

Risks and Benefits of Vaccines for Informed Choice



*For doctors, nurses, other health care providers,
patients, parents, policy makers, and members of the public*

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About the Author



Kathleen Melonakos received her RN degree from Brigham Young University and Master's of Liberal Arts (philosophy) from Stanford University. She has served as assistant to the director of the Stanford University Sleep Clinic and in various other clinical settings. She is the author of *Saunders's Pocket Reference for Nurses*, (1990, 1995), one of the largest selling reference manuals for nurses. She currently resides in the San Diego area and is an advocate for the Physicians for Informed Consent, Nurses for Informed Consent, and Children's Health Defense.



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ISBN: 978-0-578-30557-8

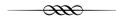
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*Dedicated to my little sister Corinne Joy Kimball who died
of SIDS 2 days after receiving a DPT shot in 1966*

Preface



At the beginning of the government shut-downs associated with covid-19 in March of 2020, we already began hearing from officials and the press that “we cannot get back to normal until the whole world is vaccinated.” Yet SARS-COV-2 was said to be a novel virus, with death rates unknown. This set off alarm bells in my mind and I began to investigate.

I recalled that my nursing training had included very little about vaccines. We were taught the CDC schedule, how to administer them, and about mild side-effects like sore arm, or severe ones like anaphylaxis. We were taught nothing about the numerous studies that show causal connections between vaccines and autoimmune diseases, allergies, asthma, cancer, diabetes, and neurological impairments.

I was shocked to find out a lot of the information I have collected into this book. It is mostly a compilation of data from government sources, manufacturer’s package inserts, scientific studies, medical journals, physician’s publications, independent researchers, legal experts and others.

I have tried to summarize, using main-point headlines, charts, graphs, tables, and bullet points, some of the most significant facts about vaccines of which many people, including doctors I discovered, are unaware.

This book is not intended as a substitute for medical advice. Rather its purpose is to help inform both members of the public and health care providers of facts, though readily available if one is willing to look for them, that are usually omitted from medical and nursing school trainings, and often suppressed by major media outlets.

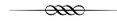
I encourage readers to further investigate these issues, and I have included many references pointing to additional information. Being armed with knowledge is especially critical since we are facing threats of government mandated vaccines. Coercion of any medical procedure whatsoever violates long established principles of informed consent.

It is my intention that this book can be used as a tool to both inform patients and help them insist on informed choice from their health care providers. I encourage readers to use the questionnaires at the back to open a dialogue with pediatricians and others in the health care field. It is incumbent upon every doctor to give informed choice to their patients.

Thank-you to reviewers:

- Dr. David Denton Davis, MD, Emergency Medicine • Susan Bush, RN, MS, Epidemiology
- Teresa Billings, RN, BSN, Nephrology/Dialysis • Debbie Trammel, RN, CWCN, Outpatient Clinic

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Introduction: Informed Medical Choice is a Human Right



The foundational principle of medical ethics, law and standards of care is that of informed consent. This book has been prepared as a tool so that doctors, nurses and patients can be fully informed about both the benefits and risks of vaccinations. Informed consent allows health care providers and patients to make health care decisions together.

This collaborative decision-making process is an ethical and legal obligation of health-care providers. Informed consent is required for most vaccinations.¹

Informed consent is defined as:

the consent given voluntarily by an individual with capacity, on his or her own behalf or another in the role of an agent, guardian, or surrogate after being fully informed of the:

- nature, benefits, risks and consequences of the proposed health care
- nature, benefits, risks and consequences of alternative treatments, including foregoing treatment

This should apply to all decisions—even in times of emergency and especially for vaccinations: consent means having the right to say no.² Thus, every doctor has a legal, moral, and ethical obligation to fully inform their patients of their medical options.

Every patient has the right to make fully informed choices about what enters their own, or their children’s bodies. The right to bodily autonomy is guaranteed by state constitutions such as the California Constitution and the U.S. Constitution:

135. The right to refuse medical treatment is a constitutionally guaranteed right which must not be abridged. (*Bartling v. Superior Court* (1984) 163 Cal.App. 3d 186, 195.) This right is specifically guaranteed by the California Constitution (art. I, § 1) and has been found to exist in the “penumbra” of rights guaranteed by the Fifth and Ninth Amendments to the United States Constitution. (*Griswold v. Connecticut* (1965) 381 U.S. 479, 484.) “In short, the law recognizes the individual interest in preserving ‘the inviolability of the person.’”

¹ What You Need to Know About Informed Consent, healthline, written by Kirsten Nunes, reviewed by Timothy J. Legg, PhD, CRNP, <https://www.healthline.com/health/informed-consent>, The 1986 National Vaccine Injury Act, requires health care providers to give Vaccine Information Statements as part of informed consent, H.R.5546 - 99th Congress (1985-1986): National Childhood Vaccine Injury Act of 1986 | [Congress.gov](https://www.congress.gov) | [Library of Congress](https://www.libraryofcongress.gov)

² American Medical Association: Informed Consent <https://www.ama-assn.org/delivering-care/ethics/informed-consent>, and Vermont State Code, Title 18 : Health, Chapter 231 : Advance Directives For Health Care, Disposition Of Remains, And Surrogate Decision Making (18 V.S.A. § 9701), <https://www.healthchoicevt.com/informed-consent/>

(*Superintendent of Belchertown v. Saikewicz*, supra, 370 N.E.2d 417, 424.) CA(3a) (3a) The constitutional right of privacy guarantees to the individual the freedom to choose to reject, or refuse to consent to, intrusions of his bodily integrity. (Id., at p. 427.)³

It is believed that vaccinations protect recipients against vaccine preventable diseases. Thus, the MMR vaccine protects against measles, mumps and rubella, the polio vaccine protects against poliomyelitis, and so forth. The mortality and morbidity associated with these diseases has dramatically declined since the 1900's. It is believed that this decline is due to the aggressive immunization programs that have been a part of medical practice since vaccines were introduced.

Historical records reveal a different story than the one widely believed, however. Some of the information in this book has largely been buried, but has now been recovered and brought to light, for instance what original documents from the 19th and 20th centuries reveal about the history of infectious disease. Mortality and morbidity dramatically declined well before vaccines were introduced (see Chapter 1). This paradigm-changing fact should be reevaluated by thoughtful and caring practitioners, patients and parents.

Included here also is information about control group studies recently performed. Since the CDC has refused to do important control group studies, independent researchers are doing them and publishing their data. Every study is carefully referenced for further information (see chapter 7).

Included here are disclosures of conflicts of interest of which many healthcare providers and patients may not be aware. Though disturbing, this information should be more widely known (see chapter 9).

Some of the information herein is new to health care providers because according to surveys, polls, studies of medical textbooks, and personal inquiries I have made, most receive little instruction about vaccines in their medical education—some as little as a two hour training.⁴

Most doctors learn little about the ingredients in vaccines, toxicology, or how ingredients can accumulate in the body in multiple doses over time. Most do not learn about the many side effects they can cause except mild ones such as sore arm, or fever, or severe ones such as anaphylaxis that occur within a few hours. For example, when I asked my own primary physician questions about specific risks and benefits of the covid injection, he did not know the answers. He only replied, “The CDC recommends it. I leave all that to the experts.”

But the covid injections, like all biologics, can cause side effects both acute and chronic, ranging from seizures and encephalitis to cancer and auto immune diseases. These effects are documented on vaccine package inserts, the [Vaccine Injury Table](#), the [Vaccine Adverse Event Reporting System \(VAERS\)](#) data and hundreds of studies. This book aims to point to this accumulating data and provide documentation and resources for more research.

In 2013 the American Academy of Pediatrics sent out a letter to their members stating “all parents should be informed about the risks and benefits of preventative and therapeutic procedures including vaccination.” But nowhere in the said letter is anything stated concerning the

³ *Let Them Breathe: Reopen California Schools v. Gavin Newsom, Department of Public Health of the State of California, Dr.s Tomas Aragon, Mark Ghaly and Naomi Bardach*, filed July 22, 2021, Superior Court of the State of California, item 135, <https://www.letthembreathe.net/lawsuit>

⁴ OSR survey <https://www.aamc.org/media/24956/download>

See also, What Doctors Learn in Medical School About Vaccines <https://thevaccinereaction.org/?s=What+Doctors+Learn+in+Medical+School+About+Vaccines>

1

Mortality and morbidity rates of infectious diseases declined before vaccines were introduced



Dr. Susan Humphries, MD spent years researching and documenting the history of infectious disease in the last two centuries. What she found caused a profound paradigm shift in her own beliefs. Her book, *Dissolving Illusions: Disease, Vaccines and the Forgotten History*, reprints facts and figures from long overlooked government records, medical journals, books, newspapers, and other sources.

Medical history books, almost uniformly extol the virtues of vaccination. Upon reading these books, one is left with the impression that during the 1800s and into the 1900s, there were rampant plagues that killed countless scores of people and that, because of vaccines, this is no longer the case. This is certainly what we believed growing up, and most people we talk to have a similar impression. It generally permeates society as an established fact.

Analysis of the data shows this often-repeated mantra that vaccines were key in the decline of infectious disease deaths is a fallacy. Deaths had decreased by massive amounts before vaccinations. In the case of scarlet fever and other infectious diseases, deaths declined to near zero without any widespread vaccination. Unfortunately, this erroneous belief has led people to trust in vaccination as the sole way to handle infectious diseases when there were clearly other factors that caused mortality to decline. Those factors were improved hygiene, sanitation, nutrition, labor laws, electricity, chlorination, refrigeration, pasteurization, and many other facets that we now generally take for granted as part of modern life. Very little of the improvement in the death rate had anything to do with medicine. A 1977 report estimated that, at best, approximately 3 percent of the mortality decline from infectious disease could be attributed to modern medical care.¹

Myth-shattering graphs and other data make clear that vaccines, antibiotics, and other medical interventions are not responsible for the increase in lifespan and the decline in mortality from infectious diseases.²

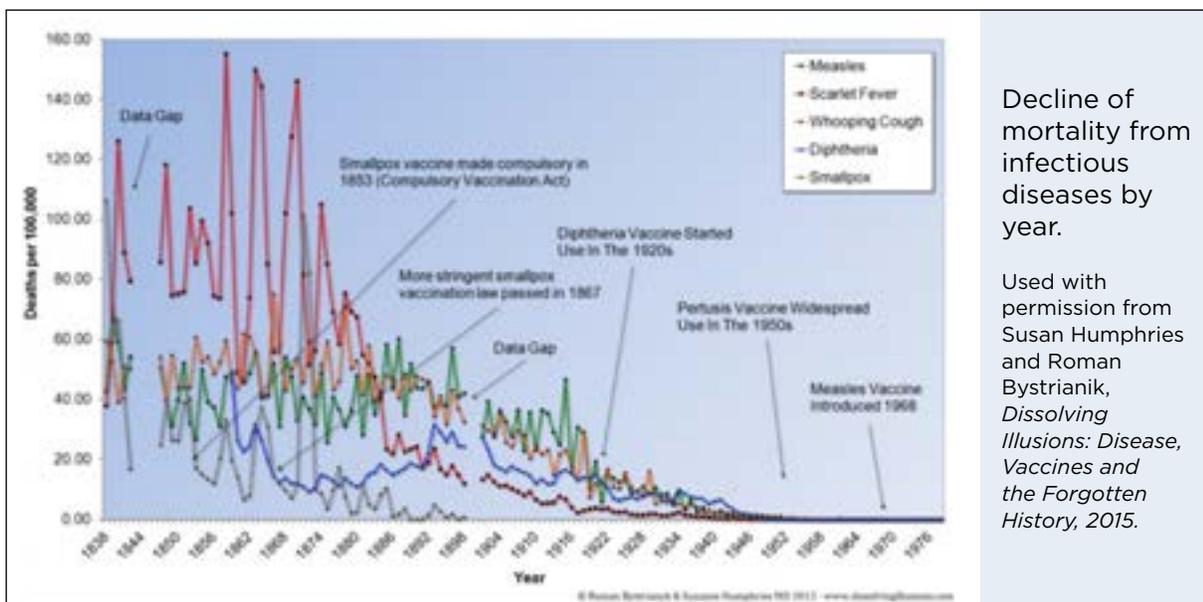
¹ Dr. Susan Humphries, MD, Roman Bystranik, International Medical Council on Vaccinations [An Honest Look at the Historical Evidence that Vaccines Eliminated Diseases \(healthimpactnews.com\)](#)

John B. McKinlay and Sonja M. McKinlay, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century," *The Milbank Memorial Fund Quarterly, Health and Society*, vol. 55, no. 3, summer 1977, p. 425.

² Suzanne Humphries, MD, Roman Bystranik, *Dissolving Illusions: Disease, Vaccines and the Forgotten History*, San Bernardino, CA, (2013, 2015).

These facts are verified by the U.S. government. In December 2000, *The Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century Report* was published in the *Journal of American Academy of Pediatrics*. It clearly states: “Vaccination does NOT account for the impressive declines in mortality seen in the first half of the century... Nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available.”³

Scarlet fever, typhoid, tuberculosis and cholera declined with no vaccine at all.



Decline of mortality from infectious diseases by year.

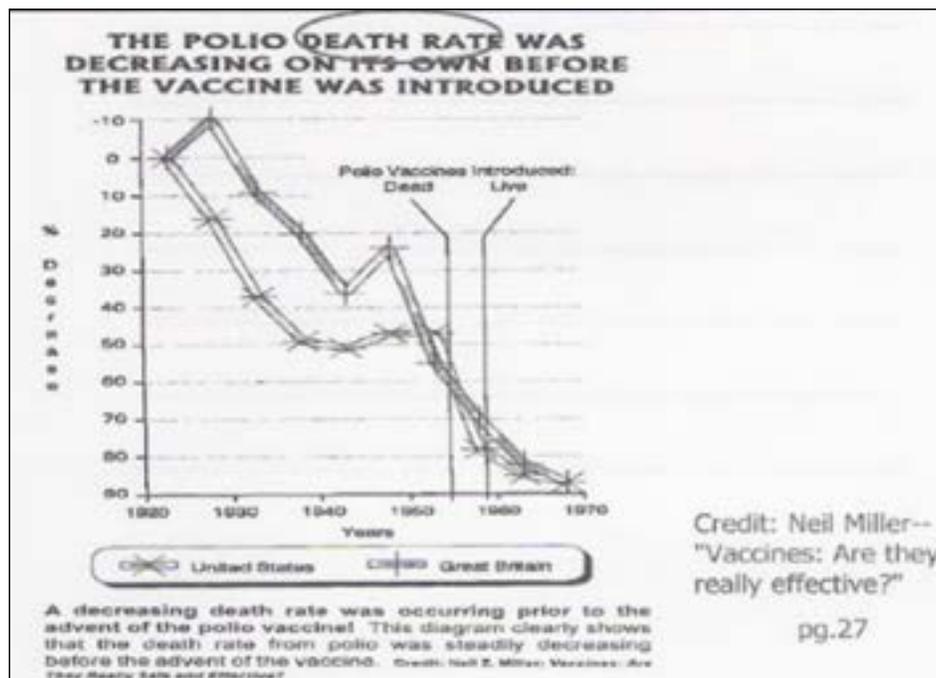
Used with permission from Susan Humphries and Roman Bystranik, *Dissolving Illusions: Disease, Vaccines and the Forgotten History*, 2015.

³ *Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century*: <https://pediatrics.aapublications.org/content/106/6>

The decline in infectious diseases in developed countries had nothing to do with vaccinations, but with the decline in poverty and hunger. – Dr. Buchwald, MD

What about polio? A careful study of polio shows it was in rapid decline before any vaccines were introduced. See Humphries and Bystrianik, chapter 12 for full history of polio diseases according to health records, including documentation and references.

See also Niel Miller, *Vaccines: Are They Really Safe and Effective?* New Atlantean Press (2015), and Niel Miller, *Vaccine Safety Manual*, New Atlantean Press, 2nd ed (2017).



UK based general practitioner and homeopath, Dr. Jayne Donegan, was formerly a strong supporter of her country's Universal Childhood Vaccination Programme, until she also began the research of primary 19th and 20th century documents that led her to change her opinion.⁴

Janine Roberts is another researcher who was shocked when doing research for *The Vaccine Papers* and found this study: Gregory L. Armstrong, MD, Laura A. Conn, MPH, Robert W. Pinner, MD JAMA, 1999, 281; 61-66. She concluded:

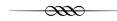
Since it's obvious from the AMA's own documentation that vaccinations have little or no effect on the outcome of infectious disease deaths, there must be other issues at play... Why are we vaccinating against childhood diseases?⁵

⁴ "Why This Doctor Reversed Her Stance on Vaccinations," <http://www.organiclifestylemagazine.com/immunization-research-why-this-doctor-reversed-her-stance-on-vaccines>

⁵ Janine Roberts, *The Vaccine Papers*, Impact Investigative Media Productions, (2009-2010) p. 133.

2

Ingredients in Vaccines



Vaccine Excipient Summary

Here is a partial list of vaccine ingredients.¹

Antigens: The active ingredient designed to stimulate an immune response. They are either weakened germs or fragments of the disease organisms, either viruses, bacteria, or toxoids. The covid 19 injections (Pfizer, Moderna) utilize mRNA, stimulating the body to produce a synthetic protein.

Growth Mediums and Animal Cells: Examples include mediums made from chick embryos, chick kidney cells, monkey kidneys, mouse brains, and dog tissues. These have the potential to become contaminated with animal viruses. Foreign animal cells can cause DNA mutations linked to allergic reactions, cancer and other diseases.

Human Diploid (fetal) Cells: (MRC-5, RA273, WI-38) Emerging science links fetal cell residuals to autoimmune and other diseases.

Preservatives: Thimerisol (mercury), is a highly toxic substance. Benzothonium chloride, phenol, and other chemical compounds are used.

Adjuvants: Aluminum salts are added to increase the immune response. Aluminum is associated with autism, Alzheimer's disease, seizures, tics, brain inflammation, nerve damage, IBS, Chronic Fatigue Syndrome and auto immune diseases (see pages 20-21)

Chemical Additives: Monosodium glutamate is an excitoin associated with abnormal brain function and headaches. Polysorbate 80 and 20 are known to cause allergic reactions.

Antibiotics: Neomycin, streptomycin, polymyxin B and others are suspected of being toxic.

Formaldehyde (formalin): is a known human carcinogen labeled by the world-leading International Agency for Research on Cancer as linked to leukemia and lymphoma. Leukemia is the number one cancer in children and is increasing at alarming rates.

CDC site, [Vaccine Excipients Table](#):

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>

¹ For more information, see Niel Z. Miller, *Vaccine Safety Manual*, 2nd ed., New Atlantean, (2010, 2017) p. 307-310, and do further research on individual ingredients, marked and unmarked.

