

In Response to Rabbi Yitzie Ross's Claims Against Rodef Shalom 613 in Yid Parenting and the Five Towns Jewish Times

Our Concerns

Dear Rabbi Ross,

As I am one of the individuals who helped the author prepare the Risk vs Reward presentation published on Rodef Shalom 613 (<https://www.rodefshalom613.org>), it was quite disturbing to read your claims against our work in your second post about vaccines, Vaccinations - The Rebuttal, published on your blog, Yid Parenting, (<http://www.yidparenting.com/blog/archives/06-2019>), and even more disturbing to see it reposted in the Five Towns Jewish Times (<http://www.5tjt.com/one-more-shot-at-vaccine-awareness/>). I'm not sure why you thought it was permissible to denigrate our work without, at the very least, first emailing us for clarification.

After being apprised of your blog post, the author emailed you and asked to meet with you to review the points with which you had difficulty; he said that he would gladly make any corrections to the presentation if needed. While initially receptive, you ultimately refused to meet with him saying: *"I am not planning on revisiting this subject, and I made my feelings very clear. I'm pretty confident neither of us will change the other's mind."*

Rabbi Ross, this is not about feelings, this is about fact. We are not interested in changing your mind. However, you made some very serious allegations against us which are demonstrably wrong so we are obliged to set the record straight about Rodef Shalom 613, preserve our integrity, and clarify the issues for future readers.

As such, the following are our answers to your claims.

Point 1 - You are provably wrong about his children being unvaccinated

You wrote that you don't *believe* that the author really vaccinated his children, as is stated on the page "How I went from indifference to cautious investigation"¹. What factual basis do you have for calling him a liar? In his email to you he even offered to show you his children's vaccine records which you could have examined had you agreed to meet with him.

Point 2 - We clearly explained our focus on the other side

You wrote that he is "...only quoting sources that put vaccination in a negative light. At the bottom of that same page (How I went from indifference to cautious investigation) we explained that:

"Pro-vaccine arguments are well known. This document focuses on the vaccine skeptic case to determine if it has merit."

Point 3 - You are mistaken about your sources being "unbiased"

Rabbi Ross, you believe that you conducted what you considered good, unbiased research by not reading anything written by vaccine manufacturers. However, much of the pro-vaccine material you relied upon most likely was, in fact, directly influenced by them. While authors are supposed to declare any conflicts of interest, journals and their editors have not been held to the same standards. Here are some facts from ScienceAlert.com's article, This Is The Sickening Amount Pharmaceutical Companies Pay Top Journal Editors (<https://www.sciencealert.com/how-much-top-journal-editors-get-paid-by-big-pharma-corrupt>):

"The average 'in hand' payment in 2014 alone was US \$27,564, plus research funds.

¹ I am using page titles rather than numbers throughout since we periodically update the presentation and page numbers change

"Worst on that list is the Journal of the American College of Cardiology (JACC), where 19 of its editors received, on average, US \$475,072 personally and another US \$119,407 for 'research'.

"And that's not even mentioning the amount of reprint money journals get whenever they publish a study that supports a pharmaceutical company, and the company pays for hundreds of copies to send out to doctors.

"The Lancet earns 41 percent of its income from reprints, and the American Medical Association gets 53 percent.

"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research,' said the late Arnold Relman, a former editor-in-chief of the New England Journal of Medicine (NEJM) in 2002.

"The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful."

Vaccinologists and immunologists, such as Stanley Plotkin and Paul Offit, upon whom you also probably relied for "unbiased" information, are also biased. They are well-paid consultants for vaccine manufacturers and/or receive money for research and their own vaccine development and vaccine patents. Stanley Plotkin and Paul Offit both hold a number of vaccine patents from which they've profited handsomely (<https://patents.justia.com/inventor/paul-offit>, <https://patents.justia.com/inventor/stanley-a-plotkin>). While figures aren't available for Plotkin's earnings, Offit is estimated to have received at least \$29 million for his share of the royalty interest on the RotaTeq (rotavirus) vaccine when it was sold (<http://bit.ly/2Dyhm1l>). Paul Offit was a member of ACIP (Advisory Committee on Immunization Practices) and voted to include a rotavirus vaccine into the schedule after he had already received a patent for his own rotavirus vaccine which was in the works (<http://bit.ly/2r8jp9B>). You would have been aware of this had you looked at Appendix H1. Additionally, the CDC is also not unbiased since it holds vaccine-related patents and is a major purchaser of vaccines (<http://bit.ly/37WF8lm>, <https://www.hhs.gov/sites/default/files/fy-2020-budget-in-brief.pdf> p. 43).

Even your child's pediatrician (as you suspected) isn't untouched. S/he gets paid extra through the Blue Cross Blue Shield Incentive Program for every fully vaccinated patient. (Lest you feel neglected, doctors also receive a variety of cash incentives for testing and treating adult patients.) Participating providers pay into a fund (see <http://bit.ly/35CR7n2>) that provides these lucrative incentives. In 2016 your child's pediatrician received \$400 for each child fully vaccinated with the combo immunizations, as long as 63% of the practice was fully vaccinated, otherwise they received nothing (see <http://bit.ly/2OOM9hb>). This meant that an average pediatric practice of about 1546 patients (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/344727>) could have earned at least \$389,592 - not an insignificant sum. Today doctors are incentivized to give childhood combo immunizations through a Value-Based Rewards payment system; flu shots are a flat \$50 in their pockets per vaccinated child, while adolescent combo immunizations earn them an extra \$50 per patient as long as 21% of their teen patients are vaccinated (see <http://bit.ly/2puvqEZ>).

The following articles further elucidate the reach of pharmaceutical companies, explaining why most of the information you read was most likely biased.

- [700+ American Doctors Given Over \\$1M Each From Big Pharma To Push Drugs & Medical Devices](#)
- [Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1: Entanglement](#)
- [The Connection between the FDA, Pharmaceutical Companies, and Addiction](#)

As is evident, there are few unbiased players in this arena.

Point 4 - The presentation clearly details why we are remaining anonymous

You also condemned us for remaining anonymous. The author addressed his reason for this on the page titled "Who am I and why do I choose to remain anonymous?":

- *"However just exploring this topic seems to be dangerous... (I'd rather avoid the headaches).*

- *"My wife and my mother are concerned that if my name were connected to "anti-vaxxers" (a pejorative term we should all stop using) it would affect my children's shidduchim. That is sad, but probably true."*

Had he put his name to the presentation, considering your blog post and its publication in the Five Towns Jewish Times, his fears would have been more than realized. Like the scattered feathers from a ripped pillow, there would have been no way to undo the serious damage this would have caused him and his family. I also suspect, that had we included our names, you would have said that we should have been embarrassed to put our names on it. We probably couldn't win either way.

Point 5 - A proper conclusion about vaccination could not be made in "over a week"

Rabbi Ross, you believe that you gave the topic the time and attention it deserved since you wrote that "...it took over a week before I was able to say with absolute certainty that everyone should be vaccinating" and that you "... spent hundreds of hours doing research. I didn't go online and do a quick search. I painstakingly and methodically went through everything I could find."

