

TRUE or FALSE?

- * The live-virus polio vaccine is the *major cause* of polio in the United States today.
- * The diphtheria and tetanus vaccines are “stabilized” with formaldehyde — a known carcinogen.
- * The measles and pertussis vaccines may cause seizures, brain damage, and death.

Can mandatory vaccines trigger developmental disorders and autoimmune diseases? Are they responsible for an unprecedented rise in criminal activity and violent crime? Did AIDS originate from diseased monkey organs used to incubate polio vaccines? Are new viruses tested on unsuspecting vaccine recipients? How safe is *your* child from the near and long-term effects of these “miracle” shots?

Are vaccines *really* safe and effective? Read what the Federal Centers for Disease Control (CDC) and the World Health Organization (WHO) have to say. Find out what independent researchers have discovered. And listen to distraught mothers testifying before the Congressional Subcommittee on Health and the Environment regarding vaccine injury compensation. Then, you be the judge.

Many thanks to Neil Miller for the thoroughness of his research. The evidence compiled in this book will help people of every persuasion to clarify their views.

—Richard Moskowitz, M.D., former president of the National Center for Homeopathy

If vaccines offered benefits only, the government wouldn't need to mandate them. Parents have a right to freedom of choice. This book brings to the public attention the seriousness of this controversial issue.

—Ann Millan, Executive Director, National Vaccine Information Center

This comprehensive book is packed with hundreds of important facts and figures. It includes 12 diagrams and over 300 citations to list all of the data that may be confirmed. As a concerned parent, you may then make an informed and responsible decision regarding the benefits and risks of vaccinating your child.

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VACCINES: ARE THEY REALLY SAFE AND EFFECTIVE?

A Parent's Guide To Childhood Shots



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With forewords by George R. Schwartz, M.D.
and Harold E. Buttram, M.D.

*This book brings to the public attention
the seriousness of this controversial issue.*

—National Vaccine Information Center

iotherapy may be required.

In 1955 Dr. Jonas Salk, an American physician and microbiologist, developed a killed-virus vaccine against polio. In 1959 Dr. Albert Sabin, also an American physician and microbiologist, developed a live-virus (oral) vaccine against polio. Both vaccines are considered safe and effective in preventing polio (and the spread of the polio virus).

Findings: Many people mistakenly believe that anyone who contracts polio either becomes partially paralyzed or dies. However, in most infections caused by polio there are few distinctive symptoms.³ In fact, the natural polio virus produces no symptoms at all in over 90 percent of the people who are exposed to it, even under epidemic conditions.⁴ This has led more than one scientific researcher to conclude that the small percentage of people who do develop paralytic polio may be "anatomically susceptible" to the disease. The vast remainder of the population may be naturally immune to the polio germ.⁵

Polio is virtually nonexistent in the United States today; however, there is no credible scientific evidence that the vaccine caused polio to disappear.⁶ From 1923 to 1953, *before* the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively. Statistics show a similar decline in other European countries as well (Figure 1).⁷ And when the vaccine did become available, many European countries questioned its effectiveness and refused to systematically inoculate their citizens. Yet, polio epidemics also ended in these countries.⁸

The number of reported cases of polio *following* mass inoculations with the killed-virus vaccine was significantly greater than *before* mass inoculations, and may have more than doubled in the U.S. as a whole. For example, Vermont reported 15 cases of polio during the one-year report period ending August 30, 1954 (before mass inoculations), compared to 55 cases of polio during the one-year period ending August 30, 1955 (after mass inoculations) — a 266% increase. Rhode Island reported 22 cases during the before inoculations period as compared to 122 cases during the after inoculations period — a 454% increase. In New Hampshire the figures were 38-129; in Connecticut they were 144-276; and in Massachusetts they were 273-2027 — a whopping 642% increase (Figure 2).⁹

Note: Doctors and scientists on the staff of the National Institute of Health during the 1950's were well aware that the Salk vaccine was ineffective and deadly. Some frankly stated that it was

Figure 1:

The POLIO DEATH RATE WAS DECREASING ON ITS OWN BEFORE the VACCINE WAS INTRODUCED

(Figures are from 1923 to 1953)

