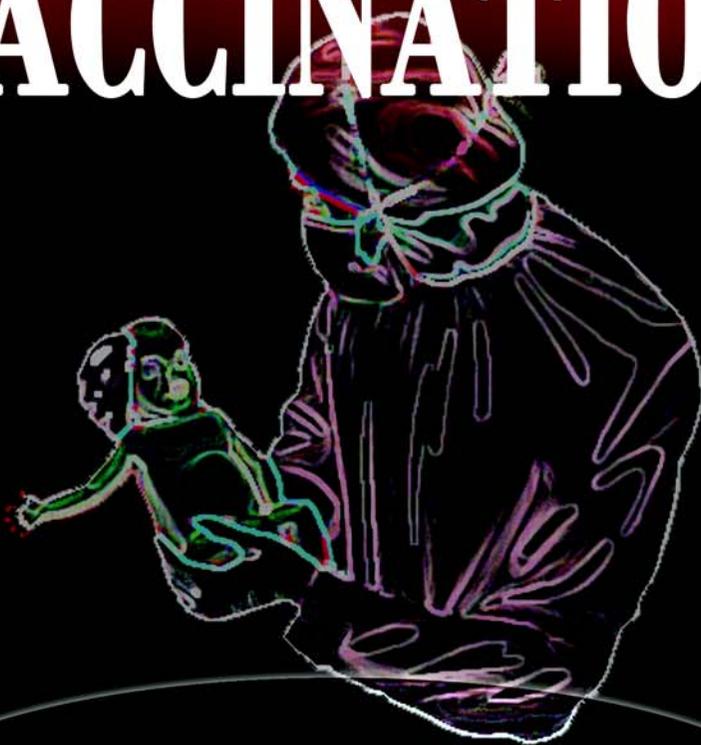


THE CASE AGAINST HEPATITIS B VACCINATION



**PREVENT YOUR NEWBORNS & INFANTS
FROM BEING PERMANENTLY INJURED**

Kevin A. Muhammad

THE CASE AGAINST HEPATITIS B VACCINATION

**Prevent Your Newborns & Infants
from Being Permanently Injured**

Kevin A. Muhammad

TechDoc, Inc.
Newark, Delaware

The Case Against Hepatitis B Vaccination: Prevent Your Newborns & Infants
from Being Permanently Injured
by Kevin A. Muhammad

Published in the United States by:
TechDoc, Inc.
35 Stature Drive
Newark, Delaware 19713

©Copyright 2009 by TECHDOC, INC. All rights reserved.
No part of this publication may be used, reproduced, stored in a retrieval
system, or transmitted, in any form or by any means, electronic, mechanical,
photocopying, recording, or otherwise without written permission of Kevin A.
Muhammad.

Printed in the United States of America.

Main entry under title:

The Case Against Hepatitis B Vaccination: Prevent Your Newborns & Infants
from Being Permanently Injured

A TECHDOC BOOK
p. 56, tables, references
ISBN: 978-0-9823593-1-0

Contact Information:
Kevin A. Muhammad
<http://www.kamuhammad.net>

APPRECIATION

As the Giver of all life, all praise, honor, and glory belong to Almighty (God) Allah. I thank Allah, Who Came In The Person of Master Fard Muhammad, for Giving Humanity Divine Guides in the Persons of the Honorable Elijah Muhammad and the Honorable Minister Louis Farrakhan. I also thank each of these Men for what they have done and continue to do for my family and for me.

I thank my beloved family—wife, Marcia; and children, Kevin, Jr., and Krystina for their great love and support, and for their labor in making this book possible.

I thank my twin brother, Julian, for his continuous encouragement and love. Without his support, this book would have never been possible.

DEDICATION

This book is dedicated to all persons who want to gain a greater understanding about the dangers of childhood vaccinations so that they can make informed decisions regarding whether or not to have their children vaccinated.

OTHER BOOKS BY KEVIN A. MUHAMMAD

Against Compulsory Vaccination, Volume One

Against Compulsory Vaccination, Volume Two

Obesity, Diabetes and How To Eat To Live, 2nd Edition

Dietary Considerations for Breast Cancer Patients

The Power of MODESTY: The Key to Health & Beauty

FAQs about How To Eat To Live, Volume One

FAQs about How To Eat To Live, Volume Two

FAQs about How To Eat To Live, Volume Three

**Nuts Are Not Good for Humans: Biological
Consequences of Consumption**

**Perils of Eating Poison-Animal: How Eating Pork
Destroys The Eater**

The Slave Diet, Disease & Reparations

For more information visit: <http://www.kamuhammad.net>

TABLE OF CONTENTS

Read These Quotes Carefully	iii
About this Book	1
References	4
Introduction	5
Hepatitis B Vaccines - The Starting Point	7
Overview of Chapters	8
CHAPTER 1	
Bogus Statistics & Public Health Laws	9
Strategy for Profiting From Diseases	9
Aristocratic Control	11
Diabolical Use of Fabricated Health Statistics	11
Fast Forward to Today	19
References	20
CHAPTER 2	
Newborns, Infants & Hepatitis B Vaccines	21
Anything But Investigating Vaccinations	21
Hepatitis B "Discovery" or Speculation & Theory	23
Sinister Hepatitis B Vaccination Strategy	25
Pathology of Fraudulent Statistics	26
Moving Up the Age Latter	32
Popular Hepatitis B Vaccines	34
References	35
CHAPTER 3	
Role of Trust in Mental Health	37
CHAPTER 4	
Vaccine "Ingredients"	41
CHAPTER 5	
Vaccination Exemptions by State	45

READ THESE QUOTES CAREFULLY

“Right now, whether you know it or not, there is a design by very powerful international bankers and rich people to kill millions and millions of human beings...A group of people are working to cull or eliminate a few billion people from the earth. Why? Because the population growth is exploding and the resources to take care of that population growth is diminishing. So their answer is to kill human beings...

...A man by the name of Bertrand Russell advocated the use of vaccines to induce partial chemical lobotomies and create a servile, zombie population. This is why, in America, there are soaring rates of autism, and increasing amounts of vaccines being mandated for babies and young children...”

— **The Honorable Minister Louis Farrakhan**

From a lecture delivered on October 28, 2007 at Mosque Maryam Chicago, IL; LECTURED TITLED, [Justifiable Homicide: Black Youth in Peril, Part 1](#)

“Scientific societies are as yet in their infancy.... It is to be expected that advances in physiology and psychology will give governments much more control over individual mentality than they now have even in totalitarian countries. Fichte laid it down that education should aim at destroying free will, so that, after pupils have left school, they shall be incapable, throughout the rest of their lives, of thinking or acting otherwise than as their schoolmasters would have wished.

Diet, injections, and injunctions will combine, from a very early age, to produce the sort of character and the sort of beliefs that the authorities consider desirable, and any serious criticism of the powers that be will become psychologically impossible.

Gradually, by selective breeding, the congenital differences between rulers and ruled will increase until they become almost different species. A revolt of the plebs would become as unthinkable as an organized insurrection of sheep against the practice of eating mutton.”

— **Bertrand Russell**

From his book: The Impact of Science on Society, 1953, pg 49-50

ABOUT THIS BOOK

In 2007, while researching the history of vaccination for the book series, Against Compulsory Vaccination, I learned how “statistics” or “epidemiology” played the most critical role in swaying governments to act on behalf of the medical “establishment”—the entity that concocts statistical data about the incidences of various diseases among populations. During this same period, in 2007, Merck & Co., a major global pharmaceutical company, had discontinued clinical trials of an HIV vaccine after the vaccine failed to prevent infection or reduce the severity of infection among volunteers who became infected during the trial. All participants were HIV-negative at the start of the trial.

To date, dozens of clinical trials for HIV vaccines are underway. The medical industry has justified producing these vaccines by imploring that HIV vaccines “hold promise” of protecting people against HIV infections. Nothing could be further from the truth. Nevertheless, we should expect HIV vaccines to enter the consumer market very soon. What does this have to do with hepatitis B vaccines?

Much too often, we hear that HIV/AIDS is plaguing many communities and is near epidemic proportion, especially in urban communities where Black and Hispanic people live. The number of HIV/AIDS cases reported by the U.S. Centers for Disease Control and Prevention (CDC) is astonishing. However, how many of us have the capability to confirm whether these statistics are, indeed, true? Most community health advocates, including religious organizations, cannot substantiate the truth of these statistics. We assume that they are true, and reiterate them ourselves when discussing the problem of HIV. This is a grave mistake.

When we assume that health statistics that insinuate that a disease is epidemic are true, then we usually accept the next step. This step is always to push for widespread vaccination, or the widespread use of any drug “purported” to prevent the spread of the disease. Why does the medical industry do this?

Within the context of an “alleged” epidemic, most people would support an HIV vaccine, just as they have supported vaccines for other diseases that were deemed epidemics via “unsubstantiated” statistics, but not through what most of us observe in our own communities.

In addition, those who oppose “herded” or “universal” vaccination usually have these statistics thrown in their face; thereby, making such persons appear to be against the common good of public health. Those who oppose

vaccination have to prove that the statistics given by the medical industry are fake, exaggerated, even invented. Today, this is not that difficult to do. In fact, this book is all about showing that the CDC's push for widespread hepatitis B vaccination of newborns in the U.S. was based on bogus statistics.

Unbeknown to most people, fraudulent statistics have been used to justify every vaccine that has ever been injected into the bodies of humans, past and present. This is a primary tactic used by pharmaceutical companies. Companies that generate billions of dollars in profits have no problem lying to the public, for the sake of a dollar. Most, if not all, of us know this.

What would be the results of HIV vaccines, especially one that targets people living in urban or inner-city HIV communities? Most people do not know the answer to this question. Some people assume that the results would be beneficial, while other people would be suspicious of the drug companies producing the vaccine, and the government's aim for requiring public vaccination. Neither group may have a sufficient understanding about the risks and imminent dangers associated with vaccination, regardless of how they "feel" about the intentions of those promoting vaccination. This is where the problem rest.

These two mindsets, assumptions and ignorance, represent a deadly combination that has already devastated millions of newborns, infants, and toddlers through government sanctioned and supported "universal" vaccination requirements. Children receive nearly two dozen vaccinations by the time they reach two years of age. Meanwhile, one in everyone 100 toddlers has an autism spectrum disorder. Vaccination is the common denominator among these children.

The "aristocratic" medical societies and the governments that serve them have run roughshod over the citizenry, injecting us with scores of vaccines that have "absolutely" dehumanized us. Understandably, this reality is difficult for many people to perceive or accept. The complex social systems in this industrialized society are designed to shroud this reality. It becomes clearer only when each of us, personally, suffer acute injuries after receiving vaccinations; or when we discover that a disease arising later in life is linked to the vaccinations we received in childhood; or when a child of ours is injured by vaccinations.

When Merck's HIV vaccine trials failed, I decided to explore the role that health statistics played in the CDC's 1991 recommendation for universal hepatitis B vaccination of all infants born in America. Again, I was already studying the history of vaccination to support my research of the human papillomavirus vaccine (HPV), Gardasil, which is also produced by Merck—and, presently mandated for girls.

My objective with this research was to determine if the statistics about the incidence of hepatitis B infections were also false, as they had been with HPV infections, resulting in the current universal vaccination of girls with HPV vaccines. Why was this objective important?

Each year, millions of newborns and infants are injected with genetically-engineered substances, dangerous metals and industrial chemicals—called vaccines. The “ingredients,” alone, are enough to prove that vaccinations injure children. As long as children receive dozens of vaccines early in life, then we have no “real” future. This is already proving true each day.

Most of us recognize that our future generations are in jeopardy. We know that something has happened and is happening to our children. The mental, physical and emotional plight of younger generations, increasingly, appears to be strangely unusual. We often blame our children, criticizing them because this is the easiest thing to do.

The more difficult task is to examine the social systems and industries that affect their lives, and then to adjudge whether these entities are beneficial or injurious to our children and to us. The healthcare system must be the first priority of this examination because it has the most substantive and indelible affect on newborns and infants.

Parents must ask themselves:



How aware and educated am I about the “medical events” that surround my children at birth, and as they develop—particularly as it relates to vaccinations?

Do we give our children the greatest opportunity to develop into the best human beings possible by keeping brain-damaging chemicals from being injected into them, or do we—in our gross ignorance and negligence—allow them to be destroyed, under the auspices of “disease prevention” and at the leisure of a profit-generating healthcare industry?

