

7 Reasons Schools Should NOT Mandate Vaccines

By Neil Z. Miller





1. Parents should not be obligated to play Russian Roulette with their children.

Vaccines pose serious risks. These hazards are acknowledged by vaccine manufacturers in their product inserts, documented in numerous studies, substantiated by the federal government's Vaccine Adverse Event Reporting System (VAERS), and confirmed anecdotally by parents. For example, the MMR vaccine manufacturer concedes that diabetes, thrombocytopenia (a serious blood disorder), arthritis, encephalitis (brain inflammation), Guillain-Barre syndrome (paralysis), and death, have all been reported during clinical trials of its vaccine. Peer-reviewed studies link the haemophilus influenzae type b (Hib) vaccine to epidemics of type 1 diabetes, the hepatitis B vaccine to autoimmune and neurological disorders, and the flu vaccine to paralytic ailments. These are just a few examples. Medical and scientific journals contain hundreds of other peer-reviewed studies linking vaccines to debilitating ailments. In addition, every year approximately 14,000 people file vaccine adverse reaction reports with the CDC. In just the past 2 ½ years — as of January 2009 — nearly 10,000 young American females filed adverse reaction reports after receiving the new HPV vaccine. Half of these cases required an emergency room visit, medical support, or were labeled "serious," requiring hospitalization, resulting in life-threatening disabilities, or death.

VAERS is a passive reporting system, so the number of people believed to be hurt by vaccines is vastly underreported. According to Dr. David Kessler, former head of the FDA, "only about 1 percent of serious events — adverse drug reactions — are reported." This is confirmed by the ***Thinktwice Global Vaccine Institute***, which receives unsolicited personal stories of vaccine damage every day. The families telling these dreadful stories rarely file official reports. Of course, these stories do not constitute "proof" of vaccine damage — at least no more than a child's cry after skinning his knee is "proof" of pain. However, patterns of adverse vaccine reactions are easily observed when unrelated families consistently report similar stories of healthy children prior to their shots, and hospitalized children after their shots. These patterns tell a larger story. A medical industry that errs on the side of denial rather than concern is backward and criminally negligent. In an enlightened healthcare community, we would listen to the larger story with sincerity, and opt to protect additional children from harm. Pretending that serious reactions to vaccines are rare does not make it true, incapacitates our children, and degrades our society. Since reputed vaccine risk-to-benefit ratios are bogus, and pharmaceutical shots are considerably more unsafe than officially acknowledged, *it is morally unconscionable to mandate vaccines for entry into an educational institution.*

2. Unvaccinated children cannot threaten vaccinated children if the shots are effective.



When students contract disease, vaccine proponents are quick to blame the outbreaks on unvaccinated children. Yet, the official data tells a different story: a majority of cases occur in fully vaccinated populations. Dr. William Atkinson, senior epidemiologist with the CDC, admitted that "measles transmission has been clearly documented among vaccinated persons. In some large outbreaks...over 95% of cases have a history of vaccination." Similar problems with vaccine efficacy plague other vaccines as well. For example, in a 2003 outbreak of pertussis, 4 of every 5 people who contracted the disease were vaccinated against it. In 2006, there was a large outbreak of mumps in the United States; 92% of the cases were in people who were vaccinated against mumps. Such data provides evidence that herd immunity — the idea that when a proportion of people within a targeted population are *immune* to a disease, transmission rates are reduced — may not apply to *vaccinated* populations. Vaccination and immunity are not synonymous.

Authorities claim that vaccines won't work for society unless a large number of people in the targeted population — school children — take them. Apparently, unvaccinated children are a threat to the group. But this does not make sense. By this reasoning, the unvaccinated — who are being coerced into taking the shots — *are somehow responsible for protecting the vaccinated*. How ironic! If some students are vaccinated, that's their family's choice. If other students are unvaccinated, that's their family's informed decision as well. Vaccinated students take their chances hoping to avoid serious adverse reactions, while unvaccinated students risk contracting the disease. However, *if vaccinated students contract the disease, the shot was ineffective, NOT the fault of unvaccinated students*. Officials ignore their own ineffective vaccine, choosing instead to smear the unvaccinated. Outrage should be vented in the proper direction — at those who developed ineffective shots and falsely promoted a defective product.