According to the author, this topic is the most complex he's ever encountered, involving many different scientific and medical disciplines. There is a huge amount of information on and related to vaccines; he spent several months trying to understand this issue and had many experts available to help prepare the presentation. I, myself, have been researching vaccines and other health related topics for almost two decades; I learned (with guidance) how to read articles and reports critically. Risk vs Reward was over 80 pages when you read it (it is now almost 100 pages) and, for the most part, heavily footnoted and referenced with authoritative, predominantly mainstream, sources. Some pages just have footnotes, while others are full of links for the reader to learn more. Even he didn't get through all the links, yet you claimed to have read the whole Rodef Shalom 613 Risk vs. Reward presentation before writing your initial blog post on vaccines and checked and double-checked the sources.

Point 6: All your claims against us in regard to the 432 deaths per year are wrong

Point 6a - We clearly noted our source for this figure

Risk vs Reward covers numerous topics and issues related to vaccines, yet you based your entire claim against us on, basically, one page and one point, the page titled "Here's What I Found" and the CDC's figure of 432 average annual deaths from measles for the five years before the measles vaccine was introduced. I wonder what it is about that one particular point that seemed to affect you so strongly that you lost all objectivity and rationality in your review of Rodef Shalom 613.

You claimed that we left out important information when we "ostensibly" quoted the CDC. You quoted us as saying: "The average number of US measles death annually in the 5 years prior to the introduction of the measles vaccine was 432 which is 1 in 500,000." You then wrote: "Now, that doesn't seem so bad. Let's read what the CDC actually writes:".

You are wrong about this because:

1) We did not quote the CDC; we noted their acknowledged average death rate for the five years before the vaccine was put into use.

2) The source for this figure was clearly footnoted at the bottom of the page. It comes from the CDC's webpage, Achievements in Public Health, 1900-1999 Impact of Vaccines Universally Recommended for Children -- United States, 1990-1998, <http://bit.ly/33OQ2Xn>, and refers to death rates from measles during the five years before the measles vaccine was introduced in the US.

"During 1958-1962, an average of 503,282 measles cases and 432 measles-associated deaths were reported each year..."

3) You must have seen the CDC link we referenced in the footnote because that is the only indication that the source for the 432 number was from the CDC (<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056803.htm>).

Point 6b - You misquoted the wrong CDC website to support your claim against us

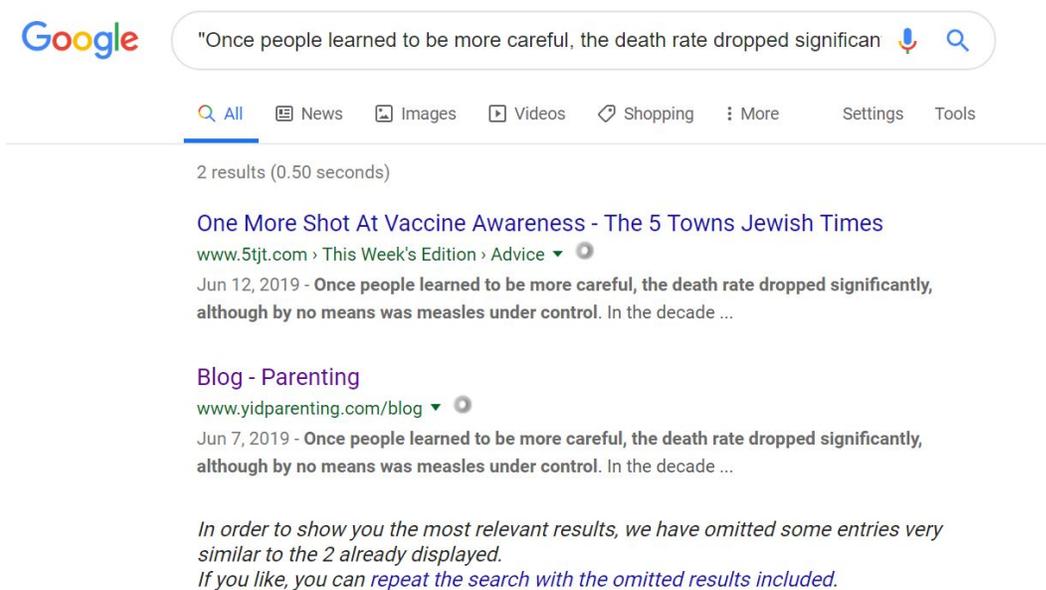
You inaccurately quoted from the CDC website that you claimed we used as our source for the 432 deaths:

*"In 1912, measles became a nationally notifiable disease in the United States, requiring U.S. healthcare providers and laboratories to report all diagnosed cases. In the first decade of reporting, an average of 6,000 measles-related deaths were reported each year. Once people learned to be more careful, the death rate dropped significantly, although by no means was measles under control. In the decade before 1963 when a vaccine became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also, **each year** among reported cases, an estimated 400 to 500 people died, 48,000 were hospitalized, and 1,000 suffered encephalitis (swelling of the brain) from measles."*

Your quote is from a totally different CDC webpage than the one we noted. It seems that you got your information from [Measles History \(https://www.cdc.gov/measles/about/history.html\)](https://www.cdc.gov/measles/about/history.html). I had to search for it myself since you don't have any footnotes or links to any of the "quotes" on your blog, so I hope that is the correct one. If not, please share your source.

You also misquoted the CDC. The sentence, "Once people learned to be more careful, the death rate dropped significantly, although by no means was measles under control (9-11)", is nowhere to be found on that page. In fact, we couldn't find it anywhere else online. Searches with three different search engines only found this sentence in your blog post and its publication in the Five Towns Jewish Times.

Here's a screenshot:



If you have a source for this quote, I would like to examine it. Neither the author nor any of the experts who assisted him in this endeavor, including myself, have ever come across that phrase or the implication that people suddenly understood the dangers of measles and became more careful. We have no idea what that means in any case. Measles has been around for millennia; why would people suddenly have understood the dangers and become more careful just because the government started tracking the data?

Point 6c - You wrongly claimed we manipulated the article and left out relevant information

You continued:

"Something seems a bit off. If you look closely, you can see what he did. He manipulated the article and left out crucial information. First of all, he omitted the fact that there were an estimated 6,000 deaths annually from the measles before people were aware of the dangers."

Since it's impossible to omit information from an article that was never used as a source, we did not intentionally leave out the 6,000 annual deaths. Furthermore, the sole purpose of that page is to provide information to help people

evaluate the benefit of the vaccine in 1963, when it was put into use. Since the death rate from measles had fallen about 98% from 1912 to 1962 (see the graphs on Risk vs Reward, pages entitled: Are measles deaths as high as 1 out of 1,000 like the CDC says?", which clearly show this), the 6,000 annual deaths from decades earlier were not even relevant.

