What Kind of Life Is “A Lifetime of Vaccines”? 
Learn the Risks; Protect Your Rights.

by Charlotte Gilruth, CCH

October 16, 2013

"Vaccines in the U.S. represent a government-industry alliance...the likes of which are unknown in any other place or time in recorded history."
--Attorney Alan Phillips

Part 1
Vaccine Mandates Today

Pharma envisions a grim future for all of us. Merck’s infographic, “A Lifetime of Vaccines,” depicts seven life stages, from newborn through elderly. Sanofi Pasteur presents, “New and next generation vaccines for every stage of life.” The slogans, “You never outgrow the need for vaccines” and “Vaccines are not just for kids,” probably originating at the CDC (Centers for Disease Control), have spread across the country to places like health departments and pharmacies touting vaccination for adults. With nearly 300 vaccines under development, pressure mounts for cradle-to-grave vaccination, including, disturbingly, flu and Tdap (Tetanus/Diphtheria/acellular Pertussis) shots for pregnant women. The vaccine industry, governmental policymakers, and medical associations are working in concert to shift the long-standing public assumption that vaccination mostly ends with childhood.

At the same time, the schedule of vaccines required for children—which has tripled since the 1980s—continues to expand alarmingly. Childhood vaccination programs, promoted on the
federal level and enacted through state health departments, generally resemble that of Vermont, where Department of Health Immunization Regulations specify that once a new vaccine is recommended by the Advisory Committee on Immunization Practices, (ACIP, which consists of 15 experts appointed by the U.S. Department of Health and Human Services), “there will be a two-year phase-in period before children will be required to have the vaccine in order to enroll in a child-care facility or school.”¹⁵ Four new vaccines, including an annual flu shot, have recently been added to the CDC-recommended childhood schedule,¹⁶ which, when approved, will bring the total to 52 shots (of 68 separate antigens) by age 18; the dangerous and controversial HPV (Human Papilloma Virus) vaccine has been on that list for over two years now.

The recommended schedule for adults shows the same steady increase.¹⁷ In 2010 the annual flu vaccine was recommended mostly for adults over 50. That changed to all adults in 2011. In 2012, the recommendation for HPV for males was added. In 2013, a Tdap shot is recommended for pregnant women, one per pregnancy.¹⁸

**Regulations Impinge on Parents’ Best Judgment**

Immunization regulations as they now stand already restrict parental choices, and pending measures would be even more limiting. A few real-life scenarios underline the pressing need to preserve vaccine exemption rights:

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<thead>
<tr>
<th>Situation</th>
<th>Exemption Required? YES!</th>
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<tbody>
<tr>
<td>Hepatitis B Vaccine</td>
<td>This shot is recommended “ideally within the first 12 hours after birth,”¹⁹ even though the greatest risk factors for contracting the disease are unprotected promiscuous sex and intravenous drug addiction.²⁰ Some parents skip or delay this vaccine, certain that their infants are at little risk of hepatitis B infection, and knowing that it is not in any case spread by casual contact (e.g. at school).²¹</td>
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<tr>
<td>Chickenpox Vaccine</td>
<td>Vermont's philosophical exemption rate doubled²² after the Varicella-zoster (Chickenpox) vaccine was added to the required immunization schedule in 2008-2009, as many parents believed the vaccine was unnecessary, having had chickenpox themselves when young. (Chickenpox is almost always simply a nuisance; sequelae are extremely rare. Chickenpox vaccine is not on the schedule for children in the UK because “experts think that introducing a chickenpox vaccination for children could increase the risk of shingles in older people.”²³)</td>
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<tr>
<td>Separating Combination Vaccine Components</td>
<td>Since separate shots may no longer exist or be available, parents who believe it safer to separate the components of vaccine combinations such as MMR and DTaP often have to relent and give combinations anyway.</td>
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<td>Spreading or Delaying Vaccine Doses</td>
<td>Some parents may wish to space vaccines further apart than the required schedule. Yet this common-sense measure is permitted only to a limited extent by immunization regulations: if children are behind with their shots according the the current schedule, parents must conform to the “Catch-Up Schedule” (determined by the CDC²⁴ administered by the Department of Health²⁵) before they can enroll their children in school.</td>
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**CDC recommended childhood schedule**

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- of 68 separate antigen doses
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<td>“Catch-Up Schedules”</td>
<td>If children are not up-to-date with shots upon school entry, regulations allow for “provisional admittance” as long as children are following a catch-up schedule over a period of time that does “not exceed 6 months after the child is admitted to the child care facility [or school].” That means that a previously unvaccinated child one year old would need 12 vaccines (in eight shots) within the first month of starting school, and 19 more vaccines (in 13 shots) over the following six months; a six-year-old child would have to get ten vaccinations (in seven shots) within the first month of starting school, and 19 additional vaccines (in ten shots) within six months. Some parents may be uneasy about such a barrage.</td>
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<tr>
<td>Future Vaccines</td>
<td>The schedule of required vaccines having grown threefold over the past 30 years, it’s conceivable that increasing numbers of parents will want to opt out of one or more shots as the schedule continues to expand.</td>
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Children are presently counted as “not fully immunized” or “under-immunized”—even if they are missing just one shot from the growing required schedule—and are prohibited from enrolling in any public or private school or day care center. (Home-based day care is the only exception.) Now and in the future, unless parents are prepared to educate their children at home from infancy through the teens, exemptions are the only accepted way to selectively vaccinate their children.

**Abolishing the Right to Refuse**

Pharmaceutical companies assess restrictive state legislation as an effective means to build a reliable revenue stream well into the future. Their strategy of enforced compliance will best succeed if exemptions are eliminated.

A sea change seemed to occur in 2011: though the CDC had for many years been tracking and publishing vaccination rates for schoolchildren and toddlers, a sudden switch of focus happened in 2011. The CDC’s “Morbidity and Mortality Weekly Report” started reporting state-by-state vaccine exemption rates—as if exemptions were disease outbreaks!—though the June 3, 2011 report stated that “overall exemption rates were low” for children entering kindergarten who had an exemption for any reason. (The current rate as of August 2013 is only 1.8%). Also in 2011, the National Public Health Information Coalition was founded, its stated goals to “... help enhance current media activities to reinforce public trust in vaccines, increase awareness that vaccine-preventable diseases are still a danger and emphasize that the benefits of vaccines vastly outweigh any risks.” NPHIC’s voting members are comprised of one representative from each state health department. That same year, legislative attacks began in Washington State to restrict “personal belief” (philosophical and religious) exemptions there;
continued highlighting of these exemptions in 2012 and 2013 paralleled other assaults on exemptions in Vermont, Washington, Arizona, and Oregon. Is all of this purely coincidence or were these actions connected with the February 22, 2011 U.S.Supreme Court decision that found vaccines “unavoidably unsafe”--thereby shielding those who make and administer them against lawsuits for deaths and injuries caused by vaccines? 

Currently, about half the population (in 17 states), has philosophical exemptions which allow parents to opt out of any or all vaccines for their children. (Just two states--Mississippi and West Virginia--have no non-medical exemptions.) Proposed legislation in several states allowing minors to agree to vaccines, without parents’ consent or even knowledge, is a new avenue of attack on parental rights.

Until recently the focus has been predominantly on mandated childhood vaccine programs, adding to the number of required vaccines and restricting and eliminating exemptions. Targeting adults is the latest game plan, through intensifying pressure for health care workers, teachers and others to be vaccinated as well. The National Strategy of the National Vaccine Advisory Committee, in cooperation with medical employers and other non-government organizations (NGOs), calls for a mandated immunization program for adults similar to that for children. Since 2010, the CDC has been monitoring trends for health care workers receiving the flu vaccine and tracks mandates for healthcare workers and patients by state. In August, 2013, state officials in North Carolina announced a new policy that mandates flu vaccines for 10,000 employees and volunteers in state health care facilities throughout North Carolina.

2013 Proposed Vaccine Legislation Nationwide
Lobbying continually steps up across the nation for vaccine-related regulations. In 2013 there were 47 vaccine-related bills in 17 states--CT, FL, GA, ID, IN, KY, ME, MN, MO, MT, ND, NC, NE, NJ, and NY-- that the National Vaccine Information Center recommended be opposed, six of them in Texas, four in Idaho. Some trends in the bills become apparent upon perusing the list:

- Proposed mandates for:
  Flu vaccines (NJ, MT, IL, MO, CT, PA)
  Meningitis vaccine (IL, KS, NE, MO, NY, TX, TN)
  HPV (Human Papilloma Virus) vaccine (NY, KY, SC, GA, FL)
  Hep B vaccine (MN)
  Hep A vaccine (MN)
  Tdap vaccine (NE, VT)
- Allows additional practitioners (e.g. optometrists or pharmacists) to administer vaccines (CA, NC, GA, OH, OR, NJ)
- Elimination of parental consent requirement for some vaccines (NY, TX)
- Restriction or removal of exemptions (OR, NJ, VT)
- Restrictive changes in vaccination tracking system (ID, ND, MT, TX)

Unless citizens are alert to pending legislation, rights to vaccine choice can simply evaporate. Many restrictive new bills are likely be introduced all over the U.S. in the 2014 session.
"Laws, like sausages, cease to inspire respect in proportion as we know how they are made."35

