

My Vaccine Journey

(click or tap to read about my journey)

One man's record of his quest to understand the
“other side” of the vaccine controversy in an effort
to reduce *Machlokes* in the frum community.

He couldn't bear to see his community being torn apart anymore.

Ver. 9/1/2020 (latest version at www.rodefshalom613.org) email rodef.shalom.613@gmail.com
or leave a message at (414) 751-0001 with any corrections
□2020 Previous title: A Risk/Reward View of Vaccines.

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-An important NOTICE for you-

This presentation is not pro-vaccine or anti-vaccine. This is about evaluating risk vs. benefit. And to attempt to determine if there is some way to bridge the gap on this topic.

Despite my intentions, however, I have come to understand that the information I am presenting is apparently considered dangerous by some, which is alarming in and of itself. I wish it were just some conspiracy theory that I could ignore. Unfortunately:

Capitol Hill and Silicon Valley have locked their sights on the next targets of a frightening free-speech-squelching purge¹:

"...independent citizens who dare to raise questions online about the safety and efficacy of vaccines. Under pressure from Rep. Adam Schiff, D-Calif., Amazon pulled the documentaries "Vaxxed: From Cover-Up to Catastrophe," "Man Made Epidemic" and "Shoot 'em Up: The Truth About Vaccines" from its Prime Video streaming service. Last week, Google-owned YouTube moved to demonetize "anti-vaccine" channels, tweak algorithms to suppress vaccine "conspiracy" videos and combat "vaccine hesitancy." Pinterest blocks users from using the search terms "vaccine," "vaccinations" and "anti-vax," no matter the quality of the results. Facebook plans to downgrade vaccine skeptics' content on newsfeeds, recommended user groups and ads."

-Michelle Malkin

If links are broken, please check website for the most current version.

¹ <https://www.dailywire.com/news/44452/malkin-vaccine-skeptics-under-siege-michelle-malkin>

Why you should read this

This is the story of my research into this incredibly complex topic, a summary of concerns, and a look at the risks and benefits. I examined the situation without fear and emotion but rather from a practical perspective aimed at resolving the issue.

There is a crisis in *Klal Yisroel*. Not everyone knows it yet. But there is a crisis. And it's not going away...

- A Rav told an *Avrech* that if the only other option is a get, you should take your children behind your wife's back (to get the MMR)". These rulings are apparently common and causing major *Shalom Bayis* issues.
- People who choose not to vaccinate (vaccine skeptics) have been called *rodlim* and *rotzchim*.
- A family was scheduled to visit their relatives in a New York community. The community informed them they were not welcome. They were forced to quickly find another place to stay.
- A boy told the *shadchan* he will discontinue the shidduch because the girl said she did not think yeshivos should kick kids out of school.
- A beloved *Mechanech* and a school principal were fired due to their views on vaccination.
- Vaccine skeptics are not invited or are disinvited to family *simchos* or even to siblings' homes
- Grandparents are being told they can't see their grandchildren if they don't vaccinate.
- Unvaccinated children were banned from participating in the Chidon HaTanach in Crown Heights.
- Some *Ba'alai Teshuva* who don't vaccinate are losing community support and are shut out and left on their own.
- Rockland County's recent (overturned) enactment which essentially put unvaccinated kids under house arrest was met with approval by a majority of the community.
- *Machlokes* and *lashon hara* are rampant. And these are only some of the problems. <https://nypost.com/2019/04/13/brooklyns-measles-epidemic-driving-bitter-divide-in-jewish-orthodox-community/>

What is the driving force behind all this divisiveness? Is there a way to return Shalom to our communities? 4

The Looming Catastrophe for Klal Yisroel, Ch"V

The following images are from a recent conversation on Facebook (link available upon request).

Is this true?
Do vaccine
skeptics
really
believe
that? Also,
this appears
to be a false
dichotomy.

I, personally, with a son with special needs, am disgusted with the message anti vaccinators are sending "better your child dies from a third world diseases than he be challenged by autism ". They're basically saying that kids with autism are better off dead so should we gather all special needs kids and have a mass genocide?? I recall a group of people that felt the same way. More so, the idiot that said vaccines cause autism sat in prison for making up data that wasn't real for \$\$\$\$.



12

1 wk Like Reply More

Ch: That is exactly what the anti-vaxxers are saying. And you are right, the Nazis said the same thing.

And Judaism is not about "rights" or "choice" it is about obligations to Hashem and to our fellows. Including the obligation not to endanger others.

Every shul should ban anti-vaxxers. They are not practicing Judaism and are actually heretics. Their kitchens should be deemed to be treif and they should be put in real cherem -- for the safety of the community.

Ch: M: the truth is that the anti-vaxxers are din rodef and it would be a mitzvah to kill them all were it not for the fact that secular law makes that illegal.

They are that much of a danger.

on Sun Like Reply More

Mi: Ch: I agree. I don't wish them harm, but I do wish they would be rounded up and vaccinated.

on Sun Like Reply More

M: oh do you mean what the Nazis did to Jews?? Shame on you Mi: You need a lot more than just counseling.

Din Rodef is a slippery slope. I hope someone wakes up and turns this around before a fanatic acts out on this.

on Tue Like Reply More

Din Rodef has to be paskened by a bais din doesn't it? That can't just be declared willy nilly by whoever decides. That's a serious charge.

on Tue Like Reply More

This kind of talk has to stop. If not, it will escalate. Some unhinged person will feel justified in harming someone over this.

on Tue Like Reply More

Ok I have already received personal death threats from people in my local "community", been labeled a rodef, and put in cherem. This is no surprise lol

18 hrs Like Reply More

And the crisis of *Emunas Chachamim*

- People on both side of the debate are looking down on *Rabbonim* on the other side
- Assuming the frum community is in line with the population, about 10-20% of frum population are vaccine skeptics and/or don't vaccinate.
- Vaccine skeptics are in shock at how they are being treated by mainstream *Rabbonim*. It is bad enough if their own *Rav* does not want to address their questions, but major Rabbinic leaders are also attacking them and their choices. And without hearing both sides of the issue or allowing for individual circumstances.
- Some *Rabbonim* are encouraging people to *moser* to the authorities on people who don't vaccinate - coordinated with the health department.
- And the most painful to me personally: there are some *askanim* attempting to arrange meetings with *Rabbonim* to have them hear the other side, if only to be able to understand their pain. While it is gratifying that most *Poskim* are happy to hear the other side, sadly a few *Rabbonim* have either not been willing to meet, or treated the participants (often non-frum doctors) rudely and with disdain. From what I hear, this *Chillul Hashem* is beyond words.

How I went from indifference to cautious investigation

- Initially I didn't pay much attention to the whole issue.
- I was vaccinated as a child and I vaccinated my children. I have neighbors who did not vaccinate. Nice people even if a bit different (didn't give their kids soda, ate organic, sprouts, etc.).
- Once I saw kids being kicked out of school, and understanding how damaging that can be long-term, I started to network and reach out to some vaccine skeptics to gather more information and to try to understand where they are coming from.
- Turns out that there is a segment of vaccine skeptics who are not typical; they're into all sorts of alternative health things that I really don't know anything about. And there are some who are into conspiracies that are difficult to believe (I admit to not having investigated them).
- But I was surprised to find the majority are actually well educated and articulate. And they presented me with a lot of science-based information. It was hard to digest it all and took me quite a while to get through much of it.
- Certainly some of the claims I was hearing did not make any sense, and upon investigation, I saw they are not true (e.g. Bill Gates did NOT say that he was vaccinating for population control). But just because some claims are unfounded, doesn't mean that they are all wrong. So I researched further.
- I was definitely not going to fall for the logical fallacy (the Genetic Fallacy) that information is not valid just because the source is not considered credible. I would evaluate each claim on its own merit and not based on my perception of the people who believe it or even the website where it is mentioned.
- I tried to select links that represent what thoughtful and intelligent people are seeing that is leading them to be skeptical of vaccine safety and efficacy. I do not fall for the leftic tactic of delegitimizing the other side by calling everyone who disagrees a "conspiracy theorist" and by ignoring vaccine skeptic websites that rely on science-based arguments citing legitimate references and sources. YouTube videos are as credible as the people who speak.
- Pro-vaccine arguments are well known. This document focuses on the vaccine skeptic case to determine if it has merit.

Who am I and why do I choose to remain anonymous?

- **I am a regular guy** who works and tries to learn at least 2 hours per day. I try to learn mussar daily. I have a Masters degree in business.
- **I go to mainstream medical doctors** when sick and I don't sell any health related products. I don't have any obvious *ne'gius* in relation to the health industry or vaccines. All my children are B"H healthy and I don't suspect that they were injured by vaccines.
- **However, just exploring this topic appears to be dangerous.** Dr. Rich Roberts, a former owner of URL Pharma, Inc. (who reportedly made \$800 million selling his company) and current CEO of Mutual Pharmaceutical Company, Inc. and Pharmaceutical Holdings Corp. hired a top law firm to, among other things, explore criminal prosecution against those he believes are profiting from questioning vaccines³ (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.

In light of these serious concerns, I ask you to please respect my request for privacy.

³<http://www.thelakewoodscoop.com/news/2018/11/exclusive-video-dr-rich-roberts-takes-on-the-anti-vaxxers-as-measles-cases-rise-in-lakewood-engages-top-law-firm.html>

First I read *both sides* of the Wakefield Study - was it *really* a fraud?

Since the retracted Wakefield Study⁴ is the one everyone points to in an effort to discredit people who don't vaccinate, I thought I'd take a look at that first.

- **What does the media report about the Wakefield Study?** Dr. Andrew Wakefield and 12 other doctors published a paper that reported a connection between vaccines and autism. Some claimed the study was fraudulent. As a result, the paper was retracted by the Lancet journal, and Dr. Wakefield lost his medical license. Vaccine proponents commonly claim that vaccine skeptics believe in this study and are therefore mistaken.
- **Could “vaccine skeptics” not be aware that the study was retracted?** Because this fact is noted in every article and speech on the topic, it was inconceivable to me that people who question vaccines could not know that this study was found to be fraudulent and still be relying on it. It didn't make sense to me so I took a closer look to see what was really going on.
- **What I learned about vaccine skeptics claims.** I discovered that people who question vaccines are not basing their objections on Wakefield. There is much more information and many other studies upon which they base their opinions and form their conclusions.
- **Are media reports about the Wakefield Study credible?** I realized that the controversy surrounding the study is not as cut and dry as we've been led to believe. It's questionable if indeed any fraud was committed or even that the study actually concluded that the MMR vaccine causes autism. In any case, the Lancet, in an editorial, exonerated Wakefield of research fraud.
- **So I am left to wonder:** Why is this apparent straw-man argument about Wakefield and the study still being used to discredit anyone questioning vaccines?

⁴ For more information on the Wakefield study, see [Appendix A](#).

Next, I focused on vaccine safety - do problems *really* exist?

I discovered that:

- **Not all doctors agree that vaccines are safe.**
 - Hundreds of doctors concerned about vaccines' lack of safety and effectiveness have been speaking out for many years about their concerns.⁵
- **A vast medical literature exists discussing vaccine safety issues.**
 - There are hundreds of studies, documentaries, lectures by doctors, scientists, and even virologists and immunologists, as well as many seemingly well-researched books.⁶
- **Vaccines contain many ingredients that are known toxins, and neurotoxins, as well as DNA fragments and other tissue from aborted human fetuses, and other ingredients that on their surface appear to be dangerous.⁷**
 - Vaccine ingredients are listed in vaccine package inserts.
 - Vaccines are not tested for carcinogenicity, mutagenicity, or impairment of fertility - per Section 13.1 of vaccine package inserts.
- **Vaccines are being recommended to pregnant women as safe even though the FDA has no record of vaccines ever being tested for safety in pregnant women.⁸**

⁵[Appendix B](#)

⁶[Appendix C](#)

⁷[Appendix D](#)

⁸<https://childrenshealthdefense.org/child-health-topics/federal-failures/fda-admits-government-recommending-untested-unlicensed-vaccines-for-pregnant-women/>, <https://childrenshealthdefense.org/wp-content/uploads/ican-vs-fda-voluntary-dismissal.pdf>

I soon realized that it's not just about autism or rare cases.

There's a lot of data showing that vaccines can have profound effects in many different ways, including:

- **Autoimmune diseases**
 - As detailed in the medical textbook, **Vaccines and Autoimmunity**, by Prof. Yehuda Shoenfeld, MD, FRCP, et. al.
- **Sudden Infant Death Syndrome (SIDS)**
 - Listed in the Infanrix vaccine package insert as a **plausible serious adverse reaction**. Cyanosis - turning blue from lack of oxygen in the bloodstream - is another one, of many.¹⁰ SIDS is also linked to other vaccines.¹¹
- **Allergies**
 - Amish don't have allergies ¹²; Peanut allergies are recent. Now they are ubiquitous.¹³
- **Infertility**
 - Associated with the HPV vaccines ¹⁴ and others¹⁵.
- **Learning Disabilities**¹⁶
- **Childhood cancer**¹⁷ and **childhood diabetes**¹⁸

⁹<https://www.amazon.com/Vaccines-Autoimmunity-Yehuda-Shoenfeld/dp/1118663438>

¹⁰<https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM124514.pdf>, p12

¹¹<https://medscienceresearch.com/sudden-infant-death-syndrome/>

¹²<https://amishamerica.com/are-amish-allergy-proof/>

¹³<https://www.amazon.com/Peanut-Allergy-Epidemic-Whats-Causing/dp/1616082739>

¹⁴<https://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine;>
<https://www.tandfonline.com/doi/full/10.1080/15287394.2018.1477640>

¹⁵https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3888271/pdf/10.1177_0960327112455067.pdf,
<https://www.sciencedirect.com/science/article/pii/S0264410X17308666?>

¹⁶https://www.mednat.org/vaccini/danni_neurologici_vaccini.pdf

¹⁷<https://academic.oup.com/aje/article/167/5/598/211885>

¹⁸<https://www.nvic.org/vaccines-and-diseases/Diabetes/juvenilediabetes.aspx>

I discovered that even CDC & NIH officials admit there's risk

Center for Disease Control; National Institute for Health

National Institute for Health Director Dr. Bernadine Healy (you have to see this to believe it).

*Public health officials have intentionally avoided researching whether subsets of children are 'susceptible' to vaccine side effects [such as Autism] - afraid the answer will scare the public. There is a completely expressed concern that they don't want to pursue a hypothesis because that hypothesis could be damaging to the public health community at large by scaring people."*¹⁹

¹⁹ <https://www.youtube.com/watch?v=UZFPpHBNp2M>

Dr. Andrew Zimmerman - the government's own pro-vaccine medical expert who helped the government and pharmaceutical industry defeat vaccine-autism claims in vaccine court in 2007— now says he learned vaccines can cause autism in certain susceptible children.

*"He said he informed the government a decade ago but that they hid his opinion and misrepresented it in vaccine court."*²⁰

²⁰ <https://sharylattkisson.com/analysis-of-dr-zimmermans-affidavit-regarding-vaccines-causing-autism-in-exceptional-cases/>

Former CDC chief, Julie Gerberding, admitted that vaccines can trigger autism in individuals with a mitochondrial disease.²¹ 1 in 5,000 individuals have a genetic mitochondrial disease.²²

²¹ <https://www.youtube.com/watch?v=Dh-nkD5LSlg>

²² <https://my.clevelandclinic.org/health/diseases/15612-mitochondrial-diseases>

Dr. William Thompson, CDC Senior Scientist and Whistleblower, brought CDC malfeasance to the attention of Congress.²³ From his statement²⁴ released August 27, 2014:

"I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.

