

Vaccination Crisis

VANCE FERRELL

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INTRODUCTION

Routine vaccinations are given to many children. Physicians refer to them as the "baby shots." There are also special vaccinations for people in high-risk settings-such as travelers about to enplane to a hazardous country.

How should we relate to vaccinations for ourselves and our children? Here is some data which may provide help.

Because there are many questions about vaccinations, and because there is a strong movement on foot to require every child in the land to receive a complete series of them, -this brief overview of the vaccination problem has been prepared.

However, the decision whether or not to vaccinate is a personal one. The author is a researcher and not a health practitioner. This is a decision you must make personally. It is hoped that this data will provide you with the basis for additional study on your own. Only In that way can you make an intelligent decision.

Vaccines primarily consist of dead or weakened ("attenuated") germs of the same type of disease, which are injected into the body in the hope that it will stimulate the organism to produce protein antibodies to protect it against disease.

There is growing pressure from special interest groups to require nationwide vaccination of children. In view of that fact, there is an urgent need to examine the information available on this matter .

"There is a growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in *autoimmune diseases* since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome.

"An autoimmune disease can be explained simply as one in which the body's defense mechanisms cannot distinguish between foreign invaders and ordinary body tissues, with the consequence that the body begins to destroy itself. Have we traded mumps and measles for cancer and leukemia?"- *Robert Mendelsohn, How to Raise a Healthy Child, p. 211.*

Let us begin with the "mandatory" vaccinations. These are the ones, which, in most states, your child is required to take in order to be admitted to public school:

-CHAPTER ONE -

"MANDATORY" VACCINATIONS

MEASLES

"My name is Wendy Scholl. I reside in the State of Florida with my husband, Gary, and three daughters, Stacy, Holly, and Jackie. Let me stress that all three of our daughters were born healthy, normal babies. I am here to tell of Stacy's reaction to the measles vaccine. . where according to the medical profession, anything within 7 to 10 days after the vaccine to do with neurological sequelae or seizures or brain damage fits a measles reaction. .

" At 16 months old, Stacy received her measles shot. She was a happy, healthy, normal baby, typical, curious, playful until the 10th day after her shot, when I walked into her room to find her laying in her crib, flat on her stomach, her head twisted to one side. Her eyes were glassy and affixed.

"She was panting, struggling to breathe. Her small head lay in a pool of blood that hung from her mouth. It was a terrifying sight, yet at that point I didn't realize that my happy, bouncing baby was never to be the same again.

"When we arrived at the emergency room, Stacy's temperature was 107 degrees. The first 4 days of Stacy's hospital stay she battled for life. She was in a coma and had kidney failure. Her lungs filled with fluid and she had on- going seizures.

"Her diagnosis was '*post-vaccinal encephalitis*' and her prognosis was grave. She was paralyzed on her left side, prone to seizures, had visual problems. However, we were told by doctors we were extremely lucky. I didn't feel lucky.

"We were horrified that this vaccine which was given only : to ensure that she would have a safer childhood, almost killed her. I didn't know that the possibility of this type of reaction even existed. But now, it is our reality. "-*Wendy Scholl, testimony given to Hearings Before the Subcommittee on Health and the Environment; 98th Congress, 2nd Session, December 19, 1984; In Vaccine Injury Compensation, p. 110.*

Most cases of measles (more rarely called *rubeola* or *English measles*) are not serious, when large numbers of the population have been exposed to the germ. The symptoms generally leave within two weeks. However, one case in 100,000 leads to *subacute sclerosing panencephalitis* (SSPE), which produces hardening of the brain and is generally fatal.

By 1955, there were .03 deaths per 100,000. Then, in 1963, a research team headed by J.F. Enders, developed the measles vaccine. Mass inoculations began.

According to a November 1969 *National Health Federation* report, a study conducted by the World Health Organization (WHO) disclosed that people who have been vaccinated for measles, have a 14 times greater chance of contracting the disease than those who were not vaccinated. A 1985 study by the U.S. government noted that 80 percent of "non-preventable" cases of measles, occurred in people who had been vaccinated (*20th Immunization Conference Proceedings, May 6-9, 1985, p. 21*).

"Measles transmission has been clearly documented among vaccinated persons. In some large outbreaks."over 95 percent of the cases have a history of vaccination."- *Federal Drug Administration Workshop to Review Warnings, September 18, 1992, p. 27 (reported by Dr. Atkinson of the Centers for Disease Control [CDC]).*

"The World Health Organization did a study and found that while, in an unimmunized, measles-susceptible group of children, the normal rate of contraction of disease was 2.4 percent; in the control group that had been immunized, the rate of contraction rose to 33.5 percent."-*Paavo Alrola, Ph.D., Everywoman's Book, 1979, p. 279.*

A survey of pediatricians in New York City reveals that only 3.2 percent of them were actually reporting measles cases to the health department.

A study of medical books reveals that measles vaccine may cause learning disability, retardation, ataxia, aseptic meningitis, seizure disorders, paralysis, and death.

Secondary complications associated with the vaccine include encephalitis, subacute sclerosing panencephalitis, multiple sclerosis, toxic epidermal necrolysis, anaphylactic shock, Reye's syndrome, Guillain-Barre syndrome, blood clotting disorders, juvenile-onset diabetes, and possibly Hodgkin's disease and cancer (*R.S. Mendelsohn, How to Raise a Healthy Child, p. 215*).

"Although one of the reasons for giving measles vaccine is to prevent the known complications of encephalitis and pneumonia, the vaccine itself may cause encephalitis. Further, one-half of all the reported cases of measles in the last few years have been in vaccinated individuals."-*The Dangers of Immunization*, 1987, p. 53.

"Measles in former days was one of the more common childhood diseases. Although it can cause serious complications, it is a relatively minor illness in the vast majority of cases. .today's promotional campaigns for the vaccines seldom mention that the measles vaccine itself is known to be associated with serious complications including encephalitis with severe, permanent brain damage and mental retardation."-Dr. Alan Hinman, *Centers for Disease Control*, quoted In *The Dangers of Immunization*, 1987, p. 56.

For some reason, since measles vaccination began in 1963, adolescents and young adults have more frequently been getting measles. Yet they are at greater risk of pneumonia and liver abnormalities than children (*Infectious Diseases*, January 1982, p. 21).

The youngest children receiving the vaccine are especially at risk. For example, 15-month-old children are at greatest risk (*CDG: Measles Mumps, and Rubella*, 1991, p. , 1). By 1993, children under a year constituted more than 25 percent of all measles cases, yet it was quite rare for such small children to contract measles before the vaccine was discovered in 1963. When asked about this strange situation, CDC officials said it was due to mothers who were themselves vaccinated as children. Here is a fact which the experts know: When a child is vaccinated, and does not therefore contract measles, he develops no natural immunity to the disease. Therefore then immunity cannot be passed on to his children (*D.Q. Haney, "Wave of Infant Measles Stems from '60s Vaccinations," Albuquerque Journal*, November 23, 1992, p. 83).

According to the *New England Journal of Medicine* (October 4, 1990), Vitamin A helps protect the body of the child against serious complications, stemming from measles.

Strange, new forms of "measles" came into being with the advent of measles vaccinations. Similar results have followed the introduction of other vaccines. These are diseases with a startling new array of complications.

"The syndrome of 'atypical measles'-pneumonia' petechiae [skin blotching], edema, and severe pain-is not only difficult to diagnose [as being "measles"] but is often over-looked entirely. Likewise, symptoms of *atypical mumps*- anorexia, vomiting, and erythematous [red] rashes, without any parotid [near the ear] involvement-require extensive serological testing to rule out other concurrent diseases."-*W. James, Immunization: the Reality Behind the Myth*, 1988, p.34.

TETANUS

Here are several interesting statistics to compare: During the Second World War, there were 12 recorded cases of tetanus. Four of them occurred in military personnel vaccinated against the disease. There have been less than 100 cases of tetanus in the entire nation (U.S.) since 1976. The majority of those cases were over 50. During that time, no deaths occurred among any tetanus cases under 30 years of age. Tetanus vaccines are not responsible for the success, since they only immunize for 12 years or less, and most of the vaccines are given to children. Yet, in contrast, the tetanus vaccine itself results in a variety of serious complications, including recurrent abscesses, high fever, inner ear nerve damage, anaphylactic shock, loss of consciousness, and *demyelinating neuropathy* (progressive nerve degeneration). (*See U.S. Morbidity and Mortality Weekly Reports for additional information on these statistics.*) Why then are children vaccinated for tetanus?

Tetanus infection steadily decreased throughout the 20th century because of better attention to wound hygiene. And that was before the tetanus vaccine was developed. Although 40 percent of the population is not now vaccinated against tetanus, the disease continues to decline.

Wounds should be cleansed well, and not allowed to close until healing has occurred beneath the surface of the skin. Careful washing with soap and water, hydrogen peroxide, etc. are said to eliminate the danger of tetanus infection.

According to Issac Golden, Ph.D., in his *Vaccination: A Review of Risks and Alternatives* (1991, p. 31), there have been such severe reactions to tetanus shots, that the vaccine has been heavily diluted -causing it to be clinically ineffective in preventing the disease.

A *New England Journal of Medicine* study (November 26, 1981) revealed that tetanus booster vaccinations cause T - lymphocyte blood count ratios to temporarily drop below normal -with the greatest decrease coming two weeks after the vaccination. If you have read articles about AIDS, you will recognize the danger here -since it is reduced T - lymphocytes which bring on full-blown AIDS. The NEJM article went on to explain that these altered ratios are similar to those in AIDS patients.

DIPHTHERIA

Dennis Hillier was a healthy English boy who excelled in football, running, and other games. After the first vaccination, he had slightly confused speech, but no one had connected it with the injection. Two months after his second diphtheria inoculation, he died in October 1942 of a rare form of encephalitis. In later describing the case, Dr. W. Russell Brain said at a meeting of the Section of Neurology of the Royal Society of Medicine in February 1943: "The patient, a boy of eleven, developed symptoms after anti-diphtheria inoculation." He then described several other cases of nervous disorders and poliomyelitis occurring within a few days after vaccination against diphtheria. Then he concluded, "The relation of the infection to the inoculation was at present unsettled."

Cases of diphtheria are rare. In America, only five cases were reported in 1980. From 1900 to 1930, a greater than 90 percent decline in diphtheria cases occurred. Later on, the diphtheria vaccine was developed. Scientists tell us the decline was due to better nutrition and sanitation.

The Bureau of Biologics, working with the FDA, came out with a 1975 report (November 20-21, 1975), which disclosed that diphtheria toxoid "is not as effective an immunizing agent as might be anticipated." Noting that diphtheria may occur in vaccinated individuals, they said that "the permanence of immunity induced by the toxoid. .is open to question."

On the average, 50 percent of the cases occur in those who have been vaccinated (R.S. Mendelsohn, *How to Raise a Healthy Child*, p. 223).

An interesting sequence of events occurred during World War II: The diphtheria rate throughout Europe was low by the late 1930s. But, after Germany began compulsory diphtheria vaccinations in 1939, 150,000 vaccinated cases of the disease developed within three years. France had refused it, but was forced to give compulsory diphtheria vaccinations after German occupation. By 1943, there were nearly 47,000 cases. But, in nearby Norway, which consistently refused to vaccinate for the disease, there were only 50 cases (E. McBean, Ph.D., *Vaccinations Do Not Protect*, 1991, p. 8). In Sweden, diphtheria virtually disappeared without any immunizations.

"In regard to the decline of diphtheria in Great Britain during 1943 and 1944, we are reminded that the 58 British physicians who signed a memorial in 1938 against compulsory immunizations in Guernsey were able to point to the virtual disappearance of diphtheria in Sweden without any immunization. On the other hand, if we turn to Germany, we find that after Dr. Frick's order for compulsory immunizations, .[Germany] in 1945 had come to be regarded as the storm. center of diphtheria in Europe. From 40,000 there had been an increase to 250,000 cases.

"An article, March 1944, in a publication called *Pour la Famille* points out the rise in cases of diphtheria after compulsory immunization. For instance, the increase in Paris was as much as 30 percent. In Hungary where immunizations had been compulsory since 1938 the rise was 35 percent in two years. In the Canton of Geneva, where immunizations have been enforced since 1933, the number of cases trebled from 1941 to 1943."-E.D. Hume, *Bechamp or Pasteur?* 1963, pp. 217, 218.

"During a 1969 outbreak of diphtheria in Chicago, four of the sixteen victims had been 'fully immunized against the disease,' according to the Chicago Board of Health. Five others had received one or more doses of the vaccine, and two of these people had tested at full immunity. In another report of diphtheria cases, three of which were fatal, one person who died and fourteen out of twenty-three carriers had been fully immunized. "-Robert Mendelsohn, M.D., *Confessions of a Medical Heretic*, 1979, p. 143.

POLIO

Polio can result in severe paralysis, however, 90 percent of those who are exposed to it, even during an epidemic, produce no symptoms (*M. Burnet and V. White, Natural History of Infectious Disease*, 1972, p. 16). From 1923 to 1953, polio in the U.S. had declined by 47 percent. A similar decline occurred in Europe. Its steep rate of decline continued after the Salk vaccine was produced in 1955, and the Sabin oral vaccine came on the market in 1959. Today polio is almost non-existent. Many European countries refused to use the polio vaccines, yet their rate of decline continued at the same pace as in America.

Scientific studies have been made of areas in which mass polio vaccinations have occurred. Frequently, the rate of polio infection more than doubled afterward. Studies in half a dozen states are discussed in Allen Hannah, *Case Against Vaccinations*, 1985, p. 146. For example, during a one-year period from August 30, 1954 to August 30, 1955, Massachusetts had 273 cases before mass inoculations began, and 2,027 cases afterward. That was a 642 percent increase in the polio rate.

Dr. Jonas Salk developed the first polio vaccine in 1955. It used dead polio viruses. In 1976, he testified before a congressional committee that the live-virus (oral) vaccine (for practical purposes, the only kind used in America since the early 1960s) was "the principle if not sole cause" of all reported polio cases since 1961.

The next year Dr. Salk made this statement in *Science* magazine:

"The live polio virus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the United States since 1972. To avoid the occurrence of such cases, it would be necessary to discontinue the routine use of live polio vaccine. "-Dr. Jonas Salk, *Science*, April 4, 1977.

In 1955, a new disease began being reported. It was named "*paralytic polio*." This new disease was entirely caused by polio vaccinations.

As the "wild" polio continued to lessen, the vaccine-induced type greatly increased. (Polio which has been contracted naturally -that is, not from polio vaccination -is so rare in the last several couple decades that medical experts have given it a special name: "*wild polio*."

In an in-depth study of the ten-year period from 1973-1983, the Atlanta-based Centers for Disease Control (CDC) found that 87 percent of all polio cases were caused by polio vaccine. In 1992, the CDC officially stated that the oral polio vaccine was responsible for nearly all polio cases in the United States. Their conclusions, based on research covering the years 1982 to 1992, bore this significant title: "*Epidemiology of Polio in the U.S. One Decade after the Last Reported Case of Indigenous Wild Virus Associated Disease*" (*Stebel, et. al., CDC, February 1992, pp. 568-579*). The report said that every case of polio in the United States (with the exception of imported cases) during those years was caused by the vaccine. The report also noted that five Americans contracted polio during that time while traveling over-seas, and that three of them had previously received polio vaccine.

There is a special -very dangerous-problem associated with the oral polio vaccine which you should be aware of: The vaccine can be injected into a child; then you can touch that child and contract paralytic polio! The son of a nurse who lives near the present writer had that experience several years ago. He was in medical school on the West Coast and, one evening, held a baby in his

arms that had received the oral polio vaccine. The baby did not contract paralytic polio, but the young man which briefly held him did.

The primary cause is touching a minute amount of the baby's stool. Somehow, some of it must have been on the baby's blanket and the young man touched it. The polio virus passed through his skin. He was crippled for life because of the incident.

"The second anxiety about your unvaccinated child's exposure to others concerns polio. Children who are immunized early in life with the oral, live vaccine may shed the virus in their stools. Exposure of your child to recently vaccinated children is a potential hazard. .Parents should be vocal about their concerns. Ask whether playmates and other children in daycare have recently received the oral polio vaccine."-*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 89.*

"The only likely means of exposure to polio are travel to a foreign country, and contact with the feces of a child who has been immunized with the oral vaccine within the previous 6 to 8 weeks."-*Op. cit., p. 41.*

In 1948, Benjamin F. Sandler, a physician at the Oteen Veterans Hospital in North Carolina, published a book entitled, *Diet Prevents Polio*. Sandier had done careful research into nutrition and how the polio virus worked. The book revealed that when a person ate a sizeable amount of food containing processed sugar, that sugar leached the calcium from their bones, muscles, and nerves. The polio virus was able to attack the weakened nerves -and crippling polio was the result. Statistics showed that countries with the highest per capita sugar consumption had the most polio cases. Sandier noted that children eat the most sugar foods (soft drinks, ice cream, candy, etc.) in hot weather, and it was well -known that polio especially strikes in the summer. (Processed sugar, taken into the body, absorbs calcium and other minerals from the body in order to be used. This is because the purified sugar has had the minerals naturally accompanying it removed. This leaching of minerals can result in polio.)

Sandler did not stop with the book; he went on the radio in the spring of 1949 and warned people throughout North Carolina to not eat sugar foods that summer. The news-papers picked up the story and carried it throughout the state. Alerted to the danger, people feared to eat high-sugar foods that summer. The North Carolina Department of Health later reported that there were 2,498 polio cases in 1948 and only 229 in 1949 (*see pages 43 and 146 in the 1951 edition of Dr. Sandler's book*).

"In the history of poliomyelitis, from the time of widespread epidemics in previous decades up to the present, there is another side of the story which has seldom been told. This is the relationship between polio and dietary sugar. When one considers that sugar in any form was rare or even unknown to the vast majority of people until relatively recent times, and when we realize that the consumption of sugar has risen precipitously since the turn of the century to the present level of 125 pounds per year for every man, woman, and child in America, then we should begin to suspect the harm that is being done to human health."-*The Dangers of Immunization, 1988, p. 59.*

In spite of the facts, efforts have continually been made to suggest that polio is being "stamped out" by polio vaccines. But, in a 1983 television interview, Dr. R.S. Mendelsohn said that polio disappeared in Europe during the 1940s and 1950s without mass vaccination, and that polio hardly exists in the Third World where only 10 percent of the people have been vaccinated against polio (*Phil Donahue Show, January 12, 1983*).

During Congressional hearings on bill 10541, these facts were brought out: In 1958, Israel carried out mass polio immunizations. Immediately, a major 'type I' polio epidemic occurred. In 1961 I Massachusetts had a "type III" polio out-break after an earnest effort to inoculate the population.

"There were more paralytic cases in the triple vaccinates than in the unvaccinated."

"In 1957, a spokesman for the North Carolina Health Department made glowing claims for the efficacy of the Salk vaccine, showing how polio steadily decreased from 1953 to 1957. His figures

were challenged by Dr. Fred Klenner who pointed out that it was not until 1955 that a single person in the state received a polio vaccine injection. [The polio vaccine was not invented until that year.] Even then, injections were administered on a very limited basis because of the number of polio cases resulting from the vaccine. It was not until 1956 'that polio vaccinations assumed "inspiring" proportions. .The 61 percent drop in polio cases in 1954 was credited to the Salk vaccine, when it wasn't even in the state' By 1957 polio was on the increase."-W. James, *Immunization: Reality Behind the Myth*, 1988, p. 27.

Polio vaccination began in the mid-950s. Since then, there has been such a remarkable upturn in the number of polio cases that the trend has been to officially report polio cases as "*meningitis*."

"In a California Report of Communicable Disease, polio showed a 0 [zero] count, while an accompanying asterisk explained, 'All such cases are now reported as meningitis.' -*Organic Consumer Report*, March 11, 1975.

"It is now seriously suggested that the slow virus may be the cause of a number of degenerative diseases Including rheumatoid arthritis, leukemia, diabetes, and multiple sclerosis. It is further possible that some of the attenuated [live, but chemically weakened] strains of vaccines that we advocate may be implicated with these diseases. Of polio immunization. .Fred Klenner (North Carolina) has stated, "Many here voice a silent view that the Salk and Sabin vaccines, being made of monkey kidney tissue, have been directly responsible for the major increase of leukemia in this country." -Glen C. Dettman, "*Immunization, Ascorbate, and Death*," *Australian Nurses Journal*, December 1977.

A British researcher, Martin, was the first to point out the connection between polio -and vaccinations against diphtheria or pertussis. He also noted that the paralysis tended to affect the arm which had received the injection: "Concerning the subject of '*provocation poliomyelitis*,' Martin (1950) in London first drew attention to the relation between inoculation against diphtheria or pertussis and an attack of poliomyelitis when he described fifteen cases that he had seen between 1944 and 1949. Paralysis came on, as a rule, seven to twenty-one days after injection and affected the left arm, into which injections are commonly given, four times as often as the right. Interest in this relationship was greatly stimulated by the observations of McCloskey in Australia and Geffen in London. McCloskey (1950) investigated 375 cases of poliomyelitis during an epidemic in Victoria in 1949 and found that 31 of the patients had been inoculated against diphtheria or pertussis, alone or in combination, within five to thirty-two days.

"In London, Geffen (1950) noted that in the 1949 epidemic, 30 out of 182 paralytic patients under five years of age had been immunized against diphtheria, pertussis, or both within four weeks of contracting polio. In all these cases the limb last injected was paralyzed. .

"The conclusion drawn from these various reports was greatly strengthened by the statistical analysis carried out by Hill and Knowelden (1950) which showed an excess of poliomyelitis cases in children who had been inoculated within the previous twenty-eight days with pertussis vaccine or combinations of the triple vaccine."-*Randolph Society, The Dangers of Immunization*, 1987, pp. 44-45.

They then quote Wilson as saying:

" The mode of action of the injected vaccine is open to doubt. The most probable explanation is that it acts like a fixation abscess and allows viruses circulating in the blood stream to settle down at the site of injection and thence proceed via the nerve fibres to the spinal cord. The greater the irritating effect of the vaccine, the more likely this is to happen. "-*Op. cit.*, p. 45.

MUMPS

Mumps is rarely harmful in childhood, and usually disappears within ten days after contracting it naturally. Life-long immunity is the result. But it is dangerous for males after puberty to contract it.

About 35 percent develop orchitis, or Inflammation of the testes. This can result in sterility. Because the mumps vaccine gives an immunity which is not lifelong -but gradually disappears, boys who have received the mumps vaccine can develop mumps later in life, with hazardous complications. Statistics reveal that mumps after childhood is becoming more frequent, as a result of mumps vaccinations (*R.S. Mendelsohn, M.D., How to Raise a Healthy Child, pp. 29-30, 213-214*).

The mumps vaccine can also cause immediate and harmful *reactions*, including febrile seizures, rashes, unilateral nerve deafness, and, occasionally, encephalitis.

A recently-developed mumps vaccine is said to produce a higher incidence of encephalitis (*"Clinical and Epidemiological Features of Mumps Meningo-encephalitis and Possible Vaccine-Related Disease," Pediatric Infectious Disease Journal, November 1989, pp. 751-754*).

