

Childhood Vaccination

An overview of current information on safety and efficacy.

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"There is a great deal of evidence to prove that immunization of children does more harm than good." Dr. J. Anthony Morris (formerly the FDA's Chief Vaccine Control Officer)

"The only safe vaccine is a vaccine that is never used." Dr. James A. Shannon, National Institute of Health

"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization . . . There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease." Dr. Robert Mendelsohn, M.D.

"There is insufficient evidence to support routine vaccination of healthy persons of any age." Paul Frame, M.D., Journal of Family Practice

Common vaccines are cultured in substrates ranging from the tissues of monkeys, cancerous cell lines grown from monkey organs, fertilized chicken embryos, and aborted fetus tissue¹².

Here is a list of common vaccine ingredients: aluminum, formaldehyde, polysorbate 80, carbolic acid, squalene, ethylene glycol (antifreeze), gelatin, various antibiotics, Triton X-100 (a detergent), L-histidine, sodium borate, chicken embryo, washed sheep RBCs, 2-phenoxyethanol, monkey kidney cells, and Thimerosal (49.6% mercury by weight)^{2, 6, 14}.

Americans receive more than seventy vaccinations before the age of six⁵⁵. According to vaccine specialist Dr. Mayer Eisenstein, there are about two hundred more vaccines in the pipeline²⁰.

Here are a couple quick examples of flaws in vaccine recommendations. Hepatitis B is a disease that is generally transmitted only by the exchange of sexual fluids or by the use of intravenous drugs, yet many American babies receive the vaccination for it on day one of life.

The chicken pox vaccine seems to be effective, but the research shows that the level of immunity wears off at a rate of three to four percent per year²⁰. That means that by age twenty, no immunity will be left. We know that chicken pox is a mild illness in childhood that yields lifelong immunity after infection, while the disease is much more serious in adulthood. This vaccine may, ironically, be leading to millions of Americans facing significantly greater health challenges.

Questions regarding safety and efficacy

Why are these additives in our vaccines? What does the research show on the safety of these additives and substrates? What does the history show about the safety and efficacy of commonly used vaccines?

This essay will uncover how vaccines are linked with neurological damage, type one (juvenile) diabetes and other autoimmune disorders, and other health problems. It will examine what the research says about additives like aluminum, formaldehyde, and squalene, and it will look at the vaccine production process with an eye to the levels of contaminants that can be found in vaccines. It will retell the story of the polio vaccine; you might be surprised to learn that the polio virus is not considered, among numerous experts, to be the cause of the polio. It will share what history says about just how effective many common vaccines are.

Finally, it will look at some vaccine injury stories. These are sad and powerful stories that play an important role in an argument so mired in opposing research as to seem mundane and lifeless.

Health risks of vaccination

Setting the scene

How commonly do children experience side effects? What do professionals say about the safety of vaccinations?

According to the CDC's website, most vaccines carry mainly mild risks, such as fever, soreness in the arm, itching, and redness¹⁷. Let's take an example. With the DTaP vaccine, 1 in 4 get a fever, redness or swelling; one in three experience "fussiness;" one in ten experience tiredness; one in fifty vomit; one in 14,000 have seizures, one in 1,000 cry nonstop for three hours or more; 1 in 16,000 have a fever above 104 degrees; and one in a million or fewer experience permanent brain damage or long term seizures, coma, or "lowered consciousness"¹⁷. The DTaP vaccine is still used in America, but it is banned in most of Europe as well as Japan and other countries⁵⁵.

According to another source, the pertussis vaccine alone is connected to "infantile spasms; hypsarrhythmia; aseptic meningitis; encephalopathy (including acute encephalopathy and chronic neurologic damage); deaths classified as sudden infant death syndrome (SIDS); anaphylaxis; autism; erythema multiforme or other rashes; Guillain - Barré syndrome (polyneuropathy); peripheral mononeuropathy; hemolytic anemia; juvenile diabetes; learning disabilities and hyperactivity; protracted inconsolable crying or screaming; Reye syndrome; shock and "unusual shock - like state" with hypotonicity, hyporesponsiveness, and short - lived convulsions (usually febrile); and thrombocytopenia"⁴³.

Between July 1990 and November 1993, 54,072 adverse vaccine reactions were reported to the FDA. The FDA itself said that this was only approximately ten percent of the real total because the majority of doctors chose not to report the reactions³⁸. This puts the real number of adverse reactions at well over half a million.

This sort of track record has caused quite a bit of dissent over the decades. In 1981, the Journal of the American Medical Association found that ninety percent of obstetricians and sixty-six percent of pediatricians refused to take one vaccine, the rubella vaccine¹³. In 2000, the Association of American Physicians and Surgeons unanimously agreed to a resolution calling for an end to mandatory childhood vaccination⁴⁰.

The pharmaceutical companies themselves are well aware of the risks involved. Between 1982 and 1987, the price of a standard DPT shot rose from eleven cents to \$11.40²⁷. The manufacturers were putting aside \$8 per shot to cover the legal fees they incurred paying damages to the parents of children who suffered brain injuries and death after vaccination²⁷. Amazingly, vaccine production and sale continued in spite of this.

Vaccines & autism

Having a child develop autism is a difficult prospect for parents to cope with, and it is frightening that mainstream medicine has absolutely no explanations for the cause of the dramatic rise of autism in recent years. Whereas 1980 autism rates were around one in ten thousand, the rate doubled between 2003 and 2009, with the current rate at an astonishing one in ninety one children^{3, 8}. Approximately ninety percent of people with autism are male, so the rate for boys is around one in twenty to thirty^{3, 8}. These skyrocketing rates lead to a lot of questions, and the one relevant to this discussion is whether vaccines could play a role. As we enter into this discussion, let us keep in mind that mainstream medicine has pronounced no cause of autism.

