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DON'T VACCINATE BEFORE YOU EDUCATE★

by Mayer Eisenstein, MD, JD, MPH

A HEALTHY HORIZON
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Falsus in uno, falsus in omnibus.
False in one thing, False in everything.
— Latin Expression

20th century medicine has been shown to be false in many of its assumptions while it has held physicians with non-interventionist philosophies to a higher standard than interventionist physicians. The unscientific reasoning, "I think therefore I believe" has replaced scientific evidence based decision making. How can we have trust in a medical system, which has been shown to be untrue in some of its practice? The answer is with great skepticism. Let us hope that scientific reason will prevail and the motto for the 21st Century will become "The scientific evidence points in that direction, therefore I believe." All vaccine programs carry risk and benefit. Therefore, the goal should not only be the prevention of a specific disease by vaccination, but also the benefits must outweigh any potential long term negative side effects.

Vaccine proponents claim that the benefits of childhood vaccination are undeniable. However, at the same time vaccine opponents point out that the incidents of autism, diabetes, and other chronic immune and neurological dysfunctions in children have increased dramatically in the last 30 years. This points out the difficulty in making an informed decision to vaccinate or not to vaccinate.

Here Is the Core of My Concern

There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease...

It is commonly believed that the Salk vaccine was responsible for halting the polio epidemics that plagued American children in the 1940's and 1950's. If so, why did the epidemics also end in Europe, where polio vaccine was not so extensively used?

There are significant risks associated with every vaccination and numerous contraindications that may make it dangerous for the shots to be given to your child...

While the myriad short-term hazards of most vaccinations are known (but rarely explained), no one knows the long-term consequences of injecting foreign proteins into the body of your child. Even more shocking is the fact that no one is making any structured effort to find out.

There is a growing suspicion that vaccination against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since the introduction of mass inoculations. These are life altering diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, asthma, and autism.

Vaccines contain many ingredients of which the public is not aware. These are just some of the ingredients used in production of vaccines:

Ethylene glycol—antifreeze

Phenol—also known as carbolic acid. This is used as a disinfectant, dye.

Formaldehyde—a known cancer causing agent

Aluminum—is associated with Alzheimer's disease and seizures, also cancer producing in laboratory mice. It is used as an additive to promote antibody response.

Thimerosal—a mercury disinfectant/preservative. It can result in

brain injury and autoimmune disease.

- Neomycin, Streptomycin—antibiotics which have caused allergic reactions in some people.

These vaccines are also grown on and strained through animal or human tissue such as monkey kidney tissue, chicken embryo, embryonic guinea pig cells, calf serum, human diploid cells (the dissected organs of aborted fetuses as in the case of rubella, hepatitis A, and chicken pox vaccines).

There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease...

The problem with using animal cells is that during serial passage of the virus thru the animal cells, animal RNA and DNA can be transferred from one host to another. Undetected animal viruses may slip past quality control testing procedures, as happened during the years 1955 thru 1961. The polio vaccine, which was grown on the kidney of the African Green monkey (simian), was contaminated with SV40 (simian virus #40—the 40th discovered) which differs from the prior 39 because it has oncogenic (cancer causing) properties. What other viruses could be slipping by from animal tissue, administered through vaccinations, that we don't know of?

When I started practicing medicine in 1973, the number of mandated childhood vaccines in the first 18 months of life was 10 and the incidence of autism was 1 in 10,000. Today the number of mandated vaccines is 36 and the incidence of autism is 1 in 150! If this trend continues, many more vaccines, such as influenza, rotovirus, pneumococcal, HepA as well as HPV and meningococcal vaccines will become mandated. Is there a connection between autism and vaccines? Is it the inordinate number of vaccines given to our children in the first 18 months of life? Is it the unnecessary toxins in vaccines? It seems that most parents of autistic children can pinpoint the onset of their child's autism and are able to point to a happy, healthy, normal child before receiving the vaccines.

Like the mandated Hepatitis B vaccine, the HPV vaccine is recommended, allegedly, to prevent a sexually transmitted disease, Human Papilloma Virus. Does our government have the right to legislate our morality? Recent reports by the organization *Judicial Watch* have revealed that the HPV vaccine, itself, has been responsible for at least three deaths and over 1,300 adverse events.

It is not surprising that more and more families are relying on personal religious exemptions to avoid this overwhelming, non-scientific approach to preventing illnesses.

These are some of the questions that I am asked at my vaccine seminar. Is the vaccine paradigm failing? Why are more and more parents questioning mandatory vaccination? Do vaccines really save lives? Is there a connection between

autism and vaccines? **Why is there still mercury in some vaccines—including the flu vaccine?**

If the concept of mandatory vaccinations is abandoned, the burden of proof as to efficacy of the whole childhood vaccine program will be shifted to our legislatures. It's time to let scientific evidence determine medical policy not politics!

There is hope on the horizon. I never thought that a congressional bill would be introduced to study the effects of vaccines on health outcome. Much to my surprise, Congresswoman Carolyn Maloney, in the 110th Congress 1st Session 2007, introduced a bill to do just that specifically. This bill mentions Homefirst Health Services, the practice which I have guided since 1973.