"... There have always been recognized risks for vaccination ... it is the responsibility of the CDC to properly convey the risks"

²³ <https://kellybroganmd.com/cdc-youre-fired-autism-coverup-exposed/>; ²⁴ <http://avoiceforchoice.org/cdcwhistleblower/>; ²⁴ <http://avoiceforchoice.org/wp-content/uploads/2015/12/statement-of-william-w-thompson-ph.d.-regarding-the-2004-article-examining-the-possibility-of-a-relationship-between-mmr-vaccine-and-autism.pdf>

Vaccine manufacturers aren't responsible for product safety

Numerous personal injury lawsuits were brought against vaccine manufacturers in the 1980s where injury was proven in court. Many stopped making vaccines and lobbied Congress to pass a law absolving them from responsibility for injuries and death.²⁵ As a result:

- Congress passed the **National Childhood Vaccine Injury Act** of 1986 ²⁶ which prevents anyone injured or killed by a mandatory vaccine from suing the manufacturer!
- Congress instituted the **National Vaccine Injury Compensation Program (NVIC)**, also referred to as Vaccine Court (although it's not a court), in order to compensate families of those injured or killed by vaccines - in service of the greater good. This program
 - Has no judge, jury, or discovery proceedings and only accepts as valid certain injuries for certain vaccines.
 - Is financed by a \$0.75 surcharge on each vaccine - the vaccinated are covering the cost of vaccine damage.
- Congress created the **Vaccine Adverse Event Reporting System (VAERS)**, a voluntary self-reporting system to collect information about post-approval vaccine injuries.
- Vaccine manufacture then became a lucrative and growing segment of the pharmaceutical industry.
 - The number of vaccines rapidly increased from under 10 to 54 vaccine injections for children ²⁷ and growing. There are currently 300 vaccines under development.²⁸

To date over \$4 billion have been paid out in compensation for vaccine injuries.²⁹ Over 89,000 serious reactions including deaths have been reported (est. to be only 1% of the actual total).³⁰

²⁵<https://www.texansforvaccinechoice.com/online/historic-vaccine-laws-affecting-you-and-your-rights-part-one-the-1986-national-childhood-vaccine-injury-act/>

²⁶<https://www.nvic.org/Vaccine-Laws/1986-Vaccine-Injury-Law.aspx>; <http://law.emory.edu/elj/content/volume-67/issue-3/articles/liability-vaccine-injury-united-european-world.html>

²⁷<https://vactruth.com/history-of-vaccine-schedule/>

²⁸http://phrma-docs.phrma.org/sites/default/files/pdf/Vaccines_2013.pdf

²⁹<https://www.fairwarning.org/2018/12/vaccine-court-pays-billions/>

³⁰<https://medalerts.org>; <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

I wondered about herd immunity

- **The reason generally given for mandating vaccines is because if at least 95% of the population is vaccinated then “the herd” will be protected.**³¹ That’s the concept that if enough people are immune to an illness through vaccination, then the virus stops circulating and as a result everyone (the “herd”) is protected, including those who can’t be vaccinated, like the immunocompromised and infants.³²
- **There is an acknowledged 2-10% primary and secondary measles vaccine failure rate.**³³
- **The CDC recommends boosters for adults because vaccines do not give lifetime immunity (vaccine waning), as does actually getting the measles.**³⁴ How long immunity actually lasts can vary greatly from person to person, found to be anywhere from 2 - 20 years.^{35,36}

Therefore, there is one thing we can be almost certain about: **the vast majority of adults (including those mandating vaccines) are just as unvaccinated as any unvaccinated child.**

Since this means that only about 40% - 60% of the total population is vaccinated, the herd immunity theory is irrelevant.³⁷

³¹https://www.who.int/immunization/sage/meetings/2017/october/2_target_immunity_levels_FUNK.pdf
www.who.int/immunization/sage/meetings/2017/october/2_target_immunity_levels_FUNK.pdf

³²<https://www.dictionary.com/browse/herd-immunity>

³³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

³⁴<https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>

³⁵https://vaccinationnews.org/Scandals/Sept_6_02/waning_measles_vax_immunity.htm

³⁶<https://jamanetwork.com/journals/jamapediatrics/fullarticle/569784>

³⁷See [Appendix E](#) for more information

What about the vaccine skeptics' claim that unvaxxed kids are healthier?

I found some of the **vaccinated vs. unvaccinated studies** they point to as showing that unvaccinated kids are healthier and have less chronic illness.

1. **Mawson study** ⁴⁰ - chart at right and **a second study** ⁴¹ (despite attempts to get it retracted) ⁴²
2. **Amish communities**, main studies in Ohio, Pennsylvania (including concerning information about human and animal DNA studies) ⁴³
3. **Philip F. Incao, M.D.** ⁴⁴
4. **Homefirst Health Services** located in Chicago ⁴⁵
5. **Vaxxed vs. Unvaxxed Study of Mice** Implicates Hepatitis B Vaccine - media silent ⁴⁶

To date, the CDC has not done their own vaccinated vs unvaccinated retrospective study.

⁴⁰<https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php>

⁴¹<https://www.oatext.com/Preterm-birth-vaccination-and-neurodevelopmental-disorders-a-cross-sectional-study-of-6-to-12-year-old-vaccinated-and-unvaccinated-children.php>

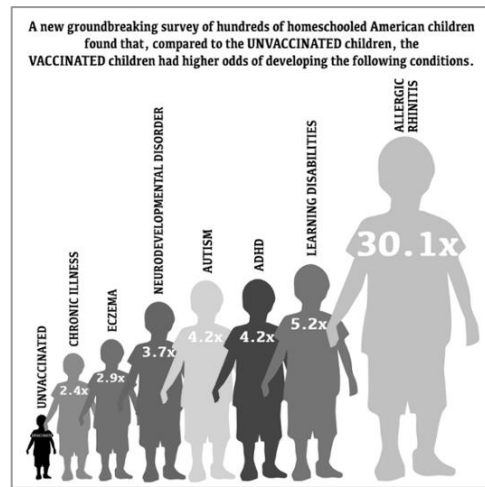
⁴²<https://www.acam.org/news/347977/Effort-to-Kill-New-Vaccine-Studies-Fails.htm>

⁴³<https://vactruth.com/2012/03/13/vaccines-human-animal-dna/>

⁴⁴<http://gna.squarespace.com/home/incaos-hepatitis-b-vaccination-testimony-in-ohio.html>

⁴⁵<https://vactruth.com/2012/03/13/vaccines-human-animal-dna/>

⁴⁶<https://childrenshealthdefense.org/news/vax-unvax-study-of-mice-implicates-hepatitis-b-vaccine-media-silent/>



And, if our immune system is still largely a mystery - how can scientists really be sure of anything related to vaccines?

“... the immune system remains a black box,” says Garry Fathman, MD, a professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection ... “It’s staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it. ... That’s an awful lot of moving parts. And we don’t really know what the vast majority of them do, or should be doing ...

[Vaccines: a peek beneath the hood](#)

With so many conflicting opinions, how can I really be sure of anything related to vaccines?

- **But on the other hand, the vast majority of doctors, including my own doctor, who I trust, recommend vaccinating.**
- **And for almost every claim, there is a counter claim from the other side.**
 - I went through a lot of these counterclaims. Some of them get very technical and they may have valid points. It is very complex and can be confusing.
 - Most of them are by people who don't seem to have any better credentials than the skeptics.
 - Many make ad-hominem attacks against and are dismissive of anyone who voices any concern about vaccine safety, including leading doctors and researchers who *are* experts in the field. This takes away from their independence and credibility.
 - In many cases, when I reviewed the source material, it did not support the pro-vaccine conclusion that they were claiming.
 - [A Tale of Two Sides](#) details a debate of the issues in depth for those interested in the studies on both sides.
- **So, how does one make a decision on how to behave?**
- **Should we continue to pressure everyone to vaccinate and potentially hurt thousands of children and adults?**
- **Is there room for “to each his own” or do the unvaccinated really represent a danger?**

Due to the complexity of the issue, I decided to try and analyze the situation like an Economist -

Risk vs. Benefit

- Clearly, there is some degree of risk, but how much?
 - Vaccines, like every manufactured drug, may have side effects and may not work for everyone.
 - Some children (and adults) are seriously injured and some even die.
- Yet, if vaccines really save hundreds of thousands of lives then perhaps that is a price worth paying for the greater good.
- Perhaps comparing the numbers might provide the answers.
- However, because of the clear correlation of death with sanitation, malnutrition, and extreme poverty, we will focus on US data (Madagascar deaths from measles, while unfortunate, do not impact the risk/benefit in the US).

First, I wanted a perspective on US deaths

How many people died from epidemics in the pre-vaccine era?

- **675,000** total - 1918 Spanish Flu epidemic⁴⁷
- About **14,450** total (**14 per 100,000**) - Measles deaths in 1917 ⁴⁸
- **4,317** total - 1849 St. Louis Cholera Epidemic ⁴⁹

⁴⁷<https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/1918-pandemic-history.htm>

⁴⁸<https://physiciansforinformedconsent.org/measles/dis/>

⁴⁹https://www.stltoday.com/news/local/metro/a-look-back-cholera-epidemic-hit-a-peak-here-in/article_f50b669f-a4c8-595b-bc6a-d3d9833ffc14.html

How many people die from other than vaccine preventable causes today?

- Medical related
 - **250,000** ⁵⁰ - **440,000**⁵¹ annually - Medical error (the third leading cause of death in the US)
 - **128,000** annually - *Properly* prescribed medication ⁵²
 - **70,237** Drug overdose - 2017 (increases yearly - up from 16,849 in 1999)⁵³
 - **48,000** annually - Hospital acquired infections ⁵⁴
- **42,000** annually - Second hand smoke⁵⁵
- Approximately **40,000** annually - Motor vehicle accidents⁵⁶
- **3,868** annually - Drownings⁵⁷
- **3,607** (includes **1,500** SIDS) - SUID (Sudden unexplained infant death) ⁵⁸
- About **250** annually - Allergic reactions⁵⁹

⁵⁰https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us

⁵¹https://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A_New_Evidence_based_Estimate_of_Patient_Harms.2.aspx

⁵²<https://ethics.harvard.edu/blog/new-prescription-drugs-major-health-risk-few-offsetting-advantages>

⁵³<https://www.news-medical.net/news/20100223/Hospital-acquired-infections-increase-mortality-rate-and-healthcare-costs.aspx>

⁵⁴<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

⁵⁵<https://www.livescience.com/23562-secondhand-smoke-kills-nonsmokers.html>

⁵⁶<https://www.insurancejournal.com/news/national/2018/02/16/480956.htm>

⁵⁷<https://www.cdc.gov/homeandrecreationalafety/water-safety/waterinjuries-factsheet.html>

⁵⁸<https://www.cdc.gov/sids/data.htm>

⁵⁹<https://www.webmd.com/allergies/news/20141009/medicines-are-biggest-culprit-in-fatal-allergic-reactions-study#1>

Then I looked at the number of reported vaccine adverse events⁶⁰

The VAERS statistics are estimated to be only 1-10% of actual numbers.^{61,62}

Vaccine related injuries or deaths reported to VAERS - 1990 to present (4/9/2019)?

- For all vaccines:
 - **Serious: 89,747** reported
897,470 - 8,974,700 estimated actual
 - **Life threatening: 12,210** reported
122,100 - 1,221,000 estimated actual
 - **Deaths: 7,645** reported
76,450 - 764,500 estimated actual
- For measles vaccine:
 - **Serious: 9,110** reported
91,100 - 911,000 estimated actual
 - **Life threatening: 1,330** reported
13300 - 133,000 estimated actual
 - **Deaths: 459** reported
4,590- 45,900 estimated actual

Estimated average annual damage from all vaccines (estimated actual based on 1% to 10% reporting rate):

- **2,730 - 27,300 deaths**
- **31,868 - 318,680** serious reactions.

With approximately 300 million vaccines per year, that is **between 1 in 1,000 and 1 in 10,000**.

Vaccine Court claims and compensation⁶³ since its inception in 1989:

- **6,305 injury and death claims compensated**
- **2,751 claims paid for flu shot injuries**
- **\$4.03 billion paid out for injuries** (since 1990)

⁶⁰<https://medalerts.org>; <https://vaers.hhs.gov/data.html>

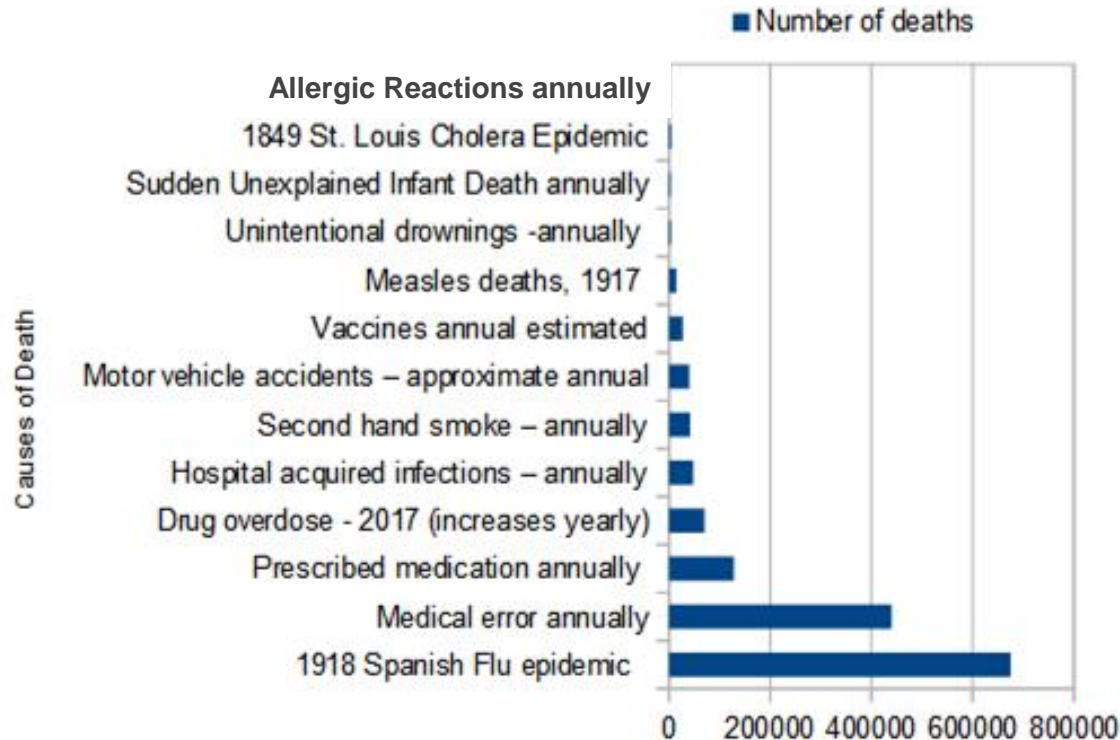
⁶¹<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>, p6

⁶²<https://web.archive.org/web/20120523060751/http://www.know-vaccines.org/PDF/VaricellaVAERS.pdf>

⁶³<https://www.fairwarning.org/2018/12/vaccine-court-pays-billions/>

How do we die?

A graphic picture of the various causes of death - past and present.



My question - What is the true risk of death from measles?

- The **Measles Vaccine** was introduced in **1963**.
- So I figured, let's look at the average number of US measles deaths for the five years prior to try to get a sense of the potential benefit from the vaccine.
- Note that deaths from 3rd world countries are used to inflate the perception of risk. But those countries have sewage in drinking water, malnutrition, and high death rates in general. And unreliable medical reporting. We must determine US health policy based on US data which is more accurate and relevant.
- I figured it was at least 10,000 per year before the vaccine was invented.

What would *you* guess?

You can turn to the next slide after you guess.

