<u>שאלה</u>: non-vaccinated children are said to pose a risk to other children and teachers, especially pregnant teachers, in the school they attend. Do parents have the right to refuse vaccinating their school-age children? May the principal refuse to let unvaccinated children attend school, even when the parents of such children have produced a valid religious exemption?

<u>תשובה</u>: This שאלה is based on the assumption that vaccines are as effective and safe as promoted by the government, pharmaceutical companies and most pediatricians. Although there is no doubt that vaccines are able to produce immunogenicity responses, thus conferring some protection from disease, there is also no doubt that vaccines may at times cause serious adverse events, neurological or immunologic damage, and death. Therefore, we will have to investigate to what degree are vaccines effective and to what degree they are safe, in order to address this שאלה properly.

Nevertheless, I would like to preface this presentation with a topic that requires no medical, scientific or statistical knowledge, and yet, may well resolve our שאלה. I will then address the issues of vaccination safety and effectiveness.

- **PREFACE:**
  - **Halachic rights.**
  - **Legal rights.**
- **Vaccination Safety:**
  - **Short-term.**
  - **Long term.**
- **Vaccination Benefits: Is one <u>allowed</u> to vaccinate?**
- **What about the pregnant teachers?**
- **What about immuno-compromised children?**

Preface

Halachic rights

Although vaccines may offer substantial benefits, they are not free of side-effects and risks. Even pharmaceutical companies and the medical community concede that serious adverse reactions and death may sometimes occur from vaccinations. This brings to mind the following: A heart patient is failing, ר"ל, and his doctor only gives him a few more weeks to live. The doctor offers the patient the option of undergoing heart surgery that could give him a new lease on life. The surgery is successful in 35% of cases, but in 65% of cases the patient does not survive the operation. A doctor may recommend such an operation without hesitation, arguing that the patient is dying anyway and that this surgery gives him some good chances of survival. But the הלכה says otherwise, for there is here a חשש of איסור חמור דרציחה. Although הגאון הרב חיים עוזר זצ"ל held it is permitted to undergo the surgery even if the chances of survival are less than the risks of death, the משנת חכמים and אגרות משה held that unless the chances of survival and cure are over 50%, such an operation may not be permitted[1] (the אגרות משה concludes that,
"כיון שהאחיעזר מתיר, מי יוכל למחות במי שרוצה לסמוך עליו"[2]). Even according to the view of the אחיעזר, Hagaon Horav Elyashiv, Shlita, requires a minimum of 30% chances of success in order to allow a risky surgery[3].

Even if the rate of survival is 50% or more, although the patient **may** undergo the surgery, he is not always obligated to do so. According to the יו"ד ח"ג סי' ל"ו (אג"מ), even though he is anyway in סכנת נפשות, he is only obligated to undergo the surgery where the chances of success are greater than the chances of failure.

But this is all in regards to someone who is seriously ill. What about an individual who is perfectly healthy but is offered to undergo a medical procedure for the benefit of someone else? For example, if a person has suffered kidney failure and dialysis is not really an option for him, can we obligate his brother to donate a kidney in order to save his life? Can we obligate someone to assume a small risk in order to save a dying person? Although the ירושלמי holds that one must undertake a risk to his life in order to save someone else from certain death[4], the חו"מ סי' תכ"ו סק"ב (סמ"ע) writes that the מחבר and רמ"א omitted this opinion because the בבלי disagrees, and that this is also the view of the רמב"ם, רי"ף and רא"ש. The שם סק"ב (פ"ת) brings from שו"ת הרדב"ז that if a גוי wants to cut someone's finger or else he will kill another Jew, one is not obligated to let himself be mutilated in order to save someone else's life, and this is the מסקנא of other פוסקים as well[5] (the רדב"ז is also of the opinion that if the mutilation of one's finger presents life-threatening risks, one who would give in to the terrorist's request should be considered a חסיד שוטה, even though he would be saving someone from

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[1] ע' שו"ת אחיעזר (יו"ד סי' י"ז אות ו'), אג"מ (יו"ד ח"ב סי' נ"ח, ח"ג סי' ל"ו, וחו"מ ח"ב סי' ע"ד אות ה'). וזה דלא כמו שכתב ביו"ד ח"ב סי' נ"ח, וכנראה שחזר בו ממה שכתב בתשובה זו; והלכה כמשנה אחרונה.

[2] אג"מ יו"ד ח"ג סי' ל"ו, סד"ה אבל.

[3] מפי הרב יצחק זילברשטיין שליט"א, וכן כתב בספרו שיעורי תורה לרופאים (ח"ג סי' קס"ט, עמ' 152).

[4] Even according to the ירושלמי, the risk he will be undertaking must be smaller than the chances of success.

[5] ע' באור שמח (פ"ז מרוצח ה"ח) ואגרות משה (יו"ד ח"ב סי' קע"ד אות ב').

certain death. Others disagree with the רדב"ז on this point)[1]. Consequently, although one may donate a kidney and save his brother's life, one is surely not obligated to do so. Since there is a small risk involved in donating an organ, by refusing to save his brother's life one would not transgress the איסור of לא תעמוד על דם ריעך. The יד אברהם[2] is of the same opinion, and brings from the פכ"א מאישות הל' י"א (רמב"ם) that even if only physical pain is involved, a person may place his own personal comfort before someone else's life! Although the ראב"ד disagrees with the רמב"ם on this last point, everyone agrees that where some level of danger is involved, a person may place his personal safety before someone else's life[3].

In theory, vaccination is similar to this last scenario: the child is healthy, but doctors want to inoculate him with a foreign substance that has the (small?) potential of harming or killing him, in the hope of protecting him and others from potential, future harm. May he refuse such a vaccination because of the חשש of serious adverse reaction (even if we will concede for the time-being that such a חשש is small)? Yes. Can a פוסק be מחייב him to get vaccinated? Absolutely not. על פי הלכה, no one can force an individual to take a risk, even if the benefits are great and outweigh those risks.

Vaccination is yet different, for in so doing, one does not take a risk to save someone from actual danger, but only to protect himself and others from theoretical risk. In such a case, הגאון מרן רב שלמה זלמן אויערבאך זצ"ל ruled that one is not even **permitted** to undergo a medical procedure unless no real risk is involved and only minimal discomfort is caused[4]. As it is medically recognized, vaccination involves real and substantial risks, putting the היתר for vaccination in great question. Additionally, we will see that, contrary to common belief and many doctors' claims[5], the risks from vaccines might be much greater than their benefits, casting further doubts and questions on the permissibility of vaccination practices.

In addition, some of the vaccines required by the AAP do not provide any substantial benefit whatsoever while at the same time carrying quite substantial risks. Consider the Hepatitis B vaccine, for example: By the time a child turns one and half years old, he is supposed to have received 4 doses of the vaccine, with the first dose administered at birth. Hepatitis B can only be contracted sexually, by sharing infected needles or through exposure to infected blood, so the need for our children in our community (let alone the infants) to receive these shots is practically nil. On the other hand, the vaccine carries real risks. According to the vaccine manufacturer, a severe allergic reaction occurs in each 1 million doses (which means, in 1 per 250,000 vaccinees), making the risks of the vaccine much higher than the benefits. In addition to the other known risks associated with the vaccine, a *frum* Lakewood pediatrician testified that an infant he had inoculated with the Hepatitis B vaccine contracted Hepatitis B as a result of the shot (the medical establishment still maintains the vaccine does not cause the

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[1] ע' שו"ת הרדב"ז (ח"ג סי' תרכ"ז) [אלף נ"ב].

[2] יו"ד סי' קנ"ז סעיף א'.

[3] ע' אה"ע סי' פ' סעיף י"ב, ובח"מ וב"ש שם, וע' קובץ תשובות למרן הגאון רב אלישיב שליט"א (ח"א סי' קכ"ד ד"ה ולעצם).

[4] ע' ספר נשמת אברהם יו"ד סי' קנ"ז סק"ד בשם הגרש"ז אויערבאך זצ"ל.

[5] ומטעם זה שאין המציאות כפי מה שאומרים הרבה רופאים, כל פסק בענין זה צריך בדיקה אם הרב שמע וידע טענת ב' הצדדים קודם שהורה בדבר, או אולי שאל את פי רופא אחד ופסק על פיו, בלי לדעת שיש מחלוקת מציאות בדבר.

disease[6]). As scores of doctors concede, vaccinating all infants and children against Hepatitis B makes absolutely no sense and cannot be justified halachically. A *frum* pediatrician reported in his letter (see document #1), "**the AAP admits that the only reason we immunize children against hepatitis B is because we have a captive audience. To vaccinate an infant on his first day of life with a foreign agent such as the hepatitis B vaccine borders on malpractice. There is no medical reason for it. We are putting individuals at risk to protect the population from a disease that is purely a function of lifestyle.**" Since the Hepatitis B vaccine provides no substantial benefits to the average child and carries definite risks, there can be no question that inoculating all children with it is a flagrant violation of the commandment of ונשמרתם מאד לנפשותיכם, and goes against our religious beliefs. Consequently, supporting and enforcing policies that try to force all vaccinations (including the Hepatitis B vaccine) on our children is but the desecration of one of the מצוות of the תורה.

Recently, a group of *frum* medical doctors in Lakewood wrote a strong letter urging the local *frum* schools not to accept any child whose parents refuse to have them vaccinated, on the grounds that these children are posing a health hazard to the (pregnant) teachers and the student body, and they tried to garner the support and signatures of the local Rabbonim. When this letter was shown to HaGaon HaRav Shmuel Kamenetzky, *Shlita,* he dismissed it with the wave of his hand and said, "How can we coerce someone to vaccinate his child, when vaccination carries a potential risk of causing death?" The reading of that letter upset HaGaon HaRav Shlomo Miller, *Shlita*, as well; he immediately took his pen and wrote at the bottom: "מה שכתוב למעלה אינו כפי דעת תורה". HaGaon HaRav Shmuel Kamenetzky, *Shlita,* stated that, "Since it is universally recognized that vaccines can cause severe adverse reactions and deaths, halachically no one can be forced to vaccinate his children, and every parent retains the right to choose whether to vaccinate or not vaccinate his children. Schools should accept non-vaccinated children without discrimination." HaGaon HaRav Shlomo Miller, *Shlita*, ruled that, "Forcing someone to vaccinate his children against his will when the school is not compelled to do so by law, is against *Daas Torah*."

It has been reported that Maran Hagaon Rav Elyashiv, *Shilta*, told a doctor that one must vaccinate his children. Let's assume that this report is true, does it mean that Rav Elyashiv, *Shlita*, is חולק on Rav Shmuel Kamenetzky, *Shlita*, Hagaon Harav Shlomo Miller, *Shlita* and Hagaon Harav Shmuel Furst, *Shlita*? Not necessarily. As we all know, the correctness of a תשובה depends directly on the correctness of the information provided with the שאלה, and this is all the more true with פסקים coming from Maran HaGaon HaRav Elyashiv, *Shlita*. If a *frum* doctor convinced of the crucial importance of mandatory universal vaccination came to Moran Harav Elyashiv, *Shlita*, and told him, "Vaccines are very safe and very crucial to the population's health, yet some parents refuse to vaccinate their children because of unfounded fears", in most likelihood he will receive the reply that such parents are obligated to vaccinate. Does this mean Rav Elyashiv, *Shlita*, paskened that vaccines are safe and effective? Absolutely not. Does it mean he would uphold his psak if aware there may be very substantial and documented risks to vaccination, or even if only aware the medical establishment itself recognizes

[6] When he reported this to the federal agency, they were quick to say -without any basis- that the child must have caught it elsewhere, although he assured them there had been no interaction of infected blood products or infected needles with this baby whatsoever. As a result of this occurence, he now refuses to vaccinate people against Hepatitis B unless they are really at risk or unless they specifically request it.

there are some adverse-effects to vaccines? Most probably not. There is no reason to believe that Maran HaGaon HaRav Elyashiv, *Shlita*, would pasken differently from all the Halachic sources we brought. Consequently, this alleged psak is of very limited value for those objectively interested in the אמת לאמיתה של תורה, as the מפרשים explain: אמת עפ"י מציאות, לאמיתה עפ"י תורה.

Some have brought proof to the permissibility and benefit of vaccines from the words of the תפארת ישראל praising the impact of small pox vaccination in saving thousands of lives. However, this argument is completely inappropriate. No one has argued against the smallpox vaccination at a time and place where smallpox was decimating entire towns. However, today the risks from all the diseases we are vaccinating for are far, far smaller, and the evidence for short-term and long-terms adverse reactions is real, so the analysis of risks versus benefit is very different from the time of the תפארת ישראל.

Some have expressed the opinion that the הלכה must follow the opinion of the majority of doctors, who support vaccination practices. However, this is only true when the doctors' opinion is the result of personal research and unbiased experience. Most doctors who support vaccination have never personally researched the subject of vaccination properly. **They simply accept and repeat whatever they have been taught in medical school[1] and, therefore, cannot be counted as multiple voices.** This is similar to what the יד סק"ו מ' סי' ד"יו)ש"ך) writes, that the הכרעה of the טור and רבינו ירוחם like the ש"רא does not constitute a true הכרעה, because the טור and רבינו ירוחם were תלמידים of the ש"רא and naturally rule in favor of his opinion[2]. If this is true of the טור and רבינו ירוחם who were גדולי תורה of their own right and who did sometimes rule against the ש"רא when it appeared right in their eyes, it is all the more true in regards to medical doctors who have not done any personal research on vaccinations and just repeat the argument they have been taught. Unlike physicians of yesteryear who gleaned most of their knowledge from experience and developed their own educated opinions on medical matters, modern medical doctors rarely have the opportunity to develop their own research on the benefits and side-effects of new medications and procedures and rely blindly on the guidelines set forth by the AMA and AAP. Therefore, their opinion cannot serve as an הכרעה, even if they are the majority[3] (the opinion of a

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[1] Indeed, a *frum* pediatrician testified the following (see document #1):

> It is important to realize that routine vaccination is not universally recommended by all conventionally trained, mainstream physicians. To say so is misleading. In my experience, the majority of physicians who accept the current recommendations of the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) have never personally researched the subject in-depth. They are just repeating an argument they have heard without really expressing a well-researched, thought-out opinion. I myself, for many years, also accepted the basic recommendations and philosophy of childhood vaccination. Once I began to entertain the possibility that there may be serious concerns with their safety and efficacy, I researched this topic myself. I have come to the conclusion that there are indeed serious concerns with the way vaccines are delivered, to whom and when they are delivered, and what is delivered."

[2] וז"ל הש"ך שם "יש אוסרים. בספר לחם חמודות פסק להקל וכ' דאע"ג דבשו"ע לא הכריע היינו מפני דאשתמיט ליה להב"י דברי רבינו ירוחם שכתב דהעיקר כהמכשירים ויש לנו לילך אחר המכריעים האחרונים שהם הטור ורבינו ירוחם עכ"ל, ולפעד"נ דגם הב"י ראה דברי ר' ירוחם ואפ"ה לא הכריע להקל משום דהטור ורבינו ירוחם הם תלמידי הרא"ש הנמשכים תמיד לשיטת הרא"ש ואין ראיה מהכרעתם."

[3] As an example, in a case of פיקוח נפש, if one graduate from Princeton University and one graduate from Harvard University share one opinion, and a hundred graduates from Columbia University have a

hundred sheep doesn't override the opinion of one shepherd). Additionally, as a result of most doctors' blind trust in the AAP's claims, any adverse effect from the vaccine is systematically dismissed as coincidental, as we will see. Therefore, most doctors' opinion is the result of neither personal research nor unbiased experience, and cannot be taken into account when trying to determinate the majority of opinions.

Someone suggested that, although halachically one cannot force parents to immunize their children, schools may have the right not to accept non-immunized children for, by doing so, they are not forcing the parents to vaccinate, rather they are just telling them their children cannot come to school without vaccination.

However this, too, is against דעת תורה: The גמרא says in בבא מציעא)קא:(: "האי לנקטיה בכובסיה דלשבקיה לגלימא?".רש"י explains "כיון שמעלה על דמיו אין לך מוציא גדול מזה". Halachically, creating a situation in which the parents have no other alternative than giving in to vaccination policies is also a form of coercion.

