

Which Vaccines Should I Give My Children?

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Is the Vaccine Ethical?

The question of ethics is paramount. Before we entertain questions of the effectiveness and safety of a given vaccine, we must bring this issue to the forefront. Why? Because for some vaccines, researchers kill babies. They pay for the abortions in exchange for rights to the tissue. Then they dissect the babies, attempting to culture pathogen-infected cells.

For example, the Wistar Institute collaborated with abortionists in the 1964 rubella epidemic to collect and dissect aborted babies, killing almost 70 babies. The 27th baby in the rubella project provided the live virus used in the vaccine. Thus, the rubella virus was named "RA 27/3" (Rubella, Abortus, 27th fetus, 3rd tissue sample).

There are five recommended vaccines created from aborted fetal tissue:

- * Rubella vaccine (which is part of the MMR vaccine)
- * Varicella vaccine (chicken pox vaccine)
- * Hepatitis A vaccine
- * The Polio vaccine
- * Some types of flu vaccines

The immorality of recommending vaccines created from killing babies is critical as we evaluate the trustworthiness of those to whom we entrust the care of our kids. If we knowingly consult a physician to care for our children who heralds the killing of some innocent children to benefit ours, how can we escape bloodguilt?

This should make us extremely cautious before we blindly accept the recommendations of a physician. Most physicians groups have no problem with killing babies. Abiding by God's commandment "You shall not murder" is more important than abiding by your physician's recommendations.

"Vaccines are effective at preventing disease."

And who doesn't want to prevent disease?

Ever since the first vaccine in 1796, the smallpox vaccine, physicians have been enthusiastic about the potential for vaccines to prevent disease. Give everyone a "fake" infection that gives them immunity to a life-threatening disease they've never had.

However, somewhere along the way physicians lost sight of the "Do no harm" paradigm that should guide their recommendations. In an environment where physicians regularly terminate patients from their practice for not vaccinating, I have distinguished myself as a physician by respecting the right of patients to evaluate the pros and the cons of each vaccine and make a decision with which they are comfortable for



themselves and their children. Parents should be encouraged to read the fine print. Every vaccine has killed somebody. I've had patients who've had horrible side effects from vaccines against practically non-existent diseases. I had a patient who became wheelchair-bound the rest of her life from Guillain Barre Syndrome induced by the flu vaccine.

As a resident, I once asked a pediatrician, "Which vaccines are most important?"

She looked at me like I was crazy. "All of them."

I responded, "But not all vaccines are created equal. Some of the diseases we vaccinate against aren't prevalent in society, whereas others are for more common treatable infections. And some have more side effects than others. So if you had a Amish family who only wanted their two-month-old to get one shot, which vaccine would you recommend?"

She furrowed her brow at me. "They're all important because they're all recommended!"

And that's as far most physicians will think on the matter. Doctors in ivory towers who are a lot smarter than us look at more evidence than we have time to evaluate and vote on which vaccines to recommend. How arrogant it seems for one busy physician or one home-making mother to contradict them!

The Pot Calls the Kettle Black

"You're not only putting your child at risk, you're putting other children at risk as well!"

"Your failing your duty as a parent by not vaccinating your child."

In 18 years of practicing family medicine, I cared for innumerable parents who at some point said they felt demeaned or berated by a physician or social service worker because they did not give their child all the recommended vaccines. What does it say of our facts if we have to resort to mental coercion to bully our patients to do what we want?

I've heard many parents who are reluctant to vaccinate ask, "What do I say to a family member who will not let my children around their children because they're fearful of my children giving them a vaccine-preventable disease?"

Here is my answer to that question: The CDC claims vaccines are "85-95% effective." As of 2015, there are twenty times more vaccinated children in the U.S. than unvaccinated children. Therefore, there are twice as many *non-immune* vaccinated children than there are unvaccinated children. So a vaccinated child is *more likely* to give an unvaccinated child a vaccine-preventable disease than the unvaccinated child is to give a vaccine-preventable disease to a vaccinated child! With evidence that vaccine immunity wanes more quickly than ordinary immunity, this is even more alarming.

