

Dispelling Vaccination Myths

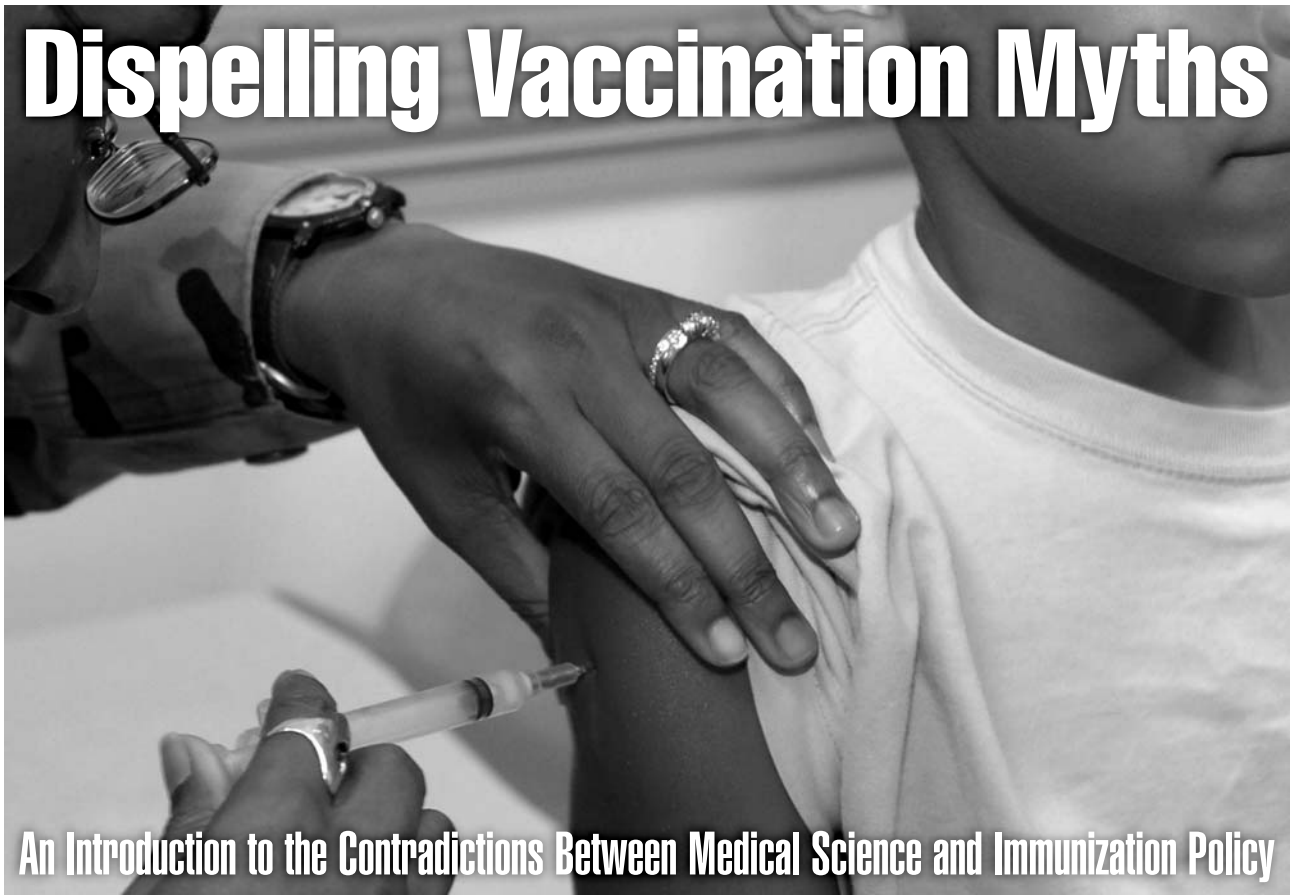


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An Introduction to the Contradictions Between Medical Science and Immunization Policy

By Alan G. Phillips

WHEN MY SON WAS SET TO BEGIN HIS ROUTINE VACCINATION SERIES AT AGE 2 MONTHS, I didn't know there were any risks associated with immunizations. But the clinic's flyer contained a contradiction: My child's chances of a serious adverse reaction to the DPT vaccine were one in 1750, while his chances of dying from pertussis 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 [flyer] sometime..." Soon thereafter I learned of a child who had been permanently disabled 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.



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AUTHOR'S WEBSITE:
www.vaccinerights.com

HEALTH AUTHORITIES CREDIT VACCINES FOR disease declines, and assure us of their safety and effectiveness. Yet these assumptions are directly contradicted by government statistics, published medical studies, Food and Drug Administration (FDA) and Centers for Disease Control (CDC) reports, and the opinions of credible research scientists from around the world. In fact, infectious diseases declined steadily for decades prior to mass immunizations, doctors in the U.S. report thousands of serious vaccine reactions each year including hundreds of deaths and permanent disabilities, fully vaccinated populations have experienced epi-

demics, and researchers attribute dozens of chronic immunological and neurological diseases that have risen dramatically in recent decades to mass immunization campaigns.