Vaccine Excipient Table

Vaccine (Trade Name)	Package Insert Date	Contains ^(a)
Adenovirus	10/2019	monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdane C, anhydrous lactose, microcrystalline cellulose, polacrillin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	11/2015	aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	02/2009	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	06/2016	ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
Dengue (Dengvaxia)	06/2019	sodium chloride, essential amino acids (including L-phenylalanine), non-essential amino acids, L-arginine hydrochloride, sucrose, D-trehalose dihydrate, D-sorbitol, trometamol, urea
DT (Sanofi)	06/2018	aluminum phosphate, isotonic sodium chloride, formaldehyde
DTaP (Daptacel)	01/2021 ^(b)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol
DTaP (Infanrix)	01/2021 ^(b)	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	01/2021 ^(b)	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	02/2021	formaldehyde, aluminum phosphate, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate, bovine serum albumin
DTaP-HepB-IPV (Pediatrix)	01/2021 ^(b)	formaldehyde, aluminum hydroxide, aluminum phosphate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein
DTaP-IPV/Hib (Pentacel)	12/2019	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate
DTaP-IPV-Hib-HepB (Vaxelis)	10/2020	polysorbate 80, formaldehyde, glutaraldehyde, bovine serum albumin, neomycin, streptomycin sulfate, polymyxin B sulfate, ammonium thiocyanate, yeast protein, aluminum
Ebola Zaire (ERVEBO)	01/2021 ^(b)	Tromethamine, rice-derived recombinant human serum albumin, host cell DNA, benzonase, rice protein
Hib (ActHIB)	05/2019	sodium chloride, formaldehyde, sucrose
Hib (Hiberix)	04/2018	formaldehyde, sodium chloride, lactose
Hib (PevaxHIB)	01/2021 ^(b)	amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hep A (Havrix)	01/2021 ^(b)	MRC-5 cellular proteins, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	01/2021 ^(b)	amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride, other process chemical residuals
Hep B (Engerix-B)	01/2021 ^(b)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	12/2018	formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep B (Heplisav-B)	05/2020	yeast protein, yeast DNA, deoxycholate, phosphorothioate linked oligodeoxynucleotide, sodium phosphate, dibasic dodecahydrate, sodium chloride, monobasic dehydrate, polysorbate 80
Hep A/Hep B (Twinrix)	01/2021 ^(b)	MRC-5 cellular proteins, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein
HPV (Gardasil 9)	08/2020	amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein

Vaccine (Trade Name)	Package Insert Date	Contains ^(a)
Influenza (Afluria) Quadrivalent ^(c)	07/2020	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, hydrocortisone, thimerosal (multi-dose vials)
Influenza (Fluad) ^(c)	10/2020	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, hydrocortisone, egg proteins, cetyltrimethylammonium bromide (CTAB), formaldehyde
Influenza (Fluad) Quadrivalent ^(c)	11/2020	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dihydrate, citric acid monohydrate, neomycin, kanamycin, hydrocortisone, egg protein, formaldehyde
Influenza (Fluarix) Quadrivalent ^(c)	07/2020	octoxynol-10 (TRITON X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Quadrivalent ^(c)	06/2020	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and <i>Spodoptera frugiperda</i> cell proteins, baculovirus and cellular DNA, Triton X-100
Influenza (Flucelvax) Quadrivalent ^(c)	03/2020	Madin Darby Canine Kidney (MDCK) cell protein, phosphate buffered saline, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethylammonium bromide, and β-propiolactone, thimerosal (multi-dose vials)
Influenza (Flulaval) Quadrivalent ^(c)	2020	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, phosphate-buffered saline solution
Influenza (Fluzone) Quadrivalent ^(c)	2020	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)
Influenza (Fluzone) High Dose ^(c)	2020	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde
Influenza (FluMist) Quadrivalent ^(c)	08/2020	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
IPV (Ipol)	01/2021 ^(b)	calf bovine serum albumin, 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, M-199 medium
Japanese Encephalitis (Ixiaro)	09/2018	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein
MenACWY (Menactra)	04/2018	sodium phosphate buffered isotonic sodium chloride solution, formaldehyde, diphtheria toxoid protein carrier
MenACWY (MenQuadfi)	01/2021 ^(b)	sodium chloride, sodium acetate, formaldehyde
MenACWY (Menveo)	07/2020	formaldehyde, CRM ₁₉₇ protein
MenB (Bexsero)	01/2021 ^(b)	aluminum hydroxide, sodium chloride, histidine, sucrose, kanamycin
MenB (Trumenba)	2018	polysorbate 80, aluminum phosphate, histidine buffered saline
MMR (MMR-II)	12/2020	sorbitol, sucrose, hydrolyzed gelatin, recombinant human albumin, neomycin, fetal bovine serum, WI-38 human diploid lung fibroblasts
MMRV (ProQuad) (Frozen: Recombinant Albumin)	01/2021 ^(b)	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, recombinant human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride, potassium phosphate dibasic, neomycin, bovine calf serum, other buffer and media ingredients
PCV13 (Pneumovax 13)	08/2017	CRM ₁₉₇ carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
PPSV-23 (Pneumovax)	09/2020	isotonic saline solution, phenol
Rabies (Imovax)	10/2019	human albumin, neomycin sulfate, phenol red, beta-propiolactone
Rabies (RabAvert)	2018	chicken protein, polygeline (processed bovine gelatin), human serum albumin, potassium glutamate, sodium EDTA, ovalbumin, neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	01/2021 ^(b)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum

Vaccine (Trade Name)	Package Insert Date	Contains ^(a)
Rotavirus (Rotarix)	01/2021 ^(b)	dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids, L-glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan [Porcine circovirus type 1 (PCV1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]
Smallpox (Vaccinia) (ACAM2000)	03/2018	HEPES, 2% human serum albumin, 0.5 - 0.7% sodium chloride USP, 5% Mannitol USP, neomycin, polymyxin B, 50% Glycerin USP, 0.25% phenol USP
Td (Tenivac)	11/2019	aluminum phosphate, formaldehyde, sodium chloride
Td (TDVAX)	09/2018	aluminum phosphate, formaldehyde, thimerosal
Tdap (Adacel)	12/2020	aluminum phosphate, formaldehyde, 2-phenoxyethanol, glutaraldehyde
Tdap (Boostrix)	09/2020	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (Typhim Vi)	03/2020	formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, sodium chloride
Typhoid (Vivotif Ty21a)	9/2013	sucrose, ascorbic acid, amino acids, lactose, magnesium stearate, gelatin
Varicella (Varivax) Frozen	01/2021 ^(b)	sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, MRC-5 human diploid cells including DNA & protein, sodium phosphate monobasic, EDTA, neomycin, fetal bovine serum
Yellow Fever (YF-Vax)	2/2019	sorbitol, gelatin, sodium chloride
Zoster (Shingles) (Shingrix)	01/2021 ^(b)	sucrose, sodium chloride, dioleoyl phosphatidylcholine (DOPC), 3-O-desacetyl-4'-monophosphoryl lipid A (MPL), QS-21 (a saponin purified from plant extract <i>Quillaja saponaria</i> Molina), potassium dihydrogen phosphate, cholesterol, sodium dihydrogen phosphate dihydrate, disodium phosphate anhydrous, dipotassium phosphate, polysorbate 80, host cell protein and DNA

Abbreviations: DT = diphtheria and tetanus toxoids; DTaP = diphtheria and tetanus toxoids and acellular pertussis; Hep A = Hepatitis A; Hep B = Hepatitis B; Hib = *Haemophilus influenzae* type b; HPV = human papillomavirus; IPV = inactivated poliovirus; LAIV = live, attenuated influenza vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; MenB = serogroup B meningococcal vaccine; MMR = measles, mumps, and rubella; MMRV = measles, mumps, rubella, varicella; PCV13 = pneumococcal conjugate vaccine; PPSV23 = pneumococcal polysaccharide vaccine; Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.

^(a)All information was extracted from manufacturers' package inserts. The date shown in the Date column of the table is the edition date of the PI in use in January 2021 by month and year. In some cases, only a year was printed on the PI. If in doubt about whether a PI has been updated since this table was prepared, check the FDA's website at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>

^(b)The PI was not dated and this is the date the PI was reviewed for this table.

^(c)All influenza vaccine in this table are 2020-21 northern hemisphere formulation.

January 2021

Safe levels of Mercury/Thimerisol?

Thimerisol is almost 50% mercury by weight. Mercury is one of the most toxic substances on earth, after plutonium. Even low amounts—whether inhaled, eaten, or placed on the skin—can cause nervous system or brain damage. The American Academy of Pediatrics (AAP) policy states, ‘Mercury in all its forms is toxic to the fetus and children, and efforts should be made to reduce exposure to the extent possible to pregnant women and children as well as the general population.’²

Yet thimerisol has been one of the most widely used preservatives in vaccines, and though under pressure it has been removed from some vaccines, it is still in flu shots and others. (See excipient chart above).

For a full examination of the history and current amounts of thimerisol in vaccines, toxic levels, cumulative levels over time, ethyl mercury vs. methyl mercury, the connection to autism, summaries and citations of animal studies, epidemiological studies, human studies, the controversial Vaerstraten study, studies found to have conflicts of interest and flawed methodology, the controversial meeting at Simpsonwood and the subsequent coverup, see *Thimerosal: Let the Science Speak*, edited by Robert F. Kennedy, Jr., Skyhorse Publishing (2015).

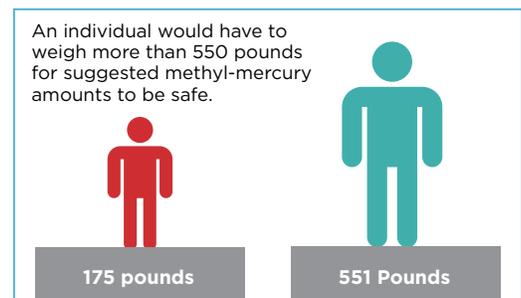
Kennedy notes that children born in 2002 who follow the CDC schedule may be injected with 225 micrograms of Thimerisol, and 112.5 micrograms of mercury, through their first six years of life.

Yet eating a 6 oz. can of tuna “overexposes” a child to mercury based on an [Environmental Protection Agency] RfD of 0.1 microgram per kilogram of body weight per day.³



A single Thimerisol-preserved flu vaccine contains 25 micrograms of ethylmercury. If the EPA Rfd for ingested methyl-mercury is applied to this injected ethylmercury figure, an individual would have to weigh more than 250 kilograms (551 pounds) for the 25 microgram exposure to be considered safe.⁴

Mercury levels in some Thimerisol containing vaccines are high enough to have EPA guidelines for discarding unused vials as hazardous waste.⁵



² Mayer Eisenstein, MD, JD, MPH, *Make An Informed Vaccine Decision*, p. 134, quoting Legal rights, “Thimerisol and autism symptoms resource: dangers of mercury, www.thimerisol-autism-symptoms.com/html/mercury.html (Aug. 11, 2009) and National Autism Association, “American Academy of Pediatrics (AAP) devotes little time to autism epidemic at October convention, Press release, September, 19, 2005.

³ Kennedy, *Thimerosal*, p. 56.

⁴ Kennedy, *Thimerosal*, p. 55, referencing Committee on Infectious Diseases and Committee on Environmental Health, American Academy of Pediatrics. Thimerisol in vaccines—an interim report to clinicians, *Pediatrics*, 1999, Sep; 104 (3) Pt 1):570-4.

⁵ Kennedy, *Thimerosal*, p. 43.

As Mark Hyman, M.D., founder and medical director of UltraWellness Center asks,

Would you expose the unborn child or infant of a loved one to a vaccine containing mercury, a known neurotoxin, if you knew there were other safer alternatives? Does it make sense that even though Thimerosal is banned as a topical antiseptic and considered hazardous waste that can't be legally thrown in the garbage, it is somehow safe to inject into pregnant women and babies?⁶

See also Niel Z. Miller, *The Vaccine Safety Manual*, New Atlantean Press (2010, 2017), for thousands of similar studies on thimerosal, aluminum and other aspects of vaccine safety.

Safe Levels of Aluminum?

Aluminum is a toxic metal in all forms and has no natural purpose in the body. It creates acute and chronic inflammation that can lead to numerous neurological pathologies, such as tics, seizures, brain inflammation, encephalitis, optical nerve damage, autism, and Alzheimer's. Aluminum has also been linked to cancer and autoimmune diseases like MS, allergies, asthma, IBS/IBD, Chron's disease, Chronic Fatigue Syndrome, fibromyalgia, lupus, and others. Aluminum accumulates in the body. Some individuals are more able to detoxify this element than others. Toxicity can increase with each vaccine given. Individuals have different "toxic tipping points." According to one study:

Aluminum in IV solutions has been shown to impair neurological development, with infants who received 45 micrograms/Kg/day compared to 5 micrograms/Kg/day having a reduced Bayley Mental Development Index of 1 point per day of exposure.⁷

 **The CDC schedule recommends 1000% the amount of aluminum allowed by the FDA as safe.**

The FDA (Food and Drug Administration) has had a ruling in place for the past decade not to exceed 5 micrograms/Kg/day of parenteral aluminum.

Parenteral means IV or IM (injected).

The CDC continues to ignore this data and ruling. The CDC vaccine schedule recommends the injection of 250 micrograms of aluminum to all newborns born in the USA which is more than 10x (1000%) of the maximum allowable dose of aluminum injected with the Hepatitis B vaccine per dose.⁸

⁶ Kennedy, *Thimerisol*, back cover.

⁷ Bishop NJ, Morley R, Day JP, Lucas A, Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions. *N. Eng. J Med* 1997;336:1557-1561.

⁸ Paul Thomas, MD, <https://www.paulthomasmd.com/research/vital-research-about-aluminum-toxicity-in-children> <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm> accessed 7/21/21. See also Thomas, Paul, MD, and Margulis, Jennifer, PhD *The Vaccine Friendly Plan*, Ballantine Books (2016), Appendix H.

This table shows the amount of aluminum in other common vaccines given to children and teenagers. All vastly exceed the safe amount.

From the **Institute for Vaccine Safety, John Hopkins Bloomberg School of Public Health**, Excipients in Vaccines per 0.5ml dose, table updated Jan. 15, 2021:⁹

Aluminum	Adjuvant	Adacel	Tdap	0.33 mg
Aluminum	Adjuvant	Bexsero	Meningococcal Group B	0.519 mg
Aluminum	Adjuvant	BioThrax	Anthrax	1.2 mg/mL
Aluminum	Adjuvant	Boostrix	Tdap	≤0.39 mg
Aluminum	Adjuvant	Daptacel	DTaP	0.33 mg
Aluminum	Adjuvant	DT	DT	1.5 mg aluminum phosphate
Aluminum	Adjuvant	Engerix-B	HepB	0.5 mg/mL
Aluminum	Adjuvant	Gardasil	HPV	225 mcg
Aluminum	Adjuvant	Gardasil 9	HPV	500 mcg
Aluminum	Adjuvant	Havrix	HepA	0.5 mg/mL
Aluminum	Adjuvant	Infanrix	DTaP	≤0.625 mg
Aluminum	Adjuvant	Ixiaro	Japanese Encephalitis	250 mcg aluminum hydroxide
Aluminum	Adjuvant	Kinrix	DTaP+IPV	≤0.6 mg
Aluminum	Adjuvant	Pediarix	DTaP+HepB+IPV	≤0.85 mg
Aluminum	Adjuvant	PedvaxHIB	Hib+HepB	225 mcg
Aluminum	Adjuvant	Pentacel	DTaP+IPV+Hib	0.33 mg
Aluminum	Adjuvant	Prevnar 13	Pneumococcal 13-valent	125 mcg
Aluminum	Adjuvant	Quadracel	DTaP+IPV	0.33 mg
Aluminum	Adjuvant	Recombivax HB	HepB	0.5 mg/mL
Aluminum	Adjuvant	Td (generic)	Td	≤0.53 mg
Aluminum	Adjuvant	Tenivac	Td	0.33 mg
Aluminum	Adjuvant	Trumenba	Meningococcal Group B	0.25 mg
Aluminum	Adjuvant	Twinrix	HepA+HepB	0.45 mg
Aluminum	Adjuvant	Vaqta	HepA	0.45 mg

For a more extensive examination, see [Physicians for Informed Consent Aluminum Vaccine Risk Statement](#):

The greatest negative effects of aluminum have been observed in the nervous system and range from motor skill impairment to encephalopathy (altered mental state, personality changes, difficulty thinking, loss of memory, seizures, coma, and more).

The U.S. Department of Health and Human Services (HHS) recognizes aluminum as a known neurotoxin. In addition, the FDA has warned about the risks of aluminum toxicity in infants and children.¹⁰

⁹ <https://www.vaccinesafety.edu/components-Excipients.htm> This table is recommended by the CDC on the Vaccine Excipients Table, <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

¹⁰ <https://physiciansforinformedconsent.org/aluminum-in-vaccines/>

Aborted Fetal Cell DNA in Vaccines

There are scientific risks of injecting residual foreign human material into human beings

Studies show risks associated with injections using human DNA cell lines¹¹

Insertional Mutagenesis and Autoimmunity Induced Disease Caused by Human Fetal and Retroviral Residual Toxins in Vaccines

Peter Jarzyna, Ph.D., Ngoc V. Doan, B.S., Theresa A. Deisher, Ph.D.

This published paper aims to inform vaccine manufacturing and cell substrate residual contaminant levels, insertional mutagenesis and autoimmunity and the relationship these pathological processes to current childhood disease epidemics including autistic disorder, leukemia, lymphoma, intellectual disability, schizophrenia and bipolar disorder.

Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence

Theresa A. Deisher, Ph.D., Ngoc V. Doan, B.S., Kumiko Koyama, B.S., Sarah Bwabye, B.S.

Changepoint analysis of autism disorder demonstrates a temporal correlation with events associated with human DNA residuals in vaccines. The levels of residual DNA are well over FDA-recommended limits.

There are valid religious, ethical, and moral objections to human tissue being used to make injections and the human trafficking it necessitates.

Are there new cell lines using aborted fetuses being developed currently?

Yes. New human cells lines are being developed, particularly in China, where most vaccine production is based nowadays.¹²

Are there links between the vaccine industry and the abortion industry?

Yes. Tanya Foster, MA, has done years of research on this topic. See her white paper: [Abortion, the Human Fetal Cell Industry and Vaccines](#).¹⁴ See also [Are Aborted Fetal Cell Lines Used in Vaccine Manufacturing?](#)¹⁵

Dr. Theresa Deisher, PhD, is the President and Founder of Sound Choice Pharmaceutical Institute, a non-profit organization with a mission to end human trafficking and exploitation for the purposes of biomedical research and commercial products. She has over 30 years of pharmaceutical research accomplishments. She leads a team of scientists at AVM Biotechnology dedicated to changing what a diagnosis of cancer, autoimmunity, or chronic infectious diseases means to patients and their loved ones. As a result of this work, Dr. Deisher is named as an inventor of over 47 patents.¹³



¹¹ <https://soundchoice.org/insertional-mutagenesis-autoimmunity-induced-disease-caused-by-human-fetal-and-retroviral-toxins/>

¹² <https://pubmed.ncbi.nlm.nih.gov/25803132/>

WHO | China enters the global vaccine market <https://www.who.int/bulletin/volumes/92/9/14-020914/en/>

Diploid cells (WI-38, MRC5) vaccines have their origins in induced abortions: <https://pubmed.ncbi.nlm.nih.gov/18611078/>

¹³ See www.soundchoice.org

¹⁴ <https://avoicetotruth.com/wp-content/uploads/2019/11/White-Paper-Abortion-Human-Fetal-Cell-Industry-Vaccines.pdf>

¹⁵ <https://soundchoice.org/vaccines/>

Aborted Fetal Cell Line Products Licensed in USA and Canada and Non-Fetal Alternatives

Disease	Product Name	Manufacturer	Fetal Cell Line	None-fetal Version	Manufacturer	Cell Line
Adenovirus Type 4 and Type 7	Adenovirus Type 4 and Type 7 Vaccine, Live, Oral	Barr Labs	WI-38	None	--	--
Chickenpox	All Varivax, Varilrix	Merck, GSK	WI-38, MRC-5	None	--	--
Cystic Fibrosis	Pulmozyme	Genetech	HEK-293	N-acetylcysteine, Hypen-sat	Various	--
Anemia (Cancer Patients, severe kidney disease)	Procrit, Epoetin alfa, Epogen, Aranesp, Darbepoetin alfa	Amgen	Human erythropoietin gene from fetal liver lambs da.h1L'	None	--	--
Ebola - Approved 2020	Advac, VSV-EBOV	J&J/ Cruc, BioProt	PER CG, HEK-293	Envebo (rVSV-ZEROV) GOVOK-E301, E-302	Merck, GenVax, New Link	Vero Egg
Prevention of angioplasty thrombolysis	Abciximab (Repro)	EL Lilly	HEK-293	Integrilin, Angiomax	Merck, Medicine Co.	--
Hemophilia	rhFVI, Nuqig, Eloctate	Octapharma, BioGen	HEK-293	Advate, Kogenate	Baxter	Hamster
Hepatitis A	Vagta, Havri Avaxim, Epaxal	Merck, GSK Sanofi, Berna	MRC-5	Almmugen	Kaketsuken (Japan Only)	Vero (monkey)
Hepatitis A & B Hepatitis A & Typhoid	Twintix Vivasim	GSK Sanofi	MRC-5	Engerix Hep-B Only, Recombivax Hep-B, TyphimVI	GSK Merck	Yeast
Variety (cancer/autoimmune, etc)	G-CSF	Assorted	HEK-293	Neupogen, Zanol	Amgen, Sandoz	E-coli
Measles-Mumps-Rubella	MMR, Priorix	Merck, GSK	RA273, WI-38, MRC-5	MR+M (Japan only)	Mitsubishi, Kitasato	Egg, rabbit
Measles-Rubella	MR Vax, Eolarix	Merck, GSK	RA273, WI-38, MRC-5	Atenuvax (Measles Only) A/M-C + R, Tanabe + R (Japan)	Merck Kitasato, Mitsubishi	Egg, rabbit
Mumps-Rubella	Buvax II	Merck	RA273, WI-38	Mumpsvax (Mumps only)	Merck	Egg
Rubella	Miruvax II	Merck	RA273, WI-38	Matsura, Takahashi (Japan)	Mitsubishi, Kitasato	Egg, rabbit
MMR + Chickenpox	ProQuad/MMR-V, Priorix Tetra	Merck, GSK	RA273, WI-38, MRC-5	None	--	--
Polio	Poliovax, DT PolAds Polio Sabin (oral)	Sanofi Pasteur, GSK	MRC-5	IPOL, IMOVAX® Polio	Sanofi Pasteur	Vero
Polio Combination (DTaP, Polio, Hib)	Polivax, DT PolAds Polio Sabin (Oral)	Sanofi Pasteur, GSK	MRC-5	Pediacel, Pediarix, Infanrixhexa, InfanrixIPV/Hib, Vaxelis, Kinrix	Sanofi, GSK	Vero
Rabies	Imovax	Sanofi Pasteur	MRC-5	RabAvert	GSK	Egg
Rheumatoid Arthritis	Enbrel	Amgen	WI-26, VAA - rDNA	Humira, Cimzia, Orencia	Abbott, UCB, BMS	Hamster
Shingles	Zostavax	Merck	WI-38, MRC-5	Shingrix	GSK	Hamster
Smallpox	Acambis 1000	Acambis	MRC-5	ACAM2000, MVA3000	K Acambis/Baxter	Egg, rabbit

Studies and chart are prepared by Sound Choice Pharmaceutical Institute, President and Founder, Dr. Theresa Deisher, PhD, and are reprinted with permission.

