

Back To Health Center

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VACCINATION INFORMATION

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Disclaimer

The Back To Health Center has designed this document as a resource for health and nutrition information. Your individual health status and any required health care treatments can only be properly addressed by a professional healthcare provider of your choice. Remember: There is no adequate substitution for a personal consultation with your chosen health care provider. Therefore, we encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.

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PARENTS

HELP PREVENT VACCINE REACTIONS

BEFORE YOU VACCINATE, ASK EIGHT:

- 1. Is my child sick right now?**
- 2. Has my child had a bad reaction to a vaccination before?**
- 3. Does my child have a personal or family history of:**
 - vaccine reactions**
 - convulsions or neurological disorders**
 - severe allergies**
 - immune system disorders**
- 4. Do I know if my child is at high risk of reacting?**
- 5. Do I have full information on the vaccine's side effects?**
- 6. Do I know how to identify a vaccine reaction?**
- 7. Do I know how to report a vaccine reaction?**
- 8. Do I know the vaccine manufacturer's name and lot number?**

Resource: www.909shot.com

VACCINATION DECISIONS FOR PARENTS

Vaccination is a medical procedure which carries a risk of injury or death. As a parent, it is your responsibility to become educated about the benefits and risks of vaccines in order to make the most informed, responsible vaccination decisions.

1. Your doctor is required by law to provide you with vaccine benefit/risk information materials before your child is vaccinated. Consumer groups, including the National Vaccine Information Center, worked with government health agencies to develop parent information booklets on each mandated vaccine. Ask your doctor for the booklet and take time to read it before your child is vaccinated. You may also ask your doctor to show you the information insert provided by the drug company which manufactured the vaccine(s) your child is scheduled to receive.

2. Your doctor is required by law to keep a permanent record of all vaccinations given, including the vaccine manufacturer's name and lot number. Ask for a copy of the doctor's record on vaccinations given to your child to keep for your records.

3. Your doctor is required by law to report all adverse events, including injuries and deaths which occur within 30 days after vaccination to federal health authorities. If your doctor refuses to report a reaction following vaccination, you have the right to report to the government yourself.

4. If your child is left permanently brain damaged or dies as a result of a vaccine reaction, you may be entitled to benefits under the National Childhood Vaccine Injury Act of 1986. By fall 1995, the federal vaccine injury compensation program had compensated nearly 1000 families at a cost of \$600 million.

DO:

Become educated about childhood diseases and vaccines. You have the ultimate responsibility for your child's health and well-being and you, not your doctor or state or federal health officials, will live with, and be responsible for the consequences of your decision.

Ask your doctor to give your child a physical exam to make sure your child is healthy before you permit vaccination. A sick child can be at increased risk for having a vaccine reaction.

Write down your child's personal and family medical history listing major illnesses and diseases or medical conditions, especially previous reactions to vaccinations, and have it included in your child's permanent medical records. Before permitting vaccination of your child, ask your doctor if any of these conditions will put your child at risk for having a vaccine reaction. A child who has had a previous severe reaction to a vaccination can be especially at risk for even more severe reactions if more vaccine is given. If you are not satisfied with the answers you are given, get a second opinion.

Monitor your child closely after vaccination. Call your doctor if you suspect a reaction. If your doctor is not concerned and you are, take your child to an emergency room.

Obtain a copy of your state mandatory vaccination laws. Become educated about state vaccine requirements, your rights and legal exemptions to vaccination.

Don't be intimidated by medical personnel and forced into a vaccination decision before you are comfortable with your decision.

This information is provided by THE NATIONAL VACCINE INFORMATION CENTER (NVIC) a national, non-profit, educational organization founded in 1982 and dedicated to preventing vaccine injuries and deaths through public education. NVIC supports the right of American consumers to make informed, independent vaccination decisions for themselves and their children.

Comments from Dr. Merkle...

According to the CDC – no child should be vaccinated who is already sick or does not have a strong immune system.

Vaccines are mandated but in most states (including Ohio) you still have the right to choose if you decide not to have your child vaccinated. According to Ohio state law, your child can attend school without vaccination if you choose. Vaccination laws vary from state to state. Included in this document are links to information about each States vaccination laws.

For more information and research on vaccinations and your rights email us at mail@Bk2Health.com and visit the National Vaccine Information Center website at www.909shot.com.