The goal of this book, The Case Against Hepatitis B Vaccination, is to educate the citizenry about the “medical events” that surround our children when they are birthed into this world, and as they matriculate through the school system. These medical events are on autopilot, as physicians and nurses automatically do what they are trained to do, which is to inject our newborns, infants, toddlers, and adolescents with dozens of vaccines—not because our children need them, but because the CDC and state governments tell them to do this.

In addition, hospitals and other medical facilities have insurance stipulations and other policies tied to vaccinations. These insane rules and policies

are imposed by the medical industry through legislation, for the express purpose of ensuring that no baby born in America has the ability to reach his or her full potential—by destroying their brains and immune systems.

We must be extremely knowledgeable about the effects of vaccines because, at the end of the day, we have to bear the burden of the injuries our children suffer—even behavioral problems that we assume are not associated with vaccinations. We would be wise to think carefully about the role of vaccination.

We have “rights” and “power” to refuse vaccinations, regardless to the pressures and threats placed against us by governments. However, we must be knowledgeable of the dangers associated with vaccinations; and acutely aware of the “intent” of governments and the medical industry to demand that we receive vaccinations. This will enable us to make the best decisions on behalf of our children. We will also be more vigilant in withstanding the pressures of those who want to bend our “will” to achieve their selfish aims.

In this book, you will learn that the best decision is to refuse the hepatitis B vaccination, and other childhood vaccinations, that injure our children.

REFERENCES

1. Altman, Lawrence K. and Pollack, Andrew. Failure of Vaccine Test Is Setback in AIDS Fight. *The New York Times*. September 22, 2007.

INTRODUCTION

If the words that Bertrand Russell wrote in his 1953 book, The Impact of Science on Society—that “diet, injections, and injunctions will combine, from a very early age, to produce the sort of character and the sort of beliefs that the authorities consider desirable”—has indeed become a reality, then we must examine every public or government institution that influences, dictates or directs what we eat, what is injected into our bodies, and the laws under which we live. Why?

Mr. Russell was not communicating to the common citizens. His words were instructions to those persons who rule governments, which in turn, govern the citizenry. He suggested and forecasted how burgeoning scientific methods could be used to bring the human population into complete subjugation, unbeknown to them (us).

Let us clarify what these three areas mean, in the context of Mr. Russell’s words. Diet is food; injections are vaccines; and, injunctions are statutes that disrupt our lives and place an unnecessary burden on us. Injunctions impede our innate propensity toward liberty. They are enacted for the express purpose of interfering with the free expression of our God-given gifts.

For example, compulsory school attendance statutes may appear beneficial. However, when we learn how curriculums are developed; and the motives driving the “mass” educational system, then become concerned about the value and usefulness of the education our children are receiving. We gradually tend to disagree with “forced” so-called education, because these statutes have our children spending their most impressionable years being trained into a way of thinking that does not and cannot bring out the best in them, as “real” education does and can.

In examining the words of Bertrand Russell, where should we start? First, we must accept the fact that the control of these three areas—food, medicine, and politics (legislation)—is centralized. Thousands, if not millions, of books have been written criticizing the food and medical industries, and the government’s complete support of these industries.

We must keep in mind that we have centralized governments at the state and federal levels. Anything that is centralized can be orchestrated and maneuvered, cohesively, to achieve the objectives of those in control.

Indeed, these three—diet, injections and injunctions—shape the “quality” of the “human” that is produced. These areas affect our neurological and physiological development. They frame our capacity to think and rea-

son. When our development is impeded and constrained, then we can never be the kind of humans that the Creator desires and requires us to be. This is real! How real is it? This brings us to the second part of our examination—the society in which we live.

As we assess our collective or national “attitude” and “behaviors,” we all can admit that something terribly unusual has happened and is happening. The world in which we live reflects our collective psyche. Few people would say that they are pleased with what they see coming from the minds and hearts of the American citizenry.

Our land is inundated with crime, violence, abuse of authority, greed, and selfishness, which have produced mass human suffering. This reality indicts our minds and hearts as being other than human. There is no doubt that diet, injections and injunctions have roles in this.

Several years ago, Dr. Abdul Alim Muhammad, who serves as the National Minister of Health and Human Services for the Nation of Islam in the West, asked a very thought-provoking question. This question surrounded the vast use of genetically-engineered, self-assembling pathogenic substances in vaccines. His question went something like this:



When genetically-engineered organisms and substances are introduced (injected) into the bodies of humans, can we still call ourselves humans?

Dr. Alim Muhammad, then likened the widespread human experiments currently underway through “universal” vaccination schemes to the experimentation that took place in the science-fiction novel, The Island of Doctor Moreau. Several movies have been made about this novel. The plot in the novel centers around a man, who after being rescued at sea and brought to an island, discovers that the inhabitants are grotesquely disfigured, human-like creatures—the results of failed genetic experiments. Yet, this did not deter Dr. Moreau from continuing with these experiments. These disfigured “things” were merely casualties or the price of doing business.

Now, let us make the connection between this novel and the health plight of this nation’s children. The array of neurological diseases suffered by children, as a result of vaccines should be assessed in this light.

For example, what is autism? Some dictionaries define it as follows:

A pervasive developmental disorder characterized by severe deficits in social interaction and communication, by an extremely limited range of activities and interests, and often by the presence of repetitive, stereotyped behaviors.

Do children suffering from autism reflect the Creator's "idea" of what humans should be? With this in mind, we can better understand why some religious organizations impose dietary laws and restrict their parishioners from defiling their bodies. They oppose vaccination for this reason.

These religious organizations attempt to help shape the kind of "human" that the Creator desires. This cannot be done unless such persons limit their risks of injury by opposing "carnal" legislation. Synonyms for carnal include:

Bodily, lustful, lecherous, lascivious, libidinous, and concupiscent

This is to say that vaccination legislation is driven by carnal minds, with sick and insane objectives. No one can deny the fact that vaccination pollutes the body. This is why most state governments allow for religious exemptions for "mandated" vaccinations. However, this is quickly coming to an end, through the enactment of legislation that enable governments to vaccinate children without requiring the consent of their parents.

Those "special interests groups" who seek total control over the minds of the citizenry manipulate government legislative bodies to enact and enforce injunctions to achieve their carnal and diabolical aims. This demonic manipulation, in the name of law, education and public health, makes all citizens the victims of medical and social exploitation.

The history of Western civilization is replete with vast incidences of mass medical experimentation and abuse of human life. Unfortunately, advancements in science has only placed us in greater danger.

HEPATITIS B VACCINES - THE STARTING POINT

Government recommendations and statutes coerce us into receiving dozens of vaccinations in a lifetime. The first vaccine given to children is the hepatitis B vaccine. This federally-recommended vaccine is administered to newborns only moments after they are born. More injections continue to be heaped on children as they matriculate through nursery, elementary, middle and high schools, and beyond. Children receive nearly 60 vaccines within the first six years of life.

The vaccinations we receive during infancy and childhood causes many of the chronic diseases we suffer from later in life, such as diabetes, heart disease, different forms of cancer, and various brain diseases. There is a direct link between vaccinations and the broad range of diseases now plaguing newborns, infants, toddlers and adolescents.

Autism is at the extreme end of the spectrum. Many less acute, but equally as serious, neurological and physical injuries result from vaccinations. This

makes “childhood vaccinations” the citizenry’s most urgent health crisis, today.

The first priority is to examine the “rationale” for the “universal vaccination” of newborns and infants with hepatitis B vaccines. This will automatically make other vaccines suspect, especially given that all vaccines have the same aim and destructive outcomes. These vaccines have been injected into millions of newborns and infants since the early 1990s. Since then, we have witnessed consistently astronomical rises in many childhood diseases.

OVERVIEW OF CHAPTERS

.....

Through this book, we refute the U.S. Center for Disease Control and Prevention’s (CDC) rationale for the “universal vaccination” of newborns and infants with hepatitis B vaccines. We describe the political and economic corruption that drive public health vaccination policies.

This book contains the following chapters:

- Bogus Statistics & Public Health Laws, —reveals how the medical industry and government health agencies use fraudulent health statistics to justify enacting abusive legislation that forces vaccinations on the citizenry. This tactic dates back to the advent of vaccination, nearly 200 years ago. Some of this history is briefly presented.
- Newborns, Infants & Hepatitis B Vaccines, —dissects the CDC’s so-called “rationale” for requiring that newborns and infants receive hepatitis B vaccinations. We show how the CDC’s justification is fraught with bogus statistics, deceptive terminology, and illogical presumptions.
- Role of Trust in Mental Health, —raises the issue concerning our God-given rights to act on behalf of our distrust of government-sanctioned vaccination mandates. We explain how the ultimate responsibility to protect children rests with parents; and that having ample knowledge about vaccination and the courage to refuse vaccinations are absolutely essential if we want to protect our children.
- Lists of Vaccine “Ingredients” and Vaccination Exemptions by State.

BOGUS STATISTICS & PUBLIC HEALTH LAWS

With each passing moment, we hear more about the enormous exchange of money between consumers and the medical industry. This “exchange” is called healthcare expenditures, which exceeds two trillion dollars (\$2,000,000,000,000) annually. By 2016, healthcare spending in the United States (U.S.) is projected to top \$4 trillion and make up 19.6 percent of the Gross Domestic Product (GDP).¹

The GDP is the monetary value of all of a nation's goods and services produced within its borders and within a particular period of time, which is usually annually. It became the official measure of the U.S. economy in 1991. As noted above, healthcare spending accounts for one-fifth of all spending by U.S. citizens.

This amount of spending is exorbitant considering that it is the most amount of money spent on healthcare by any nation in the world, coupled with the fact that the U.S. ranks average among nations, with respect to quality of health and life expectancy.

Prescription drugs have been cited as major contributors to substantial increases in overall healthcare spending. The increase in costs for prescription drugs has outpaced costs in all other areas of healthcare spending.²

If we were from another planet, and therefore, not under the sway of the mass media, we would conclude that we are paying to be sick, and to stay sick. How else could more than \$2 trillion be spent on healthcare?

STRATEGY FOR PROFITING FROM DISEASES

.....

In the book, Against Compulsory Vaccination, Volume 1, Chapter 10: Being Mindful of the Healthcare Terrain, the 3-phase formula the medical industry uses to achieve its colossal financial success is described. This formula is:

1. Make up or invent diseases;
2. Give these contrived diseases ambiguous names that make it difficult for the public to understand the origins and pathologies of these fabricated diseases;
3. Concoct highly potent chemical-laden vaccines, pills, potions, elixirs, and nostrums—as remedies to treat these fabricated diseases.

When we take a moment to consider this, we find that this is precisely how drugs are approved and marketed. After the medical industry achieves these three objectives, only one task remains, which is:

4. Generate sales for the drug.

How is this task achieved? Let us consider the following, which is also from the book, Against Compulsory Vaccination, Volume 1:

...the incidence of HPV infection is very miniscule, to say the least. Also, according to the article, the American Cancer Society indicated that most HPV infections go away without treatment. This is a widely held position among public and private health agencies. Approximately, 75% of HPV infections in adults and 90% of those in adolescents disappear without notice or treatment. What does this information confirm?

This information proves that HPV was never a big issue for anyone except pharmaceutical companies. There was a need for the medical industry to falsely elevate the incidence and severity of HPV infections in order to create discussions about vaccines earmarked for this infection.

Simply stated, the problem was created so that an expensive solution could be developed to garner profits, while putting the lives of young girls at risk. This is why HPV vaccines are now on the market.

Pharmaceutical companies took advantage of the exaggerated statistics of HPV infections to justify the need for the vaccine. This is a common practice in the medical industry. The CDC is the primary fabricator of bogus statistics. The Center arbitrarily declared that HPV infects approximately 20 million people in the United States, with 6.2 million new cases occurring each year. Where is the evidence to support this claim? There is none. Statistics for nearly all diseases are conjured in the same fashion.

The fact that these statistics come from the CDC is sufficient to move pharmaceutical companies to develop vaccines and drugs as a response. The citizenry, however, never requests sound evidence to substantiate these claims. We accept this information on face-value.

We must be very skeptical about health statistics, especially when a drug or vaccine is in the pipeline for the diseases for which these statistics have been concocted.