To further make your erroneous point you wrote:

"Now, in the 1950's, technically, there were between 400 to 500 deaths a year. (I'm not sure where the number 432 came from.) However, that's only reported cases. Many people weren't reporting. We're not done. Besides the deaths that were reported, there were 1,000 people per year who got encephalitis as a result of the measles and 48,000 people that were hospitalized each year from the measles. Again, this is from reported cases. Many doctors didn't report these deaths properly. Now, I wonder, why didn't this anonymous person mention this in his unbiased article? You can't say because he didn't trust the source since he used this source himself. The answer is, he's manipulating data for his own cause. Once a person is manipulating data while pretending to be impartial, you need to realize that he's not being honest."

Even though we used the number 432, it's close enough to 400-500 not to make us liars for a few deaths +/- . Regarding your assertion that many cases were not reported - people with mild cases who never visited the doctor were not reportable cases. Furthermore, nowhere did I find any indication that doctors (and coroners) did not report measles deaths properly. Do you have a source for that?

It is evident that you did not understand what you were reading, otherwise you could not have written that we purposely left out information - from a source we never used - to further our own cause (to put the vaccine into a negative light).

The numbers of reported cases and deaths are recorded in the CDC's pinkbook <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/E/reported-cases.pdf>. The image to the right shows that the CDC had detailed information about all reportable infectious diseases. There is no reason to think that the CDC believed the data to be incomplete. The numbers are fairly consistent and indicative of an across-the-board downward trend for measles and the other reported diseases. As for the CDC's 432 average death rate for the five years preceding the vaccine, let's take the recorded deaths for the years 1958-1962 and average them out. $552 + 385 + 380 + 434 + 408 = 2159$. $2159/5 = 431.8$ or 432 when rounded.

Considering that you read the presentation and checked and doubled-checked our sources, I am surprised that you missed this CDC slide (to the right), on the page "Are measles deaths as high as 1 out of 1,000 like the CDC says?", with basically the same information that you quoted above. And the slide even notes the CDC webpage you erroneously referred to above as our source. It's pretty obvious that we weren't hiding anything.

Reported Cases and Deaths from Vaccine Preventable Diseases, United States

Year	Diphtheria		Tetanus		Pertussis		Polio (paralytic)		Measles		Mumps		Rubella		CRS
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases
1950	5,796	410	486	336	120,718	1,118	33,300*	1,904	319,124	468	NR		NR		NR
1951	3,983	302	506	394	68,687	951	28,386*	1,551	530,118	683	NR		NR		NR
1952	2,960	217	484	360	45,030	402	57,879*	3,145	683,077	618	NR		NR		NR
1953	2,355	156	506	337	37,129	270	35,592*	1,450	449,146	462	NR		NR		NR
1954	2,041	145	524	332	60,886	373	18,308	1,368	682,720	518	NR		NR		NR
1955	1,984	150	462	265	62,786	467	13,850	1,043	555,156	345	NR		NR		NR
1956	1,568	103	468	246	31,732	266	7,911	566	611,936	530	NR		NR		NR
1957	1,211	81	447	279	28,295	183	2,499	221	486,799	389	NR		NR		NR
1958	918	74	445	303	32,148	177	3,697	255	763,094	552	NR		NR		NR
1959	934	72	445	283	40,005	269	6,289	454	406,162	385	NR		NR		NR
1960	918	69	368	231	14,809	118	2,525	230	441,703	380	NR	42	NR	12	NR
1961	617	68	379	242	11,468	76	988	90	423,919	434	NR	53	NR	14	NR
1962	444	41	322	215	17,749	83	762	60	481,530	408	NR	43	NR	8	NR
1963	314	45	325	210	17,135	115	396	41	385,156	364	NR	48	NR	16	NR
1964	293	42	289	179	13,005	93	106	17	458,083	421	NR	50	NR	53	NR
1965	164	18	300	181	6,799	55	61	16	261,904	276	NR	31	NR	16	NR

**U.S. Measles Burden:
Before 1963 Vaccine Development***

- Each year, measles caused an estimated 3 to 4 million cases
 - Close to 500,000 cases were reported annually to CDC, resulting in:
 - 48,000 hospitalizations
 - 1,000 cases with encephalitis (brain swelling)
 - 400 to 500 deaths

*Source: www.cdc.gov/measles/about/history.html

4

Your accusations of our "manipulating data while pretending to be impartial" and "not being honest" are totally without merit.

Point 7 - You are clearly wrong that we misrepresented Rav Moshe's opinions

Point 7a - We never claimed that Rav Moshe wrote the attached document

You took issue with the fact that the document we attached on the Rodef Shalom 613 home page regarding Rav Moshe's stated opinions on doctors and vaccines was not written by him. While it's true that it was written by his grandson, Rav Tandler, there was never any claim made to the contrary on the home page or anywhere else. However, we have no reason to believe that those were not his words or reflective of his opinions. Relatives and students have always published the works and words of rabbanim after their death and this was no different. Surely others would have known if Rav Tandler distorted Rav Moshe's words and would not have let any distortions stand unchallenged. (For clarity's sake, we did remove the text on the home page "R. Moshe said that trusting doctors is close to Avodah Zarah", which is what you saw.)

Point 7b - Each attached page clearly discusses vaccines

Next, and most egregious, is that you said there was nothing in any of those pages about vaccines and that we were knowingly hoodwinking innocent Jews.

The top image on the right is the bottom of the first page of the pdf.

חיסון is vaccine, אדמת is rubella.

The center image is from the second page. Please note the highlighted words at the bottom

