

Dr. James R. Shannon, former director of the National institute of health declared, “the only safe vaccine is one that is never used.”

Cowpox vaccine was believed able to immunize people against smallpox. At the time this vaccine was introduced, there was already a decline in the number of cases of smallpox. Japan introduced compulsory vaccination in 1872. In 1892 there were 165,774 cases of smallpox with 29,979 deaths despite the vaccination program. A stringent compulsory smallpox vaccine program, which prosecuted those refusing the vaccine, was instituted in England in 1867. Within 4 years 97.5 % of persons between 2 and 50 had been vaccinated. The following year England experienced the worst smallpox epidemic[1] in its history with 44,840 deaths. Between 1871 and 1880 the incidence of smallpox escalated from 28 to 46 per 100,000. The smallpox vaccine does not work.

Much of the success attributed to vaccination programs may actually have been due to improvement in public health related to water quality and sanitation, less crowded living conditions, better nutrition, and higher standards of living. Typically the incidence of a disease was clearly declining before the vaccine for that disease was introduced. In England the incidence of polio had decreased by 82 % before the polio vaccine was introduced in 1956.

In the early 1900s an astute Indiana physician, Dr. W.B. Clarke, stated “Cancer was practically unknown until compulsory vaccination with cowpox vaccine began to be introduced. I have had to deal with two hundred cases of cancer, **and I never saw a case of cancer in an unvaccinated [2] person.**”

There is a widely held belief that vaccines should not be criticized because the public might refuse to take them. This is valid only if the benefits exceed the known risks of the vaccines.

Do Vaccines Actually Prevent Disease?

This important question does not appear to have ever been adequately studied. Vaccines are enormously profitable for drug companies and recent legislation in the U.S. has exempted lawsuits against pharmaceutical firms in the event of adverse reactions to vaccines which are very common. In 1975 Germany stopped requiring pertussis (whooping cough) vaccination. Today less than 10 % of German children are vaccinated against pertussis. The number of cases of pertussis has steadily decreased[3] even though far fewer children are receiving pertussis vaccine.

Measles outbreaks have occurred in schools with vaccination rates over 98 % in all parts of the U.S. including areas that had reported no cases of measles for years. As measles immunization rates rise to high levels measles becomes a disease seen only in vaccinated persons. An outbreak of measles occurred in a school where 100 % of the children had been vaccinated. **Measles mortality rates had declined by 97 % in England before measles vaccination was instituted.**

In 1986 there were 1300 cases of pertussis in Kansas and 90 % of these cases occurred in children who had been adequately vaccinated. Similar vaccine failures have been reported from Nova Scotia where pertussis continues to be occurring despite universal vaccination.

Pertussis remains endemic[4] in the Netherlands where for more than 20 years 96 % of children have received 3 pertussis shots by age 12 months.

After institution of diphtheria vaccination in England and Wales in 1894 the **number of deaths from diphtheria rose by 20 % in the subsequent 15 years. Germany had compulsory vaccination in 1939. The rate of diphtheria spiraled to 150,000 cases that year whereas, Norway which did not have compulsory vaccination, had only 50 cases of diphtheria the same year.**

The continued presence of these infectious diseases in children who have received vaccines proves that life long immunity which follows natural infection does not occur in persons receiving vaccines. The injection process places the viral particles into the blood without providing any clear way to eliminate these foreign substances.

Why Do Vaccines Fail To Protect Against Diseases?

Walene James, author of Immunization: the Reality Behind The Myth, states that the full[5] inflammatory response is necessary to create real immunity. Prior to the introduction of measles and mumps vaccines children got measles and mumps and in the great majority of cases these diseases were benign. Vaccines “trick” the body so it does not mount a complete inflammatory response to the injected virus.

Vaccines and Sudden Infant Death Syndrome SIDS

The incidence of Sudden Infant Death syndrome SIDS has grown from .55 per 1000 live births in 1953 to 12.8 per 1000 in 1992 in Olmstead County, Minnesota. **The peak incidence for SIDS is age 2 to 4 months the exact time most vaccines are being given to children.** 85 % of cases of SIDS occur in the first 6 months of infancy. The increase in SIDS as a percentage of total infant deaths has risen from 2.5 per 1000 in 1953 to 17.9 per 1000 in 1992. This rise in SIDS deaths has occurred during a period when nearly every childhood disease was declining due to improved sanitation and medical progress except SIDS. These deaths from SIDS did increase during a period when the **number of vaccines given** a child was steadily rising to **36 per child.**