Simply stated, the final task to secure mega-profits is to publish fraudulent statistics about the incidences of diseases “targeted” for vaccines and drugs. The objective is to make everyone believe that the disease is out of control, and that unless we urgently address this crisis, everyone will eventually succumb to the disease.

ARISTOCRATIC CONTROL

Here, we must note that the medical industry does not only include physicians, hospitals, and pharmaceutical companies, but also numerous medical associations and societies, government health agencies, and health advisory boards. Some of these entities are established to hide the seamless connection among all facets of the medical industry. These groups exist to make “conflicts of interests” between government and private companies and corporations less recognizable. Let us consider an example of how this works, as it relates to vaccination.

The Advisory Committee on Immunization Practices (ACIP) is primarily responsible for the numerous vaccines being injected into infants, teenagers and adults throughout America. The committee periodically releases recommendations for the “routine administration of vaccines to children and adults” in the civilian population.

Persons serving on this committee are selected by the Secretary of the U. S. Department of Health and Human Services (HHS) to provide advice and recommendations to the Secretary of HHS, the Assistant Secretary of (HHS), and the Centers for Disease Control and Prevention (CDC). How large is this committee?

A mere 15 people—so-called experts in fields associated with immunization—makeup ACIP. This advisory committee is the primary entity that makes recommendations for vaccinations that are implemented throughout the nation. Perhaps the most disturbing reality is that the decisions of a mere 15 people affect the lives of 300 million citizens. These persons have more power than the U.S. Congress. Who are these persons?

Throughout the decades, the persons selected to ACIP have changed; however, controversies regarding “conflicts of interests” surround some of those who serve and have served on this federal advisory committee. All of them have ties to the medical industry in some way. Several ACIP members have direct involvement with the pharmaceutical industry.

And, although members are required to report these conflicts, the disclosure of this information does not prevent them from serving on the committee. ACIP members wholeheartedly support vaccination programs.

DIABOLICAL USE OF FABRICATED HEALTH STATISTICS

Bogus health statistics that influence us to believe that infectious disease epidemics are raging, not only induces fear in the citizenry, but also attracts political attention. A disease epidemic or pandemic is a high political issue.

Government officials do not want to go on record as either having ignored an epidemic, or having moved too slowly in addressing it.

Therefore, governments “enact legislation” and “appropriate funding” to respond to what the “statistics” or health officials have alleged is the reality, and not necessarily what legislators, themselves, have observed. They have to ask questions, such as: How many people do I know with this disease? How many of my constituents have this disease? In other words, legislators have to investigate the reality for themselves rather than rely on statistics or rulings coming from centralized and corporate-controlled agencies, such as the CDC and FDA.

One of the greatest dangers of a “centralized” government is municipalities lose the capabilities of self-inspection and self-determination when it comes to responding to infectious disease problems. Decisions are made “on high” and then imposed on local residents.

We must understand that statistics are not autonomous. Statistics are not facts. These numbers must be supported by facts. What are these facts? They come from answers to several questions, such as:



How did you arrive at these statistics? What were your sources?
How reliable were your sources? What methodology did you use
to interpret these statistics?

If the first question cannot be answered, then this so-called “statistical data” is bogus, contrived, or fabricated. It does not matter whether the CDC, FDA or USDA published the statistics. There still must be evidence of authenticity and truthfulness. Why is this important?

Two distinct responses occur when governments publish statistics about disease epidemics. Again, fear is induced, prompting the citizenry to purchase the drugs purported to prevent or treat the disease.

Secondly, citizens are influenced to support political mandates alleged to alleviate the so-called epidemic, even when these actions are extremely intrusive and abusive.

Politically, compulsory health legislation coerces the citizenry to “take the medicine”—whether this is a vaccine or drug. Vaccines, however, are intrinsic to how governments respond to disease epidemics. The notion of “stopping the spread of” infectious diseases is used to justify vaccinating the entire population, with no regard for the health status of individuals, and with no evidence that the disease is even in the localities where citizens are being vaccinated.

ADVENT OF VACCINATION

Falsifying statistical data about the spread of diseases, a field known as epidemiology, led to compulsory health laws during the mid-19 century. The aristocratic medical societies, during that time, fabricated statistics about the incidence of smallpox. This false data influenced governments to pass compulsory vaccination laws; thus requiring citizens to undergo vaccination.

This set precedence for how bogus statistics could be used to deceive the citizenry, prompt governments into action, and commandeer government “poor rate” or tax dollars to purchase vaccines or provide medical services. This is a long-standing tactic, even today.

There is much to the history of vaccination in the Western world. This subject is discussed in greater detail in the book, Against Compulsory Vaccination, Volume 2. However, let us briefly cover some of this history to fortify our point.

The advent of vaccination in the Western world was officially launched in 1798 through a “speculative medical study” written by Edward Jenner. This so-called study glorified the results of experiments he claimed to have conducted using “cowpox” to inoculate people against smallpox. Cowpox is a disease that afflicts cattle. At that time, a prominent theory was that cowpox was a lesser or milder form of smallpox. Jenner advocated inoculating humans with cowpox—pus from the diseased sores of cattle. This procedure was later called “vaccination.” The term “vaccine” actually means cow.

Vaccination was performed by using a lancet, which is a sharp knife, to slice open the arm of the person being vaccinated. The diseased pus from the sores of cattle was then smeared into the wound. In some cases, more than two lacerations were made to perform the procedure. This was a barbaric practice; however, it was tolerated in the name of public health.

We must keep this fact in mind because the practice of injecting metals, chemicals and pathogens—called vaccines—in the bodies of infants will also be considered barbaric and insane a century from now.

Physicians belonging to elite medical societies, which were primarily those who practiced heroic or mainstream medicine, championed Jenner’s vaccine. Other medical practitioners, such as homeopaths, opposed vaccination. They considered vaccination to be a grotesque and dangerous assault on human life.

This proved true from the outset. Nevertheless, vaccination still became widespread and legally mandated by governments. The elite medical societies influenced lawmakers to contrive laws that required infants and children to be vaccinated with diseased pus from cattle. These laws were passed in

the early- and mid- 19th century in the United States (U.S.), England, and other places throughout Europe.

There was no difference between the U.S. and England when it came to the medical industry. The majority of physicians in the “New World” were from the “Old World.” In addition, anyone in the U.S., venturing to practice medicine usually travelled to Europe for so-called medical training.

Dr. Benjamin Waterhouse is renown for having brought vaccination to America. He studied medicine in Europe, and returned to the United States in 1782 to join the faculty of the new medical school at Harvard University.

Waterhouse was a proponent of Edward Jenner’s cowpox vaccine. In a local newspaper, he described vaccination as “Something Curious in the Medical Line.” He wrote a report in 1799 that formally promulgated vaccination. Cambridge Press published the report in 1800. Waterhouse attempted to monopolize the cowpox vaccine (lymph) in the area where he lived and worked. This lymph or diseased pus was harnessed from calves, and then sold to physicians and other people who administered vaccinations.

As grotesque as this may sound, it is no different than what occurs today—for example, pharmaceutical companies develop genetically-engineered microorganisms, put them in millions of vials (vaccines), and then store them until pediatricians and other people purchase them to administer to children and others.

Ultimately, Massachusetts became the first state to make smallpox vaccination compulsory³ through a law passed in 1809. Other states eventually adopted similar laws. A caption of the 1809 Massachusetts vaccination law is as follows:

Boards of health, if in their opinion it is necessary for public health or safety, shall require and enforce the vaccination and revaccination of all the inhabitants of their towns, and shall provide them with the means of free vaccination. Whoever refuses or neglects to comply with such requirement shall forfeit five dollars.

We must understand the aim of “boards of health.” These entities were established to provide another “decision-making” layer that, actually, usurps the authority of elected officials and works in the interests of the medical establishment. The 1809 vaccination law, as with all public health laws, favored the medical establishment’s profit-making agenda. How so?

Municipal governments used taxes or “poor rate” to fund vaccinations and related medical services. Also, any citizen refusing to comply with Massachusetts’ vaccination law was fined \$5. This penalty also guaranteed profits.

In the early 19th century, the “elite” aristocrats formed statistical societies. These entities became invaluable to the aristocratic medical industry's quest to gain complete control of everything that had to do with medicine and health services.

For example, the Statistical Society of London formed in 1834 and, subsequently, the Epidemiological Society of London (ESL) formed in 1850. Both organizations played major roles in publishing so-called statistical data that alleged that disease epidemics were underway, and therefore, required the enactment of compulsory vaccination laws.

The ESL was a group of physicians, including Thomas Addison (1793-1860) and Richard Bright (1789 -1858). Addison, a British physician, is known for “discovering” pernicious anemia (now termed Addison's anemia) and adrenal cortex deficiency (now called Addison's disease). Richard Bright, his British colleague, “discovered” the disease characterized by edema and the presence of albumin in urine, now termed Bright's disease.

The members of this society were on a quest to discover or contrive diseases, and then brand these diseases with their names. This was done to add credibility to their medical credentials. This psychotic mentality remains the hallmark of Western medicine.

“Disease-naming” shields the origin of illnesses and diseases, which in many cases, are linked to our dietary and lifestyle habits. For example, when people are told that they have a specific disease, without being informed of its origin, they never make the changes necessary to truly solve their health problems. Instead, they are advised and compelled to ingest toxic medicine for many years, and watch themselves waste away under the toxic burden of medicine.

The concept of “disease-naming” is addressed in Chapter 10 of the book, Against Compulsory Vaccination, Volume 1.

In her insightful book, Bodily Matters, Nadja Durbach writes:⁴

...Seaton was a member of the Epidemiological Society of London, which Simon and other notable medical men founded in 1850 to bring public health more in line with the “teachings of science.” As its name suggests, the society's object was to “endeavor by the light of modern science to review all of those causes which result in the manifestation and spread of the epidemic diseases...”

...Vaccination, the Epidemiological Society argued had proved to be an effective preventive and was therefore the best way to arrest the spread of disease, thereby protecting society from its ravages. Since the diseased individual was a “centre of contagion,” and every unvaccinated population

“nidus for the disease to settle in and propagate itself,” only compulsory vaccination can ensure the health of the social body.

Nobody, the Epidemiological Society argued, should be able to jeopardize the lives of others. **They proposed, therefore, a compulsory vaccination act, applicable to all infants in England and Wales and carrying penalties for noncompliance.**

Even today, government health agencies and physicians use this same unsubstantiated, unfounded and unproven argument—“that unvaccinated persons jeopardize the lives of others.” This argument may appear to make sense; however, the key question is:



Does vaccination stop the spread of a disease or does it spread the disease?

The latter has been affirmed—yes, vaccination does spread disease; while the former remains a theory, even after 200 years.

Let us keep in mind that the vaccination procedure at that time involved slicing open the arms of infants and then smearing diseased pus from sores of cows into the open wounds. Parents were not willing to see their newborns and infants injured by this so-called medical procedure.

What parent would want to see their infants sliced up? This is why parents had to be forced through compulsory vaccination statutes. We should consider this fact carefully, because all parents want to protect their children. Something had to be wrong with vaccination for parents to resist it. The same holds true today.

The first public vaccination legislation in England occurred in 1840. This Act provided free vaccinations for the poor, and outlawed inoculation with smallpox. They were not free. Again, the government paid for these services through the “poor rate.”

The first compulsory vaccination act was enacted in 1853. This legislation was influenced by a so-called “statistical report” that alleged that the Vaccination Act of 1840 was ineffective in increasing public participation in the “free” vaccination program. According to the crafters of the report, the lack of participation threatened to keep smallpox a major problem in society; therefore, unless the citizenry was forced to get vaccinated, the disease would persist.

The Vaccination Act of 1853 required all infants to be vaccinated within the first three months of life. Parents who violated this law were fined or imprisoned.

The subsequent vaccination legislation, the Vaccination Act of 1867, made it compulsory for children under the age of fourteen to be vaccinated. Let us consider this question:



Are not the 1853 and 1867 compulsory vaccination laws similar to the CDC's recommendations for vaccinating newborns, then adolescents, with hepatitis B vaccines?

Again, this is a 200 year-old tactic, which features ravishing newborns and adolescents with numerous vaccines. The great tragedy in this is both groups are in very sensitive stages of neurological and physical development, which are absolutely disturbed by chemicals in vaccines.

