

Dancing around Vaccines - profits, fears and facts - views by a homeopath
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*“The physician’s high and only mission is to restore
the sick to health, to cure, as it is termed.”*

Samuel Hahnemann

☀ **Homeopathic Views on Vaccinations...**

- Susceptibility is the person’s resistance to a disease. Each patient will react differently to being injected with disease matter, toxic additives and stabilizers. “In sickness, susceptibility is exaggerated and we must be very careful to do nothing to impair it.” **REF: Roberts, Herbert. The Principles and Art of Cure by Homoeopathy. pg 153.**
- An example is an outbreak of mononucleosis or other respiratory infection in a classroom. Not all children contact the illness. If this is true for illness for which there is no vaccines, it is certainly true for the so-called vaccine-preventable infections. **REF: TenPenny, Dr. Shari. Saying No to Vaccines: A Resource Guide For All Ages. NMA media press, 2008. pg 28.**
- No germ or bacillus is the sole or absolute cause of any disease, but only a proximate or exiting cause under certain conditions. **REF: Close, Stuart. The Genius of Homeopathy. B. Jain Publishers. pg 71.**
- “There is a biological law that crossing the blood of a higher and lower order of creatures means destruction to the species. When a serum is injected into the human race, there is impact upon the vital energy of the human. For while the serum is considered by ordinary medicine to be potentiated past all danger, homeopathy believes that potentiation in any or all forms means a more prompt release of power than may have been possible in the normal state, it then being latent.” **REF: Roberts, Herbert. The Principles and Art of Cure by Homoeopathy. B. Jain Publishers. pg 16-17.**
- Vaccines are not homeopathic. Giving the identical instead of the similar means the difference between isopathy and homeopathy. You may say that the identical, in the case of the serum or vaccine, is potentiated, somewhat as in homoeopathy, and therefore removes it from the identical sphere. It has also been filtered, not through an inert substance, but through living creatures, and a lower order of creatures at that. **REF: Roberts. pg 16.**
- Vaccines weaken the life force and create the susceptibility for chronic diseases.
- Injecting disease matter and toxic ingredients like mercury which is now replaced with aluminum, formaldehyde, antibiotics, DNA of animal products does not create vibrant vitality or health.
- The genetic inheritance (miasms) can be activated when someone is vaccinated. This could lead to an awakening of our weaknesses within family lines.
- It is extremely vital for a child to get childhood diseases. It creates a healthier child because the childhood diseases act like a vent. Repeated vaccinations suppresses the natural expression of the psora miasm and drive it inward leading to chronic disease.
- Homeopaths treat on a change of state. It is not correct homeopathy if a child is given a homeopathic dose of something that is in a vaccine and the child doesn’t need it. This is isopathy or giving the same substance. Constitutional homeopathic care is the best preventative medicine.

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“It is revolting, to say the least, to think I must have diseased animal matter injected into the blood of my child before he can receive an education”
Charles Hoppe, Brooklyn theosophist, 1931

☀ ***A Small History of Mandatory Vaccination...***

- Edward Jenner noticed that milkmaids who had gotten cowpox, a milder version of smallpox, from milking cows were somehow protected from the disease of smallpox. **REF: TenPenny. pg 7.**
- In 1796, Jenner tested his theory by injecting cowpox from a pustule on the arm of Sarah Nelmes, a milkmaid, into James Phillips, a healthy eight-year-old boy. Phillips became ill and had a full recovery. No one tells the full story that Phillips had been re-vaccinated 20 times and died at the age of 20. Jenner also experimented with his own son who died at age 21. **REF: TenPenny. pg 7 & 30.**
- The first Compulsory Vaccination Act, passed in 1853, became the underpinning upon which the medical profession had been built. **REF: Durbach, Nadia. “Bodily Matters: The Anti-Vaccination Movement in England. 1853 to 1907.” Duke University Press. 2005. pg. 25. [quoted by TenPenny pg 9]**
- The procedure was offensive. It involved cutting the lines in the skin with a surgical instrument and smearing the wound with lymph extracted from cows infected with cowpox. Because person-to-person (also called “arm to arm”) vaccination was considered the best way to promote immunity, a mother was instructed to return to the vaccinator several days after the procedure so that matter from her oozing sores could be inserted directly into the arm of her waiting infant. **REF: Durbach. pg 3. [quoted by TenPenny pg 10]**
- Vaccinators were accused of contaminating the blood with animal material, spreading diseases such as tuberculosis and syphilis. Resisters charged doctors with “producing a sicklier population for their own financial gain.” **REF: Durbach pg 34. [quoted by TenPenny pg 11]**
- The 1907 Vaccination Act repealed the requirement. Instead, a parent could obtain the exemption certificated by declaring a conscientious objection to vaccination without being questioned or refused. **REF: Bodily Matters. pg 196. [quoted by TenPenny pg 13]**
- In 1809, Massachusetts passed the first mandatory vaccination law in the U.S. and was the first state to require vaccination as a school requirement, in 1850. **REF: Lawrence H. Officer and Samuel H. Williamson, “Purchasing Power of Money in the United States from 1774 to 2006,” MeasuringWorth.com, 2007. [quoted by TenPenny pg 14]**
- In 1900, the only vaccine given to schoolchildren was smallpox; by 1971, smallpox had been eradicated and the vaccine was no longer required for school. By 1985, the only vaccines required were polio, diphtheria-tetanus-pertussis (DTP) and measles-mumps-rubella (MMR). By 2007, 113 vaccine antigens from at least 10 different vaccines had been added as school requirements. **REF: TenPenny. pg 20.**

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"Today, no eruption is allowed to show its head. Everything is hushed as soon as it gives evidence of being. If this goes on long enough, the human race will be swept from the earth."

Dr. James T. Kent

☀ ***Thoughts on the state of our children...***

- Why has the incidence of autism increased by more than 1700% since 1991? Why is one child in six learning disabled? One child in 150 autistic? One child in nine asthmatic? One child in 450 diabetic? Why are 15 percent of children now diagnosed with attention-deficit disorders? Why are infants and toddlers dying with "Cause of death undetermined" on their death certificates? (Sudden infant death is not a diagnosis; it is an unexplained symptom that the medical profession has not solved.) How are vaccines contributing to these epidemics? **REF: TenPenny. Page xxxiii.** Did we see these diseases as common in our childhood and our parents childhood?
- The brain is at high risk of injury by vaccination introduced during the first few months of life. Myelin, the fatty coating that surrounds nerve cells over the surface of the brain, does not begin to form until 14 weeks after birth. Myelin and brain cells grow rapidly throughout the first year of life. During these early delicate stages of neurological development, 60 vaccine antigens and measurable amount of chemicals are injected, risking cellular damage and death. **REF: J of Neurology. 2005; 484:156-167.** "Axonal development in the cerebral white matter of the human fetus and infant." [quoted by TenPenny pg 50]

☀ ***Simple yet alarming things on vaccinations...***

- Blood tests (called titers) are not routinely ordered, a third dose of vaccine is administered to children who may not need it. **REF: TenPenny pg 48.**
- Pertussis vaccines are not standardized from one batch to the next. Because of the disparity between production lines, reports of vaccine "hot lots," those that appear to be associated with more injuries and deaths than others, have been reported in the U.S. and Europe. Hot lot reports were most common in the whole-cell pertussis vaccine but continue to occur for all vaccines, including the acellular pertussis vaccine. **REF: Neuropediatrics. 1990 Nov;12(4):171-6.** "Workshop on neurologic complications of pertussis and pertussis vaccination." [quoted by TenPenny pg 84]
- Research conducted in 1997 demonstrated viral contaminants from animal tissues are capable of replicating and, therefore, are capable of causing disease in humans. The disease-causing capability of viruses that have yet to be detected is unknown. We may be causing diseases, including cancer, from viral contaminants in vaccines that have not yet been identified. **REF: J of Virology. 71 (1997): 3005-3012.** "Reverse transcriptase activity in chicken embryo fibroblast culture supernatants is associated with particles containing endogenous avian retrovirus EAV-0 RNA." [quoted by TenPenny pg 62]
- The pro-vaccine contingent is very strong and heavily funded by vaccine manufactures.

Hippocratic Oath, “to do no harm”

☀ ***Simple yet alarming things on vaccinations continued...***

- Vaccines have not been proven to be safe by the same standards applied to other procedures or drugs: a double blind, placebo-controlled investigation. In a placebo-controlled study the safety of medication is determined by comparing it to a neutral substance, such as a sugar pill. In vaccine safety trials, a new vaccine is not compared to an inert substance but rather to another vaccine with a “known safety profile.” If the number of side effects caused by the new, experimental vaccine is found to be the same as the number of reactions caused by the placebo vaccine, manufacturers declare the new vaccine to be as safe as the placebo. In actuality, this is true: it is as safe as the older, existing vaccine. That doesn’t mean it is as safe as a true, inert placebo. **REF: TenPenny. pg 26.**
- There is no long term study on vaccination. The only reactions that have been studied is within the first 3 weeks after an injection. The development of an autoimmune reaction can take months or years to appear. If an adverse response occurs more than two weeks after a vaccine is administered, no connection is presumed and proving a connection is difficult. **REF: TenPenny. pg 27.**
- Vaccines are not scientifically proven to be safe or effective.
- Vaccines are given at two, four and six months because those are scheduled appointments for “well baby checks”. Vaccines are given at that time because it is convenient for the doctors. **REF: TenPenny. pg 152.**
- To date: The American Medical Association, The Academy American of Pediatrics, the CDC, the FDA, the IOM, the Department of Health and Human Services, all pharmaceutical companies and the U.S. Congress have all maintained that there is absolutely no connection between thimerosal (mercury) and autism, and that the onset of autism around the time of an MMR vaccine is purely coincidental. **REF: TenPenny. pg 97-98.** Thimerosal has been taken out of children’s vaccines (when available) and replaced with aluminum.
- This overt capitalism is disguised as preventive medicine, marketed by fear, mandated by law, enforced by public health officials, implemented by physicians. **REF: TenPenny. Page xxxiii.**
- Your unvaccinated child is not putting the vaccinated children at risk. Most of the day care outbreaks have occurred in fully vaccinated children. **REF: TenPenny 129.**
- Unvaccinated children respond faster to homeopathic treatment and it is easier to create lasting balance in their health.
- Reports of suppression of the immune system, with T-cell counts as low as those seen in patients who have HIV, have occurred after tetanus boosters. The same types of reactions can occur by over-vaccinating your child. **REF: NEJM. 1984; 310/3:198-9. “Abnormal T-Lymphocyte sub-populations in healthy subjects after tetanus booster immunization.” [quoted by TenPenny pg 158]**
- Those who administer vaccines are protected from liability if an injury or death occurs. **REF: TenPenny. pg 5.**
- A two month old baby weighing nine pounds gets the same amount of vaccine as a fifty-pound child entering preschool. **REF: Coulter pg 13.**

