



From the Townsend Letter
[December 2007](#)

Vaccination:
An Updated Analysis of the Health Risks Part 3
by Gary Null, PhD, and Martin Feldman, MD

In Parts [1](#) and [2](#) of this series, we examined factors countering the belief that vaccines are safe and effective. We also discussed the effects of specific vaccines, including those for diphtheria, pertussis, tetanus, polio, chickenpox, hepatitis B, measles, mumps, and rubella. In this final installment, we look at the rotavirus, meningococcal, and smallpox vaccines. We also discuss provocation diseases associated with vaccines, economic and legal issues of vaccination, the right to refuse vaccination, and the need to achieve freedom of choice.

Rotavirus Vaccine

In 2006, the Advisory Committee on Immunization Practices (ACIP) recommended vaccination of all infants at two, four, and six months of age with a new vaccine designed to prevent rotavirus gastroenteritis. RotaTeq (Merck & Co.) is a live, oral vaccine that contains five reassortant rotaviruses developed from human and bovine strains.¹ The American Academy of Pediatrics (AAP) also recommended routine use of this vaccine in infants in 2006.²

The RotaTeq vaccine will almost certainly draw comparisons with a previous oral rotavirus vaccine, RotaShield, which was released by Wyeth Laboratories in 1998. The ACIP and AAP recommended universal use of RotaShield for healthy infants. A year later, however, RotaShield was removed from the market after the Vaccine Adverse Event Reporting System (VAERS) received reports of bowel intussusception—an obstruction in which one segment of the intestine telescopes inwardly into another—in babies who had received RRV-TV, as RotaShield was called. By the end of 1999, 121 reports of intussusception in infants administered RRV-TV had been received by VAERS.³ (Of the first 15 reported infants who developed intussusception, eight required a surgical reduction.)

The Centers for Disease Control (CDC) points out that RotaShield was rhesus-based. By contrast, the parent rotavirus strains of the newly released RotaTeq are human and bovine.⁴ RotaTeq was not associated with an increased risk of intussusception compared with placebo in a trial involving more than 70,000 children.⁵ The CDC does note, however, that children who have already had this bowel obstruction should not get the rotavirus vaccine,

because anyone who has had intussusception is at an increased risk of getting it again.⁶

An estimated one million US infants were vaccinated with RotaShield following its approval. This vaccine's history is made worse by the fact that prelicensure trials demonstrated that RotaShield caused bowel intussusception at rates 30 times higher than those expected. This is what emerged from an analysis of prelicensure trial data by the Association of American Physicians and Surgeons.⁷

If it was already known that the vaccine could cause a potentially lethal condition, why did the FDA approve it? Why had nobody warned doctors to watch for this complication? These and other questions prompted the AAPS to request a Congressional investigation of the vaccine approval process. As Dr. Jane Orient, executive director of the AAPS, wrote in a letter to Representative Dan Burton, "The situation with the rotavirus vaccine may be a clue to a far more serious problem with the vaccine approval process." Dr. Orient makes the important point that "Decisions about vaccines given to children should be made by parents in consultation with the child's attending physician, not mandated by a small group of 'experts' with minimal accountability."⁸

Meningococcal Vaccine

In its first year on the market, the new meningococcal conjugate vaccine (MCV4) was potentially associated with an increased risk of Guillain-Barre syndrome (GBS), a rare neurological disorder that causes increasing weakness in the limbs. The meningococcal vaccine (Menactra) was recommended by the ACIP in May 2005 for routine vaccination of adolescents, college freshmen who live in dormitories, and other high-risk individuals.⁹

By September 2006, 17 confirmed cases of GBS in recipients of MCV4 had been reported to VAERS (all affected individuals had recovered or were recovering).¹⁰ Although this association does not necessarily mean the vaccine caused the illness, the CDC has reported that the timing of the onset of GBS symptoms—within one to five weeks of vaccination—is of concern. As of October 2006, the Food and Drug Administration (FDA) and CDC were monitoring the situation, and the CDC continued to recommend the vaccine for adolescents and others.¹¹

Smallpox Vaccine

The smallpox vaccine was given to infants in the US until 1972. At that time, the global incidence of this disease was well under control, and routine vaccination against smallpox ended. According to the National Network for Immunization Information, it was believed then that the risk of serious adverse events from the smallpox vaccine, including death, outweighed the

risk of contracting the disease itself in the US.¹² The World Health Organization (WHO) certified that smallpox was eradicated worldwide in 1980.

