

Immunization Ploys

30 dirty tricks used by the medical profession to hoodwink the public

Neil Z. Miller

Foundation for
Educational Research
Reprinted from the
archives of Neil Z. Miller,
circa 1994. © NZM.



Preface

This article was originally written in 1994. Due to popular demand, it has been reprinted here in its entirety. Although some positive changes have transpired during the past several decades (e.g., more people today are aware of vaccine risks and propaganda) the medical and pharmaceutical industries continue to hoodwink the public. Parents and other concerned people need to understand how this is done so that more informed decisions may be made.

Introduction

Medical health authorities, including doctors, nurses, and other members of the allopathic fraternity, employ a number of strategies designed to induce parental submission to vaccine guidelines. Currently, parents are expected to grant authorities permission to inoculate their children's pure and sacred little bodies with more than 30 blends of germs, bacteria, and other foul substances—all before they enter school!

To adequately assess the relevance of vaccine-related news or the perils of unexpected vaccine-related situations you may find yourself in—and to increase your ability to protect loved ones—several of the most common vaccine-related schemes you're likely to encounter are revealed in the following section, along with samples of each.

1. Calling the Shots "Immunizations"

Numerous studies indicate that vaccines cannot be relied upon to boost the immune system and protect an individual from contracting the disease that vaccines were designed to offset. For example, the Minnesota Department of Health recently reported 769 cases of mumps in school children. But 632 of these cases (82%) occurred in children who were previously vaccinated against this disease.¹ The Centers for Disease Control and Prevention (CDC) reported that 89% of all school-age children who recently contracted measles had been vaccinated against the disease.²⁻⁴ And the *New England Journal of Medicine*

published a study revealing that the pertussis vaccine "failed to give...protection against the disease." In fact, more than 80% of cases in a recent epidemic occurred in children who had received regular doses of the shot.^{5,6}

According to Dr. Sandra Huffman, head of *Nurture: The Center to Prevent Childhood Malnutrition*, "Increasing Americans' breastfeeding rate would prevent more childhood diseases and deaths than [vaccination programs endorsed by the government]."⁷ A distinction must therefore be made: breastfed babies are *immunized* naturally⁸⁻¹⁰ while children who are injected with germs and other toxic substances are *vaccinated*.

Calling the shots "preventive medicine" is deceptive as well. According to Dr. Kenneth Cooper, pioneering author of *Aerobics*, "My concept of preventive medicine is trying to prevent the things that kill us. Infectious disease is way down the list."¹¹ (Dr. Cooper was ostracized from the medical community for promoting *exercise* to improve health!)

2. Rationalization and Denial

Medical personnel find it difficult to confront the vaccine issue candidly. They would rather falsely justify the use of vaccines or simply reject the idea that they may be unsafe and ineffective. Some doctors become so agitated when the topic is raised that they refuse even to discuss it. Doctors who are willing to exchange ideas and concerns regarding the safety and efficacy of vaccines often rely upon rationalization and denial.

The rationalization and denial ploy can be *blatant* or *veiled*. Blatant rationalization is easier to spot. For example, in a recently published pediatric legal paper, a Canadian neurologist wrote, "In this article [on vaccine-induced brain injury], I will...offer some suggestions for pediatricians to rationalize this emotional controversy." He states, "A vigorous effort is required to dispel the myth of DTP-induced brain damage."¹² He makes this claim despite a prolific amount of literature in medical journals indicating a causal relationship between this vaccine and severe mental impairment.¹³

The veiled rationalization and denial ploy is harder to detect. At first, it appears logical and sound. But it merely

represents a more intricate attempt at suppressing and confounding the truth. For example, according to some researchers, the DTP vaccine does not cause seizures; instead, “fever from the DTP vaccine may trigger one of these seizures.”¹⁴ Or, according to an experienced vaccine policymaker, Ed Mortimer, MD, “These kids already had underlying problems and DTP was the first fever-producing insult that occurred to the child.”¹⁵ Again, it wasn’t the vaccine that caused the brain damage; it was the fever from the vaccine.

Here are more examples of the rationalization and denial ploy:

- When disease incidence is low, authorities claim high vaccination rates are responsible. When outbreaks occur, we are told that not enough people received the shots. For example, prior to a recent measles outbreak in a Hobbs, New Mexico school district, authorities boasted a 98% vaccination rate. But when 76 cases of the disease occurred, researchers claimed that “vaccine failure was associated with immunizations that could not be documented in the provider’s records.”¹⁶
- Although the Food and Drug Administration (FDA) was legally bound to establish and oversee the Vaccine Adverse Event Reporting System (VAERS), and even though thousands of adverse reactions to vaccines are reported to the FDA every year,¹⁷ authorities refuse to follow up on these cases because “the agency could not possibly investigate each report,” and besides, “a cause and effect relationship is not presumed.”¹⁸
- Every year, the Vaccine Injury Compensation Program pays out millions of dollars to settle claims of vaccine-induced damage and death.¹⁹ However, because vaccine manufacturers and the federal government are not required to admit responsibility, even when a claim is paid, they assert that “the settlement of a claim does not necessarily establish liability.”²⁰

3. Double-Talk and Creative Logic

Medical advisers were using this ploy as far back as 1806. In that year, Edward Jenner, the dubious “father of modern vaccinations,” was under examination by a College of Physicians committee. Numerous members of the British population who had recently been vaccinated with Jenner’s concoction, and were therefore considered immune to smallpox, had caught the disease. Many were afflicted with painful skin eruptions and died. When the commonly relied upon denial ploy was no longer effective, it was revealed that “spurious” or phony cowpox was the cause. As the number of vaccinated people afflicted with

the disease grew, so, too, did public fear. Jenner was asked, How could spurious cowpox be identified and avoided? Spurious cowpox, he explained, wasn’t meant to describe irregularities on the part of the cow, but rather certain quirks in the action of cowpox on the part of the vaccinated. In other words, when vaccinated people recovered from the ordeal and did not contract smallpox, the cowpox was genuine; otherwise it was spurious.²¹

Current uses of the double-talk ploy may be found at almost any forum or seminar where vaccine policymakers congregate. For example, at a recent FDA workshop, officials indicated they were justified in administering new and unproven vaccines by claiming it is unethical to withhold them!²²

Here is another example of the “unethical” argument: A recent study found that the AIDS virus directly causes cancer. You’d think this would stifle the researchers’ goal of creating an AIDS vaccine. In fact, Gerald Myers, director of the HIV Sequence Database Analysis Project at Los Alamos National Laboratory, warrants that a live vaccine would carry a risk of causing cancer—both in the vaccinated person *and in their offspring*. Nevertheless, he claims that “the risk might be worth it” to prevent the spread of AIDS. “It could be unethical not to try it.”²³

A common use of the double-talk and creative logic ploy may be found whenever health officials make the outrageous claim that unvaccinated children are a threat to the rest of society. This argument indicates how little faith authorities place in their own vaccines. If the vaccines were truly effective, only the unvaccinated would be at risk. This argument also overlooks the potential for vaccinated individuals to spread the virus to unvaccinated populations. For example, in separate scientific studies, the new rubella vaccine introduced in 1979 was found to be a cause of chronic fatigue syndrome, an immunological disorder first reported in the United States in 1982. Given to children, the vaccine was shown to linger in their bodies, thus enabling the vaccine virus to be passed on to adults through casual contact, over-stimulating their immune systems.²⁴⁻²⁶

In an attempt to conceal vaccine failures, medical authorities often resort to the double-talk ploy, sometimes in conjunction with the scare tactics ruse. Despite their enterprising babble, however, they can’t always hoodwink the public. For example, the international *Medical Observer* wrote that “a new strain of measles resistant to vaccine” has been discovered. This was immediately contradicted by the statement: “Those who have been lax about vaccination will be unprotected.” Although the implication is that everyone should get vaccinated, a vaccine is obviously useless if a new strain of measles is resistant to it!²⁷

Here are more examples of the double-talk ploy:

- Scientists seeking human volunteers to test a new experimental AIDS vaccine tried to assuage fear and mistrust by claiming there is “no evidence” that it will cause AIDS. How could there be evidence? It is new and experimental and hasn’t been tested yet! And, of course, there is no evidence that it *won’t* cause AIDS.²⁸
- In an attempt to convince the public that vaccines offer the best of all worlds, medical personnel—and the journalists who quote them—often get tangled in their own webs of deception. For example, in a recently published article, the author claimed that unvaccinated children are susceptible to infection. He then contradicted himself by claiming that vaccinated children “insulate” and protect those who are unvaccinated. The illogical implication is that when unvaccinated children contract an infectious disease it is because they are unvaccinated. But if they remain free from disease, it is because vaccinated people are giving them immunity.²⁹
- Every so often the double-talk employed by authorities is so transparent that it’s bewildering how so few people question its validity. In a recent promotional blitz, flu vaccine manufacturers and public health officials claimed that the new and improved flu vaccine “is prepared from inactivated flu virus and cannot cause the disease,” (a rare admission that earlier versions *could* cause the disease). However, in the same paragraph they warn that “some individuals might develop a mild fever and feeling of malaise” for a few days after receiving the shot.³⁰ (That sounds like the flu to me!)
- Sometimes the double-talk employed by vaccine researchers is remarkably elaborate. Although it is a simple matter to determine the efficacy of a vaccine—give it to people who want it, withhold it from those who don’t, then compare the incidence of disease within each group—some scientists have other ideas. One writes: “Under heterogeneity of vaccine effect, a general expression for a summary vaccine efficacy parameter is a function of the vaccine efficacy in the different vaccinated strata weighted by the fraction of the vaccinated subpopulations in each stratum. Interpretation and estimability of the summary vaccine efficacy parameter depends on whether the strata are identifiable, and whether the heterogeneity is host- or vaccine-related.” To support this garrulous nonsense, a full-page theoretical and mathematical model was provided.³¹

A final look at the double-talk and creative logic ploy yields the following revelations: children who keep to “appropriate” vaccine schedules are protected, unless they haven’t yet received the full battery of shots and contract the affliction, in which case they are evidently “still susceptible to the disease.”³² In such instances the vaccine does not *fail*, or worse, *cause* the disease; these become “non-preventable” cases!³³

4. I Forgot to Mention

The I forgot to mention ploy is a common tactic used by health authorities wanting to omit vital information. For example, a spokesman for the Ohio Department of Health supplied the *Dayton Daily News* with these statistics: 2,720 cases of measles were reported in Ohio during a recent year. This figure was used in conjunction with the godfather ploy (an offer hard to refuse) when the following threat was made: “Get shots or forget 7th grade.” What the official failed to mention was that more than 72% of these cases occurred in vaccinated people.³⁴ This figure is comparable to other outbreaks around the country, where a majority of measles cases often occur in vaccinated children, “sometimes in schools with vaccination levels of greater than 98%.”^{35,36}