“The first step of science is to know one thing from another.” Carolus Linnaeus

☀ ***Let’s talk about the ingredients of the vaccines...***

- Opposing vaccines that retain washed sheep red blood cells, cells from chickens, and proteins from cows and monkeys. Holistic providers express grave concerns about the measurable amounts of formaldehyde, glycerol, monosodium glutamate (MSG) and phenoxyethanol (antifreeze)-trace of more than 100 chemicals in all. The contamination of the blood in the name of health continues today.
REF: TenPenny. pg 22.
- **Warning:** Mercury toxicity can result in brain injury and autoimmune disease. Aluminum is associated with Alzheimer’s disease and seizures. Formaldehyde causes cancer. It is a hazardous waste and no longer permitted as an ingredient in building insulation. **REF: Neustaedter, Randall. The Vaccine Guide: Making an Informed Choice. North Atlantic Books. 1996.**
- Vaccines contain bovine cells and virus (from cow serum), avian cells and viruses (from chicken), immortalized cells (from aborted fetal tissue), viruses from monkey kidneys, and stray bacteria that enter due to lax sterility standards.
REF: TenPenny pg 59
- Polio, hepatitis A, rubella, mumps, rotavirus, chickenpox and the shingles vaccines are made using bovine serum. The most common contaminant virus found in bovine serum is a member of the pestivirus family called bovine diarrhea virus (BVDV). All commercially available bovine serum is thought to be contaminated with this virus. **REF: J Infect Dis. 1996 Dec;174(6):1324-7. Contamination of commercially available fetal bovine sera with bovine viral diarrhea virus genomes: implications for the study of hepatitis C virus in cell cultures. [quoted by TenPenny pg 59]**
- Bovine viruses grow rapidly in the human cell cultures WI-38 and MRC-5, cells originating from aborted fetal tissue. These cells are used to manufacture the rubella and chickenpox vaccines. **REF: Dev Biol Stand. 1991;75:177-81. “Bovine viral diarrhea virus contamination of nutrient serum, cell cultures and viral vaccines. REF: J Vet Med Sci. 2001 Jul;63(7):723-33. “Genotypes of pestivirus RN detected in live virus vaccines for human use.” [quoted by TenPenny pg 60]**
- One of the changes made in Bordet and Gengou’s original vaccine was to add an “adjuvant.” This is a material, usually a metal salt, that heightens the capacity of the pertussis vaccine to produce antibodies. In 1943, a pioneer American pertussis-vaccine researcher, Pearl Kendrick, reported that alum has this adjuvant effect; the vaccine was more protective, and fewer pertussis bacteria had to be included. After her report, alum or alum-bases substances were added to vaccines.
REF: Coulter pg 9.

☀ ***Vaccine Ingredient List:*** traces of these ingredients are in all of the vaccines. Each vaccine contains a different combination; all ingredients are not in any one vaccine. **REF: entire ingredient list from TenPenny pg 215-221**

- **Adjuvent:** aluminum (additive to promote antibody response), Marcol 82, MF59, mineral oil, Montanide 80, squalene, polyoxidonium

☀ ***Vaccine Ingredient List continued...***

- **Amino acids:** Glutamate, Glycine, Histidine, Alanine
- **Animal cells:** African green monkey kidney cells, bovine (cow) serum, chick embryo cells, Chinese hamster ovary cells, dog kidney cells, egg protein, fetuin (calf blood proteins), hemin chloride (porcine source), human albumin, human cell line: PER C6, human diploid cells: WI-38, human diploid cells: MRC5, mouse brain cells, ovalbumin (egg), protein contaminants
- **Antibiotics:** Amphotericin B, Cephalin, Erythromycin, Gentamicin, Kanamycin, Chlortetracycline hydrochloride, Neomycin, Polymyxin B, Strptomycin
- **Carriers:** Dextran, silicone, polydimethylsiloxane (silcon), polyribosyribitol phosphate
- **Chemicals:** Phenoxyethanol (antifreeze), ethylmercurithio-benzoic acid, acetic acid, alcohol, ammonium sulfate, arum triphyllum, aspartame, benzethonium chloride (antiseptic), Beta-propiolactone, dibutyl phthalate, diethyl phthalate, diethylether, ethylene glycol (antifreeze), formaldehyde (disinfectant), formalin, hexadecyltrimethylammonium bromide, hydrochloric acid, monophosphoryl lipid A, MSG: monopotassium glutamate, monopotassium phosphate, monosodium glutamate (MSG), glutamic acid, potassium glutamate, phenol (disinfectant, dye)
- **Culture Medium:** ascorbic acid, acid hydrolysate (casein), casamino acids (casein), dextrose, disodium dehydrogentate phosphate, dulbecco's modified eagle medium, galactose, medium 199, minimum essential medium, protein hydrolysate, sucrose, soy peptone, soy protein, trypsin, yeast extract
- **Detergent:** anhydrous disodium phosphate, glycol p-isooctylphenyl ether, octoxynol-10, sodium borate (borax), sodium deoxycholate, sodium hydroxide, sodium tetraborate, decahydrate (borax), triton X-100, triton N-101
- **Emulsifier:** fatty-acid ester-based antifoam, liquid light paraffin, polysorbate 80, polysorbate 20, potassium dihydrogen phosphate, potassium diphosphate, potassium monophosphate, potassium phosphate, potassium phosphate-monobasic, sorbitan monooleate
- **Excipient (inactive substance used as carrier)-** hydroxypropyl methycellulose phthalate, iron oxide yellow dye ci77492, lactose, lecithin, mineral salts, phospholipids lecithin, sorbitol, sodium acetate, sodium bicarbonate, sodium carbonate, sodium citrate, sodium hydrogen carbonate, sodium phosphate-dibasic anhydrous, sodium phosphate-dibasic dodecahydrate, sodium phosphate-monobasic, titanium dioxide
- **Filler:** gelatin, glycerine, latex from stopper, polygeline, xanthan gum, sodium taurodeoxycholate
- **Medication:** belladonna, hydrocortisone, hydrogen succinate, potassium chloride, synthetic alpha-tocopheryl, trometamol
- **Preservative:** ethylenediaminetetracetic acid, disodium edentate, glutaraldehyde, mercurius, solubilis, Methylparaben (antifungal, preservative)
- **Reagent:** disodium dehydrogentate phosphate, disodium phosphate dehydrate, isotonic phosphate buffered saline, monosodium phosphate, M phosphate-buffered saline
- **Solvent:** mannitol, polyalcohols, sodium chloride, tri(n)butylphosphate

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“Homeopathy...cures a larger percentage of cases than any other method of treatment and is beyond doubt safer, more economical, and most complete medical science.”

Mahatma Gandhi

☀ ***How can there be claims that vaccines really decreased diseases?***

- Smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated. Some of our highest vaccinated towns like Bombay and Calcutta-smallpox is rife, whilst in some of our poorest vaccinated towns, it is almost unknown. How is it that 80 percent of the cases admitted to hospitals have been vaccinated, while only 20 percent have not been vaccinated. **REF: The British Medical Journal. 1-21-1928, p.116. [quoted by TenPenny pg 31]**
- From 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the U.S. and England and already declined on its own by 47% & 55%. **REF: Alderson, Michael. International Mortality Statistics (Washington, DC: Facts on File, 1981), pp 177-78. [quoted in Miller pg 14]**
- Children who received a single injection within one month after receiving polio vaccine were eight times more likely to contract polio than children who received no injections. **REF: Strebel, Peter M., et al. “Intramuscular injections within 30 days of immunization with oral polio virus vaccine—a risk factor for vaccine-associated paralytic poliomyelitis.” New England J of Med (February 23, 1995), pp. 500+. [quoted in Miller pg 14]**
- From 1915 to 1958, the measles death rate in the US and UK declined by 98%. (FYI: Measles vaccination began in 1963). **REF: Alderson. International Mortality Statistics (Washington, DC: facts on file, 1981), pg 182-183. [quoted by Miller pg 27]**
- The death rate from measles in 1955 was less than 3 per 10 million; that was eight years before the measles vaccination campaign began in 1963. **REF: MMWR. Achievements in Public Health, 1900-1999. Impact of vaccines Universally Recommended for Children in the United States, 1990-1998. April 02, 1999/48(12):243-248. [quoted by TenPenny pg 150]**
- Diphtheria death rate plummeted long before the vaccine was introduced. In the US, from 1900 to 1930, diphtheria fatalities declined by more than 85%. **REF: Alderson. International Mortality Statistics (Washington, DC: facts on file, 1981), pg 161-162. [quoted by Miller pg 39]**
- From 1900-1935, the death rate from pertussis in the US and England had already declined on its own by 79% and 82%. **REF: Alderson. International Mortality Statistics (Washington, DC: facts on file, 1981), pg 164-165. [quoted by Miller pg 40]**

☀ ***How many vaccines are given today compared to in the past?***

- Prior to 1985, 18 vaccines in the first 6 months and 33 vaccines by 5 years old.
- In 2006, 54 vaccines by 6 months and 80 vaccines by kindergarten.
- In 2008, 103 vaccines by kindergarten and 145 vaccines by age 11-12.
REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.

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*“Each year there is a national hysteria that seems to trigger what is collective
“scarcity mentality” of not having enough flu vaccines. It is created to increase
the demand and sales of the vaccine.” Sandra J. Perko*

☀ ***The money dancing around vaccines...***

- The U.S. spends \$2.5 billion annually to vaccinate the poorest countries in the world in a futile attempt to eliminate paralysis. What if all those billions were spent instead to provide sewage systems, clean water, education, books and eyeglasses to read? Wouldn't that be a greater benefit where the average wage can be as little as US \$1 per day? **REF: “Extra \$1 Billion Immunization Funding Could Save 1 Billion Lives in Ten Years,” from MedicalNewsToday.com, Dec 12, 2005. [quoted by TenPenny pg 70]**
- The National Vaccine Injury Compensation Program was signed into law in 1986. Since October 2007, 11,351 injury claims have been filed seeking compensation, with only 2,122 persons (18.6%) being awarded compensation. The total amount paid out by the government is just over \$699 million. The amount rewarded for vaccine-related death is limited to \$250,000 plus attorneys' fees. Awards are paid from the Vaccine Injury Compensation Trust Fund, arising from an excise tax on every dose of vaccine purchased. **REF: National Vaccine Injury Compensation Program, Statistics and Reports. [Http://www.hrsa.gov/vaccinecompensation/statistics_report.htm](http://www.hrsa.gov/vaccinecompensation/statistics_report.htm). [quoted by TenPenny pg 29]**
- In the 1990s: Global vaccine sales doubled from \$2.9 billion in 1992 to more than \$6 billion in 2000. In 2005: The global vaccine market is generating between \$10 billion and \$16 billion dollars per year. The global vaccine business is projected to grow 18 percent a year to \$30 billion by 2011, well above the 4.4 percent annual growth expected for the drug industry overall. A new adult and adolescent vaccine market is anticipated to comprise of the largest portion of that growth. **REF: TenPenny. pg 41.**
- The top five pharmaceutical companies have a combined revenues of more than \$600 billion dollars a year. **REF: TenPenny. Page xxxi.**
- Congress receives millions of dollars in campaign donations from pharmaceutical interests to indirectly secure votes that guarantee their profits. **REF: TenPenny. Page xxxi.**
- Drug company lobbyists on Capital Hill out number members of Congress by two-to-one. According to the non-partisan Center for Public Integrity, the industry has spent more money on lobbying than any other single industry - \$855 million from 1998 to 2006. **REF: TenPenny. Page xxxii.**
- Over the last seven years, the industry has contributed more than \$800 million in federal and state lobbying and campaign donations. No other industry has spent more money to sway public policy to use their products: drugs and vaccines. **REF: “Drug Lobby Second to None” Center for Public Integrity. July 7, 2007. [quoted by TenPenny pg 23]**
- Even though more than \$1 billion has been paid to vaccine-injured victims, only 20 percent of persons who apply receive compensation and, as of this publication, all cases involving autism have been dismissed without compensation for injuries sustained from vaccinations. **REF: National Vaccine Injury Compensation Program Post-1988 monthly Statistics Report, August 2007. [quoted by TenPenny pg 29]**

“Our lives begin to end the day we become silent about things that matter.”