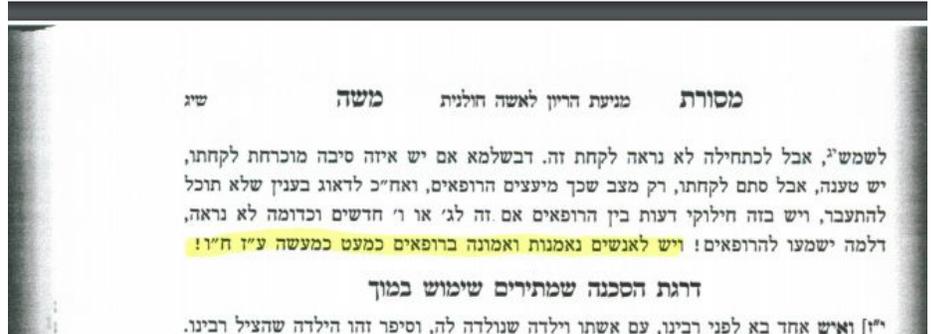
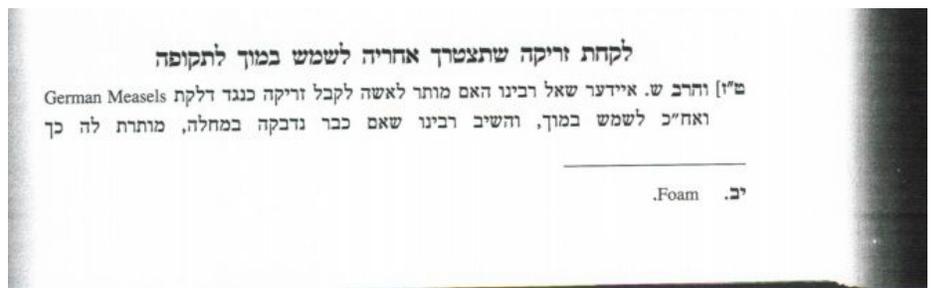
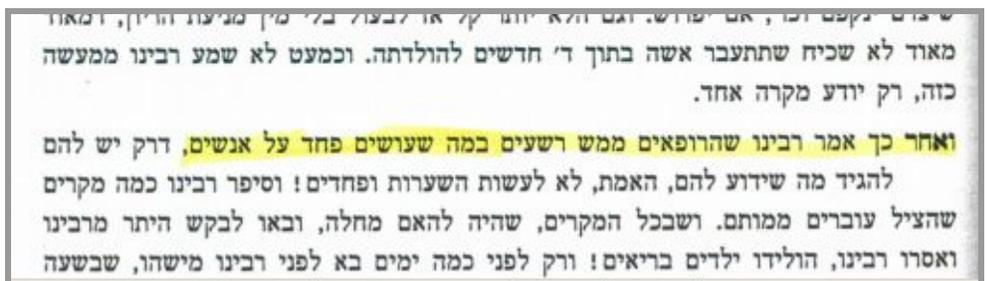
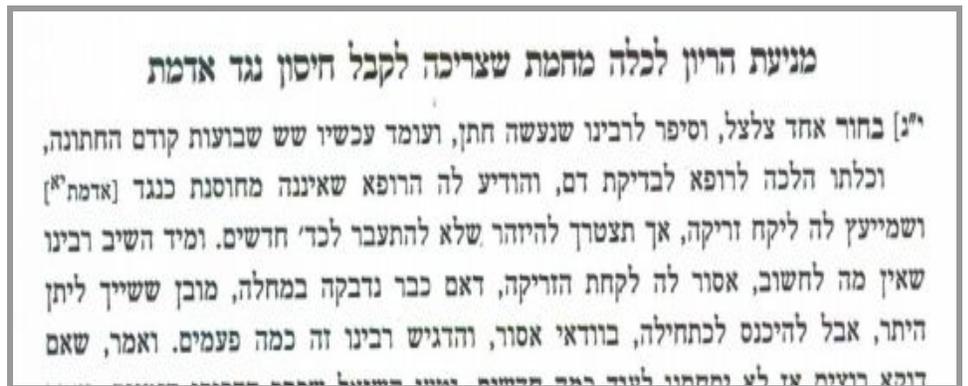
ואחר כך אמר רבינו שהרופאים ממש רשעים במה שעושים פחד על אנשים

which translates as: And then our rabbi said that the doctors are really evil because they make people afraid.

The bottom image to the right shows the end of the third and top of the fourth page where Rav Moshe not only discusses vaccines but also equates undue trust in doctors with avodah zara. Here's the translation:

To take a shot after which she will have to use birth control for a period of time.

Rav Sh. Eider asked Rabeinu [R. Moshe] if a woman is allowed to get a vaccine for German Measles and afterwards to use a form of birth control. Rabeinu replied that if she



had already come down with German Measles then it would be appropriate for her to use birth control but at the outset, it doesn't seem appropriate to take it. If there's a reason that she must take it [the vaccine] there's an argument, but simply to take it, just because that's what the doctors are suggesting, and afterwards to worry about getting pregnant, and there's a difference of opinion among doctors if it's three months or six months and the like, it doesn't appear that you should listen to the doctors. And some people have such a faith and confidence in doctors that it borders on avodah zara, ch"v.

If you'd like, we would be happy to get a certified translation for you.

Considering the above, you might want to rethink what you wrote about the author:

"You're a dishonest person who is harming others. Hiding behind the shield of anonymity to deceive innocent Yidden isn't called being Rodef Shalom. On the contrary, you are fostering Machlokes."

And, even though you wrote at the end "Feel free to email me to discuss..." I believe that it is you who should have emailed before you wrote and published a single line about the website and the author. We specifically mentioned that it is possible that some errors were made and that we would gladly make corrections. *Do we not deserve the benefit of the doubt?* Was it not conceivable that you might have missed something? Just because we need to remain anonymous to protect ourselves, do the *halachos* of *lashon hara* and *motzi shem ra* not apply?

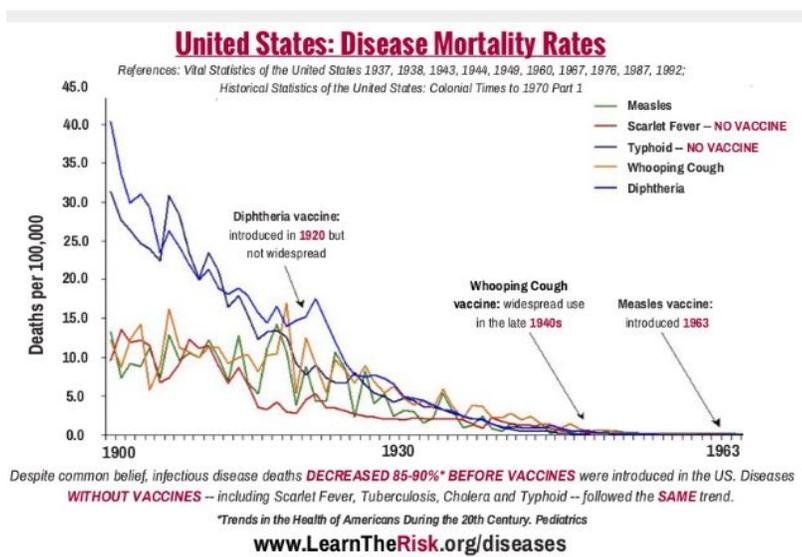
There are also many errors in your other responses to readers' comments and I would be remiss if I didn't address a few of those.

Point 8 - Measles deaths declined by 98% before vaccination, not because of it

You wrote, "The reason measles has been kept in check is because people were vaccinating." The truth, that we are not being told, is that the death rate plummeted decades before the vaccine was introduced, even though the incidence rate decreased less dramatically until the vaccine. By the time the vaccine was introduced, measles had ceased to be a feared and fatal disease.

The graphs included in Risk vs Reward, on the page "Here's an historical look..." and the following two pages, from 1900 forward (here's one of them to the right), clearly show that the death rates for most infectious illnesses, including scarlet fever and typhoid for which there are no vaccines, dropped precipitously on their own.

Dr. Suzanne Humphries book, *Dissolving Illusions*, is a must read for anyone who wants to be fully informed about vaccines - both past and present.



Point 9 - Doctors, in the years before the vaccine, weren't afraid of measles.

You wrote that

"It's ludicrous to call measles a 'once-typical childhood disease.' Thousands of people have died from it!"