Not all ingredients are disclosed on package inserts

Some ingredients are trade secrets and kept confidential. The FDA does not require vaccine manufacturers to make public every ingredient in a vaccine—some may be kept secret. This is documented on page 71 and page 77 of the 6th edition of the textbook *Vaccines* by Plotkin, Orenstein and Offit:

For the purposes of this chapter, the term additives refers to materials that are added to the immunogen by the manufacturer for a specific purpose. Additives include adjuvants, preservatives (i.e., antimicrobial agents), stabilizers, as well as materials that are added to affect pH and isotonicity. In addition to additives, vaccines contain residuals that remain from the licensed manufacturing process. The final formulation—immunogen plus additives and residuals—defines the specific vaccine; although not all manufacturing residuals can be identified and quantified, their presence and quantity is assumed to be constant because of the constancy of the manufacturing process. **Some information regarding additives and residuals is considered to be a trade secret and thus confidential, and cannot be discussed in this chapter.**

Stanley A. Plotkin MD, Walter Orenstein MD DSc (HON), Paul A. Offit MD, *Vaccines: Expert Consult – Online and Print (Vaccines (Plotkin) 6th Edition, Saunders (2012).*

Lead author **Stanley Plotkin** is a paid consultant to Sanofi Pasteur, GlaxoSmithKline, Merck, Pfizer, Inovia Pharmaceuticals, Variations Bio, Takeda Pharmaceutical Company, Dynavax Technologies, Serum Institute of India, CureVac, Valneva SE, Hookipa Pharma, and NTxBio. Vaxconsult gives advice to vaccine developers. He is considered by some to be the “godfather of vaccines.”



So how do we know what the ingredients really are in these vaccines and if they are safe?

3

Vaccines are not safety tested according to control group studies like other drugs



Vaccines are only tested against other vaccines not saline placebos

None of the vaccines on the U.S. CDC recommended childhood vaccine schedule were tested against an inert saline placebo in clinical trials.¹

There is a paucity of studies comparing never vaccinated children, with partially or fully vaccinated children. In terms of safety studies, a major issue is that most vaccine studies use another vaccine as the control placebo, or use the background substance of the vaccine. There is only one recent study (Cowling 2012) where a true saline placebo was used, rather than another vaccine or the carrier fluid containing everything except the main antigen. That study showed no difference in influenza viral infection between groups but astonishingly it revealed a 5-6 times higher rate of non-influenza viral infections in the vaccinated.²



Dr. Suzanne Humphries, MD, Internist and Board Certified Nephrologist

In order for us to really know if children who were vaccinated are having an adverse effect from a vaccine, we have to use a placebo group that's given an injection of maybe normal saline to evaluate whether or not they developed the same symptoms that children who were vaccinated may develop after they're injected with the vaccine.

Those studies are not done. They're not done because the conventional medical system says it's unethical to leave kids unvaccinated for any length of time. But, most of the vaccine safety studies that are being done last anywhere between one and four weeks anyway. The



Dr. Lawrence B. Palevsky, MD, Pediatrician

¹ Vaccine Makers Do Not Use Placebos to Test the Safety of Their Vaccines

<https://childrenshealthdefense.org/vaccine-secrets/video-chapters/vaccine-makers-do-not-use-placebos-to-test-the-safety-of-their-vaccines-for-kids/>

² "Doctors Against Vaccines – Hear From Those Who Have Done the Research", June 7, 2015 by Joel Edwards

Last updated on: April 23, 2018 <https://www.organiclifestylemagazine.com/doctors-against-vaccines-hear-from-those-who-have-done-the-research>

kids are followed within those one to four weeks. Then, they're not followed in a very detailed way to recognize whether any of their health outcomes could be related to the vaccine that they got one to four weeks ago.

What ends up happening is they compare the incidence rates of these vaccine reactions or these symptoms that kids get after they're vaccinated to how often those symptoms are seen in the general population, to check and see if this vaccinated group is in any way getting an increased incidence of these symptoms than the general population would get. But the fact of the matter is *that the general population is vaccinated, so they're comparing a vaccinated group with a vaccinated group.*³

Package inserts reveal clinical testing data

Substances used to compare with the vaccine being tested can be found in the clinical testing data provided on package inserts (prescribing information) of every US approved vaccine. This data can be found on the [FDA website](#) by selecting [Vaccines Licensed for Use in the United States | FDA](#).⁴

**If vaccines are not tested using control group studies,
only against other vaccines, how do we know they are safe?**

³ <https://www.organiclifestylemagazine.com/doctors-against-vaccines-hear-from-those-who-have-done-the-research>

⁴ [.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)

4

1986 law removed liability from vaccine manufacturers



In 1986, Congress passed the National Childhood Vaccine Injury Act freeing companies from liability for injuries resulting from childhood vaccines.

H.R.5546 - 99th Congress (1985-1986): National Childhood Vaccine Injury Act of 1986 | Congress.gov | Library of Congress

MAY 16, 2019

NCVIA: The Legislation that Changed Everything—Conflicts of Interest Undermine Children’s Health: Part II

By Children’s Health Defense Team



The National Childhood Vaccine Injury Act in 1986 freed pharmaceutical companies from liability for injuries resulting from childhood vaccines—“no matter how toxic the ingredients, how negligent the manufacturer or how grievous the harm.”

In 1986, President Ronald Reagan signed into law a piece of legislation called the National Childhood Vaccine Injury Act (NCVIA), crafted by then-Representative Henry Waxman (now a health industry lobbyist). According to the *New York Times*, President Reagan “said he had approved the bill ‘with [mixed feelings](#)’”—despite his own Justice Department urging him to veto the Act.

With the stroke of a pen, Congress essentially abolished vaccine injury lawsuits against vaccine manufacturers...

The NCVIA radically altered the vaccine policy landscape in the United States. The Act was Congress’s response to intense pressure from vaccine industry lobbyists seeking protection from lawsuits related to the [infamously brain-damaging](#) diphtheria, whole-cell

pertussis and tetanus (DPT) vaccine. The industry’s lobbying efforts paid off in spades. Replacing judicial action with a more circumscribed “[alternative remedy](#)... for specified vaccine-related injuries,” the Act created the National Vaccine Injury Compensation Program (NVICP), funded by taxpayers through an excise tax on childhood vaccines. With the stroke of a pen, Congress essentially abolished vaccine injury lawsuits against vaccine manufacturers (and health providers), while creating an administrative mechanism (subsequently nicknamed “[vaccine court](#)”) from which individuals could seek—but not necessarily obtain—redress for vaccine injuries through “Special Masters” designated to serve as arbiters.

The NCVIA gave pharmaceutical companies what amounted to [blanket immunity](#) from liability for injuries resulting from childhood vaccines—“no matter how toxic the ingredients, how negligent the manufacturer or [how grievous the harm](#)”—while also exempting companies from the transparency and document discovery normally associated with litigation.

Summarizing the legislation’s far-reaching [implications](#), Robert F. Kennedy, Jr. has stated: *“That extraordinary law eliminated a principal cost associated with making...drugs and left the industry with little economic incentive to make vaccines safe. It also removed lawyers, judges and courts from their traditional roles as guardians of vaccine safety. Since the law’s passage, industry revenues have skyrocketed from \$1 billion to \$44 billion.”*

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The HHS has lost a major lawsuit for failing to perform safety studies and reports for the last 30 years.

The National Childhood Vaccine Injury Act of 1986 compels DHHS to take responsibility for improving efficacy and safety of vaccines; and charges them with continuous monitoring and improving of adverse event reporting. The DHHS is also tasked with providing a report on improvements by the Mandate for Safer Childhood Vaccine clause to the Congress at least every 2 years.

The DHHS has failed to meet even the most basic aspects of these important duties entrusted to them by failing to file a single report for the past three decades.¹

Are Health Care Providers Following the Law?

Specifically, the National Childhood Vaccine Injury Act of 1986 Act mandates:

- that “health care providers who administer a vaccine” must give the patient or a child’s legal representative “a copy of the information materials” developed by the

¹ <https://www.worldhealth.net/news/rfk-jr-wins-case-against-government-vaccine-safety-violations/>

Centers for Disease Control “prior to the administration” of a vaccine ([Vaccine Information Statements](#)).^{2,3}

The 1986 law also requires each person administering a vaccine to “ensure that there is recorded in such person’s permanent medical record or in a permanent office log or file to which a legal representative shall have access upon request” certain information:

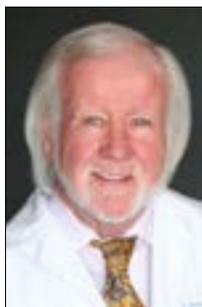
- the date of administration of the vaccine;
- the vaccine manufacturer and lot number of the vaccine; and
- the name and address and, if appropriate, the title of the health care provider administering the vaccine.

Additionally, they are required by law to:

- report any “occurrence of any event set forth in the [Vaccine Injury Table](#), any contraindicating reaction to a vaccine which is specified in the manufacturer’s package insert, and such other matters as the Secretary may by regulation require.”⁴

Does your health care provider give you the Vaccine Information Statement, screen you for your history with vaccines according to precautions listed on the package insert, write down the manufacturer’s name and lot # of the vaccine in your chart, give a copy to you, and carefully document and report to VAERS any adverse reactions you report, especially those that are listed on the package insert and Vaccine Injury Table?

Dr. David Denton Davis, MD, charter member of the American College of Emergency Physicians (ACEP), says this:



To date I have asked many well-known emergency physicians the meaning of VAERS with no correct answers. No one knew anything about our vaccine adverse reporting system.⁵



And also:

Doctors and nurses, who fail to disclose proposed vaccine benefits with risks associated with aluminum injections will likely find themselves at legal risk.⁶

² 442 U.S.C. United States Code, 2016 edition, Title 42 – The Public Health and Welfare Chapter 6A – Public Health Service... Vaccine information <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap6A-subchapXIX-part2-subpartc-sec300aa-26.htm>

³ CDC. Vaccine Information Statements (VISs): Required Use. July 28, 2020 <https://www.cdc.gov/vaccines/hcp/vis/about/required-use-instructions.html>

⁴ <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap6A-subchapXIX-part2-subpartc-sec300aa-25.htm>

⁵ *Who Can Parents Trust? Vaccines: Avoidable and Unsafe*, Balboa Press (2018), p. 94.

⁶ *Ibid*, p. 124.

5

Increased childhood schedule since 1986—from 5 doses in 1960 to 72 doses in 2018



Children already receive this expanded number of doses of vaccines. Now covid-19 experimental injections will be added to the schedule? How many more?

VACCINES DOSES for U.S. CHILDREN

1962	1983	2018	
TOTAL DOSES: 5	TOTAL DOSES: 24	TOTAL DOSES: 72	
Polio	DTP (2 months)	Influenza (pregnancy)	Influenza (18 months)
Smallpox	OPV (2 months)	DTaP (pregnancy)	Hep A (18 months)
DTP	DTP (4 months)	Hep B (birth)	Influenza (30 months)
	OPV (4 months)	Hep B (2 months)	Influenza (42 months)
	DTP (6 months)	Rotavirus (2 months)	DTaP (4 years)
	MMR (15 months)	DTaP (2 months)	IPV (4 years)
	DTP (18 months)	HB (2 months)	MMR (4 years)
	OPV (18 months)	PCV (2 months)	Varicella (4 years)
	DTP (4 years)	IPV (2 months)	Influenza (5 years)
	OPV (4 years)	Rotavirus (4 months)	Influenza (6 years)
	Td (15 years)	DTaP (4 months)	Influenza (7 years)
		HB (4 months)	Influenza (8 years)
		PCV (4 months)	Influenza (9 years)
		IPV (4 months)	HPV (9 years)
		Hep B (6 months)	Influenza (10 years)
		Rotavirus (6 months)	HPV (10 years)
		DTaP (6 months)	Influenza (11 years)
		HB (6 months)	HPV (11 years)
		PCV (6 months)	DTaP (12 years)
		IPV (6 months)	Influenza (12 years)
		Influenza (6 months)	Meningococcal (12 years)
		Influenza (7 months)	Influenza (13 years)
		HB (12 months)	Influenza (14 years)
		PCV (12 months)	Influenza (15 years)
		MMR (12 months)	Influenza (16 years)
		Varicella (12 months)	Meningococcal (16 years)
		Hep A (12 months)	Influenza (17 years)
		DTaP (18 months)	Influenza (18 years)

*In 1986, pharmaceutical companies producing vaccines were given full federal protection from lawsuits resulting from vaccine injury or death via the Childhood Vaccine Injury Act passed by Congress. If vaccines are so safe, why did they need a law to protect from liability?

After this law, vaccines became HIGHLY profitable. There are almost 300 vaccines in development, and mandatory vaccine laws for children — and ADULTS — being pushed in most states.

The U.S. gives 2-3x more vaccines to children than most developed countries, yet we have sky rocketing rates of childhood issues that are NOT seen in other countries. Things like asthma, childhood diabetes, food allergies, childhood leukaemia, developmental delays, tics, ADHD, autism, lupus, arthritis, eczema, epilepsy, Alzheimers, brain damage, etc. . . . It's NOT a coincidence.

Vaccines contain toxic chemicals that do NOT belong in our bodies, such as aluminum (known to cause brain and developmental damage even in small doses), polysorbate 80, MSG and formaldehyde (known to cause cancer in humans).¹

¹ Courtesy of <http://learntherisk.org>

No safety studies have been done on the cumulative effect of toxins

Dr. Mayer Eisenstein, MD, JD, MPH:

The current schedule of CDC recommended vaccines is so crowded that doctors administer several shots during a single office visit...

Parents and doctors often forget that vaccines are drugs. Each one contains a unique blend of chemicals, pathogens and other foreign matter. Imagine ingesting eight or nine drugs all at one time. That's what babies get when they visit the pediatrician. In fact, these babies are not ingesting the drugs; instead, the drugs are being injected directly into their tiny bloodstreams. How often do we, as adults, ingest, (or receive by injection!) eight drugs at the same time? Would we be more surprised if we did or did not have an adverse reaction?

Then why are so many vaccines given at the same time?

... Authorities believe that parents are less likely to fully vaccinate their children if they have to make extra trips to the doctor's office. However, vaccine manufacturers are not required to test their products in all of the various combinations that they are likely to be used. For example, toddlers can receive DTaP, MMR, hepatitis A and B, Hib, pneumococcal, polio, flu, and chickenpox vaccines during a single doctor visit—even though *this combination of drugs was never tested for safety or efficacy*. Some children are also taking medications for other ailments. However the vaccines that they receive were not tested in combination with these drugs.

In addition, vaccines are not adjusted for the weight of the child; a 6 pound baby receives the same dose of hepatitis B—with the same amount of aluminum and formaldehyde—as a 12 pound toddler.

It is also important to note that babies are not screened prior to vaccination to determine which ones may be more susceptible to an adverse reaction. Yet there is ample evidence showing that when two or more drugs are taken together, this could magnify the potential for a serious adverse reaction.¹

It has never been proven safe to administer these powerful drugs in combination.

¹ Eisenstein, Mayer, MD, JD, MPH with Niel Miller, *Make An Informed Vaccine Decision: For the Health of Your Child*, New Atlantean Press (2010), p. 199-200.

6

Injury rates according to VAERS and Harvard studies



Vaccines CAN and DO cause injuries. The message that vaccine injuries are rare is not supported by facts.

Doctors, nurses and patients are told that vaccine injuries are “rare,” or something like 1 in a million. They are taught to recognize certain acute side effects such as localized pain and swelling, low grade fever or anaphylactic shock. Yet there are hundreds of other side effects and illnesses associated with vaccine injury such as encephalopathy (brain damage), seizures, chronic arthritis, neurodevelopmental disorders including autistic regression:

- reported during clinical trials as reported on package inserts
- reported by recipients and their families to the [Vaccine Adverse Event Reporting System \(VAERS\)](#)
- reported by emergency room doctors¹ and nurses² and in studies of ER deaths³
- acknowledged by the National Vaccine Injury Compensation Program in its [Vaccine Injury Table](#)⁴
- acknowledged by the National Vaccine Injury Compensation Program—4.5 billion dollars have been paid out to victims
- a major HHS study involving data records from Harvard Pilgrim HMO and 715,000 patients revealed that the VAERS system captures less than 1% of actual events

The HHS-sponsored study by the Agency for Healthcare Research and Quality Harvard Pilgrim

This large scale study found that vaccine injuries, when tracked using electronic medical records occur in:

one in thirty-nine vaccines given

¹ See David Denton Davis, MD, *Who Can Parents Trust: Vaccines: Avoidable and Unsafe*, Balboa Press (2018), for his analysis of emergency room vaccine injuries he and his colleagues have encountered.

² ER Nurse tells story of vaccine injuries <https://www.organiclifestylemagazine.com/nurses-against-vaccines>

³ <https://www.ncbi.nlm.nih.gov/pubmed/27893129>, <https://pubmed.ncbi.nlm.nih.gov/23465404/>

⁴ <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/d/injury-table.pdf>

See the whole study here:

[Electronic Support for Public Health - Vaccine Adverse Event Reporting System \(ESP:VAERS\) \(Massachusetts\) | AHRO Digital Healthcare Research: Informing Improvement in Care Quality, Safety, and Efficiency](#)

The goal of the study was to improve the woefully inadequate passive reporting system now current. They found that:

**Adverse events from vaccines are common but underreported:
less than one percent are reported to VAERS**

The main objectives of this project were to:

1. Identify required data elements and develop systems to monitor ambulatory care EMRs for adverse events following vaccine administration.
2. Prepare and securely submit clinician approved, electronic reports to the national Vaccine Adverse Event Reporting System (VAERS).
3. Comprehensively evaluate ESP: VAERS performance in a randomized trial and compare it with existing VAERS and Vaccine Safety Datalink data.
4. Distribute documentation and application software developed and refined in 1 and 2 that are portable to other ambulatory care settings and to other EMR systems.

