Vaccinations-educate before you vaccinate



Vaccinations-Educate before you vaccinate Composition Oct 2011 As a caregiver you have the responsibility to become fully informed by educating yourself about vaccines and understand that every vaccine is not right for every child. Mosby's Dictionary of Complementary and Alternative Medicine offers this definition of informed consent " n 1. An aspect of research in which the consent of the subject is obtained and the subject is informed of possible risks and benefits from participating in the research. 2. Consent to medical procedures/treatment given by a patient after the potential risks, hazards, and benefits of the treatment have been explained." In simple words, that's when you go to the doctor for a non-invasive procedure; e.g. getting a wart removed, and they have you sign all this paperwork that says they warned you of all the risks involved including death. Unfortunately, most doctors don't take the time to go over all the information regarding vaccinations. You must take it upon yourself to understand the benefits, risks, reactions and precautions of vaccinations in order to make an educated decision regarding your most prized possession, your child. There are many benefits to vaccinations. Due to vaccinations smallpox has been eradicated and the last case of Polio in the U.S. was recorded in 1979. These are the two of the most impressive success stories of vaccinations. These are undisputable facts of how vaccinations have helped control disease in the past. Many diseases have run their course and disappeared; e.g. typhoid, yellow fever, and long before there were vaccines. Sanitation, nutrition, and immune system response also play a role in helping control wide spread disease. While that is all well and good the real question is, what about today's vaccinations? Let's start at the beginning, as in the beginning of the vaccination schedule. The AAP (American Academy of Pediatrics) 2011

immunization schedule recommends a Hepatitis B vaccine to be given at birth. But how many parents are told the benefits and risks of giving their newborn this vaccine at such an early age? How many are told how their new baby can contract this disease? Most parents are told this is what is required. There are many misconceptions about what is required as well, but we'll get to that later. According to the CDC (Center for Disease Control), in regards to contracting Hepatitis B, " The primary risk factors that have been associated with infection are unprotected sex with an infected partner, birth to an infected mother, unprotected sex with more than one partner, men who have sex with other men (MSM), history of other STDs, and illegal injection drug use." Based on that information, one would assume a newborn would not participate in any of these activities and the only possible way for them to contract it is if they were born to a mother who had Hepatitis B. Since women are tested for STDs during pregnancy, a mother that is infected with Hepatitis B will be aware of that fact when she gives birth. So why is the Hepatitis B vaccine recommended for and routinely given to all newborns? We also must understand the risks involved. Again let's use the Hepatitis B vaccine as an example. The CDC warns that "Anyone who has had a serious allergic reaction to a prior dose of Hepatitis B vaccine, a component of the Hepatitis B vaccine, or yeast should not receive Hepatitis B vaccine." This is where informed consent should be implemented but, unfortunately, doctors are not required to give it for vaccines. If Hepatitis B vaccines are routinely given to newborns, why are they not routinely check for allergies to yeast? Some would argue that it's not cost effective and they would be right. Tell that to the mother who stayed up all night holding her two month old who had difficulty breathing because no one warned her something like this could

happen or to the families of the 20 infants who died this year alone because of receiving the Hepatitis B vaccine. Ask them what they would have paid to have those tests done. Another controversial area of concern in regards to vaccinations is the possible link to autism. Dr. Andrew Wakefield's 1998 study was one of the first published studies to suggest a link between the MMR vaccine and autism. He has been accused of publishing the findings for profit or that it was a hoax. He stands by his findings and as recently as January 2011 Dr. Andrews released this statement "The British Medical Journal and reporter Brian Deer recently alleged that my 1998 research paper was 'a hoax' and 'an elaborate fraud' and that my motivation was profit. "I want to make one thing crystal clear for the record — my research and the serious medical problems found in those children were not a hoax and there was no fraud whatsoever. Nor did I seek to profit from our findings. "The statement goes on to say that "the results of my research have been duplicated in five other countries" with citations to support this claim. This subject has been plagued by controversy on both sides of the spectrum. The CDC supports the IOM (Institute of Medicine) conclusion that " the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism." In April 2011, scientist Poul Thorsen was indicted with thirteen counts of wire fraud and nine counts of money laundering. According to the Atlanta Business Chronicle, from 2000 to 2009, the CDC awarded more than \$11 million to two governmental agencies in Denmark to study the relationship between autism and exposure to vaccines, between cerebral palsy and infection during pregnancy and between childhood development and fetal alcohol exposure. In 2002, Thorsen became the principal investigator for the grant, responsible for administering the https://assignbuster.com/vaccinations-educate-before-you-vaccinate/

