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Japan Leads the Way: No Vaccine Mandates and No MMR Vaccine = Healthier Children

Posted by Erin Elizabeth | Apr 23, 2019

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The Promise of Good Health; Are We Jumping Off the Cliff in the U.S.?

By Kristina Kristen, CHD Guest Writer

In the United States, many legislators and public health officials are busy trying to make vaccines de facto compulsory—either by removing parental/personal choice given by existing vaccine exemptions or by imposing undue quarantines and fines on those who do not comply with the Centers for Disease Control and Prevention's (CDC's) vaccine edicts. Officials in California are seeking to override medical opinion about fitness for vaccination, while those in New York are mandating the measles-mumps-rubella (MMR) vaccine for 6-12-month-old infants for whom its safety and effectiveness "have not been established."

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> The U.S. has the very highest infant mortality rate of all industrialized countries, with more American children dying at birth and in their first year than in any other comparable nation—and more than half of those who survive develop at least one chronic illness.

American children would be better served if these officials—before imposing questionable and draconian measures—studied child health outcomes in Japan. With a population of 127 million, Japan has the healthiest children and the very highest "healthy life expectancy" in the world—and the least vaccinated children of any developed country. The U.S., in contrast, has the developed world's most aggressive vaccination schedule in number and timing, starting at pregnancy, at birth and in the first two years of life. Does this make U.S. children healthier? The clear answer is no. The U.S. has the very highest infant mortality rate of all industrialized countries, with more American children dying at birth and in their first year than in any other comparable nation—and more than half of those who survive develop at least one chronic illness. Analysis of real-world infant mortality and health results shows that U.S. vaccine policy does not add up to a win for American children.

Japan and the U.S.; Two Different Vaccine Policies

In 1994, Japan transitioned away from mandated vaccination in public health centers to voluntary vaccination in doctors' offices, guided by "the concept that it is better that vaccinations are performed by children's family doctors who are familiar with their health conditions." The country created two categories of non-compulsory vaccines: "routine" vaccines that the government covers and "strongly recommends" but does not mandate, and additional "voluntary" vaccines, generally paid for out-of-pocket. Unlike in the U.S., Japan has no vaccine requirements for children entering preschool or elementary school.

Japan also banned the MMR vaccine in the same time frame, due to thousands of serious injuriesover a four-year period—producing an injury rate of one in 900 children that was "over 2,000 times higher than the expected rate." It initially offered separate measles and rubella vaccines following its abandonment of the MMR vaccine; Japan now recommends a combined measles-rubella (MR) vaccine for routine use but still shuns the MMR. The mumps vaccine is in the "voluntary" category.

Here are key differences between the Japanese and U.S. vaccine programs:

- Japan has *no* vaccine mandates, instead recommending vaccines that (as discussed above) are either "routine" (covered by insurance) or "voluntary" (self-pay).
- Japan does *not* vaccinate newborns with the hepatitis B (HepB) vaccine, unless the mother is hepatitis B positive.
- Japan does *not* vaccinate pregnant mothers with the tetanus-diphtheria-acellular pertussis (Tdap) vaccine.
- Japan does *not* give flu shots to pregnant mothers or to six-month-old infants.
- Japan does *not* give the MMR vaccine, instead recommending an MR vaccine.
- Japan does *not* require the human papillomavirus (HPV) vaccine.

> No other developed country administers as many vaccine doses in the first two years of life.

Table 1. Hepatitis B Vaccine at Birth and Infant Mortality

RANK	COUNTRY	DEATHS PER 1,000 BIRTHS	YEAR	AUTOMATIC HepB VACCINE AT BIRTH	HepB AT BIRTH IF MOTHER IS HepB POSITIVE
56	United States	5.8	2017 EST.	YES	
20	BELGIUM	3.4	2017 EST.	NO	YES
19	AUSTRIA	3.4	2017 EST.	NO	YES
18	LUXEMBOURG	3.4	2017 EST.	NO	YES
17	ITALY	3.3	2017 EST.	NO	YES
16	ANGUILLA	3.3	2017 EST.	NO	YES
15	SPAIN	3.3	2017 EST.	NO	YES
13	FRANCE	3.2	2017 EST.	NO	YES
12	MACAU	3.1	2017 EST.	YES*	
11	KOREA, SOUTH	3.0	2017 EST.	NO	YES
10	HONG KONG	2.7	2017 EST.	YES*	
9	CZECHIA	2.6	2017 EST.	NO	YES
8	SWEDEN	2.6	2017 EST.	NO	YES
7	BERMUDA	2.5	2017 EST.	NO	YES
6	FINLAND	2.5	2017 EST.	NO	YES
5	NORWAY	2.5	2017 EST.	NO	NO
4	SINGAPORE	2.4	2017 EST.	YES*	
3	ICELAND	2.1	2017 EST.	NO	NO
2	JAPAN	2.0	2017 EST.	NO	YES
1	MONACO	1.8	2017 EST.	NO	YES