Dr. W. Torch was able to document 12 deaths in infants which appeared within 3½ and 19 hours of a DPT immunization. He later reported 11 new cases of SIDS death and one near miss which had occurred within 24 hours of a DPT injection. When he studied 70 cases of SIDS two thirds of these victims[6] had been vaccinated from one half day to 3 weeks prior to their deaths. None of these deaths was attributed to vaccines. Vaccines are a sacred cow and nothing against them appears in the mass media because **they are so profitable to pharmaceutical firms.**

There is valid reason to think that not only are vaccines worthless in preventing disease they are counterproductive because **they injure the immune system permitting cancer, auto-immune diseases and SIDS to cause much disability and death.**

Are Vaccines Sterile?

Dr. Robert Strecker claimed that the department of defense DOD was given \$10,000,000 in 1969 to create the AIDS virus to be used as a population-reducing[7] weapon against blacks. By use of the Freedom of Information Act Dr. Strecker was able to learn that the DOD secured funds from Congress to perform studies on immune destroying agents for germ warfare.

Once produced, the vaccine was given in two locations. Smallpox vaccine containing HIV was

given to 100,000,000 Africans in 1977. Over 2000 young white homosexual males in New York City were given Hepatitis B vaccine that contained HIV virus in 1978. This vaccine was given at New York City Blood Center. The Hepatitis B vaccine containing the HIV virus was also administered to homosexual males in San Francisco, Los Angeles, St.Louis, Houston and Chicago in 1978 and 1979. U.S. Public Health epidemiology studies have disclosed that these same 6 cities had the highest incidence of AIDS, Aids related Complex (ARC) and deaths rates from HIV, when compared to other U.S. cities.

When a new virus is introduced into a community. It takes 20 years for the number of cases to double. If the fabricated story that green monkey bites of pygmies led to the HIV epidemic, the alleged monkey bites in the 1940s should have produced a peak in the incidence of HIV in the 1960s at which time HIV was non existent in Africa. The World Health Organization (WHO) began a African smallpox vaccination campaign in 1977 that targeted urban population centers and avoided pygmies. If the green monkey bites of pygmies truly caused the HIV epidemic the incidence of HIV in pygmies should have been higher than in urban citizens. However, the opposite was true.

In 1954 Dr. Bernice Eddy (bacteriologist) discovered live monkey viruses in supposedly sterile inactivated polio vaccine[8] developed by Dr. Jonas Salk. This discovery was not well received at the NIH and Dr. Eddy was demoted. Later Dr. Eddy, working with Sarah Stewart, discovered SE polyoma virus. This virus was quite important because it caused cancer in every animal receiving it. Yellow fever vaccine had previously been found to contain avian (bird) leukemia virus. Later Dr. Hilleman isolated SV 40 virus from both the Salk and Sabin polio vaccines. There were 40 different viruses[9] in these polio vaccines they were trying to eradicate. They were never able to get rid of these viruses contaminating the polio vaccines. The SV 40 virus causes malignancies. It has now been identified in 43 % of cases of non-Hodgkin lymphoma[10] , 36 % of brain tumors[11] , 18 % of healthy blood samples, and 22 % of healthy semen samples, mesotheliomas and other malignancies. By the time of this discovery SV 40 had already been injected into 10,000,000 people in Salk vaccine. Gastric digestion inactivates some of SV 40 in Sabin vaccine. However, the isolation of strains of Sabin polio vaccine from all 38 cases of Guillan Barre Syndrome[12] GBS in Brazil suggests that significant numbers of persons are able to be infected from this vaccine. All 38 of these patients had received Sabin polio vaccine months to years before the onset of GBS. The incidence of non-Hodgkin lymphoma has "mysteriously" doubled since the 1970s.

Dr. John Martin, Professor of Pathology at the Univ. of Southern California, was employed by the Viral Oncology Branch of the Bureau of Biologics (FDA) from 1976 to 1980. While employed there he identified foreign DNA in the live polio vaccine Orimune Lederle that suggested serious vaccine contamination. He warned his supervisors about this problem and was told to discontinue his work as it was outside the scope of testing required for polio vaccine.

Later Dr. Martin learned that all eleven of the African green monkeys used to grow the Lederle polio virus Orimune had grown simian cytomegalovirus from kidney cell cultures. Lederle was aware of this viral contamination as their Cytomegaloviral Contamination Plan[13] clearly showed in 1972. The Bureau of Biologics decided not to pursue the matter so production of infected polio vaccine continued.

