

The Truth about Vaccines

What you need to know in order to save your child?

By

Dr. Heather Rice



Dr. Heather Rice

My name is Dr. Heather Rice. I am many things to many people; however, the most meaningful titles I hold are that of mom and Chiropractor.

Being a Doctor of Chiropractic is my passion.

My practice members are not “patients” to me they are friends, neighbors, and family. I took over Network Chiropractic of Vermont in 1997 but I have over 25+ years of experience in the Chiropractic profession.



I wanted to Help people Feel Better

My connection with Chiropractic started at a young age as both of my parents are Chiropractors. I have a memory of my father adjusting me when I was 13 years old. I remember because I had strep throat and each adjustment made me feel better. That is when the seed was planted - I too wanted to help people feel better.



Chiropractic Education & Training

Two of my brothers and I went to school to be Chiropractors. I graduated 4th in my class from [Palmer College of Chiropractic](#) in 1983 and since then I have become one of the few doctors in Vermont to achieve the highest level of certification in Network Spinal Analysis (NSA). NSA is known for its gentle adjustments and profound changes in the quality of life. I also am certified as a FLOWTRITION practitioner and can also teach the approach.

At Network Chiropractic of Vermont

I have traveled the world (especially China & South Korea) practicing Chiropractic but Vermont is my home. My practice focuses on family wellness care for infants, children, and adults and I am devoted to improving our community. I do this by educating the public in healthier ways to live. We often pack up and travel to offices and schools within the Burlington area to give free lectures or seminars.

Additional Training

In addition to being a Chiropractor, I am also trained in Somato Respiratory Integration (SRI) from the Twelve Stages of Healing work, and I have been a staff trainer for the Firewalking Institute of Research and Education. I am proficient in French & Chinese and love playing the violin with my daughter, Alya.

Welcome to our Wellness Community

To those of you who are already a part of our wellness community, this website is dedicated to you as a place to delve deeper and learn more. To those who haven't met us yet, I invite you to visit our [Shelburne office](#) and get to



know me and my wonderful staff. Please allow me the opportunity to improve your quality of life.

Yours in health,
Dr. Heather, D.C.

One of the most important health decisions facing parents today is whether or not to have their child vaccinated. No matter what decision a parent makes for their child, true informed consent should be part of that decision, meaning this decision should be based on facts rather than coercion or pressure. True informed consent to parents should include the controversies that are going on inside medical journals and amongst immunologists.

I therefore ask you to keep an open mind to the information that is being presented.

The imperative questions that should be asked when considering vaccinations are:

Are vaccines necessary?

Are vaccines safe?

Are vaccinated children healthier than non-vaccinated children?

Do the benefits of vaccine outweigh the risks?



So often my patients tell me they asked these questions of their pediatrician. The answer they received was “There may be some risks involved but the benefits far outweigh the risks”. The problem with that statement is that it has never been proven. There is no evidence; there is no study that shows the benefits outweigh the risks. There is, however, overwhelming evidence that shows the risks far outweighs the benefits.

That is the purpose of this presentation; to give you ample information for you to consider which is true for you.

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote ³	DTaP				DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷									Influenza (Yearly)			
Measles, Mumps, Rubella ⁸								MMR		see footnote ⁸		MMR
Varicella ⁹								Varicella		see footnote ⁹		Varicella
Hepatitis A ¹⁰									HepA (2 doses)			HepA Series
Meningococcal ¹¹												MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²		see footnote ²	HPV (3 doses)(females)	HPV series	
Meningococcal ³		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	
Pneumococcal ⁵		Pneumococcal	Pneumococcal	Pneumococcal	
Hepatitis A ⁶		HepA Series	HepA Series	HepA Series	
Hepatitis B ⁷		Hep B Series	Hep B Series	Hep B Series	
Inactivated Poliovirus ⁸		IPV Series	IPV Series	IPV Series	Range of recommended ages for certain high-risk groups
Measles, Mumps, Rubella ⁹		MMR Series	MMR Series	MMR Series	
Varicella ¹⁰		Varicella Series	Varicella Series	Varicella Series	

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, diphtheria, pertussis ¹		1 dose (if indicated)	1 dose	1 dose (if indicated)	Range of recommended ages for all children
Human papillomavirus ²		see footnote ²	3 doses	Complete 3-dose series	
Meningococcal ³		See footnote ³	Dose 1	Booster at 16 years old	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (yearly)	Influenza (yearly)	Influenza (yearly)	
Pneumococcal ⁵		See footnote ⁵	See footnote ⁵	See footnote ⁵	
Hepatitis A ⁶		Complete 2-dose series	Complete 2-dose series	Complete 2-dose series	
Hepatitis B ⁷		Complete 3-dose series	Complete 3-dose series	Complete 3-dose series	
Inactivated poliovirus ⁸		Complete 3-dose series	Complete 3-dose series	Complete 3-dose series	Range of recommended ages for certain high-risk groups
Measles, mumps, rubella ⁹		Complete 2-dose series	Complete 2-dose series	Complete 2-dose series	
Varicella ¹⁰		Complete 2-dose series	Complete 2-dose series	Complete 2-dose series	

By the time a child is 18 years old, most children will have received 69 doses of 16 vaccines.

Most parents have no idea how many shots their children receive.

Schedule to be found at:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf>

There are dozens more vaccines in development (for obesity, diabetes, and other proven lifestyle-related illnesses) Do our children really need all this to live healthy lives?

There also a recommended adult immunization schedule.

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf>

The opposition of vaccine mandates, vaccine safety and effectiveness!

There are growing numbers of MD's that are opposing mandatory vaccines as well.

Robert Mendelsohn, MD

"There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease...I urge you to reject all inoculations for your child." Mendelsohn R. How to raise a healthy child...in spite of your doctor. Chicago: Contemporary Books. 1984:210.

The Association of American Physicians and Surgeons calls for an end to mandatory childhood vaccines. "Our children face the possibility of death or serious long-term adverse effects from mandated vaccines that aren't necessary or that have very limited benefits." Jane M. Orient, MD, AAPS Executive Director. Nov. 2, 2000. www.aapsonline.org

"We do not believe that compulsory immunization is in any way appropriateAt the end of the day, it is up to parents to balance the risks and benefits of vaccination." Dr Vivienne Nathanson, head of BMA (British Medical Association) ethics and science. BBC News, 6/30/03.
<http://news.bbc.co.uk/1/hi/health/3023538.stm>

Vaccination opposition has been around a long time.

In 1921 Johnny Gruelle's 8-year-old daughter was vaccinated in school without her parent's permission. Between the months she became ill from the vaccination and her death her body was completely limp – like a rag doll. It was this sick, vaccine-injured child that inspired Gruelle to create Raggedy Ann.

"Compulsory vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom." Palmer DD. *Textbook of the Science, Art and Philosophy of Chiropractic*. Portland, OR: Portland Printing House Company. 1910. Dr. Palmer was referring to the new smallpox vaccine

Are vaccinated children healthier than non-vaccinated children?

Isn't this the most basic question of all? Shouldn't any discussion about vaccinations ask whether vaccines actually make our children healthier?

There is no proof vaccinated children are healthier.

No major study has compared vaccinated and non-vaccinated children to see which is healthier. Although, parents have their kids vaccinated so they'll be "protected" from disease. What they really want is for their children to be healthy. In fact, a normal child should be able to deal with any childhood disease and benefit from the experience (more on that later).

How can the government promote mandatory vaccines if there's no proof that they are making our children healthy? In fact quite the opposite appears to be the case. It appears that it is the vaccinated children who have allergies, asthma, autism, seizures, dyslexia, chronic illness, ADD, ADHD, skin conditions, nervousness and other nerve and immune system disorders - NOT the vaccination-free children.

Vaccine Research

The research done regarding vaccination safety and efficacy is so very poor it doesn't even qualify as science. For example: Let's say you own a drug company and you want to see if your drug is safe. You take two groups of people; match them for age and other factors. Half get the drug and the other half – the control group - gets a placebo – a sugar pill. Now you compare the groups. You'd watch them for days, weeks, months and even years to see if there is any long-term damage. That's a long-term study. A short-term study does not give you the information that you need. The long term study is the logical, the scientific way to do things.

How many long-term controlled studies are there for vaccines? Zero!

What research should be done? A controlled study: You take two large groups of people, match them by age and other factors, vaccinate one group and don't vaccinate the other. Then compare incidence of disease over a period of several years. That's a long-term study. Short-term studies don't give us any information about vaccination efficacy.

Example of vaccine “science”

2,588 Navajo infants were given Hib, DPT and OPV (the “vaccine” group).

2,602 Navajo infants were given DPT, OPV AND lactose (the “placebo” group). Santosham M, Wolff M, Reid R, et al. The efficacy in Navajo infants of a conjugate vaccine consisting of Haemophilus influenza type b polysaccharide and Neisseria meningitidis outer-membrane protein complex. New England J of Med; 1991, 324(25):1767-1772.

The study was ended early because of the large number of deaths and injuries in both groups. Death and injury from a placebo?

Note: HiB stands for haemophilus influenza B vaccine, DPT = diphtheria, tetanus and pertussis and OPV = oral polio vaccine.

I know it sounds crazy but they don't compare vaccinated with non-vaccinated kids; they compare kids vaccinated with an approved vaccine and kids vaccinated with an experimental vaccine. If both groups of children have a similar amount of neurological disorders, seizures, shock and deaths then the experimental vaccine is approved. This is just one example, out of many, of the sloppy, so-called science of vaccination research.



Another problem is this research was done on Navajo babies. Would there be more or less damage in babies of English, Irish, Italian, Jewish, German, French, African, Polish, Russian or other ancestry? We don't know.

And there's one last problem: this is not independent research. The people doing this research work for the drug companies. This work should be done by independent researchers.

The science we need that has not been done: Long-term studies using non-vaccinated control groups, so we can look to see if chronic diseases such as autism, childhood diabetes, Crohn's disease, attention deficit disorder, childhood arthritis and other conditions show up more in vaccinated children as research today shows. Before-and-after studies that test children before and after immunization, to better assess the impact on the body. We especially need studies conducted by researchers who do not receive monetary support from the companies that produce the vaccines, as is the case today.

