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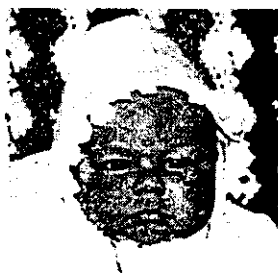


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Vaccines, immunizations or inoculations are recommended for every child born in the United States. A vaccination shouldn't hurt a child but sometimes they do. Before your child takes the risk, find out what it is.

NATIONAL VACCINE INFORMATION CENTER

Click on photos below to see the kids' stories

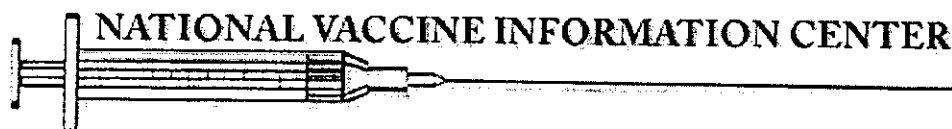


The National Vaccine Information Center (NVIC) is a national, non-profit educational organization founded in 1982. It is the oldest and largest national organization advocating reformation of the mass vaccination system and is responsible for launching the vaccine safety movement in America in the early 1980's. Located in Vienna, Virginia, NVIC is dedicated to the prevention of vaccine injuries and deaths through public education. NVIC provides assistance to parents whose children have suffered vaccine reactions; promotes research to evaluate vaccine safety and effectiveness as well as to identify factors which place individuals at high risk for suffering vaccine reactions; and monitors vaccine research, development, policy-making and legislation. NVIC supports the right of citizens to exercise informed consent and make educated, independent vaccination decisions for themselves and their children.

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ASSEMBLY JUDICIARY
DATE: 4/1/03 ROOM: 3138 EXHIBIT I
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TERRY



Terry is seven years old and stays alive with the help of a respirator and 24-hour nursing care. He can move his eyes and mouth but he can't move his head. Terry was left paralyzed by vaccine strain polio after swallowing live oral polio vaccine at nine weeks of age.

Terry was a beautiful baby, the only child born to parents in Alabama. Blond and blue-eyed with what his mother described as a "healthy pink glow" to his skin, Terry had been a happy, healthy, strong baby from birth. He was lifting his head and attempting to roll over when he was two months old.

When Terry was nine weeks old, his doctor gave him his first DPT shot and oral polio vaccinations. In the 48 hours after his vaccinations, Terry started to sleep more than usual and his mother couldn't wake him up to eat. Terry's breathing became shallow and the pretty pink glow of his skin turned grey and mottled. When Terry's mother called the doctor's office, she was told to wait until the morning to bring him in. But Terry's mother was so worried she decided not to wait until morning and took her baby into the doctor's office without an appointment.

When the nurse saw the color of Terry's skin, she immediately grabbed him and started oxygen therapy. An ambulance was called to take him to the hospital. When the doctor asked Terry's Mom what had happened to him, she reminded the doctor that Terry had just gotten vaccinated but the doctor said he did not think the vaccines had anything to do with Terry's condition. Still, the doctor wrote on the medical chart that Terry should not receive any more DPT vaccine.

At the hospital, Terry was put on a respirator. For the next two months, Terry was fed through a tube in his nose and had to remain on the respirator 24 hours a day while one lab test after another was performed to try to find out what had happened to him. All the tests came back negative. Terry's parents kept talking about the vaccines he had been given but nobody would listen.

Terry spent another nearly six months in a major hospital while doctors searched for a clue to the cause of his sudden collapse and paralysis. One muscle biopsy pointed to Werdnig-Hoffman disease, which is similar to Lou Gehrig's disease, but a follow-up biopsy failed to support that finding.

When Terry returned home after nearly eight months in the hospital, a local neurologist researching the cause for Terry's illness found a reference in the neurology textbook that the oral polio vaccine can mimic Wernig Hoffman disease.

Today Terry spends most of his time in bed or in a recliner while he is visited by teachers, physical therapists; speech therapists and occupational therapists. Because the respirator that keeps him alive is so big, he is unable to leave his house most of the time. Terry is still in diapers and must wear a permanent catheter because of kidney problems. Although he can sometimes swallow a little bit of solid food, he is primarily fed through a tube in his nose. His nurses suction him regularly to keep the tubes allowing him to eat and breathe clear, but he frequently goes into respiratory arrest and experiences other medical emergencies that send him to the hospital.

Even with the severe injuries that the live polio vaccine left him with, Terry loves Barney and likes to have his parents and therapists read to him. His Dad says he gives you a special look when he wants something. He loves to be picked up and held close but he can't hug you back.

