

# Liberty Health Group

EDUCATING & EMPOWERING

## Vaccinations

- Hepatitis
- Measles
- Mumps
- Rubella
- Chicken pox
- Herpes
- Pneumonia
- Rotavirus
- Tetanus
- Diphtheria
- Influenza
- Cholera
- Pending....?
- Zika Virus
- Ebola Virus

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## Vaccinations - freedom of choice?

The focus of this newsletter is to provide an overview of vaccinations. There is debate in many states regarding parental right to refuse the CDC recommend immunizations.

Immunization is the process of developing an immune response to a vaccination (shot or liquid). The goal of vaccines is to stimulate long lasting immunity to a disease. A vaccine may be given by a shot or by mouth (rotavirus and polio). The ingredients in the vaccination are called antigens. Antigens cause the body to produce an immune response. So becoming immune to a disease is the **immunization process** that should happen when one is given a **vaccine**.

Since graduation from medical school in 1984, I readily admit that I am still ‘practicing medicine.’ With regards to what I know about immunizations, I continue to study and learn. In this process I have learned many things about the immunization process.

If you are already convinced regarding your opinion about vaccinations, you may not benefit from reading this newsletter. I have a plaque in my office that reads, **“Don’t confuse me with the facts, my mind is already made up.”** I doubt that I will change your opinion. I hope that those with an open mind will read this, especially nurses and physicians.

Children have been expelled from school because they would not take the Hepatitis B vaccine. Health care professionals are often forced to comply with all hospital-mandated vaccines. Parents are intimidated by nurses and physicians during routine office visits telling them that their children should receive all of the CDC recommended vaccinations.

### ***Is it possible that there is harm regarding vaccinations that we are not aware of?***

As a Family Physician, I was trained to abide by the CDC immunization guidelines. Board examinations include questions regarding the immunization schedules. Approximately 10 years after graduation, I became concerned about the increasing number of neurological cases that seemed to coincide with vaccinations. The medical literature in the United States did not publish anything to imply vaccinations were bad. Anyone who suggested there might be problems with the preservative, Thimerosal, was labeled a quack.

I regret that it took me a long time to begin to see that there probably are challenges with vaccinations, especially the MMR (Measles, Mumps, Rubella) vaccine. Recently, a whistle blower admitted to deceptive techniques in their reporting of CDC data. The deception continues when parents are led to believe that **“preservative free”** actually means preservative free. Preservative free now means the Thimerosal preservative was replaced with aluminum as the preservative. **Babies who receive the CDC recommended immunizations will receive 5,000 mcg (5 mg) of aluminum by 18 months!** d

It is time for the medical community to consider potential problems with vaccines. It does not matter whether one is **sincerely wrong** regarding vaccines, or **simply wrong**. **Wrong is wrong!**

**“Primum non nocere”** is the Latin translation of the original, well known Greek

phrase, **“First, do no harm.”** This phrase has been attributed to Hippocrates. Variations of this phrase are incorporated into oaths that some graduating medical students recite.

According to Robert H. Shmerling, MD, Faculty Editor for Harvard Health Publications, this phrase is not found in Hippocratic writings. A similar phrase is found in a statement in a publication by Hippocrates, ***Of the Epidemics***. This is a series of books that describes the signs and symptoms of the ill observed by Hippocrates. In this series, it seems as though Hippocrates is attempting to describe his medical findings to a lay audience.

The actual quote:

***“The physician must be able to tell the antecedents, know the present, and foretell the future — must mediate these things, and have two special objects in view with regard to disease, namely, to do good or to do no harm.”***

***...Hippocrates***

We should heed Hippocrates’ advice with regard to vaccinations. It is imperative to consider the potential link between aluminum and it’s negative impact on the brain. The CDC and others doing immunization research should be forthright regarding their research protocols, methods of data collection, and reporting.

This newsletter is devoted to presenting informative truth about vaccines and the immunization process.

Respectfully,

**David MacDonald, DO**  
**Medical Director**  
**Plexus Clinic**

# Myths regarding vaccinations

[www.stopmandatoryvaccination.com](http://www.stopmandatoryvaccination.com)

There are many concerns regarding vaccinations that are actually myths. Cultural myths are not uncommon, and many myths are not easy to dispel. You may be surprised that there is a “*Flat Earth Society*.” There are people who staunchly believe that the earth is flat!

There are people who believe myths regarding vaccines. I summarized the most common myths taken from the website above.

**Myth #1 The diseases for which one is vaccinated are deadly and without vaccination we would have epidemics of these diseases with untold numbers of deaths.**

**The Truth:** By the time most vaccines were introduced in the 1950s, diseases like polio, tuberculosis, diphtheria, whooping cough, scarlet fever, small pox, measles, mumps, or chicken pox were mostly mild diseases that rarely caused more than discomfort. By the 1940s, as is the case today, these diseases were rarely deadly in otherwise-healthy adults or children.

Further, there had been a 90 to 99 percent decline in mortality for these diseases BEFORE vaccine programs began. Diseases for which there were no vaccines (scarlet fever, black plague) also declined dramatically in the early to mid-1900s.

**Myth #2 Vaccines were responsible for a decline in both occurrences (morbidity) and deaths (mortality) from diseases that had plagued previous generations.**

**The Truth:** The real public health miracle that saved so many lives and prevented so much disease occurred prior to the introduction of vaccines in the 1950s and 60s. Public reaction by the entire town of Leicester England to the small pox vaccine (introduced in the late 1700s), proved that cleanliness and good nutrition mattered more than vaccination.

Elimination of the deadly nature of disease is more correctly attributed to other important changes that spanned the late 19th and early 20th centuries. These are outlined on the website.