The following account from the book, Bodily Matters, sheds greater light on the inordinate influence that the aristocratic medical societies had on government—manipulating them to enact public health laws.

While Seaton's committee had been investigating the workings of the 1840 act, Lord Lyttleton, an advocate of Poor Law reform and working men's clubs, had independently been drafting a compulsory vaccination bill. The Epidemiological Society's report persuaded him to reconsider his initial formulation, and in consultation with Seaton's committee he "vary materially altered" the bill.

In spring 1853, at a poorly attended late-night session of Parliament, Lyttleton's bill passed with little debate, although he admitted to relying solely on information provided by the society, having no knowledge of vaccination himself. In short, the Epidemiological Society, staffed by Seaton and Simon (who was also to be heavily involved in formulating the Medical Act), was authority enough.

The following from the research paper: The Politics of Prevention: Anti-Vaccinationism and Public Health in Nineteenth-Century England further characterizes the citizens sentiment regarding the motive behind public health laws:

Newman laid the blame at the door of an overworked Parliament; excessive business extended into the midnight hours, when sparsely attended chambers passed "stealthy and secretive legislation", designed by a clique of intriguers, notable medical conspirators, to accomplish their despotic ends...

This trend continues today. Legislation that forces children to receive vaccinations are crafted and enacted without public knowledge. We learn about this when we are told that our children cannot enter school without first

having received numerous vaccinations. Such was the case with the human papillomavirus (HPV) vaccine, Gardasil.

Merck & Co., the manufacturer of Gardasil, fiercely lobbied state governments to enact or modify legislation that required girls in adolescence to receive Gardasil. The public was totally unaware that such diabolical tactics, for the sake of profits and at the expense of the health of young girls, were underway.

Compulsory vaccination laws explicitly target the poor and working class people. The aristocratic medical societies characterizes the common citizens as those who needed to be compelled to vaccinate because they are too “engrossed in procuring bread” to think about the health and safety of their children.

Again, from the book, Bodily Matters, this point is clarified:⁵

Implicit in the professional and institutional “desire to protect children from negligent parents,” therefore, was the assumption that it was the poor who were the most likely to spread disease and the least likely to vaccinate...

Therefore, public health laws were initially established to give governments authority over the children of the common people. Parental authority was usurped by governments under the auspices of child welfare. As we know, this trend continues. today.

We must also note that compulsory vaccination laws were fervently opposed by the citizenry—in both Europe and America. There were several reasons for this. Hundreds of thousand of uninfected people were influenced and coerced into vaccination, although there were no smallpox outbreaks in most of the towns. Compulsory smallpox vaccination became the primary source of smallpox epidemics, as well as epidemics of other diseases, such as syphilis and tuberculosis.

Cholera was the most pressing disease at that time, not smallpox. This disease was epidemic between 1848-49 and 1853-54. When compulsory vaccination laws were passed, smallpox was not a leading cause of death. The disease was known for its ability to disfigure victims rather than kill them. Smallpox trailed far behind measles, scarlet fever, whooping cough, enteric fever, diarrhea, dysentery and cholera as leading causes of death. In fact, smallpox had been on the decline due to improvements in sanitation and overall living standards.

The ESL’s statistical report, which alleged that smallpox was a great public threat, was fabricated to achieve other aims, the primary two being to gain money and to control the medical system. Durbach continues:

...nineteenth century smallpox statistics are problematic, at best. The field of statistics developed in Britain in the late eighteenth century, and by the 1830s statistical societies have been formed to collect and categorize data on social and economic subjects. Statistics quickly became a tool of public policy, for numbers had the appearance of objectivity and added scientific weight to otherwise subjective opinions. The state thus frequently mobilized statistical “facts” to counter anti-vaccination rhetoric.

These data, the government maintained, clearly demonstrated that the unvaccinated die more frequently of smallpox than the vaccinated. Government administrators gather the statistics in isolation hospitals, which treated only a fraction of the cases. There, doctors routinely classified those with no visible vaccination marks as “unvaccinated.”

A patient pitted with smallpox rarely had vaccination scars that could actually be seen. Those who did not have such scars and caught smallpox nevertheless often were classified as “imperfectly vaccinated,” which in some cases was incorporated into the unvaccinated category. Vaccination statistics are therefore highly unreliable.

The trend of using statistics to justify vaccination policies remain today. As indicated above, statistics can be inadequately gathered and analyzed to paint a particular picture—depending upon the organization responsible for the statistical findings and the motive behind the findings. Again, the resource or origin of the statistics is of great importance in showing the scope of the problem.

Anti-vaccination groups also used statistics to prove that both inoculation and vaccination injured many people, especially children. In fact, the 1853 Compulsory Vaccination law was an admission of this. This law banned arm-to-arm inoculation from being performed because the procedure caused outbreaks of smallpox and other diseases. People came to abhor the procedure. The use of cow lymph in vaccination did not protect anyone from smallpox. It was a new avenue of vaccination, and it caused new types of diseases to spread.

FAST FORWARD TO TODAY

Today, epidemiological statistics published by the CDC and other government health agencies drive public health policies. When we examine the basis of vaccination laws and policies, bogus statistics undergird these policies.

Governments insist that vaccines prevent infectious disease outbreaks, justifying compulsory vaccination despite the fact that there is no evidence

of major, or even minor, infectious disease outbreaks. They also ignore the irrefutable facts that link the chemicals in vaccines to the pandemics of chronic diseases. The medical industry and government health agencies contrive and publish false medical studies as attempts to refute the obvious facts surrounding the dangers of vaccination.

This is why fighting vaccination-related legislation is difficult, especially given that the medical industry is a monstrosity that weighs heavily on governments to do its bidding. Governments allocate billions of tax dollars to purchase vaccines. For this reason, the medical industry will always put forth its most fierce efforts to keep vaccines running through our bodies.

As previously stated, the legislative mandates for girls to receive HPV vaccines resulted from this same diabolical and deceptive tactic—using fraudulent statistics to justify vaccine development and compulsory vaccination laws. However, HPV vaccination is not our most urgent problem, where vaccination is concerned.

The most critical problem is the vaccination of newborns and infants with hepatitis B vaccines, in particular; and with other “childhood vaccines” administered in the first six years of a child’s life. This “extreme” vaccinating of our children has devastated their health and vitality beyond our comprehension. This is a travesty of epic proportion. The next chapter describes the sinister dealings the involved the CDC’s decision to recommend that every newborn birthed in the U.S. immediately receive a hepatitis B vaccination.

REFERENCES

-
1. National Health Expenditures (NHE) released in January 2007. 9
 2. Prepared by Carolina Gutiérrez, Romy Saloner, and Usha Ranji of the Kaiser Family Foundation; U.S. Health Care Costs, Background Brief; What is driving health care costs? 9
 3. Jackson C. State laws on compulsory immunization in the United States. *Public Health Reports* 1969;4:787-795. 15
 4. Durbach N. *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907*. Durham and London: Duke University Press, 2005. 16
 5. Durbach N. *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907*. Durham and London: Duke University Press, 2005. 19

NEWBORNS, INFANTS & HEPATITIS B VACCINES

Let us now consider the role of bogus statistics in the current epidemic of autism and many other childhood autoimmune diseases. By far, autism is a health disaster unprecedented in so-called industrialized societies. A great deal of research has linked autism to vaccines. Although the medical industry works hard to refute this connection, the public believes and knows that vaccines are responsible for this health crisis.

This, alone, should raise the eyebrows of U.S. citizens when it comes to vaccination. This atrocity bridges the reality gap between families living in so-called “Third World” (developing) countries and those living in industrialized (developed) nations. How so?

A mother in a developing nation may have to watch her child starve because of the lack of food or the lack of money to buy food. However, when food is obtained, the problem is solved.

On the other hand, a mother living in a “rich” industrialized nation may have to watch her child subsist in a “zombie-like” mental state called autism, because the child received a vaccine or drug containing aluminum and mercury—known neurotoxicants. There is, however, no known remedies for this neurological condition. Her child will most likely live in this suspension of remote consciousness for rest of his or her life.

ANYTHING BUT INVESTIGATING VACCINATIONS

At its 2007 annual meeting, the American Academy of Pediatrics (AAP) proposed two initiatives to respond to the autism crisis. Neither initiative was to stop vaccines from being injected into the delicate and supple bodies of newborns and infants. One objective was to help “pediatricians recognize autism spectrum disorders—in all their varieties—before the child reaches two years of age.”

The other initiative was the AAP’s plan to provide guidance to pediatricians for the early intervention of children diagnosed with autism.

These initiatives were issued in response to a 2004 survey of primary care pediatricians about the incidence of autism. The results of the survey determined that only 8% of children were routinely screened for autism, even though 44% of pediatricians participating in the survey admitted that they

had come across, at least, ten children with autism in their medical practice.

Based upon this, the AAP recommended that all pediatricians routinely screen for autism at ages 18 months and 2 years. The organization also announced that it would provide its members with a “toolkit” of diagnostic information. The kit would cost about \$70.

This clearly is not the solution for preventing or intervening in the autism crisis. The word “prevention” is never mentioned in discussions about medically-induced diseases, especially vaccination-related diseases. The AAP declares that the cause of autism is unknown. This is the current “medically-established” position regarding autism. Medical treatment is, therefore, the only option. Again, most people, including many physicians, believe that vaccines are the chief cause of autism and other neurological diseases plaguing children.

Meanwhile, charitable organizations continue to raise millions of dollars for autism research. Where does this money go? What is actually being researched? What are the results of this alleged research? The most sensible step toward such research would be to issue a moratorium on childhood vaccines, especially given that these drugs are injected into children between the ages 5 minutes and two years.

The AAP, no doubt, is one of the entities established by the medical industry to keep vaccines running through the bodies of our children. Therefore, such a logical measure—as a moratorium—would never precede from this organization.

Also, at the same annual meeting, the results an observational study of physician drug prescription patterns were revealed. The findings indicated that 80% of children diagnosed with autism or Asperger disorder were treated with, at least, one psychiatric drug. According to the study, about 30% of children were prescribed antipsychotic drugs, 40% antidepressants, 40% stimulants; and about 30% other classes of drugs, including mood stabilizers and anticonvulsants. Many children were prescribed combinations of these highly potent neurological medications.

There is much that can be said about this inhumane profiteering trend, but the point should be clear—which is, that autism is being neither prevented nor treated, but that children are being abused worse than experimental mice, for the sake of profits.

HEPATITIS B “DISCOVERY” OR SPECULATION & THEORY

Let us now discuss the hepatitis B virus. First, we have to tackle the so-called discovery of this virus, especially given the fact that the medical industry's prosperity is based upon this alleged discovery.

Dr. Baruch Blumberg and his colleagues allegedly discovered the hepatitis B virus in 1967. Dr. Blumberg also developed the blood test to detect the virus, and invented the first hepatitis B vaccine in 1969. He did it all; and, as a result, won the Nobel Prize in Medicine in 1976.

However, the hepatitis B vaccine currently in use was developed by Maurice Hilleman of Merck & Co, Inc. Hilleman also developed seven other vaccines, all of which are recommended by the CDC in its “routine” vaccination schedule for children and teenagers.

The discovery of the hepatitis B virus was not driven by necessity, meaning that there were no major or minor incidences of hepatitis B infections. The Hepatitis B Foundation's website states:

...the story of hepatitis B started with a search for inherited differences and ended with the discovery of a new virus.

In other words, the researchers stumbled across the finding of a new virus. The story gets murkier. It continues:

Dr. Blumberg and his team traveled the globe to collect blood samples from native populations in remote parts of the world. They planned to look for genetic differences, and then study whether these differences were associated with a disease. However, since they did not have the technology to analyze these blood samples at the genetic level, a new indirect method had to be developed; they turned their attention to hemophiliac patients.

Therefore, Dr. Blumberg's quest was to find genetic origins to diseases. What prompted this adventure? How does this relate to vaccination?

Dr. Blumberg decided to use antibodies from hemophiliac patients to test the blood samples collected from native populations around the world. Blumberg theorized that because hemophiliacs usually received multiple blood transfusions, they would have inherited different blood proteins from donors. He alleged that because of this, their immune systems would produce antibodies against foreign blood serum proteins, or antigens. This, indeed, was mere speculation. Inherent in this assumption that these hemophiliacs somehow came in contact with these native populations. Let us continue.