Some doctors have claimed that, "children who are not immunized are potential reservoirs of the very organisms they were not immunized against and, therefore, are potential רודפים because they may expose others to grave risk". Halachically, this claim is fundamentally incorrect: If ראובן refuses to give a kidney to save his brother's life, can we call him a רודף? Absolutely not. Halachically, children who are not vaccinated for religious reasons - because their parents are concerned about the recognized (and not so recognized) risks of vaccines - fall into the exact same category. Furthermore, according to the above claim, the under-immunized children (due to allergies or other health condition) should also be labeled as רודפים and be kept out of school, for one is considered רודף even if he is עובר במעי אמו יוכיח)רודף בעל כרחו(. Additionally, there are still hundreds of diseases for which there is no vaccine. Consequently, according to the above claim, every single individual should be considered a רודף, being a potential carrier of the CMV virus, Epstein-Barr virus, various strains of meningitis not covered by the meningitis vaccine, and many, many more deadly germs. Accordingly, no one should go to *shul*, teach in school or walk in the street, lest he be considered a רודף for exposing others to the dozens of dangerous germs he might be carrying. Obviously, although everyone is effectively the potential carrier of hundreds of deadly germs at any given time, one cannot have the status of a רודף for mingling with others unless it has been clearly established that he actually carries such a germ.

Even when a person lives together with a family member afflicted with strep, meningitis, CMV, or any other injurious pathogen, we do not require him to stop going to *shul*, to stores or to any other public area, even though it would be quite reasonable to suspect him of being a carrier of that germ; all the more so in our case, when the probabilities of an unvaccinated child carrying the germs for one of the diseases for which there is a vaccine are much, much more remote. **Unless an individual <u>actually</u> carries the pathogen of a highly contagious and dangerous disease (and even in such a case, whether this person would have the halachic status of רודף should be left to גדולי הפוסקים), he does not have the status of רודף by mingling with other people.** It is therefore not surprising that, when he recently heard of the above attempt to label

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conflicting opinion (based only on what they were taught), it is פשוט that the hundred graduates from Columbia University only count as one and that we should follow the opinion of the other two graduates.

unvaccinated children as רודפים, Hagaon Horav Shlomo Miller, *Shlita*, affirmed that this claim is against דעת תורה.

What becomes manifest from all the above is that refusing to vaccinate one's own children is certainly permitted according to הלכה (if not mandated), and no one has the right, halachically, to force someone else to vaccinate himself or his children. These children may go to school like everyone else and do not have the status of רודף in any way.

In the spring of 2012 rabbi Kanarek from Beis Rivka Rochel in Lakewood asked Dr Shanick to write down his reasons why schools should refuse unvaccinated children; they also asked one of the non-vaccinating parents to write down his justifications, and they sent both documents to Rav Eliezer Dunner of Bnei Brak who presented them to Maran Hagaon Rav Chaim Kanyevsky Shlita, asking him to rule whether schools should accept or refuse children who are not vaccinated. Rav Dunner Shlita wrote back the following:

To whom it may concern

Concering children whose parents don't allow them to be vaccinated, I asked מרן הג"ר חיים קניבסקי שליט"א if one has the right to stop them coming to school or חדר because they might cause other children to become ill ח"ו:

He answered that <u>one cannot stop them</u> from coming to school or חדר.

I understood from him that the חשש that these not-vaccinated children could cause other children who were vaccinated to become ill is so remote that this חשש cannot be taken into consideration as a reason to stop the not-vaccinated children from coming to school or חדר.

He added that if there are parents of vaccinated children who are scared that their children might become ill because of those children who are not vaccinated, then they should keep their vaccinated children at home, but I understood from him that since the חשש is so remote, that they don't have to be scared.

"בברכת "והסירותי מחלה מקרבך ואת מספר ימיך אמלא
אליעזר הלוי דינר.

On the 29th of Tishrei 5774 (Oct. 30th 2014), many Poskim and gedolim signed the following letter:

The Torah commands, ונשמרתם מאד לנפשותיכם (דברים ד, טו). This Biblical commandment requires one to be very vigilant in caring for one's life, and to refrain from any action that may put his life or health in danger. The benefits and risks of vaccination is a much debated topic in medical and scientific circles. Although one may follow the opinion of most doctors and choose to vaccinate his children, the individual who has done his research has the obligation to act according to his knowledge. If his research has led him to understand that the risks of vaccination are greater than its benefits, and particularly when his view is supported by many medical doctors and researchers, the commandment of ונשמרתם מאד לנפשותיכם obligates him to shield his children from vaccines. This is even more so when a parent has reasons to believe that his children are sensitive to vaccines. To act otherwise would be a transgression of the above Biblical commandment.

Schools must honor the request for religious exemption from such parents, for it is entirely justified. Coercing parents to vaccinate against their will under the claim of protecting the public is a display of lack of בטחון, for the risk that the unvaccinated children are posing to the public is statistically so small that it is not the duty of a מאמין בה' to worry about it (see the letter of Rav Chaim Kanievsky Shlita. The medical establishment, too, is of the opinion that this risk is insignificant. This is the reason why schools are obligated by law to accept religious exemptions as long as there is no outbreak of preventable disease.). Additionally, anyone coercing someone to vaccinate against his better judgment becomes responsible before Hashem for any adverse reaction - big or small - that could result from it, ח"ו.

This letter was signed by (in chronological order): HaRav Shmuel Kamenetzky (R"Y of Philadelphia Yeshiva), HaRav Shmuel Meir Katz (Possek in Lakewood), HaRav Eliezer Halevi Dunner (Rav and Dayan in Bnei Brak), HaRav Arieh Malkiel Kotler (R"Y of BMG, Lakewood), HaRav Binyamin Zev Halpern (Rav in Lakewood), HaRav Elyah Ber Wachtfogel (R"Y of South Fallsburg Yeshiva), HaRav Asher Hashwal (Rav and Dayan in Flatbush), HaRav Mattisyohu Salomon (Mishgiach of BMG, Lakewood) and HaRav Aharon Schechter (R"Y of Chaim Berlin Yeshiva, Flatbush).

Legal rights

New Jersey State Law reads as follows:

> **8:57-4.1** This subchapter shall apply to all children attending **any public or private** (emphasis added) school, child-care center, nursery school, preschool or kindergarten in New Jersey.
>
> **8:57-4.4 a)** A child shall be exempted from mandatory immunization if the parent or guardian objects thereto in written statement submitted to the school, preschool, or child care center, signed by the parent or guardian, explaining how the administration of immunizing agents conflicts with the pupil's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.
>
> **b)** Religious affiliated schools or childcare centers shall have the authority to withhold or grant a religious exemption from the required immunizations for pupils entering or attending their institutions **without challenge from any secular health authority** (emphasis added)**.** (New Jersey Administrative Code Citation, Amended on September 20, 2003).

This law states explicitly that children **shall be exempted** from mandatory vaccines if the parents provide a signed religious exemption statement.

The first paragraph explicitly states that this law is binding for any public or private school: **Even a private school is required by law to accept religious exemptions.** To guarantee separation between church and state, the last paragraph gives religious affiliated schools the authority to grant or withhold a religious exemption without challenge from secular health authorities (the wording of this clause and the fact that it is not granted to other private schools makes it very clear that its purpose is only to uphold the principle of separation of church and state). In other words, only if a religious school adheres to religious beliefs that require immunization can it withhold a religious exemption. Furthermore, the law states explicitly that the school may establish its policy regarding vaccination "without challenge from any secular health authority." In other words, a religious school is free to bind itself to the *Daas Torah* of the *Gedolim* mentioned previously (namely HaGaon HaRav Shmuel Kamenetzky, *Shlita*, HaGaon HaRav Shlomo Eliyohu Miller, *Shlita*, and HaGaon HaRav Shmuel Furst, *Shlita*), and no school doctor, school nurse, or health department official has the right to challenge that decision.

Additionally, we have already demonstrated that, עפ"י הלכה, one cannot force someone else to vaccinate his children and that non-immunized children may go to school with other children, as they do not have the status of רודף. Consequently, no religious Jewish school may claim that its religious beliefs require immunization and, **by State Law**, **all religious Jewish schools must accept religious exemptions provided by parents.**

In conclusion, it is quite clear that one has every right -halachic and legal- to refuse vaccinating his children (even if the benefits of vaccination would be much greater than its risks, as doctors and pharmaceutical companies would like us to believe), and that no one has the right nor the authority to force him otherwise.

Consequently, I believe that our שאלה can be brought to a clear conclusion without going any further.

Schools are concerned about their moral responsibility towards the other people in schools, and particularly towards pregnant teachers, who are said to be at risk from exposure to non-vaccinated children who may carry disease-causing agents. However, I have already explained that, halachically, neither are the parents obligated to vaccinate their children, nor does a school have the authority to force them to do so. What this means is that a school should solely concern itself with its obligation to teach תורה to all children, and leave to Hashem a responsibility belonging to Him alone (childhood diseases are sent by Hashem and, as long as parents and schools act according to הלכה, childhood sickness remains the responsibility and concern of Hashem only). Additionally, one should realize that a school forcing vaccination upon its pupils -when הלכה and State Law does not mandate it- automatically becomes morally and Halachically responsible for all adverse effects of vaccination.[1]

However, in order for Rabbonim and laymen (including teachers and principals) to better understand the decision of parents refusing vaccination, and in order to explain why and how vaccination may violate the commandment of ונשמרתם מאד לנפשותיכם, we will need to look into the alleged safety and effectiveness of vaccines. What will follow is a very short overview of the evidence available on the subject. Dozen and dozen of serious books and articles written by medical doctors and scientists have been written on the subject (I have included a partial bibliography at the end of this document), but I will keep my presentation short and bring only a very small fraction of the material available.

[1] When accepting to vaccinate his child, a parent must sign a release form, stating that he or she understands and accepts the responsibility and risks involved. In regards to parents concerned about the vaccines safety but forced by the school to vaccinate their children, who would sign the form and take responsibility? Surely not the parents, for they are quite concerned about the vaccine possible harmful consequences: if not for the school demands, they would not even think of vaccinating. Are the schools ready to sign the form and accept responsibility for these children, should an adverse reaction occur, ח"ו? Are the schools ready to pay for medical and caring expenses or to physically care for these children, should neurological damage or physical disability occur from the vaccines forced upon them?

Vaccines: are they safe?

As we have mentioned, vaccination carries certain risk; but how great is this risk exactly? We must consider two different risks: short-term adverse events occurring within hours or days of the inoculation of the vaccines, and long-term adverse effects, which may not be felt until years later.

Before I start, I must mention that entire volumes have been written on these issues (for a partial listing, see the Bibliography at the end of this document), but due to the need of keeping this presentation short, the evidence and arguments I will bring are only כטיפה מן הים of the information available to the unbiased inquirer.

Pro-vaccination doctors and pediatric associations are sometimes quick at dismissing such information as one-sided, coincidental, anecdotal, etc., and quickly brandish statements from the CDC, IOM (institute of medicine) and VSC (Vaccine Safety Committee) that all such reports have been evaluated by scientists and proven to be unfounded. If so, it remains quite strange that so many M.D.s, scientists and independent researchers have concluded that the safety of vaccines is doubtful, at best[1] (**see documents #1-2 for statement from *frum* M.D. sharing this opinion),** and many M.D. and members of the American Association of Pediatrics do not vaccinate their children (**see document #1**, as well as the dozens of books against vaccination policies written by M.D.s and pediatricians).

One must understand the huge political and financial interests at stake in the issue of vaccination. One should bear in mind that many of the studies mentioned by doctors in support of vaccination effectiveness and safety were carried out by the manufacturers, or for them. Their interests and investments in vaccines are enormous, and generate a huge interest in making sure that the results will turn out in their favor.[2] Indeed, pharmaceutical

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[1] As an example, the AAPS (American Association of Physicians and Surgeons, a 4,000 member-strong organization) has requested an immediate freeze on Hepatitis B vaccination to children until the safety of the vaccine can be further evaluated.

[2] Vaccines represent a multi-**billion** dollar-a-year venture for pharmaceutical companies, and they use all the pressure, clout and bribing available to protect their profits, by sponsoring many activities, research projects and/or publications of the AAP and other organizations. Additionally, when a pharmaceutical company finally applies for licensure of a vaccine after many years of research, the money invested in that research and development is tremendous, often amounting to well over 50 million dollars. It is not an easy נסיון to say at that point, "Well, we thought it would be worth it, but in fact the benefits do not justify the adverse effects, so let's just forget about it". This kind of נגיעות is found in יו"ד ססי' שו"ע (ס"ה)

הטבחים נאמנים על גיד הנשה, מיהו אין לוקחין בשר מכל טבח ששוחט לעצמו ומוכר לעצמו אא"כ היה מוחזק בכשרות.

If this is true for a שומר תורה ומצוות with a חזקת כשרות, it is all the more so for secular companies with millions of dollars at stake.

I will give here one example: A consortium of ten law firms led by the firm of Waters & Kraus has filed lawsuits alleging that the mercury preservative in vaccines caused neurological damage resulting in autism in children. These lawsuits are based on a confidential study conducted by CDC scientists who studied autism as a potential neurological injury caused by mercury in vaccines. The attorneys contend that a different version of the study was made public and cited by the Institute of Medicine's report as inconclusive on the role of mercury in initiating autism symptoms. The confidential version of the study demonstrates that an exposure of 62.5 micrograms of mercury in the first three months of life significantly increased a child's risk of autism. Until recently, the recommended course of vaccines would expose an infant to over 75 micrograms of mercury in the first three months of life children exposed to this level of mercury were more than twice as likely to develop autism as children not

companies have been caught numerous times with the crime of covering up the adverse-effects or poor effectiveness of the drugs they were producing, and vaccines are not any different (**see documents # 3-5).**

> We doctors need to stop deceiving our patients into thinking that immunizations are "free". Every medical intervention costs the body something, and we have a legal and moral obligation to tell parents.
>
> When a discuss vaccines with parents, I talk to them about the benefits and the risks. The official position of the American Academy of Pediatrics may be the same as my personal position, but they are far too involved with the pharmaceutical industry to actually do anything but pay lip service to an open discussion. The CDC and the AAP are filled with doctors whose research, speaking engagements and travel are often funded by the manufacturers of vaccines. Many of these same doctors are paid consultants, and some later go to work full-time for the pharmaceutical industry. They have called Jenny McCarthy and me "dangerous" for alerting parents to the possible risks of vaccination…[1]

In truth, vaccines are different than drugs for, unlike other pharmaceutical drugs for which the pharmaceutical companies are liable in case of severe adverse reactions, in regards to vaccines the government has removed such liability from the producing companies. This has effectively eliminated the only reason for pharmaceutical companies to ensure the safety of their products:

> While the vaccine compensation act was a milestone for many parents and a public acknowledgment of risks and damages associated with vaccines, in many ways the act safeguarded vaccine manufacturers from liability. "The law was enacted to help prevent vaccine manufacturers from being driven out of business by rising liability costs…. But in practice the reform effectively removed one of the drug industry's most compelling incentives to ensure that its products are as safe as possible[2]."
>
> (*Immunizations: a Thoughtful Parent's Guide*, p.93)

A perfect example of this נגיעות on the part of the establishment in regards to vaccines is the Hepatitis B vaccine, which became mandatory for all children. As we have mentioned earlier, a *frum* pediatrician reported in his letter (see document #1) that, "the AAP admits that the only reason we immunize children against hepatitis B is because we have a captive audience. To vaccinate an infant on his first day of life with a foreign agent such as the hepatitis B vaccine borders on malpractice. There is no medical reason for it. We are putting individuals at risk to protect the population from a disease that is purely a function of lifestyle." So why did the vaccine advisory committee and the AAP make it mandatory for all children, if not to inject millions of dollars in the coffers of the pharmaceutical companies, with whom the have strong ties?

Additionally, it is not easy for a doctor to say, "Well, I practiced medicine for 20 years in the hope of helping people, but I must realize and acknowledge now that the vaccines I inoculated into my patients did more harm than good." This situation creates a subtle -but very powerful- נגיעות on the part of doctors to always justify vaccination practices. Likewise, it is very hard for doctor to acknowledge that the AAP -on whom they rely totally for guidance- may not be as reliable, due to its strong political and

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exposed. (Waters & Kraus, Press release, October 17, 2001).

[1] Dr. Jay N. Gordon (M.D., F.A.A.P., I.B.C.L.C., F.A.B.M.), in his Foreword to *Mothers Warriors,* by Jenny McCarthy.