**Myth:#3 Vaccines are safe and effective; long ago they were proven to prevent disease and research studies proved that they are safer**

**than the diseases they prevent.**

**The Truth:** Vaccines are not safe. The FDA, CDC, and legal precedent all say vaccines are inherently unsafe.

***If they are inherently unsafe why don't we hear of lawsuits?***

In 1986 class-action lawsuits threatened to bankrupt pharmaceutical companies responsible for deaths and disability resulting from unsafe vaccines. Manufacturers responded that they would no longer produce any vaccines. The government believed this was an unacceptable danger to the citizenry so Congress passed legislation to relieve manufacturers of ANY liability for injury or death caused by their products.

Prior to the passage of this law (which both absolved manufacturers of liability and placed the burden of injury/death compensation on the government), Jonas Salk (creator of the Polio vaccine that maimed millions) testified at the 1986 congressional hearings. Salk worried that the law would take away the incentive for vaccine manufactures to make vaccines safer. The law passed anyway and history has proven Salk correct (vaccine related deaths from Gardasil, DPT, polio, measles, and flu vaccines are only some examples of deadly vaccines).

The law was amended in 1988 to also provide that manufacturers were permitted the right to not disclose the known risks of vaccinations. (PACE ENVIRONMENTAL LAW REVIEW [Vol. 28])

**Myth #4 Vaccines provide “herd immunity” and are for the greater good of the society.**

**The Truth:** Herd immunity through vaccination does not exist. The theory behind herd immunity is that if a given percentage of individuals (usually between 85-96%) are vaccinated, the community is fully immune from outbreaks and the immunized protect those who cannot be immunized. However, many outbreaks have occurred within populations that have been fully immunized, and some research points to the vaccination program as the instigator of outbreaks.

Supporting statistics for this

phenomenon include:

2009: over two dozen cases of pertussis in Hunterdon County, New Jersey; all the children infected had been immunized prior to contracting the illness

1994: measles outbreak in Cincinnati; 80% of the children involved had had at least three doses of the vaccine

1989: 2,720 reported cases of measles nationally; 72.5% (1,972 of them) occurred in those who were vaccinated

1989: measles outbreak in a high school in Illinois; 69 cases, 99.7% occurred in those who were vaccinated

1987: CDC reported 2,440 cases of measles among vaccinated children

1986: measles outbreak in Corpus Christi, TX; 99% occurred in children who had been vaccinated

1986: in Kansas; 1,300 cases of pertussis were reported; 90% occurred in those who were vaccinated

1984, measles outbreak at a high school in Waltham, Massachusetts; 27 cases, 98% had documented proof of vaccination against the measles

During the measles outbreaks above, it's important to note that there were a surprisingly low number of measles cases in the unvaccinated population.

***The Journal of Pediatrics published a study in 1989 showing a 55% failure rate in the pertussis vaccine (Walene James, Immunization: The Reality Behind the Myth).***

**Another Myth: We should trust the governmental agencies that mandate vaccines.**

**The Truth:** There are many conflicts of interest, including financial or career incentives, in the governmental agencies (CDC, FDA, HHS) responsible for public health and safety that give rise to issues of trustworthiness.

***The CDC was not forthright regarding the Measles, Mumps, and Rubella (MMR) research. Further, vaccines studies do not comply with safety standards. It is reasonable to question***

# Media Promoting Medical Harm to our Children?

Michael Elice, MD

As a board certified pediatrician, I took the same oath as all physicians, **“to do no harm.”**

The latest media presentation of the measles outbreak at Disneyland as a result of unvaccinated children is very upsetting to me. We are being fed information that is essentially inaccurate by media journalists - none of whom have medical degrees - who may actually be promoting medical harm to our children.

**The latest reports blaming a failure of the measles vaccine on the unvaccinated population are not accurate, and in some reports, not true at all.** In fact, over the past 30 years, there have been similar numbers of measles cases reported in various areas of the United States. Studies published in leading medical journals, such as the New England Journal of Medicine, American Journal of Epidemiology, American Journal of Public Health and others around the world have confirmed small numbers, 75-140 cases of measles annually. So why then is the latest statistic of over 90 cases of measles spread over 14 states, representing tens of millions of people being billed as an epidemic?

The media would have us believe that this is a result of the fringe population of anti-vaxers who refuse to have their children vaccinated according the guidelines of the current vaccine schedule. Medical reporting has brought to light the glaring ineffectiveness of the measles vaccines in fulfilling their widely claimed promise of preventing outbreaks in highly vaccine compliant populations. In fact, measles outbreaks have occurred in populations that have been vaccinated on the average of 77%-99%, not the so-called anti-vaxers.

***Last year 1 in every 500,000 Americans came down with the measles. Nearly all recovered in a few days without serious consequences. At the same time 1 in 68 American children were diagnosed with autism or for every case of measles there were 7000 cases of autism. I ask myself which is the real epidemic here?***

Frank Bruni in an editorial in the New York Times on February 1, 2015 states that this measles outbreak is a result of “wealthy, educated people who deliberately didn’t vaccinate their children.” He refers to measles as “the

scourge once essentially eliminated in this country is back” when, in fact, it never left! He refers to all links between autism and MMR vaccines as having been discredited yet he obviously has not read all the studies from the U.S. and around the world proving his information false. As a recent example, I would ask him to justify the 340% increase in autism in African-American boys in Chicago - a report that was supposedly squelched by the CDC. While he reports that the incidence of measles has increased over the past 10 years, no patients have died.

Scare tactics were used to terrorize those who attended this year’s SuperBowl in Phoenix because of one woman who sat in a clinic without being properly isolated or that every one of the thousands of people passing through Penn Station are at risk because of one man who rode an Amtrak train. It appears that the saturation of the media amplifies the hypotheses to a point that seems misleadingly worthy of consideration. In other words, if enough people say things enough times there must be some truth to it. Does that justify USA Today publishing an article claiming that non-vaccinated parents should be jailed or sued or have their children removed from the home if they chose not to vaccinate their children against the measles? Does that justify the immediate vaccination of every child and adult in this country regardless of their immune status or overall medical health? Will the local pharmacies be hooking pedestrians into their stores for MMR vaccines as they have been doing for the less than effective flu vaccines?