Here's what I found⁶²:

Average number of US measles deaths annually
in the five years prior to the introduction of the
measles vaccine

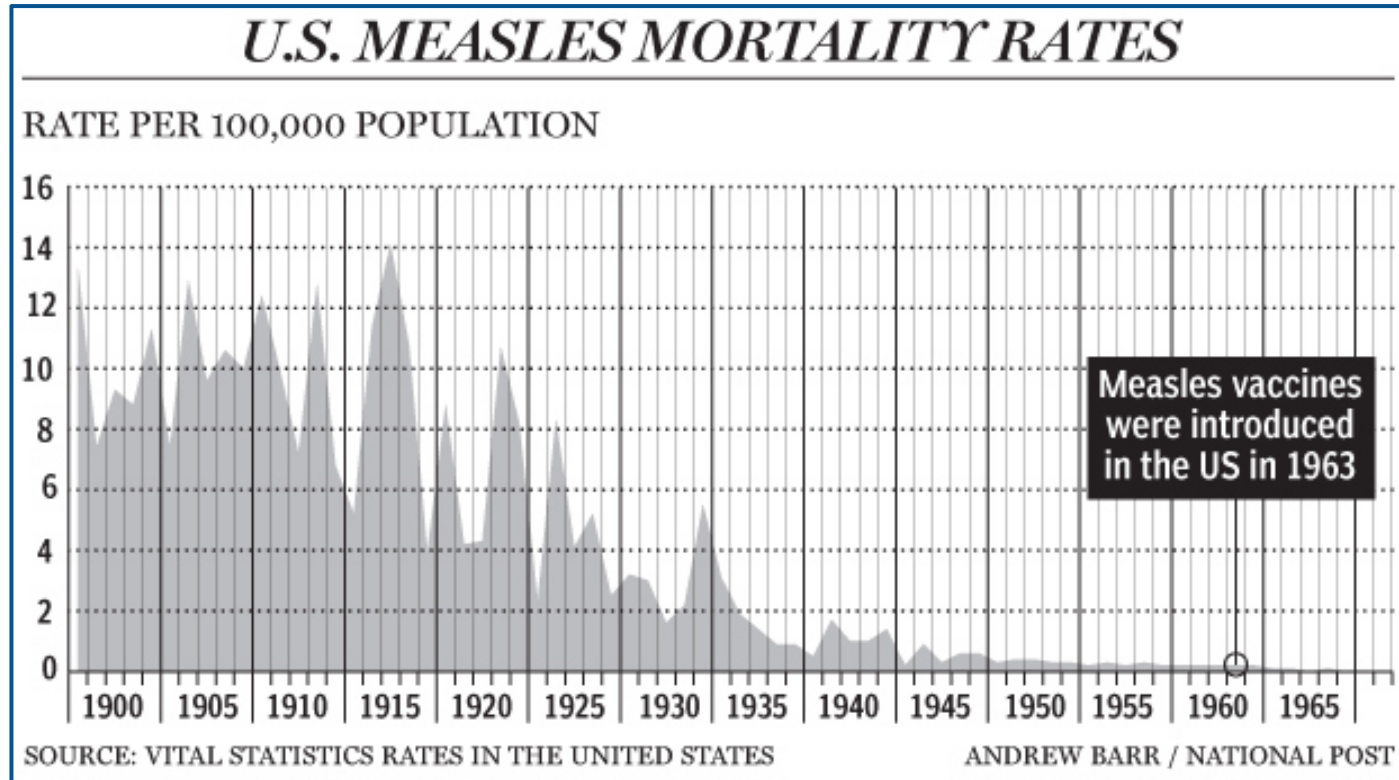
432

That is 1 in 500,000*

* Out of a population of about 200 million at the time. Considering that the entire population is vaccinated and the risk is based on total population, and apples-to-apples comparison should compare risk of measles death from the entire population

⁶²<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056803.htm>

Here's an historical look - measles death had declined by 98% BEFORE the vaccine was introduced



Yes. Mortality rates decreased 98% BEFORE the vaccine.

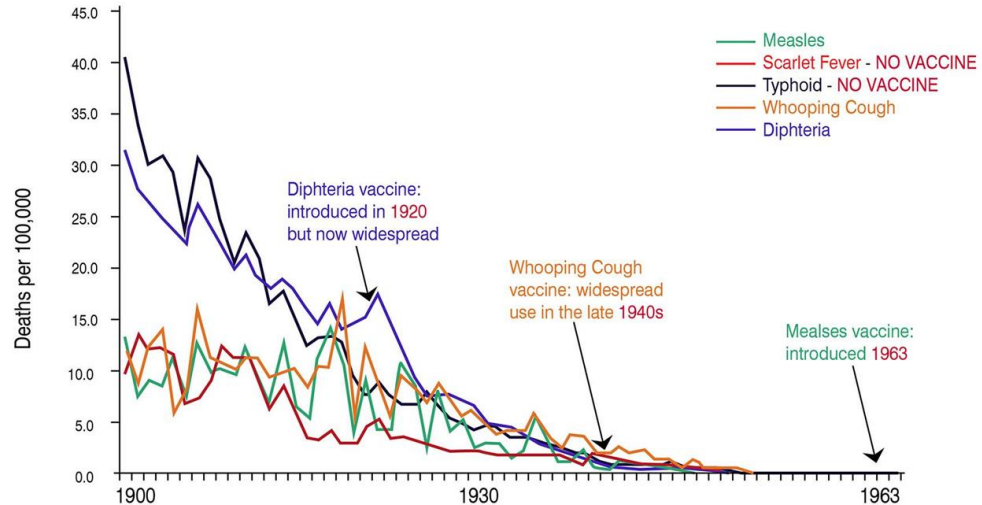
- This chart⁶³ really changed my perspective.
- Turns out that **improvements in sanitation get most of the credit.**
- There were never vaccines for **Scarlet Fever** or **Typhoid**, yet there are now so few cases that the CDC no longer tracks them.
- See [Vaccines: A peek beneath the hood](#) for more information.⁶⁴

⁶³https://childhealthsafety.wordpress.com/graphs/#Meas_ScarlFev_etc

⁶⁴https://learningnm.com/SBS/documents/Vaccines_Peek_beneath_the_hood.pdf

United States: Disease Mortality Rates

References: Vital Statistics of the United States 1937, 1938, 1943, 1944, 1949, 1960, 1967, 1976, 1987, 1992;
Historical Statistics of the United States: Colonial Times to 1970 part 1



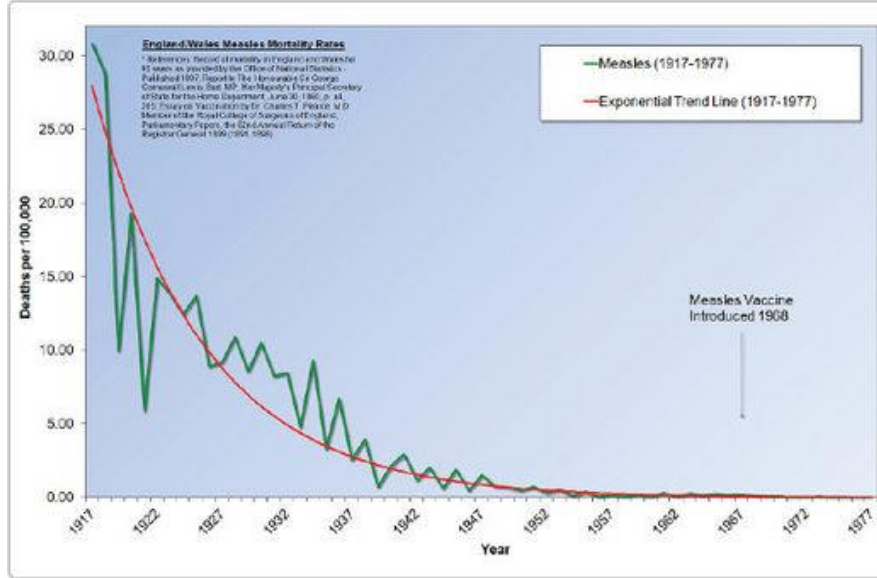
Despite common belief, infectious disease deaths **DECREASED 85 - 90% BEFORE VACCINES** were introduced in the U.S.

Diseases **WITHOUT VACCINES** - including Scarlet Fever, Tuberculosis, Cholera and Typhoid - followed the **SAME** trend.

*Trends in the Health of Americans during the 20th Century. Pediatrics

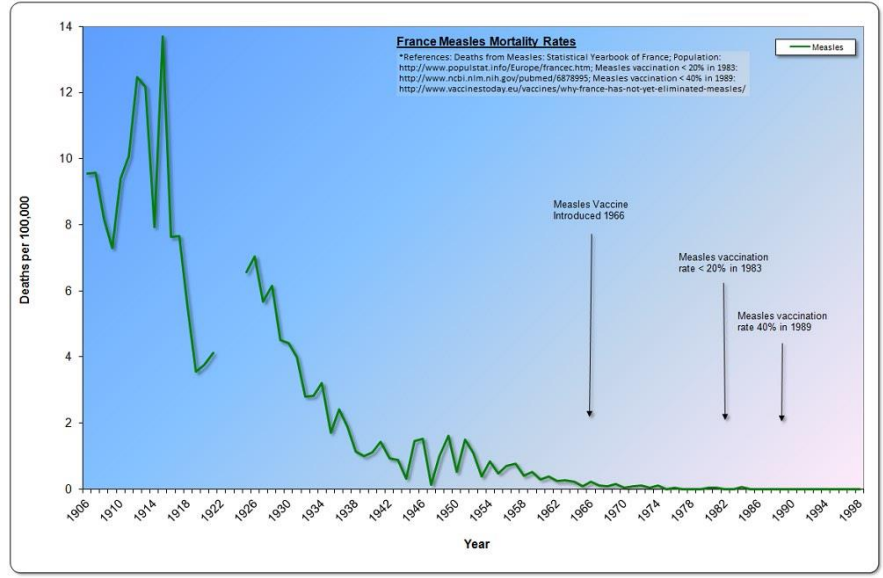
LearnTheRisk.org/diseases

Measles deaths in other countries BEFORE the Vaccine!



In England and Wales (above left) measles deaths in the five years before the vaccine was introduced in 1968, hovered around 100 +/- with a high of 127 & low of 73.

For information on UK measles notifications and deaths see:
<https://www.gov.uk/government/publications/measles-deaths-by-age-group-from-1980-to-2013-ons-data/measles-notifications-and-deaths-in-england-and-wales-1940-to-2013>

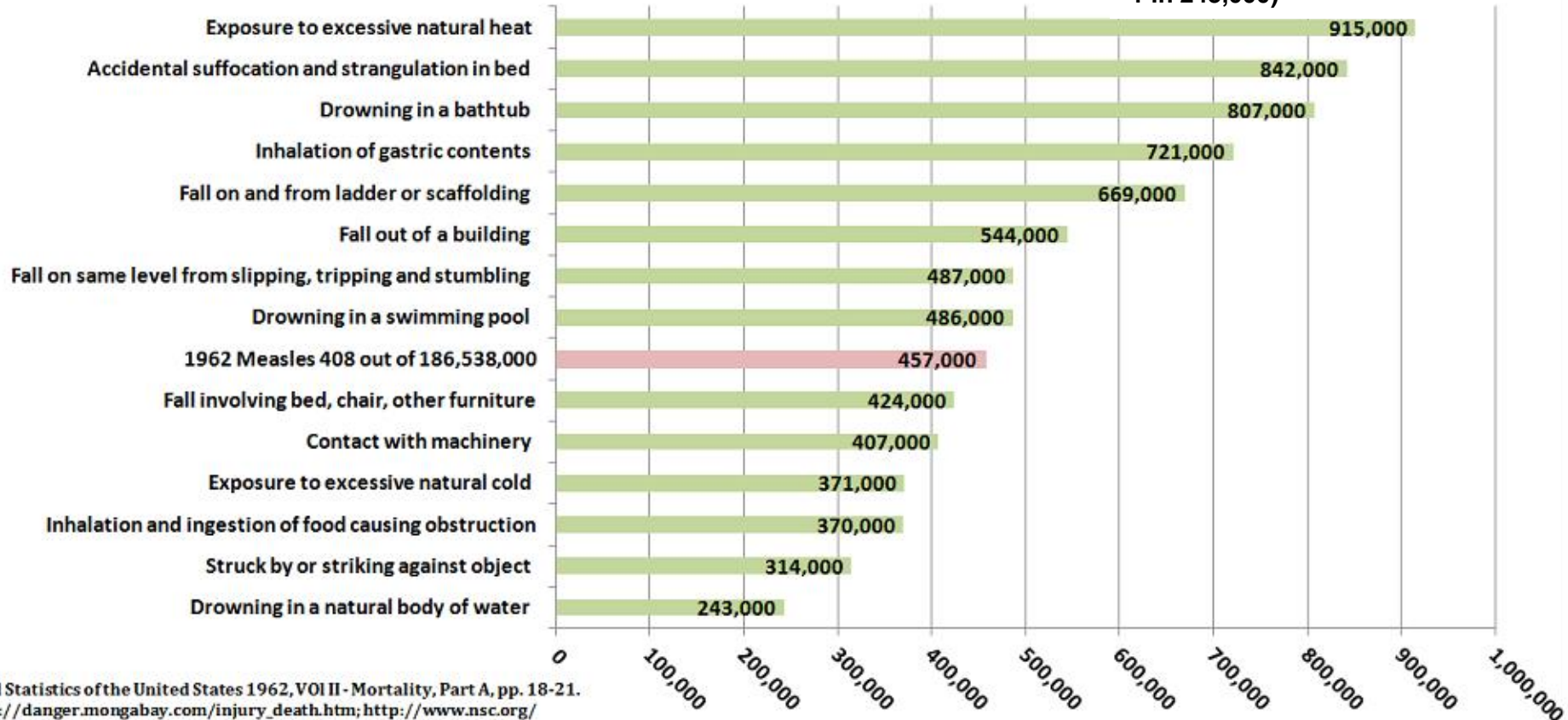


In France (above right) the vaccine was introduced in 1966. With a vaccination rate under 20% in 1983 the death rate was 0.56/million; with a vaccination rate of 40% 1989 the death rate was 1 in 19 million

UK and France graphs and data: <http://vaxinfostarthere.com/did-vaccines-save-us/>
<https://www.sott.net/article/409373-Measles-The-New-Red-Scare-Fear-as-a-pretext-for-infringing-on-individual-rights>

Risk of death from a cause in 2000 vs risk of death from measles in 1962

Odds of dying from a cause in the year 2000 and from measles in 1962 (For instance: Drowning 1 in 243,000)



I also found evidence of potential measles health benefits

- **Provides Lifelong immunity** ⁶⁵

- Before a vaccine was available, infection with measles virus was nearly universal during childhood, and more than 90% of persons had lifelong immunity by 15 years of age.
- Mothers could transfer measles antibodies to their babies, protecting them during the critical months of life.⁶⁶

The MMR vaccine, does not provide robust or lifelong immunity to measles. At best, immunity only lasts several years, and successively less effective booster shots are required. Today, adults and infants are contracting measles, at ages when it is significantly more dangerous.⁶⁷

- **Helps children develop a strong and mature immune system**

- Measles (and other childhood illnesses) stimulate both the Th1 and Th2 components of the immune system.
- Th1 cells thwart cancer. If it does not get fully developed in childhood a person may be more cancer prone.
- When the Th1 and Th2 components are in balance, individuals are less likely to have asthma, allergies, and autoimmune diseases.

The MMR vaccine (like most vaccines) stimulates predominately the Th2 side.⁶⁸

- **Studies show disease protection from the MMR vaccine**

- Women who had mumps during childhood have lower incidences of ovarian cancer ⁶⁹
- Other studies show benefits including cancer protection⁷⁰, heart protection⁷¹, and more⁷².

