“There are unanswered questions about vaccine safety. ... No one should be threatened by the pursuit of this knowledge.”
—Bernadine Healy, M.D., former director, National Institutes of Health (NIH), and former health editor, U.S. News & World Report

VACCINE EPIDEMIC

How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children

Edited by Louise Kuo Habakus, M.A.
Director, Center for Personal Rights

and Mary Holland, J.D.
Research Scholar, NYU School of Law

with Kim Mack Rosenberg, J.D.

EXPANDED WITH NEARLY 100 PAGES OF NEW CONTENT
- Six PhDs
  - biochemistry
  - chemistry
  - epidemiology
  - history
  - holistic nutrition
  - microbiology
- Five attorneys
- Five Master’s degrees, including public health
- Four physicians
- Three RNs including a USAF captain (ret)
- Financial market strategist
- MLSP, RD, LSW, LD
- Advocates, writers, students, parents, teachers and business people
Part 1:
The Case for Vaccination Choice

Part 2:
Personal Narratives

Part 3:
Issues in Debate
# Childhood Vaccines

## 2012 CDC Recommended Schedule

### Birth to age 6:

- 5 DTaP (15)
- 2 MMR (6)
- 2 Hep A
- 3 Hep B
- 4 Hib
- 7 Flu
- 4 Polio
- 4 Prevnar
- 3 Rotavirus
- 2 Varicella

### Ages 7 to 18:

- 2 Menactra*
- 1 Tdap (3)
- 12 Flu**
- 3 HPV

## 70 doses of 16 vaccines by age 18

* CDC panel voted to add second meningococcal at age 16 on 10/24/10

** 2010-2011 seasonal flu vaccine contains H1N1 strain
### CHILDHOOD IN AMERICA

**THE “NEW NORMAL”**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>1 in 3</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>1 in 6</td>
</tr>
<tr>
<td>Asthma</td>
<td>1 in 9</td>
</tr>
<tr>
<td>ADHD</td>
<td>1 in 10</td>
</tr>
<tr>
<td>Food Allergies</td>
<td>1 in 12</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>3-5 in 100</td>
</tr>
<tr>
<td>Autism</td>
<td>1 in 88</td>
</tr>
<tr>
<td>Seizures</td>
<td>1 in 100</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1 in 450</td>
</tr>
<tr>
<td>Cancer</td>
<td>1 in 6,000</td>
</tr>
</tbody>
</table>

50% of children are chronically ill or overweight

---

tinyurl.com/y4el5f3 (ADHD), tinyurl.com/y6d6s8y (asthma), tinyurl.com/yyahv5u (autism), tinyurl.com/y4ah2hc (birth defects), tinyurl.com/y3g76ka (children's health), tinyurl.com/y2trzg2 (chronic illness), tinyurl.com/y42df3p (diabetes), tinyurl.com/6ad2k65 (food allergies), tinyurl.com/y6q3lu8 (learning disability), tinyurl.com/y4ovf4g (obesity), tinyurl.com/y2cz5pw (obese young adults), tinyurl.com/y64p9oq (seizures), tinyurl.com/2do8944 (cancer)
Part 1: The Case for Vaccination Choice
  - science and medicine
  - human rights and the law
  - ethics, philosophy, religion and more

Part 2: Personal Narratives

Part 3: Issues in Debate
WHERE’S THE RESEARCH?

- No long-term studies of vaccinated vs unvaccinated populations
- No studies of U.S. vaccine schedule as a whole
- No long-term studies of health outcomes for individual vaccines
- Failure to study the alleged vaccine-injured
- Government spends 0.5% of its total budget on vaccine safety science. The rest is for purchase, promotion, delivery

“The only line item for vaccine safety research is… a little less than $2 million per year… everything else has been begged, borrowed and stolen.”

Dr. Robert Chen, Chief, Vaccine Safety, CDC, May 31, 1995

Can parents be told vaccines are safe?
WHAT DOES THE SCIENCE SAY?

