

**Maine Immunization Program Safety Gaps
White Paper Summary
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The 1986 National Childhood Vaccine Injury Act (NCVIA)ⁱ grants liability protection to the vaccine industry in cases of vaccine injury or death, thus morphing the US National Immunization Program (NIP) into an unaccountable entity. It has evolved in an irresponsible, aggressive and scientifically unfounded direction, tripling the vaccine schedule recommended for all childrenⁱⁱ by the US Centers for Disease Control and Prevention (CDC), administering of vaccines in untested combinations and populations, and denying the damage such recklessness has done to children.

Parents have complained for decades of false safety claims made by vaccine interestsⁱⁱⁱ, of serious adverse vaccine reactions left unaccessed, untreated and uncompensated in their family members^{iv}, and of revelations of fraud in vaccine research^v. Refusal to address these complaints have fomented distrust in the NIP, the CDC, state health organizations and medical professionals administering vaccinations.

As a result of the removal this accountability mechanism, there remains little means by which vaccine injury families, and those concerned with the safety of the NIP, can access accurate information about the program, true risk analysis of vaccines, and even what individual physicians know about the products they are administering. Thus adherence to CDC vaccine recommendations is falling.

In 2015, in response to this growing distrust, rather than engaging with the public or instituting reforms, the vaccine industry and their partners in public health launched an aggressive legislative agenda to introduce more than 100 bills in 36 states to restrict and remove vaccine exemptions rights, and force vaccine uptake. Five vaccine bills were proposed in Maine in 2015, which afforded a rare window into the Maine Vaccine Program and its participating individuals and organizations.

The Maine Coalition for Vaccine Choice found that:

- **Legislators proposing vaccine exemption restriction and removal bills were not familiar with the NCVIA, its programs, its impact on vaccine policy, or accurate causes of parental vaccine refusal.**
- **Physicians and organizations administering vaccines under the Maine Immunization Program (MIP) were not familiar with the programs created by NCVIA, specifically the Vaccine Injury Compensation Program created to replace their liability for vaccine injury, define guidelines for vaccine injury, and provide care to their injured patients.**

In 2015, 21 entities testified in opposition to the MCVV drafted bill LD 1076, The Maine Vaccine Consumer Protection Act, that would have made education on the Vaccine Injury Compensation Program (VICP) and Vaccine package inserts mandatory for physicians. Of those 21 public health agencies, health corporations, professional organizations and individual medical professionals, 9 gave testimony that showed that they didn't understand what the VICP was, 11 gave testimony that was unclear on whether they understood the VICP or not, and 8

confused VICP with The Vaccine Adverse Events Reporting System (VAERS), which was not mentioned in the bill. Quotes from their testimony opposing the physician education bill:

Michaud, Maine Medical Association: When asked about VICP rulings, “I don’t know. I’ve never been involved in that system.”

Pelletier, Maine AAP: “The Federal Vaccine Injury Program provides appropriate venue for reporting and tracking vaccine related side effects.”

Austin, Maine Hospital Association: On vaccine package inserts: “People don’t receive vaccines like they do other prescriptions... not sure there is a package here.”

Belisle, Maine Quality Counts: “Many of the components of this bill are redundant to the Vaccine Adverse Events Reporting System and Efforts already performed by the Maine Immunization Program in collaboration with providers and physicians state wide.”

Box, Maine Immunization Program/Former Asst. Dir: “Many of the components of this bill are redundant to the Vaccine Adverse Events Reporting System and Efforts already performed by the Maine Immunization Program in collaboration with providers and physicians state wide.”

Michael, EMHS: “LD 1076 proposes to refocus the public’s attention away from credible public health information about the risks and benefits of immunization...”

- **The Maine Medical Association, Maine Chapter of the American Academy of Pediatrics and Maine Center's for Disease Control (including the MIP) were either unable or unwilling to answer basic questions submitted to them by MCVC about the positions they have espoused on vaccine policy and the 2015 legislation.**
- **Maine Board of Licensure in Medicine has ruled that physicians have no obligation to assess patients for vaccine adverse reactions, even when textbook cases are presented.**

In a complaint submitted to the board in December of 2015, a parent wrote that she repeatedly reported to her pediatrician that her son had displayed the symptoms of Pertussis Vaccine Induced Encephalopathy and, in January of 2015, asked for a medical evaluation, but had not received any response from the physician.

The symptoms of [vaccine induced encephalopathy](#), according to the Department of Health and Human Services, Health Resources Services Administration (HRSA), Vaccine Injury Compensation Program (VICP) are as follows:

“(B) For adults and children 18 months of age or older, an acute encephalopathy is one that persists for at least 24 hours and characterized by at least two of the following:

- (1) A significant change in mental status that is not medication related; specifically a confusional state, or a delirium, or a psychosis;
- (2) A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication; and
- (3) A seizure associated with loss of consciousness.

(C) Increased intracranial pressure may be a clinical feature of acute encephalopathy in any age group.