The Journey from S.199 to Act 157

During the 2012 Vermont legislative session, S.199, a bill to eliminate the philosophical exemption,36 was defeated after months of resistance spearheaded by a group of citizen advocates, the Vermont Coalition for Vaccine Choice,37 composed mostly of parents. (Over 1,500 citizens signed the Coalition’s petition to preserve vaccine choice.) The bill was introduced by Senator Kevin Mullin on January 3rd, with “mirror bill” H.52738 sponsored in the House by Representative George Till. These initiatives were fully backed by Vermont’s health department. Health Commissioner Dr. Harry Chen presented a map with measles-like red dots39 which were supposed to indicate towns at risk for outbreaks, and made inaccurate40 claims in the media about declining vaccination rates,41 inflaming fear of imminent epidemics in legislators and the public. Though the media was buzzing with alarm about the manufactured crisis, with a barrage of newspaper, radio, television, and online messages and arguments,42 S.199 was passed by the Senate Health Care Committee with very little discussion or opportunity for citizens to speak out. After that, a core group of Coalition members decided to be present at the State House almost every day of the session, talking to legislators, attending committee hearings, in general witnessing and participating in the legislative process. Described by a newspaper reporter as, “fixtures” at the State House,43 citizen advocates for vaccine choice were as ever-present as the drug and medical industry lobbyists, employed by Pfizer, VAHHS (Vermont Association of Hospitals and Health Systems), AAP (American Academy of Pediatrics), Fletcher Allen (a large Vermont medical center), the Vermont Medical Society, and the Vermont Ethics Network.44

We noticed that two or more of those lobbyists were present at each and every related committee hearing, typing meticulous notes of proceedings, rapidly texting and messaging, and whispering to one another. Coalition members also observed the camaraderie between the lobbyists and some legislators, including the vaccine bill sponsors, as they frequently conferred together,
handing papers back and forth, at the long table the medical and pharmaceutical lobbyists shared in the the State House cafeteria; Health Commissioner Chen was sometimes present at these informal conclaves.

Another eye-opener was the testimony of the popular mayor of Montpelier, Vermont’s capital city, before the House Health Care Committee on March 29th. Though he spoke “as a parent and school board member” and asserted that vaccination rates should be 100%, he claimed his being the Vermont lobbyist for Pfizer—which markets $3.72 billion Prevnar, best-selling vaccine worldwide—posed no conflict of interest.

By the time the Senate voted 25 to 4 on March 2nd to remove the philosophical exemption and S.199 was sent to the House of Representatives, exemption advocates were mobilizing and insisted on being heard. A well-attended public hearing was held, and testimony was accepted at numerous meetings of the House Health Care Committee. Throughout months of deliberation, lawmakers were flooded with thousands of email and voice mail messages, phone calls, and letters defending the philosophical exemption, and many realized they must reconsider their positions if they were to represent the rights and preferences of their constituents. Though he had originally co-sponsored the almost identical House bill (H.527), Representative Warren Kitzmiller was one who listened: “I just said, ‘Wait a minute, these are not ignorant folks doing the wrong thing.’ They weren’t against vaccinations, they were against the blasts of multiple vaccinations at one time.”

When S.199 came for a vote on the floor of the House on April 12th, a reversal occurred, and the House voted almost unanimously (130 to 3) to preserve the philosophical exemption.

Though we had declared victory, nothing is simple or straightforward in the world of legislation. The bill had passed with a pernicious addition, by the House Health Care Committee, of parent-blaming language, stating that a parent wishing to exempt from vaccines would be required to sign a form stating s/he, “(B) has reviewed and understands evidence-based material provided by the department of health regarding immunizations...; and (C) understands that failure to complete the required vaccination schedule increases risk to the person and others of contracting or carrying a vaccine-preventable infectious disease...” (Italics added.) Our misgivings were exactly articulated by Representative Duncan Kilmartin, who said, “Parts (B) and (C) unconstitutionally coerce speech and affirm the truth of unverifiable facts, particularly in part (C). No disease is 100% preventable by vaccine. Part (C) represents a flat earth mentality. While well-intentioned, its wording is devilish when precisely applied.”

As political neophytes, we were surprised that the battle was not yet over. We learned that exemptions from the vaccines mandated in Vermont—an ever-increasing number—could still be severely restricted in the conference committee comprised of three members from each chamber, charged with finding a compromise between the House and Senate (begging the question of how
a right can be compromised—either you have the right or you don’t). More skirmishes ensued, with amended bills being proposed and rejected for several days; one change was attaching a 90% trigger point for MMR and DTaP/Tdap vaccines (meaning that if vaccination rates for those shots fell below 90% in any given school, the philosophical exemption would be suspended for three years in that school); another revision was adding the clause, “...D understands that there are persons with special health needs attending schools and child care facilities who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening.” (Italics added.) Senator (Image) Mullin went so far as to insist on even more specifically intimidating language being inserted into the bill, saying he could sign the report only “as long as it doesn’t interfere with somebody who is suing somebody for killing their child [by not vaccinating their own], we might be able to agree with that.” (Italics added.)

Finally, the last public meeting opened with an obviously staged moment when Senator John Campbell melodramatically refused to sign the bill, excoriating parents “...who support the philosophical exemption, afraid of potential harm vaccines may cause their child. I find it a little disturbing that we don’t care about the rest of the children,” then denouncing state representatives: “I really, really hate to see that this legislative body has pretty much succumbed to people who just are very efficient at writing letters and emails, and being vocal in their comments here....” Campbell then made his on-cue exit to meet with a reporter waiting outside the door to take his statement.

However, this proposed amended bill produced by the Committee of Conference, which contained the 90% trigger, failed to garner enough support in the House to be passed, even under duress from the Governor (we were informed), so the committee was forced to meet again in the evening and draw up yet another version, dropping the trigger though still retaining all the accusatory language. (Most legislators did not understand why the wording troubled us so.) The next morning, an elated representative told us, “A lot of people stood up to a lot of pressure last night.” This revised bill passed the House 133 to 6 on May 3rd included an amendment requiring the Department of Health to outline vaccine risks; it went on to pass the Senate 20 to 5 and was signed into law by the Governor on May 16th.

The final version of S.199, while allowing for philosophical exemptions, had been continually loaded with tricky, offensive conditions, including Mullin’s allowance for criminal lawsuit, “…(c)...the fact that such a form was signed shall not be: (1) construed to create or deny civil liability for any person; or (2) admissible as evidence in any civil proceeding.” (Italics added.)
Note the deliberate omission of the word “criminal,” supposedly to allow for criminal prosecution of parents who don’t vaccinate their children.

Since we knew that numerous parents would refuse to sign a form composed of such language, we were advised to become part of the tedious rulesmaking process, wherein the final details of bills are hammered out among the stakeholders (those who have a stake in the legislation passed). While it would seem obvious that those whose rights have been curtailed are primary stakeholders, again we had to fight to be included. Remembering the exhortation of former Vermont Governor Madeline Kunin, “If you’re not at the table, you’re on the menu,” we persisted in communicating with Health Department officials, and gathered signatures on yet another petition, until we were finally granted a hearing on October 19th, where about 20 parents and health practitioners critiqued the inadequate and misleading “Required Parent Education” material that parents had to read to qualify for religious and philosophical exemptions--really just an error-ridden, double-sided propaganda sheet referenced with official sources such as the CDC and AAP (American Academy of Pediatricians)--and the exemption form with self-incriminating “Bad Parent” language, both posted by the Department of Health on July 1st. The Coalition had hired an expert in constitutional law; his testimony at the October 19th hearing and letter of October 15th stated his opinion that the objectionable language amounted to “compelled speech,” which is indeed unconstitutional. The last step of rulesmaking was the November 29th meeting of the Legislative Committee on Administrative Rules (LCAR), where we again listed our complaints, and S.199 evolved to become Act 157. The outcome was minimally improved parent education information with token mention of vaccine risks and an exemption form we could live with--after more than nine months of struggle against “fixing what ain’t broke,” as native Vermonters say.

In a baffling footnote to these Vermont theatrics, Kevin Mullin was declared “Citizen of the Year” by the Vermont Medical Society, commended “for his efforts to improve the state's immunization rates, promote good health and save lives.” In contrast, advocates of personal rights were dismayed by Mullin’s cavalier attitude toward stripping a right exercised by an informed and decisive minority of Vermonters since 1979 simply by signing a form stating, “I request that the following immunization(s) be waived because they conflict with free exercise of religious and/or moral (philosophic) rights.” We were incredulous that our elected lawmakers would even consider passing unconstitutional legislation or tampering with a fundamental right in the first place, let alone turn it into a political football as they did. Nevertheless, a House ally informed us, “It happens all the time.” Still, it was a bittersweet satisfaction to have thwarted the attack, and to read Senator Mullin’s complaint to the Burlington Free Press, disgruntled at his failure to wipe out the philosophical exemption: “I never thought this would turn into the mess it turned into.”

2013 Developments

“Road show”--By the beginning of 2013, the Vermont Coalition for Vaccine Choice had decided to be proactive instead of waiting to see what the legislature would do in the new year.
We created a “roadshow” of slide presentations with open discussion that we hosted for the public throughout the winter and spring in various places around the state. The presentations gave an overview of the many facets of vaccination in hopes of raising awareness about vaccine safety, health freedom, and informed consent.

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Five New Bills Introduced--Before the end of February, Senator Mullin and Representative Till, original sponsors of the messy legislation in 2012, introduced five more vaccine-related bills in the 2013 session. Two of the bills (H.138 and S.102) try again for the 90% “trigger point” that supporters of forced vaccination had unsuccessfully tried to tack onto the philosophical exemption last year with important differences: if these bills were to pass, non-medical (religious and philosophical) exemptions would be suspended for three years in any school where vaccination rates fall below 90% for any required vaccine. Then, if exemptions were to be suspended, adults (i.e., teachers and volunteers) working in that school would have to show proof that their “...immunization status for that required immunization is current in order to continue working or volunteering at that public school.” 78 Two others bills (H.114 and S.103) would require pertussis vaccination for all adults and children in Vermont schools, suspending the philosophical exemption for that vaccine. 79 A fifth bill (S.142) proposes to allow vaccination by pharmacists of any child age seven years of age or older. (This bill must be a particular slap in the face to the parents of Kaylynne Matten, who was seven years old when she died shortly after a “routine” flu shot here in Vermont in December of 2011.) 81 These bills are in health care committees but were not taken up during year one of the current two-year session. Health Commissioner Chen officially declined to support them, citing a waste of energy with the same probable result as last year’s fiasco over the philosophical exemption. 82 Only time will tell whether legislators are truly done with trying to force vaccination on all Vermonters.

