

Resolution 11A

Autism

2012 The U.S. Health Freedom Congress

Schaumburg, IL, June 14, 2012

Submitted by Autism One

Whereas a 2011 *Academic Pediatrics* report¹ stated that “An estimated 43% of US children (32 million) currently have at least 1 of 20 chronic health conditions assessed, increasing to 54.1% when overweight, obesity, or being at risk for developmental delays are included; 19.2% (14.2 million) have conditions resulting in a special health care need...,” with autism and ADHD among those conditions assessed;

Whereas autism has been defined as a disorder involving impairment in the domains of communication, social interaction, and behavior, but also includes specific physiological problems, such as to the gastrointestinal and immune systems, that cause the brain dysfunction that manifests as autistic behavior, further including global dysfunctions to physiology involving energy production and metabolism;

Whereas environmental triggers such as proximity to mercury-emitting coal-burning power plants or other pollutants have been associated with an increased prevalence of autism;

Whereas vaccines contain or have contained environmental triggers, such as mercury and aluminum, known to produce autoimmune reactions that can be associated with chronic health conditions;

Whereas a peer-reviewed law journal, *Pace Environmental Law Review*,² reported that “the Vaccine Injury Compensation Program (VICP) has compensated approximately 2,500 claims of vaccine injury since the inception of the program, [finding] 83 cases of acknowledged vaccine-induced brain damage that include autism, [and that] in 21 published cases of the Court of Federal Claims, which administers the VICP, the Court stated that the petitioners had autism or described autism unambiguously, [and] in 62 remaining cases, the authors identified settlement agreements where Health and Human Services (HHS) compensated children with vaccine-induced brain damage, who also have autism or an autism spectrum disorder,” with this investigation suggesting “that officials at HHS, the Department of Justice and the Court of Federal Claims may have been aware of this association [the VICP compensating cases of vaccine-induced brain damage associated with autism for more than twenty years] but failed to publicly disclose it”;

Whereas from at least the year 2000 forward, government and industry representatives knew that Thimerosal-containing vaccines caused physiological harm to children, which was discussed at a closed meeting in the year 2000 at the Simpsonwood Retreat Center in Norcross, Georgia, and for which transcripts are available;

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Whereas, according to a 2012 MMWR publication reporting on children born in 2000 and assessed in 2008: “The Centers for Disease Control and Prevention (CDC) estimates that about 1 in 88 children has been identified with an autism spectrum disorder (ASD). CDC’s estimate comes from the Autism and Developmental Disabilities Monitoring (ADDM) Network, which monitors the number of 8-year-old children with ASDs living in diverse communities throughout the United States. In 2007, CDC’s ADDM Network first reported that about 1 in 150 children had an ASD (based on children who were 8 years old in 2002). Then, in 2009, the ADDM Network reported that 1 in 110 children had an ASD (based on children who were 8 years old in 2006). Most recently, the ADDM Network⁴ reported that 1 in 88 children had an ASD (based on children who were 8 years old in 2008). This means that the estimated prevalence of ASDs increased 23% during 2006 to 2008 and 78% during 2002 to 2008,” and [the CDC] “also found that almost five times as many boys were being identified with ASDs as girls (1 in 54 compared to 1 in 252)”;

Whereas, according to a 2006 Harvard report,⁵ “it can cost about \$3.2 million to take care of an autistic person over his or her lifetime,” and “caring for all people with autism over their lifetimes costs an estimated \$35 billion per year”;

Whereas Mark Blaxill, editor-at-large for the daily Internet newspaper *Age of Autism* and a director of SafeMinds, commented in 2010⁶ on the FDA, a DHHS agency, allowing use of rotavirus vaccines despite their contamination with viral particles from pigs, with Blaxill's investigation finding an unprecedented vaccine “public-private partnership” between drug companies and DHHS's National Institutes of Health (NIH), where NIH researchers developed key technology underpinning cervical cancer vaccines; the technology was patented and licensed to pharmaceutical giants Merck and GlaxoSmithKline through the NIH Office of Technology Transfer (OTT), and when new products invented at NIH clear the regulatory hurdles at FDA and reach market, OTT shares in the profits and distributes them back to NIH and its staff inventors. Despite clinical trials lacking a true placebo, FDA approved it for use. The CDC's vaccine advisory committee then recommended Gardasil for universal use by girls. The FDA and CDC jointly conduct the surveillance to decide whether the NIH-invented Gardasil is safe once licensed. Dr. Julie Gerberding served as the Director of the CDC when it approved Gardasil. She is now the president of Merck Vaccines. According to Blaxill, this situation creates “an unprecedented web of conflict, one in which the same departments that are tasked with regulating the health and safety of medical products are also profiting from them.” There have been hundreds of claims of injury or death from Gardasil. Gardasil vaccine injury claims were brought to the Court of Federal Claims, where vaccine injured petitioners are required to bring claims. Here, too, there are serious potential conflicts of interest as DHHS jointly administers the Vaccine Injury Compensation Program and is also the defendant against the claims of vaccine injury instead of the vaccine manufacturer Merck;

Whereas the cases of the Omnibus Autism Proceedings examining the culpability of Thimerosal and of the MMR vaccine were lost, precluding legal redress to vaccine-injured petitioners with autism through the prescribed Vaccine Injury Compensation Program; and