After the terrorist threats of 2001, the US developed a plan to reintroduce the smallpox vaccine, if necessary,¹³ to counter a potential attack using the virus as a biological weapon. In *State of Immunity*, author James Colgrove reports that the Bush Administration announced an ambitious plan in 2002 to vaccinate emergency personnel, health care workers, and adults in the general public on a voluntary basis. The administration failed to win the support of the program from health care providers, however, and less than a year later, the smallpox vaccination plan was ceased.¹⁴ Approximately 39,000 civilian health care and public health workers received the smallpox vaccine in 2003.¹⁵

Although this vaccination program failed, the proposal to immunize Americans against a biological attack with smallpox should cause us to take a closer look at this vaccine. (The old smallpox vaccine is stockpiled in the US, and new smallpox vaccines are in development.¹⁶)

An Unknown Virus

The modern smallpox vaccine does not contain the smallpox virus itself, but rather a virus called "vaccinia" whose origins are unknown. The CDC states, "The vaccinia virus is the 'live virus' used in the smallpox vaccine. It is a 'pox'-type virus related to smallpox. When given to humans as a vaccine, it helps the body to develop immunity to smallpox. The smallpox vaccine does not contain the smallpox virus, and it cannot cause smallpox."¹⁷ The University of Florida College of medicine information page adds this: "Vaccinia is the virus that was used for vaccination against smallpox. Its exact origin is unknown, however, as it does not appear to be related to any other known pox virus. Some people think that it is a recombinant of smallpox and cowpox, while others think that it may be a derivative of horsepox, a virus that no longer exists (if it ever did)."

Adverse Effects of the Vaccine

The CDC reports that while the smallpox vaccine is safe for most people, serious and life-threatening reactions do occur in rare cases. Serious reactions include a rash or outbreak of sores in one area of the body (the virus may be spread from the vaccination site to other parts of the body or to other people); a widespread vaccinia rash that occurs when the virus spreads from the vaccination site through the bloodstream; and a toxic or allergic reaction to the vaccine. Life-threatening reactions to the smallpox vaccine include eczema vaccinatum (a serious rash involving widespread infection of the skin in people with conditions such as eczema or atopic dermatitis), progressive vaccinia (an infection of the skin with tissue destruction that

often leads to death), and postvaccinal encephalitis (inflammation of the brain).¹⁸

Another potential complication of the smallpox vaccine is myopericarditis, or inflammation of the heart. The CDC says that while the link between the smallpox vaccine and this condition is not proven, data from recent smallpox vaccinations are "consistent with a causal association" between the two.¹⁹ In 2005 the FDA added a new black-box warning to Dryvax (the smallpox vaccine produced by Wyeth) regarding the increased risk of cardiac problems experienced by some recipients of the smallpox vaccine.²⁰

What might the consequences of mass smallpox vaccination be? That was the question addressed in a 2002 article. Using historical data on adverse reactions to the vaccine, the authors estimated that, after excluding high-risk people and their close contacts, a vaccination strategy targeting people one to 29 years old would result in approximately 1,600 serious adverse events and 190 deaths. Vaccination of people from one to 65 years old would result in approximately 4,600 adverse events and 285 deaths. The researchers note that the smallpox vaccine "has a higher complication rate than any other vaccine currently being used." They conclude that a mass vaccination campaign would have to be careful to exclude high-risk people and their contacts to minimize the complications, but that this approach would leave some people susceptible to the disease.²¹