FACT SHEET ON MANDATORY VACCINES

- AAPS does not oppose vaccines. AAPS has never taken an anti-vaccine position, although opponents have tried to paint that picture. AAPS has only attempted to halt government or school districts from blanket vaccine mandates that violate parental informed consent.
- 42 states have mandatory vaccine policies, and many children are required 22 shots by first grade.
- According to government statistics, children under the age of 14 are three times more likely to suffer adverse effects -- including death -- following the hepatitis B vaccine than to catch the disease itself.
- The Centers for Disease Control admits that the reported number of adverse effects of vaccines is probably only 10% of actual adverse effects.
- The Physician's Desk Reference cites adverse reactions to the hepatitis B in less than 1 percent. However, if more than 70 million American children receive the vaccine, that means more than 700,000 children are likely to suffer adverse reactions.
- Children are a very low risk group for hepatitis B. Primary risk factors are dependent on lifestyle, i.e. multiple sex partners, drug abuse or an occupation with exposure to blood.
- Rampant conflicts of interest in the approval process has been the subject of several Congressional hearings, and a recent Congressional report concluded that the pharmaceutical industry has indeed exerted undue influence on mandatory vaccine legislation toward its own financial interests.
- The vaccine approval process has also been contaminated by flawed or incomplete clinical trials, and government officials have chosen to ignore negative results. For example, the CDC was forced to withdraw its recommendation of the rotavirus vaccine within one year of approval. Yet public documents obtained by AAPS show that the CDC was aware of alarmingly high intussusception rates months before the vaccine was approved and recommended.
- Mandatory vaccines violate the medical ethic of informed consent. A case could also be made that mandates for vaccines by school districts and legislatures is the de facto practice of medicine without a license.
- The CDC's own "Guide to Contraindications to Childhood Vaccination" warns that when assessing children's common symptoms, "if any one of them is a contraindication, **DO NOT VACCINATE**" [caps added]. And yet, under legislated mandates, the vaccines are still required.

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A Voice for Private Physicians Since 1943
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AAPS RESOLUTION CONCERNING MANDATORY VACCINES

**"Ethical Medicine"
AAPS Annual Meeting
October 25 - 28, 2000
St. Louis, MO**

Submitted for Member approval:

WHEREAS: The statement of Patients' Freedoms adopted by the Assembly at the 47th annual meeting of AAPS in 1990 provides that "Patients have the freedom ... to refuse medical treatment even if it is recommended by their physician and to be informed about their medical condition, the risks and benefits of treatment, and appropriate alternatives"; and

WHEREAS: There are increasing numbers of mandatory childhood vaccines, to which children are often subjected without meaningful informed consent, including information about potential adverse side effects; and

WHEREAS: Parents who exercise their freedom to refuse one or more vaccines may be subjected to penalties ranging from deprivation of the right to enroll their child in school, to threats of removing the child from parental custody and forcible vaccination; and

WHEREAS: Safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent; and

WHEREAS: The process of approving and "recommending" vaccines is tainted with conflicts of interest;

BE IT THEREFORE RESOLVED: That AAPS calls for a moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines.

STATEMENT OF NEUROLOGICAL HEALTH

The following sample form letter is meant to be used as legal protection for your family. If you do choose to vaccinate yourself or your child or if by law you feel you are required to vaccinate, this letter can be used as a statement of neurological health prior to vaccination and is to be filled out by your physician. If you or your child experience damage or death from a vaccine, this may help your chances in getting monetary compensation for the damages. Should you feel you or your child is damaged by a vaccine, we encourage you to view the information at:

<http://www.909shot.com/Report/Reaction06.htm>

[date]

Re: [patient's name]'s current state of neurological health

To Whom It May Concern:

This is to confirm that per examination on [date] [patient's name] is in an optimal state of neurological health prior to immunization of [vaccine name] on [date of immunization].

Regards,

[Doctor's name]

DISCLAIMER: Information presented at Bk2Health.com is for educational purposes only. It is not intended to diagnose, treat, or cure any disease. Always seek the advice of your licensed health care professional for proper diagnosis and before starting any new treatment or procedure involving your health.

Overseas Travel

Personal Note from Dr. Merkle:

These are some rules and guidelines that I have used when I have gone to Nepal, Thailand and China. After consulting with infectious disease specialists and finding out about the effectiveness and side effects of the recommended vaccines, I decided to not take any vaccines. They are recommended but not required as far as I know at this time. I did not take the Malaria pills. I went to the most remote parts of Nepal and China on medical mission trips.

Only drink bottled water that you buy and open, drink plenty of water.
Eat no fresh fruit or vegetables unless you can peel a banana without touching the edible part which is sanitary before peeling.

Eat only well cooked food.