"Use of the mumps vaccine, which has been associated with serious side effects, seems unjustifiable. Administering the vaccine during adolescence may just prolong the problem of waning immunity and shift the disease and its complications to an even older *population*."-*Randall Neustaedter, O.M.D., The Immunization Decision, 1990, p. 60*.

It has been said that children should be inoculated against rubella in order to protect pregnant women from catching the disease from them. But a study by Dr. Stephen Schoenbaum and colleagues in 1975-specifically done to find out about that -revealed the surprising fact that adult women contract rubella from other adults, not from children (*S.C. Schoenbaum, et al., "Epidemiology of Congenital Rubella Syndrome: The Role of Material Parity," Journal of the American Medical Association, 1975, Vol. 233, pp. 151-155*).

The following was reported in the *American Journal of Diseases of Children*:

"A 20-month-old white boy was well until ten days after inoculation with the combined mumps - rubella vaccine. Initial complaints were the inability to stand on the left leg and pain in all extremities. The weakness progressed to include both legs and ascended to involve all extremities. Examination revealed an apprehensive child with a complete flaccid paralysis of all extremities and inability to hold his head up. The patient had marked soft tissue tenderness of all extremities. Neurologic evaluation revealed no muscle stretch reflexes."-*J.R. Gunderson, "Guillain-Barre Syndrome: Occurrence Following Combined Mumps-Rubella Vaccine," American Journal of Diseases of Childhood, 1973, Vol. 125, pp. 834-835*.

INFLUENZA (FLU)

Most people call influenza "*the flue*." The flu vaccines vary in type and effects, from year to year. New strains are constantly being developed in an effort to conquer the latest flu epidemic. Of course, this also means that last year's flu vaccination can do little to help a person the next year.

"In 1976 more than 500 people who received their flu shots were paralyzed with Guillain-Barre syndrome. Thirty of them died. During that same year the incidence of Guillain-Barre among flu-vaccinated U.S. Army personnel was 50 percent greater than among unvaccinated civilians. Dr. John Seal of the National Institute of Allergy and Infectious Disease believes that 'any or all flue vaccines are capable of causing Guillain-Barre.'"-*N.Z. Miller, Vaccines: Are They Really Safe and Effective?, 1992, p. 44*.

Medical records reveal that one of the effects of the swine- influenza vaccine program was multiple sclerosis and Guillain-Barre syndrome. Commenting on this relationship, Dr. Waisbren suggested that it may be that the myelin coating on the outside of the nerves may have been damaged or destroyed by viruses in the swine-flue vaccine:

"Is it possible that antigen in the swine-influenza vaccine evokes in some patients an immune response to myelin- basic proteins-those that surround the peripheral nerves in patients who developed Guillain-Barre syndrome, and those around the central nerves in patients who developed a

disorder similar to multiple sclerosis?"-Burton A. Walsbrent M.D., "Swine Influenza Vaccine," *Annals of Internal Medicine*, July 1982, p. 149.

Dr. Robert Couch, Baylor University, Houston, Texas, testified before the U.S. Public Health Service Immunization Practices Advisory Committee in January 1982. He told them of various elderly individuals who had a history of chronic disorders. After they received influenza vaccination, some of their allergies and other problems worsened; some with hypertension had increased blood pressure; some with diabetes had higher blood sugar; some with gout got worse; some with Parkinson's disease had increased clumsiness.

"Reports linking immunizations to Reye's syndrome continue to appear,

'In an epidemic affecting 22 children in Montreal, five had received vaccines (consisting of measles, rubella, DPT, and Sabin polio vaccines) within three weeks prior to their hospitalization.

"While the Center for Disease Control had been quick to suggest a relationship between Reye's syndrome and certain flu outbreaks, they have not, to my knowledge, given equal time to a consideration of an association between this disease and the flu vaccine *itself*."-Robert Mendelsohn, M.D., *San Francisco Chronicle*, May 22, 1978.

GERMAN MEASLES (RUBELLA)

The other name for German Measles is *rubella*. When a child contracts it, the result is a mild disease with few problems. In fact, most of the time few recognize that they have it. The symptoms are a runny nose, sore throat, very slight fever, and somewhat enlarged, tender lymph nodes on the side of the neck. Pink, slightly raised spots appear on the skin.

But the situation is entirely different if a pregnant woman develops the disease within the first trimester (the first three months of pregnancy). Her baby may be born with birth defects such as limb defects, mental retardation, impaired vision, damaged hearing, or heart malformation.

Obviously, it is dangerous to inoculate a young girl against rubella ! Later, when the immunity wears off, she has grown up-and then may contract rubella during early pregnancy. The result may be a defective child. For this reason alone, rubella vaccinations should never be indiscriminately given to children. Although it is a known fact in medical circles that approximately 25 percent of those vaccinated against rubella lose that immunity within five years (*R.S. Mendelsohn, The Risks of Immunizations*, 1988, p. 4), yet children- including girls -are routinely given their MMR shots -which includes rubella vaccine.

"Rubella vaccine is unnecessary to administer to boys, rubella illness being of little consequence for males. But the danger of infection of pregnant women by rubella virus is a very serious concern. J. Anthony Morris, Ph.D., former Food and Drug Administration executive, pointed out in the *National Health Federation Bulletin* in 1977, 'No boy should be given rubella vaccine because in boys rubella is a relatively minor disease. Rubella vaccination increases the chances that a pregnant mother can contract the vaccine virus from a son who has been recently vaccinated.' "*The Dangers of Immunization*, 1987, p. 53.

"As much as 26 percent of children receiving rubella vaccination in national testing programs developed arthralgia and arthritis. Many had to seek medical attention, and some were hospitalized to test for rheumatic fever and rheumatoid arthritis."-*Science Aftermath*, *Science*, March 26, 1977.

"It is clear that vaccination of children [for rubella], which has only been done for several years, is not very successful."-Dr. Plotkin, professor of pediatrics at the University of Pennsylvania School of Medicine.

A study made, during a Casper, Wyoming, German Measles epidemic, revealed that 73 percent of the children developing it were already immunized against it. In an outbreak in Melbourne,

Australia, 80 percent of all army recruits who contracted the disease had received Rubella vaccination four months earlier (*Australian Nurses Journal*, May 1978).

Negative side-effects of rubella vaccinations include: arthritis, arthralgia (painful joints), and polyneuritis (peripheral nerve pain, numbness, or paralysis).

You may know someone with Chronic Fatigue Syndrome, which the scientists call Epstein-Barr Virus. Before 1982, it did not exist in the United States. We are making new diseases all the time!

Researchers now know that the new rubella vaccine (first administered in America in 1979) produced it. Once a child receives that vaccine, the Epstein-Barr virus can remain in his body for years and, through casual contact, be transmitted to others (*A.B. Allen, M.D., "is RA27/3 a Cause of Chronic Fatigue?" Medical Hypothesis, Vol. 27, 1988, pp. 217-220; and A.D. Ueberman, M.D., "The Role of Rubella Virus in the Chronic Fatigue Syndrome," Clinical Ecology, Vol. 7, No.3, pp. 51-54.*)

In an article reviewing the statistical evidence of adverse effects of compulsory rubella vaccination in the State of New Jersey, the following comments were made:

"The HEW [the U.S. Department of Health, Education, and Welfare] reported in early 1970 that as much as 26 percent of children receiving rubella vaccination in national testing programs developed arthralgia and arthritis. Many had to seek medical attention and some were hospitalized to test for rheumatic fever and rheumatoid arthritis. In New Jersey this same testing program showed that 17 percent of all children vaccinated developed arthralgia and arthritis. The HEW report indicated that in 1969 only 87 congenital rubella syndrome cases were reported in the entire U.S.; twelve cases were reported in New Jersey.

"These statistics hardly justify the crippling of an estimated 340,000 children in the state of New Jersey as a result of the rubella vaccine.

"Further, writing in the current *New England Journal of Medicine*, Nobel Prize Winner Dr. John Enders, of Harvard University, expressed the concern that young girls vaccinated today may be more likely to get the disease when they grow up and start having children than if they had gotten the disease naturally in their childhood. Findings indicate that vaccination may establish only partial resistance that is not as long lasting nor as protective as natural infection."- *Science, March 26, 1977, p. 9.*

It is a strange fact that two medical journals have reported that in many hospitals all employees are required to be vaccinated for rubella,-but physicians (they are the ones who read the medical journals) refuse to take the rubella vaccine, while the other hospital employees receive them. ("*Rubella Shots for Hospital Employees,*" *The Doctor's People: A Medical Newsletter for Consumers, August 1991, pp. 1-2*). In a second research report, it was noted that 90 percent of the obstetricians and over two-thirds of the pediatricians refused to take the rubella vaccine ("*Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation,*" *Journal of the American Medical Association, February 20, 1981*). Those physicians are in the two medical specialties which are the most expert in the dangers of vaccines.

"On August 7, 1989 I had Rubella, Measles, and Varicella Zoster Titre IGG [chicken pox] vaccines. I am a nursing student. Within three weeks I began feeling weak, tired, and sluggish. This led to numbness in both hands and feet. By November I developed Guillain-Barre syndrome and was hospitalized for two months. I was unable to walk, had difficulty moving my upper extremities, suffered urinary and abdominal problems, partial facial paralysis, and I lost a substantial amount of weight. Previously, I was an active healthy woman eager to finish my nursing program."-*Vaccine Reaction Report, National Vaccine Information Center, November 25, 1991, pp. 23-24.*

In the following statement, "*herd immunization*" is an Australian term for what we would call "*mass immunization*:" It is not referring to animal vaccination.

"In October 1972, a seminar on rubella was held at the Department of Pathology, University Department. Austin Hospital in Melbourne, Australia. Dr. Beverly Allan, a medical virologist, gave overwhelming evidence against the effectiveness of the vaccine. So stunned was she with her investigations that it caused her, like a growing number of scientists, to question the whole area related to herd immunization."-G. Dettman, Ph.D., and A. Kalokerinos, M.D., "Does Rubella Vaccine Protect?" *Australian Nurses Journal*, May 1978.

When parents take their children to see the doctor for a routine checkup, it is standard procedure for the physician to give them the MMR shots. These are supposed to immunize them against mumps, measles, and rubella. Medical guidelines recommend that this shot be given at about 15 months of age.

WHOOPING COUGH (PERTUSSIS)

"We would like to enjoy reduction in disease at little or no cost. But this goal is difficult to achieve because the reason for immunity to pertussis is obscure; hence, we have little knowledge of the immunizing principle of the bacterium. To accomplish protection we find it necessary to give the entire bacterium and to allow the host to sort out the effective immunologic response. The cost of doing this is the inclusion of all components of the bacterium, including the toxic ones."-Vincent Fulginiti, M.D., 1984, quoted in H.L. Coulter and B.L. Fisher, *A Shot in the Dark*, p. 205.

The medical name for whooping cough is "*pertussis*." This can be a dangerous disease. The heavy coughing can so weaken the body that the individual dies from lack of oxygen. In most cases, the disease is not fatal, but is the most dangerous when Infants under six months of age contract it. No known antibiotics and cough suppressants seem to lessen the condition.

"Curiously, the United States appears to be the only major Western nation with compulsory pertussis immunization. It is not mandated in England, France, West Germany, Canada, Austria, Italy, Switzerland, Portugal, Spain, Denmark, Sweden, Belgium, Finland, Ireland, Norway, or the Netherlands. In fact, the only part of Europe where pertussis vaccination is universally imposed is the Soviet Union and the formerly 'iron curtain' countries of Poland, Hungary, and Czechoslovakia.

Mass vaccination in our 'free society' is not voluntary. Since the repeal of the draft in the 1970s, mandatory vaccination remains the only law that requires a citizen to risk his life for his country."-H.L. Coulter and B.L. Fisher, *A Shot In the Dark*, p. 204.

Actually, the number of cases of whooping cough were declining in the years before the pertussis vaccine was introduced. From 1900 to 1935, the death rate from this disease declined 79 percent in the U.S. (*International Mortality Statistics*, 1981, pp. 164-165). Due to problems with the vaccine, since that vaccination began the death rate has risen again.

"Reports in the medical literature of serious adverse consequences -shock and brain damage- in infant recipients of pertussis vaccine extend from the 1930s to the present time."- *The Randolph Society, The Dangers of Immunization*, 1987, p. 56.

"The whooping cough vaccine has a high percentage of neurologic complications, including death. Several physicians I know do not give it at all."-Robert Mendelsohn, "Vaccinations Pose Hazards," *Idaho Statesman*, December 19, 1977.

"One case they described was that of an eight-month-old boy, whose first pertussis shot was given at seven months. That shot was followed by irritability and drowsiness, which cleared up in about three days. Three weeks later he was given a second shot and rapidly became irritable, restless, febrile [feverish], and held his right arm stiffly. About seventy- two hours after the inoculation, [he] had two severe generalized convulsions and was admitted to another hospital.' ..When he was seen by his family physician eight months later , , 'he was blind, deaf, spastic and helpless.' '-1948 research study by Randolph K Byers and Frederick C. Moll of Harvard Medical School, as reported In H.L. Coulter and B.L. Fisher, *A Shot In the Dark*, pp. 22-23.

Dr. Vincent A. Fulginiti, chairman of the American Academy of Pediatrics Committee on Infectious Diseases wrote a 1976 paper: "*Controversies in Current Immunization Practices: One Physician's Viewpoint*." It was included in a 1982 statement submitted by J. Anthony Morris, Ph.D., to a U.S. Senate subcommittee:

"To me, it is inconceivable that we can steadfastly recommend and employ pertussis vaccine without a parallel commitment to resolve the outstanding issues. It is my belief that the National Institutes of Health, the Food and Drug Administration, and CDC should constantly encourage competent authorities to investigate the unanswered questions and attempt definitive answers."-V.A. Fulginiti, M.D., quoted in J.A. Morris, Ph.D., statement to U.S. Senate Subcommittee on Investigations and General Oversight, Committee on Labor and Human Relations, June 30, 1982.

On those occasions when enough of the public learns about it, it is shocked at what pertussis inoculations are doing to the children. Storm waves keep arising over the matter, which state health departments try to quiet with words of peace and safety. But the outcry finally led, in 1986, to a congressional law (NCVIA, discussed in some detail near the close of the present book).

"The vaccine controversy has reached its emotional and political zenith with the publicity generated by pertussis vaccine reactions. Public awareness was fueled by television documentaries, books in the popular press (*Coulter & Fisher, A Shot In the Dark*, 1985), and many magazine articles. Children in Great Britain and Sweden no longer receive the pertussis vaccine, Japan has postponed pertussis immunization until children are two years old, and the United States Congress passed the National Childhood Vaccine Injury Act [NCVIA] to provide compensation to parents of children injured by vaccines."-Randal Neustaedter, O.M.D., *The Immunization Decision*, 1990, p. 43.

The most comprehensive pertussis study was conducted in Los Angeles during 1978-1979 by UCLA (reported in *Pediatrics*, 1981, 68:650-660). In a large number of cases, reactions that occurred within the first 48 hours after pertussis injection were recorded. Serious problems were found to exist with the pertussis vaccine. Unfortunately, the research only concerned the first 48 hours after inoculation. Dr. Coulter comments on the many cases of brain damage caused by the vaccine, which occur more than 48 hours after the injection:

"Severe neurologic sequelae [plural of '*sequela*,' an abnormal condition resulting directly or indirectly from a previous disease or vaccination] may also occur after vaccination in the absence of an acute reaction. When the baby reacts to a DPT shot with 'a slight fever and fussiness for a few days,' this may be, and often is, a case of encephalitis which is quite capable of causing quite severe long-term neurologic consequences. Any researcher who ignores or rejects the possibility that a vaccination can cause the most serious neurologic disorders in the absence of a marked acute reaction will have to find grounds for distinguishing post-vaccinal encephalitis from encephalitis due to other causes."-Randal Neustaedter, O.M.D., *The Immunization Decision*, 1990, p. 46.

Although the study was restricted to only the initial 48 hours after a pertussis injection, the UCLA research still revealed that 50 percent of those receiving the vaccine developed fever, 36 percent had irritability, 35 percent had crying episodes, and 40 percent had localized inflammation. More significantly, 3 percent had persistent crying, and 31 percent had excessive sleepiness.

Three research studies were made on the relationship that the pertussis vaccine had to death. Each one specifically examined DPT vaccinations, and each found a decided relationship. In Waler's case-control study, the relative risk of the child having SIDS (sudden infant death syndrome) within 3 days after immunization was 7.3 percent! Did you hear that? That is almost one child out of every ten vaccinated with DPT (the diphtheria-pertussis-typhoid vaccine; a standard vaccination given to school children).

(The three studies were: Baraff, et al., 1983, reported in *Pediatric Infectious Disease Journal*, 1983, Vol. 2, pp. 7-11 ; Torch, 1982, reported in *Neurology*, 1982, Vol. 32, p. A 169; Waler, et al., 1987, reported in *American Journal of Public Health*, 1987, Vol. 77, pp. 945-951.)

In a research paper submitted to the Australian government, Drs. Dettman, Kalokerinos, and Ford have urged that something be done about the pertussis vaccine problem. Among other things, they noted evidence linking pertussis vaccine with the later appearance of asthma and hayfever ("*A Supportive Submission, " The Dangers of Immunization, Biological Research Institute, Warburton, Victoria, Australia, 1979, p. 74).*

Not only is the pertussis vaccine only about 40-45 percent effective ("*Persistence of Pertussis in an Immunized Population, " November 1989, pp. 686-693*), but its immunity is short-lived ("*Vaccination Bulletin, February 1987, p. 11*). There is a 95 percent chance of infection, only 12 years after vaccination ("*Diphtheria-Pertussis-Tetanus Vaccine, " Pediatrics, February 1979, pp. 256-260*).

Edward B. Shaw, a physician teaching in the medical school at the University of California, said this:

"I doubt that the decrease in pertussis is due to the vaccine, which is a very poor antigen and an extremely dangerous one-with many serious complications."-E.B. Shaw, M.D., *Journal of the American Medical Association, March 10, 1975, p. 1026.*

Here are several additional comments on the pertussis vaccine:

"There is a natural tendency to underreport whooping cough when it occurs in a vaccinated population, and to over-report it when it appears to be occurring in an unvaccinated population."-H.L. Coulter and B.L. Fisher, *DPT: A Shot In the Dark.*

A new whooping cough vaccine, known as the "*acellular pertussis vaccine,*" was put on the market in 1981. Also known as "*Japanese whooping cough vaccine,*" Japanese scientists developed it to be "safer and more effective" than the pertussis vaccines in current use. But the new vaccine has brought death to some of those receiving it. The first U.S. test was made on Swedish children in 1988; five of the children died.

"In Japan, the replacement of whole-cell with acellular vaccine resulted in a 60 percent reduction of 'mild' side effects, particularly febrile seizures. But the rate of severe reactions did not differ significantly between the acellular and whole-cell vaccine (*Noble, et. al., 1987*). The Japanese experience with acellular vaccine has included only children 24 months or older. There are no data that allow us to predict the rate of severe reactions for infants given the new vaccine."-R. Neustaedter, *The Immunization Decision, 1990, p. 80.*

"The pertussis vaccine is dangerous in all forms developed thus far. .Infants will continue to be severely damaged by these pertussis vaccines, and the true extent of undetected, long-term disease will probably never be discovered."-*Op. cit., p. 81.*

In 1987, 66 Japanese victims of the new shots won immense court awards from the government. The judge said the government was at fault and had victimized the people (*report of Marian Tompson, an investigative reporter, noted in R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, I p.96*).

An outstanding book on the whooping cough (pertussis) vaccine has been written! It is entitled *A Shot in the Dark*. The subtitle is *Why the P in the DPT Vaccination May be Hazardous to Your Child's Health*. Authored by Harris L. Coulter and Barbara Loe Fisher, it is extremely comprehensive. Coulter is a medical historian, and Fisher is founding member and vice-president of Dissatisfied Parents Together, a Virginia-based organization which tries to help parents who have had problems before or after-vaccinations. (See the section, "*For More Information,*" for the address.)

DPT VACCINE

DPT is a combination vaccine, composed of diphtheria, pertussis (whooping cough), and typhoid vaccines. It is probably the vaccine most commonly given to small children. The following account appeared in the distinguished journal, *Pediatrics*: "A 16-month-old baby girl. .had been

previously healthy and developmentally normal. .In September 1983, 14 days after measles, mumps, and rubella vaccination, she had subjective fever, cough, conjunctival infection, and a generalized macular erythematous rash. Two days later, the majority of these symptoms abated, but the conjunctival infection worsened, her pupils became dilated, and she began walking into objects. .On admission to the hospital, examination revealed a vigorous toddler who would not reach for objects and had only minimal light perception. Ophthalmologic examination showed a diffuse chorioretinitis with perivasular retinal edema, mild papilledema, and a stellate macular configuration. .Repeat fundoscopic (eye] examination several days later demonstrated evolution into a 'salt and pepper' pigmentary pattern distributed radially along the retinal veins. These changes were most consistent with measles retinopathy ..On follow-up examination 7 months later, her visual acuity had improved; she was able to ambulate freely but still sat close to the television set and held objects close to her face. Fundoscopic examination revealed macular scarring."-G.S. Marshall, et al., "Diffuse retinopathy following measles, mumps, and rubella vaccination," *Pediatrics*, 1985, Vol. 76, pp. 989-991.

Measles, normally "caught" the natural way, never causes such problems. But, when weakened measles viruses are given in injections, the result can be weird ("atypical") types of physical damage which would never occur if a child caught the disease naturally. We have already viewed the dangers of measles, diphtheria, and pertussis vaccines. DPT combines them all into one package, which health department officials in every state routinely require every child to be injected with, in order to attend public school

Diphtheria, pertussis, and tetanus vaccines are generally given in one dose, called the "DPT vaccine." Formaldehyde, thimerosal (a form of mercury), and aluminum phosphate -all strong poisons- are used to "stabilize" the germs in DPT, as well as a number of other vaccines.

Just for a moment, let us discuss this matter of "stabilized" and "attenuated" viruses: If you half-kill a plant or animal, it is in bad shape. It may become diseased, it may die, it might recover its full strength. The same applies to the half-killed ("attenuated") viruses in vaccines. The poisonous chemicals used to "stabilize" them have caused some to become diseased, some dead, and some recover quite well. -Then the whole mess is pumped into the arm of a small child. And we wonder why he develops a strange sickness afterward. One child will develop one kind of disease, another a different kind. It all depends on which direction a majority of the weakened viruses injected into that particular child happened to go-before and after being injected. It also depended on what other viruses happened to be in the bovine or monkey pus, which the viruses came from. It also depended on the child's general health and diet at the time. It also depended on how many vaccines he received at one time. It also depended on whether this was the first vaccination or the third or fourth in a series. Another point should be mentioned: After being injected, the fast-flowing bloodstream carries off the entire collection of chemicals and viruses in the vaccine-and quickly separates the viruses from the chemicals which kept them in a weakened condition. What happens to the viruses next, now that they are back in an ideal growth environment? What do the deadly chemicals do? Very likely, the chemicals weaken the body's immune system, as the foreign viruses set to work to grow and multiply.

A 60-minute documentary, entitled "DPT: Vaccine Roulette," produced by reporter Lea Thompson, was aired over WRC- TV, Washington D.C., in April 1982. It reviewed a shocking number of incidents of neurological damage to children following DPT vaccination.