In a 2006 paper, researchers estimated the expected frequencies of post-vaccinal encephalitis and death from smallpox vaccines containing two different strains of vaccinia virus: the New York City Board of Health (NYCBH) strain and the Lister strain. They note that other studies of the consequences of smallpox vaccination commonly have used an incidence of approximately one death per million vaccinations. However, these analyses "may give serious underestimates of the number of deaths resulting from vaccination." This study estimates that vaccination with the NYCBH strain (stockpiled in countries such as the US) would lead to an average of 1.4 deaths per million vaccinations. Vaccination with the Lister strain (stockpiled in countries such as Germany) would lead to an average of 8.4 deaths per million vaccinations.²²

Activists Speak Out on Vaccine Dangers

Those who take issue with universal immunization point out that the programs do not distinguish between children who may benefit from a certain vaccine and those who may be hurt by it. Infants are given blanket immunization regardless of their previous or current state of health and their varying susceptibilities to side effects. Ideally, the vaccination system should be much more selective, with parents being given complete information, so they can decide whether the risks associated with a particular procedure outweigh its potential benefits. Just as different races may suffer

disproportionately from allergies and food sensitivities, studies indicate that they may experience different reactions to vaccines.

People engaged in the fight against government-mandated vaccines share their concerns here about several vaccination issues.

Provocation Disease

One of the most hazardous and insidious effects of vaccination lies in its potential to induce other forms of disease, a phenomenon known as provocation disease.²³⁻²⁷ The mechanisms that cause this to happen are unclear, although many scientists believe that latent viruses—those already existing in a person—may be stimulated by vaccinations and that this process may be enough to activate a particular illness. Vaccination, therefore, may not be the sole cause but rather the final trigger of an illness. In his book *Vaccination and Immunization: Dangers, Delusions and Alternatives*,²⁸ Leon Chaitow states that there is no way of knowing when such latent or incubating situations may be operating, and therefore no way of knowing when a vaccine may produce this sort of provocation.²⁹ He warns that provocation of a latent virus is a potentially dangerous possibility with every vaccination procedure.

Many diseases thought to be caused at least partially by vaccinations do not surface until years later, by which time it is difficult to prove a connection. Two examples of conditions that may be provoked by vaccines are as follows:

Allergies According to Dr. Harris Coulter, co-author of *A Shot in the Dark*,³⁰ and other experts,³¹ vaccines and allergies are clearly connected. "What does allergy mean? It means that your body is ready to react very, very quickly when exposed a second time to a substance to which it is allergic. If you are allergic to ragweed, [a small amount] of ragweed will start you sneezing. Now, if you vaccinate a person against pertussis or some other bacillus, you are making that person 'allergic' to that bacillus. That's what being vaccinated actually means. It means you are 'allergic' to that bacillus, in the sense that your body will react very, very rapidly if exposed to that bacillus a second time."

Immunosuppression and Autoimmune Disease The body needs to experience a full inflammatory response to create immunity, and vaccines do not allow this to happen. Instead, a chronic condition is created that can set the stage for autoimmune disease. Autoimmune diseases such as Guillain-Barre syndrome and thrombocytopenia have been associated with vaccinations.³²

In *Immunization: The Reality Behind the Myth*, author Walene James suggests that vaccinations may induce autoimmune disorders because "live viruses, the primary antigenic material of [some] vaccines, are capable of surviving or remaining latent in the host cell for years, without provoking acute

disease."³³ Live virus vaccines include those for chickenpox, measles, mumps, rubella, and oral polio.³⁴

Cynthia Cournoyer, author of *What About Immunizations?*, believes a key principle involved in the many negative effects of vaccines is that the immune system can tolerate only so many challenges, especially before it is given a chance to develop to maturity. "Every child," she writes, "is born with a finite ability to combat disease. This is his total immune capacity. Once a child experiences a particular disease, permanent immunity is extremely efficient, using probably three percent to seven percent of the total immune capacity of an individual. In the case of routine childhood vaccination, it is likely that as much as 30% to 70% of total immune capacity becomes committed."³⁵