Martin Luther King, Jr.

☀ ***Do vaccines not really create a real immunity if one can contract high antibody titers from the vaccine and still get the illness?***

- Vaccines are injections that contain weakened amounts of the disease germ that they are meant to protect against. They are said to work by stimulating the body to produce antibodies-proteins that defend the body from an invasion by harmful germs. **REF: Miller, Neil. Vaccines: Are They Really Safe & Effective? New Atlantean Press. 2002. pg 13.**
- The medial journal Vaccine reported in 2001, “It is known that, in many instances, antigen-specific antibody titers do not correlate with protection.” **REF: Vaccine. 2001 Oct 15;20 Suppl 1:S38-41. [quoted by TenPenny pg 32]**
- “Pertussis continues to cause significant morbidity and mortality in infants and children throughout the world, even in well-immunized populations. Laboratory measurement of antibodies has not demonstrated a level that corresponds to protection.” **REF: Clin Diagn Lab Immunol. 1999 Jul;6(4):464-70. “Protection effects of pertussis immunoglobulin in the aerosol challenge model.” [quoted by TenPenny pg 33]**
- Tetanus can occur in patients who have adequate antibody levels. **REF: BMJ. 2003;326:117-118. “Response to: Tetanus with protective serum immunity,” by Yumiko Kanei, Manuel Revuelta, Division of Infectious Diseases, Beth Israel Medical Center. New York City. [quoted by TenPenny pg 34]**
- Little is known about the correlation of mumps titer and protection from mumps. **REF: J Clin Microbiol. 2005 Sept; 43(9); 4847-4851. “Mumps Virus-Specific Antibody Titers from Pre-Vaccine Era Sera: Comparison of the Plaque Reduction Neutralization Assay and Enzyme Immunoassays.[quoted by TenPenny pg 35]**
- Polysaccharide pneumococcal vaccine does not appear to reduce the incidence of pneumonia or death in adults with or without chronic lung disease or in adults that have other chronic illnesses. Neither does the vaccine reduce the incidence of pneumonia or death in persons 55 years and above. **REF: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons, LTD. “Vaccines for preventing pneumococcal infection in adults.” Cochrane Methodology Reviews. [quoted by TenPenny pg 35]**
- The antibody titer for the cholera vaccine did not correlate with protection from infection with *V. cholerae*. One quarter contacts developed symptomatic or asymptomatic cholera even though they had high antibody titers. **REF: J of Inf Dis. 2004;189 (15 June). “Incomplete Correlation of Serum Vibriocidal Antibody Titer with Protection from *Vibrio cholerae* Infection in Urban Bangladesh.” [quoted by TenPenny pg 36]**
- No correlation between antibody titer and immunity against rotavirus infection was identifiable when serum antibodies were measured. No consistent relationship was found between the titers of any of the six antibodies to the six viruses in the vaccine and clinical protection against developing rotavirus infection. **REF: Vaccine. Volume 13, Issue 13, 1995, pages 1226-1232. “Lack of correlation between serum rotavirus antibody titers and protection following vaccination with reassortant RRV vaccines.” [quoted by TenPenny pg 36]**

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*“If vaccines offered benefits only, the government wouldn’t need to mandate them.
Parents have a right to freedom of choice.”*

Ann Millan, former director of the National Vaccine Information Center (NVIC)

☀ **Known documented side-effects and long term affects of vaccines...**

- Polio vaccine has been linked with Guillain-Barre syndrome (GBS). Hepatitis B virus (HBV) has been linked with rheumatoid arthritis, reactive arthritis, vasculitis, encephalitis, neuropathy, thrombocytopenia. MMR has caused acute arthritis or arthralgia, chronic arthritis, thrombocytopenia, hearing loss. Influenza vaccine has links to GBS, vasculitis. Varicella (chicken pox) vaccine has caused mainly neurological syndromes. **REF: Vaccine. 2005 Jun 10;23(30):3876-86. Epub 2005 Apr 7. “Consequences or coincidence? The occurrence, pathogenesis and significance of autoimmune manifestations after viral vaccines.** [quoted by TenPenny pg 52]
- Persons who were fully vaccinated as children were found to have a higher risk of asthma as adults. **REF: Aust N Z J Public Health. 2004 Aug;28(4):336-8.** “Asthma and vaccination history in a young adult cohort.” [quoted by TenPenny pg 53]
- In a study of 450 children, 11 percent who had received the pertussis vaccination suffered from asthma, as compared with only 2 percent of the children who had not been vaccinated. **REF: JAMA. Aug 24-31; 272(8):592-3. 1994. “Pertussis vaccination and asthma: is there a link?”** [quoted by TenPenny pg 53]
- A study published in 2000 uncovered the association between DTaP or tetanus vaccine with allergies and allergy-related respiratory symptoms. The results showed that the odds of developing asthma were twice as great among vaccinated subjects than among unvaccinated subjects. In addition, the odds of developing allergy-related symptoms within 12 months of a vaccine were 63 percent greater among vaccinated subjects than unvaccinated subjects. **REF: J Manipulative Physiol Ther. 200 Feb;23(2):81-90. “Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States.”** [quoted by TenPenny pg 53-54]
- Adults need to be exposed to the natural chickenpox virus to prevent the development of shingles. Mass vaccination of children against chickenpox is anticipated to contribute to future epidemics of shingles in more than 50 percent of Americans. **REF: Varicella vaccine & shingles. JAMA May 1 2002;287(17):2211.** [quoted by TenPenny pg 40]
- The relationship between the influenza vaccine and GBS has been documented. GBS is an inflammatory disorder of the peripheral nerves characterized by an acute onset of weakness and paralysis. Neurological deficits remain in up to 40 percent of people who recover from GBS and mortality from GBS range from five to 10%. **REF:Fanion, David. “Guillain-Barre Syndrome, found eMedicine on WebMD.** [quoted by TenPenny pg 45]
- CDC estimates, between 70 and 140 persons could contract vaccine-induced GBS each year after receiving a flu shot. **REF: Estimates of Influenza Vaccination Target Population Sizes in 2006 and Recent Vaccine Uptake Levels.** <http://www.cdc.gov/flu/professionals/vaccinations/pdf/targetpopchart.pdf> [quoted by TenPenny pg 46]

*“There is no question that there is a risk.
There is a considerable difficulty in defining that risk.”
Walter Dowdle, M.D.*

☀ ***Known documented side-effects and long term affects of vaccines...***

- Tetanus toxoid, influenza vaccines, polio vaccine, rubella vaccines and others have been related to phenomena ranging from auto-antibody production to full-blown illness (such as rheumatoid arthritis). **REF: J. Autoimmune. 2000 Feb; 14(1):1-10. Shoenfeld Y. “Vaccination & autoimmunity-‘vaccinosis’: a dangerous liaison? [quoted by TenPenny pg 52]**

☀ ***Walking through the diseases and the side-effects of vaccinating...***

☀ ***Polio-*** is a contagious disease caused by an intestinal virus that may attack nerve cells of the brain and spinal cord. **REF: Miller. pg 13.**

- Poliomyelitis is a disease that invades the nervous system and produces weakness and flaccid paralysis of the muscles supplied by affective nerves. No epidemics have occurred in the U.S. since 1954. Paralytic cases are few. Most cases are characterized by sore throat, headache, fever, fatigue, diarrhea, stiffness of neck, nausea and abdominal pain. **REF: Neustaedter, Randall, The Vaccine Guide. North Atlantic Books. 1996. pg 107.**
- In 1955, Dr. Jonas Salk developed a killed-virus (inactive) and shortly after, Dr. Albert Sabin developed a live-virus (oral) vaccine against polio. **REF: Miller. pg 14.**
- 95% of everyone who is exposed to the natural polio virus won’t exhibit any symptoms, even under epidemic conditions. **REF: Physician’s Desk Reference (PDR); 5th edition. (Montvale, NJ; Medical Economics, 2001), Press, 1972), p. 16. Burnet, M., et al. The Natural History of Infectious Disease (New York, NY: Cambridge University Press, 1972), p. 16. [quoted by Miller pg 14]**
- When diphtheria and pertussis vaccines were introduced in the 1940s, cases of paralytic polio skyrocketed. **REF: Lindsay, K.W., et al Neurology and Neurosurgery Illustrated. (Edinburgh/London/New York Churchill Livingstone, 1986), pp100, Polio Incidence rates obtained from National Morbidity Reports.[quoted by Miller. pg14]**
- The U.S. Department of Health and Human Services, warn parents that the inactivated polio vaccine(IPV) can cause “serious problems or even death...” **REF: US Department of Health and Human Services. “Polio: What you Need to Know,” (Atlanta, GA: CDC, October 15, 1991), pg 3. [quoted by Miller pg 20]**
- The vaccine maker warns that Guillain-Barre syndrome, a debilitating ailment characterized by muscular incapacitation and nervous system damage “has been temporally related to administration of another inactivated poliovirus vaccine.” **REF: US Department of Health and Human Services. “Polio: What you Need to Know,” (Atlanta, GA: CDC, October 15, 1991), pg 780. [quoted by Miller pg 20]**
- No cases of wild polio have occurred in the US since 1979. The risk of a child acquiring polio in the US is zero, except for the vaccine itself. **REF: Randall. 1996. pg 120.**

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“First they ignore you, then they ridicule you, then they fight you, then you win.”
Mahatma Gandhi

☀ **Tetanus (DPT vaccine)** - is caused by a microorganism that enters the skin through a wound. The symptoms of tetanus begin with stiffness of muscles, muscles of jaw and neck is the first to be involved. Painful spasms can be produced by the slightest stimulants and it's spasm of the respiratory muscles that cause asphyxia and death. Incubation period varies from one day to three weeks.

REF: Randall. pg 100.

- Tetanus can be prevented by cleaning wounds with soapy water and using Hypericum, St. John's Wort, tincture directly on the wound.
- Deep puncture wounds and wounds with a lot of dead tissue should be thoroughly cleaned and not allowed to close until healing has occurred beneath the skin. **REF: Skudder, P.A, et al. “Current status of tetanus control: importance of human tetanus-immune globulin.” Journal of the American Medical Association 1964; 188: 625-627. [quoted by Miller pg 23]**
- Tetanus booster vaccinations caused T-lymphocyte blood count ratios to drop below normal. The study noted that these altered ratios are similar to those found in victims of HIV/AIDS. **REF: Eibl, M., et al. “Peripheral neuropathy after multiple tetanus toxoid immunizations.” New England Journal of Medicine (November 26, 1981):1307-1313. [quoted by Miller pg 25]**
- The US Institute of Medicine reported on several cases of anaphylactic reactions-severe, life-threatening allergic responses resulting in swelling of the mouth, inability to breathe, shock, collapse or death-within four hours of tetanus vaccines injections. **REF: Institute of Medicine. Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality. (Washington, DC: National Academy Press, 1994). [quoted by Miller pg 25]**
- None of the unvaccinated children had recorded asthma episodes or consultations for asthma or other allergic illnesses before age 10 years. In the vaccinated children 23% had asthma episodes and asthma consultations, while 30% had consultations for other allergic illnesses. **REF: Kemp, T “Is infant immunization a risk factor for childhood asthma or allergy? Epidemiology 1997;8(6):678-680.[quoted by Miller p26]**
- A child who received DPT or tetanus vaccination was 50% more likely to experience severe allergic reactions, 80% more likely to experience sinusitis and twice as likely to develop asthma. **REF: Hurwitz, E.L., et al. “Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the US.” Journal of Manipulative and Physiological Therapeutics 2000; 23;1-10. [quoted by Miller pg 26]**
- There are many reports in the medical literature of severe side effects after routine tetanus shots including allergic reactions, pericarditis, serum sickness, painful neuropathies and even severe, transient Parkinsonism. Other side effects, listed on the package insert (tetanus vaccine), include headache; nausea; vomiting; arthralgias; tachycardia; syncope (fainting); cranial nerve paralysis and a variety of neurological complications including EEG disturbances, seizures, encephalopathy anaphylaxis; and Gullian-Barre syndrome. **REF: J Neurol Neurosurg Psychiatry. 1997;63:258-259. “Severe but transient Parkinsonism after tetanus vaccination.” [quoted by TenPenny pg 158]**