[2] Money Magazine, December 1996, p.25.

economic interests in vaccines. This creates in doctors' mind a bias against any study or evidence challenging the AAP recommendations on vaccination. Dr Robert Mendelsohn,M.D., a *shomer shabbos* physician in Chicago and one of the first doctors to recognized the hidden dangers of vaccines, once said, "modern medicine cannot survive without faith, because modern medicine is neither an art nor a science. It is a religion. For a pediatrician to attack what has become the 'bread and butter' (vaccines) of pediatric practice is equivalent to a priest denying the infallibility of the pope."

However, I will try to stay away from these sensitive and political issues.[1] Additionally, I will try to mainly quote the studies and numbers originating from the CDC and other official sources, in order to avoid further complicating the discussion.

Short-term effects

Clinical trials on the (short-term) adverse effects of vaccines have recorded the rare incidence of various serious events immediately following vaccination, including seizures, SIDS (Sudden Infant Death Syndrome), anaphylactic shock, etc. Additionally, information inserts from vaccine-producing pharmaceutical companies warn us that, "As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials". The licenses given by the FDA to the producing companies stipulate that post-marketing monitoring of the vaccines must be done to provide further information on the possible adverse-events from vaccines. To that end, the U.S. government created VAERS (Vaccination Adverse-Event Reporting System), a government-bureau in charge of collecting all the reportable[2] adverse events observed from all vaccines.

VAERS receives over 1,000 adverse-event reports per month; these are not reports about running noses or slight rashes, but about **unexplained death, MS, insulin dependent diabetes, encephalopathy, Bell's palsy, syncope, and on, and on, and on.**

> VAERS has received about 11,000 reports of adverse reactions to vaccinations annually, including as many as 200 deaths and several times that number of permanent disabilities (VAERS reports, VA 22161). VAERS officials report that 15% of adverse events are serious (emergency-room treatment, hospitalization, life-threatening episode, permanent disability, death).

A 1994 U.S. poll found that, of 159 doctors surveyed, only 28 (18%) said they make a report to the government when a child suffers a serious health problem following vaccination.[3] Additionally, not all occurrences are recognized as adverse reactions to a vaccine, and therefore, are not reported.

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[1] Likewise, because the pertussis vaccine is notorious for its high incidence of severe adverse events, I have purposely avoided talking about this particular vaccine in the following presentation, lest people claim that my arguments against this particular vaccine cannot be generalized to others.

[2] Reportable is a key word over here. Doctors are mandated to report only those events included in the restricted list of reportable events, and only when they are recognized as such. Consequently, many reactions to vaccines still remain unreported, because they do not appear on the list of reportable events, or because the doctor refused to see it as such.

[3] Press release (January 27th, 1999) from the National Vaccine Information Center; The Vaccine Guide, p.37. The NVIC also reports that in the state of New York, only one out of 40 doctor's offices confirmed reporting a death or injury following vaccination (2.5%). The NVIC was co-founded by Barbara L. Fisher, author of *A Shot in the Dark*, who served on the National Vaccine Advisory Committee.

As a "responsible parent", I made certain that my daughter had received her vaccines on schedule. I wanted to be sure she would be protected from disease. Her first two immunizations were relatively uneventful. She displayed the usual mild reactions most parents are warned about at the doctor's office. She was cranky, had a low-grade fever and slept fitfully. After the third vaccination, however, something different happened. She began crying and could not be consoled. The crying continued for hours and then she stopped. In fact my normally bright and responsive baby stopped responding altogether. For an entire week, she remained unconscious. Occasionally, a wail would escape her lips but she never actually woke up or responded to outside stimuli. I called our doctor and told him what was happening. **He told me that her reaction could not possibly be associated with the vaccine. When I insisted that she was perfectly normal, healthy and happy before the vaccine, he became quite defensive and dismissed me as being a "hysterical mother."** He also informed me that it is impossible to tell whether a six-month old baby is unconscious or merely sleepy and insisted that I continue bringing my daughter in for further immunizations. **There was no mention of an adverse event report.**

I decided to find a new doctor and to learn as much about vaccines as I possibly could. My research soon took the form of a Master's Thesis, at the University of Windsor, entitled *Biomedical Ethics: The Ethical Implications of Mass Immunization* (1998). During that time, I was afforded a world of resources, expert guidance, and received many bursaries and scholarships that made this research possible. With what I have learned I solemnly believe that, if I had followed this first doctor's advise, my daughter would now be neurologically damaged or dead. We were very lucky, my daughter is now a healthy 14 year old. Unfortunately, not everyone is so lucky.

(Preface to *Immunization: History, Ethics, Law and Health*)

In 1990, Dr. Byron Hyde (of the Nightingale Research foundation) provided the LCDC with 61 adverse event reports to the Hepatitis B vaccine stemming from Quebec and provided the assistant Deputy Minister of Health with an additional 5 reports of adverse reactions. Among the reports were 2 deaths, blindness, deafness, numerous cases of memory loss, chronic and debilitating arm pain and persistent fatigue syndrome. Many of the adverse events were severe enough to prevent the individuals involved from attending work or school. Both Dr. Phillipe Duclos who was in charge of human adverse event reporting for Health and Welfare Canada, and Merck Frosst in Montreal, manufacturer of the Hepatitis B vaccine, state that there had been no previous reports of serious adverse events associated with it. Similarly, when 2 nurses and one other physician submitted adverse event reports to Merck Frosst, they were each told that he or she was the only person to ever report a serious adverse reaction to the hepatitis B immunization and that he or she must be mistaken. In September of 1991, one of Merck's research scientists contacted the Nightingale Research Foundation and reported that there were staff members who were disabled following mandatory hepatitis B vaccination, including the nurse responsible for administering the vaccine, who became partially paralyzed and lost the use of one arm.[1]

Lyla Rose Belkin was a **previously healthy baby**, who died at five weeks of age, **within 15-16 hours of receiving her second hepatitis B vaccination**. During the autopsy, Lyla was found to have a swollen brain and the cause of death was initially reported as SIDS. However, the coroner eventually conceded

[1] The Nightingdale Research Foundation, The 396 Million Dollar Experiment, 1994.

that the vaccine was involved. When the coroner attempted to report Lyla's vaccine-related death to VAERS, her call was never returned. **One can hardly be assured that adverse events are rare when it is quite evident that serious adverse events are excluded from official reports.**

Michael Belkin, Lyla's father, attended the National Academy of Sciences Workshop on the hepatitis B vaccine, on 26 October 1998. During an FDA presentation, it was stated that there have been only 19 hepatitis B vaccine-related neonatal deaths since 1991. Belkin, a financial and economic analyst who has been trained in statistics and econometrics, reviewed raw VAERS data and found that there were 54 "SIDS" cases following hepatitis B vaccination in 1997 alone, and 17,000 hepatitis B-related adverse events reported.

More recently, a *frum* mother reported the following:

What would you say to the mother of a 3 month old who gazed, focused, lifted her head and smiled - in short, who met or exceeded every milestone - and immediately after the DPT shot fell over in convulsions, high fever, and complete listlessness? And then never snapped out of it? Who years later still cannot smile, focus, gaze or lift her head, when she could ONE MINUTE before the vaccine? Her doctor said, "coincidence." After that devastating event, we researched this and found many, many, many children whose reactions to the vaccine were IMMEDIATE, SUDDEN and DRAMATIC after the vaccine - and PERMANENT. And the doctors all say, "coincidence." I probably wouldn't be so anti-vaccine if at least one doctor – someone, somewhere – would ADMIT that my child was permanently neurologically injured from a vaccine. But guess what – I'm still waiting. I read an interview this pediatrician who administered this vaccine to my child gave to a *frum* newspaper; he asserts, "I have never had a patient who had an adverse reaction to a vaccine." Sure – easy to say that vaccines win in the risks vs. benefit war – just deny that a reaction exists, and the rest is easy!!!

(Yeshiva World News, September 4, 2008)

The CDC evaluates the number of reports received by VAERS as 10% of the actual, real-world adverse reactions taking place. The FDA evaluates it as 1% of the reality[1]… Therefore, even if we were to stick to the more conservative estimates of the CDC, there are about 10,000 short-term adverse effects to vaccines **each month**! Talk about vaccine safety!

The increasing incidence of allergic disorders in Western nations is now universally recognized, with every third child in industrialized societies having an allergic disorder[2]. In some areas, the incidence of asthma has increased by 200% in the past 20 years. Another study showed a 46% increase in the nationwide death rate from asthma between 1977 and 1991.[3] Many studies have established a link between the rising incidence of allergies and the ever increasing number of mandatory vaccines.

Dr. Michel Odent and his Primal Health Research Center, London, conducted a study of long-term breastfeeding. The study started out examining whether long-term breastfeeding protects against eczema and asthma. But in the course of the investigation, the researchers came up with an utterly unexpected finding: children immunized against pertussis were six times more likely to have asthma

[1] Former FDA Commissioner David Kessler, 1993.

[2] "The International Study of Asthma and Allergies in Childhood" The Lancet (1998; 351) pp.1225-1232.

[3] Philadelphia Inquirer (Dec. 8, 1994).

than those who hadn't been given the shot.[1] In virtually every category –number of sick days, cases of earaches, admittance to hospital- the unvaccinated children were healthier.

(What doctors don't tell you, pp.159-160)

I, myself, have witnessed this phenomenon many times over: children who received immunization shots developed ear infections within 7-10 days, **see document # 6.** (too bad that it takes more than the standard 5 days of monitoring by pharmaceutical companies…). True, ear infections are usually not life-threatening (although I have heard of many רבנים who allow the use of oral חמצדיקע antibiotics on פסח for ear or throat infection, on the basis that any infection is considered סכנת נפשות), but these incidents (which are a lot more frequent than doctors are willing to concede; no one wants to admit to have caused harm) show us that the immune system (allergy is an abnormal response of the immune system) is substantially affected by vaccines and should make us wonder about how many other immune diseases like cancer, leukemia, lupus, MS, etc. are related to vaccination…

Likewise, there is plenty of evidence and scientific studies linking SIDS (Sudden Infant Death Syndrome) to vaccination. Initial studies suggesting a causal relationship between SIDS and vaccines were quickly followed by vaccine manufacturer-sponsored studies, concluding that there is no relationship between SIDS and vaccines. In the 1970s, Japan raised its vaccination age from two months to two years and incidence of SIDS in Japan dropped dramatically. In the study of 103 children who died of SIDS, Dr. William Torch, of the University of Nevada School of Medicine at Reno, found that more than two thirds had been vaccinated with DPT prior to death. Of these, 6.4% died within 12 hours of vaccination; 13% within 24 hours; 26% within 3 days, 37%, 61% and 70% within one, two and three weeks respectively. He also found that SIDS frequencies have a bimodal peak occurrence at two and four months – the same age when initial doses of DPT are administered to infants.[2] The following excerpt is part of the testimony of Mrs. D. Mary of Massachusetts before the Committee on Labor and Human Resources, regarding vaccine injury compensation:

> Our granddaughter Lee Ann was just 8 weeks old when her mother took her to the doctor for her routine checkup. That included, of course, her first DPT inoculation and oral polio vaccine. In all her entire 8 weeks of life, this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given. Neither had her mother ever before seen her back arch as it did while she screamed. She was inconsolable. Four hours later she was dead. "Crib death," the doctor said; 'SIDS'. "Could it be connected to the shot?" her parents implored. "No." "But she just had her first DPT shot this afternoon. Could there possibly be any connection to it?" "No, no connection at all," the emergency room doctor said definitely. My husband and I hurried to the hospital the following morning after her death to talk with the pathologist before the autopsy. We wanted to make sure he was alerted to her DPT inoculation such a short time before her death – just in case there was something else he could look for to make the connection. He was unavailable to talk with us. We waited two and a half hours. Finally, we got to talk to another doctor after the autopsy had been completed. He said it was "SIDS".

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[1] Journal of the American Medical Association, 1994; 272 (8), pp.592-593.

[2] "DPT Immunization: A potential cause of the SID Syndrome" Neurology 32(4), pt.2 (American Academy of Neurology, 34th Annual Meeting, April 25-May 1st, 1982).

> In the months before Lee Ann was born, I regularly checked with a friend as to the state of her grandchild's condition. He is nearly a year and half older than Lee Ann. On his first DPT shot, he passed out cold for 15 minutes, right in the pediatrician's office. "Normal reaction for some children," the pediatrician reassured. The parents were scared, but they knew what a fine doctor they had. They trusted his judgment. When it was time for the second shot they asked, "Are you sure it's all right? Is it really necessary?" their pediatrician again reassured them. He told them what awful it was to experience, as he had, one of his infant patient bout with whooping cough. That baby had died. They gave him his second DPT shot that day. He became brain damaged.
>
> "How accurate are our statistics on adverse reactions to vaccines when parents have been told, and are still being told, "No connection to the shot, no connection at all?" "What about the mother I have recently talked with, who has a 4 year-old brain-damaged son? On all three of his DPT shots, he had a convulsion in the presence of the pediatrician. "No connection," the pediatrician assured. I talked with a father in a town adjoining ours whose son died at the age of 9 weeks, several months before our own granddaughter's death. It was the day after his DPT inoculation. 'SIDS' is the statement on the death certificate. "Are the statistics that the medical world loves to quote to say, "There is no connection," really accurate, or are they based on poor diagnoses and poor record-keeping?
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> (*Vaccine Injury Compensation*, Hearing Before the Committee on Labor and Human Resources [98th Congress, 2nd session, May 3rd, 1984], pp.63-67)

At best, there is conflicting evidence on the connection between vaccines and SIDS. Shouldn't we then err on the side of caution and institute a meticulous widespread monitoring of the vaccination status of all SIDS cases? Instead, health authorities have chosen to err on the side of denial rather than caution.

> On Friday morning of June 6, 2008, NJ radio held a talk show on the subject of vaccination. One caller told the audience how his healthy child received the polio, DPT and MMR vaccine on one day, and started developing neurological damage and incontrollable movements within 24 hours. He consulted three different physicians, who could not figure out what was wrong with him and who assured him that this could not be related to the vaccines. There was no mention of reporting it to VAERS. It was a pediatric neurologist who finally told him that, in fact, the thimerosal,[1] pertussis vaccine and rubella vaccine could, each one independently, cause such an adverse effect, and all the more when they are given on the same day.

In regards to autism, a report released by the California Department of Developmental Services in 1999 revealed that autism has increased by 273% between 1987 and 1998. In Maryland, the number of autistic children increased by 513% between 1993 and 1998 (Maryland Special Education Census Data; general Maryland population increased just 7% during that time). Closer to home, the incidence of autism in Brick Township, NJ, in 1998 was 1 per 150 children. (April 2000 report from CDC).

Dr. Andrew Wakefield, gastro-enterologist at the Royal Free Hospital, London, studied over 150 children with autism and intestinal disease. A significant number of these children had elevated levels of IgG measles antibodies compared to controls, and

[1] Thimerosal is a mercury-based component of many vaccines and a known neurotoxic compound; unlike common belief, many vaccines still contain mercury, including the flu shot becoming mandatory for pre-school children as of September 10th, 2008.

measles-specific antigens in cells of the colon[1]. The onset of autism in these cases occurred after administration of the MMR vaccine. Wakefield's findings were later verified and replicated by other researchers.[2] Unfortunately, great political pressure prompted some of Wakefield co-authors to withdraw their support (this shows how difficult it may be to truly clarify the facts).[3] In another study, 91 children with developmental disorder and bowel disease were compared to 70 developmentally normal controls, some of whom also had inflammatory bowel disease, Crohn's disease, or ulcerative colitis. Among the children with developmental disorder, 75 out of 91 (82%) had persistent measles virus (presumably from the MMR vaccine) compared to 5 out of 70 (7%) developmentally normal children.[4]

Four leading British authorities reviewed the Wakefield/Montgomery paper, and were strongly supportive of its conclusions.[5] Professor Duncan Vere, former member of the Committee on the Safety of Medicines, agreed that the periods for the clinical tests were too short. He wrote that, "in almost every case, observations periods were too short to include the time of onset of delayed neurological or other adverse events." Peter Fletcher, former senior professional medical officer for the Department of Health wrote, "**being extremely generous, evidence on safety of the MMR is very thin**".[6]

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[1] The Lancet (1998; 351) pp.637-641; Gastroenterology (1995; 108) pp.911-916. Testimony of Dr. A.J. Wakefield before Congressional Oversight Committee on Autism and Immunization, April 6, 2000.