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients. A total of 1.4 million vaccine doses (of 45 different vaccines) were given to 376,452 individuals.

**Of these doses, 35,570 possible reactions
(2.6 percent of vaccinations) were identified**

This is an average of 1.3 events per clinician per month. The team concluded: **that it is possible to automatically detect adverse events in defined ways, and to electronically report them to VAERS.**

But, Robert F. Kennedy Jr. explains exactly what happened as a result of this study. The CDC panicked, and rejected proposals to update their tracking system to reflect real world data.

The entire article originally published on the Children's Health Defense website is reproduced here:

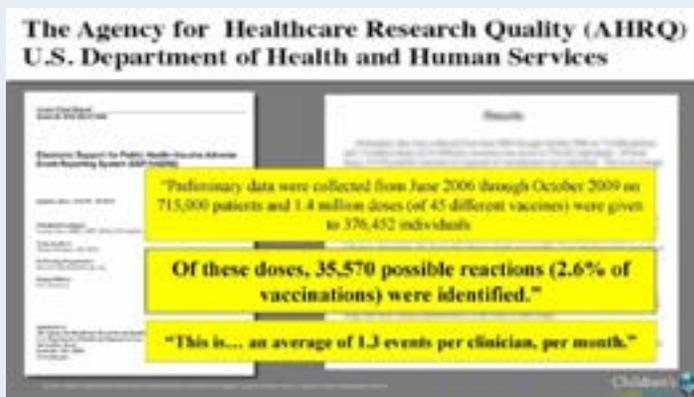
OCTOBER 10, 2019

Vaccine Injuries Ratio: One for every 39 Vaccines Administered

By Robert F. Kennedy, Jr.



During our September 18 debate, Spectrum TV host Renee Eng asked Kaiser's, Dr. Robert Riewerts, how many vaccine injuries he had seen during his 30 years as a Pediatrician. His answer: "None, not a single one."



Slide 1. A 2010 HHS pilot study by the AHCR.

Slide 1 shows a 2010 U.S. Health and Human Services (HHS) pilot study by the Federal Agency for Health Care Research (AHCR) to test the efficiency of a state-of-the-art machine counting (AI) system on data records from the Harvard Pilgrim HMO. Those government researchers found that 2.6% of vaccination resulted in injuries—a ratio one for every 39 vaccines administered. The same study found that typical clinicians see 1.3 vaccine injuries per month.

Source: <https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>

The image shows a screenshot of a table from HHS's 2016 Neiss-Cades survey. The table is titled "Table 2. Emergency Department Visits for Drug-Induced Adverse Drug Reactions, 2010-2014". A yellow arrow points to a cell in the table with the text: "19.5% of drug-induced emergency room visits by children are vaccine-induced." The table columns include "Drug", "Number of ED Visits", "Percentage of Total ED Visits", "Percentage of Total ED Visits by Age Group", and "Percentage of Total ED Visits by Sex". The "Drug" column lists various medications, and the "Number of ED Visits" column shows the count for each. The "Percentage of Total ED Visits" column shows the percentage of total ED visits for each drug. The "Percentage of Total ED Visits by Age Group" column shows the percentage of total ED visits for each drug by age group (0-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+). The "Percentage of Total ED Visits by Sex" column shows the percentage of total ED visits for each drug by sex (Male, Female).

Slide 2. A table from HHS's 2016 Neiss-Cades survey published in JAMA

Slide 2 is a table from HHS's 2016 Neiss-Cades survey published in JAMA reporting an astonishing 19.5% of children under five who are admitted to emergency rooms for drug reactions are suffering vaccine injuries. This finding certainly represents an undercount since pediatric hospitals, which treat most serious injuries, were badly underrepresented in the database, (Only six of 63 hospitals surveyed).

Source: <https://www.ncbi.nlm.nih.gov/pubmed/27893129>

How is it then that Dr. Riewerts has given thousands of vaccines and never seen an injury?

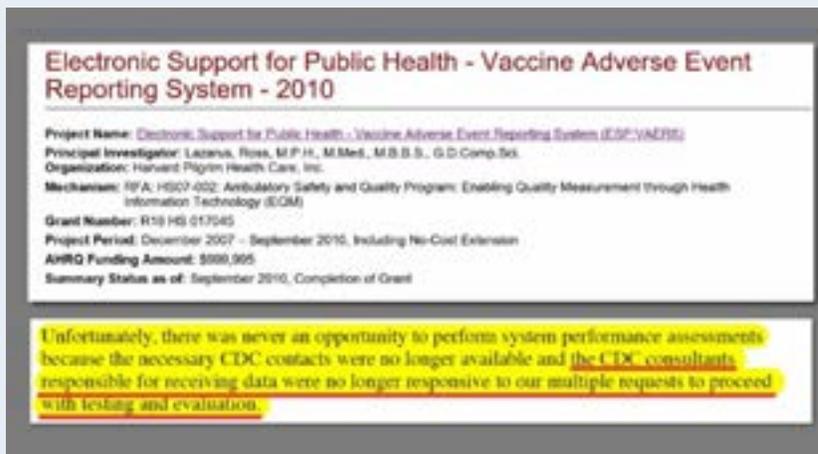
Medical schools—largely funded by Pharma, do not teach doctors to recognize vaccine injuries, and indoctrinate pediatricians to believe such injuries don't exist. CDC tells doctors that vaccine injury is vanishingly rare. Therefore, Pediatricians like Dr. Riewerts whose patients suffer vaccine injury like seizures, epilepsy, allergies, autoimmune and neurological injuries, or SIDS, are likely to dismiss those incidents as "sad coincidences" unrelated to vaccines and never report them to VAERS.

The image shows a screenshot of a slide titled "Electronic Support for Public Health-Vaccine Adverse Event Reporting System (ESPV-VAERS)". The slide contains text: "According to an HHS funded study: Adverse events from drugs and vaccines are common but underreported... Likewise, fewer than 1% of vaccine adverse events are reported." The slide also includes a logo for the "U.S. Department of Health and Human Services" and the "Centers for Disease Control and Prevention".

Slide 3. AHCR confirmed these assessments, finding that “fewer than 1% of vaccine injuries were reported.”

Indeed, HHS commissioned the AHCR pilot study in response to criticism that vaccine injuries were horribly underreported. AHCR confirmed these assessments, finding that “fewer than 1% of vaccine injuries were reported.”

Source: <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>



Slide 4. CDC terminated the system-wide roll-out and stopped returning phone calls from their sister agency.

Slide 4 shows that CDC officially were so panicked by AHRC’s revelations that they killed the AI system-wide roll-out and stopped returning phone calls from their sister agency. Today, CDC purposefully continues to use a surveillance system designed to under-count vaccine injuries by over 99%!

Source: <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

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[Vaccine Injuries Ratio: One for Every 39 Vaccines Administered • Children’s Health Defense](#)

Neurological, developmental, and chronic disorders in children have skyrocketed since 1986

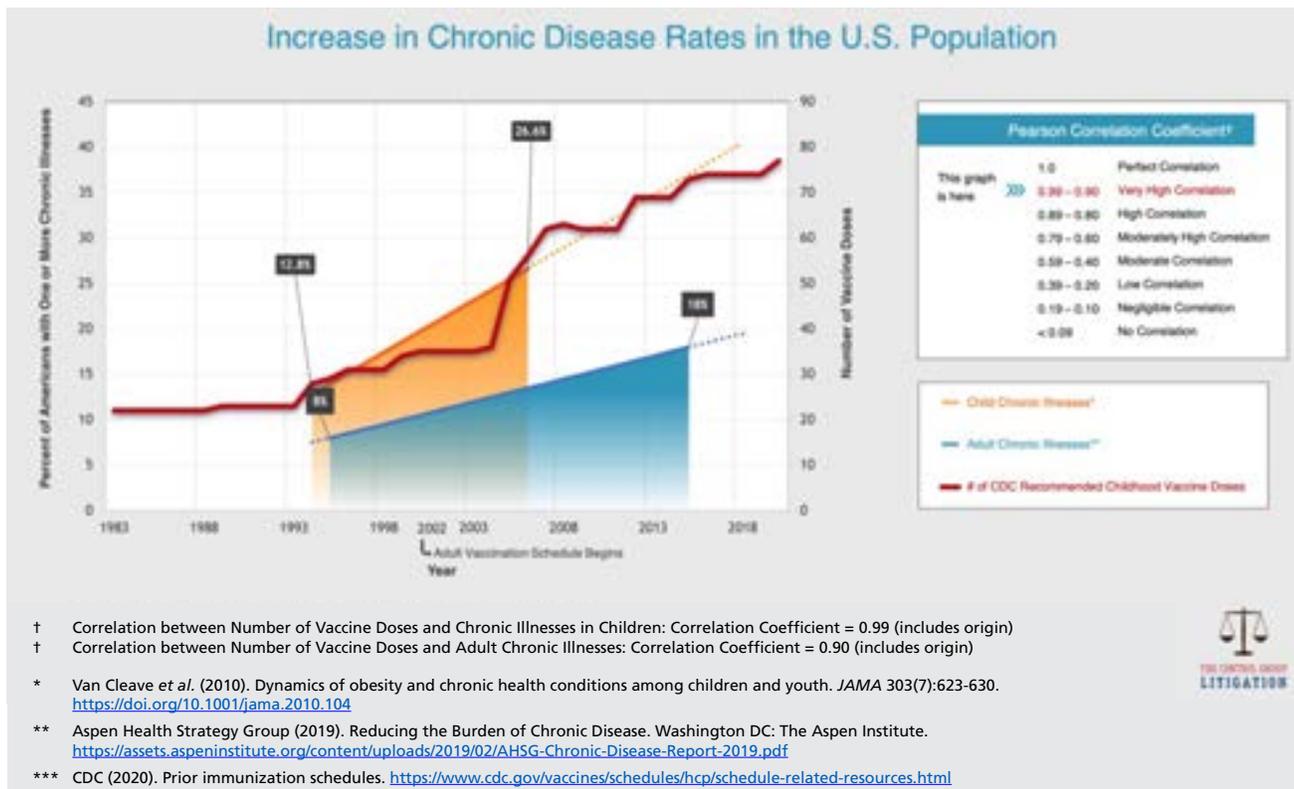
In 1965, 4% of the US population had a chronic disease.

Chronic disease increased significantly among children ages 7 and 11 as measured in a longitudinal study between 1988 and 2006.

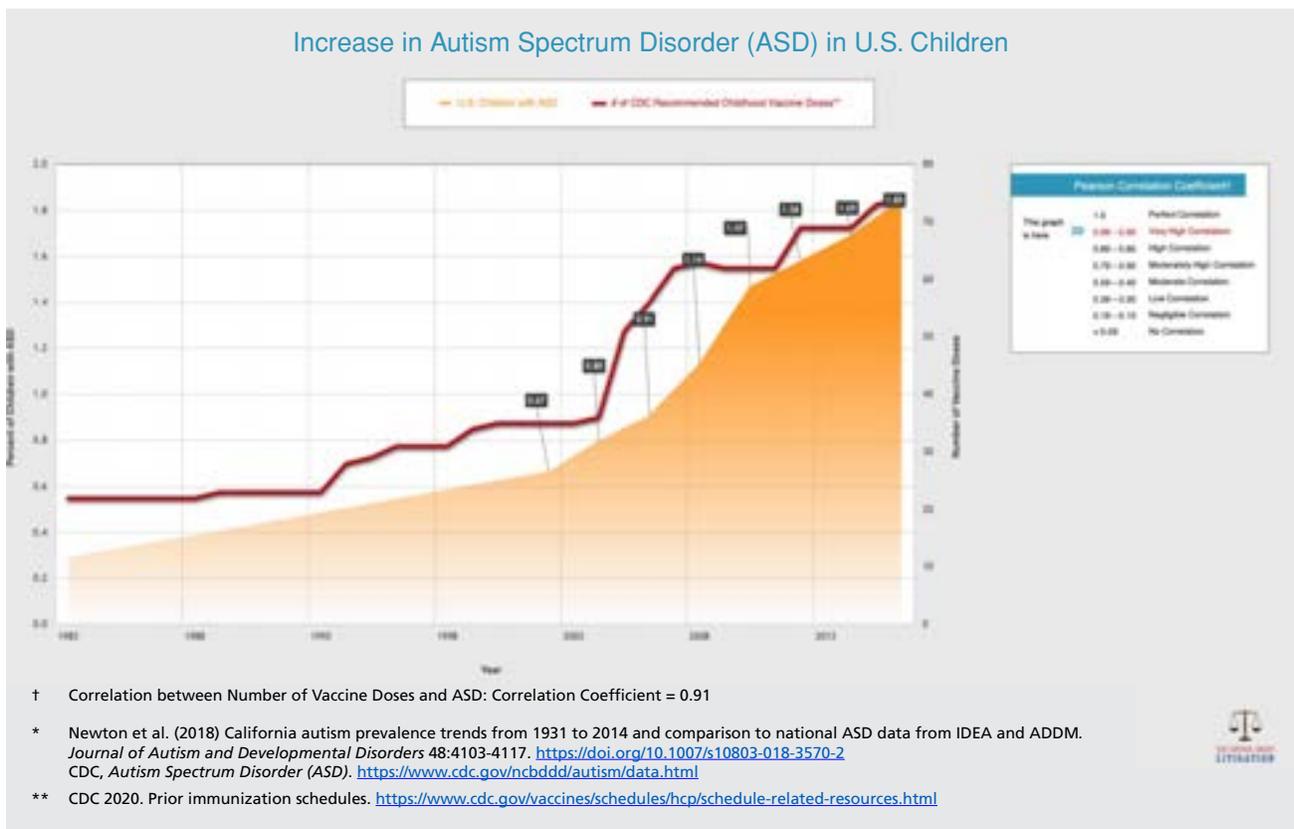
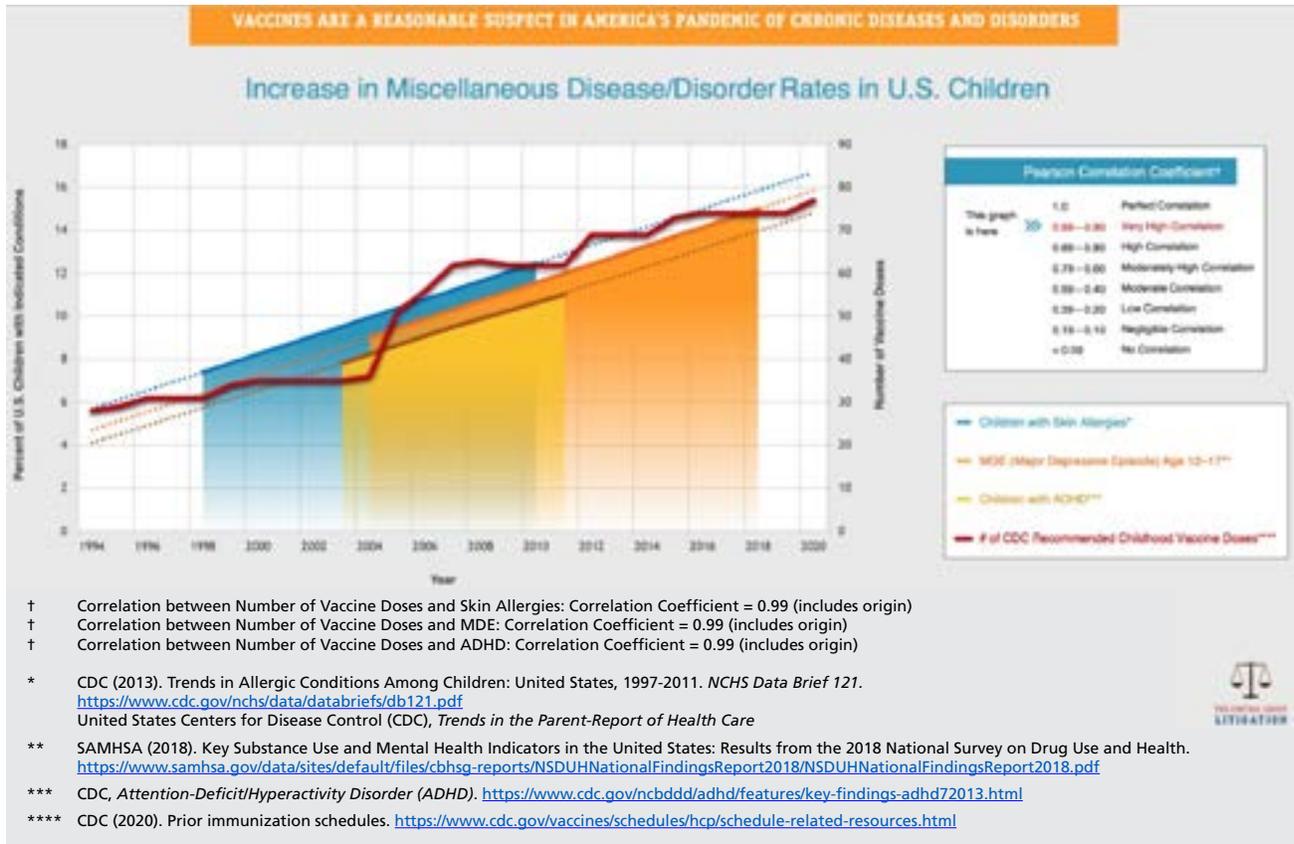
The number of children with chronic disease had grown to 54% by 2011 among the vaccine generation.⁵

