

Re: "The Vaccine Debate and Halacha"

In the last edition of **The Kuntres**, Rabbi Motti Sofer explored why most *poskim* are of the opinion that one has an obligation to vaccinate. The eloquently written article contained many facts, both historical and scientific. In this edition I wish to explore the dissent.

The Gemarah in Yevamos (92a) states that if *Bais Din Haqadol* errs, then those individuals who relied on *Bais Din* are usually exempt and only *Bais Din* must bring a *korban*. However, if *Bais Din* erred and *paskened* that Shabbos has concluded because they were under the impression that *shkiah* had arrived, but then it became apparent that the skies had merely darkened because of some clouds, then every individual that acted based upon that *p'sak* is liable to bring a private *chatas*. This is so because regarding matters of readily ascertainable facts, one cannot claim reliance on a *p'sak halacha* when the particulars are presented erroneously. It is therefore incumbent upon us to investigate and determine the true facts about the safety and efficacy of vaccines before we can arrive at a proper *halachic* conclusion.

### History of Diseases

History cannot be conveyed in a few short lines, and every disease carries a different etiology. Nevertheless, we can portray some of the facts that occurred during the transition period of the years before vaccines were commonplace to the years after. Rabbi Sofer's article begins with, "you've probably never had diphtheria, nor did anyone you know." However, you've probably never had scarlet fever, typhoid fever, or bubonic plague either, although the population at large was never vaccinated against these diseases. As a matter of fact, deaths from diphtheria had declined 98% from the year 1900 to the mid 1940's before the use of diphtheria vaccine became widespread. Similarly, the WHO (World Health Organization) claims that smallpox was globally eradicated through the smallpox vaccine although only an extremely minute amount of the world's population had ever been vaccinated<sup>1</sup>! Based on the CDC's vital statistics, measles mortality was down 98% before the measles vaccine was licensed in 1963<sup>2</sup>. The only thing the vaccine did was bring down the incidence of a benign disease. In addition, when contracted naturally, measles is documented in medical journals to sharply cut the risk of many cancers<sup>3</sup>.

If it wasn't vaccines that ended these epidemics, what else could it have been? Researchers point out the total lack of sanitary conditions coupled with long work days and intense child labor. These factors created the perfect environment for disease to thrive in. On Feb 25, 1920, the New York Times reported "A death from diphtheria should be condemned just as severely as a death from typhoid fever, both are entirely unnecessary and represent what is in effect a sanitary crime..."<sup>4</sup>. This is a lengthy topic, but we see from the *Gemarah* in *Kesubos* (77b) that *tzaraas* does not affect the people in *Bavel* because they eat certain foods and wash in the Euphrates river. The *Gemarah* may be underscoring how important it is to eat properly and keep proper hygiene. Entire chapters are dedicated to this subject in a book entitled *Dissolving Illusions* by Suzanne Humphries, MD and Roman Bystryanyk<sup>5</sup>.

### Polio

This country boasts that it has not had a single case of wild (not vaccine induced) polio in over two decades. Instead, since August 2014, 107 American children in 34 states have developed polio symptoms (such as paralyzed limbs)<sup>6</sup> with all the children being successfully immunized against polio<sup>7</sup>. This is in addition to all the children suffering from crippling Guillain-Barré syndrome (GBS), cerebral palsy, aseptic/viral meningitis, and many more crippling diseases. Prior to the creation of the polio vaccine all these diseases were classified as polio and no effort was made to diagnose if the inflammation