Cournoyer proposes that this effect on immunity may substantially reduce a child's immunological reserves. "Far from producing a genuine immunity, a vaccine may actually interfere with or suppress the immune response as a whole, in much the same way that radiation, chemotherapy, and corticosteroids and other anti-inflammatory drugs do."³⁶⁻³⁸ Cournoyer continues, "Although the body will not make antibodies against its own tissues, viruses becoming part of the genetic make-up may cause cells to appear foreign to the immune system, making them a fair target for antibody production.... Under proper conditions, these latent pro viruses could become activated and cause a variety of diseases, including rheumatoid arthritis, multiple sclerosis, lupus erythematosus...and cancer."³⁹

Temporary Immunity of Vaccines Vaccines provide only temporary immunity, whereas the contraction of an actual disease confers permanent immunity most of the time. Viera Scheibner, a retired research scientist, writes that "generations of children with this inadequate immunity would grow into adults with no placental immunity to pass on to their children, who would then contract measles at an age when babies are normally protected by maternal antibody....

"Perhaps the most unfortunate thing about the idea of eliminating infectious diseases by vaccination is that indeed there is no need to do so. As pointed out by the group of Swiss doctors opposing the US-inspired policy of mass vaccination against measles, mumps, and rubella in Switzerland, 'We have lost the common sense and the wisdom that used to prevail in the approach to childhood diseases. Too often, instead of reinforcing the organism's defenses, fever and symptoms are relentlessly suppressed. This is not always without consequences...'"⁴⁰⁻⁴²

Lastly, Scheibner states, "There is no need to artificially immunize our children and ourselves. The body has proper, natural mechanisms to create immunity to diseases. The diseases themselves are the priming and

challenging mechanisms of the maturation process leading to the competence of the immune system...."43

Economic and Legal Issues

Cynthia Cournoyer has noted that vaccines are the only products in the US that are legally mandated to be used by every person born.⁴⁴ Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center (NVIC), Vienna, Va., has advocated the right of individuals to make informed, independent vaccination decisions for themselves and their children for two decades. She paints an ominous picture of things to come: "As consumers, we can bring very little economic pressure on the system to have that product improved or removed, because all of us are required by law to use it. It's a dream for the pharmaceutical industry involved in making vaccines, because there's no way anybody can say no. It's a stable, ready-made market, and the enactment of the compensation law in 1986 has removed almost all liability for drug companies...."

Fisher cautions that state health departments may develop electronic systems to monitor the vaccination status of each child. "...If we don't act now, the public health infrastructure is going to get more power to intrude in our lives, intrude in our health care choices. It all comes down to whether or not we, as individuals, are going to fight for the right to make informed health care choices, including vaccination choices, for ourselves and our children, and whether we are going to hold the drug companies and government health officials accountable for the injuries, deaths, and chronic illnesses caused by the vaccines they produce, sell, and promote for mass use."⁴⁵

The National Childhood Vaccine Injury Act of 1986 created a no-fault compensation program through which plaintiffs can seek compensation for injuries from vaccines recommended for routine administration. The law also provided, however, that evidence of gross negligence would be needed to seek punitive damages against vaccine manufacturers.⁴⁶ The NVIC said in 2003 that it and other parent groups "have been critical of how adversarial the system is and how difficult it is to get an award."⁴⁷ Through fiscal year 2001, the National Vaccine Injury Compensation Program had paid \$1.3 billion in total awards (petitioner's awards and attorney's fees) for approximately 1,660 compensable petitions.⁴⁸

The compensation program is funded through an excise tax on vaccines. As a result, consumers foot the bill for any injuries or deaths that may result from medical procedures they are required by law to undergo.⁴⁹⁻⁵¹ Alan Phillips, cofounder of Citizens for Healthcare Freedom, notes: "[Pharmaceutical companies] have been allowed to use gag orders as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers. Such arrangements are clearly unethical;

they force a non-consenting American public to pay for vaccine manufacturers' liabilities, while attempting to ensure that this same public will remain ignorant of the dangers of their products."^{52,53}

Vaccine critic Randall Neustaedter adds: "When lawsuits leveled at drug companies began wiping out profits gleaned from the pertussis vaccine, the manufacturers simply stopped production of the vaccine. The United States government stepped in to pay these vaccine-damage claims. Only then did the drug companies agree to resume vaccine production...."⁵⁴