H. R. 2832

To direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes...

The secretary shall seek to include in the study under this section Populations in the United States that have traditionally remained unvaccinated (such as the Homefirst practice in Chicago).

Also, a recent study by Generation Rescue, June 26, 2007 the "Cal-Oregon Unvaccinated Survey" reported:

"We surveyed over 9,000 boys in California and Oregon and found that vaccinated boys had a 155% greater chance of having a neurological disorder like ADHD or autism than unvaccinated boys."

Until the scientific evidence shows that the benefits of childhood vaccines outweigh the risk, more and more parents will continue to question the concept of mandatory vaccination, refuse to vaccinate their children and look for various means, including a personal religious exemption, to be in compliance with the law while keeping their children from receiving vaccines.

This is the greatest country in the world. I have full confidence that our government will eventually address these issues. Until then, we can expect more and more families to question the value of mandatory vaccinations.

At this time, we need to call for a moratorium on all vaccinations. We need to convene a panel of the leading experts in medicine. This panel must be devoid of sponsorship from any drug companies or parties that have any vested interest in the outcome. The panel should review all the scientific articles and data on vaccinations. Afterwards, they should make their recommendations. It is very interesting that whenever the National Institute of Health has convened such consensus panels the results are far different than we would expect. In the past, these NIH consensus panels have recommended fewer ultra sounds, fewer breast cancer surgeries, less cesarean sections, and they have questioned routine mammograms for women. I have great faith in the honesty of scholarly physicians. When they meet in large consensus groups and review data they come to unbiased conclusions relying on the information presented to them, not on political agendas, or their own beliefs.

As a parent, only you can decide whether to reject vaccinations or risk

accepting them for your child. Let me urge you, though—before your child is immunized—to arm yourself with the facts about the potential risks and benefits and demand that your pediatrician defend the vaccinations that he recommends.

I want to raise doubt in your mind as to the safety, efficacy, and moral issues of vaccines. My goal is for you to do further research into all of the vaccines, use libraries, bookstores, our internet web site (homefirst.com), and ask questions. Only after fully weighing the evidence can you make an informed decision. An informed consumer is a wise consumer. This journey is a beginning of better understanding the issues surrounding childhood vaccinations.

I recommend that you *Don't Vaccinate Before You Educate!*

Questions & Answers with Regard To Childhood Vaccines

- Q) *What is a philosophical objection to vaccines?*
- A) A philosophical objection to vaccines states that you are objecting from your own personal belief, not on medical or religious grounds. It comes from your own personal knowledge, whatever that is composed of. At the time of this writing Illinois does not accept this as a valid objection to childhood vaccines. A philosophical objection is also known as a constitutional objection, (as defined by the *American College Dictionary*—belonging to or inherent in a person's constitution of body or mind) not to be confused with the U.S. Constitution.

2) *What is a medical exemption to vaccines?*

A) An exemption that is written by a physician who is licensed to practice in the state stating the specific medical objections to the vaccine.

2) *Do vaccines weaken the immune system?*

A) The scientific literature has mixed reviews. Some studies say yes, some say no.

2) *Can I give some of the mandated vaccines and not others?*

A) Yes, from a medical standpoint. However, to be in compliance with the state laws you must give your children the mandated vaccines unless you have a religious, philosophical or medical waiver exemption. You must check your state's law (http://www.homefirst.com/vaccine_exemptions_state_by_state.html) to see which of the waiver exemptions apply.

2) *Are there medical contraindications to vaccines?*

A) It depends which side of the debate you are on. Scientific medical studies seem to point in both directions—that there are benefits and side effects. The difficulty is deciding which are more controlling.

2) *What is a personal religious exemption?*

A) It is an exemption that states your **specific** and **personal** religious beliefs. These beliefs may not necessarily be the tenets or beliefs of your established or organized religion.

2) *If I homeschool my children do I have to give childhood vaccines?*

A) Yes, the mandate for vaccines has nothing to do with school. School is just a checkpoint to see if you have given the mandated vaccines.

Q) *Can I be reported to DCFS (Department of Child and Family Services) if I do not vaccinate?*

A) Yes. Unless you have a bonafide exemption medical or religious (and in some states philosophical). If your child is less than two years of age and not in preschool or day care, the mandates do not apply.

Q) *What are specific religious grounds objecting to vaccines?*

A) They are statements which bring out your religious beliefs and religious reasons for objecting to childhood vaccines. These statements can come from the Bible, the tenets of your established religion, or your personal religious beliefs.

Q) *If I use a religious exemption does it have to be signed by a clergyman?*

A) No. Most state courts have held that a religious exemption does not have to be on church stationary, does not have to be signed by a clergyman, and does not necessarily have to be the tenets of your church.

Q) *Can the state decide if your religious exemption is valid?*

A) Most states have a statute which allows the School Board to determine the sincerity of your religious belief. However, if challenged in court, even though it would not be precedent setting, most state courts would look for guidance to other states ruling on similar statutes.

The Wyoming Supreme Court Case, 2001 WY 26-March 8,

2001, *Susan LaPage vs. The State of Wyoming Department of Health*, ruled that if a state government requires a certain level of sincerity as a benchmark before a religious exemption can be granted, such legislation would call into question the Constitutional prohibition against governmental interference with the free expression of religion as expressed in the First Amendment of the United States Constitution.