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Summer News and Actions--On August 17th, the Vermont Coalition for Vaccine Choice sponsored another well-received slide presentation on why the philosophical exemption should be preserved. 83

An escalating campaign of biased media reports during the summer kept us on our toes. Vaccine promoters apparently view the beginning of the school year as the perfect time to create a stir about vaccination. By mid-August, 2013, the March of Dimes had sent a letter to all lawmakers, penned by the same Roger Clapp who been an instigator in the S.199 uproar last year. 84 “Seed stories” generated by the Gray Group, a Boston-based marketing communications company, were sent to Vermont media outlets, both Clapp and the Gray Group again raising alarm about “low” immunization rates. (The Gray Group’s clients include trade organization PhRMA and vaccine maker Pfizer; their letter directs reports to Roger Clapp at the March of Dimes or to certain doctors affiliated with the American Academy of Pediatrics (AAP). Both organizations receive financial support from pharmaceutical companies.)

VCVC put up a sample letter on our website for vaccine rights advocates to send to lawmakers, explaining the Pharma connections of the Gray Group and the March of Dimes, and pointing out the data the Department of Health had released in June, 2013, showing that vaccination rates of schoolchildren in Vermont have never been higher and have been increasing for years even while Health Department officials said that rates were falling.
In an August 12th newscast on Vermont Public Radio, Health Commissioner Chen announced his intention to spotlight vaccination throughout our school system. Mentioning his concern about exemption rates, he went so far as to incite discrimination against exempting parents: “It gives the communities an opportunity to look at their schools and even the parents, to make that decision about is that ok with them or do they want to try and do something about that?” The report goes on, “It’s very unlikely that lawmakers will consider this issue again during the 2014 session. Instead, Chen says his department will continue to work with individual schools. ‘I certainly think it’s reasonable to see how this information and our efforts can make a difference,’ said Chen, ‘understanding that the Legislature did not support removing the exemption the last time around.’”

Health department and school authorities do not make it easy for parents to exercise or even know about their exemption rights. A page about exemptions on the Department’s website specifies, “The school nurse should supply exemption forms only if requested by the parent or guardian.” In addition, VCVC had started to receive complaints that parents had been pressured by schools to defend their decisions to forego any or all vaccines. In response, we sent letters to newspapers alerting parents of their right to use the philosophical exemption simply by submitting the required form; mention was also made of Chen’s prejudicial intentions toward parents who exempt from vaccines.

Measles appears to have been chosen as “Fright Disease of the Year”: throughout September the media carried reports of “big outbreaks”—involving 159 cases around the country—most again blaming unvaccinated individuals. It is puzzling that such a small number of cases would be cause for this degree of alarm in a country with a population of 316 million. Could there be any connection with the enormous financial stakes in the global push to eradicate measles from the face of the earth? The World Health Organization’s plan to accomplish that goal, in partnership with government health agencies, multi-national drug companies and medical trade groups, calls for two doses of MMR vaccine for each of the world’s two billion children, which would amount to a prodigious cost. Barbara Loe Fisher of the National Vaccine Information Center examines these and other aspects of this disturbing situation in her essay, “Measles Reports in America: What Does It Mean?”

Throughout, the wise and experienced guidance from the National Vaccine Information Center (www.NVIC.org) has been invaluable in navigating the labyrinthine hazards of the legislative process and related vaccine and medical industry vaccine propaganda campaigns.

The Vermont Coalition for Vaccine Choice encourages everyone to investigate for themselves and learn all sides of the vaccine story before deciding. Your health and your rights could depend on it.

(For those confronting restrictive vaccine legislation in their own states, more information is available on the Coalition website--www.vaxchoicevt.com--including resources we have used.)
PART 3
Good Reasons to Guard Our Health Freedoms

“Ending compulsory vaccination is its own human rights struggle.”
---Mary Holland, JD

How Fear Sells Vaccines (“Manufactured Consent” versus Informed Consent)

(“We want to identify the emotions we can tap into to get that customer to take the desired course of action. If you can’t find that basic insight, you might as well forget everything else.”)
--Ernestine McCarren, general manager of ad agency specializing in direct-to-consumer pharmaceutical ads)

Since drug companies spend twice as much on promotion as they do on research and development, the bang from their advertising and marketing buck must be enormous: the top pharmaceutical companies as a group earn three times the median profit margin of other companies in the Fortune 500, the list of the world’s largest corporations.

More insidious than direct-to-consumer advertising is marketing disguised as public service announcements, which, says Pharma critic Dr. John Abramson, “just seem to emerge spontaneously, usually with no obvious connection to a commercial source. Public relations firms earn their keep by skillfully blurring the line between independent news and commercially planted ‘information.’”

The Centers for Disease Control, the nation’s most powerful promoter of vaccination, employs behaviorists and “communications specialists” to find ways to tap into subliminal fears of their target audience in campaigns to increase vaccination compliance. A CDC spokesman, Glen Nowak, stated at a conference of the American Medical Association that the “recipe” that drives
demand for flu shots is “framing of the flu season in terms that motivate behavior (e.g. ‘very severe,’ ‘more severe than last or past years,’ ‘deadly’).”105 (Nowak is a former associate professor of advertising and communication; he earned his PhD in the field of mass communications.)106 A 2010 survey sponsored by the CDC found that the most important stimuli that led participants to get the flu vaccine were three fears: “news that flu is spreading in their community; news that flu is causing serious illness/death; and evidence that by getting vaccinated they can help protect others from flu.”107

The CDC carefully camouflages connections between vaccines and Pharma dollars beneath layers of links and blurred tiny print. Early in June of 2011 an email sent to subscribers from Daily Candy (“a free daily email newsletter and website, the ultimate insider's guide to what's hot, new, and undiscovered”)108 raised alarm about the current epidemic of whooping cough, considered by the CDC to be “…the worst … in 60 years.” The trail of links:

• Clicking on the CDC link leads to a click-through link to Daily Candy,
• which leads to a logo on the website of “Vaccinate LA” of a face that is sad and red-spotted on left side, happy and healthy on the right, with a slogan beneath it urging, “Don’t wait, vaccinate.”
• Close inspection reveals a disclaimer under the slogan, announcing that the ad (“publication”) was paid for (“supported”) by the CDC, but “Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.”
• Moreover, the “About Us” section of “Vaccinate LA” directs media to a representative of Edelman, the “world's largest independently owned public relations firm”109, whose clients include Merck, AstraZeneca, Novartis, and other vaccine manufacturers.110
• Further digging into “Vaccinate LA” shows another disclaimer, this time from the County of Los Angeles, which also declined accountability for the pro-vaccination message: “… the County of Los Angeles nor any of its employees, make any warranty… or assume any liability or responsibility for the accuracy, completeness, or usefulness of such information.”

Apparently, vaccine promoters will pay to motivate consumers to get their shots, yet they refuse to stand behind the messages’ content.

The career of Dr. Julie Gerberding, first woman to direct the CDC, illustrates the tangled ties between the vaccine industry and policymakers. While leading the agency from 2002 through 2009, she made annual predictions that the current flu season might resemble the 1918 Spanish Influenza pandemic, using terms like “very ominous” to describe the threat,111 though each season’s epidemic turned out to be milder than expected. As early as May 2009 through that fall, the advertised possibility of shortages of swine flu shots led to a frenzied demand, with many people waiting in line for hours.112 Dr. Mark Bell, in charge of 18 emergency departments in Southern California, remarked, “That's a scary, frightening place to be in.”113 However, by April 2010, as people saw that the dreaded pandemic never developed,114 there was an enormous surplus of swine flu vaccine--out of 162 million doses produced for the American public, 43% was unused, a $260 million waste of taxpayer money.115

"I haven't seen such a panic among communities perhaps ever. Right now, people think if they have a cough or a cold, they're going to die.”

--Dr. Mark Bell, director of 18 ERs in S. CA
Gerberding resigned from the CDC in early 2009 and is now president of Merck’s vaccine division, which earns the company $5 billion annually.116 (Merck produces 14 of the 17 vaccines on the schedule the CDC recommends for children, and nine out of ten of those on the adult schedule.) She worked at giant public relations firm Edelman117 during the mandatory one-year waiting period between leaving a federal agency and entering an industry regulated by that agency. Edelman represents a number of drug companies—including Merck—and was behind all stages of Merck HPV vaccine Gardasil’s “multifaceted and meticulously planned” “marketing juggernaut,” starting with the 2005 campaign to cultivate fear of HPV among women in the U.S.118 (The CDC added a three-dose series of HPV vaccines to its recommended schedule in 2007.)119

Gerberding’s duties at Merck:

“As president of the vaccines business, she will be responsible for the sale of the company’s current portfolio of vaccines, the introduction of vaccines from the company’s pipeline and the acceleration of Merck's efforts to broaden vaccinations in developing countries. Gerberding will also collaborate with Merck's manufacturing division and Merck Research Laboratories to manage links between basic research, late-stage development and manufacturing.”120

The CDC joins with numerous other groups to get out their message. For the flu vaccine alone, a CDC report on its “communication campaign” for 2010-2011 boasts that it is “Engaged with OVER 250 organizations.”121 (Italics added.) (One of these partners is the public relations business Social Marketing and Communications Center122, which the CDC works with in an annual campaign that “employs a full suite of advertising, marketing, public relations, and grassroots strategies to reduce disparities in [influenza] vaccination and motivate individuals...to get vaccinated.”) A section of the CDC’s report entitled “The Importance of a Systems Approach” describes a “marketing mix” encompassing both mass media and community level activities, including “traditional materials (posters, flyers, brochures available in print and free web download, in multiple languages for multiple audiences); earned media (donated ad space, radio and satellite media tours); paid media (purchased placement of CDC radio, television, print, on-line ads); social media (managing channels--twitter and facebook updates, videos posted on YouTube, text message project); social media tools (graphic web buttons, widgets, audience-specific e-cards); [and] partnerships and collaborations strategy....”