A concerned individual recounts her personal experience with the measles vaccine and the I forgot to mention ploy:

“Fort Lewis College had a measles epidemic and the school closed down for a short time. The following year, I returned as a postgraduate for a teacher’s certificate and was denied reentry until I submitted to a measles vaccine—even though I had been fully vaccinated as a child. This fall, I reentered Fort Lewis College and they wanted me to get *another* measles shot! They told me the one I had already taken didn’t work. I refused the shot and told them I was refusing all other shots as well. They replied, ‘Okay, just sign this waiver.’ No one ever tells you that the shots may be declined by signing a personal waiver.”³⁷

Another example of the I forgot to mention ploy may be found when officials discuss Reye’s syndrome, an often fatal disease of the brain and liver. According to Dr. Robert Mendelsohn, the CDC is “quick to suggest a relationship between [this childhood disease] and certain flu outbreaks,” but they make no mention of “an association between this disease and the flu vaccine itself.”³⁸

Miller’s Review of Critical Vaccine Studies
by Neil Z. Miller www.vacbook.com

5. Gimmicks

Devising strategies to boost vaccination rates is a prime preoccupation of vaccine policymakers. Without a doubt, the gimmick ploy is a proven winner. In fact, the American Medical Association (AMA) recently admitted that “adult vaccines need a gimmick.”³⁹ CDC physicians recommend catchy slogans, like “Vaccines are not just kid stuff.”⁴⁰ Shari Lewis and her puppet, Lamb Chop, were seen delivering pro-vaccination messages to the public on TV.⁴¹ Even Bill Clinton was seen in print ads imploring parents to be sure their children receive “All their shots while they’re tots.”⁴²

6. Bribes

The bribe ploy is another wily maneuver perpetuated by the vaccine industry. For example, in England the National Health Service pays a bonus to doctors with vaccination rates above specified percentages.⁴³ Here in the United States, former president Jimmy Carter was seen on TV offering free Michael Jackson concert tickets to parents who agreed to vaccinate their children.⁴⁴ In Saginaw County, Michigan, children were promised “a free order of french fries” if they were one of the first thousand people to receive their shots.⁴⁵ And in Taos, New Mexico, “all students who return consent forms and receive vaccinations will be entered in raffles for great prizes!”⁴⁶

7. Skewed Statistics

Researchers are trying to develop a new vaccine to combat respiratory syncytial virus (RSV)—even though Dr. Bill Gary of the CDC admits that “an RSV vaccine was developed 10 to 15 years ago but was unsuccessful and made many people ill.” To foster interest in this obscure project, and to improve the illusion that we need the vaccine, a recent report released by the CDC indicates that “about half” of the 69 labs that track diseases for the agency reported a 16% increase in RSV cases.⁴⁷ Stating “about half” is deceptively vague, and choosing not to list the percent increase or decrease of RSV cases in the other “about half” of the 69 labs is manipulative and dishonest.

Another good example of the skewed statistics ploy came from the U.S. government. Goaded by the medical community, federal authorities announced their dubious goal to vaccinate all U.S. children. To accomplish this feat, the president sought \$300 million from Congress. To bolster his case, he made the bogus claim that “we can prevent the worst infectious diseases of children with vaccines and save \$10 for every \$1 invested.”⁴⁸ But he failed to supply facts and figures to support his claim. Perhaps this was because the administration chose instead to invoke the I forgot to mention ploy, conveniently neglecting to factor in millions of dollars the government

had already spent compensating families of children damaged or killed by vaccines.⁴⁹

The use of control subjects (individuals utilized as a basis for comparison) is an established procedure in most fields of science. Not so within the vaccine research community. New vaccines that are tested on a group of people are often matched against an insufficient number of untested people. Indeed, after a new experimental AIDS vaccine was tested on hundreds of individuals, some of the volunteers were found to be infected with HIV. However, because the number of control subjects was unusually small, the National Institutes of Health (NIH) was able to claim “there is no statistical basis for concluding that the vaccine has contributed to an increased vulnerability to infection.”⁵⁰

8. Fraud

The fraud ploy has proven to be an early and consistent success. In 1956, soon after the Salk polio vaccine was introduced, officials wanted to determine how safe and effective it really was. The results of this study—the now infamous Francis Field Trials—would help determine the feasibility of continuing to vaccinate millions of young children. What they discovered would have stopped most ethical people from continuing: large numbers of children were contracting polio after receiving the vaccine. Clearly, the vaccine was either unsafe (it was causing the disease it was meant to prevent) or ineffective (it failed to protect). But instead of removing the vaccine from the market, officials decided to exclude from their statistics all cases of polio that occurred within 30 days after vaccination on the pretext that such cases were “pre-existing.”^{51,52}

The NIH, an influential branch of the vaccine oligarchy, was recently placed under investigation for interfering with charges of scientific fraud within its own ranks. According to a *New York Times* report, Walter W. Stewart and Dr. Ned Feder, scientific fraud investigators for the NIH, were summarily dismissed from their duties following their release of a report critical of other NIH scientists. Without warning, their offices were closed and sealed, along with all the files of current investigations. The two scientists were then transferred to jobs unrelated to their work of previous years. This incident reveals how studies and investigative reports that are critical of official vaccine dogma may be suppressed, and highlights “the continuing ethical battles over how government and universities should monitor scientists.”⁵³

9. Fortune-telling

When health authorities are at a loss to explain the cause of injury and death that occurs soon after a childhood shot, and denial is insufficient, they may resort to

the fortune-telling ploy. In fact, the FDA's official position is that "the 'event' [i.e., adverse reaction to a vaccine—see the euphemism ploy] may have been related to an underlying disease or condition...or may have occurred by chance at the same time the vaccine was administered." In other words, the child was destined to be damaged or die at the time of the shot anyway.⁵⁴

The past director of the Ohio Department of Health, and other vaccine authorities, often label vaccine-induced injury or death as "only temporal." Once again, this is intended to convince everyone that the damage was coincidental; it would have occurred anyway.⁵⁵

Here are more examples of the fortune-telling ploy:

- "Bad Flu Season Forecast" blared the headlines. "A severe flu season is at hand; get flu shots right away."⁵⁶ Who are these doomsday prophets, and where do they get their psychic news?
- According to the U.S. government's *Morbidity and Mortality Weekly Report (MMWR)*, the efficacy of a flu vaccine depends upon whether the government has correctly "predicted" (guessed) which viruses should be placed in that year's vaccine. There has to be a "good match" between the flu virus actually circulating in society at the end of the year and the vaccine that was produced several months earlier.⁵⁷

10. Pardon Me

Medical institutions often protect their alpha members from vaccine reactions by enforcing the "pardon me" rule, exempting doctors from their own regulations. For example, in Evanston, Illinois, a 46-year-old social worker was fired from her job when she refused to take a rubella vaccine. Hospital policy requires all employees—*except physicians*—to be vaccinated against rubella. Doctors are not considered "employees."⁵⁸

A recent study published in the *Journal of the American Medical Association* found that obstetrician-gynecologists are the least likely of all doctors to submit to the rubella vaccine. Fewer than 10% are inoculated, yet blood tests indicated they are susceptible to rubella. The authors of the study concluded that a "fear of unforeseen vaccine reactions" led these specialists to invoke their self-exempting "pardon me" rule.⁵⁹

Some doctors refuse to vaccinate their own children. According to Dr. Jerome Murphy, former head of Pediatric Neurology at Milwaukee Children's Hospital, "There is just overwhelming data that there's an association [between the DTP vaccine and seizures]. I know it has influenced many pediatric neurologists not to have their own children immunized with pertussis."⁶⁰

The FDA recently lost an important legal battle when they permitted the live-virus polio vaccine, manufactured

by Lederle Labs, to be released to the public even though it did not meet existing safety standards. As a result, several people were severely damaged. After losing the U.S. Supreme Court case, the FDA quickly implemented the "pardon me" ploy and rewrote its regulations so that previously unacceptable safety measures would be allowable. Consequently, Lederle can continue to produce—and the FDA can continue to sanction—the same kind of polio vaccine that caused injuries in the first place.⁶¹

11. Delusions of Grandeur

Doctors, medical scientists, allopathic policymakers, and vaccine manufacturers, are prone to experience delusions of grandeur. This occurs whenever they take credit for a drop in nearly every communicable disease. But a greater than 95% decline in the incidence and severity of many of these diseases had already occurred *before* the introduction of vaccines. Such conceit also disregards the many diseases—like scarlet fever and the plague—that declined on their own, even though vaccines were not developed and mass utilized against them.⁶²

Health officials claim high vaccination rates are required to disrupt the spread of a disease and eliminate its occurrence. For example, they take full credit—delusions of grandeur—for the current low incidence of polio in the United States. However, in many European countries that refused to mandate polio vaccines, *only a fraction of the population was vaccinated*, and polio disappeared.⁶³ To explain this enigma, officials rely upon the double talk and creative logic ploy: evidently enough people were vaccinated "to interrupt the virus's normal lines of transmission through the population." Yet, nations like Finland used the killed-virus vaccine, which officials do not credit with the ability to confer immunity upon the unvaccinated!⁶⁴

More recently, Finland claimed to have eradicated measles, mumps, and rubella—even though only 30% of the population was vaccinated! (Although officials claim these diseases were "eradicated," they note that there are about "ten cases of each disease a year, most of them 'probably imported' [from another country]."⁶⁵

Vaccine policymakers promised that by 1982 measles would be eradicated from the planet—delusions of grandeur.⁶⁶ However, by the 1990s it returned with a vengeance. The measles death rate is more than 20 times higher than before the vaccine was in widespread use.⁶⁷

Medical policymakers are unrelenting in their efforts to play God. After realizing that "the number of visits to a healthcare provider [for vaccines] is an impediment" to receiving the entire battery of shots, they proposed the development of a single multi-vaccine to provide "lifelong immunization" against several childhood diseases. They

call this single shot a “super-vaccine” or “magic bullet,” and have lobbied Congress for funds to continue their research along these lines.⁶⁸ When we consider the medical community’s inability to provide lifelong immunity against a solitary disease, their dismal success rate with current trivalent vaccines (e.g., DTP and MMR), and the number of vaccine-related injury and death claims clogging the courts, this latest mad-science venture clearly demonstrates the pro-vaccine community’s sick propensity toward delusions of grandeur.

12. Surprise Attack

Parents often report that they are harassed by medical personnel wishing to vaccinate their children even when they visit their medical health care provider for other reasons. In fact, some doctors appear to be so obsessed with the vaccination status of their clients that they disregard the stated purpose of the visit. Therefore, anticipate the surprise attack.