“Professional anti-vaccine people… don’t have science on their side”
Paul Offit on the Anti-Vaccine Movement, Talk of the Nation, NPR, 1/7/11

Epidemiology and Causation

• Analytic epi (tests hypotheses about causation)
  - Prospective and retrospective cohort
  - Case control
  - Clinical trials
  - Experimental animal models

• Descriptive epi (generates hypotheses, cannot test for causation)
  - Ecological or correlational studies
  - Case reports or case series
  - Cross-sectional surveys
WHAT DOES THE RECENT PEER-REVIEWED SCIENCE SAY?

- **Primate studies**
  Hewitson et al, University of Pittsburgh School of Medicine
  - *Acta Neurobiol Exp (Wars)*, 2010;70(2):147-64
  - *J Toxicol Environ Health A*, 2010 Jan;73(19)1298-313

- **Hepatitis B and developmental disability**
  Gallagher and Goodman, Stony Brook University Medical Center

- **DPT vaccine and asthma**
  McDonald KL et al, Univ of Manitoba, Community of Health Sciences

- **Meta-Analyses**
  DeSoto, University of Northern Iowa, Psychology
  - *Acta Neurobiol Ex (Wars)*. 2010;70(2):165-76

  - McDonald M and Paul J, U.S. Environmental Protection Agency
“Timing of increased autistic disorder cumulative incidence”
McDonald & Paul, Environ. Sci. Tech., 2010

Childhood Vaccines Added During or After Autism Changepoint
Hib conjugate vaccine added to schedule in 1988
Mumps virus quadrupled in the MMR vaccine in 1990
Additional DTaP dose at younger age added around 1990
Three additional Hib doses added to schedule in 1991
Three Hep B doses added to childhood schedule in 1992
Varicella (chickenpox) vaccine added to schedule in 1996
Flu vaccine added to schedule in 2002

1988-1989 WAS CHANGEPONT YEAR FOR AUTISM INCIDENCE
CDC SAYS VACCINES CONTINUALLY MONITORED FOR SAFETY AND EFFICACY

Let's Ask Parents... Are Vaccines Safe?

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

402,170 events from 1990 to August 13, 2012
Doctors are reluctant to report vaccine injuries
Only 1% to 10% of events are recorded

4 to 40 million potential vaccine reactions?

www.medalerts.org/vaersdb/stats.html
NUMBER STUDIED BEFORE GIVING HEP B VACCINE TO NEWBORNS?

“… 434 doses… were administered to 147 healthy infants and children (up to ten years of age)… monitored for five days”
Merck Recombivax, www.tinyurl.com/y8xfecs

IS IT SAFE TO GET ALL THESE SHOTS AT THE SAME TIME?

“Routine administration of DTP (diphtheria, tetanus, pertussis) and/or OPV (oral poliovirus vaccine) concurrently with measles, mumps and rubella vaccines is not recommended because there are limited data relating to the simultaneous administration of these antigens.”
MMR-II, www.tinyurl.com/24ldtn

NO, BUT IT’S DONE ANYWAY AND SUPPORTED

“The AAP has noted in some circumstances, particularly when the patient may not return, some practitioners prefer to administer all these antigens on a single day.”
MMR-II package insert 2001
One way to give 7 doses (if needed) at one visit

IPV (SC)
MMR (SC)
DTaP (IM)
Hib (IM)
Hep B (IM)
Varicella (SC)
PCV7 (IM)

The deltoid muscle is an option for IM injections in children 18 months and older with adequate muscle mass.

VACCINE INGREDIENTS: MERCURY DEBATE IS FAR FROM OVER

Trace amounts of mercury = 1,000 parts per billion (ppb) or less

- 0.5 ppb kills human neuroblastoma cells
- 2 ppb U.S. EPA limit for drinking water
- 20 ppb brain neuron membrane structure destroyed
- 200 ppb EPA classification as hazardous waste
- 25,000 ppb Hep B vaccine given at birth 1990-2002 and in most flu shots
- 50,000 ppb DTaP and Hib vaccines given at 2, 4, 6, 12, 18 months in the 1990s

... and concern about other ingredients is heating up

Aluminum    Antibiotics    Squalene    Polysorbate 80
Animal Byproducts  MSG  Formaldehyde  ... and more

LARGE DROPS IN DISEASE DEATHS LIKELY DUE TO IMPROVED SANITATION AND HYGIENE, NOT VACCINES

CDC’s Vital Statistics of the United States (VSUS), www.tinyurl.com/y59zzl7
A CORNERSTONE OF SOUND PUBLIC HEALTH?