Let's look at one potential theory for how vaccines (and other sources of neurotoxins) might cause autism. Renowned author and nutritionist Carol Simontacchi's theory goes like this. As the brain of a fetus and burgeoning child develops, it goes through a number of important stages that have lasting impacts on that child's future¹⁹. One stage might involve the development of motor coordination, or visual understanding, or the ability to speak¹⁹. That's how brain development works: it is not a linear process; there are various stages of development going on at any one time¹⁹.

When substances known to impact the brain enter into the body, they can have an impact on the stage of development the brain is in¹⁹. For example, if the brain is developing the ability to recognize faces when a neurotoxin is presented, this neuronal system may be damaged and the child might have difficulty recognizing faces in the future¹⁹. Some experts suggest that the communication systems of the brain are especially prone to show damage in the autistic¹². The toxin could be mercury (or other vaccines adjuvants: squalene, formaldehyde, aluminum, neomycin, streptomycin, etc), aspartame, hormone disrupting chemicals, or a number of other toxins¹⁹.

According to Simontacchi, numerous clients and others have found kids who went downhill overnight after vaccination¹⁹. Some of these stories will be shared later in the essay.

Some of the research and data on autism

The research of Mark and David Geier found in June of 2009 that Thimerosal and other heavy metals caused "mitochondrial damage, reduced oxidative-reduction activity, cellular degeneration, and cell death" consistent with autism¹⁸.

The Thimerosal containing measles, mumps, and rubella (MMR) vaccine was connected to autism in numerous reports. One report found that autistic children had increased levels of MMR antibodies⁶. The National Vaccine Information Center "has noted a strong association between the MMR vaccine and autistic features"⁶. The Encephalitis Support Group in England found that post-MMR autism cases were triggered in as little as thirty days⁶.

A preliminary study from the University of California San Diego and San Diego State University discovered that MMR vaccines combined with the subsequent use of acetaminophen is associated with autism⁴⁴.

A study in Pediatrics found several neurodevelopmental disorders, including encephalitis, aseptic meningitis, and autism developed within three months of vaccination⁴⁵.

A further study found that some infants are completely unable to eliminate mercury; trace amounts can cause serious health problems⁶. In fact, most autistic children have been shown to have serious methylation (heavy metal detoxification disorders)¹⁹.

Vaccine additives

Several of the adjuvants in vaccines may be toxic to the brain, notably mercury and aluminum.

Mercury is a neurotoxin (is toxic to the brain) and accumulates in the brains of primates, including the brains of fetuses of pregnant mothers^{3, 6, 24}. Thimerosal contains 25 micrograms, or 50,000 parts per billion (ppb) of mercury (ethyl mercury). 200 ppb is enough for the EPA to classify something as hazardous waste, and 2 ppb is the maximum amount allowed for drinking water in the United States.

This is alarming because infants and young children do not have fully developed immune systems. There is absolutely nothing preventing toxins like mercury from entering directly into the brain.

The Thimerosal cover up scandal

An important and confidential topic is the 2000 Simpsonwood Conference, as documented in a major article published by Robert F. Kennedy Jr. in 2005. The private conference was hosted by the CDC in Georgia amongst fifty-two attendees—high level officials from the CDC, the FDA, the WHO, and every major vaccine producer²⁴. The information to be discussed was strictly confidential, but we have access to the transcripts from the conference thanks to a Freedom of Information Act request²⁴.

The information, in fact, came from CDC epidemiologist Tom Verstraeten, whose survey of 100,000 medical records found a statistically significant correlation between Thimerosal and autism, speech delays, ADD, and ADHD²⁴. Verstraeten said, “I was actually stunned by what I saw”²⁴.

Kennedy highlights a few quotes from the conference:

*Even for scientists and doctors accustomed to confronting issues of life and death, the findings were frightening. "You can play with this all you want," Dr. Bill Weil, a consultant for the American Academy of Pediatrics, told the group. The results "are statistically significant." Dr. Richard Johnston, an immunologist and pediatrician from the University of Colorado whose grandson had been born early on the morning of the meeting's first day, was even more alarmed. "My gut feeling?" he said. "Forgive this personal comment -- I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on"*²⁴.

These quotes were paired with others expressing concern that, to give one example, “[The pharmaceutical industry is] in a bad position from the standpoint of defending any lawsuits”²⁴. Dr. John Clements of the WHO said, “perhaps this study should not have been done at all;” he also said “the research results have to be handled”²⁴.

As Republican representative Dan Burton's three year congressional investigation on Thimerosal concluded, “Thimerosal used as a preservative in vaccines is directly related to the autism epidemic”²⁴.

The phasing out of Thimerosal had already begun, and it was expedited by the US government buying the old vaccines²⁴. Still, millions received Thimerosal containing vaccines during the year of the conference took place because the group refused to publicly announce the findings²⁴. Thimerosal is still in some vaccines, such as the recent swine flu vaccine, because it allows for the use of multi-dose containers that allow for the vaccination of larger numbers of people²⁴.

America is way behind the curve. Russia banned Thimerosal in the eighties, and they were followed by numerous countries including Austria, Japan, the United Kingdom, all Scandinavian countries, and others²⁴. The findings of a 1977 Russian study indicate that “adults exposed to much lower concentrations of ethylmercury than those given to American children still suffered brain damage years later,” and other research found that ethylmercury is in fact more dangerous than methylmercury²⁴.

The Verstraeten data was never taken seriously. Instead, it was “reworked to reduce the link between thimerosal and autism” and published in the journal Pediatrics²⁴. “The new study included children too young to have been diagnosed with autism and overlooked others who showed signs of the disease”²⁴.

Vaccines & autoimmune diseases

The role of aluminum

Aluminum is a neurotoxin linked to Alzheimer's disease². According to one expert, aluminum particles have been found in people with Alzheimers³. Aluminum has also been linked to chronic fatigue⁴⁶. In addition to being a potent neurotoxin, aluminum may be part of a process that can cause autoimmune diseases in recipients of vaccines.