Decades of studies published in the world's leading medical journals have documented vaccine failure and serious adverse vaccine events, including death. Dozens of books written by doctors, researchers, and independent investigators reveal serious flaws in immunization theory and practice. Yet, incredibly, most pediatricians and parents are unaware of these findings. This has begun to change in recent years, however, as a growing number of parents and

healthcare providers around the world are becoming aware of the problems and questioning mass mandatory immunization. There is a growing international movement away from mass mandatory immunization. This report introduces some of the information that provides the basis for the movement.

My point is not to tell anyone whether or not to vaccinate, but rather, with the utmost urgency, to point out some very good reasons why everyone should examine the facts before deciding whether or not to submit to the procedure. As a new parent, I was shocked to discover the absence of a legal mandate or professional ethic requiring pediatricians to be fully informed of the risks of vaccination, let alone to inform parents that their children risk death or permanent disability upon being vaccinated. I was equally dismayed to see firsthand the prevalence of physicians who are, if with the best of intentions, applying practices based on incomplete – and in some cases, outright mis – information.

This report is only a brief introduction; your own further investigation is warranted and strongly recommended. You may discover that this is the only way to get an objective view, as the controversy is a highly emotional one.

A word of caution: Many have found pediatricians unwilling or unable to discuss this subject calmly with an open mind. Perhaps this is because they have staked their personal identities and professional reputations on the presumed safety and effectiveness of vaccines, and because they are required by their profession to promote vaccination. But in any event, anecdotal reports suggest that most doctors have great difficulty acknowledging evidence of problems with vaccines. 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 safe...” ...or are they?

The Federal government VAERS (Vaccine Adverse Events Reporting System) was established by Congress under the National Childhood Vaccine Injury Compensation Act of 1986. It receives about 11,000 reports of serious adverse reactions to vaccinations annually, which include as many as one to two hundred deaths, and several times that number of permanent disabilities.¹ VAERS officials report that 15% of adverse events are “serious” (emergency room trip, hospitalization, life-threatening episode, permanent disability, death). Independent analysis of VAERS reports has revealed that up to 50% of reported adverse events for the Hepatitis B vaccine are “serious.”² While these figures are alarming, they are only the tip of the iceberg. The FDA estimates that as few as 1% of serious adverse reactions to vaccines are reported,^{3,4} and the CDC admits that only about 10% of such events are reported.⁵ In fact, Congress has heard testimony that medical students are told not to report suspected adverse events.⁶

The National Vaccine Information Center (NVIC, a grass-roots organization founded by parents of vaccine-injured and killed children) has conducted its own investigations.⁷ It

reported: “*In New York, only one out of 40 doctor’s offices confirmed that they report a death or injury following vaccination.*” In other words, 97.5% of vaccine related deaths and disabilities go unreported there. Implications about medical ethics aside (federal law directs doctors to report serious adverse events,⁸ these findings suggest that vaccine deaths and serious injuries actually occurring may be from 10 to 100 times greater than the number reported.

With pertussis (often referred to as “whooping cough”), the number of vaccine-related deaths dwarfs the number of disease deaths, which have been about 10 annually for many years according to the CDC, and only 8 in 1993, one of the last peak-incidence years (pertussis runs in 3-4 year cycles; no one knows why, but vaccination rates have no such cycles). When you factor in under-reporting, the vaccine may be 100 times more deadly than the disease. Some argue that this is a necessary cost to prevent the return of a disease that would be more deadly than the vaccine. But when you consider the fact that the vast majority of disease decline this century preceded the widespread use of vaccinations (pertussis mortality declined 79% prior to vaccines), and the fact that rates of disease declines remained virtually unchanged following the introduction of mass immunization, present day vaccine casualties cannot reasonably be explained away as a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related-deaths story doesn’t end here. Studies internationally have shown vaccination to be a cause of SIDS^{9,10} (SIDS, Sudden Infant Death Syndrome, is a “catch-all” diagnosis given when the specific cause of death is unknown; estimates range from 5,000 to 10,000 cases each year in the U.S.). One study 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,¹¹ while another found a clear pattern of correlation extending three weeks after immunization. Another study found that 3,000 children die within 4 days of vaccination each year in the U.S. (amazingly, the authors reported no SIDS/vaccine relationship), while yet another researcher’s studies led to the conclusion that at least half of SIDS cases are caused by vaccines.¹²

Initial studies suggesting a causal relationship between SIDS and vaccines were quickly followed by vaccine-manufacturer-sponsored studies concluding that there is no relationship between SIDS and vaccines; one such study claimed that there was a slightly lower incidence of SIDS in vaccinees. However, many of these studies were called into question by yet another study that found “confounding” had erroneously skewed the results of these studies in favor of the vaccine.¹³ At best, there is conflicting evidence. But shouldn’t we err on the side of caution? Shouldn’t any credible correlation between vaccines and infant deaths be just cause for meticulous, widespread monitoring of the vaccination status of all SIDS cases? Health authorities have chosen to err on the side of denial rather than caution.