*HIGHER INCIDENCE OF HEPATITIS B IN POPULATION

Sources: Komatsu 2014; UNICEF Immunization Summary; Vaccination schedule recommended by the Japan Pediatric Society; Vaccine schedules in all countries of the European Union

In contrast, the U.S. vaccine schedule (see Table 1) prescribes routine vaccination during pregnancy, calls for the first HepB vaccine dose within 24 hours of birth—even though 99.9% of pregnant women, upon testing, are hepatitis B negative, and follows up with 20 to 22 vaccine doses in the first year alone. No other developed country administers as many vaccine doses in the first two years of life.

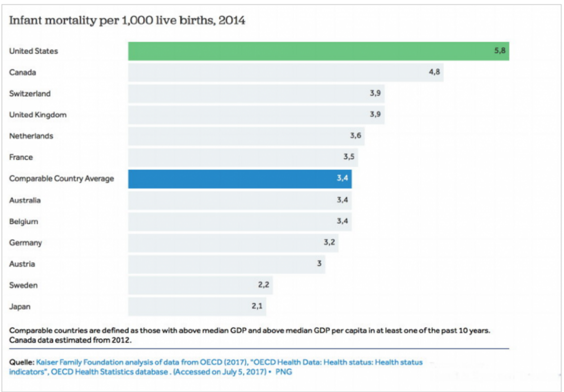
The HepB vaccine injects a newborn with a 250-microgram load of aluminum, a neurotoxic and immune-toxic adjuvant used to provoke an immune response. There are no studies to back up the safety of exposing infants to such high levels of the injected metal. In fact, the Food and Drug Administration's (FDA's) upper limit for aluminum in intravenous (IV) fluids for newborns is far lower at five micrograms per kilogram per day (mcg/kg/day)—and even at these levels, researchers have documented the potential for impaired neurologic development. For an average newborn weighing 7.5 pounds, the HepB vaccine has over 15 times more aluminum than the FDA's upper limit for IV solutions.

Unlike Japan, the U.S. administers flu and Tdap vaccines to pregnant women (during any trimester) and babies receive flu shots at six months of age, continuing every single year thereafter. Manufacturers have never tested the safety of flu shots administered during pregnancy, and the FDA has never formally licensed any vaccines "specifically for use during pregnancy to protect the infant."

> Japan initially recommended the HPV vaccine but stopped doing so in 2013 after serious health problems prompted numerous lawsuits. Japanese researchers have since confirmed a temporal relationship between HPV vaccination and recipients' development of symptoms.

U.S. vaccine proponents claim the U.S. vaccine schedule is similar to schedules in other developed countries, but this claim is inaccurate upon scrutiny. Most other countries do not recommend vaccination during pregnancy, and very few vaccinate on the first day of life. This is important because the number, type and timing of exposure to vaccines can greatly influence their adverse impact on developing fetuses and newborns, who are particularly vulnerable to toxic exposures and early immune activation. Studies show that activation of pregnant women's immune systems can cause developmental problems in their offspring. Why are pregnant women in the U.S. advised to protect their developing fetuses by avoiding alcohol and mercury-containing tuna fish, but actively prompted to receive immune-activating Tdap and flu vaccines, which still contain mercury (in multi-dose vials) and other untested substances?

Japan initially recommended the HPV vaccine but stopped doing so in 2013 after serious health problems prompted numerous lawsuits. Japanese researchers have since confirmed a temporal relationship between HPV vaccination and recipients' development of symptoms. U.S. regulators have ignored these and similar reports and not only continue to aggressively promote and even mandate the formerly optional HPV vaccine beginning in preadolescence but are now pushing it in adulthood. The Merck-manufactured HPV vaccine received fast-tracked approval from the FDA despite half of all clinical trial subjects reporting serious medical conditions within seven months.



Best and Worst: Two Different Infant Mortality Results

The CDC views infant mortality as one of the most important indicators of a society's overall health. The agency should take note of Japan's rate, which, at 2 infant deaths per 1,000 live births, is the second lowest in the world, second only to the Principality of Monaco. In comparison, almost three times as many American infants die (5.8 per 1,000 live births), despite massive per capita spending on health care for children (see Table 2). U.S. infant mortality ranks behind 55 other countries and is worse than the rate in Latvia, Slovakia or Cuba.