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*“Law will never be strong or respected unless it has the sentiment of the people behind it.
If the people of a state make bad laws, they will suffer for it.
Suffering, and nothing else, will implant that sentiment of responsibility
which is the first step to reform.”*
James Bryce

- ☀ **Measles (MMR vaccine)** - is caused by a virus that is highly contagious. The symptoms are cold symptoms, cough, irritated eyes, and high fever, with the appearance of a rash on the fourth day of illness. **REF: Randall. pg 141.**
- Measles can be severe when it infects people living in impoverished communities with poor nutrition, sanitation and inadequate health care. **REF: Fisher, B.L. The Consumer’s Guide to Childhood Vaccines. (Vienna, VA:National Vaccine Information Center, 1997) p 17-18. [quoted by Miller pg 26]**
 - In some large (measles) outbreaks...over 95% of cases have a history of vaccination. **REF: FDA. “FDA workshop to review warnings, use instructions, and precautionary information (on vaccines).” (Rockland, Maryland: FDA, September 18, 1992), p. 27 [quoted by Miller pg 27]**
 - Severe afflictions have been linked to measles inoculations. These include: encephalitis, subacute sclerosing panencephalitis, Guillain-Barre syndrome, febrile and afebrile convulsions, seizures, ataxia, ocular palsies, anaphylaxis, angioneurotic edema, bronchial spasms, panniculitis, vasculitis, atypical measles, thrombocytopenia, lymphadenopathy, leukocytosis, pneumonitis, Stevens-Johnson syndrome, erythema multiforme, urticaria, deafness, otitis media, retinitis, optic neuritis, rash, fever, dizziness, headaches and death. **REF: Physician’s Desk Reference (PDR); 55th edition. (Montvale, NJ: Medical Economics, 2001), pg 1184. [quoted by Miller pg 29]**
 - People who received the measles vaccine were 2 ½ times more likely to develop ulcerative colitis and three times more likely to develop Crohn’s disease when compared to unvaccinated controls. **REF: Thompson, N.P. Wakefield, A.J, et al. “Is measles vaccination a risk factor for inflammatory bowel disease?” Lancet 1995; 345:1071-1074. [quoted by Miller pg 29]**

- ☀ **Diphtheria (DPaT vaccine)**-is an acute infectious disease caused by a bacterium. The disease is characterized by sore throat and the development of a membrane that may cover the throat. It may cause difficulty breathing and a horrendous cough. Complications include myocarditis (infection of the heart), transitory paralysis of the limbs. Diphtheria is extremely rare in the U.S. **REF: Randall. pg 139.**
- During the mid-1990s, there were outbreaks of diphtheria in eastern Europe. Many of the cases occurred in persons who were properly vaccinated. As a result, authorities questioned the merits of diphtheria vaccination programs. **REF: Hardy, I.R. et al. “Current situation and control strategies for resurgence of diphtheria in newly independent states of the former Soviet Union.” Lancet 1996; 347:1739-1744. Prosper, E., et al. “Diphtheria: epidemiological update and review of prevention and control strategies.” European Journal of Epidemiology 1997; 13:527-34. [quoted by Miller pg 39]**

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*“It is demonstrated that in most cases,
the claims of complete immunity of vaccinated people are absolutely false.
There is no immunity. They have no protection.
When exposed to infection they do suffer just as much as
other populations (unvaccinated) or even more.”
Pasteur Exposed: Germs, Genes and Vaccines;
the false foundations of modern medicine
by Ethel Douglas Hume.*

- ☀ **Mumps (MMR vaccine)** - is a very mild disease of childhood that was not even noticed in estimated 30 % of cases prior to vaccination. Symptoms begin with fever, headache and fatigue, and within 24 hours the child complains of earache near the lobe of the ear. The salivary gland in front of the ear becomes swollen. It lasts up to 6 days. **REF: Randall. pg 151.**
- In 1991, there was an outbreak of mumps in Tennessee schools; 67 of the 68 cases (99%) were previously vaccinated students. **REF: Briss, P.A., et al. “Sustained transmission of mumps in a highly vaccinated population: assessment of vaccine failure and waning vaccine-induced immunity.” J of Infectious Diseases 1994; 169:77-82. [quoted by Miller pg 32]**
 - The drug company that produced the mumps vaccine published a list of ailments know to have occurred following the mumps or MMR shot. These include aseptic meningitis, encephalitis, orchitis, diabetes mellitus, parotitis, anaphylaxis and death. **REF: Physician’s Desk Reference (PDR); 5th edition. (Montvale, NJ; Medical Economics, 2001), Press, 1972), p. 16. Burnet, M., et al. The Natural History of Infectious Disease (New York, NY: Cambridge University Press), 1954 and 1977. [quoted by Miller pg 32]**
 - Research published that several children who developed diabetes 2 to 4 weeks after mumps vaccination. **REF: Helmke, K., et al. “Islet cell antibodies and the development of diabetes mellitus in relation to mumps infection and mumps vaccination.” Diabetologia 1986; 29:30-33. [quoted by Miller pg 33]**
 - The Vaccine Safety Committee has recognized mumps vaccine as a cause of aseptic meningitis because the vaccine-virus strain can be isolated and positively identified from patients with meningitis following vaccination. **REF: Institute of Medicine, Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality. Washington, DC: National Academy Press, 1994. [quoted by Neustaedter pg 153]**

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“We are accustomed to look for the gross and immediate effect and to ignore all else. Unless this appears promptly, we deny the existence of hazard. Even research men suffer from the handicap of inadequate methods of detecting the beginnings of injury. The lack of sufficiently delicate methods to detect injury before symptoms appear is one of the great unsolved problems in medicine.”
Rachel Carson

- ☀ **Rubella (MMR vaccine)** - is a mild childhood illness that consists of fever, rash and tiredness lasting for a few days. It has no serious complications except in very rare instances. **REF: Randall. pg 155.**
- If a pregnant women develops the disease during the first trimester, her baby may be born with defects. **REF: The World Book Encyclopedia, Volume 11 (1994), pg 506. [quoted by Miller pg33]**
 - The drug company that produces the rubella vaccine publishes an extensive list of ailments known to have occurred following rubella shot. These include arthritis, arthralgia, myalgia, Guillain-Barre syndrome, polyneuritis, polyneuropathy, anaphylaxis and death. **REF: Physician’s Desk Reference (PDR); 5th edition. (Montvale, NJ; Medical Economics), Press, 1966. [quoted by Miller pg 34]**
 - Another study showed that 55% of women vaccinated against rubella developed arthritis or joint pain within four weeks. **REF: Tingle, A.J., et al. “Rubella-associated arthritis. Comparative study of joint manifestations associated with natural rubella infection and RA 27/3 rubella immunization. Annals of the Rheumatics Diseases 1986; 45:110-114. [quoted by Miller pg 34]**
 - Additional studies have linked the rubella vaccine to Chronic Fatigue syndrome, a debilitating immune system disorder. **REF: Lieberman, A.D. “The role of the rubella virus in the chronic fatigue syndrome.” Clinical Ecology 1991; 7(30):51-54. Allen, A.D. “Is RA27/3 rubella immunization a cause of Chronic Fatigue?” Medical Hypotheses 1988;27:219. [quoted by Miller pg 34]**
 - From 1966 to 1968, before the rubella vaccine was licensed, 77% of all cases occurred in persons 14 years of age or younger. Just 23% of all cases occurred in persons 15 years of age or older. **REF: CDC. “Rubella and congenital rubella syndrome-U.S., 1985-1988. MMWR 1989; 38:173-178. [quoted by Miller pg 36]**
 - By 1990, 81% of all rubella cases were in the 15 or older group, with the greatest increases in persons 15-29 years old-the prime childbearing years. **REF: CDC. “Current trends increase rubella and congenital rubella syndrome-US, 1988-1990.” MMWR Weekly (February 15, 1991); 40(6):93-99. [quoted by Miller pg 36]**

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The Buddha said, "But you should find out what is false or true, and acknowledge the fact."

- ☀ ***Pertussis (DPaT vaccine)*** - whooping cough is caused by a bacteria. It associated with beginning as a mild cold then develops into a characteristic cough. The cough comes in paroxysms and tightness in chest. During a coughing spell the child's face may become red or blue, the eyes bulge and the tongue protrudes. Complications of pertussis may include cerebral hemorrhage, convulsions and brain damage, pneumonia, emphysema or a collapsed lung. **REF: Randall, pg 123.**
- Susceptibility to pertussis 12 years after full vaccination may be as high as 95%. **REF: Pichichero, ME., et al. "Diphtheria-Pertussis-Tetanus vaccine: reactogenicity of commercial products." Pediatrics (Feb1979), pp. 256-260. [quoted by Miller pg 40]**
 - In 1986, 1300 cases of pertussis were reported in Kansas. Of the patients with known vaccination status, 90% were "adequately" vaccinated. **REF: Vaccine Bulletin (February 1987) pg 11. [quoted by Miller pg 40]**
 - In 1993, during a pertussis outbreak in Ohio, 82% of younger children stricken with the disease had received regular doses of the vaccine. **REF: Christie, D.C., et al "The 1993 epidemic of pertussis in Cincinnati" resurgence of disease in a highly immunized population of children," New England Journal of Medicine (July 7, 1994) pg 16-20. [quoted by Miller pg 40]**
 - The pertussis vaccine was used in animal experiments to help produce anaphylactic shock, and to cause an acute autoimmune encephalomyelitis (allergic encephalitis). **REF: Cherry, Brunell, et al, "report of the task force on pertussis and pertussis immunization." Pediatrics. 81:6, pt 2 (June 1988), p943. [quoted by Miller pg 41]**
 - In one report, serious reactions (to pertussis vaccine) including grand mal epilepsy and encephalopathy were shown to be as high as one in 600. **REF: Immunization: Survey of Recent Research. (U.S Department of Health and Human Services, April 1983), pg 76. [quoted by Miller pg 42]**
 - Approximately one out of every 200 children who received the full DPT series suffered severe reactions. **REF: "Nature and the Rates of Adverse Reactions Associated with DPT and DT Immunizations in Infants and Children," Pediatrics, Volume 68, No. 5 (Nov. 1981). [quoted by Miller pg 42]**
 - In 1994, the Journal of the American Medical Association published data showing that children diagnosed with asthma were five times more likely than not to have received the pertussis vaccine. **REF: Odent, M., et al. "Pertussis vaccination and asthma: is there a link?" Journal of the American Medical Association (Aug 24/31, 1994), pp. 592-593. [quoted by Miller pg 42]**
 - In 2000, a new study confirmed earlier findings that children who received DPT or tetanus vaccines are significantly more likely to develop a "history of asthma" or other "allergy-related respiratory symptoms" than those who remain unvaccinated. **REF: Hurwitz, E.L., et al. "Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the US." Journal of Manipulative and Physiological Therapeutics 2000; 23;1-10. [quoted by Miller pg 43]**

