Facility Automation Management Engineering Systems (*FAME* Systems)
33A Hoffman Avenue, Lake Hiawatha, NJ 07034-1922

Monday, 4 November 2013

On 11 October 2013, Paul G. King, PhD, downloaded an October 09, 2013 on-line article, titled "**Letter: Make no exemptions for childhood vaccinations**" from the "appeal-democrat.com" Internet web site at http://www.appeal-democrat.com/articles/children-128113-cases-religious.html [now at: http://www.appeal-democrat.com/article_aa7f6283-ce78-5fb9-b298-ba7334fb2bb1.html]

This article was attributed to an unidentified "Simran Kaur" from "Yuba City", California.

Dr. King's response to this "Letter" follows these introductory remarks and a table-of-contents page.

****

****

This analytical response is titled, "**A Formal Response to 'Letter: Make no exemptions for childhood vaccinations'**".

Introductory Remarks

First, each portion of Simran Kaur's text is quoted in a grayed "Arial" font.

Second, Dr. King's comments follow in a "Verdana" font and are indented.

Third, when quoting Kaur's text, the text is in an *italicized* "*Times New Roman*" font.

Fourth, when quoting/referencing other sources, the text is in an "Arial Narrow" font.

Finally, should anyone find any significant factual error in this response for which they have independent[a], scientifically sound, peer-reviewed-published-substantiating documents, please submit that information to Dr. King so that he can improve his understanding of factual reality and, where appropriate, revise his views and this formal response.

Respectfully,

<s>

Paul G. King, PhD
Founder, ***FAME* Systems**
paulgkingphd@gmail.com
Tel. 1-973-997-1321, after 21:00 Eastern Time
[To whom all responses should be directed]

[a] To qualify as an independent document, the study should be published by researchers who have no direct or indirect conflicts of interest from their ties to either those commercial entities who profit from the sale of any product or practice addressed in this response or those entities, academic, commercial or governmental, who directly or indirectly, actively promote any product or practice, the development of any product or practice, and/or programs using any product or practice covered in this response.

Table of Contents for "A Formal Response to 'Letter: Make no exemptions for childhood vaccinations'"

A Formal Response to "Letter: Make no exemptions for childhood vaccinations"

Initial Misrepresentations: Vaccination Requirements, Vaccination Outcomes, and the People's Constitutionally Protected Unalienable Rights

"Children entering public schools are required to show proof of immunizations."

Since California "*[c]hildren entering public schools*" are actually required to have documents on file with the school that show proof of: **a)** certain vaccinations; and/or **b)** disease-protective-level antibody-titers for certain viral diseases that they may have had; and/or **c)** a valid exemption, religious, philosophical or medical, and/or **d)** some valid combination thereof upon "*entering public schools*", Simran Kaur's statement here is, at best, inaccurate.

Moreover, since vaccinations do not provide disease immunity (lifetime disease protection), but only provide variable-duration protection from the risk of contracting the "covered" diseases to some portion of those who are "fully" vaccinated, it is inappropriate to label "vaccinations" as if they are "*immunizations*".

This is the case because such usage carries with it the implication that vaccinations provide disease "immunity", when they do not.

"However, in California, exemptions are allowed due to medical, religious or moral grounds. With the exception of legitimate medical reasons, there should be no exemptions from childhood vaccinations."

Here, Simran Kaur, ignoring the Constitution of the United States of America and California law, takes a "*no exemptions from childhood vaccinations*" stance with an exception for unspecified "*legitimate medical reasons*".

Vaccines: "*percent effective*" and "*effective in preventing disease*"?

"According to the American Academy of Pediatrics, 'childhood vaccines are ninety percent to ninety-nine percent effective in preventing disease.'"

Kaur's stated "*percent effective*" and "*effective in preventing disease*" claims are, at best, misleading.

Since Simran Kaur provides no citation for this quotation, Dr. King does not know whether the writer is simply parroting a misstatement made by the American Academy of Pediatrics or mistakenly believes

that these claims are supported by scientifically sound double-blind, true-placebo-controlled vaccination studies, which include follow-up disease-challenge studies or, when the disease is endemic in the population, extended post-vaccination disease exposure monitoring studies.