⁶⁵ <https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html>

⁶⁵ <https://www.lewrockwell.com/2015/02/donald-w-miller-jr-md/more-dangerous-than-measles/>

⁶⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

⁶⁸ see note ⁶⁶

⁶⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951028/>

⁷⁰ <https://icandecide.org/white-papers/Publications-Regarding-Vaccine-Safety.pdf> p3

⁷¹ <https://www.ncbi.nlm.nih.gov/pubmed/26122188>

⁷² <http://www.greenmedinfo.com/keyword/health-benefits-measles-infection>

Are measles deaths as high as 1 out of 1000 like the CDC says?

According to the CDC in their measles data slide presentation (a), see figure top right (slide 4), **of the 3 to 4 million cases of measles prior to 1963** when the measles vaccine was put into use, **only 500,000 cases were serious enough to be reported** and 400 to 500 deaths. This means that the actual incidence of measles morbidity and mortality was approximately:

- Hospitalization - 1 per 73 cases
- Encephalitis - 1 per 3,500 cases
- Deaths - 1 per 8,000 cases

However, in another slide (slide 7), see figure bottom right, the CDC states that morbidity and mortality was::

- Hospitalization - 1 per 4 cases
- Encephalitis - 1 per 1,000
- Deaths - 1-2 per 1,000 cases

Considering the actual figures given in the top slide, these higher figures as cited in the slide below can only be true if you forget about the 2.5 - 3.5 million cases not serious enough to be reported to the CDC.

And yet, we quoted still another CDC figure earlier - an [average of 432 deaths](https://www.cdc.gov/measles/downloads/measlesdataandstatsslideset.pdf) before vaccination (cont.)

(a) <https://www.cdc.gov/measles/downloads/measlesdataandstatsslideset.pdf>

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)
 - 450 to 500 deaths

Rates of Measles Severity and Complications in the U.S.*

Hospitalization	1 out of 4 cases
Encephalitis (inflammation of the brain)	1 per 1,000 cases
Death	1-2 per 1,000 cases

Are measles deaths as high as 1 out of 1000 like the CDC says? cont.

(cont.)

This comes from another CDC publication, [Achievements in Public Health, 1900-1999 Impact of Vaccines Universally Recommended for Children -- United States, 1990-1998](#) (b) (see quoted text above right) where they reported an average of 432 cases of measles prior to vaccination. That means that some years had even fewer than 432 cases.

Notice their assertion that incidence of and deaths from measles only started declining after 1965 and then look at the graphs at the bottom right, from 1912 - 1959, which show the cyclical nature of measles outbreaks with a little over 200 reported cases in 1959.

Also notice the precipitous 98% decline in measles deaths from 1912 - 1959 with a drop from about 13 cases to 0.2 cases per 100,000. (See previous graphs [here](#) and [here](#) for data past 1959 for measles and other infectious diseases.)

So, is the CDC assertion that measles kills one out of every thousand individuals who contract measles accurate or are they misrepresenting (lying about) the statistics?

(b) <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056803.htm>

"Measles vaccine was licensed in the United States in 1963. During 1958-1962, an average of 503,282 measles cases and 432 measles-associated deaths were reported each year (9-11). Measles incidence and deaths began to decline in 1965 and continued a 33-year downward trend."

[Achievements in Public Health](#)

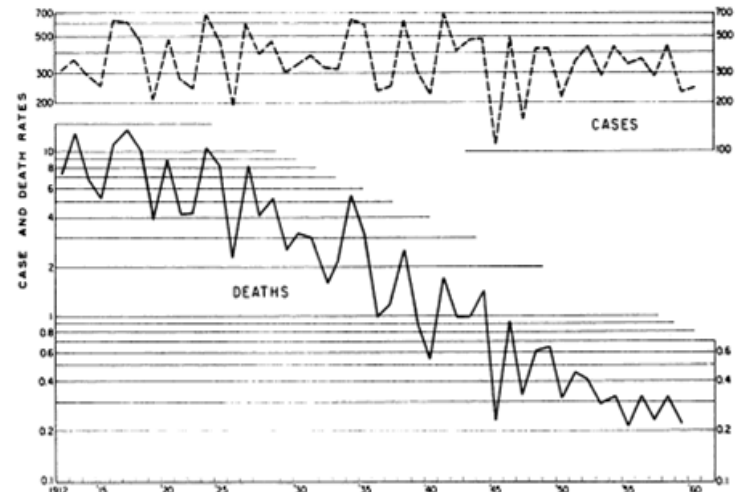


Figure 1—United States Measles Reported Cases and Deaths per 100,000 Population, 1912-1959
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/?page=2>

I wanted to figure out what the measles death rate would be today if there had been no vaccine.

While we can't know for sure, the data does show that:

- **Without any vaccine, Scarlet Fever and Typhoid deaths in the US went down to almost zero.**⁷³
 - Reductions in those deaths were tracked along with reductions in measles deaths.
- **Before the vaccine, Measles deaths in England and Wales went down to almost zero.**
- **Before the vaccine, Measles deaths in France had gone down about 98% and to almost zero even while a large majority of the population had never been vaccinated.**
- **In the United States:**
 - Even with the relatively low vaccination rates in the years following 1963, the chart showed that measles death rate was reduced to under 100 per year and steadily decreased toward zero.
 - Since 2004: The number of deaths from measles is somewhere between 3 and 8; there have only been two official deaths from measles since 2003.⁷⁴
 - Those deaths were really related to other causes.⁷⁵
 - Since 2004: The number of MMR/MMRV vaccine deaths reported to VAERS is 143.⁷⁶

⁷³<http://www.vaclib.org/sites/debate/Vaccines.html>

⁷⁴<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/E/reported-cases.pdf>

⁷⁵Coming Appendix

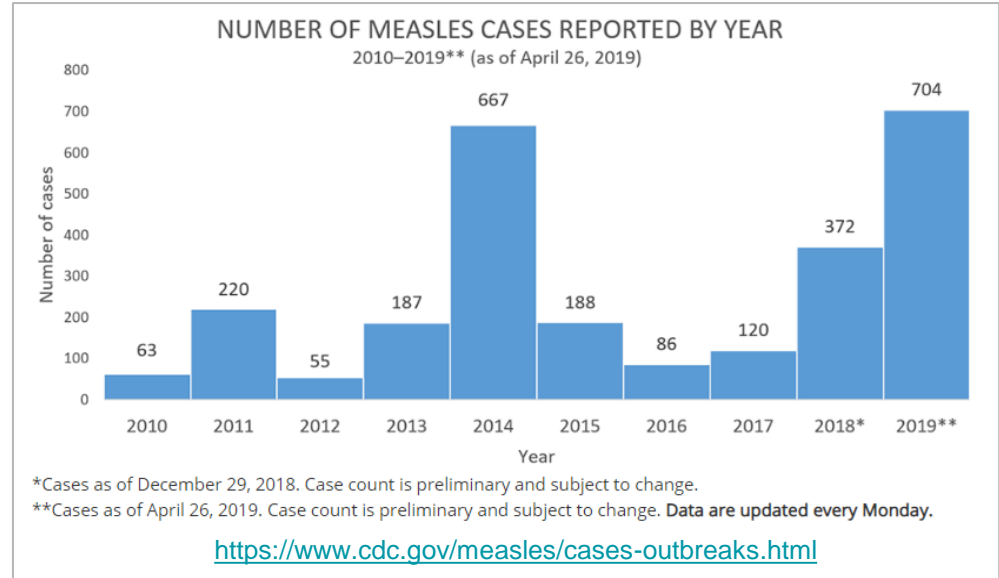
⁷⁶<https://medalerts.org/vaersdb/index.php>

Why are there more measles cases in recent years?

The graph at the right shows that the number of 2019 measles cases has already surpassed those of the previous 10 years. (Measles cases have always increased and declined in a cyclical pattern.)

I discovered several plausible reasons that may account for the not unexpected resurgence of measles.

- Shedding and transmission of vaccine strain measles virus ([See Appendix U](#))
- A resurgence of measles was predicted by Drs. Heffernan and Keeling in 2009. This would be a consequence of waning vaccine immunity and absence of circulating infection due to high vaccination rates; circulating infection used to provide natural, asymptomatic boosters (a).
- Dr. Gary Poland, editor of the journal *Vaccine*, in 2012 called measles a disease of the vaccinated, citing primary and secondary vaccine failure in between 2-10% of all vaccinees, along with waning immunity, to be factors influencing the resurgence of measles among highly vaccinated populations (b).
- Dr. David. L. Levy's computer model (1984) predicted an increase in the percentage of people susceptible to measles in the US, so that by 2050, despite an initial downturn from 1978 through 1981,



the percentage of the population susceptible to measles (mostly children below the age of 10 prior to vaccination) will have surpassed that of the pre-vaccine era and will be evenly spread across the entire population. The number of susceptibles started increasing annually after 1981. This is without even considering waning immunity (c).

- (a) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677258/>
- (b) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>
- (c) <https://www.ncbi.nlm.nih.gov/pubmed/6741921>

So, what *is* the real current risk of measles?

We don't really know what would happen if EVERYONE stopped receiving the vaccine.
Perhaps there would be some deaths; perhaps not.

But we DO know the risk with current US state child vaccination rates of between 88 - 97.6%.⁷⁷
(New York's rate is 92.5% and New Jersey's is 89% and remember that the immunization rate was less than 40% when deaths went down to near zero in France.)

With 8 deaths in the past 16 years⁷⁸
that risk is about 1 in 600 million or, for all practical purposes, **zero**.
(This can be reduced even further with the use of vitamin A.⁷⁹)

Considering the many ways people can die, measles^{80,81} may be the least of our concerns.
With all the outbreaks over the past years, practically no one in the US died or was left with any lifelong injury⁸².

⁷⁷<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Across-America.aspx>

⁷⁸<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/E/reported-cases.pdf>

⁷⁹<https://www.nejm.org/doi/full/10.1056/NEJM199007193230304>

⁸⁰For a humorous but eye-opening look at [Measles, Back In The Days Before The Marketing Of The Vaccine](https://www.youtube.com/watch?v=mDb0ZS3vB9g&feature=youtu.be)
<https://www.youtube.com/watch?v=mDb0ZS3vB9g&feature=youtu.be>

⁸¹Coming - Appendix for potential injuries caused by measles.

⁸²Coming - Appendix for details. In Jerusalem, the baby who had died had already recovered from measles; she had Down's Syndrome and a pre-existing heart condition.

Here's the final economist's verdict

- While there is a very real risk of serious injury or death from vaccines, the percent of risk is not clear.
- However there are, reportedly, hundreds of people in our community who claim their previously healthy child was injured immediately by vaccination.
- And at the current rate of vaccination the **risk of death from measles is about 1 in 600 million**. Considering the data from England, Wales, and France, even with much lower vaccination rates of 20% - 40%, and even with no vaccination at all, the death rate from measles is unlikely to be greater than 1 out of 2 million.
- So there does not seem to be a compelling need for any new mandates such as denying religious exemptions or forcing kids out of school and public spaces. Even states with existing exemptions have about 90+% child vaccination rates - more than enough, as we have seen, to keep deaths at 1 in 600 million.

Conclusion: So is all the hype and destruction worth it?

Irrational FEAR is driving an emotional reaction that is not backed by the scientific facts. Vested interests marketing hype to blame “anti-vaxxers” for disease in order to get that last 10% of the market is not science.

Thousands of parents are being forced to have their children undergo a medical procedure their preferred doctors believe is harmful to them. They have to hide their viewpoints and meet in secret in order to avoid being denigrated and ostracized by our community. As you can see, rational people have concerns and they are not going away. In fact they are growing. Do we want to drive 10% - 20% of our community to have their own schools, their own shuls, make shidduchim only internally? Is this what H' wants of us?

The obvious solution is do what has worked perfectly well for over 20 years:

If there is an outbreak in a particular school, unvaccinated kids could stay home until the outbreak has passed. Otherwise, let everyone follow their own medical expert and respect individual choices.

And we need to fight any law to reduce our religious rights. Or that will come back to haunt us.

Please share this with anyone who is concerned about the growing Machlokes and wants to encourage Shalom within our community.

Feedback and corrections are encouraged.

Critical Update as of 4/9/19

The World Health Organization initiated a massive MMR immunization campaign in Ukraine in 2017 to bring the vaccination rate up from 31% (with few cases of measles or deaths) to 95%. As the campaign rolled out, the incidence of measles began to increase dramatically.

My greatest concern right now are the implications that the Ukraine immunization campaign has for our community. Because of the massive number of vaccinations that have been given to children and adults it is possible that a vaccine-strain outbreak, not a wild-type measles outbreak, will occur which can apparently cause more cases of measles and possibly major health issues and even, ch"v, death.

Naturally, if someone is hospitalized or ch"v dies or, the world will go crazy and attack vaccine skeptics and people who don't vaccinate. Everyone will jump on the bandwagon to pass laws forcing them to vaccinate. This can, of course, make things worse.

If this should happen there are three things we must find out first - and do it BEFORE PANICKING:

1. Did sick kids get vaccinated recently?
2. Did they ever get vaccinated?
3. Are all the cases of measles lab-confirmed and do the lab results show wild-type or vaccine-strain measles?

Please see [Appendix U](#) for more information about the Ukraine measles epidemic.

End of Main Presentation - Next Steps

The remainder of this presentation are Appendices that provide backup and additional information. Some of this information is crucial to understanding the scope of the issue and worth reading if you are interested in the subject.

If you read nothing else, please read [Appendix O - Religious Exemption - Do you really want to give that up?](#) Even if you believe everyone should get the measles vaccine, not all vaccines are equal and there are 300 in the pipeline.

If you have experienced a vaccine injury within 24-48 hours of getting a vaccine, or if you have evidence that the injury was caused by a vaccine, please email rodef.shalom.613@gmail.com or leave a detailed message at (414) 751-0001 so we can share this information with the community.