As I write this piece, the director of the CDC states that the overall vaccination rate in this country is 92% !! Yet he is very concerned of a large outbreak because of the trend in not vaccinating certain children. Does this make sense?

I wish these journalists, vaccinologists and infectious disease specialists spent a week in my office. I wish they would actually listen to the testimonials given to me by parents of autistic children who were obviously affected by these vaccines adversely. I wish they would tell parents that the risk of dying from the measles in the United States is around zero. I wish they would admit that they are being told by pharmaceutical companies not to report certain statistics or to cover up factual scientific information. I wish they

could be free to report honestly about vaccines rather than being dependent upon drug advertising and internet information.

This is an emotional debate for sure. If we discount emotion and fear, we would realize that a child may have a greater chance of getting struck by lightning, accidental drowning or possibly from adverse side effects of the MMR vaccination itself than from acquiring live measles infection. I wish that my pediatric colleagues would offer parents factual pros and cons of vaccines in general so that a parent can make an informed decision and then give consent to vaccinate rather than being told that if their child isn’t vaccinated they will be thrown out of school and they are guilty of child abuse!

**I am not advocating that vaccines be discontinued.** I am advocating that doctors and patients become aware of the ingredients of these vaccines, what they can potentially do to affect an adverse outcome in an immunologically compromised child. Adverse reactions to MMR and other vaccines have been reported in numerous clinical trials and studies. **I am advocating that medical practitioners and researchers, not journalists, address the real medical epidemics of autism, asthma, GI disease and autoimmune diseases facing our society and people around the world.**

**Stop hyping the safety of MMR vaccines which may actually be more dangerous than live measles and may be ineffective in preventing the illness which they are so anxious to report as a dangerous epidemic itself.**

Let’s stop believing that the mainstream media is telling us the truth when all they are doing is shutting down any intelligent and open discussion about vaccine safety and how to improve it.

**Michael W. Elice, M.D. is a board certified pediatrician who has treated Autistic Spectrum Disorders, mitochondrial, immune and metabolic dysregulation for the past 10 years.**





# Vaccinations at Birth

I am confident that no physician wants to cause harm. Parents trust physicians and are confused regarding conflicting advice from professionals they trust. Let's consider the various vaccines and the logic for allowing parents to have freedom of choice. Many physicians have not explored the concerns expressed by parents.

## Hepatitis B Vaccine

There are legitimate concerns about preventing Hepatitis B in those who are at risk. But the reality is that the number at risk is very small, compared to the number of yearly births in the United States. According to the CDC, there are approximately 25,000 births to mothers who are Hepatitis B positive. (*The National Perinatal Hepatitis B Prevention Program, 1994–2008. Pediatrics 2012;129:609–16*). The mothers who are at risk could be identified by the Hepatitis B testing (HbSAg). In 2014 there were approximately 4 million births. It does not make sense to me to vaccinate 4 million infants when only 25,000 are at risk. Furthermore, the likelihood of an infant contracting Hepatitis B is very small. Hepatitis B is transmitted by blood, semen, or other bodily fluid infected with the Hepatitis B virus. It is extremely unlikely for an infant to have contact with blood, semen, or other bodily fluids.

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991. Safety findings are mixed. An association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household. **Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life.** Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys

bore a greater risk. (*J Toxicol Environ Health A. 2010;73(24):1665-77*).

**Mothers who test negative should be given the option to avoid this vaccine, and they should not feel guilty or afraid.**

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## Vitamin K

This is not a vaccine, but because it is given at birth, I thought it was important to include this in this discussion. This shot is given to most newborns. The logic for giving this shot is to decrease the risk of bleeding that most often occurs in the first 24 hours - 3 months of life. Research in Sweden concluded that preterm infants were particularly at risk for bleeding. But eventually all infants were given Vitamin K. This practice was adopted in the US in the 1960s and was not questioned, until recently. Parents who are increasingly skeptical of the medical community have begun to refuse this shot. The typical dose is 1mg of vitamin K intramuscularly. This is 1,000 times the daily dose needed by the body and 10 times the dose used in trials (*Arch Dis Child Fetal Neonatal Ed 2003; 88:F80-F83*)

Vitamin K is a fat soluble vitamin that is produced in the digestive tract and absorbed through the diet. Newborns are typically low in this important clotting factor, until one week after birth. In Genesis 17:9-13, it is recorded that God said to Abraham, "Every male among you shall be circumcised. ...every male among you who is eight days old must be circumcised..." Science has confirmed that most newborns have adequate Vitamin K levels by the 8th day of life. Because most circumcisions are done in the first 2-3 days of life, physicians recommend Vitamin K to prevent bleeding.

Mothers who take medications to treat seizures or tuberculosis are at a greater risk for delivering a newborn deficient in Vitamin K.

In 2013, six newborns were hospitalized at Vanderbilt Children's Hospital for life threatening bleeding. The parents had declined Vitamin K at birth, and the mothers were breast feeding. Vitamin K deficiency is more common in breast fed infants. This is an example that fear and the lack of information can result in a



bad outcome. Most likely, the parents were concerned about the ingredients in the Vitamin K shot, and they did not know there was an oral option.

## "Preservative free" ingredients:

1 mg of Vitamin K1  
10 mg of Polysorbate 80  
10.4 mg of Propylene glycol  
0.17 mg of Sodium acetate anhydrous  
0.00002 mL of Glacial acetic acid  
**Research the potential danger in these ingredients, especially the Polysorbate 80. It is not preservative free!**

Pediatricians have had success with oral vitamin K (*Arch Dis Child Fetal Neonatal Ed; 2000;82:F64-8*). Parents could be educated to give 1 mg of Vitamin K weekly for four weeks. This is adequate for most infants, unless they have underlying liver disease.