The surprise attack is actually taught to members of the medical fraternity, as noted in the *Journal of the American Medical Association*:

“Each encounter with a health care provider, including an emergency department visit or hospitalization, is an opportunity to screen immunization status and, if indicated, administer needed vaccines. Before discharge from the hospital, children should receive immunizations for which they are eligible. In addition, children accompanying parents or siblings who are seeking any service should also be screened and, when indicated, given needed vaccines.”⁶⁹

The consequences of being unprepared for the surprise attack can be severe indeed. Irreversible damage and death are possible outcomes when parents and their children are ambushed by the medical profession. One concerned mother describes her surprise attack:

“My husband and I chose a midwife and had a homebirth, which was wonderful. The midwife insisted that I take our daughter to a local pediatrician for a newborn exam. The reason I’m telling you this is because we were treated like trash. I was told that a homebirth is an automatic red flag. The doctor reported us to Social Services and we were subjected to a painful interrogation. I was interrogated as to my beliefs about immunizations. My daughter was only two weeks old and yet they wanted to inject her with multiple vaccines. How can I find a doctor for my daughter? I do not want to repeat this horrible experience for fear that Social Services will again be sent to

investigate us because we don’t take our daughter to doctors for regular well-baby checkups, *which is really a ploy to force vaccines on innocent babies and unsuspecting parents.*”⁷⁰

13. Intimidation and Coercion

Doctors often claim that vaccines are mandatory. Many threaten to withhold treatment, or they frighten parents when they reject the shots. As one mother puts it:

“The pediatrician I have refused to service me because I am not willing to follow medical ‘rules.’ Another medical doctor agreed to work with me, but only after I listened to him warn me in very explicit terms about all the dangers that could happen to my child.”⁷¹

Another mother writes:

“I am a concerned parent who has not vaccinated my 13-month-old. I was met by my baby doctor in a critical and almost attacking nature. There seems to be no room in his mind-set for a choice on this issue.”⁷²

Putting this into a larger perspective, another mother writes:

“I am an Australian citizen living in the United States. I never realized what an issue vaccinations are in this country until I had my own children, and how much pressure the medical world puts on you, and above all else, how much clout the schools have. I really don’t know of any other country that makes this into such a difficult decision, and so one-sided in regard to information. Where I’m from, you either do, or you don’t, immunize. The question is asked, the decision made, and that’s it forever, unless you change your mind! Incidentally, a large majority of parents in Australia do not immunize their children, and we don’t have a higher incidence of disease than in the U.S.”⁷³

Note: The United States has one of the worst infant mortality rates among developed nations. In fact, the rate at which babies die in the first year of life has consistently *increased* since the 1950s when mass immunization campaigns were initiated. Today, infant mortality rates in some U.S. cities match those in developing countries.⁷⁴

Public school officials—the unwitting henchmen for the medical profession—often warn parents that their children will not be able to enter school without complying with vaccine mandates. Each state, however, offers one or more exemptions to the shots. Despite these

exemptions, one mother was told by authorities that she would need to write a letter explaining why her son was not vaccinated, *and that she would accept full responsibility for any epidemics that occurred while her child was enrolled at the school!*⁷⁵

A concerned father tells this story:

"I applied for a religious exemption for my son at his public school in Totowa, New Jersey. The school nurse reported the exemption to the Board of Health. The New Jersey State Immunization Supervisor then sent a letter to the school principal. In it, he stated that my letter of exemption was 'not good enough,' and that my son is not to be admitted into the school building at all. The school principal wrote me a letter confirming that my son would not be permitted to enter school, and threatened that 'I had better begin immunizing' my son. I must meet the August deadline to register my son for school, but they won't even let him in the building. Time is running out and my son's education is being denied."⁷⁶

Similar stories are told by parents throughout the nation. Evidently, state laws are immaterial to authorities intent upon using the intimidation and coercion ploy to deny parents their legal rights. For example, a clause in the New Jersey State Sanitary Code, Chapter 26:1A-9.1, allows "exemption for pupils from mandatory immunization if the parent or guardian objects thereto in a written statement signed by the parent or guardian upon the ground that the proposed immunization interferes with the free exercise of the pupil's religious rights."

An apprehensive California mother reports that when her child was rushed to the hospital emergency room for a minor mishap, medical personnel were more interested in the child's vaccination status than in the nature of her injury—the surprise attack. Upon learning that the child was not "up-to-date" on her shots, they refused to release the child to her mother until she gave her permission for the shots to be administered. When she refused, these doctors reported her to Social Services, claiming she was "abusing" her child. Soon thereafter, the State Attorney General joined in the case and sought to prosecute the mother—even though the vaccine laws in her state permit parents the option to refuse vaccines based on personal convictions against them!⁷⁷

Many parents report that doctors and nurses are intimidating them into vaccinating their newborns immediately after birth. One mother reports:

"The very first time I heard about the hepatitis B vaccine was at the hospital after giving birth to my second child. They told me all babies must

receive this vaccine before they can be released from the hospital. Needless to say, I refused it, although they persisted in badgering me. Later, when I took my baby to the pediatrician for her two-week checkup, he tried to frighten me into giving her the shot. He said hepatitis is very contagious and my child could easily catch it from other kids or infected adults. When I said that I didn't feel right about giving the vaccine to my infant, he informed me that I would need to find another doctor because he would not treat my baby."⁷⁸

A nationally syndicated prime time TV news magazine, *The Crusaders*, aired a gutsy show on the dangers of the DTP vaccine. Parents of vaccine-damaged children were interviewed, and rare, emotionally wrenching footage of their severely disabled children was shown. While most of the American medical community denies a link between the shots and brain damage or death, listeners heard vaccine expert Dr. Michael Pichichero warn parents that some batches of the DTP vaccine are more toxic than others. Dr. John Menkis, the former head of pediatrics and neurology at UCLA, candidly acknowledged, "You will have permanent, irreversible brain damage, which was not present before DTP vaccination." Meanwhile, Michael Settoni, the show's premier research journalist, estimated from government sources that "at least two children are reportedly killed or injured by the vaccine every day."⁷⁹

A few days after this show aired, Mr. John Butte, executive producer of *The Crusaders*, received a scathing letter from Thomas Balbier, Jr., Director of the National Vaccine Injury Compensation Program (VICP), demanding a retraction. He asserted that the number of current vaccine injury and death claims filed by parents during the past few years represent claims of damage "for virtually the entire 20th century." He also blasted the show for directing listeners to the National Vaccine Information Center (NVIC)—a nonprofit organization dedicated to improving vaccine safety and supporting every parent's right to choose for or against vaccines. He claimed that NVIC is "not sanctioned" by the federal government, and therefore is "not the official spokesperson" for information on vaccine safety. He also made what appeared to be a threat by noting that copies of his letter were being sent to the U.S. Department of Justice and the Federal Communications Commission.⁸⁰

One month later, *The Crusaders* aired a retraction by quoting the medical industry's most cherished (and fraudulent) "safety" data on the DTP vaccine: a controversial study conducted in England during the 1950s. Even though 42 of the babies in the study had convulsions within 28 days of receiving the shots, 80% of the babies

were 14 months of age or older, and the tests were designed to test the efficacy (not safety) of the vaccine, U.S. health authorities still use these results as evidence that the vaccine is safe to give to babies as young as six weeks of age.⁸¹ Obviously, the intimidation and coercion ploy was, once again, a wicked success.

Rolling Stone magazine recently published a remarkable story documenting potential correlations between the first polio vaccines and AIDS. Many independent researchers considered the exposé forthright and extraordinarily well investigated. Several months later, however, the magazine printed a half-page “clarification” indicating that any connection between early polio vaccines and AIDS is “one of several disputed and unproven theories.”⁸² Evidently, future vaccination campaigns and scientific reputations were jeopardized by the original story.

Here are more examples of the intimidation and coercion ploy:

- An Ohio woman with two children killed by the DTP vaccine received threatening letters from the Ohio Department of Health informing her that her only surviving child had to be vaccinated.⁸³
- A grieving mother whose baby died 17 hours after receiving a DTP shot was threatened with losing her welfare benefits for refusing to vaccinate her other children.⁸⁴
- A Kansas mother who rejected vaccines was told that the state would seize her child, force the vaccinations upon her and place her in a foster home. The child was vaccinated and is now permanently disabled as a result of the shot.⁸⁵

This final example of the intimidation and coercion ploy clearly illustrates the arrogant and insensitive nature of the medical community. Grieving parents who contact VAERS to report that their child was injured or killed by a vaccine should be forewarned to expect an envelope in the mail with bold red letters emblazoned across the front: IMMUNIZE EARLY!⁸⁶

14. Godfather

The Godfather ploy—an offer hard to refuse—is an extreme variation of the intimidation and coercion maneuver. It may involve blackmail. For example, poor mothers on state aid in Maryland must now get their children vaccinated or the state will take \$25 from their monthly welfare checks for every preschool child not up to date on shots and checkups. A family sanctioned for three months will receive a call from a social service worker who will request to visit the home to “help resolve the situation and any other problems.” Although child

advocate groups claim Maryland’s new law is punitive and unfair, the state’s human resources secretary argues that “many [of these welfare recipients] just needed a push to do what is expected of them as responsible parents.”⁸⁷

Health insurance companies are threatening to cancel policies when parents refuse vaccines for their children—unless parents sign a form absolving the insurance company from liability if the child contracts certain diseases.⁸⁸

An extreme version of the godfather ploy—framing the parents—is now being reported with increasing regularity by frantic family members. Apparently, medical personnel intent on maintaining the vaccine deception will do *anything* to deflect blame. Several moms and dads who were still grieving over their dead babies following the shots are now being charged with homicide. For example, one mother, whose healthy baby died just two days after receiving DTP and MMR vaccines, was so outraged at this government-sanctioned criminal activity, that she tried to fight back with a lawsuit. Authorities responded by charging *her* with the murder of her child.⁸⁹

15. Scare Tactics

Whenever medical policymakers and their media pawns embark on a promotional blitz to increase vaccination rates, they invariably rely on the scare tactics ploy. Although this stratagem is similar to the intimidation and coercion ploy, subtle differences exist. Practitioners of the intimidation ploy seek mainly to dominate parental decision-making through the sheer force of their will. The scare tactics ruse is primarily utilized to manipulate emotions and influence behavior by overstating sad and frightening stories about the unvaccinated.