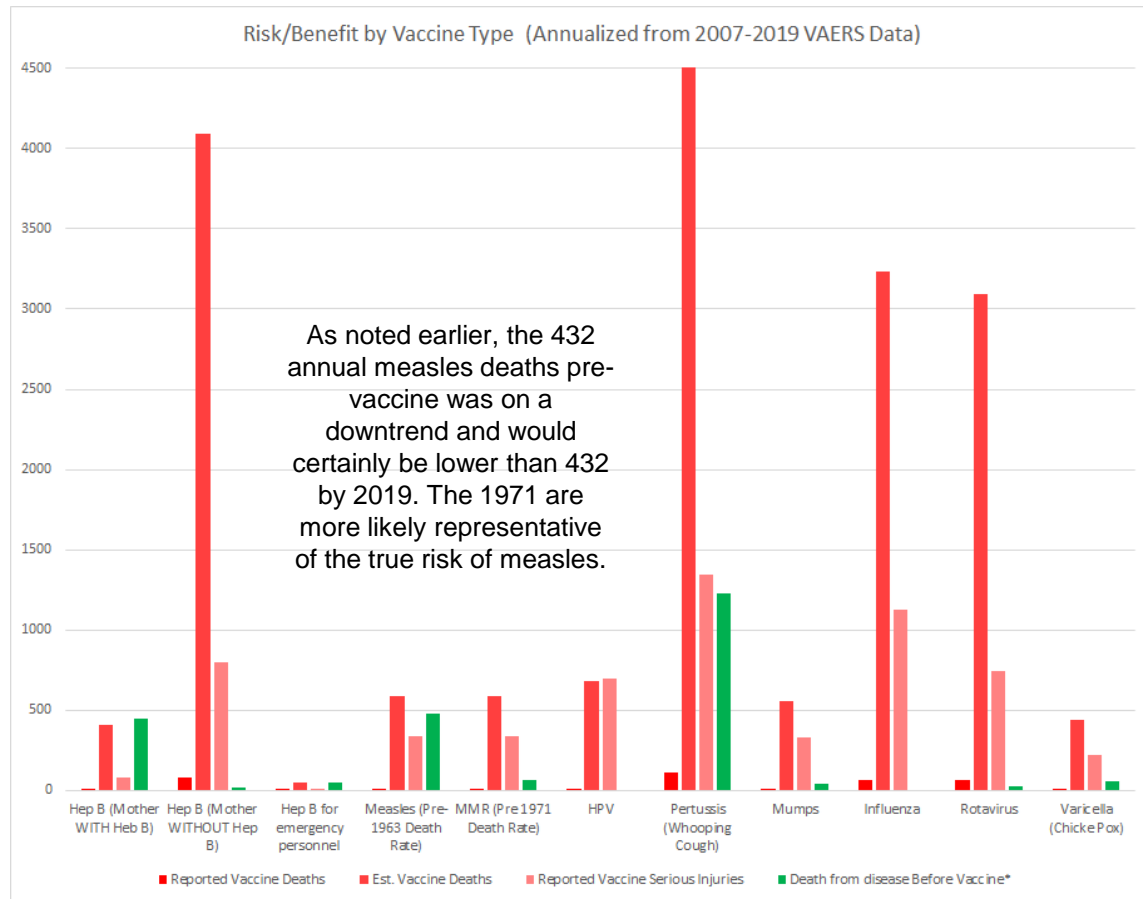
To join the conversation about how we can increase Shalom and tolerance back into our discourse, please visit: www.rodefshalom613.org

Comparison of risks between different vaccines

- Death and Severe Injury numbers annualized average for the 11 years actual reported to VAERS from 2007 to 4/10/19. (Note that actual injuries may be significantly higher as reporting is recognized to be from <1%** - 10% of the total injuries; this would make the risk up to 100 times higher than listed here). Estimate Deaths use 50 times higher (between 10% and 100%)
- “Death before vaccine” numbers are the annual deaths in the few years prior to the vaccine or numbers the CDC estimates are saved annually.
- This is a preliminary analysis and has not been fully vetted. I am seeking people interested in helping to analyze these numbers to improve its accuracy. Please email me to collaborate.
- The vaccines changed during the 11-year period and the data is complex with mixing of vaccines; please keep this mind as the data does not reflect that.

* “Hep B (Mother WITH Hep B)” are not death rate but rather CDC estimated annualized number of children with lifelong illness from Hep B.

** <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>



Information for informed decision about vaccines

- **The HPV vaccine** protects against several different strains of Human Papilloma Virus, a sexually transmitted disease implicated in some cervical cancers. **STDs are not a major concern in the Orthodox Jewish community (although possibly more than understood) and it has been long known that cervical cancer risk is very low for Jewish women** (<http://www.cirp.org/library/disease/cancer/menczer1/> and even more rare for women who keep family purity laws. Furthermore, cervical cancer can be prevented by annual pap smears (the US death rate is 0.00002) <https://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm>). Although most cervical cancers are diagnosed in mid-life and the duration of vaccine immunity is not known, the vaccine is recommended for girls (and boys) as young as 9 years old. (<https://www.merckvaccines.com/Products/Gardasil9>).
- **The Hepatitis B vaccine** is given to infants at birth. Hepatitis B is a bloodborne illness, usually acquired by drug addicts and prostitutes. Women are screened during pregnancy for Hepatitis B. **If the mother is a carrier then this is an important vaccine for the baby to get.** For adults, it is important for people who are in jobs or whose lifestyles would expose them to the virus.
- **The Rotavirus vaccine** is given to infants. While this virus causes death from dehydration in underdeveloped countries, **babies in the United States do not typically die from rotavirus.**
- **Vaccines for non-communicable diseases** - Tetanus, Hepatitis B, HPV
- **Vaccines which do not prevent transmission** - **acellular Pertussis** (pertussis variants (PRN-negative strains) currently circulating in the USA acquired a selective advantage to infect those who are up-to-date for their DTaP boosters) **Diphtheria, Influenza vaccine (Hib)** only covers one strain of influenza causing dominance to shift towards other strains, **IPV (inactivated poliovirus vaccine)**; Wild polio no longer exists in the US for at least 20 years. Should wild polio be introduced, the IPV will not stop transmission.
<https://www.sott.net/article/369426-Harvard-Immunologist-Unvaccinated-children-pose-ZERO-risk-to-anyone-and-heres-why>

Appendix A - Wakefield: Defended/Exonerated

- **John Walker-Smith** - insurance company paid his legal bills; fought the claims in 2012, was completely exonerated and regained his license.
- **Andrew Wakefield** - insurance company would not cover the legal bills; decided to focus his efforts on further research and education regarding vaccine safety.
- **Brian Deer. Sunday Times, BMJ (British Medical Journal)** - evidence of conflict of interest surfaces.
 - [James Murdoch is still supported by GlaxoSmithKline](#)
 - [BMJ & the Lancet wedded to Merck* CME \(Continuing Medical Information\) partnership](#)
- **The Lancet**, in an editorial, admits finding no research fraud in Wakefield study, essentially exonerating Wakefield of the original charges. The editors of the Lancet, after reviewing the allegations against the doctors and the responses by the senior doctors in the study concluded that allegations of research misconduct were unfounded but that funding disclosures should have been made regarding funding and parallel related work. (There was no allegation of falsification of data as discussed by the BMJ.) The paper was retracted based on those non-disclosures. See [A Statement by the Editors of the Lancet](#).
- Also see: [Who is Dr. Andrew Wakefield](#) by Mary Holland, J * Merck is one of the leading vaccine manufacturers and holds the only patent on the MMR vaccineD

Appendix B - Scientists and Doctors on Vaccine Harm

- **Hundreds of Medical Specialists/Researchers/Doctors speak about vaccine safety (see links)**
 - [Physicians for Informed Consent](#)
 - [American Association of Physicians and Surgeons \(AAPS\)](#)
 - [Nurses Against Mandatory Vaccines](#)
 - [Children's Medical Safety Research Institute](#) (CMSRI)
 - [Dr. Yehuda Shoenfeld](#), world renowned Israeli immunologist, Tel Aviv University
 - [Dr. Suzanne Humphries](#), nephrologist (kidney specialist)
 - [Dr. Toni Bark](#), expert witness in trials to prevent forced vaccination
 - [Dr. Boyd Haley](#) PhD, Emeritus Professor of Chemistry/Biochemistry, Markey Cancer Center, Univ. of Kentucky
 - [Dr. Bernadine Healy](#), former director, National Institute of Health and former president, American Red Cross
 - [Doctors speak out against vaccines](#), [Doctors speak out about H1N1 \[and other\] vaccine dangers](#), [Doctors Who Don't Vaccinate](#), [Medical Doctors and PhD Scientists Speak Out Against Vaccinations](#), [Vaccine Injury Info.](#), [Doctors speaking about vaccines](#), [Tetyana Obukhanych Ph.D Immunologist](#), and many, many more
- **Documentaries with hundreds of health professionals warning about vaccine dangers**
[Vaccination – The Silent Epidemic](#), [The Greater Good](#), [Shots In The Dark](#), [Trace Amounts](#), [Beyond Treason](#), [Denmark Documentary on HPV Vaccine](#), [Vaccination The Hidden Truth](#), and [more](#)

Over 300 videos and documentaries about parents talking about their children's lifelong vaccine injuries and deaths

- Including [Eleina, mom of Basya Rivka, A"H*](#), [Hear This Well Parents Speak Out](#), [Vaxxed](#).

* I personally confirmed this story of a frum 15-year old who the doctor admitted died as a result of the vaccine with the person who took this video

Appendix B (cont.) Scientists and doctors on vaccine harm

One of the [many doctors](#) who has been vocal about the problems with the way vaccines are tested and approved for use is Israeli [Dr. Gil Shahar](#).

While not ideologically opposed to vaccines, he is aware that there are risks, risks that the public has a right to know about and for which they should legally be able to give informed consent. Vaccines, he says, are a medical procedure just like amniocentesis, tonsillectomies, and such. Informed consent means that you are not only told the benefits but also all of the risks, including those of all the individual ingredients in the vaccine and have the right to accept or decline vaccinations.

Unfortunately, in Israel [and the US] there is no informed consent when it comes to vaccines. Here are some of the facts about vaccines he believes the public needs to know about vaccines but which is being withheld from them:

1. Each vaccine, besides the antigen, the virus / bacterium, or parts of it, also has preservatives, and some of them contain adjuvants to stimulate the immune response. These materials can be formaldehyde, aluminum, DNA and other fragments of aborted human embryos, and more. Some of these substances are defined by the world's health authorities as **carcinogenic substances or substances which can damage the nervous system**.
2. The vaccination program in Israel (and in the rest of the Western world) has never been examined in any controlled clinical trial compared with an inert placebo, nor have the various combinations of vaccines that are routinely administered at the same visit.
3. **(You will find it hard to believe it, but it is true!)** None of the vaccines targeting children 0-2 years currently available in Israel has undergone random, double-blind, controlled clinical trials comparing it to a real placebo.

Find out more about what Dr. Shahar has to say and **his challenge to the medical community** [here](#)

Appendix C - Literature about Vaccine Harm

- **[A new medical textbook \(published 2019\) - Vaccines and Autoimmunity](#)**, Prof. Yehuda Shoenfeld, MD, FRCP, et. al., ed.
 - The work of leading researchers from 14 countries showing how vaccine adjuvants cause autoimmune manifestations in genetically prone individuals.
- **Hundreds of studies about the harm vaccines cause**
 - [Learn the Risk](#) (a website founded by a former pharmaceutical rep.)
 - [Vaccine Papers, 50 Studies the AAP Avoided to Mention](#)
 - [157 Research Papers Supporting the Vaccine/Autism Link](#)
 - [MedScience Research](#)
- **CDC/WHO Studies are inadequate and flawed (or worse)**
 - [Explanation of flaws in proof meta-analysis of 10 studies claiming no link between vaccines & autism](#)
 - [Fallacies in Vaccine Studies](#)
 - [Detailed review demonstrating serious methodological limitations, design flaws, conflicts of interest or other problems related to each of the 16 studies used to claim no link between vaccines & Autism](#)
 - [Is the CDC focused on vaccine safety? New evidence that there's a cover up](#)
 - [WHO using bad science to inflate measles death rate](#)
- **Increased death rates amongst children who had received the DTP vaccine**
- **Department of Health & Human Services failed to submit vaccine safety reports for 30 years**

Appendix D - Ingredients in Vaccines

These are some of the ingredients in vaccines.

Live weakened viruses, killed bacteria, aluminum, mercury, formaldehyde, phenol, sodium borate, Polysorbate 80, Triton x-100, hydrocortisone, sugar, yeast, milk and egg protein, virus like protein particles, MSG, gelatin, squalene, antibiotics, calf serum, and human [from aborted fetal cells], animal and insect DNA. [Are vaccine ingredients safe?](#)

Scientists identify associations between vaccine ingredients/contaminants with the widespread increase in children's chronic illnesses, including:

- **Aluminum** - [Dr. Chris Exley](#), [Dr. Chris Shaw](#), [Dr. Stephanie Seneff](#) and others.
 - Brains of autistic children found to have inordinately high levels of aluminum (a neurotoxin)
- **Human DNA from the cell lines of aborted fetuses** - [Dr. Teresa Deisher](#) and others
 - Association between introduction of aborted fetal DNA fragments into MMR, Chickenpox, and other vaccines, [Fetal DNA in Vaccines](#), [Spontaneous Integration of Human DNA Fragments into Host Genome](#) with increases in [leukemia and lymphomas](#), [gender dysphoria](#), and [autism](#).
- **Retroviruses** - [Judy Mikovitz, PhD](#), [Dr. Theresa Deisher](#), and others
 - Human and animal retroviruses are known to cause cancer. Retroviruses are in vaccines [here](#), [here](#) and [here](#).
- **Vaccine injuries and genetic changes in response to vaccination** - [Dr. Howard B. Urnovitz](#)
 - Health consequences of exposing individuals to both toxic and foreign biologic materials, particularly multiple bacterial and live virus vaccines.
- **Unknown and unexpected Ingredients found in vaccines** - New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination - , <https://medcraveonline.com/IJVV/IJVV-04-00072.php>

Appendix E - What about Herd Immunity?

Another claim by those who want vaccinations mandated is that families that don't vaccinate are being irresponsible by relying on others to protect their children.

The obvious question is: if your child is vaccinated, what are you worried about?

So the first answer attempted is that we need to protect the immunocompromised, those kids who have cancer and who can't get the vaccine (the number of immunocompromised children in any one school is probably between 0 and 2 so this seems to be an exaggerated concern).

But ultimately the answer given is that there is a failure rate for each vaccine; and we need to protect them. The failure rate varies by vaccine type. The flu typically has a 50% - 80% failure rate; sometime higher. The [Mumps portion of the MMR is as high as 85% failure rate](#). Measles is claimed to have a 2-10% failure rate. And we need to protect those for whom the vaccine failed.

My question is, if this is a matter of Pikuach Nefesh, why don't we test all children for antibodies, and kick out those for whom the vaccine did not work? And please don't try to tell me that they did their Hishtadlus, after all, Lo Sa'amod Al Dam Re'acha! They are a danger to the other kids.

And if those children are OK to stay (up to 50% for the flu vaccine), what would be so terrible about the 10-20% that don't want to vaccinate staying as well?

Appendix E (Cont.) - What about Herd Immunity?

But consider something else: There are reasonably high rates of primary and secondary vaccine failures, vaccine shedding (freshly vaccinated children spreading the virus for a few weeks after they get the vaccine (if anyone should stay home, it is kids who were recently vaccinated), waning vaccine immunity, and outbreaks occurring in highly vaccinated populations. And there are also vaccines that mitigate symptoms but do not prevent colonization and unwitting transmission. These are acknowledged by vaccine proponents and the CDC. Links below are for multiple studies.

[Herd Immunity and Compulsory Childhood Vaccination: Does the Theory Justify the Law?](#)

[What Is Vaccine Failure?](#)

[What Is Wrong with Pertussis Vaccine Immunity? The Problem of Waning Effectiveness of Pertussis Vaccines](#)

[The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?](#)

[Sibling Transmission of Vaccine-Derived Rotavirus \(RotaTeq\)](#)

[You will never look at vaccinated children the same!- Shedding Viruses](#)

[Measles Outbreak in a Highly Vaccinated Population — Israel, July–August 2017](#)

[Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel](#)

[Mumps in a highly vaccinated Marshallese community in Arkansas, USA: an outbreak report](#)

[A Measles Epidemic Threshold in a Highly Vaccinated Population](#)

[Harvard Immunologist: Unvaccinated Children Pose Zero Risk to Anyone](#)

[Letters for hearing of commissioners of the IRRC.](#)

[Why Mumps And Measles Can Spread Even When We're Vaccinated](#)

[Mumps outbreaks are spiking — and raising questions about vaccine effectiveness](#)

[Vaccine Safety PowerPoint](#)

Appendix F - But they can't ALL be lying, can they?

The following describe the corruption and abuse that has long been part of the medical and scientific research community in the United States at the highest levels. These are the same agencies and companies that develop, mandate, promote, and regulate vaccines.