"To health professionals, of course, the dangers of DPT are nothing new. .Almost from the inception of widespread DPT immunization, severe reactions have been reported, beginning with Byers's and Moll's study of vaccine-associated encephalopathy in 1948. " -*Journal of the American Medical Association*, July 2, 1982.

"We have shown that triple antigen injections (DTP) given to scorbutic children [low in Vitamin C] can result in massive immunological insults which may cause death (as reported *In Medical Journal of Australia*, April 7, 1973). Obligated to investigate this phenomenon, we were surprised to find the

whole subject of herd [mass] immunization is controversial and not nearly so well authenticated as we would have our recipients believe.

"It is now seriously suggested that the slow virus may be the cause of a number of degenerative diseases including rheumatoid arthritis, leukemia, diabetes, and multiple sclerosis. It is further possible that some of the attenuated [chemically weakened] strains of vaccines that we advocate may be implicated with these diseases. Of polio immunization ..Fred Klenner (North Carolina) has stated, 'many here voice a silent view that the Salk and Sabin vaccines, being made of monkey kidney tissue, have been directly responsible for the major increase of leukemia in this country.'-Glen C. Dettman, "Immunization, Ascorbate, and Death, " *Australian Nurses Journal*, December 1977.

The packet insert for the DPT vaccine says that "symptomology related to neurological disorders" and "excessive screaming" can follow vaccination with DPT.

Dr. John Fox, of the University School of Medicine, issued a warning to the Australian government that the risk of paralytic complications from injecting certain vaccines is too great. He cited vaccines containing antigens for measles, polio, whooping cough, and tetanus (*Drs. A. Kalokerinos and G. Dettman, " 'Mumps' the word, but you have yet another vaccine deficiency, " Australian Nurses Journal, June , 1981, p. 17).*

"(DPT can cause] fever over 103 degrees F ., convulsions ..alterations of consciousness; focal neurologic signs, screaming episodes. .shock; collapse; thrombocytopenic *purpura*."-*Physicians Desk Reference*, 1980, p. 1866.

Edward Brandt, Jr ., M.D. testified before a U.S. Senate Committee on May 3, 1985, and stated that every year 35,000 children suffer neurological reactions because of the DPT vaccination (*Health Freedom News, May 1985, p. 38).*

Under "Side Effects and Adverse Reactions" of DPT is listed:

"1. Severe temperature elevations -105° or higher. 2. Collapse with rapid recovery .3. Collapse followed by prolonged prostration and shock-like state. 4. Screaming episodes. 5. Isolated convulsions with or without fever. 6. Frank encephalopathy [brain damage] with changes in the level of consciousness, focal neurological signs, and convulsions with or without permanent neurological and/or mental deficit.

7. Thrombocytopenic purpura (blood and skin disorder]. The occurrence of sudden infant death syndrome (SIDS] has been reported following administration of *DPT*."-*Physicians Desk Reference*, 1980, p. 1866.

Reye's syndrome is an often fatal disease, which may be caused by various vaccines:

"Reports linking immunizations to Reye's syndrome continue to appear .

"In an epidemic affecting 22 children in Montreal, five had received vaccines (measles, rubella, DPT, and Sabin polio vaccines) within three weeks prior to their hospitalization.

"While the Center for Disease Control has been quick to suggest a relationship between Reye's syndrome and certain flu outbreaks, they have not, to my knowledge, given equal time to a consideration of an association between this disease and the flue vaccine."-R.S. *Mendelsohn, M.D., news column In San Francisco Chronicle, May 22, 1978.*

Beware of the piercing cry! Think of that cry BEFORE you decide to let your child receive the injection. Why? Because that cry can be a symptom that the child is suffering slight, partial, or major brain injury. The result in after years may be only a slight nervous condition, or it may be strong excitability, slight or greater retardation, partial or complete paralysis.

"The scientists studying the pertussis vaccine have little conclusive evidence of its side effects. For years, crying spells that develop on the day the shot is given were considered insignificant. Today, some doctors believe they are evidence of a neurologic reaction to the shot. And the manufacturers of the vaccine now recommend that children with such reactions do not receive the shot. [Yet that reaction comes after the shot, not before.]

"A study on DPT effects by researchers at the University of California, the first such study to be done in the U.S. in 25 years, found that one in 13 vaccinated children suffers persistent, piercing crying spells the day after receiving a DPT injection. Because the first three shots are given to children when they are still under one year old, they can not explain the exact nature of their distress.

"However, the crying is usually accompanied by a fever and drowsiness. Some experts theorize the crying is due to slight damage to the nervous system, but the connection has not been proven. "-Michael D 'Antonio, "SchoolShots: More Harm than Good?" *Family Weekly Magazine*, August 15, 1982.

"Some interesting statistics emerged; however, these figures are very conservative because doctors don't report reactions, and what does get reported is the result of some special study commissioned by the government. A recent study at UCLA estimates that as many as one in every 13 children had persistent high-pitched crying after the DPT shot.

" 'This may be indicative of brain damage in the recipient child,' Dr. Bobbie Young said. Later on he said, 'You know, we start off with healthy infants, and we pop 'em not once, but three or four times with a vaccine. .The probability of causing damage is the same each time. My greatest fear is that very few of them escape some kind of neurological damage out of this.' One child in 700 has convulsions or goes into shock. These reactions sometimes cause learning disabilities or brain damage. .But these figures represent only the reported effects occurring within 48 hours after the administration of the vaccine. .

"An even more recent figure on the reaction to the DPT vaccine indicates that 1 in 100 children react with convulsions or collapse or high-pitched screaming. One out of 3 of these [screaming babies]-that is, 1 in 300-will remain permanently damaged."-Walene James, *Immunizations: the Reality Behind the Myth*, 1988, pp. 13-14.

The standard DPT vaccination schedule for infants is DPT - 1 at 2 months, DPT -2 at 4 months, DPT -3 at 6 months, DPT - 4 at 15 months, and DPT -5 at 4-6 years. The immunization schedule for children up to 7 years of age is DPT -1 at first visit, DPT -2 at 2 months later, DPT -3 at 4 months later, DPT - 4 at 6-12 months after DPT -3, and DPT -5 at 4-6 years of age. Have you already started your child on his series of five DPT shots?

"Should they [the parents] continue with boosters once they have started? All those other shots might be wasted. If you have doubts at any point, you can stop giving the vaccines. Remember that vaccines often cause severe reactions only after the third or fourth *shot*."-Randell Neustaedter, *The Immunization Decision*, 1990, p. 91.

MMR VACCINE

Along with DPT, the MMR vaccine combination is the other major inoculation given to children. It is composed of weakened viruses of measles, mumps, and rubella. This injection is generally given as a single shot at 15 months of age or older.

MMR will include all the problems discussed separately above, under measles, mumps, and rubella. In addition- as with DPT, -because three shots are combined in one, there is added danger of placing too much load on the child's immunization system at one time.

"Mass immunization of children for mumps, measles, and rubella has resulted in a shift in the pattern of these diseases. The age distribution has changed significantly since the vaccinations were introduced in the 1960s. Now these are increasingly becoming diseases of adolescents and young

adults. This is a problem since the diseases themselves cause more complications in this older population. Secondly, the vaccines seem to have caused atypical [peculiar] forms of the diseases to appear ."-Randall Neustaedter, O.M.D., *The Immunization Decision*, 1990, p. 52.

"Despite the history of serious vaccine side effects, which , includes polio caused by the oral vaccine, deaths and brain damage caused by DPT, and the many problems of live measles and mumps vaccines, drug companies and the medical profession persist in the development and rush to market of new vaccines. Few studies and little experience precede licensure of these new products. Hemophilus, chickenpox, and pneumococcal vaccines are the most recent experiments conducted on America's children."-R. Neustaedter, *The Immunization Decision*, 1990, p. 73.

The remaining vaccines that we will overview are less frequently administered: pneumonia, hepatitis B, Hib meningitis, and chickenpox (varicella).

VACCINATION CRISIS

-CHAPTER TWO –

OTHER VACCINATIONS

In addition to the "mandatory" vaccinations, there are several other vaccinations which we should also consider. You might encounter one of them someday.

RABIES (HYDROPHOBIA)

Also called "*hydrophobia*," this disease and the dangers of the vaccine given to stop it, are discussed in more detail in the section, "*How Did Vaccinations Begin?*"

"The *Indiana State Medical Journal* (December 1950) reports the case of a man of 25 who received the Pasteur rabies treatment and became paralyzed from the waist down and died shortly thereafter. The authors say that no one knows what causes these paralytic reactions. However, it has been definitely established, they say, that they are not caused by the rabies virus. In other words, vaccination, not rabies is the danger here. The authors go on to Quote Sellers, another authority, who believes that 'not hydrophobia but rather rabiophobia is what we have to fear most.' "-*Walene James, Immunizations: The Reality Behind the Myth, 1987, p. 71 (quoting J.I. Rodale, "Rabies: Fact or Fancy?" Prevention, August 1956, p. 52.*

At the worst, a person can receive an especially virulent form of rabies from a rabies shot. (See the section, "*How Did Vaccinations Begin?*" for more on that.) At the best, the rabies shot will accomplish essentially nothing:

"The U.S. Public Health Service Centers for Disease Control [CDC] recently presented findings that more than justify the warnings of immune system disorder following vaccine injection. In 1983 a Peace Corps volunteer died in Africa of serologically confirmed rabies after being bitten by a rabid dog. Prior to being bitten, but after arriving in Africa, this young woman had received the human diploid cell rabies vaccine (HDCV). Tests done by CDC showed that the vaccine had stimulated her immune system but only slightly, certainly not enough to protect her from rabies disease. CDC checked over 700 other Peace Corps volunteers who had also received HDCV and found that one-half responded in an immunologically weak way to the vaccine. "- *The Immunization Trio, H.E. Buttram, M.D. and J.C. Hoffman, Ph.D., 1991, p. 58.*

SMALLPOX

Smallpox was the disease that got vaccinations started. Cowpox was a mild disease normally contracted by cows, and the milkmaids, which worked with them. Edward Jenner found that he could give inoculations of cowpox to people, and this appeared to give them immunity to smallpox. Oddly enough, that which he did was not as dangerous as the later vaccines -which consisted of dead or weakened germs from the same dangerous disease!

Multiple vaccinations against smallpox were common. James Phipps, the eight-year-old boy initially vaccinated by Jenner in 1796, was later revaccinated. He died at the age of 20. Jenner's own son was also vaccinated more than once, and died at 21. A study published in 1980 overviewed many of these multiple vaccination cases -and showed that re-vaccinated children developed "chromosomal aberrations in their white blood cells." (*R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, p. 90.*)

As sanitation steadily improved, the incidence of small-pox kept lessening. Before England's first compulsory vaccination law of 1853, the most smallpox for any two successive years was only 2,000. Those were the most severe epidemics (*Boston Globe, June 11, 1991, p. 13*). In Jenner's own time, he himself admitted that the disease was rare, for, normally, at anyone time there were only a few hundred cases in all England.

But, 17 years later, in 1870-1871, more than 23,000 people died from smallpox (*E. McBean, The Poisoned Needle, 1974, p. 13*). During that same two-year period, over 124,000 died of smallpox in Germany during the same epidemic. All had been vaccinated (*Ibid.*).

It is an astonishing fact that 90 percent of all smallpox cases occur after the individual has been vaccinated. (*Ibid.*) In order to avoid malpractice suits, smallpox deaths that occur too quickly after vaccination are sometimes given another name: "*pustular eczema*."

Medical statisticians frequently try to avoid listing too many instances in which people die of the same disease they were vaccinated against. Instead, a different name is used.

Apparently, this massive vaccine cover-up has been going on since the beginning of the century!

"During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the revaccinated cases [of smallpox] as *pustular eczema, varioloid* or what not -except smallpox."-George Bernard Shaw, quoted in *E. McBean, The Poisoned Needle, p. 64*.

"In the thirty years ending in 1934, 3,112 people are stated to have died of "*chicken-pox*," and only 579 of smallpox in England and Wales. Yet all the authorities are agreed that chicken-pox is a nonfatal disease"-M. Beddow Bayly, *Case Against Vaccination, London, June 1936, p. 5*.

We now have a new disease: *monkeypox*. An official 1979 report of the World Health Organization said this new disease afflicting man is clinically indistinguishable from small-pox (*World Health Organization, Weekly Epidemiological Record, 1979, 54:12-13*).

"Immunization against smallpox is more hazardous than the disease *itself*."-Professor Arie Zuckerman, member of the World Health Organization's advisory panel on viruses.

"For more than fifty years the populations of Australia and New Zealand (with the exception of the armed forces in time of war) have been practically unvaccinated, and they have been more free from smallpox than any other community ..

"The most thoroughly vaccinated countries are Italy, the Philippine Islands, and Mexico. And all of these have been scourged with smallpox epidemics."-L. Loat, *The Truth About Vaccination and Immunization, 1951, p. 28*.

."Our U.S. Government staged a compulsory vaccination campaign in the Philippines which brought on the largest smallpox epidemic in the history of that country with 162,503 cases and 71,453 deaths, all vaccinated. That was between 1917 and 1919."-Harold Buttram, M.D., *The Dangers of Immunization, 1979, p. 48*.

"From West Germany we read of more vaccination casualties. A reader writing to *Organic Consumer Report (June 13, 1968)* mentions an article which appeared in *Medical World* which stated that about 3,000 children each year suffer varying degrees of brain damage as the result of small-pox vaccination. This same writer mentions another medical journal in which Dr. G. Kinel, M.D., reported that in the previous year, smallpox vaccination damaged the hearing of 3,296 children in West Germany and 71 became totally deaf."-W. James, *Immunization: Reality Behind the Myth, 1988, p. 18*.

Before concluding this section on smallpox, the findings of Dr. Charles A.R. Campbell should be of interest. Recommended for the Nobel Prize around the turn of the century, Dr. Campbell carried out significant research into typhoid, malaria, and smallpox. He made an important discovery which could help eliminate smallpox. But his discovery was, for the most part, ignored. Dr. Campbell found that smallpox, like malaria, was carried by a blood-sucking insect, and that neither was infectious nor contagious. After careful experimentation, he found that smallpox was caused by the bite of *cimex lectularius*, a bedbug. These small creatures infested the straw-padded mattresses of that time.

But more: Dr. Campbell went on to learn that the amount of pocking (marking) on the skin, from smallpox, was directly related to whether or not the person was eating fresh greens.

So smallpox is but one of several "filth diseases:" small-pox and typhus, caused by body lice; bubonic plague, by lice on rats and rat manure; typhoid and cholera, by contaminated water .

Obviously, the solution to smallpox is a cleaner environment and better nutrition, not vaccinations of weakened germs.

PNEUMONIA

Several pneumococcal vaccines are under investigation. In 1977 a pneumococcal vaccine was licensed which contained 14 types of *S pneumonia*. This was replaced in 1983 by a vaccine of 23 types. These polysaccharide vaccines have only had limited success, so researchers are now trying to make a conjugate form, in which the polysaccharide is bonded to a protein carrier. So far, they have been unsuccessful in producing it. Therefore the 1983 method is still being used. It is predicted that soon children will begin to be vaccinated for pneumonia.

A controlled study was made of 1,300 healthy Australian children. Some were given the pneumonia vaccine; others were not. The researchers concluded that the vaccine accomplished nothing beneficial:

"[Compared with the control group, vaccine recipients experienced] no fewer days of respiratory illness, no reduction in antibiotic consumption, hospitalization, visits to a physician, or incidence of ear infections." --*Journal of Infectious Diseases study. quoted In R.S. Mendelsohn, M.D., Risks of Immunizations, 1988, p. 75.*

Studies have not shown any appreciable effect in reducing ear infections in children by the vaccine. Instead of preventing the ear infection, the pneumonia vaccine only altered the types of microbes in the ear.

So little is known about the pneumonia vaccine, that it has not yet been approved for general administration to children. Only those "with increased risk of serious pneumococcal infections" are now receiving it.

"Approximately 50 percent of vaccines (30 to 40 percent in children) develop swelling and pain at the injection site. Fever, muscle pain, and severe swelling occur in less than one percent of those vaccinated. High fevers (over 102 1/2) and severe allergic reactions have been reported."-R. Neustaedter, *The Immunization Decline, 1990, pp. 84-85.*

HEPATITIS B

Hepatitis B is a serious liver disease which hard drug users had, until it got into the blood banks -and was given to a wide range of people who were receiving transfusions.

When a vaccine for hepatitis B was developed in the 1970s, many doctors were concerned that it might be contaminated with an AIDS virus (*J.A. Finkbeiner, M.D., Medical World News, January 101 1983*).

It is of interest that two-thirds of physicians with hepatitis B, have refused to take the vaccine (*R.S. Mendelsohn, M.D., "Drive to Immunize Adults is On," Herald of Health Newsletter, September-October, 1985*). Yet, in 1991, the CDC began work to mandate inoculation of all infants against hepatitis B ! In fact, many doctors are already routinely giving multiple doses of it to very young infants (*Boston Globe, June 11, 1991*).

HIB MENINGITIS

The scientific name for this disease is *Hemophilus influenzae b (Hib)*, although it has no relationship to influenza. It is a bacterial disease which causes upper respiratory and ear infections,

inflamed sinuses, pneumonia, swelling of the throat, and meningitis. And what is meningitis? It is an inflammation of membranes which cover the brain and spinal cord.

In 1985, a purified polysaccharide form of vaccine for meningitis was released. It was called PAP. Shortly afterward, a conjugate form of this vaccine (PAP-D or HbOC) was licensed. The conjugate form is now recommended and mostly given. In the United States, it is the only kind now used.

Researchers suspect that meningitis is especially caused by other vaccinations which have been given. So we have here a new vaccine being given to eliminate a serious disease frequently caused by other vaccines. It is known that central nervous system infections occur more frequently as a direct result of DPT and measles vaccine (*H.L. Coulter, M.D., Assault on the America Child: Vaccination, sociopathy, and Criminality, 1990.*)

Fifty percent of Hib meningitis cases occur in children 6 to 7 months of age-after or about the time they receive the other vaccinations. The attack rate decreases rapidly with increasing age. Fifty percent of the cases occur in infants under one year of age. If no vaccines were given to children below 18 months of age, a large number (as many as 75 percent) of the meningitis cases might be avoided.

The original polysaccharide form of the vaccine was not very effective. So the conjugate form is now used. Here is part of what the conjugate form accomplishes:

"The *Hemophilus* vaccine is associated with many reactions. Dr. Julie Milstien and colleagues reviewed 152 spontaneous reports of vaccine reactions submitted to the FDA during the first year of vaccine availability, 1985-1986 (Milstien, et. al., 1987). Serious reactions included convulsions (with and without fever), anaphylactoid allergic reactions, serum sickness-like reactions (joint pain, rashes, and edema), and one death within 4 hours of vaccination. In addition to the reported reactions, there were 63 reports of proven H influenzae type b invasive disease that occurred soon after the immunization."-Randall Neustaedter, O.M.D., *The Immunization Decision, 1990, p. 70.*

Although the Hib vaccine is often called the "meningitis vaccine," it really provides little protection against the Hib form of meningitis, -and, aside from Hib, there are also several other causes of meningitis (pneumococcus, meningococcus germs, and some viruses). In addition, the Hib germs may also cause upper respiratory infections, ear infections, and sinusitis, -yet the Hib vaccine is no help in resisting those infections.

In summary, it could be said:

"The vaccine for meningitis has too many unclear aspects. Efficacy is questionable, the frequency of side effects is unknown, and long-term side effects have not yet been discovered for this vaccine only recently licensed in 1985. Parents need to decide whether they are willing to risk the possible side effects of a vaccine which is questionably effective, experimental, and not targeted at the population of children under 18 months who are most at *risk*."-Randall Neustaedter, O.M.D., *The Immunization Decision, 1990, pp. 70-71.*

CHICKENPOX (VARICELLA)

Chickenpox is one of the mildest diseases of childhood. Almost all children are infected, and as a result develop permanent immunity. A chickenpox vaccine was developed in 1973. To date, it is generally used only with children with cancer and leukemia.

"It is relatively certain that the chickenpox vaccine will soon be added to those routinely administered to children. The MMRV (measles, mumps, rubella, and varicella) vaccine will replace MMR."-Op. cit., pp. 75-76.

Such an action would result in great profit to the manufacturers, and would probably result in an increase of adult chickenpox cases. As with measles and mumps vaccines, chickenpox vaccines-widely given -would have more likelihood of serious disease and resulting complications. Unusual cases of

varicella-zoster illness may also occur, as they now do after measles and mumps vaccinations. Varicella-zoster virus can be stored in nerve cells after natural chickenpox infection, and erupt in later years as herpes zoster ("shingles"). That is a very painful skin eruption which can last for several weeks. Plotkin says that varicella vaccine has caused zoster in normal children (5. *Plotkin, New England Journal of Medicine*, 1988, Vol. 318, pp. 573-575).

What is the future for us, if chickenpox vaccine becomes another required inoculation? "Chickenpox, which is relatively mild in childhood, [if given in vaccines to children] might increase in frequency during adulthood when it is much more severe."-P.A. Brunel', "*Where Are We?*" *Pediatrics*, 1986, Vol. 78 (supplement), pp. 721-722.

"One would not, however, want to vaccinate against varicella routinely in childhood if immunity wanes and thereby creates a population of varicella-susceptible adults."-A.A. Gershon, "*Live Attenuated Varicella Vaccine*," *Annual Review of Medicine*, 1987, Vol. 38, pp. 41-50.

"Varicella-zoster virus may be a cause of cancer. This association has never been proven, though varicella-zoster- infected human cells have transformed mouse cells to cancerous cells in a laboratory setting."-R. Neustaeder, *Immunization Decision*, 1990, p. 78.

VACCINATION CRISIS

-CHAPTER THREE –

LOOKING DEEPER

There is more involved in the vaccination controversy than may appear on the surface. Although we now have a better understanding of the vaccines, there is a need to obtain a better understanding of the background which led up to the present controversy, including aspects which make it such a crisis today.

HOW DID VACCINATIONS BEGIN?

Up to the end of the eighteenth century, smallpox was a particularly dreaded disease, not *only* because it was often *fatal* but *also* because those who recovered were permanently disfigured with pock marks on their skin. *In* the seventeenth century, people in Turkey began infecting themselves deliberately with mild forms of smallpox, in the hope of making themselves immune to severe attack. They *would* have themselves scratched with the liquid from blisters of a person who had a mild case. From this, some developed a *light* infection, and others heavy scarring -or death.

In 1718, lady Mary Wortley Montagu learned about this practice when she went to Turkey with her husband, sent there briefly as the British ambassador. While there, she had her own children inoculated, and they managed to escape without harm. Since she was known to be some-what eccentric, no one listened to her when she told fellow Britons back home about it.

Meanwhile, in America a Boston physician, Zabdiel Boylston, inoculated 241 people during a smallpox epidemic, and a number of them died as a result. Heavily criticized for what he had done, his idea was also ignored.

Back in Gloucestershire, England, a country doctor, Edward Jenner, decided to try inoculating the people with cowpox in the hope it would give immunity to smallpox.