Right to Refuse Vaccination

All states have laws mandating the vaccination of children before they enter school, but these laws also allow for various types of exemptions to compulsory vaccination. Parents may seek exemptions on behalf of their children. According to the NVIC, all 50 states allow exemptions based on medical reasons, 48 states allow exemptions for people who have a sincere religious belief opposing vaccination, and 18 states allow exemptions based on philosophical, personal, or conscientiously held beliefs.⁵⁵

The ease of obtaining a vaccination exemption may depend on the type sought and the requirements of the individual's state. In the journal *Pediatrics*, researchers say that "in many states, it is easier to claim a religious or philosophical exemption than to adhere to mandated immunization requirements."⁵⁶ On the other hand, Kurt Link, MD, states in *The Vaccine Controversy* that exemptions are often very difficult to obtain and that less than two percent of people who apply for a vaccination exemption obtain one. Link says that parents who are denied an exemption and try to defy the vaccination mandate may have their children excluded from school, may be charged with criminal child abuse or neglect, and may have their children taken into state custody.⁵⁷

Potential Downside to Exemptions

Parents who refuse vaccinations for their children should be aware of other potential consequences as well. The literature shows that unvaccinated children may be at greater risk of contracting diseases covered by routine vaccines. In the *Pediatrics* article,⁵⁸ the authors cite research showing that "exemptors" were 22 times more likely to contract measles than were vaccinated people and six times more likely to contract pertussis.⁵⁹ In addition, unvaccinated people account for the majority of recent cases of tetanus.⁶⁰ A study published in 2006 also found that states allowing personal-belief exemptions and states with easier exemption processes were associated with a higher incidence of pertussis.⁶¹

Another consideration is that pediatricians may dismiss patients who refuse to be vaccinated. In a survey of 1004 members of the American Academy of Pediatrics published in 2005, 39% said they would dismiss a family for

refusing all vaccinations, and 28% would dismiss a family for refusing select vaccines.⁶²

Varying State Laws

According to the NVIC, parents who want to exempt a child from mandated vaccination must know what types of exemptions the law in their state allows and the type of proof that may be required. In many states offering philosophical or personal-belief exemptions, for example, a parent must object to all vaccines, not particular ones. With medical exemptions, some states will accept without question a letter from a physician saying that one or more vaccines would be detrimental to the health of the patient, while the health departments in other states review such exemptions and may decide one is not justified. With religious exemptions, says the NVIC, state laws differ regarding the definition of the exemption and the proof needed of one's religious beliefs opposing vaccination. In fact, the NVIC does not provide or recommend a prewritten waiver for religious exemptions. If a prewritten waiver does not meet your state's requirements, you may draw attention to your child and, if challenged on the exemption, end up in litigation with your state or county health department in which you must prove your religious beliefs.⁶³

Another website, Vaccination Liberation, provides links to exemption forms ,and information by state and to sample exemption letters (<http://vaclib.org>). Joseph Mercola, DO, provides an article on how to legally avoid vaccinations on his website (www.mercola.com/article/vaccines/legally_avoid_shots.htm). Dr. Mercola's newsletter has covered other vaccination topics as well.

Fisher of the NVIC offers advice for two particular vaccination situations in her book *The Consumer's Guide to Childhood Vaccines*⁶⁴:

- **Newborns** Hospitals generally require parents who are delivering a baby to sign a form agreeing to have the newborn treated by medical personnel. Fisher warns that by signing this document, you may also give consent to have your baby vaccinated with hepatitis B. Fisher states, "Read any consent form you sign carefully. If you do not want your newborn vaccinated shortly after birth, you have the right to sign it after writing in an exception, such as, 'I do not consent to have my child given any vaccinations prior to discharge from the hospital.' Bring this to the attention of the person admitting you and the nursery supervisor and ask to have it printed on the outside of your chart. Some parents take the extra precaution of not leaving the newborn alone with hospital personnel without being able to observe the baby."⁶⁵
- **Sick children** Staff in hospitals, clinics or emergency rooms often ask about the vaccination status of children. Fisher states, "You don't have to provide them with written proof. A verbal answer is satisfactory. However, if you are being questioned closely and feel that you are

being pressured into vaccinating your sick child without your consent, you should understand that you have the right to refuse to give permission to have your sick child vaccinated if you believe vaccination at the time will endanger your child's health or life. You may choose to reassure medical personnel that you will consult a private pediatrician for further guidance about vaccination."⁶⁶

