From Smallpox to Swine Flu ~ the Vaccination Dilemma

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Introduction

It is a common myth that vaccinations vanquished the deadly epidemics of the Old World. A review of medical history reveals that the infectious scourges that swept Europe during the 19th and early 20th centuries—the plague, black death, and cholera—had largely succumbed to sweeping sanitation reforms introduced throughout Europe during the mid-1800s, before vaccinations for these diseases were widely administered. The introduction of plumbing, removal of street and animal waste, upgrading of water delivery systems, and the introduction of food and personal hygiene did more to slay the dragons of infectious disease than ever did the supposed "magic" of modern medicine.

Historical records show that vaccination against pertussis (whooping cough), measles and polio occurred only at the termination of the lifecycle of each epidemic. Pertussis in the United States had fallen from 12.2 deaths per 100 thousand in 1900 to 2.2 deaths per 100 thousand by 1940.[1] The combination pertussis vaccine, largely credited for this victory, was only introduced in the late 1940s.

The only exception was smallpox, which, after declining precipitously in England and Wales, spiked sharply after a mandatory vaccination program was introduced in the late 1860s, abating again only after local uprisings forced authorities to abandon mandatory inoculation. Typhoid Fever, another feared and deadly epidemic, died of natural causes without any vaccination program.[2]

There is no argument that vaccinations do stimulate antibody production. This does not, however, mean that they enhance immunity to disease. There is a growing chorus of experts who posit that, far from protecting us, vaccines may have the contrarian effect of depleting our immunological reserves and lowering our resistance to *all* infectious agents. They argue that, for those most in need, flu shots and other vaccinations and anti-viral drugs may provide little or no protection at all. The conundrum remains: Is vaccination *necessary* for those in whom it is effective, and is it *effective* in those for whom it seems necessary?

These are questions that medical science has yet to address.

The Controversy: To V or not to V

Most people assume that today's vaccines have been thoroughly tested for safety and efficacy before being administered to the public. They have not.

Not a single study exists that can show vaccinations are safe over the long term, nor are there any comprehensive studies done on the cumulative effects of multiple dosing with anti-viral and anti-bacterial vaccines.[2]

Dr. Tom Jefferson is an epidemiologist with the Cochrane Collaboration, an independent international organization dedicated to disseminating information about healthcare research worldwide. According to Jefferson, the vast majority of flu vaccination studies are so deeply flawed they amount to little more than rubbish.[3] Jefferson contends that only four studies have been properly designed to pin down the effectiveness of flu vaccines and two of those showed they might be effective in certain groups, while the other two studies showed equivocal results or no benefit. He believes that researchers have been fooled into thinking vaccinations are more effective than the data suggest by the imprecision of the statistics.

While the question of efficacy of the various vaccines comprising the vaccination schedules of American and Canadian children remains an issue of debate, the evidence of harm is accumulating—and it is disturbing. There are a multitude of examples of children acquiring the very illness they were vaccinated against and there is overwhelming evidence that certain vaccines can be extremely harmful, causing permanent disability and even death.[2] The National Vaccine Information Center reports of individuals, young and old, who are suffering from a spectrum of chronic illness and disability, including learning disabilities and developmental delays, attention deficit hyperactivity disorder (ADHD), autism, seizure disorders, mental retardation, diabetes, asthma, inflammatory bowel disease (IBD), rheumatoid arthritis, multiple sclerosis, and other kinds of neuroimmune and autoimmune dysfunction.[4]

Vaccines contain numerous agents, including viruses and bacteria, detergents and toxic preservatives, such as formaldehyde and mercury; we simply do not know the effects of cumulative exposures to these agents. Safety studies, when they're done, are limited to short time periods only (days or weeks) and on limited sample sizes. Because such studies fail utterly to address the issue of long term safety, evidence of relatively rare but serious adverse reactions is difficult to tease out.[1]

It is this paucity of evidence that gives credence to the growing fear that many serious delayed-onset adverse reactions to vaccines are, indeed, taking place.

Vaccination Prevents Natural Immunity

When a child is first infected with a contagion, his or her immune system mounts a glorious defense against the pathogen, summoning an intricate web of interactions borne from millennia of evolutionary adaptation. These biological responses are imprinted indelibly in the child's programmable immune response mechanism in such a way that she or he will develop a life-long immunity to most diseases.