A recently published article describes in frightening detail the dangers of non-vaccination. First, readers are informed that “even adults can be killed from preventable infectious diseases.” Next, an emergency room nurse graphically recounts her attempts to restart the heart of a man who had contracted measles and continued to get sicker: a bacteria that usually causes strep throat “had invaded the small holes in the man’s skin” left by his measles rash. The man’s heart couldn’t be restarted and he died from the secondary infection. Finally, to clinch our emotions, we are told that he left three small children.⁹⁰

It should be noted that this very same measles vaccine that authorities claim could have *prevented* this tragedy, very likely *caused* it. Prior to the introduction of the vaccine, measles was a relatively tame childhood illness, virtually unheard of in infant, adolescent, and adult populations. But the vaccine changed all that. Now measles is contracted by age groups more likely to experience extreme complications, including death.^{91,92}

A chickenpox vaccine has been available for years but authorities were reluctant to approve it because many people know that the disease is relatively harmless. Nevertheless, medical forces were prepared to approve it because “the U.S. could save five times as much as it would spend on the vaccine” by avoiding the costs incurred by moms and dads who stay home to care for their sick children. In response to the medical industry’s grand plans to promote this vaccine, media pawns rushed to print fearful stories detailing the dangers of this “serious” disease. For example, one newspaper published a personal story that started with “How my son died from chickenpox.” This scare tactic ruse was coupled with the I (almost) forgot to mention ploy, because the child had a preexisting condition that left him vulnerable to infection.⁹³

Note: On March 17, 1995, the FDA announced that it had licensed a chickenpox vaccine.⁹⁴ Shortly thereafter, the American Academy of Pediatrics began recommending it for all infants.⁹⁵

16. Euphemisms

Medical personnel often attempt to conceal facts by using vague terms with hidden meanings—the euphemism ploy. For example, doctors have been notified by the CDC that cases of Hib may occur after vaccination, “prior to the onset of the protective effects of the vaccine.” Translation: Our vaccine may give your child the disease. Other studies warn of “increased susceptibility” to the disease in the first seven days after vaccination—another veiled confession that the vaccine may give your child the disease. Furthermore, children who contract a disease even though they received their shots according to the previously recommended schedule which has since been changed (see the variable recommendations ploy) aren’t the victims of an ineffective vaccine or a vaccine failure; instead, they were “inappropriately vaccinated.” These are labeled as “non-preventable” cases.⁹⁶⁻⁹⁸

In England, two of the three MMR (measles, mumps, and rubella) vaccines in use were quietly withdrawn because of what health authorities claim was a “slight” risk of “transient” meningitis.⁹⁹ A recent study in the United States has determined that the risk of illness and death from childhood shots is real but “extraordinarily low,” leading authorities to conclude that these are “very rare events.”¹⁰⁰ Such *remote* and *fleeting* possibilities stand in stark contrast to the adjectives used by authorities when promoting vaccines. Then we must be wary of the “poorly developed” immune systems of young children (as an argument favoring vaccines!), the “extremely infectious” nature of the virus, and the “grave risk of complications” associated with contracting the disease.^{101,102}

Here are more examples of the euphemism ploy:

- Researchers are trying to develop a “magic bullet” super-vaccine “that could be given once at birth to immunize infants to all childhood diseases”¹⁰³—delusions of grandeur. Perhaps they call it a “magic bullet” because infant deaths from the “shot” will remain a mystery to the medical scoundrels who pull the trigger.
- The public is informed that vaccination rates increase by the time children enter school because parents are “motivated”—not compelled—to have their children vaccinated.¹⁰⁴
- Be wary whenever authorities announce a “golden opportunity” to participate in an “experimental” study. What they really mean is, “We’re seeking human guinea pigs to study the effects of our latest concoction.”

17. Outright Lies

Lying is an established ploy of the medical industry. It is a quick and easy way to promote the vaccine cause without having to rely upon honesty or ethics. Shrewd members of the medical fraternity know that very few people question doctors and their comrades.

The American Nurses Association recently collaborated with *Every Child by Two* (the Rosalynn Carter and Betty Bumpers campaign for early immunization) “to educate nurses, parents, business leaders, civic organizations, and educators about the urgent need to immunize children.” Their aggressive stance against unvaccinated children included a news release with the following claim: several childhood diseases—including polio, diphtheria, rubella, mumps, and tetanus—are undergoing a “resurgence.” This statement is an outright lie that was clearly made to scare parents into vaccinating their children. None of these diseases is making a comeback. In fact, all are at their lowest rates of occurrence since records on their existence have been kept.¹⁰⁵

According to Donna Shalala, former secretary of Health and Human Services, “This year’s flu, the Beijing strain, is expected to hit very hard.” She also claimed that 10,000 to 45,000 Americans lose their lives to influenza each year.¹⁰⁶ However, official government statistics, which Donna Shalala oversaw, contradict her claim. In 1991, the CDC reported just 990 deaths attributable to influenza; in 1992, 1,260. Americans die at rates three and four times greater from common diseases such as asthma (4,650 deaths in 1992), stomach ulcers (5,770 deaths in 1992) and nutritional deficiencies (3,100 deaths in 1992).¹⁰⁷

For more vaccine resources, visit: www.thinktwise.com

18. Variable and Illogical Recommendations

Our children are being used as guinea pigs. To conceal this fact, authorities frequently change their recommendations. Old, ineffective vaccines are replaced by updated versions. The number of doses and ages to receive them are altered on a regular basis as well, often with little rationale to justify either the original recommendation or the switch. For example, in 1985 the first *Haemophilus influenzae* type b (Hib) vaccine was approved for general use in the United States and was quickly recommended for all children two years old and up—even though 75% of all Hib cases occur before two years of age! In 1988, a new “conjugated” Hib vaccine was approved for use in children at least 18 months of age. By 1991, its recommended use was extended to infants as young as two months old. Today, a genetically engineered Hib vaccine has replaced all earlier versions.¹⁰⁸⁻¹¹¹

In 1963, the recommended age for measles vaccination was 9 months. In 1965, it was changed to 12 months. In 1976, it was changed to 15 months.¹¹² However, since fewer moms have *natural* immunity to measles today—due to the large number of mothers who received childhood shots in the 1960s, 1970s, and 1980s—and therefore cannot pass protective antibodies on to their infants, outbreaks of cases are now occurring in children under 15 months of age.¹¹³ In fact, by 1993, more than 25% of all measles cases were appearing in babies under one year of age.¹¹⁴ As a result, in some areas of the country the recommended age to receive the measles vaccine was lowered again, bringing us full circle to initial recommendations—when most children were, according to medical authorities, “inappropriately vaccinated.”¹¹⁵

Recent data show that a large majority of measles cases are occurring in vaccinated people.¹¹⁶ To address this problem, authorities rely upon the variable recommendations ploy and now promote a booster shot at 4 to 6 years of age.¹¹⁷ Some schools are requiring proof of revaccination before children can enter the 7th grade. Many colleges are refusing to admit students who have no evidence of revaccination. Yet, earlier studies—one recently published in the *Pediatric Infectious Disease Journal*—demonstrated that booster doses of the measles shot are relatively ineffective.^{118,119}

Are altered vaccine recommendations based on sound science or convenience? Vaccine policymakers anxious to introduce the chickenpox vaccine were stymied by the number of vaccines already in existence. They could not decide at what age to recommend their new product. They wanted to make room for it at 15 months, but that would necessitate changing the third of four recommended ages to receive the oral polio vaccine from “15 to 18 months” to “6 months.” However, because there is “more leeway”

with the MMR vaccine, they considered changing the first of three recommended ages to receive it from “15 months” to “12 to 15 months.”¹²⁰

A “plasma-derived” hepatitis vaccination was introduced in the 1970s. In 1987, a genetically engineered “yeast-derived” hepatitis vaccine was developed. In 1991, the CDC and American Academy of Pediatrics (AAP) began the process of mandating the new vaccine for all *infants*—even though adult IV drug users, not children, are most at risk of contracting this disease!¹²¹

Here is one final example of the variable and illogical recommendations ploy. Authorities are so incensed by the number of people claiming that vaccines injured or killed a family member, they are seeking to further restrict the stringent criteria for entering the National Vaccine Injury Compensation Program. The newly revised rules stipulate that a severe reaction to a DTP vaccine, such as anaphylactic shock, must occur *within 4 hours!* In other words, if your previously healthy child receives the vaccine at 10 in the morning, has a violent allergic reaction (gasps for air and collapses into unconsciousness) at 3 that afternoon, and is later diagnosed as brain damaged, the federal government will assert that the damage is not related to the shot and therefore you don’t have a claim. Other criteria for entering the program have been restricted as well, or removed altogether.¹²²

19. Adjustable Diagnoses and Exaggerated Epidemics

Health officials realized early on that vaccine efficacy rates could be maximized by creative diagnoses. For example, “the credit of vaccination is kept up statistically by diagnosing all the [cases of smallpox after vaccinations] as pustular eczema [or anything else] except smallpox.”¹²³ In other words, if unvaccinated people contract a disease, diagnose it correctly, but when vaccinated people become ill from the disease that they should be protected against, call it something else.

The medical profession often goes to great lengths to create the illusion of extraordinary vaccine efficacy rates. For instance, the standards for defining polio were modified when the live-virus polio vaccine was introduced. The new definition of a “polio epidemic” required more cases to be reported (35 per 100,000 instead of the customary 20 per 100,000). At this time, paralytic polio was redefined as well, making it more difficult to confirm, and therefore tally, cases. Prior to the introduction of the vaccine the patient only had to exhibit paralytic symptoms for 24 hours. Laboratory confirmation and tests to determine residual (prolonged) paralysis were not required. The new definition required the patient to exhibit paralytic symptoms for at least 60 days, and residual paralysis had to be confirmed twice during the

course of the disease. Finally, after the vaccine was introduced, cases of aseptic meningitis (an infectious disease often difficult to distinguish from polio) were more often reported as a separate disease from polio. But such cases were counted as polio *before* the vaccine was introduced.^{124,125} The vaccine's reported efficacy was therefore skewed.

More recently, two siblings contracted a bad cough. They were brought to the family doctor for a checkup. In a separate visit, their two cousins, who also contracted a bad cough, were brought to the same doctor. Prior to being examined, the doctor asked each set of parents the vaccine status of their children. The first two children, who were not vaccinated, were diagnosed as having pertussis. The other two children, who had been vaccinated against pertussis, were diagnosed as having bronchitis. No clinical test was performed on any of the children.¹²⁶ This tactic serves two functions: 1) it inflates whooping cough statistics suggesting the need for a pertussis vaccine, and 2) it suppresses the truth that the vaccine is ineffective.