3. Some vaccines required for school entry are clearly unnecessary.

Our children have become captive instruments of the vaccine industry, accessible by mandate to satisfy other purposes. For example, 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. When the hepatitis B vaccine was initially introduced, 87% of pediatricians did NOT believe it was needed by their patients. Doctors knew that children *rarely* develop this disease. According to the hepatitis B vaccine manufacturer, 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, authorities are targeting children. Authorities believe that by vaccinating children (a low-risk *herd*) they will protect unvaccinated adults (a high-risk *herd*). Since children are unlikely to contract hepatitis B, and studies show that vaccine efficacy declines after a few years, *children are being subjected to all of the risks of the hepatitis B vaccine without the expected benefit.*

The chickenpox vaccine is another vaccine-drug that should not have been mandated for all children. It was available since the 1970s but authorities were reluctant to license and promote it because the disease is rarely dangerous and confers lifelong immunity. The vaccine, however, contains a weakened form of the virus; once injected, it remains in the body indefinitely. Authorities were concerned that it could reawaken years after the vaccination and cause serious problems. In addition, the chickenpox vaccine was originally developed for children with leukemia or compromised immune systems, a small population at greater risk for complications from the disease. But vaccine manufacturers quickly sought a wider market for their potentially lucrative product. A study conducted by the CDC in 1985 determined that the vaccine was not necessary. However, in 1995 it was promoted as "cost-effective" — rather than essential — because moms and dads would not have to miss work and stay home (an average of 1 day) to care for their sick children. It was licensed shortly thereafter.

Before the chickenpox vaccine was licensed, doctors would encourage parents to expose their children to the disease while they were young. Doctors recommended this course of action because they knew that chickenpox is relatively harmless when contracted prior to the teenage years (but more dangerous in adolescents and adults). However, *after* the vaccine was licensed, the CDC began warning parents about the dangers of chickenpox. Doctors stopped encouraging parents to expose their children to this disease. Instead, they were told to have their children vaccinated against chickenpox.

These examples confirm that some vaccines required for school entry are NOT essential. School officials have become henchmen for the vaccine industry. Low-risk children are being force-vaccinated to protect high-risk adults or to increase the vaccine manufacturer's profits. Blackmailing families by *threatening to withhold a child's education for refusing needless vaccines is a moral outrage.*



4. Conflicts of interest permeate the vaccine industry.

Vaccine recommendations and other important healthcare decisions that affect our nation's children are frequently based on ulterior motives. Safety and protection are NOT always top priorities. Instead, authorities may be influenced by monetary considerations or the urge to manipulate undesirable study results. For example, in June of 2000, two separate yet highly significant events rocked the vaccine industry:

Event #1: Congress held a hearing to determine if "the entire process [of licensing and recommending vaccines] has been polluted and the public trust has been violated." Two years earlier, vaccine authorities had evidence that a new vaccine under consideration (for diarrhea!) was dangerous, yet that didn't stop them from licensing and recommending it for every child in the USA.

This vaccine (RotaShield) was linked to numerous cases of a life-threatening intestinal blockage and baby deaths. After this vaccine was withdrawn from the market, Congress discovered that 60% of the FDA advisory committee members who voted to license this defective vaccine, and 50% of the CDC advisory committee members who voted to recommend it for every child in the country, had financial ties to the drug company that produced the vaccine or to two other companies developing their own potentially lucrative competing vaccines. For example, an FDA committee member who voted to license the defective vaccine had received more than \$250,000 per year in research funds from the drug company that made the vaccine. A CDC committee member who voted to recommend the defective vaccine for every child was paid by the industry to travel around the country teaching doctors that vaccines are safe. In addition, he held a potentially lucrative patent on a similar vaccine under development! Despite this important Congressional expose', no one at the FDA, CDC, or U.S. Department of Health and Human Services admitted a problem, and claimed that it's perfectly acceptable for committee members with obvious conflicts of interest to make healthcare recommendations for every child in this country — even when they stand to benefit financially from their own decisions!

Event #2: Just one week prior to the Congressional investigation into conflicts of interest within the vaccine industry, a top-secret meeting of high-level officials from the CDC, FDA, World Health Organization (WHO), and representatives from every major vaccine manufacturer, was held at the secluded Simpsonwood conference center in Norcross, Georgia. They had gathered to discuss an alarming new study that *confirmed a link between thimerosal (mercury) in childhood vaccines and neurological damage*, including recent dramatic increases in autistic spectrum disorders. According to the lead researcher, "We have found statistically significant relationships between the exposures and outcomes." Since 1991, when the CDC and FDA started requiring babies to receive multiple doses of thimerosal-laced hepatitis B, Hib, and the already mandated diphtheria, tetanus and pertussis shots (via DPT and DTaP), cases of autism skyrocketed. Dr. Robert Chen, head of vaccine safety for the CDC, congratulated the group for their apparent success thus far at being able to keep the incriminating data out of "less responsible hands." Dr. John Clements, WHO vaccine advisor, was more blunt, declaring that perhaps the CDC study "should not have been done at all."