In 1955 Dr. Martin identified unique cell destroying viruses termed stealth viruses in patients with chronic fatigue syndrome. These viruses lacked genes that would enable the immune system to recognize them. Thus they were protected by the body's failure to develop antiviral antibodies. In March of 1995, Dr. Martin learned that some of these stealth viruses had originated from African green monkey simian cytomegalovirus of a type known to infect man.

The Lederle vaccine experience suggests that the higher-ups are not concerned about sloppy and dangerous preparation of vaccines. Animal cross infection is a huge unsolved current problem for all vaccine manufacturing. If this vaccine production sounds like an unbelievable mess to you, you are right.

The influential Club of Rome has a position paper in which they state that the world population is too large and needs to be reduced by 90 %. This means that 6 billion people must be reduced to 500 to 600 million. Obviously, creating famines and genocidal wars such as wrecked havoc in Africa, and loosing new laboratory-created diseases (HIV, Ebola, Marburg[14] , and probably West Nile virus and SARS) can help reduce the population. Other elitist groups (Trilaterals, Bildenbergers) have expressed similar concerns about excess people on planet Earth.

The company that was projected to produce the new smallpox vaccine in the U.S. was in serious trouble in England because of unsatisfactory quality of operations before setting up their facility in the U.S. Why would their performance here be any better than it was in England?

If there are important powerful groups of people that are determined to reduce the world population, what could be a more diabolically clever way to eliminate people than to inject them with a cancer-causing vaccine? The person receiving the injection would never suspect that the vaccine taken 10 to 15 years earlier had caused the cancer to appear.

Other Dangers From Vaccines

In the March 4, 1977 issue of Science Jonas and Darrell Salk warn, "Live virus vaccines against influenza or poliomyelitis may in each instance produce the disease it intended to prevent. The live virus against measles and mumps may produce such side effects as encephalitis (brain damage).

The swine flu vaccine was administered to the American public even though there had never been a case of swine flu identified in a human. Farmers refused to use the vaccine because it killed too many animals. Within a few months of use in humans this vaccine caused many cases of serious nerve injury (Guillan Barre syndrome).

An article in the Washington Post on Jan. 26, 1988 mentioned that all cases of polio since 1979 had been caused by the polio vaccine with no known cases of polio from a wild strain since 1979. This might have created a perfect situation to discontinue the vaccine, but the vaccine is still given. Vaccines are a wonderful source of profits with no risks to the drug companies since vaccine injuries are now recompensed by the government.

The steady escalation in the number of vaccines administered has been followed by an identical rise in the incidence of auto-immune diseases (rheumatoid arthritis, subacute lupus erythematosus, psoriasis, multiple sclerosis, asthma) seen in children. While there is a genetic transmission of some of these diseases many are probably due to the injury from foreign protein particles, mercury, aluminum, formaldehyde and other toxic agents injected in vaccines.

In 1999, the rotavirus vaccine was recommended by the Center for Disease Control for all infants. When this vaccine program was instituted several infants died and many had life endangering bowel obstructions. Preliminary trials[15] of the rotavirus vaccine had demonstrated an increased incidence of intussusception 30 times greater than normal but the

vaccine was released anyway without special warnings to practitioners to be on the lookout for bowel problems. **Children's vaccines are often not studied for toxicity possibly because such study might eliminate them from being used.**

A large study from Australia showed that the risk of developing encephalitis from the pertussis vaccine was 5 times greater than the risk of developing encephalitis by contacting pertussis by natural methods.

Naturally acquired immunity by illness evolves by spread of a virus from the respiratory tract to the liver, thymus, spleen, and bone marrow. When symptoms begin, the entire immune response has been mobilized to repel the invading virus. This complex immune system response creates antibodies that confer life long immunity against that invading virus and prepares the child to respond promptly to an infection by the same virus in the future.

Vaccination, in contrast, results in the persisting of live virus or other foreign antigens within the cells of the body, a situation that may provoke auto-immune reactions as the body attempts to destroy its own infected cells. There is no surprise that the incidence of auto-immune diseases (rheumatoid arthritis, subacute lupus erythematosus, multiple sclerosis, asthma, psoriasis) has risen sharply in this era of multiple vaccine immunization.