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*“If there ever could be a proper time for mere catch arguments,
that time is surely not now. In times like the present,
men should utter nothing for which they would not willingly
be responsible through time and in eternity.”*
Abraham Lincoln

☀ ***Pertussis (DPaT vaccine) continued...***

- Dr. William Torch also found that SIDS frequencies have a bimodal peak occurrence at two and four months-the same ages when initial doses of pertussis are administered to infants. **REF: Torch, W.C. “Diphtheria-pertussis-tetanus (DPT) immunization: A potential cause of the sudden infant death syndrome (SIDS),” (American Academy of Neurology, 34th Annual Meeting, Apr 25-May 1, 1982, Neurology 32(4), pt 2. [quoted by Miller pg 43]**
- In 1989, Pediatrics published a study showing that the acellular (DPaT) pertussis vaccine caused fewer of the mild-type reactions than the standard DPT vaccine. Serious reactions, such as encephalitis, occurred at a higher rate than with the standard shot. Brain inflammation struck at the rate of one of every 106 vaccinated children. **REF: Blennow, M., et al. “adverse reactions and serologic response to a booster dose of acellular pertussis vaccine in children immunized with acellular or whole-cell vaccine as infants.” Pediatrics 1989;84, pg 62-67. [quoted by Miller pg 47]**
- 1% of all children who receive DTaP vaccine develop significant or serious side effects including fever of 105 F or higher, experience a seizure, have prolonged, high-pitched crying (encephalopathy), or experience what is called hypotensive/hyporesponsive episodes or HHE. HHE has been observed after acellular pertussis and several other vaccines. **REF: Pediatrics. 200 Oct;106(4):E52. “Hypotonic-hyporesponsive episodes reported to the Vaccine Adverse Event Reporting, 1996-1998. [quoted by TenPenny pg 85]**
- Even though the acellular pertussis vaccine (DPaT) is presented as safer and less toxic than whole-cell vaccines, it is estimated that at least 50% of infants receiving the DTaP will experience a reaction: soreness at the injection site, fever, vomiting, fussiness, reduced appetite and excess sleeping. Studies have documented that at least 2% of children experience excessive local reactivity-including swelling of an entire limb-after booster doses of DTaP. **REF: Pediatrics. 2000. Jan; 105(1):e12. “Extensive swelling after booster doses of acellular pertussis-tetanus-diphtheria vaccines.” [quoted by TenPenny pg 85]**
- Pertussis toxin (PT) can punch holes in the protective coating of the brain called the blood brain barrier. Once disrupted, viruses and other toxins can enter the brain and lead to the most serious side effects of the vaccine: encephalopathy, an inflammation of the brain and seizures. **REF: Neuropediatrics. 1990 Nov; 21(4):171-6. “Workshop on neurologic complications of pertussis and pertussis vaccination. [quoted by TenPenny pg 79]**

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*“The real primary diseases of man are such defects as pride,
cruelty, hate, self-love, ignorance, instability and greed.”*
Dr. Edward Bach MB, BS, DPH

☀ **Hepatitis B-** is a viral infection usually acquired during adolescence as a result of sexual contact, injection drug use, tattoos or household exposure. Acute infection may have no symptoms, or may be characterized by flu-like symptoms with weakness, loss of appetite, diarrhea and right upper abdomen pain. Jaundice with dark urine, light-colored stool and yellowing of the eyes and skin.

REF: Randall. pg 171.

- Less than one percent of all cases (of Hepatitis B) occur in children younger than 15 years. **REF: Alter, M.J., Hadler, S.C., et al. “The changing epidemiology of hepatitis B in the United States.” Journal of the American Medical Association 1990; 263:1218-1222. [quoted by Miller pg 49]**
- A study published in the New England Journal of Medicine said, after 5 years antibody levels (presumed to correlate with immunity) declined sharply or no longer existed in 42% of the vaccine recipients. In addition, 34 of the 773 subjects became infected with the virus. **REF: Stevens, C.E., et al. “Prospects for control of hepatitis B virus infection: implications of childhood vaccination and long-term protection.” Pediatrics 1992; 90:170-173. REF: New England Journal of Medicine, July 24, 1986. [quoted by Miller pg 49]**
- The World Health Organization said up to “60% of adults will lose all detectable antibody to hepatitis B vaccine within 6-10 years.” **REF: World Health Organization. “Hepatitis B vaccines: immunogenicity reappraised.” WHO Drug Information 1994; 8(2). [quoted by Miller pg 49-50]**
- In 1991, the Centers for Disease Control and Prevention (CDC) recommended that all infants receive the hepatitis B vaccine at birth. Today, a majority of states mandate this vaccine. **REF: Miller pg 50.**
- Yet, surveys in medical journals indicate that up to 87% of pediatricians and family practitioners do not believe this vaccine is needed by their newborn patients. **REF: Freed, G.L., et al. “Reactions of pediatricians to a new CDC recommendation for universal immunization of infants with hepatitis B vaccine.” Pediatrics 1993; 91:699-702. REF: Freed, G.L., et al.” Family physician acceptance of universal hepatitis B immunization of infants.” Journal of Family Practice 1993;36: 153-157. [quoted by Miller pg 50]**
- Injections-such as hepatitis B vaccine and the vitamin K shot-during the initial moments of life disrupt the rapidly developing, delicate communication system with in the newborn. When cytokines and interleukins, complex messenger molecules, lose their connection, immune system dysfunction can develop later in life. **REF: “Neonatal Vaccination and Autoimmunity,” presentation by Paul-Henri Lambert, 1st International Neonatal Vaccination Conference, Washington DC. March 2-4 2004. <http://www.hhs.gov/nvpo/meetings/neonatal/Lambert-two.pdf> [quoted by TenPenny pg 50]**

"To know and to act are one and the same." Samurai Maxim

☀ *Hepatitis B continued...*

- Adverse reactions following the plasma-derived and the synthetic recombinant hepatitis B vaccines have noted in the scientific literature. These include diabetes, multiple sclerosis, Guillain-Barre syndrome, Bell's palsy, Rolf's Palsy, ocular and brachial plexus neuropathy, optic neuritis, central nervous system demyelination, lumbar reticulopathy, transverse myelitis, autoimmune reactions, thrombocytopenic purpura, anaphylaxis, arthritis, fever, headaches, pain, vomiting, vertigo, herpes zoster and convulsions. Many of these reaction occurred after just one dose of the vaccine. REF: Classen, John Barthelow. "The Diabetes Epidemic and the Hepatitis B Vaccine." *New Zealand Medical Journal*. May 24, 1996. pg366. REF: Classen, John Barthelow. "Childhood Immunization and Diabetes Mellitus," *New Zealand Medical Journal*. May 24, 1996. p.195. REF: Gross, K., et al. "Arthritis after hepatitis vaccination: report of three cases." *Scandinavian Journal of Rheumatology* 1995; 24:50-52. Vautier, G., Carter, J.E. "Acute sero-positive arthritis occurring after hepatitis vaccination." *British Journal of Rheumatology* 1994; 33:991. REF: Lilic, D., Ghosh, S.K. "Liver dysfunction and DNA antibodies after hepatitis B vaccination." *Lancet* 1994;334:1292-1293. REF: Poullin, P., Gabriel, B. "Thrombocytopenic purpura after recombinant hepatitis B vaccine." *Lancet* 1994;334:1293. REF: Trevisani, F., et al. "Transverse myelitis following hepatitis B vaccination." *Journal of Hepatology* 1993; 19:317-318. REF: Morris, K., et al. "Nature and frequency of adverse reactions following hepatitis B vaccine injection in children in New Zealand, 1985-1988. Presented at the Vaccine Safety Committee, Institute of Medicine, Washington, DC, May 4, 1992. REF: Martinez, E., Domingo, P. "Evan's syndrome triggered by recombinant hepatitis B vaccine." *Clinical Infectious Disease* 1992;15:1051. REF: Herroelen, L., et al. "Central nervous system demyelination after immunization with recombinant hepatitis B vaccine." *Lancet* Nov 9, 1991; 338:1174-1175. REF: Hachulla, E., et al. "Reactive arthritis after hepatitis B vaccination." *Journal of Rheumatology* 1990; 17:1250-1251. REF: Australian Adverse Drug Reactions Bulletin, Aug 1990. REF: Shaw, F.E., Graham, D.J., et al. "Postmarketing surveillance for neurologic adverse events reported after hepatitis B vaccination." *American Journal of Epidemiology* 1988;127(2):337-352. REF: Ribera, E.F., Dutka, A.J. "Polyneuropathy associated with administration of hepatitis B vaccine." *New England Journal of Medicine* 1983; 309:614-615. REF: Vaccine Adverse Event Reporting System (VAERS), Rockville, MD. REF: Institute of Medicine. *Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality*. (Washington, DC: National Academy Press, 1994. REF: Read the manufacture's warning on the hepatitis B vaccine package inserts. [quoted by Miller pg 50]

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“There was one of two things I had a right to, liberty or death; if I could not have one, I would have the other; for no man should take me alive; I should fight for my liberty as long as my strength lasted...” Harriet Tubman

- ☀ **Varicella (chickenpox)** - the disease is caused by the varicella-zoster virus, a member of the herpesvirus family. Symptoms include a fever, runny nose followed by the appearance of the typical eruptions. The rash itches. **REF: Randall. pg 179**
- A national chickenpox vaccination campaign would shift the age distribution of chickenpox cases from children, who are not likely to experience problems with this disease, to teenagers and adults, who have higher complication rates. **REF: Halloran, M.E., et al. American J of Epidemiology, 1994; 140:81-104. As cited in Medical Sciences Bulletin, “Chickenpox vaccine approved.” (April 1995) p 2, www.pharminfo.com/pubs/mbs/chipox.html. [quoted by Miller pg 53]**
 - This did not stop authorities from licensing and mandating this vaccine, because “the U.S. could save five times as much as it would spend” on this shot by avoiding the costs incurred by moms and dads who stay home to care from their sick children. **REF: Lieu, T.A., et al Journal of the American Medical Association, 1994;271:375-381. As cited in Time, “Chicken Pox conundrum.”(July 19, 1993), p 53. [quoted by Miller pg 53]**
 - A recent study published in Journal of Pediatrics confirmed that vaccinated children can spread the disease. **REF: Salzman, M.B., et al. “Transmission of varicella-vaccine virus from a healthy 12-month-old child to his pregnant mother.” Journal of Pediatrics (July 1997); 131(1 pt 1):151-54. [quoted by Miller pg 53]**
 - By FDA definition, “serious” reactions refer to deaths, life-threatening events, hospitalizations, persistent or significant disabilities, and other incidents of medical importance. The data in this review included numerous cases of neurological disorders, immune system damage, blood disorders, brain inflammation, seizures and death. **REF: Wise, Robert P., et al. “Postlicensure safety surveillance for varicella vaccine.” Journal of the American Medical Association (JAMA), 284:10 (September 13, 2000), pp 1271-79. [quoted by Miller pg 53-54]**
 - New England Journal of Medicine, already showed this link between the chickenpox vaccine and herpes zoster. **REF: Plotkin, S. “Hell’s fire and varicella-vaccine safety.” New England Journal of Medicine 1988; 318:573-75. REF: Kohl, S., et al. “Natural varicella-zoster virus reactivation shortly after varicella immunization in a child.” Pediatric Infectious Disease Journal 1999;18:1112-1113. [quoted by Miller pg 55]**
 - Adults need to be exposed to the natural chickenpox virus to prevent the development of shingles. Mass vaccination of children against chickenpox is anticipated to contribute to future epidemics of shingles in more than 50% of Americans. **REF: Varicella vaccine and shingles. JAMA May 1, 2002;287(17):2211. [quoted by TenPenny pg 40]**
 - Between 1995 and July 1998, Vaccine Adverse Event Reporting System (VAERS) received 6,574 reports of adverse events related to Varivax, including 262 serious reactions, 30 episodes of anaphylaxis shock and 14 deaths. Fourteen persons developed a shingles outbreak caused by the virus in the chickenpox vaccine. **REF: JAMA. vol. 284 No. 10, Sept 13, 2000. “Post-licensure Safety Surveillance for Varicella Vaccine.” [quoted by Miller pg 38]**