[2] Testimony of Dr. J. O'Leary before Congressional Oversight Committee on Autism and Immunization, April 6, 2000; Digestive Disease Science (2000; 45-4) pp.723-729.

[3] A lot more needs to be said about the "Wakefield case". However, it is much beyond the scope of this document. An article on the whole affair entitled "On Second Looking Into the Case of Dr. Andrew J. Wakefield", will give an excellent understanding of the facts and fiction surrounding this issue (*The autism file*, issue 31, 2009. see also www.autismfile.com). Recently, the General Medical Council (GMC) discredited Dr. Wakefield and barred him from further practicing medicine in England. Although this verdict has been widely published, many details have been kept hidden from the public: the GMC panel made its decision based on Dr. Wakefield supposed failure (see article mentioned above) to disclose financial links that could potentially conflict with the alleged treatment of the subjects. The panel specifically stated that their decision had nothing to do with his claim of a possible vaccine-MMR-autism link. Secondly Dr. Kumar, who served as chairman of the GMC panel and read the verdict, is a shareholder in a well-known pharmaceutical company. The suit against Dr. Wakefield was triggered by Brian Deer who brought complaint against him and misrepresented many facts. Sure enough, he had received assistance from Medico-Legal Investigations (MLI), a private inquiry company funded solely by the Association of the British Pharmaceutical industry. Interestingly enough, during the course of the suit, parents of the children included in the Wakefield study attempted to bring their case to court, to force the GMC panel to allow them to testify, but the judge refused. That judge, Sir Nigel Davis, has a brother who was on the board of the same big pharma company…

[4] Journal of Clinical Pathology: Molecular Pathology (2002; 55) pp.1-6.

[5] Recently (Sept. 2008), a study "dispelling the link between autism and the measles vaccine" has been publicized in the news, with the conclusion that "we are certain that there is no link between autism and the MMR." While one may wonder how one study can entirely abolish the conclusion of another study (הוי חד להדי חד, מאי אולמיה האי מהאי), it is also interesting to note, among other things, the size of this study: which analyzed the bowel tissue of 25 children with autism and compared it to a control group of 13 individuals. If Dr Wakefield had worked with such a small sample, his evidence would have been entirely disregarded as coincidental and not meaningful statistically. But since this study produced results supporting vaccination practices, it is branded as the ultimate scientific proof…

In my opinion, with so much conflicting evidence and studies, we should use our שכל and consider the real life evidence: with such a great percentage of parents convinced that their healthy child became autistic right after and because of the inoculation of vaccines (see below), there are definite reasons to be cautious and suspicious, as in every ספק דאורייתא.

Last week (אייר תשס"ח) Mrs Z. Landau תחי', head of the Yad Vo'ezer Institute of London, England, communicated to me that, of the 800 children with some form of autism that have passed through the מוסד, the parents of 1/3 of them claim it was due to vaccination. In other words, in 33% of the children, the behavioral problems started very shortly after their rounds of vaccination. (If there was no causal relationship between the vaccines and autism, the onset of autistic behavior should have been spread evenly over the entire year, with 15% chances of being within 2 weeks of quarterly vaccines, less than 8% chances of being within 2 weeks of bi-yearly vaccines, and less than 4% chances of being within 2 weeks of the yearly vaccines).

> On the weekend of October 2nd and 3rd, 1999, an autism conference was held in Cherry Hill, NJ. Over 1,000 people were in attendance, the great majority of whom were parents of autistic children. At one point in the meeting, when the chairman asked those in the audience who believed that their child's autism was caused by vaccines to stand, a large majority of the audience rose to their feet.[1]
>
> In an independent study, in 50% of cases of autism, the onset of autistic features on a previously normal child took place in a time-related fashion following the MMR vaccine (Harold F. Buttram, M.D.; February 6, 2001).
>
> Dr. Bernadine Healy is the former head of the National Institute of Health, and the most well-known medical voice yet to break with her colleagues on the vaccine-autism question. In an exclusive interview with CBS News, Healy said the question is still open.
>
> "I think that the public health officials have been too quick to dismiss the hypothesis as irrational", Healy said.
>
> "But public health officials have been saying they know, they've been implying to the public there's enough evidence and they know it's not causal," Attkisson said.
>
> "I think you can't say that," Healy said. "You can't say that." Healy goes on to say public health officials have intentionally avoided researching whether subsets of children are "susceptible" to vaccine side-effects, afraid the answer will scare the public. (CBS News, May 12, 2008).[2]
>
> Using infant macaque monkeys, University of Pittsburgh's Dr. Laura Hewitson, Ph.D., described how vaccinated animals, when compared to unvaccinated animals, showed significant neurodevelopment deficits and "significant associations between specific aberrant social and non-social behaviors, isotope binding, and vaccine exposure." Researchers also reported, "vaccinated animals exhibited progressively severe chronic active inflammation whereas unexposed animals did not," and found "many significant differences in the GI tissue gene expression profiles between vaccinated and unvaccinated animals." Gastrointestinal issues are a common symptom of children with regressive autism. National Autism Association calls for the NIH to conduct large scale, non-epidemiological studies into the biomedical symptoms surrounding young children and all vaccines.

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[6] Harold F. Buttram, M.D.; Feb. 6th, 2001.

[1] Harold E. Buttram, M.D., Feb. 6th, 2001.

[2] Although Thimerosal (a mercury-based compound used in vaccines and connected with the increase of autism) has been progressively removed from vaccines since 1999, scientific evidence shows that this might not be the only way the MMR vaccine may cause autism, see Journal of Neuroimmunology (1996; 66, pp. 143-145), Clinical Immunology and Immunopatholoy (1998; 89, pp.101-108), Journal of American Medical Association (1972; 222, pp. 805-807).

(National Autism Association, May 19th, 2008)

> My interest in autism was sparked by my experiences with the detoxification of children that were damaged by the administration of vaccines. Many behavioral problems soon disappeared when vaccines were detoxified, even when children came to me for completely different reasons. In my practice, it turned out that mood swings, aggression, restlessness, attention disorder and ADHD often correlated to the many and early vaccinations in children. When some of my autistic patients greatly improved after the detoxification of their vaccines, my interest had been aroused and I became increasingly convinced that autism must tie in with the administration of vaccines… At a Chicago conference on autism in May of 2003, I presented 30 cases of behavioral disorders that had significantly improved by the detoxification of the vaccines (among these were 3 autistic children)… I no longer consider it appropriate to label autism an incurable disorder. The facts simply disprove this assumption.[1]
>
> Today, Dr. Tinus Smits, M.D., has cured over 300 children previously diagnosed with autistic spectrum disorder, by using homeopathic remedies to detoxify their bodies from vaccines. He has created the organization CEASE autism (CEASE stands for "Complete Elimination of Autistic Spectrum Expression"), and gives seminars to train homeopathic doctors and teach them how to effectively enable autistic children to resume normal behavior and functioning. (see www.CEASE-autism.com).

Today, other organizations, such as DAN! (Defeat Autism Now!), have reported similar results as obtained by Dr. Smits. Evidence of a correlation between the MMR vaccine and autism has been accumulating from many angles and many countries,[2] and some parents have even been able to win court-cases making such claims. As much as the U.S. government tries to minimize the risks of vaccines and dismiss related lawsuits, many litigants have managed to prove their points beyond reasonable doubt and obtain compensation from the federal government. The latest case was just resolved weeks ago, when the federal court in Washington D.C. sided with the parents of Hannah Poling who became autistic after her MMR shot. They were lucky: her father being a neurologist and her mother a lawyer and a nurse, they had the knowledge and resources to fight effectively. Still, the government claims that, "the fact that the court has ruled in favor of the Polings should not be held as a proof of a causal relation between the MMR and the onset of autism."[3] What else can we expect from them? They know all too well how much trouble they are likely to face if this connection becomes an accepted fact.

There is a lot more to be said on the autism issue but, for the sake of brevity, I will move on. However, I cannot move on without a word on the newest book of Dr. Paul Offit *Autism's False Prophets* (Columbia University Press, 2008). This book has been branded by doctors as the final proof that the MMR vaccine is safe. But what is the credibility of its author? Dr. Offit, chief of infectious diseases at the Children's Hospital of Philadelphia holds a 1.5 million dollar research chair at Children's Hsopital, funded by Merck (the manufacturer of the MMR vaccine). He also holds the patent on an anti-

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[1] *Autism, beyond Despair*, by Tinus Smits, M.D. (see www.timussmits.com).

[2] See for example, Singh V. and V. Yang, "Serological Association of Measles Virus and Human Herpes Virus-6 with Brain Autoantibodies in Autism", Clinical Immunology and Immunopathology, 1988; 88(1), pp. 105-108.

[3] Hannah seems to have been suffering a rare congenital ailment (1 per 1,000; not so, so rare…) affecting her mitochondria, and the vaccine triggered a worsening in her condition, causing her neurological damage. But no one knows how many other conditions may worsen from exposure to the vaccines.

diarrhea vaccine (Rotateq) that he developed with Merck. He has steadfastly refused to say how much he made from the vaccine. However, according to CHOP documents, Offit's share of a royalty sale for that vaccine to Merck is somewhere between 29 and 50 million dollars... בקיצור, he has at least 29 million reasons to defend the safety of vaccines, in order to protect the commercial value of his patents,[1] and in order to protect the research money he gets from Merck. If to prove the safety of the MMR, one has to come to a book written by an employee of Merck, so to speak, it speaks loads on the safety of the MMR. As a researcher wrote, "Offit has zero credibility in matters of vaccine safety. Not only does he advance the absurd suggestion that children could safely get 100,000 vaccines at a time, he also opposes any studies of the comparative health of unvaccinated children that could shed light on the extent and nature of vaccine-caused injuries, leading to their prevention."[2] Here is another quote from Dr Offit: "If they were willing to look at all the studies that were done with vaccines, they would find that they are, I think without question, the safest, best-tested thing we put into our bodies. I think they have a better safety record than vitamins."[3] The vaccines' manufacturers and the medical establishment have been unable to produce any long-term safety study on vaccines (no one has ever found any saety study over 2 weeks for the MMR, and that one was done bu the manufacturer himself), but Dr. Offit, without giving ANY reference, is convinced that all these studies could be found… And as far as his farce that vaccines are safer that vitamins, the federal government has, so far, granted more than 1 billion dollars in compensation to vaccine victims; I would love to see a list of vitamin victims under professional supervision, like the vaccine victims, who were eligible for compensation.

In 1986, U.S. legislation mandated that the Institute of Medicine (IOM) conduct a scientific review of the possible adverse consequences of vaccines. The Vaccine Safety Committee was established, whose charge was "the evaluation of the weight of scientific and medical evidence bearing on the question of whether a causal relation exists between certain vaccines and specific serious adverse events." They were to classify every type of reaction into one of five categories:

1. No evidence bearing on a causal relation.
2. The evidence is inadequate to accept or reject a causal relation.
3. The evidence favors rejection of a causal relation.
4. The evidence favors acceptance of a causal relation.
5. The evidence establishes a causal relation.

The VSC applied most stringent criteria to these reports and studies, and determined that most conditions fit into category two (inadequate evidence to accept or

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[1] Unlike most other patented products, the market for mandated childhood vaccines is created not by consumer demand, but by the recommendation of an appointed body called the Advisory Committee on Immunization Practices (ACIP). In a single vote, ACIP can create a commercial market for a new vaccine that is worth hundreds of millions of dollars in a matter of months. For example, after ACIP approved tha addition of Merck's (and Offit's) Rotateq vaccine to the childhood vaccination schedule, Merck's Rotateq revenue rose from zero in the beginning of 2006 to $655 million in fiscal year 2008. When one multiplies a price of close to $200 per three dose series of Rotateq by a mandated market of four million children per year, it is not hard to see the commercial value to Merck of favorable ACIP votes. From 1998 to 2003, Offit served as a member of ACIP.

[2] Wendy Fournier, President of the NAA (401-825-5828).

[3] CBS "60 minutes" program, October 20, 2004.

reject a causal relation; this means that the matter remains a ספק). The only conditions that earned a category-five rating (establishment of a causal relation) were: anaphylaxis (sudden, potentially life-threatening systemic allergic response) caused by several vaccines; polio and death caused by the polio vaccine; thrombocytopenia (a decrease in the clotting-ability of the blood) caused by the measles vaccine; death caused by the measles vaccine; acute arthritis caused by the rubella vaccine. The only conditions that earned a category-four rating (evidence favors a causal relation) were: acute encephalopathy after DTP; shock and unusual shock-like states after DTP; chronic arthritis after rubella vaccine; Guillain-Barre syndrome after DT and polio vaccines.

All the other thousands of reports from countries around the world, from distraught parents whose otherwise **healthy** children died **within hours** of vaccination to physicians convinced that vaccination resulted in meningitis or deafness or sudden onset of central nervous system disorders **(see documents # 7-11)**, proved inadequate to convince the committee that any causal relation exists between these events and the recently administered vaccines.[1] The list of conditions that fit category two (where evidence exists, but is judged inadequate to accept or reject a causal relation) is embarrassingly long. That list includes conditions with literally thousands of reported cases, conditions such as meningitis and diabetes following mumps vaccine, and subacute sclerosing panencephalitis (a condition which causes hardening of the brain and is invariably fatal) after measles vaccine. Other types of reactions, such as deaths from the pertussis vaccines, were also denied. These conclusions are now used as guidelines in the awarding compensation to families of vaccine-injured children.

> In the fall of 2000, the NIH established a committee to investigate the relation between the MMR vaccine and autism. Despite the findings of clinical studies showing the association, the committee's report concluded that, "the evidence favors rejection of a causal relationship at the population level between MMR vaccine and autism (Institute of Medicine, 2001). Immediately upon release of the report in April 2001, Chairman Dan Burton of the House Committee on Government Reform blasted the analysis as a disservice to the American people. Burton accused two of the report's reviewers of having ties to the pharmaceutical industry, and raised concerns that some of the information clearing the vaccine came from Merck, the vaccine's manufacturer.

Yet, because the IOM is seen as an official authority, a sign[2] in my pediatrician's office professes the following: "Do vaccines cause autism? The best scientific evidence says no. Experts are instead focusing on genetic and environmental factors."

The strict rules governing the analysis of causation resulted in the rejection of most clinical case reports. If your healthy child developed sudden seizures and extreme sleepiness within hours of receiving a measles vaccine and then experienced persistent problems with speech and walking, וח"ח, you would attribute the disease to the vaccine. **You would have no doubt about it**. All the more if the same thing had happened to scores of other children. The Vaccines Safety Committee, however, would view such a report with skepticism because your child was not entered in a controlled study of adverse reactions.[3] They have received dozens of such reports. Their conclusion reads:

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[1] See Adverse Events Associated with Childhood Vaccines, Evidence Bearing on Causality, Institute of Medicine, 1994.

[2] This sign was most probably written and provided to the doctor by the AAP.

[3] We find the same clash between common sense and medical criteria in regards to the definition of רפואה בדוקה: For חז"ל, any medication or therapy that has produced clear results three times in a row

> "Although there are a number of reports of encephalitis or encephalopathy following vaccination with measles vaccines of various strains, the rates quoted are impossible to distinguish from background rates. Good case-control or controlled cohort studies of these conditions in similar unvaccinated populations …are lacking… The evidence is inadequate to accept or reject a causal relation between measles or mumps vaccine and encephalitis or encephalopathy".
>
> *("Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality," p.129).*

They compared the rate of reported vaccine-related injuries with the rate of those injuries in the background population. But since the general population is highly vaccinated, the frequency of the condition is obviously going to be similar in both groups, resulting in the conclusion that the reported conditions are not to be connected with the vaccine. [1] Smart ploy![2]

The other essential criterion by the Vaccine Safety Committee for acceptance of a reaction was as follows:

> "The vaccine adverse event association should be plausible and coherent with current knowledge about the biology of the vaccine and the adverse event".
>
> *("Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality," p.22).*

Simply put, what this means is that if current science can't explain it, then we won't admit it. This approach is consistent with the Greek philosophy (which is the foundation of today's medical world), which denied anything the human mind does not presently comprehend (חכמת יונית).[3] Based on this כפירה and because our understanding of Hashem's complex world is so limited, VSC was able to dismiss many reports as inconclusive, even when a perfectly healthy child succumbed hours after vaccination to sudden convulsions or "unexplained death."

Lack of a biological explanation, however, may only show our limited knowledge of biological mechanisms; not understanding an adverse reaction does not mean it is not real.