Using his “new” lab technique for matching antibodies with antigens, Dr. Blumberg discovered an “unusual match” between an antibody from a New York hemophiliac and an antigen found in the blood sample of an Australian aborigine. He called this antigen “Australia antigen” or “HBsAg.” This is the alleged surface antigen of the hepatitis B virus.

The Hepatitis B Foundation’s website continues:

A series of research and clinical observations led to confirmation that the “Australia antigen” caused hepatitis B and thus, this was how the hepatitis B virus was discovered in 1967.

What was this series of research? What were these clinical observations? There are enormous gaps in the alleged discovery of the hepatitis B virus. There is no doubt that theory, speculation, the pursuit of fame, and money saturates this so-called discovery. This is consistent with the history of the medical industry. Unfortunately, we rarely take time to explore the origins of the so-called diseases earmarked for vaccines.

Most important, however, is that no hepatitis B infectious outbreaks were raging when the vaccine was developed two years later. What social conditions necessitated the development of the hepatitis B test? How much profit is generated from hepatitis B tests? How much money is garnered from hepatitis B vaccines?

Despite all that the medical industry states about hepatitis B infections, a great deal of uncertainty surrounds the mode of transmission of hepatitis B infections. According to several medical organizations, such as the Canadian Centre for Occupational Health & Safety (CCOHS), “the virus can survive outside the body for at least 7 days and still able to cause infection.”

Does this fact not shed doubt as to whether the virus’ transmission only occurs through sexual intercourse or through the exchange of bodily fluids between persons. How does the virus get from outside the body into the body? Yet, hepatitis B is considered a sexually-transmissible disease.

The pathology of hepatitis B infection is also speculative. There is a lack of sound evidence and support for what the medical industry has claimed to be the illnesses caused by this infection. Few people diagnosed with this infection experience these illnesses, which includes liver disease and death. For example, CCOHS states:

More than half of hepatitis B infections occur and pass without noticeable symptoms. Sometimes, only mild symptoms such as a general discomfort occur. Rarely is medical attention needed. Often, the infection disappears without treatment. In fact, laboratory testing is often the only way of determining whether someone has had hepatitis B.

In addition, when symptoms do develop, “the earliest ones often include a general discomfort, joint pain, abdominal pain, fatigue, lack of appetite, skin rash or possibly nausea, vomiting or other flu-like symptoms.” We must keep these facts in mind because newborns and infants incur significant and enduring injuries from hepatitis B vaccinations.

SINISTER HEPATITIS B VACCINATION STRATEGY

.....

The hepatitis B vaccine is administered to newborns. Most babies do not leave the hospital unless they are injected with the vaccine. Some maternity nurses “grab and inject” the baby at once. Only parents who are extremely watchful and well-informed can prevent their child from being injected with this potent vaccine that includes significant amounts of toxic chemicals and genetically-engineered substances.

On this point, I once advised a woman who was seven months pregnant to take a family member into the “birthing” room to watch her baby after it was delivered to ensure that the nurse did not inject the child with a vaccine. Unfortunately, parents are not afforded the option of whether to have their child vaccinated. They must raise the issue themselves.

As with every vaccine approved for use, a so-called assembly of health experts—in this case, the Hepatitis B Coalition—recommended vaccination as a means of “protecting” people against the diseases caused by hepatitis B infections. This coalition is part of a larger organization known as the Immunization Action Coalition (IAC).

IAC was formed through a grant from the U.S. Center for Disease Control and Prevention (CDC). In a real sense, IAC is the non-profit arm of government agencies that promote “herded vaccination” initiatives. “Herded” is the term the medical industry uses to imply that U.S. citizens are considered “livestock” when it comes to vaccination—every citizen receives vaccinations, regardless.

IAC is financially supported by the World Health Organization, the World Bank, and the Rockefeller Foundation. The latter entity has significant control over the Western world’s medical industry. As a nonprofit organization, IAC receives funding from public and private agencies, such as National Center for Immunization and Respiratory Diseases, the American Pharmacists Association; and pharmaceutical companies, such as Merck & Co., Inc., GlaxoSmithKline, Wyeth Pharmaceuticals, Sanofi Pasteur, and Novartis. Both Merck and GlaxoSmithKline produce the two leading hepatitis B vaccines administered to newborns and toddlers—Recombivax and Engerix-B, respectively.

PATHOLOGY OF FRAUDULENT STATISTICS

How did the hepatitis B vaccine come to be federally “recommended” and administered to newborns in hospitals, clinics, and birthing centers throughout America? Fraudulent health statistics had a key role. It opened the door for herded or widespread vaccination.

On November 22, 1991, the CDC published the following document: Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). The following statement from the document’s introduction attempted to justify the need for universal administration of hepatitis B vaccinations:¹

The acute and chronic consequences of hepatitis B virus (HBV) infection are major health problems in the United States. The reported incidence of acute hepatitis B increased by 37% from 1979 to 1989, and an estimated 200,000-300,000 new infections occurred annually during the period 1980-1991. The estimated 1 million-1.25 million persons with chronic HBV infection in the United States are potentially infectious to others.

Let us get right to the point. Who compiled these statistics? Where did these numbers come from? Who determined that an estimated 1.25 million persons were infected with hepatitis B? As shown, in this exact quote, no source or reference for these statistics is provided to support this statement. Did the 15 members who make up the ACIP conjure these numbers? Do they have diabolical motives for fabricating statistics to justify having newborns injected with hepatitis B vaccines?

Some ACIP members had and have ties to vaccine manufacturers. It would seem unethical and illegal for an ACIP board member to rule in favor of universal vaccinations, while being employed by pharmaceutical companies destined to make billions of dollars by providing these vaccines. However, the CDC allows these persons to serve on the board by granting them “waivers” from statutory “conflict of interest” rules. How can this be?

The United States Congress, under 18 U.S.C. §208(b)(3), provides waivers for persons having conflict of interests, who would otherwise be prohibited from serving on federal advisory committees. The rule states that a person can serve on the committee or board if:

...the official responsible for the employee’s appointment...certifies in writing that the need for the individual’s services outweighs the potential for a conflict of interest created by the financial interest involved.

In other words, people can serve on a federal board and make decisions that serve the financial interest of their employers or themselves. This is

clearly wrong no matter how you slice it. Certainly, in a land filled with millions of people toting so-called higher learning degrees, someone can be found to serve who does not have “conflicts of interests” issues.

The fact that the U.S. Congress passed a law to condone “conflicts of interests” does not make it right. Again, here is another law that favors special interest groups; while putting the citizenry at risk of exploitation and injury, for the sake of profit. The stark reality is that such a law is among many indications that a “government for the people” no longer exists.

Notwithstanding this egregious abuse of federal authority, no one has been able to find any epidemiological evidence that proved that 200,000 to 300,000 new hepatitis B infections occurred annually between 1980 and 1991. There is also no evidence that an estimated 1.25 million persons were infected with hepatitis B.

This, however, may be the case today in 2010 because of “universal” hepatitis B vaccinations, which has exposed millions of people to this virus, but it certainly was not the case before hepatitis B vaccination was federally-recommended. We can easily surmise that millions of uninfected people—the majority of whom are children—were infected with genetically-engineered hepatitis B viruses through vaccination, and not by other people. This is quite obvious.

Several organizations that opposed the CDC’s recommendation for universal hepatitis B vaccination conducted their own statistical research to determine the true and reasonable incidence of hepatitis B infections.

One health advocacy organization concluded that there were approximately 10,000 new cases of hepatitis B annually. In fact, according to more accurate statistics, in 1991, the number of reported cases of acute hepatitis B infections was approximately 18,000.² This is markedly different from the 300,000 cases the CDC claimed to have occurred.

Also, not one research organization could establish—using every assessment tool available, including hospital and emergency room data—that 1.2 million people were infected with hepatitis B.

Such a farfetched fabrication of numbers published by ACIP cannot even be considered statistics. The committee merely lied about the incidence of hepatitis B infections to raise the disease to epidemic proportion. Again, epidemics prompt government intervention, and the only drugs specific to governmental “rescue missions” from infectious disease epidemics are vaccines. The members of ACIP simply did the bidding of the medical industry—their employer.

Unfortunately, many citizens do not know that hepatitis B infections are usually associated with high-risk behaviors, such as drug addiction and sex-for-drugs/money. What infant is capable of engaging in these behaviors? Of

course, the answer is NONE. Why then are newborns and infants injected with vaccines filled with metals, industrial chemicals and genetically-engineered pathogens?

In every logical discussion about the need for universal hepatitis B vaccination, the medical industry—through its political apparatuses, such as the CDC and FDA—could not explain nor justify why newborns and infants should be vaccinated. Therefore, it had to go another way to achieve its aim, and this way was just as illogical and deceptive. Unfortunately, because few people understand the concept of vaccination, the citizenry went along with this destructive and menacing program. Now, autism and other neurological and autoimmune diseases have gripped this nation's children. Ignorance is never bliss in a world that profits from human suffering.

Let us continue with the CDC's 1991 health policy document previously cited. The following paragraphs detail the idiotic justification for injecting all newborns and infants with hepatitis B vaccines:

Immunization with hepatitis B vaccine is the most effective means of preventing HBV infection and its consequences. In the United States, most infections occur among adults and adolescents (2,3). The recommended strategy for preventing these infections has been the selective vaccination of persons with identified risk factors (1,2).

However, this strategy has not lowered the incidence of hepatitis B, primarily because vaccinating persons engaged in high-risk behaviors, lifestyles, or occupations before they become infected generally has not been feasible. In addition, many infected persons have no identifiable source for their infections and thus cannot be targeted for vaccination (2).

Let us consider several of the above statements. First, what was the level of "incidence" that hepatitis B infections was to be lowered to? Where was it in the beginning, since the purported number of 200,000 to 300,000 persons infected with hepatitis B annually was false, a lie? Once again, no source is provided to support or validate this statement.

Secondly, the CDC admits that most infections occur among adults and adolescents. Why is this so? The obvious reason is that certain high-risk behaviors expose people to hepatitis B viral infections. Again, infants do not, have not, and cannot engage in such behaviors.

We must consider the question: How many infants are likely to engage in high-risk behaviors when they become adolescents or adults? At best, the CDC and ACIP are presuming that all infants born in the U.S. will engage in behaviors that expose them to hepatitis B. At worst, the CDC and ACIP believe that the U.S. citizenry is gullible and ignorant, and therefore, can be easily exploited. This is likely that case.

Another presumption implicit in the CDC's recommendation for vaccinating newborns is that every baby is at-risk for contracting hepatitis B. This, of course, is not the reality. Millions of babies will never be exposed to the hepatitis B virus.

Again, in 1991, only 18,000 people acquired hepatitis B infections. Millions of babies were born that year. This, therefore, is an extremely illogical, even insane, presumption. Why is this so?

Certainly, the incidences of infectious diseases are different depending upon locality. For example, people living in remote towns in Idaho or Alaska have an extremely low risk of contracting infectious diseases, such as hepatitis B. On the other hand, people living in New York City run a higher risk. Again, the one-size-fits-all or herded vaccination scheme, which is intrinsic to centralized governments, is the greatest threat to public health.

Given this reality, the most prudent course of action would have been for the CDC to continue to target areas that have the greatest risks and incidences of hepatitis B infections. Moreover, vaccination is not the solution. There are other effective preventive methods available to reduce the incidence of hepatitis B infections. These methods keep people from putting themselves at-risk of vaccine-induced injuries.

The tragedy with universal hepatitis B vaccination is that newborns and infants have metals, industrial chemicals, and genetically-engineered hepatitis B pathogens injected into their supple bodies. It does not take a scholar to forecast that something horrible is bound to happen to them. No newborn is capable of handling this toxic load. In fact, no adult is able to handle it without being injured. The extreme risks associated with poisoning the bodies of children through vaccinations are thoroughly explained in Chapter 3 in the book, Against Compulsory Vaccination, Volume 1.

Again, not only do autism and other neurological diseases result from vaccinating newborns and infants, but also the permanent weakening of their immune systems gives them lifelong vulnerability (not immunity) to many other types of infectious and chronic diseases. Vaccines are precursors for many diseases that afflict teenagers and adults.

Let us continue:

Preventing HBV transmission during early childhood is important because of the high likelihood of chronic HBV infection and chronic liver disease that occurs when children less than 5 years of age become infected (3).