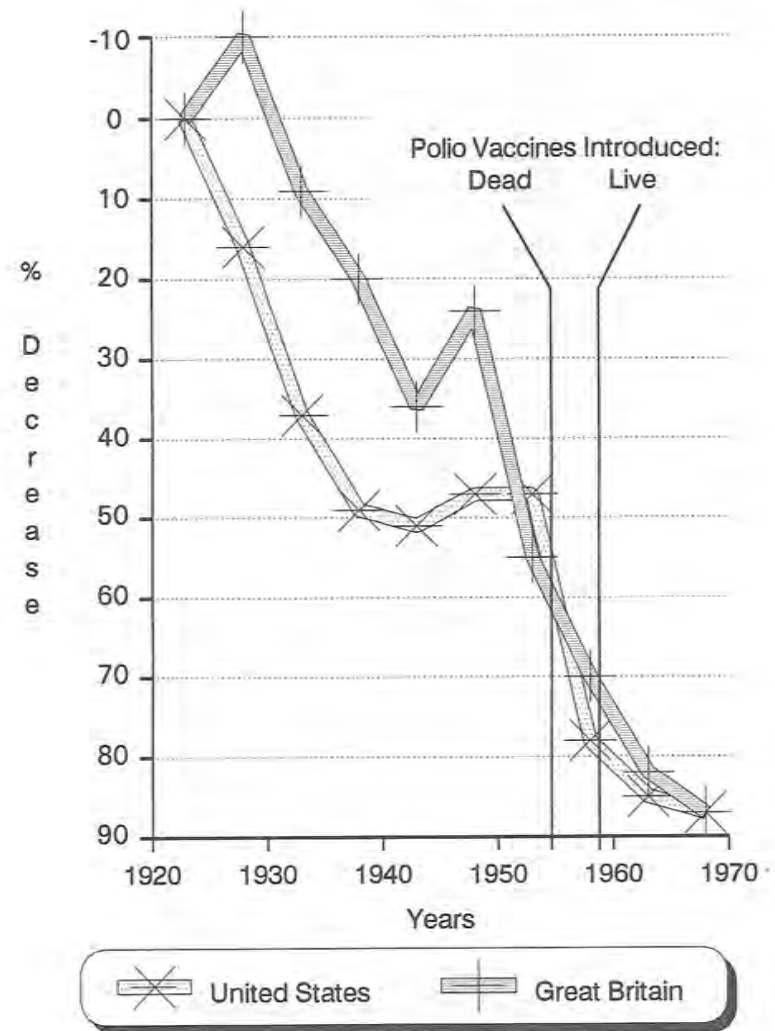
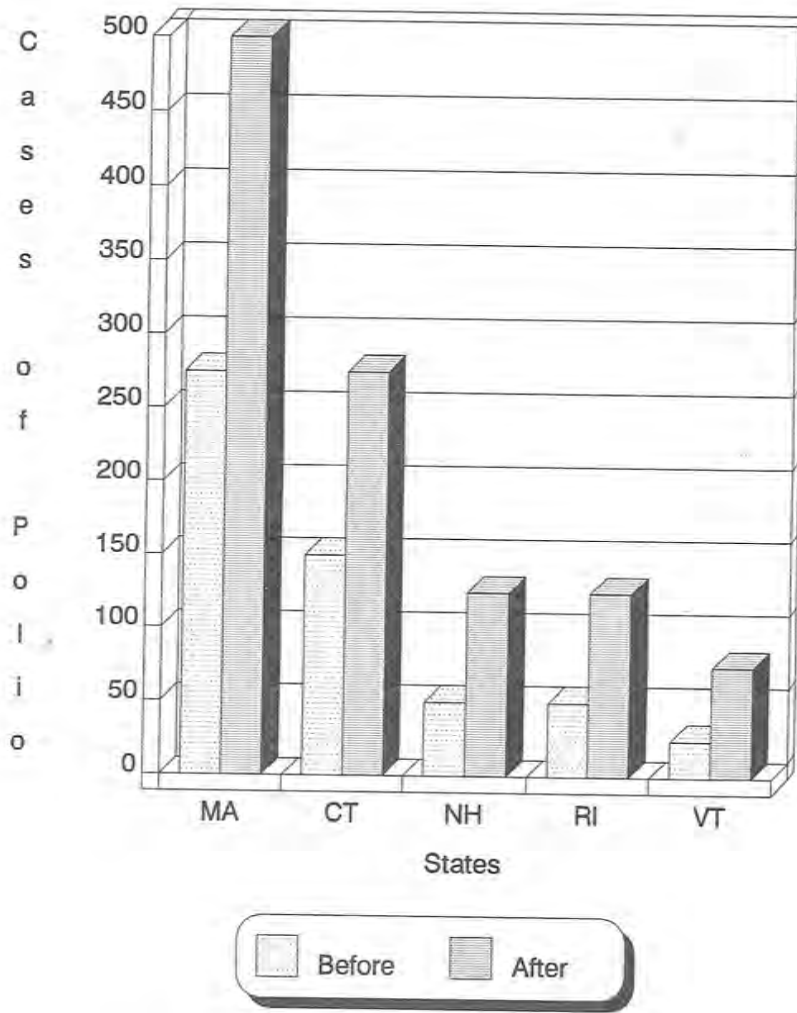