Note that, as the מהר"י ווייל said[4], "דעת בעלי בתים היפך דעת תורה": Even according to the Vaccine Safety Committee, who classified all these conditions in category two (inadequate evidence to accept or reject a causal relation), there remains a

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may be classified as רפואה בדוקה, whereas for the medical world such results are worthless unless they have been produced in a controlled double-blind study.

[1] See The Vaccine Guide, pp.38-44.

[2] Following these restricting guidelines, the IOM established an arbitrary time period during which the reaction must occur: "Exposure can be defined within a rather narrow time window; that is, the rate of occurrence of an adverse event within 2 weeks of vaccine administration can be compared with the rate of occurrence of an adverse event several weeks or months thereafter." Consequently, the vaccine injury table contained within Public Law 99-660, upon which compensation awards are based, allows only a 3-day window for development of encephalopathy (impairment of brain function) or residual seizure disorder following the DPT vaccine. Who says that delayed reactions do not occur? The committee, based on an arbitrary decision. This is despite the fact that numerous studies have consistently shown that nervous system reactions to the DPT vaccine occur after a latent period of up to two weeks following vaccination (see The Vaccine Guide, pp.41-42).

[3] וזה לך לשון הרמב"ן בפרשת אחרי מות)ויקרא ט"ז, ח'(: "ולא אוכל לפרש, כי היינו צריכים לחסום פי המתחכמים בטבע, הנמשכים אחרי היוני אשר הכחיש כל דבר זולתי המורגש לו והגיס דעתו לחשוב הוא ותלמידיו הרשעים כי כל ענין שלא השיג אליו הוא בסברתו איננו אמת".

[4] ע' סמ"ע)חו"מ סי' ג' סק"יג(בשם מהר"י ווייל.

ספק if these serious adverse events were related to the vaccines or not. As we all know, ספק דאורייתא לחומרא. As we also know, חמירא סכנתא מאיסורא. Add to this the fact that inoculation with vaccines is done to healthy children for the sole purpose of avoiding future theoretical problems, it becomes evident that being cautious in this matter and choosing to opt out on vaccination is validated by הלכה; whoever claims that vaccinations are perfectly safe and logical and do not violate the לאו of ונשמרתם מאד לנפשותיכם,
<u>עליו להביא ראיה</u>.

To conclude, I wish to quote the words of a physician on the subject:

> Nothing written here is intended to imply that immunizations, when used in judicious moderation, do not at times serve a necessary purpose. However, simple observation throws strong suspicion on childhood vaccines, in their present numbers and forms, as posing one of the major causes of the increasing pattern of sickness, allergies, autism, and other neurobehavioral problems now being seen in our youngsters…if we continue to enforce the vaccine programs as at present, one shudders to think what future generations will think and write about us. **Mistakes might be forgiven, but not the enforcement of those mistakes** (Harold E. Buttram, M.D.)

Without accurate knowledge of the **true** adverse effects of the vaccines, it is impossible to assert that their benefits outweigh their risks and that they are to be classified as reasonable השתדלות and not as מעשה מזיק. As for my part, based on what I know and have seen, I don't believe that there is a היתר to vaccinate an healthy individual with a substance known to cause severe adverse-effects. But even if the issue would remain a ספק, I prefer the choice of דוד המלך:

"נפלה נא ביד ה' כי רבים רחמיו, וביד אדם אל אפולה"

Additionally, I wish to quote the words of a Lakewood mother whose child suffered extensive neurological damage from vaccines many years ago and who, until today, needs to provide him with full physical care (**see document # 11**):

> **I feel that the people whose responsibility it is to dress, feed, change, bathe and care for a child, should be the ones to decide whether to take the chance on immunizing, or not. As long as the government, doctors, schools, etc, cannot 100% guarantee that the vaccines have absolutely no side-effects, it is those responsible for picking up the pieces who should have the right to choose.**

Long-term adverse effects

Short-term monitoring of the vaccines has demonstrated that vaccines can sometimes have devastating effects on the central nervous system, the immune system and many vital organs of the body. Seizures, encephalopathy, asthma, and 'unexplained deaths' are just a few recognized dramatic "side" effects of vaccines. If vaccines can, at times, cause such striking and sudden damages to the body, it is only logical that they may also, in many more cases, produce some less obvious and dramatic but equally profound and damaging effects on various metabolic systems of the human body. Detecting such possible effects is impossible through passive observation alone, but requires long-term studies monitoring two large groups of people, one subjected to vaccination and one not, and comparing their respective rate of cancer, leukemia, MS, asthma, lupus, heart attack, dementia, learning disabilities, allergies, etc.

How long should such a study last in order to provide reliable and satisfactory information? 1 year, 10 years, or 100 years? I think that 30-40 years would give a fairly good idea of whether vaccines are safe even long-term (if no major changes in the rate of disease were detected in 30 years, it is unlikely that anything significantly different would occur afterwards), but even a 10 year study may possibly be considered sufficient to provide a reliable insight on the safety (or lack of safety) of the vaccines.

Does such a study exist?

No.

Was such a study ever done for even five years?

No.

Was it at least done for one year?

Absolutely not!

Information inserts from the vaccine-producing pharmaceutical companies tell us that in phase-three studies (the studies used to obtain licensing of a product from the FDA and required to establish the its safety), adverse effects of INFANDRIX (DTaP vaccine) were monitored for up to 3, 8 and 15 days only; adverse effects of the Hepatitis B vaccine were monitored for 5 days only. Considering this information, VARIVAX (the chickenpox vaccine) is probably the safest vaccine around, having been monitored for **up to** 42 days…

> In May 2001, Congressman Dan Burton testified that, "there is a paucity of research looking at long-term safety of any vaccine" (House of Representatives, 15 may 2001, page H2174).
>
> Scientific evidence does not support the safety of immunizations: safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are NO (NONE!) long-term (months or years) safety studies on any vaccination or immunization. There is limited but rapidly growing scientific evidence of long-term adverse side-effects of vaccines that need much more study (Harold E. Buttman, MD, Feb. 6 2001).

As astounding, shocking, unbelievable and outrageous as it sounds, this is the deplorable truth: no long-term studies exist on the safety of vaccines. When we see many terrible diseases on the rise, cancer, ulcerated colitis, Crohn's disease, chronic fatigue syndrome and asthma to name but a few, and when we know the severe reactionsvaccines may trigger, being חושש that vaccination plays a substantial role in the increasing

incidence of such diseases is not the extrapolation of a deranged mind, but the cautious analysis of שכל הישר.

> Critics of vaccinations claim that the dramatic rise in ear infections, allergies and asthma in children can be attributed at least in part to the damaging effects of vaccines. The incidence of asthma has steadily increased since the introduction of vaccines. From 1980-1989 self-reported asthma in the U.S.A. increased 38%, and the death rate for asthma increased 46% (CDC, 1992). Several clinical studies have confirmed an association between vaccination and asthma. A team of New Zealand researchers followed 1,265 children born in 1977. Of the children who were vaccinated 23% had asthma episodes. A total of 23 children did not receive the DPT vaccines, and none of them developed asthma (instead of the expected 5-6 cases). In a similar study in GB, 243 children received the vaccine and 26 of them (10.7%) later developed asthma, compared to only 4 of the 203 children who had never received the DPT vaccine (2%). The DPT vaccine increased the risk by 540%. Of the 91 children who had received no vaccine at all, only one developed asthma (1.1%). In the U.S.A., a third study was conducted based on the data from the National Health and Nutrition Examination Survey of infants through adolescents aged 16. Data showed that children vaccinated with DPT or tetanus were twice as likely to develop asthma compared to unvaccinated children.[1] (*The Vaccine Guide*, pp.49-50).

> Yes, most vaccines have much less mercury, but wait until the evidence against *aluminum* in vaccines becomes common knowledge. The study of research regarding aluminum's harm to human cells already contains hundreds of articles. The most damning conclusions were recently published by Dr Robert Sears, a very well-known and well-respected pediatrician and the son and partner of Dr. William Sears, long regarded as "America's Pediatrician." Using the numbers he gathered from the FDA's own data and Web site, Dr. Sears points out the unbelievable difference between the acknowledged toxic dose for a baby, 20 micrograms, and the amount found in the hepatitis B vaccine given on the day of birth, *250* micrograms. At two months of age, this same infant could receive immunizations containing as much as *1,875* micrograms of aluminum. This is disgraceful and dangerous, and Dr. Sears goes on to say that his "instinct was to assume that the issue had been properly researched, and that studies had been done on healthy infants to determine their ability to rapidly excrete aluminum." No studies have been done. None. He, and we, can conclude what scientists have known for a long time: Evidence has existed for years that aluminum in amounts this large is harmful to humans. We can only guess what harm we might be causing to *babies* with these huge overdoses of aluminum.
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> Like many of you and like some of my colleagues, I am extremely concerned about what has caused the tremendous increase in autism and related disorders over the past decade. The presumption that doctors are much better at diagnosis is absurd and unscientific. (I know that I am not 400 or 800 percent smarter than I was years ago.) The truth is that we have to look much harder at what happens when we directly and repeatedly inject toxic material into babies, toddlers, and children. The benefits for most healthy children are easily matched or outweighed by the risks of the immunization schedule used by almost all pediatricians.[2]

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[1] Journal of Manipulative and Physiological Therapeutics, 2000; 318(7192); pp.1173-1176.

[2] Dr. Jay N. Gordon (M.D., F.A.A.P., I.B.C.L.C., F.A.B.M.), in his Foreword to *Mothers Warriors,* by Jenny McCarthy.

A new study in the *Journal of Human and Experimental Toxology* (May 2011) found that countries that administer a higher number of vaccines during the first year of life experience higher infant mortality rates. The study looked at the relationship between the aggressiveness of that country's vaccination schedule and how it corresponded to the infant mortality rate (IMR). Analysis of the countries IMRs showed a statistically significant relationship between increasing the number of routinely administered infant vaccines during the first year of life and the corresponding infant mortality rate. This study's findings were in line with previous studies on infant mortality rate and vaccinations. For example, in Japan where vaccines were eliminated for children under the age of two in 1975, infant mortality rate subsequently plummeted to the lowest level in the world. Is it just "coincidence" that the infant mortality rate is twice as high in America compared to Sweden and Japan, where half as many vaccines are given to very young babies? According to this study, it is not.

Experienced with kinesiology, and like practitioners using verbal muscle testing, I can attest that many chronic and acute conditions are linked, time and again, to vaccines. Diseases like allergies, asthma, ADD, etc. In many cases, we observe dramatic improvements after performing various procedures enabling the body to detoxify from the toxins of the vaccines (**see document # 12** for a testimony of Dr. J. Scott[1]).

> In one of the largest randomized epidemiological trials ever conducted, the effect of the Haemophilus vaccine on the development of insulin dependent diabetes mellitus (IDDM) was studied in Finland. This study involved over 240,000 children, with about half of them receiving the Haemophilus vaccine and the other half not. Both groups were monitored for over 8 years. The results demonstrated a rise in IDDM which was specific for the vaccinated group; **however, there was a consistent delay of 3,5 years between vaccination and onset of IDDM.**
>
> (*British Medical Journal*, 1999; 319, p. 1133)

Dr. Mayer Eisenstein, M.D., J.D., M.P.H., is the medical director of the four Homefirst medical centers in the greater Chicago metropolitan area catering for over 10,000 children whose parents refuse to vaccinate. He reports that SIDS and autism are almost non-existent among these children (following the current national rate of 1 case of autism per 166 children, he should have had at least 60 autistic children among his patients), ear infections represent only 1% of the doctors' visits, and the incidence of asthma is so dramatically lower than the state-wide rate (2 per 1,000 instead of 120 per 1,000) that the HMO called him to verify the facts. At the end of the conversation they told him they understand this might be due to the fact that most of his patients are not vaccinated…

I have only provided a tiny sample of the concerns about the long-term safety of vaccines. In any case, one thing is for sure: Due to the absolute lack of comprehensive long-term studies on the possible adverse effects of vaccines on the various metabolic systems and functions of the human body[2], no one can honestly affirm that vaccines are safe.

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[1] Dr. J. Scott spent years doing research at the National Institute of Mental Health in Bethesda, MD, before joining the faculty of the University of California Medical School. With a special interest on sleep research and biofeedback, he later trained in kinesiology, and eventually developed Health Kinesiology, one of the most comprehensive and powerful kinesiology systems in existence.

Pro-vaccination doctors claim that, "vaccines are under constant surveillance and study by government agencies to ensure their safety". This is, at least, the myth created by government agencies and spread by the pediatricians who follow them blindly. The surveillance system they are referring to is VAERS, which is a very passive surveillance system, very biased and very flawed, as we have pointed out throughout the above pages; and the events reported there represent only 1 to 10% of the actual short-term adverse effects. As for ongoing studies, they are mostly contracted by government agencies and pharmaceutical companies, with all the נגיעות and biases this implies; and yet, many such studies reveal serious concerns with vaccination. Additionally, none of these projects have studied the possible long-term risks of vaccines.

While it remains anyone's right (maybe)[1] to throw all caution to the wind and choose to vaccinate his children, one is surely not obligated to do so. Maintaining having the right to force someone to get vaccinated in order to (theoretically) protect someone else, when proof of vaccine safety is utterly lacking, is preposterous and outrageous.

מאי חזית דדמא דידיה סמיך טפי דילמא דמא דידי סמיך טפי; שב ואל תעשה עדיף.

In regards to the responsibility of schools, one should not forget that if a school is deemed responsible for what might happen to pregnant teachers through lack of the children's immunization (בשב ואל תעשה), so much more so is it responsible for the adverse events resulting from immunizations it imposes upon its students (בקום ועשה). In such a delicate situation, there is no question that, עפ"י הלכה, the appropriate approach should be שב ואל תעשה עדיף.

What is the counter-argument of doctors? Doctors counter that even if a vaccine seems to cause more damage than good, it is still recommended because without the vaccine, we would have real epidemics of that disease and a tremendous amount of sick and dead people.

In order to analyze the validity of such claim, we will have to look into the alleged effectiveness of vaccines. **However, even if this claim was true, עפ"י הלכה one may still refuse to get the shots, given that vaccination carries substantial and life-threatening risks.**

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[2] The above-mentioned Finnish study only studied the possible link between the Haemophilus vaccine and IDDM; it did not look into the possible link between vaccines and other diseases (if it did, who knows how many more harmful consequences would have become apparent…). Additionally, the Finnish study did not prove the safety of this vaccine at all; on the contrary, it highlighted the causal relationship between the vaccine and IDDM.

[1] As explained earlier, although הגאון רבי חיים עוזר זצוק"ל allowed one to undergo a surgical procedure even if the chances of a cure are smaller than the risk of succumbing to the procedure itself, this is only true when the individual is gravely ill anyway. In the case of vaccination where the individuals are presently perfectly healthy, a היתר to vaccinate can be given only if the gains are clearly greater than the risks. Since the long-term risks have never been properly evaluated, it is difficult to understand how a פוסק could issue a clear היתר on vaccination practices.

Vaccines: are they effective?

Doctors claim that without the vaccines, childhood diseases would be rampant; we would have real epidemics and great numbers of fatalities. The only reason these diseases are so rare today is due to the merit of vaccines. However, careful analysis of available data by independent scientists and statisticians has consistently brought the conclusion that most diseases for which we are vaccinating today were in sharp decline **before** vaccination was introduced. As an example, the measles death-rate fell into rapid decline from about 1915 onward, fifty years before the introduction of the vaccine. Similarly, from 1923 to 1953 (before introduction of the Salk polio vaccine), the polio death rate in the U.S.A. and England had already declined on its own by 47 and 55%, respectively.[1] Unlike the population in European countries, people in the U.S.A. are not being vaccinated against tuberculosis and yet, tuberculosis has practically disappeared from both continents at the same time and same rate. Likewise, typhoid and scarlet fever are diseases of the past, without the help of any vaccine.