Vitamins: I took high doses of nutrients and vitamins.

High doses of garlic 6/day, for immune system and to repel insects/mosquitos.

Multiple vitamin 4/day

Vit C 8gms/day

Acidophilus 4/day

Betaine HCL 2-4 with every meal and every time I ate something just to make sure that whatever I ate and whatever was in it got digested.

Lauricidin 3 tsps/day to strengthen the immune system

Echinacea (Coryza Forte) 6/day; I was only in these areas for no longer than 3 weeks. The Echinacea needs to be stopped after about 2 weeks for one week or it will lose its effect.

Paradex 4/day for parasites: just in case.

Out of over 120 MD's, nurses, dentists and medical support staff, I was the only one that did not get sick.

I cannot guarantee that someone following this will not get sick. I am only noting what I did. I was in excellent health and I took precautions and was very sanitary in everything such as brushing teeth with only bottled water and not rinsing my tooth brush under the faucet. I used a lot of water and sanitary wipes to clean my hands, face etc.

Get plenty of rest. The time changes from going overseas can be difficult but taking the time to get extra sleep will be helpful.

DISPELLING VACCINATION MYTHS

A Documented Report by *Alan Phillips*

An introduction to the contradictions between medical science and immunization policy.
Last Revision: January 24, 1996

INTRODUCTION

When my son began his routine vaccination series at age 2 months, I did not know there were any risks associated with immunizations. But the clinic's literature contained a contradiction: my son's chances of an adverse reaction to the DPT vaccine were 1 in 1750, while his chances of dying from pertussis each year were one in several million. When I pointed this out to the physician, he angrily disagreed, and stormed out of the room mumbling, "I guess I should read that sometime..." Soon thereafter I learned of a child who had been permanently damaged by a vaccine, so I decided to investigate for myself. My findings have so alarmed me that I feel compelled to share them, hence this report.

Health authorities credit vaccines for low disease rates, and guarantee their safety and effectiveness. Yet each of these seemingly unquestionable assumptions are directly contradicted by health statistics, medical studies, Food and Drug Administration (FDA) and Centers for Disease Control (CDC) reports, and other reputable sources from around the world. Infectious diseases declined steadily for decades prior to vaccinations. U.S. Doctors report thousands of vaccine adverse reactions each year including hundreds of deaths and permanent disabilities. Many fully vaccinated populations have contracted diseases. And many researchers attribute dozens of chronic immunological and neurological conditions to mass immunization programs.

Substantial information is readily available on the subject; one information source lists over 60 books on vaccination risks. Yet, amazingly, most pediatricians and family doctors, not to mention parents, are completely unaware of these findings.

It is not my place to tell anyone whether or not to vaccinate. I do wish, however, with the utmost urgency, to point out some very good reasons why anyone concerned with vaccines should investigate the matter before submitting to the procedure. It is shamefully ironic that in healthcare - where being fully informed is more critical than in any other field - there appears to be no legal mandate or a professional ethic requiring doctors to be so, and thus many intelligent, well-meaning physicians are applying practices based on incomplete information.

In the interest of brevity, much relevant information was necessarily omitted. However, there is sufficient evidence here to warrant further examination by all concerned. If you are as shocked as I was when I first encountered this information, you will undoubtedly feel compelled to do so. Indeed, I highly recommend this. You will find that this is the only way to get an objective view, as the controversy is a highly emotional one.

A note of caution: Be careful trying to discuss this subject with a pediatrician. Most have staked their personal identities and professional reputations on the presumed safety and effectiveness of vaccinations, and they are likely to have difficulty acknowledging evidence to the contrary, regardless of the sources. The first pediatrician I attempted to share my findings with yelled angrily at me when I calmly brought up the subject. The misconceptions have very deep roots.

VACCINATION MYTH #1: "Vaccines are completely safe..."

...or are they?

The FDA's VAERS (Vaccine Adverse Effects Reporting System) receives about 11,000 reports of adverse vaccine reactions annually, some 1% (112+) of which are deaths from vaccine reactions.^[1] The majority of these reports are made by doctors, and the majority of deaths are attributed to the pertussis vaccine (the "P" in DPT). This figure alone is alarming, yet it is only the "tip of the iceberg." The FDA estimates that only 10% of adverse reactions are reported,^[2] a figure twice confirmed by NVIC (National Vaccine Information Center) investigations.^[3] In fact, the NVIC reported that "In New York, only one out of 40 doctor's offices [2.5%] confirmed that they report a death or injury following vaccination," *97.5% of vaccine related deaths and disabilities go unreported there*. Implications about medical profession integrity aside (doctors are *legally required* to report all adverse events), these findings suggest that vaccine deaths actually occurring each year may total 1,000 or more.