Figure 2:

CASES of POLIO INCREASED AFTER MASS INOCULATIONS

(Figures are for Five New England States
during 1954 and 1955)



"worthless as a preventive and dangerous to take."¹⁰ They refused to vaccinate their own children. Even Dr. Salk himself was quoted as saying: "When you inoculate children with a polio vaccine you don't sleep well for two or three weeks."¹¹ But the National Foundation for Infantile Paralysis, and pharmaceutical companies with a large investment in the vaccine (i.e., Parke-Davis), coerced the U.S. Public Health Service into signing a false proclamation claiming the vaccine was safe and 100 percent effective.¹²

The standards for defining polio were changed when the live-virus polio vaccine was introduced. For example, the new definition of a "polio epidemic" required more cases to be reported (35 per 100,000 instead of the customary 20 per 100,000). At this time paralytic polio was redefined as well, making it more difficult to confirm, and therefore tally, cases. Prior to the introduction of the vaccine the patient only had to exhibit paralytic symptoms for 24 hours. Laboratory confirmation and tests to determine residual (prolonged) paralysis were not required. The new definition required the patient to exhibit paralytic symptoms for at least 60 days, and residual paralysis had to be confirmed twice during the course of the disease. Finally, after the vaccine was introduced cases of aseptic meningitis (an infectious disease often difficult to distinguish from polio) were more often reported as a separate disease from polio. But such cases were counted as polio *before* the vaccine was introduced. The vaccine's reported effectiveness was therefore skewed (Figure 3).^{13,14}

Note: The practice of redefining a disease when it is contracted by an "immunized" person is not new. This was a common tactic during the smallpox epidemics as well. For example, in 1936 in Great Britain the Ministry of Health admitted that the vaccine status of the individual is a guiding factor in diagnosis. In other words, if a person who is vaccinated contracts the disease, the disease is simply recorded under a different name.¹⁵

In 1976, Dr. Jonas Salk, creator of the killed-virus vaccine used throughout the 1950's, testified that the live-virus vaccine (used almost exclusively in the United States since the early 1960's) was "the principle if not sole cause" of all reported polio cases in the United States since 1961.¹⁶ (The virus remains in the throat for one to two weeks and in the feces for up to two months. Thus, vaccine recipients are at risk, and are potentially contagious, as long as fecal excretion continues.)¹⁷

The Federal Centers for Disease Control (CDC) recently admitted that the live-virus vaccine has become the dominant cause of polio in the United States today.¹⁸ In fact, according to CDC figures, 87 percent of all cases of polio in the United States

DIPHTHERIA

Diphtheria is a contagious disease of the upper respiratory system caused by a bacterium. Symptoms include a sore throat, fever, and swelling of the lymph nodes in the neck. As the disease progresses, a thick membrane forms on the surface of the tonsils and throat, and may extend into the windpipe and lungs. This membrane may interfere with breathing and swallowing. In severe cases this membrane can completely block the breathing passages. Other complications include heart muscle inflammation and paralysis of muscles in the throat and eyes, and of those used in breathing. Paralysis of the breathing muscles can be fatal.