Vaccines, on the other hand, injecting both dead bacteria and active or attenuated (inactivated) viral particles directly into the blood stream, by-pass the body's natural defense mechanisms and deprive the body of the chance to develop a naturally acquired immunity to common childhood diseases. In essence, mass vaccination programs have removed the natural infection response from the course of human development.[5]

Prior to 1989, U.S. preschoolers received 11 vaccinations for polio, diphtheria, pertussis, measles, mumps and rubella. A decade later, they were receiving 22 inoculations by the time they reached first grade. Today's children receive as many as 30 to 50 vaccinations during their formative years, a time when the developing immune system is most vulnerable. The fact is, an unvaccinated child would *never* contract all the diseases for which vaccinations are routinely given, but a vaccinated child is forced to mount a coordinated response to multiple pathogens, often all on the *same* day—an event highly improbable in real life.

The following is a brief discussion of some of the most common vaccinations that parents must consider when it comes to vaccinating their children and themselves. Because of the large number of vaccinations available, it is by no means complete.

Hepatitis B

Hepatitis B is a sexually related viral disease transmitted through blood and bodily fluids. It is one of the principal causes of acute and chronic liver disease worldwide—it is also an illness for which children are at very *low* risk. In the United States, the addition in 1991 of hepatitis B to the vaccination schedule mandated that the first of three doses of the vaccine be given on the *very* day of birth. Merck Pharmaceuticals, makers of the genetically engineered vaccine, Recombivax HB, was granted FDA approval despite the fact that it had no safety data on its use in infants or on the simultaneous administration of the vaccine with other vaccines routinely administered at the same time.[2]

Since the introduction of the Hep B vaccine, which contains the mercury-based preservative, thimerosal, hundreds of reports have surfaced citing central nervous system diseases, multiple sclerosis, Guillain-Barré syndrome, arthritis, severe rashes, fever, chronic

fatigue and Sudden Infant Death syndrome (SIDs). Merck, itself, admits to systemic complaints in up to 17% of all Hep B injections. Moreover, research from New Zealand cites a 60% increase in the incidence of juvenile diabetes after a massive vaccination program for hepatitis B, conducted between 1988 and 1991.[6] Author of the study, Dr. Bart Classen, believes that vaccines given to children at less than two months can induce a damaging autoimmune response in the cells of the pancreas, which can lead to the onset of diabetes.

A review of the literature reveals a litany of adverse reactions to the vaccine,[7-16] with up to 50% of recipients experiencing some sort of adverse event. While the majority of reactions are minor, there is strong evidence that this vaccine can deliver a life-threatening punch to susceptible individuals,[17-19] including autoimmune dysfunction, anaphylaxis, urticaria pigmentosa (severe skin rash), Lupus, vascular collapse, and neurological, ocular and kidney disease.[20]

A 1999 ABC News investigative report on the Hep B vaccine cited healthcare workers who experienced severe arthritis, muscle and nerve damage, and vision and memory loss, after receiving the vaccination. Over 50% of physicians in the UK have themselves refused to take the Hep B vaccination, citing the known dangers.[2]

An analysis of the probability of death from adverse reaction to the hepatitis B vaccine versus the probability of infection is stark—it is estimated that for every unvaccinated child that contracts hepatitis B, the vaccine itself kills nine and injures 200.[2] Yet, the U.S. Immunization Schedule for 2009 dictates that every child shall have *three* hepatitis B vaccinations before the age of 18 months.

Diphtheria, Tetanus and Pertussis

The DTaP vaccine confers immunity to diphtheria, tetanus, and pertussis. The vaccine now used in the United States is composed of diphtheria and tetanus toxoids combined with acellular pertussis, which is proving to have far fewer adverse effects than the original DTP version containing whole cells of the pertussis bacterium.[21, 22] The DTaP vaccine is reported to be over 90% effective in protecting against all three diseases, based primarily on evidence of serum antibody formation.[23, 24]