Testing to identify pregnant women who are hepatitis B surface antigen (HBsAg)-positive and providing their infants with immunoprophylaxis effectively prevents HBV transmission during the perinatal period (4,5)...

What does “high likelihood” mean? This is an ambiguous statement. According to accurate data, in 1996, only 54 cases of hepatitis B infections were reported to the CDC in the birth-to-1 age group. Approximately, four million babies were born that year. On the other hand, according to the Vaccine Adverse Event Reporting System (VAERS), there were approximately 1,000 reports of injuries from hepatitis B vaccine in 1996 in the 0-1 age group, with reported 47 deaths.

What prompt the urgent need to inject newborns with hepatitis B vaccines? There is no justification for the “universal vaccination” of newborns and infants with hepatitis B vaccines, or with any vaccine for that matter.

We must also note that the facts do not justify testing mothers for hepatitis B. How are mothers tested? Do the tests infect mothers with the hepatitis B virus? We must have the courage to admit that we cannot “trust” government health agencies, especially when they, undoubtedly, work for the total interests of profit-seeking corporations.

Now, for the last paragraph:

This document provides the rationale for a comprehensive strategy to eliminate transmission of HBV and ultimately reduce the incidence of hepatitis B and hepatitis B-associated chronic liver disease in the United States. The recommendations for implementing this strategy include making hepatitis B vaccine a part of routine vaccination schedules for infants.

There is no “rationale” for vaccinating newborns and infants. No facts or logic supports ACIP’s recommendations. Babies are being put at-risk of injuries and fatalities based on theory, presumptions, and monetary gain.

The statement “eliminate transmission of HBV and ultimately reduce the incidence of hepatitis B” is false, with respect to what vaccines actually do. Vaccines cannot prevent or eliminate the transmission of any pathogen. This is not the theory behind vaccination.

The most common concern of many parents when it comes to rejecting vaccination is whether their children will be protected against the infectious disease the vaccine is falsely purported to prevent. The citizenry is not educated about vaccination; and therefore, are confused. This makes us gullible and easily misled, which has been the case for nearly two centuries.

In addition, pediatricians often convince parents that without vaccinations, their children will be susceptible to contracting infectious diseases. This is a bogus statement that is meant to scare parents, not help them make informed decisions about vaccination.

Theoretically, vaccines are supposed to lessen or reduce the burden of infection; and there is much controversy surrounding whether vaccines even do this. Vaccines cannot stop a pathogen, such as a bacterium or virus, from entering our bodies.

For example, the influenza vaccine does not stop the influenza virus from being transmitted, even among people who have been vaccinated against influenza. This is not only a known fact, it is commonsense.

If the U.S. citizenry had merely demanded that the CDC prove that 1.2 million people were infected with hepatitis B and that 300,000 people were infected annually, we would not have the epidemic of autism, because the CDC would not have been able to prove this senseless claim.

In her insightful paper, "Why is the Hepatitis B Vaccine Given to Newborns?", Dr. Sherri Tenpenny, a renown proponent of women's health issues, states:

Newborns have been targeted for vaccination because they are accessible. Ask any parent who has tried to refuse this vaccine before leaving the hospital and you will hear horror stories of unrelenting pressure placed on them by nurses and doctors wanting to vaccinate their precious newborns.

If the hepatitis b vaccine is avoided at birth, then it is administered during the routine two month office visit... along with five other vaccines: polio (three strains), the Hib (H. influenza), Prevnar (seven strains of streptococcus), DTaP (diphtheria, tetanus, pertussis) and now, the new Rotateque (four strains of rotavirus). That is a total of **19 vaccine antigens** and multiple doses of chemicals injected on the same visit into an **eight-week old baby**.

Clearly, the universal vaccination of all newborns with hepatitis b vaccine is a policy that is based on convenience and opportunity, not need.

We can safely assume that many parents are not very conscientious about the number of pathogenic antigens or live microorganisms and potent chemicals being injected into their babies through vaccines during routine visits to pediatricians. Parents just do as they are told to do, and accept most, if not all, vaccinations recommended for their children by the medical industry. In fact, many parents do not even ask questions about the injections their children are receiving. This is pathetic. This is negligence of the worse sort.

Ironically, the same physician or pediatrician that injected the child with "vaccines galore" is the same person making the autism or autoimmune disease diagnosis, which usually occurs within the first 24 months of child's life.

To add insult to injury, the pediatrician also acts as if autism is totally unrelated to the vaccines that were pumped into the child since he or she was born. The parent is led to believe that the disease is a mystery.

We should consider the following question very carefully:



How can any intelligent physician, while injecting numerous vaccines into an infant, not expect the baby to suffer brain damage—especially when all vaccines contain known neurotoxicants, such as mercury and aluminum?

How can we not, logically, conclude that the recommendation for universal hepatitis B vaccination of newborns and infants is an act of bioterrorism on our nation's children?

MOVING UP THE AGE LATTER

.....

Vaccines are pushed on us from infancy through adulthood. At each growth stage, government health agencies recommend that we receive numerous vaccines. Therefore, those who escape vaccination at infancy must confront it again during adolescence and adulthood. This diabolical entrapment is nearly impossible to avoid because state laws require vaccination, and people are penalized for noncompliance.

The same tactic that the ACIP and CDC used to recommend hepatitis B vaccination of newborns and infants was also used to justify the “universal vaccination” for the next age group—adolescents.

In the CDC's 1995 Morbidity and Mortality Weekly (MMW) Report titled: “Notice to Readers Update: Recommendations to Prevent Hepatitis B Virus Transmission—United States,”³ the following is stated:

In November 1991, the ACIP recommended that hepatitis B vaccine be integrated into infant vaccination schedules. Routine infant hepatitis B vaccination is the most effective means to prevent HBV transmission in the United States.

Vaccination recommendations are most effective when they become integrated into routine health care. Although preventive health services and vaccination visits for adolescents are not well established in the United States, hepatitis B vaccination of this age group has been successful in settings including schools and clinical practices (4,5). The ACIP has recommended that hepatitis B vaccination of adolescents be done as part of a routine adolescent vaccination visit at age 11-12 years.

This visit should be used to ensure that all adolescents have received three doses of hepatitis B vaccine, two doses of measles-mumps-rubella vaccine, a booster dose of tetanus and diphtheria toxoids, and to assess whether adolescents are immune to varicella. The establishment of an adolescent vaccination visit provides the opportunity to deliver preventive health-care services to this underserved population.

Again, we must reiterate that these vaccines contain neurotoxic metals, industrial chemicals, and genetically-engineered pathogenic substances. This point cannot be emphasized enough. Why?

Those who promote the “act of injecting these poisons into the bodies of the citizenry” use ambiguous terms, such as “immunization,” “vaccination” and “disease prevention.” These terms do not describe what is actually being done to newborns, infants, toddlers, teenagers and adults. These shady terms and concepts keep us from confronting the reality, which is that we are being deliberately poisoned. Therefore, most parents fail to raise critical questions, the foremost among them being:



What chemicals are in vaccines? What injuries do each of these chemicals cause to humans, especially infants?

In addition, we tend to forget that people who work for pharmaceutical companies, government health agencies and the medical industry are our neighbors, friends, relatives, and strangers—whom we know to be extremely fallible, to say the least. In addition, most of them are working for a “paycheck” and simply do as they are told. The thought of not receiving a paycheck outweighs common sense. “Logic” and “ethics” are casualties in this socioeconomic system.

If we kept this fact in mind, we would be more vigilant about protecting our children. For example, if your uncle, aunt or neighbor attempted to inject your child with a chemical, you would interrogate that person more thoroughly than any police detective would. Yet, we ask **NO** questions regarding the overwhelming vaccinating of our children. We must understand that when it comes to the health and lives of our children, no one is beyond reproach, not even physicians.

ACIP and the CDC have been scrutinized for the national “recommended” vaccination schedule, which has “Americans” over-vaccinated, especially children.⁴ Despite this, more vaccines are entering the market annually, and are being added to the CDC’s vaccination schedules. ACIP and the CDC have the same senseless determination as Dr. Moreau, who could tolerated

looking at disfigured human-like creatures running around on his island, because his demented and insane objectives took precedence over human suffering.

Just the same, despite the epidemic of autism and many other vaccine-induced diseases afflicting our children, government health agencies continue to push vaccinations on children. We cannot allow governments to continue to pile on vaccines, permanently injuring and killing our children, for the sake of profits.

POPULAR HEPATITIS B VACCINES

As previously stated, both Merck and GlaxoSmithKline produce the two leading hepatitis B vaccines—Recombivax and Engerix-B, respectively. These vaccines are injected into the bodies of our newborns. Let us examine the contents of these vaccines, as stated by the manufacturers, themselves. I have underlined key words.

RECOMBIVAX HB® PRODUCED BY MERCK & CO., INC.

RECOMBIVAX HB* Hepatitis B Vaccine (Recombinant) is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HBsAg) produced in yeast cells. A portion of the hepatitis B virus gene, coding for HBsAg, is cloned into yeast, and the vaccine for hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck Research Laboratories.

The antigen is harvested and purified from fermentation cultures of a recombinant strain of the yeast *Saccharomyces cerevisiae* containing the gene for the adw subtype of HBsAg. The fermentation process involves growth of *Saccharomyces cerevisiae* on a complex fermentation medium which consists of an extract of yeast, soy peptone, dextrose, amino acids and mineral salts.

The HBsAg protein is released from the yeast cells by cell disruption and purified by a series of physical and chemical methods. The purified protein is treated in phosphate buffer with formaldehyde and then coprecipitated with alum (potassium aluminum sulfate) to form bulk vaccine adjuvanted with amorphous aluminum hydroxyphosphate sulfate. The vaccine contains no detectable yeast DNA but may contain not more than 1% yeast protein.

The vaccine produced by the Merck method has been shown to be comparable to the plasma-derived vaccine in terms of animal potency (mouse, monkey, and chimpanzee) and protective efficacy (chimpanzee and human). All formulations contain approximately 0.5 mg of aluminum

(provided as **amorphous aluminum hydroxyphosphate sulfate**, previously referred to as aluminum hydroxide) per mL of vaccine. In each formulation, hepatitis B surface antigen is absorbed onto approximately 0.5 mg of aluminum (provided as amorphous aluminum hydroxyphosphate sulfate) per mL of vaccine. The vaccine is of the adw subtype.

[From the document: RECOMBIVAX HB® HEPATITIS B VACCINE (RECOMBINANT), Issued December 2007, Printed in USA]

ENGERIX-B PRODUCED BY GLAXOSMITHKLINE

ENGERIX-B [Hepatitis B Vaccine (Recombinant)] is a noninfectious **recombinant DNA hepatitis B vaccine** developed and manufactured by GlaxoSmithKline Biologicals. It contains purified surface antigen of the virus obtained by culturing **genetically engineered Saccharomyces cerevisiae** cells, which carry the surface antigen gene of the hepatitis B virus. The surface antigen expressed in *Saccharomyces cerevisiae* cells is purified by **several physicochemical steps and formulated as a suspension of the antigen absorbed on aluminum hydroxide**. The procedures used to manufacture ENGERIX-B result in a product that contains no more than 5% yeast protein.

[This information is from the document: ENGERIX-B® Hepatitis B Vaccine (Recombinant), Issued December 2006]

REFERENCES

-
1. ACIP. Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMRW: Recommendations and Reports 1991;40(RR-13):1-19. 26
 2. Acute hepatitis B infection and hepatitis B surface antigen positivity reported in the Department of Veterans Affairs: Occurrence in a population seeking medical assistance 28
 3. ACIP. Notice to Readers Update: Recommendations to Prevent Hepatitis B Virus Transmission — United States. MMRW: Recommendations and Reports 1995;44(30):574-575. 33
 4. Imus D. Over Medicated and Over-Vaccinated: The Unintended Consequences of Medicines Meant to Protect. HuffingtonPost.com 2007. 34

ROLE OF TRUST IN MENTAL HEALTH

...Compulsory Vaccination Laws and Mental Illness

According to the National Institute of Mental Health, many Americans suffer from some form of mental illness. Anti-depressant drugs are among the most widely prescribed drugs in America. This is phenomenal. This makes mental illness leading health and social crises in America—greater than sexually-transmitted diseases, heart disease, cancer and diabetes. How so?