Diphtheria is commonly treated with antibiotics. Complete bed rest and adequate nourishment (by infusion or nasal catheter if swallowing is possible) are equally essential.

The disease is generally conveyed by direct contact with the diphtheria germ. Thus, diphtheria is readily controlled through careful attention to simple sanitary measures.²⁶

Findings: Cases of diphtheria are rare. Only five cases were reported in the United States in 1980.²⁷ However, a significant decline in diphtheria began long before the vaccine was discovered. In the United States, from 1900 to 1930, years before the diphtheria vaccine was introduced, a greater than 90 percent decline in reported deaths from diphtheria had already occurred.²⁸ Some researchers attribute this decline to increased nutritional and sanitary awareness.^{29,30}

Germany began compulsory diphtheria vaccinations in 1939. After that country was thoroughly vaccinated cases of the disease skyrocketed to 150,000.³¹ France initially rejected diphtheria vaccinations because of the disasters she witnessed in other countries due to its use. But after the German occupation, France was forced into submitting to the shots. By 1943, cases of diphtheria in that country had soared to nearly 47,000.³² At the same time in nearby Norway, which refused vaccinations, there were only 50 cases.³³

In a 1975 official report on diphtheria, the Bureau of Biologics and the FDA concluded that diphtheria toxoid "is not as effective an immunizing agent as might be anticipated." They admitted that diphtheria may occur in vaccinated individuals, and note that "the permanence of immunity induced by the toxoid...is open to question."³⁴

About 50 percent of all people who contract the disease have been fully vaccinated. For example, in a 1969 outbreak in Chicago,

the Board of Health reported that 37.5 percent of the cases had been fully vaccinated or showed medical evidence of full immunity. A report on another outbreak revealed that 61 percent of the total cases and 33 percent of the fatal cases had been fully vaccinated.³⁵

MEASLES

Measles is a contagious disease caused by a virus that affects the respiratory system, skin, and eyes. Symptoms include a high fever (up to 105 degrees), cough, runny nose, sore, red, and sensitive eyes. Small pink spots with gray-white centers develop inside the mouth. Itchy pink spots break out on the face and spread over the body.

Approximately one in 100,000 cases lead to subacute sclerosing panencephalitis (SSPE), which causes hardening of the brain and is invariably fatal.³⁶ In populations newly exposed to the measles virus, serious complications among adolescents and young adults increase, thus raising mortality rates.³⁷ However, most cases of measles are not serious,³⁸ especially when large numbers of the population have been exposed to the germ.³⁹ Symptoms usually disappear after one to two weeks.⁴⁰

Treatment mainly consists of allowing the disease to run its course.⁴¹

Before the 1960's most children in the U.S. caught measles. In 1963 a team of scientists headed by American researcher John F. Enders created a measles vaccine. Mass inoculations soon followed.

Findings: A significant decline in measles began long before the vaccine was introduced. In the United States and England, from 1915 to 1958, a greater than 95 percent decline in the measles death rate had already occurred (Figure 5).⁴²