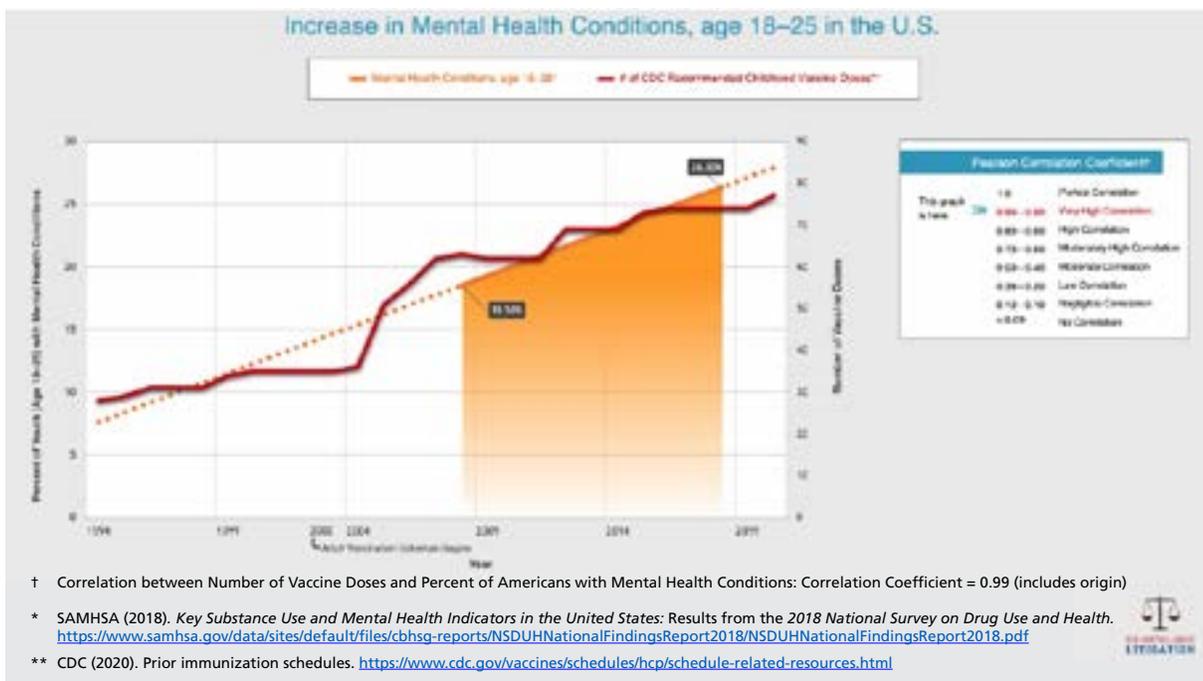
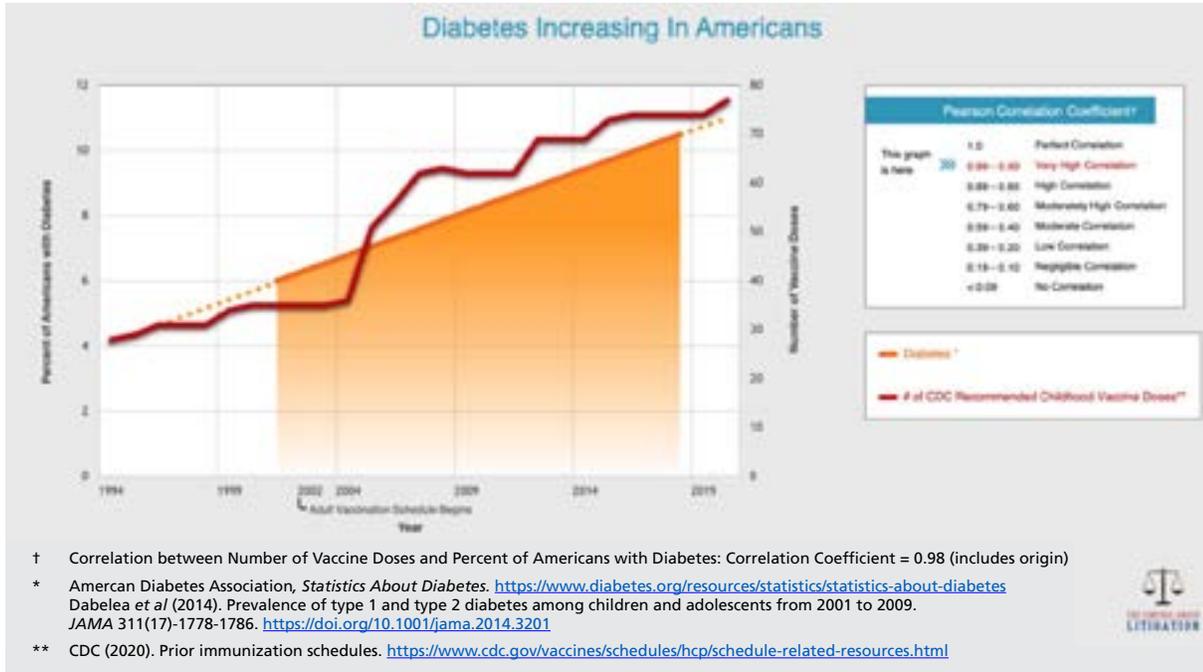
Attorneys Greg Glaser and Ray Flores, in their lawsuit in federal court, the Control Group Litigation, have documented the concomitant rise in number of vaccine doses with the rise in chronic illnesses in adults and children in the U.S.

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS



⁵ See *Academic Pediatrics*, Volume 11, Issue 3, Supplement, May–June 2011, Pages S22-S33 <https://www.sciencedirect.com/science/article/pii/S1876285910002500> Also Dynamics of obesity and chronic health conditions among children and youth <https://pubmed.ncbi.nlm.nih.gov/20159870/>





These are only a few of the charts from the Control Group Litigation:
<https://informedconsentdefense.files.wordpress.com/2020/12/national-data-graphs-filed.pdf>⁶
 The Children’s Health Defense team has also provided data in *the eBook, The Sickest Generation: The Facts Behind the Children’s Health Crisis and Why It Needs to End*.

What is the cause of the epidemic of chronic, neurological and autoimmune diseases? Vaccines are a reasonable suspect. Why isn’t the medical establishment including the CDC more concerned about this? It is the job of the CDC, and the NIH to combat disease. They have refused to do control group studies comparing vaccinated to unvaccinated children.

⁶ Charts reprinted with permission from Greg Glaser, JD

There are hundreds, if not thousands of peer-reviewed, published case reports and studies showing the real risks and possible side effects of vaccines and their ingredients.

Four hundred studies are cited and summarized in Niel Z. Miller's book, [*Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers*](#), (New Atlantean Press, 2016).

These are peer-reviewed studies published in established journals linking vaccines to asthma, allergies, seizures, encephalopathy, diabetes, thrombocytopenia, Sudden Infant Death Syndrome (SIDS), cancer, autism, developmental disorders, speech disorders, attention deficit disorder, internal bleeding, Guillain-Barre syndrome, intestinal damage, Kawasaki diseases, multiple sclerosis, chronic arthritis, paralysis, shingles, infertility, heart attacks, strokes, Alzheimers, hypothyroidism, lupus, and other auto-immune diseases.

Many of these diseases can be verified as reported during clinical trials and post marketing data in product package inserts as well.

See [Learn the Risk.org](#) for 185 peer reviewed studies showing links to these diseases.

More and More Studies are Coming Forward Linking Vaccines to AutoImmune Disease

More discoveries continue to be made about autoimmune/inflammatory syndrome (ASIA) induced by adjuvants (ingredients in vaccines). A textbook has now been published featuring the work of leading researchers from 14 countries on the role of adjuvants in different vaccines and how they can induce diverse autoimmune clinical manifestations in genetically prone individuals.

The textbook is entitled *Vaccines and Autoimmunity*, by Yehuda Shoenfeld, Nancy Agmon-Levin and Lucija Tomljenovic, (eds.) and is published by Wiley Blackwell, (2015).

The textbook is edited by leaders in the field and is intended for advanced students and researchers working in pathogenic and epidemiological studies. It is divided into three sections:

The first contextualizes the role of adjuvants in the framework of autoimmunity, covering the mechanism of action of adjuvants, experimental models of adjuvant-induced autoimmune diseases, infections as adjuvants, the Gulf War Syndrome, sick building syndrome (SBS), safe vaccines, toll-like receptors (TLRs), TLRs in vaccines, pesticides as adjuvants, oil as an adjuvant, mercury, aluminum and autoimmunity. The second section reviews the literature on vaccines that have induced autoimmune conditions, such as MMR and HBV. The final section covers diseases in which vaccines are known to be the solicitor—for instance, systemic lupus erythematosus—and whether they can be induced by vaccines for MMR, HBV, HCV, and others.

This textbook is recommended by: [The Children's Medical Safety Research Institute](https://www.cmsri.org/).⁷ This is an independent group of scientists and physicians (not funded by the CDC or drug companies) doing research to try to discover the cause of the significant rise in chronic childhood diseases and autoimmune diseases.

Additional references:

Niel Miller, *The Vaccine Safety Manual: For Concerned Families and Health Practitioners*, New Atlantean Press, 2nd ed, (2017) cites hundreds of studies linking vaccines to multiple diseases.

J.B. Handley, *How to End the Autism Epidemic*, (Chelsea Green Publishing, 2018), Part Two, pp. 140-209, including chapter on Emerging Science and Vaccine Induced Autism.

More resources:

[Physicians for Informed Consent](https://www.physiciansforinformedconsent.org/) website

[Dr. Sherry Tenpenny research library](https://www.drsherrytenpenny.com/)

[Age of Autism, science, reports, research library](https://www.ageofautism.com/)

[Greenmedinfo.org research library](https://www.greenmedinfo.com/)

Hepatitis B Shot—all risk, no benefit for infants

There are five Hepatitis B injections licensed in the United States. Three are single antigen vaccines and two are combination antigen vaccines. The FDA licensed Glaxo-Smith-Kline's Engerix-B after only four days of clinical trials. They licensed Merck's Recombivax after only five days. The extremely short clinical trial periods raise questions as to the safety of these products.

Excerpts from package insert of Engerix B:⁸

- **It contains genetically engineered cells:**

It contains purified surface antigen of the virus obtained by culturing genetically engineered *Saccharomyces cerevisiae* cells, which carry the surface antigen gene of the hepatitis B virus.

- **They don't know if it causes cancer or infertility:**

It has not been evaluated for carcinogenic or mutagenic potential, or for impairment of male fertility in animals.

⁷ <https://www.cmsri.org/for-physicians/>

⁸ <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

- **It contains up to 5% foreign yeast proteins**, which can cause or trigger severe allergies:
The procedures used to manufacture ENGERIX-B result in a product that contains no more than 5% yeast protein.
- **It contains an amount of aluminum well above the limit of 5 micrograms/Kg/day of parenteral aluminum** as established by the FDA
Each 0.5-mL pediatric/adolescent dose contains 10 mcg of HBsAg adsorbed on 0.25 mg aluminum as aluminum hydroxide
- These are only some of the **neurological problems** that have been reported according to the package insert:
Encephalitis; (brain inflammation that can lead to brain damage), encephalopathy; migraine; multiple sclerosis; neuritis; neuropathy including hypoesthesia, paresthesia, Guillain-Barré syndrome and Bell's palsy; optic neuritis; paralysis; paresis; seizures; syncope; transverse myelitis.⁸

From **Make an Informed Vaccine Decision**, p. 211, 212⁹

Children rarely develop hepatitis B. In the United States, less than 1% of all reported hepatitis B cases occur in persons less than 15 years of age. [Hepatitis B is a disease that almost always occurs in **sexually promiscuous adults and IV drug users.**]

When the hepatitis B vaccine was initially introduced, 87% of pediatricians did NOT believe it was needed by their patients.

Then why are newborns given a Hep B shot on the day they are born, at 2 months, 4 months and 6 months?

According to the hepatitis B vaccine manufacturers, children are targeted “because a vaccination strategy limited to high-risk individuals has failed.”

In other words, because high risk groups—sexually promiscuous adults and IV drug users—are difficult to reach or have rejected this vaccine, manufacturers are targeting children.

Conclusion: Since vaccine efficacy declines after a few [about 10-20] years¹⁰ children are being subjected to all of the risks of the hepatitis B vaccine without the expected benefit. - Dr. Mayer Eisenstein, MD, JD, MPH

⁸ See more reported adverse affects: <https://www.fda.gov/media/119403/download>

⁹ Eisenstein, Mayer, MD, JD, MPH, *Make an Informed Vaccine Decision*, New Atlantean Press, (2010), p. 211, 212.

¹⁰ See product insert to see recommendations for booster shots

The president of the American Association of Physicians and Surgeons, **Jane Orient, MD**, said this in a letter to the U.S. House of Representatives in June of 1999:

“An independent review of the VAERS data; publications by governmental, pro-vaccine, and anti-vaccine groups; and a sample of the medical literature leads to the following conclusion:

For most children, the risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B.”

They also expressed concern that the:

Hepatitis B vaccine as a cause of sudden infant death has not been ruled out.¹¹



“If I did not have to work to live or make money for my family, I would spend the rest of my life getting the Hepatitis B vaccine eradicated from society. I would work day and night to make that happen.”

– **Dr. Sherri Tenpenny, DO, AOBNMM, AHBIM,** Emergency Medicine Physician, Medical Director, Founder of Tenpenny Integrative Medical Center, World recognized author and speaker on vaccines, 2001

Hexavalent Vaccines, Severe Reactions and Sudden Infant Death (SIDS)

It would be expected that combination (hexavalent) vaccines such as those with diphtheria, tetanus, and acellular pertussis antigens would be harder for an immature immune system to handle than a single antigen at a time. Hexavalent vaccines (multiple antigens in one syringe, such as DPT or Dtap or MMR) are suspected of overloading an infant’s immature immune system and causing serious adverse reactions including death.

The rise in the number of Sudden Infant Death Syndrome cases in the U.S. corresponds with the rise in number of vaccines given to children. Listed are only a few of the studies showing this link.

Sudden infant death following hexavalent vaccination: a neuropathologic study.

Matturri L, Del Corno G, Lavezzi AM. *Curr Med Chem.* 2014 Mar;21(7):941-6. doi: 10.2174/09298673113206660289. PMID: 24083600.

We hypothesize that vaccine components could have a direct role in sparking off a lethal outcome in vulnerable babies. In conclusion, we sustain the need that deaths occurring in a short space of time after hexavalent vaccination are appropriately investigated and submitted to a post mortem examination particularly of the autonomic nervous system by an expert pathologist to objectively evaluate the possible causative role of the vaccine in SIDS.¹²

¹¹ Letter by Jane Orient, MD, President of AAPS to Congressional Subcommittee, June 1999, [Hepatitis B Vaccine Statement to Congress 6/14/99 \(aapsonline.org\) https://www.aapsonline.org/testimony/hepbcom.htm](https://www.aapsonline.org/testimony/hepbcom.htm)

¹² <http://www.ncbi.nlm.nih.gov/m/pubmed/24083600/>

Infant Mortality Rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?

Niel Z. Miller, Gary S. Goldman, *Hum Exp Toxicol*. 2011 Sep; 30(9): 1420–1428. doi: 10.1177/0960327111407644 PMID: 21543527

Almost no SIDS prior to vaccine programs. SIDS diagnosis introduced in 1973. Infants who received 5-8 vaccine doses were significantly more likely to die when compared to infants who received 1-4 doses, and infants vaccinated at less than six months of age were more likely to die than infants vaccinated aged 6 month to 1 year.¹³

The epidemiology of fatalities reported to the Vaccine Adverse Event Reporting System 1990-1997.

Silvers LE, Ellenberg SS, Wise RP, Varricchio FE, Mootrey GT, Salive ME. The epidemiology of fatalities reported to the vaccine adverse event reporting system 1990-1997. *Pharmacoepidemiol Drug Saf*. 2001 Jun-Jul;10(4):279-85. doi: 10.1002/pds.619. PMID: 11760487.

Over 600 cases of sudden infant death syndrome following vaccination were reported from 1990-1997.¹⁴

Unexplained cases of sudden infant death shortly after hexavalent vaccination.

Zinka B, Rauch E. et. al, *Vaccine*, 2006; 24(31-32); 5779-80.

Autopsies of children who died soon after receiving hexavalent vaccines confirm abnormal brain pathology. There was a 13 fold increase in the risk of sudden death after hexavalent vaccination compared to an earlier period when the multi-dose vaccine was unavailable.¹⁵

Just One Example of a Package Insert

→ **Sudden Infant Death is listed as an Adverse Reaction occurring during clinical trials of Pediarix (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined)**

From package insert: Deaths: In 14 clinical trials, 5 deaths were reported among 8,088 (0.06%) recipients of PEDIARIX and 1 death was reported among 2,287 (0.04%) recipients of comparator vaccines. Causes of death in the group that received PEDIARIX included 2 cases of Sudden Infant Death Syndrome (SIDS) and one case of each of the following: convulsive disorder, congenital immunodeficiency with sepsis, and neuroblastoma. One case of SIDS was reported in the comparator group. The rate of SIDS among all recipients of PEDIARIX across the 14 trials was 0.25/1,000. The rate of SIDS observed for recipients of PEDIARIX in the German safety study was 0.2/1,000 infants (reported rate of SIDS in Germany in the latter part of the 1990s was 0.7/1,000 newborns). The reported rate of SIDS in the United States from 1990 to 1994 was 1.2/1,000 live births. By chance alone, some cases of SIDS can be expected to follow receipt of pertussis-containing vaccines.¹⁶

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075> See also Miller's Review: *400 Critical Vaccine Studies*, p. 17.

¹⁴ <http://www.ncbi.nlm.nih.gov/pubmed/11760487>

¹⁵ *Miller's Review*, p. 226.

¹⁶ <https://www.fda.gov/vaccines-blood-biologics/vaccines/pediarix>

Though the manufacturer concludes that the rate of SIDS after receiving their product can be expected by chance, they are comparing vaccinated children to vaccinated, not a control group of unvaccinated children, since most children in Germany and the U.S. are vaccinated.

Excerpts from the package insert of Daptacel, (Diphtheria, Tetanus, Pertussis) vaccine.

Are health care providers taking careful histories before administering these combination shots?

Contraindications (reasons to withhold DAPTACEL) according to the package insert:

- Severe allergic reaction (e.g. anaphylaxis) after a previous dose of any diphtheria toxoid, tetanus toxoid, or pertussis-containing vaccine, or any component of DAPTACEL. (4.1)
- Encephalopathy within 7 days of a previous pertussis-containing vaccine with no other identifiable cause. (4.2) **(The manufacturers are admitting here that their product can cause encephalopathy)**
- Progressive neurologic disorder until a treatment regimen has been established and the condition has stabilized. (4.3) **(Withhold only until a neurologic disorder has stabilized? And then risk exacerbating it again?)**

There are more WARNINGS AND PRECAUTIONS on DAPTACEL Package Insert:

- persons with a history of: - **fever $\geq 40.5^{\circ}\text{C}$ (105°F)**, can have a **hypotonic-hyporesponsive episode (HHE)**
- babies should be screened for **inconsolable crying** lasting ≥ 3 hours within 48 hours after a previous pertussis-containing vaccine. (5.2) –
- babies should be screened for **seizures** within 3 days after a previous pertussis-containing vaccine. (5.2) Line 147: Over the entire study period, 6 **seizures** were reported in the 147 DAPTACEL group, 9 in the DT group and 3 in the whole-cell pertussis DTP group, for overall 148 rates of **2.3, 3.5 and 1.4 per 1,000** vaccinees, respectively. **(These are high rate of seizures. This is not 1 in a million.)**
- ...A review by the Institute of Medicine found evidence for a **causal relation between tetanus toxoid 81 and both brachial neuritis and Guillain-Barré syndrome.**
- **Apnea (cessation of breathing)** following intramuscular vaccination has been observed in some infants born prematurely.
- Syncope (fainting) has been reported following vaccination with DAPTACEL. Procedures should be in place to prevent falling injury and manage syncopal reactions. (5.8)
- Line 196: “Within 30 days following any dose of DAPTACEL, 57 (3.9%) subjects reported at least one serious adverse event.” **(3.9% of subjects in clinical trials reporting a serious adverse event is NOT rare. It is the shocking rate of 4 out of a hundred, or 1 out of 25).**
- From Table 3: “58% of babies experienced inconsolable crying on the first dose...”
- Vaccination with DAPTACEL may not protect all individuals.¹⁷

¹⁷ Also from DAPTACEL package insert <https://www.fda.gov/media/74035/download>

Flu Shots—risks vs 40% efficacy rate

[Time to Stop Making Excuses for Flu Shots That Don't Work \(cmsri.org\)](http://cmsri.org)

This is an excerpt from an article written recently by author and research scientist, Dr. James Lyons-Weiler, entitled, [A Message to Ethic MDs: The Problem with the 2017-8 Flu Vaccine is the 2016-7 Flu Vaccine](#).

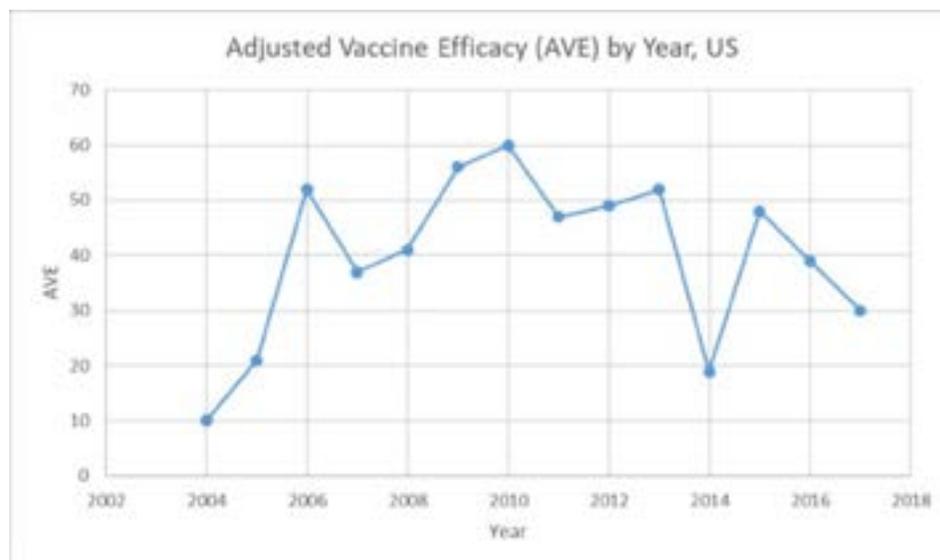
This article helps to answer the question asked by millions of Americans each year, “Why did I get the flu even though I got the flu shot?”