Q) *Can the state review your personal physician's letter objection to vaccines on medical grounds?*

A) Yes. The state has the right to appoint another physician or consultant to review your physician's medical exemption. The courts would probably find this to be valid and constitutional.

Q) *If vaccines really work, why should parents whose children are vaccinated worry?*

A) That is a good question. I suppose that the vaccine proponents don't have as much faith in these vaccines as they would like us to believe.

Q) *Do the vaccines work or are the diseases no longer around?*

A) That goes to the heart of the statistical scientific debate. Some diseases like plague, tuberculosis, scarlet fever, etc. were widespread and, even without the use of vaccines, just seem to be dying out.

Q) *Is the Chicken Pox Vaccine and Rubella Vaccine grown on the cells of aborted fetuses?*

A) Yes. These vaccines are grown on a culture of diploid tissue. Diploid is defined as human tissue. The original culture has been replicated over and over

again so it does not require new fetuses to be aborted for the production of the vaccine. However, one who receives the Chicken Pox Vaccine and Rubella Vaccines are directly linked to the chain that goes back to the original abortion.

Q) Is mercury still in vaccines?

A) Yes. It is still in the flu vaccine which is now being recommended to our children between six months and 18 years of age .

Q) Can I object to only Chicken Pox Vaccine on religious grounds, because I am pro-life, without objecting to any other vaccines?

A) Yes, if your religious convictions are pro-life and you object to the Chicken Pox Vaccine because it was grown on the cells of aborted fetuses. However, like all waivers, medical or religious, it could be challenged by the school board. The Illinois courts would most probably up-

hold this waiver as a valid religious exemption.

Q) Do physicians respect parents' rights to debate issues of vaccines?

A) They should; however, most physicians would respond to that question like Dr. Ben Katz from Childrens Memorial Hospital (April 11th, 2002 issue of *Daily Southtown*), "We need to force people to do right thing [vaccinate], unfortunately. We can't leave these decisions up to individuals. I really believe it is inappropriate to debate this with parents." **HK**



Mayer Eisenstein, MD, JD, MPH, is a graduate of the University of Illinois Medical

School, the Medical College of Wisconsin School of Public Health, and the John Marshall Law School. In his 33 years in medicine, he and his practice have cared for over 75,000 parents, grandparents and children. He is the author of numerous books including: *Safer Medicine, Don't Vaccinate Before You Educate,* and *Unlocking Nature's Pharmacy.* Since 1987, his weekly radio show, "The Dr. Mayer Eisenstein Show," has aired in the Chicagoland area. Dr. Eisenstein's philosophy comes from his years in medicine, law, and Public Health, combined with his years as a husband, father, and grandfather.



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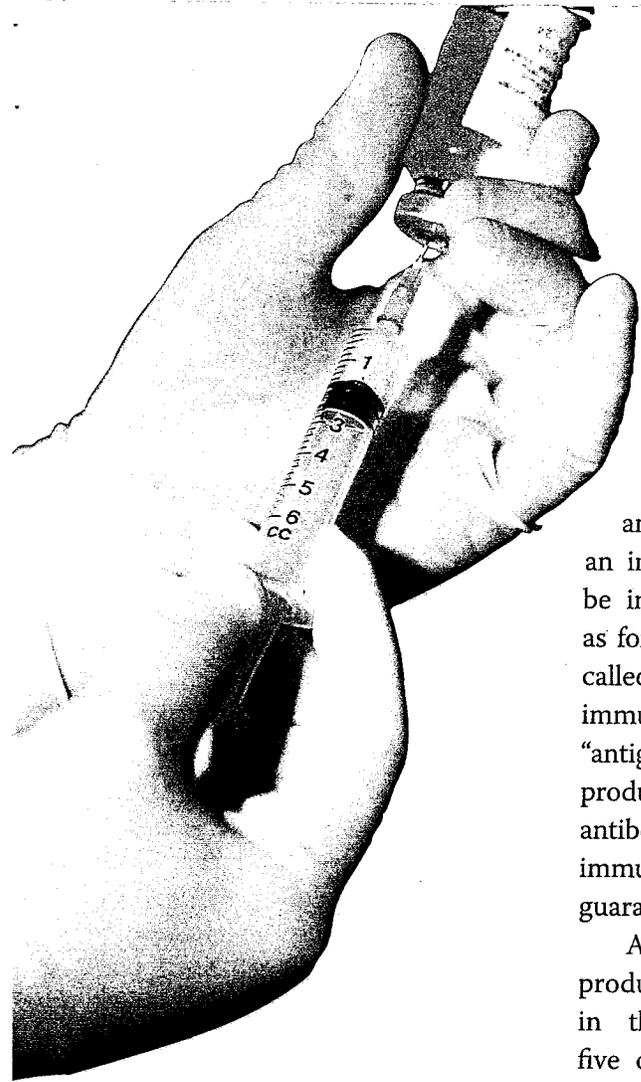
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IMMUNE SYS

The Adverse Effects

by Dr. Sherri Tenpenny

Any substance that leads to an antibody response is called an immunogen. For a molecule to be immunogenic, it must be seen as foreign by the host. Vaccines are called effective because they are immunogenic. They are considered "antigens" because they lead to the production of an antibody. While antibodies are considered markers of immunity and protection, they do not guarantee protection from infection.