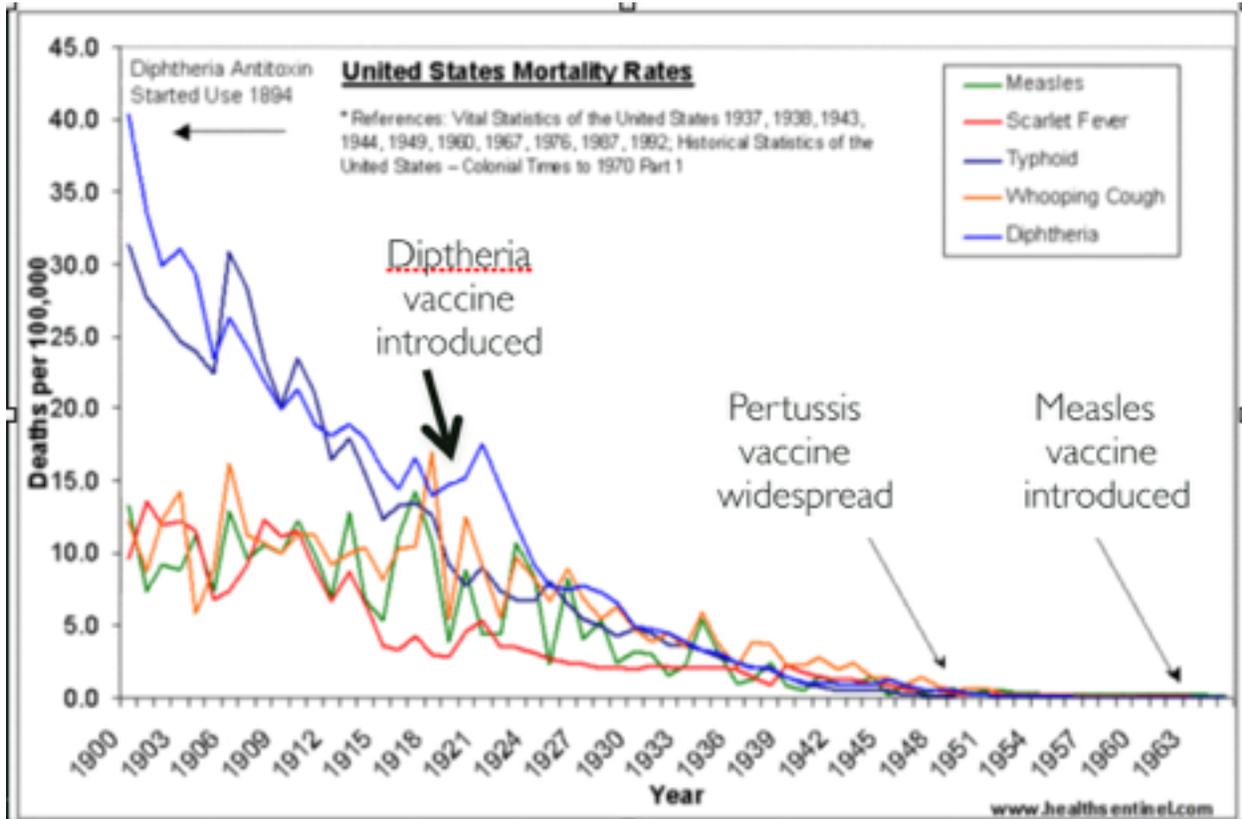
The CDC does certify vaccines are safe and effective, but how do they define those terms? Vaccine "effectiveness" in vaccination studies is not measured by comparing the rates of infection in vaccinated kids to an unvaccinated control group in a double-blinded controlled study. I wish. Instead, it's measured by the presence of antibodies to that pathogen. However, antibodies to a pathogen may or not grant immunity in the presence of the infectious pathogen. That's why, for example, the vast majority of pertussis cases we see are in vaccinated patients.

Here are two more examples: of the average 29 tetanus deaths annually going back a dozen years in the United States - only four of them are in non-immunized patients. Every flu vaccine produces antibodies to the flu pathogen, but in study after study, it cannot be shown to reduce the flu even in high risk populations. The 2018-19 flu vaccine has been shown to be largely ineffective at preventing the flu. Simply put, some vaccines are simply not that effective at preventing disease, even if they produce antibodies to that disease.

"But look at all the deaths vaccines prevented. Look how many people used to die from measles and polio and now those are rare due to vaccination."

This argument is based upon a myth. 90% to 95% of the decline in childhood disease infection mortality in the 1900s *preceded* vaccination. Some diseases, after all, will go away without a vaccine (bubonic plague, for example). Deaths from tetanus, pertussis (whooping cough), diphtheria, and measles were almost non-existent *before* immunization for that disease was implemented in society.

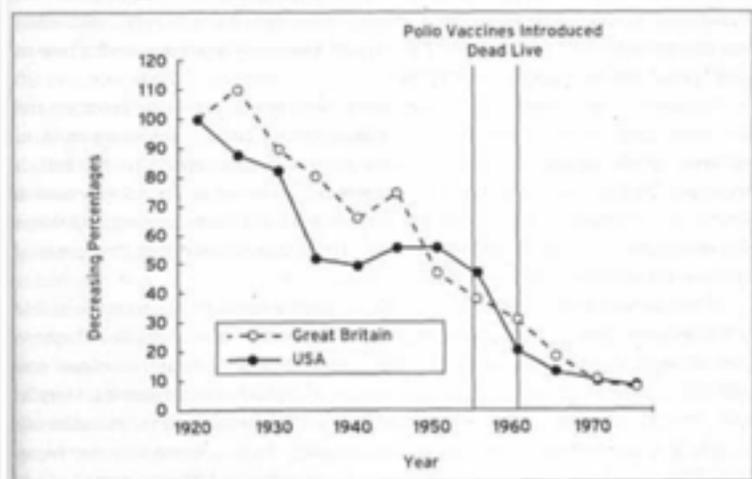
Look at the graph below that measures the infection rates of diphtheria, pertussis, and measles graphed by year in the United States.



