
A Common-Sense Analysis of “No Parental Consent Required” Vaccination Laws Proposed and Enacted by State Governments

Precedence Set by State of New York

March 18, 2010

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INTRODUCTION

A COMMON-SENSE ANALYSIS OF “NO PARENTAL CONSENT REQUIRED” VACCINATION LAWS PROPOSED AND ENACTED BY STATE GOVERNMENTS

As the title of this 40-page document indicates, this Analysis can be applied to all state governments that have laws that either force vaccination on its residents and/or eliminate parental authority, as a means of obtaining free reign over children—for the purpose of medicating or vaccinating children whenever they decide to do so. Every state government is involved in some level of abuse of children and families through various forms of support of widespread vaccination.

With billions of dollars garnered by pharmaceutical companies through vaccines, this “whenever they decide to” vaccinate children is frequent and continuous. This is validated through the U.S. Centers for Disease Control and Prevention’s (CDC) 2010 recommended vaccination schedule for children. Under this schedule, which is enforced by state governments, babies receive 24 vaccinations within the first 12 months of life; 35 vaccines by the time they are 2 years-old; and 53 by 6 years of age. When 53 vaccinations are multiplied by tens of millions of children, the enormous profit generated by pharmaceutical companies is astounding.

All vaccines manufactured and administered to children and adults contain secretive genetically-engineered pathogenic microorganisms or substances; metals, such as aluminum; extremely toxic elements, such as mercury; industrial chemicals, such as formaldehyde, sodium borate, and polysorbate 80; and drugs such as antibiotics. We do not need a scientific study to confirm that the brains and bodies of children are damaged beyond belief by vaccinations. Neither should any local, state or federal judicial ruling that refutes the link between vaccines and the epidemics of neurological and autoimmune diseases plaguing children mean a “hill of beans” to us. Any municipal, state or federal judge having passed grade-school chemistry should know that vaccinations have caused these epidemics. By now, we should understand that judges work on behalf of corporate interests, just as politicians do.

State public health laws, such as New York Legislature’s Bills A6702, S4779 and A00778, must be examined in the larger context of corporate interests, and not public health. Why is this? Public health is merely a mask to hide corporate interests. Is this statement whimsical? No, it is not. Most public health departments were established to vaccinate citizens—dating back two hundred years. This is to say that the “origin” of public health is in “forced” vaccinations through state government mandates. The proof of this is detailed in the books, [The Case Against Hepatitis B Vaccination](#), and [Against Compulsory Vaccination, Volume 2](#) by this author.

We should avail ourselves to studying the history of vaccination so that we can better understand the full ramifications and dangers of vaccinations. Most parents, politicians, and healthcare professionals lack a sufficient knowledge of this history. The epidemics of neurological and autoimmune diseases afflicting our newborns, infants, toddlers, adolescents, and teenagers substantiate this.

The corporate context of vaccination is best presented in a 2007 article titled, Kids Vaccine Market Set to Quadruple. This article was based on a Datamonitor Report and published by DrugResearcher.com. Let us begin with the article's headline caption:

A recent report suggests that the market for pediatric and adolescent vaccines is set to grow four-fold over the next decade, spearheaded by Wyeth's Prevnar as the first blockbuster vaccine.

Let us consider the language "blockbuster." This word is defined as: 1) a motion picture, novel, etc., esp. one lavishly produced, that has or is expected to have wide popular appeal or financial success; or 2) something that is forcefully or overwhelmingly impressive, effective, or influential. We should consider the consequences when terms such as these are used in the marketing scheme or plan of drugs and vaccines.

The article continues:

In 2006, pediatric and adolescent vaccines in the seven major markets were worth approximately \$4.3 billion, but thanks to new high-price vaccines promising significant health benefits, Datamonitor expects this figure to increase substantially, hitting over \$16 billion by 2016.

In several of my books, I address how ambiguous phraseology deceives us into believing that something is occurring that is not occurring at all. For example, what does the phrase "promising significant health benefits" mean? It means absolutely nothing. The promise of a "health benefit" and experiencing that "benefit" is not the same.

Vaccines are FDA-approved on the "promise" of a benefit, and the drug companies making the promise have long proved to be driven by self-interests and profits. Fortunately, we have the facts on our side as to the "benefit" children have received from mass and continuous vaccinations. Autism and neurological diseases are epidemic, and continue to increase. Now we know that the increase from \$4.3 billion to \$16 billion has hinged on the vaccinating of children.

The Datamonitor report highlighted so-called disease "opportunities" where pharmaceutical companies that produced vaccines are expected to flourish. The human papillomavirus (HPV) and pneumococcal "sectors" are the two leading avenues where substantial profits have been garnered. The article continues:

A particularly lucrative opportunity would be the development of a vaccine against infections with N. meningitides B, according to the report authors, with an estimated \$1.9 billion in annual cohort sales and \$10.7 billion in catch-up sales until 2016.

This is the side of "public health" that most citizens fail to consider. We must realize that product development, marketing and other financial-centered strategies are behind the whopping 53 vaccines that children in the U.S. receive by the time they are six years old. We

must also understand that billions of dollars in residual drug sales come from treating the diseases caused by vaccines.

The “estimated \$1.9 billion in annual cohort sales and \$10.7 billion in catch-up sales until 2016” indicates that we should expect to be dealing with the tyrannical vaccination laws for years to come. Let us carefully consider the following questions:

- How does the health of millions of children fit into the “lucrative opportunities” predestined for pharmaceutical companies through the sale of vaccines?
- Should we assume that these vaccines are necessary, particularly in the face of profiteering motives and objectives?
- Are our children merely a means of generating profits, with no regard for their lives?

Let us consider several facts to answer these questions, based on the proposed lucrative market of vaccines for *N. meningitides B* infections.

Neisseria meningitidis (*N. meningitides B*) is a bacterium known for its role in causing meningitis and other forms of meningococcal disease. Meningitis is inflammation of the meninges, which is the protective membrane covering the brain and spinal cord. The inflammation may be caused by infection with viruses, bacteria, other microorganisms and drugs (pharmaceuticals), including vaccines given to children when they are newborns and infants. Of course, those who manufacture and promote vaccines refuse to mention the latter—that is, vaccine-induced meningitis.

Today, 2,500 to 3,500 cases of *N. meningitidis* infection occur annually in the United States, with a case rate of about 1 of every 100,000 persons. As we can see, the incidence of this infection is not only miniscule, but very few people die from the infection. Does this justify mandating that all U.S. children receive vaccinations for *N. meningitidis*? We can all agree that this does not justify putting children at risk of injury by having them injected with vaccines that contain toxic metals, industrial chemicals, and genetically-engineered *N. meningitidis* pathogens or pathogenic substances.

Certainly, having our children injected with these vaccines is not “lucrative” for parents or their children, yet state governments, under the influence of federal health agencies controlled by pharmaceutical companies, have every child in the U.S. receiving meningococcal vaccinations.

The following statement in the article about the Datamonitor Report sheds additional light on the sinister aim of the pharmaceutical industry to influence state governments to mandate vaccinations:

However, the report highlights the fact that not all high-price vaccines will necessarily see the enviable uptake of Prevnar or Gardasil, and that it is crucial that manufacturers appreciate that the key to success lies in a product's introduction into the national immunization schedule.

This simply means that in order for a pharmaceutical company to amass billions of tax dollars for the purchase of vaccines, the CDC must include the company's vaccine in its

national immunization (vaccination) schedule. Furthermore, state governments must select that particular vaccine to be administered to children and residents. This is why pharmaceutical companies, underhandedly, publish fraudulent statistics that suggest that a certain disease is a major threat to the population, and that vaccination is necessary to keep millions of people from succumbing to this “made-up” threat.

When this tactic is successful, governments feel justified in giving out billions of tax dollars to pharmaceutical companies, taking money from essential services, such as education and job creation. In addition, the citizenry is nearly forced to take an unnecessary and experimental vaccine, to the detriment of our health and lives. Our children are the first casualties.

Let us continue with the article. Regarding the HPV vaccines Gardasil and Cervarix, the article continues:

As a result of the high profile these cancer vaccines have gained in the public consciousness, along with the “exciting opportunity to vaccinate against cancer,” Datamonitor sees a huge commercial opportunity for HPV vaccines.

The current “high profile public consciousness” of cancer vaccines is unfavorable. The notion that a vaccine can prevent cancer is inconsistent with the true causes of cancer.

Nevertheless, pharmaceutical companies must influence state legislatures to impose public health laws that require residents to receive vaccinations. To what extreme will government legislatures go to fill the coffers of pharmaceutical companies, perhaps for personal gain or in return of a campaign favor? Current laws show that they intend to go as far as necessary. How so?

New York’s proposed public health laws (as well as those of other states governments) have used the suspicious concept of “preventing sexually-transmissible diseases” from spreading and causing “cancer and liver diseases” among children to justify the mass vaccination of all children in New York with HPV and Hepatitis B vaccines—WITHOUT REQUIRING PARENTAL CONSENT. As horrific as this seems, HIV vaccines are destined to enter the market, and will have carpet laid for wide dissemination through these diabolical laws.