Some seemingly independent grassroots groups in reality are created and funded by the CDC, its partner groups, and the vaccine industry, “helping vaccine developers quash potential criticism from behind a thin veneer of citizen concern,”123 according to one investigator. One group, “Voices for Vaccines”124 purports to be a “parent-driven” group providing to parents “...clear, science-based information about vaccines and vaccine-preventable disease, as well as...the importance of on-time vaccination.” Though claiming no conflicts of interest, “Voices for Vaccines” originated as a branch of The Task Force for Global Health, The Task Force for Vaccine Equity, funded by drug companies Merck and Novartis, and the Bill and Melinda Gates Foundation,125 which operates a a global vaccination agenda. A CDC veteran serves as director.126 Such ersatz citizen advocacy has been termed “astroturfing,” (as in “fake grass [roots]”), and has become increasingly common in this digital age.127
A darker tactic, resembling McCarthyism, is to poison public opinion against those who question vaccination, creating a climate of suspicion and hatred. The group Voices for Vaccines disseminates a poster that reads, “The like-minded stick together. Don’t allow clusters of vaccine refusal in your community--vaccine refusal threatens us all.”  The poster shows a photo of a herd of horses with a small dog sitting in front of them at a distance. A picture being worth a thousand words, does this suggest that those

“Propaganda is to democracy what violence is to dictatorship.”

--Noam Chomsky

with differing opinions about vaccination be shunned? Treated like dogs? Driven out of the neighborhood? Voices for Vaccines has joined the vicious media attack orchestrated against celebrity Jenny McCarthy, chosen to co-host the popular talk show “The View”. (McCarthy is vocal in assigning her son’s autism to vaccine injury.)

Ramping up the menace even more, Voices for Vaccines hosted a mid-September teleconference call with Dorit Rubenstein Reiss, a law professor who outlines how parents who decline vaccination might theoretically be sued for their children allegedly infecting others.

Aside from its various industry-driven public relations efforts to hype vaccines, the CDC has created the CDC Foundation in order to be able to accept direct gifts from drug corporations and others, further calling into question whether it is possible for it to be impartial in spending tax dollars as the United States’ foremost champion of immunization.

Under such a bombardment of biased messages, the chances are vanishingly small for the average person to arrive at a balanced decision about vaccination. Physician Marcia Angell, former editor of the prestigious New England Journal of Medicine, who has extensively researched and exposed the abuses of drug companies, asserts that their “...PR is extremely slick, so education is the first thing consumers can do to protect themselves,” Possibly the violent onslaught against vaccine questioners is nothing more than a desperate diversionary tactic to block such investigation.

Faulty Rationale for Taking Away Rights

(“Scapegoating usually is an oversimplification of a more complex issue.”)

The fast-growing movement to demonize unvaccinated people has no sound basis, as contagious diseases are not as “vaccine-preventable” as we are led to believe.

Because vaccines have never been 100% effective, even vaccinated individuals can be asymptomatic carriers of infection. Measles outbreaks can occur even when everyone in the
group has been vaccinated; West Virginia and Mississippi, along with 47 other states, had outbreaks of pertussis from 2012 to 2013, though neither state allows philosophical or religious exemptions. 50% of the states with outbreaks do not have a philosophical exemption. Since it is impossible to know who is and who is not immune without blood tests to check antibody levels, those who are vaccinated may be more of a risk for spreading disease than unvaccinated children, who are already required to stay home during an epidemic.

People vaccinated with live-virus vaccines can actively transmit infection for weeks afterward, through “shedding” of attenuated live vaccine viruses. The Flu-Mist spray vaccine, which, according to Immunization Program Chief Chris Finley will be targeted for Vermont children, contains this warning in its FDA-Approved Highlights of Prescribing Information: “Warning to the unvaccinated: Clinical Trials Demonstrated That FluMist® Quadrivalent Nasal Flu Vaccine is Infectious.”

Those who are not vaccinated are told they are putting at risk those too fragile to be vaccinated; what safeguards are in place to protect such immunocompromised children in schools or day care centers from the shedding of live viruses by their vaccinated peers? The Advisory Committee on Immunization Practices (ACIP) estimates that the “...probability of acquiring vaccine virus after close contact with a single LAIV (live attenuated influenza virus) recipient was 0.58%--2.4%.” Therefore, mass vaccination with a LAIV increases the risk of infection with flu virus much more than does exposure to the scattered few unvaccinated individuals, who in Vermont total less than 2% of school children--and it can’t be assumed in any case that they are infected with or carrying flu virus.

Paradoxically, vaccination may exacerbate disease manifestations. A study published in Great Britain’s “Proceedings of the Royal Society” found that measles vaccination “can have a range of unexpected consequences as it reduces the natural boosting of immunity" and that "the interaction between vaccination and waning immunity can lead to pronounced epidemic cycles in which the peak levels of infection can be...orders of magnitude greater than the mean." The authors “expect similar conclusions to hold for a range of acute infections,” besides measles.

Finally, microbes constantly mutate, so vaccines may become less and less successful at protecting against new circulating strains, similar to the manner in which antibiotic use promotes growth of resistant bacteria. This phenomenon is well-known with influenza viruses: every year vaccine developers attempt to predict the next season’s flu strains, with varying degrees of success. Whooping cough pathogens mutate as well, leading to diminishing effectiveness of the pertussis vaccine; comparable concerns are associated with the Hepatitis B, Streptococcus pneumoniae (Pneumococcus) and Haemophilus influenzae type B (Hib) vaccines. An international conference is scheduled in November of this year to address this important phenomenon of “vaccine-driven pathogen evolution.”
The current director of the CDC, Dr. Thomas Frieden, states, “Antimicrobial resistance is one of our most serious health threats.” More than two million Americans annually get infected with antibiotic-resistant bacteria and of those at least 23,000 die. In stark contrast, 159 cases of measles in the whole country so far this year--with no fatalities--are designated as “big measles outbreaks.”

Like the autism epidemic, “superbugs” are a far bigger problem than a few hundred cases of so-called "vaccine-preventable diseases"--but the corporate media and the U.S. government’s public and private partnerships do nothing more than perpetuate the man-made cycle.

With all the factors involved in contagious illness and susceptibility, blaming the unvaccinated must be either simple-minded or malicious.

Decent Americans deplore discrimination on the basis of race, gender, religion, nationality, language, mental or physical disability, body type, or sexual orientation. Those whose medical orientation diverges from the mainstream deserve the same respect as any other minority. Discrimination is simply a form of bullying, which we don’t tolerate in our schools and should wholly reject in our society.

Besides, medical decisions used to be private!

All illness and affliction, whatever the cause, calls for compassion and kindness, not superstitious bigotry. The calculated polarization of our communities is arguably the most grievous side effect of mass vaccination campaigns.

A Brief History of Health Freedom

(“Patient autonomy is the overarching ethical consideration that forms the core of informed consent.” --American Medical Association Code of Ethics)

Medical freedom was a concern as far back as the founding of America. Dr. Benjamin Rush, one of the signers of the Declaration of Independence, contended over 200 years ago that the Constitution should provide for free choice in medical care. Otherwise he predicted that eventually the main medical system would come to dominate all others:

Rush was able to foresee our present predicament with impressive acuity.

Informed consent–full disclosure of the risks and benefits of a medical procedure before voluntary consent or refusal—is a well-established basic human right. The American Medical Association defines it as “both an ethical obligation and a legal requirement spelled out in statutes and case law in all 50 states.” The AMA further states, “The full disclosure of relevant information to patients is intended to protect each patient’s right to self-determination, bodily integrity, and to protect his or her voluntariness in the healthcare decision-making process.”
The principle of informed consent was first clearly articulated in the Nuremberg Code of 1947, created in response to the experimental medical atrocities perpetrated by Nazi doctors. The Code formed the basis for later agreements such as the 1964 Declaration of Helsinki (passed by the World Medical Association) and the 2005 United Nations Declaration on Bioethics and Human Rights.

“The Greater Good”---Who Decides?

Citizens required to sacrifice their health and well-being to the larger interests of society would do well to question the source of the demand. The U.S. was a major participant in the Nuremberg tribunal to prosecute Nazi doctors for war crimes, and has outspokenly supported the resulting Code. Yet our government before and since then has sponsored hundreds of unethical medical treatments and experiments---some secret, some spanning decades---raising the critical question, “Does the state have the moral authority to dictate “the Greater Good” of society or to overrule parents’ decisions about their children’s health?” How can such a regime rightfully declare vaccines an exception to the informed consent requirement?

Parents are most trustworthy to protect their children, as they are more attuned to them than anyone else could possibly be, and bear full responsibility for their upbringing and care. Parents should trust their nurturing instinct, a powerful force to ensure children’s greatest well-being. Beloved pediatrician Robert Mendelsohn says, “All of [the typical pediatrician’s] technology--his tests and shots and x-rays and drugs and theory--in most instances are no substitute for the commonsense care that you, as an informed parent, can provide.”

