

# Dr. Fauci Gives False Information to Congress About Vaccine Reactions

Source: [The Vaccine Reaction](#)

## Dr. Fauci, It's Not Nice to Fool Congress About Vaccine Reactions

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On Feb. 27, 2019, the U.S. House Subcommittee on Oversight and Investigations held a public hearing on "[Confronting a Growing Public Health Threat: Measles Outbreaks in the U.S](#)" that was also broadcast live on [C-span](#). Parents across the nation watched and heard the renowned Anthony Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases (NIAID),<sup>1</sup> either tell a bald faced lie or show his ignorance when he testified, under oath, that MMR vaccine does not cause encephalitis. This large dose of disinformation drew gasps of protest from parents attending the Capitol Hill hearing and prompted Committee Chair Diana DeGette (D-CO) to bang the gavel and warn that "manifestations of approval or disapproval of the proceedings is in violation of the rules of the House and this Committee."

It is really hard to watch a distinguished physician like Dr. Fauci mislead legislators by blatantly denying the damage that serious vaccine reactions like brain inflammation can do to children's brains. It is also hard to watch legislators believe everything they are told by government employees just because they have MD or PhD written after their names.

At 53:05 in the 95 minute House public hearing (42:05 on C-Span), Rep. Brett Guthrie (R-KY) asked this question: "I want to look at some of the concerns. I've heard some parents claim that measles vaccine can cause brain inflammation, known as encephalitis. Is that true? Is that true?"

Looking like he was buying time, Dr. Fauci answered, "Brain inflammation...encephalitis..."

Rep. Guthrie persisted, "Can measles vaccine cause encephalitis? The vaccine..."

Dr. Fauci without blinking took a Pinocchio turn and answered, "The vaccine? No."

When the audience broke out in audible disbelief and as the Chair brought the gavel down, Fauci knew he was busted and quickly murmured, "...rare."

Then Nancy Messonnier, MD, Director of the CDC's National Center for Immunization and Respiratory Diseases,<sup>2</sup> jumped in to help Fauci out. She stated authoritatively, "In healthy children MMR vaccine does not cause brain swelling and encephalitis."

Rep. Guthrie appeared concerned and continued to pursue the line of questioning, "So if a child was unhealthy when they got the vaccine, would it...?"

Messonier replied, "There are rare instances in children with certain very specific underlying problems with their immune system in whom the vaccine is contraindicated. One of the reasons it's contraindicated is, in that very specific group of children, there is a rare risk of brain swelling."

Rep. Guthrie followed up with a logical and very important question, "But would a parent know their child was in that category before..."

And then Dr. Messonnier proceeded to tell a whopper of her own, quickly reassuring the congressman that parents would know if their child's brain was going to swell *before* getting MMR vaccine because doctors would tell them so. She answered without hesitation, "Certainly. And that's why parents should talk to their doctor."

Let's more closely examine the disinformation (false information intended to deceive or mislead<sup>3</sup>) dished out to legislators on Capitol Hill by two of the highest-ranking public health officials in the U.S.

**DISINFORMATION:** MMR vaccine does not cause encephalitis (brain inflammation).

**THE TRUTH:** MMR vaccine can cause encephalitis and acute and chronic encephalopathy (brain dysfunction).

Here is **THE EVIDENCE:**

### **MMR Vaccine Manufacturer Package Insert**

The MMR product manufacturer package insert published by [Merck & Co.](#), the manufacturer of MMR vaccine, states: "Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines. The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases)." **Warnings** include: "Due caution should be employed in administration of M-M-R II to persons with a history of cerebral injury, individual or family histories of convulsions, or any other condition in which stress due to fever should be avoided." The same warnings are included for Merck's [MMRV](#) vaccine.

### **CDC's Vaccine Information Statement (VIS)**

Under the informing, recording and reporting safety provisions of the National Childhood Vaccine Injury Act of 1986,<sup>4</sup> doctors are required by law to give the VIS to parents before children receive a CDC recommended vaccine. The VIS handouts for [MMR](#) and [MMRV](#) vaccine state that “severe” adverse events may include “deafness; long-term seizures, coma, lowered consciousness; and brain damage.” The VIS for MMRV vaccine states that one of the “moderate” adverse events that can occur is “Infection of the lungs (pneumonia) or the brain and spinal cord coverings (encephalitis, meningitis).”

### **Medical Literature Reports**

There is additional evidence in the medical literature that MMR vaccine can cause encephalitis and encephalopathy, including the following references.