The point is that individuals need the freedom to choose. They should not be forced in one direction or another. Fisher stresses this: "Our organization does not tell a parent what to do."⁶⁷ I want to make that clear. We are an information clearinghouse, and we believe in education. We believe that parents should take the responsibility for making their own decision. In this society, we ought to have the right to make the right decisions without being bullied and harassed and threatened into vaccinating if we do not believe that it is in the best interest of our child."

Alan Phillips adds, "I don't advocate that people do or do not vaccinate. I say that there's a lot of information that people should investigate before they make a decision one way or the other. We're so steeped in what I would now call the myth of vaccination that it seems nonsensical and counterintuitive to even raise the question. In fact, the first time that I raised the question with a pediatrician I got yelled at. While I think that was unprofessional of the pediatrician, it does demonstrate the degree to which assumptions about vaccinations are held."⁶⁸

Dr. Dean Black, author of *Immunizations: Compulsion or Choice*, states, "As a parent, there might be times I choose to immunize my child. Maybe I would find scientific evidence to back its validity in a case where a disease is so fraught with risk that I dare not expose my child. Maybe then I would choose [to vaccinate]. But I would do so having thoroughly thought about it....What I believe we cannot tolerate as a free nation is to have government bureaucrats come in and say—based upon false statistics—if you don't immunize your child, you will suffer penalty of law. That, to me, is a gross injustice that simply has to be changed."⁶⁹

Holistic Health

Fisher believes that if we are concerned about our health and our freedoms, we should be worrying about the future. "I truly believe that unless the public wakes up to what is happening, and starts standing up for their right to be fully informed about vaccines and their right to make informed independent vaccine decisions, the day will come when we won't have that right. We will be forcibly vaccinated by law without exception."⁷⁰

Fisher urges everyone to stop being complacent, to start becoming informed about vaccines and diseases, and to act. Specifically, she states, "You are going to have to work to amend your state's laws. If you would like to be better informed and to help get the truth out, please join our grassroots vaccine safety movement."

Fisher believes that alternative healthcare modalities in the US will play an important role in the vaccine safety movement.⁷¹ "Those who are looking into...osteopathic medicine, naturopathic, homeopathic, vitamin therapy, etc., are looking for ways to boost the immune system through more natural means in order to be able to naturally deal with viruses and bacteria that they come in contact with. This is a very important movement."

Dr. Black agrees. He sees vaccinations as a shortcut for people in our society who have not taken full responsibility for their health. "It's a way of saying, don't look at the more natural holistic way of helping the body. Medicine believes disease is the enemy... Medicine fights disease. Natural health care works with it... Medicine believes symptoms are evil. Natural health care believes symptoms are the body's efforts to rid itself of disease."⁷²

Curtis Cost, author of *Vaccines Are Dangerous: A Warning to the Black Community*, adds, "...parents do not need to be terrified into believing that the only way to protect themselves and their children from disease is through vaccines. We know that if parents breast-feed their babies, the risk of death and disease is dramatically reduced because the breast milk contains all the natural nutrients that the mother will naturally give to her child as she breast-feeds. We know that diet has a tremendous effect on disease. If you are not eating a proper diet, your risk of getting various diseases is much greater. So we need to focus on taking control of our health...to focus on eating more organically grown fresh fruits and vegetables, on drinking pure water, and on exercising. These actions build up the immune system."⁷³

It stands to reason that our approach might be better directed at bolstering natural immunity, by strengthening the body's own disease-fighting capability, than trying to manipulate a carefully balanced system which may or may not tip to the detriment of the future individual. The old adage, "What doesn't kill you makes you stronger" describes the credo of the vaccine industry. The problem is that we do not yet know a single silver-bullet remedy for all childhood illnesses that are known to cause no harm to the future adult.