"Most of the studies are designed in a way that will never detect many types of potential damage. In fact, the federal Institute of Medicine's protocol for verifying causality of vaccine damage consists of comparing health problems of recently vaccinated children to health problems in background control groups of already vaccinated children (not comparisons to non-vaccinated subjects). Because the test group and the control group are both vaccinated, such tests will show only immediate effects of the vaccination, and are of course unable to detect any long-term or widespread damage in the vaccinated population, because any such damage would become a "normal" background parameter of the control group."

http://www.vaccinationnews.com/Out_of_Control/2003/Sept_9/OOC1.htm

Joint UCLA-FDA Study

This study was conducted to prove that the DPT shot was safe. However, reactions to the shot were "much higher than had ever been suspected or reported in the scientific literature." (Coulter and Fisher, *A Shot in the Dark*. NY:Warner Books. 1985; 50.) The study was ended early presumably



because of that reason. Local reactions occurred with 64% of the vaccinations and minor systemic reactions occurred after about 50% of the vaccinations. Neurological reactions included convulsions, collapse and high-pitched (encephalitic) screaming. Here's one example of the junk in this paper:

One child died 3 days after vaccination; another got sick on the day of vaccination and died on the 4th day.

The researchers concluded that the DPT shot does not cause death because they limited their observations to 48 hours after vaccination. They said: 'during our study period no children died.' Cody CL, Baraff LJ, Cherry, J et al. Pertussis Vaccine Project: rates, nature, and etiology of adverse reactions associated

with DPT vaccine. *Pediatrics*, November 1981.

This paper has been quoted widely as proof vaccines are safe. The authors reviewed the medical records of 38,171 children. 1,187 vaccine adverse reactions were recorded (3%), a sizable number since most reactions are not reported. Of 1,187 reported reactions, 359 were excluded: "records were not available for review" (leaving 828). 470 were excluded because the authors didn't think their problems were caused by the shots. They excluded 2 more with encephalopathy 2 weeks after the shot leaving 356.

Conclusion: "The prevalence of neurological defects is the same whether the children are immunized or not."

Griffin M, Ray WA, Mortimer EA et al. Risk of Seizures and Encephalopathy After Immunization with the Diphtheria-Tetanus-Pertussis Vaccine. *JAMA*. 1990; 263:12:1641-1645.

To repeat: we do not know if any vaccine is safe because vaccinated children are not compared to non-vaccinated ones in safety tests. Also test children are healthy, unlike those often vaccinated in real life. Premature, low birth weight or ill babies are not permitted in the test group. If a test child has a bad reaction, they aren't revaccinated and are removed from the study. However, in real life, what really happens? MDs vaccinate all children, sick and well, high and low birth weight, full term and premature, with predispositions for allergies, or neurological disease and other conditions. One example of sloppy science: the hepatitis B vaccine was declared safe to give to newborns and premature babies but was only tested on older babies and children.

There are however, some studies that do in fact compared vaccinated to non-vaccinated children....

BRIEF REPORTS

Is Infant Immunization a Risk Factor for Childhood Asthma or Allergy?

Trudi Kemp,¹ Neil Pearce,¹ Penny Fitzharris,¹ Julian Crane,¹ David Fergusson,²
Ian St. George,³ Kristin Wickens,¹ and Richard Beasley¹

The Christchurch Health and Development Study comprises 1,265 children born in 1977. The 23 children who received no diphtheria/pertussis/tetanus (DPT) and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic illness before age 10 years; in the immunized children, 23.1% had asthma episodes, 22.5% asthma consulta-

tions, and 30.0% consultations for other allergic illness. Similar differences were observed at ages 5 and 16 years. These findings do not appear to be due to differential use of health services (although this possibility cannot be excluded) or confounding by ethnicity, socioeconomic status, parental atopy, or parental smoking. (Epidemiology 1997;8:678-680)

Keywords: asthma, allergy, immunizations, children.

Immunized children: 23.1% had asthma, 30% had other allergic illnesses.

Non-immunized children: 0% had asthma or other allergic illness

This was a New Zealand study published in Epidemiology, a respected, peer-reviewed medical journal...." Did you hear about this paper on the evening news? How about in Time and Newsweek? In your local paper? No? That's the problem, the media doesn't report these stories. You aren't being told the whole story."

Pertussis vaccination and asthma

10.69% of children immunized (with pertussis) got asthma.

There was 1 case of asthma out of 91 who had no vaccinations at all.

Odent ME, Culpin EE, Kimmel T, Pertussis vaccination and asthma: is there a link? Letter. JAMA. 1994; 272(8):593.

DPPT or MMR and allergies/asthma

Children vaccinated with DPPT (or MMR) had 14 times more asthma and 9.4 times more eczema than non-vaccinated children. McKeever TM, Lewis SA, Smith C.

Note: DPPT is DPT plus polio.

Here is another study, from the British medical journal Thorax. The conclusion of this study is bizarre: "It is unlikely...vaccinations are a risk factor for asthma or eczema." How can the researchers make this statement? The researchers bent over backwards to deny the obvious findings – that vaccinated kids have more allergies and asthma. How did they do it? They did it by using "creative imagination." They concluded that the people who vaccinated their kids were the ones who visit doctors and the ones who didn't vaccinate their kids don't usually go to doctors. Therefore, they concluded, the vaccinated kids were much more likely to be diagnosed with any health problem than the kids in the non-vaccinated group.

An old Persian story is about the drunk man on his hands and knees looking for his keys. A friend bends down to help. "Where do you think you dropped them?" he asks. "Over there, down that dark alley" the drunk responds. "Why are you looking here?" his friend asks. "Because there's more light here" says the drunk.

In the same way, the medical profession will apparently look everywhere to explain vaccine injury, except vaccination.

Asthma and vaccination

Vaccinated...25.6% asthma

Non-vaccinated...2.3% asthma

Vaccinated...>50% atopic disorders (allergies, rashes, chronic runny nose) Non-vaccinated...<10% atopic disorders

<http://www.feingold.org/Research/vaccinations.html#Yoneyama>

The effect of DPT and BCG vaccinations on atopic disorders. Yoneyama H, Suzuki M, Fujii K, Odajima Y, Arerugi. 2000;49(7):585-592. <http://www.ncbi.nlm.nih.gov/pubmed/10944825?dopt=Abstract>

It's not just asthma and allergies that vaccinated kids get. Dr. Robert Mendelsohn said this:

"Immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases...such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus and Guillain-Barre syndrome." Robert Mendelsohn, MD

While attending the International Vaccine Information Conference in Washington, DC in 2010, I spoke with a woman who 35 years before had chosen not to vaccinate her children. As an adult, her son wished to work in a health care facility that required him to be fully vaccinated. In an attempt to reduce the number of vaccines he might need, he had a titer test done to see which diseases he may

have already had full immunity... he showed a titer for every disease and therefore required no vaccines, including polio although he never had the disease and never had the vaccine!

Vaccinated vs. Unvaccinated: Survey Reveals Who's Healthier

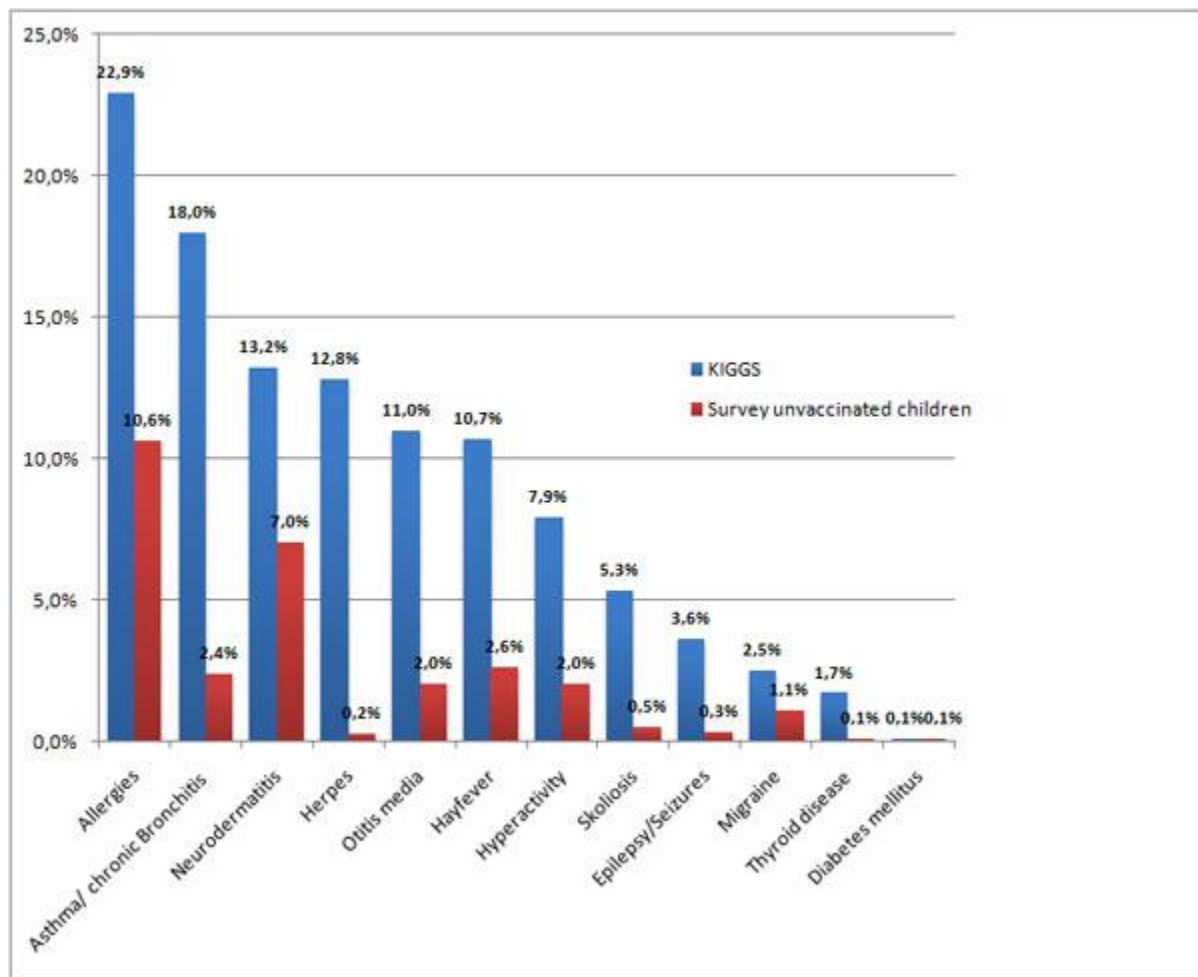
In December 2010, a survey was initiated by VaccineInjury.info to compare the health of vaccinated children with unvaccinated children. To date over 7,850 surveys have been submitted, and the study is ongoing, so if you have an unvaccinated child (or are unvaccinated yourself) and would like to [submit his or her health data, you can do so here](#).