The number of vaccination deaths overwhelms disease (pertussis) deaths: 32 in a three year period according to the CDC (1992-94), and only 8 in 1993, the last peak incidence year (pertussis runs in 3-4 year cycles, though vaccination does not). Simply put, the vaccine may be more than 100 times more deadly than the disease. If it were not for the many instances in which fully vaccinated populations have contracted disease (see Myth #2), and the fact that the vast majority of disease decline this century occurred before compulsory vaccinations (pertussis deaths declined by 79% *prior* to vaccines; see Myth #3), this might be rationalized, but given the complete story, it can hardly be considered a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related-deaths story doesn't end here. Both national and international studies have shown vaccination to be a cause of SIDS^[4 5] (SIDS: "Sudden Infant Death Syndrome," the diagnosis given when doctors don't know or choose not to reveal the true cause of death; there are an estimated 5 - 10,000 cases each year in the U.S.). One study [footnote #4] found the peak incidence of SIDS occurred at the ages of 2 and 4 months in the U.S., precisely when the first two routine immunizations are given.

There are also studies which failed to find a SIDS-vaccine relationship, but many of these were invalidated by yet another study that found "confounding" had skewed their results in favor of the vaccine.^[6]

But even with contradicting studies, shouldn't we err on the side of caution? Shouldn't any credible correlation between vaccines and SIDS be just cause for the meticulous widespread monitoring of the vaccination status of all SIDS cases? In the mid 70's Japan raised their vaccination age from 2 months to 2 years; their incidence of SIDS dropped dramatically. In spite of this, the U.S. medical community has chosen a posture of denial. Coroners refuse to check the vaccination status of SIDS victims, and unsuspecting families continue to pay the price, unaware of the dangers and deprived of the right to make a choice.

Low adverse event reporting also strongly suggests that the total number of adverse reactions actually occurring each year may be upwards of 100,000. Due to doctors' failure to report, no one knows how many of these are permanent disabilities, but statistics suggest that it is several times the number of deaths (see "petitions" below). This concern is reinforced by a study which revealed that one in 175 children who completed the full DPT series suffered "severe reactions,"^[7] and a Dr.'s report for attorneys which found that 1 in 300 DPT immunizations resulted in seizures.^[8]

England actually saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the mid 70's. Swedish epidemiologist B. Trollfors' study of pertussis vaccine efficacy and toxicity around the world found that "pertussis-associated mortality is currently very low in industrialised countries and no difference can be discerned when countries with high, low, and zero immunisation rates were compared." He also found that England, Wales, and West Germany had more pertussis fatalities in 1970 when the immunization rate was high than during the last half of 1980, when immunization rates had fallen.^[9]

Vaccinations cost us much more than just the lives and health of our children. The U.S. Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over \$540 million to parents of vaccine injured and killed children (FY 91-95), a rate of over \$90,000,000 per year in taxpayer dollars. The NVICP has received over 4800 petitions since 1988, including over 700 for vaccine-related deaths, and there are still over two thousand total death and injury cases pending that may take years to adjudicate.^[10] Meanwhile, pharmaceutical companies have a captive market, as vaccines are legally mandated in all 50 states in the U.S. (though legally avoidable in most; see

"Myth #9"), yet these same companies are "immune" from accountability for the consequences of their products. Such an arrangement is clearly unethical.

Why do taxpayers pick up the tab? Pharmaceutical lobbying has surely played a primary role. It is interesting to note, however, that insurance companies refuse to cover vaccine adverse reactions. Profit appears to dictate each industry's position.

VACCINATION TRUTH #1: "Vaccination causes significant death and disability at an astounding personal and financial cost to families and taxpayers."

VACCINATION MYTH #2: "Vaccines are completely effective..."

...aren't they?