- ☀ ***Haemophilus Influenzae Type B (Hib)*** - protects against meningitis that looks like flu-like symptoms including fever, headache, nausea, vomiting, tiredness and irritability. Complications could be inflammation of spinal cord and brain leading to death. REF: Randall. pg 161.
- In one study of children who contracted Hib at least 3 weeks after their shots, more than 70% developed meningitis. REF: Gellis, S.S. “**Pediatric Notes: The Weekly Pediatric Commentary,**” Vol.11:2 (Jan 15, 1987). [quoted by Miller pg 57]
 - “The increased risk of diabetes in the vaccinated group exceeds the expected decreased risk of complications of Hib meningitis.” REF: Classen, J.B. “**Public should be told that vaccines may have long term adverse effects.**” *British Medical Journal*, 1999; 318:193. [quoted by Miller 59]
 - Sharp increases of insulin-dependant diabetes mellitus have been recorded in the USA, and England and other European countries following mass immunization campaigns with Hib vaccine. REF: Dokheel, T.M. “**An epidemic of childhood diabetes in the U.S.**” *Diabetes Care*, 1993;16:1601-1611. REF: Gardner, S., et al. “**Rising incidence of insulin dependent diabetes in children under 5 years in Oxford region: time trend analysis.**” *British Medical Journal*, 1997; 315:713-716. [quoted by Miller pg 57]
 - The medical literature contains numerous reports confirming likely correlations between Hib vaccine and serious ailments, including: Guillain-Barre syndrome, transverse myelitis (paralysis of the spinal cord), aseptic meningitis, invasive pneumococcal disease, thrombocytopenia (a decrease in blood platelets leading to internal bleeding), erythema multiforme, fever, rash, hives, vomiting, diarrhea, seizures, convulsions, and sudden infant death syndrome. REF: Vaccine Adverse Event Reporting System (VAERS), Rockville, MD. REF: Institute of Medicine. **Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality.** (Washington, DC: National Academy Press, 1994. REF: Physician’s Desk Reference (PDR); 53rd Edition. Medical Economics: Montvale, NJ. 1999. p. 1521. REF: Gervais, M., et al. “**Guillain-Barre syndrome following immunization with Haemophilus influenzae type b conjugate vaccine.**” *European Journal of Pediatrics*, 1993; 152:613-14. REF: D’Cruz, O.F., et al. “**Acute inflammatory demyelinating polyradiculoneuropathy (Guillain-Barre syndrome) after immunization with Haemophilus influenzae type b conjugate vaccine.**” *Journal of Pediatrics*, 1989; 115:743- 46. REF: Vadheim, C.M., et al. “**Effectiveness and safety of an Haemophilus influenzae type b conjugate vaccine (PRP-T) in young infants.**” *Pediatrics*. 1993; 92:272-79. REF: Ward, J., et al. “**Efficacy of a Haemophilus influenza type b conjugate vaccine in Alaska native infants.**” *New England Journal of Medicine*, 1990; 323(2):1393-1401. REF: Milstien, J.B., et al. “**Adverse reactions reported following receipt of Haemophilus influenzae type b vaccine: an analysis after one year of marketing.**” *Pediatrics*. 1987; 80:270-74. REF: Granoff, D. M, et al. “**Response to immunization with Haemophilus influenzae type b polysaccharide-pertussis vaccine and risk of haemophilus meningitis in children with the km(1)immunoglobulin allotype.**” *Journal of Clinical Investigation*. 1984;74:1708-14. [quoted by Miller pg 57]

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“Truth will come to light.” Shakespeare

- ☀ ***Pneumococcal***- streptococcus pneumonia is a bacterium associated with many cases of pneumonia, meningitis and ear infections. **REF: Randall. pg 187.**
- A new vaccine came out in 2000, it contains seven of the estimated 90 different pneumococcal strains and is given as a four dose series starting at two months of age. **REF: As noted on the inserts from the vaccine manufacturer (clinical pharmacology). www.pneumo.com/vaccine/PI...html. REF: “AAP recommends pneumococcal vaccine from children younger than age 2.” Medscape Wire (June 9, 2000). www.id.medscape.com/MedscapeWire/2000/0600,\AAP.html. [quoted by Miller pg 59]**
 - “(Pneumococcal infections in children) are more likely to occur when predisposing conditions exist, including immunoglobulin deficiency, Hodgkin’s disease, congenital or acquired immunodeficiency (including HIV), nephritic syndrome, some viral upper respiratory tract infections, splenic dysfunction, splenectomy and organ transplantation. **REF: Red ok Report of the Committee on Infectious Disease, 23rd edition. American Academy of Pediatrics, 1994:371. [quoted by Miller pg 59-60]**
 - This vaccine will not protect against pneumococcal disease caused by any of the several dozen other strains of streptococcus pneumonia. Nor will this vaccine protect against bacterial infections caused by hemophilus influenza type b or meningococcus. **As noted on the inserts from the vaccine manufacturer (clinical pharmacology). www.pneumo.com/vaccine/PI...html. [quoted by Miller pg 60]**
 - Reactions from this vaccine included: asthma, seizures, pneumonia, diabetes, autoimmune disease, ear infections, neutropenia, thrombocytopenia, wheezing, croup, and sudden infant death syndrome. **As noted on the inserts from the vaccine manufacturer (clinical pharmacology). www.pneumo.com/vaccine/PI...html. [quoted by Miller pg 61]**

- ☀ ***Meningococcus***- a bacterium that can cause symptoms of sudden onset with chills, fever, pain in muscles, joints, headache, petechiae (pin-point hemorrhage spot), sore throat and sever prostration, tachycardia (fast heart rate), respiration and pulse rate are increased. **REF: Mosby’s Medical Dictionary. 5th edition. 1998. pg 1010.**
- The British Department of Health concedes that “Meningococcal infection is relatively rare, affecting approximately 5 in 100,00 people a year in the United Kingdom. **REF: Department of Health Education Authority. “Meningococcal C vaccine (Meningitis C) fact sheet,” 1999, p1. British. [quoted by Miller pg 62]**
 - Nor is it possible for this vaccine to protect against bacterial disease caused by pneumococcus, haemophilus influenzae type b, or newly emerging atypical strains. **REF: “Frequently asked questions about meningitis.” British Department of Health. (Published by Health Promotion England.) www.immunisation.org.uk/menfaqs.html. [quoted by Miller pg 63]**
 - The position of the American Academy of Pediatrics is that “universal vaccination (with meningococcal vaccine) is not necessary.” **REF: Meningococcal disease and college students. MMWR Morb Mortal Wkly Rep.2000; 49(RR-7):13-20. REF: Steele, R.W. “Pediatric ID Update: The HUS-Antibiotic Connection, and Vaccine Views. (Meningococcal Vaccine for College Students.)Medscape Infectious Disease, 2000. [quoted by Miller pg 63]**

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*“The specific disease doctrine is the grand refuge of weak, uncultured,
unstable minds, such as now rule in the medical profession.*

*There are no specific diseases:
there are specific disease conditions.”*

Florence Nightingale

- ☀ **Hepatitis A**- is viral hepatitis that is usually gotten during traveling from oral fecal contamination, uncooked food. It will not kill you. Symptoms include nausea, vomiting, jaundice, diarrhea and fever.
- According to the CDC, “the overall incidence of hepatitis A has declined in the U.S over the past several decades primarily as a result of better hygienic and sanitary conditions. **REF: CDC. “Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP).” MMWR Weekly (October 1,1999); 48(RR12):1-37. [quoted by Miller pg 63]**
 - Signs and symptoms usually last less than two months. Complete recovery is typical. **REF: CDC. “Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP).” MMWR Weekly (October 1, 1999); 48(RR12):1-37. [quoted by Miller pg 63]**
 - The groups at highest risk of contracting hepatitis A are persons traveling to regions of the world where the disease is endemic, men who have sex with other men, and IV drug users. Children are not among the groups at greatest risk. **REF: CDC. “Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP).” MMWR Weekly (October 1,1999); 48(RR12):1-37. REF: Merck Data Sheet. “Hepatitis A.” Merck & Co. www.merck.com/disease/preventable/hepa. REF: Department of Human Services, Australia. “Hepatitis A: the facts.” www.hna.ffh.vic.gov.au/phb/9911053/index.htm. [quoted by Miller pg 64]**
 - The hepatitis A vaccine is propagated in “human fibroblasts” originated from aborted fetal tissue. It contains formaldehyde (a known carcinogen), aluminum hydroxide, and 2-phenoxyethanol, a toxic chemical comparable to antifreeze. **REF: CDC. “Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP).” MMWR Weekly (October 1,1999); 48(RR12):1-37. REF: Winkler, D. “Hepatitis A facts.” Concerned Parents for Vaccine Safe www.access1.net/via/vaccine/hepafacts.htm [quoted by Miller pg 64]**
 - The Vaccine Adverse Event Reporting System (VAERS), operated by the CDC and FDA, receives numerous reports of “neurologic, hematologic, and autoimmune syndromes” linked to this vaccine. **REF: Vaccine Adverse Event Reporting System (VAERS), Rockville, MD. REF: CDC. “Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP).” MMWR Weekly (October 1,1999); 48(RR12):1-37. [quoted by Miller pg 64]**

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Mahatma Gandhi, once stated: "I am, and have been for years, a confirmed anti-vaccinationist...I have not the least doubt in my mind that vaccination is a filthy process that is harmful in the end."