Equally puzzling should be the question, “Why is there so much pressure, and even mandates, for people to get the flu shot when its efficacy rate is ALWAYS low?” (In fact, according to the CDC’s own reports, it’s LEAST effective for the elderly, pregnant women and babies—who are pressured the MOST to get the flu shot.)

Then there’s the question that most people don’t even know to ask: “Why does the flu shot still contain thimerosal (mercury) when it was removed from all childhood vaccines in 2001 over safety concerns?”

Americans are highly distracted. They won’t recall the efficacy of the flu vaccine from year to year. That’s why Sanjay Gupta can go on the news and remind us that his 30% estimate (likely an overestimate) of how well the flu vaccine works is not like past years, the good old days in which the vaccine was 60-70% effective, and not bat an eye.

But when was the last time the flu vaccine was 60-70% effective? Eight years ago [2010].



This is the CDC’s data. Clearly, Gupta’s “Years” is, in immunological memory, a singular “Year.” Only once out of the last 14 years was the flu vaccine above 59% – and the value was not 60-70%, it was 60%.

This type of misrepresentation is a consistent penchant within the media and of course from the CDC to exaggerate and highly emphasize only positive views and diminish, dismiss, or ignore any negative views on the safety and efficacy of vaccines.

The reality is the flu vaccination program has an average adjusted efficacy of 40%.

In 10/14 years, the efficacy was <50% effective. That's deplorable. And the problem is not "herd immunity." The problem is the vaccine is self-defeating.¹⁸

Flu shots have thimerisol, formaldehyde and other questionable ingredients in them. See Ingredients Table, p. 16.

The Physicians for Informed Consent have determined Nine Flu Vaccine Facts based on peer-reviewed scientific studies:

- There is a 65% increased risk of non-flu respiratory illness in populations that get the flu vaccine
- The flu vaccine does not reduce the demand on hospitals
- The flu vaccine does not prevent the spread of flu
- The flu vaccine fails to prevent the flu about 65% of the time
- Repeat doses of the flu vaccine may increase the risk of flu vaccine failure
- Death from influenza is rare in children
- The flu vaccine doesn't reduce deaths from pneumonia and flu
- Patients don't benefit from the vaccination of health workers
- Flu vaccine mandates are not science based.¹⁹

Conclusion: Children and adults are being subjected to the risks of flu shots with little if any benefit.

¹⁸ See full article at Children's Medical Safety Research Institute, www.cmsri.org

¹⁹ <https://physiciansforinformedconsent.org/flu-vaccine/> for full references and peer-reviewed studies.

7

Control group studies: Vaccinated vs. Unvaccinated, Who is Healthier?



Independent researchers and doctors are doing control group studies since the CDC refuses to do it

The CDC has refused to update its surveillance system and has refused to do control group studies as well. Chronic diseases have exploded in recent decades. Randomized, control group studies are the gold standard in science. Why do the CDC and the FDA refuse to do them? Independent researchers (not funded by pharmaceutical companies) are taking it upon themselves to do control group studies, comparing **vaccinated children to unvaccinated**.

1) A long-time practitioner does a retrospective study in his 35,000 patient practice

Dr. Mayer Eisenstein, MD, JD, MPH with Niel Miller, *Make an Informed Decision for the Health of Your Child*, New Atlantean Press (2010), p. 11-12.

“Since 1973, our medical practice, Home Health Services, has cared for more than 35,000 children who were minimally vaccinated or not vaccinated at all.” [His analysis of records revealed]:

- “we did not have any cases of autism in our unvaccinated population.
- we also have virtually no asthma, allergies, respiratory illness, or diabetes in our unvaccinated population, a telltale revelation when compared to national rates.

We could do even smaller samples. For example, in the last ten years we’ve followed nearly four thousand children who were totally under our care. None of these children were vaccinated and none of them have autism. You would expect to see 25 or 30 cases in a vaccinated population of this size.”

2) Vaccinated vs Unvaccinated: Vaccines found to be associated with childhood morbidity in 2017 University Study

Examine The Mawson Study here, published in the *Journal of Translational Science*

<https://www.cmsri.org/wp-content/uploads/2017/12/MawsonStudyHealthOutcomes5.8.2017.pdf>

Read the analysis by the Children’s Medical Safety Research Institute here; <http://info.cmsri.org/the-driven-researcher-blog/vaccinated-vs.-unvaccinated-guess-who-is-sicker>

The conclusion of the study:

Although the cross-sectional design of the study limits causal interpretation, the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and NDDs all support the possibility that some aspect of the current vaccination program could be contributing to risks of childhood morbidity.

3) SAGE study May, 2020

Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders.

In May 2020, a study by Brian S. Hooker and Neil Z. Miller was published in the journal SAGE Open Medicine comparing diagnosed health outcomes of children who were born into one of three pediatric practices and were either vaccinated or not vaccinated during their first year of life... What they found was that vaccination during the first year of life was associated with twice the odds of being diagnosed for developmental delays and ear infections and over four times the odds for asthma.

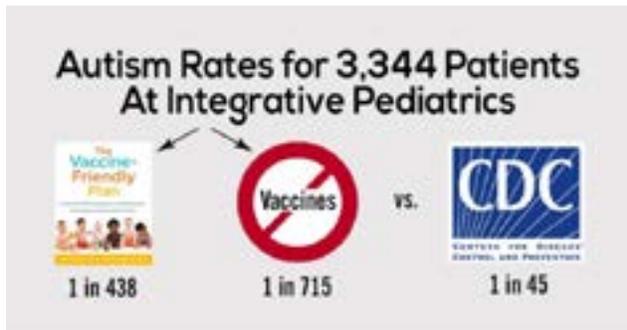
<https://journals.sagepub.com/doi/10.1177/2050312120925344>

4) International Journal of Environmental Research study, Jan. 2021

Paul Thomas, MD, had a team of reviewers analyze the health outcomes of 3,344 children over age two and under age seven who were patients at his clinic, Integrative Pediatrics, from June 2008 (when his clinic first opened) to Feb. 2015. His data was analyzed in a retrospective study approved by the Western International Review Board. They examined the incidence of autism, developmental delays, hospitalizations, infectious diseases, and sick visits. Results were published in the *International Journal of Environmental Research and Public Health* in January of 2021:

Lyons-Weiler J, Thomas P. Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination. *International Journal of Environmental Research and Public Health*. 2020; 17(22):8674. <https://doi.org/10.3390/ijerph17228674>

A small sampling of the results:



There were also lower rates of ADHD, anemia, allergic rhinitis, sinusitis and other maladies. Though more studies need to be done, “The data indicate that unvaccinated children in the practice are not unhealthier than the vaccinated and indeed the overall results may indicate that the unvaccinated pediatric patients in this practice are healthier overall than the vaccinated.”¹

The Oregon Medical Board has suspended Dr. Thomas’ license upon publishing this study alleging he has “breached the standard of care” long held by the CDC, and therefore is a “danger to the public.” Read allegations of the board and Dr. Thomas’s rebuttal that he was following Oregon law requiring practitioners to give informed consent to his patients here:

<https://www.paulthomasmd.com/freedomtochoose.html>

5) Control group study and litigation

by Greg Glaser, JD and Ray Flores, JD

Case Overview

On February 22, 2021, we appeared in Federal Court to request a court order (1) recognizing the role of vaccines in the national health epidemic, (2) upholding that control group studies of vaccinated v. unvaccinated are scientifically advantageous, and (3) exempting all persons from mandatory vaccination.



Mr. Glaser and Mr. Flores provided documents in federal court proving that unvaccinated adults enjoy 1,248 better health than vaccinated. Unvaccinated children enjoy 1,099% better health than vaccinated. None of the science presented was challenged by the federal court.

Read the [Control Group Litigation Documents](#) here.² Glaser and Flores plan to appeal to the United States Supreme Court.

Reprinted here with permission are a few of the control group litigation charts.

¹ <https://www.mdpi.com/1660-4601/17/22/8674/htm>. See also, See also Dr. Paul Thomas, MD, and Jennifer Margulis, PhD, *The Vaccine Friendly Plan: Dr. Paul’s Safe and Effective Approach to Immunity and Health—from Pregnancy through Your Child’s Teen Years*, Ballantine Books, NY, 2016, p. 326, 327.

² <https://informedconsentdefense.org/>

6) Letter from Aron Siri, Esq. representing Ulster Children to the New York Department of Health, May 21, 2021

Children were studied in four school districts in New York. The results of the Ulster study are as follows:

Condition	Rate in Unvaccinated Ulster Children	Background Rate
Allergy – Food	2%	8% ²
Allergy – Environmental	2%	8.4% ³
Asthma	1%	7.5% ⁴
Seizures	0%	0.6% ⁵
Diabetes	0%	Type 1: 22.3 per 100,000 Type 2: 13.8 per 100,000 ⁶
Autism Spectrum Disorder	0%	1 in 54 children ⁷
Attention Deficit Hyperactivity Disorder	2%	9.4% ⁸
Eczema	1%	12% ⁹

Excerpts from the letter:

“...The stated purposes of vaccination are to improve the overall quality of health of Americans and reduce mortality. Yet, the increase in the childhood vaccine schedule over the last 30 years...has occurred in lockstep with the increase in the rate of autoimmune, developmental, and neurological disorders in children from 12.8% to 54%.

Health authorities have no explanation for why U.S. children today are plagued with a chronic disease and disability epidemic. This as yet unexplained explosion in chronic disease and disability among American children, which coincides with the rapid increase in the numbers of vaccinations given to infants and children in the first six years of life, is a serious vaccine safety signal that demands methodologically sound studies to rule out vaccines or the childhood vaccine schedule as a contributing cause. *It is accepted science that adverse responses to vaccination can lead to certain chronic disorders, including autoimmune, developmental, and neurological disorders – it is only the rate at which this occurs that is either disputed or admittedly unknown.* [emphasis added]

*The Ulster Children are the living proof that unvaccinated children have far better health outcomes than vaccinated children. If you contest these results, please provide the scientific support that reflects that vaccinated children have better long-term health outcomes than the unvaccinated. Please also provide evidence that the growing rate and list of chronic diseases and disabilities affecting children are not caused by vaccination.”*³

³ For references read the well documented and evidence-based letter here:
https://circleofmamas.com/wp-content/uploads/2021/05/Letter-to-NY-DOH_2021_05_21.pdf

8

Studies show long term benefits of getting childhood diseases



The following are only a few of the studies described and summarized in *Miller's Review of Critical Vaccine studies*, Chapter 19, Cancer and Natural Infections, showing the superiority of natural vs acquired immunity.

Women who contracted mumps in childhood were significantly less likely to develop ovarian cancer

West, Ro. Epidemiologic study of malignancies of the ovaries, *Cancer*, 1966, 19: 1001-07.

Menezes J. Modan M, et al. Possible role of mumps virus in the etiology of ovarian cancer. *Cancer*, 1979, Apr; 43 (40): 1375-79.

Cramer, DW, Vitonis, AF, et.al Mumps and ovarian cancer: ; modern interpretation of an historic association. *Cancer Causes Control*, 2010, Aug. 21(8) 1193-1201.

Newhouse ML, Pearson RM, et al. A case control study of carcinoma of the ovary, *Br J Prev Soc Med*, 1977 Sep; 31(3); 148-53.

Adults with previous infections of influenza, measles, mumps or chickenpox are less likely to develop malignant melanoma

Kolmel KF, Gefeller O, et al. Febrile infections and malignant melanoma: results of a case-controlled study, *Melanoma Res* 1992; 2(3): 207-11.

Kolmel KF, Pfahlberg A, et. al. Infections and melanoma risk: results of a multicentre EORTC case-controlled study. European Organization for Research and Treatment of Cancer. *Melanoma Res* 1999; 9(5): 511-19.

Infectious diseases, including chickenpox and influenza, significantly reduce the risk of developing a brain tumor

Wrensch M, Weinburg A, et al. Does prior infection with varicella-zoster virus influence risk of adult glioma? *Am J Epidemiol*, 1997 Apr 1; 145(7) 594-97.

Schlehofer B, Blettner M, et al. Role of medical history in brain tumour development. Results from the international adult brain tumour study. *Int J Cancer*, 1999 Jul 19; 82 (2); 155-60.

Measles and other childhood infections protect against cancer of the lymph system, i.e. Hodgkin lymphoma, non-Hodgkins lymphoma

See the multiple studies cited in *Miller's Review of Critical Vaccine Studies*, p. 238-247.

Childhood diseases experienced early in life protect against many different types of cancer later in life

Albonico HU, Braker HU, Husler J. Febrile infectious childhood diseases in the history of cancer patients and matched controls. *Med Hypothesis* 1998 Oct; 51(4): 315-20.

Hopton Cann SA, van Netten, JP, et al. Acute infections as a means of cancer prevention; opposing effects to chronic infections? *Cancer Detect Prev*, 2006; 30(1): 83-93.

For more information, see:

Thomas Cowan MD, *Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness*, Chelsea Green Publishing (2018).¹

In addition to exploring why over the past fifty years, rates of autoimmunity and chronic disease have exploded so that currently:

- 1 in 2.5 American children has an allergy
- 1 in 11 has asthma
- 1 in 13 has severe food allergies
- 1 in 36 has autism,

Dr. Cowan looks at emerging evidence that certain childhood illnesses are actually protective against disease later in life.

¹ <https://www.chelseagreen.com/product/vaccines-autoimmunity-and-the-assault-on-childhood/>

9

The Center for Disease Control (CDC) is Compromised by Conflicts of Interest



It receives large donations from private donors through the CDC Foundation

The CDC is reputed to be an independent government agency, making vaccine recommendations to the public, looking out for the interest of taxpayers and the public good. However the CDC receives hundreds of millions of dollars from pharmaceutical companies and stockholders in pharmaceutical companies through the CDC Foundation.¹ These donors can then benefit from CDC policies.

A small sampling of some of the corporate donors and “partners over time” to the CDC Foundation:

- The Rockefeller Foundation
- The Open Society Foundation (George Soros)
- Bill and Melinda Gates Foundation
- Pfizer Foundation
- Pfizer, Inc.
- PepsiCo Foundation
- Rothchild Revocable Living Trust
- Sanofi Foundation for North America
- Henry Schein Cares Foundation
- United Nations Foundation
- Exxon Mobil Foundation, Inc.
- Ford Foundation
- Facebook
- Google
- Morgan Stanley Global Impact Funding Trust
- Abbot Laboratories
- Allergan, Inc.
- AstraZeneca, PLC
- Eli Lilly and Company

¹ <https://www.cdcfoundation.org/FY2020/donors?group=corp>

- Merck Pharmaceuticals
- Bayer
- Novartis Pharmaceutical Corporation
- Novartis Vaccines and Diagnostics, Inc.
- Bristol Myers Squibb Company
- Onyx Pharmaceuticals
- Quest Diagnostics
- Schering Plough Corporation

United Press International investigative editor Mark Benjamin did an in-depth inquiry in 2003 on conflicts of interest in the CDC. A quote from his report:

Members of the CDC's Vaccine Advisory Committee get money from vaccine manufacturers. Relationships have included: sharing a vaccine patent; owning stock in a vaccine company; payments for research; getting money to monitor manufacturer vaccine tests; and funding academic departments.

The CDC is in the vaccine business. Under a 1980 law, the CDC currently has 28 licensing agreements with companies and one university for vaccines or vaccine-related products. It has eight ongoing projects to collaborate on new vaccines.²

Robert F. Kennedy Jr. and his team at Children's Health Defense have long spoken out about conflicts of interest at the CDC:

Public health may not be the sole driver of CDC decisions to mandate new vaccines. Four scathing federal studies, including two by Congress, one by the US Senate, and one by the HHS Inspector General, paint the CDC as a cesspool of corruption, mismanagement, and dysfunction with alarming conflicts of interest suborning its research, regulatory, and policymaking functions.³

Here is a transcript of one of the Congressional inquiries where Rep. Dan Burton and his team found conflicts of interest in the CDC and FDA agencies:

[FACA: CONFLICTS OF INTEREST AND VACCINE DEVELOPMENT—PRESERVING THE INTEGRITY OF THE PROCESS \(govinfo.gov\)](https://www.govinfo.gov/app/details/HR113760/HR113760.pdf)

For further investigation, see documentation and references in a review of the Congressional inquiries into conflicts of interest is provided in Chapter Six, "A View From Congress," Kent Heckenlively, JD, *Inoculated: How Science Lost its Soul in Autism*, Skyhorse Publishing (2021), p. 143-176.

² [UPI Investigates: The vaccine conflict - UPI.com](https://www.upi.com/news/health/2013/03/28/cdc-vaccine-conflict/)

³ For more information see *Children's Health Defense ebook, Conflicts of Interest Undermine Children's Health*

Examples of Vaccine Promoters with Conflicts of Interest

Dr. Paul Offit, is chief of infectious diseases at the Children's Hospital of Philadelphia and primary spokesperson for the full CDC schedule. He owns the patent on the Merck Rotatech vaccine. He voted on the CDC's Advisory Committee on Immunization Practices (ACIP) regarding approval of this vaccine for the CDC schedule. He has made somewhere between 29-45 million dollars from it.⁴ Merck has funded his research for years. Merck bought and delivers copies of Offit's book, *What Every Parent Should Know About Vaccines*, to American doctors. Merck pays him to convince doctors and parents that vaccines are safe.⁵ In his book, Paul Offit states his belief that children can take as many as 10,000 vaccines.⁶

Offit wrote a paper for parents claiming limited use of aborted fetal cell materials in vaccines. Independent researcher and founder of Sound Choice Pharmaceutical Institute, Theresa Deisher, PhD, whose stated mission is to end human trafficking and exploitation for the purposes of biomedical research and commercial products, rebutted with extensive documentation the many false statements he made in this report:

Children's Hospital of Philadelphia and Rebuttal from Informed Choice Washington
[Rebuttal to CHOP re: Fetal Cells – Informed Choice Washington](#)

Dr. Julie Gerberding. Gerberding presided over the CDC as director when the Hannah Poling case came before the Vaccine Injury Compensation Program (VICP) in 2008. It was a seminal case where well respected John Hopkins neurologist Jon Poling, MD and his wife Terry Poling, RN, JD argued that their daughter had sustained neurological regression into autism from receiving vaccines at eighteen months of age. "The Poling's medical testing following their daughter's regression was so thorough and their case so strong that HRSA conceded the case." Julie Gerberding suppressed this case and subsequently made public statements on CNN admitting, then denying, that vaccines cause autism.⁷

Gerberding was also at the helm when one of the biggest cover-ups took place over the Thomas Vaerstraten study (Vaerstraten is now working at Glaxo-Smith Kline). Vaerstraten's study showed a connection between adjuvants and autism. Leaders held a meeting at Simpsonwood, June 7-8, 2000 and discussed the findings. The meeting concluded with Dr. John Clements of the WHO deciding that the information had to be "handled" and "perhaps the study should not have been done at all." Transcripts of the meeting were obtained by FOIA request and full quotes are published.⁸ In 2009 Gerberding resigned from the CDC and joined Merck & Co. Inc, the pharmaceutical giant, as head of its vaccine division.

The Simpsonwood meeting and other conflict-of-interest facts are documented in RFK's [Children's Health Defense eBook: Conflicts of Interest Undermine Children's Health](#).