Babies who die soon after receiving vaccinations are often diagnosed with Sudden Infant Death Syndrome (SIDS). In fact, this tactic is so handy that coroners have been known to use this term to certify *toddler* deaths up to the age of 24 months.^{127,128}

Vaccine epidemics are often "created" when health officials misdiagnose ailments or overstate the number of cases. For example, shortly after television programs challenged the safety of the pertussis vaccine, the Maryland Health Department deceived the public by blaming a new "epidemic" of whooping cough on the impact of these shows. When Dr. J. Anthony Morris, former top virologist for the U.S. Division of Biological Standards, analyzed the original data, however, he concluded the Maryland epidemic didn't exist. In only five of the 41 cases was there reasonable evidence to correctly diagnose whooping cough. And each of the five children had received from one to four doses of the pertussis vaccine.¹²⁹

In Placitas, New Mexico, headlines warned parents of a dangerous whooping cough "epidemic" in that town. But only three cases of whooping cough were discovered, two of them in siblings, and all three of the children were previously vaccinated.¹³⁰

20. Guilt Trip

The guilt trip ploy is an unethical and coercive tactic utilized by health authorities to convince families that they have a patriotic duty or social responsibility to vaccinate their children. According to Dr. Martin Smith of the AAP, "children of the nation are soldiers in the defense of this country against disease."¹³¹ Vaccine advocates maintain that some children must be sacrificed "for the welfare,

safety, and comfort" of the nation.¹³² One mother, whose child became permanently brain-damaged within hours after receiving a DTP vaccine, was told by the family doctor that this was the price her child had to pay to keep other children safe. According to Dr. George Flores, Sonoma County public health officer, parents who reject vaccines "don't consider the effect of their child on the rest of society."¹³³ Apparently, unvaccinated children are a danger to everyone who is vaccinated, even though vaccinated children are supposed to be "protected." We are told that for the shots to work, *everyone* must receive them.¹³⁴ We are also told that families who decline the shots are somehow reaping the benefits from those who dutifully had their children vaccinated.¹³⁵

21. Unethical Experimentation

In December 1990, a federal regulation was adopted whereby the FDA gave permission to the U.S. Department of Defense (DoD) to circumvent U.S. and international laws forbidding medical experiments on unwilling subjects. This decree allowed the DoD to inject American Gulf War troops with unapproved experimental drugs and vaccines *without their informed consent* by deeming it "not feasible" to obtain the soldiers' permission.¹³⁶ Today, many of these vaccinated vets, their spouses, and their children, are crippled by horrible diseases.¹³⁷

In a class action lawsuit, American Indians in South Dakota sued the FDA and CDC for unethically testing a new hepatitis A vaccine on their infants. Health officials did not warn the parents that their vaccinated children would be at risk for cancer, convulsions, eye disorders, or death.¹³⁸ Still, authorities plan to test this shot again on remote Northwest Alaska villagers.¹³⁹

Simultaneously administered vaccines have not been proven safe, yet authorities continue to recommend them and medical health practitioners continue to inject them into babies. A recent study in the *Journal of the American Medical Association* found lowered levels of pertussis antibodies in children who were simultaneously given the DTP and Hib vaccines. According to the author of the study, "This concern must be addressed, for obviously we do not want to expose our children to the risk of vaccines without providing them with optimum benefit."¹⁴⁰

Every year, during the fall and winter seasons, a new flu virus circulates throughout the community. To produce a vaccine for this virus, health officials must correctly predict several months in advance which virus will arrive. With production usually beginning in January, and the final product licensed by the FDA in August, just a month or two before the shots are distributed, who do you think these vaccines are being tested on?¹⁴¹

Vaccine scientists plan to add foreign substances, including viral matter, to the food supply. In fact, biotechnology firms have been experimenting with adding vaccines to bananas, lettuce, potatoes, tomatoes, and soybeans for many years now.^{142,143} Who will *these* vaccines be tested on?

22. Mandates

If vaccines are so wonderful, why does the government need to mandate them? You'd think that everyone would be lining up to get the shots. But vaccination rates are modest. The government claimed that the *price* and *accessibility* of vaccines were hindering parents from maintaining vaccine schedules.¹⁴⁴ However, according to a survey conducted by The Gallup Organization on behalf of Lederle Laboratories (a major vaccine manufacturer), the "cost and time involved are *least* important" considerations for parents deciding whether to vaccinate their children. "The possibility of side effects is most frequently rated as important in making the decision."¹⁴⁵

State laws require children to be vaccinated before they can enter public school, unless a waiver is signed by the child's parent indicating their opposition to the shots. While some states offer a philosophical or religious exemption, all states provide a medical exemption if contraindications exist. But parents should not have to sign a waiver objecting to mandatory vaccines. Instead, those who elect to have their children vaccinated should be obligated to read the full range of possible adverse reactions. Then, parents who still choose to have their children vaccinated should be required to sign a form indicating that they understand all of the risks involved.

Mandating vaccines is an unscrupulous means of extorting money from unsuspecting parents. Imagine the exorbitant profits of any company that produces a product everyone is required by law to buy—even against their will. Moreover, the extreme wealth acquired through this medical racket is not hoarded by the drug makers alone; common doctors share in the booty. According to the late Dr. Robert Mendelsohn, world-renowned pediatrician and vaccine researcher, vaccines are the "bread and butter" of pediatric practice.¹⁴⁶ Other researchers provide evidence that the damage caused by the shots may be responsible for new ailments and diseases—enough to keep medical specialists affluent and busy for years to come.¹⁴⁷⁻¹⁴⁹

Imagine a group of nutritionists who developed a multivitamin. They placed their own people in a position to evaluate the benefits and risks of their product, then "officially" declared it safe and effective. In fact, children who take this new multivitamin are reported to be 50% healthier than other children. But there is a catch: the costly vitamins must be taken at regular intervals and

everyone must take them or they won't be effective. The disease-prone "unprotected" children—progeny of irresponsible parents—will pass their germs on to the "protected" children—children of socially responsible families. So these nutritionists lobby government officials to mandate their product. Busy lawmakers examine the "official" study results, determine that "protecting" children is a high priority, and decide to support the goals and ambitions of this powerful lobbying force.

Imagine any coalition of professionals with an agenda to pursue. Consider a guild of hypnotherapists who have determined that children can be hypnotized to perform better in school than children who are not hypnotized. But there is a catch: the children must be taken from their parents at regular intervals to be hypnotized, and *all* children must be hypnotized or the effects will be incomplete. Would you agree to this practice? Mind control, body control; who has such authority over our children?

23. Refusing to Report Vaccine Reactions

Despite a federal law passed by Congress in 1986—the National Childhood Vaccine Injury Act—requiring all doctors who administer vaccines to report vaccine reactions to federal health officials, many choose to ignore this legal requisite. Doctors often justify their refusal to report vaccine reactions by claiming the shot had nothing to do with the child's injury or death. The will of Congress is being subverted, resulting in a gross under-reporting of vaccine injuries and deaths.¹⁵⁰ VAERS is the federal program designated to tally reports of vaccine reactions. Despite a medical industry boycott against reporting these events, every year more than 12,000 adverse reactions to vaccines are reported, including hundreds of deaths.¹⁵¹ VAERS data must be magnified tenfold because the FDA estimates that 90% of doctors do not report incidents.¹⁵²

Connaught Laboratories conducted a study to determine the true rate of adverse events associated with the vaccines they produce. The results provide more evidence substantiating the degree of under-reporting that occurs. Unsolicited or "spontaneous" reports of adverse events occurred at the rate of 20 per million doses. However, when they supplied the vaccine to doctors with a request to report any adverse event that occurred within 30 days of a vaccination, provided that it resulted in a physician visit, the rate of adverse events skyrocketed to 927 events per million doses. According to Dr. Jim Froeschle, director of clinical research at Connaught Laboratories, these differences indicate "a *fifty-fold* under-reporting of adverse events."¹⁵³ Yet, even this figure may be conservative. According to Dr. David Kessler, former director of the FDA, "Only about 1% of serious events [adverse drug reactions] are reported to the FDA."¹⁵⁴

The following testimonials from parents and relatives of vaccine-injured children illustrate how easily doctors can dismiss apparent vaccine reactions and thus justify not reporting them:

“Our son had his 2nd DTP shot and oral polio vaccine at four months of age. He had reacted to his 1st DTP immunization two months earlier with prolonged high-pitched screaming and projectile vomiting.... After his 2nd shot he immediately started the high-pitched screaming again. He could no longer hold his head up and could not keep his food down. He couldn’t sleep or stay awake, he had absence seizures, dozens to hundreds a day. He deteriorated daily and died.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*

“Our 16-month-old grandson received his 4th DTP shot and died 24 days later. He also received the MMR and oral polio vaccines at the same time. Within 24 hours his legs were red and swollen, he had a fever of 103 degrees, and he was very fussy and irritable.... His previous shots had similar reactions.... We know the shot contributed to his death.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*

“We lost our beautiful, precious and adored 4-month-old son 26 hours after receiving the DTP and oral polio vaccines at his well-baby checkup.... We were aware that our son’s behavior patterns changed after the shot.... He was staring, looked spacey, only took short naps, vomited his bottle.... The doctor was insistent that this was a SIDS death.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*

“Our son had his 1st DTP and oral polio vaccines at 14 months old. That evening he started high-pitched screaming. The next two days he had a temperature of 101 degrees and slept for 15 hours. When he awoke he was extremely irritable.... My son was in a lot of body pain. At times he looked like he had a stroke. At other times he was curled up in a hard knot we couldn’t straighten. He was having seizures and we didn’t know it.... He continues to have seizures. The doctor, even though law required him to record manufacturer and lot number, did not record the number.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*

“My son had his first DTP shot at his 2-month checkup.... Four hours later he started crying.... I noticed he was pale and like a statue.... He stopped breathing. I picked him up and shook him and he

started breathing again. A friend was visiting and called 911. My son stopped breathing 8 to 10 more times with me shaking him out of it each time before the paramedics arrived. He was ash white... screaming when we got to the hospital.... I have another child who had severe reactions from his shots. He had a seizure after each of his first three DTP shots and was on medication for three years.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*

“My 16-month-old grandson had his 2nd DTP shot, MMR, and polio at his well-baby checkup. In less than 48 hours he had a temperature of 105 degrees and went into convulsions.... My grandson has deteriorated daily. He walks stiff-legged or his knee collapses on under him.... He has trouble with his bowels, constipation one minute followed by diarrhea running down his leg the next minute. We look at our old videos and realize how much he has changed.” *The doctor would not report this reaction, nor would he provide the parents with the manufacturers and lot numbers of the vaccines he administered.*

“My grandson had his 1st DTP shot and oral polio vaccine at his 2-month well-baby checkup. Within 21 hours he was dead. After the shot he started crying [high-pitched screaming].... He began projectile vomiting and continued the high-pitched crying.... At 7 a.m., my daughter awoke and found my grandson to have a purple color on one side of his face, clenched fists, blood coming from his nose and mouth and not breathing. My grandson was dead. I have promised my daughter that his death will not be in vain and just another statistic labeled SIDS.” *The doctor would not report this reaction. He did not feel that it was related to the vaccine.*¹⁵⁵

24. Suppress Information

On April 1, 1993, several bills were introduced in Congress to establish a federal “tracking and surveillance” system that would monitor parents who choose not to vaccinate their children. A few weeks later, lawmakers Henry Waxman and Ted Kennedy chaired “public” hearings on this legislation, *but prohibited input from individual parents, parent organizations, and healthcare professionals concerned about vaccine safety.* Instead, only groups with a vested interest in ratifying these bills were permitted to attend: White House sponsors, several presidents of multibillion dollar companies that produce vaccines, agents of the AAP, and public health officials.¹⁵⁶