- ☀ **Respiratory syncytial virus (RSV)** - symptoms of the virus include fever, respiratory problems, bronchitis, cough and severe malaise. Usually vaccine is given to preemies. **REF: Mosby. pg 1409.**
- Studies show that it will not alter the incidence and mean duration of hospitalization for non-RSV respiratory illness nor will it prevent upper respiratory tract infections. **REF: The Impact RSV Study Group. "Palivizumab, a humanized respiratory syncytial virus monoclonal antibody, reduces hospitalization from respiratory syncytial virus infection in high-risk infants." Pediatrics 1998; 102:531-537. REF: Package Inserts. "Synagis (Palivizumab) for intramuscular administration." Medimmune, Inc., 1999. www.medimmune.com/products/htmlpis/synagispi.html. [quoted by Miller pg 66]**
 - Clinical studies indicate that children receiving Synagis are more likely to experience upper respiratory tract infections than children who do not receive it. **REF: Package Inserts. "Synagis (Palivizumab) for intramuscular administration." Medimmune, Inc., 1999. www.medimmune.com/products/htmlpis/synagispi.html. [quoted by Miller pg 66]**
 - In a controlled clinical study, Synagis was found to increase the likelihood of developing otitis media (an ear infection), rhinitis, pharyngitis, rash, pain, and hernia. **REF: Package Inserts. "Synagis (Palivizumab) for intramuscular administration." Medimmune, Inc., 1999. www.medimmune.com/products/htmlpis/synagispi.html. REF: The Impact RSV Study Group. "Palivizumab, a humanized respiratory syncytial virus monoclonal antibody, reduces hospitalization from respiratory syncytial virus infection in high-risk infants." Pediatrics 1998: 102:531-537. [quoted by Miller pg 66]**
 - Other adverse events reported in children receiving this "preventive" biotech commodity include: fever, cough, wheeze, bronchitis, pneumonia, bronchitis, asthma, croup, dyspnea, sinusitis, apnea, diarrhea, vomiting, liver function abnormality, viral infection, fungal dermatitis, eczema, seborrhea, conjunctivitis, anemia, flu syndrome, and failure to thrive. **REF: Package Inserts. "Synagis (Palivizumab) for intramuscular administration." Medimmune, Inc., www.medimmune.com/products/htmlpis/synagispi.html. REF: The Impact RSV Study Group. "Palivizumab, a humanized respiratory syncytial virus monoclonal antibody, reduces hospitalization from respiratory syncytial virus infection in high-risk infants." Pediatrics 1998: 102:531-537. [quoted by Miller pg 66]**

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“Let her who seeks not cease from her search until she finds.” Didymus Judas Thomas

☀ **Human papilloma virus (HPV); (Gardasil vaccine)** - a virus that is the cause of common warts of the hands and feet, as well as lesions of the mucous membranes of the oral, anal and genital cavities. More than 50 types of HPV have been identified. The virus can be transmitted through sexual contact and is a precursor to cancer of the cervix. **REF: Mosby. pg 777.**

- There are only 4 strains of HPV in the vaccine. There are more than 80 HPV strains. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- Children that are not sexual active can still have HPV which then makes the vaccine pointless as it must be given to subjects prior to any HPV exposure. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- Cervical cancer is completely preventable through pap smears.
- Risk factors for HPV: genetic susceptibility, smoking, many sexual partners, long term contraception. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- Most people that have HPV don't develop into cervical cancer. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- HPV infections come and go. They usually go away on their own in 1-2 years. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- If already exposed to HPV, than the vaccine will do no good for you. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- Gardasil adverse health reactions: 11 deaths, 26 miscarriages because of pregnancy, soreness at site, faintness, dizziness, nausea, headaches, vomiting, speech slurred, some fainting looking like little stroke. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- 3 doses of Gardasil contain 675 mcg of Aluminum. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**
- Vaccine has not been tested if it causes cancer or if it will cause reproductive problems. **REF: TenPenny, Dr. Sherri. Video Say No to Vaccines. 2008.**

☀ **Rotavirus** - is a double-strained ribonucleic acid molecule. It is a cause of acute gastroenteritis with diarrhea, especially in infants. Human infections tend to peak during winter months. **REF: Mosby pg 1436.**

- On June 15, 2000, Congress held a hearing on Conflicts of Interest and Vaccine Development. In this hearing, it was revealed that two advisory committees associated with the FDA and CDC “make vaccine policies that affect every child in this country.” **REF: “Conflicts of Interest and Vaccine Development: Preserving the Integrity of the Process.” Government Reform Committee Hearing, Washington, DC. (June 15, 2000) As cited in Chairman Dan Burton’s opening statement. [quoted by Miller pg 101]**
- One members of these committee, recommended adding rotavirus vaccine to the national immunization schedule despite holding a patent on a rotavirus vaccine. **REF: Ibid. [quoted by Miller pg 101]**
- This vaccine was hurried onto the market then quietly removed when it was found to be extremely dangerous. **REF: CDC. “Withdrawal of rotavirus vaccine recommendation.” MMWR Weekly (November 5, 1999); 48(43):1007. [quoted by Miller pg 101]**

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“The most serious, even fatal, disorders may be provoked by the injection of (a) living organism into the blood. ...Injected into the blood, into a medium not intended from them, provoke redoubtable manifestations of the gravest morbid phenomena...

Those proper in one species can't be introduced into an animal of another species without serious danger.”

*Dr Antoine Béchamp
professor of medical chemistry,
pharmacy, physics and toxicology*

☀ ***Influenza or flu vaccine***

- To produce a flu vaccine, chick embryos are inoculated with influenza viruses. This mixture is cultivated for several weeks. Each flu strain is then inactivated with formaldehyde and preserved with thimerosal, a mercury derivative. **REF: Physician's Desk Reference (PDR); 53rd Edition. Medical Economics: Montvale, NJ. 1999. pp. 2324 and 3315. Connaught Laboratories, “The Making of a Flu Vaccine.” Los Angeles Times (Reprinted in the Kansas City Star), Feb 24, 1993. [quoted by Miller pg 83]**
- Serious reactions to the flu vaccine include life threatening allergies to vaccine components and Guillain-Barre syndrome, a severe paralytic disease. **REF: Hurwitz, E.S., et al. “Guillain-Barre syndrome and the 1978-79 influenza vaccine.” New England J of Med. 1981; 304: 1557-61. REF: Kaplan, J.E. et al. “Guillain-Barre syndrome in the U.S., 1978-1981: Additional observation from the national surveillance system.” Neurology. 33:633-37. REF: Scheibner, V. “Flu vaccination: Is it safe?” Natural Health (June/July 1993), pp 19-21. REF: Centers for Disease Control and Prevention (CDC). “Vaccine Information: Influenza Vaccine www.cdc.gov/ncidod/disease/flu/fluovac.htm pp 2-3. [quoted by Miller pg 83]**
- The CDC acknowledges that “people who have received (the flu) vaccine may indeed have an influenza infection.” **REF: Centers for Disease Control and Prevention (CDC). “Vaccine Information: Influenza Vaccine.” www.cdc.gov/ncidod/disease/flu/fluovac.htm. pp 1. [quoted by Miller pg 85]**
- The Cochrane Group found that vaccination reduced the risk of influenza by a meager 6 percent and reduced the number of days missed from work by less than one day. **REF: The Cochrane Database of Systematic Reviews “Vaccines for preventing influenza in healthy adults.” 1-(2006) [quoted by TenPenny pg 184]**
- The best strategy to prevent illness is to wash your hands. **REF: Rosenthal, Elisabeth. “Two Studies Question the Effectiveness of Flu vaccines,” The New York Times, 21 September 2005. [quoted by TenPenny pg 184]**
- Researchers concluded that there was “no evidence that injecting children 6 to 23 months of age with flu vaccines is any more effective than placebo.” **REF: The Cochrane Database of Systematic Reviews “Vaccines for preventing influenza in healthy adults.” 1-(2006) [quoted by TenPenny pg 183]**
- CDC estimates, between 70 and 140 persons could contract vaccine-induced GBS each year after receiving a flu shot. **REF: Estimates of Influenza Vaccination Target Population Sizes in 2006 and Recent Vaccine Uptake Levels. <http://www.cdc.gov/flu/professionals/vaccination/pdf/targetpopchart.pdf>. [quoted by TenPenny pg 46]**

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“In the practice of tolerance, one’s enemy is the best teacher.”

Dalai Lama

- ☀ **Swine Flu-** Symptoms include: fever of more than 100, coughing, runny nose and/or sore throat, joint aches, severe headache, vomiting and/or diarrhea, lethargy, lack of appetite. **REF: “Critical Alert: The Swine Flu Pandemic – Fact or Fiction?” Dr Mercola.com, April 29, 2009. <http://articles.mercola.com/sites/articles /archive/2009/04/29/Swine-Flu.aspx>**
- Regular swine flu is a contagious respiratory disease, caused by a type-A influenza virus that affects pigs. The current strain, A(H1N1), is a new variation of an H1N1 virus -- which causes seasonal flu outbreaks in humans -- that also contains genetic material of bird and pig versions of the flu. **REF: Dr Mercola**
 - As of May 8, 2009, 24 countries have officially reported 2,384 cases of influenza A(H1N1) infection and only 44 deaths in the entire world from this illness. At this time **43** of the deaths are from people born in Mexico. **REF: Dr Mercola**
 - Why Mexico? Well, overcrowding, poor nutrition and overall poor immunity, all of which are indigenous to Mexico will radically increase your risk of death from almost any infection. **REF: Dr Mercola**
 - Tamiflu is loaded with side effects including: nausea, vomiting, diarrhea, headache, dizziness, fatigue, cough, convulsions, delirium or delusions, death, teens as a result of neuropsychiatric problems and brain infections. Tamiflu can only reduce symptoms of the flu by 36 hours at best. **REF: Dr Mercola**
 - Japan actually banned Tamiflu for children in 2007. **REF: Dr Mercola**
 - Remember, Tamiflu went through some rough times not too long ago, as the dangers of this drug came to light when, in 2007, the FDA finally began investigating some 1,800 adverse event reports related to the drug. **REF: Dr Mercola**
 - When Tamiflu is used as directed (twice daily for 5 days) it can **ONLY** reduce the duration of your influenza symptoms by 1 to 1 ½ days, according to the official data. **REF: Dr Mercola**
 - **Swine flu** in 1976 had a very close relationship to the Spanish flu pandemic of 1918. An immunization program started “with or without the support of congress.” The reports began to come in of the terrible side-effects from the vaccine. Manufactures of the Swine flu vaccine received notice from the casualty insurers that their liability insurance coverage was canceled. There were reports of three elderly people who died immediately after receiving the vaccine at one clinic. **REF: Perko pg 78-81.**
 - Do you happen to recall the result of this massive campaign? Within a few months, claims totaling \$1.3 billion had been filed by victims who had suffered paralysis from the (swine flu) vaccine. The vaccine was also blamed for 25 deaths. **REF: Dr Mercola**
 - However, several hundred people developed crippling Guillain-Barré Syndrome after they were injected with the swine flu vaccine. Even healthy 20-year-olds ended up as paraplegics. **REF: Dr Mercola**

☀ ***How to legally ‘opt’ out of taking all vaccinations***

- Every state, except West Virginia and Mississippi, currently allows parents to refuse vaccination if they have significant religious objections to the procedure. As of January 2008, 18 states allow an exemption to the procedure based on philosophical opposition to vaccination: AZ, AK, CA, CO, ID, LA, MA, MI, MN, NM, ND, OH, OK, TX, UT, VT, WA, WI. Mississippi, which has only a medical exemption for the public school system, allows an automatic exemption for home-schooled students. **REF: Home School Legal Defense Association [Http://www.hslda.org/Legislation/State/wv/2007/WVSB91/default.asp](http://www.hslda.org/Legislation/State/wv/2007/WVSB91/default.asp). [quoted by TenPenny pg 20]**
- Schools are required to have either a completed vaccination record or a signed exemption letter on file in the event the school is audited by the state health department. Rarely do schools offer exemption forms. Many schools administrators, and even pediatricians, are not aware exemptions exist from school attendance because so few parents request them. **REF: TenPenny pg 100.**
- A copy of the state law can be obtained from www.NVIC.org or at www.vaclib.org
- First Amendment provides broad support for religious exemptions. The state can't challenge the claim. **REF: TenPenny. pg 102.**
- The US Supreme Court ruled that the “test of a belief” in a Supreme Being is defined as “whether a given belief is sincere, meaningful, occupies an important place of ultimate concern in the life of the individual and parallels practices of orthodox belief systems.” **REF: Sherr v. Northport-East Northport U. Free, 672 Fed. Supp.81, (quoting U.S v. Seeger, 380 US 163, 165-66, 85 S.Ct, 850, 854, 13 L.Ed.2d 733 (1965) [quoted by TenPenny pg 103]**
- If your family belongs to a particular religious denomination, written support attesting to your religious conviction from your pastor, priest, rabbi or spiritual advisor may be helpful (in states with tougher laws). Carefully adhering to the state law is key to a successful religious exemption. **REF: TenPenny. pg 104.**
- All 50 states allow medical exemptions from vaccination. A medical exemption is signed statement usually written by a medical doctor (M.D) or osteopathic medicine (D.O.). **REF: TenPenny. pg 105.**
- California Codes Health & Safety Code section 120365 states: *Immunization of a person shall not be required for admission to a school or other institution listed in section 120335 if parent who has assumed responsibility for his care and custody files with the governing authority a letter or affidavit stating that the immunization is contrary to his beliefs. If a person has been exposed to one of the communicable disease that person may be temporarily excluded from school until the local health officer is satisfied that the person is no longer at risk of developing the disease.*
- Books that can provide additional information for legal exception from vaccines.
 - *Your Personal Guide to Immunization Exemptions*- Grace Gidwain. Pittsburgh, PA: Dorrance Publishing Co, 2000. 800-788-7654.
 - *Your Rights to Avoid Immunizations*-James R. Filenbaum, Esq
 - *Dangers of Compulsory Immunizations: How to Avoid Them Legally*-Tom, Finn, Esq, FL: Family Fitness Press. 1983
 - *Vaccine Exemptions: A State-by-State Summary of Legal Exemptions to “Mandatory” Vaccine Laws*- Santa Fe, NM: New Atlantean Press. 1995