Let's take a quick look into the mechanisms of vaccine production to figure out what's going on here. Instead of using the actual virus in a vaccine, modern vaccines use “subunits,” which are molecules that come from the virus or bacteria being vaccinated for³. Genetically modified bacteria are used to grow these molecules, which are not the actual virus³. These subunits tend to get significantly smaller immune system reactions than standard viruses, and this is a problem because the purpose of vaccination is to induce an immune system response³.

Vaccine manufacturers found that including aluminum in the vaccine leads to a prolonged immune system response³.

The form of aluminum they used is a nanosized powder (10-13nm)³. At this small size, the properties of aluminum can change, and the particles seem to be extremely sharp³. Normally, toxic substances like this are grabbed in the gut wall by macrophages—white blood cells that grab toxic stuff and break it down—and removed from the body³. With this form of aluminum, dead macrophages full of aluminum have been found, specifically in people with Crohn's disease³.

This is not a natural process, and it is not surprising that it can cause an unnatural immune system reaction. If the vaccine manufacturers could create a magical, perfect vaccine, our immune systems would only develop antibodies against the virus being targeted. Unfortunately, in this process, antibodies will be made against chemicals, bacteria, viruses, toxins, proteins, enzymes, and other parts of the vaccine³. They could be made against aluminum or antibiotics³. Recipients of the polio vaccines will have antibodies against monkey viruses³. In the words of one expert, “the body is reacting against a mess”³.

This problem is exacerbated by the fact that vaccinations bypass friendly bacteria in the gut and the immune cells in the skin³. The vaccine goes right into the heart, and our bodies are not equipped to deal with this sort of invasion³. It is not beyond the realm of imagination that an unnaturally overstimulated immune system could start to attack some of its own organs.

Squalene

Aluminum is not the only material in vaccines linked to autoimmune disorders. Squalene, an organic compound that generally comes from shark liver oil or vegetable oils, is believed by many to cause auto-immune diseases, especially arthritis, and some research connects squalene in vaccines with Gulf War Syndrome^{74, 11, 47}.

According to one expert, our immune systems should be able to handle squalene exposure, but when the chemical is injected directly into tissue—bypassing the normal barriers of the digestive system or the skin—this can cause autoimmune diseases³.

There was also a study where one hundred percent of rats injected with squalene developed paralysis in their hindquarters⁴.

The research is still out on squalene, and herein lies the problem. Though scientific research has been unable to conclusively link squalene in vaccine to autoimmune disorders, it would be difficult to design an experiment that would do so. With squalene's dubious track record, the precautionary principle seems appropriate.

Type one diabetes and other diseases

Numerous diseases are implicated. First, there is the tragedy of the Gulf War Syndrome,

mentioned above. Crohn's disease was also mentioned.

Out of all of the autoimmune disorders that might be influenced by vaccines, the most alarming research is about type one diabetes, formerly known as juvenile diabetes.

Peer reviewed research found that a particular vaccine caused 54 extra cases of type one diabetes, an autoimmune disorder formerly known as juvenile diabetes, per 100,000 children, a twenty-six percent increase¹⁰. A comparison of two studies showed that with children with type two diabetes in the family, diabetes rates may be fully forty times higher after vaccination¹⁰.

Peer reviewed research from the Journal of Pediatric Endocrinology and Metabolism found that clusters of type one diabetes cases were linked to hemophilus, pertussis, MMR, and BCG vaccines⁴¹.

Other health problems associated with vaccination

Vaccines cause asthma. According to a 1994 article in the mainstream medical journal *The Lancet*, vaccinated children have suffer from asthma at 500% the rate of unvaccinated children²².

Vaccines suppress the immune system. One study found that a tetanus vaccinations caused the levels of T-helper lymphocytes, a type of white blood cell that helps the immune system, to decrease⁴⁸. An article published by Canada's Vaccine Risk Awareness group on research conducted with HIV and AIDS patients found that all vaccines suppress the immune system¹⁶.

Vaccines cause S.I.D.S., or Sudden Infant Death Syndrome. Before vaccinations began, “crib death” was so uncommon that it was not even mentioned in statistics²². It didn't rise until the 1950s, when mass vaccination campaigns began²².

Vaccines cause allergies. One study found that DTaP or tetanus vaccination could increase the risk for allergies and other respiratory problems⁴⁹.

Vaccines cause numerous forms of paralysis, such as Guillain-Barre Syndrome. In 1976, a “swine flu” vaccine was recalled after it caused Guillain-Barre Syndrome (GBS) in thousands of people, as recalled by Professor Elizabeth Miller of the Health Protection Agency's Immunization Department. GBS is a neurological disorder associated with paralysis and death⁴².

Vaccines predispose recipients to cancer and leukaemia. “All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukaemia”²². One expert, Dr. F Klenner M.D., believes that the use of monkey kidney tissue in the original polio vaccines was “directly responsible for the major increase of leukaemia in [America]”²².

Vaccines cause developmental disabilities, including “autism, seizures, mental retardation, [and] hyperactivity”²². According to Dr. Harris Coulter, “developmental disabilities' are nearly always generated by encephalitis. And the primary cause of encephalitis in the USA and other industrialized countries is the childhood vaccination program²².

Revisiting polio

Does the polio vaccine work?

The invention of the polio vaccine was touted as a triumph for humanity. Dr. Jonas Salk, its creator, was hailed as a national hero. It was the first of many industrially produced vaccines to come, and the current vaccine infrastructure is based on it. Unfortunately, evidence suggests that the polio campaign was and is predicated on misinformation.

It was in 1977 that Dr. Salk himself testified to congress the majority of polio cases in the US since 1961 were caused not by wild viruses but by his polio vaccine³⁵.

Dr. Sabin, who shared in the fame of creating one of the first polio vaccines, later said, “Official data shows that large scale vaccination has failed to obtain any significant improvement of the diseases against which they were supposed to provide protection”²².