of the grey matter of the spinal cord was indeed caused by the polio virus. (For example, one US County, records that in July 1955 there were 273 cases of polio reported for 50 cases of aseptic meningitis, whereas in 1966 there were 5 cases of polio and 256 cases of aseptic meningitis.) The CDC states that polio is asymptomatic (presenting no symptoms of disease) in 95% of all cases. Only fewer than 1% of all cases of polio will result in permanent paralysis of the limbs. (Death only occurs in 0.05-0.1%)<sup>8</sup>. Major changes in diagnostic criteria that were implemented when the vaccine was unveiled also assisted to “eradicate” polio. Researchers have shown that DDT poisoning may have been responsible for the astonishing paralysis rate in the 1940- 50’s in which according to some reports, describe a paralysis rate of over 25%<sup>9</sup>. DDT is a nerve toxin with symptoms undistinguishable from polio symptoms. This dangerous chemical was touted to have human health benefits and was added to paints, swimming pools, household paints, etc. For some reason, however, we have never heard anyone damaged by DDT despite its infamousness. Hence much of the paralysis caused by the “polio epidemic” of the mid-20<sup>th</sup> century may not have been polio at all. (In fact a modern scientific publication has even cast strong doubt on President Franklin Roosevelt's well-publicized polio diagnosis. The conclusion of a team of modern researchers is that he actually had GBS and not polio as was originally believed<sup>10</sup>).

### **Vaccine Efficacy (effectiveness)**

Like all other issues pertaining to vaccines, it is senseless to lump the effectiveness of all vaccines together. Some vaccines seem to inhibit the diseases they were created to prevent while others are grossly ineffective. For example, the pertussis vaccine is known to be so notorious for its ineffectiveness that the US now recommends many repeated DTaP shots while other countries such as Japan and Sweden cut back on the use of the pertussis vaccine. Likewise, the mumps vaccine has limited efficacy. According to the CDC (Center for Disease Control), 90% of those who caught the mumps during the 2009-10 outbreak were vaccinated<sup>11</sup>! (Presently, Stephen A. Krahlung and Joan A. Wlochowski, two former Merck scientists, are suing Merck pharmaceuticals for faking the efficacy of the mumps vaccine by artificially adding mumps antibodies to rodent blood. This was done to make it appear as if the mumps vaccine produced sufficient antibody levels when in fact it did not.)

There are some vaccines, on the other hand, which seem to be more protective... but at what cost? Chickenpox is no longer contracted during childhood, but in its place we have shingles outbreaks in younger populations. The measles vaccine seems to quash the measles, but the unnatural route of infection via intramuscular injection has never properly been studied. The appearance of the measles rash is the end of the body fighting the infection with the body bringing the disease to its surface. Through a system of tricking the body not to develop the rash, we could be setting up the body to suffer the long term effects of chronic measles without realizing it. One measles complication is called “subacute sclerosing panencephalitis”. The symptoms are bizarre behavior, dementia (loss of cognitive [thought], emotional, and social abilities), gradual behavioral changes, myoclonic jerking (quick muscle jerking or spasms), academic impairments, [seizures](#), [unsteady gait](#), very tense muscles or muscles that lack tone, damage to the optic nerve or retina, muscle twitching (tics), and poor performance on motor coordination tests. Do any of these sound familiar? Are the many issues that are plaguing our children (ADD, ADHD, PDD-NOS, aspergers, autism, low muscle tone, etc.) really chronic effects of measles exposure via the vaccine?

Which brings us to the next topic...

### **Vaccine safety**

In the last issue, Rabbi Sofer alluded to “the miniscule risk” that vaccines are liable to cause. This not only downplays the risks of vaccines, but in effect ignores it altogether. The only risk mentioned in the article is the risk of severe allergic reaction due to the shot. In all my years of pro-vaccine-choice activism, I have yet to hear *one* person refusing to vaccinate based on concerns of allergic reactions to the vaccine components. While it is not clear to me where the author garnered his information from, researchers, scientists, and doctors have been sounding the alarm about vaccine complications for years. Seizures, SIDS, asthma, eczema, severe allergies to food, childhood diabetes, and childhood leukemia, among others, are all known and proven side effects of vaccination. Physicians such as Dr.’s Russell Blaylock, MD, Boyd Haley, MD, and Mark Grier, MD PhD explain how the vaccines have an extremely detrimental effect on the brain and body yet their admonitions are categorically ignored.