First, "*childhood vaccines*" is a term that encompasses all of the vaccines that the U.S. Centers for Disease Control and Prevention (CDC), as of mid-2013 [1], recommends be administered to those persons who are less than 18 years of age (e.g., DTaP, Hepatitis B, Hib, Polio, influenza [given at least annually], MMR, Varicella, Hepatitis A, pneumococcal vaccines, and certain combination vaccines containing various combinations of the preceding vaccines for young children [under 8 years of age] and Tdap, Men A,C,Y,W-135, HPV, influenza annually, pneumococcal, and some additional doses of these vaccines or combinations which contain the "disease protective" active in disease-outbreak or disease-exposure situations in the older children living in the United States of America (USA).

In addition, the claimed "*percent effective*" values for the preceding vaccines:

- Are based on initial antibody-titer-based "efficacy" assessments or, in the case of pertussis, indirect guesstimates of the efficacy after a given set of staged inoculations, and
- Range from much less than 60% for the annual influenza vaccines to no more than 98% efficacy after the second dose of the MMR vaccines.

Further, since these antibody-based "efficacy" claims are based on antibody-titer measurements made at or near the maximum antibody-titer levels observed following vaccination and are <u>not</u> derived from directly observed, post-vaccination, "wild"-disease-challenge outcomes, these "efficacy" values are uncertain substitute measures for the initial effectiveness of the disease protection provided by a given vaccine.

Thus, by their nature, "efficacy" assessments made just after vaccination are significant overestimates of the vaccine's "effectiveness"

---

[1] Currently, the CDC's "Advisory Committee on Immunization Practice" (ACIP) is scheduled to entertain a recommendation that an early childhood meningococcal meningitis vaccine be added to the early childhood vaccination schedule. Should this recommendation be adopted, then the 2014 vaccination schedule for children will again be expanded. Since there are at least two, unrebutted, independent, peer-reviewed published studies respectively pointing to the problems with: **a)** the number of vaccines already given to young children and **b)** the nominal number of disease-addressing vaccine components given at once to infants who are less than one year of age, Miller NZ, Goldman GS. Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? *Hum Exp Toxicol* 2011; 30: 1420-1428 and Goldman GS, Miller NZ. Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990–2010 . *Hum Exp Toxicol* 2012 October;. 31(10): 1012-1021, and these apparent realities have <u>not</u> been invalidated, how can it be rational to be considering more vaccines to the early childhood vaccination program?

in actually preventing the inoculees from contracting a given disease following their subsequent exposure to the biological organisms that "cause" exposed persons to be at risk of contracting a given disease.

Additionally, the disease-protective antibody levels used to measure "efficacy" are known to occur at variable levels in each person, decline over time at person-specific variable rates and, at some point, become non-disease-protective.

Further, as exemplified by the DPT vaccines, where the antibodies are not antibodies to the diseases (diphtheria, tetanus and "pertussis") but rather to chemically modified toxoids produced by the chemical treatment of specific toxins produced by the disease organisms in the case of the diseases causing "diphtheria" and "tetanus" and some non-antibody-titer response for the "pertussis" components, the vaccine may not even induce a testable disease-related level of antibodies after vaccination requiring disease protection to be inferred using indirect measures, as is the case for "pertussis".

Thus, a vaccine, which does not infect those inoculated with it (a non-live-virus vaccine), like the DPT vaccines, is presented as "pertussis" protective even though no testable level of antibodies to the "pertussis"-related components in the vaccine are measured.

In addition, the "efficacy" duration of the disease protections provided by these non-disease-causing vaccines typically ranges from *less than* one (1) year for the inactivated-influenza vaccines to *no more than* five (5) to ten (10) years after the third dose for the early childhood three-dose hepatitis B vaccination series.

Moreover, in all instances where the current vaccines contain one or more manufacturer-developed-strain(s) of live viruses, these vaccines infect all who are inoculated with them.

Thus, giving live-virus vaccines infects all those who are given them with the live-virus disease(s): **a)** in a non-normal manner (when the vaccines are injected) or **b)** in a non-normal matrix at a non-normal level (when the live-virus vaccine is sprayed into the nose or swallowed).

Consequently, while advertised as "preventing disease", live-virus vaccines give all of those inoculated with them a "case" of the live viral organisms that they contain.

However, this misrepresentation succeeds because most who are inoculated with these live-virus vaccines do not develop a full-blown clinical case of the natural disease, although some small percentage of

the inoculees contract a vaccination-strain clinical case of the disease or an atypical clinical case of the disease that may be worse that the natural disease.

Therefore, the vaccination programs that use live-virus vaccines only provide the *illusion* that they are "*effective in preventing disease*".