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, small pox, polio and Hib outbreaks have occurred in vaccinated populations.^[11 12 13 14 15] In 1989 the CDC reported: "Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 percent.^[16] [They] have occurred in all parts of the country, including areas that had not reported measles for years."^[17] The CDC even reported a measles outbreak in a documented 100 percent vaccinated population.^[18] A study examining this phenomenon concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."^[19] This suggests that the goal of complete immunization is actually counterproductive, a notion underscored by instances in which epidemics followed immunization of entire countries. Japan experienced yearly increases in small pox following the introduction of compulsory vaccines in 1872. In 1892, there were 29,979 deaths, and *all had been vaccinated*.^[20] Early in this century, the Philippines experienced their worst smallpox epidemic ever after 8 million people received 24.5 million vaccine doses; the death rate quadrupled as a result.^[21] More recently, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination (98%).^[22] In the U.S. in 1986, 90% of 1300 pertussis cases in Kansas were "adequately vaccinated;"^[23] 72% of pertussis cases in the 1993 Chicago outbreak were fully up to date with their vaccinations.^[24]

VACCINATION TRUTH #2: "Epidemiological studies have shown that vaccination has been unreliable as a means of preventing disease."

VACCINATION MYTH #3: "Vaccines are the reason for low disease rates in the U.S. today..."

...or are they?

Infectious disease mortality [deaths] in the U.S. and England declined steadily for decades before vaccination programs were implemented, by an average of about 80%.^[25] Measles deaths had declined by over 95% when the vaccine was introduced. In Great Britain, the polio epidemics peaked in 1950, and had declined 82% by the time the vaccine was introduced there in 1956. Thus, at best, vaccinations can be credited with only a small percentage of the overall decline of disease deaths this century. Yet even this small portion is questionable, as the *rate* of decline remained virtually the same after vaccines were introduced. Furthermore, European countries that refused immunization altogether for both small pox and polio saw the epidemics end along with those countries that embraced it (however, small pox immunization was followed by significant disease increases following pre-immunization declines, while other infectious diseases continued their declines in the absence of vaccines; in England and Wales, smallpox and vaccination rates eventually declined simultaneously.^[26] It is thus impossible to say whether or not vaccinations contributed to the continuing decline, or if the same forces which caused the initial declines - improved sanitation, hygiene, diet, natural disease cycles, etc. - were simply unaffected by the vaccination programs. Underscoring this conclusion was a recent World Health Organization report which showed that the disease and mortality rates in third world countries have no direct correlation with immunization procedures or medical treatment, but are closely related to the standard of hygiene and diet.^[27] Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence statistics [rates of disease], rather than mortality, as proof of vaccine effectiveness. However, statisticians tell us that mortality statistics are a better measure of incidence than the incidence figures themselves, for the simple reason that the quality of reporting and record-keeping is much higher on fatalities.^[28] A recent survey in New York City revealed that only 3.2% of pediatricians were actually reporting measles cases to the health department. In 1974, the CDC determined that there were 36 cases of measles in Georgia, while the Georgia State Surveillance System reported 660 cases.^[29] In 1982, Maryland state health officials blamed a pertussis epidemic on a television program, "D.P.T. - Vaccine Roulette," which warned of the dangers of DPT; however, when former top virologist for the U.S. Division of Biological Standards, Dr. J. Anthony Morris, analyzed the 41 cases, only 5 were confirmed, and all had been vaccinated.^[30] Such instances as these demonstrate the fallacy of incidence figures, yet vaccine advocates tend to rely on them indiscriminately.

VACCINATION TRUTH #3: "It is unclear whether vaccines had any significant impact on the infectious disease declines which occurred throughout this century."

VACCINATION MYTH #4: "Vaccination is based on sound immunologic theory and practice..."

...or is it?

There are few double-blind placebo controlled studies - medical science's standard of proof - showing that mandated vaccines are actually effective. The clinical evidence for vaccinations is their ability to stimulate antibody production in the recipient, a fact which is not disputed. What is not clear, however, is whether or not such antibody production constitutes immunity. Agammaglobulinemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children.^[31] A study published by the British Medical Council in 1950 during a diphtheria epidemic concluded that there was no relationship between antibody count and disease incidence; researchers found resistant people with extremely low antibody counts and sick people with high counts.^[32] Natural immunization is a complex phenomenon involving many organs and systems; it cannot be duplicated by the mere artificial stimulation of antibody production.

Research also indicates that vaccination commits immune cells to the specific antigens involved in the vaccine, rendering them incapable of reacting to other infections. Our immunological reserve is thus reduced, causing a generally lowered resistance.^[33]

Another component of immunization theory is "herd immunity," which states that when enough people in a community are immunized, all are protected. As "Myth #2" has shown, there are many documented instances showing just the opposite: many fully vaccinated populations have contracted diseases. With measles, this actually seems to be an unavoidable result of high vaccination rates [Myth 2, footnote #19].