The author's father and everyone else he asked who had the measles told him that it was considered a week off from school. In fact, the below makes it crystal clear that *no one* thought it was a frightening illness at that time. Dr. Langmuir, known as the "father of infectious disease epidemiology" knew that measles was not a worrisome disease when he said:

"To those who ask me, 'Why do you wish to eradicate measles?,' I reply with the same answer that Hillary used when asked why he wished to climb Mt. Everest. He said, 'Because it is there.' To this may be added, '...and it can be done.'"

Read more about what Dr. Langmuir knew about infectious diseases in "The Importance of Measles as a Health Problem", <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/?page=3>.

Here's some more information from that period:

Measles Reports from General Practitioners (1959)

MILD AILMENT

Dr. JOHN FRY (Beckenham, Kent) writes: The expected biennial epidemic of measles appeared in this region in early December, 1958, just in time to put many youngsters to bed over Christmas. To date there have been close on 150 cases in the practice, and the numbers are now steadily decreasing. Like previous epidemics, the primary cases have been chiefly in the 5- and 6-year-olds, with secondary cases in their younger siblings. No special features have been noted in this relatively mild epidemic. It has been mild because complications have occurred in only four children. One little girl aged 2 suffered from a lobular pneumonia, and three others developed acute otitis media following their measles. In the majority of children the whole episode has been well and truly over in a week, from the prodromal phase to the disappearance of the rash, and many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles.

A family doctor's approach to the management of measles is essentially a personal and individual matter, based on the personal experiences of the doctor and the individual character and background of the child and the family. In this practice measles is considered as a relatively mild and inevitable childhood ailment that is best encountered any time from 3 to 7 years of age. Over the past 10 years there have been few serious complications at any age, and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious.

Treatment.—In the acute phase non-specific symptomatic measures such as aspirin and linctus have been the basis of

It is conspicuous that the 5-15-years age group contained the vast majority of the cases. No effort was made to prevent the spread of the disease, except the ordinary precaution of not permitting juvenile visitors. Gamma globulin to thwart the onset of the disease was never used, since the few cases seen affecting the adults have always been severe. It is felt advisable to get the infection over in childhood and thus avoid this hazard in later life.

In these epidemics no serious complications were encountered. A troublesome cough for a few weeks after the infection was fairly frequent. In the 1955 episode only two cases of concomitant otitis media were seen, and in both cases it was a recrudescence of a previous attack. Contrariwise three of the cases had otitis media a few months before, and did not have a flare-up during the measles infection. In one case, as the rash of measles was fading, typical spots of chicken-pox were seen to develop. This superimposed infection did not prolong the convalescence.

The treatment given in all cases was sulphadimidine. In the older children it was dispensed in the form of tablets. In the younger children and in those that complained of difficulty in swallowing, the suspension was used. When the sulphadimidine was stopped, a sedative mixture was given to those who complained of a troublesome cough.

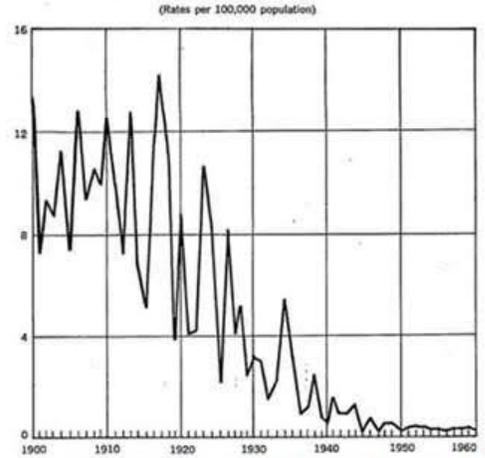
IMPORTANCE OF VISITS

Dr. KEITH HODGKIN (Redcar, Yorks) writes: If the present measles epidemic of nearly 100 cases is compared with the two previous epidemics (250 cases), no obvious differences are observed. Several clinical observations were made which influence early diagnosis and treatment: (1) In all cases the classic triad of cough, Koplik's spots, and rash was found. (2) The cough began 1-5 (usually 3) days before the rash in over 80% of cases. (3) Koplik's spots

CHARTS

85

Figure 19.—Death Rates for Measles: Death-registration States, 1900-32, and United States, 1933-60



Measles vaccine introduced in 1963
cdc.gov/nchs/data/vs/us/vsrates1940_60.pdf

Routine high-dose vitamin A therapy for children hospitalized with measles.

Hussey, GD¹, Klein, M.

Author information

Abstract

Measles is without specific therapy and remains important globally as a cause of childhood death. In controlled studies, high-dose vitamin A therapy (Hi-VAT)—with 400,000 IU vitamin A—has been demonstrated to markedly reduce measles-associated morbidity and mortality. We performed a retrospective study of the hospital records of 1720 children < 15 years of age who were hospitalized for measles, to determine the extent to which these findings, in research settings, are applicable to the case management of measles under conditions of routine hospital practice. The outcomes were studied of children hospitalized during two non-consecutive 2 year periods (1985-6 and 1989-90). A policy of Hi-VAT for all children hospitalized with measles was started during the intervening period. As compared with the group of children on standard therapy (n = 1061), children receiving Hi-VAT (n = 651) had a shorter hospital stay (mean 10 versus 13 days; P < 0.001), a lower requirement for intensive care (4.3 versus 10.5 per cent; P < 0.001), and a lower death rate (1.6 versus 5 per cent; P < 0.001). No adverse effects of Hi-VAT therapy were observed. We conclude that a policy of high dose oral vitamin A (400,000 IU) supplementation in measles provides benefits which are equivalent to those previously observed only in controlled research trials, that it is highly cost effective, and that it should form part of the routine case management of all children hospitalized with measles.



Measles reality before the propaganda.

@VaccineGuide

"If you have to get sick, you sure can't beat the measles." Measles, Back in the Day, Before the Marketing of the Vaccine, <https://youtu.be/mDb0ZS3vB9g>. takes a look at how people really viewed measles before and right after vaccination started. In this clip are measles episodes from The Donna Reed Show, The Flintstones, and The Brady Bunch from 1959, 1961, and 1969, respectively. In none of the episodes was it considered dangerous or worrisome; it was either financially inopportune or a great way to get out of school for a few days. *The comments below the video by people who actually had measles further confirms that measles was not considered a dangerous disease.*

Point 10 - You conflated historical data with current data.

You wrote:

"Let's look at some other facts while we're doing this. As per the CDC, 123 people died from measles within 3 years, the majority of whom were small children. Here's some more information. Of the 764 cases in 2019, the bulk were in Orthodox Jewish communities."

The 123 deaths you mentioned occurred during the 3-year period between 1989-1991 when an anomaly of 55,000 cases of measles occurred a full 26 years after the introduction of the measles vaccine. This unusually high death rate of 1 out of 447 reported cases (estimated at 1 out of 3,000 actual cases) represented an increase in the death rate from before

the introduction of the vaccine, which was a significantly lower 1 out of 1,000 reported cases (1 out of 8,000 actual cases)!