Because of the seriousness of these diseases, the DTaP vaccine is one where the benefit-to-risk ratio appears to warrant its use. The side effects of the vaccination are common but moderate and include redness, swelling, pain, fever and irritability.[25] Febrile (feverish) seizures, or a period of shock-collapse, are less common. Severe adverse reactions following DTaP immunization have been documented and include allergic reaction, prolonged seizures and impairment in consciousness, lasting brain damage, and death. However, such responses

are very rare events. A review of the literature indicates significantly fewer adverse responses subsequent to the introduction of the *acellular* form of the vaccine.[26-32] Reports of safety and efficacy are common.[33-44] As with other vaccinations, these studies generally focus on the *short-term* nature of the response and do *not* consider long-term effects. Nevertheless, a 2009 study published in the journal *Pediatrics* supports other studies which conclude that the largest risk among unvaccinated children are the diseases the vaccination is designed to protect against.[33, 45]

Parents should be cautioned that some forms of the DTaP vaccine *do* contain the mercury-based preservative thimerosal, which studies have shown to be associated with severe neurodevelopmental disorders.[46] If parents choose to proceed with DTaP vaccinations, they are strongly urged to consider the non-thimerosal versions of the vaccine.

Measles, Mumps and Rubella

The measles, mumps and rubella (MMR) vaccine is a mixture of three attenuated viruses administered for immunization against measles, mumps and rubella (German measles). Injected in children around the age of one year, a second dose is administered before starting school. In 2005, the Cochrane Library published a review of 31 scientific studies investigating the efficacy and safety of the vaccine. The authors, while finding several problems in the quality of MMR vaccine safety studies, concluded that the existing evidence, though inconsistent, supports current policies of mass immunization aimed at global measles eradication.[47]

Adverse reactions to the vaccine, including fever, malaise and a rash, appear soon after the first vaccination in 10% of children. Another 5% develop temporary joint pain. Older women appear to be more at risk of joint pain, acute arthritis and chronic arthritis.[48] While allegations have long circulated regarding the vaccines' link to anaphylaxis and autism, the weight of evidence, to date, does not appear to support the claim.[47, 49] It is important to remember, however, that serious adverse events, which do not occur with high frequency, are difficult—if not statistically impossible—to tease out, given the sampling size and short timeframes of most clinical trials conducted on vaccines.

The question of latency raises legitimate concern: a 1978 survey of 30 states showed that more than half of all children who contracted measles had been previously vaccinated. Two studies reported in JAMA (1990) observed that, although almost all school-aged children in America were vaccinated against the measles at the time, large outbreaks continued to occur.[50, 51] Similarly, Sweden abandoned its pertussis vaccine after observing that 84% of children that developed pertussis had been vaccinated 3 times.[2]

Considering the relatively innocuous nature of these diseases, and the fact that vaccination does not necessarily confer immunity, parents will want to weigh carefully whether the risk of unintentional harm through vaccination is worth the benefit.

Thimerosal-containing Vaccines

In a scathing condemnation of the vaccination industry, published in the June 2005 edition of Rolling Stone, environmental lawyer, Robert F. Kennedy Jr. contends that federal regulators, in collusion with the drug industry, sought to bury key scientific evidence that linked mercury-containing vaccines to the epidemic rise in autism. Kennedy sites deeply disturbing findings by CDC researchers that the preservative, thimerosal, which contains 49% ethylmercury by weight, appeared responsible for the dramatic increase in autism and a host of related neurological disorders. He charges that, rather than alert the public and ban further use of the preservative, the CDC commissioned a follow-up study and directed researchers to "rule out" the preservative's link to these disorders. Moreover, Kennedy contends that the CDC withheld the research findings from publication, declared that the original data had been lost, and handed its giant database over to private hands, declaring it off-limits to other researchers.[52]

> *If, as the evidence suggests, our public health authorities knowingly allowed the pharmaceutical industry to poison an entire generation of American children, their actions arguably constitute one of the biggest scandals in the annals of American medicine.*
>
> *~ Robert F. Kennedy Jr.*

Autism spectrum disorder was unknown until 1943, when the illness was first identified amongst children born in the months after vaccines began using the mercury-based preservative in 1931. Fifty years ago, autism affected less than 1 in 10 thousand families. Today, the disease strikes 1 in 100 children from ages 3 to 17. Very recent studies estimate that 673,000 American children now suffer from autism.[53] While federal authorities in both the United States and Canada content that there is no established causal link between thimerosal-based vaccines and autism or any other neurological disorders, an average of 13,000 reports of neurological trauma following vaccinations, especially the thimerosal-containing vaccine (TCV) for hepatitis B, have been filed annually in the U.S. since 1990.[5]