Though this is obviously not a double-blind controlled study, and depends on the individuals submitting the data to give accurate information, it is still incredibly revealing. So far, the results show:

Health Condition	Prevalence in Vaccinated Children	Prevalence in Unvaccinated Children
Allergies	40% report at least one allergy	Less than 10%
Asthma	6%	2.5%
Hayfever	10.7% of German children	2.5%
Neurodermatitis (an autoimmune disorder)	13% of German children	7%
ADHD	8% of German children, and another nearly 6% with borderline cases	1-2%
Middle ear infections	11% of German children	Less than 0.5%
Sinusitis	Over 32% of German children	Less than 1%
Autism	Approximately 1 in 100	Only 4 cases out of 7,800+ surveys (one child tested very high for metals, and another's

mother tested very high for mercury)

In the chart below, from VaccineInjury.Info, you can see a direct comparison of health data from the KiGGS study (The German Health Interview and Examination Survey for Children and Adolescents) versus the data from unvaccinated children taking part in VaccineInjury.info's survey:



<http://articles.mercola.com/sites/articles/archive/2011/11/04/are-unvaccinated-children-healthier.aspx>

Question: Do the “benefits” of vaccination outweigh the risks?

This is the most important question we can ask. The justification for vaccination, in spite of all the damage it is known to cause, is that the damage is miniscule: “one in a million.” Whenever vaccination criticism surfaces, the media will interview some health department official or MD who will repeat the mantra: ‘Sure vaccines have some slight chance of causing damage, but (repeat after me) the benefits far outweigh the risks.’ The only problem with that statement is that it has never been proven.

No one knows... No one knows what the chances are that your child may be hurt or killed by a vaccine. Why? In order to do a risk/benefit analysis we need to know how many children are being hurt. We do not know that because MDs and health officials rarely report vaccine injuries.

This is incredible. We are being pressured to inject chemicals into our children and have no idea how many children can be hurt by it. Here is the proof...

Doctors rarely report damage

“Doctors underreport adverse vaccine reactions by 90%.”

US Food and Drug Administration "Investigative Report on the Vaccine Adverse Event Reporting System." NVIC.

Even though by law MDs must report vaccine injuries to the government's vaccine adverse event reporting system (VAERS), only one in ten vaccine-injured children is ever reported according to the FDA. This government statistic may be conservative; the actual amount of underreporting may be far greater.

Kessler D. JAMA, 1993; 269 (No.21): 2785. Only about 1% of serious events are reported to the FDA.

Here is an example of how vaccine injuries and deaths are underreported. This is from the book *A Shot in the Dark*. “Janet asked the coroner why he could not state point-blank that Richie's death was due to a DPT shot reaction, when it was obvious... He said he couldn't write down on the death certificate that Richie had died from a DPT reaction because 'the state's standing on immunizations would be in an uproar'.”



Government agencies are pro-vaccine, government agencies promote vaccination and are not likely to criticize their own policies. The contact info for the National Vaccine Information Center (NVIC) is 512 Maple Ave. W. #206, Vienna, VA 22180, 703-938-0342; www.nvic.org

“Japanese research indicates that adverse reactions to MMR vaccine are 78 times as frequent as the UK's Chief Medical Officer of Health has admitted. If those figures are correct, then the vaccine is more dangerous than the illness.” Richard Barr, Alexander Harris, Mumps, Measles and Rubella (MMR) Vaccines and Measles Rubella (MR) Dawbars (UK) 1997

Less than one in 78 injuries reported

<http://www.vaccinationnews.com/DailyNews/March2002/VaxFactSheet.htm>

One in 500 injuries reported...

An analysis of the CDC's own data demonstrates that the number of actual injuries from the rotavirus vaccine is 500 times the injuries reported to VAERS.

<http://search.cdc.gov/search97cgi/s97is.dll?queryText=Kaiser+Permanente+and+rotashield&SortField=score&Action=FilterSearch&Collection=CDCALL1&ResultTemplate=nsearchresult.hts&filter=newsearch.hts>

<http://www.cdc.gov/nip/ACIP/minutes/acip-min-oct01.rtf>

This is an example of an actual VAERS report. Approx two weeks post measles vaccination, patient experienced acute demyelinating encephalomyelitis, deteriorated rapidly and died. The cause of death was encephalomyelitis. An autopsy was performed, but the brain was liquified.

VaersIDReportText134548

<http://www.medalerts.org/vaersdb/findfield.php> VaersIDReportText134548

National Vaccine Injury Compensation Program

Health Resources and Services Administration, Parklawn Building, Room 7-90, 5600 Fishers Lane, Rockville, MD 20857, 800-338-2382. Compensation totals to date with statistical breakdown available with written request.

In the early 1980s pharmaceutical companies were settling so many lawsuits (out of court – records sealed) from vaccine-injured children and their families that they threatened Congress that if they didn't have protection from liability they were going to stop making vaccines. Congress then passed laws protecting the vaccine companies from liability and created the National Vaccine Injury Compensation Program. Extra fees were added to each vaccine to pay the damages for vaccine-injured children. Over a billion dollars has been paid, even though most parents do not know this system exists and most requests are rejected by Justice Department lawyers. Further, the government only compensates for a limited number of severe injuries and only if they've occurred a few hours after a shot.

What are the real numbers?

By December 2002, VAERS received 244,424 reports of possible reactions to vaccines including:

99,145 emergency room visits

5,149 life-threatening reactions

27,925 hospitalizations

5,775 disabilities and

5,309 deaths

By May 2012, VAERS has received 393,958 reports of possible reactions to vaccines

<http://www.medalerts.org/vaersdb/findfield.php?action=Find&TABLE=ON&GROUP1=APPY>

This is what's reported. What are the real numbers? Is it ten or 50 or 500 the numbers above? No one knows and no one in the FDA is making any real effort to find out.

How many children are hurt?

"Between 15 and 20% of American school children are considered learning disabled with minimal brain dysfunction directly caused by vaccine damage." Coulter HL. Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain. Washington, DC: Center for Empirical Medicine. 1990.

That's one in 5 or 6! Dr. Coulter's statement doesn't include other forms of vaccine damage such as asthma, allergies, immune system problems, etc. The actual number of children damaged by vaccines may be one in two or greater. We are creating a generation of vaccine-injured children.

Are vaccinations "effective?"

What does effective mean? The CDC (Center for Disease Control) says "Effective" means antibodies are produced, not clinical effectiveness (i.e. no disease). However, there is often no correlation between antibodies and resistance to disease. That means people with high antibody counts may get sick while people with low antibody counts may not get sick.

For example: Crone NE, Reder AT. Severe tetanus in immunized patients with high anti-tetanus titers. Neurology 1992;42:761-764. Article abstract: Severe (grade III) tetanus occurred in three immunized patients who had high serum levels of anti-tetanus antibody. The disease was fatal in one patient. One patient had been hyperimmunized to produce commercial tetanus immune globulin. Two patients had received immunizations one year before presentation.

DOES VACCINATION EQUAL IMMUNIZATION

Dr. Viera Scheibner is arguably one of the world's most respected scientists and scholars of vaccine medical data. She is the author of *Vaccination: 100 Years of Orthodox Research and Behavioral Problems in Children: The Link to Vaccination*, in addition to publishing almost 100 peer-reviewed papers.

Practicing physicians today will tell us there is no natural immunity for tetanus; therefore, a vaccination is necessary. Yet, a large research study in India of over 70,000 people, none having received tetanus injections, found most had natural immunity to the pathogen.

"Ever since the turn of the century medical journals published dozens and dozens of articles demonstrating that injecting vaccines [can] cause anaphylaxis, meaning harmful, inappropriate immunological responses, which is also called sensitization. [This means

there is] increased susceptibility to the disease which the vaccine is supposed to prevent,

and to a host of related and other unrelated infections. We see it in vaccinated children within days, within two or three weeks. Most vaccinated children, but not all, develop runny noses, ear infections, pneumonitis, bronchiolitis. It is only a matter of degrees, which indicates immuno-suppression. So it doesn't indicate immunity. It indicates the opposite. So I never use the word immunization because that is false advertising. It implies that vaccines immunize, which they don't. The correct term is either vaccination or sensitization."

"Vaccines [can] damage internal organs, particularly the pancreas... So not only is it that children develop these infections with increased severity, but they develop... these autoimmune diseases like diabetes. That's a real pandemic....[Vaccination] is an illness industry. They cause pandemics of diabetes. They cause pandemics of other degenerative diseases. They cause pandemics of behavioral problems."

"The term immunization should be outlawed because it's a lie. It's false advertising. Vaccination is the right term because it simply means injecting a vaccine. The word immunization implies vaccines prevent disease... They actually [may lead to] them. If they don't want to use the word vaccination, they should use the word sensitization. *Interview with Dr. Viera Scheibner. Broadcast WPFW, Washington DC. September 21, 2009. Archived at <http://garynull.org>*

Although there are numerous voices against vaccination, and even more against mandatory vaccination, it is equally important to bring attention to the words of dissent from within the government health agencies and the vaccine industrial complex. For example, in November 2007, the UK newspaper *The Scotsman*, made public warnings by the inventor of the "flu jab," Dr. Graeme Laver. Dr. Laver was a major Australian scientist involved in the invention of a flu vaccine in addition to playing a leading scientific role in the discovery of anti-flu drugs. He went on record as saying the vaccine he helped to create was ineffective and natural infection with the flu was safer. "I have never been impressed with its efficacy," said Dr. Laver. "*Many will die if Britain continues to rely only on my flu jab warns scientist*" *Scotsman.com November 25, 2007.*

Vaccines are suspensions of infectious agents used to artificially induce immunity against specific diseases. The aim of vaccination is to mimic the process of naturally occurring infection through artificial means. Theoretically, vaccines produce a mild to moderate episode of infection in the

body with only temporary and slight side effects. But, in reality, they may be causing diseases rather than preventing them. According to Jamie Murphy, an investigative journalist on vaccines and author of *What Every Parent Should Know About Childhood Vaccination*, “Vaccines produce disease or infection in an otherwise healthy person... And so, in order to allegedly produce something good, one has to do something bad to the human body, that is, induce an infection or a disease in an otherwise healthy person that may or may not have ever happened.”