More importantly, this is what the CDC says about those 55,000 cases and 123 deaths. Note that the second paragraph is more important than the first because it shows an unexpected and dangerous effect of vaccines - a shift in those susceptible to measles from low-risk to high risk groups.

"The most important cause of the measles resurgence of 1989–1991 was low vaccination coverage. Measles vaccine coverage was low in many cities, including some that experienced large outbreaks among preschool-aged children throughout the early to mid-1980s..."

"In addition, measles susceptibility of infants younger than 1 year of age may have increased. During the 1989–1991 measles resurgence, incidence rates for infants were more than twice as high as those in any other age group. The mothers of many infants who developed measles were young, and their measles immunity was most often due to vaccination rather than infection with wild virus. As a result, a smaller amount of antibody was transferred across the placenta to the fetus, compared with antibody transfer from mothers who had higher antibody titers resulting from wild-virus infection. The lower quantity of antibody resulted in immunity that waned more rapidly, making infants susceptible at a younger age than in the past."

Measles Resurgence in 1989–1991 <https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html>

These were the years when the first generation of girls inoculated against measles began having babies. A New York Times article published April 1991, entitled: Measles Resurges, and With Far Deadlier Effects, <https://nyti.ms/2pFmX2z>, states:

"But even more worrisome to scientists is the huge growth in measles among children under 15 months, which is an unintended byproduct of the measles vaccine."

The North Carolina newspaper, the Wilson Daily Times, also published an article about this in November 1992, entitled: 1960s Vaccination Program Blamed for Sudden Wave of Measles in Infants, <http://bit.ly/2Nqcm16>. Doctors, at the time, were shocked to learn that, once they began vaccinating, women lost the ability to protect their babies with antibodies through the placenta and through nursing. Instead, they simply shifted the risk of measles from children, a low-risk group to infants, a high-risk group.

B"H, no one died of measles in the US in 2017, 2018, or 2019.

Point 11 - You fail to examine pro vaccine claims critically

Point 11a - Rep. Posey did not make false claims - you mistook opinion for fact

Another reader asked you about a bipartisan bill authored by Rep. Posey, requiring the government to do a number of different vaccine related studies, that has been "collecting dust" since 2013.

It might be collecting dust because the pharmaceutical industry spends far more money lobbying Congress than any other industry and has two lobbyists for every congressperson (<http://bit.ly/2BjXmOS>) and not because there's a problem with the bill. So far, in 2019 they spent \$156.6 million (<http://bit.ly/32kqHEt>); 2018 finished at \$283.6 million. (This even influences the FDA - see Drug and Medical Device Companies Have Outsized Influence on FDA - \$700 million in lobbying buys significant access <http://bit.ly/2Be51hs>.)

Your response shows that you have a tendency to lack an appropriate degree of skepticism towards pro vaccine sources.

"... As per the site you wanted me to see, (link on the blog) here is the synopsis of the bill. "Although numerous studies have already found that there is no causal relationship between vaccination and autism, ... He claims, but falsely, that although individual vaccines undergo thorough testing, there is little study of the interaction between the combinations of modern vaccines. The bill lists it as the duty of government to maintain public confidence in public health programs by studying the interactions." Let's review. The site you wanted me to visit to verify this bill, states "falsely".

Contrary to this being called a summary (I found it here since you had no link on the blog <https://www.govtrack.us/congress/bills/113/hr1757/summary>), this is not a synopsis of the bill, even if it's presented as such. It is really the writer's opinion that Rep. Posey was making false claims. I'm sure that if you had read the bill (I did) you would not have found the word "falsely" in there. Obviously, the author doesn't want you to think there's any merit to the bill and decide to read it. (I wonder why.) He even primes the reader by starting with: "Although numerous studies have already found that there is no causal relationship ..."

Point 11b - You uncritically accepted the author of the synopsis assertions about vaccines and autism

Had you had a dose of skepticism, you would have clicked on the link to "numerous studies", <http://bit.ly/2NHjidx>, and reviewed the studies they pointed to where they try to tell you that vaccines don't cause autism. Besides the fact that autism was only one of several issues that Rep. Posey that was interested in investigating through this bill, the CDC cites sources that don't even back up their contention.

Even the very report they use as proof that vaccines don't cause autism doesn't support their claim! On page 546 of the 2011 IOM report, <https://www.nap.edu/read/13164/chapter/12#546>, which they claim proves that there is no link between vaccines and autism, we read the following:

Causality Conclusion

Conclusion 10.6: The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccine and autism.

This means that they have no way of knowing if the DTaP vaccine causes autism because the studies have not been done!

Furthermore, of the 158 causality conclusions for eight different vaccines that the IOM looked for in their report, a synopsis of the report available at <http://bit.ly/2NOjtmD> reveals that "for the majority of cases (135 vaccine-adverse event pairs), the evidence was inadequate to accept or reject a causal relationship." Yet they go on to say that "few health problems are caused by or clearly associated with vaccines", which is an obviously ludicrous conclusion. They do not have sufficient evidence to say one way or the other. This shows us that there is much intentional obfuscation on the matter and that the studies that Rep. Posey is asking for are sorely needed.

Point 11b - We quoted government officials who admitted that vaccines may cause autism

You concluded:

"... There is no connection between autism and vaccinations. I read so many articles that tried connecting the two, and the one thing they all have in common is that their information is falsified or incorrect. I state with absolute certainty – there is no connection between autism and vaccinations..."

Rabbi Ross, how can you be so certain that there is no connection between autism and vaccinations when, as you can see from Point 11b above, the IOM is not? Furthermore, had you actually read our presentation, you would not have been misled by this "synopsis". Quotes on the page "I discovered that even CDC & NIH officials admit there's risk" of our presentation reveal that the following government sources and expert witness all agree that vaccines may cause autism in certain populations or under certain circumstances: the late Dr. Bernadine Healy, former head of the National Institute of Health (NIH); Julie Gerberding, former director of the CDC who subsequently went to work for vaccine manufacturer Merck after leaving the CDC; Dr. Andrew Zimmerman, the government's pro-vaccine scientist; and William Thompson, senior scientist and whistleblower at the CDC.

Point 12 - Wakefield's detractors all have close ties to vaccine manufacturers

You wrote:

During my exhaustive research, I discovered some truly fascinating information. I learned so much about Andrew Wakefield that I began to have nightmares about him. Del Bigtree is another person who I spent way too much time analyzing. They are both knowingly misleading many people. Why? It could be fame. Perhaps they are

making money off this? I don't really understand them. What I do understand is that they are intentionally deceiving others.

In Point 3 above, we showed the conflict of interest among journal editors. That same malfeasance extended to the reporting on Wakefield's study. Wakefield was 1 of 12 authors, yet only Andrew Wakefield and John Walker Smith lost their medical licenses over it. Walker Smith, whose insurance paid the legal fees, went to court and got his license back. Wakefield's insurance wouldn't cover court costs so he was unable to sue to get his license back. And, as demonstrated in Point 11 - the powers that be work very hard to disassociate vaccines from autism, even if it means lying. That's why what you've read about Wakefield that gave you nightmares is false.