How could this be? It was not only his testimony that questioned the vaccines efficacy. There are a number of studies suggesting that the polio virus vaccine can indeed increase the risk of developing paralytic polio^{50, 51, 52, 53}.

Furthermore, in Oman between 1988 and 1989, thousands of fully vaccinated children contracted polio³⁶. Those regions with the highest rates of vaccination had the highest rates of the disease, while the regions with the lowest rates of vaccination had the lowest rates of disease.

What follows comes from the work of investigative journalist Janine Roberts, who is well known thanks to her work exposing the horrors of blood diamonds.

The history of polio

Polio first came to be known around 1909-1910, but it presented as a strange sort of epidemic because it did not spread within families¹². Kids only seemed to fall ill in the summer, so it came to be known as the summer plague¹².

1909 was the same time that new pesticide sprays began to be used. One example was lead arsenate, a combination of two deadly heavy metals, which was so toxic that it was not legal in England¹². Later on in the post WW2 era, a number of other chemicals were introduced. These included organophosphates and then organochlorines, which are basically watered down nerve weapons¹². To get an idea of how toxic these are, if you want to build a house or other development on land where these chemicals were used, you are legally required to get rid of all of the soil down to the bedrock¹². It was only when large numbers of birds started dying that the Kennedy Administration began to restrict their use¹².

The pesticides worked, in fact, by causing paralysis in insects¹². Apple crops would be sprayed again and again during the summer, sometimes ten times or more¹². The sprays were used on cotton in the south in a similar fashion¹².

Could it be that simple, that the “summer plague” was in fact caused by some potent toxins?

Corroborating evidence

The “polio” virus is in fact commonly found in the soil of places in Turkey and Africa, where the virus is not correlated with the contraction of polio¹².

The polio virus only grows in humans, but during the polio epidemic ducks and other farm animals suffered from polio-style paralysis¹².

Apparently there is now known to be a “post polio” syndrome, where some of the symptoms come back later in life¹². Detoxification therapies have been shown to be effective in these situations¹².

In one British town, all of the children in one part of town got sick with polio while all of the children in another part of town remained healthy¹². It was traced back to different sources of milk, because one farm was washing their herd with DDT¹². Stopping this stopped the epidemic.

One doctor had been successfully treating polio with detoxification therapies, and, outraged,

wrote to congress¹². Unfortunately, his advice has gone unheeded.

The real reason for the “decline” of polio

What about the reason for the supposed decline of polio?

As mentioned previously, one of the reasons was that the Kennedy Administration restricted the use of the worst of the pesticides¹².

But contrary to popular history, evidence suggests that kids were still dying in spite of vaccination. The Eisenhower Administration had staked its reputation on the polio vaccine. This might explain why between 1956 and 1961 the US government fundamentally changed the classification of the disease polio such that the majority of cases of polio came to be known under different names.

In 1956, it was decided that polio could only be diagnosed as polio if the condition lasted for sixty days or longer, which excluded most mild cases of polio¹².

In 1958, almost all cases of non-paralytic polio began to be called “aseptic meningitis”¹². This category consisted, in fact, of the majority of polio cases, which tended to be characterized by muscular weakness and widespread pain¹². Between 1951 and 1960, there were 70,083 cases of polio and zero cases of aseptic meningitis¹². Between 1960 and 1980, there were over 100,000 cases of aseptic meningitis and 589 cases of “non-paralytic polio”¹².

It doesn't end there. From Julia Roberts: “Other cases previously diagnosed as polio would in future be classified as 'cerebral palsy', as 'Guillain-Barre syndrome' and even as 'muscular dystrophy'. Some were called 'Hand, Foot and Mouth Disease', which can also cause paralysis”¹².

The final nail in the polio coffin came when health authorities were instructed not to diagnose polio themselves. Cases that presented as polio were to be diagnosed as “Acute Flaccid Paralysis” or AFP, and then a polio diagnosis could be obtained if stool samples were sent to official laboratories¹². Data from Detroit indicates that under this rule, 49% of people who previously had polio were no longer considered to have the disease¹².

AFP is rampant to this day, perhaps caused by the increased use of the same pesticides that are linked to the original polio epidemics.

The poor science that led to the vaccine

To get some perspective on how this tragedy unfolded, let's look at the historical context. The theory that germs were behind most diseases was a pressing concern of the modern medicine of the day, and there was lots of government funded virus research going on³. After forty years of searching for a polio virus, they found a bacteria in the backbone of a child with polio³. When injected into the brains of monkeys, it led to paralysis³.

This sort of experiment went on for decades until in 1949, two scientists at a New York hospital conducted the following test. They took the excrement from two children with polio, made a suspension with the excrement, spun it, injected it into the brains of mice, and when the mice became paralyzed, they decided the virus was in the excrement³.

They looked in the excrement and found a little particle one million times smaller than a cell; they decided this “virus” was the cause³. They sprinkled it onto monkey cells to try to grow it, and thus the vaccine was born³. The first vaccines were made from human excrement.

There are all sorts of problems here. The virus was found in the digestive tract, not in the muscles, backbone, or nerve cells where polio is active. The virus was never found in these places.

As for excrement injected in the brain causing paralysis, it is surprising that it had to be injected into the brain. Lots of things can cause paralysis, such as a blow to the head, and some experts suggest that the mere act of injecting a toxic substance into the brain itself could cause paralysis consistent with polio³. It isn't altogether surprising that injecting fecal matter directly into the brain could cause paralysis.

Vaccine Efficacy

A survey of vaccine efficacy

Vaccines have been such a huge part of medical culture for such a long time that many take their efficacy for granted. Let's look at what the history says.

In 1871-1872, England experienced the worst smallpox outbreak in their history, with over 45,000 deaths. 98% had been vaccinated³⁹.