(D) A “significantly decreased level of consciousness” is indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater (see paragraphs (b)(2)(i)(A) and (b)(2)(i)(B) of this section for applicable timeframes):

- (1) Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli);
- (2) Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or
- (3) Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).”

The question put before the board by the family was:

“(1) If the Advisory Committee on Immunization Practices (ACIP), associated with the Centers for Disease Control and Prevention, has federally recommended a vaccine, and
(2) if the State of Maine has in turn mandated that vaccine for daycare and school admission, then
(3) if a parent or guardian has vaccinated his or her child with this vaccine, and
(4) that parent or guardian suspects that the child has suffered an adverse vaccine reaction, is that child entitled to a formal evaluation for vaccine injury by a qualified doctor based on an established medical standard of care?”

In July of 2016, diverting from the question put forth by the family the board closed the case with the following non-sequitur:

"...This complaint was reviewed by the Board, and questions were asked of the physician. In the response to our questions, the physician recognizes the mother’s concern, and, in hindsight, although the patient’s condition was not acute or urgent, she agrees she should have tried harder to notify the mother about a consultant’s recommendation. In discussing the need for her to have communicated more effectively, she does note that communication between pediatric patients and their parents, and the healthcare team, is a shared responsibility."

The physician has not yet contacted the family, and no assessment of the child has taken place.

- **Maine physicians are not qualified to assess, or even screen for, vaccine adverse reactions according to the Federal Department of Health and Human Services guidelines.**
- **Fraudulent vaccine safety claims are made by vaccine interests on a regular basis, with no accountability for open fraud.**

In December of 2014, when a representative of MaineHealth's VaxMaineKids reported on MPBN that there were several studies comparing vaccinated v. unvaccinated children which found that fully vaccinated children have no higher autism rates than unvaccinated children, the Maine Coalition for Vaccine Choice (MCVC) contacted both organizations, asking them to withdraw the false claim, as no such research exists. When they failed to do so, MCVC reported the fraudulent safety claims to the Maine Department of Health and Human Services, which responded with the non-sequitur that they had *found no reason to inspect the MaineHealth facility*, and closed the complaint.

- **The Maine CDC, although notified of ongoing Congressional investigations, federal law**

suits, and even DOJ indictments on corruption and fraud in vaccine safety and efficacy, failed to review their vaccine policies to assure that fraud is not influencing the MIP and adversely impacting the health of Mainers.

- **Maine has no plan to care for vaccine injured children**

When the Maine Immunization Program was contacted, and asked for the name of a physician qualified in the assessment of vaccine adverse reactions in the state of Maine for families with suspicions of vaccine injury to take their children to when their pediatricians do not take their complaints seriously, the MIP responded that they “do not gather or retain that information.”

- **Most of the financial burden for vaccine injury, which should be the legal responsibility of the US Health Resources Services Administration's Vaccine Injury Compensation Program, actually falls on the State of Maine, local municipalities and vaccine injury families themselves.**

It is important to note, that while this is specifically an examination of Maine, Maine's failings and lack of seriousness about vaccine safety are likely representative of what can be found in every state. Such a devastating breakdown in product safety and patient care is a natural consequence of the removal of financial liability from the vaccine industry for injury and death due to their products.

When no one who makes, promotes or delivers vaccines is legally responsible for vaccine injury, injuries increase, care for the injured wains, and those in both the industry and in public health shift into a state of willful ignorance about the damage done by the products they are creating, promoting and delivering.

Parental reports:

Kaleb was taken in for his 6 month vaccinations, started seizing within 4 hours and was rushed to the hospital. Many doctors over the course of 3 days all denied it could have anything to do with the vaccination he received just hours before.

- Holly Hagan, Ranglely

Being a "good mom" and following doctors orders, we had our daughter vaccinated on her first day of life. The child we brought home the next day was miserable, and riddled with serious health issues. Despite going halfway across the country to see top doctors and barking up every tree to find out what was wrong, it wasn't until I found pictures of vaccine injury rashes, and a list of symptoms, did I realize it was vaccine injury we were dealing with... when my daughter was 5 1/2 years old!

- Ellen Stanley, Ellsworth

My daughter had a reaction to all 3 of her Gardasil vaccines. Her provider was dismissive and said "it's not the Gardasil vaccine she is allergic to something." In the summer of 2016 she won a \$170,000.00 compensation from vaccine court for chronic urticaria and arthritis, caused by Gardasil.

- Jessica Dussault, RN, Sumner

- i <http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter6A/subchapter19&edition=prelim>
- ii <http://mainevaxchoice.org/wp-content/uploads/2015/05/83schedulev15schedulevdenmark.pdf>
- iii <http://muse.jhu.edu/article/646617/pdf>
- iv <http://www.vaxxed.com/stories-categorized-by-vaccine/>
- v Barry, Kevin, Robert F. Kennedy, and Boyd E. Haley. *Vaccine Whistleblower: Exposing Autism Research Fraud at the CDC*. New York, NY: Skyhorse, 2015. Print.