1 in 143 American babies dies before age one. We trail every developed country except Poland.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>USA INFANT MORTALITY RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950 (before mass immunization)</td>
<td>3\textsuperscript{rd}</td>
</tr>
<tr>
<td>1986</td>
<td>17\textsuperscript{th}</td>
</tr>
<tr>
<td>1995</td>
<td>23\textsuperscript{rd}</td>
</tr>
<tr>
<td>2000</td>
<td>31\textsuperscript{st}</td>
</tr>
<tr>
<td>2012 est</td>
<td>49\textsuperscript{th}</td>
</tr>
</tbody>
</table>

We lag behind Macau, Anguilla, Andorra, Slovenia, Gibraltar, San Marino, Jersey, Guernsey, Isle of Man, Faroe Islands, Cuba, and Taiwan. We barely edge out Croatia, Belarus, Lithuania, Guam.

America’s Health Rankings 2009, [http://tinyurl.com/2cpwtj9](http://tinyurl.com/2cpwtj9), The World Factbook, CIA, 2010,
<table>
<thead>
<tr>
<th>Year</th>
<th>Vaccine</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940s</td>
<td>Diptheria, Tetanus, Pertussis</td>
<td>30 of 30</td>
</tr>
<tr>
<td>1955</td>
<td>Polio</td>
<td>30 of 30</td>
</tr>
<tr>
<td>1971</td>
<td>Measles, Mumps, Rubella</td>
<td>30 of 30</td>
</tr>
<tr>
<td>1990</td>
<td>Hib (meningitis)</td>
<td>28 of 30</td>
</tr>
<tr>
<td>1991</td>
<td>Hepatitis B</td>
<td>18 of 30</td>
</tr>
<tr>
<td>2000</td>
<td>Pneumococcal</td>
<td>11 of 30</td>
</tr>
<tr>
<td>1995</td>
<td>Varicella (chickenpox)</td>
<td>4 of 30</td>
</tr>
<tr>
<td>1998</td>
<td>Rotavirus (diarrhea)</td>
<td>3 of 30</td>
</tr>
<tr>
<td>2004</td>
<td>Influenza</td>
<td>2 of 30</td>
</tr>
<tr>
<td>2004</td>
<td>Hepatitis A</td>
<td>1 of 30</td>
</tr>
<tr>
<td>2006</td>
<td>Meningococcal</td>
<td>1 of 30</td>
</tr>
<tr>
<td>2006</td>
<td>Human Papillomavirus</td>
<td>1 of 30</td>
</tr>
</tbody>
</table>

HISPANIC CHILDREN AND AUTISM

Percentage of Children Ages 3-17 with Autism Spectrum Disorders (ASD), by Race/Hispanic Origin, 2007

Source: 2007 National Survey of Children’s Health

Source: Child Trends Data Bank
Autism Incidence
2.39% Hispanic both US born
0.31% Hispanic either US born
0.31% Hispanic both foreign born

Developmental Problems
3.27% NHW both US born
2.39% NHW either US born
0.83% NHW both foreign born

Environmental causes!
“... all children and young adults should receive all of the recommended vaccines according to the [CDC] schedule...

... vaccines do not cause autism or other developmental disabilities.

... by not vaccinating your child, you are taking selfish advantage of thousands of others who do vaccinate...

... delaying or breaking up the vaccines... goes against expert recommendations and can put your child at risk...

... if you absolutely refuse to vaccinate your child... we will ask you to find another... provider who shares your views. We do not keep a list... nor would we recommend any such physician.

...Thank you for your time in reading this policy...”

Part 1: The Case for Vaccination Choice
- science and medicine
- human rights and the law
- ethics, philosophy, religion and more

Part 2: Personal Narratives

Part 3: Issues in Debate
VACCINATION CHOICE IS A HUMAN RIGHT

- Nuremberg and birth of the modern human rights movement just after WW2
- United Nations declaration on bioethics and human rights in 2005
- Legal basis for vaccine mandates raises many critical questions
  - 1905 Jacobson v Massachusetts
  - 1923 Zucht v King
  - 1986 National Childhood Vaccine Injury Act
  - 2011 Bruesewitz v Wyeth
# Legal Basis for Vaccine Mandates in U.S.