Understandably, each of us has much on our plates to deal with on a daily basis, but we must put the issue of vaccination laws at the top of our priority list. We cannot afford to ignore this issue! If we do, we will find our future in jeopardy—as is, already the case. Nevertheless, the abuse can and will get worse unless we draw a line somewhere in the sand. Clearly, proposed laws that take away our parental rights, and subject our precious children to roles as experimental mice must be that line!

You can begin your effort to draw this line in the sand for your families and communities by examining this document, [A Common-Sense Analysis of “No Parental Consent Required” Vaccination Laws Proposed and Enacted by State Governments.](#)

OVERVIEW OF BILLS A6702, S4779 AND A00778

In New York, the proposed Bills A6702C and S4779-B would allow school officials and other state workers to medicate and vaccinate children (minors) for sexually-transmissible infections (STIs) in settings outside of hospitals and clinics without the approval of their parents. Neither will parents be made aware that their children were medicated and vaccinated. In addition, parents will be fully responsible for all injuries, including deaths, experienced by their children as a result of vaccination.

Bill A00778 will require the vaccination of all children in New York, born after January 1, 1996, with the human papillomavirus (HPV) vaccine. This includes males and females. If this bill is enacted, the vaccine will be added to the list of vaccinations required by the State of New York for children. This means that children may be denied access to public (and some private) education facilities unless they receive this vaccine. This threat makes vaccination compulsory in the United States, despite the fact that parents can attempt to file for vaccination exemptions.

However, if Bills A6702C and S4779-B are enacted into law, HPV vaccines will automatically be administered to children without requiring parental consent. This may affect Bill A00778 in some way, if it is not enacted before Bills A6702 and S4779. Hopefully, the residents of New York will understand the ramifications of these proposed laws and prevent them from being enacted.

Although this proposed legislation comes under the banner of “public health,” the reality is that “vaccinating” children is the essential aim of this legislation. Therefore, throughout this analysis, the phrase “proposed vaccination laws” is used. See “**Appendix B: Premise of Analysis**” for more information about how public health supports vaccination laws.

Indeed, all eyes are on New York because enacting these bills into law will establish precedence that makes “vaccination exemptions” obsolete. This has far-reaching consequences.

UNSCRUPULOUS VACCINE MAKERS

Vaccines that target sexually-transmissible diseases include HPV and Hepatitis B vaccines. Ironically, GlaxoSmithKline and Merck & Co., manufacture the only FDA-approved HPV and Hepatitis B vaccines on the market. Both companies produce one of each vaccine. Merck manufactures Gardasil and Recombivax, while GlaxoSmithKline produces Cervarix and Engerix-B. These vaccines are linked to thousands of injuries, including paralysis, miscarriages, brain damage and soon-to-be mass infertility; and fatalities. Much more can be said about this.

These proposed laws are unprecedented, in that they relegate critical health decisions to young children, while these same children are under the influence of nurses and other healthcare practitioners who wholeheartedly promote vaccination. Therefore, the reality is that children will not be making their own decisions to receive vaccinations. They will be coerced into receiving vaccinations—in the absence of their parents, and under the auspices that the State of New York has children’s best interest at heart. How can this be when numerous of social, education and job training programs have been cut from the State’s budget? Yet, the

Legislature has suddenly found millions of tax dollars to give to GlaxoSmithKline and Merck—two super rich companies that already have trillions of dollars hoarded?

ANTI-VACCINATION CLIMATE NOT CONSIDERED

The medical industry and the state governments that work on its behalf consider vaccines to be drugs that prevent people from experiencing infectious diseases; however, not only is this position extremely debatable, but millions of families oppose vaccination. These families, as well as an ever-increasing number of people, have concluded that vaccinations are dangerous and responsible for the epidemics of diseases, such as autism, type 1 diabetes and a host of other neurological diseases. Organized protests and campaigns against vaccination are growing in strength and numbers due to laws such as those proposed by the New York legislature. Thousands of lawsuits have been filed against GlaxoSmithKline and Merck for the injuries caused by their HPV and Hepatitis B vaccines. Why has not this been considered?

State governments ignore this reality, as if it means nothing. This is a complete disrespect of parents' determination to keep vaccines out of their children's bodies. This is the essential problem with the proposed laws A6702, S4779, A00778; and others like it being proposed by state governments throughout the U.S. These laws completely disregard the natural rights of parents, as if we have no voice in what happens to our children when it comes to vaccines and medications.

Unfortunately, these actions are increasing the potential for social uprisings and unrest because people are acutely aware that anarchy begins in government—when government officials act treacherously toward the public they have sworn to serve. Parents' concern about vaccinations is highly warranted. This should be obvious in light of the autism pandemic and other diseases affecting very young children. Vaccination is the thread that connects all these children. This is why many parents oppose vaccination.

All health professionals, government officials and pharmaceutical companies agree that vaccines cause injuries. The National Childhood Vaccine Injury Act (NCVIA) of 1986 was enacted based upon this fact. The Vaccine Adverse Event Reporting System (VAERS) was also created in response to this reality, allowing parents to report vaccine-related injuries. With respect to the HPV vaccine, Gardasil, reports of injuries continue to pour in.

As of January 31, 2010, nearly 16,000 Gardasil-related reports have been submitted to VAERS since the FDA approved the vaccine in June 2006. These reports easily represent hundreds of illnesses and diseases afflicting thousands of children. Why then would the New York State Legislature require all adolescent children, boys and girls, to receive a vaccine that has caused thousands of injuries? This does not make sense.

COMMON-SENSE ANALYSIS

ALLEGED AIM/PURPOSE OF BILL A6702/S4779

According to the New York State Legislature, the purpose of Bill A6702 is “to ensure that the diagnosis, treatment, and prevention, including immunization, of a sexually transmissible disease are available when most effective.” This “aim” is specific to HPV vaccinations.

Specific Provisions of Proposed Laws

The specific provisions of the Bill A6702 include the following:

- Section one amends subdivision 1 of section 2305 of the public health law to provide that no person other than a health care practitioner shall diagnose, treat or prescribe for a person who is infected with a sexually transmissible disease, or who has been exposed to infection with a sexually transmissible disease, or dispense or sell a drug, medicine or remedy for the treatment of such person except on prescription of a health care practitioner.
- This section one also amends subdivision 2 of section 2305 of the public health law to provide that a health care practitioner may diagnose, treat or prescribe treatment for a sexually transmissible disease for a person under age eighteen without the consent or knowledge of his or her parents or guardians where such person is infected with a sexually transmissible disease or has been exposed to infection with a sexually transmissible disease.
- Subdivision 2 of section 2305 of the public health law is further amended to provide that a health care practitioner may provide health care related to the prevention of a sexually transmissible disease, including administering vaccines, to a person under age eighteen without the consent or knowledge of his or her parents or guardians, provided such person has capacity to consent to the care, without regard to the person's age, and the person consents. This subdivision is amended further to provide that any release of patient information regarding vaccines provided under this section shall be consistent with sections 17 and 18 of the public health law and other applicable laws and regulations.
- In addition, section one amends subdivision 3 of section 2305 of the public health law by adding the definition of “health care practitioner.”

There are serious problems associated with each of these provisions. The most important of these is the question of who will bear the responsibility of injuries caused by the medications and vaccines given to children. For example, if a child suffers a major reaction that causes death or a debilitating injury, who will be held responsible, since the parents were not aware that their child was drugged or vaccinated? Will the Legislature take responsibility and pay all expenses associated with these injuries? Or will the blame somehow be detached from the vaccines or medications, and then placed in the parent’s lap to bear?

In answering these questions, let us consider the current context of how vaccine-related injuries are being addressed. As it stands, parents who consent to vaccinations have an

extremely hard time getting compensated for injuries caused by vaccines because public health officials and pharmaceutical companies always refute the connection between vaccines and vaccine-induced injuries. In most cases, the complaints of parents are totally ignored. Parents are left bewildered and betrayed. This is the trend, and it has been this way for decades. It is imminent that parents who are not given the opportunity to “consent” will experience the same difficulties of parents who have “consented.”

Furthermore, history shows that any judicial ruling made by a lower court that holds pharmaceutical companies liable for vaccine-induced injuries is overturned by “higher” courts. This, too, has been the trend. There is yet more.

Federal and state public health laws enacted between 2000 and 2008 contain provisions that shield pharmaceutical companies and government health officials from liability for injuries caused by medications and vaccines. Several of these laws include the Homeland Security Act of 2002, Project BioShield Act of 2004, Pandemic and All Hazards Preparedness Act of 2006, and the Model State Emergency Health Powers Act (MSEHPA). This is an on-going concern among citizens. The proposed public health laws A6702, S4779 and A00778 follow suit.

In light of this reality, parents are within their legal and God-given rights to oppose legislation that allows health care practitioners to vaccinate their children at “will and whim.” The issues related to how vaccine-induced injuries will be handled, from diagnosis to treatment, must be clearly delineated; otherwise New York residents are enabling the state government to move closer to a tyrannical form of government—wherein their children are injured by governments then tossed back to them to deal with the problems.

New York Legislature’s Justification

Under the section, JUSTIFICATION of Bill No. A06702C (Same as S4779-B), the following is stated by the Legislature, in its attempt to justify enacting this bill:

Section 2305 of the public health law currently permits a licensed physician or staff physician in a hospital to diagnose or treat persons under age 21 infected with a sexually transmissible disease or exposed to infection with a sexually transmissible disease without the consent or knowledge of the parents or guardians of such persons. Yet current law does not allow young people the same access to care to prevent sexually transmissible diseases.