> Polio is virtually nonexistent in the U.S.A. today. However, there is no credible scientific evidence that the vaccine caused polio to disappear. From 1923 to 1953, *before* the Salk killed-virus vaccine was introduced, the polio death rate in the U.S.A. and England had already declined on its own by 47% and 55%, respectively. Statistics show a similar decline in other European countries as well.[2] And when the vaccine did become available, many European countries questioned its effectiveness and refused to systematically inoculate their citizens. Yet, polio epidemics also ended in these countries.
>
> The number of reported cases of polio *following* mass inoculations with the killed-virus was significantly greater than *before* mass inoculations, and may have more than doubled in the U.S.A. as a whole. For example, Vermont reported 15 cases of polio during the one-year report period ending August 30, 1954 (before mass inoculations), compared to 55 cases of polio during the one-year period ending August 30, 1955 (after mass inoculations) – a 266% increase. Rhode Island reported 22 and 122 cases for these two periods, a 454% increase. In New Hampshire the figures were 38-129; in Connecticut, they were 144-276; and in Massachusetts they were 273-2027 – a whopping 642% increase![3]
>
> Many medical textbooks lead off with the boast that one of medicine's great achievements is the eradication of smallpox through vaccination. However, if you actually examine the epidemiological statistics, you discover that between

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[1] It should also be noted that when the polio vaccine was introduced the standards for defining polio were modified. The new definition of a "polio epidemic" required more cases to be reported (35 per 100,000 instead of the customary 20 per 100,000). Paralytic polio was also redefined, making it more difficult to confirm, and therefore tally, cases: Prior to the introduction of the vaccine the patient had to exhibit paralytic symptoms for 24 hours only. Laboratory confirmation and tests to determine residual paralysis were not required. The new definition required the patient to exhibit paralytic symptoms for at least 60 days, and residual paralysis had to be confirmed twice during the course of the disease. Finally, after the vaccine was introduced, cases of aseptic meningitis (an infectious disease often difficult to distinguish from polio) were more often reported as a separate disease from polio, whereas before the introduction of the vaccine these were counted as polio cases. The vaccine reported effectiveness was therefore intentionally skewed (see Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, May 1962, pp.94-112). And despite all the above, the decline of polio after the introduction of the vaccine was not much different than before the vaccine…

[2] International Mortality Statistics (Washington, DC; Facts on File, 1981), pp.177-178.

[3] Vaccines: Are They Really Safe and Effective?, p.18.

1871 and 1872, 18 years after compulsory vaccination was introduced, four years after a coercive four-year effort to vaccinate all members of the population was in place (with stiff penalties for offenders) and when 97.5% of the population had been vaccinated, England experienced the worst smallpox epidemic of the century, which claimed more than 44,000 lives. In fact, three times as many people died from smallpox at that time as had in an earlier epidemic, when fewer people were vaccinated. After 1871, the town of Leicester, England, refused vaccination, largely because the high incidence of smallpox and death rates during the 1870 epidemic convinced the population it didn't work. In the next epidemic of 1892, Leicester relied solely on improved sanitation and quarantines. The town only suffered 19 cases and 1 death per 100,000 population, compared with the town of Warrington, which had six times the number of cases and 11 times the death rate of Leicester, even though 99 per cent of its population had been vaccinated.[1]

The World Health Organization has pointed out that the key to eradication of the disease in many parts of West and Central Africa was switching from mass immunization, which was not working very well, to a campaign of surveillance, containing the disease through isolation procedures.[2]

Sierra Leone's experience also demonstrates that vaccination wasn't responsible for the end of smallpox. In the late sixties, Sierra Leone had the highest rate of smallpox in the world. In January 1968, the country began its eradication campaign, and three of the four largest outbreaks were controlled by identifying and isolating cases alone, without immunization. Fifteen months later, the area recorded its last case of smallpox.[3]

The U.S. government is quick to note that during the plague years of polio, 20,000-30,000 cases per year occurred in America, compared to 20-30 cases a year today. Nevertheless, Dr. Bernard Greenberg, head of the Department of Biostatistics at the University of North Carolina School of Public Health, has gone on record to say that cases of polio *increased* by 50% between 1957 and 1958, and by 80% from 1958 to 1959, after the introduction of mass immunization. Nevertheless, in the midst of the polio panic of the 1950s, with the pressure on to find a magic bullet, statistics were manipulated by health authorities to give the opposite impression.[4]

According to the *World Health Statistics Annual* (1973-1976, vol. 2), "There has been a steady decline of infectious diseases (for example, smallpox, diphtheria, whooping cough and scarlet fever) in most developing countries regardless of the percentage of immunizations administered in these countries. Improved conditions are largely responsible as well as improved nutrition, as the primary determinants in the decline in death rates." Dr. Richard Moskowitz, a Harvard University graduate with a medical degree from New York University and a long-time family-practice physician, remarks, "There is a widespread agreement that the time period since the common vaccines were introduced has seen a remarkable decline in the incidence and severity of corresponding natural infections. But the customary assumption that the decline is *attributable* to the vaccines remains unproved, and continues to be questioned by eminent authorities in the field." He goes on to say that the incidence and severity of

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[1] Campaign Against Fraudulent Medical Research Newsletter, 1995; 2; pp.5-13, quoting statistics from "London Bills of Mortality 1760-1834" and "Reports of the Registrar General 1838-1896".

[2] Bulletin of the World Health Organization, 1975;52; pp.209-222.

[3] British Medical Journal, 1975;310; p.62.

[4] What Doctors Don't Tell You, pp.123-124.

pertussis, for example, had already begun to decline precipitously long before the introduction of the pertussis vaccine. He also quotes epidemiologist C. C. Dauer, who in 1943 stated, "If mortality from pertussis continues to decline at the same rate during the next 15 years, it will be extremely difficult to show statistically that pertussis immunization had any effect in reducing mortality from whooping cough."[1]

Additionally, once vaccination against a certain disease has been introduced, doctors are less likely to diagnose someone with that disease:

George B. Shaw made the following statement regarding the reclassification of disease: During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up by diagnosing all the revaccinated cases of smallpox as pustular eczema, varioloid or what not, except smallpox.[2]

According to statistics from the Los Angeles County Health Index, in July 1955 there were 273 reported cases of polio and 50 cases of aseptic meningitis, compared with five cases of polio and 256 cases of aseptic meningitis a decade later (after introduction of the vaccine). In the early part of the last century (when the only vaccine available was the smallpox vaccine), over 3,000 deaths in England were attributed to chickenpox, and only some 500 to smallpox, even though authorities agree that chickenpox is only very rarely a fatal disease.[3] Martha, from Sheffield, England, recently experienced this sort of fast-shuffle name-change with pertussis:

> Not long ago, after our two-year old developed full-blown pertussis, I took her to our GP, prepared to face a reprimand for neglecting to have her vaccinated. However, the doctor diagnosed asthma and prescribed Ventolin. I was so unconvinced by this diagnosis that I consulted another GP within the practice. To my amazement he insisted that pertussis no longer exists due to mass vaccination, and confirmed the diagnosis of asthma. I then pressed for a sputum test to prove or disprove the existence of pertussis. I later received a patronizing phone call, following my doctor's discussion with our local consultant microbiologist. "They do not test for pertussis because it does not exist," I was told. I then asked, should the condition clear up in a few weeks, presumably asthma would have been an unlikely diagnosis? To which he replied: "We now have a new condition called viral asthma which is similar to pertussis." [4] He said they see many children with this condition. He added, "Since

[1] Vaccinations: a Thoughtful Parent's Guide, p.22.

[2] Immunization: History, Ethics, Law and Health, p.101.

[3] Immunization, pp. 27-28.

[4] Sometimes, the opposite scenario happens: One set of statistics frequently used to document vaccine efficacy is the increase in pertussis incidence when vaccine administration is stopped or decreased. This has occurred in Great Britain, Japan, and Sweden. Many critics, however, charge that during times when the number of vaccine recipients decreases, physician sensitivity to the disease increases, and every lingering cough is then reported as pertussis, thereby inflating the actual number of cases. Indeed, during pertussis outbreaks, any cough that continues for more than 14 days can be labeled 'pertussis' without a confirmatory culture (CDC, 1990):

> We should be skeptical about the 'outbreaks' that are reported to have occurred. Pertussis is actually rather difficult to diagnose conclusively, as it requires special cultures or antibody tests that many laboratories cannot perform and that many doctors, in the presence of suggestive symptoms, rarely take the trouble to order. (Mothering, 1987; 34; pp.34-39.

they stopped testing for pertussis, there have been no recorded cases in our area".[1] **No comments…**

(See document # 13 for similar testimonies).

Unfortunately, the government is hiding the true facts and, instead, uses scaring tactics to urge the public to vaccinate their children:

> On October 14, 2005, the major media outlets shrieked a report of "The first outbreak of polio in the United States in 26 years, occurring in an Amish community in central Minnesota". The specter of hundreds of children in braces and iron lung machines lining the halls of hospitals immediately danced through the air, and directly into the minds of parents who have chosen to not vaccinate their children.
>
> However, first of all, there wasn't an "outbreak of polio" at all. There was only the discovery of an inactivated poliovirus in the stool of 5 children. None experienced any type of polio symptoms or paralysis. Furthermore, the virus that was identified was not "wild polio", but a virus found exclusively in the oral polio vaccine (OPV), so it was definitely the administration of the vaccine that somehow caused these children to carry the germ.[2]
>
> The unasked question is why was finding this strain front-page news? My suspicion is that it was because it was an Amish child; a large number of the Amish choose to not vaccinate their children. A confirmation would serve a dual purpose: to make an "example" of the Amish and scare parents into believing polio still being "in circulation," when in fact, it is not.[3]

I, myself, had a hard time to believe that the government and news agencies were manipulating and distorting the truth to this extend. I therefore got a copy of the report from the Minnesota Department of Health (MDH),[4] and was able to see with my own eyes that Dr Tenpenny was absolutely correct. There had been no case of polio among the Amish <u>whatsoever</u>, only the discovery of the presence of vaccine-derived poliovirus in the stool of 5 Amish children. Although this whole episode proves absolutely nothing about the risks of polio in an unvaccinated population and the benefits of polio vaccination today, nevertheless, government agencies and medical establishments made heavy use of this incident to convince people of the need to vaccinate, and pediatricians were quick to believe this government hoax without researching it further.[5]

In regards to diphtheria, a significant decline in the incidence of diphtheria began long before the vaccine was discovered. In the U.S.A., from 1900 to 1930, years before the vaccine was introduced, a greater than 90% decline in reported deaths from diphtheria

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[1] <u>What Doctors Don't Tell You</u>, p.125.

[2] Although DNA analysis of the germ revealed it had been circulating for about 2 years, the OPV has not been used in the US since 2000, so its presence in 2005 in the stool of Amish children isolated from foreigners remains a mystery. In most likelihood, someone in the Amish community or its vicinity was inoculated with an old specimen of OPV by accident, instead of the newly recommended IPV.

[3] *Polio "Non-Outbreak" Among the Amish*, by Dr. Sherri Tenpenny, DO, Dec. 2, 2005.

[4] *Vaccine-Derived Poliovirus Outbreak, Minnesota 2005*, Minnesota Department of Health.

[5] Indeed, in an article entitled *A Jewish Perspective on the Controversial Issues Surrounding Immunization*, a *frum* medical doctor writes "…on a small scale, we see what can happen when a population is not immunized by looking at the high polio rate in the Amish community." It is a tragedy that distorted facts are being used as the basis for Halachic rulings and guidance.

had already occurred.[6] Many researchers attribute this decline to increased nutritional and sanitary awareness. Scientific data supports this theory as well.

As for measles, there were 13.3 measles deaths per 100,000 population in 1900. By 1955, eight years before the first measles shot, the death rate had declined by 97.7%, to 0.3 death per 100,000. In fact, the death rate from measles in the mid 1970s (post-vaccine) remained exactly the same as in the early 1960s (pre-vaccine).[1] Additionally, according to Dr. Atkinson of the CDC, "measles transmission has been clearly documented among vaccinated persons. In some large outbreaks…over 95% of cases have a history of vaccination.[2] Of all reported cases of measles in the U.S.A. in 1984, more than 58% of the school-age children were adequately vaccinated.[3] More recent outbreaks continue to occur throughout the country, sometimes among 100% vaccinated populations.[4]

It is interesting to note the dichotomy in the doctors' way of thinking: when healthy children die within hours of receiving a vaccine, they are quick to say that the temporal relation between the vaccine and the observed adverse event is just coincidental. But when the incidence of a disease decreases following the introduction of vaccination, they see it as an irrefutable proof that vaccines are effective, even though other factors might have been at play…

The premise of vaccination rests on the assumption that injecting an individual with a weakened live or killed virus will trick his body into developing antibodies to the disease, as it does when it contracts the same pathogen naturally. But modern medicine doesn't really know whether vaccines work for any length of time. All the usual scientific studies can demonstrate is that vaccines may create antibodies in the blood. This may have nothing to do with protecting an individual from contracting the disease over the long (or even short) term. As such, Merck, Inc. (producer of many childhood vaccines) reports:

> Seroconversion was not always associated with protection from breakthrough disease. Rather, the higher the titer, the greater the likelihood of protection…
>
> *(Summary for Basis of Approval of Varivax).*

The best proof that production of antibodies due to vaccination may not accurately reflect on the immunity status of an individual is the fact that a large percentage of outbreak cases occurs in fully immunized children and that, unlike the immunity conferred by natural infection, immunity due to vaccines is in most cases not permanent. Antibodies in the blood are not the only way the body recognizes and defends itself from disease. For example, nasal antibody plays a significantly more important role than serum antibody in prevention of influenza. Additionally, vaccines via injection use an unnatural route of antigen presentation. The normal route of entry of antigens is via the mucous membranes of the GIT, respiratory and genitourinary systems where IgA initiates the natural immune response; the mucous membrane is where 80% of our immune system resides. In one report, for instance, measles antibodies were found in the

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[6] International Mortality Statistics (Washington, DC: Facts on File, 1981), pp.177-178.

[1] "The New Epidemiology of Measles and /rubella", Hospital Practice (July 1980), p.49.

[2] FDA Workshop to Review warnings, use Instructions, and Precautionary Information (on vaccines) (Sept. 18th, 1992), p.27.

[3] 20th Immunization Conference Proceedings (May 6-9, 1985), p.21.

[4] Morbidity and Mortality Weekly Report (US Government, Dec. 29, 1989).

blood of only one of seven vaccinated children who'd gone on to develop measles; they hadn't developed antibodies from either the shot or the disease itself[1]. Similarly, the Public Health Laboratory in London has discovered that a quarter of blood donors between 20 and 29 had insufficient immunity to diphtheria, even though most would have been vaccinated as babies.[2]

When analyzing the effectiveness of vaccines, one must obviously consider each vaccine separately, for not all diseases have the same incidences of morbidity and mortality, and not all vaccines have the same effectiveness. Presenting all the arguments regarding the effectiveness of all the pediatric vaccines would take much too many pages for this presentation (which was supposed to be short). I will, therefore, select two or three examples, והמבין יבין.

Doctors are obligated by law to inform parents of the risks and benefits of each vaccine. To that end, when a doctor vaccinates a child, he gives parents a sheet presenting some basic information about the disease for which the vaccine is being provided, the reason why the vaccine is recommended, and the risks involved in receiving the vaccine. This information sheet is conveniently provided to the doctor by the AAP, and all he has to do is make photocopies and distribute it freely to his patients. Based on the information on this sheet, the parent can make an "informed" decision and reach an "educated" consent to subject his child to vaccination (how valid is the consent when the parents don't want the vaccines and their risks, but are forced to do so because they will not find a school for their children otherwise, or because they will not find a doctor willing to treat their children?). In the course of our discussion, I will take the opportunity to point out to the lack of honesty and accuracy in the information related to parents through this sheet.

The mumps vaccine

Mumps is a relatively innocuous disease when experienced in childhood. In rare cases, mumps has been associated with viral meningitis, deafness (usually transient), orchitis (inflammation of the testes) and oophoritis (inflammation of the ovaries). Permanent sequelae are very rare. The vaccine is meant to protect adult males (when contracting mumps, they could suffer sterility of one testes, on rare occasion, and from both testes on extremely rare occasions) and to address the few cases of meningitis associated with the disease.

Here is what *The Vaccine Book* has to say about it (written by board-certified pediatrician Robert W. Sears, M.D., F.A.A.P., and a strong supporter of vaccination practices):

> What is mumps? Mumps is a virus similar to measles. It causes fever, rash and swelling of the saliva glands in the cheeks. Rarely, the virus infects internal organs. The swelling of the cheeks is usually the most telling sign of mumps, and a blood test can be done to confirm the diagnosis. It is transmitted like the common cold, and once you catch mumps you are protected for life.
>
> Is mumps serious? No. In fact, most kids who have mumps have some fever and a slight rash but not enough for anyone to worry about or even make a diagnosis. For teens and adults, however, mumps can be more serious. Males

[1] Journal of Pediatrics, 1973:82. pp.798-801.