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“Any action that is dictated by fear or coercion of any kind ceases to be moral.”
Mahatma Gandhi

☀ ***If you choose to vaccinate, here are some recommendations:***

- Wait until your child is at least 2 years old to vaccinate. **REF: TenPenny pg 148.**
- Be sure that your child has not taken an antibiotic or a steroid medication within three to four weeks of getting the vaccine. If antibiotics have been given, give the child probiotic daily in organic yogurt or supplement for a month before proceeding with vaccination. **TenPenny pg 148.**
- Do not allow the MMR to be given to your child if he has received another viral vaccine (polio, chickenpox, influenza, rotavirus) within the preceding six weeks. **TenPenny pg 148.**
- Since the 1920s, children in Third World countries who received vitamin A drops when they contracted measles had greatly improved survival rates. In 1987, the WHO began advocating the combined administration of vitamin A with the measles vaccine. **REF: WHO. “Vitamin A Supplementation.” <http://www.who.int/vaccines/en/vitamina.shtml>. [quoted by TenPenny pg 149]**
- When a single large dose of vitamin A (100,000 IU) is given at the same time the vaccine is administered, fewer complications occurred. **REF: TenPenny pg 149.**
- Powered vitamin C can be given before any vaccine. Vitamin C is a powerful antioxidant and can help to decrease adverse effects of the vaccine. **TenPenny pg 149.**

☀ ***How do I explain to my neighbors and other family members that I have chosen not to vaccinate?***

- Your decision is a private matter. A good standard answer is to say, “Yes, he has had all the vaccines that he needs.” The answer is simple, truthful and should satisfy most inquiries. **REF: TenPenny pg 156**

☀ ***What are the requirements with vaccination and traveling overseas?***

- Currently, 11 different vaccines are recommended for children in US: hepatitis B, hepatitis A, rotavirus, polio, diphtheria-tetanus-pertussis (DPaT), measles-mumps-rubella (MMR), chickenpox, HiB, Prevnar, influenza and most recently Gardasil. **REF: TenPenny pg 191.**
- Very few vaccines are required, before you travel anywhere in the world: The vast majority are only “recommended.” **REF: TenPenny pg 195.**
- Individual countries can post requirements from time to time and the best way to know them for sure is to check the section on “Travel Vaccines” on the CDC website. **REF: TenPenny pg 195.**
- The primary exception is the yellow fever vaccine, which may be required if you travel to or from a South American or African country infected with yellow fever. **REF: TenPenny pg 195.**
- When traveling overseas, the CDC lists the following infections like Hep A and the following list as possible concerns for travelers.

“Life unfolds on a great sheet called Time, and once finished it is gone forever.” Chinese Adage

☀ ***What is the requirements with vaccination and traveling overseas?***

- **Typhoid Fever**, an acute, febrile illness caused by a bacterium. Symptoms are characterized by fever, headache and enlarged spleen. The greatest risk is for travelers to Indian subcontinent and developing countries in Asia, Africa and Central and South America who will have prolonged exposure to potentially contaminated food and drink. Eating food you have prepared and only food that can be cooked is the best way to avoid typhoid infections. **REF: TenPenny pg 194.**
- **Yellow Fever** is a mosquito-borne viral illness that can vary in severity from a flu-like syndrome to severe hepatitis and hemorrhagic fever. The disease occurs only in sub-Saharan Africa and rural tropical South America. Some countries require this vaccination unless a specific waiver has been signed by a physician.
REF: TenPenny pg 194.
- **Japanese Encephalitis**, another mosquito-borne viral infection, is found throughout Asia, particularly in rural or agricultural areas of the temperate regions of China, Korea, Japan and eastern Russia. Use effective mosquito repellent and the risk to urban centers is low. **REF: TenPenny pg 194.**
- **Tick-borne Encephalitis**, also known as spring-summer encephalitis, is a tick-borne viral infection that cause inflammation of the central nervous system. Although, the disease is common throughout Europe, travelers are at low risk unless they visit forested areas and/or eat non-pasteurized dairy products.
REF: TenPenny pg 194-195.
- **Malaria** is a serious, sometimes fatal disease caused by a parasite that is injected into the body by an infected mosquito. Symptoms include: fever, shaking chills, headache, muscle aches, vomiting, diarrhea and extreme fatigue.
REF: TenPenny pg 196.
- **Minimizing Food-borne risks:** eat only cooked food hot to touch. Avoid eating from street vendors, avoid eating raw fruits and vegetables unless you peel them yourself, drink only sealed bottled water, hot drinks, wine or beer; don't drink things with ice in them. Be careful of getting shower water in your mouth.
REF: TenPenny pg 199.
- **Protect Against Mosquito Risks:** pay special attention to mosquito protection between dusk and dawn. **REF: TenPenny pg 199.**
- Wear long-sleeved shirts, long pants and hats. **REF: TenPenny pg 199.**
- Frequently apply natural insect repellent (free of DEET) especially after swimming. A favorite Natural Mosquito Repellent made by Royal Neem.
REF: TenPenny pg 197, 199.

“...Whoever can see through fear will always be safe.” Tao-Te-Ching

☀ **9 Crucial points on summarizing the vaccination dilemma ...**

- Since 1986 when the National Vaccine Injury Compensation Program (NVICP) began, no one is liable for injuries. You can not sue the doctors, government or the pharmaceutical companies. Only 20 percent of those who file with the NVICP have gotten compensated.
- There are no long term studies conducted on vaccination or any double-blind placebo tests.
- Most all diseases declined before the introduction of the vaccine because of better hygienic and sanitary conditions.
- The ingredients in vaccines for preservatives, stabilizers and additives are shocking to think about injecting into an infant, child or adult.
- Children fully vaccinated are at a higher risk for chronic diseases.
- Every vaccine can have serious side-effects and many are worse than the actual disease that the patient is being vaccinated for.
- It is known that antigen-specific antibody titers from the vaccines do not correlate with protection. In many cases, the vaccinated population is more at risk of the diseases that they have been vaccinated for.
- There is a biological law that crossing the blood barrier of different animal (cows, chickens, monkeys etc) has unknown consequences. As some virus, bacteria or pathogen that are benign to one species are not necessary benign to the human race.
- There is a sickening amount of profit that pharmaceutical industries are generating from mandatory vaccinations.

“Nothing is impossible to a willing mind.” Books of Han Dynasty

☀ ***Conclusion on vaccines...***

- Antigens gotten from vaccines do not create immunity from diseases.
- Vaccine-induced antibodies wane quickly. In fact, most are gone within 12 years or less of the vaccination. Lifetime immunity is only conferred through an engagement with the real virus. The assumption that the presence of antibodies will protect a person from illness is flawed. **REF: Vaccine. 2001 Oct 15;20 Suppl 1:S38-41. “What are the limits of adjuvanticity?” [quoted by TenPenny pg 73]**
- No medical procedure is guaranteed to be safe for every child, and there is no way to determine in advance who will react and who will not. Those who refuse have concluded that the risk of a particular vaccine is more substantial than the hype about the infection. **REF: Coercion vs. persuasion information from the “State of Immunity,” by James Colgrove. University of California Press. 2006. p. 11-12. [quoted by TenPenny pg 37]**
- Many of the vaccines were not the true cause of a decline in the incidence of the disease. Increased nutritional and sanitary measures probable deserve much of the credit. **REF: Miller pg 105.**
- None of the vaccines is able to confer genuine immunity. The opposite is true; the vaccine increases the chance of contracting the disease. **REF: Miller pg 105.**
- All of the vaccines can produce side-effects. Reactions range from soreness at the injection to brain damage and death. **REF: Miller pg 105.**
- Vaccines are unscientific. There are no double-blind placebo studies done on any vaccine.
- There is no accountability by the makers of vaccines. You can’t sue the doctor, government or manufacture of the vaccine. There is only a compensation program that is paid by the tax payers.
- There are no long-term studies done on the effects of vaccines on our children.
- The list of additives, preservatives and toxic chemicals in vaccines is alarming.
- The infants immune system is not fully developed to react to this many vaccines.
- Know your rights and how easy it is to “obt” of taking vaccines.
- Make your decisions based on facts not based on fear and coercion by doctors.
- Breastfed newborns have healthier immune systems than babies that are bottle-fed.
- Choose to work with doctors and practitioners who support your decisions.
- Look to alternatives for protecting yourself and your children from diseases like homeopathy. Homoeopathy strengthens the whole system so that it is less susceptible to falling ill or can recover quicker and easier.
- In a free country like the United States of America, no one should be compelled to submit to dangerous health practices against their will. **REF: Miller pg 106.**
- Take a moment to trust your own intuition, your gut feeling. Trust what has been called your own internal guidance system. **REF: TenPenny pg 2.**

Patience, the essential quality of a man.
Kwai-Koo-Tsu

☀ *Suggested Book List*

- **Saying No to Vaccines: a Resource Guide for All Ages** (*the only book you need!*)
Dr. Sherri TenPenny. Cleveland, Ohio. NMA media press. 2008.
- **Vaccinations: a Thoughtful Parent's Guide. How to make safe, sensible decisions about the risks, benefits and alternatives.** Aviva Jill Romm
- **Vaccines: Are They Really Safe & Effective?** Neil Miller. Santa Fe, NM: New Atlantean Press. 1999.
- **The Sanctity of Human Blood: Vaccination is not Immunization.** Tim O'Shea, DC. San Jose, CA: New West. 1999.
- **The Immunization Resource Guide: Where to Find Answers to All Your Childhood Vaccinations.** Diane Rozario. Patter Publications. 2002.
- **A Shot in the Dark.** Harris Coulter & Barbara Loe Fisher. NY: Avery Publishing. 1991.
- **The Vaccine Guide: Making an Informed Choice.** Randall Neustaedter OMD. North Atlantic Books. 1996.
- **The Immunization Decision: A Guide for Parent's.** Randall Neustaedter. North Atlantic Books. 1990.
- **Evidence of Harm.** David Kirby.
- **The Vaccination Bible: The Real Risks They Don't Tell You About All the Major Vaccines.** Lynne McTaggart. Satalite House, Great Britian. 2000.
- **The Vaccine Book.** Robert Sears (*Provaccines*)

Dancing around Vaccines - profits, fears and facts - views by a homeopath
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