When children contract a disease such as measles or mumps, they generally develop a permanent protection against that disease. Such is not necessarily the case with vaccines. As Murphy observes, “The medical profession does not know how long vaccine immunity lasts because it is artificial immunity. If you get measles naturally, in the vast majority of cases you have lifelong immunity..... However, if you get a measles vaccine or a DPT vaccine, [it does not guarantee 100% immunity] that the vaccine will prevent you from getting the disease.”

Murphy continues: “You have a situation in which everyone is being given a disease with no control over that disease, because once you inject a vaccine into a person’s body, whether it contains bacteria or viruses or split viruses or whatever--you have no control over the outcome. It’s like dumping toxic wastes into a river and saying, ‘If we just put a little bit in, it won’t pollute the river. It will be just enough to do what we want it to do.’ Of course, what they want the vaccination to do is initiate the building up of our immune defenses, just like a regular infection would do. The problem is that the medical profession and science do not know, and have never known, what the infecting dose of an infection really is. It’s not something that can be measured. So they’re really guessing at the amount of antigen and other supplementary chemicals that they put in the vaccine.”

“Vaccines are portrayed as being indispensable and somehow better at disease protection than what our innate biological defenses and nutritional resources have accomplished for thousands of years. I think it’s the height of arrogance for the medical profession to think that they have duplicated a biological process that has taken care of people since the beginning of time. People can deal with infectious diseases without vaccines. Before the

introduction of the measles and mumps vaccines, children got measles and they got mumps, and in the great majority of cases those diseases were benign.”

“The most important point I want to make is that there’s no logical reason for having a vaccine when these [naturally occurring] infectious agents...can stimulate the immune system to take care of that disease by itself. We don’t need anything artificial to do that for us.” *Gary Null Interview with Jamie Murphy, December 18, 1997.*

Dr. Richard Moskowitz, past president of the National Institute of Homeopathy, and a cum laude graduate of Harvard and New York Medical School, states, “Vaccines trick the body so that it will no longer initiate a generalized inflammatory response. They thereby accomplish what the entire immune system seems to have evolved to prevent. They place the virus directly into the blood and give it access to the major immune organs and tissues without any obvious way of getting rid of it. These attenuated viruses and virus elements persist in the blood for a long time, perhaps permanently. This, in turn, implies a systematic weakening of the ability to mount an effective response, not only to childhood diseases but to other acute infections as well.’

Further, Jamie Murphy insists that introducing antigens directly into the bloodstream can prove dangerous. “When a child gets a naturally occurring infection, like measles, which is not a serious disease, the body reacts to that in a very set way. The germs go in a certain part of the body through the throat and into the different immune organs, and the body combats the disease in its own natural way. There are all sorts of immune reactions that occur. Inflammatory response reactions, macrophages, and different kinds of white blood cells are used to combat the virus. You also cough and sneeze and get rid of the virus that way.

“When you inject a vaccine into the body, you’re actually performing an unnatural act because you are injecting directly into the blood system. That is not the natural port of entry for that virus. In fact, the whole immune system in our body is geared to prevent that from happening. What we’re doing is giving the virus or the bacteria carte blanche entry into our bloodstream, which is the last place you want it to be. This increases the chance for disease because viral material from the vaccine stays in the cells, and is not completely defeated by the body’s own defenses. You overload the body.”

In “Vaccination: Dispelling the Myths,” Alan Phillips, a national health attorney and legal expert on vaccine policy, writes, “The clinical evidence for vaccination is their ability to stimulate antibody production in the recipient, a fact which is not disputed. What is not clear, however, is whether or not

such antibody production constitutes immunity. For example, a-gamma globulinemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children....Natural immunization is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production. Research also indicates that vaccination commits immune cells to the specific antigens involved in the vaccine, rendering them incapable of reacting to other infections. Our immunological reserve may thus actually be reduced, causing a generally lowered resistance.”

Outbreaks have occurred in 100% vaccinated populations. Morbidity and Mortality Weekly Report. US Govt. 12/29/89/38(S-9):1-18.

“80% cases of measles are contracted in vaccinated people.” Morbidity and Mortality Weekly Report. US Govt. 6/6/86/35(22):366-70.

Mass vaccination is promoted because of the concept of herd immunity. But as you can see, how can herd immunity work if epidemics have occurred in 90 to 100% vaccinated populations?

Herd immunity

Herd immunity was developed by A.W. Hedrich in 1933 who said when 68% of children under 15 were immune to measles, epidemics did not occur. His research was based on natural, not artificial immunity.

A serious problem with vaccination is that it interferes with transplacental immunity. Girls who are vaccinated have less protection to pass on to their unborn child. (a) More measles now occurs in children less than 1 and adults 25+ (b) (a) Papania M, Baughman AL, Lee S, et al Increased susceptibility to measles in infants in the United States. *Pediatrics*. 1999;104(5):e59 National Immunization Program, Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, USA. (b) *MMWR* 1991;40:369-372 in *JAMA*;1991;265(24).

When a girl is vaccinated she does not develop natural immunity and years later, when she gets pregnant she is not able to give her unborn child as much protection through the placenta so her newborn may be born vulnerable to measles, whooping cough and other diseases at birth. Among newborns these diseases can be fatal.

Reduced passive measles immunity in infants of mothers who have not been exposed to measles outbreaks. Ohsaki M, Tsutsumi H, Takeuchi R, Kuniya Y, Chiba S. *Scand J Infect Dis*. 1999;31(1):17-19.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10381212&dopt=Abstract

Whooping cough deaths increase despite all the vaccinations. “The number of infants dying from whooping cough is rising despite record high vaccination levels. All the deaths in 2000 occurred among infants under the age of 4 months.”

“Since the early 1980s, reported pertussis incidence has increased cyclically with peaks occurring every 3-4 years.”

Morbidity and Mortality Weekly Report. Feb 1, 2002;51:73-76.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5104a1.htm>

And in spite of all the vaccinations, pertussis returns on a cyclical basis. You can't fool mother nature.

However there is some good news. When Sweden stopped pertussis vaccinations, the disease all but disappeared in infants, adolescents and adults and returned to young children, where it should be. That's why they're called childhood diseases, you get them in childhood, not in infancy and not in adulthood. What can you do if you were vaccinated as a young girl and now are pregnant? Breastfeed. Breast feeding offers a wide variety of natural protections. According to the American Academy of Pediatrics, babies should be breastfed for a minimum of one year and a maximum of – when the baby decides. Average age of weaning in the world is about 4 ½ years. To further promote natural health all children should have healthcare that promotes natural immunity, should be fed natural, healthy, immune-system-promoting foods and – very importantly – feel loved and cared for. For more information on how to support a robust immune system, go to www.vermonthhealthyimmunesystem.com

Morbidity and Mortality Weekly Report is put out by the US Government.

Alan Nelson MD testifying on behalf of the AMA in Coulter H, Fisher BL. A Shot in the Dark New York: Warner Books 1985; 385.

“The increase in pertussis incidence was higher among vaccinated than among non-vaccinated persons of all ages. This resulted in lower estimates of vaccine effectiveness.” De Melker HE, Schellekens JFP, Neppelenbrock SE et al. Reemergence of pertussis in the highly vaccinated population of The Netherlands: Observations on surveillance data. Emerging Infectious Diseases. 2000; 6(4).

More pertussis since vaccination

With mandatory vaccination and 5 doses of DPT vaccine, pertussis occurs at a far higher rate now than before the introduction of the vaccine. “There is substantial underreporting of pertussis...including hospitalizations.” Sutter RW and Cochi SL. Pertussis hospitalizations and mortality in the United States, 1985-1988. JAMA. 1992;267(3):386-390.

There's more pertussis now than before vaccination started and increased deaths in infants. Some vaccine! Why do they still give it?

The rate of pertussis was declining consistently until 1978 when the DPT vaccine was mandated for school entry in 41 states. The decline immediately slowed, then stopped and began to rise again, and it has been rising ever since. This is comparing epidemic peaks with other epidemic peaks and inter-epidemic troughs with other inter-epidemic troughs, which is the only kind of comparison that reasonably can be done.

An outbreak of 137 cases of measles...



98.7% of students were appropriately vaccinated. Davis RM, Whitman ED, Orenstein WA, A persistent outbreak of measles despite appropriate prevention and control measures. Am J Epidemiol. 1987;126(3):438-449.

Whooping cough deaths increase despite all the vaccinations

“The number of infants dying from whooping cough is raising despite

record high vaccination levels. All the deaths in 2000 occurred among infants under the age of 4 months.”

“Since the early 1980s, reported pertussis incidence has increased cyclically with peaks occurring every 3-4 years.”

Morbidity and Mortality Weekly Report. Feb 1, 2002;51:73-76.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5104a1.htm>

Hepatitis B vaccine – more dangerous than the disease

“The risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B....asthma and diabetes... autism and attention deficit/hyperactivity disorder have [increased greatly] since the introduction of many new vaccines....” Jane Orient, MD, Executive Director Association of American Association of Physicians and Surgeons.

Another useless vaccine is the hepatitis B vaccine. Hepatitis B is a disease usually found in prostitutes and IV drug users. Why do they give the shot to babies? This condition is practically unknown in US children; and even so almost all children who get this condition recover completely.

Dr. Orient is Executive Director of the Association of American Physicians and Surgeons. She spoke at a subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform US House of Representatives. June 14, 1999.

Hepatitis B Vaccine

The number of injuries and deaths from the Hepatitis B vaccine are 20 times greater than that from the disease. Mothering Magazine.May/June 1999.

Hepatitis B vaccine is linked to lupus and multiple sclerosis (MS). The role of vaccines in arthritis and autoimmunity – ‘vaccinosis’ : a dangerous liaison? J Autoimmun 2000;14(1):1-10

On March 27, 2001, Judy Converse, testifying before the Massachusetts House of Representatives Committee on Education, Arts and Humanities stated the following:

Hepatitis B virus (HBV) infection is not a childhood disease. No agency, the CDC included, lists children or infants among individuals at risk. Hepatitis B is an adult lifestyle disease spread in the United States primarily by sexual contact and sharing of needles. Adults age 20-40 are typically affected and over 90% recover with no permanent effects. Even for adults, hepatitis B virus incidence is almost a non-issue in the US. Incidence is so low in fact that the Centers for Disease Control and Prevention (CDC) stated in 1997: "State level incidence rates of hepatitis B are deemed unreliable. This item is not amenable to survey data collection due to low incidence. National estimates of hepatitis B incidence are corrected for underreporting by using an algorithm that adjusts reported incidence upward by approximately 6-fold".