Resources

Organizations and Websites

Association of American Physicians and Surgeons
1601 N. Tucson Blvd., Suite 9
Tucson, AZ 85716-3450
Tel: 800-635-1196
Website: www.aapsonline.org

Opposes vaccine mandates that violate the medical ethic of informed consent.

Gary Null's Website

Website: www.garynull.com

Provides information on optimizing health through nutrition, lifestyle factors and alternative medicine.

Immunization Action Coalition

1573 Selby Avenue, Suite 234

St. Paul, MN 55104

Tel: 651-647-9009

Website: www.immunize.org

Provides educational materials on vaccination for health professionals and the public to help increase immunization rates and prevent disease.

The Institute for Vaccine Safety

Johns Hopkins Bloomberg School of Public Health

615 N. Wolfe Street

Room W5041

Baltimore, MD 21205

Website: www.vaccinesafety.edu

Provides independent assessment of vaccines and vaccine safety; works to prevent disease using the safest possible vaccines.

National Immunization Program

(Including the Advisory Committee on Immunization Practices)

NIP Public Inquiries

Mailstop E-05

1600 Clifton Road, NE

Atlanta, GA 30333

Tel: 800-232-4636

Website: www.cdc.gov/nip/ACIP/default.htm

(Dec. 2007: Page redirects

to <http://www.cdc.gov/vaccines/recs/acip/default.htm>)

A website of the Centers for Disease Control and Prevention, with information on vaccines, vaccine safety, diseases, other immunization topics, and resources.

National Network for Immunization Information

301 University Blvd.

CH 2.218

Galveston, TX 77555-0351

Tel.: 409-772-0199

Website: www.immunizationinfo.com

Provides up-to-date, scientifically valid information about immunization to help the public, health professionals, and policymakers make informed decisions.

National Vaccine Information Center

204 Mill Street, Suite B1

Vienna, VA 22180

Tel.: 703-938-DPT3

Website: www.909shot.com

Oldest and largest parent-led organization advocating reformation of the mass vaccination system.

MedAlert, a service of the NVIC, has organized information from the Vaccine Adverse Event Reporting System for online searching (go to www.medalerts.org).

Thinktwice Global Vaccine Institute

P.O. Box 9638

Santa Fe, NM 87504

Website: www.thinktwice.com

Provides information on childhood vaccines and others to facilitate informed decisions; supports the right to accept or reject vaccines.

Vaccination Liberation

P.O. Box 457

Spirit Lake, Idaho 83869-0457

Website: www.vaclib.org

Opposes compulsory vaccination laws; provides information on vaccinations not often made available to the public.

Vaccine Adverse Event Reporting System (VAERS)

P.O. Box 1100

Rockville, MD 20849-1100

Tel: 800-822-7967

Website: <http://vaers.hhs.gov>

Cooperative program of the FDA and CDC that collects reports on adverse events occurring after vaccinations.

Vaccine Information and Awareness Website

Website: <http://home.san.rr.com/via>

Works to ensure freedom of choice for parents regarding vaccination.

For information on exemptions, go to <http://home.san.rr.com/via/STATES/toc-states.htm>.

Vaccination News

P.O. Box 111818

Anchorage, AK 99511-1818

Website: www.vaccinationnews.com

Provides a wide range of news and views on vaccinations and vaccination policy.

VaccineWebsite

Website: www.whale.to/vaccines.html

Provides information on vaccines, adverse events, vaccine critics, diseases targeted by vaccines, medical politics, and more.

Vaccination Exemption Information

Vaccination Liberation: www.vaclib.org

Vaccine Information and Awareness website: <http://home.san.rr.com/via>

National Vaccine Information Center: www.909shot.com

Joseph Mercola,

D.O.: www.mercola.com/article/vaccines/legally_avoid_shots.htm

Books, Videos, and DVDs

The Consumer's Guide to Childhood Vaccines

by Barbara Loe Fisher

National Vaccine Information Center, 1997

Evidence of Harm: Mercury in Vaccines and the Autism Epidemic

by David Kirby

New York: St. Martin's Press; 2005

Immunization: The Reality Behind the Myth

by Walene James

2nd Edition

Boston: Bergin & Garvey; 1995

Reverse the Aging Process Naturally

by Gary Null and Martin Feldman, M.D.