In 1871-1872 in German, more than 125,000 people died from a smallpox outbreak. 96% had been vaccinated³⁹.

In 1940, Germany began compulsory diphtheria vaccination, when diphtheria cases were around 40,000¹³. By 1945, diphtheria cases had gone up to 250,000¹³.

By 1963, measles, whooping cough, diphtheria, scarlet fever, and typhoid had all significantly declined²⁰. There were vaccines for measles, whooping cough, and diphtheria, while scarlet fever and typhoid had no vaccines²⁰. Dr. Mayer Eisenstein of Home First referenced graphs, discussed in detail below, depicting these trends, which support the theory that changes in sanitation, nutrition, toxin exposure, etc. had more to do with the decline of viruses than vaccines did. Whooping cough, as documented in later examples, still occurs in both vaccinated and unvaccinated children²⁰. Finally, not only scarlet fever and typhoid but tuberculosis as well declined in America without vaccination²⁰.

Regarding smallpox, Dr. Glen Dettman wrote, "It is pathetic and ludicrous to say we ever vanquished smallpox with vaccines, when only 10% of the population was ever vaccinated"²².

Between 1963 and 1971, eight-four neurological disorders were reported within thirty days of measles vaccination⁵⁴.

In 1967, 96% of Ghana's population had been vaccinated against measles, so the WHO labeled Ghana as "measles free". In 1972, Ghana experienced one of the worst measles outbreaks in its history²⁹.

Between 1970 and 1990, more than 200,000 fully vaccinated children came down with whooping cough³⁰.

In the 1970s, an Indian tuberculosis vaccine trial with more than a quarter of a million people found that there was more tuberculosis amongst the vaccinated³¹.

In 1978, more than half of the children with measles in a survey of thirty states were found to have already been vaccinated³².

In 1979, Sweden found the whooping cough vaccine to be ineffective and got rid of it. 84% of those with the disease had already been vaccinated—three times³³.

A 1990 JAMA article on the measles vaccine stated, "Although more than 95% of school-aged children in the US are vaccinated against measles, large measles outbreaks continue to occur in schools and most cases in this setting occur among previously vaccinated children"³⁴.

In 1994, a study published in the New England Journal of Medicine revealed that more than 80% of children under five were fully vaccinated before contracting whooping cough¹³.

And here's a couple added bonuses from recent years: two recent studies found that flu vaccines had zero impact on the flu in children². A review of 64 studies found that flu shots were non-significant in preventing the flu amongst the elderly⁴.

Vaccine-free populations: Homefirst and the Amish

The evidence about to be presented might not come in the form of a formal research article, but it is compelling nonetheless. Dr. Mayer Eisenstein is the head of Homefirst Health Services, which specializes in home births. They have delivered upwards of 35,000 babies, and most of the parents choose not to vaccinate²⁴. Among this population, Dr. Eisenstein has pronounced that there is no autism except for a few cases with explainable causes (namely, significant mercury exposure)²⁴. Additionally, there is virtually no asthma, allergies, ADD, type one diabetes, or ADHD^{20, 22}.

Anecdotally, he also refers to the Amish, who tend not to vaccinate and also have low rates of these same conditions²⁴. According to one data set, the autism rate in Lancaster county amongst the Amish was one in four thousand, eight hundred, and seventy-five²⁰. There were four autistic children; one had been exposed to mercury and the other three had received vaccines²⁰. In regard to the tetanus vaccine, he suggests that if tetanus was a real issue, you would hear about it all the time amongst the Amish²⁰. Dr. Eisenstein has never heard of a case.

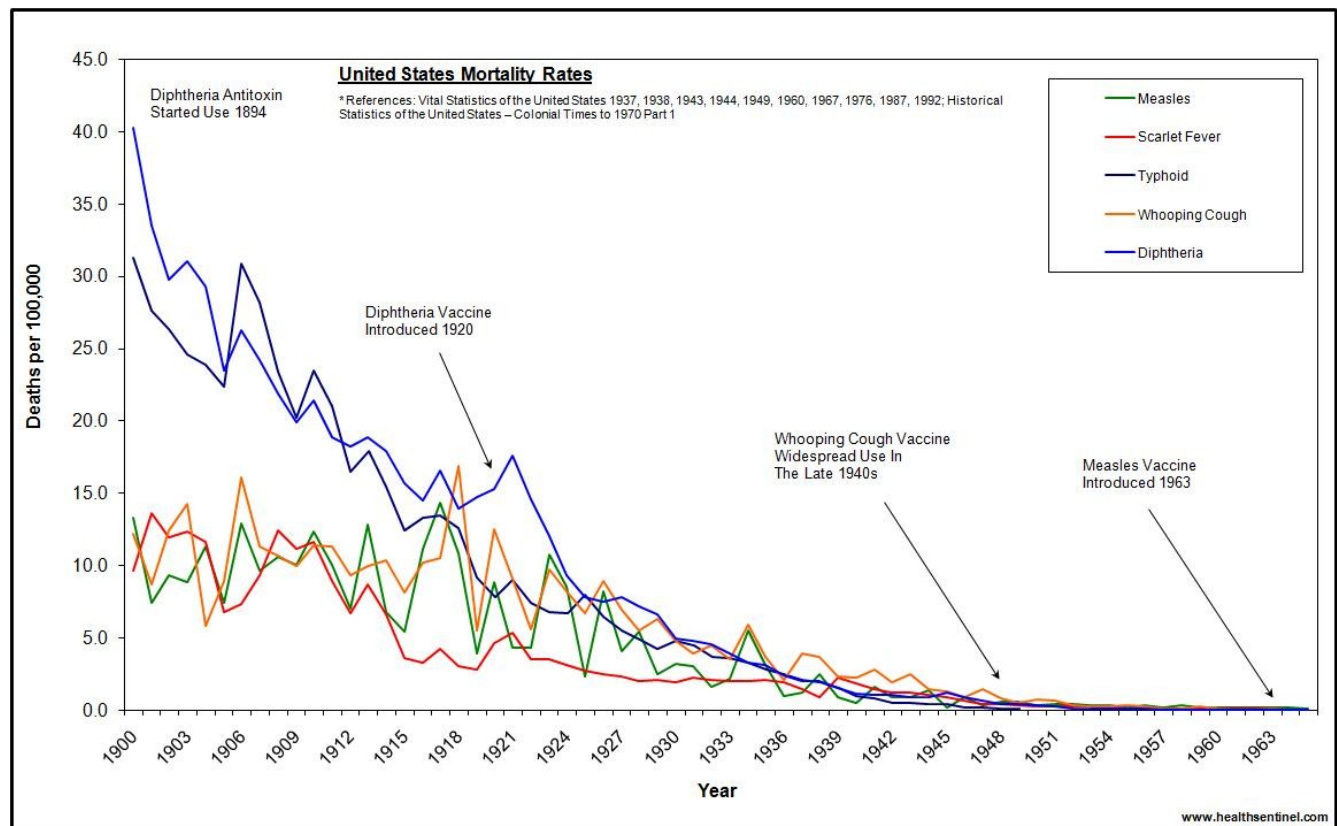
Graphic representations of vaccine efficacy in history