The fascinating and accurate information you should have read about appears on page 9 (titled First I read both sides...), and Appendix A of the Risk vs Reward presentation. There you would have learned about the Wakefield study and the close, yet undisclosed, relationships between vaccine manufacturers Merck and GSK and those who publicly set out to destroy him, namely, Brian Deer, the Sunday Times, the BMJ (British Medical Journal) and the Lancet. That is why they were dishonest in their retraction of the study and in articles declaring Wakefield a fraud. They are the ones who are intentionally deceiving others, not Wakefield (or Bigtree). The pharma web is wide and ties run deep. This is what should really give you nightmares.

Point 13 - You were not unbiased when you chose to believe pro vaccine sites over vaccine skeptic sites

In your initial blog post on vaccines, A Neutral Opinion, <http://www.yidparenting.com/blog/archives/05-2019>, you wrote:

"One example is how the anti-vaccination pamphlet [Vaccine Safety Handbook by P.E.A.C.H] lists the ingredients of the vaccines. Mercury, formaldehyde, aluminum, fetal cells, gelatin. The list seems endless, and the pamphlet details how dangerous each ingredient seems to be. However, it neglects to mention the quantities, reasons, and testing methods for each ingredient. If you do any research whatsoever, you'll realize that it's completely safe. Here's an example. One pamphlet I read details the serious dangers of aluminum in the bloodstream. Many paragraphs explain what aluminum can do to a body. However, a quick search online found the following. Here's an example.

"In the first six months of life, babies receive about four milligrams of aluminum if they get all of the recommended vaccines. However, during this same period they will ingest about 10 milligrams of aluminum if they are breastfed, 40 milligrams if they are fed regular infant formula, and up to 120 milligrams if they are fed soy-based infant formula."

"... I am not exaggerating when I say that researching this topic was very simple. The facts are right in front of us!"

In Vaccinations - The Rebuttal, you also wrote about aluminum, without linking to any sources:

"There are those that say the injected aluminum inside our bodies doesn't break down as well as ingested aluminum. Many studies have proven them wrong."

Rabbi Ross, it seems you were a victim of confirmation bias. By your own admission, you read a pamphlet discussing the dangers of the vaccine ingredients in the body and chose not to believe the authors that there is cause for concern, arguing that they didn't list quantities, reasons, and testing methods. You chose to believe that the other information you found really proves that all these ingredients are safe. You used aluminum as an example, stating that you quickly found an article (which you didn't name or link to) that seems to negate what the authors of the pamphlet said and so you discredited the pamphlet and its authors. I'm sure the authors of the pamphlet knew that babies get aluminum via nursing and formula since you said yourself that that information was easy to find.

Similarly, you chose to believe studies claiming that there's no difference between ingested and injected aluminum, rather than those saying that there is a difference.

Many pro-vaccine advocates would like you to believe otherwise, but the body does not handle an injected substance the same way it does an ingested substance. Most of the ingested aluminum is excreted while most of the injected aluminum stays in the body. That's the purpose of including aluminum as an adjuvant in vaccines - to have it stick with

the antigen and allow it prolonged exposure to the body's immune system. If it was excreted there would be no point to including it. As a result, aluminum winds up in the bodies and brains of young children and this is the reason the authors of the pamphlet were discussing the dangers of aluminum in vaccines. Here's some information demonstrating how injected aluminum is different than ingested aluminum:

<https://www.youtube.com/watch?v=1V8Busricx0&feature=youtu.be> and why it's so dangerous.

However, evidence that *even ingested aluminum can be harmful to young children* comes from the FDA's warning against giving aluminum containing anti-diarrheal medications to infants and toddlers, <http://bit.ly/2r5lHq2>, (emphasis mine):

*Don't use OTC anti-diarrheal medicines in young children unless recommended by your child's doctor, says Ortiz. Products to relieve diarrhea, such as Pepto-Bismol and Kaopectate, contain bismuth, magnesium, or **aluminum, which can be harmful to infants and toddlers** because they **can quickly accumulate in young children's bodies**.*

This is some of what the Cochrane Collaboration has to say about aluminum in the bloodstream and body from vaccines (<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012805/full>) (emphasis mine):

The mechanism of action of aluminium, like for most adjuvants, is poorly understood, and widespread beliefs change according to continuously new insights into immunology and physiochemical properties of aluminium...

*While aluminium is considered safe and regularly ingested with food and water, it is toxic in high concentrations (Kisnieriené 2015). The toxicity, however, not only depends on the concentration, but on the chemical form and the environment as well (Kisnieriené 2015). In the blood, aluminium is bound to transferrin with high affinity, where it competes with iron at the binding site (Kisnieriené 2015). Aluminium also affects cellular processes and physiological functions (Kisnieriené 2015). For instance, aluminium competes with magnesium for membrane transporters; disturbs calcium metabolism; increases oxidative stress... In high concentrations, **aluminium is predominantly accumulated in bone and brain tissue** (Yokel 2000; Malluche 2002). In animal and human studies, it has been shown to act as **a powerful neurological toxicant and provoke toxic effects in fetuses and embryos if exposed during pregnancy** (Reinke 2003). This is supported by recent data indicating that **aluminium is able to cross the blood-brain barrier by directly affecting the cerebral blood vessels** (Chen 2008; Sharma 2010).*

It is important to note that the pertussis, or whooping cough, vaccine given to pregnant women contains an aluminum adjuvant. A lawsuit under the FOIA revealed that the CDC is recommending this vaccine for pregnant women despite it not being licensed by the FDA for use in pregnant women or tested for safety in clinical trials (<http://bit.ly/2pjWXtc>). Infants and toddlers receive aluminum containing vaccines, as well.

For even more information about the safety of aluminum for humans, Appendix D of Risk vs Reward has links to what scientists who have studied aluminum in the body have to say about how dangerous it can be. They spent more than 100s of hours and longer than one week to come to their conclusions. You've been intentionally misled.

Regarding mercury (thimerosal), the CDC held a secret meeting in June of 2000, commonly referred to as Simpsonwood (for the location where it was held) to discuss findings in this report <http://bit.ly/2XdKUKp> of mercury toxicity from the Hepatitis B, DTP and H. flu vaccines. The full transcript, obtained through the Freedom of Information Act, is available here: <http://bit.ly/36ZBWVK>. The website, Put Children First, <https://putchildrenfirst.org/chapter2.html>, puts the entire meeting and period into context.