Vaccine Induced Type 1 Diabetes Mellitus

Dr. John Classen has published 29 articles on vaccine-induced[16] diabetes. At least 8 of 10 children with Type 1 (insulin needing) diabetes have this disease as a result of vaccination. These children may have avoided measles, mumps, and whooping cough but they have received something far worse: **an illness that shortens life expectancy by 10 to 15 years and results in a life requiring constant medical care.**

Dr. Classen has shown in Finland, the introduction of hemophilus type b vaccine caused three times as many cases of type 1 diabetes as the number of deaths and brain damage from hemophilus influenza type b it might have prevented.

In New Zealand, the incidence of Type 1 diabetes in children rose by 61 % after an aggressive vaccine program against hepatitis B.. This same program has been started in the U.S.A. so we can now look forward to many cases of Type 1 diabetes in children. Similar rises in Type 1 diabetes have been seen in England, Italy, Sweden, and Denmark after immunization programs against Hepatitis B.

Toxic Substances Are Needed To Make Vaccines.

Vaccines contain many toxic substances that are needed to prevent the vaccines from becoming infected or to improve the performance of the vaccine. Among these substances are **mercury, formaldehyde and aluminum.**[17]In the past 10 years, the number of autistic children has risen from between 200 and 500 percent in every state in the U.S. This **sharp rise in autism followed the introduction of measles, mumps and rubella vaccine in 1975.**

Representative Dan Burton's healthy grandson was given injections for 9 diseases in one day. These injections were instantly followed by autism. These injections contain a preservative of mercury called thimerosal. The boy received 41 times the amount of mercury which is capable of harm to the body. **Mercury is a neurotoxin that can injure the brain and nervous system.** And tragically, it did.

In the United States the number of compulsory vaccine injections has increased from 10 to 36 in the last 25 years. During this period, there has been a simultaneous increase in the number of children suffering learning disabilities and attention deficit disorder. Some of these childhood disabilities are related to intrauterine cerebral damage from maternal cocaine use, but probably vaccines cause many of the others.

Many vaccines contain aluminum. A new disease called macrophagic myofasciitis causes pain in muscles, bones and joints. All persons with this disease have received aluminum containing vaccines. **Deposits of aluminum are able to remain as an irritant in tissues and disturb the immune and nervous system for a lifetime.**

Nearly all vaccines contain aluminum and mercury. These metals appear to play an important role in the etiology of Alzheimer's Disease. An expert at the 1997 International Vaccine Conference related that **a person who takes 5 or more annual flu vaccine shots has increased the likelihood of developing Alzheimer's Disease by a factor of 10 over the person who has had 2 or fewer flu shots.**

When we take vaccines we are playing a modern version of Russian Roulette. We not only get exposed to aluminum, mercury, formaldehyde and foreign cell proteins but we may get simian virus 40 and other dangerous viruses which can cause cancer, leukemia and other severe health problems because the vaccine pool is contaminated due to careless animal isolation techniques. Congress has protected the manufacturers from lawsuits, so dangerous vaccines simply increase profits at no risk to the drug companies.

U.S. children aged 2 months began receiving hepatitis B vaccine in December 2000. No peer-reviewed studies of the safety of hepatitis B in this age bracket had been done. Over 36,000 adverse reactions with 440 deaths were soon reported but the true incidence is much higher as reporting is voluntary so only approximately 10 % of adverse reactions get reported. This means that about 5000 infants are dying annually from the hepatitis B vaccine. The CDC's Chief of Epidemiology admits that the frequency of serious reactions to hepatitis B vaccine is 10 times higher than other vaccines. Hepatitis B is transmitted sexually and by contaminated blood, so the incidence of this disease must be near zero in this age bracket. A vaccine expert, Dr. Philip Incao, states that "the conclusion is obvious that the risks[18] of hepatitis B vaccination far outweigh the benefits. Once a vaccine is mandated the vaccine manufacturer is no longer liable for adverse reactions.