These graphs were put painstakingly put together by the Health Sentinel from government data from the United States and the United Kingdom regarding mortality rates of major diseases. These graphs all tell the story of vaccines that came into the picture after the disease had already declined significantly. Clearly, vaccines were not a major factor in the decline of measles, diphtheria, whooping cough, small pox, and pertussis.

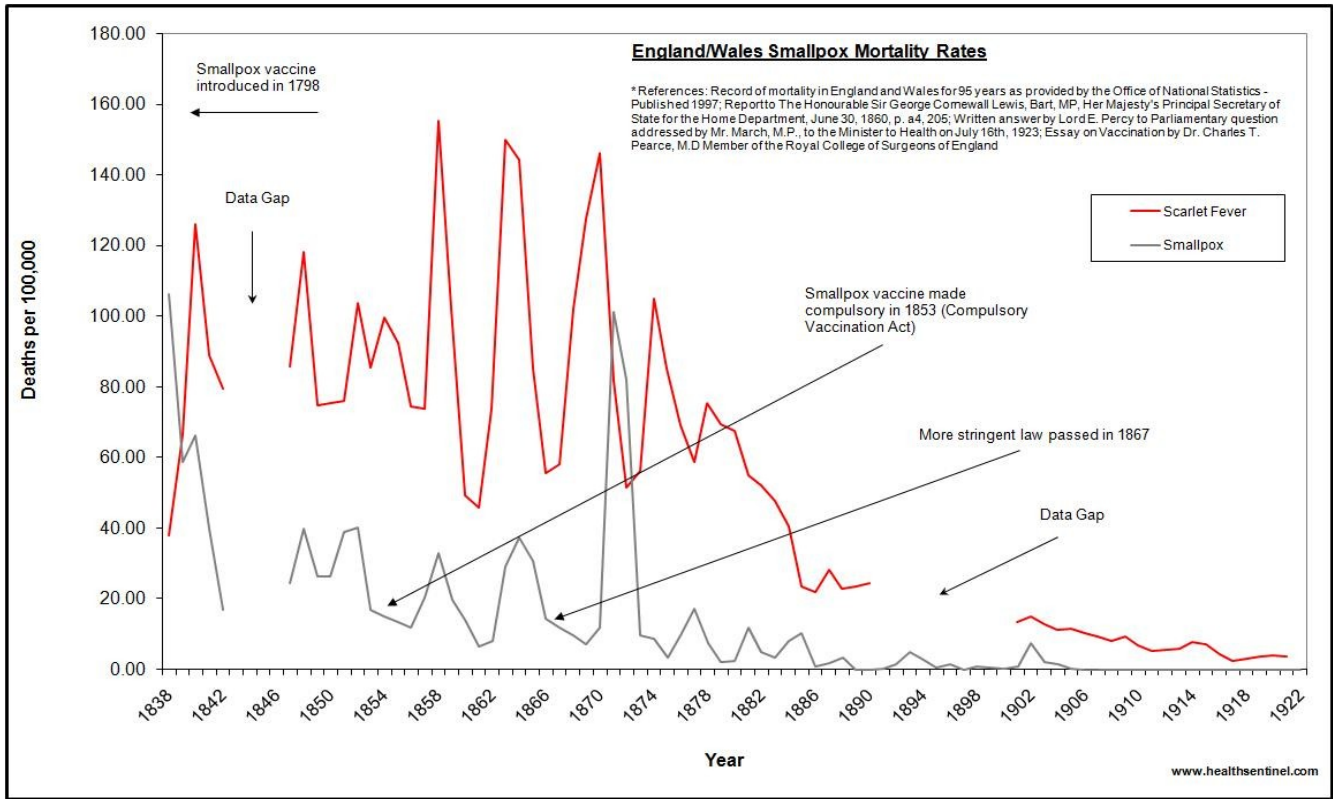
Graph A shows five diseases that were all sharply declining by the beginning of the twentieth century. All five diseases declined during a similar time frame, but interestingly only three of the diseases had been vaccinated for. Moreover, most vaccines were introduced long after the diseases had declined. Scarlet fever and typhoid were never vaccinated for in America, yet they declined at the same pace as the other diseases.

Graph B shows smallpox and scarlet fever mortality rates in England. These two diseases rose and fell in parallel, yet of the two only smallpox was vaccinated for. The smallpox vaccines seem to have no effect on the disease.