⁴ Voting Himself Rich: CDC Adviser Made 29 million or More After Using Role to Create Market <https://www.ageofautism.com/2009/02/voting-himself-rich-cdc-vaccine-adviser-made-29-million-or-more-after-using-role-to-create-market.html>

⁵ UPI Investigates: The vaccine conflict - UPI.com

⁶ Paul Offit and Louis M. Bell, *Vaccines: What You Should Know* (John Wiley & Sons, Inc., 2003, p. 101, quoted in Habakus, Louise Kuo, and Holland, Mary (eds.) *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health and Our Children*, Skyhorse Publishing, (2011, 2012), p. 300. See also *10,000 Crazy Vaccines*, <https://vactruth.com/2012/04/16/10000-crazy-vaccines/>

⁷ *Vaccine Epidemic*, p. 212- 214.

⁸ Kent Heckenlively, JD, *Inoculated: How Science Lost Its Soul in Autism*, Skyhorse Publishing (2021), p. 113-142.

Quote from page 12:

The CDC's Advisory Committee on Immunization Practices (ACIP) has issued annual vaccine recommendations for the U.S. civilian population since 1995, working with leading medical trade organizations such as the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American College of Obstetricians and Gynecologists (ACOG).

The ACIP's industry-beholden membership roster reads like a "who's who" of the individuals and organizations who spearhead the nation's vaccine business: fifteen voting members from leading medical schools, children's hospitals and universities; eight *ex officio* members from federal agencies such as the FDA and the Department of Defense (DOD); and thirty non-voting representatives serving as liaisons with entities ranging from Sanofi to Cigna and Planned Parenthood (with the latter being a leading provider of HPV vaccines.)"

Vaccines are big business. Pharma is a trillion-dollar industry with vaccines accounting for \$25 billion in annual sales. The CDC's decision to add a vaccine to the schedule can guarantee its manufacturer millions of customers and billions in revenue with minimal advertising or marketing costs and complete immunity from lawsuits. High stakes and the seamless marriage between Big Pharma and government agencies have spawned a system that protects its own interests, not public health.

An insatiable pharmaceutical industry has 271 new vaccines under development in CDC's bureaucratic pipeline in hopes of boosting vaccine revenues to \$100 billion by 2025.

The CDC is a major player in the vaccine marketplace, buying half of all childhood vaccines in the U.S. and then selling them to contracted public health agencies through the Vaccines for Children (VFC) Program.⁹

**Conclusion: "The CDC, frankly, is a vaccine company."
- Robert F. Kennedy Jr.**

⁹ Robert F. Kennedy, Jr., Children's Health Defense, [Conflicts of Interest Undermine Children's Health](#), p. 15.

Vaccine manufacturers have paid out billions for fraud and false advertising

Pfizer is a “Convicted Serial Felon”

In a July debate, [Robert F.] Kennedy [Jr.] emphasized that Pfizer, and three other leading developers of coronavirus vaccines, Glaxo, Sanofi, Merck, are “convicted serial felon[s].”

In the past 10 years, just in the last decade, those companies have paid 35 billion dollars in criminal penalties, damages, fines, for lying to doctors, for defrauding science, for falsifying science, for killing hundreds of thousands of Americans knowingly.

It requires cognitive dissonance for people who understand the criminal corporate cultures of these four companies to believe that they’re doing this in every other product that they have, but they’re not doing it with vaccines.¹⁰

ProPublica: Journalism in the Public Interest

Excerpts from their article, [Big Pharma’s Big Fines](#)

SEPT 2009

Pfizer was [fined \\$2.3 billion](#), then the largest health care fraud settlement and the largest criminal fine ever imposed in the United States. Pfizer pled guilty to misbranding the painkiller Bextra with “the intent to defraud or mislead”, promoting the drug to treat acute pain at dosages the FDA had previously deemed dangerously high.

NOV 2011

Merck agreed to pay a fine of [\\$950 million](#) related to the illegal promotion of the painkiller Vioxx, which was withdrawn from the market in 2004 after studies found the drug increased the risk of heart attacks. The company pled guilty to having promoted Vioxx as a treatment for rheumatoid arthritis before it had been approved for that use. The settlement also resolved allegations that Merck made false or misleading statements about the drug’s heart safety to increase sales.

JULY 2012

GlaxoSmithKline agreed to [pay a fine of \\$3 billion](#) to resolve civil and criminal liabilities regarding its promotion of drugs, as well as its failure to report safety data. This is the largest health care fraud settlement in the United States to date.

DEC 2012

Sanofi-Aventis agreed to [pay \\$109 million](#) to resolve allegations that the company gave doctors free units of Hyalgan (an injection to relieve knee pain) to encourage those doctors to buy their product.

¹⁰ <https://childrenshealthdefense.org/transcripts/robert-f-kennedy-jr-vs-alan-dershowitz-the-great-vaccine-debate/>

NOV 2013

Johnson & Johnson agreed to [pay a \\$2.2 billion](#) fine to resolve criminal and civil allegations relating to the prescription drugs Risperdal, Invega and Natrecor. The government alleged that J&J promoted these drugs for uses not approved as safe and effective by the FDA, targeted elderly dementia patients in nursing homes, and paid kickbacks to physicians.¹¹

The U.S. Supreme Court has ruled that all vaccines are unavoidably unsafe.

Vaccines are currently classified by American tort law as “unavoidably unsafe” due to the injuries and deaths resulting from their unavoidable side effects.

The court ruled in United States Supreme Court case *Bruesewitz vs. Wyeth LLC*, 562 US 223, 254-55, 131 S. Ct. 1068, 1089 (2011), that vaccine makers cannot be sued for design defects that harm or kill because the 1986 law acknowledged that vaccines cannot be made safe. (See NCVIA and CFR/Comment K references)¹²

According to the Merriam-Webster Dictionary (2020), synonyms for unsafe include: dangerous, grave, grievous, hazardous, jeopardizing, menacing, parlous, risky, serious, threatening, and unhealthy.

¹¹ Big Pharma's Big Fines <https://projects.propublica.org/graphics/bigpharma>

¹² <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf> See also Control Group Litigation, case p. 49.

10

Covid-19 Injections **What informed choice should look like**



The Pfizer and Moderna injections employ mRNA which is a brand new biotechnology, never used in a “vaccine” before. It has been fast tracked, and the safety testing only lasted a few weeks, versus other vaccines that have been tested for 8-12 years before being approved. Animal studies have not been done to rule out the possibility of pathogenic priming or other potential risks. These are EXPERIMENTAL biologic agents.

Benefits Vs Risks and the conflicting information.

Does this vaccine protect me against getting covid-19 like other vaccines protect against other diseases?

CDC: It will “help” protect you from getting covid 19

The WHO says No. At a virtual press conference held by the World Health Organization December 28, 2020, WHO officials warned there is no guarantee that COVID-19 vaccines will prevent people from being infected with the SARS-CoV-2 virus and transmitting it to other people.¹

Does it prevent transmission of the disease?

The WHO says No.²

Here is Tony Fauci saying that they don’t know if the vaccine stops clinical disease or transmission, so even if you get the vaccine, you will still have to mask, and you should still avoid restaurants, social gatherings, etc.

<https://www.bitchute.com/video/LRoSWHzNsJ85/>

So, if the vaccine is “safe and effective” why is the CDC also saying to wear a mask, and social distance in public?

This is CONTRADICTIONARY. It is NOT effective at preventing the disease.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings>

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings>

What about the risks?

What is messenger mRNA technology and is it safe?

The CDC says the new technology is new but safe.

Other doctors and researchers have warned for months that this method is potentially **dangerous**, especially because *long term effects are not known*. Among these researchers are:

Dr. Geert Vanden Bossche, PhD, DVM, world leader in vaccinology who has headed major projects for the Bill and Melinda Gates Foundation and other vaccine manufacturers is calling on countries to halt the vaccine program because of impending dangers from auto immune enhancement and viral escape.³

Dr. Simone Gold, MD, JD, founder of America's Frontline Doctors, in her white paper and in world wide speeches raises serious concerns about the lack of ruling out autoimmune enhancement/pathogenic priming in the testing process, and lack of studies on pregnant women and fertility.⁴

Experts raise serious questions about lack of adequate testing in the Vaccine on Trial forum: Robert F. Kennedy Jr.'s Children's Health Defense⁵

Doctors, scientists, PhD's, RN's and researchers at the National Vaccine Information Center, NVIC spoke at their recent conference giving warnings that the Covid vaccine is not adequately tested.⁶

Does it change your DNA, as some have said?

CDC says No.

However, Dr. Meryl Nass listened to the entire meeting of the FDA's Vaccines and Related Biological Products Advisory Committee, and heard members of the committee say "Both the Moderna and Pfizer vaccines are made from messenger RNA and lipid nanoparticles containing polyethylene glycol (PEG). Messenger RNA (or any RNA) can potentially be converted to DNA in the presence of reverse transcriptase. That DNA potentially, or bits of it, could become linked to your native DNA."⁷

This drug is not FDA approved, only Authorized for Emergency Use. Doesn't this affect safety testing?

The CDC says it does not affect the testing or safety.

However, The Regulatory Affairs Professional Society says this: "The type of review that the FDA conducts for an EUA is also considerably less rigorous than how the agency would normally review a product for an approval."⁸

The FDA states the Pfizer injection is approved as of Aug. 23, 2021, however, as with so many issues to do with the covid injections, there is conflicting information as to whether the product approved (COMIRNATY) is actually available and whether or not it has a liability shield.⁹ The Pfizer trials of the current vaccine remain in process till 2022-23.

³ <https://thehighwire.com/videos/a-coming-covid-catastrophe/>

⁴ https://americasfrontlinedoctors.org/2/wp-content/uploads/2021/06/6076e4fd8bde421370729e47_Vaccine-PP.pdf

⁵ The Covid Vaccine On Trial: If You Only Knew... • Children's Health Defense (childrenshealthdefense.org)

⁶ <https://www.protectinghealthandautonomyinthe21stcentury.com/conference-live>

⁷ [Vaccines and Related Biological Products Advisory Committee - 12/10/2020 - YouTube](https://www.fda.gov/vaccines-blood-biologics/12/10/2020-vaccines-and-related-biological-products-advisory-committee-12-10-2020)

⁸ <https://www.raps.org/news-and-articles/news-articles/2020/4/why-fdas-issuance-of-euas-are-not-approvals-and-wh>

⁹ Pfizer's COVID-19 Vaccine With Comirnaty Label Still Not Available in US <https://ntdca.com/pfizers-covid-19-vaccine-with-comirnaty-label-still-not-available-in-us/>

See also: Fact check: Pfizer's FDA-approved vaccine is available in US

<https://www.usatoday.com/story/news/factcheck/2021/10/20/fact-check-comirnaty-pfizers-fda-approved-vaccine-available-us/8538861002/>

This is the statement of the FDA document [“Comirnaty and Pfizer-BioNTech COVID-19 Vaccine.”](#) dated August 23, 2021.

Was this vaccine made using aborted fetal cell lines?

According to Alvin H. Moss, MD, FACP, FAAAAHPM, AstraZeneca and Moderna used aborted fetal cells in production. See “Why and How Vaccine Mandates Violate the Ethical and Legal Right to Informed Consent,” presentation given for the Fifth International Conference on Vaccination for the National Vaccine Information Center, October 16-18, 2020.¹⁰

Also, the Moderna vaccine uses HEK-293, and the AstraZeneca vaccine uses HEK-293, according to Theresa Deisher, Ph.D, “Using Human Fetal Cells to Make Vaccines,” presentation at the same NVIC conference.¹¹

See also [Vaccine Chart, COVID-19 Vaccines Likely to Be Used in the U.S. that Utilized Aborted Fetal Material](#)¹²

Does this vaccine contain polyethylene glycol, a substance that many people are allergic to?

According to the [Pfizer Package Insert \(Pfizer-BioNTech COVID-19 EUA Fact Sheet for Health Care Providers– Full Prescribing Information\)](#), it does.

https://30g7el1b4b1n28kgpr414nuu-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/Pfizer-BioNTech-COVID-19-Vaccine-EUA-Fact-Sheet-for-HCP_0.pdf

There are serious concerns about the increasingly controversial polyethylene glycol and its causing allergic reactions.¹³

Can this vaccine cause infertility? Has it been tested in pregnant women? Has it caused miscarriages or birth defects?

The CDC says it can and should be given to pregnant women.

However, according to Pfizer’s own [FactSheet](#): “Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are **insufficient** to inform vaccine-associated risks in pregnancy. Data are not available to assess the effects of Pfizer-BioNTech COVID-19 vaccine on the breastfed infant or on milk production/excretion.”¹⁴

Dr. Simone Gold in her white paper says, “The possibility for **lifelong infertility has not been ruled out** and in fact there is evidence to suggest it may be caused by the covid “vaccine.”

This is why Dr. Michael Yeadon, formerly head of Pfizer respiratory research, and former head of the public health department Dr. Wolfgang Wodarg filed an application with the European Medicine Agency responsible for approval, for the immediate suspension of all SARS Cov-2 vaccine studies.¹⁵

¹⁰ <https://www.protectinghealthandautonomyinthe21stcentury.com/>

¹¹ “Other names for aborted fetal cell lines [are] HEK 293, HEK293, or less precisely as HEK cells, also MRC-5, WI-38, human diploid human cells or HDCSs” <https://www.protectinghealthandautonomyinthe21stcentury.com/>

¹² <https://soundchoice.org/vaccines/covid-19-vaccine-chart/>

¹³ See <https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/>

¹⁴ See also, “Health Officials Push Pregnant Women to Get Covid Shots Despite Known Risks,” <https://childrenshealthdefense.org/defender/health-officials-push-pregnant-women-covid-vaccine/>

¹⁵ See ... <https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/?fbclid=IwAR3yvj0SCIK8WaaS0w1v1oig4qNYydtT3aK01NJDwHut3jWpygtmnbNY>

According to VAERS, **birth defects and miscarriages** have been reported¹⁶

According to reports, a breastfeeding baby has died after mother received Pfizer covid 19 vaccine”¹⁷

How many deaths, adverse events, and miscarriages have been reported to the Vaccine Adverse Effects Reporting System (VAERS)?

As of July 2, 2021, there were 6,985 deaths, and 411,931 adverse events reported.

Check here for current numbers: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>

From 1/1/1999 through 11/30/2020 (last month before COVID shots were given emergency use) there were 4,571 vaccine related deaths recorded for a span of 22 years.

That means that more deaths are reported to have been caused by the covid shots in the first six months than all vaccines combined in the last 22 years.

Since only 1% of adverse events are estimated to be reported to VAERS, that means that hundreds of thousands of people are having adverse effects. Is this ratio consistent with what we are being told, that adverse reactions are “very rare,” or close to “one in a million”?

We have never seen injuries on this scale, why are regulatory agencies not shutting down the program as many are calling for, but instead hiding safety signals?¹⁸

If I have an adverse effect, such as an anaphylactic reaction, seizures, Bell’s palsy, a blood disorder, paralysis, neuropathy, heart attack, auto-immune disease, miscarriage or other major complication, how would I know if it is related to the vaccine? Though 40% of reported events occur within the first two days, that is more clear, but what about events that show up after weeks or months? How do doctors recognize adverse events?

Because most doctors do not even know about the VAERS system, nor are they trained in recognizing adverse events they are most often not investigated and are often counted as “undetermined” or as natural causes.¹⁹ See also Appendix A.

If I have an adverse effect from this vaccine, for instance, if I became debilitated with a chronic illness and my savings were depleted, how would I get compensated? Can I sue the manufacturer or the practitioner administering it?

No. Manufacturers and practitioners are shielded from liability for injuries or deaths that they cause.

¹⁶ <https://childrenshealthdefense.org/defender/cdc-ignore-inquiry-death-injuries-covid-vaccine/>

¹⁷ <https://www.visiontimes.com/2021/04/30/covid-19-report-breastfeeding-baby-dies-after-mother-receives-pfizer-vaccine.html>

¹⁸ <https://rightsfreedom.wordpress.com/2021/08/16/weve-never-seen-vaccine-injuries-on-this-scale-why-are-regulatory-agencies-hiding-covid-vaccine-safety-signals/>

¹⁹ <https://childrenshealthdefense.org/defender/cdc-ignore-inquiry-death-injuries-covid-vaccine/>

Are there safe, effective antiviral treatments available if I get covid or another infection?

The CDC has suppressed hydroxychloroquine, and all early treatments of covid. However, hydroxychloroquine has been shown to be safe and effective for viral infections such as SARS COV 1 and SARS COV 2, according to studies, doctors who have used it, and patients. It is sold over the counter in most countries around the world except the US and a few other countries. It has been FDA approved for 65 years. Ivermectin, budesomide and monoclonal antibodies have been shown to be effective as well. These treatments can be obtained through prescription from a local practitioner, from [Americas Frontline Doctors](https://americasfrontlinedoctors.org), (<https://americasfrontlinedoctors.org>) or the [Frontline Covid 19 Critical Care Alliance](https://covid19criticalcare.com/) (<https://covid19criticalcare.com/>)

See Dr. Simone Gold, MD, JD, White Paper on Hydroxychloroquine²⁰

The American Association of Physicians and Surgeons is suing the CDC for its arbitrary restrictions on hydroxychloroquine and other early treatments.²¹



Dr. Simone Gold,
MD, JD,

Dr. Peter McCullough, MD, a nationally recognized cardiologist and the most published in his field in the world, is a leading expert on covid-19. He has spoken out repeatedly against the suppression of the early treatments that have now been proven to be highly successful in thousands of patients. He, along with thousands of the doctors who have signed the Great Barrington Declaration, members of the FLCCC, and the AFLD are pressing the government, through testimony and lawsuits, to make early treatments widely available. They argue that thousands of lives could have been saved and that early treatments should be relied upon instead of experimental vaccines.²²



Dr. Peter
McCullough, MD

In fact, Dr. McCullough warns of the dangers of the covid vaccines and that 'You are about five times as likely to die of the vaccine than you are to take your risks with COVID-19. Therefore, those who 'chose not to get the vaccine,' in fact 'made a smarter choice.'²³ If it were up to him, he would close down the vaccine program all together and set up vaccine injury clinics around the country.²⁴

What is the survival rate from covid 19?

CDC:

- 99.97% for ages 0-19
- 99.98% for ages 20-49
- 99.5% for ages 50-69
- 94.6% for age 70 (or greater depending on co-morbidities)

²¹ <https://americasfrontlinedoctors.org/2/files/white-paper-on-hydroxychloroquine/> See also How to Get Ivermectin, Frontline Covid 19 Critical Care Alliance, FLCCC website.

²² For instance, see Dr. Peter McCullough testifies before the Texas Senate HHS committee <https://www.youtube.com/watch?v=OAHi31X3oGM>, For Barrington Declaration, <https://gbdeclaration.org/>

²³ The Vaccine is More Dangerous than Covid 19 https://www.lewrockwell.com/2021/10/no_author/the-vaccine-is-more-dangerous-than-covid-19-dr-peter-mccullough/ and <https://www.lifesitenews.com/news/covid-jabs-came-from-bioterrorism/>

²⁴ Speech given at Reawaken America tour conference, Oct. 22-23, 2021, Salt Lake City, Utah, <https://www.timetofreeamerica.com>

Conclusion: The Pfizer and Moderna and J and J injections are

- experimental, synthetic, bioengineered agents that do not protect you from the disease or prevent transmission
- the long-term effects on fertility, autoimmune diseases, and pathogenic priming are not known
- reported to have already caused more deaths and adverse reactions in the first six months than the total for other vaccines in the last 22 years, (and it is estimated that only 1% of actual events are reported)
- predicted by virologists, government agencies, and others to make people more susceptible to autoimmune and other diseases long term²⁵
- therefore, these products are high risk with little or no benefit

Package inserts for covid 19 injections:

Package insert for Pfizer injection

<http://labeling.pfizer.com/ShowLabeling.aspx?id=14471&format=pdf&#page=12>

Package insert Moderna injection

<https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-providers.pdf>

Package insert for the Johnson and Johnson injection

<https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf>

Package inserts for licensed vaccines in the United States

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

**If you got the vaccine, were you given true informed consent?
Were you given the information listed above? Were you given
Vaccine Information Sheets and told about the VAERS system?**

²⁵ See predictions on previous pages and "Informed Consent Disclosure to Vaccine trial subjects of Risk of covid 19 Worsening Disease"
<https://pubmed.ncbi.nlm.nih.gov/33113270/>

Attorney Thomas Renz has provided a sample of what informed consent for the covid 19 injections should look like and a form for providers to sign.