The Salk “inactivated” or “killed-virus” vaccine was regulated to permit 5,000 live viruses per million doses. Yet, because the vaccine was promoted as being incapable of causing polio, it was excluded from the Vaccine Injury Table, and polio cases that occurred following receipt of the vaccine were denied.¹⁵⁷ The CDC also refused to recognize occurrences of encephalitis and seizure disorders following receipt of the oral polio vaccine, even though encephalitis has been known to occur following polio contracted under natural conditions.¹⁵⁸

Here are more examples of the suppression ploy:

- A report published in the journal *Lancet* noted that some people contract meningitis after receiving the MMR vaccine. Nevertheless, the author concludes that “because of the extreme rarity of this complication, parents need not be told about the risk before deciding on vaccination.”¹⁵⁹
- Even though a national drug evaluation committee (ADRAC) recommended that children should be observed for a sufficient period of time after vaccination to monitor reactions, authorities fought against the suggested period of observation on the grounds that it causes inconvenience to parents and increases anxiety about the safety of childhood shots.¹⁶⁰
- When the National Childhood Vaccine Injury Act of 1986 was passed into law, the Department of Health and Human Services (HHS) was ordered by Congress “to develop and disseminate vaccine information materials for distribution by health care workers.” This material was to include information on adverse reactions, contraindications, and the availability of a federal compensation program for people who are injured or die from a mandated vaccine. HHS was to satisfy this legal requirement by December 22, 1988. By March 4, 1991, this matter was still unsettled. When HHS eventually submitted the required information, “they failed to meet even minimal standards of scientific rigor, candor, and fairness.” Vaccine risks were systematically understated or ignored.¹⁶¹

Although medical personnel are required by law to provide their clients with information booklets explaining the benefits and risks of vaccinations *before* they receive their shots, few doctors offer these booklets to their clients. The following story illustrates the type of damage that can occur when healthcare providers choose to suppress lifesaving information:

“I am a 29-nine-year old female who received an MMR vaccine required by [the medical center where I work]. Since receiving that vaccine I’ve experienced a number of side effects: dizziness,

headaches, numbness of my feet and ankles, shortness of breath, chest pain, and aching joints. I have seen several doctors over the last six months, more times than I can count. Those doctors that admitted the vaccine may have something to do with these symptoms felt that within six months the symptoms would subside. Unfortunately, this is not the case. In fact, some symptoms have gotten worse. My ankles are numb almost continuously, the chest pain has begun to include pain in my left arm and jaw, accompanied by difficulty breathing. Every aspect of my life has been affected by this, including my work ability, which is the reason I had to have the vaccine in the first place. I was told I either had to get it, or I wouldn’t have a job. Unfortunately, by this time I have already given up the job I held for over five years. *I was not given any information prior to receiving the vaccine.* I later learned that people allergic to eggs should not receive this vaccine. I am allergic to eggs, *but the hospital staff never asked or told me anything.* My primary care physician is at a loss about what to do with me, but I continue to suffer.”¹⁶²

25. Psychological Projection

Medical personnel associated with the vaccine industry are notorious for seeing in others the very thoughts, feelings, and actions that they deny in themselves. This subtle and unconscious defense against anxiety and guilt is what psychologists refer to as projection. Vaccine scientists, for example, are disappointed that women and minorities have been reluctant to be experimented on with a new AIDS vaccine, even in light of recent revelations about Cold War radiation tests on unwitting subjects. The reluctant volunteers—not the researchers—were blamed for harboring a “mistaken belief” that the vaccine could cause AIDS, despite what the scientists claim.¹⁶³

Less than 5 months later, scientists were forced to acknowledge that “at least five volunteers in the government’s principal AIDS vaccine study have become infected with the AIDS virus after receiving the vaccine.” One of the subjects is said to have undergone “an unusually rapid decline in the number of white blood cells, the standard measure for the progress of AIDS.” This has raised researchers’ concerns “not only about how well the vaccine works but *whether it may have increased the likelihood of their infection and...even accelerated the progression of disease.*”¹⁶⁴

Medical policymakers and some lawmakers claim that *parents* are abusing their children by not allowing them to be vaccinated.^{165,166} Some parents have been accused

of child abuse —“shaken baby syndrome”—after their children had seizures or went into a coma following vaccinations.¹⁶⁷ In fact, the *authorities* who allow these dangerous vaccines to be administered are abusing the children *and implicating the parents*. Some parents have lost custody of their loved ones in this manner.¹⁶⁸

26. Organized Propaganda

Community organizations and parent groups are often enlisted by the medical-industrial complex to help organize campaigns against unvaccinated children. Volunteers rarely question the cult-like doctrines that the pro-vaccinators foist in their direction. But are these organizations, and their helpers, really doing the community a service? How honest are vaccine campaigns that refuse to mention the thousands of families affected every year by adverse reactions to vaccines? Why are the true facts prohibited from being revealed? And why can't parents be trusted to weigh the evidence for themselves?

The medical-industrial complex is well-prepared for almost any unfavorable eventuality that might occur. For example, soon after the NBC television show *NOW* broadcast a story about the dangerous DTP vaccine, a DTP manufacturer sent telegrams to health professionals throughout the nation reassuring them of the vaccine's safety.¹⁶⁹ After the show aired a second time, the CDC organized a propaganda blitz by swiftly faxing biased pro-vaccine information to doctors and other concerned people throughout the nation. In this fax, the CDC had the audacity to claim that “Almost all infants with any medical illness, including death, will have been vaccinated earlier in their life...and almost all infants with any medical illness, including death, will have drunk milk earlier in their life,”¹⁷⁰ implying that receiving shots is as benign as drinking milk.

27. Legal Immunity

When the FDA tested a batch of the DTP vaccine, they found the entire lot to be 200% more potent than regulations allowed. Instead of immediately destroying it, the agency allowed health authorities to “test” it on hundreds of children in Michigan. This proved to be a tragic gamble. Later, when the parents of children who were paralyzed and brain damaged from the mandatory shots tried to sue the state, the courts disallowed their case because the “doctrine of sovereign immunity” protects the government from claims arising from services that only the government can provide.¹⁷¹

A 13-year-old Pennsylvania girl suffered irreversible brain damage from a measles vaccine received during a mandatory mass vaccination program at her school. However, a court decision made it clear that neither the vaccine manufacturers nor the government could be held

responsible because the vaccines were “unavoidably unsafe.” (Parents are compelled to play the medical establishment's unique brand of Russian roulette.) The court also claimed that the vaccine maker adequately delineated risks on its package insert.¹⁷² Consequently, these parents were deemed solely responsible for the care of their now mentally retarded daughter—*even though they, like most parents, were not warned about vaccine dangers, were not told about these inserts, and withheld permission for their daughter to be vaccinated!*¹⁷³

Drug companies are legally immune against most claims of vaccine damage, and their incentive to produce safer vaccines was removed when the National Childhood Vaccine Injury Act of 1986 was passed. This law states that “no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death.” Incredibly, the original draft also stated: “The term vaccine-related injury or death means an illness, injury, condition or death associated with one or more of the vaccines listed in the vaccine injury table *except that the term does not include an illness, injury, condition or death associated with an adulterant or contaminant intentionally added to such a vaccine.*”¹⁷⁴

28. Blackmail the Government

Before the National Childhood Vaccine Injury Act of 1986 was enacted, vaccine manufacturers were being sued so often and for so much money, that many threatened to go out of business.¹⁷⁵ When the government began accepting liability for vaccine injuries and deaths, the enterprising drug companies succeeded in removing an important incentive to produce safe and effective vaccines.

29. Stonewalling

Vaccine officials use the stonewalling tactic whenever they want to delay or avoid accepting accountability. For example, when one mother, whose son died four days after his second polio shot, studied his provisional autopsy report, she noted that there were major findings of myocarditis and hepatitis, and that the polio virus had been extracted from diseased organs—conditions not inconsistent with a vaccine reaction. But when she questioned the pathology department's initial conclusion—sudden infant death syndrome (SIDS)—and requested additional tests to determine whether the polio virus was a wild or vaccine strain, she was led into a nine-year battle with the CDC to secure the results. (Medical authorities were eventually forced to concede the truth: the vaccine caused the child's polio.)¹⁷⁶

When a child is killed by a mandated vaccine, the government is expected to compensate the parents, awarding them up to \$250,000. However, if the child is

seriously injured by the vaccine, continues to live, and requires lifetime care, several million dollars may be awarded. Thus, government officials may be reluctant to settle cases quickly, hoping the vaccine-injured child will die, thereby lowering payment. This is exactly what millions of people learned when *The Crusaders*, a news program, aired a gutsy show on the dangerous pertussis vaccine. The father of a young boy who suffered severe and permanent brain damage just hours after a DTP shot could not get the government to settle his case. The family needs the money to pay for the child's specialized care, but "if something were to happen to him and he did not live, they would not have to pay for his life care."¹⁷⁷

30. Secrecy

If vaccines offered benefits only, the government wouldn't need to mandate them, and the ploys noted in this article wouldn't be necessary. Instead, parents would be lining up to get the shots. Members of the medical fraternity realize this and have banded together to conceal how the vaccines are made, who they're tested on, true efficacy, and honest rates of adverse events. Even the manufacturer's cost to market vaccines is considered a "trade secret or confidential information."¹⁷⁸

Doctors who have dared to publicly question vaccines, "have been warned that their careers are at stake" and they risk losing their license to practice medicine.¹⁷⁹ Other brave doctors are discredited.¹⁸⁰ These threats encourage compliance with the vaccine industry agenda and create a fraternal bond among physicians, held together by dishonesty, secrecy, collusion, and denial of adverse vaccine reactions.

After one family's son was damaged by a DTP shot, they obtained through the Freedom of Information Act a computerized record of more than 34,000 adverse reactions to vaccines over a three-year period. They had a hunch their son had received a bad vaccine and wanted to see if they could protect other children from being hurt. After a great deal of research, they discovered that their son had been vaccinated from a "hot lot." The death rate associated with this batch was three times higher than that linked with other lots. Ten children had died from it. But when the parents spoke to officials at the FDA to determine if the agency would conduct an investigation, they were told that "due to the size of the lot, the deaths did not warrant significant investigation." When they inquired about the size of the lot, the FDA flatly stated, "That's confidential."¹⁸¹

Parents everywhere would like to know how many deaths would be enough to warrant an investigation. If ten isn't enough, is twenty? Thirty? Forty? What number is enough? What industry is permitted to operate in

secrecy and put out a product to the public without accountability? Concerned citizens cannot even find out from the government what the mechanism is to institute a recall, if indeed one even exists.¹⁸²

Drug company awards for vaccine damage are often settled out of court. Parents who expect to receive compensation for their children who were injured or killed by vaccines are often "gagged," that is, obligated to remain silent as a condition of the agreement. Parents seeking compensation from the Federal Vaccine Injury Compensation Program are often counseled to refrain from discussing their cases, and settlements, as well.¹⁸³ To learn how difficult it is to break the secrecy pact, try to obtain *specific* vaccine information from the CDC or FDA. They'll be happy to send you their official propaganda but will quickly turn apprehensive and restrained when you start probing for additional data. These public organizations, supported by taxpayer dollars, hoard crucial "insider" files of unpublished information that they're unlikely to share with average citizens, for then we'd be able to make our own rational, informed decisions regarding vaccines. But no one should be kept in the dark, hoodwinked by industry ploys. Everyone is entitled to honest information and must remain free to accept or reject vaccines.