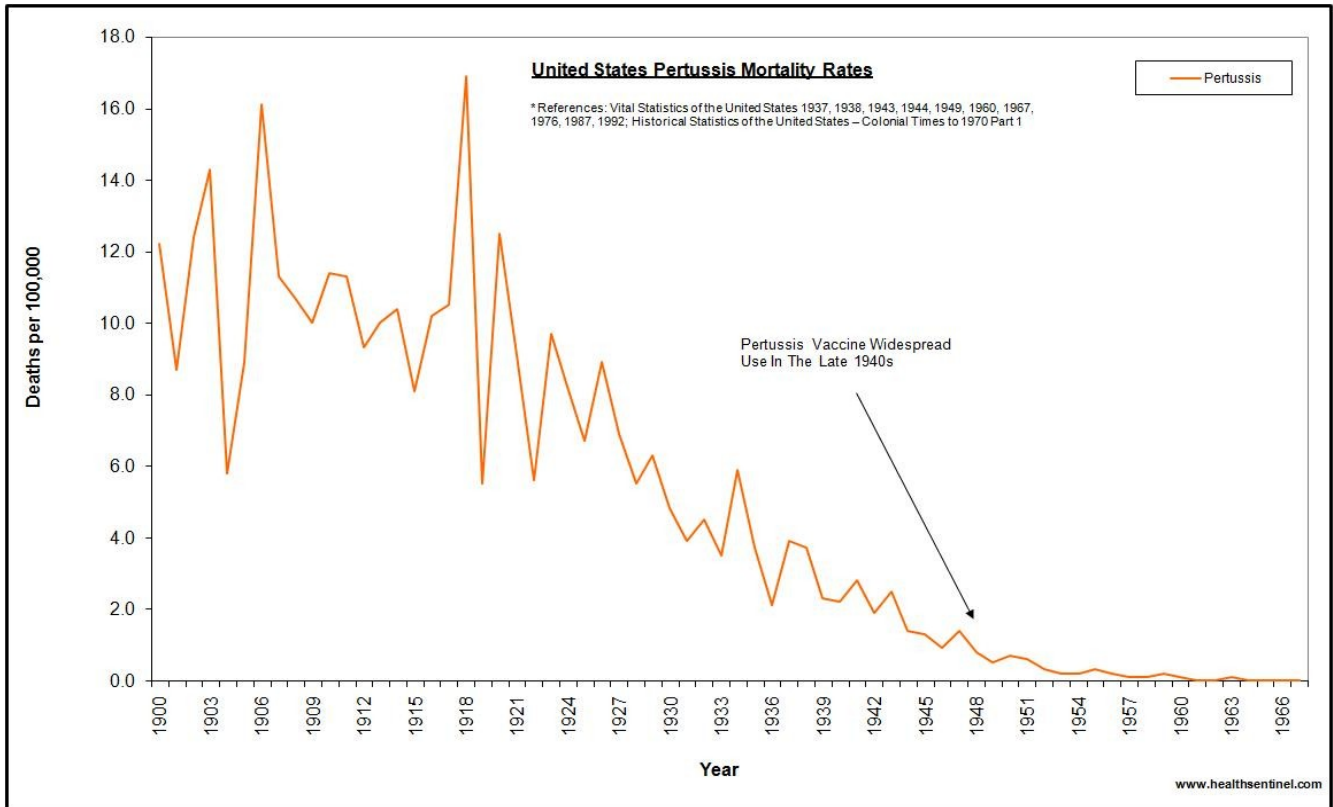
Graph C shows that Pertussis had already declined significantly in the US before the vaccine was introduced.



Graph A²⁶



Graph B



Graph C

Vaccine Contamination

Dr. Gary Null has suggested that all vaccines are contaminated, and, of course, he is not alone³.

Vaccines are produced in what the industry calls “incubation tanks,” which are basically giant stainless steel containers where viruses are cultured in one of many substrates, such as chicken embryos, cloned human cells, ground up monkey kidneys and other organs (formerly the most common substrate)¹².

In the year 2000, American manufacturers chose to stop importing monkeys and begin a practice that had in fact been banned since 1952¹². They used monkey cells that were cancerous¹². By exposing these cells to certain levels of radiation or a particular chemical, the cells will continually reproduce themselves¹². Scientists could thus fill giant vats with these cancerous tumors, streamlining production¹². The reason the practice was initially banned was because it was believed it could cause cancer; now, manufacturers stop the spread of the cancer by putting formaldehyde into the mix, which kills cells (and happens to be carcinogenic to humans)^{2, 12}.

These substrates can and do host large numbers of undesirable viruses³. As Dr. Andrew Lewis of the FDA said, “All the egg-based vaccines are contaminated, [including] influenza, yellow fever and smallpox vaccines, . . . for these fertilized chicken eggs are susceptible to a wide variety of viruses”¹².

Now, filters are used after the vaccine is cultured and incubated, but obviously the filters cannot be smaller than the virus for which the vaccine is being made, and therefore anything as small as or smaller than the virus will remain in the vaccine¹². Because of this, additional chemicals are used to aid sterilization, such as mercury and formaldehyde³. In spite of these preservatives, Null and others argue that sterilization is unachievable. The vaccines will always include other viruses, DNA and RNA fragments, proteins, viral proteins, chemicals, “degradation products” (defined by Janine Roberts as “parts of decayed viruses or cells”), etc.^{12, 16}.

How contaminated are the vaccines?

It seems that nobody really knows what's in the vaccines. Here is a quote from an MMR vaccine manufacturer: “[The] measles vaccine bulk is an unpurified product whose potency was measured through a biological assay for the active substance rather than through evaluation of integrity of physical form. Degradation products are neither identified nor quantified”¹². In other words, they're not even looking. They look only for what Roberts construes as “obviously active contaminants”¹².

Now, the FDA has set contaminant weight limits for decades, but vaccine manufacturers rarely reach the set goal¹⁶. Because of the inability of manufacturers to reach contamination goals, “The CDC decided to limit their weight recommendation to cancerous cell lines and then increase the other DNA contamination allowance one hundred-fold”¹⁶. However, these limits are only “recommendations” that can't be enforced¹⁶.

