sup>1</sup>
- Implementations of a Practitioner & Public Awareness Campaign on the importance of recognizing and reporting vaccine adverse reactions to improve vaccine safety.
- Establishments of policy wherein: Use of Data shall be open to Independent Researchers, and Action shall be taken to ensure that safety issues are promptly addressed.

Amend HR 2862 to become the  
Automated Vaccine Adverse Event Reporting Act of 2019

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<sup>1</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

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H.R.2862 as currently written - To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes.

Attention Legislators:

H.R.2862, if implemented as written, will cost American taxpayers \$105 million dollars over five years, plus the cost of any research grants awarded by HHS. It will do absolutely nothing to improve the health of Americans and it will actually *increase* distrust of Public Health and Legislators.

Whooping cough and mumps are breaking out in fully-vaccinated populations, and it's estimated 1/3 of fully-vaccinated 26 year-olds are susceptible to measles. Between primary failure (never develop immunity), secondary failure (waning immunity), tertiary failure (strain replacement/mutation) and poor design (symptoms suppressed temporarily but infection & transmission not prevented)—the promised artificially-induced “herd” immunity simply cannot happen, not even with 100% vaccination rates. As naturally-immune populations shrink, the flaws and unintended consequences of artificial immunization are becoming visible. Stop blaming those who refuse the products for personal, religious, or well-researched scientific reasons, and start holding manufacturers accountable.

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The bill seeks to create an unnecessary national vaccination surveillance system; as written, the only beneficiary is the pharmaceutical industry. Not only would taxpayer dollars fund an industry-friendly system to track pre-cradle-to-grave use of their mostly liability-free products, those same taxpayer dollars would fund industry marketing campaigns. Our society is already saturated with pro-product messaging to increase sales. Hundreds of new vaccines are in the pipeline, and the inadequate regulations concerning clinical testing means most will never be tested against an inert placebo or be subject to long-term safety trials, and real-world health outcomes will not be properly tracked.

Because of the 1986 National Childhood Vaccine Injury Act (ACT) and subsequent legislation, there is a dangerous regulatory vacuum; while public health officials and health care providers are made to feel overly responsible for every case of a vaccine-targeted infection, there is, incredibly, no accountability anywhere for vaccine injury or vaccine failure. Neither industry nor the medical community bear any responsibility.

History shows us that individuals, corporations, and governments do not behave well in the absence of responsibility or liability. HHS has failed to even attempt to fulfill its duties under the ACT, including mandates to improve safety, track adverse outcomes, and to find those most susceptible to injury<sup>2</sup>.

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<sup>2</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf>

Instead, the vaccine industry, which has grown into a multi-billion dollar behemoth, has infiltrated every aspect of medicine and public health, using taxpayer money to fund social-engineering marketing campaigns to push mandates for an ever-growing number of inadequately-tested and insufficiently-tracked biological products.

In a 2011 Supreme Court case that ruled that even flawed vaccine designs are protected from liability, Justice Sotomayor (with Justice Ginsburg joining) wrote:

“The majority’s decision leaves a regulatory vacuum in which no one—neither the FDA nor any other federal agency, nor state and federal juries—ensures that vaccine manufacturers adequately take account of scientific and technological advancements. This concern is especially acute with respect to vaccines that have already been released and marketed to the public. Manufacturers, given the lack of robust competition in the vaccine market, will often have little or no incentive to improve the designs of vaccines that are already generating significant profit margins . . .”

[Supreme Court Justice Sotomayor](#)

Since then, the corporate capture of Public Health has become systemic. The head of every single state immunization department belongs to the Association of Immunization Managers (AIM). AIM’S Corporate Alliance Partners include major vaccine manufacturers, and corporate benefits include, per their own website, “meaningful and ongoing connection with the [State Immunization] Program Managers.” Other state and local public health officials belong to similar associations, with varying degrees of partnership, collaboration, and funding from Pharma. There is no separation between Public Health and the vaccine industry; we are only beginning to see how dangerous this is for all consumers.

Robert F. Kennedy, Jr. said:

**“The checks and balances in our democratic system that are supposed to stand between corporate power and our little children have been removed, and there’s only one barrier left and that’s the parents.”**

What the industry is calling “vaccine hesitancy” is actually the exercise of healthy caution, or doing one’s due medical diligence, especially considering the liability-free status of pediatric vaccines, and those recommended to pregnant women. Additionally, “vaccine hesitancy” has been thoroughly researched -- there is no need for another study and a hundred-million dollar tracking system.

A Pubmed<sup>3</sup> search of the term “vaccine hesitancy” retrieves more than 600 published papers, including many which found that those labeled “hesitant” or “refusers” are actually far more knowledgeable about vaccines than those who unquestioningly follow the CDC schedule. These parents know the science and history of vaccines and the infections they target. They know that the

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<sup>3</sup> PubMed is an online resource developed and maintained by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine® (NLM).

decline of infectious disease fatalities was shown to be due to clean water, improved sanitation, and better living conditions, as acknowledged by CDC scientists in 2000, in the Journal of Pediatrics:

*“Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century...nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available.”<sup>4</sup>*

The CDC is unable to honestly and accurately support the claim that vaccines are safe for both short-term and long-term health; the data is not even being collected. The existing passive Vaccine Adverse Event Reporting System (VAERS) captures less than 1% of adverse events recorded in medical records<sup>5</sup>.

We are asking legislators to strike the bill language, and insert the “Automated Vaccine Adverse Event Reporting Act of 2019”, short name; “Reporting Act of 2019” to include:

- Mandating an automated vaccine adverse event reporting system as modeled in the CDC-funded Harvard-Pilgrim Study<sup>6</sup>.
- Implementation of a Practitioner & Public Awareness Campaign on the importance of recognizing and reporting vaccine adverse reactions to improve vaccine safety.
- Establishment of policy wherein: Use of Data shall be open to Independent Researchers, and Action shall be taken to ensure safety issues are promptly addressed.

**Strike the Bill, Give us Data!**  
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<sup>4</sup> <http://vaccinesafetycommission.org/pdfs/45-2000-Pediatrics-Vital-Statistics.pdf>

<sup>5</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<sup>6</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>