> If vaccines save lives, why are American children dying at a faster rate, and…dying younger compared to children in 19 other wealthy countries—translating into a 57 percent greater risk of death before reaching adulthood?

To reiterate, the U.S. has the most aggressive vaccine schedule of developed countries (administering the most vaccines the earliest). If vaccines save lives, why are American children "dying at a faster rate, and…dying younger" compared to children in 19 other wealthy countries—translating into a "57 percent greater risk of death before reaching adulthood"? Japanese children, who receive the fewest vaccines—with no government mandates for vaccination—grow up to enjoy "long and vigorous" lives. ***International infant mortality and health statistics and their correlation to vaccination protocols show results that government and health officials are ignoring at our children's great peril.***

Among the 20 countries with the world's best infant mortality outcomes, only three countries (Hong Kong, Macau and Singapore) automatically administer the HepB vaccine to all newborns—governed by the rationale that hepatitis B infection is highly endemic in these countries. Most of the other 17 top-ranking countries—including Japan—give the HepB vaccine at birth *only* if the mother is hepatitis B positive (Table 1). The U.S., with its disgraceful #56 infant mortality ranking, gives the HepB vaccine to all four million babies born annually despite a low incidence of hepatitis B.

Is the U.S. Sacrificing Children's Health for Profits?

Merck, the MMR vaccine's manufacturer, is in court over MMR-related fraud. Whistleblowers allege the pharmaceutical giant rigged its efficacy data for the vaccine's mumps component to ensure its continued market monopoly. The whistleblower evidence has given rise to two separate court cases. In addition, a CDC whistleblower has alleged the MMR vaccine increases autism risks in some children. Others have reported that the potential risk of permanent injury from the MMR vaccine dwarfs the risks of getting measles.

Why do the FDA and CDC continue to endorse the problematic MMR vaccine despite Merck's implication in fraud over the vaccine's safety and efficacy? Why do U.S. legislators and government officials not demand a better alternative, as Japan did over two decades ago? Why are U.S. cities and states forcing Merck's MMR vaccine on American children? Is the U.S. government protecting children, or Merck? Why are U.S. officials ignoring Japan's exemplary model, which proves that the most measured vaccination program in the industrialized world and "first-class sanitation and levels of nutrition" can produce optimal child health outcomes that are leading the world?

A central tenet of a free and democratic society is the freedom to make informed decisions about medical interventions that carry serious potential risks. This includes the right to be apprised of benefits *and* risks—and the ability to say no. The Nuremberg Code of ethics established the necessity of informed consent without "any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion." Forcing the MMR vaccine, or any other vaccine, on those who are uninformed or who do not consent represents nothing less than medical tyranny.

*Article originally appeared at Children's Health Defense. Reposted with permission.

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ABOUT THE FOUNDER

Erin Elizabeth

Erin Elizabeth is a long time activist with a passion for the healing arts, working in that arena for a quarter century. Her site HealthNutNews.com is barely 4 years old, but cracked the top 20 Natural Health sites worldwide. She is an author, public speaker, and has recently done some TV and film programs for some of her original work which have attracted international media coverage. Erin was the recipient for the Doctors Who Rock "Truth in Journalism award for 2017. You can get Erin's free e-book here and also watch a short documentary on how she overcame vaccine injuries, Lyme disease, significant weight gain, and more. Follow Erin on Facebook, Twitter, and Instagram.P.S. You can subscribe to her Youtube Channel for breaking news, television appearances and more.

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a day ago
There are several key differences between the countries of Japan and the United States. Japan is racially homogeneous and has some of the strictest immigration laws in the world. They don't allow foreigners and their children to freely settle in their country. Japan also has the lowest birth rate in the industrialized world. Plus, they have an ancient culture that has many traditions surrounding cleanliness, hygiene, food, and healthy living. The United States is the complete opposite of Japan!
1 Reply

MarieRN_MPH
2 days ago
First of all, comparing infant mortality rates country-to-country is highly problematic. The infant mortality reporting algorithms world-wide are a non standardized bio-statistical jumble. You will note on comparison lists that most of the countries with better rates are in Europe. The late Dr. Bernadine Healy analyzed USA infant mortality rates in her "On Health" column in the U.S. News and world Report. The 2006 article was entitled "Behind the baby count". She was the former NIH director, American Red Cross president AND Age of Autism's 2008 "Person of the Year." She pointed out that the USA records ALL deaths where an infant showed ANY signs of life while the European countries compute their rates with different parameters like minimum weight, minimum infant length, length of gestation (premature births who die aren't counted), how long the infant survived, etc. Direct comparison of data is not advisable but when adjusted for all the factors cited, the USA is on a par with the European countries.