And certainly adults are best qualified to decide what goes into their own bodies.

Informed consent is meaningless without the implicit right to freely refuse treatment; thus it cannot coexist with compulsory vaccination. The right to informed consent should be sacrosanct, certainly never abridged by legislation inspired by the fear-mongering propaganda of those who stand to gain financially.

Undeniable Vaccine Risks

If vaccines were an unmixed blessing, the push for universal vaccination would be benign, and no one would argue with promoters who say, “Vaccines are the most effective public health tool ever created.”

In fact, vaccine risks are downplayed, while their safety and effectiveness are exaggerated. In 1986, the U.S. Congress lifted liability for manufacture and administration of vaccines, then in...
2011 the U.S. Supreme Court ruled that vaccines are “unavoidably unsafe.”\textsuperscript{163} There is no requirement for informed consent with vaccines; rather, federal law requires that healthcare staff provide a VIS (Vaccine Information Statement) to a patient, parent, or legal representative before vaccines are given. VISs assert that, “A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions.” Typical VISs go on to list mild, moderate, or severe problems associated with each particular vaccine.\textsuperscript{164} Numerous people becoming ill after dining at the same restaurant would cause alarm, yet the 30,000 adverse vaccine reactions (10-15 percent serious) reported annually to the Vaccine Adverse Event Reporting System\textsuperscript{165} are not routinely investigated, instead generally dismissed as “coincidence” or “temporal association.”\textsuperscript{166} Underreporting of adverse events is very likely: “...only about one percent of serious events [adverse drug reactions] are reported,” says Dr. David Kessler, former director of the FDA.\textsuperscript{168}

The Merck Manual, the largest-selling medical textbook, says vaccines can cause encephalitis (brain damage, through swelling of the brain), when “A virus or vaccine triggers a reaction that makes the immune system attack brain tissue (an autoimmune reaction).”\textsuperscript{169} (Italics added.) An official has stated on behalf of the Department of Health and Human Resources that, “Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures.”\textsuperscript{170} (Italics added.)

Encephalitis can be the precursor for a host of disorders of the nervous system, such as autism spectrum disorders, Alzheimer’s disease, cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, ALS (Lou Gehrig’s Disease), and multiple sclerosis (MS), so it stands to reason that vaccination is at least a contributing cause of the epidemic of neurological disease. Current figures show Alzheimer’s is now the sixth leading cause of death,\textsuperscript{171} one out of six children is developmentally delayed,\textsuperscript{172} and autism strikes one in 50 children.\textsuperscript{173}

By comparison, the mere mention of polio conjures visions of iron lungs, deformed limbs, and leg braces--yet at the height of the polio epidemic in 1952, fewer than one child in 7,181 was permanently disabled.\textsuperscript{174}

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A comprehensive ongoing survey of thousands of unvaccinated children shows significantly lower rates of allergies, asthma, hay fever, ear infections, sinusitis, neurodermatitis, and ADHD
than among those who are vaccinated. As of 2011, only four children in the non-vaccinated group of 7,500 had severe autism; the mothers of all four tested positive for high levels of mercury. A number of other researchers have also contrasted unvaccinated and vaccinated populations.

...Unvaccinated children: significantly lower rates of allergies, asthma, hay fever, ear infections, sinusitis, ADHD, and

Granted, a formal study comparing vaccinated and unvaccinated groups would be the most conclusive way to settle the question of whether vaccination helps or harms overall health, but it’s a safe bet that such a study will never be undertaken. Studies like this are quite expensive, and who would pay?

The vaccine industry may fear what would be revealed by contrasting vaccinated groups with unvaccinated groups, as all clinical trials differentiate between two groups vaccinated with separate vaccines, rather than following the basic scientific method of contrasting a group given a true placebo with a vaccinated group. For example, Aventis Pasteur SA’s ActHib vaccine was combined with DTP vaccine and compared with a Hepatis B/DTP combination given to the control group. The ActHib package inserts states, “In this large study, deaths due to sudden infant death syndrome (SIDS) and other causes were observed but were not different in the two groups.” (Italics added.) Such a practice masks reactions to individual vaccines.

To justify this deviation from accepted research protocol, The Helsinki Declaration is cited: that agreement prohibits the use of placebo control groups if there is already a “proven” treatment. (It is considered withholding treatment to use a placebo instead of the “approved” treatment.)

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Many believe that vaccines are comprised solely of antigens—substances that induce the production of antibodies. Those who carefully read food ingredient labels will be repelled when they examine vaccine package inserts, and learn that vaccines also contain:

- human and animal cells and their residual DNA (including human diploid cells from aborted human fetuses)
- GMOs (contained in all vaccines)
- micro-organisms/contaminants
- allergens
- neurotoxins
- carcinogens (including carcinogenic viral contamination from infected monkey kidneys)
- poisons

Amounts may be small, but the risk of serious adverse reactions increases with the number of vaccines received. Indeed, a “synergistic toxicity” may well be created among toxins in vaccines, making them vastly more potent in combination than the sum of their individual virulence. For instance, Dr. Donald Miller of the University of Washington says the combination of mercury and aluminum has a striking effect on rats: “Doses of mercury that have a 1 percent mortality have a 100 percent mortality rate if some aluminum is there.”

Moreover, there appears to be a significant difference in the impact of injected substances compared to those ingested. As an example, people can consume large quantities of gelatin as food without any sign of allergy, yet can develop life-threatening allergies to gelatin after receiving micro-doses injected in vaccines.

Vaccines are presumed to be safe, so are usually not tested for toxicity. A CDC/FDA/vaccine company workshop on toxicology and vaccines reported in 2002, “Historically, the non-clinical safety assessment for preventive vaccines has often not included toxicity studies in animal models. This is because vaccines have not been viewed as inherently toxic.” (Italics added.) This seems an enormous assumption, based more on blind faith than on evidence, especially remembering the U.S. Supreme Court ruling of 2011 that labeled vaccines as “unavoidably unsafe.”

Some of the ingredients in vaccines--aluminum hydroxide, squalene, silicone, mineral oil, guaiacol and iodine gadital--are employed as “adjuvants,” substances which help boost immune response. Sometimes the immune system is thereby over-stimulated, resulting in Shoenfeld’s Syndrome (or ASIA: Autoimmune/inflammatory Syndrome Induced by Adjuvants), encompassing auto-immune disorders such as postvaccination phenomena, macrophagic myofasciitis, Gulf War Syndrome and siliconosis, (some crossing over into neurological damage).
Considering the risk of serious long-term effects of vaccination, thoughtful consumers are forced to wonder whether vaccination is worth the trade-off for the temporary, artificial immunity it may confer. In the face of compelling information to the contrary from trusted mainstream sources, the official position—loudly and monotonously proclaimed—remains that vaccination is predominantly safe and effective. It is hard to accept that purveyors of the most costly medical system in the world\(^\text{189}\) can offer no credible explanation for Americans’ health ranking lowest among similar countries.\(^\text{190}\)

Clearly vaccination has not improved our overall health, as the U.S. is among the most highly-vaccinated populations.\(^\text{191}\)

**Is Proof of Product Safety the Consumer’s Responsibility?**

**The Vioxx Disaster**—The Food and Drug Administration quotes deaths from adverse drug reactions as the fourth leading cause of death in the U.S.,\(^\text{192}\) about 106,000 deaths per year from non-error adverse effects of medications;\(^\text{193}\) serious reactions increase exponentially among those taking four or more drugs simultaneously.\(^\text{194}\)

Though many of these deaths are caused by inherent dangers in the drugs themselves, their recall is a difficult and lengthy procedure, due to flaws in the regulatory system and to drug companies blocking the process every step of the way, from distortion of study data through tenaciously fighting against lawsuits for damages.\(^\text{195}\)

The Vioxx scandal is emblematic of Pharma’s callous disregard of the vast suffering inflicted by some of its products. Vioxx, prescribed mostly for arthritis pain, was withdrawn from the market in 2004, after it was revealed that its manufacturer Merck &Co. had been withholding information about its risks for more than five years.\(^\text{196}\) During the period after its approval in 1999 and before its recall in 2004, between 88,000 and 139,000 excess cases of serious heart disease and stroke were attributed to Vioxx use, about 30-40% of them deaths.\(^\text{197}\) In his testimony before the Senate Finance Company in 2004,\(^\text{198}\) Dr. David Graham, a reviewer in the Office of Safety Research at the FDA, compared this number to “...500 to 900 jetliners dropping from the sky. This translates to 2-4 aircraft every week, week in and week out, for the past 5 years.” He went on,...

“The FDA, as currently configured, is incapable of protecting America against another Vioxx.... Simply put, FDA and its Center for Drug Evaluation and Research are broken.”