There are two types of studies: *In vivo* and epidemiological. *In vivo* studies analyze a compound or substance’s direct effect on the human body. Epidemiological studies, on the other hand, look at the incidence and distribution of disease. The latter can accurately uncover adverse events provided that all confounders are removed. If this is not done, one could blame deaths or adverse events on the study subject while in reality it was caused by something else. Since final results must be adjusted for these confounding factors, it must be ascertained that the study is carried out by an impartial and trustworthy person. Otherwise, he will “confound” the results to conform to his liking.

Interestingly, mercury, which is the second most toxic element on planet earth, has never even formally been tested in a lab to demonstrate that it is safe to inject into children. Only epidemiological studies, like the European study quoted by Rabbi Motti Sofer, were carried out. The study in question was performed by Paul Thorsen<sup>12</sup>, who compared autism rates only in hospital settings before the mercury was removed, to both in hospital and outpatient settings after it was removed, which obviously showed an increase, because 93% of all cases of autism in Denmark are diagnosed in outpatient clinics<sup>13</sup>! Not surprisingly, the author concluded that mercury in vaccines was not responsible for the increase. Incredulously, some suggested that the removal of mercury actually caused an *increase* in autism<sup>14</sup>! SafeMinds reported that “this finding is suspicious, and runs counter to all knowledge, science and common sense”. Thorsen has since been indicted on embezzling millions of dollars designated for the study and refuses to return to the USA and stand trial. In a study led by independent researchers, primates were injected with vaccines on a schedule adjusted to correspond with human development and an astounding thing occurred... the monkeys developed autism!!

As for the American study alluded to in Rabbi Sofer’s article<sup>15</sup>, its conclusions have since fallen to disrepute when one of the study’s lead authors, Dr. William Thompson, recently stepped forward and declared that he and his co-authors purposely manipulated the study’s data to remove any association to autism<sup>16</sup>! Oh... and for some reason the media didn’t announce that either.

One may be surprised to discover that even with epidemiological studies, there has never been a study with vaccinated vs. unvaccinated children. Who and what is holding them back?

Those who create vaccines, such as Dr. Paul Offit, assert that it is “unethical” to leave a group of unvaccinated children while the trial is being carried out. But evidently, to inject children with vaccine of unproven safety *is* ethical!

This must be understood amidst a backdrop of science that landed man on the moon over half a century ago, yet today we can’t figure out how to create a study of vaccinated vs. unvaccinated children.

The fact that numerous immunologists, microbiologists, and toxicologists have continually been warning of the direct effects of some vaccine components be it in books, medical journals and congressional hearings, only to be ignored by government agencies, lends credence to the fact that “there is something rotten in Denmark”.

Rabbi Sofer mentioned in his article that a doctor who wrote a study linking autism to MMR vaccine lost his license because he had falsified data. Here too, it’s not clear where the author got his information from. The reason Dr. Wakefield was stripped of his medical license was because the plaintiff claimed he did not have the ethical approvals for his study. This was later proven to be patently false, and the other doctor who lost his license together with Dr. Wakefield (Prof. John Walker-Smith) sued and got his license reinstated. On the other hand, Dr. Wakefield, who was driven broke, did not have the money needed to restore his license.

In Rabbi Sofer’s discussion, he writes “Many people choose not to get vaccinated out of fear about their safety. Some have had a child or other relative hurt by vaccine [*sic*], or so they believe”. This statement removes the article from being a halachic piece to an opinionated outlook. Is a parent who saw his own child walk, talk, and smile, only to regress and lose all these skills *immediately* after a vaccine, not to be believed according to halacha? Do a few *Goyim* with immense conflicts of interest carry more *ne’emanus* than the parents of thousands of children? This sentence is insulting to hundreds of *frum* parents who testify to the fact that their previously healthy children developed severe disabilities immediately after vaccination. In addition, the government maintains a Vaccine Adverse Events Reporting System (VAERS) in which 30,000 adverse events are reported annually. According to Dr. David Kessler, former chief of the FDA, this may only reflect as little as 1% of the true total...go figure.