New York: Villard Books; 1993

A Shot in the Dark

by Harris L. Coulter and Barbara Loe Fisher

New York: Avery Publishing Group; 1991

State of Immunity: The Politics of Vaccination in Twentieth-Century America

by James Colgrove

University of California Press; 2006

Vaccination and Immunization: Dangers, Delusions & Alternatives

by Leon Chaitow

Wappingers Falls, New York: Beekman Books; 1994

The Vaccine Controversy: The History, Use, and Safety of Vaccinations
by Kurt Link, M.D.
New York: Praeger Publishers; 2005

The Vaccine Guide: Risks and Benefits for Children and Adults
by Randall Neustaedter
Berkeley, California: North Atlantic Books; 1996, 2002

The Virus and the Vaccine: Contaminated Vaccine, Deadly Cancers, and Government Neglect
by Debbie Bookchin and Jim Schumacher
New York: St Martin's Press; 2004

What Every Parent Should Know About Childhood Immunization
by Jamie Murphy
Earth Healing Products; 1993

"Vaccines: The Risks, the Benefits, the Choices" (DVD)

by Sherri J. Tenpenny, DO

"Vaccines: What the CDC Documents and Science Reveal" (DVD)

by Sherri J. Tenpenny, DO

"Building the Immune System Naturally" (VHS)

by Gary Null

"Supercharge Your Immune System" (VHS)

by Gary Null

"Total Health" series, Steps 1 - 7 (DVD or VHS)

by Gary Null

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Gary Null, PhD has authored more than 50 books on health and nutrition and numerous articles published in research journals. He holds a PhD in human nutrition and public health science from the Union Graduate School. Null maintains a website at www.garynull.com that presents information on how to optimize health through nutrition, lifestyle factors, and alternative medicine.

Martin Feldman, MD practices complementary medicine. He is an Assistant Clinical Professor of Neurology at the Mount Sinai School of Medicine in New York City.

Notes

1. Parashar UD, Alexander JP, Glass RI. Prevention of rotavirus gastroenteritis among infants and children. *MMWR*. 2006; 55(RR12):1-13.
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In Parts 1 and 2 of this series, we examined factors countering our beliefs that vaccines are safe and effective. We also discussed the effects of specific vaccines, including those for diphtheria, pertussis and tetanus, polio, chickenpox, hepatitis B, and measles, mumps and rubella. In this final installment, we look at the smallpox vaccine, the withdrawn rotavirus vaccine, and the provocation diseases associated with vaccines. Finally, we discuss the economic, political and legal issues of vaccination, the right to refuse vaccination, and the need to achieve freedom of choice. The Smallpox V... The risks of SARS-CoV-2 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Vaccinated people could potentially still get COVID-19 and spread it to others. However, the benefits of relaxing some measures such as testing and self-quarantine requirements for travelers, post-exposure quarantine requirements and reducing social isolation may outweigh the residual risk of fully vaccinated people becoming ill with COVID-19 or transmitting the virus to others. NVIC's Know the Risks vaccine education campaign delivers life saving information to the consumer on informed consent in vaccination.Â The 2013 IOM Committee, which examined the safety of the current federally recommended early childhood vaccine schedule found that it had not been fully scientifically evaluated: "Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. Since the first positive results on vaccines have come out, a lot of people have asked me if I think everyone should take them? For some reason, a number of people out there trust my judgement on such things. I noticed that the Daily Mail recently ran a poll, which showed that three quarters of Britons would agree to have a jab " although 40 percent wanted politicians to take it first to prove it was safe. Frankly, I pity any vaccine injected into certain politicians, as I am not certain it would survive.Â Some people feel that they should not really be called vaccines, because they are completely different from anything that has gone before. Up to now, vaccination has meant injecting a dead virus (or bacteria), or one that has been weakened and can only poorly replicate, or parts of the virus, or suchlike.