Carefully selected epidemiological studies are yet another basis for vaccination programs. However, many of these may not be legitimate sources from which to draw conclusions about vaccine effectiveness. If 100 people are vaccinated and 5 contract the disease, the vaccine is declared to be 95% effective. But if only 10 of the 100 were actually exposed to the disease, then the vaccine was really only 50% effective - and who is willing to directly expose an entire population to disease - even a fully vaccinated one - to test vaccine efficacy? Vaccine effectiveness rates cannot always be taken at face value.

Immunization practice assumes that all children, regardless of age, are identical. An 8 pound 2 month old receives the same dosage as a 40 pound five year old. Infants with immature, undeveloped immune systems may receive five or more times the dosage (relative to body weight) as older children. Furthermore, the number of "units" within doses has been found upon random testing to range from 1/2 to 3 times what the label indicates; manufacturing quality controls appear to tolerate a rather large margin of error. "Hot Lots" (vaccine lots with disproportionately high death and disability rates) have been clearly identified on several occasions, yet the FDA has refused to act to prevent further injury and loss of life; they have, in fact, never recalled a vaccine lot due to its adverse effects. Some would call this infanticide.

Finally, vaccination practice assumes that all recipients, regardless of race, culture, diet, or any other circumstances, will respond identically. This was perhaps never more dramatically disproved than an instance a few years ago in Australia's Northern Territory, where stepped-up immunization campaigns resulted in an incredible 50% infant mortality rate for the native aborigines.^[34] Researcher A. Kalokerinos, M.D. discovered that the aborigine's vitamin C deficient "junk food" diet was a critical factor (vaccination depletes vitamin C reserves; children in shock or collapse often recovered in a matter of minutes when given vitamin C injections). He considered it amazing that as many survived as did. One must wonder about the lives of the survivors, though, for if half died, surely the other half did not escape unaffected.

Almost as troubling was a recent study in the New England Journal of Medicine which revealed that a substantial number of Romanian children were contracting polio from the vaccine, a relatively rare phenomena in most developed countries. Correlations with injections of antibiotics were found: a single injection within one month of vaccination raised the risk of polio eight times, two to nine injections raised the risk 27-fold, and 10 or more injections raised the risk 182 times.

We cannot help but wonder what other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences. We will not begin to fully comprehend the scope of this danger until researchers begin looking and reporting in earnest. In the meantime, entire countries' populations are unwitting gamblers in a game they might not choose to play if they were told all the rules in advance.

VACCINATION TRUTH #4: "Immunization theory does not always hold up in the real world."

VACCINATION MYTH #5: "Childhood diseases are extremely dangerous..."

...or are they, really?

Most childhood infectious diseases have few serious consequences in today's modern world. Even conservative CDC statistics for pertussis during 1992-94 indicate a 99.8% recovery rate. In fact, when hundreds of pertussis cases occurred in Ohio and Chicago in the fall 1993 outbreak, an infectious disease expert from Cincinnati Children's Hospital said, "The disease was very mild, no one died, and no one went to the intensive care unit." The vast majority of the time, childhood infectious diseases are benign and self-limiting. They also impart lifelong immunity, whereas vaccine-induced immunity is only temporary. In fact, the temporary nature of vaccine immunity can create a more dangerous situation in a child's future. For example, the new chicken pox vaccine has an effectiveness estimated at 6 - 10 years. If effective, it will postpone the child's vulnerability until adulthood, when death from the disease is *20 times more likely*. (About half of measles cases in the late 80's resurgence were in adolescents and adults, most of whom were vaccinated as children,^[35] and the recommended booster shots may provide protection for less than 6 months.^[36] Furthermore, some healthcare professionals are concerned that the virus from the vaccine may "reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders."^[37] Dr. A. Lavin of the Dept. of Pediatrics, St. Luke's Medical Center in Cleveland, Ohio, strongly opposed licensing the new vaccine, "Until we actually know... the risks involved in injecting mutated [herpes] DNA into the host genome [children]."^[38] The truth is, *no one* knows, but the vaccine is now licensed and recommended by health authorities.

Not only are most infectious diseases rarely dangerous, but they can actually play a vital role in the development of a strong, healthy immune system. Persons who have not had measles have a higher incidence of certain skin diseases, degenerative diseases of bone and cartilage, and certain tumors, while absence of mumps has been linked to higher risks of ovarian cancer.

VACCINATION TRUTH #5: "Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but profitable procedure."

VACCINATION MYTH #6: "Polio was one of the clearly great vaccination success stories..."

...or was it?