In the mid 1970’s Japan raised their vaccination age from two months to two years; their incidence of SIDS dropped dramatically;¹⁴ they went from an infant mortality ranking of 17 to first in the world (i.e., Japan had the lowest infant death rate

when infants were not being immunized). England's vaccination rate temporarily dropped to about 30% at about the same time following media reports of vaccine-related brain damage. Infant mortality dropped substantially for about 2 years, then rose again in close correlation to rising immunization rates in the late 1970s. Despite these experiences, the medical community maintains a posture of denial. Coroners don't check the vaccination status of SIDS victims, and unsuspecting families continue to pay the price, unaware of the dangers and denied the right to make an informed choice.

FDA and CDC admissions about the lack of adverse event reporting suggests that the total number of adverse reactions actually occurring each year may actually fall within a range of 100,000 to a million (with "serious" events being approximately 20% of these). This concern is underscored by a study revealing that 1 in 175 children who completed the full DPT series suffered "severe reactions,"¹⁵ and a Dr.'s report for attorneys stating that one in 300 DPT immunizations resulted in seizures.¹⁶

England actually saw a drop in pertussis deaths when vaccination rates dropped to 30% in the mid 70s. 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 rates had fallen.¹⁷

Vaccinations cost us 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 \$1.2 billion since 1988 to the families of children injured and killed by vaccines,[18] with money that comes from a tax on vaccines that vaccine recipients pay. Meanwhile, pharmaceutical companies have a captive market; vaccines are legally mandated in all 50 U.S. states (though legally avoidable in most; see *Myth #9*), yet these same companies are "immune" from accountability for the consequences of their products. Furthermore, they have been allowed to use "gag orders" as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers. Such arrangements are clearly unethical; they force an uninformed American public to pay for vaccine manufacturer's liabilities, while ensuring that this same public will remain ignorant of the dangers of their products. This arrangement also diminishes any incentive that manufacturers might have to produce safer vaccines.

It is important to note that insurance companies, who do the best liability studies, refuse to cover vaccine reactions. Each industry's respective profit motives have generated these contradictory positions.

VACCINATION TRUTH #1:

"Vaccination causes significant death and disability at an astounding personal and financial cost to uninformed families and society."

VACCINATION MYTH #2: "Vaccines are very effective..." ...or are they?

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, small pox, pertussis, polio and Hib outbreaks have all occurred in vaccinated populations.^{19, 20, 21, 22, 23} In 1989 the CDC reported: "*Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 percent.*"²⁴ [They] *have occurred in all parts of the country, including areas that had not reported measles for years.*"²⁵ The CDC even reported a measles outbreak in a documented 100% vaccinated population.²⁶ 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.*"²⁷ A more recent study found that measles vaccination "*produces immune suppression which contributes to an increased susceptibility to other infections.*"²⁸ These studies suggest that the goal of complete "immunization" may actually be counter-productive, a notion underscored by instances in which epidemics followed complete immunization of entire countries. Japan experienced yearly increases in small pox following the introduction of compulsory vaccines in 1872. By 1892, there were 29,979 deaths, and all had been vaccinated.²⁹ In the early 1900s, the Philippines experienced their worst smallpox epidemic ever after 8 million people received 24.5 million vaccine doses (achieving a vaccination rate of 95%); the death rate quadrupled as a result.³⁰ Before England's first compulsory vaccination law in 1853, the largest two-year smallpox death rate was about 2,000; in 1870-71, England and Wales had over 23,000 smallpox deaths.³¹ In 1989, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination.³² In the U.S. in 1986, 90% of 1300 pertussis cases in Kansas were "adequately vaccinated."³³ 72% of pertussis cases in the 1993 Chicago outbreak were fully up to date with their vaccinations.³⁴

VACCINATION TRUTH #2:

"Evidence suggests that vaccination is an unreliable means of preventing disease."