**1905 Jacobson v. MA*:**
- One vaccine
- Vaccine mandates upheld
- Smallpox epidemic
- Widespread disease
- Contagious and airborne
- Adults only
- $5 fine for non-compliance ($125 today)

**2011 Present Day:**
- 70 doses of 16 vaccines
- Mandates for school and work
- Public emergency?
- Sporadic contained outbreaks
- Why mandates for STDs?
- Universal, one size fits all policy
- Right to work or schooling
- Medical, religious exemptions subject to state review

**Basis for vaccine mandates:**
Freedom of the individual must sometimes be subordinated to common welfare

* U.S. Supreme Court
$2.5 billion paid out or committed to 2,500 families by the Vaccine Injury Compensation Program

<table>
<thead>
<tr>
<th>VACCINES</th>
<th>ASSUMED ADVERSE EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus</td>
<td>Anaphylaxis</td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Brachial Neuritis</td>
</tr>
<tr>
<td>Polio</td>
<td>Encephalopathy</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Chronic Arthritis</td>
</tr>
<tr>
<td>Rubella</td>
<td>Thrombocytopenic Purpura</td>
</tr>
<tr>
<td>MMR</td>
<td>Vaccine-Strain Measles</td>
</tr>
<tr>
<td></td>
<td>Vaccine-Strain Polio</td>
</tr>
</tbody>
</table>

Statistics - October 2010, www.tinyurl.com/4gkk8cc; Vaccine Injury Table, tinyurl.com/y3vgz4
STATE EXEMPTIONS TO VACCINE MANDATES

**Medical:** Offered in all 50 states, with proof in the form of a signed statement by an MD or DO that one or more vaccines would be detrimental to an individual's health. Some state health departments are permitted to review and revoke the exemption.

**Religious:** Permitted in all states except Mississippi and West Virginia. Intended for people who possess a sincere religious belief against vaccination.

**Philosophical:** Permitted in 20 states and applies to over 50% of the U.S. population. Also called the personal belief or conscientious exemption. People often do not know that this right exists.

**Proof of Immunity:** Some states permit a Serological Exemption to boosters, if titers are drawn and sufficient antibodies are present.
### STATE VACCINE MANDATES
#### DAYCARE AND SCHOOL ADMISSION

<table>
<thead>
<tr>
<th>Shot</th>
<th>NJ</th>
<th>NY</th>
<th>CA*</th>
<th>WI*</th>
<th>WV</th>
<th>TX*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP (3)</td>
<td>6 (18)</td>
<td>4-5</td>
<td>5</td>
<td>4-5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>MMR (3)</td>
<td>2 (6)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hep B</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Polio</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3-4</td>
<td>4</td>
</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Menactra</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Hep A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Flu</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Prevnar</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Hib</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>35</strong></td>
<td><strong>32</strong></td>
<td><strong>36</strong></td>
<td><strong>37</strong></td>
<td><strong>39</strong></td>
</tr>
</tbody>
</table>

Total number of doses, DTaP includes Tdap booster, Source: State Department of Health websites, *=PBE
This new California law, which allows children aged 12+ to receive vaccines without parental knowledge or consent, raises many disturbing questions:

- Can young children weigh risks and benefits?
- Will they know their personal or family history?
- What if parents don’t know their child was vaccinated without their consent and the child is revaccinated?
- What if a child has a delayed vaccine injury and his parents or doctor don’t know the child was vaccinated?
- Who will monitor children for adverse reactions?
- Who will bear the costs of such a program? > $400/child
This new bill, which requires parents to obtain a physician’s signature for religious or philosophical exemptions to vaccine mandates, raises yet more disturbing concerns:

- This bill is redundant. Doctors are already required to discuss risks and benefits of each vaccine for each child with the parent.
- Why is a doctor approving a constitutionally protected belief?
- Naturopathic and other holistic health practitioners cannot sign.
- This new requirement is not likely to work. By the time children start school, most parents have already made up their minds.
- Some doctors will not sign. Finding a new doctor is costly. One way or another, CA taxpayers will foot the bill.
- This bill will anger parents and further alienate an already stressed physician-patient relationship.
Part 1: The Case for Vaccination Choice