The large prospective case controlled National Childhood Encephalopathy Study (NCES) conducted in Britain, which investigated all causes of encephalitis, encephalopathy and chronic neurological dysfunction in children, was published in 1981. Researchers concluded that, “The risk of a serious neurological disorder within 14 days after measles vaccine in previously normal children irrespective of eventual clinical outcome is 1 in 87,000 immunizations.”<sup>5</sup>

In 1998, federal public health officials published a report in *Pediatrics* reviewing the medical records of children who had filed claims in the federal vaccine injury compensation program (VICP) and had suffered “acute encephalopathy followed by permanent brain injury or death” following receipt of live attenuated measles vaccine alone or in combination with rubella and mumps vaccines (MR, MMR). They stated, “Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant

distribution of cases on days 8 and 9. No cases were identified after the administration of monovalent mumps or rubella vaccine. This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization.”<sup>6</sup>

A report, “Inflammatory/Post-Infectious Encephalomyelitis,” was published in 2004. The authors stated, “The non-neural measles, mumps, and rubella vaccinations are most commonly associated with post-vaccination encephalomyelitis. The incidence is 1-2 per million for live measles vaccinations.”<sup>7</sup>

In 2007, another prospective study conducted in Britain investigating the risk of serious neurologic disease after vaccination in early childhood (2-36 months old) was published in *Pediatrics*. The researchers concluded, “There was no evidence of a raised relative incidence of serious neurologic disease in any of the specified risk periods with the exception of a raised relative incidence of 5.68 in the 6–11 days after measles, mumps, rubella vaccine.”<sup>8</sup>

In 2013, a study was published in 2013 in *PLoS One* that evaluated cases of post vaccine acute disseminated encephalomyelitis (ADEM) reported to the U.S. vaccine adverse events reporting system (VAERS) and the EudraVigilance post-authorization module (EVPM) of the European Union.<sup>9</sup> Researchers described ADEM as “an immune mediated inflammatory disorder of the central nervous system (CNS) that commonly occurs within one month from antigenic challenge.”

When looking at ADEM reports in the VAERS database related to a specific age group, they stated, “We observed that vaccines against measles, mumps, and rubella (MMR) and FLU were those most commonly involved in the 0-5 years age group (13%), followed by pneumococcal conjugate vaccine (PCV) (11%) and DTaP (9%).”

## Vaccine Injury Compensation Program Vaccine Injury Table

According to the March 21, 2017 [Vaccine Injury Table in the VICP](#), “encephalopathy or encephalitis” occurring within 5 to 15 days of receipt of vaccines containing measles, mumps, and rubella virus or any of its components (e.g. MMR, MM, MMRV) is a compensable illness, disability or injury.<sup>10</sup>

**DISINFORMATION:** Parents know whether their child will suffer encephalitis or encephalopathy after MMR or MMRV vaccination because doctors identify those children and do not vaccinate them.

**THE TRUTH:** There are very few CDC approved contraindications to vaccination, and doctors cannot reliably predict which children will be harmed by MMR vaccine or any other vaccine *before* they are vaccinated.

Here is **THE EVIDENCE:**

### Few Vaccine Contraindications or Medical Exemptions

According to CDC guidelines, almost no health condition qualifies for a contraindication and a medical exemption to vaccination, including for measles containing vaccines.<sup>11</sup> Children with **HIV and cancer and those who have suffered convulsions after vaccination and other serious vaccine reactions are routinely vaccinated.**<sup>12</sup>

### Doctors Cannot Reliably Predict Who Will Be Harmed by Vaccines

The Institute of Medicine, National Academy of Sciences, published a report *Adverse Effects of Vaccines: Evidence and Causality* in 2012 and noted that, although there is individual susceptibility to vaccine reactions, doctors are unable to reliably identify those who are genetically and otherwise more susceptible:

“Both epidemiologic and mechanistic research suggest that most

individuals who experience an adverse reaction to vaccines have a pre-existing susceptibility. These predispositions can exist for a number of reasons – genetic variants (in human or microbiome DNA), environmental exposures, behaviors, illness or developmental stage, to name just a few, all of which can interact. Some of these adverse reactions are specific to the particular vaccines, while others may not be. Some of these predispositions may be detectable prior to the administration of vaccine; others, at least with current technology and practice, are not.”<sup>13</sup>

### **Limited Scientific Evidence About Children Susceptible to Vaccine Harm**

In 2013, the Institute of Medicine published a report examining the safety of the CDC’s recommended early childhood vaccine schedule (0 to 6 years old), *The Childhood Immunization Schedule and Safety*, and reiterated that there is limited scientific knowledge about how to identify children at higher risk for suffering vaccine reactions:

“The committee found that evidence assessing outcomes in subpopulations of children, who may be potentially susceptible to adverse reactions to vaccines (such as children with a family history of autoimmune disease or allergies or children born prematurely) is limited and is characterized by uncertainty about the definition of populations of interest and definition of exposures or outcomes.”<sup>14</sup>

### **\$4 Billion Government Payout to Vaccine Victims**

If individuals more susceptible to being harmed by vaccines are being identified by doctors before vaccination takes place, if children are not suffering encephalitis, encephalopathy and other crippling vaccine reactions that end with a lifetime of chronic illness and disability or even death, then why has the government paid out [\\$4 billion in compensation](#) to vaccine victims, including to those who have

been harmed by measles containing vaccines like MMR?

If FDA licensed, CDC recommended and state mandated vaccines like MMR vaccine do not cause brain inflammation and permanent brain damage, why did Congress give the vaccine industry a partial liability shield in 1986 and the U.S. Supreme Court declare vaccines to be “unavoidably unsafe” and hand the vaccine industry complete immunity from vaccine injury lawsuits in 2011?<sup>15</sup>

### **Disinformation About Vaccine Reactions Betrays the Public Trust**

Parents, who trusted and did what they were told to do when they took their healthy children into a doctor’s office to be vaccinated and then watched their children suffer brain inflammation and regress into chronic poor health, learn that it is not a good idea to believe everything that doctors say about vaccines. People who were healthy, got vaccinated and were never healthy again, quickly learn how to tell the difference between a doctor telling the truth about vaccine safety and one who is not, because their lives depend upon it.

If public health officials can go before Congress and provide demonstrably false statements about MMR vaccine reactions, what else are they fooling the public about?

### **Federal Health Officials Influence State Vaccine Laws**

On Jan. 30, 2019, Dr. Fauci gave an interview to CBS and said, “These [measles] outbreaks are due to the anti-vaccine movement.” He also said that scientific studies show claims about vaccine risks are “based purely on fabrication” and that, “There’s a category called philosophical reasons not to get vaccinated and that particular category has been abused. So I’m in favor of states or cities making regulations that require a more strict interpretation of the exemptions that one has to not get vaccinated.”<sup>16</sup>



As noted in a [press release](#) issued by the National Vaccine Information Center (NVIC) on Feb. 25, 2019, state legislatures have the constitutional authority to make vaccine laws and the federal government should not be interfering in state rights. Although federal health officials make vaccine use recommendations and state health officials use that information to encourage state legislators to turn those recommendations into state vaccine mandates, state legislatures have the power to decide which vaccines to mandate and what kind of exemptions to allow.

Right now, the [NVIC Advocacy Portal](#) reports that 140 bills are pending in 31 states that propose to restrict, eliminate or expand medical, religious and conscientious belief vaccine exemptions. Thousands of parents have already lined up to attend public hearings in state legislatures to defend the legal right to exercise parental and informed consent rights and make voluntary decisions about vaccination for their children without being punished for the decision made.

### **Federal Officials Should Be Held Accountable**

There are more than a dozen new vaccines being developed that likely will be federally recommended and states will be encouraged to mandate in the future.<sup>17</sup> Decisions are being made in state legislatures and in Congress right now that will affect the health and lives of this generation and generations of Americans to come. For the health of our nation, Congress should take the blinders off and hold federal officials accountable for the false statements they make about vaccine safety.

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- <sup>3</sup> The Free Dictionary. [Definition of Disinformation](#).
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- <sup>11</sup> CDC. [Recommendations and Guidelines of the Advisory Committee on Immunization Practices \(ACIP\): Contraindications and Precautions. Table 4-2. Conditions incorrectly perceived as contraindications or precautions to vaccination \(i.e., vaccines may be given under these conditions\)](#). Jan. 10, 2019.

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<sup>14</sup> Institute of Medicine Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule. [Summary: Health Outcomes](#) (p. 5-6) and [Conclusions About Scientific Findings](#) (p. 11) and [Review of Scientific Findings](#) (p. 75-98). The Childhood Immunization Schedule and Safety Stakeholder Concerns, Scientific Evidence and Future Studies; Washington, D.C. *The National Academies Press* 2013.

<sup>15</sup> NVIC. [National Vaccine Information Center Cites “Betrayal” of Consumers by U.S. Supreme Court Giving Total Liability Shield to Big Pharma](#). *NVIC Press Release* Feb. 23, 2011.

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<sup>17</sup> World Health Organization. [WHO Product Development for Vaccines Advisory Committee \(PDVAC\) meeting](#). June 26-27, 2018.