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

According to the British Association for the Advancement of Science, childhood diseases decreased 90% between 1850 and 1940, paralleling improved sanitation and hygienic practices, well before mandatory vaccination programs. The *Medical Sentinel* recently reported, "*from 1911 to 1935, the four leading causes of childhood deaths from infectious diseases in the U.S. were diphtheria, pertussis, scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95 percent, before the implementation of mass immunization programs.*"³⁵



Thus, at best, vaccinations can be examined only for their relationship to the small, remaining portion of disease declines that occurred after their introduction. Yet even this role is questionable, as pre-vaccine rates of disease mortality decline remained virtually the same after vaccines were introduced. Furthermore, European countries that refused immunization for small pox and polio saw the epidemics end along with those countries that mandated it; vaccines were clearly not the sole determining factor. In fact, both small pox and polio immunization campaigns were followed by significant disease incidence increases. After smallpox vaccination was being mandated, smallpox remained a prevalent disease with some substantial increases, while other infectious diseases simultaneously continued their declines in the absence of vaccines. In England and Wales, smallpox disease and vaccination rates eventually declined simultaneously over a period of several decades between the 1870s and the beginning of World War II.³⁶ It is thus impossible to say whether or not vaccinations contributed to the continuing declines in disease death rates, or if the declines continued unabated simply due to the same forces which likely brought about the initial declines – improvements in sanitation, hygiene and diet; better housing, transportation and infrastructure; better food preservation techniques and technology; and natural disease cycles. Under-scoring this conclusion was a recent World Health Organization report which found 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.³⁷ Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence rather than mortality statistics as evidence of vaccine effectiveness. However, statisticians tell us that mortality statistics are a better measure of disease than incidence figures, for the simple reason that

the quality of reporting and record keeping is much higher on fatalities.³⁸ For instance, a 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.³⁹ 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, but when former top virologist for the U.S. Division of Biological Standards, Dr. J. Anthony Morris, analyzed the 41 cases, he confirmed only 5, and all had been vaccinated.⁴⁰ 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 what impact, if any, that vaccines had on 19th and 20th century infectious disease declines.”

VACCINATION MYTH #4: “Vaccination is based on sound immunization theory and practice...” ...or is it?

The clinical evidence for vaccines is their ability to stimulate antibody production in the recipient. What is not clear, however, is whether or not antibody production constitutes immunity. For example, agamma globulin-anemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children.⁴¹ Furthermore, 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.⁴² Natural immunization is a complex interactive process involving many bodily organs and systems; it cannot be replicated by the artificial stimulation of antibodies.

Research also indicates that vaccination commits immune cells to the specific antigens in a vaccine, rendering them incapable of reacting to other infections. Immunological reserves may thus actually be reduced, causing a generally lowered resistance.⁴³

Another component of immunization theory is “herd immunity,” the notion that when enough people in a community are immunized, all are protected. As *Myth #2* showed, there are many documented instances showing just the opposite – fully vaccinated populations have experienced epidemics. With measles, this actually seems to be the direct result of high vaccination rates.⁴⁴ In Minnesota, a state epidemiologist concluded that the Hib vaccine increases the risk of illness when a study revealed that vaccinated children were five times more likely to contract meningitis than unvaccinated children.⁴⁵

Surprisingly, vaccination has never actually been clinically proven to be effective in preventing disease, for the simple reason that no researcher has directly exposed test sub-

jects to diseases (nor may they ethically do so). The medical community's gold standard, the double blind, placebo-controlled study, has not been used to compare vaccinated and unvaccinated people, and so the practice remains scientifically unproven. Furthermore, it is important to recognize that not everyone exposed to a disease develops symptoms (indeed, only a tiny percentage of a population need develop symptoms for an epidemic to be declared). Thus, if a vaccinated individual is exposed to a disease and doesn't get sick, it is impossible to know whether the vaccine worked, because there is no way to know if that person would have developed symptoms if he or she had not been vaccinated. It is also worth noting that outbreaks in recent years have recorded more disease cases in vaccinated children than in unvaccinated children.

Yet another surprising aspect of immunization practice is the "one size fits all" aspect. An 8 pound 2-month-old baby receives the same dosage as a 40 pound five year old child. 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 in 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 associated with disproportionately high death and disability rates – have been repeatedly identified by the NVIC, but the FDA consistently refuses to intervene to prevent further unnecessary injury and deaths. In fact, individual vaccine lots have never been recalled due to their greater incidence of adverse reactions. However, the rotavirus vaccine was taken off the market a few months after being introduced when it caused bowel obstructions in many recipients. Incredibly, the FDA and CDC knew about this problem prior to licensing the vaccine, but both organizations still gave their unanimous approval.⁴⁶

Finally, vaccines are administered with the assumption that all recipients – regardless of race, culture, diet, genetic makeup, geographic location, or any other characteristic – will respond the same. This was perhaps never more dramatically disproved than in Australia's Northern Territory a few years ago, where stepped-up immunization campaigns in native aborigines resulted in an incredible 50% infant mortality rate.⁴⁷ One must wonder about the lives of the survivors, too; 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* reporting that a substantial number of Romanian children were contracting polio from the vaccine. Researchers found a correlation with injections of antibiotics. 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.⁴⁸

What other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences? We cannot begin to fully comprehend the scope and degree of the danger until pub-

lic health officials begin looking and reporting in earnest. In the meantime, entire countries' populations are unwitting gamblers in a game that many might very well choose not to play if they were given all the rules in advance.