An antibody is a molecule that produces its effect while circulating in the bloodstream. There are five distinct classes of antibodies:

such as a virus or bacteria. The presence of IgG means the person has responded to a vaccination.

Two different types of IgG responses occur after vaccination. The first injection stimulates the immune system to respond and causes an initial IgG spike, initially detected about six days after the shot. The spike levels off in 12 to 14 days and then settles to a lower level. When the second shot is given, a strikingly large IgG response quickly occurs and lasts for several years. Because blood tests (called titers) are never ordered, a third dose of vaccine is administered routinely to children and adults who may not need it.

The immune response is categorized into two general areas: humoral, which involves the production of antibodies; and cell-mediated, which includes different types of white blood cells, including macrophages and several different lymphocytes. Active immunity and lifetime protection is gained when a person experiences and recovers from an infection. It is the interplay between the humoral and cell-mediated divisions that locks the event into the long-term memory of the immune system. When reexposed to the pathogen, the immune system recognizes and eliminates it without having to experience the illness.

Alternatively, vaccination introduces only temporary, or passive, immunity. By engaging only the humoral immune system and

The immune system is the body's intricate regulatory system. Composed of cells, tissues, mediators and antibodies, it plays a role in destroying tumors, eliminating viruses, bacteria and other microbes, neutralizing toxins, and performing other defense functions. It has a memory system capable of recalling previous encounters with infectants and can mount a strong response upon re-challenge. For example, when you have had measles or chickenpox, your immune system "remembers" and eliminates the virus upon re-exposure without signs of the infection. This function is called *lifetime immunity*.

IgG, IgA, IgM, IgE and IgD, easily remembered by the word GAMED. The most abundant type of antibody found in the blood is IgG, a protein shaped like a capital letter Y. It is the upper tips of the Y that bind with a specific foreign antigen, creating a complex that in effect neutralizes and eliminates a foreign particle

'EM DESTRUCTION

f Vaccines on Health

producing antibodies, no lifelong protection is obtained from vaccination. Vaccine-induced antibodies are gone within a few years. In other words, a person's immune system and overall, long-term health are more robust if an illness such as chickenpox or measles is contracted and resolved naturally, as opposed to trying to avoid the infection through vaccination.

Despite all we know about the intricacies of the adult immune system, an investigation of the immune system of infants and small children has only recently begun and it is minimally understood. At the First International Neonatal Vaccination Conference held in Washington, D.C. (March 2-4, 2004), Professor Claire-Ann Siegrist, from France, delivered a detailed presentation on the complexities of a newborn's immune system. Within the first moments of life, the infant is bombarded with millions of antigens. Both the humeral and cell-mediated immune system begins the process of developing resistance to the exposures and helpful protection is passed to the newborn through breast feeding. According to researchers, this process continues exponentially throughout the first few months of life. Injections—such as hepatitis b vaccine and the vitamin K shot—during the initial moments of life disrupt the rapidly developing, delicate and complex

communication system within the newborn. When complex messenger molecules, such as cytokines and interleukins, lose their interconnection, serious immune system dysfunction can occur later in life.

Evidence of serious health consequences from vaccinating

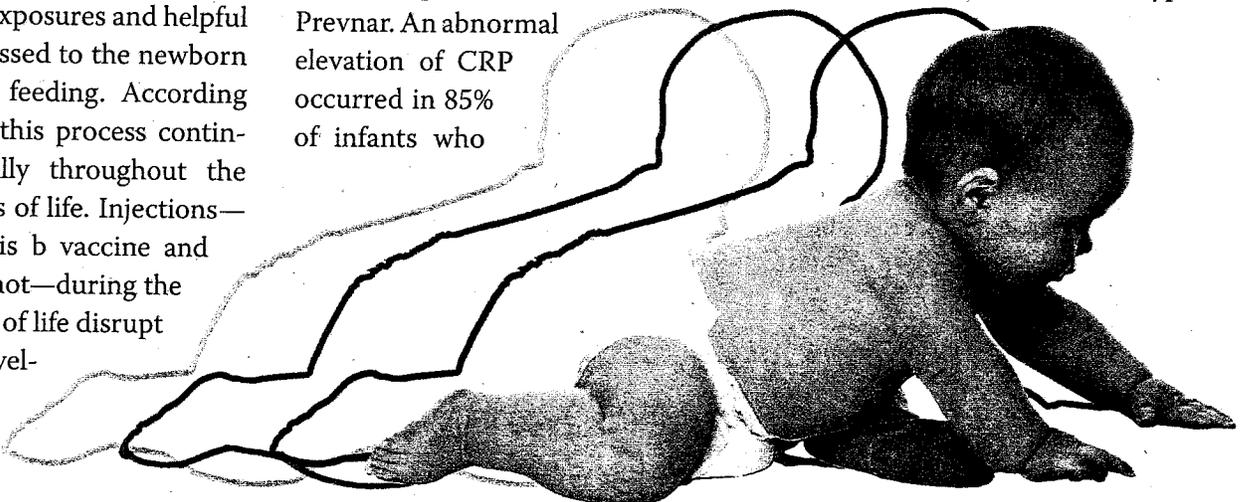
Evidence of serious health consequences from vaccinating infants was recently confirmed in the *Journal of Pediatrics*...