Immunologist, Dr. Hugh Fudenberg, has reported a link between the cumulative build-up of mercury in the brain through vaccinations and adult-onset cognitive dysfunction. His findings suggest that individuals who had 5 consecutive flu shots between 1970 and 1980 had a ten-fold increase in the risk of Alzheimer's dementia than if they had fewer than two immunizations.[1]

Drug manufacturer, Eli Lilly, the developer of thimerosal, knew from the start that the preservative would cause harm. Their own studies revealed that it was toxic to tissue cells in concentrations 100 times lower than in a vaccine. Pittman-Moore, another vaccine maker, cautioned that thimerosal was even unfit as a preservative for use on dogs. Dr. Maurice Hilleman, of Merck Pharmaceutical's vaccination program, also warned that children who were administered thimerosal would be subjected to dangerous levels of mercury.

> *You couldn't even construct a study to show that thimerosal is safe–it's just too darned toxic. If you inject thimerosal into an animal, its brain will sicken. If you apply it to living tissue, the cells will die, if you put it in a petri dish, the culture dies. Knowing these things, it would be shocking if one could inject it in an infant without causing damage.*
>
> *~ Dr Boyd Haley*

In the 1980s, the FDA finally recognized the toxicity of thimerosal in over-the-counter (OTC) and topical products. Ironically, while the preservative was being removed from OTC products, it was becoming more and more ubiquitous in the recommended immunization schedule for infants and pregnant women and continues to be administered as part of mandated immunizations throughout the U.S.[54] In fact, exposure to ethylmercury from thimerosal has not only increased but is starting earlier, a consequence of the current immunization schedule that uses TCVs, including that for hepatitis B. In the United States today, nearly 95% of infants are vaccinated with the TCV for hepatitis within the first 24 hours of their life.[55]

A review of the literature on thimerosal and autism is perplexing. Several studies support a finding of harm; [1, 56-72] others, while finding evidence of adverse effects, identify no causal relationship.[73-85] Once again, these studies generally consider the effects of acute exposures. When it comes to long-term neurological effects of cumulative toxicity to ethylmercury from vaccinations, the science appears mute.

After a three-year review of the evidence on thimerosal, the U.S. Government House Reform Committee concluded that the preservative used in vaccines *is* related directly to the current autism epidemic. In testimony given to the Committee, public school nurse, Patti White, exclaimed, "The elementary grades are overwhelmed with children who have symptoms of neurological or immune system damage. Vaccines are supposed to be making us healthier; however, in my 25 years of nursing, I have never seen so many damaged and sick kids."

In 2004, Iowa became the first U.S. state to ban the use of thimerosal, based on an observed 700% increase in the rate of autism since the 1990s, subsequent to the CDC

decision to add more TCVs to children's vaccination schedules. California soon followed suit and the ban is now being considered or enacted in several other states. Nevertheless, thimerosal-containing vaccines remain a central component of the U.S. federal immunization schedule, including immunizations against influenza.

The Influenza Debacle

In October, 2009, Dr. Gary Null and other licensed healthcare professionals filed a lawsuit in the U.S. Supreme Court to halt the manufacture of vaccine for the H1N1 influenza virus (swine flu). The plaintiff's claim was that the U.S. Food and Drug Administration (FDA) had violated the law in its hasty approval of the vaccine by failing to determine either safety or efficacy. According to the affidavit, neither the FDA nor the vaccine manufacturers had provided any evidence of peer-reviewed studies or clinical trials. If proven true, it means that the FDA, in its rush to make the vaccine available, abandoned any semblance of scientific protocol and violated its own regulations *and* its legislated mandate to protect the public.[86]

The scenario harkens back to the H1N1 flu scare of 1976, when a nation-wide immunization program, launched by government agencies and the pharmaceutical industry, paralyzed 532 people and killed 33 others from the effects of Guillain-Barré syndrome, a fast-moving and deadly autoimmune paralysis brought on by the effects of the vaccine. The influenza episode itself petered out quietly with only two deaths and 13 hospitalizations.[87] When the dust settled, more than $1.3 billion was paid out by U.S. taxpayers to compensate the victims, while the drug manufacturers pocketed handsome profits and quietly secured protection from liability through enactment of federal legislation that held them harmless (Swine Flu Act, 1976).