Quoting from the meeting transcript:

"the number of dose related relationships [between mercury and autism] are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant." - Dr. William Weil, American Academy of Pediatrics. Simpsonwood, GA, June 7, 2000

"the issue is that it is impossible, unethical to leave kids unimmunized, so you will never, ever resolve that issue [regarding the impact of mercury]." - Dr. Robert Chen, Chief of Vaccine Safety and Development, Centers For Disease Control, Simpsonwood, GA, June 7, 2000

"Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by c-section. Our first male in the line of the next generation and I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given Thimerosal-free vaccines." - Dr. Robert Johnson, Immunologist, University of Colorado, Simpsonwood, GA, June 7, 2000

They explain:

What's Egregious About This Time Period?

1. *Dr. Verstraeten's analysis of the CDC's VSD [Vaccine Safety Datalink] showed a clear and unassailable relationship between Thimerosal received and neurodevelopmental disorders. Recent emails now show how Dr. Verstraeten began the complex task of managing the relationship down and the advice he received in doing so. By the time his work was actually published in Pediatrics, almost 3 years later, the data had been manipulated to the point of showing no association between Thimerosal and autism. For an explanation of how the CDC removed the association, click [here](#).*
2. *In the midst of the controversy surrounding Thimerosal, CDC was given the opportunity to switch to Thimerosal-free versions of Hepatitis B and DTaP immediately following the joint statement by two vaccine manufacturers in the Fall of 1999 and chose not to.*
3. *The Simpsonwood meeting was unprecedented: a secret meeting convened by a public government agency (CDC) that also included vaccine manufacturers. Why were vaccine manufacturers involved in policy decision and reviewing data that could potentially make them liable for billions in damages? No document more clearly demonstrates the inability of public health officials to put our children first than the Simpsonwood transcript.*

Here's another interesting quote from the transcript. It's from Dr. John Clements, from the WHO (World Health Organization) Expanded Program on Immunization.

"My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with Thimerosal containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."

This meeting was called because there was serious concern about the safety of vaccines; the points raised by the doctors attending were not just about the neurotoxicity of thimerosal, but also about neurodevelopmental disorders, including loss of I.Q. points, that had been increasing since vaccination, raising the suspicion that a variety of factors related to vaccination, in addition to and/or other than thimerosal, can be causing these problems. One needs to seriously consider the implications of his statement, that the largest international health organization puts policy ahead of safety and the mandate to vaccinate over the health and well-being of 100 million children. While you may want to argue that the vaccines will still save many children from death, not all of those children would have been exposed to the diseases these vaccines are supposed to control and not all of those exposed would have become seriously ill or died, yet they will all have been exposed to the neurotoxic effects of the vaccine. Some may be damaged more seriously or visibly than others but it's probable that a large majority of those 100 million children will suffer some sort of adverse neurological effect. Dr. Johnson, quoted above, was not willing to take that risk with his grandson, but the general public was kept in the dark and given no choice.

Today, the multi-dose vials of flu vaccine contain thimerosal (ethylmercury) and there are trace amounts in other vaccines. While a lot of their assertions are not supported by the evidence, the FDA clearly admit that some vaccines still contain thimerosal. You can read about it on their website Thimerosal and Vaccines, <http://bit.ly/34XWUm3>, in the section "Thimerosal as a Preservative".

It is evidently not as simple as you believe and the facts aren't right in front of us.

In Conclusion

There is much more to say about your research and responses to your readers, but just about everything is already covered in Risk vs Reward.

It is critical to understand that when researching this topic, Google, Facebook, and others have modified their algorithms to hide important and damaging data. There is a real skill to being able to successfully search for truthful information online.

You wrote, in Neutral Opinion:

"...if you're reading this and you're anti-vaccinations, there are two things you should know.

1) You've been lied to. 2) You're harming others."

"I refuse to be drawn into name-calling. It's obvious to me that one side is misinformed and making a terrible mistake. We, as humans, have a hard time admitting we're wrong. Once we decide on an opinion we're closed-minded, and tend to block out differing views."

"... there must be a plethora of incorrect information going around. I've been on a quest to find the truth."

While there is a lot of incorrect information going around, it is evidently not all one-sided. I've shown you the factual errors and incorrect information that you, being pro vaccines, made in your egregious claims against us and in your responses to your readers. I've also shown you just a tiny fraction of the lying, misinformation, and obfuscation we discovered through our research which is intentionally and maliciously propagated and promulgated by those whom you've been led to trust. Perhaps you should pay attention to your own words: "We, as humans, have a hard time admitting we're wrong. Once we decide on an opinion we're closed-minded, and tend to block out differing views."

Finally, I ask you, Rabbi Ross, does the Torah *really* allow one to knowingly perform a medical procedure on anyone (or to allow it for one's self), even if "just" a "miniscule" number of people will be harmed by it, for an infection they don't have, may never contract, that they will most likely recuperate from even if they do get it, or for the uncertain and questionable future benefit of others who are an indeterminate - and possibly miniscule - number of individuals? And what if it really proves to be more than a miniscule number that the vaccines harm? Either way, do we have a right to choose one person, one neshama, over the other?

We would be happy to review any potential errors and correct them. We assume you would do the same.

Sincerely,

Rodfei Shalom

P.S. - In response to a commenter on your post, A Neutral Opinion, you quoted Dr. Poland (again no source provided) and opined:

"Did you know that Dr. Gregory Polan [sic] actually advocated for everyone getting this vaccine? He does say that it's not the perfect vaccine, but he went on record as saying "I don't think my patients who reject vaccines are nuts. They have come to conclusion - I believe their conclusion is in error - but they have come to a conclusion that the vaccine is not good." He says many other amazing facts, including a story about a young girl who dies from measles. He said, "It was such a bad case that this woman's life was tragically altered by the death of her baby daughter, and for as long as this mother lives, she regrets every day that she did not immunize her child." Are you sure you want to use Dr. Polan as a proof?"

I would like to leave you with this quote (emphasis mine), also from Dr. Poland, in his article The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>, which we linked to in Appendix E:

*"Receiving less attention, however, is the issue of vaccine failure. While the current vaccine is acknowledged as a good vaccine, we and others have demonstrated that the immune response to measles vaccine varies substantially in actual field use. **Multiple studies demonstrate that 2–10% of those immunized with two doses of measles vaccine fail to develop protective antibody levels, and that immunity can wane over time and result in infection (so-called secondary vaccine failure) when the individual is exposed to measles.** For example, during the 1989–1991 U.S. measles outbreaks 20–40% of the individuals affected had been previously immunized with one to two doses of vaccine. In an October 2011 outbreak in Canada, over 50% of the 98 individuals had received two doses of measles vaccine. The Table shows that this phenomenon continues to play a role in measles outbreaks. Thus, measles outbreaks also occur even among highly vaccinated populations because of primary and secondary vaccine failure, which results in gradually larger pools of susceptible persons and*

outbreaks once measles is introduced [8]. This leads to a paradoxical situation whereby measles in highly immunized societies occurs primarily among those previously immunized [8]."

P.P.S. - Additional fascinating and accurate information can be found in our paper "Keeping Your School or Shul Free of Disease Outbreaks: An in-depth look at levels of immunity among students and congregants", <http://bit.ly/2QhisWF>.