infants was recently confirmed in the *Journal of Pediatrics*. A group of randomly selected infants in a neonatal intensive care unit were given two or more vaccines on the same day. A separate group of infants were given one shot at a time, every three days. The vaccines in the study were DTaP, Hib, polio [IPV], hepatitis B and Prevnar. An abnormal elevation of CRP occurred in 85% of infants who

received simultaneous vaccines and up to 70 percent of those given a single vaccine. CRP, short for "C-reactive protein," is a protein found in the blood that is a marker indicating a heightened state of inflammation in the body. In addition, 16 percent of all infants had cardiorespiratory events (stopped breathing) within 48 hours after the vaccines.

An elevated CRP, gastroesophageal reflux (GERD) and severe intraventricular hemorrhage (bleeding in the brain) were found in infants who received multiple vaccines. Infants who received DTaP, Prevnar and Hib as single injections had elevated CRP levels and experienced cardiorespiratory events.

There are further concerns about elevated CRP levels. A study of 62 children who were part of a Diabetes Autoimmunity Study of the Young (DAISY) in Denver, Colorado, revealed that an elevated CRP level in infants and young children may be a marker for the risk of progression to type 1



diabetes (insulin-dependent) later in life.

It is difficult to imagine that the introduction of viruses, bits of bacteria, mercury, aluminum and more than 100 additional chemicals into the body of an infant can be considered harmless. In truth, the impact of vaccines on the immune system of a child under 2 years of age cannot be predicted.

If a child develops an autoimmune disorder, such as rheumatoid arthritis or insulin-dependent diabetes, vaccines are rarely, if ever, suspected as the inciting event even though evidence points to vaccines as a source of immune system disruption. In 2005, the journal *Vaccine* reported a study in which all relevant publications between 1966 and June 2004 were reviewed to determine if there was an association between autoimmune manifestations and vaccination. The most frequently reported autoimmune manifestations for the various vaccinations were 1) Hepatitis B—rheumatoid arthritis, reactive arthritis, vasculitis, encephalitis, neuropathy and thrombocytopenia; 2) MMR—acute arthritis or arthralgia, chronic arthritis and thrombocytopenia; 3) Influenza—Guillain-Barré syndrome (GBS) and vasculitis; 4) Polio—GBS; and 5) Chickenpox (varicella)—mainly neurological syndromes.

In addition to autoimmune disorders, vaccines and vaccine components are associated with chronic diseases. Tetanus toxoid, influenza vaccines, polio vaccine, rubella vaccines and others have been related to phenomena ranging from auto-antibody production to full-blown

chronic illness (such as rheumatoid arthritis). The hepatitis b vaccine has been particularly troublesome with nearly 200 reports in the medical literature of illnesses associated with the vaccine.

Pediatricians point to the abundance of epidemiological studies to reassure parents that there is no association between vaccines and asthma. Large epidemiological studies make the thousands of children who have developed asthma after vaccinations “statistically insignificant” in comparison to the millions of shots given. The larger the denominator, the easier it is to discount the size of the numerator. For example, 231 injured in a study that involved 679,900 persons makes the percentage of those injured (0.034 percent) appear extremely small.

Nonetheless, evidence of the connection between vaccines and illness exists, and individual experiences affirm the connection. A study from Australia found that fully vaccinated children had a higher risk of developing asthma as adults. In a study of 450 children, 11 percent who had received the pertussis vaccination suffered from asthma, as compared with only 2 percent of the children who had not been vaccinated.

A small study published in 2000 uncovered an association between vaccines with allergies and allergy-related respiratory symptoms. The results showed that the odds of developing asthma were twice as great among vaccinated subjects with DTaP or tetanus than among unvaccinated subjects. In addition, the odds of developing allergy-related symptoms within 12 months

of a vaccine were 63 percent greater among vaccinated subjects than unvaccinated subjects. This association was greatest among children ages 5 through 10 years of age.

Drugs are prescribed when symptoms develop. Severe disruptions, such as autoimmune diseases, asthma, allergies, ADD/ADHD, seizure disorders and cancer, can create customers for life for the pharmaceutical industry. There are safer, more effective ways to stay healthy. Saying no to vaccines may be your first step to better health. **HK**



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This article is an excerpt from Dr. Tenpenny's new book, *Saying No To Vaccines: A Resource Guide*

for All Ages, released in May, 2008 and available through www.SayingNoToVaccines.com Information on her many other articles, books, DVDs, audio CDs, and materials are available at www.DrTenpenny.com. Information about her medical clinic can be found at www.osteomed2.com

To the Subcommittee on Criminal Justice, Drug Policy, and Human Resources
of the Committee on Government Reform
U.S. House of Representatives
RE: HEPATITIS B VACCINE HEARINGS
SCHOOL NURSE PERSPECTIVE

Hepatitis B

Submitted by Patti White, RN
May 17, 1999
Mr. Chairman and Members of the Subcommittee:

This is a school nursing perspective for the congressional hearings to be held on May 18, 1999 regarding the safety of the hepatitis B vaccine that is being mandated for newborns and now older children in America. We ask you to please consider the following information and submit it into the congressional testimony. As nurses we continually see more and more damaged children entering our schools, and we are very concerned that a major portion of that damage may be due to the hepatitis B vaccine's assault on the newborn neurological and immune system.