research money awarded by the CDC. Dr. Thorsen's research papers include the famous "Danish Study" which concludes that thimerosal, the mercurybased preservative used in vaccines around the world, has no statistically significant link to autism. The CDC, AAP and IOM maintain their stance that vaccines are safe and no link to autism can be proven. But in 2008, the parents of Hannah Poling were, in their own words, "vindicated" by the federal government's decision to compensate them for their claim that Hannah's autism was caused by her vaccinations. According to the Poling's attorney, even though the family would be willing to make public the facts of the case, the rules of the court do not allow that. It was only made public when it was posted on an autism advocacy group's web site. This case is one of approximately five thousand cases that have been filed under the National Childhood Vaccine Injury Act of 1986, ("Vaccine Act") in the Court of Federal Claims claiming a link between childhood vaccines and autism. That seems like too big of a number to me to be considered a coincidence. Another claim by public health officials to be a coincidence is SIDS (Sudden Infant Death Syndrome). This usually occurs in infants that are between two and six months old. Coincidentally, this is when the most of the immunizations are administered. Between the ages of two and six months old they are given Rotavirus, Diphtheria, Tetanus, Pertussis, Haemophilus influenzae (HIB), Pneumococcal and Inactivated Poliovirus. The AAP's recommendation is to receive each of these vaccines at 2, 4 and 6 months. That is a total of 24 doses in four months! I don't think it is a coincidence at all. Could it be that it's too much for a tiny baby and their still developing immune systems to handle that kind of attack? The CDC does list some common ingredients in vaccines such as aluminum, antibiotics, egg protein, formaldehyde,

monosodium glutamate (MSG) and thimerosal. While mercury is no longer used as a preservative, thimerosal is mercury based. If someone put those ingredients in a spoon and tried to feed it to your child, would you just stand there and watch? I imagine most of you would at the very least be hesitant. Then why do we allow it to be injected directly into our children's bloodstream without inquiry? The most common reaction to vaccinations is a fever. Most doctors will tell you this is "normal" and suggest giving the child Tylenol. Make no mistake, it is not normal. A fever may be a common reaction but it is by no means a normal one. Normal would be no reaction. Also, reducing a fever is dangerous; because a fever is the organism's way of dealing with an infection. Lowering a fever disables the immune system, allowing the infection to take over. Because most people are told that this is normal, they are unaware of the fact that it is a reaction none the less and should be reported to VAERS (Vaccine Adverse Event Reporting System). Other reactions that go unreported because people are told they are " normal" include fussiness, redness and swelling. If a severe and permanent reaction occurs, you are able to file a claim with the Vaccine Injury Compensation Trust Fund. It provides funding for the National Vaccine Injury Compensation Program to compensate vaccine-related injury or death claims for covered vaccines administered on or after October 1, 1988. Per their website, the total amount awarded for 2011 is \$132, 574, 285. 63. That was of 189 claims that were awarded. There were an additional 275 claims that were dismissed. In 2010, the amount awarded reached \$179, 387, 341. 30 with 173 claims paid and 57 that were dismissed. If vaccines are as safe as we are told, why is there a need for such a fund? Another misconception is that you must have your child vaccinated for them to attend school.

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Vaccinations are recommendations not requirements! There are three types of exemptions medical, religious and philosophical. Every state allows for at least two of the three exemptions. Exemption forms are available at your school or local board of education. All you have to do is ask for one. If one is not available at the school, you can go online and print one out. I printed my exemption form from http://www.nvic.org/. Now is the time to ask questions. If you are not sure what to ask, you can ask to see the manufacturer's insert. It comes with every vaccine. It lists all the warnings and ingredients. It even has detailed instructions on how the vaccine should be administered. Don't be afraid to tell your doctor you will look over the information and decide after you have all the information. Ask what the rate of infection is. Ask what the rate of protection is if you do decide to vaccinate. You may be surprised by the responses. Vaccinations have helped to control wide spread disease all over the world but you must weigh the benefits and risks of vaccines for yourself and your child. I urge you to educate yourself, ask questions and don't follow the herd blindly. If you won't be an advocate for your child, who will? References: www. cdc. gov/vaccines/pubs/vacc-timeline. htm www. hrsa. gov/vaccinecompensation/index. html www. cdc. gov/vaccines/ vaers. hhs. gov/index www. nvic. org/ Jonas: Mosby's Dictionary of Complementary and

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