Mind you, although most of us are ignorant of vaccine contamination and this information will seem shocking to many of us, let us recall that the discovery in 1960 that the polio vaccine was contaminated with carcinogenic monkey viruses led to phasing out of Jonas Salk's vaccine. This was far too late, as millions of children had already been injected³⁷.

DNA fragments

It is well known that DNA fragments contaminate vaccine substrates. As the chief of CBER's Laboratory of Retrovirus Research, Hana Golding, points out that although these fragments may be considered dead, they may also remain active and be potentially dangerous¹⁶. “The codes of these contaminants could combine in vaccines and create new mutant strains of pathogens”¹⁶. Alarmingly, an expert at a NIH workshop in 1997 suggested that these same mutations could occur in children after vaccination¹⁶.

This 1997 workshop was actually held amongst top government regulatory scientists to consider

the contamination issue. There was concern that a DNA fragment (reverse transcriptase) was active and present in vaccines derived in a chicken embryo substrate¹². The overwhelming majority of scientists present expressed great concern, as there was compelling evidence presented the FDA's Dr. Arifa Khan and others that the vaccines were contaminated and that the reverse transcriptase is harmful and carcinogenic¹². To quote Dr. Khan, "The finding of RT activity in all measles vaccine lots from different manufacturers tested suggests that this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles"¹². Dr. Khan had found two types of retroviruses not in a wide variety of vaccine lots, but in the actually recipients of different vaccines¹².

Unfortunately, the opinion of the minority of scientists who were not concerned seemed to win out in subsequent events in the media and in government policy¹². No policy changes were made following this conference, despite Dr. Khan's recommendation to avoid the chicken embryo substrates¹².

Dr. Goldberg, an attendee at the conference, expressed concern that the scientific community currently understands but a fraction of the complexity of the microbial world¹⁶. Only presently identified particles can be tested for, yet the vaccines are likely to contain significant quantities of unknown particles¹⁶.

Finally, to follow up on the points made earlier in the essay about autoimmune disorders, let's look at how these DNA fragments might play a role in causing autoimmune disorders. British geneticist Dr. Mae-Wan Ho proposed a theory for how vaccines could cause autoimmune diseases, writing that "Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune disease"¹⁶.

Vaccine injury stories

I hope I have been clear in my points and I hope their significance will resonate with my readers, but the vaccine issue is so complicated and controversial that surely I won't be able to reach everybody. Here I will present vaccine injury stories that transcend any debate on policy or research. I hope that keeping the stories these tragedies alive will prevent us from taking the risks of vaccination for granted.

Bear in mind, these stories are painful to tell, and many readers will find them difficult to read.

Vaccine Injury Stories

Twelve year old James Severn suffered from arthritis four weeks after vaccination¹². This former football player had swollen knees and was unable to walk, and he was later diagnosed with an autoimmune disorder, IgA nephropathy, an incurable condition that slowly destroys the kidney¹².

George Corrigan was diagnosed with "idiopathic thrombocytopenic purpura," or ITP, at the age of one¹². ITP is a disease where victims bleed easily and bruise excessively, and the cause is unknown¹². Here's how his mother tells the story: "On Christmas Day, 10 days after he had the MMR, I found his nappy fully of blood. His nose then started bleeding. The roof his mouth was dark mauve. His skin was covered in spots. It was really frightening. He was 2 weeks in the hospital and still is not fully recovered"¹².

A six year old girl in Colorado given a flu vaccine in January 2008 and almost immediately "became weak with multiple episodes of falling to the ground"⁷. She battled over the next few months, weak, feverish, acting "as if drunk," requiring surgery, and ultimately passing away on April 5th, 2008⁷.

Nine year old Hannah Poling became autistic after receiving numerous vaccinations in 2008⁷.

One month after rubella vaccination, Francis Hamlys came down with what is a known side effect of the vaccine, juvenile arthritis¹². Now, Francis can hardly walk, and can no longer play the trombone he formerly played¹².

David Powell, five, also developed juvenile arthritis subsequent to a rubella vaccination¹². He is currently in remission, but has spent many nights screaming in agony from the pain of his condition¹². The disease could return any time.

Alan Yurko was released in 2004 after serving six years in prison on the charge of murdering his son of the same name in a case of "shaken baby syndrome"²⁸. Numerous medical doctors, reviewing the case, have concluded that the death came in reaction to a DTaP vaccine the boy received at the age of two months²⁸. The vaccine, severe vitamin and mineral deficiencies, and an overdose of the drug Heparin all may be implicated²⁸. This story was featured in the journal of the International Chiropractical Association in 2000²⁸.

These are just a few of many sad stories. There are dozens more to be found at the International Memorial for Vaccine Victims at <http://www.nvic.org/Vaccine-Memorial.aspx>.

Conclusion

Immunization via intramuscular injection is not the same as immunization through natural exposure. The efficacy of many commonly prescribed vaccines is questionable. There is no murkiness about the safety: the toxins in the vaccines will harm every child without exception. There is no safe amount of formaldehyde, mercury, aluminum, or squalene; the more that is injected, the more damage is done.

Because so many vaccines are recommended in spite of their poor track records, because much of the history of vaccines has been glorified into myth, because vaccines are cultured in known and unknown contaminants, because numerous additives still used in vaccines have proven negative health effects, and because the rates of numerous childhood diseases are skyrocketing without explanation, it must be concluded that vaccines pose an unnecessary risk and the precautionary principle must prevail. Although some vaccines may be worse than others, the information I have seen and presented on vaccines makes me unable to endorse any of them.

Anyone interested in avoiding mandatory vaccination for their child should realize that they do have the right to deny vaccination. To be apprised of your legal rights and learn how to navigate the laws of your state without the need for legal expenses, look into the website of Dr. Mayer Eisenstein (homefirst.com) or the book, *Good-Bye Germ Theory* by Dr. William P. Trebing.

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