In 1796, Jenner inoculated an eight-year-old boy named James Phipps with cowpox, using fluid from a cowpox blister on a milkmaid's hand. Two months later, Jenner deliberately inoculated young James with smallpox itself. The boy did not catch the disease. The rest is history.

Jenner called the process *vaccination*, from *vaccina*, the Latin name for cowpox. Vaccination spread rapidly throughout Europe.

Later, Louis Pasteur discovered that he could weaken (or attenuate) germs, either by heating them or treating them with chemicals. He used this as the basis for *vaccines*. That began the practice of injecting live germs into people.

In 1885, Pasteur tried his vaccine for rabies (hydrophobia) on a nine-year-old boy, Joseph Meister, who had been severely bitten by a rabid dog. The boy survived. The rest is more history.

But there is more to that history than is commonly told. In this book we are discovering a lot of it.

James Phipps, the eight-year-old boy initially vaccinated by Jenner in 1796, was revaccinated 20 times and died at the age of twenty. Jenner's own son, who was also vaccinated several times, died at the age of twenty-one. Both deaths were caused by tuberculosis, a condition that some researchers have linked to smallpox vaccine.

Joseph Meister was inoculated by Pasteur and survived the dog bite. But, on the same day, several other people, including the dog's owner, were also bitten-and all continued in good health thereafter. Other children were not so fortunate. Mathiew Vidau died after being personally treated by Pasteur. Also, another child, Louise Pelletier, died after receiving the Pasteur treatment. In the *National Review* for July 1890, Dr. Charles Bell Taylor gave a list of cases in which patients of Pasteur's had died while the dogs that had bitten them remained well. In other words, the vaccine had clearly killed those people, for the dogs were not rabid after all.

A French postman, Pierre Rascol, along with another man was attacked by a dog supposed to be rabid. Rascol was not actually bitten, for the teeth had not gone through his clothing and he had no cuts. His companion, however, was severely bitten. What happened to the two men? Rascol was forced by the postal authorities to undergo the Pasteur treatment, which he did from the 9th to the 14th of March. Less than a month later, on April 12, severe symptoms developed. The pain was especially bad where the inoculations had been given. A historian, E.D. Hume, relates what happened next:

"On the 14th of April he died of paralytic hydrophobia, the new disease brought into the world by Pasteur. What wonder that Professor Michel Peter complained: 'M. Pasteur does not cure hydrophobia: he gives it!' .'-E.D. Hume, *Bechamp or Pasteur? A Lost Chapter in the History of Biology*, 1947, pp. 198.

But what happened to Rascol's friend, who actually had been bitten? He refused to go to the Pasteur Institute for his rabies inoculations, so he remained in excellent health!

Medical journals are replete with such stories. An article in *The Archives of Neurology and Psychiatry* (January 1951) told of two patients who became paralyzed after they had been treated by the Pasteur vaccine for rabies. The *Journal of the American Medical Association* (January 14, 1956) detailed a meeting of the French Academy of Medicine in Paris. At that meeting, Korsakoff's psychosis was discussed. It was noted that individuals who had received Pasteur's rabies vaccinations -could, twenty years later, be afflicted with Korsakoff's psychosis, a continuing state of delirium. At the same meeting, lists of patients who had died after receiving the Pasteur rabies treatment were examined and discussed.

But discussion is about as far as it ever went, back then. Times have; not changed much since then.

WHAT IS IN THE VACCINE?

Each vaccine is composed of three different types of materials:

1 -*Viruses*. These are either dead or "attenuated." The dead-virus types of vaccines are only supposed to have killed viruses in them. The attenuated vaccines have live viruses, which have been weakened by the addition of poisonous chemicals.

It is well-known that dead animals rapidly decompose and are dangerous to human health. Even the odors coming from them are not healthful. Germs rapidly develop in and around them. What about a dead animal which had been killed with poisons; would you want to eat it? Would it be wise for you to do so? Could eating it hurt you? That is what is in dead-virus vaccines.

Sickly animals are not good either. Who would want to eat a cow that was sick? No one. In fact, if known to be sick, the FDA would not permit it to be butchered and sold to the public. But would you want to eat a sick cow that is still alive? That would be no better. Yet that is what is in live-virus vaccines.

It is dangerous to eat an animal killed with poisons -with the poisons used to kill it still in and around the meat. That is what you get in dead-virus vaccines. But would you want to eat an animal that was so sick that it no longer could move about? That is what is in live-virus vaccines.

We have been speaking about eating such dead or damaged animals. But it would be far more dangerous to have part of the dead animal or the living animal injected directly into your blood stream!

Viruses are animals also, although very small ones. It is viruses which are injected into the bloodstream during a vaccination. As you might already know, viruses are always more dangerous than cows.

Along with the dead viruses, part of the poisons used to kill them are also mingled into the vaccine. The result can-not be likened to poisoned beef chunks, but rather to beef stew with poison in the beef and the surrounding broth.

In the case of the weakened viruses, we have tiny animals that are not merely weak, -but are half dead! An animal that is half-dead is either diseased or soon will be. But there is more: "Attenuated" viruses are a combination soup. Part of the soup has dead viruses in it; part has nearly-dead viruses; part has damaged viruses which will soon recover. Some will become very strong and vigorous, and some will remain sickly, yet will live and reproduce. We are discussing not a single animal, but millions of animals -for that is what is in the sizeable amount of fluid injected into a person's arm. This is why there is such a variety of dead, half-dead, and recovering viruses in the mixture.

Now you can see why a person taking a polio vaccine could come down with Polio?! ,Polio viruses in the vaccine recovered and rapidly multiplied In his body.

Bacteria and viruses multiply very, very rapidly! There is nothing in the world which multiples as fast-without exception!

But there is also more in that mixture.

2- *Other viruses and bacteria*. Do not think that only one type of virus is in the vaccine. Because of the source the medical laboratories extract it from, that mixture contains a surprisingly wide variety of bacteria and viruses. The lab workers take the serum from the pus of monkeys, cows, pigs, and other animals. Then they try to "refine" it. But, since they are working with such small creatures, there is no economical way they can screen out most of the foreign substances and life-forms in that extracted fluid.

In fact, they do not work directly with a small amount by hand. Before mass-producing the product for sale to physicians, they must develop a way to mechanically produce large quantities of the serum in vats. So do not imagine that it has been "checked over" first. Only small samples from the vats are examined.

Now you can see why a person who is given a pertussis vaccination, could, instead of getting whooping cough, could become paralyzed. There were other germs in that vaccine, beside the pertussis viruses.

But there is still more in that mixture.

3- *Poisonous chemicals*. In the laboratory, one or several poisonous chemicals were stirred into the brew of viruses in order to kill or weaken them.

As for the dead viruses, it would be difficult later to fully extract the toxic chemicals, used to kill the viruses. But, as for the "attenuated" viruses, the poisons have to remain there in order to keep the viruses half dead!

"Besides introducing foreign proteins. and even live viruses Into the bloodstream, each vaccine has Its own preservative, neutralizer, and carrying agent, none of which are indigenous to the body. For Instance, triple antigen DPT (diphtheria, pertussis, and tetanus) contains the following poisons: formaldehyde, mercury (thimersol), and aluminum phosphate (Physician's Desk Reference. 1980). The packet insert accompanying the vaccine (Lederle) lists these poisons: aluminum potassium sulfate, a mercury derivative (thimersol), and sodium phosphate. The packet insert for the polio vaccine (Lederle) lists monkey kidney cell culture, lactalbumin hydrolysate, antibiotics, and calf serum. The packet insert (Merck Sharp & Dohme) for the MMR (measles, mumps, and rubella) vaccine lists chick embryo and neomycin, which is a mixture of antibiotics. Chick embryo, monkey kidney cells, and calf serum are foreign proteins; biological substances composed of animal cells, which, because they enter directly into the bloodstream can become part of our genetic material (*World Medicine*, September 22, 1971, pp. 69-72; *New Medical Journals Limited*, Clareville House, pp. 26-27, Oxendon St., London, J.W.1X4 EL, England. Reprinted in part in *The Dangers of Immunization*, published by the Humanitarian Publishing Company, Quakertown, Pennsylvania, 1979, pp. 20-31. These foreign proteins as well as the other carriers and reaction products of a vaccine are potential allergens and can produce anaphylactic shock."-W. James, *Immunization: Reality behind the Myth?*, p. 10.

Next there is the problem of the fast-flowing blood vessels. Blood is pumped rapidly throughout the body. So, when the whole conglomeration is injected into the body, the viruses are quickly separated from the poisonous fluid surrounding them. Within a few seconds, both have gone from veins, through capillaries, into arteries-and have entered the large artery. From there, they pass through the heart and out into the vena cava. Now, fully separated, the chemicals and viruses enter various body tissues where they begin working damage.

The chemical poisons weaken the body's immune system, as it begins fighting these strange substances (such as formaldehyde, which is embalming fluid).

Meanwhile, the viruses have found cells to enter and they are using the cell's DNA and RNA to multiply themselves. Foreign bacteria and viruses were also in that injection, and they are also setting up light housekeeping in body cells while they multiply.

The result is that the viruses, when they multiply enough, can attack the body weakened by the toxic chemicals. The rest of the story is found throughout the book you now have in hand.

Why can there be so many different things -and so much of them in a single shot of vaccine? First, because we are talking about such small things! viruses, bacteria, and chemicals. Second, because each of those substances is so extremely toxic in the human body. Third, because-once placed in the bloodstream-the viruses and bacteria multiply so rapidly. Therefore, it only takes a small amount of recovering virus to work great harm in the human body. Fourth, they have been placed directly in the bloodstream where they can quickly go to work multiplying. They have sidestepped the guardian gates of the stomach and intestines.

LOOKING DEEPER INTO VACCINATIONS

The purpose of the vaccination is to get the body to produce antibodies which will provide immunity for a time against a certain disease. In 1949-1950, the British Medical Council carried out an extensive investigation to determine the degree to which anti-diphtheria antibodies, produced by vaccinations, helped the public resist diphtheria. Since the disease was epidemic at the time, the government had a large number of cases to work with. In their official 1950 report, they disclosed that the presence of antibodies were of no help of any kind in resisting diphtheria. Some people developed the disease who had high antibody count, while others with low count were highly resistant. (*British Medical Council Report, #272, May 1950*).

Dr. Wendell Belfield, of San Jose, California, explains the mystery:

"Antibodies are not needed when the primary immunological defense [leukocytes, interferon, T - cells, etc.] is functioning at maximum capacity ..Antibody production appears to occur only when the ascorbate level, in the primary defense components are at low levels, thereby permitting some viruses to survive the primary defenses."-W. Belfield, M.D., quoted In Drs. G. Dettman and A. Kalokerinos, "A Supportive Submission," *The Dangers of Immunization*, 1979.

"It is nonsense to think that you can inject pus. .into a little child and in any way improve its health. .There is no such thing as immunization, but we sell it under the name 'immunization' ..If we could by any means build up a natural resistance to disease through these artificial means, I would applaud it -but we can't do it. The body has its own methods of defense. These depend on the vitality of the body at the time. If it is vital enough, it will resist all infections; if it isn't vital enough it won't and you can't change the vitality of the body for the better by introducing poison of any kind into it."-William Howard Hay, M.D., quoted by Usher Burdick In the House of Representative, 1937; printed In the *Congressional Record*, December 21, 1937.

The strange act of introducing weakened disease germs into the body, which we call "vaccination," can produce abnormal conditions in the body, which, years later, can erupt in something terrible. In a landmark book, Dr. Richard Moskowitz explained that the unnatural process of vaccination can put slow-acting viruses into the body. These, he says, can later produce nearly incurable chronic diseases (*R. Moskowitz, "Immunizations: A Dissenting View," Dissent in Medicine: Nine Doctors Speak Out*, 1985, pp. 133-166).

Vaccines go directly into the body and are "not censored by the liver," according to Dr. William Albrecht. Aside from the antibiotics and germ-deadening chemicals in them, vaccines are primarily composed of foreign proteins from animals. Normally, proteins, chemicals, and other substances, which are eaten, are processed in the liver to protect you. But vaccination sends these foreign substances directly into the bloodstream.

"If you take water into your system as drink, it goes into your bloodstream directly from the stomach. But if you take fats, they move into your lymphatic system. When you take other substances like carbohydrates and proteins, they go into the intestines, and from there are passed through the liver, as the body's chemical censor, before they go into the blood and the circulation throughout the body. Most of your vaccination serums are proteins, and are not censored by the liver. Consequently, vaccinations can be a terrific shock to the system."-William Albrecht, M.D., In *Organic Consumer Report*, December 4, 1962.

This is why vaccines do not really give the body immunity -yet that is why they were injected in the first place. Marian Tompson found that, when immunity to a disease is acquired naturally, the possibility of reinfection is only 3.2 percent. But when it comes through vaccination, the reinfection rate is 80 percent (*Marian Tompson, "Another View," The People's Doctor, Vol. 6, No. 12, p. 8*).

"Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn't mean a thing. The only true antibodies, of course, are those you get naturally. What we're doing (when

we inject vaccines) is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you're asking for all sorts of trouble, and we don't believe it *works*."-Dr. Glen Dettman, interviewed by Jay Patrlck, and quoted In "The Great American Deception," *Let's Live*, December 1976, p. 57.

Ordinarily, diseases which enter the body, are filtered through an elaborate network of body defenses. But vaccines -because they are injected directly into the bloodstream -seem to slip by many of those defenses. Walene James, in *Immunization: The Reality Behind the Myth*, says that a vaccine, placed directly into the blood vessel, is able to gain immediate access to all the major tissues and organs -and bypass the immune responses that might otherwise have destroyed it (1988, pp. 14-15). Research by Drs. Kalokerinos and Dettman, discovered that, since the vaccine viruses have successfully gotten by other immunity factors, when the T -cells encounter them in the blood, they assume the strange, new viruses must be friendly. So the T -cells adjust for this factor and henceforth let them live and slowly multiple.

Does all this remind you of AIDS? If you have followed research studies on AIDS and the T - cells, you will recognize that the similarities are frightening. That point needs discussing.

THE AIDS FACTOR

An ongoing controversy surrounds the AIDS virus. How did it get into humans -when they never before had it? Well, some believe you need look no farther than the polio vaccine.

Scientists call it SV-40. That is the innocent-sounding code name for an extremely dangerous virus, which is found in monkeys. In 1955, Dr. Jonas Salk developed a killed -virus polio vaccine. That means, he found a way to place dead polio viruses in humans. Then, in 1959, Dr. Albert Sabin devised a way to place weakened polio viruses in people. He called it the "live-virus (oral) vaccine against polio."

As soon as the Sabin vaccine came on the market, it was pushed to the front and Salk's vaccine was set aside. Governments urged that everyone take the oral vaccine. Millions of people swallowed the weakened polio virus. But they also swallowed something else.

You see, there is far more in a vaccine than merely the weakened virus; there are other foreign proteins, germs, and viruses which were in the drug company culture vats, in which the specific vaccine virus grew.

In the case of the Sabin oral polio vaccine, there was also SV-40. This is a powerful and very dangerous virus, which had never before been placed in human beings. The only way you can get it is by eating a freshly-killed, uncooked African monkey. When research scientists developed those polio cultures, which were given to millions in the form of vaccinations, they made a little mistake: Those cultures were contaminated with SV-40 viruses. Yet, with the techniques then available, the scientists did not realize it was in the cultures of chopped monkey organs in their laboratories. It was not until the 1980s that they discovered what they had been injecting into people for over 20 years.

This undetected, new virus which passed into the blood- streams of millions of people during the 1960s and 1970s, later became the focus of serious research. The implications were also serious. SV-40 is a virus which acts as an extremely powerful immunosuppressor; that is, it greatly weakens the natural immune system. In fact, 1980s researchers-confronted with the new disease, HIV, reexamined SV-40,-and found it was clinically indistinguishable from fully-matured HIV, which is AIDS.

Because of these facts, there are scientists today who believe that the placing of the SV-40 virus in people, from 1960 onward, laid the foundation for a terrible scourge we now have: *Human Immunodeficiency Syndrome (HIV)*, the precursor to full-blown AIDS. SV-40 not only begins the weakening process of the immune system, which HIV builds upon; but SV-40 appears to act as a trigger to get HIV started.

First, however, the HIV virus has to enter the body. That requires certain activities which only certain people care to do. But once in the body, the weakening effect of the SV-40 virus enables HIV to set to work-without being quickly destroyed by the body's natural defenses.

Does this mean that only polio-vaccinated people can get HIV? Apparently not. Once the SV-40 virus was placed in enough people, it could be transferred, under certain circumstances, to others. Additional research is being made on the SV-40 virus. But it is a little like examining Pandora's box after it had been opened.

The SV-40 virus has been found in leukemia, brain tumors, and other human cancers. It has also been found in people with HIV.

Dr. Hilary Koprowski, a leading polio researcher, in testimony before a congressional committee, said: "An almost infinite number of monkey viruses can contaminate polio vaccines." (*Tom Curtis, "The Origin of AIDS," Rolling Stone, March 19, 1992, pp. 58-59.*) It should come as no surprise that a wide variety of viruses can and are found in vaccine cultures. The polio vaccine contains monkey kidney cell culture and calf serum. MMR (measles, mumps, and rubella) vaccine is cultured in chick embryos. There are scores of other vaccines. For example, the foot-and-mouth disease virus vaccine is prepared "either of inactivated virus from infected cattle tongue epithelium, or, more recently, of live virus attenuated by embryonate egg or mouse passage and propagated in tissue culture." (*Stedman's Medical Dictionary, p. 1680.*)

Would you imagine that all those organs are virus-free?

After treatment, they are placed, essentially raw, into the human bloodstream. Keep in mind that viruses are the smallest living thing known to mankind. Also keep in mind that, back in the 1960s and 1970s, scientists still had no way to recognize minute quantities of many of those viruses. Thus, it would be easy for a wide range of foreign viruses to get into the human race through "safe vaccinations."

Tests to determine the existence of extremely small amounts of some of these viruses were not developed until the mid- 1980s.

W.S. Kyle, in the British medical journal, *Lancet* (March 7, 1992), mentioned two significant points: First, the oral polio vaccine was used experimentally in the mid-1970s to treat recurrent herpes. Second, the vaccine could have been contaminated by a number of retroviruses (slow-acting viruses). HIV is a retrovirus. Such treatment could easily place the SV-40 virus and the HIV virus in the general population, where it could then be transferred most easily by the two groups in America who, by their practices, keep their bodies in a continually weakened state: homosexuals and drug pushers.

Prominent AIDS researchers are not ignorant of these facts. In fact, some of them go beyond the polio vaccine- and implicate other vaccines as causal agencies of AIDS. Dr. Robert Gallo is the leading AIDS researcher at the National Cancer Institute. He was the co-discoverer of the AIDS virus. On May 11, 1987, the *London Times* quoted him as implicating the smallpox vaccine as an AIDS trigger: "The use of live vaccines, such as that used for smallpox, can activate a dormant infection such as HIV ." That statement is worth remembering; it was made by the most knowledgeable AIDS researcher in America.

Although much research has been done on the close similarity of SV-40 to HIV, it appears that Eva Lee Snead, M.D., was the first to note the connection between SV-40 and vaccinations. Following extensive research into medical literature on SV-40, she came across the following citation:

"Excretion of SV-40 virus after oral administration of contaminated polio vaccine."-B.L. Horvath and F. Fornosi, *Acta Microbiologica Scientarum Hungariae*, 1964-1965, pp. 271-275.

In common language, that means that researchers found that, after the oral polio vaccine was given, SV-40 viruses were found in the bowel movements. That could only happen if SV-40 had been in

the oral vaccine (although it was not supposed to be there),-and if the SV-40 was healthy enough to multiple fast enough to be found in the feces shortly afterward! What a discovery! Yet it was made-and reported-as early as 1965.

At this juncture, you might wonder why SV-40 was reported as being in the stool of a polio vaccine recipient back in 1965, yet Western scientists did not find it in the polio vaccine until the 1980s. The reason is simple enough: Multiplied millions of the virus were found in human excrement within a few days after the polio vaccine was received, but the extremely small amounts of the virus in the polio culture were not discovered until more than 15 years later. Yet that only raises another question: If scientists knew that large amounts of SV-40 were in the body a few days after the vaccine was taken,- why then did the Western pharmaceutical industry continue churning out batches of polio vaccines afterward? "The 1964-1965 article reported that SV-40 was recovered [via the stool] from 10 to 35 children vaccinated orally with polio vaccine.

"Foremost virologists studying AIDS, including Dr. Gallo of the U.S.A. and Montaignard of France, agree that SV-40 is closely related to the AIDS virus. The SV-40 has been extensively studied since 1960 and its clinical manifestations in laboratory animals are similar to the so-called AIDS virus. It has also been linked to tumor growth and birth defects.

"According to sources cited by Dr. Snead, cells from the African green monkey have been used since 1953 as a growth medium for the polio vaccine. The use of the polio vaccine, contaminated with this virus, she speculates, is responsible for the current epidemics of childhood cancer, leukemia, birth defects, and AIDS. These diseases coincidentally increased dramatically after the introduction of the polio vaccine 30 years ago, she said.

"No one knows how many batches of polio vaccine have been contaminated with SV-40, but exposed individuals may number into the millions."-H.E. *Buttram, M.D., and J.C. Hoffman, Vaccinations and Immune Malfunction, 1987, p. 64.* "Over 30 years ago, I remember reading 'horror' stories of the slaughter of thousands of monkeys to make Salk vaccine and now I was reading of 'a recently discovered virus, unwittingly put into hundreds of thousands, if not millions, of doses of early Salk vaccine.' The unknown virus is, of course, SV-40 and the publication is *Science Digest, 1963.* Arthur J. Snider was the author of the article."-W. *James, Immunization: the Reality Behind the Myth, 1988, p. 101.*

And that turns our attention to smallpox vaccination campaigns. Thanks to the "enlightened civilizations" of North America and Europe, a massive effort has been underway for years to inoculate the peoples of other nations with various vaccines. There are seven countries in central Africa which have the highest AIDS infection rates: Burundi, Malawi, Rwanda, Tanzania, Uganda, Zambia, and Zaire. As reported in the *London Times (May 11, 1987)*, World Health Organization (WHO) statistics show those to be the African nations with the greatest number of vaccinated people. According to WHO, Brazil was the only South American nation included in the smallpox campaign. It has the highest rate of AIDS patients on that continent.

(Here are several sources on this topic, for your further study: Arthur J. Snider, "Near Disaster with the Salk Vaccine," Science Digest, 1963. B.L. Horvath, et al., "Excretion of SV-40 Virus After Oral Administration of Contaminated Polio Vaccine," Acta Microbiologica Hungary, 11, pp. 271-275. William Bennett, Atlantic Monthly, February 1976. E.L. Snead, M.D., "AIDS: Immunization Related Syndrome," Health Freedom News, July 1987, p. 1. "Division of Biologics Standards," Science, March 17, 1972. Walter S. Kyle, "Simian Retroviruses, Poliovaccine, and Origin of AIDS," Lancet, March 7, 1992, pp. 600-601. W.C. Douglass, M.D., "WHO Murdered Africa," Health Freedom News, September 1987, p. 42. Tom Curtis, "Origin of AIDS," Rolling Stone, March 19, 1992, pp. 54-56.)