The Legislature has recognized that it is critical to protecting the health of young people to allow them to seek treatment of sexually transmitted diseases without the consent of their parents or guardians because we know that teens often do not seek parental consent because a request for consent necessarily involves disclosing to parents that the teen has engaged in sexual activity.

The Legislature is aware that if teens are not permitted to seek care and treatment of sexually transmissible diseases, sexually transmissible, diseases among many of our teens would go untreated, severely impeding our ability to control the spread of sexually transmissible diseases, This can be particularly problematic in correctional settings where attempts to obtain parental consent are often unsuccessful.

Regardless of setting, teens should not be limited to access to care on a confidential basis after the fact, or after infection or contraction of a sexually transmissible disease. Teens should have access to confidential care before infection or contracting the sexually transmissible disease, to prevent disease or life-threatening illness such as cervical cancer and liver cancer. This is particularly evident when we possess safe and effective means, such as the human papillomavirus (HPV) and hepatitis B vaccines, to prevent our teens from becoming infected with the viruses that cause such cancers.

Although, this Justification might appear “noble,” it is very ambiguous and misleading, and does not provide a comprehensive scope of the wide impact of such laws on the lives of children and families. In fact, the justification is extremely shallow.

PARSING THE “JUSTIFICATION”

Let us examine a few of the issues that parents should be greatly concerned about.

Under 18 years old or “teens” – which is it?

The phrase “teens” is mentioned throughout the Justification section, yet this proposed law includes all persons under 18 years of age. The use of this word is an attempt to sway the residents of New York into believing that only “teens” are the targets of Bill A06702C; when, in fact, all children, from birth to 18 years, are targeted under this proposed law. Imagine the parent of a six year-old child learning that her child was vaccinated without her consent, in accordance with this legislation, while she believed that only teens were targeted for the legislation. How shocked would she be?

If the fact is that teens are, indeed, the primary target for this law, then this must be clearly stated, and must include a specific age group—for example, 13 to 18 years of age. The intent of this bill, however, is clear. The target group is “all children under 18 years of age,” meaning all “minor” children.

Residents of New York should compel the New York State Legislature to revise this Justification to align it with the reality. The word “teens” must be removed. This way, parents will know that children, from birth to 18 years of age, are the targets of this proposed law. This enables parents to assess the implications of this bill from its real objective, and not from an implication created by deceptive phrases that are absent the proposed law as it is written.

“...we know that teens often do not seek parental consent”

Who is the “we,” the New York State Legislature? Today, minors can consent to their own testing and treatment for sexually-transmitted infections (STIs) without parental consent or

involvement. Although this is problematic, state legislatures across the country were able to get these laws enacted years ago. This is the argument made by the Legislature for seeking to enact this law—that the “so-called” prevention of sexually-transmitted infections also not require parental consent.

In essence, this is already achieved without the use of vaccinations. Anyone can abstain from sexual intercourse or purchase a condom. In fact, condoms free to anyone seeking them. The Legislature has not mentioned these inexpensive methods. Later in this section, we show why these two approaches are the safest and most effective, and how vaccines are not only unsafe, but ineffective in doing that which GlaxoSmithKline and Merck claim their vaccines do.

Most people will agree that drugs that treat sexually-transmissible infections have merit. Why is this? Such a disease is detected through “real” testing, then the infection is resolved through “real” medical treatment that has proved effective. However, forcing a minor to consent to a vaccination without the benefit of parental guidance poses significant problems. Let us consider the facts concerning vaccination.

First, vaccinations do not prevent infections from occurring, yet it exposes children to health risks caused by the ingredients contained in vaccines. Again, a sexually-transmissible infection is “prevented” through personal (responsible) actions, such as abstinence or using condoms. These are true and tried prevention methods.

Theoretically, vaccines are supposed to reduce the burden of infections. These drugs do not and cannot “prevent” a person from being infected by a virus or bacterium; therefore, they cannot prevent a person from contracting a sexually-transmissible infection, which is caused by the virus. Every medical professional knows this. Everyone with common-sense knows this. However, this fact must be made clear because millions of parents are deceived into believing that vaccines “prevent” them and their children from being infected by transmissible pathogens. Let us provide additional clarity to this fact to drive home the point.

For example, if I have influenza and sneeze in your face, the influenza virus enters your body regardless of whether or not you’ve been vaccinated. Infection is the act of a pathogen entering your body, and vaccines cannot stop this. The vaccination is “supposed” to lessen the ailments associated with influenza infection by predisposing you to what the scientists predict the virus will be at that time. This makes all vaccines huge gambles, and millions of people have experienced being on the wrong side of the gamble. I wrote about this subject extensively in the book, [Against Compulsory Vaccination \(Vol. 1\): Why HPV Vaccines are Dangerous to the Lives of Girls, Young Women and Everyone Else](#). Let us continue.

Not only can I still be infected despite having been vaccinated, but I can also transmit the virus to other people, including those vaccinated and unvaccinated. Why is this? The vaccine does not remove or eliminate the infection. Medical treatment methods may do this. The only certainty about vaccines is that they infect you with the pathogen for which they claim to be preventing you from getting. This instantly puts us at a disadvantage. Let us continue.

If I cover my mouth or stay away from you while I recover from the infection, then the influenza virus is prevented from infecting you. I prevented this through my personal actions, and you may have done so through your actions—by staying away from me. Again, personal actions are the true preventive measures, and not influenza vaccines. This is the reality associated with all vaccinations for all diseases.

Pharmaceutical companies and public health officials falsely portray vaccines as “shields” that keep infectious pathogens from entering the body. For example, it states in Bill A6702 that the Legislature’s aim is to “provide health care related to the prevention of a sexually transmissible disease, including administering vaccines.” This emphatically implies that vaccines prevent sexually-transmissible diseases. This is not so. Just as with influenza, a person vaccinated for a sexually-transmissible disease will still contract the infection, and also transmit the infection to a vaccinated or unvaccinated person. The only things that will keep this from happening are: 1) abstinence for sexual-intercourse, 2) wearing a condom, or 3) having sex with a person that does not have a sexually-transmissible disease.

Vaccines, on the other hand, contain genetically-engineered species of pathogens and pathogenic substances. This means that children are deliberately infected with infectious microorganisms that do not exist in the real world, and that also cause a wide range of both short- and long-term health problems. This is also why “vaccinated” persons are more likely to spread infections. Let us tackle this point using simple logic.

The myth promoted by government health agencies and pharmaceutical companies is that unvaccinated persons possess the greater threat of spreading infectious diseases. Given that vaccinations cannot prevent viruses from being transmitted, this “myth” is proved to be just that—a myth. The fact that people with “higher learning degrees” believe this sheds light on whether they are truly educated or just “trained” to think a specific way. This confirms that every person can be questioned about this issue despite who they believe they are—physician, nurse, politician, mayor, etc. Most of them might find that they have, traditionally, thought illogically about this issue.

Logically, the fact that vaccinated persons have gambled with their lives, by having laboratory-made microorganisms injected into them, means that they pose the greater threat of spreading infectious diseases. This point has been proven numerous times within the past 100 years, as well as most recently.

Here, let us consider the recent outbreak of mumps among children in New Jersey and New York. Approximately 1,500 children contracted the disease. According to the CDC, about 88% of those infected had received at least one dose of the MMR (measles, mumps, and rubella) vaccine, and three quarters of those infected had been given two doses. How did they contract mumps since they were vaccinated? Parents asked this question, wondering what went wrong. Scientifically speaking, nothing went wrong.

The children contracted mumps because vaccines do not prevent a pathogen from entering the child’s body. This also meant that those vaccinated with mumps transmitted the infection

to others, again proving that vaccines do not prevent a person from transmitting infections. This is not the aim of vaccines, yet these drugs are falsely represented to do such.

In addition, vaccines contain other harmful drugs and neurotoxic metals, such as aluminum and mercury. These substances are known to weaken the immune system; thereby, allowing infections to easily take root in the person's body. Given these facts—which are often omitted by drug companies and public health officials—the risk of injuries from vaccines far outweigh the “alleged” benefits of these secretly patented drugs. Let us further explain this.

The ingredients in the vaccines determine the safety of vaccines. Again, we are influenced to avoid considering simple logic when it comes to vaccines and vaccinations. For example, if gasoline were placed in vaccines, what should we expect the result to be after being injected with it? What illnesses do gasoline cause when it enters the body? Whatever these illnesses might be, should we not expect to incur them if gasoline is contained in the vaccines injected into us? Certainly, we should. This is logical.

Mercury, aluminum, polysorbate 80, sodium borate and other ingredients in vaccines produce their own set of injuries, which are known by chemists and biochemists, alike. Physicians and nurses are supposed to have studied chemistry as a prerequisite for their medical degree or certification; therefore, they should know this, too. Therefore, should we not expect extensive injuries to be the ultimate result of a drug that contains all these toxic ingredients, particularly while understanding that vaccines affect our health over the long-term? This means that we should expect illnesses to gradually arise, affecting our health for years to come. Has this not been our experience with vaccinations? Certainly, it has.