VACCINATION TRUTH #4:

"Many of the assumptions upon which immunization theory and practice are based are unproven or have been proven false in their application."

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 usually impart life-long 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, while still rare, is 20 times more likely than in childhood. "Measles parties" used to be common in Britain; if a child got measles, other parents in the neighborhood would rush their kids over to play with the infected child, to deliberately contract the disease and develop natural lifetime immunity. This avoids the risk of infection in adulthood that comes with artificial immunity, when the disease is more dangerous, and provides the benefits of an immune system strengthened by the natural disease process.

About half of measles cases in the late 1980s resurgence were in adolescents and adults, most of whom were vaccinated as children,⁴⁹ and the recommended booster shots may provide protection for less than six months.⁵⁰ Some health-care professionals are concerned that the virus from the chicken pox vaccine may *"reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders."*⁵¹ 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 DNA [the vaccine herpes virus] into the host genome [children]."*⁵² The truth is, no one knows, but the vaccine is now licensed, recommended by health authorities, and quickly becoming mandated throughout the country.

Not only are most infectious diseases rarely dangerous, they can actually play a vital role in the developing a strong, healthy immune system. Persons who have not had measles have a higher incidence of certain skin diseases, degenera-

tive diseases of bone and cartilage, and certain tumors, while absence of mumps has been linked to higher risks of ovarian cancer. Anthroposophical medical doctors recommend only the tetanus and polio vaccines; they believe contracting the other childhood infectious diseases is beneficial in that it matures and strengthens the immune system.

VACCINATION TRUTH #5:

“Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but highly profitable procedure.”

**VACCINATION MYTH #6:
“Polio was one of the clearly great
vaccination success stories...”
...or was it?**

Six New England states reported increases in polio one year after the Salk vaccine was introduced, ranging from more than doubling in Vermont to Massachusetts’ astounding increase of 642%; other states reported increases as well. The incidence in Wisconsin increased by a factor of five. Idaho and Utah actually halted vaccination due to the increased incidence and death rate. In 1959, 77.5% of Massachusetts’ paralytic cases had received 3 doses of IPV (injected polio vaccine). 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 – a 50% increase from 1957 to 1958, and an 80% increase from 1958 to 1959 – but that the statistics were deliberately manipulated by the Public Health Service to give the opposite impression.⁵³ It is important to understand that the polio vaccine was not universally accepted, at least initially. Despite this, polio declined both in European countries that refused mass vaccination as well as in those that employed it.

According to researcher-author Dr. Viera Scheibner, 90% of polio cases were eliminated from statistics by health authorities’ redefinition of the disease when the vaccine was introduced, while in reality the Salk vaccine was continuing to cause paralytic polio in several countries amidst an absence of epidemics caused by the wild virus. For example, cases of viral and aseptic meningitis, which have symptoms similar to polio, were routinely diagnosed and recorded as polio before the vaccine, but were distinguished and removed from polio statistics after the vaccine. Also, the number of cases needed to declare an epidemic was raised from 20 to 35, and the requirement for inclusion in paralysis statistics was changed from symptoms that lasted for 24 hours to symptoms lasting 60 days (many polio victims’ paralyzes were temporary). It is no wonder that polio decreased radically after vaccines – at least on paper. 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 vaccinated individuals.

Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine. 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 [then four year] absence of wild polio from the western hemisphere. 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 suggest that the actual number of VAPP “sacrifices” may be 10 to 100 times higher than that cited by the CDC. Notably, the live polio virus is no longer in widespread use.

To be sure, polio as it was known in the first half of the 20th century does not exist today. However, declines following polio peaks in the late 1940s and early 1950s had been underway for a period of years by the time the vaccine was introduced.

VACCINATION TRUTH #6:

“The polio vaccine temporarily reversed disease declines that were underway before the vaccine was introduced; this fact was deliberately covered up by health authorities. In Europe, polio declined in countries that both embraced and rejected the vaccine.”

**VACCINATION MYTH #7:
“My child had no reaction to the vaccines, 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, and other conditions, many of which barely existed before mass vaccination programs. Vaccine ingredients include known toxicants and carcinogens such as thimersol (a mercury derivative), aluminum phosphate, formaldehyde (for which the Poisons Information Centre in Australia claims there is no acceptable safe amount that can be injected into a living human body), and phenoxethanol (commonly known as antifreeze). Some of these ingredients are gastrointestinal toxicants, liver toxicants, respiratory toxicants, neurotoxicants, cardiovascular and blood toxicants, reproductive toxicants, and developmental toxicants, to name a few of the known dangers. Chemical ranking systems rate many vaccine ingredients among the most hazardous substances, and they are heavily regulated. Even microscopic doses of some of these ingredients are known to be able to cause serious injury. In addition, some vaccine mediums used in the production of vaccines contain human

diploid cells originating from human aborted fetal tissue, a fact that might affect many people's vaccination choices – if they only knew this was the case.