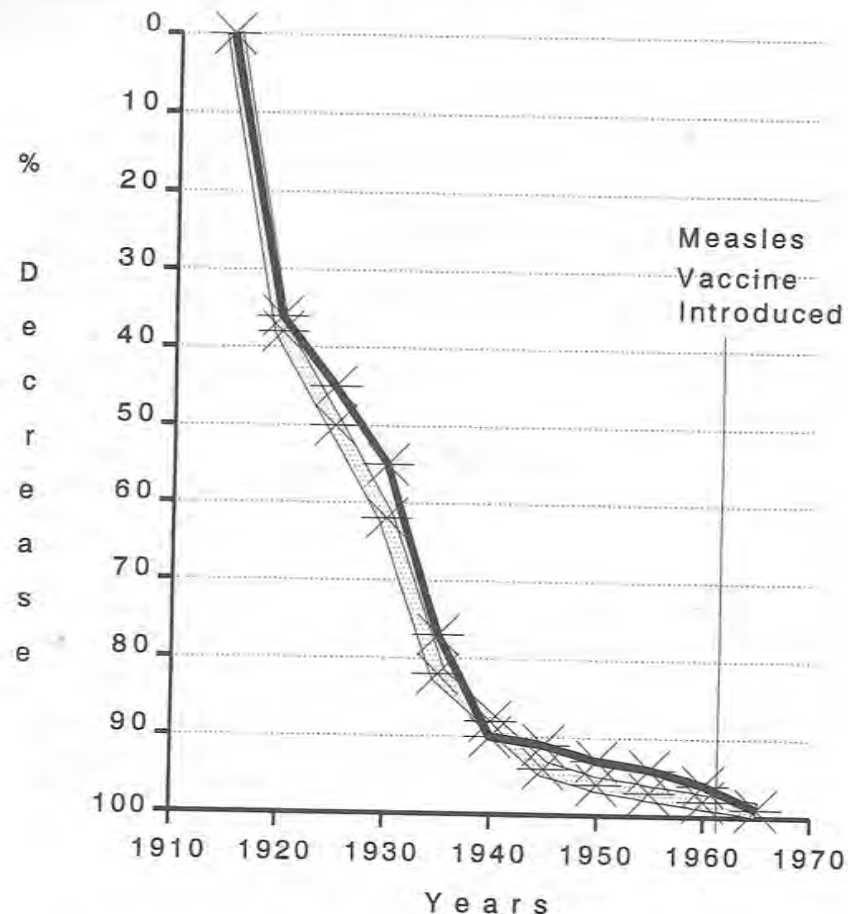
In 1900 there were 13.3 measles deaths per 100,000 population. By 1955, eight years *before* the first measles shot, the death rate had declined 97.7 percent to .03 deaths per 100,000.⁴³ In fact, the death rate from measles in the mid-1970's (post-vaccine) remained exactly the same as in the early 1960's (pre-vaccine).⁴⁴

Scientists do not know how long immunity from the measles vaccine lasts.⁴⁵ According to a study conducted by the World Health Organization (WHO), chances are about 14 times greater that measles will be contracted by those vaccinated against the disease than by those who are left alone.⁴⁶ According to Dr. Atkinson of the CDC, "measles transmission has been clearly documented among vaccinated persons. In some large outbreaks... over 95 percent of

Figure 5)

**The MEASLES DEATH RATE
DECREASED by MORE THAN 95%
BEFORE the VACCINE
WAS INTRODUCED**

(Figures are from 1915 to 1958)



United States Great Britain

cases have a history of vaccination...⁴⁷ Of all reported cases of measles in the U.S. in 1984, more than 58 percent of the school-age children were "adequately" vaccinated (Figure 6).⁴⁸ And in 1985, the federal government reported 1,984 non-preventable cases of measles. But 80 percent of these so-called "non-preventable" cases occurred in people who had been properly vaccinated.⁴⁹ More recent outbreaks continue to occur throughout the country, sometimes among 100 percent vaccinated populations.⁵⁰

The measles vaccine may cause ataxia (inability to coordinate muscle movements), learning disability, retardation, aseptic meningitis, seizure disorders, paralysis, and death. Other researchers have investigated it as a possible cause of or co-factor for multiple sclerosis, Reye's syndrome, Guillain-Barre syndrome, blood clotting disorders, and juvenile-onset diabetes.⁵¹

Since the start of measles vaccinations, the peak incidence of measles no longer occurs in children, but in adolescents and young adults. The risk of pneumonia and liver abnormalities is greater in this age group. According to a recent study, such complications have increased by three percent and 20 percent, respectively.⁵²

The vaccine is not recommended to children younger than 15 months,⁵³ yet children of this age are most at risk from the complications of measles.⁵⁴

Before the vaccine was introduced, it was extremely rare for an infant to contract measles. However, by 1993 more than 25 percent of all measles cases were occurring in babies under a year of age. CDC officials admit this situation is likely to get worse, and attribute it to the growing number of mothers who were vaccinated during the 1960's, '70's, and '80's. (When natural immunity is denied, measles protection cannot be passed on to their babies.)⁵⁵

Diet: The *New England Journal of Medicine* recently published an article indicating that giving vitamin A to children with measles reduces the likelihood of complications and their chances of dying.⁵⁶

The following excerpt is from a statement made by one mother testifying before the *Subcommittee on Health and the Environment*, regarding vaccine injury compensation:

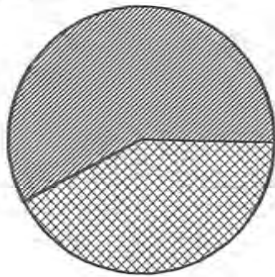
"My name is Wendy Scholl. I reside in the state of Florida with my husband, Gary, and three daughters, Stacy, Holly, and Jackie. Let me stress that all three of our daughters were born healthy, normal babies. I am here to tell of Stacy's reaction to the measles vaccine...where according to the medical profession, anything within 7 to 10 days after the vaccine to do with neurological sequelae or seizures or brain damage fits a measles reaction...