--Dr. David Graham, reviewer in FDA’s Office of Safety Research

An observer notes, “The largest rise in American mortality rates occurred in 1999, the year Vioxx was introduced, while the largest drop occurred in 2004, the year it was withdrawn.”\(^\text{199}\)
By March of 2006, there were over 10,000 cases and 190 class actions filed against Merck over heart attacks associated with Vioxx and the inadequacy of Merck's warnings.\textsuperscript{200}

\textbf{The SV40 Catastrophe: Decades of Industry and Government Deception}--A vaccine debacle that dwarfs the Vioxx disaster has already occurred, but has been well camouflaged. The book, \textit{The Virus and the Vaccine: Contaminated Vaccine, Deadly Cancers, and Government Neglect} tells the convoluted tale of how a monkey virus, SV40, came to contaminate the entire supply of both the Sabin live virus and Salk “killed” virus polio vaccines between 1954 and 1963. (The vaccines were grown in a culture made from monkey kidneys; SV40 was the fortieth simian virus discovered in this substrate.) Though most of the hamsters injected with the virus developed virulent cancers, the problem was suppressed in order to avoid disruption of the national vaccination program, in a classic interplay of conflict of interest, hubris, obfuscation and denial, and bureaucratic inertia that continues to the present. (The entire impeccably referenced book is available online; facts not specifically referenced below can be found in the book.\textsuperscript{201})

Bernice Eddy was a researcher at the Division of Biologic Standards, in charge of vaccine regulation, when she discovered a connection between the monkey culture and tumor formation in hamsters injected with it. (DBS was then part of the NIH, National Institutes of Health; since 1972 it is a division of FDA, renamed the Bureau of Biologics.) Eddy was silenced in 1960 from speaking publicly about her work, because her findings had disturbing implications for the polio immunization program. By the next year, she was fired from vaccine control work, though she continued to research cancer-causing viruses until she retired in 1973; her repeated warnings about the polio vaccine were never heeded.

In 1961, Dr. Maurice Hilleman, then head of Merck’s vaccine division, was alarmed when viable SV40 from the cultured monkey kidneys was discovered in all polio vaccine samples, especially after 80% of the animals injected with the virus developed tumors. Hilleman’s colleague at Merck, Ben Sweet, remembered, “I’ll tell you, we were scared of SV40. If it produced tumors in hamsters, it could produce tumors in man.” Hilleman honorably tried to warn authorities at DBS and NIH, and recommended that all polio vaccine be withdrawn. The NIH director convened the standing committee that advised the federal government about vaccine oversight, six of whose eight members had close personal connections to the Salk vaccine. The committee was dismissive, assuming the virus to be harmless, and recommended that “the present poliomyelitis vaccination program continue to be pursued with vigor with the materials presently available.”

There was no recall, and no announcement about the potential danger. As a result, nearly half the U.S. population--approximately 100 million American adults and children-- and maybe another 100 million people worldwide were exposed to SV40 during mass polio vaccination campaigns.\textsuperscript{202}
Nearly half the U.S. population--was exposed to SV40 during mass polio vaccination campaigns.

For thirty years, the matter of whether SV40 causes cancer in humans was abandoned as a political hot potato--no one dared cast an unfavorable light on the polio vaccine or the vaccination program--until another scientist with the tenacity of Bernice Eddy, Dr. Michele Carbone, arrived at the NIH from Italy in 1986 and began work with senior scientists testing how various viruses, including SV40, cause cancer in lab animals. When he was given the opportunity to design his own research project, out of curiosity he duplicated Eddy’s original experiments of injecting hamsters with the monkey virus, and was stunned by the tumors that were quickly produced, principally mesothelioma, a type of lung cancer. These findings inevitably led him to ask the taboo question, “Could there be a connection between SV40 and human mesothelioma?” Against the resistance of the NIH heirarchy, and with no funding, Carbone and an Italian colleague worked around the clock for six months doing sophisticated DNA testing of 48 human mesothelioma samples. 29 of them turned out positive for SV40 DNA, while only one out of 28 background samples of lung tissue tested positive, and none of the 23 non-mesothelioma lung tumors or other tumors tested was positive. When the account of their discoveries was accepted by a leading journal and Carbone and his associates asked for a media event to coincide with the publication date, like Eddy before them they were ordered to refrain from speaking to the press; Carbone was told he would be “punished” if he did so.

Carbone left the NIH not long after this ultimatum; he and other scientists continued with SV40 research and found the virus in other human cancers, particularly bone, lymph, and brain cancers, the types besides mesothelioma most commonly seen in the hamster experiments. Rates for all four cancers—which were rare before 1955--are multiplied in those exposed to polio vaccines contaminated with SV40. Carbone asserts, “There is no doubt SV40 is a human carcinogen. It is one of the most potent human carcinogens that we know.”

Still more disconcerting, later studies showed that SV40 appears to pass from human to human and from mother to child, found in 23% of blood samples and 45% of semen from healthy subjects, and in brain tumors of children born after 1965 who presumably did not receive vaccines containing the virus.

However, some of the oral polio vaccines manufactured after 1961, until the oral type was removed from the market in 2000, could have been another route of transmission for SV40 infection. Every year before 2000, eight to ten individuals contracted polio and were paralyzed from the oral vaccine itself, though there has been no wild polio in the U.S. since 1979.
the manufacturing company, Lederle (which became Wyeth, then Pfizer), that SV40 infection had been a problem with the monkeys used to grow the vaccine, so that about half the harvests from a thirteen year period had to be discarded. (Lederle continued to use rhesus monkey kidneys during the 1960s, ‘70s, and ‘80s, although such tissue is almost always infected with SV40.)

Several batches of Lederle’s polio vaccine failed to pass screening tests for SV40, but the vaccines were released anyway; also, testing methods were outmoded and inaccurate compared to the available technology, so the magnitude of unknown SV40 contamination might have added considerably to that caused by known safety lapses. Kops says,

My feeling is that this is the biggest cover-up in the history of vaccine production in the United States. Regulations were made after years of debate. They were explicit. They were prepared to protect the American child who was receiving the vaccine. The safety regulations were not followed....This vaccine manufacturer [Lederle] broke the rules knowingly and decided that it was above the law. That is a travesty.

SV40 contamination may be one important factor in the prevailing cancer epidemic, with noteworthy increases in cancers of bone, lung, lymph, and brain–brain tumors alone increased 30% over a period of 25 years. If the virus is indeed transmitted sexually and can be passed from mothers to their children in utero, the cancers it causes will continue to spread horizontally throughout the population and snowball through generations to come.

In 2002, the conservative Institutes of Medicine concluded “that the evidence is strong that SV40 is a transforming virus,” (can transform healthy cells into cancerous ones), and “the evidence is of moderate strength that SV40 exposure could lead to cancer in humans under natural conditions.” The IOM also recommended that no further retrospective epidemiological studies be done, citing the difficulty of discerning who has been exposed to SV40 and who has not, since the monkey virus is possibly spreading among those not exposed to it in vaccines.

Most of the studies produced or sponsored by the VEB [Viral Epidemiology Branch--part of the National Cancer Institute, one of the institutes of NIH] were epidemiological and serological ones, attempting to dispel the belief that SV40 could cause cancer in humans.

“...This is the biggest cover-up in the history of vaccine production in the United States.”

--Atty. Stanley Kops, of Lederle’s safety violations

By 2003, almost a hundred studies had linked SV40 to human cancers, and leading SV40 authorities had performed a meta-analysis of thirteen of them that found a clear, statistically significant association between SV40 and all the kinds of tumors in which scientists have found the virus over the years. (Odds ratio for brain cancers was four, and five for lymphomas; for mesotheliomas it was 17, for bone cancers 22. The study’s author says, “To put things in perspective, it was an odds ratio of about ten that linked smoking with cancer.”)

A statement posted in 2004 on the website of the NIH’s National Cancer Institute made it clear that the agency’s official position remained basically unchanged for more than 40 years: “Studies
Find No Evidence That SV40 Is Related to Human Cancer.” The article was buttressed by five studies of SV40 antibody levels, four by the same author, three of them “case report” studies (a type of epidemiological study, discounted earlier by the IOM as unreliable since SV40 may be spreading) comparing SV40 antibody levels between groups exposed to SV40 and those who were assumed not to have been exposed. One SV40 expert had earlier published an essay examining “…the limitations of conventional [epidemiological] studies that seek to disprove the aetiological link with human cancer.” The same author commented that antibody tests for the virus are quite complicated, and that “…the absence of an…antibody response [in a given study] does not prove there was no [SV40] infection ever in the past--or even currently.” (“Appendix A” of The Virus and the Vaccine contains an exhaustive list of articles concerning the association of SV40 with human health.)

Since 2004, the silence from the NIH has been deafening, possibly because those who deny that SV40 causes human cancers finally realized that evidence had mounted irrefutably against their position, and they hoped to save face and minimize damage to the vaccine program by taking SV40 out of the limelight. This helps insure that the public will not become outraged and demand safer vaccines or refuse them altogether.

In their conclusion, the authors of The Virus and the Vaccine point out that “…the story of SV40 calls into question whether protecting the reputation of vaccines at times has been more important to these health officials than actually ensuring they are safe.”

While tracing the destructive path of SV40 after at least 50% of Americans were exposed through contaminated polio vaccines, it’s important to bear in mind that SV40 is just the most conspicuous evil to escape from the Pandora’s Box of vaccine contaminants. There are others that may impact current and future health, including potent viruses and bacteria and their components, as well as genetically engineered organisms and cancer-related or foreign animal proteins and DNA, sourced from humans, cows, chickens and monkeys. A 1984 report found 35% of all cell lines corrupted, and that most lines originated as human cells. Labs all over the world have fought pestilential contamination with HeLa cells, an “immortal cell line” commonly used in biomedical research, derived in 1951 from the unique cervical tumor of Henrietta Lacks. Even if cells grown from tumors are not necessarily tumorigenic themselves, it is an accepted phenomenon that they can convert to being cancerous after they have been cultured a number of times.

In 1954, it was not permitted to use cell lines for making vaccines. 1986 WHO guidelines allowed up to 100 pg of cell-source DNA allowed per dose of vaccine (not including viral contaminants). The 1996 recommended limit multiplied that of ’86 a hundredfold, to 10,000 pg (or 10 ng). Maurice Hilleman, obviously chastened by his harrowing experience with SV40-tainted polio vaccine, stated in a 1990 article on the use of cell cultures for making vaccines, “Total safety would seem to require complete absence of DNA from the product.”