THE GENETIC MUTATION FACTOR

There is yet another factor which should be considered, as we note possible links between vaccines and HIV: the genetic mutation factor.

Because vaccines contain a variety of foreign viruses, when these enter the entire human body (by being injected directly into the bloodstream), they have the ability to interact with, and become part of human tissue. Viruses are so small, that they do not compete with human cells-they enter them! Viruses have the ability to transfer genetic imprints from one host to another. Because they contain pure genetic material (RNA and DNA), they can transfer it to invaded cells of the new host.

"According to Dr. George Todara, director of Oncogen, a bio-technology company in Seattle, and Dr. Aaoul Benveniste, a virologist at the National Cancer Institute, RNA retroviruses can approach a cell's DNA, create their own viral DNA versions of themselves (like a negative of a photograph), and insert the veral DNA into the cell (*Ponte, Lowel', "Jumping Genes": Reader's Digest, April 1987, pp. 132-137*). If the viruses are carrying genetic material from other species (culture media for viral vaccines include monkey kidneys and chick embryos), they will engraft this material as well."-*Harold E. Buttram, M.D., and John Chriss Hoffman, Ph.D., Vaccinations and Immune Malfunctions, 1987, p. 55.*

These are very serious matters. The above writers go on to say this:

"The recognition that viral vaccines may be sowing seeds of disease is not new. In 1975, Dr. Robert W. Simpson, of Rutgers University in New Jersey, raised the question whether immunization programs against influenza, polio, measles, mumps, and rubella may be seeding humans with RNA to form 'proviruses,' later manifesting in such diseases as rheumatoid arthritis, multiple sclerosis, and cancer (*Nelson, Harry, medical writer for The Los Angeles Times, as reported at a science writer's seminar sponsored by the American Cancer Society In St. Petersburg, Florida, April 1976*).

"Such an effect has been documented in at least one instance: In a study of 19 children with chronic rheumatic disease, rubella virus was isolated from cells of 7 children, but it was found in none of the controls. The majority of the children had received the live rubella vaccine (*Chantler, Janet K., and Others, 'Persistent Rubella Virus Infection Associated with Chronic Arthritis In Children,' New England Journal of Medicine, October 31, 1985, pp. 939-948.-Op. cit., p.56.*

It is well-known that it generally takes several years (usually five) before a person with HIV comes down with full-blown AIDS. But the New England Journal of Medicine cites an incident in which it occurred with extreme rapidity. Physicians at Walter Reed Army Medical Center in Washington, D.C., prepared the report, which was then discussed in the May-June 1987 issue of Infectious Diseases Capsule & Comment.

A nineteen-year-old army recruit was classified as normal when he took his physical examination. Two months later he was immunized against adenovirus, measles, rubelia, influenza, smallpox, and others. Within two or three weeks he came down with full-blown AIDS! The later report decided he was asymptotically infected when he entered the service (because of prior contacts with prostitutes). But he did not have HIV until after the vaccinations-and then that changed into AIDS within a few weeks.

Biological (or genetic) engineering is a bad word today. It stands for changing and warping cells-into something very different. People fear it, and for good reason. Yet vaccinations have been doing It for years. Joshua Lederberg, of the Department of Genetics at the Stanford University School of Medicine said this in 1967: "We already practice biological engineering on a rather large scale, by use of live viruses in mass immunization campaigns." (*J. Leder-berg, Science, October 20, 1967, p. 313.*) He also said that "live viruses are. .genetic messages used for the purpose of programming human cells." (*Ibid.*) It is possible to produce new diseases within mankind through the use of vaccinations.

One individual, after reading the manuscript for this book, made this comment: "How much longer will this go on? How much longer will vaccinations be given to little children? How much longer will parents not be told what is taking place within the bodies of those who are injected with these viruses? Is civilization going crazy? Not even savages in far-off places methodically kill themselves, so that eventually no one is left alive!"

(For additional information on genetic changes possible through viruses, read S. Kumar, et. al., "Effects of Serial Passage of Autographa Californica Nuclear Polyhedrosis Virus in Cell Culture," *Virus Research*, 7 (1987), pp. 335-349. H.E. Buttram, M.D., "Live Vaccines and Genetic Mutation," *Health Consciousness*, April 1990, pp. 44-45. G. Blanck, et. al., "Multiple Insertions and Tandem Repeats of Origin-Mins Sim-ian Virus 40 DNA in Transformed Rat and Mouse Cells," *Journal of Virology*, May 1988, pp. 1520-1523.)

Then there is the "virgin soil" problem. By introducing- through vaccinations-so many new strains of infectious organisms into people, we are placing modern civilization at risk of a variety of brand new diseases. And that is most dangerous, as two physicians explain:

"There is indirect, circumstantial evidence that immunizations may predispose to the onset of AIDS in 'virgin soil populations,' that is, in those populations that have not historically been subjected to the common diseases of Western civilization. When diseases endemic in Europe for many hundreds of years, such as measles and influenza, were introduced into populations where these diseases were previously unknown, devastating epidemics often resulted. . in 1983 deaths from AIDS were reported of seven Haitian immigrants, none of which had a history of the known risk factors for AIDS (homosexuality, drug abuse, hemophilia, or blood transfusions) (*Moskowitz, "Unusual Causes of Death In Haitians Residing In Miami," New England Journal of Medicine*, 150: 1187, 1983). In 1984, a similar report appeared concerning eighteen previously healthy Africans who developed AIDS while residing in Belgium (*Clumeck, "Acquired Immunodeficiency Syndrome In African Patients," New England Journal of Medicine*, 310:492, 1984). These persons also lacked a history for the risk factors of AIDS. However, both groups did have two things in common: AIDS appeared or was diagnosed following international travel, which presumably required multiple vaccines (there is no mention of vaccines in the articles). Both groups were, relatively speaking, given to 'virgin soil populations.' "-*The Immunization Trio, H.E. Buttram, M.D. and J.C. Hoffman, Ph.D., 1991, pp. 58-59.*

VACCINATIONS AND THE MIND

Earlier under the section on DPT vaccinations, we discussed the brain damage which can result from certain injected vaccines. Learning disorders can also result from inoculations. Drs. P. Landrigan and J. Witte, in their research study, "*Neurologic Disorders Following Live Measles Virus Vaccination*" reported that a variety of learning disorders- from the mild to very serious-can follow childhood vaccinations (*Journal of the American Medical Association*, 1459, March 26, 1973). We know that, of every eight children born in the United States, one of them will grow up with some form of mental retardation (*Better Nutrition*, June 1982, p. 32). *Are we now learning a key reason for this alarming trend?*

Research into the long-term effects of vaccination has revealed that psychotic disorders may be caused by viral infections. Research studies on this topic include the following: T.J. Crow, "*Is Schizophrenia an Infectious Disease?*" *Lancet*, 1983, p. 17. D. Steinberg, et al., "*Influenza Infection Causing Manic Psychosis*," *British Journal of Psychiatry*, 1972, pp. 531-535. Halonen, et. al., "*Antibody Levels to HSV-1, Measles, and Rubella Virus in Psychiatric Patients*," *British Journal of Psychiatry*, 1974, pp. 461-465. H.E. Buttram, M.D., "*Live Virus Vaccines and Genetic Mutation*," *Health Consciousness*, April 1990, p. 45.

SUDDEN INFANT DEATH SYNDROME

A great mystery surrounds SIDS. This is the abbreviation for *sudden infant death syndrome*. It is popularly known as "crib death." What is it? And more important: what causes it?

Parents fear the terrible possibility that –suddenly -their baby may die. As is happening in many other homes in the nation, they fear that, at any time, they may walk to the crib and find that their infant is no longer alive.

The most popular medical theory about SIDS is that the central nervous system has somehow stopped functioning properly, so that the involuntary act of breathing is suppressed. The child stops breathing and dies.

But only a shadowy mystery lies beyond that. What causes SIDS?

Yet there is information available. Every mother in the land should be made aware of it:

Dr. William Torch, of the University of Nevada School of Medicine at Reno, issued a report that the DPT (diphtheria, pertussis, tetanus) shots may be the cause of SIDS. He found that two-thirds of 103 children who died of SIDS had been immunized with OPT vaccine within three weeks before their deaths! Many died within a day after getting the shot. Torch maintained that this was no mere coincidence, but that a causal relationship was involved.

In 1978-1979, during an expansion of the Tennessee Childhood Immunization Program, eight cases of SIOS were reported immediately following routine DPT immunizations. The U.S. Surgeon General quietly had the manufacturer recall all unused doses of that batch of vaccine.

In 1983, the UCLA School of Medicine, working with the Los Angeles County Health Department, reported a study of 145 SIDS deaths. DPT vaccinations were routinely being given, and it was found that 27 died within 28 days after being immunized; 17 of them within a week after receiving the shot; 6 within 24 hours after.

It was also noted that breastfeeding is one of the best ways a mother can help her child avoid SIDS. It is well-known in the medical world that mother's milk contains substances which help protect the infant against disease, until its own immune system grows stronger.

DPT vaccinations continue to this day throughout the land. Every so often infants suddenly die. And people wonder, Why?

Although a quantity of case studies, implicating vaccinations, have been collected, yet nothing is done to stop the vaccination of infants.

"In March 1979, it was suggested that there might be an association between immunization with diphtheria and tetanus toxoids and pertussis vaccine absorbed (DPT), *Wyeth Lot 64201*, and the sudden infant death syndrome (SIDS) in Tennessee. An extensive investigation following this report neither established nor refuted a causal relationship (*Hutcheson, "Follow-up on DTP Vaccination and Sudden Infant Deaths: Tennessee," Morbidity-Mortality Weekly Report, i 28:135, 1979; Brunier and others, "Diphtheria-Tetanus Toxoid-Pertussis Vaccination and Sudden Infant Deaths in Tennessee," Journal of Pediatrics, 101:419421, 1982*). To clarify this issue, the Department of Pediatrics, School of Medicine, University of California at Los Angeles, conducted a study of SIDS in Los Angeles County (*Baraff and others, "Possible Temporal Association Between Diphtheria- Tetanus Toxoid Pertussis Vaccination and Sudden Infant Death syndrome," Pediatric Infectious Disease, 2:7-11, January 1983*). Parents of 145 SIDS victims who died in Los Angeles County between January 1, 1979, and August 23, 1980, were contacted and interviewed regarding their child's recent immunization history. Fifty-three had received a DPT immunization. Of these, 27 had received a DPT immunization within twenty-eight days of death. Six SIDS deaths occurred within twenty-four hours, and seventeen occurred within one week of DPT immunization. It was concluded these SIDS deaths 'were significantly more than expected were there no association between DPT immunization and SIDS.' "*H.E. Buttram, M.D. and J.C. Hoffman, Ph.D., 1991, p. 54.*

It appears that SIDS, so destructive of human life and so terrifying to parents who experience it in their own home, is totally unnecessary.

"In a study in Queen Alexandra Hospital, Hobart, Tasmania, reported by Dr. Viera Scheibner, about one half of the babies who succumbed to cot death (SIDS) had recently been vaccinated ("*Cot Death Due to Exposure to Nonspecific Stress: Its Mechanisms and Prevention, " a scientific paper for*

the Association for Prevention of Cot Death in Blackheath, New South Wales, 1990). In examining and discussing the basis for deaths following vaccination, Scheibner pointed out that noxious substances such as formaldehyde (used as a fixative in some vaccines) can cause serious organ damage. 'The single most common and preventable cause of death in infants due to stress for noxious substances is vaccination,' she wrote. Yet, she said, the effect of vaccinating babies has never systematically been studied, recorded, and analyzed.

"Moreover, Dr. Scheibner declared, parents of infants brain damaged after DPT vaccination are led to believe that unless the damage occurs within twenty-four hours it was not caused by the shot. However, the damage often occurs two weeks later."-*Ibid*.

PROVOCATION EFFECT OF VACCINES

When a person is vaccinated at the time that his body is fighting a disease in that vaccine, he may suddenly be overwhelmed by an even worse attack of the disease. That is called the "*provocation effect of vaccines*." Sir Graham Wilson, former director of the Public Health laboratory Service for England and Wales, wrote this in a book published by the Oxford University Press:

"When a vaccine is injected into the tissues during the incubation period of a disease or during the course of a latent infection, it may bring on an acute attack of the disease. That is to say, the incubation period is shortened, or a latent infection that might have given rise to no manifest illness is converted into a clinical attack. The two diseases in which this so-called provocation effect has been most studied are typhoid fever and poliomyelitis, but evidence exists to show that it may be operative in other *diseases*."-*Sir Graham Wilson, M.D., Hazards of Immunization, 1967*.

Quite obviously, that fact opens up a whole new avenue of suffering, permanent damage, and premature death for innocent people.

DEGENERATIVE DISEASES

Vaccinations can not only have immediate effects on those who receive them; they can also have long-term effects. These are physical problems which develop years later. "Most of the degenerative diseases are going to be shown to be due to X-rays, drugs, and polluted food, additives, preservatives and immunizations."-*Robert Mendelsohn, M.D., Interview, Public Scrutiny, March 1981, p. 22*.

"It is dangerously misleading, and, indeed, the exact opposite of the truth to claim that a vaccine makes us 'immune' or *protects* us against an acute disease, if in fact it only drives the disease deeper into the interior and causes us to harbor it *chronically*, with the result that our responses to it become progressively weaker, and show less and less tendency to heal or resolve themselves spontaneously."-

¹*Richard Moskowitz, M.D., The Case Against Immunizations, reprinted from Journal of the American Institute of Homeopathy, March 1983, p. 13*.

The problem here is due to changes within tissues and organs-which can take place due to RNA and DNA modification caused by the substances in the injected vaccines. The special offenders are the foreign viruses in those vaccines.

Dr. Wendell Winters, a virologist at UCLA, said this at a 1976 meeting of the American Cancer Society:

"Immunization may cause changes in the slow viruses, changes in the DNA mechanism, as being studied by Dr. Robert Hutchinson at the University of Tennessee in Nashville."-*W.D. Winters, M.D., quoted in R.S. Mendelsohn, M.D., Interview, The Herbalist New Health, July 1981, p. 60*.

As mentioned earlier, because they are injected directly into the bloodstream and so bypass the body's natural immunity defenses, vaccines are able to trick the body into accepting them as natural

substances which should not be destroyed. The virus is placed directly into the blood and thus permitted to multiply and invade blood cells and tissues.

Live viruses, injected into the body, are able to live in latent form for years in the human body. Then, decades later, they can begin reproducing and causing changes in body tissues and organs. They do this by attaching their own genetic material as an extra particle (called an "episome") to the host cell's genome, which is the half-set of chromosomes and their genes, found in every body cell. Then the virus replicates itself as the host genome replicates (in order to make a new cell). While the host cell continues most of its normal functions, additional coding is added by the virus.

One gland which is particularly affected is the thymus gland, whose secretion, *thymosin*, is necessary for the maturation and function of T-lymphocytes throughout the body. Abnormalities in the function of the thymus gland result in a variety of immuno-deficiency, autoimmune, and neoplastic diseases. It is known that patients with leukemias, cancers, and rheumatoid arthritis have impaired thymus-dependent immune systems.

Interestingly enough, the thymus gland degenerates more rapidly in Americans than in people in India, where few vaccinations are given.

"Spontaneous cancer development in old age may also be related to declining thymus function and immune responses in old age, at least in those instances in which the cancer cells contain foreign antigens."-Drs. Kalokerinos and Dettman, "A Supportive Submission," *The Dangers of Immunization*, Biological Research Institute, Warburton, Australia, 1979, p. 49.

."Although the body generally will not make antibodies against its own tissues, it appears that slight modification of antigenic character of tissues may cause it to appear foreign to the immune system, and thus a fair target for antibody production."-Peterson and Good, *Postgraduate Medicine, Special Issue: Connective Tissue Diseases*, May 1962, p. 422.

DIET FOR CHILDHOOD DISEASES

Elsewhere in this book we have noted a number of important factors in maintaining good health, such as: cleanliness, proper sanitation, adequate ventilation, outdoor exercise, and a wholesome diet focused on fresh greens, of vegetables, and fruits. (Some authorities also recommend alfalfa tablets and garlic as helpful preventatives of childhood disease.)

"The major contributing factor toward improved health is over the past 200 years has been improved nutrition [and sanitation]. Nearly 90% of the total decline in the death rate in children between 1860 and 1965 due to whooping cough, scarlet fever, diphtheria and measles occurred before the introduction of antibiotics and widespread immunization against diphtheria."-Dr. Powles, *quoted in The Dangers of immunization*, 1987, p. 51.

If your child comes down with whooping cough, diphtheria, mumps, measles, etc., he is far less likely to have a severe bout with the disease if he has been on such a good dietary and lifestyle regime.

However, nutritionists tells us that a key factor, in shortening how long the child has the disease, is related to the amount of Vitamin C the child is getting.

According to the *Journal of the American Medical Association*, 90 children with whooping cough were treated daily with 500 mg. of Vitamin C for one week. The children were well again in 15 to 20 days, depending on whether they received intravenous or oral doses of the vitamin. But children treated with vaccine averaged 34 days duration. (Very likely, the vaccine helped them not one bit, and, if a third group, given no special treatment, had been tested also, it probably would have recovered as quickly-or quicker-than the vaccine group.)

The well-known writer, Adelle Davis, used much higher potencies of Vitamin C, and gave them orally. She found that children, thus helped, only had the sickness for one day, with no nausea, no vomiting, and no irritability. She gave 1,000 mg. of Vitamin C every hour for the entire day. (Fifty 500-

mg. tablets of Vitamin C were dissolved in a cup of boiling water. One-fourth cup of fruit juice such as pineapple, apricot, or orange was then added. Each teaspoon of the resultant solution contained 500 mg. of Vitamin C.) Later she discovered that, when calcium and pantothenic acid (a B vitamin) were included, smaller amounts of Vitamin C could be given.

Polio requires special care, and you are referred to other books on the subject. However, it is known that potassium iodide, calcium, and magnesium are important in successfully treating polio. (As you may recall, in the polio vaccine section of the present book, it was highly-refined sugar products which stripped the body of calcium, so that polio germs could attack the nerves.) One physiologist recommended that, as soon as polio occurs, the patient should be placed in a warm bathtub, with only his head out of water-and kept there for hours at a time. That helped the leukocytes fight the polio virus. High-level Vitamin C dosages were also recommended.

As mentioned earlier, one result of vaccination can be long-term changes in various body structures. Because organs are weakened by the viruses and other foreign proteins, chronic and degenerative diseases later develop. In 1976, Dr. Robert Simpson of Rutgers University said this to a group of science writers at a seminar of the American Cancer Society:

"Immunization programs against flu, measles, mumps, polio and so forth, may actually be seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of diseases, including rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's disease, and perhaps cancer."-R. Simpson, M.D., quoted in Richard Moskowitz, M.D., *"The Case Against Immunizations, reprinted from the Journal of the American Institute of Homeopathy, March 1983, p. 10.*

Vitamin C consistently is noted in the medical literature. Not only is it needed to ward off infection from vaccines, but it is also children lacking in Vitamin C in their meals- which tend to be the most damaged by the vaccines.

In order to understand this better, we will turn our attention to the work of Glen C. Dettman, Ph.D., and Archie Kalokerinos, M.D., two Australian researchers. In the 1970s, they led out in Australia in a full-fledged campaign to stop government vaccinations.

Until their efforts ceased, they virtually eliminated extremely high infant mortality among the native tribes of northern Australia. Kalokerinos, a medical doctor, had worked among those tribes for a number of years and he found that many deaths were the result of nutritional/immunization interactions. By this is meant the dangerous combination of vaccinating a child who was already on a poor diet, low fruits, greens, and other sources of important nutrients. When vaccinated, such a child would enter an "immune paralysis" reaction, in which his immune system had become so burdened down in an effort to throw off the dangerous substances in the vaccine, -that he lost all resistance to simple, common infections. Soon he died.

Dr. Kalokerinos found that many of these infants were suffering from scurvy with acute Vitamin C deficiency. Immunizations of such infants, often with colds at the time, brought on death..

After instituting a program of improved nutrition, with regular Vitamin C supplementation for native children, the mortality was virtually wiped out. For two years, not a single infant died. This, obviously, was a startling change in the situation.

Kalokerinos later wrote a book about his experiences. In it, he described how he came to a realization of the underlying cause of the problem:

"Returning from the United States in August 1971, I threw myself for a few weeks into a problem that had been presented to me shortly before. Ralph Hunt, a grazier in the Collarenebri district, and been appointed Minister of the Interior. As such he was responsible for the administration of the Northern Territory and partly responsible for the health of its Aborigines. A tour of the area horrified him. The infant death rate had doubled in 1970, gone even higher in the first six months of 1971, and looked

as if it would reach, in some areas, 500 per 1,000. Authorities in the Territory claimed that the problem had no quick solution. .

"It happened to be a beautiful night as I drove back to the hotel in which I was staying. People who know Sydney will know Rose Bay and the loveliness of the waterfront. I compared it with the desert around Alice Springs where I would be in less than twenty-four hours. I thought of Ralph Hunt and how he had tried to help. .Then suddenly it clicked . 'We have stepped up the immunization campaigns,' Ralph had said. Myll had known for years that they could be dangerous, but had I underestimated this? Of course I had. There was no need to go to Alice Springs. I knew. A health team would sweep into an area, line up all the Aboriginal babies and infants and immunize them. There would be no examination, no taking of case histories, no checking on dietary deficiencies. Most infants would have colds. No wonder they died. Some would die within hours from acute vitamin C deficiency precipitated by the immunization. Others would die later from 'pneumonia,' 'gastroenteritis,' or 'malnutrition.' If some babies and infants survived, they would be lined up again In a month for another immunization. If some managed to survive even this, they would be lined up again. Then there would be booster shots, shots for measles, polio, and even T.B. Little wonder they died. The wonder is that any survived.

"The excitement of this realization is difficult to describe. On one hand, I was enthralled by the simplicity of it all, the 'beautiful' way by which the pattern fitted everything I had been doing. On the other hand, I almost shook with horror at the thought of what had been, and still was going on. We were actually killing infants through lack of understanding. .

"I have no doubt that some so-called 'cot deaths' are in fact acute vitamin C deficiencies, and these can occur even if the diet is adequate. .and their response to vaccines against these infections is not always good. First, there is an increased utilization of vitamin C, and this, particularly when associated with dietary deficiency or failure of intestinal absorption, may precipitate a deficiency. This deficiency lowers immunity, and the immunizing agent adds to this temporary lowering. An infection such as pneumonia or gastroenteritis is likely. .thus an infant may die a few days or a few weeks after being immunized."-*Archie Kalokerinos, M.D., Every Second Child, 1974.*

Obviously, the children of the aborigines of Australia- living as they did under the most primitive conditions out in the desert-were far more fragile than regular children. In their case, death rather quickly followed vaccination.

"When our observations first forced us to examine the possibility of immunization being a health hazard, under certain conditions at least, it seemed rather absurd and very puzzling to us. However, the facts were before us here in closed Australian Aboriginal populations where children and adults were found suffering all too often with severe and even fatal immunological accidents. As scientists we found ourselves taking a second look at the history of microbiology in order to better understand what we were seeing with our own eyes as a consequence of mass Immunizations of Aboriginal populations."- *Glen Dettman, Ph.D., and Arclvides Kalokerinos, M.D., "Second Thoughts About Disease: A Controversy and Bechamp Revisited, " Journal of International Academy of Preventive Medicine, July 1977.*

With other children, we have found that, Instead of a quick death, an extended life-but with serious infections, paralysis, brain damage, or some other problem, may result.