Unfortunately or diabolically, most of the so-called scientific studies that allegedly prove that vaccines are effective are only conducted for a few days or weeks. Why is this so when vaccines are supposed to affect our immune systems and overall health for many years, even decades. This approach (short-term studies) contradicts the concept of vaccination promoted by government health agencies and pharmaceutical companies. These short-term studies prove them to be hypocritical and deceitful because they know that establishing the safety of vaccines takes decades.

The damage caused by the HPV vaccine, Gardasil, will become clearer within the next decade. We expect to see rises in infertility and other reproductive diseases among women. These diseases will reach astronomical levels.

The residents of New York must demand that the Legislature promote true, tried and safer methods to prevent sexually-transmissible diseases. Vaccines are far too risky, especially given that the issue of who will incur responsibility for injuries experienced by children has not been addressed, nor can we trust that this is even important to pharmaceutical companies.

“...request for consent necessarily involves disclosing to parents...Teens should have access to confidential care before infection...”

This statement, by the New York State Legislature, presumes that parents are oblivious to the sexual activity of their children. On what basis did the Legislature arrive at this conclusion? How is this relevant when parents are still responsible for their minor children?

This statement also implies that there is something wrong with parents knowing that their children are engaging in sexual intercourse or that their children have contracted a sexually-transmissible disease. What is wrong with parents knowing these things?

Children (not “teens”) are not islands unto themselves. They are part of a family that is affected by whatever affects them. Parents love their children and are concerned for their welfare. The notion of “confidentially” presumes that children are threatened by their parents or that their parents will deny them access to proper medical treatment needed to resolve a sexually-transmissible disease. This is far from reality.

There is no doubt that a parent will be upset by learning about their child’s sexual activity. This is natural. We can also expect that some parents may become irate, but this has proved to be the exception and not the rule. In addition, other ways of handling these issues have proved successful over the centuries, without the need for governments to impose confidentiality on families. Any human knows how to keep information confidential without requiring the government’s help. This includes children.

The more successful approaches of resolving issues surrounding the sexual activity of minors have occurred within the families, themselves. The Legislature should trust that people can work out their own problems. Legislators, themselves, have probably worked through such difficulties. And, even if the Legislature does not trust this, it is not authorized to intervene by enacting laws that usurp parental authority. This is unproductive and tyrannical, and places children at the mercy of profiteering corporations. We must keep in mind that legislators come and go, but the laws they enact have enduring consequences, even for their families.

There is no doubt that parents are best suited to assist in the medical treatment of their children because they are aware of the medical histories of their children. Again, Bill A6702 (and S4779) is not relegated to “teens,” as is suggested in the deceitful language used throughout the Legislature’s Justification. The probability of taking a nine year-old child and vaccinating her with an HPV vaccine, without having knowledge of the child’s medical history, is frightening to think about. This action endangers the child’s life.

Should not medication or vaccines be examined within the context of the child’s complete medical history? Certainly, it should be, and must be to avoid medical mistakes that lead to permanent injuries and death. What gives the New York State Legislature the audacity and authority to eliminate a process that is a necessary aspect of healthcare?

The essential objective of parents, educators and health care professionals should be to make children more responsible and to help them mature, especially as they matriculate

through school. Children must be taught to make wiser decisions. Immaturity should not be validated through legislation. In the end, the children, not parents, bear the greater consequences of such laws. It is the parents' right to keep this from happening to their children.

The Legislature's objective should not be to detach parents from their children through tyrannical laws that eventually injure children and destroy families. The millions of dollars given to pharmaceutical companies to purchase vaccines and medications should be used to sponsor programs that strengthen families, instead of dividing them on the fleeting basis of sexual intercourse.

This proposed so-called public health law promotes the destruction of families by creating suspicion and usurping parental authority—under the bogus premise of preventing sexually-transmissible diseases from spreading among children. Again, this premise is bogus because vaccines cannot prevent sexually-transmissible diseases from spreading; neither do they prevent a child from contracting the disease. And atop all this, is the fact that HPV and Hepatitis vaccines continue to produce tolls of injuries and fatalities.

“Regardless of the Setting...”

Bill A6702 (and S4779) calls for vaccinating of all persons under 18 years of age, in any setting—school, social gathering, etc., as long as the vaccination is administered by a “health care practitioner.” Again, the word “teens” is used throughout the New York State Legislature’s “Justification” for Bill A6702 (and S4779), but toddlers can also be vaccinated under this proposed “blanket” public health law.

The intent to vaccinate children “regardless of the setting” has ramifications far greater than what is delineated in the Legislature’s “Justification.” The ultimate ramification is that this proposed law invokes “martial law” because of its “blanket” and “open-ended” design. How is this so?

According to this proposed health law, wherever a health care practitioner sits, the vaccination of children can take place. We can graphically predict that under this law, we will see buses filled with health care practitioners show up at little league baseball games to vaccinate children gathered there. Although this might seem farfetched, this proposed law would allow for such. We must keep in mind that we are not analyzing this proposed law within the realm of what “may” or “may not” occur. We must be clear about the capacity of the proposed law, and analyze it accordingly.

Residents of New York must reject the draconian intent of Bills A6702 (and S4779) or demand its revision to show greater specificity as to the “settings” under which children can be medicated and vaccinated. The former is preferred and is the best position to take regarding this legislation. The reasons have been made clear. Reject these proposed laws.

OMITTED RAMIFICATIONS OF PROPOSED LAWS

The “Justification” for Bill A6702 (and S4779) is very skimpy, ambiguous and misleading, and is tainted with insinuations, presumptions and assumptions. It lacks the “reasoning” that is required to truly “justify” it. However, the quest to administer medications and vaccines to children, in the interest of pharmaceutical companies, is quite transparent.

Merck & Co., the manufacturer of the HPV vaccine, Gardasil, used the same deceitful tactic four (4) years ago when its vaccine was approved by the FDA. The company underhandedly lobbied for state legislatures to force this vaccine on young girls, in an effort to garner billions of dollars from taxpayers. Clearly, Bill A6702 (and S4779) resembles “pharmaceutical crafted legislation.”

These proposed laws, A6702 and A00778, are attempts to circumvent the stance of an increasing number of parents against HPV vaccinations by deceptively inferring that children are able to consent to vaccinations. The statement, “...provided such person has capacity to consent to the care, without regard to the person's age, and the person consents” opens a world of problems for children and their families. This issue is strongly conveyed in the “protest” letter distributed by the organization, My Kids, My Choice, which is vehemently against this proposed legislation. Part of this letter states:

The vast majority of minors have no idea of their family history along with possible reactions these vaccines can trigger; they don't even know to ask. Removing parents from important health care decisions like these substitute the judgment of third parties for parents who are responsible for their children. Vaccines carry risk; this is fact. A person needs to know what they are. This bill completely ignores ‘informed consent.’

How does the New York Legislature determine if a child has the capacity to consent to receiving a vaccination, regardless of his/her age? Can a seven (7) year-old child consent to a vaccination with the full understanding of the dangers they face? In many cases, teenagers do not have the knowledge to make an informed decision. Why is this?

Such a decision is not relegated to the risks or benefits of the vaccine. It must also take into account the health status and medical history of the person being vaccinated. This raises the question of the criteria used to determine the competency of a minor to consent to vaccinations and medical treatment. Who has developed this criterion and when will it be presented to the public? How can Bill A6702 (and S4779) be enacted when these essential issues are not delineated, not to mention having been entirely omitted from the proposed law and the Legislatures “Justification”?

Frankly, children that are not mature enough to discuss sexual-related issues with their parents do not have the capacity to consent to invasive procedures such as vaccinations. The former is the easiest to do, while the latter requires a knowledge and understanding of their medical histories and the full scope of the injuries caused by vaccines. They must also have a sound knowledge of physiology, which many of them lack. Indeed, most children do not have

any of this, not even a notion. The New York State Legislature knows this—if they know anything at all about toddlers, adolescents and teenagers.

The Necessity of Informed Consent

What is “informed consent?” This question must be answered in two parts. The first deals with the definition. There are several definitions for this phrase or concept. The simplest way to describe informed consent is: the deliberate granting of your permission to allow someone to “act” upon your or your child’s “person.” Informed consent is not an option, it is a requirement; and this requirement is not at the leisure of the government to grant or deny. This is outside the government’s authority. The Creator demands “informed consent” because it demonstrates both respect and reverence for human life. Why is this?

The life you have is your own. No one gave you life, except the Creator; and you must bear the consequences for deliberate actions that affect your life. We can always blame someone else for the negative consequences of our decisions, but we must still deal with the consequences, which often include mental anguish, regret and physical injury. There is yet more.

“Informed consent” is the decent, ethical, moral and righteous thing to do. Human beings, as the most intelligent creatures on earth, must be afforded the opportunity to make decisions, as an exercise of our “free will,” which is an innate right. Not only does the free will separate us from the lower creatures that serve us, but it allows us to uphold the first law of nature—self-preservation. Any effort to squash or deceitfully circumvent our God-given right to exercise our free will is oppressive and tyrannical. Such efforts must be deemed attempts to reduce us to livestock or chattel.