Administration of the Hepatitis B vaccine to a newborn who is not at risk to prevent an adult lifestyle disease makes as much sense as taking an aspirin on Monday to prevent a hangover on Friday.

Chickenpox (varicella)

A mild self-limiting disease that gives permanent life long immunity if caught as a child but is much more dangerous in adults.

The chances of a child becoming seriously ill and dying from chicken pox are about equal to winning the lottery.

The chickenpox shot was not produced for health reasons but for economic reasons - so that parents would not have to miss work taking care of a sick child. This is the first time such a reason for vaccination was promoted.

It is extremely rare for a child to die from chickenpox. A review of some of the records of such deaths shows the children received suppressive medical care (anti-fever drugs, steroids etc.). The chickenpox vaccine may result in significantly increased risk of [shingles](#), an extremely painful, often difficult to treat, sometimes [fatal](#) condition among adults. Voilà, a shingles vaccine! Note: In order to prevent shingles adults appear to need repeated exposure to the virus.



Tetanus

Associated with improper wound cleaning, malnutrition and a weak immune system.

Decreased 92% from mid-1850s to early 1900s (before vaccination).

There are between 50 and 130 cases of tetanus each year in the US irrespective of vaccination status. It appears to be most dangerous in the elderly. For example, of the approximately 130 cases/year from 1998-2000 in the US, not one fatality was in individuals under 30 years of age. Almost all fatalities were in intravenous drug users or diabetics, all over 30 years old. So why inject children with this? Morbidity and Mortality Weekly Report. 7/98;47(5-2):13.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5203a1.htm#tab1>

Tetanus vaccine reactions

...include Guillain-Barre syndrome, brachial neuritis, demyelinating disease, arthritis, joint inflammation, anaphylactic shock, asthma, allergy and others.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5203a1.htm#tab1>

What about polio?

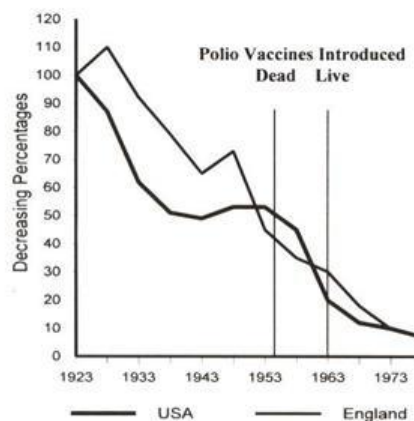
“It is commonly believed that the Salk vaccine was responsible for halting the polio epidemics...if so, why did the epidemics also end in Europe, where polio vaccine was not so extensively used?” Mendelsohn R. How to raise a healthy child...in spite of your doctor. Chicago: Contemporary Books. 1984:210.

People often ask, ‘But what about polio?’ Polio was a dangerous disease and an epidemic and did disappear. But there is no proof that the vaccine had anything to do with its’ disappearance.

In fact, there is evidence that polio and polio-like conditions such as aseptic meningitis and paralysis are caused by vaccinations. The term “provocation polio” is used to describe polio caused by vaccination.

Vaccinations cause polio

**The Polio Death Rate
Was Decreasing on its Own
Before the Vaccine was Introduced**

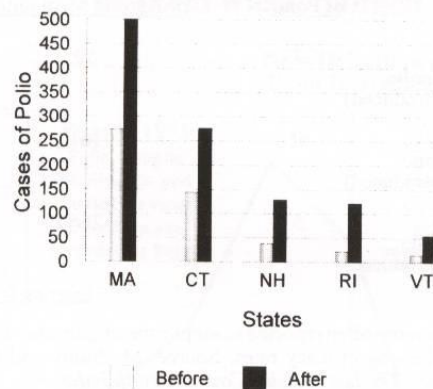


Copyright © 2002, Neil Z. Miller

From 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively. Source: *International Mortality Statistics* (1981) by Michael Alderson.

“During a poliomyelitis outbreak investigation in Oman...a significantly higher proportion of cases received a DTP injection within 30 days before paralysis onset than did controls... This study confirms that injections are an important cause of provocative poliomyelitis.” Sutter RW, Patriarca PA, Suleiman AJ, et al. Attributable risk of DTP (diphtheria and tetanus toxoids and pertussis vaccine) injection in provoking paralytic poliomyelitis during a large outbreak in Oman. J Infect Dis. 1992;165(3):444-9.

Cases of Polio Increased in the U.S. After Mass Inoculations



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When national immunization campaigns were initiated in the 1950s, the number of reported cases of polio following mass inoculations with the killed-virus vaccine was significantly greater than before mass inoculations, and may have more than doubled in the U.S. as a whole. Source: U.S. government statistics.

Meningitis too is associated with vaccination. For years it was noticed that meningitis outbreaks would occur in military bases, among the freshly vaccinated recruits. Many members of the military have become seriously ill from vaccinations. Gulf War Syndrome is one example.

Do vaccines cause meningitis?

Meningitis increased in 1990 after the MMR-vaccine was introduced in New Zealand. A meningitis outbreak in Brazil was linked to MMR vaccination 3 weeks after “National vaccination Day.” American Journal of Epidemiology. 2000;151:524-530.

Apart from lack of protection, the vaccines cause a lot of sickness and disease. This is from a survey in the UK conducted by a law firm engaged in a class-action suit representing thousands of families of children injured by the measles shot after a government promoted measles campaign. Keep in mind that these conditions have been associated with other childhood vaccinations too. Encephalitis, Guillain-Barre syndrome, convulsions, seizures, anaphylaxis, atypical measles, thrombocytopenia, optic neuritis, ocular palsies, retinitis, deafness, otitis media, ulcerative colitis, bowel disease, Crohn’s disease, headache, dizziness, rash, autism, hearing and vision problems, arthritis, arthralgia, behavior and learning problems, chronic fatigue, diabetes, multiple sclerosis and death. Richard Barr, Alexander Harris, Mumps, Measles and Rubella (MMR) Vaccines and Measles Rubella (MR) Dawbars (UK) 1997 <http://www.vaccinationnews.com/DailyNews/March2002/VaxFactSheet.htm>

Question: Are vaccine doses personalized?

A 5 pound premature baby will get the same dosage as a 60 pound 6-year-old. There is no



personalization for weight, health or any other reason.

A single vaccine given to a 6 pound newborn is the equivalent of giving an adult 30 vaccinations on the same day.

The lighter and premature babies have more “crib death” (vaccine death) than the heavier, more developed babies.

Because vaccines affect myelination some researchers have proposed that no child be vaccinated until most of the myelination of the brain has been completed, at about age 5-6. However myelination doesn't completely stop until the late teens to early 20s.

Can vaccines cause damage months or years later?

Vaccines are being implicated as the reason why diabetes is dramatically increasing. The pertussis toxin, which is part of the DPT shot, affects the Islets of Langerhans that make insulin. “Pertussis toxin is also known as Islet activating factor. Juvenile diabetes increased 300% from 1962 to 1976. .” Harris Coulter, Ph.D.

Congressman Dan Burton, who is investigating vaccine safety, said this:

“Instead of hiding our heads in the sand to protect the status quo, it is time to admit that [there are] no adequate studies to determine the long-term effects of vaccines on our children and future generations.”
US Rep. Dan Burton, April 24, 2000 LA Times.

We don't know if a vaccine given to your child today may cause a disease in 5, 10, 20 or more months or years! How long do they observe children given new, experimental vaccines? What should be done? A controlled study: You take two large groups of people, match them by age and other factors, vaccinate one group and don't vaccinate the other. Then compare incidence of disease over a period of several years. That's a long-term study. Short-term studies don't give us any information about vaccination efficacy. How many long-term controlled studies are there for all vaccines for all diseases in the world since the beginning of science? Zero!

This is from the package insert for the Hepatitis B vaccine: After observing the vaccinated kids for 4 days, the vaccine was reported to have no serious long-term side effects.

In another product insert for a different Hepatitis B vaccine: They watched the kids for 5 days. It also states they only use “healthy” infants and children in their studies. But in real life its injected into premature babies, kids with colds, fevers, who may be coming down with something. The research doesn’t reflect real medical practice.

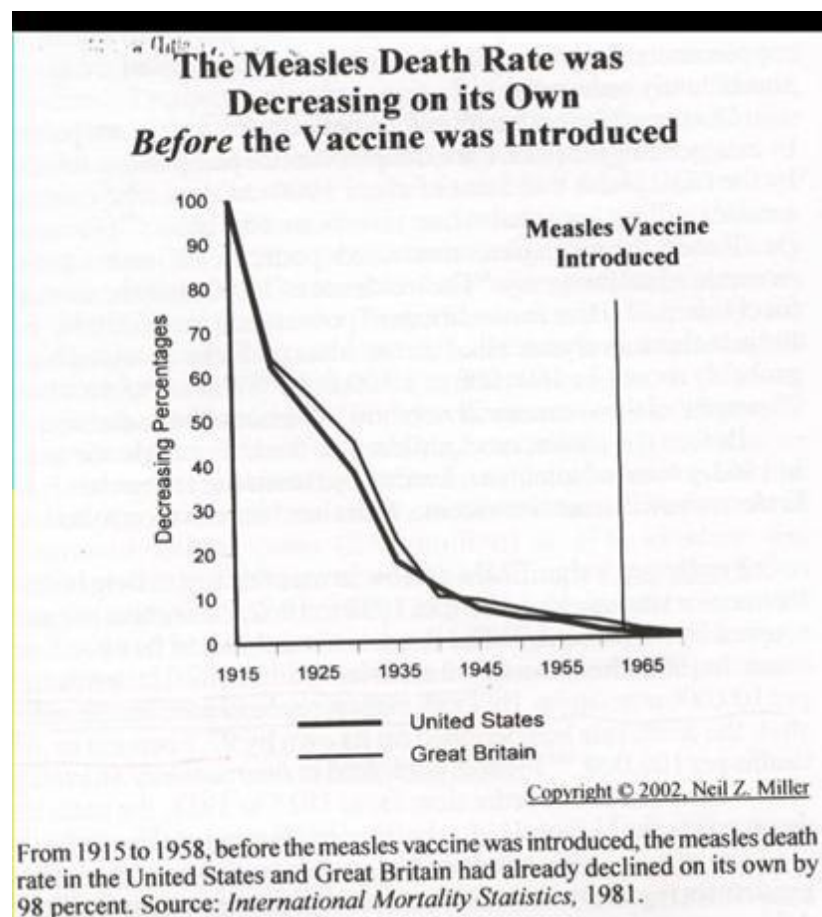
Did vaccines eliminate diseases?