My name is Patti White, R.N. I am a registered professional nurse and the district health services coordinator for a multi-school district. I am writing on behalf of the school nurses in our district. We have very grave concerns about the hepatitis B vaccine.

For the past three or four years our school district has noted a significant increase in the number of children entering school with developmental disorders, learning disabilities, attention deficit disorders and/or serious chronic illness such as diabetes, asthma and seizure disorders. Each of the past four years has been worse than the year before. There is only one common thread we have been able to identify in these children: they are the children who received the first trial hepatitis B injections as newborns in the early 1990s.

As the hepatitis B compliance rate in newborns has gone up in our community, so has the percentage of damaged children. This is very alarming. Because of having so many damaged children we have tried to find the long term clinical trials that ruled this vaccine "safe and effective". We discovered through an exhaustive Medline search that the FDA based its decision to approve hepatitis B vaccine for administration in the first hours of a newborn baby's life upon clinical trials and upon post-marketing surveillance studies in which patients and their doctors were asked to report any adverse effects they noticed within 4-5 days after each injection [4 days for SmithKline and 5 days for Merck].

The problems being reported in increasing numbers as occurring after hepatitis B vaccination appear to be autoimmune and neurological in origin. Such problems take weeks to months to produce noticeable symptoms, and cannot be spotted in a 4-5 day observation period. These are the only clinical studies that have been done by Merck or SmithKline. There is not one long-term study that we could find.

The CDC and FDA have no idea what the long term effects will be on the newly developing neurological and immune systems of the infants who are injected with this vaccine. They seem to only be concerned with denying the connection between these damaged children and the hepatitis B shot they received within a few hours of birth. The CDC even admits the lack of study and states they do not even know how long the vaccine will be effective. We found this amazing since the vaccine was developed for a population at risk for hepatitis B: IV drug users, high risk medical professionals and those who are involved in high risk sexual practices.

In 1950 (before mass immunizations began), the USA had the third lowest infant mortality rate in the world. By 1986, the USA dropped to 17th place. In 1995 the USA dropped to 23rd and now the USA has dropped to the appalling position of 24th in the health of its children. But the USA is now first in vaccine compliance through government mandates.

The elementary grades are overwhelmed with children who have symptoms of neurological and/or immune system damage: epilepsy, seizure disorders, various kinds of palsies, autism, mental retardation, learning disabilities, juvenile-onset diabetes, asthma, vision/hearing loss, and a multitude of new conduct/behavior disorders.

We have come to believe the hepatitis B vaccine is an assault on a newborns developing neurological and immune system. Vaccines are supposed to be making us healthier, however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children. The census of ill children treated in our health rooms each day has increased by 300% in only four years.

In our last school nurse meeting we discussed whether the combination of so many vaccines/viruses at one time (hepatitis B vaccine at the same time of the DPT, OPV or MMR) is causing the infant's immune system to be overwhelmed and unable to mount a sufficient defense response. We are advocating clinical studies to determine: Is the combination of all these viruses at one time an assault on an infant's immune and neurological system that increases the chances for adverse reaction AND what are the long-term neurological and immune system responses to these vaccines. We are all continuing to research this issue and will be happy to share the many resources we have found with you. I hope you will do the same as you open up this issue.

We have talked many times about the possible cause(s) of the continuing increase in pervasive developmental disorders (PDD), such as autism. From the literature we have found, we should expect a rate for PDD of about 2-5 in 10,000. In our community the rate in 1st and 2nd grade is about 1 in 150 and in kindergarten, 1 in 100.

As school nurses, we have had many parents calling and asking how they can exempt their children from the hepatitis B vaccination (HPB). Many of them have spent long hours in study and research perplexed over this issue. For the past six months we have been studying documents, books and research

articles published by internationally respected doctors and scientists that cause us grave concern. You must understand that we began this study to reassure our parents and show them the truth about how safe vaccines are.

Unfortunately, our sincere, honest, dedicated study has caused a complete reversal of our once strongly held beliefs. Instead of being able to reassure the parents, we have found ourselves being drawn deeper and deeper into this unbelievable controversy over vaccines that is raging among physicians, scientists, researchers, parents, and the government. We pray you will have the courage to shine the light on this controversy through these hepatitis B hearings.

My daughter's own experience with the hepatitis B vaccine made me much more open-minded to the information we have been receiving from parents, teachers and other nurses in our community. I personally have had to research this on my own to determine if I have been enforcing a policy that is actually harming more children than it will ever help. I have spent countless hours reading books, vaccine-hearing testimony, research papers, medical journal articles and Internet web-sites from around the world. I did not come to my decision easily or lightly, I assure you. Twenty-five years of total belief in something does not shake that easily.