[2] The Lancet, 1995; 345, pp.963-965.

may have sore, swollen testicles, and men or women can have arthritis, kidney problems, heart problems, or nervous system dysfunction. Very rarely, the disease can make adults (men and women) sterile.

Is mumps common? No. In the past decade, only about 250 cases have been reported each year in the U.S.A. Early in the twentieth century, there were several hundred thousand cases each year (Note: if this is true, then it supports the claims of opponents to vaccination that most dreaded diseases were in sharp decline before vaccination was introduced. Dr. Sears writes that early in the twentieth century there were several hundred thousand cases each year, while the information insert of the mumps vaccine tells us that [only] 152,209 cases of mumps were reported in 1968, just before the introduction of the vaccine. But let's leave this point for now).

In the spring of 2006, a mumps outbreak occurred among Iowa college students and spread to several surrounding states. More than 3,000 cases were eventually reported **(according to the CDC, 6,584 cases were reported then; see document # 14)**, the largest outbreak in over twenty years. About twenty victims were hospitalized. Most of the infected people had been [fully] vaccinated during childhood, but immunity from the vaccine usually wears off by adulthood, so this wasn't a case of vaccine failure. It occurred simply because adults don't get booster shots for mumps; we're all too chicken!

This MD doesn't even realize the lack of logic in his words, but he expects us to trust his judgment that vaccination makes sense. Let's review what he wrote: mumps in children is not a serious disease at all; the main purpose of vaccination is to protect the adults, who are more seriously affected by mumps. Anyone who got mumps once is protected for life. Immunity from the vaccine, on the other hand, wears off by the time children reach adulthood. Adults usually don't get boosters. What all this means is that by practicing mass vaccination of children, doctors are protecting them temporarily from a minor disease but, at the same time, are preventing them from developing permanent immunity to that very disease, making them more susceptible to contract it in their adult years and to suffer more serious damage. In short, the vaccine is achieving exactly the opposite of what it was supposed to achieve. Is there any היתר for this? Is there any היתר for prescribing a medication that helps protect against the common cold, but increases the risks of cancer by 400%?

Since the introduction of the vaccine, mumps has apparently declined in pre-pubescent children; however, there appears to have been an increase in post-pubescent adolescents, and adults[1]. This age-shift is very significant in that post-pubescent adolescents and adults are at greater risk of complications than children. In one study, whose findings appear to correlate well with other studies, not only was there an increase in the number of mumps cases following the introduction of mandatory mass mumps immunization, but the average age of infection was above 14 years for 63 of the 68 cases reported.[2]

One study focused on a 1991 (Jan.-June) outbreak, in Maury County, Tennessee, among high school and junior high school students. Of the 68 cases investigated, 67 had been previously vaccinated against mumps, and this was

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[1] "Mumps Outbreak in a Highly Vaccinated Population," The Journal of Pediatrics 119 no.2 (August 1991), p.187.

[2] "Sustained Transmission of Mumps in a Highly Vaccinated Population: Assessment of Vaccine Failure and Waning Vaccine-induced Immunity," The Journal of Infectious Diseases 169 (January 1994), pp.77-82.

amongst a highly (98%) vaccinated school-population[1]. Prior to the 1988 school immunization requirement, mumps was uncommon in this area. During a period of 9 years (from 1971-1979 inclusively) only 85 mumps cases had been reported (about 10 cases a year), and there were no cases reported at all during the 1980s. A few years after the mandatory requirement came into effect, which increased immunization uptake to 99.6% in Maury County, there was a resurgence of mumps.[2] Despite the fact that herd immunity thresholds were exceeded, disease incidence increased! (proving that mass vaccination increases the chances of being infected with the disease.)[3]

The mumps vaccine itself has been known to infect individuals with mumps (a fact that was demonstrated during the clinical trials), and it can cause meningitis in vaccine recipients. Considering the innocuous nature of the disease itself, the apparent lack of safety and efficacy of this vaccine, and its ability to defer the disease to older hosts, its continued use most assuredly counters the requirements of the principles of beneficence and non-maleficence.

(Immunization: History, Ethics, Law and Health, pp.113-114).

I ask again, **is there any היתר in the world for vaccinating children against mumps?** Our discussion up to this point has not even broached the possible dangerous adverse effects of this vaccine.

Now, this is what the doctors' information sheet says about mumps (with my comments in bold letters):

Why get vaccinated?

Mumps virus causes fever, headache, and swollen glands.

Who cares? The vaccine causes the same symptoms, in quite high numbers; this is not a reason to give the vaccine.

It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely, death.

Although this is true, unlike when they write later the risk from the vaccine and include the percentage, here they did not give the incidence of such adverse events and made it sound as if deafness, meningitis, etc., are quite common effects of mumps, when in reality all these side-effects are fairly rare. Telling only part of the truth is also a form of lying. In fact, the mumps vaccine also causes meningitis and, sometimes, death. And as far as preventing

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[1] In order to test vaccine efficacy, 34 volunteers were revaccinated, 2 of which (oddly enough) had contracted mumps during the outbreak and had submitted serum samples post-infection. Serum samples were taken prior to revaccination and of the 34 volunteers, 6 had high anti-mumps antibody titres, 25 had intermediate titres and 3 were seronegative (demonstrating no evidence of immunity; 10%). After 10 months, antibody titres were found to be similar to those measured immediately before revaccination. Revaccination did not improve protection against the disease for the majority of recipients.

[2] The increased incidence of mumps following mass vaccination, and the resultant increase in the average age of infection, have been documented by numerous researchers. See for example The Journal of Pediatrics (August 1991, pp.187-193).

[3] Other vaccines have caused similar results. For example, the compulsory use of diphtheria toxoid was followed by significant increases in incidence rates. In France, incidence increased by 30%, cases tripled in Switzerland, Hungary saw a 55% increase, and cases in Germany increased from 40,000 per year to 250,000, most of whom were immunized. In nearby Norway, which refused mass toxoid use, there were only 50 cases in 1943 while France had 47,000 cases (Trevor Gunn, Mass Immunization: A Point in Question, 1992, p.16; Miller, Vaccines? p.24).

infertility, the information insert of this vaccine tells us that "MMR vaccine has not been evaluated for carcinogenic or mutagenic potential, or <u>potential to impair fertility</u>"!!!

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air. Measles, Mumps, and Rubella vaccine (MMR II) can prevent these diseases. Many more children would get them if we stopped vaccinating.

Studies have shown that the vaccine may increase the incidence of mumps, not decrease it (see above, 35).

Most children who get their MMR shots will not get these diseases.

In Switzerland, six years after the MMR vaccine was introduced, the incidence of mumps shot up sharply, mostly among the vaccinated.[1] Similarly, in Tennessee, a large outbreak occurred among students, 98% of whom had been vaccinated.[2] Likewise in the ongoing mumps outbreak of the NY-Monsey-Lakewood *frum* community, most cases occurred in fully vaccinated individuals.

Besides, let's assume for a minute that most children who get their MMR shots will not get mumps while children; but once they reach adulthood and have lost the artificial immunity from the vaccine, they may get it and suffer a lot more from it.

<u>What are the risks from MMR vaccine?</u>

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

<u>Let's assume</u> this to be true, that between getting these diseases and getting the MMR vaccine, the MMR vaccine is safer. But what are the chances of catching these diseases to begin with? On the other hand, they want to give each person <u>2</u> shots of MMR. The question really is, what are the chances of getting the disease <u>and</u> suffering permanent damage from them ((מיעוטא דמיעוטא דמיעוטא) versus the chances of suffering recognized adverse effects from the shot (see numbers below), unrecognized short-term side-effects (call VAERS for 1-10% of this incidence) and longer-term side-effects (no one knows, for no one looked into it)? Additionally, MMR vaccine has been shown to increase the chances of getting mumps, not the opposite.

Mild problems: fever (up to 1 person out of 6); mild rash (about 1 person out of 20); swelling of glands in the neck (rare).

Moderate problems: seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses. **Since each person is supposed to get 2 shots, they should rather write: 1 out of 1,500 <u>persons</u>**); temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4 **1 out of 2 <u>persons</u>**); temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses **1 out of 15,000 <u>persons</u>**).

Severe problems: serious allergic reaction (less than 1 out of a million doses); several other severe problems have been known to occur after a child

[1] <u>Scandinavian Journal of Infectious Diseases</u>, 1996;28; pp.235-238.

[2] <u>Journal of Infectious Diseases</u>, 1994; 169; pp77-82.

gets MMR vaccine, but this happens so rarely, experts cannot be sure whether they are caused by vaccine or not. These include deafness, long-term seizures, coma, or lowered consciousness, permanent brain damage.

Does it say anywhere that in order to be חושש לסכנה one has to be sure? May one eat a particular food if he is not sure it is Kosher? May one eat a particular food if he is not sure it is not poisonous? What if there is evidence that it causes coma, seizures and permanent brain damage, but the evidence is not decisive? This is exactly what we are talking about here. There is evidence of a causal effect between the vaccine and these severe adverse effects, but the evidence is not enough for a panel of (biased) scientists to be sure!

Can we call this an honest information sheet? Can we rely on the judgment of the AAP that mumps vaccination is justified? Can a parent make an informed decision based on this sheet?

As for the CDC, here is part of what they write about the need for vaccination against mumps (**see document # 14**):

Before the mumps vaccine was introduced, mumps was a major cause of deafness in children, occurring in approximately 1 in 20,000 reported cases… An estimated 212,000 cases of mumps occurred in the U.S.A. in 1964.

Based on this CDC ratio of 1 case of deafness per 20,000 cases of mumps, the incidence of 212,000 cases of mumps a year would result in only 11 deafs per year. How, then, can they honestly say that "before the mumps vaccine was introduced, mumps was a major cause of deafness in children"???

This dishonesty is nothing but an attempt to develop people's fear of childhood diseases, in order to promote blind acceptance of vaccination practices. If the authorities are manipulating the truth about the need for vaccines, how can we not suspect them of manipulating the truth in regards to their safety and effectiveness, as well?

After vaccine licensure in 1967, reports of mumps decreased rapidly. In 1986 and 1987, there was a resurgence of mumps with 12,848 cases reported in 1987.

If the mumps vaccine is as effective as they say, how do they explain such a high resurgence, 20 years after the introduction of the vaccine? Wouldn't the explanation of vaccine-opponents be more plausible that, in reality, the vaccine is hardly effective, and that the decrease observed after 1967 has nothing to do with vaccination, but concurs with the overall decrease observable in the years before vaccination, due to improved sanitation, improved nutrition and other factors?

But I have gotten sidetracked. The main point is that the mumps vaccine achieves exactly the opposite of what it was supposed to: Even if the mumps vaccine would be effective during childhood and completely safe, it leaves its recipients unprotected from getting mumps in adulthood, when mumps is more severe and could cause serious damage. Conversely, by not giving the mumps vaccine one allows his child the possibility to contract mumps during childhood when it is a very benign infection, and to develop natural immunity for life. Who would not want to do that?

Note: Throughout the summer, fall and winter of 2009, there has been a mumps outbreak in the tristate area, with about 1,000 cases reported by the end of 2009. Here are

some facts about this outbreak, as communicated by the epidemiologist of Ocean County Board of Health on Nov. 28, 09:

> As of the 28th of Nov., there have been 114 documented cases of mumps in Lakewood, almost exclusively in the *frum* community. Together with the Boro Park, Monsey, Williamsbourg communities etc., there have been around 1000 cases in the Northeast *frum* community. In Lakewood, there is an average of 1 new documented case of mumps a day. It is suspected that there are many instances of self-diagnosed and self-treated cases of mumps that are not included in theses numbers.
>
> As of the beginning of November, there were 98 documented cases of mumps in Lakewood. Of all these cases, there has been no known hospitalization. 1 person reported temporary deafness, 1 person suffered from inflamed ovaries, and 13 people reported inflamed testicles. All these symptoms were transient (temporary), but it is known that an average of 10% of people suffering from inflamed testicles from mumps may experience impaired fertility.[1]
>
> In all the cases where the vaccination status has been verified (89 cases), 90% of them (81 cases) had been vaccinated age-appropriately prior to infection and only 10% (8 cases) had not been vaccinated. If all cases are taken into account (even those in which the vaccination status has not been verified), at least 82% of all documented cases had been vaccinated prior to infection.

As one can see for oneself, although the incidence of mumps among the non-vaccinated population is relatively higher than among the vaccinated population, being vaccinated is far from a guaranteed protection, and the doctors' claims that the MMR vaccine is 99% effective is obviously exaggerated. The non-vaccinating population represents roughly 2% of the *frum* community. Consequently, if there were 8 cases of mumps among the non-vaccinated, there should have been 400 cases among the vaccinated. Instead there have been 80 cases, which represents a 80% protection, not 99% as doctors claim (data from pharmaceutical companies and the CDC shows that the vaccine produces antibodies in 73-96% of vaccinees. Additionally, clinical evidence shows that presence of antibodies does not necessarily equate with adequate immunity). Likewise, to blame the outbreak on the non-vaccinated population "who constitute a reservoir of disease carriers" is simply preposterous, when so many vaccinated people are also prone to the disease.[2]

All in all, the true benefits of the mumps vaccine are really small, considering the fact that mumps itself is usually a very benign disease, with occasional complications that are usually benign and transient, and that the vaccine is not 100% effective. Considering that even if all people were to be vaccinated, herd immunity threshold would not be met, compelling someone to vaccinate against his will is not logically justified. However, when considering also the potential risks of serious side-effects and permanent damage from the MMR vaccine[3] (and there are scores of people here in Lakewood that can testify

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[1] One must keep in mind that even among men who did not contract mumps at all, 5% of them experience impaired fertility. Additionally, impaired fertility does not mean complete infertility. Mumps almost never affects both testicles and, as the late Dr. Mendelsohn used to say, one testicle produces enough sperm to populate the planet…

[2] Additionally, the medical community concedes that immunity from the vaccine lasts for a maximum of 10 years so, even among the vaccinated, most adults are not immune.

[3] The CDC concedes that seizure may occur following the MMR vaccine, at the rate of 1 in 3,000 doses, pain and stiffness in the joints in 1 out of 4 teenagers and adults women, temporary low platelet count (a life threatening situation) in 1 out 30,000 doses, and deafness, long-term seizures, coma, and permanent

to that, with documentation from hospitals, doctors, etc.), compelling people to vaccinate is not only logically unjustified, it is also irrational and halachically forbidden.

NJ law states that in the event of an outbreak, the health commissioner has the authority to request that all non-vaccinated students shall be excluded from school (from day 12 after exposure to day 25 after exposure) if they have been exposed to someone in that school within two days of his becoming sick with mumps. But if they get the vaccine they can be readmitted immediately.

> When I asked Ocean County Board of Health how long does it take for the vaccine to produce sufficient immunity, I was told, two weeks. So I asked, why then could one be readmitted to school immediately after receiving the vaccine, I was told, "This is a very valid question. There is no medical basis for such a decision. The only justification given is that once a person has taken at least one shot of MMR and done whatever he can, we shouldn't penalize them and we should allow them to return to school," even though they are as susceptible to contract the disease as before.

So the whole insistence of keeping non-vaccinated children out of school is NOT to protect the public and try to restrict the outbreak for, if so, even those receiving the vaccine now would be required to stay out of school for another two weeks, until they have developed adequate immunity. The real reason is only to get people to comply with what doctors and pharmaceutical companies want, and so that pharmaceutical companies will continue to rake in their billions from the vaccine industry. THAT'S THE ONLY REASON. Call it despotism, communism, government control of the public for the benefit of the few or whatever you want to call it, but do not call it "health care."

The rubella vaccine

Rubella, like mumps, is a benign illness in children that is not much worse than a case of flu. However, it can be dangerous to a developing fetus if a pregnant woman contracts the disease in the first trimester of pregnancy. In that case, her baby carries a 20-50% chance of being born with CRS (congenital rubella syndrome), which can produce major birth defects including blindness, deafness, limb defects, mental retardation or miscarriage.