We’ve heard it said, ‘Before childhood vaccinations, thousands of children died every year from measles and whooping cough.’ And they’ll give you a statistic from 1910, 1920 or 1930 to prove it. It’s true, thousands of children died from these diseases in 1910, 1920 and 1930, but is vaccination the reason why these diseases are no longer the scourge they once were?

The quote from Dr. Ivan Illich, the world famous sociologist was based on extensive analysis of health data. “Nearly 90% of the total decline in mortality (scarlet fever, diphtheria, whooping cough, and measles) between 1860 and 1965 occurred before the introduction of antibiotics and widespread immunization.” Illich, I. Medical Nemesis. Chapter 1-The Epidemics of Modern Medicine, NY: Bantam Books 1976

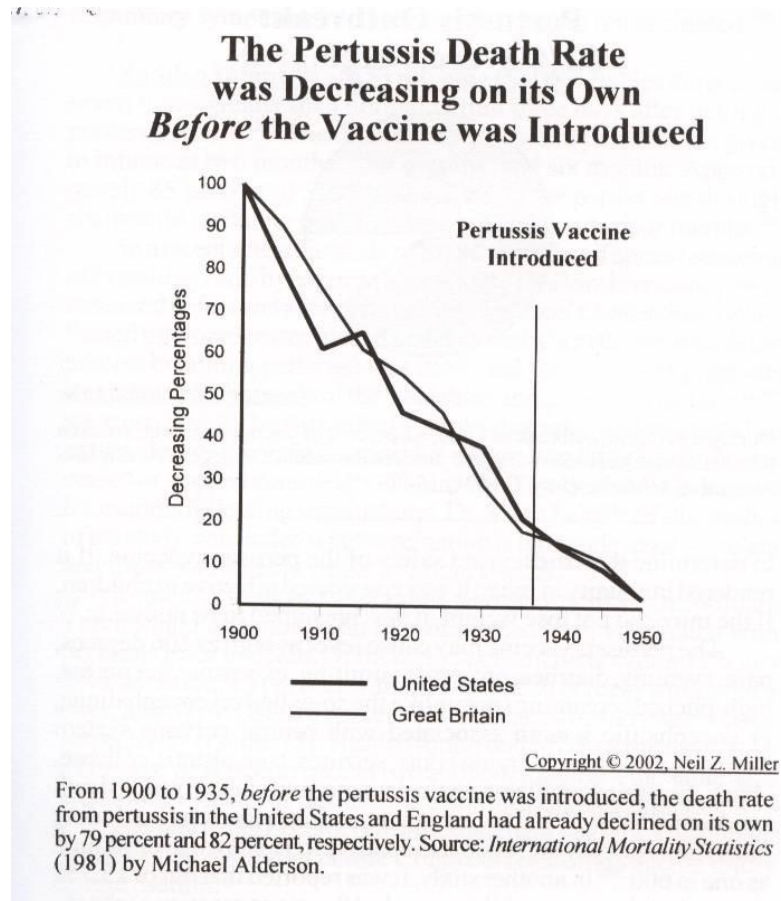
What made deaths from childhood disease fall? Less crowding, better nutrition, clean, running water, indoor plumbing and an overall higher standard of living were responsible.

The following graphs are from Vaccines, Are They Really Safe and Effective? by Neil Miller. You’ll see that deaths from childhood diseases were falling dramatically for decades before vaccination was introduced.



Measles death rate had decreased by 98% before the vaccine was introduced.

The pertussis death rate had declined by 79% before the vaccine was introduced in 1935. In 1935 there were no compulsory immunization laws and it didn't get used much until the 1950s at which time the death rate had declined by about 99%.



Scarlet fever, typhoid fever and pertussis

Scarlet fever, typhoid fever and pertussis were major killers.

No vaccine was introduced for scarlet fever and typhoid fever.

All three diseases declined to virtually zero.

What if we stopped vaccinating?

It's been predicted that we'd have massive epidemics and lots of deaths. This is a hypothetical cost/benefit analysis from the CDC and Harvard School of Public Health. The authors predicted doom and gloom. However they ignored what had actually occurred when pertussis vaccination stopped or decreased in other countries.

What really happened? When pertussis vaccination decreased (Sweden, the UK and Germany) pertussis deaths decreased. Trollfors B. and Rabo E. Whooping cough in adults. *British Medical Journal*. 1981; 696-697 (September 12) cited in Coulter H. & Fisher BL *A Shot in the Dark*. NY: Warner Books 1985; 255-6.

However MDs did diagnose more whooping cough. They did that because they were told to look for more whooping cough because vaccination rates were dropping. So instead of diagnosing bronchitis, a cold or some other condition, they called it whooping cough and suddenly there was an epidemic and they said, "See, we told you so." However the real measure is the death rate and after parents stopped pertussis vaccination the death rate from whooping cough in the UK was the lowest in recorded history.

How many people are really getting diseases? We don't know. There is a huge difference between measles cases reported, tested and confirmed. Source: Notifications of infectious diseases confirmed by salivary antibody detection at the PHLS enteric and respiratory virus laboratory (18 Feb 2002). <http://www.vaccinationnews.com/DailyNews/March2002/PHLSMeaslesUK.htm>

This helps illustrate one of the major hurdles in the vaccine debate: many of the people who tell us how many kids are hurt and how many kids get diseases are MDs who have a financial interest in vaccinations. All they have to do is report that a child has measles, whooping cough, rubella, chicken pox, etc. without laboratory confirmation and it becomes part of official statistics.

However as a report from England shows, they checked the reported cases using laboratory confirmation. In some cases the MDs were over 99% wrong in their diagnosis of measles. Only a tiny fraction of the children who the MDs reported as having the measles actually, really had measles.

Are we "protecting" children from diseases that no one is getting? There are diseases that look like measles, pertussis and other childhood diseases. Doctors usually don't confirm their diagnosis with a lab test - that is time consuming and expensive. ~~In a sense we have the fox guarding the hen house."~~

Polio was disappearing on its own. It disappeared in Europe even though the vaccine was not so extensively used.

However the number of cases of polio peaked immediately after the vaccine came out and then continued its downward slide.

After the polio shot came on the market, if a person had polio-like symptoms AND had the polio shot he/she was diagnosed as having meningitis (after all they couldn't have polio if they got the shot). People who had polio-like symptoms and didn't have the polio shot were diagnosed with polio. They rarely did lab confirmation. Today, much of what was once diagnosed as polio is aseptic meningitis and other conditions.

What's in a vaccine?

The vast majority of scientists, physicians, nurses and public health educators' trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective. The public believes these vaccines, aside from their specified virus(es), are sterile solutions, free from undesirable contaminants not listed on the manufacturer's package inserts. When the pediatrician injects a vaccine into the muscle of a child, the parents unquestioning faith that this is the case. In other words, we want to believe that vaccines have been generated under perfect conditions for the safety of children and ourselves.

<http://www.informedchoice.info/cocktail.html> <http://chemfinder.camsoft.com>

In addition to live and killed bacteria, viri and their toxins, children are injected with some of the most lethal poisons known: formaldehyde, mercury, aluminum, phenol (carbolic acid), borax (ant killer), ethylene glycol (antifreeze), dye, acetone (nail polish remover), latex, MSG, glycerol, polysorbate 80/20, sorbitol, monkey, cow, chick, pig, sheep and dog tissues and cells (may be contaminated with animal viruses), gelatin, casein, human fetus cells, human viruses, antibiotics, genetically modified yeast, animal, bacterial and viral DNA (may affect recipient's DNA).

This is a partial list. Parents who are very careful about their child not eating junk food with artificial colors and flavors would be shocked to find out what is injected into their child's body. Aluminum and mercury in foods for example, is a serious issue and not to be taken lightly but an injected substance is far more dangerous than an ingested substance. Injected substances bypass the immune defenses (skin and mucus membranes etc.) and have direct access to internal organs.

Formalin is a dilute formaldehyde solution. Nearly 50 studies have shown a link between formaldehyde exposure and leukemia and brain, colon and lymphatic cancer.

Aluminum is a neurotoxin that crosses the brain/blood barrier. Neustaedter R. *The Vaccine Guide*, Berkley, CA: North Atlantic Books. 1996. One of the most poisonous substances known to exist in nature.

Adjuvants, such as squalene and aluminum compounds, increase a vaccine's potency when there is not a close match between the virus contained in the vaccine and the projected strain of the virus being targeted in the event of a future outbreak.

Recent studies conducted by neuroscientist Dr. Chris Shaw at the University of British Columbia are showing a link between the vaccine adjuvant aluminum hydroxide and symptoms "associated with Parkinson's, amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease) and Alzheimer's. The symptoms appeared around five months after immunization. The typical vaccine trial conducted by vaccine makers lasts only 2-3 weeks. His team also observed notable memory loss 41 times higher than in the control group. According to Shaw, there are thousands of studies showing aluminum hydroxide is a safe vaccine adjuvant, but none of those studies look beyond the first several weeks after injection for serious side effects. *Petrik*

M, Wong M, Tabata R, Garry R, Shaw C. "Aluminum adjuvant linked to gulf war illness induces motor neuron death in mice." J Neuro Molecular Med. 2007, February. 9(1)

Regarding the flu shot, world famous immunogeneticist Hugh Fudenberg, MD says that if you "receive five consecutive flu shots, your chance of getting Alzheimer's Disease is ten times higher." Why? The mercury and aluminum in the flu shot go into the brain and poison it.

Dr. Fudenberg has developed successful ways of reversing autism. His web site: <http://www.nitr.org/>

Children have received up to 125 times the safe limit of mercury set by the EPA (autism skyrocketed).

Symptoms of mercury toxicity resemble those of autism.