## Options to consider:

1. Unless the birthing mom is HbsAg positive, give the Hep B vaccine later in life.
2. Diligently screen birthing moms for Hepatitis and protect the minority who have this disease.
3. Students who have not been vaccinated could have a blood test to determine their Hep B status.
4. Use oral Vitamin K (1mg) weekly for four weeks.

# Vaccinations for Infants

The most important question to answer is whether vaccinations save lives. The incidence of many of these diseases were eliminated prior to the practice of routine immunizations which began in the 1960s. In addition, it has not been proven that the immune response to vaccinations is better, or lasts longer, than natural immunity. Research in other countries conclude that unvaccinated children are actually less likely to develop immune related diseases, such as eczema, asthma, and auto immune diseases.

## Rotavirus

Rotavirus is the most common cause of severe diarrhea among children worldwide. There are many different strains of rotavirus that can infect humans or animals, including monkeys, cows and sheep. There are five main strains that cause more than 90 percent of human rotavirus infections in developed countries, such as the US, but rotavirus strains are more diverse in developing countries. By the time a child is 5 years old they have probably been infected with rotavirus at least once. Each time a child gets infected his or her immunity is boosted and subsequent infections are less severe.

Problems with rotavirus occur when there is severe dehydration. Again this is more serious in developing nations where people may not have access to clean, safe water, or proper care. The CDC estimates there are 20-60 deaths/year in the US due to Rotaviral infections.

The main risk associated with the Rotavirus vaccine is intussusception (the bowels telescope). The risk is 1-2/100,000 vaccinated. According to CNN, two babies died and 29 were hospitalized after receiving the Rotavirus vaccine in Mexico. In 2010, Federal officials suspended the use of Rotarix, due to contamination with DNA from pigs. Monkey and bovine DNA are in the Rota Teq vaccine.

## Diphtheria

According to the CDC, Diphtheria was once a major cause of illness and death among children. The United States recorded 206,000 cases of diphtheria in 1921, resulting in 15,520 deaths. Diphtheria death rates range from about 20% for those under age five and over age 40, to 5-10% for those aged 5-40

years. Death rates were likely higher before the 20th century. Diphtheria was the third leading cause of death in children in England and Wales in the 1930s.

Since the introduction of effective vaccination, starting in the 1920s, diphtheria rates have dropped dramatically in the United States and other countries that vaccinate widely. Between 2004 and 2008, no cases of diphtheria were recorded in the United States.

Diphtheria is transmitted from person to person, usually via respiratory droplets. The infection is caused by bacteria called *Corynebacterium diphtheriae*. An infected person, unless treated with antibiotics, is infectious for two to three weeks. Symptoms include sore throat, loss of appetite, and fever. The most notable feature of diphtheria infection, however, is the formation of a thick gray substance called a pseudomembrane over the nasal tissues, tonsils, larynx, and/or pharynx.

## Pertussis

Pertussis, also known as whooping cough, is a highly contagious respiratory disease. Pertussis is caused by the bacterium *Bordetella pertussis*. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After fits of many coughs, someone with pertussis often needs to take deep breaths which result in a "whooping" sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old.

The earliest Pertussis immunization was associated with many side effects. The 'acellular' Pertussis immunization does not induce an adequate immune response. There have been outbreaks of Pertussis in Florida and California among immunized children. None of these children were hospitalized or died.

Pertussis transmission is from person to person and diminished by avoiding contact with those potentially contagious. There are marketing campaigns that make parents and grandparents feel guilty if they elect not to receive an updated pertussis vaccination. Australia stopped parental pertussis vaccinations in 2012, due to the lack of effectiveness.

## Tetanus

Tetanus is an infection caused by bacteria called *Clostridium tetani*. Tetanus bacteria are everywhere in the environment, including soil, dust and manure. The bacteria is transmitted if there is a break in the skin. It is not transmitted person to person.

Neonatal tetanus is a rare form of generalized tetanus that occurs in newborn infants. Neonatal tetanus occurs in infants born without protective passive immunity, because the mother is not immune. It usually occurs through infection of the unhealed umbilical stump, particularly when the stump is cut with an unsterile instrument. Neonatal tetanus is common in some developing countries (estimated more than 215,000 deaths worldwide in 1998), **but very rare in the United States. From 1995-2000, 81% of cases in the United States were generalized tetanus, 15% were localized, and 3% were cephalic; Only one case of neonatal tetanus was reported.** (*Tetanus surveillance—MMWR Surveill Summ. 2003 Jun 20;52(3):1-8*).

## DTaP Vaccine

This is a combination of the Diphtheria, acellular Pertussis and Tetanus vaccine.

Consider these facts:

- Diphtheria was almost gone by the time this immunization was initiated.
- Acellular Pertussis is not effective against newer pertussis strains.
- Tetanus is essentially non-existent in births in the United States.
- Aluminum is known to be toxic.
- A Canadian study explores the toxicity of Aluminum (*Mechanisms of aluminum adjuvant toxicity in pediatric populations. Lupus. 2011;21(2):223-230*)

## Options to consider:

1. Do not combine vaccines.
2. Remove preservatives .
3. Give Tetanus later in life.
4. Research the pertussis vaccines.

# Are vaccinations necessary?

The graph to the right shows the majority of illnesses for which vaccines were developed were declining by the time vaccinations started. The number of deaths from Diphtheria dropped significantly, since the early 1900s. It is assumed by many that giving routine vaccinations prevents the development of diseases, and that you protect others from getting the disease. The myth of herd immunity is addressed on page 2.

We previously discussed many of the commonly held myths and confusion regarding vaccinations. The Medical community is usually a reliable source of information. But the information regarding vaccinations is muddled by the media and the lack of transparency regarding safety studies.