Yet, as we consider the Australian tribes people, we learn why earlier good nutrition and Vitamin C in their diets-are so urgently needed by children or adults who receive vaccination. The stronger their bodies are, the more likely they will be able to resist the deadly substances in the vaccine! Yet, in the process of trying to overcome the vaccine, their built-up immunities, Vitamin C levels, etc., are greatly over- taxed.

How much better it is to not take the vaccine in the first place!

"Dr. Viera Scheibner, of the Australian Association for Prevention of Cot Death, who also studied cot death (SIDS) infants, reported in 1990 that a detoxifier is necessary to relieve symptoms of stress caused by noxious substances, such as vaccines. The most effective, common, and natural detoxifier, she said, is vitamin C."-H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., *The Immunization Trio*, 1987, pp. 30-31.

VACCINES AS ALLERGEN SOURCES

Vaccines can also introduce allergies into the system. An allergy is a reaction of the body against a foreign protein, and vaccines are primarily composed of foreign proteins. They have been called "*potential allergens*," because they introduce undigested proteins into the bloodstream. People afflicted with allergies will recognize the truth of this, since well-known allergens, such as goldenrod, are simply non-split proteins, which have gotten into the bloodstream. Normally, the digestive tract splits proteins in the diet into their building blocks: amino acids. But, when a complete, non-split protein is absorbed into the blood, it can produce allergenic reactions.

"The fact that human infants are born with an undeveloped immune system magnifies their vulnerability to vaccinations. Nature, however, compensates by providing a rich source of antibodies from the mother's breast-colostrum. (Hanson, "*The Mammary Gland as an Immunologic Organ*," *Immunology Today*, 3[6]:168-172, 1982). If the mother continues nursing her infant for some months, the infant is provided with an ideal form of sustenance until its digestive system is matured to the point that it can begin to digest and utilize other sources of food. If, on the other hand, this pattern is broken and the infant is started on commercial formula feedings (which contain foods that are much more difficult to digest and assimilate than the mother's breast milk), the immune system of the infant is stressed and often sensitized by these foods. A life-long pattern of food allergy and food sensitivity may be initiated."-*The Immunization Trio*, H.E. Buttram, M.D. and J.C. Hoffman, Ph.D., 1991, p. 62.

THE VACCINATION CRISIS

By VANCE FERRELL

-CHAPTER FOUR - WHEN THE CRISIS ARRIVES

That which we have read so far may appear grim. But It becomes a crisis -when the vaccination decision is suddenly thrust upon your home or the home of a loved one. Here Is Information that will be needed when that time comes.

AN ONGOING CONTROVERSY

In 1982, an hour-long television documentary, "DPT: Vaccine Roulette," was shown to the public. The documentary showed children who had been permanently brain damaged following DPT vaccinations. Their little bodies were twisted, contorted. Anguished parents were standing nearby.

"Many children have suffered horrible and permanent side effects from this vaccine. "-Lea Thompson, *Investigative reporter, TV show, Today, April 20, 1982.*

But, during the television documentary, officials were also interviewed who gave the standard statements urging the importance of continued vaccination:

"The benefits of the vaccine, in my view, far outweigh the risks."-Edward Mortimer, M.D., of *the American Academy of Pediatrics, Ibid.*

"Much more is to be gained by immunizing the children with the current vaccines with its limitations, than by allowing our children to be exposed to contracting Pertussis."- *John Robbins, Food and Drug Administration, Bureau of Biologics, Ibid.*

But, elsewhere on that same documentary, Dr. Robbins made this remarkable statement:

"I think if you as a parent brought your child to a doctor for a DPT shot and the doctor said to you initially, 'Well, I have to tell you that some children who get this vaccine get brain damaged,' there's no question as to what your reaction would be. As a responsible parent you would say, 'I wish not to take this vaccine.' "-*Ibid.*

Sir Granham S. Wilson, M.D., knew a lot about the subject of vaccination, since he formerly had been director of the British Public Health Laboratory Services. He said this: "The risks attendant on the use of vaccines and sera [plural of serum] are not as well recognized as they should be. Indeed, our knowledge of them is still too small and the incomplete knowledge we have is not widely disseminated..The late Dr. J. Hutchinson of the [U.K.] Ministry of Health collected records of fatal immunological accidents during the war years and was kind enough to show them to us. We were surprised to learn of the large number of persons in the civil and military populations that died apparently as the result of attempted Immunization against some disease or other. Yet only a few of these are referred to in the medical journals.

"When one considers that Dr. Hutchinson's records covered only four or five years and were limited to Great Britain, and that in other countries in Europe, Asia, Africa, America, and Australia, probably much the same proportion of accidents were occurring-and further that such accidents have been going on for sixty or seventy years, -one realizes that a very small proportion can ever have been described in the medical literature of the world. "-*Sir S.G. Graham, M.D., quoted in The Hazards of Immunizations, 1967.*

An Australian news magazine (*The Age, April 12, 1975*) interviewed Dr. Ronald Penny, associate professor of medicine at St. Vincent's Hospital in Sydney. In the Interview, Penny stated that a number of children were regularly harmed or killed by vaccinations, and that they were most likely to be children who had deficiencies in their immune systems.

According to Dr. Penny, measles, rubella, and polio inoculations were the most dangerous because they involved "live" viruses. He explained that weakened viruses are in the vaccines, but, placed in a person with a weak immune system, they are as dangerous as a vigorous set of germs placed in a healthy person.

According to Sir Graham Wilson, former director of Public Health Laboratory Services of England, all it takes to get a disease in a vaccine-is to get yourself run down enough before you receive the vaccination:

"When a vaccine is injected into the tissues during the incubation period of a disease or during the course of a latent infection, It may bring on an acute attack of the disease. That is to say, the Incubation period is shortened, or a latent infection that might have given rise to no manifest illness is converted into a clinical attack. The two diseases in which this so-called provocation effect has been most studied are typhoid fever and poliomyelitis, but evidence exists to show that it may be operative in other diseases such as tuberculosis and rickettsial infections. Numerous factors such as exposure to cold and wet, excessive fatigue, over-indulgence of various sorts and certain chemo-therapeutic agents, are credited with playing a similar role by lowering the resistance of the host to the causative bacterium or virus in question. Certain vaccines appear to have a similar effect, though probably more specific."-Sir *Graham Wilson, M.D., The Hazards of Health, 1967.*

The result, according to Sir Wilson, is a "provocation disease,"-a disease you contracted from the vaccine injected to prevent you from getting it!

In a letter to the British Medical Journal, Rosemary Fox, secretary of Parents of Vaccine Damaged Children, said this:

"Two years ago, we started to collect details from parents of serious reactions, suffered by their children to immunizations of all kinds. In 65 percent of the cases referred to by us, reactions followed 'triple' vaccinations (tetanus- diphtheria-pertussis). The children in this group total 182 to date; all are severely brain damaged, some are also paralyzed, and 5 have died during the past 18 months. Approximately 605 of reactions (major convulsions, intense screaming, collapse, etc.) occurred within 24 hours of vaccination, 80 percent within 3 days, and all within 12 days. ' During the period 1969-1974, when 64 deaths resulted from whooping cough, 56 cases of severe brain damage followed vaccination.

"These cases have been referred to the DHSS [British Department of Health and Social Services] over the past two years. As the figures steadily increased and we discovered that there were doubts about the safety of whooping cough vaccines, we asked the DHSS if current vaccines were available. .The department insists, however, that the incidence of severe reactions to whooping cough vaccines is low and states that there are no plans to study our cases at present."- *Rosemary Fox, letter to the British Medical Journal, dated February 21, 1976.*

The plan under consideration, at the present time is for the federal government to fund the cost of giving wide- spectrum vaccinations to every child in the nation. Those injections will, of course, be given on a mandatory basis.

At the 1982 Forum of the American Academy of Pediatrics (AAP), the adoption of the following resolution was urged by a concerned member:

"The MP [will] make available in clear, concise language information which a reasonable parent would want to know about the benefits and risks of routine immunizations, the risks of vaccine preventable diseases and the management of common adverse reactions to immunizations."- *Resolution presented to American Academy 'of Pediatrics, 1982 Forum.*

After careful deliberation, the resolution was rejected. Therefore, parents continue to not be told, of the risks of vaccination.

"Margaret Ann, the only daughter of Mr. and Mrs. Donald W. Goding, of Woisey, Essex, England, was pronounced a perfect baby by the doctor when she was born. This beautiful and healthy infant was vaccinated at the age of 4 months. The first two injections didn't take so a third was given, after which inflammation of the brain developed within 5 days. She was taken to the hospital where she remained for many weeks. At the age of 13 months she was blind and could not learn to walk. She also developed digestive disturbances and convulsions. "-E. McBean, *The Poisoned Needle*, p. 78.

The fact stands out-loud and clear -that immunizations are doing nothing to reduce disease. According to Volume 2 of *World Health Statistics Annual, 1973-1974*, there has been a steady decline of infectious diseases "in most *developing*' countries regardless of the percentage of immunizations administered in these countries. It appears that generally improved conditions of sanitation are largely responsible for preventing 'infectious' diseases."

The biologist, Rene Dubos, said the improvement was due to better sanitation and public water supplies. Other scientists have said it was due to improved personal hygiene, better food distribution, and the eating of fresh fruit, and vegetables. (*cf., among others, W.J. McCormick, M.D., "the Changing Incidence and Mortality of Infectious Disease in Relation to Changed Trends in Nutrition," Medical Record, September 1947.*) Johnathan Miller, M.D., believes the reduced death rate is due to better nutrition, and improved ventilation and drainage. (*Interview on Dick Cavett show, February 4, 1981*).

Yet, In spite of these facts, that which appears to be a massive cover-up of facts continues.

"Why then does the vaccination fetish persist? We must find the answer in economics -in the billion-dollar serum industry."-Cash Asher, *Bacteria, Inc.*, 1949, p. 42.

Any business which controls such large sums of money, is in a position to influence legislation-in order to protect its sales. Dr. Milton Silverman, a University of California pharmacologist, said the pharmaceutical industry "is now grossing sales in the tens of billions of dollars a year." (*Quoted in television documentary, "Pesticides and Pills," on Public Television, in the fall of 1981.*)

In Australia, Glen Dettman, Ph.D., and Archie Kalokerinos, M.D., had seen all too well the terrible results accruing year after year from vaccinations. So they teamed up and began a nationwide campaign to stop vaccinations. They appeared on television and radio talk shows, wrote articles, gave interviews, and wrote a book. They said this:

"Even the World Health Organization has conceded that the best vaccine against common Infectious diseases is an adequate diet. Despite this, they made it perfectly clear to us that they still intended to promote mass immunization campaigns. Do we take this as an admission that we cannot or do not wish to provide an adequate diet? More likely it would seem, there is no profit in the constituents of an adequate diet for the pharmaceutical companies."-A. Kalokerinos and G. Dettman, "A Supportive Submission," *The Dangers of Immunization, Biological Research Institute, Australia*, 1979, p. 68.

"Remaining unimmunized for childhood diseases is a risk no child should face. .Health experts warn that unless more young children are immunized, widespread epidemics could take place *again*."-Virginia State Department of Health folder.

"Expanded immunization -using newly improved vaccines- ..will prevent the six main immunizable diseases from killing an estimated 5 million children a year and disabling 5 million more."-James Grant, executive director of UNICEF, *In Shift In the wind*, 18, May 1984, p. 7.

"Any person who dies within 15 minutes to a day after taking the vaccine could be suffering from a personal sensitivity, an allergy of the vaccine which is unrelated to the 'dead' viruses therein,

most researchers concede. "-Official statement regarding a swine flue vaccine, quoted In *Let's Live*, December 1976, p. 58.

The British Medical Journal mentioned that multiple sclerosis can be caused by one or the other of seven different vaccines!

"German authors have described the apparent provocation of multiple sclerosis by .vaccination against smallpox, typhoid, tetanus, polio, and tuberculosis and after injections of anti-diphtheria serum. Zintchenko (1965) reported 12 patients in whom multiple sclerosis first became evident after a course of anti-rabies vaccinations."-*British Medical Journal*, October 22, 1967.

Actually, mass vaccine programs are medically unethical: "Current mass vaccine programs represent two major departures from the ethics and traditions of medical practice: (a) The programs diverge from the time-honored tradition that all treatments should be individualized, particularly when dealing with substances which carry the potential for adverse side effects. (b) Vaccines have been made compulsory."- : *Harold E. Buttram, M.D., and John C. Hoffman, Vaccinations and Immune Malfunction*, 1987, p. 45.

Yet mass vaccinations are also crucial to the ongoing success, not of conquering disease, but getting people inoculated. Without the coercion aspect, vaccinations would disappear.

"The principle of compulsory mass medication is an established and excepted fact in American society today. Its cornerstone rests upon the compulsory mass vaccination programs, which are being enforced, with ever greater stringency throughout the country. The enforcement of these programs is taking place in a number of areas in our society, but its primary impact is on our children, who are required to take their quota of vaccines before acceptance and admission into school, the attendance of which is mandated. "-*Ibid*.

"One wonders why the vaccine-damaged children issue is soft-peddled -if it isn't an issue, why have we in Australia, an Association for the Prevention of Vaccine-Damaged Children, and In the U.K., the Association of Parents of Vaccine-Damaged Children?"-*Editorial, Australasian Nurses Journal*, June 1978.

"The best vaccine against common infectious diseases is an adequate diet."-Statement by the World Health Organization, quoted In *H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., The Immunization Trio*, p. 10.

"The children, kicking and screaming, were taken away from the parents and given smallpox vaccinations."- .*Opposing Compulsory Immunizations*, " *Health Freedom News*, April 1985, p. 21.

"No shots, no school. Students who can't prove they have been immunized against contagious childhood diseases shouldn't expect to start school Monday."-*Usa Hogberg, "No Shots, No School*, " *Virginia Beach Beacon*, August 28, 1983.

"My name is Ann Andrex. I am from Mount Rainier, Maryland, and I am not associated with any of the groups here. I am a parent of a two-year-old and expecting another child soon. My two-year-old has received all legally required vaccinations to attend nursery school, but I feel It Is wrong to force parents to have children vaccinated to attend school. There are too many unknowns about the threats from the effects of the vaccination compared to the threat of contracting and suffering through the various diseases, especially in the case of pertussis, and it is also wrong to legally mandate vaccinations when there are no legally mandated programs of keeping track of the vaccination effects by private as well as public M.D.s

"There should be freely available information on the disease and on the vaccinations so parents can make informed decisions. Instead of current scientific studies and statistics, today's parents have legal requirements based on no documented information upon which to base their personal decisions about their children's future health and health risks, and I just wanted -maybe it

is out of place here, but I wanted to say *that*."-Ann Andrex, *Open Meeting on Pertussis and Pertussis Vaccines, Rockville, MD, April 26, 1983.*

Citizens In a given state can unite their efforts to fight compulsory vaccinations. In Wisconsin, they did just that. The people formed *Citizens for Free Choice in immunization*, and worked until, In 1980, they clarified the Wisconsin State statute that discusses exemptions from mandated vaccination. They had included into it a statement that persons who have a decided conviction against a vaccination procedure can choose not to receive it, and can also keep their children from receiving it. These modified provisions were signed Into Wisconsin law on May 7 1980 (1979 *Wisconsin Assembly Bill 767*), and now can be found in the Wisconsin State Statute (*Section 140.05[16]*). .

"Since God placed the welfare of the children in the hands of the parents or guardians, it is only they who should have the right to make the final decision, since it is they who must assume full responsibility for the *consequences*."-Gerald E. Poesnecker, *N.D., D.C., "No Shots, No School?" For You, Naturally, January 1983.*

"Even in those states (requiring mandatory immunizations), you may be able to persuade your pediatrician to eliminate the pertussis component from the DPT vaccine. This immunization is the subject of so much controversy that many doctors are becoming nervous about giving it, fearing malpractice suits. They should be nervous, because in a Chicago case a child damaged by the pertussis inoculation received a \$5.5 million settlement award. "-Robert Mendelsohn, *How to Raise a Healthy Child, p. 210.*

ARE VACCINES MANDATORY?

In 1962 a compulsory immunization bill was before Congress, which, if enacted, would have required vaccination of every person in America.

"It is hard to convince the public that something is good. . Consequently, the best way to push forward a new program is to decide on what you think the best decision is and not to question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issues. "-Paul Meier, *M.D., speaking on a panel before a Congressional hearing on Intensive Immunization Programs, 1962.*

But the compulsory immunization bill was defeated by the efforts of such groups as the National Health Federation, the Christian Scientists, the Natural Hygienists, and others. So the organizations, determined to sell vaccines in large quantities, focused on getting one state after another to mandate immunization.

At the present time, all states have some type of compulsory immunization law requiring children to be immunized against certain childhood diseases: diphtheria, pertussis, tetanus, measles, mumps, rubella, and polio. Failure to comply with the law can prevent your child from attending school, and expose you to possible criminal penalties.

In recent years, there has been a trend toward greater strictness in the enforcement of childhood vaccination programs by schools. Legislatures in all fifty states have passed laws requiring vaccinations for admission to schools, although most states have provided exemptions.

For example, a tougher new vaccination law went into effect in Virginia in 1983, which required private schools and day care centers to also comply, and mandated that records be checked for exact dates of immunizations. Each school principal was told he would be fined \$10,000 if he admitted even one student without vaccination papers.

More and more colleges are requiring new students to be fully vaccinated before entrance. In 1991, the federal government was considering adding a vaccination requirement for anyone applying for welfare or food stamps (*New York Times, March 17, 1991*).

But the battle is being fought the most vigorously at the elementary school level. Physicians, schools, and local and state health departments tell parents that state laws and school regulations absolutely require that the children be vaccinated, in order to attend school. In the process, these authorities convey the distinct impression that vaccination is mandatory and there are no exceptions. Why the battle? Parents recognize their children are young and lack the robust strength of a 20-year-old. They also may have heard something about the fact that live disease viruses are in those vaccines, so they try to avoid the vaccinations. Yet their concerns are met with threats of court hearings and the loss of their children.

But is it true that vaccinations are mandatory "with no exceptions"? In reality, each state provides waivers permitting parents to object to mandated vaccines for one or more of the following reasons: medical, religious, personal, parental objection, etc.

"Legal requirements concerning immunization vary from state to state. All fifty states have compulsory vaccination laws, though the specific requirements differ. This means that parents who decide not to give the vaccines to their children will need to seek a legal exemption. All fifty states also have a medical exemption. "-Randal/ Neustaedter, *The Immunization Decision*, 1990, p. 20.

EXEMPTION TYPES AND WHERE AVAILABLE

All fifty states have a medical exemption. All states, except West Virginia and Mississippi have legal exemptions from vaccination on the basis of the parents' religious beliefs. Twenty-two states have the option of personal or philosophical belief exemptions-more on that below.

Children cannot be refused admission to public schools if their parents have a legal exemption. (Private schools are able to set their own requirements for admission. Daycare centers, preschools, nursery schools and private elementary schools can refuse admission to any child for any reason they choose. Yet, although they do not need to, most of them go along with the recommendations of their state health department.)

"Refusal to admit a child on the basis of 'inadequate' immunization could create a legal liability for a private school in a state where religious or philosophical exemptions exist. That is, parents could take a school to court. "-Randal/ Neustaedter, *The Immunization Decision*, 1990, p. 21.

Where should parents begin, when confronted with such a situation? The first thing to be done is to read the law. Specifically, what is the wording of the compulsory vaccination law in your state? (For information on how to get that data, see "*Sources of Information*," later in this chapter.) ,

Most states have *medical* and *religious* exemptions; some also have *personal conviction (belief)* exemptions.

1 -For the *medical exemption*, you must provide medical reasons why you or your child should not be vaccinated. The child can be exempted if the parents can obtain a written statement or certificate of waiver from a physician licensed in that state, stating that the vaccine would be harmful to the child's health. But doctors generally fear to cooperate, lest they get in trouble with their state licensing boards. So such statements are not often issued.

In this letter, it is generally necessary to state the reason for the requested waiver and the length of time it should extend. Many laws limit all such letters to a school year and they must be renewed each fall.

There are two medical reasons which, on medical grounds, are the most valid: (1) "The fear of allergic reaction in a sensitive child," and (2) "to prevent possible damage to a weakened immune system." Both of these can occur in a child who has been immunized, and since no one but the physician and parent will be held responsible for such consequences, it is their responsibility to protect the child. .

Some states require that the letter be signed by an M.D. or D.O., but, if courteously and properly written, some allow an exemption letter from a chiropractor.

So although medical exemptions are valid, when written to fit each state law, they usually must be renewed yearly. That latter point is a major weakness to medical exemptions, even when they can be obtained.

2- The *religious exemption* is generally better than a medical one. But often it is not satisfied by your merely stating that you are religious, or have personal religious beliefs. You must show evidence that you have membership in a church, which does not believe in vaccinations. There are not many such churches around. (The only recognized denomination which is legally opposed to vaccination, is the Christian Science Church. Many years ago, they took the matter to court and obtained a legal ruling of exemption. Other denominations could have done the same, but they did not do so.)

In some states, the parent or guardian need only sign a notarized affidavit stating that immunizations conflict with the parent's (or child's) religious beliefs, in order to qualify for the religious exemption. While, in other states, an official letter from a church authority is required before exemption. In still others, it is only necessary to submit a notarized letter that the individual adheres to religious tenets which hold vaccination to be against God's laws.

"Recent legal precedents have established that religious belief may be personal, and parents need not be associated with a religious institution opposed to vaccination."-Randall Neustaedter, *The Immunization Decision*, 1990, p. 20.

3 -A third exemption is exemption due to *personal conviction (or personal belief)*. You are personally convinced that you or your loved one should not be vaccinated. This, obviously, is a much better exemption, and one which is easier for the court to accept. If your state has the personal belief exemption, simply write on a piece of paper that immunizations are contrary to your belief.

Twenty-two states have liberal exemptions based on "conscience, parental objection, personal beliefs, philosophical, or other objections." These states are Arizona, California, Colorado, Idaho, Indiana, Iowa, Louisiana, Maine, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin. However, it is possible that, when you read this, changes might have been made and, more or less, states have those exemptions.

According to Carol Horowitz, there is yet another category: that of conscientious objector status. In a 1983 magazine article she said, "It is possible for parents to file as *conscientious objectors* with the state health department, although this choice is not advertised" or widely known. She says that several people she knows who are conscientious objectors state that it is their "God given right to refuse to immunize my child." Any lesser statement, she says, is legally unacceptable. You cannot, for example, say that you have read 15 articles in newspapers and 8 articles in medical journals, or that you have seen some documentary on television. It must be a personal, solid conviction, not an acquaintance with hearsay. (Carol Horowitz, "Immunizations and Informed Consent," *Mothering*, Winter 1983, p. 38.)

THE PRESSURE TO COMPLY

The general pattern is for county or state authorities to place heavy pressure on the parents to comply with the vaccination code as soon as possible. They are threatened with court action and the loss of their children. The parents are thrown into a panic. But the authorities are in their own state of panic. They must get the recalcitrant family to yield right away, lest others follow their example. Across the nation, there are to be found vaccine-damaged children, and it is only by strong-arm, police-state tactics that the states can maintain their "compulsory vaccination laws."