- **Tuskegee syphilis experiment** - U.S. Public Health Service (oversees CDC and NIH) - The study recruited 600 black men, of which 399 were diagnosed with syphilis and 201 were a control group without the disease. The researchers never obtained informed consent from the men and never told the men with syphilis that they were not being treated [penicillin was the cure] but were simply being watched until they died and their bodies examined for ravages of the disease. The study ended after 40 years only because it was leaked to the press and there was a public outcry.
- **Deadly Medicines and Organised Crime** (Book) - PRESCRIPTION DRUGS ARE THE THIRD LEADING CAUSE OF DEATH AFTER HEART DISEASE AND CANCER. Peter C Gotzsche (co-founder of the Cochrane Collaboration) exposes the pharmaceutical industries and their charade of fraudulent behaviour, both in research and marketing where the morally repugnant disregard for human lives is the norm. 7-minute video summary.
- **Golden Holocaust: Origins of the Cigarette Catastrophe and the Case for Abolition** (Book) Paints a harrowing picture of tobacco manufacturers conspiring to block the recognition of tobacco-cancer hazards, even as they ensnare legions of scientists and politicians in a web of denial.

Appendix F (cont.) But they can't ALL be lying, can they?

- [The Corruption of Evidence Based Medicine—Killing for Profit](#)
- [Richard Horton, editor in chief of The Lancet said this in 2015:](#)

“The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue”
- Dr. Relman and Dr. Angell, [former editor and editor-in-chief of the NEJM \(New England Journal of Medicine said this in 2002:](#)

“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. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful”
- [Julie Gerberding, former Head of the CDC, left the CDC to work for Merck](#)
- Detailed **articles exposing the corruption between the pharmaceutical companies and various governments** internationally: [Part 3](#) and [Part 4](#).

Appendix G - Is the CDC Lying? What do *you* make of this?

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Search

Vaccine Safety

Vaccine Safety > Common Concerns

Vaccine Safety

Vaccines +

Common Concerns -

Vaccines have not been shown to cause sudden infant death syndrome (SIDS).

[CDC: Vaccines and Sudden Infant Death Syndrome](#)

The committee reviewed epidemiologic evidence focusing on three outcomes: SIDS, all SUDI (sudden unexpected death in infancy), and neonatal death (infant death, whether sudden or not, during the first 4 weeks of life). Based on this review, the committee concluded that the evidence favors rejection of a causal relationship between some vaccines and SIDS; and that the evidence is inadequate to accept or reject a causal relationship between other vaccines and SIDS, SUDI, or neonatal death. The evidence regarding biological mechanisms is essentially theoretical, reflecting in large measure the lack of knowledge concerning the pathogenesis of SIDS.

The Institute of Medicine conducted this study and could not determine whether or not some vaccines did indeed cause SIDS.

[Infanrix vaccine package insert](#)

for INFANRIX since market introduction are listed below. This list includes serious events and events that **have a plausible causal connection to INFANRIX**. These adverse events were reported voluntarily from a population of uncertain size; therefore, it is not always possible to reliably estimate their frequency or establish a causal relationship to vaccination.

Cardiac Disorders

Cyanosis. **Means turning blue from lack of oxygen**

Respiratory, Thoracic, and Mediastinal Disorders

Apnea, cough.

Skin and Subcutaneous Tissue Disorders

Angioedema, erythema, pruritus, rash, urticaria.

General Disorders and Administration Site Conditions

Fatigue, injection site induration, injection site reaction, **Sudden Infant Death Syndrome.**

Is Death a “General Disorder”?

At left - excerpt from the summary: [Immunization Safety Review: Vaccinations and Sudden Unexpected Death in Infancy](#). For the full report [Immunization Safety Review](#)

Appendix G (cont.) Is the CDC lying?

Results of study titled [Safety Surveillance of Diphtheria and Tetanus Toxoids and Acellular Pertussis \(DTaP\) Vaccines](#). (To see the full report from which the below was taken: <https://pediatrics.aappublications.org/content/142/1/e20174171.long>)

Death Reports

In total, 844 deaths were reported to VAERS after receipt of DTaP vaccines. Death certificates, autopsy reports, or medical records were obtained for 725 (85.9%) reports (**Table 3**). Among these 725 reports, the most frequent cause of death (350 of 725; 48.3%) was sudden infant death syndrome (SIDS). Most SIDS cases (217 of 350; 62.0%) occurred among male infants; the predominant age group was infants <6 months of age (318 of 350; 90.9%).

Conclusions

In this assessment of the safety of DTaP vaccines (Infanrix, Daptacel, Kinrix, Pediarix, and Pentacel), we did not identify any new or unexpected safety issues. However, the presence of vaccination errors calls for measures to prevent their occurrence. CDC and FDA will continue to monitor AEs after DTaP vaccination in VAERS.

Please note that this study and the one above, showing that the IOM cannot determine if some vaccines do or do not cause SIDS, are the 5th and 1st **Related Scientific Articles** listed on the [CDC webpage](#) which states that: Vaccines have not been shown to cause Sudden Infant Death Syndrome. (see previous slide).

Does this mean that SIDS is an expected safety issue after DTaP vaccines? Note the [Infanrix Package Insert](#) image in the slide above.

Appendix H - How Profitable is the Vaccine Industry?

Merck 1Q net quadruples as cancer drug, vaccine sales soar

“... [Merck] posted higher sales for all its vaccines, particularly Gardasil...

Sales of key childhood vaccines, including one that prevents measles, jumped 27% to a total of \$496 million. Merck is the only U.S. supplier of the measles-mumps-rubella vaccine and has increased production amid the country's worst outbreak since measles was declared eradicated here in 2000.”

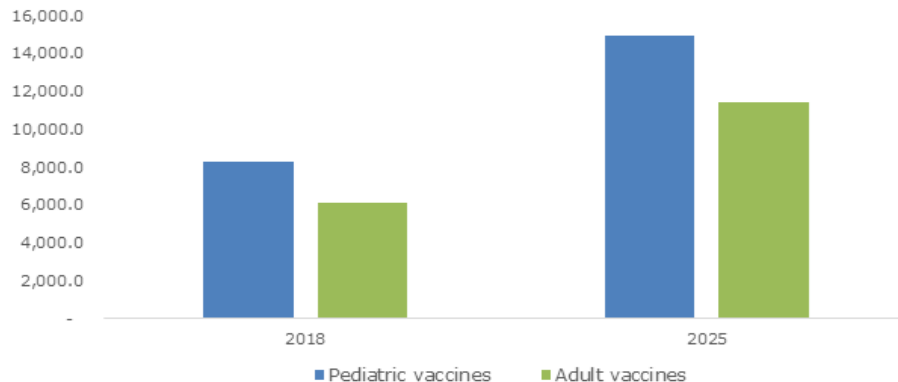
Global vaccine market revenues from 2014 to 2020 (in billion U.S. dollars)

“The global vaccine market is showing some escalating growth and it is expected that it will reach total revenues of nearly 60 billion U.S. dollars by 2020. That would be almost double the size the market had back in 2014.”

Industry Trends

Global Vaccines Market size was valued over USD 38.5 billion in 2018 and is expected to witness more than 9% CAGR from 2019 to 2025.

U.S. vaccines market size, by age group, 2018 & 2025 (USD Million)



“Paediatric segment accounted for more than 50% market share in 2018 and is forecast to witness substantial growth over the forecast years. Improved level of vaccine recommendation by CDC for monotonous immunization for children below 6 years will fuel the business growth...”

“U.S. accounted for more than 35% market share of global market in 2018. Growing initiatives by HHS to reduce infectious diseases by increasing immunization rates and immunization recommendations will fuel U.S. market growth. For instance, the Healthy People 2020 aims for immunization to prevent and treat infectious diseases.”

<https://www.gminsights.com/industry-analysis/vaccines-market>

App. H - How Profitable is the Vaccine Industry? cont.

The image at the left represents a tiny sample of the prices paid for vaccines by the CDC and by the private sector.

“... Contract prices are those for CDC vaccine contracts that are established for the purchase of vaccines by immunization programs that receive CDC immunization cooperative agreement funds (i.e., state health departments, certain large city immunization projects, and certain current and former U.S. territories) ... Private sector prices are those reported by vaccine manufacturers annually to CDC...”

The complete pediatric and adult price lists can be found at:

<https://www.cdc.gov/vaccines/programs/vf/c/awardees/vaccine-management/price-list/index.html>

Pediatric/VFC Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
DTaP [1]	Daptacel®	49281-0286-10	10 pack – 1 dose vial	\$18.071	\$30.84	03/31/2020	Sanofi Pasteur	75D30119D04516
DTaP [1]	Infanrix®	58160-0810-11	10 pack – 1 dose vial	\$18.67	\$24.71	03/31/2020	GlaxoSmithKline	75D30119D04509
		58160-0810-52	10 pack – 1 dose syringe	\$18.67	\$24.71			
DTaP-IPV [2]	Quadracel™	49281-0562-10	10 pack – 1 dose vial	\$40.667	\$53.13	03/31/2020	Sanofi Pasteur	75D30119D04516
HPV – Human Papillomavirus 9-valent [5]	Gardasil®9	00006-4121-02	10 pack – 1 dose syringe	\$178.14	\$217.11	03/31/2020	Merck	75D30119D04518
Measles, Mumps and Rubella (MMR) [1]	M-M-R®III	00006-4681-00	10 pack – 1 dose vial	\$21.22	\$75.04	03/31/2020	Merck	75D30119D04518
MMR/Varicella [2]	ProQuad®	00006-4171-00	10 pack – 1 dose vial	\$131.40	\$214.37	03/31/2020	Merck	75D30119D04518

New mandates are being legislated to require vaccination for HPV ([a sexually transmitted disease with low risk](#)) for girls and boys as young as 9 years old. Notice the cost of the HPV vaccine

Appendix H - Conflicts of Interest in the Vaccine Industry

[Conflicts of Interest in Vaccine Safety Research](#)

[Conflicts of Interest in Vaccine Policy Making](#)

[UPI Investigates: the vaccine conflict](#)

[Paul Offit Conflicts of Interest](#)

[CBS's Sharyl Attkisson discusses the conflicts of interest is those supposedly 'independent' sources that back the government's assertion that vaccines and autism are not related.](#) -

Must Watch

[Attacking the Lakewood Vaccine Coalition](#) - Apparently the CDC is pumping a lot of money into the frum community

Appendix I - Dr. Paul Offit on *Metzizah B'Peh* and *Bris Milah*

One of the physicians at the forefront of vaccine development and promotion is Dr. Paul Offit.

Aside from his [conflicts of interest](#) - Dr. Offit sat on the committee that approved adding the rotavirus vaccine to the schedule at the same time that he was involved in developing a rotavirus vaccine of his own (and had filed an investigational new drug application); [he received millions](#) from the sale of royalties - **Dr. Offit is vehemently opposed to *Metzitza B'peh*** and wrote about it in his book [Bad Faith: When Religious Belief Undermines Modern Medicine](#).

*“...many people disregard modern medicine in favor of using their faith to fight life-threatening illnesses... and **ultra-Orthodox Jewish mohels spread herpes by using contaminated circumcision tools.**”*

In 2017, Paul Offit was interviewed for an [article in a local NJ paper](#) on herpes and *metzitza b'peh* regarding the Lakewood community [emphasis mine]:

*“Establishing a protocol governing oral suction circumcisions in Lakewood might be difficult if not impossible, said **Dr. Paul Offit**, a professor of vaccinology and pediatrics at the University of Pennsylvania School of Medicine, who **said he's in favor of banning the ritual entirely.**”*

Paul Offit is the person *Rabbonim* are being told to listen to with regard to vaccine facts.

Offit, who is Jewish, comes from a quasi-religious home; he has siblings who are frum but he is a proud atheist and would like to abolish *Bris Milah*.

App. I cont - Vaccine exemptions used to save *Metzitza B'peh* in NY City

In January 2005, when contracting herpes became linked to *metzitza b'peh*, the New York City Health Department Commissioner wanted to end the ritual. An [article in the Jewish Observer](#) disclosed the behind the scenes discussions when noted rabbis and doctors from the frum community defended the right to continue *metzitza b'peh* based on the religious exemption allowed for vaccines.

*“... the law makes an exception for children whose parents refuse to inoculate them on religious grounds. Thus, **despite the generally accepted medical consensus that immunizations help protect a child's health and that of his classmates, society recognizes that even those weighty considerations must yield to the child's parents' right to raise the child in accordance with their religious beliefs.** Certainly, the same principle should hold true, ... in the context of *metzitza b'peh*, where the level of medical risk is presumably far smaller than that associated with non-immunization.*

...

*“... On February 3, 2005, Councilman Felder and I again met with Commissioner Frieden and his staff and were assured that the Department would not seek to regulate *metzitza b'peh*. **They were prepared to make this commitment, the Commissioner said, not because they regarded oral suction as a safe practice, but because they understood that it was widely seen in many Jewish communities as an essential part of the religious ritual.**”*

Are we willing to give up our right to religious exemptions for any reason and risk, ch”v, losing the right to *metiztza b'peh*, *bris milah* (per Paul Offit) or any other religious ritual?

Appendix J - Why don't Doctors see this? They don't even look.

“That bloodletting survived for so long is not an intellectual anomaly—it resulted from the dynamic interaction of social, economic, and intellectual pressures, a process that continues to determine medical practice”.

Kerridge IH and Lowe M. “Bloodletting: The story of a therapeutic technique”. The Medical Journal of Australia 163 (1995): 631-633.

Most doctors haven't learned about vaccine adverse effects or how to recognize them. In fact, they are told that vaccines are safe and effective and have little to no mild adverse effects. So it's not surprising that they do not believe their patients are reacting to a vaccine they gave them.

As far as I can tell, **cognitive dissonance** seems to play a large role. Contemplating the implications of not being able to rely on the medical establishment is too much to deal with psychologically. That seems to be the case for most people. It is a lot to swallow.

Doctors who notice adverse reactions in their patients are going against the mainstream and are mocked and ridiculed. Dr. Sarno is an similar example; he was laughed at by his colleagues for years. His proven method for eliminating back pain, accepted by many in our community who have benefited from it, is still not considered mainstream.

Fear of losing credibility - the myth of vaccines is so ingrained that anyone, especially a doctor, would be risking his career.

Fear of being called irresponsible - observe what happens when someone writes a balanced article in a newspaper - cries are heard from all quarters not to even publish the “other side” to give them any credibility. Imagine what a doctor would have to deal with. Actually, you don't have to imagine. There are hundreds of doctors against vaccines and they have been systematically ridiculed, marginalized and called quacks, to try and destroy their credibility. I'm not sure I would not be so quick to come out in public if I were a doctor. I'm not even willing to come out in public as a private citizen.

[Dr Judy Mikovits PHD Fired, Jailed and Broke For Proof of Vaccine Injuries](#) exposed the fact that vaccines are contaminated with XMRV disease & cancer causing retroviruses from mice. She was subsequently fired, jailed & bankrupted for exposing this.

[Why Doctors \(and Newspaper Columnists\) Rarely Dare to Question Vaccine Safety](#)

Appendix J (cont.) Why don't Doctors see this?

A colleague of mine emailed a doctor for info on a [court case against Merck for fraud in their safety testing for Gardasil \(HPV\)](#). Essentially, their placebo control included all the toxins; just leaving out the antigen. So they put the subjects at risk without any benefit. And when girls died, were crippled, or became infertile in both the test and control, they got approval. He alerted the doctor not to give the HPV vaccine as there is no safety study. The doctor's (who shall remain anonymous in consideration of the relationship with the sender) response is below*:

Subject:

Re: Gardasil Safety

I understand but it's so complicated.

The government is very involved through the insurance company regarding vaccines.

I am penalized and have money not distributed to me because my rates of gardasil are way below the acceptable amount

Ha'Shochad Ya'avov Ey'nei Chachamim...

* Please contact me if you require validation of this email

Appendix J (cont.) - Why don't Doctors see this?