The other issue is the comparison of medical care delivery in Japan and the European countries with medical care in the USA. Inadequate medical care is the biggest driver of infant mortality in this country. There is a great disparity in the quality of pre-natal, post-natal and neonatal care rendered around the USA. Infant mortality data sorted by state shows that Mississippi, West Virginia, Alabama, Louisiana, Arkansas, Oklahoma, Arkansas, Georgia and Kentucky have the worst infant mortality rates in our country. It's not a coincidence that rural areas of these states have the poorest medical care offered in comparison with the rest of the country. Those in the lowest socio-economic demographics groups are hit the hardest by this fact and that's also where the majority of infant mortality is seen. Contrast these conditions with the largely homogeneous socio-economic profiles of Japan and the European countries. All of the countries above the USA on the infant mortality list also have very good national health systems that provide superior per-natal, post-natal and neonatal care.

And... Most infant deaths occur before a schedule of immunizations is even administered.
1 Reply

guest → MarieRN_MPH
a day ago
And... Most infant deaths occur before a schedule of immunizations is even administered.

You are not taking into consideration how much thimerosal & aluminum a newborn receives in the first 6 months of life. Pregnant women are bullied into getting the flu and dtap shots while pregnant. Some flu shots have thimerosal in them so depending on which one they get-that's toxins a fetus is getting before they are born. You also have Dr's pushing the dtap which has aluminum-more toxins. Both metals cross the placenta and the fetus blood brain barrier and into its tissues. Both can cause devastation to the fetus vital organs. Neither the dtp or the flu shots have been studied for use in pregnant women. Add to this-newborns get the Hep B the day they are born (for absolutely no reason). That's another aluminum load.

According to a recent study published in Current Medical Chemistry, children up to 6 months of age receive 14.7 to 49 times more aluminum from vaccines than FDA safety limits allowed. Studies show that aluminum crosses the placenta and accumulates in fetal tissue. (U.S. Department of Health and Human Services. Toxicological Profile for Aluminum. Atlanta, Ga.: Syracuse Research Corporation; 1999:9) According to the American Academy of Pediatrics (AAP), "Aluminum is now being implicated as interfering with a variety of cellular and metabolic processes in the nervous system and in other tissues."(Committee on Nutrition. Aluminum toxicity in infants and children. Pediatrics 1996;97(3):413-416) Bishop et al. published data showing that "aluminum accumulates in the body when protective gastrointestinal mechanisms are bypassed, renal function is impaired, and exposure is high. For example, in premature infants, "prolonged intravenous feeding with solutions containing aluminum is associated with impaired neurologic development" by 18 months of age. ."(Bishop NJ, Morley R, Day JP, Lucas A. Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions. N Engl J Med1997;336:1557-156).
Reply

MarieRN_MPH → guest
7 hours ago
Aluminum compounds in a vaccination versus that in intravenous feedings is an unequal comparison. The typical vaccination is 1/2 cc while intravenous feedings can total many liters of volume over time. I also am not even aware of any clinic that would still give the Flu vaccine containing Thimerosal to an OB patient. Single dose mercury free syringes are the best practice standard these days.
Reply

Kevin
3 hours ago
Right, because there aren't any other significant differences between the US and Japan when it comes to health. It couldn't possibly be that they have one of the healthiest diets in the world while we have one of the most unhealthy diets. It obviously has nothing to do with Japan having one of the lowest obesity rates in the world and the US having one of the highest. It definitely couldn't be that they have a healthcare system that's far superior to ours.
Japan is definitely a much healthier country than the US, but it's quite a stretch to say it's because of vaccines.
That's what's wrong with your anti vaccine movement. All of the arguments are based on half truths and studies with very little credibility. Do vaccines have risks? Absolutely. Have people died from them? I'm sure they have. That's the same with every other kind of medication. Both of my daughters have had allergic reactions to certain types of antibiotics. It happens.
If you're going to promote this idea about not vaccinating your children, you better include all other medications in your movement.
Reply

ap
a day ago
People, this is what you call LOVE FOR COUNTRY! The government of the country saw in the 'now' the effects of the vaccines, they didn't buried their heads in the sand and tell their population that the effects was their playing tricks on them. At least, might is not always right!!!! Way to go JAPAN)-
Reply

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