Because no other type of medicine is mandated for the masses, safety is a more urgent concern for vaccines than for any other pharmaceutical product. (No one was forced to take Vioxx.) At least for the time being, vaccine producers and promoters have succeeded in enveloping them in a mystique of sanctity, almost impervious to question. Dr. Mark Geier, geneticist and former NIH
researcher says, “...if you operate on the premise that you can't tell the public about problems with vaccines because you'll scare them away, then unfortunately, the problems don't get fixed.”

Vaccines have been categorized in a way that allows Pharma to have it both ways: vaccines are “...not viewed as inherently toxic”--therefore not requiring the same safety testing as other drugs--and at the same time have been judged “unavoidably unsafe,” precluding lawsuits. This logical disconnect has allowed vaccine promoters to sometimes succeed in shifting the burden of proving vaccine safety to the consumer, whereas safety is truly the responsibility of the manufacturers and the FDA. (Products should be proven truly safe before release; this is not done.)

Although toy manufacturers are subject to severe liability penalties, Congress has shielded vaccine companies from liability. The only accountability vaccine manufacturers have is the consumer’s option to say no to their products. If we take that away, they really have no accountability at all. Use of other drugs is subject to informed consent, whereas a burgeoning number of vaccines are mandated, excluded from the informed consent requirement.

The same interests who have managed to evade responsibility for exposing more than half the populace to a noxious and contagious viral carcinogen are relentlessly threatening unvaccinated people with lawsuits for allegedly spreading acute infections. Pharma’s unprincipled business conduct, in combination with governmental corruption, may be the worst recommendation for the safety of vaccines. It’s hard to trust an industry in which all the major companies have been prosecuted for outright fraud.

**Squalene: Looming Threat**

("Oil adjuvants are the most insidious chemical weapon ever devised.”--Dr. Pamela Asa)

Though so far not deemed safe to license for human vaccines in the U.S. because of its toxicity *when injected*, the oil adjuvant squalene (MF59 and AS03) was used to boost immune response in a secret experimental anthrax vaccine administered to military personnel, and is implicated as the main cause of Gulf War Illness afflicting approximately a quarter of the 697,000 veterans who served in that war.

Squalene has been proven to induce autoimmune disease with severe neurological damage in several species of animals in 26 studies done around the world since the 1970s. Injection with squalene stimulates production of anti-squalene antibodies, causing a “cross-reaction” in
which the antibodies attack similar tissue in the body itself, notably the myelin coating of nerve tissue.

In 2009, a swine flu vaccine with squalene adjuvant (AS03) was administered in a number of European countries. Subsequently, use of the vaccine was linked to a higher risk of narcolepsy in children in England, Finland, Sweden, and Ireland, and to children and adults in France.238

New squalene-containing vaccines for flu, HPV, malaria, HIV and herpes have been formulated by scientists funded through the National Institutes of Health; some--such as the prototype vaccines for influenza, HIV, and malaria--are planned for mass vaccination worldwide. The federal government has stockpiled millions of doses of vaccines with squalene adjuvants.239 A recently-released document240 reveals that 600 doses of squalene-containing H7N9 influenza vaccines have been stockpiled--enough for two doses for every U.S. citizen in the event of a pandemic. Companies may pressure the FDA to bypass normal safety testing of other squalene-containing vaccines, and “fast-track” licensure241--which is “intended to facilitate and get an approved product to market expeditiously.”242 Even more worrisome is that in a declared emergency, no exemptions would be honored and citizens could be forcibly vaccinated243 244 whether the vaccines are licensed or not.

The Mercury Debate--Still Unresolved (...and Is Aluminum the New Thimerosal?)
Public health authorities usually assert that the mercury preservative Thimerosal was eliminated from vaccines years ago. However, a number of vaccines still contain Thimerosal:
- DTaP (Diphtheria/Tetanus/acellular Pertussis[Whooping Cough])-- (Tripedia brand)
- DT (Diphtheria/Tetanus)
- Td (Tetanus/Diphtheria)
- TT (Tetanus Toxoid)
- Influenza (Afluria, multi-dose Fluzone, Fluvirin, FluLaval)
- Meningococcal (Menomune)
- (Also, Tripedia may be reconstituted with ActHib to form TriHIBit.)245

According to the FDA, “Thimerosal is approximately 50% [ethyl]mercury (Hg) by weight...Lacking definitive data on the comparative toxicities of ethyl- versus methyl-mercury, FDA considered ethyl- and methyl-mercury as equivalent in its risk evaluation.”246

The EPA sets the safety limit for mercury in drinking water at only two ppb (parts per billion).247 248 249 Destruction of brain neurons occurs at concentrations of .5250 to 20 ppb. (A compelling five-minute video created by researchers at the University of Calgary shows the obliteration of live brain tissue after brief exposure to a 20 ppb solution of mercury.)251 Yet even the so-called “trace” amounts in some vaccines is 1,000 ppb per dose, while others contain 25,000 ppb per dose!252 253

While Thimerosal has been greatly reduced in vaccines utilized in this country, more vaccines containing this dangerous substance are still marketed in other countries,254 demonstrating a cynicism similar to that shown in our exporting pesticides that are banned in the U.S.255
Aluminum, another potent neurotoxin, has increased in vaccines as mercury has been reduced. A new study has discovered the pathway that aluminum takes from vaccine injection sites to the brain, “where it persists indefinitely.” This research “adds a major link in the association of aluminum adjuvants in vaccines with neurological disorders.” In addition, aluminum is one of the vaccine adjuvants (substances that stimulate immune response to antigens) associated with autoimmune disorders (“Autoimmune/Inflammatory Response Induced by Adjuvants,” or “ASIA.”)

Renowned pediatrician Robert Sears (“Dr. Bob”) worries that “aluminum may end up being another Thimerosal.” Additionally, mercury and aluminum in combination is extremely more toxic than either one separately.

Specific Vaccines--A Few Facts to Consider
Since there are risks associated with every vaccine, it is the responsibility of consumers to investigate thoroughly before submitting themselves or their children to vaccination. Whether or not to vaccinate, and if so how much, is perhaps the most important health decision parents can make. Closely analyzing package inserts, Vaccine Information Statements, and VAERS reports is a good start. The Vaccine Safety Manual by Neil Z. Miller is an excellent resource, based on over 1,000 well-documented studies. Miller’s report “Vaccine Safety Tricks and Tips,” is available as a free download. A vaccine research compilation of 307 articles with “medically researched knowledge, relevant information and pertinent data” may be obtained from GreenMedInfo. Sherri Tenpenny, D.O. maintains on her website an extensive, continually updated “Vaccine Research Library,” which includes over five thousand abstracts and full text articles--only from scientific and conventional medical peer-reviewed journals. The Vermont Coalition for Vaccine Choice website (www.vaxchoicevt.com) has gathered a wealth of medical references and links as well, along with a list of recommended books.

The vaccines addressed here--with the exception of the pertussis vaccine--are those most recently mandated and those that would be required by proposed legislation. All vaccinations on both the childhood and adult schedules should be similarly scrutinized.

IOM Report--Anaphylaxis and Six Vaccines--The Institute of Medicine (IOM) studied adverse events claims to the Vaccine Injury Compensation Program (VICP), and came up with findings for the causal relationship between specific adverse events and certain vaccines. The committee is quite conservative in their approach, concluding in 85% of the adverse events/vaccine pairs that, “...the evidence is inadequate to accept or reject a causal relationship,...”. However, under the category, “Evidence Convincingly Supports a Causal Relationship,” the report states that, “Six types of vaccines—MMR, varicella zoster, influenza, hepatitis B, meningococcal, and tetanus containing vaccines—are linked to anaphylaxis.” (Emphasis added.) (“Anaphylaxis” is severe allergic reaction that can be life-threatening.)
**Pertussis (Whooping Cough) Vaccine**—Pertussis is by far the most dangerous of all the vaccines on the required childhood schedule: Children injured and killed by pertussis-containing vaccines have received close to half (44 percent) of the more than $2.6 billion awarded by the Vaccine Injury Compensation Program for vaccine injuries and deaths since 1988.²⁶⁵

Package inserts of four commonly used pertussis vaccines—two DTaP vaccines for children (Daptacel, Infanrix) and two TDaP vaccines (Adacel, Boostrix) for adolescents and adults—contain nearly identical language: “The following adverse events were included based on one or more of the following factors: severity, frequency of reporting, or strength of evidence for a causal relationship to [Daptacel, Adacel].” All four list **anaphylaxis** (life-threatening allergic reaction), **encephalopathy/encephalitis** (brain damage), and various types of **convulsions and seizures**, while Infanrix includes **Sudden Infant Death Syndrome (SIDS)** at the very end of its list; a fifth pertussis vaccine, Tripedia, lists **autism**, all reported in the section “Post-Marketing Experience.”