Mercury is still in use (as of 2012.) It is present in many influenza vaccines and multidose vials of other vaccines. It is added if a vaccine is accidentally contaminated. It is still used in the manufacturing process

and may still be present in trace amounts in many vaccines even ones described as “preservative free” and “thimerisol reduced”

<http://www.vaccine-tlc.org/>

<http://www.fda.gov/biologicsbloodvaccines/vaccines/questionsaboutvaccines/ucm070430.htm>

The mercury used in vaccines is ethylmercury. However, the toxicity research that has been done is on methylmercury, not ethylmercury. It's worth noting that mercury moves readily across the placenta into fetal tissue. Regardless of the chemical form administered fetal tissues attain concentrations of mercury at least equal to those of the mother. (Doull J., Klassen CD and Amdur MD (Eds.). *Casarett and Doull's Toxicology*. (3rd Ed). New York: Macmillan Co. Inc. 1986; 606.)

Toxicologist Dr. Boyd Haley at the University of Kentucky has stated, “Seven of the characteristic markers that we look for to distinguish Alzheimer’s disease can be produced in normal brain tissues, or cultures of neurons, by the addition of extremely low levels of mercury.” *NeuroReport*. 2001. 12(4):L 733-737

In his book *What Every Parent Should Know About Childhood Immunization*, Jamie Murphy says, "What sane person would consider using a hazardous waste, carcinogenic in rats, used in the manufacture of inks, dyes, explosives, wrinkle-proof fabrics, home insulation, and as a major constituent of embalming fluid, and inject it into the delicate body of an infant? What could formaldehyde, aluminum, phenol, mercury, or any number of other deadly chemical substances used in vaccines possibly have to do with preventing disease in children? The fact that they are needed at all in the vaccine formula argues that the product is toxic, unstable and unreliable with or without their presence."

THE HIDDEN INGREDIENTS IN VACCINES

Vaccine research is at best a primitive science because it is injecting into the blood stream foreign substances, chemical and genetic, that would otherwise not enter the body naturally. When we include into the equation the enormous amount of known and unknown genetic material and foreign proteins that vaccines introduce into the body, and then consider the rapid increase in epidemics raging across the American population—adult diabetes in children, large numbers of various inflammatory and immune deficiency diseases, asthma and new allergies, severe gastro-intestinal disorders (eg., leaky gut syndrome and Crohn’s Disease), chronic fatigue syndrome, and many different neurological disorders (eg., autism, ADD and ADHD, Parkinson’s, Alzheimer’s, etc.)—we must step back and reconsider their causes.

British geneticist Dr. Mae-Wan Ho from the Institute of Science in Society wrote that, “Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by

recombination and the recombinant nucleic acids could cause autoimmune disease.” Ho, Mae-Wan, Cummins, Joe. “The vaccines are far more deadly than the swine flu”. *Global Research*. August 21, 2009.

<http://www.google.com/search?hl=en&source=hp&q=mae+wan+ho+global+research&aq=o&oq=&aqi=g10>

Janine Roberts, in her book *Fear of the Invisible*, states

- Vaccines are “widely contaminated by viral and DNA genetic code fragments, many viruses and proteins. These may also contain prions (tiny proteins responsible for incurable diseases and neurological disorders in both humans and animals) and oncogenes (a gene that turns normal cells into cancerous ones). Dr. Goldberg, stated, “There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world—and we can only test for those we have identified. Thus the vaccine cultures could contain many unknown particles.”
- Dr. Andrew Lewis of the FDA confirmed that “All the egg-based vaccines are contaminated.... These fertilized chicken eggs are susceptible to a wide variety of viruses.” Only a very small fraction of these small contaminants have been identified and there are likely hundreds more to be discovered. “Recombination among a variety of viruses [contaminant viruses] and cells co-infected in tissue culture is not uncommon.” What this basically means is that because it is “not uncommon” for genetic codes of both contaminant viruses and living cells to recombine and create mutations in laboratory cultures, it can certainly occur in a child’s body after vaccination.
- Dr. Hana Golding, Chief of CBER’s Laboratory of Retrovirus Research, raised the fear that although DNA fragment contaminants in vaccines may be thought to be dead, they could remain active and dangerous. This meant that the codes of these contaminants could combine in vaccines and create new mutant strains of pathogens.
- Dr. Rebecca Sheets from the CBER’s laboratory responsible for monitoring vaccine safety stated the national health organizations had no control over how vaccines were made. In short, they could make recommendations but the vaccine industrial complex was free to act as it chooses.
- It is impossible to remove DNA contaminants from vaccines. Although weight limits for contaminating DNA were set by the FDA as far back as 1986, vaccine makers have never been able to reach that goal. The CDC decided to limit their weight recommendation to cancerous cell lines and then increase the other DNA contamination allowance one hundred- fold. However, these limits are only “recommendations” and, therefore, the FDA is unable to enforce them. Vaccine manufacturers continue to have the freedom to take scientific measures to reduce contaminants only if they wish. Can vaccine DNA contamination cause cancer or autoimmune disease?
“when you consider that almost every one of these vaccines is injected right into the tissue... I think you couldn’t do much more to get the DNA expressed [to get contaminating DNA taken up by human cells] than to inject it into a muscle in the way it’s being done.”

- CBER's Dr. Rebecca Sheets: "I think that the vast majority of licensed vaccines, US licensed vaccines, have not been tested for residual DNA

"In other words, the vaccines we give our children are liquids filled with a host of unknown particles, most of which came from the cells of non-humans: from chickens, monkeys and even from cancer cells. Truly we do not know what we are doing or what are the long-term consequences.

Are there benefits to acute illness?

Do childhood diseases, and acute (sudden) diseases in general, serve a purpose? The Hygienic (Empirical or Vitalistic) school, which dates back thousands of years, has always looked upon symptoms as the body's way of detoxifying and cleansing.

"Diseases are crises of purification, of toxic elimination. Symptoms are the natural defenses of the body. We call them diseases, but in fact they are the cure of diseases." Hippocrates

We are among the most vaccinated people in the world and the sickest. Half of all Americans have at least one chronic disease; 1/5th have 2 or more chronic illnesses.

Chronic illnesses cause 70% of all deaths. <http://www.whale.to/m/illness.html> AP Nov 2000. Hoffman C., Rice D, Sung H., Persons with chronic conditions. JAMA. 1996;1 276(18):1473-1479. <http://jama.jamanetwork.com/article.aspx?volume=277&issue=5&page=376>

Is the dramatic increase in chronic illness such as allergies, asthma, arthritis, learning disorders, dyslexia, multiple sclerosis, lupus, skin conditions, diabetes, Chronic Fatigue Syndrome, autism, rheumatoid arthritis, seizure disorders, Crohn's and cancer due to vaccination?

For hundreds of years natural healers have warned us that symptoms serves a purpose, to expel toxins, to cleanse the body, to externalize disease. When we suppress symptoms such as fever, rash, vomiting, diarrhea, aches and pains with drugs and vaccines we are preventing the body from eliminating toxins. The result appears to be chronic or long-standing disease which we never get rid of – we're always sick.

Developmental disabilities

"A large proportion of the millions of U.S. children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia, and other... 'developmental disabilities,' owe their disorders to...vaccines." Coulter Ibid.

"Speak to special ed teachers who have been around awhile and they'll tell you that the numbers of children with learning and behavioral disorders began skyrocketing a few years after mass vaccination programs began. The cover story of the July 23, 2003 issue of Time magazine was "Overcoming Dyslexia." The editors write: "Up to 1 in 5 kids may simply not be wired to read." This is incredible. Suddenly we have a generation of 'poorly wired' children? What cause their brain wiring to be damaged? Was it the

encephalitis or demyelination caused by vaccination? The authors interview medical doctors and scientists who have no idea why this is happening. Vaccination was not discussed in the article.

Personality disorders

“The so-called ‘sociopathic personality,’ which is at the root of the enormous increase in crime of the past two decades, is also largely rooted in vaccine damage.” Coulter Ibid.

Criminals often have neurological disorders. You cannot function properly if your nerves are damaged.

The number of 2 to 4-year-olds taking psychiatric drugs like Ritalin™ and Prozac™ soared 50% between 1991 and 1995. The results are troubling since the long-term safety and effects of these drugs on a child’s developing brain are largely unknown. Zito JM, Safer DJ, dosReis S et al. Trends in the prescribing of psychotropic medications to preschoolers. JAMA. 2000;283(8):1025-30 also see Coyle JT. Psychotropic drug use in very young children. JAMA. 2000;283(8):1059-1060.

As more and more vaccines are administered at younger and younger ages, we see behavioral problems affecting more, and younger children.

Do vaccines cause autism?

One in 10,000 births were autistic in 1970s

One in 500 in 1980s

One in 100 in 1990s

One in 86 in 2002 (UK study).

What does the future hold?

Today 1% of all males born in the US are later diagnosed as autistic. They aren’t born that way. There are over a million people with ASD in the US today.

Scared yet? The relationship between autism or autism spectrum disorder and vaccines has been noticed by parents for many years, only most doctors refused to listen to the parents.

As Mark R. Geier, MD, Ph.D in the Journal of American Physicians and Surgeons (Vol. 8 No. 3) Fall 2003 writes: “The United States is in the midst of a devastating epidemic of neurodevelopment disorders. From 1992-93 to 2001-02 there was a 714% increase (statistics from US Dept of Ed) See statistics at <http://www.jpands.org/> [This epidemic is a] threat...to the very existence of our society.” It is not surprising that our recent article, in which we have shown an epidemiologic link between thimerosal and neurodevelopment disorders, has generated a tremendous controversy. (Geier MR, Geier DL. Thimerosal in childhood vaccines, neurodevelopment disorders and heart disease in the United States. J Am Phys Surg; 2003;8(1):6-11.

It seems that any vaccine can cause autism. The MMR shot has been implicated, as has the DPT shot (given at two months of age) and even the Hepatitis B shot (given at birth!) or it could be a combination of shots. Some children may not exhibit autistic symptoms until weeks or months after their shots.

Who got shots in 1939?

“No one at the time, or for many decades thereafter, noted that the first cases of autism emerged in the United States at a time when vaccination against whooping cough was becoming increasingly popular and widespread.” Coulter H. *ibid*:1.

Go to www.autismhelpforyou.com for more information on studies linking autism to vaccination. Also a 2005 article called “Deadly Immunity,” at Salon.com by Robert Kennedy, Jr.

http://www.robertfkennedyjr.com/articles/2005_june_16.html

Can you avoid vaccination?