Dr. W.B. Clarke's important observation that cancer was not found in unvaccinated individuals demands an explanation and one now appears forthcoming. **All vaccines given over a short period of time to an immature immune system deplete the thymus gland (the primary gland involved in immune reactions) of irreplaceable immature immune cells. Each of these cells could have multiplied and developed into an army of valuable cells to combat infection and growth of abnormal cells. When these immune cells have been used up, permanent immunity may not appear. The Arthur Research Foundation in Tucson, Arizona estimates that up to 60 % of our immune system may be exhausted[19] by multiple mass vaccines (36 are now required for children). Only 10 % of immune cells are permanently lost when a child is permitted to develop natural immunity from disease. There needs to be grave concern about these immune system injuring vaccinations! Could the persons who approve these mass vaccinations know that they are impairing the health of these children, many of whom are being doomed to requiring much medical care in the future?**

Compelling evidence is available that the development of the immune system after contracting the usual childhood diseases matures and renders it capable to fight infection and malignant cells in the future.

The use of multiple vaccines, which prevents natural immunity, promotes the development of allergies and asthma. A New Zealand study disclosed that 23 % of vaccinated children develop asthma , as compared to zero in unvaccinated children.

Cancer was a very rare illness in the 1890's. This evidence about immune system injury from vaccinating affords a plausible explanation for Dr. Clarke's finding that only vaccinated individuals got cancer. **Some radical adverse change in health occurred in the early 1900s to permit cancer to explode and vaccinating appears to be the reason.**

Vaccines are an unnatural phenomena. My guess is that if enough persons said no to immunizations there would be a striking improvement in general health with nature back in the immunizing business instead of man. Having a child vaccinated should be a choice not a requirement. Medical and religious exemptions are permitted by most states.

When governmental policies require vaccinations before children enter schools coercion has overruled the lack of evidence of vaccine efficacy and safety. **There is no proof that vaccines work and they are never studied for safety before release.** My opinion is that there is overwhelming evidence that vaccines are dangerous and **the only reason for their existence is to increase profits of pharmaceutical firms.**

If you are forced to immunize your children so they can enter school, obtain a notarized statement from the director of the facility that they will accept full financial responsibility for any adverse reaction from the vaccine. Since there is at least a 2 percent risk of a serious adverse reaction they may be smart enough to permit your child to escape a dangerous procedure. Recent legislation passed by Congress gives the government the power to imprison persons refusing to take vaccines (smallpox, anthrax, etc). This would be troublesome to enforce if large numbers of citizens declined to be vaccinated at the same time.

Footnotes:

1 Null Gary Vaccination: An Analysis of the Health Risks- Part Townsend Letter for Doctors & Patients Dec. 2003 pg 78

2 Mullins Eustace Murder by Injection pg 132 The National Council for Medical Research, P. O. Box 1105, Staunton, Virginia 24401

3 Gary Null Interview with Dr. Dean Black April 7, 1995

4 de Melker HE, et al Pertussis in the Netherlands: an outbreak despite high levels of immunization with whole-cell vaccine Emerging Infectious Diseases 1997; 3(2): 175-8 Centers for Disease Control

5 Gary Null Interview with Walene James, April 6, 1995

6 Torch WS Diphtheria-pertussis-tetanus (DPT) immunizations: a potential cause of the sudden infant death syndrome (SIDS) Neurology 1982; 32-4 A169 abstract.

7 Collin Jonathan The Townsend Letter for Doctors & Patients 1988 abstracted in Horowitz L. Emerging Viruses Aids & Ebola pg 1-5

8 Harris RJ et al Contaminant viruses in two live vaccines produced in chick cells. J Hyg (London) 1966 Mar;64(1) : 1-7

9 Horowitz Leonard G. Emerging Viruses AIDS & Ebola pg 484

10 Vilchez RA et al Association between simian virus 40 and non-Hodgkin lymphoma Lancet 2002 Mar 9;359(9309):817-823

11 Bu X A study of simian virus 40 infection and its origin in human brain tumors Zhonghu Liu Xing Bing Xue Zhi 2000 Feb;21 (1):19-21

12 Friedrich F. et al temporal association between the isolation of Sabin-related poliovirus vaccine strains and the Guillan-Barre syndrome Rev Inst Med Trop Sao Paulo 1996 Jan-Feb;

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13 Horowitz Leonard Emerging Viruses: Aids and Ebola pg 492

14 Horowitz Leonard G Emerging Viruses: Aids & Ebola pg 378-88 Tetrahedron Inc. Suite 147,
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16 Classen, JB et al. Association between type 1 diabetes and Hib vaccine BMJ 1999; 319:1133

17 Brain 9/01

18 Incao, philip M.D. Letter to representative Dale Van Vyven, Ohio House of Representatives
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19 Rowen Robert Your first consultation with Dr. Rowen pg 20

Source: *Health Freedom Alliance*