I have repeated the well-rehearsed refrain "Be Wise; Immunize" thousands of times during those years and reassured countless parents that they were doing the right thing by vaccinating their precious children . . . even the ones who came to me with serious doubts and reservations. I will now have to live with that.

We are all now faced with a moral dilemma: will we protect the "sacred cow of conventional vaccine philosophy" or will we stand up and speak out for the "health and well being of innocent children"? We choose children. We wonder, which will our government choose?

Because the hepatitis B vaccine was developed for those at risk of disease, including IV drug users and sexually promiscuous individuals, efforts to require administration of the vaccine to most, if not all of the U.S. population is very controversial. The increasing number of adverse reaction reports connected with this vaccine exacerbates the controversy. The controversy stems to a great extent from our lack of understanding of the mechanisms of the immune response to the hepatitis B surface antigen and lack of long term follow-up of individuals who have received the vaccine. In a January 27, 1999 press release, the National Vaccine Information Center (NVIC) released figures which show that the number of hepatitis B vaccine-associated serious adverse event and death reports in American children under the age of 14 outnumber the reported cases of hepatitis B disease.

During our research we discovered a copy of the grant proposal submitted recently to the National Institute of Health by Dr. B. S. Dunbar, who has worked in autoimmunity and vaccine development for over twenty years and was honored two years ago by the National Institute of Health. Dr. Dunbar is

working with a team of veteran vaccine researchers from all over the world. Their grant is requested for the purpose of studying the hypothesis that: hepatitis B recombinant vaccine does cause adverse autoimmune reactions in genetically susceptible individuals. This study will also provide new insights into the predictability of determining adverse side effects of the hepatitis B vaccine in individuals at risk as related to their histocompatibility subtypes. Their study of auto-immune diseases/symptoms caused by the hepatitis B vaccine include: lupus erythematosus, rheumatoid arthritis, vascular disorders, Guillain Barre syndrome, demyelinating disorders such as optic neuritis (blindness), Bell's palsy, demyelinating neuropathy (multiple developmental disorders), multiple sclerosis, diabetes mellitus and chronic fatigue syndrome to mention the most common.

This group of internationally respected vaccine researchers headed up by Dr. Dunbar also point out that, "The studies (for the approval of HPB) were not designed to assess serious, rare adverse events; the total number of recipients were too small; and the follow-up was too short to detect rare or delayed, serious, adverse reactions." Finally they point out that "overall the number of examples of adverse neurologic outcomes following receipt of hepatitis B vaccine are of concern, particularly those resulting in demyelinating neurologic disease."

They continue, "In view of these observations. . . it is medically crucial to evaluate the nature of the autoimmune reactions (i.e. risks) associated with the hepatitis B vaccine and to determine if individuals who will have these adverse reactions can be identified in advance of receiving the vaccine". There are critical questions that must be addressed to establish the risk/benefit of the current hepatitis B vaccines in the United States. These questions are particularly important in view of recent mandates to vaccinate all children including newborn infants."

Many groups have called for a moratorium on hepatitis B vaccination until some of these questions can be answered adequately. The NVIC reported "Newborn babies are dying shortly after their shots and their deaths are being written off as sudden infant death syndrome. Parents should have the right to give their informed consent to vaccination and Congress should give emergency, priority funding to independent scientists, who can take an unbiased look at this vaccine, instead of leaving the search for truth in the hands of government officials who have already decided to force every child to get the vaccine". We agree completely. The NVIC can be contacted at <http://www.909shot.com> for further information.

Our own school district's confidential health statistics show at least 20% of our children (K-3) have significant neurological damage and/or chronic illness. The last three years have shown an acceleration in the numbers of children who are entering our schools with these "developmental disorders". (Could these be the same infants who received the first trial doses of hepatitis B as only a few hour-old newborns?) As school nurses, working with these damaged children on a daily basis, we pray this is not true. If it is, the ramification to this generation of children is unthinkable!

Should we not pause, call for a moratorium on these poorly tested, rapidly approved vaccines, and allow independent American physicians and researchers to study them before blindly injecting an experimental vaccine into an entire generation? (We have found the only ones declaring the vaccine's safety are the ones who are making millions of dollars from its sales, whose employment depends on it or the ones being supported by the drug companies vast number of grants and fundings. The independent researchers seem to be coming up with an entirely different report.)

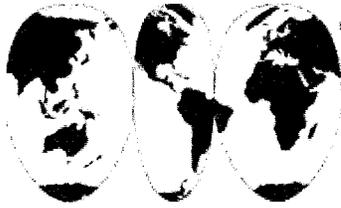
Vaccine producers have nothing to lose since our U.S. Congress has made them immune from responsibility or liability for injuries caused from their vaccines. The push is on for them to create more and more vaccines. There are huge amounts of money being made by these people who no longer worry about the consequences of their inadequate clinical trials. The United States government has had to pay out nearly a billion dollars in damages to families who can prove their children have been damaged or killed by vaccines, and there are thousands more cases pending.

We believe, as medical professionals, that we are doing a great disservice to our country by forcing government mandated vaccines on all children. Please research this and we pray you have the courage to speak out and tell the nation what you find.