Informed consent denotes the God-given opportunity to analyze all the facts concerning any proposed action or act against you, or those under your care. This simply means that when it comes to vaccination, we must know the alleged benefits and risks, as well as the actual results of the vaccination, including all the types of injuries and fatalities experienced by those already vaccinated with the vaccine(s). We must also know the ingredients contained in vaccines, and the injuries associated with each ingredient.

We must know the history of the pharmaceutical companies that manufacture these vaccines and any unscrupulous controversies surrounding their business practices—such as those that involved FDA-banned drugs or tainted vaccines they manufactured. In addition, we must know the details involving the companies’ inordinate sway on state governments and lobbying tactics. Why is this?

Although government officials may wholeheartedly trust the representatives of pharmaceutical companies, we are required to establish the same level of trust before injecting their vaccines into our bodies. If a company’s lack of integrity does not warrant trust, then it is our duty to leave their vaccines alone, regardless of who endorses, promotes or offers them to us.

Finally, informed consent includes being fully aware of one’s medical history and health status, and that of their children’s. This will enable us to better assess the risks of having vaccines injected into our bodies. For example, can your body withstand the injuries caused by aluminum, mercury, polysorbate 80, and other industrial chemicals contained in vaccines? No human body is made to handle these substances without incurring injury. However, if you are willing to accept the risks by receiving a vaccination, at least you will have a complete understanding of what you should expect, as it relates to injuries.

Minors & Informed Consent

How do minors fit into the picture of informed consent? A person who is legally under the age of 18 years is considered a minor. Although debate continuously surrounds this subject, any person under the age of 18 that is “not legally” under parental authority or the authority of a legal guardian is placed in the custody of the state government. Why is this?

Generally, such persons are deemed ill-qualified to make decisions in their best interest because they lack the maturity to do so. This is the status quo, and it is the rule, not the exception. When a person is 18 years old, he/she is better positioned to handle the responsibilities of self-preservation and self-determination, because the “adult world” is opened to them—meaning that they have access to educational, economic and social opportunities afforded adults. Adults do not require parental consent.

Until children reach 18 years of age, they are under the care and responsibility of their parents, legal guardians or state governments. Parents are held responsible for the decisions of their minor children, just as they have been held responsible for sheltering, feeding, clothing and catering to the health and emotional needs of their children.

All federal health agencies agree and admit that all vaccines cause “side-effects” — a deceptive name used to replace the word “injuries.” Parental consent is necessary because no child is positioned to handle the responsibilities and expenses associated with vaccine-induced brain injuries, paralysis, and autoimmune diseases that he/she will incur from vaccinations. Therefore, the proposed laws A6702, S4779 and A00778 are criminal. The New York State Legislature must be considered criminals if they decide to enact these bills into law.

Furthermore, the residents of New York (as well as residents of other states) must consider other options for prosecuting these “high-level” criminals since the judicial system is under the control of these persons. In the end, state legislatures must realize that they have a price to pay for passing tyrannical laws that benefit pharmaceutical companies and “special interest” groups. They must know that they cannot approve such bills, and then go about their merry way, rubbing elbows with their cronies, as if they will not confront substantial recourse for their treachery.

Informed Consent: Complete Knowledge of Risks and Benefits

Now, let us address the second part of “informed consent.” In the process of gaining our permission to “act” upon us or our children, the health care practitioner should inform us of the benefits and detriments associated with these acts. “Should” is the key word because in most cases, we are given inadequate and biased information, especially where vaccines are concerned. In other cases, the health care practitioner, including the physician, is extremely ignorant about the full scope of vaccination.

Many of them do not even know the ingredients contained in the vaccines they administer. They wholeheartedly trust the pharmaceutical companies. In addition, they may suffer some penalty for not vaccinating their patients, so they often vaccinate without knowing the complete facts about the vaccines.

This subject is best presented in the book, AGAINST COMPULSORY VACCINATION: “A Long Train of Abuses and Usurpations” by this author. In Section 1, Chapter 7, it states:

...(The first question) assumes that the citizenry is provided with information about the risks associated with vaccines. As we know, this is not the case in America. The healthcare practitioners that educate us about health issues already favor vaccination. Therefore, we can never receive unbiased and impartial information from them.

Most parents are unaware of the risks inherent in vaccination, despite the fact that vaccines contain mercury, aluminum and other chemicals that cause injuries. These parents are also negligent because they do not operatively assess the health risks that have long been associated with vaccination.

We, generally, have not explored the details of vaccination, including the public health laws that support and enforce it. This is the prevailing “social context” of vaccination—ignorance and negligence.

As we also know, only the alleged “good” news is often conveyed in the mass media about drugs and vaccines, therefore, the majority of people do not see a need to make a decision about whether to take the drug or vaccine. The negative aspects or risks are rarely given. This is the gravest of realities. Why is this?

Decisions only exist when other options or opposing views are available or made known. As a result of the consummate control of information by corporations, most people merely go along with the “program” because they only have one view—that of those who control the dissemination of information. Certainly, the parents whose children have been injured by vaccines would have rejected the vaccines if they were aware that injuries to the body and brain were definite risk factors.

The imminent injuries caused by drugs are always represented as non-threatening and inconsequential to our lives. This is the bedrock of how the risk of injury associated with vaccines is constructed and portrayed. For example, the terms mild symptoms

and side-effects do not clearly communicate the substantial risks that come with taking drugs and receiving vaccinations. The injuries are falsely portrayed as tolerable and temporary. The probability that these drugs can cause permanent injuries and death is rarely communicated.

As it pertains to “informed consent” regarding vaccination, federal law (National Childhood Vaccine Injury Act (NCVIA) of 1986) requires that we receive a “Vaccination Information Statement” (VIS) prior to deciding whether to receive a vaccination. Most people probably have never seen a VIS. When it comes to this, the healthcare industry and educational system are egregiously in violation of this federal law.

INADEQUACY OF VACCINE INFORMATION STATEMENTS (VIS)

A VIS is a document produced by the Center for Disease Control and Prevention (CDC); and is used to inform vaccine recipients, their parents or legal representatives about the benefits and risks of vaccines. We can anticipate that those pushing Bills A6702 (and S4779) will argue that the VIS enables minors to decide in their own interests. Such a position is baseless because children are still unaware of their own medical histories and health statuses.

The VIS provides answers (however, inadequate) to seven (7) questions that the CDC believes people should know. These questions are:

1. What is the virus (hepatitis B, HPV, etc.)?
2. Why get vaccinated?
3. Who should get vaccinated?
4. Who should not get vaccinated?
5. What are the risks of vaccination?
6. What if there is a (mild) or severe reaction?
7. How can you learn more?

The answers to the first four (4) questions are extremely controversial and debatable. As stated at the outset of this analysis, controversies surround the theory, concept and legality of vaccination. An increasing number of people (millions) believe and know that vaccines cause permanent injuries, including autism—a neurological disease that afflicts 1 in every 100 children. Although, federal health agencies tend to refute the link between autism and vaccines, no other cause is suggested; neither does any other make sense.

There is enough scientific and logical proof to confirm that vaccines cause vast injuries to the brains and bodies of children and adults. The injuries caused by the ingredients in vaccines confirm this; we just need to know what they are. New Yorkers, as well as U.S. citizens, must avail themselves to study the issue of vaccination. It is the most important health issue facing us today.

The VIS for all vaccines read like advertisements, having the aim to convince the person to receive the vaccination. Anyone reading a VIS would be influenced to receive a vaccination, and think little of the risks of injury. These documents are extremely inadequate in

delineating the full scope of the risks associated with vaccinations. This is a significant problem. Why is this?

For one, the CDC does not include the ingredients contained in the vaccines; therefore, people are not given the most vital information necessary to determine whether they will experience a substantial injury after receiving the vaccination. With tens of thousands of injury reports submitted to VAERS each year, the VIS should be embellished to include the ingredients, as well as other injuries submitted to VAERS.

Why should not the ingredients in vaccines be listed and described on the VIS? Without this information, no one is truly making an informed decision; therefore, informed consent is reduced to a formality. Without such knowledge we are merely being influenced, through our own ignorance, to place ourselves in harm's way. Even the health care practitioner administering the vaccine is misled and dumb-downed about vaccination. Let us examine the "risks" detailed in the VIS for the HPV and Hepatitis B vaccines, and then compare them with the actual injuries experienced by those who were vaccinated with these vaccines.

Alleged Risks from HPV Vaccinations

The CDC states the following about the risks associated with HPV vaccines in its VIS:

HPV vaccine does not appear to cause any serious side effects. However, a vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of any vaccine causing serious harm, or death, is extremely small.

Several mild problems may occur with HPV vaccine:

- Pain at the injection site (about 8 people in 10)
- Redness or swelling at the injection site (about 1 person in 4)
- Mild fever (100°F) (about 1 person in 10)
- Itching at the injection site (about 1 person in 30)
- Moderate fever (102°F) (about 1 person in 65)

These symptoms do not last long and go away on their own. Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination. Like all vaccines, HPV vaccine will continue to be monitored for unusual or severe problems.