“When we give government the power to make medical decisions for us, we, in essence, accept that the state owns our bodies.” U.S. Representative Ron Paul

To whom do your children belong? You or the state?

Exemptions

To find exemptions in your state

Vaccine Liberation organization <http://www.vaclib.org/pdf/exemption.htm>

National Vaccine Information Center <http://www.909shot.com/issues/state%20exemptions.htm>

Foundation For Health Choice www.foundationforhealthchoice.com

There are vaccine exemptions in every state. Unfortunately most health department officials, school officials and medical offices don’t know the law and try to intimidate or coerce parents into vaccinating their children. They almost never discuss adverse reactions, telling the parents that the vaccines are perfectly safe or the only reaction may be a sore arm, slight fever or fussiness. That is untrue, but in their defense, they have been taught that vaccines are very safe and reactions are exceedingly rare. Also they are usually untrained to recognize vaccine damage and therefore are unable to report it. See below to learn how to recognize vaccine reactions.

The Foundation for Health Choice, www.foundationforhealthchoice.com is currently fighting for healthcare freedom to change laws to permit everyone to have the freedom to “just say no” to all drugs.

Spanish site about vaccination, visit www.librevacunacion.com.ar

“The laws that govern childhood compulsory vaccination deprive parents and children of three ordinary tort law protections: free and informed consent to an invasive medical procedure; accurate

and complete information about vaccine ingredients and possible side effects; and the right to sue manufacturers and medical practitioners directly in the event of injury.”

Holland, Mary, "Reconsidering Compulsory Childhood Vaccination" (2010). New York University Public Law and Legal Theory

Working Papers. Paper 226.

http://lsr.nellco.org/nyu_plltwp/226/

Summary

There is no proof vaccinated children are healthier than non-vaccinated children.

There is no proof “benefits” outweigh risks.

There is no proof vaccinations are effective.

Vaccinations cause illness and disease.

There are no long-term safety studies.

Deaths from the diseases were mostly gone before vaccines.

Vaccines contain toxins and poisons.

Childhood diseases strengthen and mature the immune system.

The fox is guarding the hen-house.

You can legally avoid vaccinations.

It’s nice to rely on experts but they aren’t always right. Here are some examples of experts opinions...oh, they also told Columbus the world was flat.

Expert’s Opinions

“This ‘telephone’ has too many shortcomings to be seriously considered as a means of communication.” Western Union, 1876.

“The wireless music box has no imaginable commercial value.” David Sarnoff’s associates rejecting investment in the radio in the 1920’s.

“We don’t like their sound, and guitar music is on the way out anyway.” Decca Music rejecting the Beatles, 1962.

“There is no reason anyone would want a computer in their home.” Ken Olson, Digital Equipment Corp., 1977.

The experts said:

Bloodletting is good for you

Formula is as good as breast milk

DDT is safe

Cigarette smoking is good for you

Hormone replacement therapy works

The swine flu is coming

Vaccination is safe

Vaccinations will one day go the way of bloodletting. Doctors of tomorrow would be shocked that, without any good research showing any benefit and with much research showing harm, we continued using this bizarre 18th century medical practice of injecting viri, bacteria, toxins and other chemicals into our children well into the 21st century. Don't follow advice blindly. Question authority, think for yourself, read, learn, don't do anything unless you are sure the benefits outweigh the risks. Remember, you can't fool mother nature.



If You Vaccinate, Ask 8!

What You Need to Know Before & After Vaccination

Under the National Childhood Vaccine Injury Act of 1986, over \$2 billion has been awarded to children and adults for whom the risks of vaccine injury were 100%. Vaccines are pharmaceutical products that carry risks, which can be greater for some than others. NVIC encourages you to become fully informed about the risks and complications of diseases and vaccines and speak with one or more trusted health care professionals before making a vaccination decision.



1. Am I or my child sick right now?
2. Have I or my child had a bad reaction to a vaccination before?
3. Do I or my child have a personal or family history of vaccine reactions, neurological disorders, severe allergies or immune system problems?
4. Do I know the disease and vaccine risks for myself or my child?
5. Do I have full information about the vaccine's side effects?
6. Do I know how to identify and report a vaccine reaction?
7. Do I know I need to keep a written record, including the vaccine manufacturer's name and lot number, for all vaccinations?
8. Do I know I have the right to make an informed choice?

If you answered yes to questions 1, 2, and 3, or no to questions 4, 5, 6, 7 and 8 and do not understand the significance of your answer, you may want to review information on NVIC's [website](#) with links to other websites and resources so you can better answer these questions designed to educate consumers about the importance of making fully informed vaccine decisions. Click [here](#) to learn more about the role of informed consent in vaccination.

NVIC also publishes a free online NVIC Vaccine [eNewsletter](#) to keep consumers informed of the latest information about vaccines and infectious diseases and offers tools like [NVIC's Advocacy Portal](#) that helps consumers protect vaccine choice in their state and the [Vaccine Ingredient Calculator](#) to assist consumers in becoming knowledgeable about vaccines, existing safe standards for toxins found in vaccines and a printable vaccination plan to facilitate parent-health provider dialogue. Be sure to visit our [Diseases and Vaccines](#) webpage, which provides information on risks and benefits associated with vaccines.

If you choose to vaccinate, always keep a written record of exactly which shots/vaccines you or your child have received, including the manufacturer's name and vaccine lot number. Write down and describe in detail any serious health problems that develop after vaccination and keep vaccination records in a file you can access easily.

It is important to be able to recognize an adverse reaction and seek appropriate medical attention, as well as reporting a vaccine adverse event with federal health officials at the Vaccine Adverse Event Reporting System (VAERS), who monitor vaccines after they have been licensed. Information provided to VAERS, may also help identify high risk factors that make some individuals more vulnerable to suffering vaccine reactions. To learn more about injury compensation and filing an injury claim, click [here](#).

If you or your child experiences any of the symptoms listed below in the hours, days or weeks following vaccination, it should be reported to VAERS. Some vaccine reaction symptoms include:

- Pronounced swelling, redness, heat or hardness at the site of the injection;
- Body rash or hives;
- Shock/collapse;
- High pitched screaming or persistent crying for hours;
- Extreme sleepiness or long periods of unresponsiveness;
- High fever (over 103 F)
- Twitching or jerking of the body, arm, leg or head;
- Crossing of eyes;
- Weakness or paralysis of any part of the body;
- Loss of eye contact or awareness or social withdrawal;
- Loss of ability to roll over, sit up or stand up;
- Vision or hearing loss;
- Restlessness, hyperactivity or inability to concentrate;
- Sleep disturbances that change wake/sleep pattern;
- Head banging or onset of repetitive movements (flapping, rubbing, rocking, spinning);
- Joint pain;
- Muscle weakness;
- Disabling fatigue;
- Loss of memory;
- Onset of chronic ear or respiratory infections;
- Violent or persistent diarrhea or chronic constipation;
- Breathing problems (asthma);
- Excessive bleeding (thrombocytopenia) or anemia.

There are other symptoms, which may indicate that you or your child has suffered a vaccine reaction. Not all symptoms that occur following vaccination are caused by the vaccine(s) recently received, but it cannot be automatically concluded that symptoms which do occur are NOT related to the vaccine. Therefore, it is important for your doctor to write down all serious health problems that occur after vaccination in the permanent medical record and to report ALL serious symptoms or dramatic change in physical, mental or emotional behavior that does occur following vaccination to VAERS. It is also important that re-vaccination does not continue until it has been determined that the serious health problem which developed after vaccination was not causally related to the vaccination(s). Continued vaccination in the presence of serious health deterioration could lead to vaccine injury or death.

Although it has been the law since 1986 for doctors and other vaccine providers to report hospitalizations, injuries, deaths and serious health problems following vaccination to VAERS, it is estimated that less than 10 percent, perhaps less than one percent of all vaccine-related health problems are ever reported. If your doctor will not report a serious health problem that you or child experienced after vaccination to VAERS, you have the right to make the vaccine adverse event report to VAERS yourself.

Since its' founding in 1982, the National Vaccine Information Center has operated a Vaccine Reaction Registry which has served as a watchdog on the VAERS system. We encourage you to also report any suspected vaccine reaction you or your child has experienced to NVIC's Vaccine Reaction Registry.

Treatment for Toxic Vaccine Exposure by Russell Blaylock, MD

1. Place a cold compress on the site of the injection immediately after the injection and continue this as often as possible for at least two days. If symptoms of fever, irritability, fatigue or flu-like symptoms reoccur -- continue the cold compresses until they abate. A cold shower or bath will also help.
2. Take fish oils -- I recommend the Norwegian fish oil made by Carlson Labs -- it has the correct balance of EPA and DHA to reduce the cytokine storm. The dose is one tablespoon a day -- if severe symptoms develop -- two tablespoons a day until well and then switch to one tablespoon a day. Children -- one teaspoon a day.
3. Curcumin, quercetin, ferulic acid and ellagic acid as a mixture -- the first two must be mixed with extravirgin olive in one teaspoon. Take the mix three times a day (500 mg of each)
4. Vitamin E (natural form) 400 IU a day (high in gamma-E)
5. Vitamin C 1000 mg four times a day
6. Astaxanthin 4 mg a day
7. Zinc 20 mg a day for one week then 5 mg a day
8. Avoid all immune stimulating supplements (mushroom extracts, whey protein) except beta-glucan -- it has been shown to reduce inflammation, microglial activation and has a reduced risk of aggravating autoimmunity, while increasing antiviral cellular immunity.
9. Take a multivitamin/mineral daily (one without iron -- Extend Core)
10. Magnesium citrate/malate 500 mg of elemental magnesium two capsules three times a day
11. Vitamin D3:
 1. All Children -- 5000 IU a day for two weeks after vaccine then 2000 IU a day thereafter
 2. Adults -- 20,000 IU a day after vaccine for two weeks then 10,000 IU a day thereafter
 3. Take 500 mg to 1000 mg of calcium citrate a day for adults and 250 mg a day for children under age 12 years.
12. Avoid all mercury-containing seafood
13. Avoid omega-6 oils (corn, safflower, sunflower, soybean, canola and peanut oils)
14. Blenderize parsley and celery and drink 8 ounces twice a day
15. Take Jatoba tea extract (add 20 drops in on cup of tea) one day before the vaccine and the twice a day thereafter. (you can get it at <http://www.iherb.com/Amazon-Therapeutics-Jatoba-1-oz-30-ml/14429?at=0>) It is inexpensive.