How can the pertussis and measles vaccine be praised for reducing the deaths from pertussis and measles? It had almost no effect.

“What about the success of the polio vaccine?”

The Salk vaccine, which was the first polio vaccine, actually *increased* polio rates, *increased* the likelihood of paralysis if you concocted polio, and spread the cancer-causing SV-40 virus, which still causes cancer today! That’s only a success if you consider that an acceptable risk for eradicating



Before polio vaccination was widespread, mortality rates decreased in the US by 47% and in Great Britain by 55%

polio, but there's *no* evidence it eradicated or even reduced polio. Just because you pass a stop sign before you have a car accident, that doesn't mean the stop sign caused the accident. Like diphtheria, pertussis, and measles in the graph above, the effect of the polio vaccine on polio infection rates and death rates was negligible.

One certainly has to seriously "fudge" the definition of "effective" to claim vaccines are effective.

"Vaccines are proven to be safe."

Are they really?

One of increasing number of vaccine "whistleblowers," senior epidemiologist William Thompson was involved in evaluating data on the MMR vaccine. He admitted that data showing a correlation between the MMR and autism was deliberately left out of a landmark 2004 study that purported to deny a link between the MMR vaccine and autism. Why are specialists like Dr. Thompson praised when they bring a new vaccine to market but condemned when they retract that endorsement citing corrupt data, as so many of the researchers have?

The anecdotal evidence that vaccines increase the risk of autism spectrum disorder is undeniable. Thousands of parents have the same story: their four-year-old was developing normally, got his shots, then began to intellectually and socially deteriorate until they were diagnosed with autism.

No one can deny that the symptoms of mercury or aluminum poisoning are almost identical to the symptoms of autism. With every increase in the total thimerosal/aluminum dose in vaccines, there was a documentable corresponding increase in the number of patients diagnosed with autism, now 1 in 88 children. When the product inserts of vaccines document neurological damage as a potential side effect - seizures, encephalitis, transverse myelitis,

Guillain-Barre syndrome, and aseptic meningitis - it seems like a suspension of rationality for the medical community to so strongly deny the purported autism-vaccine link.

Sound Choice Pharmaceutical Institute in Seattle investigated which vaccines caused the most neurological damage and discovered the ones created from aborted fetal tissue cell lines are responsible.



Evaluating the Pros and the Cons of a Vaccine

There are so many factors to consider in evaluating whether a given vaccine is worth the risk. Admittedly, it's not easy. Some incurable diseases have a history of causing massive death rates. Some are curable but have painful remedies with the potential for more side effects than the vaccines. Parents cannot simply ignore the potential of vaccines to save lives.

But parents must do what's best for their children. Too often doctors make recommendations based on what is best for society. Physicians - especially the "ivory tower" doctors who vote on which vaccines to mandate - have the over-arching mission to eradicate disease in society. They will recommend a vaccine with far less benefit than risk in accordance with this over-arching mission. But parents have the priority to care for their own children above their neighbors' kids.

"If anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever" (I Timothy 5:8).

In calculating the risk versus the benefit, parents must consider the threat of a disease in today's society, not 50 years ago. In the past decade, for example, according to the government's Vaccine Adverse Event Reporting System, there has been one measles death in this country, but over 100 deaths from the measles vaccine. The risk of dying from the measles vaccines is statistically far, far greater than dying from measles!

How does a non-physician evaluate all the pros and the cons of all the vaccines? The information on the web is as diverse as the web itself!

These are the questions that should guide our decision-making about vaccines.

1. Is the vaccine ethical? (Was it created through the killing of babies?)
2. How severe is the disease being vaccinated against?
3. How treatable is the disease being vaccinated against?
4. What are the potential common side effects?
5. What are the potential severe side effects?
6. How many shots are recommended and how much immunity does it convey?

Can the Free Market Fix This Mess?

In 1986, faced with pharmaceutical companies going out of business due to vaccine-injury-related lawsuits, Congress established the National Childhood Vaccine Injury Act to shield vaccine manufacturers from liability. Thus, the government protects vaccine manufacturers from responsibility for their products, forcing taxpayers to foot the bill for brain-damaged kids.

A May 2011 study by Pace Environmental Law Review evaluated autism patients who were compensated by the government. The government paid out \$3.2 billion since 1989.

How can the free market impact the safety of vaccines if the government forces the taxpayers to pay up for all the vaccine-damaged children? Restoring free market pressures would force vaccine manufacturers to do double-blinded, placebo controlled studies proving safety and efficacy. They alone would be liable for what they produce. "Whistleblowers" would get their day in court to expose any intentional deception vaccine manufacturers employed in their studies. This would be bad for idiotic government vaccine mandates, but good for consumers and taxpayers. And very, very good for children.