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 documented adverse 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 are 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 induce encephalitis in lab animals. The pertussis vaccine's ability to cause brain damage is thus not only known, but relied upon by clinical researchers studying brain disorders.

A German study found correlations between vaccinations and 22 neurological conditions including attention deficit and epilepsy. Another dilemma is that viral elements in vaccines may persist and mutate in the human body for years, with unknown consequences. Millions of children are partaking in an enormous, crude experiment, and no sincere, organized effort is being made to track the negative side effects or to determine the long-term consequences. Since long-term studies on the adverse effects of vaccines are virtually non-existent, their widespread use in the absence of informed consent and adequate safety testing constitutes medical experimentation. As the American Association of Physicians and Surgeons and the National Vaccine Information Center have pointed out, this is a violation of the first principle of the Nuremberg Code, “*the centerpiece of modern bioethics.*”^{54, 55}

Bart Classen, M.D., Ph.D., founder of Classen Immunotherapies and developer of vaccine technologies, conducted epidemiological studies around the world and found vaccines to be the cause of 79% of insulin type I diabetes in children under 10. The increase risk ranged from 9% with the diphtheria vaccine to 50% with the Hepatitis B vaccine. According to Classen, CDC data confirms his findings. However, the implications of Classen's findings go well beyond diabetes, as his comment in a 1999 issue of the *British Medical Journal* points out: “*The incidence of many other chronic immunological diseases, including asthma, allergies, and immune mediated cancers, has risen rapidly and may also be linked to immunisation.*”⁵⁶ The diabetes findings may be only the tip of the iceberg.

Recent studies in the U.S. and England suggest that vaccines cause autism.^{57, 58, 59} Mercury poisoning and autism have nearly identical symptoms,⁶⁰ and a single day's vaccination regimen may inject 41 times the level of mercury known to cause harm.⁶¹ California's autism rate has mushroomed 1000% over the past 20 years, with dramatic increases following the

introduction of the MMR vaccine in the early 1980s. England had dramatic autism increases beginning in the 1990s, following the introduction of the MMR vaccine there. Some infants receive 100 times the EPA's maximum allowable amount of mercury through vaccines. In January, 2000, the *Journal of Adverse Drug Reactions* reported that the MMR vaccine was not adequately tested and should not have been licensed. Further reinforcing the suspected vaccine-autism connection is the fact that many physicians using a systematic mercury-detoxification regimen with autistic patients have seen dramatic improvements in the health and behavior of their patients.⁶² Today, one out of every 150 children are affected by autism, according to the National Vaccine Information Center. In the early 1940s, prior to the introduction of most vaccines in current use, it was considered a rare condition that few doctors would ever encounter in their practice.

VACCINATION TRUTH #7:

“The long-term adverse effects of vaccinations have been ignored in spite of compelling correlations with many serious chronic conditions. Doctors can't otherwise explain the dramatic rise in many of these diseases.”

VACCINATION MYTH #8:

**“Vaccines are the only disease prevention option available...”
...or are they?**

Most parents feel compelled to take some disease-preventing action for their children. While there is no 100% guarantee anywhere, there are viable alternatives. Historically, homeopathy has proven many times to be more effective than allopathic medicine in the treatment and prevention of 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 only 3%.⁶³ Roughly similar statistics still hold true for cholera today.⁶⁴ Recent epidemiological studies show homeopathic remedies as equaling or surpassing standard 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.⁶⁵

There are homeopathic kits available for disease prevention.⁶⁶ Homeopathic remedies can also be taken only during times of increased risk (outbreaks, traveling, etc.), and have proven highly effective in such instances. And since these remedies have no toxic components, they have virtually no side effects. In addition, homeopathy has been effective in reversing some of the disability caused by vaccine reactions, not to mention many 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. However, they have been systematically attacked and suppressed by the medical establishment.”



GETTY IMAGES

VACCINATION MYTH #9:
**“Vaccinations are legally mandated
 and unavoidable...”**
...or are they?

In the U.S., vaccine laws vary from state to state. While every state legally requires vaccines, every state also has one or more legal exemptions from vaccines. School and health officials will seldom volunteer exemption information, and are sometimes misinformed about legal exemptions, so it is important to check the laws in your state to find out exactly what the requirements are. Each state offers one or more of the following three kinds of exemptions:

1) **MEDICAL EXEMPTION:** All 50 states in the U.S. allow for a medical exemption. However, few pediatricians check for indications of increased risk before administering vaccines, so it is advisable for parents to research this matter for themselves if they have reason to believe that their child may be predisposed to vaccine reactions. Epilepsy, severe allergies, and a previous adverse reaction in a child or sibling are but a few of the many conditions in child or family history which may increase the chances of an adverse reaction, and thus may qualify for a medical exemption from one or more required vaccines. In general, though, medical exemptions are difficult to get, may be available only to those who have already had a serious vaccine reaction or who have a family his-

tory of serious vaccine reactions, may be granted only for the specific vaccine believed to have caused a previous reaction, and may be valid only as long as the condition giving rise to the exemption persists (i.e., may be temporary).