Mental illness causes many other diseases, including sexually-transmitted diseases. Reckless behaviors are associated with mental disease, despite how culturally acceptable or “hip” this behavior might be in the eyes of others—who are also mentally ill. Behaviors that were once considered signs of mental illness are now acceptable and embraced.

Inordinate mental stress over long durations also culminates in mental illness. This negatively affects vital biological systems. Our endocrine, nervous and circulatory systems falter under the burden of stress. As a result, major organs fail, such as the heart, kidneys and liver. Stress negatively affects every organ in the body.

Many of us recognize that we have entered an era of extreme distrust, and the majority of people have no means of handling this. Why is this the case?

The human factor is nearly absent industrialized societies. People rarely talk to one another. Personal music devices have each person in their own world, unwilling to socialize. The growing attitudes of impatience, belligerence and apathy serve as evidence that our social skills, as a society, have degenerated. We have produced a culture of “individualism.”

By individualism, we are not referring to each person’s uniqueness. We mean the self-centered, selfish, vain, and arrogant behaviors that also cause the inordinate levels of stress and mental illness that plague our society. Individualism isolates us from the reality of who we are—the human family.

In such a society, loyalty is among the first casualties. Disloyalty has saturated our society, bringing about distrust. Although trust in God (or in the Creator) is foremost, the absence of trust in others comes at a price because we are created as social beings, not islands.

On this note, let us describe trust and distrust. First, trust is sacred and personal. It is a possession that each person has, along with the right to share it with whomever. Trust is only invoked in matters of importance.

We make ourselves vulnerable in many ways when we share our trust with someone or put our trust in something. Because of this, we are usually careful about sharing our trust.

There is no need to trust if there are no dependencies or consequences involved. Our dependency on government is encompassing, yet all indicators point to the increasing reality that we are fretful of government decisions. We distrust many federal and state agencies that govern our lives.

Distrust is also personal. The absence of trust does not necessarily mean that we have distrust. For example, although we may not put our complete trust in the Creator, as we should do, we do not distrust the Creator. We know that our Creator has our best interests at heart.

Distrust is a feeling, attitude, disposition or realization that we will be harmed if we share our “trust.” The following comes from the book, Against Compulsory Vaccination, Volume 2:

Trust, indeed, is a critical factor in many decisions, especially those that involve our survival. When we consider trust, what is most important is the value that government institutions and major corporations place on the welfare of the citizenry they govern and serve, respectively.

We can trust that these entities have our best interests at heart, if we believe they value our lives. But, do we believe they do? Is trust even relevant in compulsory vaccination legislation? It should be; however, let us consider this question:

How can we exercise the freedom to make decisions based upon trust when we are forced to commit acts wherein trust is intrinsic, such as avoiding danger?

Coercion negates trust. Compulsion annuls our free-will. The free will exists only for decision-making. When our free-will is arrested, either through coercion or through deception, we can potentially function on subhuman levels. This brings its own set of harsh consequences in all facets of life.

Trust is foundational to decisions about survival, health, life and death. Trust is also a mental stabilizer. Many mental illnesses are caused by distrust and the insecurity that accompanies it when we cannot effectively resolve issues of trust. This insecurity becomes the death knell that sends us into mental anguish, especially when we perceive that there are no options or ways of escape.

When we assess the many mandates placed on the people by governments, we can see why mental illness is on the rise. This, alone, is a clear sign that true freedom does not exist, regardless of the wealth or material possessions people in industrialized countries have. . . .

Legislative mandates for compulsory vaccination do not automatically mean that we are esteemed in the eyes of government. On the surface, laws are supposed to protect the citizenry, thereby, making life better. Today, however, laws are enacted to benefit special interest groups, especially when profit is involved or at stake.

The point is that our behaviors and actions are affected and dictated by our trust, or the lack thereof. When we trust people, we naturally behave differently toward them than we would if we had no trust of them. This is an innate response or reaction.

When trust is violated or threatened, there is a burden on the human psyche to release ourselves from danger, harm or discomfort. This requires us to make decisions on behalf of trust. This burden, however, is increased when we cannot effectively exercise these decisions.

We have an innate right to respond according to the distrust that arises from our perception of or involvement in dangerous situations. This is also how we exercise the “right” of self-preservation, which is a law of nature. Every creature has its own survival at stake, and responds accordingly.

If we are not able to respond to distrust, then we are, in fact, putting our lives in jeopardy, to some degree. We may hope that the outcome of going along with something or someone we distrust will be favorable, but in our hearts, we know that we have placed ourselves in jeopardy of being harmed. This causes trepidation, which is among the worst forms of mental stress.

This reality is prevalent, today, because of intrusive government laws. If we look carefully at the government’s role in our lives, we will notice that coercions afflict us at every turn. Abusive taxation, gross violations of our privacy, and compulsory vaccination and school attendance laws are a few examples. In each of these, we recognize that we are not benefitted, but victimized.

Compulsory vaccination recommendations and legislation are the worst coercions. Why is this? A growing number of people distrust the makers of vaccines, as well as the government’s motive for forcing us to receive vaccinations. And, despite the rise in autism and other diseases caused by vaccines, federal and state governments continue to force vaccines on us. In addition, it is quite apparent that the special interest groups that sway governments to act on their behalf care little about the lives of people. In their eyes, we are dispensable consumers and nothing more. What must we do? How can we evade this danger?

We can always follow what we believe to be in our best interests. We are required to do this. However, there are penalties for doing this—such as threats of social and economic hardship, and imprisonment. These are not empty threats. They are carried out by various government agencies.

One threat that occurs when we refuse to have our children vaccinated is that they might not be able to attend public school. This creates difficulty for many families. Another threat is that the parent might be charged with endangering the life of a minor, which allows the government to place the child in so-called “protective custody.”

Threats hamper our decisions. Threats force us to compromise the truth of our own beliefs. Threats influence us to consider options that we know are not right. These unnatural responses to threats cause mental instability because we are created to make the right decisions, regardless of the price or penalty.

Many parents submit to these threats. Consequently, they put their children at risk of injury, permanent disability and death. Each day, however, these parents live with the probability that their children might experience a vaccine-related injury. This is a form of anguish that intensifies, as time goes by.

We can assume that some parents of children injured by vaccines are filled with regret. Whether or not the parents knew the details about the danger of vaccines, they still suffer some mental hardship because it was their responsibility to know. Parents are the real protectors of their children; therefore, we bear some responsibility for our ignorance.

We are required to know the details about anything that puts our families at risk of injury and death. More importantly, we are required to make decisions that keep our families safe. We have reached the point in history where we have to embrace knowledge, and use this knowledge to make decisions. We are required to do this regardless of whether we trust or distrust drug companies and governments.

However, when it comes to vaccines, the proper stance is that of distrust and rejection. Why should this be our posture? The entire process that surrounds the approval and marketing of vaccines is **TOTALLY CORRUPTED**. Diabolical aims and monetary gain are at the root of the universal or widespread vaccination of the citizenry, especially children. Our lives are neither respected nor honored by the government or the medical industry. Their only interest is profit, at any costs. We all know this.

Our God-given rights must be preeminent in our lives. Nature allows us to distrust. This is human nature. The law of self-preservation that lies within each of us permits us to act according to our distrust, especially when it is clearly justified, as is the case with vaccination.

VACCINE “INGREDIENTS”

The table below lists the ingredients of some of the most common vaccines administered to children and adults. Omitted from this list are the numerous genetically-engineered microorganisms/substances used in each vaccine. This information is often protected by patents and cannot be fully disclosed.

VACCINE	CONTAINS
Anthrax (BioThrax)	Aluminum Hydroxide, Amino Acids, Benzethonium Chloride, Formaldehyde or Formalin, Inorganic Salts and Sugars, Vitamins
BCG (Tice)	Asparagine, Citric Acid, Lactose, Glycerin, Iron Ammonium Citrate, Magnesium Sulfate, Potassium Phosphate
DTaP (Daptacel)	Aluminum Phosphate, Ammonium Sulfate, Casamino Acid, Dimethyl-beta-cyclodextrin, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol
DTaP (Infanrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol, Polysorbate 80
DTaP (Tripedia)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sodium Phosphate, Thimerosal*
DTaP/Hib (TriHIBit)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sucrose, Thimerosal*
DTaP/HepB/IPV (Pediatrix)	Aluminum Hydroxide, Aluminum Phosphate, Bovine Protein, Lactalbumin Hydrolysate, Formaldehyde or Formalin, Glutaraldehyde, Monkey Kidney Tissue, Neomycin, 2-Phenoxyethanol, Polymyxin B, Polysorbate 80, Thimerosal*, Yeast Protein
DT (sanofi)	Aluminum Potassium Sulfate, Bovine Extract, Formaldehyde or Formalin, Thimerosal (multi-dose) or Thimerosal* (single-dose)
DT (Massachusetts)	Aluminum Hydroxide, Formaldehyde or Formalin
Hib (ACTHib)	Ammonium Sulfate, Formaldehyde or Formalin, Sucrose
Hib (PedvaxHib)	Aluminum Hydroxyphosphate Sulfate
Hib (HibTITER)	Amino Acids, Ammonium Sulfate, Mineral Salts, Yeast Protein

VACCINE	CONTAINS
Hib/Hep B (Comvax)	Amino Acids, Aluminum Hydroxyphosphate Sulfate, Dextrose, Formaldehyde or Formalin, Mineral Salts, Sodium Borate, Soy Peptone, Yeast Protein
Hep A (Havrix)	Aluminum Hydroxide, Amino Acids, Formaldehyde or Formalin, MRC-5 Cellular Protein, Neomycin Sulfate, 2-Phenoxyethanol, Phosphate Buffers, Polysorbate
Hep A (Vaqta)	Aluminum Hydroxyphosphate Sulfate, Bovine Albumin or Serum, DNA, Formaldehyde or Formalin, MRC-5 Cellular Protein, Sodium Borate
Hep B (Engerix-B)	Aluminum Hydroxide, Phosphate Buffers, Thimerosal*, Yeast Protein
Hep B (Recombivax)	Aluminum Hydroxyphosphate Sulfate, Amino Acids, Dextrose, Formaldehyde or Formalin, Mineral Salts, Potassium Aluminum Sulfate, Soy Peptone, Yeast Protein
HepA/HepB (Twinrix)	Aluminum Hydroxide, Aluminum Phosphate, Amino Acids, Dextrose, Formaldehyde or Formalin, Inorganic Salts, MRC-5 Cellular Protein, Neomycin Sulfate, 2-Phenoxyethanol, Phosphate Buffers, Polysorbate 20, Thimerosal*, Vitamins, Yeast Protein
Human Papillomavirus (HPV) (Gardasil)	Amino Acids, Amorphous Aluminum Hydroxyphosphate Sulfate, Carbohydrates, L-histidine, Mineral Salts, Polysorbate 80, Sodium Borate, Vitamins
Influenza (Fluarix)	Egg Albumin (Ovalbumin), Egg Protein, Formaldehyde or Formalin, Gentamicin, Hydrocortisone, Octoxynol-10, -Tocopheryl Hydrogen Succinate, Polysorbate 80, Sodium Deoxycholate, Sodium Phosphate, Thimerosal*
Influenza (Flulaval)	Egg Albumin (Ovalbumin), Egg Protein, Formaldehyde or Formalin, Sodium Deoxycholate, Phosphate Buffers, Thimerosal
Influenza (Fluvirin)	Beta-Propiolactone, Egg Protein, Neomycin, Polymyxin B, Polyoxyethylene 9-10 Nonyl Phenol (Triton N-101, Octoxynol 9), Thimerosal (multidose containers), Thimerosal* (single-dose syringes)
Influenza (Fluzone)	Egg Protein, Formaldehyde or Formalin, Gelatin, Octoxinol-9 (Triton X-100), Thimerosal (multidose containers)
Influenza (FluMist)	Chick Kidney Cells, Egg Protein, Gentamicin Sulfate, Monosodium Glutamate, Sucrose Phosphate Glutamate Buffer
IPV (Ipol)	Calf Serum Protein, Formaldehyde or Formalin, Monkey Kidney Tissue, Neomycin, 2-Phenoxyethanol, Polymyxin B, Streptomycin,
Japanese Encephalitis (JE-Vax)	Formaldehyde or Formalin, Gelatin, Mouse Serum Protein, Polysorbate 80, Thimerosal