Much can be said about the above statements. These statements are not consistent with reality, not even with many other statements made by the CDC concerning the injuries caused by vaccines. The Vaccine Adverse Event Reporting System (VAERS), as well as the National Childhood Vaccine Injury Act of 1986 (NCVIA) exist because "the risk of any vaccine causing serious harm, or death, is NOT extremely small." Furthermore, "life-threatening allergic reactions from vaccines are NOT very rare."

If vaccine-induced injuries were RARE, then there would be no NCVIA or VAERS. By the CDC's own admission, tens of thousands of vaccine-induced injury reports are submitted to VAERS each year. This is hardly something that can be deemed rare. Now, let us consider the VAERS submissions related to HPV vaccination.

Actual Injuries from HPV Vaccinations

In 2007, the National Vaccine Information Center (NVIC) analyzed Gardasil-related VAERS reports submitted within the first year of the vaccine's FDA-approval (June 2006-May 2007). NVIC's analysis determined that a mind-boggling 6,276 injuries were associated with 2,227 reports. Furthermore, these injuries were classified according to 887 different illnesses/diseases. Of the 887 illnesses/diseases, 625 were sorted into 32 categories of "diagnosed" diseases.

Again, as of January 31, 2010, nearly 16,000 Gardasil-related injury reports have been submitted to VAERS. These reports easily represent hundreds of temporary and permanent illnesses and diseases afflicting those vaccinated. This means that HPV vaccines continue to produce tolls of injuries and fatalities, with no letup.

Generally, HPV vaccines cause pain, swelling, redness and itching at the injection site. Other illnesses and injuries include systemic fever, nausea, nasopharyngitis, dizziness, diarrhea, vomiting, myalgia, cough, upper respiratory tract infection, malaise, arthralgia, insomnia and nasal congestion. More severe illnesses include headache, gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, pulmonary embolism, sepsis, arrhythmia, juvenile arthritis, rheumatoid arthritis, lupus, arthritis and reactive arthritis. Birth defects were experienced by babies born to women who became pregnant within 30 days of receiving the vaccine. Unfortunately, dozens of people have died after receiving the vaccine.

Regarding vaccine ingredients, Gardasil contains 225 mcg of aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, and genetically-engineered substances from HPV strains 6, 11, 16 and 18.

Cervarix, the only other HPV vaccine in the U.S. market, contains genetically-engineered substances from HPV strains 16 and 18 [and an LI protein derived from the insect *trichoplusia ni* (cabbage looper moth)]. The vaccine also contains AS04 (Adjuvant System 04.), the trade-name for a combination of adjuvants used in various vaccine products manufactured by GlaxoSmithKline (GSK), the maker of Cervax.

AS04 is the successor of AS03, a "squalene-based" adjuvant, which is the chief ingredient linked to Gulf War Syndrome. AS04 consists of aluminum hydroxide and monophosphoryl lipid A (MPL)—two ingredients known to cause neurological and autoimmune injuries.

The injuries reported by persons vaccinated with Cervax are similar to those vaccinated with Gardasil, which includes death.

Although the long-term injuries caused by these vaccines will be seen within the next decade, we expect that most of them will include reproductive diseases. The incidence of infertility is expected to skyrocket in the next several decades.

Alleged Risks from Hepatitis B Vaccinations

The CDC states the following about the risks associated with Hepatitis B vaccines in its VIS:

Hepatitis B is a very safe vaccine. Most people do not have any problems with it. The following mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

As with the HPV vaccine, the risk of injury associated with the Hepatitis B vaccine is a far cry from reality, since the vaccine was recommended for newborns, adolescents and adults in the early 1990s. In this analysis, we cannot fully explain the injuries and anguish this vaccine has caused to millions of children. Hundreds of thousands of injuries have been reported since 1990, including hundreds of deaths. The vaccine is inextricably tied to autism. Now, let us consider the VAERS submissions related to Hepatitis B vaccination.

Actual Injuries from Hepatitis Vaccinations

According to VAERS, the following adverse reactions and injuries are associated with the HepB vaccines: induration, erythema, swelling, fever, headache, dizziness, pain, pruritus, ecchymosis, sweating, malaise, chills, weakness, flushing, tingling, hypotension, flu-like symptoms, upper respiratory illness, vomiting, constipation, diarrhea, lymphadenopathy, pain or stiffness in muscles and joints, arthralgia, myalgia, rash, urticaria, petechiae, sleepiness, insomnia, irritability, agitation, anaphylaxis, angioedema, arthritis, tachycardia/palpitations, bronchospasm, dyspepsia, migraine, syncope, paresis neuropathy, hypohesia, paresthesia, Guillain-Barré Syndrome, Bell's Palsy, transverse myelitis, optic neuritis, and multiple sclerosis. Again, hundreds of people have died after receiving the vaccine.

The most commonly used Hepatitis B vaccine contains thimerosal (mercury); aluminum hydroxide, formaldehyde, yeast protein, and phosphate buffers.

SUMMARY & NEXT STEPS

The logic presented in this analysis is enough for every New York resident to confidently reject the proposed public health laws [A6702](#), [S4779](#) and [A00778](#). No state government has the right to usurp parental authority and put the lives of children at risk. Families must work out problems dealing with issues of sexual relations and sexually-transmissible diseases, just as they manage and resolve all other problems. These challenges are inherent in families, and have been managed without government interference for thousands of years. Where is the need for the state legislature to interfere now? There is no need.

Sexually-transmissible diseases are not epidemic among minors living in New York, nor minors living anywhere else. On the other hand, vaccine-related diseases, such as autism and other neurological diseases are epidemic among children, and are ever-increasing. The number of children having sexual intercourse is miniscule when compared against the hundreds of millions of children vaccinated. As it stands, most babies born in the U.S. are injected with a Hepatitis B vaccine moments after being born.

Given this, one would think that the Legislature would be more inclined to reduce the number of vaccines administered to children rather than require more vaccinations. Common-sense supports this; however, public officials are driven by corporate interests.

In considering our next steps, there are two vitally important aspects surrounding New York's proposed vaccination (public health) laws. The first is the need for U.S. citizens to be thoroughly educated about the aims and objectives of those who promote vaccination. This point cannot be emphasized enough. The vaccination issue is intensifying because vaccines have become the primary cash-cow of pharmaceutical companies.

The financial success of vaccines depend on the ability of pharmaceutical companies to influence state legislatures to force vaccines on their residents through bogus public health laws. This subject is detailed in [Introduction on page 1](#). The effort of governments to achieve these aims by snatching away our parental authority is the "line in the sand." This leads to the second aspect.

Over the past decade, most of us can agree that democracy has gradually dissipated. Our ignorance, passivity, and the neglect of our innate rights have inspired those who control governments to grab more of our God-given liberties. It can be argued that the greatest of all liberties is to "parent" our offspring. When this is completely taken, nothing else is left.

We must avail ourselves to acquire a greater knowledge about vaccination in order to understand the extreme difficulties and tyranny that public health laws [A6702](#), [S4779](#) and [A00778](#), and similar laws proposed and enacted by state governments present. This will give us the courage to stand firm against state and municipal legislatures on this issue.

RECOMMENDED READING

- [The Case Against Hepatitis B Vaccination: Prevent Your Newborns & Infants from Being Permanently Injured](#)

- [Against Compulsory Vaccination \(Vol 1\): Why HPV Vaccines are Dangerous to the Lives of Girls, Young Women and Everyone Else](#)
- [Against Compulsory Vaccination \(Vol 2\): “A Long Train of Abuses and Usurpations”](#)

FOR MORE INFORMATION

- My Kids, My Choice (<http://www.mykidsmychoice.com>; ritapalma@mykidsmychoice.com)
- National Vaccine Information (<http://www.nvic.org>; contactNVIC@gmail.com)
- Kevin A. Muhammad (<http://www.kamuhammad.net>; kam@kamuhammad.net)

APPENDIX A: BILLS A6702, S4779 AND A00778

6702--C

Cal. No. 670

2009-2010 Regular Sessions

IN ASSEMBLY

March 11, 2009

Introduced by M. of A. PAULIN, SCHIMEL, GOTTFRIED, DINOWITZ, MAYERSON, JACOBS, HOYT, JAFFEE, ALFANO, ROSENTHAL -- Multi-Sponsored by -- M. of A. BOYLAND, BROOK-KRASNY, GABRYSZAK, JEFFRIES, MARKEY, PHEFFER, RUSSELL, TITONE, WALKER, WRIGHT -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the public health law, in relation to providing medical care to minors for sexually transmitted diseases without a parent's or guardian's consent

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 2305 of the public health law, as amended by chap-
2 ter 878 of the laws of 1980, is amended to read as follows:
3 S 2305. Sexually transmissible diseases; CARE AND treatment [by
4 licensed physician or staff physician of a hospital; prescriptions] ;
5 CONSENT BY MINORS. 1. No person, other than a [licensed physician, or,
6 in a hospital, a staff physician] HEALTH CARE PRACTITIONER, shall diag-
7 nose, treat or prescribe for a person who is infected with a sexually
8 transmissible disease, or who has been exposed to infection with a sexu-
9 ally transmissible disease, or dispense or sell a drug, medicine or
10 remedy for the treatment of such person except on prescription of a
11 [duly licensed physician] HEALTH CARE PRACTITIONER.
12 2. (A) A [licensed physician, or in a hospital, a staff physician,]
13 HEALTH CARE PRACTITIONER may diagnose, treat or prescribe TREATMENT FOR
14 A SEXUALLY TRANSMISSIBLE DISEASE for a person under the age of [twenty-
15 one] EIGHTEEN years without the consent or knowledge of the parents or
16 [guardian] GUARDIANS of said person, where such person is infected with