Six states reported increases in polio one year after the Salk vaccine was introduced, ranging from more than doubling in Vermont to Massachusetts' increase of 642%. During 1962 U.S. Congressional hearings, Dr. Bernard Greenberg, head of the Dept. of Biostatistics for the University of North Carolina School of Public Health, testified that not only did the cases of polio increase substantially after mandatory vaccinations (50% increase from 1957 to 1958, 80% increase from 1958 to 1959), but that the statistics were manipulated by the Public Health Service to give the opposite impression.^[39] In 1985, the CDC reported that 87% of the cases of polio in the U.S. between 1973 and 1983 were *caused by the vaccine*, and later declared that all but a few imported cases since were caused by the vaccine (and most of the imported cases occurred in fully immunized individuals). At a workshop on polio vaccines sponsored by the Institute of Medicine and the Centers for Disease Control and Prevention, Dr. Samuel Katz of Duke University cited the estimated 8-10 annual U.S. cases of vaccine-associated paralytic polio (VAPP) in people who have taken the oral polio vaccine, and the three-year absence of wild polio from the western hemisphere [now four years]. Jessica Scheer of the National Rehabilitation Hospital Research Center in Washington, D.C., pointed out that most parents are unaware that polio vaccination in this country entails "a small number of human sacrifices each year." Compounding this contradiction are low adverse event reporting and the NVIC's experiences with confirming and correcting misdiagnoses of vaccine reactions, which suggests that the actual number of VAPP "sacrifices" may be much higher than the number cited by the CDC.

VACCINATION TRUTH #6: "Vaccines caused substantial *increases* in polio, and are the *sole cause* of polio in our otherwise polio-free society."

VACCINATION MYTH #7: "My child had no short-term reaction to any vaccine, so there is nothing to worry about..."

...or is there?

The documented long term adverse effects of vaccines include chronic immunological and neurological disorders such as autism, hyperactivity, attention deficit disorders, dyslexia, allergies, cancer (vaccine components include known carcinogens such as formaldehyde, thimersol, and aluminum phosphate), and other conditions, many of which barely existed 30 years ago before mass vaccination programs. Medical historian, researcher and author Harris Coulter, Ph.D. explained that his extensive research revealed childhood immunization to be " ...causing a low-grade encephalitis in infants on a much wider scale than public health authorities were willing to admit, about 15-20% of all children." He points out that the sequelae [conditions known to result from a disease] of encephalitis [inflammation of the brain, a known side-effect of vaccination]: autism, learning disabilities, minimal and not-so-minimal brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, crib death, diabetes, obesity, and impulsive violence... precisely the disorders which afflict contemporary society. Many of these conditions were formerly relatively rare, but they have become more common as childhood vaccination programs have expanded." Coulter also points out that " ...pertussis toxoid is used to [intentionally] create encephalitis in lab animals."

A German study found correlations with 22 neurological conditions including attention deficit and epilepsy. The fact is, viral elements in vaccines may persist and mutate in the system for years, with unknown consequences. Millions of children are partaking in a crude experiment, and no organized effort is being made by the medical community to track and report the negative effects.

VACCINATION TRUTH #7: "The long term effects of vaccinations have been virtually ignored, in spite of credible evidence showing correlations with many chronic conditions."

VACCINATION MYTH #8: "Vaccines are the only disease prevention option available..."

...aren't they?

Many parents understandably feel compelled to take some disease-preventing action. While there is no 100% guarantee anywhere, there are viable alternatives. Historically, homeopathy has been more effective than allopathic ("mainstream") medicine in treating and preventing disease. In a U.S. cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homeopathic hospitals had a documented death rate of 3%.^[40] Similar statistics still hold true today for cholera.^[41] Recent epidemiological studies show homeopathic prophylaxis (disease prevention) as equaling or surpassing vaccinations in preventing disease. There are reports in which populations that were treated homeopathically after exposure had a 100% success rate - none of the treated caught the disease.^[42]

There are homeopathic kits available for disease prevention.^[43] Also, homeopathic remedies can instead be taken during times of increased risk (outbreaks, traveling, etc.), and have proven highly effective in such instances. The remedies also have no toxic components and thus no side effects. In addition, homeopathy has also been effective in reversing some of the disability caused by vaccine reactions (as well as other chronic conditions with which allopathic medicine has had little success).

VACCINATION TRUTH #8: "Documented safe and effective alternatives to vaccination have been available for decades, yet knowledge of this has been continually denied and suppressed by the medical community."

VACCINATION MYTH #9: "Vaccinations are legally mandated, and thus unavoidable..."

...no they aren't!