This can be corroborated by speaking to those who chose not to vaccinate themselves and their children. People who decline vaccines don’t take it lightly. From *every single person* I’ve spoken to, it has been an excruciating decision, which usually only happens after *hundreds* of hours of research, and even then it is often only after a loved one suffered vaccine damage r”l. Those who have some children vaccinated and some unvaccinated will tell you of the *huge* difference in the health of their children, with the unvaccinated being far healthier.

Harris Coulter, in a book entitled “Vaccines, Social Violence and Criminality”, explains that there are secondary symptoms of encephalitis (brain inflammation) and these can lead to severe personality and learning disorders. Doctors are slowly starting to realize that more and more children are suffering from seizures than was previously imagined. Just a few months ago, there was an article written in a *frum* publication on how to identify “idiopathic infantile spasm”, which means subtle seizures for no apparent reason. Also, oftentimes when a baby seems to be “spacing out”, doctors are slowly recognizing it to be a mini seizure (absence-seizures).

When Coulter wrote his book twenty five years ago, he predicted that if we keep on vaccinating we will have a whole generation of emotionally handicapped children. He points out how these damaged children don’t clearly understand right from wrong. For the time being, his predictions are unfortunately turning out to be accurate.

Today’s vaccines share little in common with the smallpox vaccinations given in the 18<sup>th</sup> through early 20<sup>th</sup> centuries, where there was simply some infected pus placed into a wound. Today, there are attenuated and recombinant viruses, noxious adjuvants, and toxic preservatives all added into vaccines. Many of the diseases being inoculated for are benign and others have no prevalence in the *frum*

community at all. HPV and HepB both lend themselves to alternative lifestyles which from *yidden* do not engage in. It is ridiculous to say that since the *poskim* of yesteryear sanctioned the smallpox vaccine in times of plague, we should give our children 54 different vaccines for 14 diseases before their 6<sup>th</sup> birthday in relatively healthy times.

The article also points to the fact that very few payments are being handed out by the Vaccine Injury Compensation Program (VICP) “despite the fact that the claimants don’t have to prove causation. The (IOM) is tasked with adding more injuries to that list. Yet these claims are dropping”. Apparently, the author didn’t bother researching how, despite many new vaccines added to the childhood vaccine schedule in recent years, the list of injuries<sup>17</sup> has remained unchanged for about two decades. Likewise, it seems that he never listened to the congressional hearings of parents testifying that this system has put insurmountable obstacles in order to deny payouts. Although it is a so called no-fault program, as the author notes, it merely serves to guard corporate interests by not admitting fault... and by doing everything in its power to withhold the payouts.

An honest halachic exposé on vaccines must contain the pertinent facts regarding both safety and efficacy. By repeatedly pointing to the “miniscule” risks in vaccines, it’s obvious that the author paid little credence to what the other side has to say. By claiming that “all agree that if everyone would stop vaccinating it would mean millions of deaths every year”, it becomes apparent that he has not read history as well. As touched upon above, all of the terrifying diseases actually abated on their own before vaccines were introduced<sup>4,5</sup>. In some of the more benign diseases, the vaccine decreased disease incidence only to leave more serious problems in its wake.

### Law

One of Rabbi Sofer’s closing arguments is that we are required by law to vaccinate. This is fiction. There is no law that one must vaccinate. The law is only an arbitrary requirement to be up-to-date on vaccines to attend school unless one attains a proper exemption. The CDC admits that this law was not instituted to counter a public health threat, but rather a way to force compliance. According to the law, any “personal religious belief” qualifies for this exemption which would not depend on the halachic position, as the author posits.

### Halacha

Rabbi Sofer takes the stand that preventive medicine is warranted and obligated in the Torah. True. But not all true. The Igros Moshe (*Orach Chaim* 3, 90) writes that it is prohibited to do invasive preventative medicine, and definitely not on a child (*Igros Moshe Y”D Chelek* 4, 40:2), because of the inherent risks involved. Based on the above, R’ Shlomo Zalman Aurbach ruled specifically regarding vaccines, that a doctor cannot force a patient to receive a vaccine (*Nishmas Avraham Vol. 4, 243:1*).