In 1996, the U.S. Court of Claims in Washington, D.C. officially acknowledged that Terry's paralysis was caused by the live polio vaccine he received as a baby.

Sadly, Terry passed away on January 8, 1999.

Today, the only cases of polio in the U.S. are caused by the live oral polio vaccine. The Centers for Disease Control reports that there are eight to ten cases of vaccine associated polio in the U.S. every year but there is a question about how many cases like Terry remain undiagnosed.

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ANNA



Eight year old Anna cannot sit without support or cannot walk without braces and a walker. Most of the time she sits in her wheelchair. Anna was left paralyzed after she was injected with MMR (measles, mumps, rubella) vaccine at 15 months of age.

Anna was the second of two children born to a family in Virginia. She had been a bright, healthy baby and toddler and had started walking at 13 months. When it came time for her to get her first MMR shot at 15 months, the pediatrician told her mother to expect a mild reaction anywhere from 10 days to two weeks after the shot that might include cold symptoms or a rash.

Nine days after her shot, Anna had a runny nose and a low grade fever. Her mother was not concerned about those symptoms but she was concerned that Anna was very irritable. Although her cold symptoms eventually disappeared, Anna did not return to the happy, playful

toddler she had once been. Instead she continued her strange behavior, crying and wanting to be held constantly. Then Anna started tripping and falling down.

When Anna's mother called the pediatrician, he told her to put ice on the leg where he had given Anna the injection and give her Tylenol. Fourteen days after the MMR shot, Anna's mother took her child back to the pediatrician. Although Anna had always loved to play and laugh with her pediatrician, this time she screamed every time he tried to come near her.

Over the next six weeks, Anna lost the ability to sit or walk. One doctor suggested that she be seen by a psychologist to determine why Anna was refusing to walk. When Anna's mother consulted a neurologist, the neurologist immediately hospitalized Anna with a suspected diagnosis of tumor on her spinal cord. The MRI scan of her brain showed there were lesions in the white matter of her brain. All other tests came back negative.

Anna continued to deteriorate and lost all control of her trunk and legs. When she tried to sit up, she would flop over like a rag doll. Nearly every week she would run a fever for two to three days. Lab test after lab test was performed to try to find out what had happened to her. In a four week period, she endured seven spinal taps. During one hospitalization, Anna turned completely limp and doctors feared she would lose her ability to breathe on her own and would have to be put on a respirator.

Eventually Anna was put on steroid therapy, which helped her to regain her personality and

stop her brain from further deteriorating. However, she remained paralyzed in the lower body, with some upper body involvement and was left with processing delays.

Today Anna attends third grade in a wheelchair. As she grows and becomes taller and heavier, it is hard for her to keep the trunk of her body upright. Anna loves to swim underwater because she says it makes her feel free.

In 1993, the U.S. Court of Claims in Washington, D.C. officially acknowledged that Anna suffered post vaccination encephalopathy following her MMR vaccination as a toddler.

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RICHIE



Richie was a thriving two month old baby boy, the second son born to a family in upstate New York when he got his first DPT shot in the winter of 1983. Richie's older brother had had severe reactions to his DPT shots, including high fevers, redness and swelling at the site of the injection, uncontrollable screaming, diarrhea and vomiting but the pediatrician had reassured Richie's Mom that these were "normal" reactions to DPT vaccine and not to worry. So Richie's Mom, who was a nurse, was prepared for Richie to be uncomfortable following his first DPT shot.

By the evening of the day Richie got his first DPT shot, the area around the site of the injection began to swell. Richie's Mom remembered how Richie's brother's leg had swelled up after his DPT shots. But then Richie's hip turned red and purple and soon the purple started to spread out from the injection site in round patches. Still, Richie didn't have a fever and continued to drink from his bottle so Richie's Mom didn't worry.

In the middle of the night, Richie woke up crying, then went back to sleep. But in the morning he woke up screaming "like a cat in pain." Richie's Mom thought his hip was bothering him.

After a brief nap Richie woke up crying again but his cry was weaker. After taking a bottle, he fell back to sleep. An hour later he had severe diarrhea with gas and mucous in his diapers. Then he fell asleep again until he again woke up crying.

This time when Richie's Mom went to pick him up, she found him soaked through two receiving blankets with a musty, pungent odor. While she washed him, she noticed he was limp and staring at her with "dark eyes." Instead of having a fever, he felt cool with ice cold hands. Thankful that her baby didn't have a fever, she didn't worry. She thought the house might be too cold and dressed him warmly, putting socks on his little hands.