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

LBD09628-10-9

A. 6702--C

2

1 a sexually transmissible disease, or has been exposed to infection with
2 a sexually transmissible disease.
3 (B) A HEALTH CARE PRACTITIONER MAY PROVIDE HEALTH CARE RELATED TO THE
4 PREVENTION OF A SEXUALLY TRANSMISSIBLE DISEASE, INCLUDING ADMINISTERING
5 VACCINES, TO A PERSON UNDER THE AGE OF EIGHTEEN YEARS WITHOUT THE
6 CONSENT OR KNOWLEDGE OF THE PARENTS OR GUARDIANS OF SUCH PERSON,
7 PROVIDED THAT THE PERSON HAS CAPACITY TO CONSENT TO THE CARE, WITHOUT
8 REGARD TO THE PERSON'S AGE, AND THE PERSON CONSENTS.
9 (C) ANY RELEASE OF PATIENT INFORMATION REGARDING VACCINES PROVIDED
10 UNDER THIS SECTION SHALL BE CONSISTENT WITH SECTIONS SEVENTEEN AND EIGH-
11 TEEN OF THIS CHAPTER AND OTHER APPLICABLE LAWS AND REGULATIONS.
12 3. For the purposes of this section, [the term]
13 (A) "hospital" shall mean a hospital as defined in article twenty-
14 eight of this chapter; AND
15 (B) "HEALTH CARE PRACTITIONER" SHALL MEAN A PERSON LICENSED, CERTIFIED
16 OR OTHERWISE AUTHORIZED TO PRACTICE UNDER TITLE EIGHT OF THE EDUCATION
17 LAW, ACTING WITHIN HIS OR HER LAWFUL SCOPE OF PRACTICE.
18 S 2. This act shall take effect immediately.

Cal. No. 440

4779--B

2009-2010 Regular Sessions

I N S E N A T E

April 27, 2009

Introduced by Sens. KRUEGER, ADAMS -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to providing medical care to minors for sexually transmitted diseases without a parent's or guardian's consent

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 4 licensed physician or staff physician of a hospital; prescriptions] ;
 5 CONSENT BY MINORS. 1. No person, other than a [licensed physician, or,
 6 in a hospital, a staff physician] HEALTH CARE PRACTITIONER, shall diag-
 7 nose, treat or prescribe for a person who is infected with a sexually
 8 transmissible disease, or who has been exposed to infection with a sexu-
 9 ally transmissible disease, or dispense or sell a drug, medicine or
 10 remedy for the treatment of such person except on prescription of a
 11 [duly licensed physician] HEALTH CARE PRACTITIONER.
 12 2. (A) A [licensed physician, or in a hospital, a staff physician,]
 13 HEALTH CARE PRACTITIONER may diagnose, treat or prescribe TREATMENT FOR
 14 A SEXUALLY TRANSMISSIBLE DISEASE for a person under the age of [twenty-
 15 one] EIGHTEEN years without the consent or knowledge of the parents or
 16 [guardian] GUARDIANS of said person, where such person is infected with
 17 a sexually transmissible disease, or has been exposed to infection with
 18 a sexually transmissible disease.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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1 (B) A HEALTH CARE PRACTITIONER MAY PROVIDE HEALTH CARE RELATED TO THE
 2 PREVENTION OF A SEXUALLY TRANSMISSIBLE DISEASE, INCLUDING ADMINISTERING
 3 VACCINES, TO A PERSON UNDER THE AGE OF EIGHTEEN YEARS WITHOUT THE
 4 CONSENT OR KNOWLEDGE OF THE PARENTS OR GUARDIANS OF SUCH PERSON,
 5 PROVIDED THAT THE PERSON HAS CAPACITY TO CONSENT TO THE CARE, WITHOUT
 6 REGARD TO THE PERSON'S AGE, AND THE PERSON CONSENTS.
 7 (C) ANY RELEASE OF PATIENT INFORMATION REGARDING VACCINES PROVIDED
 8 UNDER THIS SECTION SHALL BE CONSISTENT WITH SECTIONS SEVENTEEN AND EIGH-
 9 TEEN OF THIS CHAPTER AND OTHER APPLICABLE LAWS AND REGULATIONS.
 10 3. For the purposes of this section, [the term]
 11 (A) "hospital" shall mean a hospital as defined in article twenty-
 12 eight of this chapter; AND
 13 (B) "HEALTH CARE PRACTITIONER" SHALL MEAN A PERSON LICENSED, CERTIFIED
 14 OR OTHERWISE AUTHORIZED TO PRACTICE UNDER TITLE EIGHT OF THE EDUCATION
 15 LAW, ACTING WITHIN HIS OR HER LAWFUL SCOPE OF PRACTICE.
 16 S 2. This act shall take effect immediately.

2009-2010 Regular Sessions

IN ASSEMBLY

(PREFILED)

January 7, 2009

Introduced by M. of A. PAULIN, GOTTFRIED, GUNTHER, WEINSTEIN, ESPAILLAT, GREENE, MARKEY, ORTIZ, ROBINSON, CONTE, ALFANO, HOOPER, SPANO, GABRYSZAK, SCHIMMEL, TITONE -- Multi-Sponsored by -- M. of A. BARRA, BING, BRODSKY, CUSICK, DESTITO, DIAZ, DINOWITZ, KELLNER, KOON, LIFTON, MAYERSOHN, TOWNS, WEISENBERG, ZEBROWSKI -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring immunization against human papillomavirus (HPV)

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. The section heading and subdivisions 2, 3, 5 and 6 of
2 section 2164 of the public health law, as amended by chapter 189 of the
3 laws of 2006, subdivision 2 as separately amended by chapter 506 of the
4 laws of 2006, are amended to read as follows:
5 Definitions; immunization against poliomyelitis, mumps, measles,
6 diphtheria, rubella, varicella, HUMAN PAPILLOMAVIRUS (HPV), Haemophilus
7 influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and
8 hepatitis B.
9 2. a. Every person in parental relation to a child in this state shall
10 have administered to such child an adequate dose or doses of an immunizing
11 agent against poliomyelitis, mumps, measles, diphtheria, rubella,
12 varicella, HUMAN PAPILLOMAVIRUS (HPV), Haemophilus influenzae type b
13 (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B, which
14 meets the standards approved by the United States public health service
15 for such biological products, and which is approved by the department
16 under such conditions as may be specified by the public health council.
17 b. Every person in parental relation to a child in this state born on
18 or after January first, nineteen hundred ninety-four and entering sixth
19 grade or a comparable age level special education program with an un-
20 signed grade on or after September first, two thousand seven, shall have

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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- 1 administered to such child a booster immunization containing diphtheria
2 and tetanus toxoids, [and] an acellular pertussis vaccine, AND A HUMAN
3 PAPILLOMAVIRUS (HPV) VACCINE, which meets the standards approved by the
4 United States public health service for such biological products, and
5 which is approved by the department under such conditions as may be
6 specified by the public health council.
7 3. The person in parental relation to any such child who has not
8 previously received such immunization shall present the child to a
9 health practitioner and request such health practitioner to administer
10 the necessary immunization against poliomyelitis, mumps, measles,

11 diphtheria, Haemophilus influenzae type b (Hib), rubella, varicella,
12 HUMAN PAPILLOMAVIRUS (HPV), pertussis, tetanus, pneumococcal disease,
13 and hepatitis B as provided in subdivision two of this section.

14 5. The health practitioner who administers such immunizing agent
15 against poliomyelitis, mumps, measles, diphtheria, Haemophilus influen-
16 zae type b (Hib), rubella, varicella, HUMAN PAPILLOMAVIRUS (HPV),
17 pertussis, tetanus, pneumococcal disease, and hepatitis B to any such
18 child shall give a certificate of such immunization to the person in
19 parental relation to such child.

20 6. In the event that a person in parental relation to a child makes
21 application for admission of such child to a school or has a child
22 attending school and there exists no certificate or other acceptable
23 evidence of the child's immunization against poliomyelitis, mumps,
24 measles, diphtheria, rubella, varicella, HUMAN PAPILLOMAVIRUS (HPV),
25 hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus
26 influenzae type b (Hib) and pneumococcal disease, the principal, teach-
27 er, owner or person in charge of the school shall inform such person of
28 the necessity to have the child immunized, that such immunization may be
29 administered by any health practitioner, or that the child may be immun-
30 ized without charge by the health officer in the county where the child
31 resides, if such person executes a consent therefor. In the event that
32 such person does not wish to select a health practitioner to administer
33 the immunization, he or she shall be provided with a form which shall
34 give notice that as a prerequisite to processing the application for
35 admission to, or for continued attendance at, the school such person
36 shall state a valid reason for withholding consent or consent shall be
37 given for immunization to be administered by a health officer in the
38 public employ, or by a school physician or nurse. The form shall provide
39 for the execution of a consent by such person and it shall also state
40 that such person need not execute such consent if subdivision eight or
41 nine of this section apply to such child.