Based partially on the above, but mainly upon a wealth of other available information, numerous prominent *poskim* have come out strongly that one cannot deny entrance of an unvaccinated child to school. Furthermore, some *poskim* have even stated that one whose research led him to believe that vaccines are in fact dangerous, can no longer apply to themselves the principle of “*shomer p’sa’im Hashem*”, and may be prohibited from vaccinating. These *poskim* have spoken to doctors and have had dozens, if not hundreds, of parents crying to them how their children were damaged for life after vaccination. (One world renowned *gadol* related to me that his own 16 month old son had become autistic immediately after vaccination.) Their opinion is based on Halacha and *metzius*, not on Halacha and

governmental/pharmaceutical propaganda. No one is saying that vaccines do not have their merits, but with the current inability to sue the manufacturer (due to the way the vaccine court is set up) there is less incentive for the manufacturer to make them safer. If vaccines were truly safe, then there would be room for discussion, but in light of the above and a colossal amount of additional evidence, there leaves little doubt where the true halacha rests.

1 *Journal of the Royal Sanitary Institute*, vol. 6, 1946, p. 176.

2 Vital Statistic Rates in the United States 1940- 1960 pg. 93

3 Albonico et al; *Med Hypotheses* 1998; 51(4): 315--20

Montella et al; *Leuk Res* 2006; 30(8): 917--22

Alexander et al; *Br J Cancer* 2000; 82(5)

Glaser et al; *In J Cancer* 2005; 115(4): 599--605

4 "Reports 60 Cases of Diphtheria Daily, Dr. Copeland Plans Campaign Against Approaching Epidemic Stage, 274 Deaths This Year," *New York Times*, February 25, 1920.

5 2013

6 USA Today

7 National Geographic

8 "Polio Disease In-Short," Center for Disease Control & Prevention, Dept of Health and Human Services, [www.cdc.gov/vaccines/vpd/vac/polio/in-short-both.htm](http://www.cdc.gov/vaccines/vpd/vac/polio/in-short-both.htm).

9 Victor Cohn, *Sister Kenny: The Woman Who Challenged the Doctors*, University of Minnesota Press, 1975, p. 42.

10 Goldman et al., "What Was the Cause of Franklin Delano Roosevelt's Paralytic Illness?" *Journal of Medical Biography*, vol. 11, 2003, pp. 233-240.

11 Centers for Disease Control and Prevention. 2010. Update: mumps outbreak—New York and New Jersey, June 2009–January 2010. *MMWR* 59(5):125–9.

12 Madsen KM, Lauritsen MB, Pedersen CB, Thorsen P, Plesner AM, Andersen PH,

Mortensen PB., "Thimerosal and the occurrence of autism: negative ecological evidence

from Danish population-based data.” *Pediatrics*, September, 2003 Sep;112(3 Pt 1):604-6.

13 Kreesten Meldgaard Madsen, M.D., Anders Hviid, et. al. “A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism.” *New England Journal of Medicine*, November 7, 2002

14! Anders Hviid, MSc; Michael Stellfeld, MD; Jan Wohlfahrt, MSc; Mads Melbye, MD, PhD “Association Between Thimerosal-Containing Vaccine and Autism,” *Journal of the American Medical Association*, 2003;290:1763-1766. Vol. 290 No. 13, October 1, 2003.

15 “Immunization Safety Review: Vaccines and Autism,” Immunization Safety Review Committee Board on Health Promotion and Disease Prevention Institute of Medicine of the National Academies, The National Academies Press Washington, D.C.

16! [www.morganverkamp.com/august-27-2014-press-release-statement-of-william-w-thompson-ph-d-regarding-the-2004-article-examining-the-possibility-of-a-relationship-between-mmr-vaccine-and-autism/](http://www.morganverkamp.com/august-27-2014-press-release-statement-of-william-w-thompson-ph-d-regarding-the-2004-article-examining-the-possibility-of-a-relationship-between-mmr-vaccine-and-autism/)

17 Vaccine injury table §100.3