**HPV (Human Papilloma Virus) Vaccine**—A public interest group warns, “The FDA adverse event reports on the HPV vaccine²⁶⁷ read like a catalog of horrors. Any state or local government now beset by Merck’s lobbying campaigns to mandate this HPV vaccine [Gardasil] for young girls ought to take a look at these adverse health reports.”²⁶⁸ Since the approval of Gardasil in 2006 and Cervarix in 2009, there have already been 136 deaths reported in connection with HPV vaccines.²⁶⁹ Gardasil has had more adverse reactions since its introduction than any other vaccine, and “is associated with 61% of all serious adverse reactions (including 63.8% of all deaths and 81.2% cases of permanent disability) in females younger than 30 years of age.”²⁷⁰

Japan’s Health, Labor, and Welfare Ministry recently revoked its recommendation for HPV vaccines, due to numerous reports of serious chronic adverse reactions, including severe headaches, convulsions and seizures, and partial paralysis.²⁷¹ Illegal clinical trials of HPV vaccine were suspended in India after their parliament issued an outraged report decrying the deaths and serious adverse reactions among girls participating in the trials; the report denounced the breach of rules and ethics protocols, including failure to obtain proper informed consent:

*The Committee observes that ICMR [Indian Council of Medical Research] representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH [Program for Appropriate Technology in Health--partly funded by the Bill and Melissa Gates Foundation] in promoting the interests of manufacturers of the HPV Vaccine [Merck and GlaxoSmithKline].²⁷²

*India Times Now* asks whether “Indian Tribal Girls [Were] Used As Guinea Pigs?”²⁷³

A three-dose series is recommended for HPV vaccines; Gardasil contains 225 mcg. aluminum per dose;²⁷⁴ Cervarix contains 500 mcg. per dose.²⁷⁵

**Hepatitis B Vaccine**—Statistician Michael Belkin studied “…24,775 VAERS hepatitis B reports from July 1990 to October 31, 1998,” and contends that “any qualified, impartial quantitative analyst or statistician not affiliated with Merck, Smithkline, the CDC, the FDA or
the AAP who examines these reports will find a clear and undeniable pattern of central nervous system (CNS) and liver disease striking thousands of people within 0-4 days after vaccination with hepatitis B vaccine.” Belkin also found that, “For ages 16-55, 77% of VAERS reports are women—more than three times as many women as men are reporting adverse reactions to hepatitis B vaccine.” Many hundreds of people suffered serious arthritic reactions, “involving an ER visit, hospitalization, death or disablement. These are the type of adverse reactions reported by many adults who are forced to take the hepatitis B vaccine for their jobs. In the reports of such adverse reactions I’ve taken, the symptoms do not go away, most patients complain it gets worse over time.”

The two available Hepatitis B vaccines contain 500 mcg. of aluminum per dose; the Hepatitis A/Hepatitis B combination vaccine contains 450 mcg.

(***Note on HPV and Hep B Vaccines--Outrageously, in the push by vaccine companies to mandate vaccines, diseases not spread by casual contact, such as HPV and Hepatitis B, are lumped with transmissible diseases like polio and pertussis. In other words, children can be kept out of day care or school even if they are missing only the Hep B shot, or--in states requiring it--the HPV vaccine.**)

**Hepatitis A Vaccine**—One Hepatitis A vaccine contains 450 mcg. aluminum per dose, while the other contains 500 mcg. (There are 450 mcg. in the shot combined with Hepatitis B.)

**Influenza Vaccine**—The flu vaccine is especially problematic in being recommended or required annually, and some brands still contain Thimerosal.

The founder of the CDC, Dr. Alexander Langmuir, later Emeritus Professor at Harvard, was adamant: And in fact, when I was head of the CDC, I wanted to make that as a public statement, and I refused to say that you should take the flu vaccine. That’s why I’m now a professor at Harvard.”

‘I would not take the flu vaccine, my wife doesn’t take the flu vaccine, no one should take the flu vaccine.”

--Dr. A. Langmuir, CDC founder

Previously, the majority of vaccine injuries reported have been for children, but now most claims are filed by adults, “mainly associated with injuries alleged to have been caused by influenza vaccine,” according to Vito Caserta, Acting Director of Division of Vaccine Injury Compensation. He predicts a ten-year high for vaccine injury filings in 2013.

Newer flu vaccines may contain the adjuvant squalene, shown to cause autoimmune disorders.

**Danger! Vaccines During Pregnancy**

Current vaccine package inserts for Tdap and flu vaccines all state that the vaccines “should be given to a pregnant woman only if clearly needed,” preceded in some of these inserts by the disclaimer, “Animal reproduction studies have not been conducted with [vaccine]. It is also not known whether [vaccine] can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity.”
A tenfold increase in miscarriages and stillbirths was reported to VAERS after the H1N1 (Swine Flu) virus was added to the seasonal influenza virus in 2009.\(^{286}\) (H1N1 is now included in the regular seasonal flu vaccine.)\(^{287}\)

Moreover, manufacturer’s information for the mercury preservative Thimerosal (still used in some flu vaccines) states, "Exposure to mercury in utero and in children may cause mild to severe mental retardation and mild to severe motor coordination impairment."\(^{288}\)

We must suffer collective amnesia about the terrible harm inflicted by past medical intrusions on pregnancy, such as various birth defects resulting from mothers taking Thalidomide during pregnancy\(^{289}\), or the “DES Daughters,” women who developed vaginal tumors due to in utero exposure to a synthetic estrogen prescribed to pregnant women for thirty years.\(^{290}\)

**Combined Vaccines: More Is Less**

Researcher Neil Z. Miller points out that vaccines are drugs, and that many infants receive “a cocktail of up to 13 vaccine/drugs” at the same doctor visit. He asks, “When did you last take 8 or more drugs at the same time? If you took 8 or more drugs simultaneously, would you be more surprised if you did or did not have a serious reaction?”\(^{291}\)

Miller and research partner Goldman found that hospitalization rates of infants as reported to VAERS (Vaccine Adverse Event Reporting System) clearly went up along with the number of vaccine doses administered concurrently.\(^{292}\) This finding reflects the general principle that taking four or more drugs at one time causes adverse reaction reports to increase exponentially.\(^{293}\)

Whether or not vaccines are officially designated as drugs, the peril of multiple doses remains the same.

**Enhanced Wellness vs. Disease Phobia**

(“Health is an inside-out phenomenon--it doesn’t come through a needle.” --Dr. Sherri Tenpenny)

Risk-free, common-sense ways to build immunity and stay healthy get lost in the heated debate about vaccination. We all know about yet easily forget to avail ourselves of “Nature’s doctors”: pure drinking water, fresh air, and daily exposure to sunshine. It’s also wise to eat lots of fruits and vegetables, and foods rich in Vitamin C as well as Vitamin D, while restricting intake of sugar and other refined foods. Stress, including negative emotions like fear and anger, directly suppresses the immune system,\(^{294}\) so, in addition to getting ample rest, incorporating lifestyle changes such as regular meditation and exercise can help prevent illness.

When sick, it’s best to stay home to avoid infecting others and consult a health practitioner to learn which foods, herbs, and remedies will limit the duration of the illness. The international not-for-profit, Cochrane Collaboration, has found that, “Respiratory virus spread can be reduced by hygienic measures (such as hand washing)....”\(^{295}\) and covering coughs and sneezes.

**A Crisis of Confidence**

A recent Gallup poll queried Americans about their confidence level in 16 key national institutions.\(^{296}\) Confidence in the medical system showed the most change, dropping 6% since 2012.
By its wholesale promotion of an ever-expanding vaccine schedule, glossing over the potential for serious harm, the medical profession betrays public trust in a manner reminiscent of its decades-long support of the tobacco industry. Numerous mid-20th-century cigarette brands boasted doctor recommendations in their ads, with slogans like, “More Doctors Smoke Camels Than Any Other Cigarette”, “20,679 Physicians say ‘Luckies are less irritating,’” and “Just What the Doctor Ordered!” (L&M).

As neurosurgeon Russell Blaylock contends, “Almost 30 years passed from the time some iconoclastic men of medicine tried to convince the medical establishment that smoking caused most cases of lung cancer until it was generally accepted.”

No doubt current hyper-vaccination will someday be regarded as similarly misguided and reckless.

**“Force, no matter how concealed, begets resistance.”** (Lakota proverb)

The degree of coercion involved in vaccine promotion should arouse suspicion. Doesn’t an excellent product sell itself?

Vaccine mandates are backed up by “big guns,” though they are usually well-hidden. In 2007, those weapons were brandished openly, when 2,300 parents in Prince George’s County, Maryland, whose children had been barred from school because their vaccinations were not entirely up-to-date, were sent letters by the State’s Attorney Glenn Ivey threatening them, “...unexcused absences by your child may subject you to a criminal charge.” (Truancy in Maryland is punishable by fines of $50 a day and up to ten days in jail for parents.) The parents were ordered to appear at the Circuit Courthouse on November 17, where armed police guards with dogs ensured compliance while children were vaccinated on the spot. (Ironically, the State’s Attorney declined Hepatitis B vaccines for his own children.)

The Association of American Physicians and Surgeons, a rare physicians’ group that eschews funding from pharmaceutical companies, condemned the “vaccine roundup.” Labeling it a “...campaign of intimidation to brutally enforce blanket vaccine-mandates by government agencies and the school district...,” the AAPS policy director proclaimed, “This power play obliterates informed consent and parental rights.”

Those Maryland parents were informed of neither their exemption rights nor of the risks of vaccines.

Manipulative and aggressive boosting of vaccines can’t easily be stopped. The only hope is that individuals break the habit of blind compliance, keeping a tenacious hold on the right to choose their health options while becoming empowered consumers who “vote with their dollars and their feet.”

It is nothing less than tyranny to force individuals to undergo a medical procedure against their beliefs by threatening them with loss of employment or education.
Vaccine exemptions must be cherished by anyone who might wish to refuse even one mandated shot from the profit-based prescription of “a lifetime of vaccines.”

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(Future updated versions and references may be accessed at http://www.vaxchoicevt.com/gilruth-saynoforced/)

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Charlotte Gilruth maintains a family homeopathy practice in Montpelier, Vermont. She has questioned vaccine safety since 1976, when she was pregnant with her first child. Charlotte advocates for health freedom and medical informed consent as a member of the Vermont Coalition for Vaccine Choice. (www.vaxchoicevt.com)

(Please circulate this essay freely to alert citizens that their vaccine exemption rights are in imminent danger. Kindly forward piece in its entirety, including references. To save paper for print version, print text only on double-sided paper and access references online at http://www.vaxchoicevt.com/gilruth-saynoforced/)

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