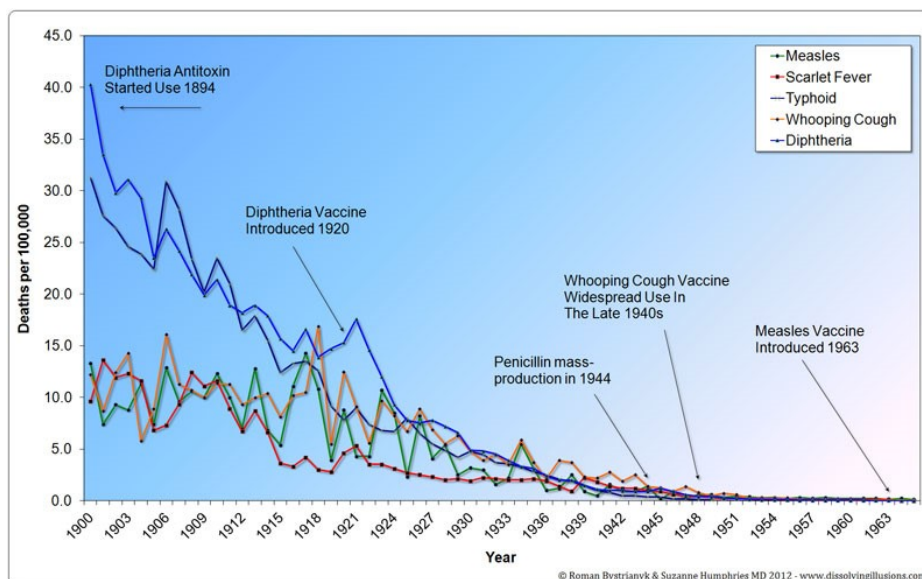
Not long ago, physicians recommended smoking, and pediatricians prescribed drops for children that had cocaine as an ingredient.



The first research to make a statistical correlation between cancer and smoking was published in 1930 in Cologne, Germany. In 1938, Dr. Raymond Pearl of Johns Hopkins University reported that smokers do not live as long as non-smokers. The tobacco industry dismissed these early findings as anecdotal -- but at the same time recruited doctors to endorse cigarettes. As more insights were realized regarding the challenges associated with smoking and cocaine, the medical community changed the advice given.

Our society may be a similar, pivotal time with regards to vaccinations. It took 30 years for society to accept the association between smoking and cancer. Hopefully, it will not take as long for the medical community to acknowledge vaccination risks.

It is difficult to establish cause and effect with regards to vaccinations. ***But the absence of proof regarding causation does not mean that causation is absent.***



After 30 years of insights regarding the connection between smoking and lung cancer, the AMA reluctantly admitted that there was an association with smoking and lung cancer. ***The website links to the American Medical Association (AMA) denying the link between smoking and lung cancer were removed in 2004.***

## Delay vaccinations?

While the dust settles regarding potential challenges with vaccinations, some parents are opting to delay giving them. There is evidence that normal newborn reflexes may be adversely affected by the HepB vaccine. (J Toxicol Environ Health A. 2010;73(19):1298-313). If this is true for this vaccine, then other vaccines may also cause adverse effects.

There are a couple of helpful resources for parents who decide not to give all of the vaccinations, or prefer to delay vaccinations. A newborn's central nervous and immune system is not mature enough to handle the onslaught of so many vaccinations and the heavy metal load.

A Canadian Study revealed that the incidence of Asthma was less in children whose immunization schedule was delayed by two months. (J Allergy Clin Immunol. 2008 Mar;121(3):626-31).

Donald Miller, MD recommends delaying all immunizations until 2 years of age. His recommendations can be found on the following website: <http://www.safbaby.com>

[www.safbaby.com](http://www.safbaby.com)

Dr. Sears is a Pediatrician who also recommends an alternate schedule to consider: [www.askdrsears.com](http://www.askdrsears.com)

## Hepatitis B

Many states require completion of the Hepatitis B series prior to entrance into kindergarten. According to the CDC, there were 10,637 cases of HepB in 1996, and only 300 were less than 14 years of age (MMWR 1996). France recently stopped mass vaccinations for adolescents. A group of Swedish firefighters developed arthritis after receiving the HepB series (J Rheumatol. 1998 Sep;25(9):1687-93).

A simple solution is to determine a child's immune status regarding Hepatitis B with a blood test. If their HbsAg is negative, they are not at risk for infecting other children. This eliminates concerns regarding the spread of hepatitis B.

## Options to consider:

1. At least delay giving most vaccines.
2. Yearly HBsAg testing for children who do not take the Hep B vaccine series.
3. Write to your politicians and stop mandatory vaccines at birth.



# Flu Vaccination



The yearly flu vaccine is another sacred cow that should be considered. After reviewing the literature and current insights, I am less inclined to recommend this vaccine to anyone. After reading the information I have found, you may come to your own conclusion.

## How are flu vaccines produced?

There are three ways flu vaccine is developed. The first method involves injecting flu viruses into chicken eggs. These eggs are allowed to grow for a week. The virus is then extracted, inactivated (killed), and the protein that causes the immune response (the antigen) is removed. Some viruses are live viruses that are 'attenuated.' This means they are not completely killed. The antigen that is removed is put into syringes, sprays, or bottles.

The second method involves injecting the flu virus into mammalian cells (monkey kidney cells, pig, aborted fetus' cells). ***There are concerns that the SV40 virus found in some of these cells and in the polio vaccine may cause cancer. The ethical issues regarding the use of aborted fetal tissue is a concern to some parents.***

The third method involves using bacteria, yeast, or viruses to develop an immune response to an antigen (protein) of the disease you are attempting to prevent. This is called the recombinant technology. The Flu and HPV vaccines are produced this way. Due to inadequate immune response noted in the HPV vaccine, aluminum salts are added to induce a more significant immune response.