- Dr. Boyd Haley, PhD: ["Having taught biochemistry to medical students, and talking to hundreds of doctors, they get very little training in toxicology or biochemistry.](#) They don't understand it at all. They are not trained to evaluate the toxic effect of chemicals, especially at the research level. And certainly pediatricians don't." (at 2:30 min.)
- There is a belief that we all grew up with, and of course know to be true, that the smallpox and polio vaccines saved us all.
 - As will be addressed briefly later, I discovered to my surprise that it is a debatable assumption. But either way, it appears that this strongly held belief seems to blind people, and particularly doctors, to any risks related to any other vaccine. It's as if we owe vaccines a debt of gratitude because their vaccine cousin saved us 50 years ago.
- [Measles cannot be eliminated even with 100% vaccination](#) so all outbreaks will inevitably scapegoat the unvaccinated, which is what is happening now.
- If this information is found to be true, doctors stand to lose a lot of credibility

Appendix K - Specialist vs general practitioner - who do you go to?

No one who has a specific disease will rely on their general practitioner. Everyone will seek a specialist. And if someone *ch*"v has cancer they would not hesitate to fly out to another state or another country to find a doctor who specializes and has success with a specific treatment for their type of cancer.

Doctors do not receive training in vaccinology or immunology unless they specialize in these fields. They receive education about the vaccine schedule and some basic information about vaccination for a few days at most.

Learning a specialty typically requires a few thousand hours of additional training, research, and reading to become expert in that field. Most doctors who have not spent significant amount of time investigating the science and statistics behind the vaccine programs rely on the CDC guidelines. This is why when people say that *Rov* doctors agree on vaccines and vaccine mandates, it is actually only one voice (the CDC's) being repeated by *Rov* of doctors.

The only question that is valid in this discussion is: "What do the specialists have to say?" As far as I can see, it seems that the majority of specialists (not including doctors with vested interests), who receive funding independent of government agencies and pharmaceutical companies, are for vaccine choice.

If I can choose my own doctor or specialist for other medical issues, why can't I choose the doctor I want to rely on when it comes to vaccines?

Appendix L - Rav Asher Weiss *Psak* - Intro

I reviewed Rav Wiess' *shiur* [The Obligation to Get Vaccinated](#), summarized here: [Is It Permissible to Refrain from Vaccinating Children?](#) The *P'sak*, based on the following assumptions, is that there is an obligation to vaccinate:

1. Vaccine caused deaths are unheard of; no one dies and any side effects are only minor and of temporary discomfort,
2. The danger of the disease is very, very significant,
3. Medicine today has much more required testing and is much safer than it was back then

The following pages address some of the assumptions the *P'sak* is based on.

Please note that the direct nature of the following is not in any way meant to be disrespectful.

Rav Asher Weiss *P'sak* - Assumptions 1

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
Those (Measles, etc.) are serious illnesses	<p><u>In 1967 measles was not considered a cause for concern</u>: "For centuries the measles virus has maintained a remarkably stable ecological relationship with man. The clinical disease is a ... syndrome of notable constancy and only moderate severity. Complications are infrequent, and, with adequate medical care, fatality is rare."</p> <p>http://probeinternational.org/library/wp-content/uploads/2014/06/pubhealthreportig00027-0069.pdf</p>
Rabbonim against vaccination argue "Why put the child through some (presumably mild) distress now vs. some future uncertain distress" And R. Weiss disagrees.	Much evidence exists showing that the damage from vaccines is worse, potentially far worse, than any benefit.
Edward Jenner – inventor of Smallpox vaccine was called a " <i>Chassid</i> " by Tiferes Yisroel who recommends the smallpox vaccine.	<p>It is common for major <i>Poskim</i> to rely on the science of the day (as we do today and as Rav Weiss does by asking doctors he trusts). However, we know that scientific facts are clarified, modified, and even discarded over time. The Rav also quotes <i>Sefer Alei Terufah</i> which recommends bloodletting.</p> <p><u>By examining the historical record, it is not clear the extent that the smallpox vaccine had with eliminating smallpox</u>. Also see the book, <u>Dissolving Illusions</u> by Dr. Susan Humphries.</p>

Rav Asher Weiss *P'sak* - Assumptions 2

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
<i>Shelah HaKodosh</i> , said that healthy children should leave the disease area and go to the countryside.	Correct. The <i>Tzu-shtel</i> is that healthy children should leave. Not to force those who are healthy, but simply don't want the risk of vaccination, to leave. Or to coerce them to get a vaccine.
230 years ago - R. Avrohom Hamburg - <i>Aley Terufa</i> - lost two children, and he writes that other Rabbonim during his time were against smallpox vaccination. He says that while 1/1,000 might die from the vaccination, the risk of not vaccinating is greater.	That was his opinion. Other Rabbonim disagreed. Possibly because of the math. If you vaccinate the entire population of 2 million people and 1/1,000 die, there would be 2,000 vaccine deaths. Compare that with the ~1,000 smallpox deaths annually in England and Wales from the 1700's to early 1800's..
Vaccine caused deaths are unheard of; no one dies and any side effects are only minor and temporary discomfort	Although "authorities" want us believe this, it is simply not true. They are pointing to proven-false information and sources. There is a wide ranging debate on the number of deaths but there clearly are deaths admitted to by the CDC ; the vaccine court paid over \$4 billion in claims of serious injury and death; and unfortunately, death from vaccines is found in the frum community as well.

Rav Asher Weiss *P'sak* - Assumptions 3

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
The danger of the disease is very, very significant	Even with low rates of vaccination, a person in the US is far more likely to die from getting hit by a bolt of lightning (20 times/year). In fact, getting the measles has been found to strengthen the immune system, provides lifetime immunity, enables mothers to confer immunity to their infants and has been found to prevent certain cancers.
Medicine today has much more required testing and is much safer than it was back then	While true in general as pharmaceutical companies are required by the FDA to conduct years-long double-blind studies, vaccines are an exception and DO NOT require double-blind studies. Vaccine studies are conducted typically over a 7-15 day period. There is not a single study testing the safety of multiple vaccines (currently over 50) given to children. See Dr. Shahar articles for devastating information.
The working assumption of the <i>P'sak</i> is that the risk is extremely remote (1/100,000 or less) AND The danger to your child and other children from the measles is great.	These assumptions are both verifiably incorrect as described above.

Rav Asher Weiss *P'sak* - Assumptions 4

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
<p>Rav Weiss then calls the fact that some Rabbonim say that vaccines cause autism a “ridiculous argument”. He goes on to claim regarding the maligned Wakefield study:</p>	<p>There are many hundreds of studies and hundreds if not thousands of Doctors who believe that vaccines cause a multiplicity of harmful effects... more harm than good. Their concerns are not dependent solely on autism and not on Dr. Andrew Wakefield’s study. The Wakefield study appears to be a straw-man argument to convince researchers that there is nothing here to look at. We will briefly address the claims.</p>
<ol style="list-style-type: none"> 1. Wakefield was bribed 2. He was a crook 3. A pharmaceutical company gave him money because they wanted to make billions of dollars by selling three vaccines instead of one 4. Was based on totally flawed research 5. Data was intentionally distorted 6. His license was revoked 7. Risk of vaccines has no scientific basis whatsoever 	<p>As can be provided if needed, none of these claims were true and Wakefield was exonerated by the Lancet itself</p> <p>https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)15699-7/fulltext</p> <p>The only accurate portion of the statement is that his license was revoked during the initial claim process. His partner’s insurance paid for legal fees and he was fully exonerated and his medical license reinstated, Wakefield did not have such coverage and decided to focus his energy on vaccine education and awareness.</p> <p>It also seems highly unlikely that the person most hated by vaccine companies was hired by them so “they could make billions”. This was not even in the claims made by the pharma-funded campaign against him.</p>

Rav Asher Weiss *P'sak* - Assumptions 5

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
We don't even know of one case of death linked to vaccines	The CDC site itself admits to “rare” cases of death. There are verified cases of frum children who died from vaccines. (A meeting with parents can be arranged.)
If we don't vaccinate children, children will die.	Not necessarily true; with the outbreaks we've had in the US, there are typically zero or sometimes one death in the entire US annually. That is a 1 in 600 million chance of dying. And proper care and vitamin A could probably prevent even that one.
In <i>Yerushalayim</i> , one child has died, and some might have long-term complications.	According to an interview in <i>Makor Rishon</i> with the baby's brother, the baby had Down syndrome and a pre-existing heart condition. He reported that the baby had already fully recovered from the measles and had actually died from dehydration. (Note that such an ill baby did NOT die from the measles!). (Email me to be introduced to people who can verify this.)
Babies are exposed before they are old enough to be vaccinated.	A valid concern. Before the vaccine, women who got measles as children (during the safe ages of 5-20 years) gained lifelong immunity and could confer immunity to their babies, which protected them until the babies' own immune systems developed (first 12 months or so). This is why it was uncommon for babies, and adults, to get the measles.

Rav Asher Weiss *P'sak* - Assumptions 6

Assumption (quoted from the Shiur)	Counterclaim (based on this presentation)
We don't know critical mass (of herd immunity?) so we don't know what percent can avoid vaccinating before we have a problem.	Because the MMR has a known 2%-10% failure rate, and they only last 2 - 20 years, 95% of adults are just as unvaccinated as any unvaccinated child. Including most <i>Rabbonim</i> and <i>Menahalim</i> who are kicking kids out of school and shuls. In fact, the percentage needed to confer herd immunity has been revised-up many times. There is much scientific documentation invalidating the "Herd Immunity" theory.
All arguments about the terrible effects of vaccination have totally no basis and are void of substance.	There is overwhelming documented evidence of severe negative effects. Unfortunately, since "authorities" (many with vested interests in vaccine production and profits) are adamant that there are no serious adverse effects; most people, including doctors, are not willing to look closely at what they have been led to believe in order to determine whether it is actually based on misinformation. Were they to listen to the doctors who take issue with vaccines, or to biochemists who specialize in toxicity, they would understand that serious adverse events are real and not rare .
Before these vaccinations were developed, thousands upon thousands of children perished.	Perhaps in the distant past before improvement in sanitation and human waste disposal systems. Not in the US just prior the introduction of vaccines as seen on the chart. And Scarlet Fever and Typhoid for which there were never vaccines, are largely eliminated.

Rav Asher Weiss *P'sak* - Assumptions 7

Assumption (from Shiur)	Counterclaim (based on this presentation)
<p>There is no Autism Epidemic. We recently started classifying them properly. We used to just call them <i>Mishugaim</i>.</p>	<p>In chapter one of How to end the autism epidemic by JB Handley, he comprehensively proves that this is simply not true. Here are a few examples:</p> <ul style="list-style-type: none">• The CDC currently says that 1 out of 36 children are autistic. If that was always the case, you would see homes for autistic adults the way we have for children. And you don't.• In the Archives of General Psychiatry in 1970, Dr. Darold Treffert, an epidemiologist, used Wisconsin data on all 899,000 children in the state. He established a baseline autism rate of 0.7 per 10,000. And in 2015, Dr. Treffert made it clear that he is "convinced there is an actual increase in the disorder. And part of the increase is due to environmental factors." Note that the first epidemiologist to analyze the autism rate in 1970 feels there is an increase due to environmental factors.• The National Collaborative Perinatal Project published in 1975 was one of the most comprehensive prospective studies ever conducted, following 30,000 children from birth to eight years old. They screened the children nine separate times for a wide range of language and mental factors. Dr. E. Fuller Torrey used this data to identify 14 children with autism or 4.7 per 10,000 vs. today's rate of 277 per 10,000.• A Prevalence Study of Pervasive Developmental Disorders in North Dakota in 1987. Researchers looked at 180,000 children and determined the autism rate was 3.3 per 10,000.

And what about in Israel?

With regard to the Rav's home state of Israel, [there have been no deaths from measles in the last 15 years](#), and as we have seen, the one death attributed this year to measles was actually not from the measles.

I would strongly recommend that the Rav watch an expose about a recalled experimental Hepatitis B (Sci B) vaccine that injured thousands of children in Israel - [See expose with English subtitles](#)
<https://www.youtube.com/watch?v=y7Sd85pmAlg&feature=youtu.be>

Also, read the following CDC studies about outbreaks in highly vaccinated populations in Israel:

[Measles Outbreak in a Highly Vaccinated Population — Israel, July–August 2017](#)

[Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel](#)

Rav Asher Weiss *P'sak* - Conclusion

If we modify the basic assumptions in the *P'sak*:

- From: “there is no risk from vaccines”
- Consider “there is some definite risk from vaccines (although we cannot be quite sure how large or small)”
- From: “there is a very big danger from measles”
- Consider “there is an extremely low risk of morbidity and mortality from the measles”

...Would the *P'sak* change?

Appendix M - Alternate *Shailos* for a *Posek* - Part 1

1. Vaccine developers encouraged women who had Rubella to abort their babies because they were certain to be horribly deformed. Turns out the first 26 did not have Rubella so it took until the 27th abortion to find a fetus with Rubella that they could harvest (RA27-3). They are continuing to abort fetuses for new vaccines in development and even [abort them using a process to keep them alive](#) as they harvest the live tissue needed.
 - a. So are you allowed to kill someone in order to reduce the relatively minor risk to others of getting an illness? And if not, are you allowed to benefit from those that died.
2. Assuming someone has really spent the hours researching the science and has concluded to the best of his ability that there is a very real risk of damage to every person getting the vaccine, even if this is a *Safek* because most doctors believe it is safe:
 - a. Are they *Mechuyav* to take the vaccine?
 - b. Are they allowed to take the vaccine?
 - c. If there is some danger, are we allowed to force a *Katan* to accept risk to help other people?
 - d. Is a school allowed to potentially destroy a child's life by kicking them out?
 - e. Is a doctor allowed to dismiss them from his practice?
 - f. Are you allowed to speak *Lashon Hara* about a person who does not vaccinate based on the above?
 - g. Are you allowed to denigrate them?

Alternate *Shailos* for a Posek - Part 2

3. Are you allowed to degenerate Rabbonim who *Pasken* not to take the vaccine by saying that they are making a “ridiculous argument”?
4. Is a Rav allowed to Pasken on vaccines without hearing both sides?
5. Is it appropriate for a Rav to tell an Avreich that he should give his wife a *get* over vaccines; and then advised him to vaccinate the children behind her back? (Name of Rav available if needed L'Toeles)
6. Is it proper for a Rav to turn his chair around to face the other direction and tell people coming to explain the other side that he won't look at the them, and they have five minutes (same Rav)?
7. If a Rav reviewed all these details and determines that it is *assur* to take a vaccine, and thus writes a legitimate religious exemption, and the law of the land is to accept religious exemptions, does a yeshiva have an obligation or right to go beyond the secular law and not allow the child into school? What if they are a community school and not purely private?
8. If a Rav *paskens* that vaccines are safe based on a few trusted sources without listening to doctors on the other side; and then someone is injured or dies from a vaccine they took based on his *Psak*, is the *Posek chayav* to pay for damages?
9. *Nedarim 81a: R. Yosi* says you can use water to prevent (an unlikely) illness vs. giving to someone who has no water because *Chayecha Kodmim*. *Chachamim* agree if not enough drinking water for both.

Appendix N - An Open Letter to *Poskim* who demand vaccination

It pains me greatly to say this. A significant percent *Klal Yisrael's Emunas Chachamim* has been severely damaged. Not because of your *Psak*. But because some of you won't even listen to the other side.

I know of people who are being *Moser Nefesh* to arrange meetings between Rabbonim and doctors who can explain the other side; if only to understand and appreciate the pain their fellow *yidden* are suffering.

B"H most Rabbonim have expressed an interest, or at least a willingness, to hear the other side. And learned a lot. Most Dayanim understand that you can't Pasken without hearing both sides.

Inexplicably, some Rabbonim are not willing to meet with those doctors. Or they grudgingly agree to meet but are antagonistic, disrespectful, and are clearly not willing to even listen (the chillul H' in these cases is beyond description). Additionally, there are many reports of people coming to ask *Shailos* respectfully and detail their concerns. There are too many reports of Rabbonim not listening to their concerns.