2) **RELIGIOUS EXEMPTION:** 48 states allow for a religious exemption (all but MS and WV). A state’s laws may state that membership in an established religious organization is required. However, this requirement has been held unconstitutional in New York federal courts; personal religious beliefs may be sufficient for a religious exemption regardless of which religious organization you belong to, or whether or not you belong to an organized religion at all.^{67, 68, 69, 70} In one case, the plaintiffs were awarded money damages when the court found that the state had violated their civil rights by denying them a religious exemption.

3) **PHILOSOPHICAL OR PERSONAL EXEMPTION:** Approximately 17 states allow parents to refuse vaccination for personal or philosophical reasons.

It is worth noting that exempted children may be banned from attending schools during local outbreaks. But all schools, public or private, must comply with state vaccination laws and honor legal exemptions.

The best source for a copy of your state’s vaccination laws is state health officials. A phone call to the state Department of Epidemiology or Immunization (the specific name varies from state to state) may be all that it takes to get a copy mailed to you. Or, for a small fee, some organizations will sell you a copy of your state’s immunization laws (see, for example, www.nvic.org, www.thinktwice.com). Statutes in some states can be searched on the internet (see www.findlaw.com), but these sources may not be fully up to date unless with a paid subscription service. Of course, law libraries and lawyers are a good source as well.

Since people who may qualify for an exemption sometimes are denied an exemption due to their lack of understanding of their legal rights and how to effectively assert them, a consultation with a knowledgeable attorney is highly recommended, especially with religious exemptions. It is worth noting that the Supreme Court has defined ‘religion’ for legal purposes broadly – many people may qualify for a vaccine religious exemption who at first think they do not.

VACCINATION TRUTH #9:

“Vaccines are truly mandated, but legal exemptions are available for many, if not all, U.S. citizens.”

VACCINATION MYTH #10:
**“Public health officials always place the public’s
 health above all other concerns...”**
...or do they?

Vaccination history is riddled with documented instances of deceit portraying vaccines as mighty disease conquerors, when in fact vaccines have had little or no discernable impact on – or have even delayed or reversed – pre-existing disease declines. The United Kingdom’s Department of Health admitted that vaccination status determined the diagnosis of

subsequent diseases: those found in vaccinated patients received alternate diagnoses; hospital records and death certificates were falsified. Today, many doctors still refuse to diagnose diseases in vaccinated children, and so the “Myth” about vaccine success persists.

Conflicts of interest are the norm in the vaccine industry. Members and Chairs of the FDA and CDC vaccine advisory committees own stock in drug companies that make vaccines; individuals on both advisory committees own patents for vaccines under consideration or affected by the decisions these committees make. The CDC grants conflict-of-interest waivers to every member of their advisory committee a year at a time, allowing full participation in the discussions leading up to a vote by every member whether or not they have a financial stake in the decision.⁷¹

Concerns over vaccine adverse effects and conflicts of interest led the American Society of Physicians and Surgeons to issue a Resolution to Congress calling for a “moratorium on vaccine mandates and for physicians to insist upon truly informed consent for the use of vaccines.” Approved by unanimous vote at the AAPS October 2000 annual meeting, the resolution made references to the “increasing numbers of mandatory childhood vaccines, to which children are... subjected without ... information about potential adverse side effects”; the fact that “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 the fact that “the process of approving and ‘recommending’ vaccines is tainted with conflicts of interest.”⁷²

In an October 1999 statement to Congress, Bart Classen, M.D., M.B.A., founder and CEO of Classen Immunotherapies and developer of vaccine technologies, stated, “It is clear... that the government’s immunization policies... are driven by politics and not by science. I can give numerous examples where employees of the U.S. Public Health Service ... appear to be furthering their careers by acting as propaganda officers to support political agendas. In one case... employees of a foreign government, who were funded and working closely with the U.S. Public Health Service, submitted false data to a major medical journal. The true data indicated the vaccine was dangerous, however, the false data that was submitted indicated there was no risk. An employee of the NIH who manages large vaccine grants jointly published a misleading letter about the subject with one of these foreign civil servants. As you are aware it is illegal to falsify data from research funded by the U.S. government.”