"Other parents may be anxious about the effects of vaccines on their child, but they are [still] concerned that if enough people avoid the shot then the diseases will begin to reappear. The vaccines may have bad side effects, yet if I avoid them for my child then the vaccine campaign will not work for the general population. But this is a sacrificial philosophy. Risk the side effects in my child for the good of the whole society. The stakes of this game may be exceedingly high if the vaccines are capable of causing a covert encephalitis syndrome. If that is true, then we are trading one disease for another. This sacrifice is hardly worth the *cost*."-R. Neustaedter, *The Immunization Decision*, 1990, pp. 87-88.

It is claimed that the parents are "neglecting their children" by not vaccinating them. Yet there is a sizeable amount of evidence of vaccine-caused damage, -indicating they would be neglecting their responsibility to permit their children to be inoculated.

Another argument is that communities must require that all children be vaccinated "In order to protect the other children." Well, the "other children" are the ones who have been vaccinated; are they not already "immunized"-fully protected-against those particular diseases? If the vaccines offered true immunity, only the unvaccinated would become ill.

"If vaccination does what its advocates claim for it, the person who is vaccinated ought to be safe no matter whether anybody else is vaccinated or *not*."-Clarence Darrow, *quoted In W. James, Immunization: the Reality Behind the Myth*, 1987, p. 151.

"The State Health Commissioner presented overwhelming evidence that a voluntary immunization program would not be successful or worthwhile to maintain, and therefore he could not support our position [to relax the mandatory restriction in the state vaccination law]. When I read that letter I couldn't help thinking, 'What an admission! So the program can't stand on its own 'merits'; it has to be forced.' "-W. James, *Immunization: the Reality Behind the Myth*, 1987, p. 15.2.

One angry medical professional wrote this: "The so-called compulsory vaccination laws are a complete travesty of the American Constitution and of God's law of free will. Surprisingly, the Land of the Free is one of the few civilized countries that inflicts this dictatorial rule on its people. Countries like England, Ireland, West Germany, Austria, Switzerland, the Netherlands, and Spain did away with it long ago.

"I use the prefix 'so-called' in front of these laws because, while they are entitled 'compulsory,' they all have exclusions of which you can take advantage if you so desire. These exclusions were placed there not for your benefit but, like so much small-print in contracts, to protect the establishment. If a law were truly mandatory and without exclusions, the framers of that law and the executors thereof could be legally held responsible for all adverse consequences that might stem from its implementation. Since it is a well-known fact that all vaccines are potentially dangerous, no doctor, drug firm, or health official will ever accept this responsibility. Therefore, all laws have waivers or exclusions, and should your child be injured or killed by a vaccine, the officials will look at you with that bland smile they wear so well, and say, 'Well, you should have exempted him if you thought there would be any trouble.' Of course, they never tell you about these waivers ahead of time, for this does not fit in with their emphatic '*No Shots, No School*' dogma.

"Nowhere, and at no time, in our great country has the governmental right to give you or yours a 'shot' against your own will. If someone should attempt to do so, you have a *prima facie* [immediately obvious] case of 'attempted assault with a deadly weapon,' and I would let them know this if they try .

"Those in the establishment who would force their opinions and views down our throats (or rather, stick them into our arms) have two major weapons to use against you: your ignorance of your rights and their use of intimidation. Once you become informed on this matter you will be able to with-stand this intimidation through the realization that these 'servants of society' are but 'paper tigers' who stand on very shaky legal ground.

"With the Increasing proliferation of vaccines and strong efforts toward compulsory immunization on the one hand, and the possibility of a generation of immune-deficient, weakened Americans on the other, it behooves everyone In charge of children to investigate thoroughly the claims and counterclaims made concerning the immunization procedures.

"Since God placed the welfare of the children in the hands of the parents or guardians, it is only they who should have the right to make the final decision, since it is they who must assume full responsibility for the *consequences*."-Gerald E. Poesnecker, D.C., "No Shots, No School?" For You Naturally, January 1983, pp. 1-3. .

Because of this obsession to force all children to be vaccinated, even in "free states" (the nine states listed earlier which have more liberal exemptions), attempts will be made to override or ignore the state statutes permitting those more enlightened exemptions. In Arizona, for example, parents were told "no shots, no school," and efforts were made to intimidate them into having their children vaccinated. Yet the exemption procedures were there -for those determined enough to use them.

"By definition, the enforcement of vaccine programs is a police action by the state. Police powers are necessary in certain areas of modern society, but are they appropriate with the vaccine programs?"-H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., *The Immunization Trio*, 1987, p. 79.

But the pressure generally succeeds, as one public official said:

"A spokeswoman for the health department said. .one-half of one percent of the children eligible for vaccinations are granted exemptions on medical or religious grounds each year ."- Virginia State county health department official quoted in *Immunization: the Reality Behind the Myth*, 1987, p. 143.

A special method used with remarkable frequency in scattered locations to whip up business, frighten the public, fight anti-vaccination groups, and get more vaccinations is "the epidemic" When the public becomes apathetic or suspicious of vaccines, announcements are sent out that an epidemic is in progress.

In Placitas, New Mexico, not enough people were being vaccinated, so the local newspaper was told that a dangerous whooping cough (pertussis) epidemic was in progress. Headlines blared out the frightening message. But only three cases of whooping cough were discovered in the entire area -and all of them in children who had been vaccinated for whooping cough.

When one way does not work, it is time to try another. When television programs in the mid-1980s focused, for a change, on the *dangers* of pertussis vaccinations and said that it was they which were responsible for cases of whooping cough, the Maryland Health Department countered with, the argument that the epidemic of pertussis was caused by the television shows. (R.S. Mendelsohn, *Risks of Immunizations*, 1987, p. 34).

WHAT IF YOU DO NOT WANT VACCINATION?

"Many of the vaccines have significant side effects. These can be separated into two groups: (a) immediate reactions, and (b) delayed reactions and permanent disabilities. Immediate reactions include fevers, allergic reactions and convulsions. With some vaccines, these can be quite severe.

Delayed and permanent reactions include epilepsy, mental retardation, learning disabilities, and paralysis."-R. Neustaedter, O.M.D., *The Immunization Decision*, 1990, p. 8.

When faced with required vaccination for your child, there are several alternatives. Here are three primary ones:

1 -You can go ahead and have your child vaccinated. Thousands of others have done this, you can also. Vaccinations are somewhat like Russian roulette: The parents never know if it will be their child which will be stricken down by the germs in the vaccine. Perhaps nothing will happen.

2- You can move out of the state to one with more liberal exemption laws. This is a possibility rarely mentioned in books of this nature. Everyone is very concerned about winning the war against vaccination laws. But there is also the possibility that your own family might lose the war-and either your child will be forced to have the vaccination any way, or it might be taken from you and placed in a foster home. Prayer is needed, not only mere determination.

If you do decide to flee, you might do well to pack and then leave in the night. An alternative is to have the mother leave with the children and go to another state. Most laws of this nature are not enforced on the same day that notification of the violation is served. Two or three days are generally given for compliance.

Keep in mind that, if one parent-or both parents -leaves with the children, the local authorities will try to find out where they are and then contact that state to go after them. Therefore, it would be best to have learned in advance which states are the safest to move *to*. Those will be the ones with the most relaxed regulations on the vaccination. In this way, the family can do some advance planning in case of trouble, which is always better than last-minute decisions. (See "*Sources of Information*" for a list of some states with more liberal vaccination exemptions. But, remember, the list might have changed by the time you have to make a decision, so get current information.)

In one instance, the mother refused to let the children be taken from their home school and placed in public school. But the father was wavering, unwilling to face the battle. So she left with them during the day while he was at work, merely telling him that she had gone with the children. When the judge learned of it, he ordered the man jailed until the children were returned to that state and placed in the public school. Then, by someone's wise decision, the media was given the story. They spread it everywhere. In this instance, it produced such a public outcry, that the judge released the man. He then wound up his affairs, left the state, and rejoined the mother and children-who were in a state with liberal home school provisions.

3 -You can try to get a waiver, on the basis of an exemption stated in the state vaccination law. This will be easier to do if you are in one of the 22 states (listed above) with more liberal exemption laws.

If you decide to go this route, quickly obtain more information. You need to know your state law, and you would do well to contact one or more of the following sources.

SOURCES OF INFORMATION

1 -For further information on vaccine regulations in your state, you can call one or more of the following: your *State or Country Health Department*; your *State Board of Education*; your *local school district Superintendent of Schools* office. Request a copy of your state's *Immunization Laws*. It will contain, in print, the requirements and exemptions.

2 -Still another source is the *reference section of your local public library*. Look in the *State Statute Revised Law Book*, under "Public Health Law" or "Communicable Disease" sections. You should there find the list of immunization requirements, followed by the exemptions: usually one or two provisions will be listed -either on religious or medical grounds.

3- You may call or write *your state legislature representative* and ask for a copy of the immunization law in your state. Making this available is part of his job, and he will usually send it promptly.

4 -If you wish to know about vaccine regulations in *another state*, you can obtain this information by contacting its *State Department of Health* or *State Department of Education*. [1] If

you do not already know it, from a map learn the capital city of that state. [2] Call the operator for the area code of that city. [3] During office hours in that state, dial 1-area code-555-1212 and ask for the phone number of the State Department of Health, or the State Department of Education. [4] Dial the number and ask the entering switchboard to be transferred to the department which can give you the state vaccination and immunization requirements. [5] When you are transferred to that office, ask for a written copy of the state compulsory immunization law and its exemptions. Give a name and address for it to be sent to. An alternate source of information would be one or more of the next three listings (items 5, 6, and 7).

5 -A valuable source of information about legalities concerning vaccinations is the *American Natural Hygiene Society, Inc.*, 12816 Race Track Road, Tampa, Florida 33625. This society has available abstracts of state laws from most of the fifty states concerning immunization law exemptions. They try to keep the information up to date.

6- Another source is *Dissatisfied Parents Together (DPT)*, 128 Branch Road, Vienna, Virginia 22180; 703-938-DPT3. It was started by concerned lay people and professionals. They promote information about vaccines, assist parents in their legal battles to avoid immunization or obtain compensation from vaccine injuries or death, and urge legislation for safer vaccinations. Members receive an ongoing newsletter. This organization was prominent in the battle to get the NCVIA enacted by Congress (discussed later in this chapter). (Also see the next paragraph.)

7 -If your doctor or local authorities are unrelenting in their efforts to vaccinate your child against your will, you are invited to contact the *National Vaccine Information Center(NVIC)*, 512 W. Maple Avenue, Apt. 206, Vienna, Virginia 22180. (703-938-DPT3; FAX 938-0342).

8 -For Information on financial compensation, due to death or injury to a child from a mandated vaccine, see "*The Compensation System and How It Works*," published by The National Vaccine Information Center .

9- Another source is *The Dangers of Compulsory Immunizations: How to Avoid Them*, by Thomas Finn, an attorney residing in Florida. His book is available from Family Fitness Press, Box 1658, New Port Richey, Florida 33552.

10 -A helpful source is the booklet, *How to Avoid Un-wanted Immunizations of All Kinds*, published by Humanitarian Publishing Company, Rural Route 3. Clymer Road, Quakertown, Pennsylvania 18951.

11 -For additional information on immunizations, and how to obtain attorneys in your area, etc., contact National Health Federation, P .O. Box 688, Monrovia, California 901016 (818-357-2181). ,

12 -If you are being asked to have your child given the standard DPT (diphtheria, pertussis, typhoid) vaccination, you will find a wealth of additional information on the dangers of pertussis vaccines in the book, *A Shot in the Dark*, by Harris L. Coulter and Barbara Loe Fisher. If uncertain where to obtain a copy, you can order it from the publisher of the book you now have in hand.

PRINCIPLES TO KEEP IN MIND

Many facts and principles are given in this chapter. Here are several more:

In all your contacts with authorities (school, public health, legal, etc.) remain calm, courteous, and humbly respectful toward their position. You are only asking of them that which duty binds them to give you. Nothing is gained by unnecessarily antagonizing them. If they are overstepping the law, then you must diplomatically bring the true facts to their attention. Do this without belittling them. What you want is a waiver; so help them help you get it, with as little embarrassment on their part as possible.

In theory, the State must provide you with the possibility of exemption waivers, in order to protect itself from responsibility for what might happen if your child's injured as a result of a mandatory vaccination. If a State allows no exceptions, then it must take full responsibility for forcing the citizens to do a certain action which might result in injury. If waivers are placed in the law, the responsibility is placed back on the parent: why did he not sign one?

Thus, all "compulsory" vaccination laws are, in fact, voluntary. The problem is that the officials do not want you to know that.

While all immunization laws have exceptions, which you can use, it is important that you know the wording of the law-since it differs from state to state.

Many health officials wish to exert as much control as possible, while assuming as little responsibility as possible. Therefore, if you place them in a position in which they must either give you the waiver or, themselves, assume more responsibility, you will usually get your waiver.

When working with school officials and attorneys, it is important that you use the right, legal terminology. The correct terminology (some of it given in this chapter) has worked before and should again. Many of these principles are stated in this book, but, if in doubt, contact item 5, 6, or 7 in the section, "*Sources of Information*," just above. (Important: also read the next section: "*When the School Requires Immunization*.)

It is Important that you state your written objections so they comply with your state's exemption provisions. According to Grace Girdwain (a researcher into the subject), They must then accept your request; if they do not, they are breaking their own law." Therefore it is essential that you know your particular state law, word for word, before you submit your written objection.

Most state and county officials like an easy-going, un-stressful job. When you send in your written statement of objections, you disturb them and make their life less pleasant for a time. There are only two ways to solve the problem: either coerce you into submission, or give you what you want. In order to successfully obtain an early waiver, you want to make the giving of that waiver the easiest path for them.

Because it so frequently succeeds with parents, they will first try to intimidate you. In response, you politely, calmly, but with certainty tell them that you understand your rights under the law and will not accept evasions of those rights. Once they discover that you are adamant and acquainted with the state law, it is likely that your waiver will be rapidly forthcoming.

But success cannot easily be guaranteed: There seems to be a hidden power behind the throne. The county is answerable to the state. The state receives federal funds. Major industries with big money contribute heavily to federal and state election campaigns. Then people like you come along and threaten the high volume of vaccine sales. It is recognized that if you succeed in avoiding a vaccination, others may try also.

WHEN THE SCHOOL REQUIRES IMMUNIZATION

What can you do when your local school requires immunization? Here are several things to keep in mind.

You can do one of two things: Let your child be immunized, or do not let him be immunized. That will be your choice. Make it thoughtfully and carefully. It will be totally your decision.

Because the second of these decisions is the most complicated, we will consider that one here:

Although waivers and exemptions are written into all immunization laws, most public health officials and physicians prefer not to discuss their existence -even when questioned. So, to start with, they do not want you to know that such a waiver exists.

If you hesitate or refuse vaccination, you will then face strong intimidation. They are likely to threaten to keep your child out of school, take him from you, or send you to jail. But, according to a research study by Grace Girdwain, of Burbank, Illinois, the officials cannot legally do any of those things if you will take the following five steps:

"1. You must send a letter to the school to inform the education officials of your stand. A phone call is not legal. It can be a note from your doctor, minister, or a notarized letter from you stating your sincere objections to the immunization. If you do not do this and fail to have your child immunized, it could be construed as negligence on your part and in some states there is a possibility of legal action against you.

"2. If the school should refuse to honor your letter, request that they give you a statement in writing outlining their reasons for refusal. If they won't, their refusal is legally invalid, and your letter stands; they must enroll your child. If they do (they rarely will), they take the risk of incriminating themselves, especially if they are acting contrary (as is common) to what is specified in the law concerning your rights for exemption. Remember they are on tenuous ground, not you. They are your servants, not you theirs.

"If worst comes to worst and you have a very knowledgeable official who writes you a refusal and states accurately the lawful reasons for his refusal, he will also be required to tell you what the accepted exemptions are. Then you can go about meeting them, using the information available here and elsewhere.

"3. Child neglect is the one legal point you want to avoid at all costs. No legal parent or guardian can be charged with neglect unless he shows complete lack of concern or action to be more informed. Stripped of legal jargon, this simply means that if you can show that you have investigated the situation, have come to a specific decision concerning immunizations, and have informed the authorities of the same, no neglect charge can be brought. Neglect can be brought only when it can be shown that you have failed to have your children immunized, not out of respect for their medical or spiritual integrity, but only because you were too concerned with other matters.

" 4. At times there may be a question of whether you have given or withdrawn 'legal consent.' Legal consent is dependent upon being properly informed on both the advantages and the risks in any choice or decision you make. In other words, if a physician were to tell you that vaccination is *perfectly safe and effective to obtain your consent, such consent would not be legal because he lied and you have not been properly informed.* "Conversely, it could be argued that nonconsent is not legal if you are not fully informed about the risks and advantages of immunizations. Toward this end, the information in Parts I and II of this book should be sufficient to make your consent or nonconsent fully legal.

"5. What I do if everyone refuses to give me a waiver? "This would be an extremely rare circumstance, but should it happen, you are not left without resources. Here is where we pull out one of our big guns. Send notarized letters by certified mail to the vaccine laboratory which makes the shot (ask your doctor for the address), the doctor who is to administer the shot, your school principal, the school board, and your local health department. In these letters make it clear that, since they have refused to give you a duly requested waiver, you can no longer be held responsible for what may happen to your child, if they force these shots upon him. You then state that you will allow immunization if each will present you with a written signed guarantee of safety and effectiveness of the vaccine and that they will consent to assume full responsibility for any and all adverse reactions that your child may develop from the required shots.

"Of course none will give you such a guarantee. They cannot do so because all vaccines are considered potentially highly toxic. We have yet to hear of an instance of further harassment of parents after such letters have been sent.

"That's about all that is needed to obtain the necessary exemptions for your children."-Grace Girdwain, *"How to Legally Avoid Unwanted Immunizations of All Kinds,"* reprinted In Harold E. Buttram, M.D., and John C. Hoffman, Ph.D., *The Immunization Trio*, 1991, pp. 108-109.

Keep in mind that many states only require mandatory vaccination of children in public schools-not private or parochial schools. Carefully read your state's vaccination law. The principle of a private school may tell you that your child must be vaccinated, when, in fact, the state does not require it of children in private schools.

Some individuals are able to move to a different state, and may wish to learn which states are the least strict in their vaccination requirements. (See the section, "*Sources of Information*," for where to write to obtain those facts.)

IF YOU ARE TAKEN TO COURT

What if you are taken to court? You may be brought before the judge, -or, what is also likely, you may be asked to appear before a "kangaroo" court of school and health department officials. (This other "court" will be convened to see how determined you are, how much you know, and how likely they can browbeat you into submission.)

A variety of information relating to this probability is given elsewhere in this chapter. Here is more. Among other things, during the hearing, explain in a humble but firm matter the following:

1 -No vaccine carries any guarantee of protection from the laboratory that produced it, or the doctor who administered it. Therefore, if a person refuses a given vaccination, the responsibility would totally rest on the public health department requiring it.

2- The U.S. military allows no-nonsense "immunization waivers." So other U.S. citizens should be able to receive them also.

3 -There is *no federal law* on immunizations. They do not dare to enact one. Their attorneys know what the consequences would be.

4- My rights have been infringed upon by officials attempting to use *force* against my will.

In addition, you may wish to bring in some of the data contained in the next several sections, immediately below. A helpful tip: write *brief phrases* of points you might wish to make on one or more 3x5-inch cards. Hold them unobtrusively in your hand, and refer to them when needed. Beforehand, practice speaking the points, referring from time to time to the notes.

A FEDERAL LAW YOU SHOULD KNOW ABOUT

In 1986, Congress enacted a special law. Entitled, *The National Childhood Vaccine Injury Act of 1986 (Public Law 99-660) (NCVIA)*, it was passed to officially recognize the reality of vaccine-caused injuries and deaths. .

"Shortly after [the television documentary] '*DPT: Vaccine Roulette*'" was first shown in Washington, D.C., in April, 1982, a group of parents in the area banded together and formed the national organization known as *Dissatisfied Parents Together (DPT)*. This nonprofit, educational, and charitable foundation operates the National Vaccine Information Center and has distributed information to thousands of parents across the nation, as well as having collected data on many hundreds of cases of vaccine damage. .

"Dissatisfied Parents Together was instrumental in educating Congress and the public about the need for a no-fault compensation system alternative to a lawsuit, which resulted in passage of the National Childhood Vaccine Injury Act of 1986 (Public Law 99-660; 42 USC 300aa 1 et seq.). The vaccine injury compensation and safety legislation was supported by more than fifty major health organizations and drug companies. "*H.L. Coulter and B.L Fisher, A Shot in the Dark*, p. 213,

The reason the law was enacted was because parents were happy that it provided a means of financial payment to those families damaged by vaccinations, and it provided protection to the drug companies against those receiving those payments. (In order to receive the payments, they could not additionally sue the physicians, hospitals, drug firms, etc.) However, provision was made for those who wished to sue, rather than receive the compensation:

"During the five years it took to pass the bill, DPT participated in negotiations with the American Academy of Pediatrics, vaccine manufacturers, and legislative staffs to create the first no-fault compensation bill of its kind in America. During that time, the vaccine manufacturers and the American Medical Association pressed for passage of an exclusive remedy compensation bill that would have cut off all vaccine injury lawsuits in the courts. The exclusive remedy bill was also supported by HHS [the Department of Health and Human Services] and the Justice Department, but the bill that was passed preserved the parents' right to choose between the compensation system and accessing the court system to sue negligent doctors and *manufacturers*."-H.L. Coulter and B.L. Fisher, *A Shot in the Dark*, p. 214.

"The United States Government was compelled to step in and rescue drug companies from the ruinous lawsuits brought against them by dismayed and angry parents of children damaged by the pertussis vaccine. Financial investments of drug companies and the vaccine industry dictate the direction of research on immunization policy. Their interests lie in promotion of vaccines, not investigation of side effects."-R. Neustaedter, *The Immunization Decision*, 1990, p. 73.

All aspects of the law will prove most helpful if, after the vaccination is given, your child is damaged. *We hope you will never need to use it!* However, its safety provisions can provide some assistance in your efforts to avoid "mandatory" vaccinations. It specifies that, the physician is required by law to notify each vaccinee of all the dangers, prior to injecting the vaccine.

This is an important law, yet your state and county officials will never introduce it in their conversations with you,- and many would prefer to believe it does not exist.

Therefore it is your responsibility to know about this law. You may need that information later.

This law has two main aspects: safety provisions, and a no-fault federal compensation program. (For further information on this second aspect, see "*The Compensation System and How It Works*," listed in this book under: the section, "*Sources of Information*").

SAFETY PROVISIONS OF THE NCVIA

The safety reform portion of NCVIA is as follows:

1 -*The NCVIA requires that doctors provide parents with information about childhood diseases and vaccines prior to vaccination.* This information must include vaccine risks; that is, the possible dangers that could result from taking each vaccine the physician offers you.