Figure 6:

**58% of ALL MEASLES CASES
WERE CONTRACTED by PEOPLE
WHO WERE VACCINATED
AGAINST the DISEASE**

(Figures are for all school-age children in the USA
who contracted measles in 1984)

Vaccinated Prior to Contracting Measles
58%



Unvaccinated
42%

"At 16 months old, Stacy received her measles shot. She was a happy, healthy, normal baby, typical, curious, playful until the 10th day after her shot when I walked into her room to find her laying in her crib, flat on her stomach, her head twisted to one side. Her eyes were glassy and affixed.

"She was panting, struggling to breathe. Her small head lay in a pool of blood that hung from her mouth. It was a terrifying sight, yet at that point I didn't realize that my happy, bouncing baby was never to be the same again.

"When we arrived at the emergency room, Stacy's temperature was 107 degrees. The first 4 days of Stacy's hospital stay she battled for life. She was in a coma and had kidney failure. Her lungs filled with fluid and she had ongoing seizures.

"Her diagnosis was 'post-vaccinal encephalitis' and her prognosis was grave. She was paralyzed on her left side, prone to seizures, had visual problems. However, we were told by doctors we were extremely lucky. I didn't feel lucky.

"We were horrified that this vaccine which was given only to ensure that she would have a safer childhood, almost killed her. I didn't know that the possibility of this type of reaction even existed. But now, it is our reality."⁵⁷

RUBELLA

Rubella is a contagious disease which is usually so mild it often escapes detection. Symptoms include a runny nose, sore throat, and slight fever (rarely above 100 degrees). Pink, slightly raised spots appear on the face, trunk and limbs. Lymph nodes on the back of the head, behind the ears, and on the side of the neck may become tender.

Rubella is a nonthreatening disease when contracted by children. Symptoms rarely last more than two to three days. However, if a pregnant woman develops the disease during her first trimester, her baby may be born with birth defects. These include impaired vision and hearing, limb defects, mental retardation, and heart malformations.

Treatment mainly consists of allowing the disease to run its course. It is not necessary to protect children from this harmless disease.⁵⁸

Findings: Research has demonstrated that approximately 25 percent of those vaccinated against rubella show no evidence of immunity within five years following their rubella shots.⁵⁹ In one study by Dr. Stanley Plotkin, professor of Pediatrics at the University of Pennsylvania School of Medicine, 36 percent of adolescent females who had been vaccinated against rubella lacked serological proof of immunity.⁶⁰ In a Casper, Wyoming rubella epidemic, 91 of the 125 cases (73 percent) occurred in vaccinated children.⁶¹ In another study by Dr. Beverley Allan of the Austin Hospital in Melbourne, Australia, 80 percent of all army recruits who had been vaccinated against rubella just four months earlier still contracted the disease.⁶²

Rubella is a harmless disease in childhood, and it confers natural immunity to those who contract it so they are unlikely to experience a recurrence as adults. Today, because rubella vaccinations are routinely given to children, most women never acquire natural immunity. If their vaccine-induced immunity wears off, the threat of contracting rubella during their childbearing years should actually increase.⁶³

Before rubella vaccinations, nearly 85 percent of the population was naturally immune to the disease.⁶⁴ A recent survey of sixth

Figure 7:

The PERTUSSIS DEATH RATE DECREASED by MORE THAN 75% BEFORE the VACCINE WAS INTRODUCED

(Figures are from 1900 to 1935)