References

1. Minnesota Department of Health fact sheet.
2. *Morbidity and Mortality Weekly Report* (U.S. Govt., 39: 1990): 353-363.
3. *Journal of the American Medical Association* (June 26, 1991).
4. Should You Vaccinate Against Measles? *Natural Childcare* (January/February 1992): 30.
5. *New England Journal of Medicine* (July 7, 1994): 16-21.
6. Michael W. Miller. Efficacy of Whooping Cough Vaccines Is Questioned by Latest Research Data. *Wall Street Journal* (July 7, 1994).
7. *Washington City Paper* (June 17, 1994): 28.
8. R. Weiss. Breastmilk May Stimulate Immunity. *Science News* (March 26, 1988): 196.
9. Lindsey Grossman. Breastfeeding Healthier Babies. *USA Today* (August 1988): 4.
10. Allan Cunningham, MD. Breastfeeding and Health. *The Compleat Mother* (Summer 1987): 36.
11. From Heretic to Hero: Aerobics Doctor Sees Theories Bear Fruit. *The New Mexican* (December 30, 1993).
12. Peter Camfield, MD. Brain Damage From Pertussis Immunization: A Canadian Neurologist's Perspective. *AJDC* (March 1992): 327.
13. *Whooping Cough, the DPT Vaccine and Reducing Vaccine Reactions* (Vienna, VA: National Vaccine Information Center, 1989).
14. See Note 12: 331.
15. Vaccine Policymakers Deny DPT Risks. *NVIC News* (October 1993): 12.
16. Robert S. Mendelsohn, MD. *Immunizations: The Terrible Risks Your Children Face That Your Doctor Won't Reveal* (Atlanta: Second Opinion Publishing, 1993): 74.
17. Vaccine Adverse Event Reporting System (VAERS). Rockville, Maryland.
18. Kimberly Scott. FDA Accused of Not Investigating Adverse Reactions to Vaccines. *U.S. Medicine* (November 1992): 32.
19. National Vaccine Injury Compensation Program, Monthly Statistics Report. (Awards paid.)
20. See Note 18.
21. William White. *The Story of a Great Delusion* (London: E.W. Allen, 1885): xvi-xvii.
22. *FDA Workshop to Review Warnings, Use Instructions, and Precautionary Information [on Vaccines]* (Rockville, Maryland, Sept. 18, 1992): 163-165.
23. AIDS-Cancer Relation Found, May Thwart Vaccine. *The Santa Fe New Mexican* (April 8, 1994): 1.
24. Dr. A. D. Lieberman. The Role of the Rubella Virus in the Chronic Fatigue Syndrome. *Clinical Ecology*, Vol. 7, No. 3: 51-54.
25. Dr. Allen B. Allen. Is RA27/3 a Cause of Chronic Fatigue? *Medical Hypothesis*, 27 (1988): 217-220.

26. Sam Biser. Chronic Fatigue Syndrome. *The Last Chance Health Report* 1993; 3(7): 1-6.
27. New Strain of Measles Affects 20,000. *Medical Observer* (November 9, 1990).
28. Women, Minorities Shun AIDS Study. *Albuquerque Journal* (January 10, 1994): B3.
29. Vaccination Vexation. *Albuquerque Journal* (June 5, 1994): A18.
30. Bad Flu Season Forecast; Elderly Urged to Get Shots Now. *The New Mexican* (October 1, 1993): B6.
31. M. Elizabeth Halloran, et al. Interpretation and Estimation of Vaccine Efficacy Under Heterogeneity. *American Journal of Epidemiology* 1992; 136(3): 328.
32. See Note 1.
33. *Morbidity and Mortality Weekly Report* (U.S. Govt., June 6, 1986).
34. Kristine M. Severyn. Vaccines May Do More Harm Than Good. *Dayton Daily News* (May 19, 1992): 7A.
35. *Morbidity and Mortality Weekly Report* (U.S. Govt., Dec. 29, 1989).
36. See Note 3.
37. In an unsolicited letter received by the author.
38. Robert Mendelsohn. Ask the Doctor. *San Francisco Chronicle* (May 22, 1978).
39. Is a 'Gimmick' the Answer? *AMA News* (Feb. 1, 1985): 1+.
40. Ibid.
41. *Community Health Report* (NY State Department of Health; Jan/Feb 1994): 4.
42. *National Geographic* (July 1993): 19.
43. Richard Moskowitz, MD. Vaccination: A Sacrament of Modern Medicine. Presented in a speech at the Annual Conference of the Society of Homeopaths (Manchester, England, September 1991): 1.
44. As reported by viewers in Alabama, and in a confirmation letter received by the author (April 26, 1993).
45. Dr. Paavo Airola. Immunization: A New Look. *Everywoman's Book* (Phoenix, AZ: Health Plus, 1979): 268.
46. In a flyer presented to Taos, New Mexico students, sponsored by Taos Municipal Schools and the New Mexico Department of Health.
47. Increase Found in Respiratory Virus Cases. *Chicago Sun-Times* (December 26, 1993): 50.
48. In a *Reading of Immunization Proclamation* made by President Clinton on April 11, 1993. In a White House Press Release (April 12, 1993).
49. Concerned Parents Unfairly Shut Out of Congressional Hearings on Vaccines. *Dayton Daily News* (May 28, 1993): 15A.
50. AIDS Vaccine Study in Peril. *Chicago Tribune* (May 29, 1994): 1.
51. Robert Gallo. *Virus Hunting: AIDS, Cancer, & the Human Retrovirus* (Harper Collins, 1991): 28-29.
52. Vaccine Safety Committee Proceedings [Transcripts]. *Institutes of Health* (Washington, DC: National Academy of Sciences: May 11, 1992): 13.
53. Fraud Investigator Ends 33-Day Hunger Strike Against National Institutes of Health. *New York Times* (June 13, 1993): A12.
54. Serious Reports by Criteria for Selected Vaccines. *VAERS* (Bethesda, Maryland: FDA, 1993): 12.
55. See Note 34.
56. See Note 30.
57. *Morbidity and Mortality Weekly Report* (U.S. Govt., May 14, 1993).
58. Rubella Shots for Hospital Employees. *The Doctor's People Newsletter* (August 1991): 1-2.
59. Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation. *Journal of the American Medical Association* (February 20, 1981).
60. Vaccine Injury Compensation, Hearing Before the Subcommittee on Health and the Environment, 99th Congress, 2nd Session (July 25, 1986): 214.
61. Court Finds FDA Violated Safety Guidelines. *NVIC News* (October 1993): 14.
62. Michael Alderson. *International Mortality Statistics: Facts on File* (Washington, DC, 1981).
63. Robert Mendelsohn MD. *How To Raise A Healthy Child...In Spite of Your Doctor* (Chicago: Contemporary Books, 1984): 210, 228.
64. Daniel Chasan. The Polio Paradox. *Science* (April 1986): 39.
65. Finland Eradicates Measles. *The New Mexican* (November 26, 1994): A5.
66. Groupe médical de Réflexion sur le vaccin ROR. The Immunization Campaign Against Measles, Mumps, and Rubella, Coercion Leading to a Realm of Uncertainty: Medical Objections to a Continued MMR Immunization Campaign in Switzerland. *JAM* 1992; 9(1): 7.
67. *The Arizona Republic* (May 26, 1990).
68. H.R. 78, 103rd Congress, 1st Session: A Bill (January 5, 1993).
69. Standards for Pediatric Immunization Practices. *Journal of the American Medical Association* (April 14, 1993): 1819.
70. In an unsolicited letter received by the author.
71. Ibid.
72. Ibid.
73. Ibid.
74. Janny Scott. Report: U.S. Slips in Fight to Cut Infant Mortality. *Los Angeles Times/Press & Sun Bulletin* (March 1, 1990): 1A.
75. In an unsolicited letter received by the author.
76. Ibid.
77. In a telephone conversation with the mother.
78. In an unsolicited letter received by the author.
79. *The Crusaders* (November 20, 1993). Contact: Burrelle's Transcripts, PO Box 7, Livingston, NJ 07039: 4.
80. In a copy of this letter received by the author.
81. Harris L. Coulter and Barbara Loe Fisher. *A Shot in the Dark: Why the P in DPT Vaccination May be Hazardous to Your Child's Health* (Garden City Park, NY: Avery Publishing Group, 1991): 13-14.
82. 'Origin of AIDS' Update. *Rolling Stone* (December 9, 1993): 39.
83. See Note 49.
84. Ibid.
85. Ibid.
86. On the envelope sent by VAERS to the author.
87. Jennifer Dixon. \$25 in Welfare Rides on Children's Shots. *Los Angeles Times* (June 27, 1993).
88. As reported by several families with health insurance.
89. As reported by the mother.
90. See Note 29: A1.
91. See Note 66: 6.
92. Daniel Q. Haney. Wave of Infant Measles Stems From '60s Vaccinations. *Albuquerque Journal* (November 23, 1992): B3.
93. Harmless Childhood Disease? No Way! *USA Today* (November 22, 1993): 13A.
94. Chickenpox Vaccine Approved. *The Santa Fe, New Mexican* (March 18, 1995): A1.
95. Ibid.
96. See Note 16: 88.
97. R. Weiss. Meningitis Vaccine Stirs Controversy. *Science News* (October 24, 1987): 260.
98. See Note 33.
99. In a letter received by the author from the *Association of Parents of Vaccine Damaged Children* (Warwickshire, England; October 30, 1993).
100. Risk of Illness From Childhood Vaccines Found to be 'Very Low.' *The Santa Fe New Mexican* (Sept. 15, 1993): B-4.
101. Robert S. Mendelsohn, MD. "New Hib Vaccine Raises Old Questions. *The People's Doctor Newsletter* 1988; 12(2): 6.
102. Robert S. Mendelsohn, MD. "New Vaccine to Combat Day Care Infections. *The People's Doctor Newsletter* (Volume 9, No. 11): 5.
103. Rex Graham. Vaccines, Tears to Flow Freely At Clinics Today. *Albuquerque Journal* (June 11, 1994): D3.
104. Free-Vaccine Plan Creates Unusual Array of Skeptics. *The New York Times* (April 22, 1993): A17.
105. 'Every Child By Two' Teams With American Nurses Association to Wipe Out Killer Diseases of Children. *American Nurses Association* (News Release; December 7, 1993).
106. See Note 30.
107. *Monthly Vital Statistics Report* (U.S. Department of Health and Human Services, CDC; September 28, 1993): 25.
108. Sydney S. Gellis, MD, ed. *Pediatric Notes: The Weekly Pediatric Commentary* 1987 Jan 15.
109. See Note 102.
110. Updates: Vaccine Use Extended to Infants. *FDA Consumer* (January/February 1991): 2. Also refer to a handout by the NVIC, Vienna, VA.
111. As reported by Dr. Lorraine Stern, a pediatrician, on the *Phil Donahue Show* (December 17, 1993).
112. Measles Prevention: Recommendations of the Immunization Practices Advisory Committee (ACIP). *Morbidity and Mortality Weekly Report*, (December 29, 1989).
113. See Note 92.
114. Ibid.
115. See Note 43: 3-5.
116. *Morbidity and Mortality Weekly Report* (June 22, 1984). Also see Note 74: 3-5.
117. See Note 43: 3-5.
118. *Pediatric Infectious Disease Journal* (January 1994): 34-38.
119. J. Cherry. The New Epidemiology of Measles and Rubella. *Hospital Practice* (July 1980): 49.
120. As reported by Sandra Holmes of the CDC, in a telephone conversation on the chickenpox vaccine (October 21, 1993).
121. MDs Resist Hepatitis B Vaccine Mandate for Infants as Safety Questions Surface About Immunizations. *Health Facts: Center for Medical Consumers* (Aug 1993): 1.
122. National Vaccine Injury Compensation Program; Revision of the Vaccine Injury Table; Proposed Rule. *Federal Register*, Vol. 57, No. 158, (Department of Health and Human Services, August 14, 1992): 36878-85.
123. Eleanor McBean. *The Poisoned Needle* (Mokelumne Hill, CA: Health Research, 1957): 5-85.
124. Hearings before the Committee on Interstate and Foreign Commerce, House of Rep., 87th Congress, 2nd Session on HR 10541 (May 1962): 94-112.
125. Christopher Kent, DC, Ph.D. Drugs, Bugs, and Shots in the Dark. *Health Freedom News* (January 1983): 26.
126. *Vaccination Awareness Network* (Bangalow, NSW, December 1994): 2.
127. *Vaccine Injury Compensation*. Hearing Before the Committee on Labor and Human Resources; 98th Congress, 2nd Session (May 3, 1984): 63-67.
128. Vin Suprynovicz. The 'SIDS' Death Certificates? 'They Asked Me How I Got Them.' *The Las Vegas Review-Journal* (September 29, 1994).