How effective is the rubella vaccine? Pharmaceutical companies claim that one single shot of the MMR vaccine produces seroconversion (presence in the serum of antibodies to the disease) in 99% of vaccinees. Maybe (as explained earlier, any data produced and provided by pharmaceutical companies is חשוד). But, contrary to what they profess, real-life experience shows that seroconversion may not guarantee immunity to disease. In one study at the University of Pennsylvania on adolescent girls given the vaccine, more than 1/3 lacked any evidence whatsoever of immunity.[1] In a rubella epidemic in Casper, Wyoming, 91 of the 125 cases (73%) occurred in vaccinated children. In another study, by Dr. Beverley Allan of the Austin Hospital in Melbourne, Australia, 80% of all army recruits who had been vaccinated against rubella just four months earlier still contracted the disease.[2] So, how effective do you think the rubella vaccine really is???

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brain damage in very rare cases.

[1] Dr. Stanley Plotkin, professor of Pediatrics, University of Pennsylvania School of Medicine.

[2] Australian Journal of Medical Technology 1973; 4; pp.26-27.

Additionally, because viruses easily mutate, the vaccine may only protect against one strain of a virus, and not any new ones. Indeed, an Italian study showed that 10% of girls had been infected by a 'wild strain' of the virus, even within a few years of being given their shot.[1] Furthermore, children with congenital rubella syndrome have been born to mothers who'd received their full vaccination quota against rubella.[2]

In fact, it seems that all vaccination accomplishes is to *increase* the incidence of the disease: a few years after the countrywide measles and rubella vaccination campaign of 1994 where all school children between the ages of 5 and 16 received the double shot, the number of cases of rubella in Scotland climbed to a 13-year high. Most occurred in children and young adults aged between 15 and 34 who had been given preschool shots and whose immunity to rubella had worn off. It appears therefore that, thanks to vaccination, young women are most susceptible to rubella at the point in their lives when the disease is dangerous to them.[3] A similar pattern, where the illness suddenly became an adult one, occurred in Finland in 1982, following a mass immunization program.[4] In the U.S.A., Rubella and CRS (Congenital Rubella Syndrome) became nationally reportable in 1966[5]. In 1966, 1967 and 1968, 11, 10 and 14 cases of CRS were reported, respectively.[6] In 1969, the year the rubella vaccine was licensed, 31 cases of CRS were reported. This number did not decline in the following years despite widespread vaccination: in 1970 and 1971, CRS cases soared to 77 and 68 respectively, and remained quite high (30-62 per year) for over a decade before they returned to the pre-vaccine rates (and in 1991, 41 cases occurred). So, how effective is the rubella vaccine in preventing or even reducing the incidence of rubella-related birth defects?

Additionally, what actually happened is that rubella infections became less common in young children, but appeared more frequently in older adolescents and adults[7], posing a greater health risk for women of reproductive age. In 1980, D. Cherry, a member of the Advisory Committee on Immunization Practices, explained that, "essentially, we have controlled the disease in persons 14 years of age or younger but have given it a free hand in those 15 or older." Considering the fact that naturally occurring rubella epidemics in the pre-vaccine era "produced immunity in about 80% of

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[1] The Lancet, 1990; 336; p.1071.

[2] Acta Paediatrica, 1994; 83; pp.674-677.

[3] Pediatric Infectious Diseases Journal, 1996; 15; pp. 687-692.

[4] The Lancet, 6 April 1996.

[5] The fact that rubella and CRS became reportable only in 1966 gives us an insight into the dishonesty of government agencies in regards to vaccines: In its paper "What Would Happen If We Stopped Vaccinations?" (2003), the CDC writes, "In 1964-1965, before rubella immunization was used routinely in the U.S.A., there was an epidemic of rubella that resulted in an estimated 20,000 infants born with CRS." Why do they give **estimated** numbers and not scientific data? Because there is no scientific data for the years 1964-1965, only for 1966 and on. Why, then, don't they give us the incidence of rubella for the pre-vaccine years of 1966, 67 and 68, for which we have reliable numbers? Because the incidence of CRS during these years were so low (11, 10 and 14 cases a year), that these (scientific) numbers would be held as proof that the vaccine is ineffective. Going back to a year for which there is no reliable records and during which there was a known epidemic enabled the CDC to propose an inflated **estimated** incidence that no one will be able to disprove, and to create the false impression that the rubella vaccine is both highly needed and highly effective (besides, if 1964-1965 were years of unusual high incidence of CRS, they could not be used as a basis to honestly judge the vaccine's effectiveness). This intentional misleading of the public is nothing but disgusting.

[6] CDC, Summary of notifiable diseases, U.S.A., 1995.

[7] The Journal of Infectious Diseases (169, Jan. 1994), pp.77-82.

the population by 20 years of age", it becomes evident that, by vaccinating children against rubella, the immunization strategy produced the opposite results of those anticipated.[1]

To sum up, the risks of contracting rubella are extremely small (less than 100 cases per year in the entire U.S.A.); the vaccine's effectiveness is quite questionable, as many people who contracted the disease were fully vaccinated; furthermore, there is evidence that the vaccine increases the incidence of CRS, not the opposite. If, additionally, we take into consideration the fact that many serious adverse effects have been associated with this vaccine, it becomes obvious that permitting the vaccination against rubella is at least problematic. Forcing vaccination onto others is outrageous and irresponsible.

The same pattern can be found with other diseases:

> In the late 1990s, despite the fact that the UK had the triple MMR vaccine in place since 1988 and enjoyed an extraordinary high coverage of vaccination among toddlers, cases of measles went up by nearly 25%. (Report from the Office of Population Censuses and Surveys, 1993).

Here is what the CDC has to say about measles, and the reasons we must vaccinate:

> More than 90% who are not immune will get measles if they are exposed to the virus. Before measles immunization was available, nearly everyone in the U.S.A. got measles. An average of 450 measles-associated deaths were reported each year between 1953 and 1963. **This represents less than 1 death per 2,000 cases, since close to 1 million cases of measles were reported each year in the 1940s. Yet, the CDC reports that today,** as many as 3 of every 1,000 persons with measles will die in the U.S.A.**, a 600% increase in the mortality rate!**
>
> **How is this possible? Simply because measles vaccination has caused a shift in the age of people coming down with the disease. Instead of being exposed to the disease in childhood, now children are being immunized with vaccines that do not confer lifelong immunity, raising their risks of contracting the disease as adults when mortality from it is higher.**

In conclusion, until a proper study about the effectiveness of vaccines is achieved in real-life setting with a non-vaccinated control group, no one will really know the extent to which vaccines are effective or ineffective.

The problems exposed here with the mumps and rubella vaccine can be found in virtually all other mandatory vaccines of children. Lack of long-term studies, evidence of severe adverse-effects, lack of clinical evidence of effectiveness, and growing evidence that the vaccines increase the incidence of the diseases or delay them to a later stage in life when the disease is more dangerous for the individual. There are many more issues to be addressed **(see document # 15 for a short overview of the main issues)**, but out of concern about ביטול תורה, I rely on the fact that the material presented so far should be more than sufficient for the רבנים to take a decision on this matter.

[1] Canadian Medical Association Journal, (July 15th, 1983), p.106.

To sum up what we have demonstrated:

- **Evidence of long-term vaccine safety is utterly lacking;**
- **The 1-10% of short-term adverse events from vaccines occur in sufficient numbers to prohibit vaccination, unless their benefits are even greater, and proven beyond doubt;**
- **Such benefits have not been objectively observed nor proven; on the opposite, there is considerable evidence that vaccines may cause more harm than good.**
- **Since, as we have seen, medical procedure on a healthy individual for his protection and that of others may only be done if "no real risk is involved and only minimal discomfort is caused"[1], we may conclude that current vaccination policies violate the biblical commandment of** ונשמרתם מאד לנפשותיכם**, and should be forbidden.**
- **Should someone choose to deny the above evidence and claim that vaccination benefits outweigh its risks, it remains that, since medical authorities and pharmaceutical companies concede that vaccination does involve some risks, <u>no one has the authority to force other people to vaccinate their children</u>.**

[1] ע' ספר נשמת אברהם יו"ד סי' קנ"ז סק"ד בשם הגרש"ז אויערבאך זצ"ל.

What will be with the pregnant teachers?

Schools are concerned about pregnant teachers being at risk of catching rubella during their first trimester, putting their unborn child at risk of Congenital Rubella Syndrome. As we have seen, the effectiveness of the rubella vaccine may not be what it is claimed to be, nor its safety proven at all. However, even from the more "conventional" point of view, I would like to put things into perspective:

1. Have these pregnant women been vaccinated? If yes, why are they so worried, if the vaccine is as effective as the medical establishment claim: Merck, Inc., the pharmaceutical manufacturer, states that "**vaccinating susceptible postpubertal females confers individual protection against subsequently acquiring rubella infection during pregnancy, <u>which in turn prevents infection of the fetus and consequent congenital rubella injury</u>**" (this is why many countries only vaccinate the women of reproductive age and do not vaccinate children at all; yet, their incidence of CRS is not more elevated than in the U.S.). If, on the other hand, these women haven't subjected themselves to vaccination, what right do they have to impose vaccination on others when they themselves have not done so?

2. Is the school going to force all adults to vaccinate? What about the dean of my child's school, who conceded to me he has not received any vaccines in decades and has no basis for claiming immunity from a rubella vaccine he never received (the rubella vaccine became available in the 70's, well after his graduation). What about all the school's employees, who also have contact with the teachers? Let us not underestimate the possibility of adults being carriers of the disease: The CDC reports that "since 1996, greater than 50% of the reported rubella cases have been among adults." What about the immigrants helpers who clean the school or help in the kitchen and are not vaccinated? Why are the doctor and nurse targeting the children for vaccination when others are also "posing a risk"? Is it because others' risk is minimal? The risk from my child is also minimal, and I, at least, have a valid legal, and halachic exemption from vaccination.

3. Are the pregnant teachers truly refraining from being in contact with non-vaccinated people? Are they refusing to hire cleaning help at home when the help is unable to prove their vaccinated status and serologic immunity? Are they refusing to go into stores and shopping malls where unvaccinated people abound? Are they refraining from spending Shabbos or Yom Tov by their parents, in-laws or grand-parents because they have not been vaccinated (remember, the MMR vaccine was first manufactured in the 70's, so anyone who graduated before that time never received this vaccine; additionally, immunity acquired through vaccination is not permanent, which is why adults are told to receive boosters every five to ten years, so **any adult** who did not get boosters within the last ten years is as much of a health hazard for pregnant women as my child)? Do they refrain from going to Chasunos, Bar Mitzvos and other gatherings were older (and unvaccinated) people abound? Until the answer to all these questions is yes,

they have no right to impose vaccination on others against their will, when they themselves are not so stringent.[1]

4. The issue today is not whether to vaccinate all children or to vaccinate no one, for it's a fact that most people vaccinate their children. The issue is whether the very few children who have submitted a religious exemption present a risk to the pregnant teachers. What, indeed, are the chances of an unvaccinated child catching rubella and then passing it on to others? In the past few years, less than 100 cases of rubella have been reported each year in the U.S.A. (this is so, even though the FDA estimates that less than 10% of some inner cities populations have been vaccinated, **see document #16**; obviously, the risks of catching rubella are very small, even when living among highly unvaccinated population), so the chance of an unvaccinated child catching the disease is extremely small. The chances of him infecting a pregnant teacher are smaller yet (1 in five million?) and the chances of a fetus of a pregnant teacher being affected with CRS because of this exposure are even smaller. Even the FDA, CDC and AAP would agree that the risks of suffering serious damage from the rubella vaccine are greater. Therefore, the moral responsibility of the school lies in first worrying about the risk a child faces by getting vaccinated at the school's request, a real risk stemming from a vaccine he would be getting right now, before worrying about the risk pregnant women face from exposure to an unvaccinated child, a risk which is hypothetical and unlikely.

5. Merck, Inc., the manufacturer of the MMR vaccine, informs us that, "Excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination. There is no confirmed evidence to indicate that such virus is transmitted to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission through close personal contact, while accepted as a theoretical possibility, is not regarded as a significant risk." In other words, there remains a possibility that a child recently inoculated with the MMR vaccine could infect another child or a pregnant woman. Although they do not consider it a "significant risk" (what does this mean, in absence of substantial evidence either way…? Besides, Merck will surely downplay the likelihood of such a occurrence, in order to protect its product and the millions of dollars it invested in it), it might be more probable than the risks of my healthy child being the carrier of a disease he has no one to catch it from (except the recently vaccinated children…). After all, recently vaccinated children have a ריעותא, for they have been infected with the live virus, whereas there is no reason to believe that non-vaccinated children have been infected with the disease. Are we going to prevent recently vaccinated children with MMR from attending school for 3 weeks (from 7 to 28 days after inoculation) in order to ensure the safety of the unborn fetuses, or are we going to accept them into school because they do not represent a "significant risk"? The theoretical risk my child poses to pregnant women is also not significant; in fact, it is an absolutely insignificant risk. Why

[1] This remark is valid for the דיינים judging this case, as well: if the בית דין is going to rule that unvaccinated children may not come to school, lest they create a health hazard for pregnant teachers, these דיינים (who most probably never received the MMR vaccine or its booster within the past 10 years) will be morally obligated by their own פסק to avoid all public appearances, lest they create a potential danger for the pregnant women they may meet…

are doctors and nurses only tolerating the "non-significant risks" they have created, and not others…?

6. Pharmaceutical companies concede that a small percentage of vaccinees are not protected from rubella through the vaccine. Clinical evidence, as we have mentioned previously, shows that this percentage may be as high as 30% or more. As a result, in a school of over 1,000 students, up to 300 students are likely to be potential carriers of the disease, albeit receiving full vaccination. What difference does it really make, therefore, if one more child is also not "protected"?

7. Just as children with a religious exemption are exempted from mandatory vaccination, so too, children allergic to any component of the vaccines and children with deficient immune systems are medically exempt from mandatory vaccination. Are these medically-exempted children also facing exclusion from school out of concern for the pregnant teachers? Of course not. Teachers are then told that these children have a medical exemption, and since the risk of contracting a disease from these unvaccinated children is very small, they should rely on their בטחון בה' that after having done our part, whatever happens is only גזירה מן השמים, from which one cannot escape. There is absolutely no reason why the same approach cannot be applied to children with a religious exemption.

8. Last but not least, teachers and religious schools should be reminded the halachic basis for השתדלות, and the just balance between השתדלות and בטחון. השתדלות in itself does not guarantee any protection, rather it ensures that we have done what Hashem requires of us, thereby granting us His protection. Therefore, השתדלות is worth nothing unless it is done according to הלכה. Since the long-term safety of vaccines has been completely disregarded in spite of the alarming rise of many chronic and acute neurologic, immunologic and behavioral disorders, since the short-term adverse events from vaccines and clinical observations have given rise to concern, since the effectiveness of vaccines is seriously questionable, and since a person is not obligated, על פי הלכה, to vaccinate his children, forcing someone, against הלכה, to vaccinate his children is surely not a justified השתדלות and will not protect from disease and birth defects.

What will be with the immuno-compromised children?

Another approach recently used by schools nurses to coerce parents to comply with vaccination practices has been to claim that, since the school student body (or parent body) includes individuals on chemotherapy, anti-reject medication, etc., whose immune systems are greatly compromised, it is the obligation of everyone around them to insure that they may not carry germs that could be fatal for these individuals.

However, this argument, too, is not justified:

- Medical doctors want us to believe that they are the effective guardians of humanity, and that once we have received all the vaccines they promote, we are safe! However, the reality is that current vaccines may only protect from a handful of bacteria, whereas they are literally tens of thousands of pathogens that may plague a person's health. Even if all children and adults within a school would be fully vaccinated, they are still potential carriers of thousands upon thousands of bacteria, viruses, fungi, etc. Take strep for example. There is no vaccine against strep and strep infections are extremely common, so the chances for someone to be the carrier of strep are much higher than the combined probability of carrying the pathogens of mumps, measles, rubella, polio, hepatitis B, pertussis, diphtheria or tuberculosis. Consequently, according to the previously-mentioned argument, an immuno-compromised child should not be permitted to be in their proximity. In fact, such a child should not be around **anyone** for that reason! Obviously, this is going too far. Not being immune to a disease should not be confused with being infected with the disease, and an unvaccinated child should surely not be perceived as a potential threat for those around him.
- When not in school, are these immuno-compromised individuals careful not to visit their parents and grand-parents who were not properly vaccinated? Are their household members careful not to go to any gathering of adults who, even if they were once vaccinated, have long lost their vaccine-generated immunity? As long as these individuals are not so stringent with themselves, they do not have the right to impose such stringencies on others.

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