***Research the links between aluminum and neurological dysfunction (more info on the next page).***

## Is the Flu Vaccine effective?

Flu vaccine paradox adds to public health debate. People who receive flu vaccines year after year can sometimes show reduced protection, an effect that Canadian infectious disease specialists say muddies public health messages for annual flu vaccine campaigns.

During the 2009 H1N1 pandemic, researchers at the B.C. Centre for Disease Control originally thought seasonal flu shots from 2008 might offer extra protection against the new pandemic strain. **They were puzzled to find that**

**seasonal flu vaccination almost doubled the risk of infection with pandemic flu!** Some reported this as a 'problem that is unique to Canadians.'

This 'Canadian problem' is an example of unexpected effects of regular flu vaccination (CBC News September 10, 2012 ). The lack of effectiveness of the flu shot was reported by CBS news (<http://www.cbsnews.com/videos/flu-shots-and-the-elderly/>) Europe and other countries do not require routine flu shots, because they have concluded the flu shot is not effective.

## So how much does the vaccine help older people?

In January 2012, Michael Osterholm, an epidemiologist at the University of Minnesota's Center for Infectious Disease Research and Policy, and his colleagues published a meta-analysis in *The Lancet Infectious Diseases* that analyzed the results of all randomized controlled clinical trials conducted between 1967 and 2011 on the effects of flu shots. He concluded that there have been no clinical trials evaluating the effectiveness of the traditional flu vaccine in the elderly.

## Is it dangerous to get the flu shot?

According to the American Thoracic Society **"Children who get regular Flu Vaccine had three times the risk of hospitalization, compared to those who were not vaccinated. Among children with asthma, the risk was even higher."** (*ScienceDaily*, 20 May 2009).

Children who received regular flu shots were more likely to contract other viral infections. (*Clinical Infectious Disease*, 2012 Jun; 54(12):1778-83)

## Cochrane Review– non biased reviews

The Cochrane reviews are one option for trying to find non-biased information. The following is what I found in the Cochrane reviews follows

*This review includes trials funded by industry. An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry-funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size.*

*Extensive evidence of reporting bias of safety outcomes from trials of live attenuated influenza vaccines (LAIVs) impeded meaningful analysis. One specific brand of monovalent pandemic vaccine is associated with cataplexy and narcolepsy in children and there is sparse evidence of serious harms (such as febrile convulsions) in specific situations.*

*It was surprising to find only one study of inactivated vaccine in children under two years, given current recommendations to vaccinate healthy children from six months of age in the USA, Canada, parts of Europe and Australia. If vaccination in children is to be recommended as a public health policy, large-scale studies assessing important outcomes, and directly comparing vaccine types are urgently required. The degree of scrutiny needed to identify all global cases of potential harms is beyond the resources of this review.*

***Studies funded from public sources were significantly less likely to report conclusions favourable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies. (Vaccines for preventing influenza in healthy children. Cochrane Database of Systematic Reviews 2012, Issue 8).***

## What do researchers say?

Mark Geier, MD is one of four of the DTP scientists who tried to get the DTP vaccine off the market, due to the toxic ingredients. Listen to his reasonable concerns regarding vaccines and safety. His comments about the 'safety' of the flu vaccine can be found at the 4 min/45 second time frame. He claims that it is impossible to complete the testing required by the CDC to assure safety of the influenza vaccine.

[www.youtube.com/watch?v=aFPVviqOJ6Q](http://www.youtube.com/watch?v=aFPVviqOJ6Q)

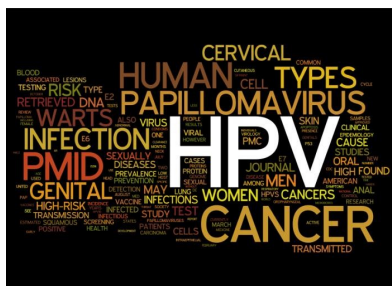
Parents should research the concerns I have expressed regarding the flu vaccine. Those who are convinced that the flu vaccine is safe and effective may opt to continue yearly vaccine.

***It is reasonable to refuse this vaccine. It is a myth that taking this vaccine will protect others.***

# Human Papilloma Vaccination (HPV)

If you are still reading, you have probably reached one of two conclusions. You either agree with my concerns regarding vaccinations, or you are one who may still trust the medical community and media. **Remember, I am voicing an opinion for freedom of choice. Parents and individuals should have the freedom to choose to vaccinate or not vaccinate.**

It was not long ago that cocaine toothache drops were recommended for children, and the American Medical Association denied that smoking causes cancer. So it is not unreasonable to question the integrity of those who are supposedly diligent regarding medical advice.



## Human Papilloma Virus (HPV)

Human papilloma viruses (HPVs) are a group of more than 200 related viruses. More than 40 HPV types can be easily spread through direct sexual contact, from the skin and mucous membranes of infected people to the skin and mucous membranes of their partners. They can be spread by vaginal, anal, and oral sex. Other HPV types are responsible for non-genital warts, which are not sexually transmitted.

The HPV vaccine (Gardasil) is strongly encouraged by the vaccine industry for most adolescents and unvaccinated adults, with the hopes of decreasing transmission of the HPV viruses. Many parents are pressured by sincere physicians and nurses to get this vaccine.

But there are significant concerns regarding the side effects of the HPV vaccine, and unethical behavior regarding the research surrounding this vaccine.

Dr. Dalbergue (pictured above), a former pharmaceutical industry physician with Gardasil manufacturer Merck, was interviewed in the April 2014 issue of the French magazine Principes de Santé (Health Principles). The following are

excerpts from his testimony.