(The views expressed are my personal beliefs and observations and do not necessarily reflect those of the school district.)

Patti White, RN
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Vaccinations: Parents' Informed Choice

By Lynne Born

Because the misinformation surrounding vaccination is so extensive, many parents don't even question whether or not they should vaccinate their child, overlooking one of the most important decisions a parent can make. Since medical authorities say vaccination is safe, most parents simply go ahead with vaccination, completely unaware of the potential dangers and unable to recognize a serious reaction when it does occur.

And since government health departments and school authorities give the impression that vaccination is mandated for every child in the United States, most parents believe they are legally required to vaccinate their child. But in all 50 states, you are free to decline vaccination entirely, or adopt a partial vaccination schedule, an important decision about the health and welfare of your child.

However, parents face tremendous pressure from doctors, the media, schools and even other parents, to follow the standard vaccination schedule and subject their child to an ever-escalating protocol of multiple injections at various stages of their young lives, even including injections with several vaccines in the same shot.

Misinformation

Because vaccines are used predominately on our precious children, most people assume that the many vaccines have been subjected to thorough trials and rigorous studies proving that vaccines are safe and effective. Parents have been told that mass vaccination campaigns ended multiple epidemics around the world, that vaccines are effective at preventing the illnesses they are targeted against, that side effects are rare and generally consist of sore arms or mild fevers that pass quickly, and that the few serious negative reactions are carefully tracked and monitored, keeping adverse reactions to a minimum.

However, parents who take the time to dig deeper and pierce this veil of misinformation find that these assertions lack solid scientific backing. Not only has there never been a single long-term study comparing the health and welfare of vaccinated to unvaccinated children, multiple examples can easily be found of vaccinated children acquiring the very illness they have been vaccinated against. Furthermore, there is overwhelming evidence that vaccines can be extremely harmful, permanently disabling and even deadly to our children. And the current system for

<http://www.westonaprice.org/children/vaccinations.html> ← In the entire article

Hello, Thank-you for allowing me to testify here today & thank-you for your time.

My name is Lynn Evans, I am an RN of 26 years, mother of 3 boys ages 13-23.

I did not question vaccines when my first son was born, took him to his routine well baby visits, after his 2nd MMR he had a high fever lasting 10 days....called the doctor's office several times, told this was normal and to just give him Tylenol....which I did.

I think his delayed development and minor learning disability is directly related to this incident. When I discussed this with his doctor he literally rolled his eyes stating that was ridiculous!

So, I started researching...many, many hours, books, discussions, plane rides to conferences..... I could NOT believe what I was learning. I found 3 pediatricians willing to share their own independent research & experience---they all 3 told me bluntly---they would NEVER give any vaccinations to their own children.

My husband and I made an "informed decision" (something that is not done very well in most pediatrician's offices across the country!) We decided to exercise our **constitutional right** and file a religious exemption for all vaccines.

This was scary in the beginning---I constantly questioned if this was the right choice---consuming most of my spare time to researching. After all, parents that choose this path are ridiculed, labeled lazy, indigent, unfit for parenting----We were certainly NOT in that category!

All 3 boys have attended day care and public schools starting at 4 months old. None have hardly been sick a day in their life (unlike many of their vaccinated friends and school mates).

Over these past 23 years, I have met numerous parents, like myself, questioning whether to vaccinate their children. When I find myself in such a discussion I would never tell them not to vaccinate, but encourage an **INFORMED DECISION**---by researching both sides in depth. I always clarify the popular misinformation --"my child won't be able to attend school without vaccinations" with the truth about our freedom to choose, and filing exemptions.

I do not think the busy pediatrician, public health doctors, and school nurses are bad people, their "Gestapo like" pro-vaccine stance is what they were taught (as what I was taught) and they truly believe they are doing the right thing for the good of the whole. This, I think, is a travesty of great proportions--- as the long term negative impact to our children's health (auto-immune diseases, learning disabilities, neurological damage, autism, cancer, etc) is often ignored-denied and the few severe- almost immediate reactions, are considered an acceptable risk!!! Thankfully, there are numerous health professionals taking the time to really research this very important, complicated issue---and consequently changing their minds, their practices, writing books, travelling the country and speaking out. I have attached 4 articles, 2 by MD's, 1 by a school nurse & 1 by a medical researcher, for your review.

In closing---I cannot even imagine being forced to allow my child or myself to be vaccinated against my religious belief---living in a country where **FREEDOM** is our greatest treasure. This coercion---using fear tactics & half-truth's, is clearly not based on good science! I consider the vaccinated child a carrier of potential disease NOT the unvaccinated child.

Thank-you again for allowing me to testify here today.

Attachments:

- 1) Don't Vaccinate Before You Educate by Maye Eisenstein, MD, JD, MPH
- 2) Immune System Destruction—The Adverse Effects of Vaccines on Health by Sherri Tenpenney, MD
- 3) Testimony by Patti White, RN to the Subcommittee on Criminal Justice, Drug Policy & Human Resources on the subject of the Hepatitis B Vaccine
- 4) Vaccinations: Parents' Informed Choice by Lynne Born