2009 ~ The world awaits

In preparing for the pending swine flu pandemic of 2009, governments the world over scrambled to make ready hundreds of millions of ampules of H1N1 vaccine, forking over almost $3 billion for drug manufacturers to do so. The global healthcare community had put its faith squarely in the doctrine of pharmaceutical intervention as the only means to stem a pending medical tsunami of influenza about to unleash itself upon a traumatized world.

In October, 2009, U.S. President Barrack Obama, projecting that the epidemic could infect up to half the U.S. population, declared the H1N1 outbreak a national emergency, clearing the decks for a nation-wide vaccination campaign. At the same time, reports were surfacing from Australia that, while highly infectious, H1N1 was not particularly lethal and, in fact, was proving rather benign. The Australian outbreak lasted only 18 weeks with 186

flu-related deaths, a death rate *lower* than that found in a normal flu season.[88, 89] The American people had just become unsuspecting test subjects in a massive experiment that would expose an entire nation to the long-term effects of a thimerosal-laced flu vaccination, with unforeseen consequences.

While the public literature proclaims that the flu shot will dramatically reduce risk of illness and death, researchers have found that an influenza virus causes as little as 7-8% of all reported flu cases in a given outbreak. Up to two-thirds of the cases have no apparent cause. Research conducted by the Group Health Research Center in Seattle, Washington, has uncovered that the "healthy user effect" (that fact that people who get the flu shot tend to be healthier than those who do not) explains the ENTIRE benefit that most researchers attribute to the vaccination.[90] According to their findings, the vaccine itself has no impact.

The research explains the perplexing findings of the 1968 and 1987 U.S. influenza vaccination campaigns. At the time, manufacturers created the wrong vaccine to match the particular flu strain. In effect, no one was vaccinated; yet flu-related death rates did not budge. Moreover, University of Alberta researcher, Dr. Sumit Majumdar, points out that, despite rising rates of influenza vaccination among the elderly over the last 20 years, death rates during flu season have increased—not decreased.[91]

According to other studies, only 1 in 4 vaccinated adults actually acquire protection against the clinical illness, a level of prevention that brings to question the risks involved.

In three systematic reviews, conducted by the Cochrane collaboration, researchers found that neither nasal-spray nor injection-type vaccines were particularly effective in preventing flu-like illnesses for young children. For children 2 years and younger, the preventive effect was nil.[92] Similar to the children's study, the vaccine proved effective in healthy adults *only* when it matched the precise viral strain. It had limited impact on the incidence of seasonal flu-like illnesses.[93] In the elderly, vaccination appeared marginally effective in preventing influenza and in reducing complications (pneumonia and hospitalization) for those in long-term care facilities; but for those living within the general community, vaccination was not preventive.[94]

Based on the reviews, the Cochrane researchers concluded that flu vaccines have such low effectiveness and high incidence of trivial local adverse effects that the trade-off is unfavorable. "On current evidence we conclude in healthy adults aged 14-60 the most cost-effective option is not to take any action." [95]

As it is with vaccinations, the evidence supporting the use of anti-viral drugs is thin at best. Tamiflu®, which controls 95% of the market, cuts the duration of the flu by only 24

hours in healthy people. However, its side effects range from nausea and vomiting to cardiac arrest. In Japan, the drug was responsible for the deaths of 50 people from cardiopulmonary arrest from 2001-2007.[96]

While flu vaccines are widely credited with slashing global death rates and reducing the incidence of influenza, the facts speak otherwise. The annals of science are littered with treatments that have become medical doctrine with the slimmest evidence and were then declared sacrosanct. The misguided belief that the flu vaccine will protect you is one of these medical myths that prevail.

Alternatives to Vaccination

Children in America are the most highly vaccinated in the world. Compulsory vaccination programs produce billions in profit for the drug manufacturers while compliant federal legislation protects them from liability when they do harm. Parents receive enormous pressure, right from the day of birth of their first child, to do the "right" thing. In extreme cases, authorities have even charged parents with medical neglect, forcing them into court and retaining custody of a child should the parent not comply.