*“Gardasil is useless and costs a fortune! In addition, decision-makers at all levels are aware of it!”*

*“Cases of Guillain-Barré syndrome, paralysis of the lower limbs, vaccine-induced MS and vaccine-induced encephalitis can be found, whatever the vaccine.”*

*“I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.”*

*“There is far too much financial interest for these medicines to be withdrawn.”*

Dr. Sin Hang Lee, M.D., F.R.C.P. (C), FCAP, director of the Milford Molecular Diagnostics Laboratory in Connecticut, proved Dr. Dalbergue’s prediction correct, when he published a letter sent to the U.S. CDC, the World Health Organization, the Ministry of Health in Japan, and others, **documenting “scientific misconduct” among the world’s leading health organizations tasked with providing vaccine safety, by deliberately misleading Japanese health authorities on the safety of the HPV vaccine.**

Brian Shilhavy, Editor, Health Impact News reported the following:

*Japanese health authorities had halted their recommendation of the HPV vaccines in 2013 due to safety concerns. Japanese officials began a full investigation into the HPV vaccines at that time.*

*Dr. Sin Hang Lee has allegedly discovered that at a public hearing on HPV vaccine safety which was held in Tokyo, Japan on February 26, 2014, members of the Global Advisory Committee on Vaccine Safety (GACVS), the World Health Organization, the CDC and other scientific/health professionals: deliberately set out to mislead Japanese authorities regarding the safety of the*



human papilloma virus (HPV) vaccines, Gardasil® and Cervarix®, which were being promoted at that time.

Dr. Lee discovered the alleged deception by obtaining a series of emails via a Freedom of Information request submitted in New Zealand.

According to Dr. Lee, these emails reveal that Dr. Robert Pless, the chairperson of the Global Advisory Committee on Vaccine Safety (GACVS), Dr. Nabae Koji of the Ministry of Health of Japan, Dr. Melinda Wharton of the CDC, Dr. Helen Petousis-Harris of Auckland University, New Zealand, and others (including WHO officials) may have been actively involved in a scheme to deliberately mislead the Japanese Expert Inquiry on human papillomavirus (HPV) vaccine safety before, during and after the February 26, 2014 public hearing in Tokyo.

Dr. Lee issues a very stern statement at the conclusion of his letter:

***It is my opinion that Dr Pless, those whose names appeared in the emails attached to this complaint, and all who blindly dismiss the potential toxicity of the newly created HPV L1 gene DNA/AAHS compound in order to continue to promote HPV vaccinations should be held accountable for their actions. There is no excuse for intentionally ignoring the scientific evidence. There is no excuse for misleading global vaccination policy makers at the expense of public interest.***

**Parental concern regarding the HPV vaccine is valid!**



# Vaccinations - Toxicity Risks

It takes effort to wade through all of the literature regarding the potential risks associated with vaccinations. Quite frankly, I initially thought those who were anti-vaccine were rather extreme, until I did my own research. The more I researched the potential toxicities, I am angry that the truth is not discussed by vaccine supporters. Other countries are beginning to pursue legal action against companies that produce vaccines. It is simply not true that safety studies have been done on most vaccines.

Read the product inserts for most of the current flu vaccines and you will see similar wording that the **'safety and effectiveness have not been established.'** I could find no studies to suggest that giving the flu vaccine to pregnant women will not harm the developing fetus.

Most vaccine concerns have been focused on thimerosal, aluminum, and formaldehyde. But Polysorbate 80 is an ingredient in most vaccines that should be even more concerning. According to the toxicology section of the Material Safety and Data Sheet (MSDS) for Polysorbate 80, the following are excerpts that are reported:

- *May cause cancer based on animal data. No human data found.*
- *Animal studies have shown it to cause cardiac changes, changes in behavior and weight loss. No similar human data reported.*

According to the ***Journal of Chemical Toxicology***, Polysorbate 80 damaged the reproductive system of rats. I know of no studies to refute that the same impact could happen to humans. The CDC reports that Polysorbate 80 is in at least 10 vaccines.

The American College of Pediatricians recently expressed significant concerns between the Gardasil vaccine for HPV and premature ovarian failure. ***Japan, India, France, Spain and Denmark have banned the Gardasil vaccine, due to potential neurological damage associated with this vaccine.***

According to Dr. Sin Hang Lee, MD, the reason that aluminum has been added to vaccines is to make the vaccines more effective in stimulating an immune response. He proposes that the mechanism for this involves the combination of the aluminum with the

viral DNA. Without combining with the aluminum, the foreign DNA is inactivated. The aluminum not only keeps the viral DNA alive, but it also transports the DNA into the brain. This process may account for the neurological associations that are attributed to vaccinations.

According to the FDA and the American Academy of Pediatrics, aluminum has the potential for the following adverse events:

- Aluminum builds up in the bones and brain and can be toxic.
- Aluminum can cause neurological harm.
- Aluminum overdose can be fatal in patients with weak kidneys or in premature babies. [*Aluminum Toxicity in Infants and Children, Committee on Nutrition, American Academy of Pediatrics, Pediatrics Volume 97, Number 3 March, 1996, pp. 413-416*]

The following are the amounts of aluminum in some of the vaccines:

- Hepatitis A – 250 mcg
- HPV – 225 mcg
- Pentacel (DTaP, HIB and Polio combo vaccine) – 330 mcg
- Pediarix (DTaP, Hep B and Polio combo vaccine) – 850 mcg

At birth, most children are given the hepatitis B vaccination. The increased number of Sudden Infant Deaths (SIDS) may be related to the aluminum and/or mercury load infants receive at birth.

The amount of aluminum in the Hepatitis B vaccine alone is almost **14 TIMES THE AMOUNT OF ALUMINUM THAT IS FDA-APPROVED !**

At well-child check-ups, it's common for 2 month, 4 month, 6 month etc., appointments to include up to 8 vaccinations that add up to more than 1,000 mcg of aluminum. This amount isn't safe for a 350 pound adult. And many children get up to 8 vaccinations a visit several times a year!