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Whereas by the decision of the Supreme Court in *Bruesewitz v. Wyeth*, concerning Hannah Bruesewitz, who developed catastrophic brain injury and a lifelong seizure disorder hours after a diphtheria-pertussis-tetanus vaccine, with no other only plausible explanation for the harm to Hannah, civil lawsuits for vaccine design defect resulting in autism were foreclosed (there is no courtroom in the country in which to obtain justice and compensation for years of care ahead), thus leaving vaccine-injured petitioners with autism no legal means of redress and leaving vaccine manufacturers freedom from quality control and liability;⁷

Whereas the health of American children is at an alarming low with autism rates at an alarming high, threatening the health, safety, and function of children and the viability of future generations, with federal agencies no closer to providing definitive answers and humane solutions to staunch the debacle to human health and economic resources;

THEREFORE BE IT RESOLVED that immediate implementation of effective measures to protect children from experiencing autism or harm from vaccines be supported and recommended including supporting and recommending:

The protection of the right to vaccination choice – a mainstay of health freedom and personal rights -- by parents for their minor children, or, in the case of a cognitively disabled individual, those under their guardianship, to include philosophical, religious, and medical exemptions, even in times of alleged national emergency, with vaccination choice allowed under any insurer (e.g., government-funded or private) and with vaccination to minors always requiring parental consent under all circumstances and for any vaccination category;

The holding of hearings and actions by the US Congress to amend the 1986 National Childhood Vaccine Injury Act to reinstate the right to sue for vaccine design defect in civil court, with vaccines being open to quality control standards, scrutiny (e.g., third party inspection), and liability as any other consumer product;

The thorough investigation of the Vaccine Injury Compensation Program by the US Congress including a medical investigation of compensated claims of vaccine injury;

Recommendation that the US Congress ensure that the Vaccine Injury Compensation Program operates as originally intended as a non-contentious and swift avenue of legal redress to families whose child has suffered collateral damage on behalf of what health departments deem as the need for herd immunity and the greater good;

That the US Congress, after investigation of the VICP, extends the statute of limitations on vaccine-injury claims from three years to the age of majority, allowing for advances in medical science;

That the Centers for Disease Control and Prevention immediately undertake a study of never-vaccinated children as compared with vaccinated children, with data made

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accessible in real-time to third party independent investigators with no ties to pharmaceutical interests;

The immediate implementation of a moratorium on the use of mercury in influenza or any other vaccines possibly used for administration to children and women of childbearing age until the aforesaid study is completed;

Recommendation that the CDC rescind the recommendation for a hepatitis B shot at birth (or sooner than six months) for babies born to a mother who tests negative;

That the CDC recommend against the use of mercury-containing influenza shots for pregnant women or in the pediatric population;

That the American Academy of Pediatrics recommends to all members that children whose parents elect not to vaccinate should not be “fired” from any given pediatric practice; That the US Department of Health and Human Services overhaul the Interagency Autism Coordinating Committee (IACC) appointee roster so that no pharmaceutical interests are represented, either directly or indirectly, and neither by current or former financial or employment ties, so that honest research can go forward into the environmental triggers responsible for the autism epidemic, with corresponding and humane solutions for autism prevention and recovery.

Bibliography

1. Bethell C, Kogan M, Strickland B, Schor E, et al. A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations. *Academic Pediatrics*. 2011;11(3):S22-S33. <http://www.sciencedirect.com/science/article/pii/S1876285910002500>. Last accessed June 7, 2012.
2. Holland M, Conte L, Krakow R, Colin L. Unanswered Questions from the Vaccine Injury Compensation Program: A Review of Compensated Cases of Vaccine-Induced Brain Injury. *28 Pace Env'tl. L. Rev.* 480 (2011). <http://digitalcommons.pace.edu/pehr/vol28/iss2/6>. And <http://www.ebcala.org/unanswered-questions>. Last accessed June 7, 2012.
3. Scientific Review of Vaccine Safety Datalink Information. http://www.safeminds.org/government-affairs/foia/Simpsonwood_Transcript.pdf. Last accessed June 7, 2012.
4. Community Report From the Autism and Developmental Disabilities Monitoring (ADDM) Network Prevalence of Autism Spectrum Disorders (ASDs) Among Multiple Areas of the United States in 2008.” Funded by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services. <http://www.cdc.gov/ncbddd/autism/documents/ADDM-2012-Community-Report.pdf>. Last accessed June 7, 2012. (To read the MMWR report in its entirety, go to www.cdc.gov/mmwr.)
5. Michael Ganz, Assistant Professor of Society, Human Development, and Health at Harvard School of Public Health, authored the study, which appears in a chapter titled, “The Costs of Autism,” in the newly published book, *Understanding Autism: From Basic Neuroscience to Treatment* (CRC Press, 2006).

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<http://www.hsph.harvard.edu/news/press-releases/2006-releases/press04252006.html>. Last accessed June 7, 2012.

6. Mark Blaxill. May 2005. A License to Kill? (3-part series). *Age of Autism*.
<http://www.ageofautism.com/2011/08/rick-perry-and-the-conflicts-of-government-licensed-corporate-profit-merck-gardasil.html#more>. And <http://www.coalitionforvaccinesafety.org/press.htm>. Last accessed June 7, 2012.
7. <http://www.coalitionforvaccinesafety.org/press.htm>. Last accessed June 7, 2012.

Be it resolved that the 2012 Health Freedom Congress has considered the following resolutions and hereby adopts the health freedom principles embodied in the resolutions and offers the support of the member organizations to the extent determined by each organization's governing principles. *

*This statement was adopted to apply to the set of resolutions that the 2012 Health Freedom Congress passed June 14, 2012.