129. Robert S. Mendelsohn, MD. *Immunizations: The Terrible Risks Your Children Face That Your Doctor Won't Reveal* (Atlanta: Second Opinion Publishing, 1993): 34.

130. Whooping Cough Cases in Placitas. (Reprint of a newspaper article in a news release by the New Mexico chapter of *Dissatisfied Parents Together*, 1991).

131. Funding Vaccine Compensation Petitions for Injury Prior to October 1, 1988. (Vienna, VA: *National Vaccine Information Center*, Sept. 15, 1992): 1.

132. Lauri M. Aesoph, ND. Immunizations: Pro and Con. *New Hope Communications* (September 1992): 35.

133. Jessica Seigel. An Emotional Debate on Child Vaccinations: Does Natural Approach to Health Endanger Others? *Chicago Tribune* (May 10, 1994): A1.

134. *Double Helix* (May/June, 1990).

135. See Note 29.

136. Diana Zuckerman, PhD. and Patricia Olson, D.V.M., Ph.D. Is Military Research Hazardous to Veterans' Health? Lessons from the Persian Gulf: Preliminary Staff Findings. *United States Senate, Committee on Veterans' Affairs* (May 6, 1994): 13.

137. Geoffrey, Cowley, et al. Tracking the Second Storm. *Newsweek* (May 16, 1994): 56-57. Also: David Brown. Diagnosis Unknown: Gulf War Syndrome. *The Washington Post* (July 26, 1994): A1+. Also: David France. The Families Who Are Dying for Our Country. *Redbook* (September 1994): 114+.

138. Indians Sue U.S. Government Over Hepatitis A Vaccine Testing. *NVICNews*.

139. Alaskans to Test Hepatitis Vaccine. *Minot Daily News* (May 2, 1993): A2.

140. See Note 52: 87.

141. The Making of a Flu Vaccine (Source: Connaught Laboratories). *Kansas City Star* (February 24, 1993).

142. Carl Tant. *Awesome Green* (Angleton, TX: Biotech Publishing, 1994): 108-115.

143. Health Report. *Time* (April 24, 1995): 17.

144. See Note 48.

145. Parents' Knowledge, Attitudes and Behavior Regarding Childhood Immunizations. Conducted for Lederle Laboratories & American Nurses Association; Prepared by The Gallup Organization (May 1993): 5.

146. See Note 63: 209.

147. Ibid: 211.

148. Harold E. Buttram, M.D. and John Chriss Hoffman. *Vaccinations and Immune Malfunction* (Quakertown, PA: The Randolph Society, 1985).

149. Viera Scheibner, Ph.D. *Vaccination: 100 Years of Orthodox Research Shows That Vaccines Represent a Medical Assault on the Immune System* (Australia, 1993).

150. In a September 16, 1990 letter written by Barbara Loe Fisher to Donald A. Henderson, chairman of the National Vaccine Advisory Committee: 3.

151. *NVICNews* (August 1994): 5. *Ohio Parents for Vaccine Safety* (Winter 1995): 10.

152. Why Am I So Sick? *20-20 Newscast* (January 26, 1990). Also see Note 49.

153. See Note 52: 40-41.

154. David A. Kessler, M.D. Introducing MEDWatch: A New Approach to Reporting Medication and Device Adverse Effects and Product Problems. *Journal of American Medical Association* (June 2, 1993): 2765.

155. Vaccine Reaction Report. (Vienna, VA: *National Vaccine Information Center*, November 25, 1991): 4-15.

156. See Note 49.

157. See Note 52: 14-19.

158. Ibid: 15.

159. K. E. von Muhlendahl. Mumps, Meningitis Following Measles, Mumps and Rubella (MMR) Immunization. *The Lancet* (August 12, 1988).

160. Viera Scheibner, PhD. The Vaccination Debate. *Natural Health* (Aug/Sept 1991).

161. In a February 25, 1991 letter written by Jeffrey H. Schwartz of NVIC to Walter A. Orenstein, MD, director of the Division of Immunization, CDC, with accompanying *Comments on Proposed Vaccine Information Materials*; in a March 13, 1991 letter to Dr. Claire Broome of the CDC, with accompanying appendices.

162. In an unsolicited letter received by the author.

163. Women, Minorities Shun AIDS Study. *Albuquerque Journal* (January 10, 1994): B3.

164. See Note 50.

165. Junda Woo and Wade Lambert. Refusal to Immunize Youngster Said to Violate Child-Neglect Laws. *Wall Street Journal* (February 22, 1993).

166. Walene James. Appointment With Tyranny, in *Immunization: The Reality Behind the Myth* (Bergin & Garvey, 1988): 131-146.

167. See Note 155: 20-21.

168. Ibid.

169. Connaught Statement on 'NOW' DTP Segment (March 9, 1994).

170. DTP and SIDS Deaths—Document #240025. *CDC* (September 1, 1994).

171. See Note 81: 176-77.

172. *Mazur vs. Merck*, Third U.S. Circuit Court of Appeals, No. 91-1613 (1992).

173. See Note 49.

174. See Note 60: 201.

175. Vaccines and Victims. *Insight on the News* (April 5, 1992): 9.

176. See Note 52: 93-105.

177. See Note 79: 6.

178. H.R. 1640, 103rd Congress, 1st Session (April 1, 1993): 8-9.

179. Fia Cumming. Vaccinations: A Health Hazard? *Herald-Sun* (April 4, 1993): 4.

180. Croft Woodruff. Hepatitis B Update. *Country Health* (Winter 1992): 6.

181. *NOW*, *NBC News* (March 2, 1994). Contact: Burrelle's Transcripts, PO Box 7, Livingston, NJ 07039: 5.

182. Ibid: 6.

183. In personal conversations with parents seeking compensation.

This article was excerpted from:
Immunization Theory vs. Reality: Exposé on Vaccinations
 by Neil Z. Miller

Neil Z. Miller is a medical research journalist and Director of the *Thinktwice Global Vaccine Institute* (www.thinktwice.com). He has devoted the past 30 years to educating parents and health practitioners about vaccines, encouraging informed consent and non-mandatory laws. He is the author of several articles, studies, and books on vaccines, including *Miller's Review of Critical Vaccine Studies* (www.vacbook.com), *Vaccine Safety Manual for Concerned Families and Health Practitioners*, and *Vaccines, Are They Really Safe and Effective?* Mr. Miller has a degree in psychology and is a member of Mensa.

Peer-reviewed papers by Neil Z. Miller

Miller NZ. Vaccines and sudden infant death: an analysis of the VAERS database 1990-2019 and review of the medical literature. *Toxicology Reports* 2021; 8: 1324-1335.
<https://doi.org/10.1016/j.toxrep.2021.06.020>

Hooker BA, Miller NZ. Health effects in vaccinated versus unvaccinated children, with covariates for breastfeeding status and type of birth. *Journal of Translational Science* 2021; 7: 1-11.
<https://www.oatext.com/pdf/JTS-7-459.pdf>

Hooker BA, Miller NZ. Analysis of health outcomes in vaccinated and unvaccinated children: developmental delays, asthma, ear infections and gastrointestinal disorders. *SAGE Open Medicine* 2020; 8: 1-11.
<https://journals.sagepub.com/doi/full/10.1177/2050312120925344>

Miller NZ. Aluminum in childhood vaccines is unsafe. *Journal of American Physicians and Surgeons* 2016 (Winter); 21(4): 109-117.
<http://www.jpands.org/vol21no4/miller.pdf>

Miller NZ. Combining childhood vaccines at one visit is not safe. *Journal of American Physicians and Surgeons* 2016 (Summer); 21(2): 47-49.
<http://www.jpands.org/vol21no2/miller.pdf>

Goldman GS, Miller NZ. Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010. *Human and Experimental Toxicology* 2012; 31(10): 1012-1021.
<https://journals.sagepub.com/doi/full/10.1177/0960327112440111>

Miller NZ, Goldman GS. Infant mortality rates regressed against number of vaccine doses routinely given: is there a biochemical or synergistic toxicity? *Human and Experimental Toxicology* 2011; 30(9): 1420-1428.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/?tool=pubmed>