There are three [exemption](#) possibilities in most U.S. states:

1. [Medical Exemption](#): All 50 states in the U.S. allow for a medical exemption. A few states allow licensed naturopathic or chiropractic doctors to issue medical exemptions in addition to medical doctors. However, few pediatricians check for indications of increased risk before administering vaccines, so it is advisable for parents to research this matter for themselves. Epilepsy, severe allergies, and siblings' previous adverse reactions are but a few of the many conditions in child or family history which may qualify for a medical exemption;
2. [Religious Exemption](#): Nearly all states allow for a religious exemption; this may not require membership in an established religious organization (individual state laws vary); and
3. [Philosophical Exemption](#): An increasing number of states allow philosophical exemptions, in recognition of the controversy and/or violation of freedom that mandated vaccination laws impose.

Exempted children may not be banned from attending public schools and colleges except during local outbreaks. It is best to contact local school officials in advance to determine their procedure for handling exemptions.

The best source for a copy of your state's vaccination laws is state health officials. A phone call or two may be all that it takes to obtain this.

VACCINATION TRUTH #9: "Legal exemptions from vaccinations are obtainable for most - but not all - U.S. citizens."

VACCINATION MYTH #10: "Public health officials always place health above all other concerns..."

...or do they?"

Vaccination history is riddled with documented instances of deceit designed to portray vaccines as mighty disease conquerors, when in fact many times they have actually delayed and even reversed disease declines. The United Kingdom's Department of Health admitted that vaccination status determined the diagnosis of subsequent diseases. Diseases found in vaccinated patients received "alternate" diagnoses, hospital records and death certificates were falsified. Today, many doctors are still reluctant to diagnose disease in vaccinated children, and so the "Myth" about vaccine success continues.

Individual doctors are not wholly to blame. As medical students, few have reason to question the information presented (which omits the concerns addressed in this report); after all, loyalty to the system is their ticket to high status and authority in the community. Medicine is a field which demands conformity; there is little tolerance for opinions opposing the status quo. Doctors cannot warn you about what they themselves do not know, and with little time for work-related research once they begin practice, they are, in a sense, held captive by a system which discourages them from acquiring complete information and forming their own opinions. And those few that dare to question the system are still legally bound by its mandates.

DISPELLING VACCINATION MYTHS: SUMMARY

In the December 1994 Medical Post, Canadian author Guylaine Lanctot, MD stated, "The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are actually changing our genetic code through vaccination. ...10 years from now we will know that the biggest crime against humanity was vaccines." These are strong words, but the concern is not unfounded. The continued denial of the evidence only perpetuates the "Myths" and their negative consequences on our children and society. Aggressive and comprehensive scientific investigation is warranted, yet immunization programs continue to expand in the absence of such research. Manufacturer profits are guaranteed, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

Meanwhile, the race is on - dozens of new vaccines are being developed for everything from earaches to birth control. With every child on the planet a potential recipient, and every parent, healthcare system, and government a potential buyer, it is little wonder that countless millions are spent nurturing the growing multi-billion dollar vaccine industry. Without public outcry, we will see more and more new vaccines added to the required

list, regardless of questionable needs and benefits. And while profits are readily calculable, the real human costs are ignored.

Whatever your personal vaccination decision, make it an informed one; you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes.

FOR ADDITIONAL COPIES of "Dispelling Vaccination Myths," and the eight-page "Vaccination Resource Directory," (publishers, books, tapes, newsletters, government agencies, nonprofits, vaccination alternatives, etc.) send \$5.00 plus \$2 P/H to:

Vaccine Awareness

P.O. Box 62282
Department S
Durham, NC 27715

Quantity discounts available.

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About the Author

Alan Phillips is a free-lance technical writer and researcher on vaccination risks and alternatives. This report is slated for publication in the US national magazine, "Wildfire," and is posted on the World Wide Web at <http://livelinks.com/sumeria/health/myth2.html>. At the request of the Immunisation Investigation Group and the Campaign Against Fraudulent Medical Research in NSW Australia, Alan composed a letter to the Australian Minister for Human Services and Health.

A writing assessment specialist for 4 years, Alan is also founder and director of Human Development Services, Inc., an international nonprofit conducting training and research in psychorientology; medical and other professionals and lay persons from over 30 countries have participated in 8+ years of activities. He is also the founding designer of a nationally reviewed children's literacy program and activity kit. Alan is a national singer-songwriter and composer with albums of original songs and music in some two dozen countries on six continents. His academic achievements include a B.A. Magna Cum Laude, and election to the Phi Kappa Phi National Honor Society and The National Dean's List.

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