According to the FDA and the AAP (American Academy of Pediatrics), what happens if a child receives more than the maximum required dose of aluminum?

- Aluminum builds up in the bones

and brain and can be toxic.

- Neurological harm?

Aluminum overdose can be fatal in patients with weak kidney's or kidney disorders or in premature babies. (*How many children are tested to see if their kidney's are functioning properly before they are vaccinated? Could this also be why the Hepatitis B shot, given to infants at birth, has been linked to SIDS?*)

[*Aluminum Toxicity in Infants and Children, Committee on Nutrition, American Academy of Pediatrics, Pediatrics Volume 97, Number 3 March, 1996, pp. 413-416*]

Those who support vaccines justify the amount of aluminum in vaccines by comparing with the amount of aluminum in the newborn's diet. Aluminum that is ingested is not the same as injecting the aluminum into a muscle or under the skin. According to Dr. Humphries, nephrologist, when you ingest aluminum you absorb 0.2% -1.5%. If the kidneys are functioning normally, this will be excreted. The ingredients in a vaccine that are injected under the skin or into the muscle are picked up by the blood stream and transported throughout the body including the brain. This bypasses the protection of digestive enzymes, mucosal barriers, and liver enzymes.

In addition, the goal of adding aluminum to vaccines is to prolong the life of the viral DNA in the vaccine. They call aluminum an "adjuvant" because of it's ability to prolong the life of the viral DNA which causes the body to stimulate an immune response. We know that aluminum has the ability to cross the blood brain barrier.

A newborn's neurological system is not fully developed. It does not make sense to me to give newborns so many vaccines. This is even more of concern for premature babies. Their central nervous system is too vulnerable to withstand the onslaught of such a large aluminum load.

**It is reasonable for parents to be concerned about vaccine toxicities! We should hold those who distort research liable for not protecting the public. Spain recently began legal action against Merck.**

# What should we do about vaccinations?

When I was a Residency Director, I had a sign on my door that read, ***"If you are coming with a problem and you do not have at least one potential solution, you are coming too soon."*** I was trying to impress upon physicians in training that it is very easy to complain about something. Solutions are often challenging to develop, and even harder to implement. So I will heed my own advice and offer potential solutions to consider regarding vaccinations.

## Vaccinations at birth?

Those at risk for Hepatitis B are a very small segment of society. Hepatitis B status could easily be clarified prior to delivery. Streamlined lab testing could eliminate fears about missing the minority of birthing mothers who may benefit from giving their newborn the Hepatitis B vaccine at birth.

Vitamin K may be given by mouth weekly for four weeks. It is not accurate that there are 'preservative free vaccinations.'

## Delay immunizations?

If you are not convinced about the dangers regarding vaccinations, at least consider delaying them. A Canadian Study revealed that the incidence of Asthma was less in children whose immunization schedule was delayed by two months. (*J Allergy Clin Immunol. 2008 Mar;121(3):626-31*). It may be helpful to study delaying for longer periods of time.

Donald Miller, MD recommends delaying all immunizations until 2 years of age. His recommendations can be found on the following website:

<http://www.safbaby.com>

Dr. Sears also recommends an alternate schedule to consider:

<http://www.askdrsears.com>

## Adolescent vaccinations:

The safety of the Gardasil (HPV) vaccine has not been proven. Physicians should not pressure parents/patients to have an untested vaccination. It is true that this vaccine may cause premature ovarian failure.

Schools concerned about the risk of children who did not have the Hepatitis B vaccination series could require a simple blood test (HBsAg). If negative, this result should eliminate concerns about spreading hepatitis. If positive, further testing could be done to clarify if they are innately immune or potentially contagious.

The flu shot has not been tested for safety or effectiveness. Further, it does not prevent transmission of the flu.

## Adult immunizations:

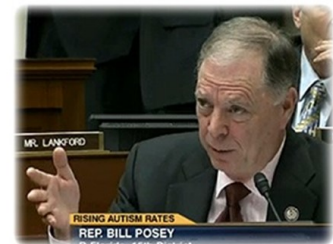
The natural immunity to chicken pox seems to offer longer immunization to the virus. The "shingles vaccination" may be needed for those who did not have chicken pox as a child, but its effectiveness wanes.

Due to the ingredients in most vaccinations that cross the blood brain barrier, I no longer recommend the pneumonia vaccines.

## What could the CDC do?

- Encourage studies that evaluate the safety and effectiveness of individual vaccine components. For example, diphtheria
- The safety of vaccine ingredients and preservatives should be studied. If the preservatives have been found to cause problems in animals, most likely they will cause problems in humans.
- Study vaccinated vs. unvaccinated groups. Germany and New

Zealand have studied unvaccinated children and found them to be healthier. The US ranks very high regarding newborn mortality, despite a very high percentage of newborn vaccines. During a Congressional session regarding vaccines, Rep. Posey asked if the CDC has ever studied non-vaccinated children. You may watch the interview on youtube, if interested.



**Has the CDC done a study comparing vaccinated children with unvaccinated children yet?**



**We have never studied vaccinated versus unvaccinated.**

***Until questions regarding the safety of vaccine ingredients are clarified, it is reasonable to allow parents and individuals the freedom of choice regarding vaccines. Those who are not concerned about vaccines may still be vaccinated. It is unethical, and perhaps detrimental, to make vaccinations mandatory, knowing the information shared in this newsletter.***



There is so much conflicting information regarding vaccination safety. People are polarized to either "pro" or "anti" vaccine camps. Those who opt to avoid vaccinations are often made to feel guilty by sincerely misinformed people. If our society allows vaccinations to be voluntary, we eliminate vaccine arguments. Share this newsletter with your physician, nurse practitioner, physician assistant, and politician.

***David C. MacDonald, D.O.***  
President, Liberty Health Group