This, of course, is a very important proviso. Yet very few doctors inform parents about vaccine risks, even though vaccine manufacturers place written warning information in every package of vaccine they sell. So the information is there, in hand, when the box is opened. '

"According to the CDC (Centers for Disease Control, the federal 'agency in Atlanta which oversees such matters), physicians are required to *first* inform their patients of the risks involved before they consent to vaccines.' If they do not do so, it is *prima facie* evidence of deceit or negligence on the part of the physician. This regulation by the federal government would also seem to assume that the patient has the right to refuse if he feels that the risks are too great. If that is so, is not the federal government on record as supporting voluntary immunization and, by obvious implication, against state-enforced, compulsory immunization?"-H.E. Buttram, M.D., and J.C. Hoffman, Ph.D., *The Immunization Trio*, 1991, p. 110. [*The Initial quotation is from the writings of Grace Girdwalh.*]

2 -The NCVIA requires that all doctors, who administer vaccines, report vaccine reactions to federal health officials. Barbara Loe Fisher, executive vice president of the National Vaccine Information Center (NVIC), said this:

"The will and intent of Congress in enacting the National Vaccine Injury Act of 1986 is being subverted. This subversion is resulting in an appalling underreporting of vaccine reactions and deaths by both private and public physicians ..[There is also] a lack of record keeping and/or willingness on the part of physicians to divulge the manufacturer's name and lot number when a reaction occurs. "-Barbara L. Fisher, *National Vaccine Information Center [See "Sources of Information" for the NVIC address]*.

"According to NVIC, doctors often justify their refusal to report vaccine reactions by merely claiming the shot had nothing to do with the child's injury or death. Some pediatricians may actually believe this, because they quote vaccine policymakers in the AAP and CDC who tell them that the vaccine is completely safe. However the fear of being sued for failing to warn parents of the potential dangers and contraindications may also be a consideration. "-Neil Z. Miller, *Vaccinations: Are They Really Safe and Effective?*, 1992, p.59.

"Doctors and pediatricians are not the only instruments of the Medical-Industrial Complex who are likely to deny the existence of vaccine reactions and cover up the truth. The medically trained coroners are also members of this elite group. .Rarely is the vaccination ever listed as the cause of death. Instead, they use impressive terms to falsify the death certificate: cardiac arrest, possible myocarditis; bronchial bilateral pneumonia; septicemia due to septic tonsillitis; lymphatic leukemia; streptococcal cellulitis; tubercular meningitis; infantile paralysis; and sudden infant death syndrome, to name a few."-*Op. cit.*, p. 61.

3- The NCVIA requires doctors to record vaccine reactions in an individual's permanent record.

The problem here is similar to that discussed under the second requirement, above. Just as vaccine reactions are not being reported, so they are not being properly recorded. The reason for both is the same: to avoid the possibility of a malpractice lawsuit-by eliminating the evidence in advance.

4 -The NCVIA requires doctors to keep a record of the date that each vaccine was given, the manufacturer's name and lot number, where the vaccine was administered, and the professional title (M.D., R.N., etc.) of the person administering the vaccine. .

This requirement is closely related to those preceding it. Obviously, such regulations, as the above four-which can be so time-consuming to doctors, hospitals, and public officials,-indicate that vaccines can be dangerous!

5 -The NCVIA mandates that the federal government begin urging manufacturers to improve existing vaccines, and develop new, safer vaccines.

As a result of the passage of NCVIA,-the Department of Health and Human Services (HHS) started the National Vaccine Advisory Committee (NVAC). The NVAC was assigned the task of getting the universities and vaccine manufacturers to "develop and disseminate vaccine information materials for distribution by health care providers."

This information was to include negative reactions, contraindications, etc. That information was also to tell the general public that a federal no-fault compensation program was now available for those who are injured or die from a mandated vaccine. (No, you have never heard of this before.) It is obvious that, according to NCVIA, Congress wanted the public to be told about the dangers of vaccines, and to be told about the available financial compensation when vaccines injured those receiving them under mandatory vaccination laws.

But that was as far as it went. The entire matter essentially went nowhere. It is a national law, but no teeth have ever been set in action to require getting the information out to the public. Barbara Loe Fisher, who chairs the subcommittee on adverse reactions for the National Vaccine Advisory Committee gives her comment:

"Even though Congress gave NVAC a dual mission: 'to achieve optimal prevention of human infectious disease through immunization' and 'to achieve optimal prevention against adverse reactions to vaccines,' I had observed that the majority of NVAC time was spent discussing how to promote vaccination. The equally important goal of identifying ways to prevent vaccine reactions appears to be a subject that causes discomfort among many committee members, is viewed as an obstacle to promoting vaccination, and is generally given little time or in depth treatment (*in a September 16, 1990, letter written by Barbara Loe Fisher to Donald A. Henderson, chairman of the National Vaccine Advisory Committee, p. 1*).

"Not only is there a lack of concern about the subject of vaccine reactions on the part of some committee members, but there is a deliberate attempt to deny the reality of vaccine reactions, deaths, and injuries ..[Committee members need] to spend more time trying to find ways to solve problems associated with preventing vaccine reactions rather than trying to find ways to reword subcommittee reports to deny the existence of children who were injured or killed during a vaccine reaction. ' -*Barbara Loe Fisher., letter dated September 16, 1990, to Donald A. Henderson, chairman of the National Vaccine Advisory Committee, pp. 1-2.*

As usual, the underlying problem is that there are powerful organizations in America that do not want people to know that there is anything wrong with vaccines. If the public learned that, it might stop mass vaccinations.

"HHS was to satisfy this legal requirement by no later than December 22, 1988. However, by March 4, 1991, this matter was still unsettled, and notice was provided to Louis w. Sullivan, M.D., secretary of HHS, of the intent to bring a lawsuit against Sullivan and the Department for failure to perform an 'act or duty' as required by law. This notice was submitted by NVIC on behalf of several parents of vaccination-aged children (*NVIC Mini News, Vienna, VA., March 1991, p. 1*).

"Because HHS has failed to publish the required information, high risk children who should not receive one or more of the vaccines may suffer from avoidable brain damage, permanent disabilities, and even death. And parents whose children were injured or died from one or more of the vaccines during the past few years may still be unaware of their right to seek compensation.

"It should be noted that vaccine guidelines were eventually submitted by the advisory committee (after the December 22, 1988, deadline) but were rejected by NVIC on the grounds that they 'failed to meet even minimal standards of scientific rigor, candor, and fairness.' Vaccine risks were systematically understated or ignored. For example, the proposed guidelines stated that 'a few people will have a serious problem,' but they do not mention that a 'serious problem' could be permanent brain damage or death. The guidelines also reveal a selective use of scientific data, down- play the true rates of adverse reactions, and give inconsistent, incomplete, inaccurate, and potentially dangerous information regarding *contraindications.*"-*Neil z. Miller, Vaccinations: Are They Really Safe and Effective?, 1992, p. 62.*

But how can It be otherwise, when such powerful lobbies and pressure groups are so influential in Washington, D.C. ? For example, James Cherry and Edward Mortimer, two prominent physicians who were "impartial" advisors to the Department of Health and Human Services (the federal agency responsible for developing and promoting vaccine safety guidelines), were found to have been paid \$800,000 by pertussis vaccine manufacturers for expert witness and consulting fees and research grants (*National Vaccine Information Center press release, dated May 9, 1991*).

In America, medical schools are subsidized by the foundations and grants of the multi-billion dollar drug industry. That same industry spends an average of \$6,000 a year on every physician in America -to get him to prescribe their drugs.

In England, in order to drum up more business, the National Health Service pays a 'bonus' to doctors with documented vaccination rates greater than specified percentages (*Richard Moskowitz, M.D., "Vaccination: A Sacrament of Modern Medicine, " speech in Manchester, England, September 1991*).

America now spends many times more money on medical care than does England, Canada, or Japan. In fact, our total medical bill is now around \$400 billion a year and growing at a rate close to 15 percent annually. Medical care is a terrific success story in the United States:

More than two-thirds of all Americans suffer from chronic illness; 132 million workdays lost to illness at a cost to industry of \$25 billion a year; 36 million suffering from arthritis, 250,000 of these are children; 12 million Americans have diabetes; 43.5 million have heart or blood vessel disease; 550,000 die each year of a heart attack; 525,600 new cases of cancer diagnosed yearly; 420,000 die of cancer each year. On and on It goes.

COMPENSATION PROVISIONS OF THE NCVIA

The compensation portion of NCVIA is as follows:

1 -*The NCVIA would provide this financial compensation as an alternative to suing vaccine manufacturers and physicians, when children or adults are injured or die because of reactions to mandated vaccines.*

2 -*The NCVIA would provide for awards up to \$250, 000 per case, if the individual dies, or to compensate for pain and suffering if the child survived but was brain damaged. Awards were also to be given for permanent injuries involving learning disabilities, seizure disorders, mental retardation, and paralysis. .*

In official physician's reports, vaccine-caused injury and death to children are often attributed to some cause other than the vaccine. In addition, the public is not widely told about this federal compensation law, lest they start fearing to have their children vaccinated or overwhelm it with claims. Yet, in spite of these drawbacks, it is highly significant that, by July 1992 (less than four years from the time that the NCVIA was enacted), more than \$249 million had been awarded for vaccine-caused injuries or death. Thousands of cases are still pending ("*On Vaccination Safety, " Washington Post, November 2, 1992; for further documentation, see U.S. Claims Court records.*). At the rate it is going, the number of claims may eventually bankrupt the U.S. Treasury. But that will be no problem, as long as vaccine sales continue. Nothing must stand in the way of "protecting the children."

In connection with these filings for claims, the Food and Drug Administration released a mid-1992 report, which said that more than 17,000 injuries and 350 deaths from vaccines had occurred in the 20-month period from November 31 1990 to July 31, 1992 ("*On Vaccination Safety, " Washington Post, November 2, 1992*). If you know someone who believes that vaccinations hardly ever hurt anyone, read them this paragraph.

It is also of interest that many of the awards given for pertussis (whooping cough vaccine) deaths were complicated by the fact that physicians had initially recorded them as "sudden infant death syndrome" (*NVIC Mini News, Nov. ember 1990, p. 2*).

The intriguing question is who pays for these awards? The answer is the general public.

Congress voted a special tax on all mandated vaccines sold after October 1) 1988. In some cases, this tax is several dollars per injection. (DPT [diphtheria, pertussis, and tetanus] and MMR [mumps, measles, and rubella] have the heaviest tax; apparently they cause the most death and

damage. Remember that fact; it is based on detailed federal statistics -which you and I do not have access to.) This tax is passed on to consumers who are, in effect, paying vaccine insurance to pay for the damage which may be received from the vaccine.

In ancient times, people sacrificed their children to Molech; now they are required to offer them to vaccines.

VACCINATIONS WHEN TRAVELING ABROAD

What about traveling to other countries? Can you go around the world without vaccinations? The World Health Organization (WHO) based in Geneva, Switzerland, grants American visitors and tourists the right to refuse shots when traveling internationally. You simply declare exemption under Clause 83 of the International Sanitary Code, issued by WHO and adopted by all its members.

Exceptions built into Clause 83: (1) If you come from an infected area, vaccinations are necessary OR you might be quarantined (detained in one place) for up to 14 days from the time you left the infected area IF the health department of the nation you arrive in thinks it necessary. If you come from an area where there has been an epidemic, you will probably be put under surveillance. This means that, together with the local health department, you must keep watch for suspicious signs or symptoms. You will probably be required to report periodically to the local health officer for a period up to 14 days, from the time of your departure from the infected area. If symptoms occur, you must immediately turn yourself in and submit to quarantine or isolation. (2) If an area you wish to enter is infected, you may be detained until the public health official permits you to continue on.

In actual practice, all this is quite remote. Even if it did happen, it would not matter whether you had taken your shots before leaving your home nation; you would be quarantined for 14 days along with those who had refused the vaccines.

Every year thousands travel abroad without taking vaccinations, and with little or no inconvenience. They simply sign a waiver before they start their overseas travel.

When you receive your passport, request a copy of *Foreign Rules and Regulations, Part 71, Title 42*, on immunizations. That is the sheet that spells out your right to not be inoculated in your travels. Keep a copy in the bottom of your suitcase.

VACCINATIONS IN THE ARMED FORCES

Can a person in the U.S. Armed Forces obtain a waiver so he will not have to take an inoculation? Yes, all branches of the Service provide "immunization waivers." If they did not, they could be sued for millions of dollars if a reaction occurred from their immunizations. Because waivers are available, the person accepting vaccination thereby takes responsibility for what happens thereafter.

The procedure goes this way: When a person first enlists, he must state his objection to the vaccinations and tell whether it is "religious conscience" or medical reasons, such as allergies or a low tolerance to medications of any kind. But, if that person does not initially sign that written vaccination waiver statement, he cannot thereafter be exempted from receiving inoculations. Henceforth, the military, has the right to do what it wants to with that person.

The underlying point is that a person did not give up basic rights when he enlisted. Even though he may be in the Service, no one has the right to immunize him against his will.

GETTING STATE VACCINATION LAWS MODIFIED

"Parents often need booster doses of vaccine education.

They should keep in mind three points of information: (1) Vaccines have immediate, sometimes drastic side effects. (2) Vaccines have unknown long-term side effects which may include post-encephalitis brain damage. (3) Vaccine efficacy may decrease as adults when the diseases are more serious."-R. Neustaedter, *The Immunization Decision*, 1990, p.89.

When enough people set to work to accomplish a good work, they can succeed. The public needs to be educated and the laws changed. Frankly, in this work woman are frequently much more influential than men. They are the mothers of America. They are the ones who bear and raise the children. Nothing is more ferocious than a mother protecting her young". Working together toward a common goal unites people and, in the process, gets a lot of publicity in the newspapers and on local and statewide television.

There are individuals out there who actually set to work to change state vaccination laws and make them more liberal. Here is one example:

"It was now time [for our group] to contact legislators and formally open an area chapter of the National Health Federation. On January 4, 1982, I mailed letters to the five House of Delegates and the three state senators of our district requesting that Section D of Article 3, Chapter 2 of the Code of Virginia (the compulsory immunization law) be amended to include an exemption based upon personal beliefs. I cited the unconstitutionality of the present law. Three delegates replied saying they would investigate the matter, and our senator from this area, Joe Canada, said he would send my letter to legislative services to have a bill drafted. "

'On May 13, 1982, the Tidewater chapter of the National, Health Federation had its first meeting. Our first project was getting a petition signed which requested that the *Compulsory Immunization Laws of Virginia be amended to provide for an exemption based upon personal conviction. The petition mentioned that there were 19 states that already had this exemption. An accompanying sheet listed, with references, some of the diseases and disabilities that have been linked to immunizations and pointed out that there are natural and harmless ways of preventing and treating so-called dread diseases for which vaccines are given.*"-Walene James, *Immunization: the Reality Behind the Myth*, 1988, p. 149.

Well, in this book we have discussed a serious problem. It does not affect everyone who receives a vaccine. But it affects a significant percentage of them. Many of the viruses injected into people during vaccinations are "attenuated"; that means they are sick live viruses. Because these organisms are so small, hundreds of millions are pumped into an arm with a single squeeze on the syringe. Would you like to place millions of sick germs in the bloodstream of someone you loved?

What should you do about this to protect others? What should you do to protect your own family? Personal decisions must be made. An abundance of data has been given to you in this book. It is our prayer that your decision will be a wise one.

SPECIAL NOTE

Since neither the author and researcher of this book, nor the publisher, is an attorney at law, they cannot attest to the ultimate legal status of any of the data and suggestions made in this book, in reference to vaccines, vaccinations, or vaccination laws.

The information given was factual, to the best of their knowledge. The methods of obtaining waivers have been successfully used by others, but that does not prove they will always be successful, nor in all states.

We therefore recommend that, if in doubt, before any action is taken-that you consult a reputable attorney in your own state and carefully consider his recommendations.

Nothing in this book is to be construed as suggesting that anyone should, or should not, receive immunizations of various kinds. This is the sole decision of each individual. Our objective is to present to those who desire them, their legal rights as American citizens regarding this matter.

-CHAPTER FIVE - VACCINATIONS IN THE 1990s

Here is the vaccination scene in the early 1990s: An enormous amount of money is still being given to the drug companies for vaccines. The May 1993 Kansas vaccination campaign well illustrates the present situation:

The Kansas State plan is called "Operation Immunize." The goal is to vaccinate every child in the state within the next two years. Carried on by the Kansas State Department of Health and Environment, four statewide vaccination drives are to be carried out, of which the first was completed in May 1993. All over the state were to be seen posters with a cartoon bumble bee and the words "Bee wise, immunize." Thousands of volunteers are distributing the ad sheets at 200 shopping malls, trailer parks, etc., across the state. In one weekend, 18,000 vaccinations were given.

Perhaps the most significant item about the campaign was the disclosure of what the vaccines cost:

"The price [for one child] of a full battery of shots for all nine childhood diseases is \$125 at public health centers, and more than \$200 at private *clinics*."-*National Public Radio, May 5, 1993.*

Because the state government estimated that 55,000 Kansas children had not yet had their shots, it spent \$750,000 on a computerized tracking system-in order to know who has been vaccinated and who has not. The cost in vaccines to the state: 55,000 children times \$125 per set of shots totals \$6,875,000.

"Kansas State is spending nearly \$7 million on vaccines and personnel for 'Operation Immunize.' A little more than half comes from the state legislature. And the rest is provided by grants from the Federal Centers for Disease Control and Prevention."-*Ibid.*

The Kansas campaign is being watched closely, and the federal government is considering doing something similar- on a nationwide scale.

Here is the federal government's "full plan":

Nationally, it is estimated that only 63 percent of 2-year-olds have had their immunizations- and the rate is as low as 10 percent in some areas of the country. Yet the American Academy of Pediatrics is urging the public- and Congress- that every child in the land should receive 14 to 15 immunizations by the age of 2, as protection against 9 diseases.

In the spring of 1993, the full vaccination plan was urged by President Clinton. It failed to win support from Congress, but it is believed that it can be enacted later- within three to five years at the most. The full 1993 program would cost \$1.1 billion annually, and would provide free vaccines for all children under 2 by 1995. About \$300 million would be given to the states to lengthen clinic hours.. hire additional nurses, and arrange for vans to bring the vaccines out to neighborhoods. Intensive media campaigns would be paid for, and, when the program was fully implemented within two years, a national database would be kept on every child in the nation, to insure that he or she had received all the shots- and right on schedule.

According to *U.S. News and World Report*, at the present time it costs \$244 for a complete set of shots:

"A full round of immunizations, including newly recommended vaccines for hepatitis B and bacterial meningitis, costs \$244 from a private physician, up from \$23 ten years ago."-*U.S. News and World Report, May 10, 1993.*

Did you note that last part? The profit-making shots, which brought in \$23 per child ten years ago, -now bring in nearly \$250 per child No wonder that lobbyists for the pharmaceutical industry are so busy in Washington, D.C., and at every state capital in the nation! And they are having remarkable success, although they will not be satisfied until every child in the land is required to be vaccinated.

In April 1993, a new combination, meningitis/DTP (diphtheria, tetanus and pertussis) vaccine, was licensed by the Food and Drug Administration. That will reduce the number of needle sticks the child must receive for those four diseases from eight to four. The stated objective is to reduce the number of shots each child must receive, by giving him a few "supershots." We earlier noted the danger of supershots. So much is injected at one time, that the risk is greatly magnified. According to the latest reports, Merck's chickenpox vaccine will be added in 1994. By 1995 or 1996, a vaccine for ear infections will be added to the list of "baby shots."

The big question is how soon will childhood vaccinations become mandatory on a national level. Only two things are needed: (1) a national computer monitoring center and (2) federal funds to subsidize the vaccines, as well as a portion of the personnel costs. Both of those preliminary steps are now being urged. Once enacted, the third step will be passage of a mandatory law.

As we near press. time, the following report has come to our attention. Although it may not take effect this year, the trend is obvious -and it is one you should know about.

"FAILURE TO IMMUNIZE MAY CONSTITUTE CHILD ABUSE-

The Clinton Administration has announced plans to implement a one billion dollar program to immunize all United States children. Under Clinton's proposal, children would be required to receive vaccinations at the time of birth or shortly thereafter, but no later than age two. An important feature of the proposal is the creation of a nationwide tracking system that would require all children to be registered at birth in a centralized computer databank.

The plans were drafted for the Clinton Administration by Senator Ted Kennedy (D-MA) and Senator Don Riegle (D-MI) and were introduced as S. 732 and S. 733 on April 1. Drafters of the bills worked closely with the Children's Defense Fund in formulating this proposal. The House version of the bill, HR 1640, was introduced by Congressman Henry Waxman (D-CA).

Kennedy spokesman, Dr. Keith Powell, told the National Center for Home Education that the primary goal of the bill was to create a "registry with the capacity to do tracking and surveillance." Powell indicated that a religious or philosophical exemption from mandatory vaccinations would not be included in the bill. In response to the question about enforcement mechanisms against parents who do not immunize. Powell stated that the law would be designed so that "if a child does not show up and get a vaccination, bells and whistles will go off."

A similar measure was recently introduced in the House of Representatives. On February 17, 1993, Virginia Congresswoman Leslie Byrne submitted her bill under the guise of an "immunization entitlement program." Like the proposed Kennedy/Clinton plan, Byrne's H.R. 940 would create a "national immunization registry system" under the direction of the Center for Disease Control. The bill states that the purpose of the system is "to provide. for national surveillance of childhood immunization status through age six." The Byrne bill would require that the Secretary for the Center for Disease Control must develop a "registry to cover the entire Nation," with "the capacity .to link and process all birth certificate records through a central registry." The Secretary would also be required to develop "projects to assess techniques for tracking children in mobile populations across geographic areas." Section 9 (D) of the bill, which calls for a "registry which requires the participation of private providers of immunization services" seems to indicate that private doctors will be required by law to report to the national registry families who have not vaccinated their children.

Republican Senators Danforth (R-MO), Kassebaum (R- KS), Durenberger (R-MN) and Hatch (R-UT) have announced similar plans to introduce an immunization bill into the Senate. Speaking for the four Senators, Danforth announced that the' Republican plan would be similar to the Kennedy/Riegle proposals in that it would emphasize the tracking and surveillance of families through a central registry, but would reject the Democrats' call for universal purchase of vaccines by the United States Government.

The Clinton, Byrne, and Danforth proposals dramatically escalate federal involvement in immunizations. The new proposals would require immunizations as a matter of federal law and would effectively provide an enforcement mechanism which would require parents to vaccinate homeschooled and privately schooled children, extending vaccine enforcement beyond students in the public schools who are already required in many states to be immunized. By using birth certificates and social security numbers -now required for all children age 1 and up for IRS tax return purposes -to track children through a centralized computer registry system, parents who chose not to vaccinate their children could be tracked down by government officials for criminal prosecution.

The tracking and registration of children is part of President Clinton's broader plan to record and track all personal health information through computer-linked databases, and such tracking might include, according to the Clinton Administration, use of the "smart card" a universal identity card, which has imbedded in it a powerful computer complete with memory chip and microprocessor. Ira Magaziner, a Clinton administration official, in charge of organizing health care policy, asserted that the president wants to ..create an integrated system with a card that everyone will get at birth."-Douglas W. Philips, *Director of Government Affairs, National Center for Home Education, May 1993.*