For most parents, the decision to vaccinate is a daunting one, wondering if their actions will unintentionally cause irreparable harm to their child. It is made even more so with the confounding flurry of misinformation and propaganda promulgated by federal agencies and driven by the immense advertising dollar of the drug industry, interested only in their bottom line.

The fact that the global pharmaceutical industry has such vast control over the funding and direction of vaccination research means that we may no longer be able to trust the science. Until we can conduct *independent* scientific studies, properly designed to evaluate the precise mechanisms by which influenza and other vaccines affect the human body over the long term, we are not going to have answers to the questions we continue to ask.

In the meantime …

Should you decide not to vaccinate yourself or your family, here are some suggestions that may help. First, remind yourself that *no one* has the right to vaccinate your child or you against your consent. If you are a new parent, you have the right to amend medical treatment forms to ensure that vaccination is not given at birth (do it well beforehand, though, as the thimerosal-laced hepatitis B vaccination is given on the *day* of birth).

It is when your child enters pre-school that things get more difficult; many schools will not allow an unvaccinated child to attend. This is when you will need to seek a legal exemption based on philosophical, religious or medical reasons:

- American citizens need to fill out a waiver form detailing the reasons for their exemption. For more information on these forms, go to *www.thinktwice.com* or *www.909shot.com*.

- Canadian citizens can obtain a vaccination exemption form from their provincial Ministry of Health. When notarized, the waiver exempts anyone from having to receive a vaccination.

If you feel you *must* vaccinate your child, wait until at least 2 years of age and, where possible, opt for the nasal spray rather than the injection. DO NOT allow more than one vaccination at a time and be certain that the injection is thimerosal free. If your child experiences an immediate and severe reaction to an injection, discontinue the injection protocol.

In addition, supplement with extra vitamin C, vitamin D, vitamin E, and preformed vitamin A (retinoic acid) before and after each injection to help boost the body's natural immune defenses. It is perfectly safe to take up to 5,000 IU of pre-formed vitamin A for up to five days both before and after immunization. For vitamin C, take a minimum of 2,000 mg per day and up to 5,000 IU per day of vitamin D.

For those who decide not to get the annual flu vaccinations, here is what can be done to decrease the chances of becoming ill, as well as spreading germs to others, should an influenza outbreak occur:

- Practice social distancing, including voluntary quarantine and avoiding high-contact social events;

- Practice diligent hand washing;

- Avoid shaking hands during a flu outbreak;

- Avoid hand/finger contact with your mouth;

- Don't go to work if you are feeling unwell— instead use those sick days you've accumulated;

- If your child feels ill during flu season, consider keeping him or her home;
- Have a good supply of non-perishable goods and fresh water on hand so that you and your family can stay at home, if necessary;
- Practice the "buddy program" by encouraging neighbours to deliver food and supplies to others who may become ill;
- Stay *away* from the hospital, unless you or your child experience breathing difficulties, so as not to infect others;
- Eat an alkalizing diet, with plenty of fresh fruits and berries, cruciferous and other vegetables;
- Get plenty of sleep;
- Supplement with a high quality, broad-spectrum nutritional supplement;
- Boost your family's supplement protocol with at least 5,000 IU of vitamin D (many practitioners are now calling for up to 50,000 IU of vitamin D during flu outbreaks).

Conclusions

The scientific evidence regarding the safety and efficacy of vaccinations is anything but clear, the lack of research concerning its long-term effects deeply unsettling. As a scientific discipline, awash in corporate funding and controlled by an industry with a clear agenda and a powerful lobby, it is an area where the science has been tainted. Independently funded studies on the long-term effects of vaccination programs are clearly needed before these public health questions can finally be resolved.

Despite what some contend, the startling increase in autism and other chronic neurological and immunological disorders owes its beginning to forces that humankind has unleashed and now appears unable or unwilling to control. The advent of vaccinations may turn out not to be the principal protagonist in the global surge of these disorders, but there is little doubt it is a contributor. It is time we step back from this brinksmanship and return to the simple truth voiced over two millennia ago by Hippocrates, the father of modern medicine:

> *If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.*

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