Richie slowly drank eight ounces of water from his bottle and later that day had three more diapers with diarrhea in them. His leg still seemed to be sore. When he slept, his fingers twitched slightly. Later he gagged on the nipple of his bottle and vomited a little. Richie's Mom remembered how Richie's brother had had diarrhea and vomiting after his shots and so she didn't worry.

That evening while Richie's Mom was giving him a bottle, suddenly he stopped sucking.

Then he started to sigh. Alarmed, she called the doctor and described the symptoms and asked him to meet them at the emergency room. The doctor told her it wasn't necessary for him to meet her at the emergency room. The doctor didn't seem worried. Within minutes, Richie died in his mother's arms as his father and six year old brother watched. It had been 33 hours since a doctor had injected him with his first DPT shot.

Fourteen weeks after his death, Richie's parents received the autopsy report findings describing an enlarged thymus gland (the gland that helps regulate the immune response in the body) as well as congestion and edema in the lungs and brain.

Not satisfied with the autopsy findings, Richie's parents made an appointment to talk with the coroner. As soon as they walked into his office, the coroner handed them an article entitled "The Pathologist and the Sudden Infant Death Syndrome."

But Richie's Mom knew that her baby did not die from SIDS. Armed with the *Physician's Desk Reference* and studies on DPT vaccine, she described in detail exactly what happened to Richie following his vaccinations. The coroner listened to her and wrote on the death certificate that the cause of Richie's death was "Irreversible shock due to a probable reaction to DPT."

At the time of Richie's death, his parents were concerned that the lot of vaccine he received may have been especially reactive and perhaps should have been investigated. Richie's parents worried that other babies might die from the same lot of vaccine that Richie had received. No health official ever contacted the family to find out what happened to Richie. There was never an investigation into this death by the manufacturer, state, county or federal Centers for Disease Control although they were all notified of Richie's death. It seemed to Richie's parents that no one cared that their baby had died and the government was not worried that other children might be at risk of dying like Richie had.

Richie's family filed a claim with the Vaccine Injury Compensation Program and in 1989, received official acknowledgment from the U.S. Court of Claims in Washington, D.C. that the DPT vaccine caused Richie's death.

A more complete profile describing what happened to Richie and his family can be found in the book *A Shot in the Dark* by Harris Coulter and Barbara Loe Fisher.

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NICHOLAS



For the first 13 days of his life, Nicholas was no different than any other baby. He ate well. When he slept, he slept well. He acted just like my first son acted when he came home from the hospital." Nicholas was given a hepatitis B shot at his regular check up at the pediatrician's office on the 13th day of his life. That night when I got home from work, I noticed that Nicholas was crying a lot more than usual. In fact, he was screaming some of the time. He was acting differently, but because we had just taken him to the doctor for a checkup and they told us he was a big healthy boy, we thought everything was OK. When he was just acting fussy, like babies sometimes do, we didn't know anything about vaccines or that they can cause problems for some babies.

Nicholas cried on and off for most of the night. When I got up and went to work the next day, he was still crying on and off. He continued during most of the day and into the evening. The next morning, his mother found him dead in his crib. From the way he looked, he had been dead for several hours."

An autopsy was done the next day. A couple of weeks later, our pediatrician told us over the phone that the autopsy showed Nicholas had died of sudden infant death syndrome. He told us Nicholas was one of the healthiest babies he had ever seen.... What I didn't know then but I know now is that the pediatrician had made a report within 17 days of Nicholas' death to the government's Vaccine Adverse Event Reporting System, VAERS. In VAERS, Nicholas' death is listed as SIDS. Even though I didn't know anything about vaccines or SIDS, something told me that there was a reason why Nicholas died, and I had to find out why.

After seeing an article in the *Washington Post* about the Institute of Medicine report on adverse events associated with childhood vaccines, Nicholas's father called the National Vaccine Information Center and began talking to experts and researching infant death and vaccines. Eventually a clinical professor of pathology, who had reviewed Nicholas' medical records, autopsy and slides, stated in writing that Nicholas did not die of SIDS but died a cardiac death, caused by passive congestive changes with pulmonary edema and hemorrhage caused by the active immunization with hepatitis B vaccine. The pathologist stated "I do not believe this was a sudden infant death syndrome death. Sudden infant death syndrome is the most abused diagnosis in pediatric pathology. In this particular case, the infant was two weeks old. Sudden infant death at two weeks old is so rare as to be virtually unheard of."

The pathologist went on to say that Nicholas was at high risk for congestive heart failure because his mother had gestational diabetes, but that he would definitely have survived were it not for the stress induced by the hepatitis B vaccination.