To be *Dan L'Caf Ze'chus*, I will assume that either doctors you trust, told the Rav that those crazy "anti-vaxers" will never change their mind so don't waste your time speaking with them. Or perhaps you met some vaccine skeptics who did not have all the facts straight and you believe you know all they have to say.

An Open Letter to *Poskim* (Cont 2 of 3)

In one extreme case, people brought doctors to explain the other side, the Rav turned his chair to face away from them and said you have five minutes.

Another Rav humored doctors and legal experts by pretending to listen but barely paid any attention.

The *sinas chinam*, *mesira*, *Lashon Harah*, *Shalom Bayis* issues, etc., are directly related to your *P'Sak* that “you must vaccinate”. You may not intend for these consequences; but they are occurring.

If this is the only page you read, at least see “[Why don't Doctors see this?](#)” why doctors are simply not qualified to provide expert guidance on this topic. It is a toxicology issue and they are simply [not trained in toxicology](#). Perhaps take the time to research before *Paskening*.

Also, because 1 in 5,000 may not be enough for a doctor to notice, “[statisticians, not doctors, are the only good judges](#)” -*Alfred Russel Wallace 1904*

With all due respect to doctors, you are relying on the wrong set of experts.

An Open Letter to *Poskim* (Cont 3 of 3)

As mentioned, askanim are able to arrange for Rabbonim to meet with doctors and experts on this subject.

If the frum community is similar to the greater American community, up to 30% are vaccine skeptics and around 10% don't vaccinate.

There is a significant (hidden due to persecution) segment of Klal Yisroel that is in pain. It is vital that all Rabbonim that are *Paskening* on this topic understand where all this is coming from. If you know of any Rabbonim who have not yet been reached and you can send them my contact information, I will do my best to arrange for someone to contact them to arrange a meeting with doctors.

R. Dovid Morgenstern (Ramat Shlomo), R. Fuerst (Chicago), R. Moshe Meir Weiss, R. Akiva Tatz, R. Efrem Goldberg, R. David Shabtai MD, R. David Niederman, R. Shlomo Brody, R. Uren Reich, R. Yair Hoffman, R. Asher Bush, R. Henoch Shachar, R. Hershey Ten, R. Yitzchok Fingerer, R. Shay Tahan, R. Pinchas Goldschmidt, R. Yaakov Forchheimer, R. Hauer, R. Simcha Bunim Cohen, R. Yaacov Horowitz.

Appendix O - Religious Exemption - Do you really want to give that up?

NY and NJ are planning to [remove the religious exemption](#), and [mandating the HPV vaccine \(NJ Bill\)](#) ([NYS Bill](#)), produced as Gardasil, for both girls and boys, may not be far behind. Some strains of HPV (a sexually transmitted disease) may cause ovarian cancer in women in mid-life, well after vaccine immunity would have waned. Ordinarily, the body clears the virus or it is found through a Pap smear and treated. The vaccine has not been proven to prevent ovarian cancer.

- Draft summary of Mary Hollands book "[The HPV Vaccine on Trial](#)"
- [Must read about fraud in the safety studies](#)
- Based on work done by Israeli Immunologist Dr. Yehuda Schoenfeld: [Court Ruling Confirms Merck's Gardasil HPV Vaccine Kills People, but Did Anyone Even Notice?](#)

"The final ruling has been confirmed by the Department of Health and Human Services: Merck's Gardasil vaccine [causes autoimmune problems that cause sudden debilitation and/or death](#). This ruling supports claims that the vaccine is just too dangerous to risk, and to date we know of at least [271 people who've died after getting the vaccine](#), and over [57,520 reports of adverse reactions to the vaccine](#)."

- Also discussed in Dr. Schoenfeld's new medical textbook "[Vaccines and Autoimmunity](#)"
- [Injecting Aluminum: healthy girls bedridden or infertile](#), Dr. Yehuda Shoenfeld

Appendix O - Religious Exemption Revisited

- If a *Posek* would actually take the time to research the risks presented and comes to the conclusion that based on some risk of vaccines and low risk of injury from measles, that it is assur to take the vaccine, would you not want the freedom to follow your Rav's *Psak* (*Shivim Pa'nim La'Torah*)?
- Who are we to determine what every *P'sak* should be on any given topic. Who in this generation is willing to tell the Gov't to ignore other *Poskim* and not allow for religious exemption?
- We went through this in Europe when the Reform got control of the Gov't and made our lives miserable.
- Should we not learn from history? We live in a *Medina Shel Chessed* that gives us freedom of religion; do we want to risk losing that?
- RELIGIOUS FREEDOM IS UNDER ATTACK FROM DRUG COMPANIES <http://www.firstfreedoms.org/>
- Where is Agudas Yisroel of America on this? Why are they not protecting our rights?

Appendix P - Ethical Argument

- After WWII, the world was shocked that doctors were willing to conduct medical experiments on human beings.
- The German doctors' defense was that they were doing it for the benefit of society. And I'm sure it did benefit society.
- So they developed the Nuremberg Code of medical ethics including:
 - Required is the voluntary, well-informed, understanding consent of the human subject in a full legal capacity.
- If there was 50 deaths and 500,000 people saved, there would be a interesting ethical discussion if mandatory vaccination was justified.
- But with 50 - 5,000 or more significant injuries or death from vaccines and somewhere between 0.5 and perhaps 200 potential annual deaths from measles, there is no ethical question. Mandatory vaccines are unethical. Fear mongering of the population is resulting in significant damage to the fabric of our community with hundreds or even thousands of families suffering in silence.

Ethical Argument Cont.

- The right to decline an unwanted medical intervention, free from coercion, is codified in Article 6 (Consent) of UNESCO's 2005 Universal Declaration on Bioethics and Human Rights:

*"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason **without disadvantage or prejudice.** (bolding mine)*

*"The interests and **welfare of the individual should have priority over the sole interest of science or society.**"*

2005 UNESCO Universal Declaration on Bioethics and Human Rights

- Were you aware the New York City implemented mandatory flu vaccines for nursery? Schools are fined \$2,000 per child who is not vaccinated. Does that make sense to anyone, other than the vaccine manufacturers?

Appendix Q - Books: Is it responsible to *Pasken* or dismiss any concerns without even reading one of these books?

1. [Dissolving Illusions: Disease, Vaccines, and The Forgotten History \(a must-read\)](#)
2. [How to End the Autism Epidemic](#)
3. [Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children](#)
4. [Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers](#)
5. [Horrors of Vaccination Exposed and Illustrated](#)
6. [Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness](#)
7. [Plague: One Scientist's Intrepid Search for the Truth about Human Retroviruses and Chronic Fatigue Syndrome \(ME/CFS\), Autism, and Other Diseases](#)
8. [The HPV Vaccine On Trial: Seeking Justice For A Generation Betrayed](#)
9. [Vaxxed: From Cover-Up to Catastrophe](#), [A Tale of Two Sides](#), [Vaccines: A Reappraisal](#), and many, many, more..

Appendix R - Smallpox and Polio

The great enemy of the truth is very often not the lie — deliberate, contrived and dishonest, but the myth, persistent, persuasive, and unrealistic. Belief in myths allows the comfort of opinion without the discomfort of thought.

– John F. Kennedy

The complete history of the smallpox vaccine is almost a book in itself. Dr. Suzanne Humphries, MD, in her book “[Dissolving Illusions](#)”, provides details of the history of disease and painstakingly documents medical journals and reports from the 1700’s through the mid-1900’s.

For a different perspective see, [A short history of Smallpox Vaccine](#) Thirty Years of Rapidly Decreasing Vaccination in Leicester England, and its Teachings

[Dr. Suzanne Humphries discusses smallpox from 1797 - 2005](#) - Video Presentation and other critical and general information.

Regardless of the impact of vaccination relating to Smallpox and Polio, that should have no impact on other vaccines. Each vaccine must stand on its own risk/reward evaluation.

Polio

The Polio vaccine is a complex topic. Again, even if the polio vaccine was perfect, that does not mean that we are not obligated to evaluate the risk/benefit of every vaccine. Here is some information worth considering:

[The Cutter Incident: The Salk Polio Vaccine “Tragedy”](#) Live poliovirus, which was put in an injectable vaccine, would appear to be inactivated right after it was made, but sometimes it would ‘resurrect’ in the vial... In essence, the formaldehyde did not kill off all the polioviruses in these vaccines, which led to live polio viruses being injected. As a result, more people developed paralysis from the vaccine in 1955 than would have developed it from a wild, normal natural poliovirus.

[Cancer risk from Simian \(monkey\) virus 40 contaminated polio vaccine](#)

[Cancer, Simian Virus 40 \(SV40\), and Polio Vaccine Fact Sheet \(CDC\)](#)

[Frequently Asked Questions about Cancer, Simian Virus 40 \(SV40\), and Polio Vaccine \(CDC \)](#)

[Suzanne Humphries, MD, speaking on Polio at the Association of Natural Health Conference edit 5 2015 - Video Lecture](#)

[Ep95- Polio is a Man-Made Disease: Part 1](#)

Appendix S - Flu Vaccines

The CDC estimates that 36,000 Americans die from influenza and pneumonia each year. The majority of those deaths are really from pneumonia. [They intentionally group flu and pneumonia together](#) in order to [inflate flu death statistics and increase flu vaccine uptake](#).

A Cochrane study found that [71 people had to get the flu shot in order to prevent one case](#). [Here's an article that explains this study](#).

[A CDC study](#) shows up to [7.7 times the risk of miscarriage](#) after receiving the flu vaccine. The flu vaccine is being recommended for pregnant women even though a [Freedom of Information Act lawsuit](#) revealed that the FDA had never studied the safety of the vaccine for pregnant women.

A study published in the journal Human and Environmental Toxicology (HET) of VAERS records for the 2009 pandemic that never occurred recorded a [4,250% increase in fetal death among those that received the flu vaccine in 1st, 2nd and 3rd trimesters!](#) The CDC tried to cover up these statistics and are still denying the truth. Read the full article and undeniable proof at the link below. H1N1 vaccine inserts states "It is also not known whether these vaccines can cause fetal harm when administered to pregnant women or can affect reproduction capacity."

Much more research is needed before the true safety can be determined. As of currently the only real study being conducted is on the actual population including children, pregnant women, and even fetuses.

Appendix T - Additional Resources and Interesting Articles

The information in this presentation is only the tip of the iceberg of information available on this topic. I have spent over 100 hours and have barely scratched the surface. Further research is endless. Here are some links to get started.

<https://sharylattkisson.com/vaccine-autism-link-a-rebuttal-to-the-there-is-no-debate-narrative/>

<http://documents.vaxresearch.com/>

<https://www.learntherisk.org/>

<http://flatbushantivaxxer.blogspot.com/>

<https://play.google.com/books/reader?id=TrhHDwAAQBAJ&hl=en&pg=GBS.PT235> <https://archive.org/stream/b2136140x#mode/2up>
Lilly Loat -1927- 1889

https://opedge.com/Articles/ViewArticle/2008-11_09

https://www.vaccinationnews.org/Scandals/2003/Sep_12/Scandal66.htm

https://duluthreader.com/articles/2017/06/14/10297_an_honest_look_at_the_historical_evidence_that

<https://www.efvv.eu/pathways-for-vaccine-damage/>

<http://vaccinepapers.org/postnatal-immune-activation/>

<https://pdfs.semanticscholar.org/ab37/b6c6fb6aec8528907deb704bcd9974cc7977.pdf>

<http://www.albionmonitor.com/free2/dpt.html>

<https://www.ncbi.nlm.nih.gov/pubmed/22336803>, <https://medcraveonline.com/IJVV/IJVV-04-00072.php>

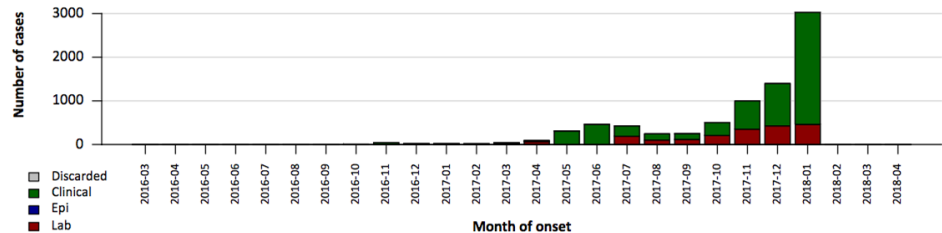
Appendix U - A critical lesson from the Ukraine

Between 2008 and 2016 the Ukraine vaccination rate for MMR dropped from 95% to 31%. During this period the the cases of measles were generally low (with one spike in 2012), as was the death rate. In 2017 the World Health Organization (WHO) made additional vaccines available to the Ukraine and proceeded in a campaign to have everyone vaccinated, bringing the rate back up to 95%. This initiative began in July of 2017. As you can see from the graph, following the start of the campaign, the incidence of measles started increasing. The WHO claimed in May of 2018 that there had been 12,000 cases of measles so far that year. It is impossible to know if those are really cases of measles and if they are, whether it is vaccine-strain or wild-type without lab tests. As is apparent from the graph below, incidence of measles dramatically increased following the vaccination campaign and the number of lab confirmed cases (in red) is much less than the clinically confirmed cases (green).

The *Dutch Journal of Medicine* published in 2017 stated:

'Within 14 days after MMR vaccination, a patient may develop a disease that is comparable to infection with a wild-type measles virus. The incidence of infection with wild-type measles is low, so when this happens it is more likely that it is a response to vaccination. Additional research can cause unrest among the parents and therefore reassuring words are more appropriate.'

Measles cases: Ukraine



https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/Global_MR_Update_April_2018.pdf?ua=1

<https://stichtingvaccinvrij.nl/outbreak-of-over-12000-cases-of-measles-in-ukraine-is-caused-by-recent-vaccination-campaign/>

Appendix U (cont)- A critical lesson from the Ukraine

Why did the vaccination rate drop in the Ukraine after 2008? This drop started after the MMR vaccination was made voluntary in 2008 by the Ukrainian Ministry of Health and the President of the Ukraine following the death of a boy eight hours after he received the vaccine and the hospitalization of 100 other students.

“...This comes after more than 100 pupils were taken to hospital, one of whom died after having been injected with a vaccine from India.

“By Friday night a total of 87 people had been admitted to hospital with the same symptoms: high blood pressure, splitting headache, high temperature and sore throat.

...“...As more gruesome details about mass vaccination come out into public light, more Ukrainians are turning away from vaccinations. Some data suggests that the number of parents who refuse to vaccinate their children has grown two or three-fold this year, and even more in Kyiv [Kiev].”

That same year (2008), the US “vaccine court” awarded \$250,000 in compensation to the family of a 1 year old girl who died from the measles vaccine in 2006.

“Madyson got the vaccine at the Pediatric Center in Springfield on May 12, 2006. Her parents submitted medical evidence that the MMR vaccine is the reason Madyson died 6 days later.

“Attorneys for the Department of Health and Human Services Friday settled with the family for liability.”

UPDATE 4/9/2019

There is a real danger that the tens of thousands of vaccines recently given to our community will cause measles and C”V death. Naturally, that will be blamed on those that choose not to vaccinate. Consider yourself forewarned. 85

Follow up opportunities

I make no claim to have expert knowledge on these matters and am simply searching for clarity. It is a complex topic and therefore parents must have a right to follow the medical advice of the doctor they choose for this area of health.

If you have any corrections to suggest or any information or modifications that would be helpful, please send to: rodef.shalom.613@gmail.com or leave a message at (414) 751-0001.

If you are a Rav or doctor who would like to speak with medical professionals familiar with this topic, or to arrange to meet with parents of vaccine-injured children, I might be able to facilitate a meeting.

To leave comments and to find the latest version of this document, including corrections, updated links or additions, please visit www.rodefshalom613.org.