Dr. Classen recommended that Congress hire a special prosecutor “to determine if public health officials are following the laws enacted to ensure vaccines are safe” and to determine “if public health officials along with manufacturers are misleading the public about the safety of these products.”⁷³

In France, 15,000 French citizens have sued their government over adverse Hepatitis B vaccine reactions.⁷⁴ Former public health officials there are serving prison sentences following findings that they did not follow the law to ensure the safety of the vaccine, and school-age Hep B vaccination has been discontinued. U.S. military personnel may be even worse

off: “. . . four letters from the FDA/Public Health Service... clearly reveal that the anthrax vaccine was approved for marketing without the manufacturer performing a single controlled clinical trial.”⁷⁵ Clinical trials are, of course, absolutely critical to determining the safety and effectiveness of any pharmaceutical product. Military personnel have been, and continue to be, unwitting subjects in an unethical experiment.

VACCINATION TRUTH #10:

“Many of the public health officials who determine vaccine policy profit substantially from their policy decisions.”

SOME CLOSING REMARKS

In the December 1994 *Medical Post*, Canadian author of the best-seller *Medical Mafia*, Guylaine Lanctôt, M.D., 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... 100 years from now we will know that the biggest crime against humanity was vaccines.”

After critically analyzing literally tens of thousands of pages of the vaccine medical literature, Dr. Viera Scheibner concluded that “there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects.”⁷⁶

Dr. Classen has stated, “My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. This question can only be determined by proper studies which have never been performed. The flaw of previous studies is that there was no long-term follow up and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research... and thus acknowledges the need for proper studies.”⁷⁷

These may be radical positions, but they are not unfounded. The continued denial and suppression of the evidence against vaccines only perpetuates the “Myths” of their



“success” and, more importantly, their negative consequences on our children and society. Aggressive and comprehensive scientific investigation into adverse vaccine events is clearly warranted, yet immunization programs continue to expand in the absence of such research. Manufacturer profits are enormous, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

The positions asserted above are not coming from a handful of fringe lunatics; entire professional organizations are speaking out. Criticisms of vaccines are being sounded by an increasing number of credible and reputable scientists, researchers, investigators, and self-educated parents from around the world. Instead, it is public health officials and die-hard vaccine advocates (many of whom have a financial stake in the outcome of the debate) who are beginning to lose credibility by refusing to acknowledge the growing body of evidence and to address the very real, serious, documented problems.

Meanwhile, the race is on. There are over 200 new vaccines being developed for everything from birth control to cocaine addiction.⁷⁸ Some 100 of these are already in clinical trials. Researchers are working on vaccine delivery through nasal sprays, mosquitoes (yes, mosquitoes), and the fruits of “transgenic” plants in which vaccine viruses are grown. With every adult and child on the planet a potential recipient of vaccines administered periodically throughout their lives, and every healthcare system and government a potential buyer, it is little wonder that countless millions of dollars are spent nurturing the growing multi-billion dollar vaccine industry. Without public outcry, we will see more and more new vaccines required of us all. And while profits are readily calculable, the real human costs are ignored or suppressed.

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. ■

ENDNOTES

¹ Vaccine Adverse Events Reporting System (VAERS); National Technical Information Service, Springfield, VA 22161, 703-487-4650, 703-487-4600; see also: NVIC, *infra* note 7; and the VAERS website at www.fda.gov/cber/vaers/vaers.htm.

² Statement of the National Vaccine Information Center (NVIC), Hearing of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, “Compensating Vaccine Injuries: Are Reforms Needed?” September 28, 1999.

³ Less than 1%, according to Barbara Fisher, citing former FDA Commissioner David Kessler, 1993, JAMA, in the Statement of the NVIC, *supra* note 2.

⁴ Less than 10%, according to KM Severyn, R.Ph., Ph.D. in the *Dayton Daily News*, May 28, 1993. (Vaccine Policy Institute, 251 Ridgeway Dr., Dayton, OH 45459.)

⁵ American Association of Physicians and Surgeons, Fact Sheet on Mandatory Vaccines at www.aaponline.org

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⁷ National Vaccine Information Center (NVIC), 512 Maple Ave. W. #206, Vienna, VA 22180, 703-938-0342; “Investigative Report on the Vaccine Adverse Event Reporting System.”

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¹⁴ See: Viera Scheibner, *supra* note 12.

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EDITOR'S NOTE: The first edition of this article has been published over 10 years ago. Although it has been revised by the author, some of the figures may not be up to date. They could only become more alarming, though...

ABOUT THE AUTHOR

Alan G. Phillips is an attorney in Chapel Hill, NC, and a co-founder Citizens for Healthcare Freedom (CHF), a non-profit corporation dedicated to raising vaccine awareness and advocating informed choice. Alan has a background in technical writing, writing assessment, children's elementary education and investigative research on alternative health issues. He conducts lectures on the vaccine controversy and vaccine exemption legal rights. He can be contacted at P.O. Box 3473, Chapel Hill, NC 27515; 919-960-5172; attorney@vaccinerights.com; or at his website: www.vaccinerights.com.