Instead of warning the public and recalling the dangerous vaccines, this small group of federal health officials and vaccine industry executives spent the weekend calculating how to cover up the truth — and followed through on their plot over the next few years. First, the CDC's vast database on childhood vaccines was removed from public access so that unbiased researchers could not confirm the study results. Next, the incriminating data from the original study was reworked, and the new version was published in a peer-reviewed journal. However, this time "no consistent significant associations were found between thimerosal-containing vaccines and neurodevelopmental outcomes." Finally, to complete the deception, the CDC would need additional "proof" that thimerosal-laced vaccines are safe. According to Dr. Gordon Douglas, the director of strategic planning at the National Institutes of Health (and former president of vaccinations for Merck, a major vaccine manufacturer), four new studies were currently taking place *"to rule out the proposed link between autism and thimerosal."*

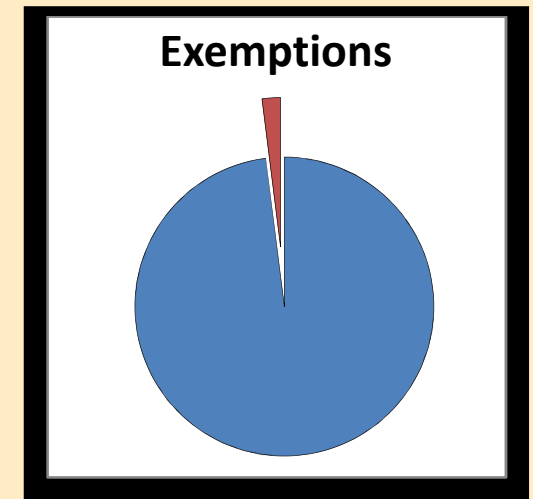
These two events — the Congressional hearing on conflicts of interest within the vaccine licensing and recommendation process, and the secret Simpsonwood conference — confirm that U.S. health authorities have lost their ethical bearings and have NOT made our children's safety a top priority. Requiring vaccines for school entry when they may have been added to the childhood immunization schedule simply to line the pockets of powerful authorities is dangerous and corrupt. Withholding a child's education for refusing vaccines when crucial studies purporting to prove their safety are bogus, is both reprehensible and indefensible. Thus, every family must remain free to accept or reject vaccines.

5. Recovery from natural disease provides advantages over artificial immunity.



Measles, mumps, rubella and chickenpox usually confer permanent immunity; the child will rarely contract these ailments again. In contrast, vaccines provide temporary immunity; protection is incomplete, requiring booster doses. Vaccinated children are still susceptible to the disease. Studies also indicate that childhood diseases can have a favorable effect on the child's immune system. When children overcome illnesses on their own, their immune systems are stimulated: they build resistance to other diseases in later life. For example, several studies show that women are less likely to develop ovarian cancer if they have had mumps in childhood.

6. Few people utilize exemptions.



In 1991, the CDC concluded that outbreaks of disease can be avoided if 70% to 80% of children are vaccinated. A 1992 study published in the *Journal of the American Medical Association* confirmed that vaccination rates of "80% or less" should be sufficient to protect against disease outbreaks. Most parents obediently follow their doctor's orders and vaccinate their children. In addition, schools rarely publicize legal exemptions to "mandatory" vaccines. Thus, *only about 2% of families file waivers to recommended shots*. This number could substantially increase without threatening herd immunity.

7. Australia doesn't mandate shots and is not overtaken by disease.



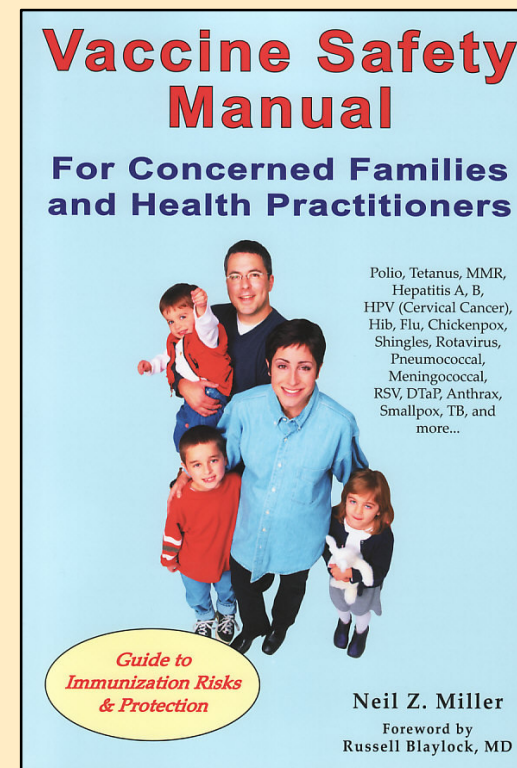
In the United States, healthcare authorities, pediatricians, and school officials use coercive tactics to increase vaccination rates. Parents are intimidated and their children threatened with removal from school if vaccines are not "up to date." Other countries recommend fewer vaccines and do not require them for school entry. For example, in Australia medical intervention is not compulsory, free will is honored, yet epidemics do not occur. In fact, disease case and fatality rates are lower in many countries than in the United States. Many Americans would be shocked to learn that the U.S. has the greatest number of mandatory vaccines yet the 42nd worst infant mortality rate in the world. *Outbreaks of common ailments are manageable without requiring vaccines for school entry.*

**For more information
about vaccines, read:**

Vaccine Safety Manual

For Concerned Families and Health Practitioners

By Neil Z. Miller



www.thinktwice.com/vsm.htm

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