42 S 2. Paragraph (a) of subdivision 7 of section 2164 of the public
43 health law, as amended by chapter 189 of the laws of 2006, is amended to
44 read as follows:

45 (a) No principal, teacher, owner or person in charge of a school shall
46 permit any child to be admitted to such school, or to attend such
47 school, in excess of fourteen days, without the certificate provided for
48 in subdivision five of this section or some other acceptable evidence of
49 the child's immunization against poliomyelitis, mumps, measles, diphthe-
50 ria, rubella, varicella, HUMAN PAPILLOMAVIRUS (HPV), hepatitis B,
51 pertussis, tetanus, and, where applicable, Haemophilus influenzae type b
52 (Hib) and pneumococcal disease; provided, however, such fourteen day
53 period may be extended to not more than thirty days for an individual
54 student by the appropriate principal, teacher, owner or other person in
55 charge where such student is transferring from out-of-state or from

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1 another country and can show a good faith effort to get the necessary
2 certification or other evidence of immunization.

3 S 3. The opening paragraph of subdivision 8-a of section 2164 of the
4 public health law, as amended by chapter 189 of the laws of 2006, is
5 amended to read as follows:


6 Whenever a child has been refused admission to, or continued attend-
7 ance at, a school as provided for in subdivision seven of this section
8 because there exists no certificate provided for in subdivision five of
9 this section or other acceptable evidence of the child's immunization
10 against poliomyelitis, mumps, measles, diphtheria, rubella, varicella,
11 HUMAN PAPILLOMAVIRUS (HPV), hepatitis B, pertussis, tetanus, and, where
12 applicable, Haemophilus influenzae type b (Hib) and pneumococcal
13 disease, the principal, teacher, owner or person in charge of the school
14 shall:

15 S 4. Subdivision 1 of section 613 of the public health law, as amended
16 by chapter 189 of the laws of 2006, is amended to read as follows:

17 1. The commissioner shall develop and supervise the execution of a
18 program of immunization, surveillance and testing, to raise to the high-
19 est reasonable level the immunity of the children of the state against
20 communicable diseases including, but not limited to, poliomyelitis,
21 measles, mumps, rubella, haemophilus influenzae type b (Hib), diphthe-
22 ria, pertussis, tetanus, varicella, HUMAN PAPI LLOMAVIRUS (HPV), hepati-
23 tis B, pneumococcal disease, and the immunity of adults of the state
24 against diseases identified by the commissioner, including but not
25 limited to influenza, smallpox, and hepatitis. The commissioner shall
26 encourage the municipalities in the state to develop and shall assist
27 them in the development and the execution of local programs of inocu-
28 lation to raise the immunity of the children and adults of each munici-
29 pality to the highest reasonable level. Such programs shall include
30 provision of vaccine, surveillance of vaccine effectiveness by means of
31 laboratory tests, serological testing of individuals and educational
32 efforts to inform health care providers and target populations or their
33 parents, if they are minors, of the facts relative to these diseases and
34 inoculation to prevent their occurrence. The commissioner shall invite
35 and encourage the active assistance and cooperation in such education
36 activities of: the medical societies, organizations of other licensed
37 health personnel, hospitals, corporations subject to article forty-three
38 of the insurance law, trade unions, trade associations, parents and
39 teachers and their associations, the media of mass communication, and
40 such other voluntary groups and organizations of citizens as he or she
41 shall deem appropriate. The public health council, the department of
42 education, the department of family assistance, and the department of
43 mental hygiene shall provide the commissioner with such assistance in
44 carrying out the program as he or she shall request. All other state
45 agencies shall also render such assistance as the commissioner may
46 reasonably require for this program. Nothing in this subdivision shall
47 authorize mandatory immunization of adults or children, except as
48 provided in sections twenty-one hundred sixty-four and twenty-one
49 hundred sixty-five of this chapter.

50 S 5. This act shall take effect September 1, 2010; provided, however,
51 that sections one, two and three of this act shall apply only to chil-
52 dren born on or after January 1, 1996.

APPENDIX B: LETTER TO RESIDENTS & CITIZENS



35 Stature Drive
Newark, Delaware 19713
<http://www.kamuhammad.net>
kam@kamuhammad.net

March 18, 2010

Dear Resident/Citizen:

I pray this letter finds you and your family in the best of health and spirit.

This letter comes with heartfelt concern over the laws proposed by the New York State Legislature, which will allow children to be vaccinated and medicated without the consent of parents—under the auspices of preventing sexually-transmissible diseases. Neither will parents know that their children were vaccinated.

In addition, parents will be responsible for injuries suffered by their children as a result of these medications and vaccines, even though they were neither consented nor informed of these invasive acts against their children. As with all persons who become aware of these proposed laws, I am sure that you, too, are angry that such laws were even conceived by the New York State Legislature.

As with many laws that greatly affect our lives, this proposed legislation has not been raised in the public's eyes. It has been kept within legislature halls, in hopes that it can be enacted with little or no resistance from the public. This tactic has been the trend in modern-day politics. The less informed the public is, the easier it is to pass laws that favor "big business" by making the citizenry "disposable" and "dispensable" items of commerce.

These laws have broad ramifications that do not favor families. They undermine the family structure by usurping parental authority, while placing children under "medical policing." The justification for these laws is mired in presumptions, assumptions, and insinuations. Clearly, despite the reasons put forth by the State Legislature to enact this legislation, the innate and God-given right to "parent" our offspring is not the State's to take away or manipulate.

If enacted, these tyrannical laws will set precedence for other state governments to follow, and will speedily sweep across the country. With an untested and volatile HIV vaccine destined to be approved within a year, such laws will spell disaster for millions of families. These experimental HIV vaccines will automatically be administered to children, if these laws are enacted.

I recently completed an analysis of these proposed public health "vaccination" laws, titled "**A Common-Sense Analysis of "No Parental Consent Required" Vaccination Laws Proposed and Enacted by State Governments: Precedence Set by State of New York.**"

This 40-page document is meant to inform, warn and educate. It parses this tyrannical and senseless proposed legislation, and provides a simple, yet poignant argument against laws of this kind.

This Common-Sense Analysis highlights the “tried and true” safer solutions for solving problems of transmissible infections, and refutes that senseless effort of putting children at extreme risk of injury through vaccination. The document also conveys vital information about the dangers of vaccination, which each parent must understand.

You can download this Analysis by visiting my website at: <http://www.kamuhammad.net>

In addition, I have written three (3) books that cover the full gamut of vaccination—from its origin, up to its overwhelming presence in our lives today. Two of these books specifically address the very vaccines earmarked for children under this proposed legislation—HPV and Hepatitis B vaccines. Vast injuries, including death, have been caused by these vaccines, unbeknown to the public because this information is not publicized.

My hope is that after you have reviewed this information, you will share it with your family, friends, neighbors, and colleagues. This is the only way we can overcome tyrannical laws that put our children at risk of injury and death.

Unfortunately, it seems very likely that the vaccination laws proposed by the State of New York might be enacted into law. Despite this, parents still have the power to make decisions that protect their children, but they must be made aware of laws that threaten the lives of their children. They must also be educated about the inherent dangers associated with vaccinations. This means that families can only be empowered through education.

Thank you for taking the time to read this letter and “Common-Sense Analysis.” If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Kevin A. Muhammad

KEVIN A. MUHAMMAD

BIOGRAPHICAL SKETCH

For nearly three decades—under the guidance and leadership of the Honorable Louis Farrakhan—Kevin A. Muhammad has dedicated his life to improving the health of the human family. In doing so, he has authored more than a dozen books focusing on health guidance given by the Honorable Elijah Muhammad in the books, How To Eat To Live (Book 1 & 2), and the Honorable Louis Farrakhan.

Kevin A. Muhammad's 3-volume book series, FAQs About How To Eat To Live, is considered an “eye-opener” into the reasoning behind the dietary mandates issued in the books, How To Eat To Live. Other books authored by Mr. Muhammad include:

- Nuts Are Not Good for Humans: Biological Consequences of Consumption
- The Slave Diet, Disease & Reparations
- Obesity, Diabetes & How To Eat To Live, 2nd Edition
- Perils of Eating Poison-Animal: How Eating Pork Destroys the Eater
- Dietary Considerations for Breast Cancer Patients
- Against Compulsory Vaccination, Vol 1: Why HPV Vaccines are Dangerous to the Lives of Girls, Young Women and Everyone Else
- The Case Against Hepatitis B Vaccination

Kevin A. Muhammad's articles about various health issues have appeared in regional and national publications. He has conducted health seminars in communities throughout the nation, and given lectures at various colleges, universities and institutions. He has also appeared on many television programs.

Mr. Muhammad has been on the fringes of research into controversial public health policies that greatly affect the welfare of the citizenry. He has written articles and books about the dangers of vaccination, the most controversial of such policies. Currently, Mr. Muhammad is spearheading a national campaign against public health policies that force vaccination on children and adults.

Kevin A. Muhammad continues to collaborate with physicians, other health practitioners, public officials, and health advocacy organizations to educate communities about disease prevention, and how best to maintain good health and achieve longer life spans.

Kevin A. Muhammad resides in Newark, Delaware with his wife, Marcia, and their children, Kevin, Jr., and Krystina.