VACCINE	CONTAINS
Measles (Attenuvax)	Amino Acid, Bovine Albumin or Serum, Chick Embryo Fibroblasts, Gelatin, Glutamate, Human Albumin, Neomycin, Phosphate, Sodium Phosphate, Sorbitol, Sucrose, Vitamins
Meningococcal (Menactra)	Formaldehyde or Formalin, Phosphate Buffers
Meningococcal (Menomune)	Lactose, Thimerosal (10-dose vials only)
Mumps (Mumpsvax)	Amino Acid, Bovine Albumin or Serum, Chick Embryo Fibroblasts, Human Serum Albumin, Gelatin, Glutamate, Neomycin, Phosphate Buffers, Sorbitol, Sucrose, Vitamins
MMR (MMR-II)	Amino Acid, Bovine Albumin or Serum, Chick Embryo Fibroblasts, Human Serum Albumin, Gelatin, Glutamate, Neomycin, Phosphate Buffers, Sorbitol, Sucrose, Vitamins
MMRV (ProQuad)	Bovine Albumin or Serum, Gelatin, Human Serum Albumin, Monosodium Lglutamate, MRC-5 Cellular Protein, Neomycin, Sodium Phosphate Dibasic, Sodium Bicarbonate, Sorbitol, Sucrose, Potassium Phosphate Monobasic, Potassium Chloride, Potassium Phosphate Dibasic
Pneumococcal (Pneumovax)	Bovine Protein, Phenol
Pneumococcal (Prevnar)	Aluminum Phosphate, Amino Acid, Soy Peptone, Yeast Extract
Rabies (Biorab)	Aluminum Phosphate, Phosphate Buffers, Rhesus Fetal Lung Tissue, Thimerosal
Rabies (Imovax)	Human Serum Albumin, Beta-Propiolactone, MRC-5 Cellular Protein, Neomycin, Phenol Red (Phenolsulfonphthalein), Vitamins
Rabies (RabAvert)	Amphotericin B, Beta-Propiolactone, Bovine Albumin or Serum, Chicken Protein, Chlortetracycline, Egg Albumin (Ovalbumin), Ethylenediamine-Tetraacetic Acid Sodium (EDTA), Neomycin, Potassium Glutamate
Rotavirus (RotaTeq)	Cell Culture Media, Fetal Bovine Serum, Sodium Citrate, Sodium Phosphate Monobasic Monohydrate, Sodium Hydroxide Sucrose, Polysorbate 80
Rubella (Meruvax II)	Bovine Albumin or Serum, Gelatin, Human Serum Albumin, Neomycin, Phosphate Buffers, Sodium Phosphate, Sorbitol
Td (Decavac)	Aluminum Potassium Sulfate, Bovine Extract, Formaldehyde or Formalin, 2-Phenoxyethanol, Peptone, Thimerosal*
Td (Massachusetts)	Aluminum Hydroxide, Aluminum Phosphate, Formaldehyde or Formalin, Thimerosal (some multidose containers)

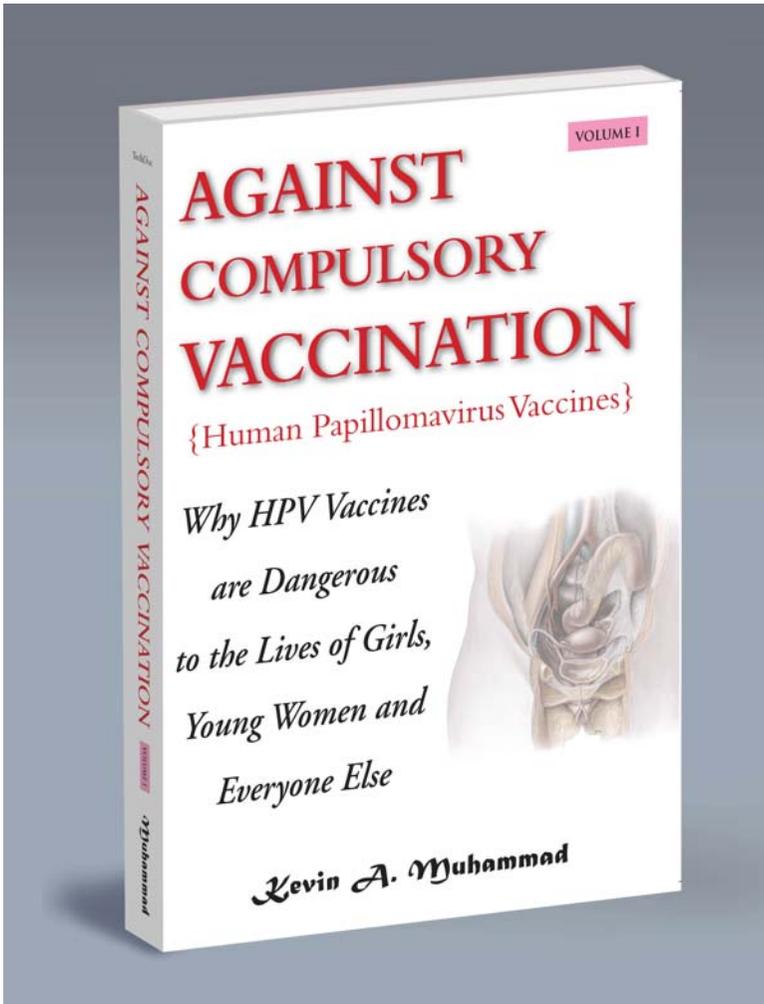
VACCINE	CONTAINS
Tdap (Adacel)	Aluminum Phosphate, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol
Tdap (Boostrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde or Formalin, Glutaraldehyde, Polysorbate 80
Typhoid (inactivated – Typhim Vi)	Disodium Phosphate, Monosodium Phosphate, Phenol, Polydimethylsiloxane, Hexadecyltrimethylammonium Bromide
Typhoid (oral – Ty21a)	Amino Acids, Ascorbic Acid, Bovine Protein, Casein, Dextrose, Galactose, Gelatin, Lactose, Magnesium Stearate, Sucrose, Yeast Extract
Vaccinia (DryVax)	Bovine Albumin or Serum, Brilliant Green (historic), Chlortetracycline Hydrochloride, Dihydrostreptomycin Sulfate, Glycerin, Neomycin, Phenol, Polymyxin B
Varicella (Varivax)	Bovine Albumin or Serum, Ethylenediamine-Tetraacetic Acid Sodium (EDTA), Gelatin, Monosodium L-Glutamate, MRC-5 DNA and Cellular Protein, Neomycin, Potassium Chloride, Potassium Phosphate Monobasic, Sodium Phosphate Monobasic, Sucrose
Yellow Fever (YF-Vax)	Egg Protein, Gelatin, Sorbitol
Zoster (Zostavax)	Bovine Calf Serum, Hydrolyzed Porcine Gelatin, Monosodium L-glutamate, MRC-5 DNA and Cellular Protein, Neomycin, Potassium Phosphate Monobasic, Potassium Chloride, Sodium Phosphate Dibasic, Sucrose
<p>Adapted from Grabenstein JD. <i>ImmunoFacts: Vaccines & Immunologic Drugs</i>. St. Louis, MO: Wolters Kluwer Health Inc.; 2006 and individual products' package inserts.</p> <p>All reasonable efforts have been made to ensure the accuracy of this information, but manufacturers may change product contents before that information is reflected here.</p> <p>*Where "thimerosal" is marked with an asterisk (*) it indicates that the product should be considered equivalent to thimerosal-free products. This vaccine may contain trace amounts (<3 mcg) of mercury left after post-production thimerosal removal, but these amounts have no biological effect. JAMA 1999;282(18) and JAMA 2000;283(16)</p>	

VACCINATION EXEMPTIONS BY STATE

The table below lists the type of vaccination exemptions offered by each state government.

STATE	MEDICAL	RELIGIOUS	PHILOSOPHICAL
Alabama	X	X	
Alaska	X	X	
Arizona	X	X	X
Arkansas	X	X	X
California	X	X	X
Colorado	X	X	X
Connecticut	X	X	
Delaware	X	X	
District of Columbia	X	X	
Florida	X	X	
Georgia	X	X	
Hawaii	X	X	
Idaho	X	X	X
Illinois	X	X	
Indiana	X	X	
Iowa	X	X	
Kansas	X	X	
Kentucky	X	X	
Louisiana	X	X	X
Maine	X	X	
Maryland	X	X	
Massachusetts	X	X	
Michigan	X	X	X
Minnesota	X	X	X
Mississippi	X		
From the National Vaccine Information Center [http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx]			

STATE	MEDICAL	RELIGIOUS	PHILOSOPHICAL
Missouri	X	X	
Montana	X	X	
Nebraska	X	X	
Nevada	X	X	
New Hampshire	X	X	
New Jersey	X	X	
New Mexico	X	X	X
New York	X	X	
North Carolina	X	X	
North Dakota	X	X	X
Ohio	X	X	X
Oklahoma	X	X	X
Oregon	X	X	
Pennsylvania	X	X	
Rhode Island	X	X	
South Carolina	X	X	
South Dakota	X	X	
Tennessee	X	X	
Texas	X	X	X
Utah	X	X	X
Vermont	X	X	X
Virginia	X	X	
Washington	X	X	X
West Virginia	X		
Wisconsin	X	X	X
Wyoming	X	X	
From the National Vaccine Information Center [http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx]			

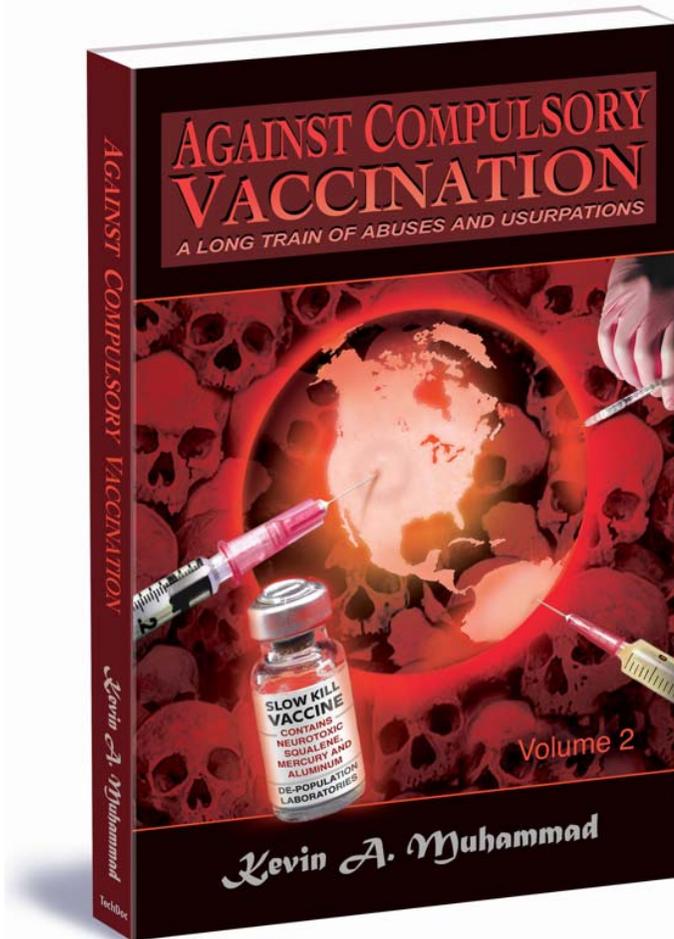


10 chapters | 212 pages | \$15.00

This book is a necessity for all parents. This book does the following:

- Provides valuable information about HPV and HPV vaccines
- Reveals the “true” extent of the injuries suffered by girls who have received HPV vaccines (namely, Gardasil).
- Educates readers about the theory of vaccination, and how this theory contradicts the biological workings of the human body.
- Discusses the delicate processes of human growth and development; and explains how vaccines disrupt these vital processes.

ORDER TODAY: <http://www.kamuhammad.net>



3 Sections | 19 Chapters | 232 pages | \$15.00

This book is among the most comprehensive written about vaccination. Comprising three sections, this book defies the “medical” knowledge surrounding vaccination; details the history of vaccination; and challenges the scientific merit of vaccination. This book enables readers to become “completely educated” about the dangers of vaccination.

ORDER TODAY: <http://www.kamuhammad.net>