Part 2: Personal Narratives
- Hannah Bruesewitz
- autism, hep B, Gardasil, biomedical recovery
- military and adults

Part 3: Issues in Debate
Part 1: The Case

Part 2: Personal Narratives

Part 3: Issues in Debate
   - child protective services
   - government and media
   - vaccine business, mercury, medical views, and more
<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Larry Newell</td>
<td>August 27, 1979</td>
<td>After the reporting of the SIDS cases in Tennessee, we discussed the merits of limiting distribution of a large number of vials from a single lot to a single state, county or city health department and obtained agreement from senior management staff to proceed with such a plan. This subject has been discussed with Charlie Young and the following guidelines were developed by FSD. I would appreciate your comments concerning this procedure and the advisability of formalizing these guidelines. Internal Measures in Effect 1. Allocation of stock to Distribution Centers is designated by lot number in a manner designed to leave the maximum variety of lot numbers in Great Valley and Marietta to service substantial areas. 2. Managers in D.C.’s carrying average inventories of over 1000 sedaclone (approximate) have been requested to advise FSD of any orders exceeding 2000 vials. FSD will then allocate vials by lot number, furnishing additional stock as needed. Permanent Policy Proposal 1. A D.C. will not fill any order with stock exceeding 2000 packages of one lot number before clearing with FSD. 2. When additional stock is needed for compliance, FSD will make necessary arrangements. 3. In the event that the national inventory does not permit compliance, FSD will clear exception with Marietta management, or make adjustments for split delivery.</td>
</tr>
</tbody>
</table>

In 1978-79, eleven babies died within eight days of a DPT shot. Nine of them had been vaccinated with the same lot of pertussis vaccine, Wyeth # 64201. Five died within twenty-four hours of vaccination (four from the same lot).

“After the reporting of SIDS cases in Tennessee, we discussed the merits of limiting distribution of a large number of vials from a single lot to a single state, county or city health department and obtained agreement from senior management staff to proceed with such a plan.”

Internal Correspondence  
August 27, 1979  
http://bit.ly/GFsIdb
VACCINATION CHOICE IS A HUMAN RIGHT

• There is a risk of death or injury with every vaccine given.
• Vaccination gives the patient a weakened form of the disease.
• Protection from vaccination is temporary.
• Herd immunity never had anything to do with vaccines.
• Vaccination is the only medical intervention mandated for virtually all children. It is “one size fits all” medicine.
• Mandates are sign of the failure of vaccination.
• Dr. Wakefield’s 1998 *Lancet* paper called for more research. You cannot debunk a call for more research.
• Vaccines are a multi-billion dollar global industry with near blanket liability protection.
No scientific progress made in relationship between vaccines and autism since 1998.
Since Wakefield was targeted and destroyed, no reputable scientist dares to do serious research on vaccines and autism.
Wakefield’s research identifying a link between autism and bowel disease has been confirmed on five continents.
The evidence of fraud on the part of the British Medical Journal, Fiona Godlee, and Brian Deer is very strong.
Exoneration of Professor John Walker-Smith in the UK suggests the GMC proceeding was flawed if not rigged.
Best chance to open up the science is to show the persecution is tied to hiding the truth about a vaccine-autism link.
THALIDOMIDE
PRESCRIBED TO COMBAT MORNING SICKNESS,
CAUSED SEVERE BIRTH DEFECTS FROM 1956 TO 1962
PREMARIN
INCREASED RISK OF BLOOD CLOTS, LIVER PROBLEMS, BREAST AND UTERINE CANCERS, CV DISEASE
VIOXX WITHDRAWN IN 2004
DUE TO HEART ATTACK AND STROKE CONCERNS
AFTER FIVE YEARS ON MARKET
MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE
YOU'VE COME A LONG WAY BABY
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Research Scholar, NYU School of Law

Expanded with nearly 100 pages of new content
PLEASE SUPPORT THE MOVEMENT FOR PARENTAL VACCINATION CHOICE

FOR MORE INFORMATION, GO TO

WWW.VACCINEEPIDEMIC.COM
WWW.CENTERFORPERSONALRIGHTS.ORG

THANK YOU FOR COMING!