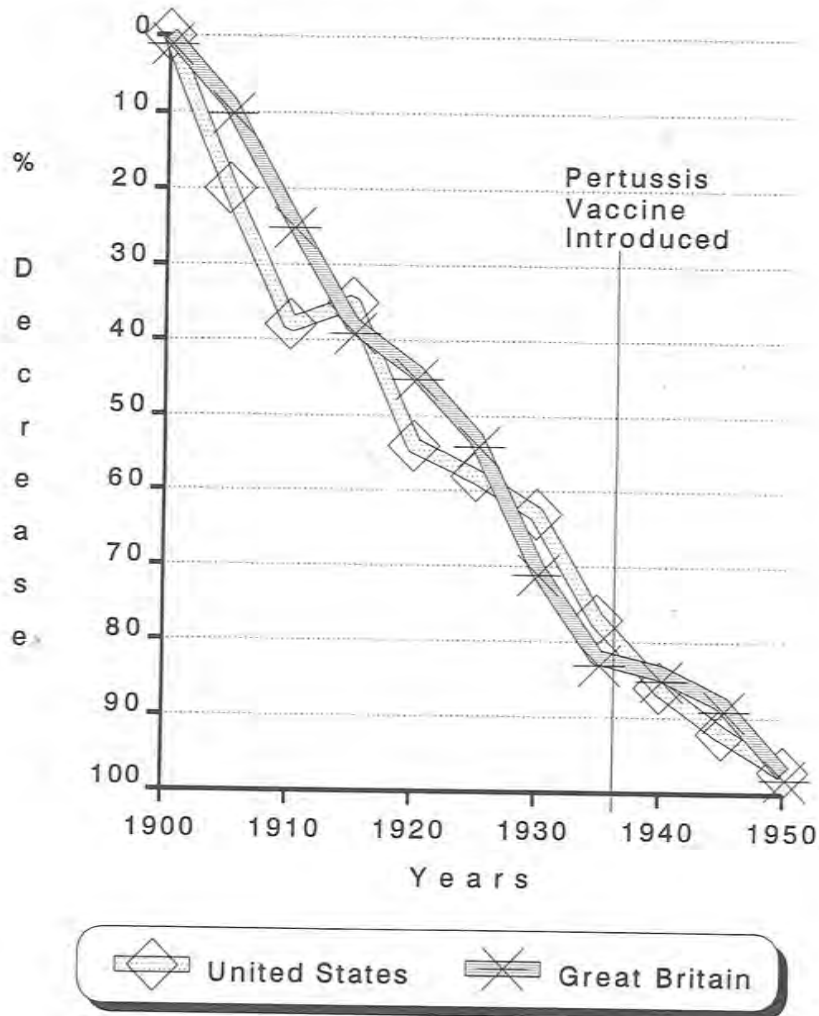
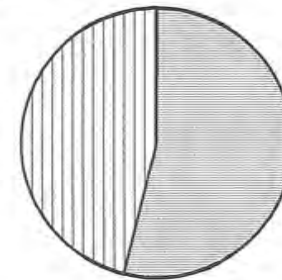


Figure 8:

46% of ALL PERTUSSIS CASES WERE CONTRACTED by PEOPLE WHO WERE VACCINATED AGAINST the DISEASE

(Figures are for all children in the USA between the ages of 7 months and 6 years who contracted pertussis in 1984)

Vaccinated Prior to Contracting Pertussis
46%



Unvaccinated
54%

The pertussis vaccine is used in animal experiments to help produce anaphylactic shock, and to cause an acute autoimmune encephalomyelitis (allergic encephalitis).¹⁰³ Post-vaccinal encephalitis may be the greatest cause of developmental and learning disabilities in the country today.¹⁰⁴ (See the section on Long-Term Effects.)

The United States never conducted its own clinical tests to determine whether the pertussis vaccine is safe and effective. Instead, it relies on data collected by Great Britain during the 1950's on children between six months and one-and-a-half years of age. Even though 42 of these children had convulsions within 28 days, 80 percent of the babies were 14 months of age or older, and the tests were designed to measure the efficacy (not safety) of the vaccine, U.S. health authorities use these results as evidence that the vaccine is safe to give to babies as young as six weeks of age. In fact, a two month old baby weighing less than ten pounds receives the same dose of the pertussis vaccine as a fifty pound child entering preschool.¹⁰⁵