<https://renz-law.com/informed-consent>

He says:

If you received the COVID-19 vaccination and were not made aware of this information it may have been a violation of the law and you should consult with a local attorney.

APPENDIX A

What happens if I suspect a vaccine injury?



If patients or parents suspect that a vaccine has caused an injury, for instance if their child develops severe seizures within 1-5 days after their immunizations, frequently they will be told their child's symptoms are not related to the injection. Many doctors are not trained to recognize vaccine injuries that are listed on package inserts and recognized by the government in the [Vaccine Injury Table](#).¹ The main option open to people is that they can appeal to what Congress has set up known to some as the “vaccine court.”

Its official name is The National Vaccine Injury Compensation Program (NVICP). It was created by Congress when liability was removed from pharmaceutical companies in 1986. It is run by the HHS, and is not a court of law. In this compensation program there is no judge, no jury and the most basic rules of law do not apply. For instance, the usual rules of discovery are not employed.²

The government recognizes certain vaccine-induced injuries, which appear on the [Vaccine Injury Table](#) including anaphylaxis, chronic arthritis, seizure disorder, encephalopathy, vaccine-strain measles, brachial neuritis, shoulder injury related to vaccine administration, vasovagal syncope, vaccine-strain polio, Guillain Barre syndrome, and paralytic polio.

In order to qualify to apply for the NVICP, injuries must manifest within hours or days, though some have a thirty-day window.

If families meet the exacting requirements for a table injury, they have a presumption of compensation. For non-table injuries however, they must show causation based on a “preponderance of the ev-

No one, individual, physician, or government agency should ever get in the way of a mother protecting her child. That is not a power anyone has earned except for the ones that care for these little ones the most! 💜💛💜💛💜💛

Katelyn McCormack, RN, BSN, PHN Registered Nurse, author, educator, and activist for medical freedom



¹ <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/d/injury-table.pdf>.

² [Description of the National Vaccine Injury Compensation Program \(NVICP\) • Children's Health Defense](#)

idence.” What’s more, petitioners have to file within three years of the first symptoms, an unfair rule that is contrary to the American court system and does not respect states’ rights of tolling for minors.³

Katelyn McCormack, RN, BSN, PHN author of *Safe and Effective: Why Medical Freedom Is Worth Fighting For* (2020), describes an example of what can typically happen:

Here is the process if you are “lucky” enough to fit the mold already created. Your child receives the MMR vaccine and has a reaction where he is screaming uncontrollably for hours. You take him to the hospital to learn the reaction is encephalitis, which is a swelling of the brain that can lead to temporary or permanent brain damage. The family spends days in the hospital during which they do some research and find out about VAERS, the Vaccine Adverse Event Reporting System. The mom then reports the reaction to VAERS.

After this she goes on to learn about the Table of Injuries [Vaccine Injury Table] and discovers her son’s reaction is listed for the appropriate vaccine within the predetermined timeline. Now she is eligible to pursue the NVICP for compensation relating to her son’s reaction, and lifelong injury costs. It takes months to years, attorney fees, and countless hours, all of which she needs to work on and pay for while coping with the new reality of caring for a brain-injured child.

Not only is it physically and mentally challenging, but she carries the guilt of knowing that this situation could have been prevented. Why didn’t she know about this reaction beforehand? Would she still have done it if she knew? She will never have answers to these questions because just like millions of other parents, she never thought she needed to question the system. She didn’t know there were risks, a Table of Injuries, a payout system or countless other parents who can’t share their stories because of the guilt or social ridicule of speaking up about vaccine damage.⁴

Even though strict criteria must be met and the obstacles are many, compensation for vaccine injuries to date from the NVICP to victims is 4.5 billion dollars and counting⁵

³ <https://www.hrsa.gov/vaccine-compensation/data/index.html>

⁴ Katelyn McCormack, RN, BSN, PHN, *Safe and Effective: Why Medical Freedom Is Worth Fighting For*, (Katelyn McCormack (2020), p. 15-16.

⁵ <https://www.hrsa.gov/vaccine-compensation/data/index.html>

APPENDIX B

Growing Number of Doctors, Nurses, Scientists, Researchers, Parents, and Organizations Leading the Global Effort to Safeguard Informed Choice in Vaccination



Personalized, individual patient care is their priority

- Children’s Health Defense
- Physicians for Informed Consent
- American Association of Physicians and Surgeons
- Americas Frontline Doctors
- Truth for Health Foundation
- National Vaccine Information Center
- Children’s Medical Safety Research Institute
- Sound Choice Pharmaceutical Institute
- Vaccine Information Network
- Del Bigtree, The High Wire
- Dr. Stephanie Cave, MD, FAAFP
- Dr. Gary Null, PhD
- Dr. Sherri Tenpenny, DO, AOBNNM
- Dr. Peter McCullough, MD
- Dr. Joseph Mercola, MD
- Dr. Jim Meehan, MD
- Dr. Larry Palevsky, MD
- Dr. Judy Mikovits, PhD
- Dr. Paul Thomas, MD
- Dr. Robert W. Sears, M.D.
- Dr. David Denton Davis, MD
- Dr. Lee Merrit, MD

“If you have read the opinion pieces in the *New York Times*, *Washington Post* or listen to television commentators, you will be left with the impression that there are no evidence-based facts to offer a legitimate challenge to the assumption that all vaccines are effective and safe. Nevertheless there is a large group of board certified pediatricians, immunologists, toxicologists and research scientists who have reviewed volumes of peer-reviewed literature to support their criticisms of what the media wants us to believe. But you will never see anyone from this group cited in mainstream publications or invited on multimedia. Rather, the media has created the illusion that only a small group of activist parents and renegade physicians oppose vaccines. In turn, they are attacked with the unfounded charge that they put society’s health at risk.” – **Gary Null, PhD**



- Dr. Richard Moskowitz, MD
- Dr. Russel L. Blaylock, MD
- Dr. Susan Humphries, MD
- Dr. Mayer Eisenstein, MD, JD, MPH
- Dr. Sheri Madej, MD
- Dr. Christiane Northrup, MD
- Thomas Cowan, MD
- Katelyn McCormack, RN, BSN, PHN
- Nurses for Informed Consent
- Nurses Against Mandatory Vaccines, 22,000 members
- Nurses Against All Vaccines
- Millions Against Medical Mandates
- Thinktwice.com
- Learn the Risk.org
- Age of Autism.org
- Autism Action Network
- National Health Freedom Coalition
- Weston A. Price Foundation
- Informed Consent Action Network
- Educate Before You Vaccinate
- Moms Across America
- Circle of Mamas.org
- Hope Inc, Academy
- Vaccine Injury Awareness League
- Greenmed.info
- Freedom Keepers United
- Health Freedom Defense Fund
- V is for Vaccine
- Vaccine Choice Prayer Community
- Vaccines: Are They Really Safe? <https://garynull.com/>
- Vaxlonghaulers.com

This is only a short list. There are thousands of practitioners and state and local organizations working to guard informed consent. For instance, there are 22,000 members of Nurses Against Mandatory Vaccines.¹ For another example, see the Physicians for Informed Consent website, and click on Coalition, for hundreds of groups.²

¹ Nurses Against Mandatory Vaccines <https://theeventchronicle.com/22000-brave-nurses-refusing-to-submit-to-mandatory-vaccinations/>

² <https://physiciansforinformedconsent.org/cic/>

If you look up vaccine-aware professionals' bios on Wikipedia, will you get factual, unbiased information?

Wikipedia's Culture of Institutional Bias by Gary Null, PhD

Weekly, millions of people Google their concerns about their health and a large variety of illnesses, such as heart disease, cancer, diabetes, dementia, etc. They expect, with speed and accuracy, to find the current scientifically based and clinically proven information. The majority of people begin to approach a personal health crisis by turning exclusively to established medical, drug-based protocols. However, these treatments do not always relieve symptoms nor reverse disease. Certainly they do not prevent it.

Increasingly people are seeking second and third opinions. More often than not Google will take a person immediately to Wikipedia. There is an assumption and a reasonable expectation that the information we find on Wikipedia is 1) accurate, 2) soundly researched and referenced from high quality and reliable resources, 3) written by credentialed writers and editors with expertise in the subject, 4) unbiased, and finally 5) objective and balanced. Therefore it is at minimal assumed that at least the content on Wikipedia is scientifically validated and would appear on the National Institutes of Health PubMed database for medical information and research. Whether it is pharmaceutical, surgical or radiological approach, or perhaps a more natural medical modality such as lifestyle change, nutrition, medical botanicals, Chiropractic and Chinese Medicine, it is expected the information will be accurately provided and described. Then using our freedom of choice and informed consent, we can select the medical route that we believe would be most safe and effective.

Unfortunately, our two year investigation into Wikipedia's treatment of health issues appears to reveal exactly the opposite. In fact, there are many individuals with outstanding credentials who are terrified of having their biographies appear on the open-source encyclopedia. Once a person's biography is added they will never have control over its content. Often he or she will be faced with slander, character assassination and denigration about their careers and life's work. All efforts by attorneys and experts in their field will not be able to change a single syllable on a Wikipedia page. Their biographies are frozen as if confined in a Russian gulag for a political crime. They will seek redress by reaching out to the media; but the media too is fully compromised. They may seek open hearings on Wikipedia's back side to expose unfair behavior and misinformation but will be met either by deafening silence or censorship. They may even seek redress from the IRS or state's attorney generals for Wikipedia's gross serial violations of its non-profit status. Consequently, it becomes political and assumingly nothing will happen to correct the errors.

As a result, a small group of relatively uncredentialed, hate-filled individuals commonly known as Skeptics, empowered by Wikipedia's co-founder Jimmy Wales, have been using the encyclopedia as a social media platform to condemn all non-conventional and alternative medical therapies and its practitioners, even those who seek to benefit from these therapies.

There are hundreds of thousands of clinical trials, research papers and review analyses confirming the authenticity and effectiveness of these natural medical systems. However, for the Skeptics who control and edit these Wikipedia pages, knowing full well that they have Jimmy Wales' unerring support, the truth is largely irrelevant.³

Google, Facebook, Twitter and You Tube are admitted censors of vaccine information. They have deleted many qualified practitioner's accounts according to their bias. They are facing multiple anti-trust and other lawsuits. They are investors in vaccine companies and in the CDC Foundation.

Questionnaires for Your Health Care Provider

Suggested use for patients. Questionnaire A may be directed towards a specific vaccine. Questionnaire B is more about vaccines in general and covers many of the main points in this book.

Submit a copy of one or both questionnaires along with a copy of this book (either hard copy or e-book) to your doctor, the nurse on staff, or medical assistant prior to an appointment. Or submit questions of your own.

Tell the appropriate member of the staff you will be asking the doctor these questions when you come in. Request that he or she return the book and the questionnaire with answers completed at your appointment, and that you wish to discuss the questions.

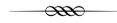
This way her or she will have plenty of time to prepare answers to your questions.

Your doctor's response to this questionnaire will reveal to you his or her knowledge of, and attitude toward, informed choice in vaccines.

³ See full article Wikipedia's Culture of Institutional Bias at <https://garynull.com/wikipedias-culture-institutional-bias/>, see also <https://garynull.com/vaccine-deep-state/>

APPENDIX C

Questions to ask your doctor before you allow injections



These are basic questions that doctors should be able to answer as for any other procedure where risks and benefits must be weighed, such as surgery, chemotherapy, heart catheter, drug therapy and so forth.

QUESTIONNAIRE A

1. How dangerous is the disease for which the vaccine is being given, that is, exactly what are the chances it will kill or cripple me or my child?
2. How effective is the vaccine for this disease that you are recommending, that is, what are the chances it will fail to protect?
3. How dangerous is the vaccine, that is, exactly what are the chances it will kill or cripple?
4. What side effects are associated with the vaccine?
5. Which patients should not be given the vaccine?
6. What are the risks of my receiving more than one vaccine at a time, or in combination with other drugs I am taking (or my child)?
7. Will you confirm in writing that the vaccine you recommend is essential for my health or my child's health, and that I am healthy enough to receive it?
8. Allow me to read the package insert of the product you are recommending ([package inserts](#) are available on line)
9. Will you sign the following liability form?

QUESTIONNAIRE B

Informed Choice for Vaccines

Dear Doctor or Health Care Provider,

I know the health, safety and well-being of your patients is your first priority. In doing research on vaccines, I have come across some facts that have raised my concerns.

Documentation of these issues can be found in *Risks and Benefits of Vaccines for Informed Choice*, by Kathleen Melonakos, RN, MA, available at www.risksandbenefitsofvaccines.com, and are referenced in the footnotes of each question below.

In an effort to safeguard my health and make an informed choice regarding vaccines, I am asking you to review the following questions. I would like to discuss these questions with you. Thank you so much for your consideration.

1. Do you recommend the CDC schedule for me or my child? If so, can you tell me the death rates of the vaccine-targeted diseases on the schedule, meaning, what are the chances of me or my child being killed or permanently injured by these diseases?¹
2. I wish to ask about the risks of vaccines. Are you aware that the levels of aluminum and mercury in some vaccines exceed safe levels as established by the FDA? Have you checked the vaccines you are recommending for me or my child to see if they have unsafe levels?²
3. Does the vaccine you are recommending for me or my child have formaldehyde in it, a known cancer-causing agent?³
4. Did you know that studies show that the aborted fetal cell residuals found in many vaccines can cause auto-immune diseases?⁴
5. If I have moral, ethical and scientific objections to being injected with tissue residuals from another human being, and the human trafficking it necessitates, can you supply the data that the vaccine you are recommending is so essential for my health (or my child's) that I should overcome all my moral, ethical and science-based objections?

¹ *Risks and Benefits of Vaccines for Informed Choice*, pp. 11-13.

² pp. 15-21

³ pp. 15-18

⁴ p. 22-23, 41-42

6. Are you aware that vaccine manufacturers do not disclose all their ingredients in their package inserts? So how do we know what the ingredients really are and if they are safe?⁵
7. Are you aware that vaccines are not safety tested using control group studies like other drugs? Then how do we know they are safe or effective?⁶
8. Independently funded control-group studies (not funded by pharmaceutical companies or the CDC) show that unvaccinated kids are healthier and have dramatically fewer cases of autism and other chronic diseases than vaccinated.⁷ What are your comments on these studies?
9. I have concerns about the expanded schedule of 72 doses of vaccines now required for children by the CDC.⁸ Since the death rates of vaccine-targeted infectious diseases declined by 97% before vaccines were introduced, shouldn't this fact cause us to re-evaluate our ideas about the need for all these vaccines?⁹
10. I am concerned about multiple doses of vaccines being given to my child at the same time, (sometimes nine doses at one office visit). Giving these drugs in combination has never been tested for safety.¹⁰ So how do we know if it is safe to give this many drugs at one time?
11. Are you aware that the HHS sponsored a large study completed by Harvard with 715,000 people which determined that vaccine injury rates were 1 in 39 doses of vaccines, (not one in a million)? Do you know that the CDC panicked and refuses to acknowledge this data?¹¹
12. Hepatitis B is a disease that children almost never contract, but rather almost always occurs in sexually promiscuous adults and IV drug users. Why then are infants given the Hep B vaccine on the day they are born, and two more doses after that?¹² Aren't they getting all the risks without a benefit?

⁵ p. 24

⁶ pp. 25-26

⁷ pp. 49-53

⁸ p. 31

⁹ p. 11-13

¹⁰ p. 32

¹¹ pp. 33-37

¹² pp. 42-44

13. Sudden Infant Death Syndrome is listed as an adverse effect on the package inserts of some vaccines. Tell me why I should risk the possibility of losing my child in this way.¹³
14. Flu shots are recognized as being only 40% effective; yet they carry all the risks of the toxic ingredients in them. Have you reviewed the *Nine Flu Vaccine Facts* based on peer reviewed studies published by the Physicians for Informed Consent?¹⁴ What are your comments?
15. The Pfizer and Moderna covid shots utilize brand new mRNA technology and were only tested for a few weeks without using control group studies. As of October 2021, the VAERS data indicates they have killed more than 17,000 people and caused 600,000 adverse effects– more than those reported for all vaccines in the last few decades.¹⁵ Does this concern you as it does me?
16. Did you know that the CDC is seriously compromised by conflicts of interest, for instance, it receives multi-million dollar donations from drug companies, other large corporations and foundations through the CDC Foundation?¹⁶
17. Since you, as my health care provider are required by the same 1986 law that absolved vaccine makers of all liability to give full informed consent to all your patients, it is incumbent upon you to explain to me all the risks and benefits of these biologic agents.¹⁷ If you recommend the full CDC schedule and believe the benefits of vaccines outweigh the risks, are you willing to sign the following liability form?

Thank you for your consideration of my concerns,

Name _____ Date _____

¹³ pp. 44-46

¹⁴ pp. 47-48.

¹⁵ p. 66

¹⁶ pp. 57-60.

¹⁷ pp. 28-29

APPENDIX D

Liability Form for Health Care Providers



Adapted from a letter written by Laura Hayes, “Will California Legislators and School Personnel Sign Vaccine Liability Form”?¹

Vaccine injuries are real, and they most certainly are not rare. Vaccine deaths are a tragic reality, too.

If, as my health care provider, you recommend the full CDC schedule for my child including three doses of Hep B shots while a newborn and 19 flu shots by the time they are 18, I ask you to accept full liability for any and all vaccine-related sequelae. This is necessary because I am unable to provide for the needs of a vaccine-injured child, as the costs can escalate into the multi-millions of dollars. I am also not in a position to provide around-the-clock care and supervision should my child be vaccine-injured, a distinct possibility post-vaccination.

By signing below, you are agreeing to cover all costs associated with any and all injuries my child may sustain, in the short-term and/or the long-term, as a result of the medical procedure of vaccination. These vaccine-related sequelae include, but are not limited to: autism, asthma, allergies (both food and environmental), seizure disorder, tics, encephalitis, encephalopathy, Type 1 diabetes, heavy metal toxicity, leukemia, speech and language delays, learning and behavioral issues, autoimmune disease, blindness, deafness, juvenile rheumatoid arthritis, POTS, cancer, purpura, narcolepsy, paralysis, transverse myelitis, Guillain Barre syndrome, mental retardation, OCD, demyelination, Crohn’s disease, ulcerative colitis, intussusception, the vaccine-targeted disease itself, and SIDS).

You are also agreeing to compensate my child and me each annually at a rate of \$1,000,000 per year for loss of livelihood and opportunities which result from vaccine injury (this will be in addition to the costs associated with the vaccine injuries). Should my child be killed by his/her vaccines, you are agreeing to compensate me in the amount of \$100,000,000 (there is no acceptable “compensation” for the killing of my child, but it is necessary to put forth a dollar amount).

Signatures for those agreeing to full, personal liability:

Doctor or other health care provider _____ Date: _____

Witness _____ Date: _____

Patient _____ Date: _____

Parent _____ Date: _____

If you are unwilling to sign and assume FULL liability, in addition to compensatory damages, then I, too, am unwilling to assume FULL liability. Thus, I will not be complying with vaccine mandates or recommendations, as there will be no monies or people in place to take care of my child should he/she become injured, or killed, by his/ her vaccines, and I am unwilling to put myself, or my child, in that position.

Additionally, and very importantly, knowingly and purposefully placing my child in a position to be harmed or killed violates my privately-held religious beliefs and/or my conscience.

Patient, parent or guardian signature _____ Date: _____

¹ Posted by [Age of Autism](http://www.ageofautism.com) on May 29, 2015 at 05:43 <https://www.ageofautism.com/2015/05/will-california-legislators-school-personnel-sign-vaccine-liability-form.html>