Further, in the USA, the vaccine-caused cases for the live-virus vaccines are either ignored or concealed from the general public and most healthcare providers.

In addition, the adverse effects of all vaccination programs are "voluntarily reported" to, and, at some time after being reported, entered into, a database, the Vaccine Adverse Events System (VAERS), which is jointly maintained by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA).

Worse, the data on post-vaccination adverse events is grossly under reported by the federal government and efforts are made to emphasize that such events may be coincidental rather than, as most are, vaccination-effects related.

In addition, no on-going effort is made to correct for the gross under reporting of such adverse events to VAERS nor is there an on-going effort to raise the percentage of serious adverse events associated with vaccination from whatever is the current low level of reporting to a reporting level that at least exceeds 50%.

Further, sometimes the vaccine-related rates for serious adverse events are based on only the verified reports to VAERS divided by the approximate number of doses of vaccine administered.

What is more, little effort is made to correct the filed reports for the gross underreporting of the serious adverse events, like death and permanent disability, where the percentage of such serious adverse events has been reported to be on the order of *not more than* 1%[2].

Additionally, neither the federal governmental healthcare agencies nor the public health agencies in the states generally attempt to correct for the underreporting of such serious adverse events.

Finally, these agencies commonly treat the uncorrected levels of serious post-vaccination adverse-effect reports in VAERS as if they were somehow valid estimates for the true in-use risks for each type of serious post-vaccination adverse reaction.

---

[2] Kessler, DA, the Working Group, Natanblut S, Kennedy D, Lazar E, Rheinstein P, et al. Introducing MEDWatch: a new approach to reporting medication and device adverse effects and product problems. *JAMA* 1993; 269(21): 2765.

Vaccine-covered disease in vaccinated children is "*generally milder*" and "*less serious than*" it is in non-vaccinated children

"When children, despite having been vaccinated, do contract the disease they were immunized against, the symptoms are generally milder and less serious than in children who had not been vaccinated."

While Simran Kaur's unsupported assertion is that vaccination renders the disease less serious in the vaccinees as compared to the non-vaccinees, Dr. King knows of no double-blind true-placebo-controlled studies with post-vaccination disease exposure that have shown that any such claims are supported by the requisite sound science.

Generally, Dr. King finds that this claim is raised, as it is for, for example, the influenza and pertussis-components-containing vaccines, when the vaccines are obviously not very effective in preventing disease in those vaccinees who, in spite of being age-appropriately vaccinated, still contract a disease for which a vaccine is claimed to be "disease preventive"[3].

Finally, let us examine the effectiveness, or lack thereof, for a few example vaccines.

The Influenza Vaccines – Not Effective

Even though, in a population of 310-million-plus residents, more than 130 million doses of influenza vaccine are currently being distributed, there is no evidence that, from before birth and annually after birth, the influenza vaccination program prevents "flu".

Moreover, when meta-analyses using the least biased studies or retrospective population comparisons are made between the doses of influenza vaccine administered and influenza cases prevented, or influenza-like illnesses, influenza-related hospitalizations, and influenza-related deaths, these studies have repeatedly failed to provide proof that influenza vaccination is effective in preventing cases of influenza, hospitalizations or deaths in any population group.

Interestingly, in a study by Kelly H, Jacoby P, Dixon GA, et al.[4], which was published in 2011 and followed 289 vaccinated Australian

---

[3] Interestingly, the manufacturers of the childhood vaccines have FDA-approved package inserts that do not make claims that vaccination with the disease prevents any of the diseases purportedly covered by a given vaccine. In addition, in at least one instance, i.e., the "pertussis components" in the pertussis-component-containing vaccines, there is no single "antibody response" test to assess the "efficacy" of the vaccine in producing disease-protective antibodies.

[4] Kelly H, Jacoby P, Dixon GA, Carcione D, et al. Vaccine Effectiveness against laboratory-confirmed influenza in healthy young children: a case-control study. *Pediatr Infect Dis J* 2011; 30:107–111. http://www.tested.net/v/Kelly.pdf

children, where there was no blinding of the patients and controls, and the controls were simply those who were vaccinated but did not contract influenza, the authors reported (emphasis added),

> "We concluded that the use of ILI [influenza-like illness] controls without influenza virus being identified is the appropriate choice of comparison group for the influenza cases in this study design. However, within the control group, we found that there was significantly higher vaccination coverage among those who tested positive for other respiratory viruses than among those who tested negative for all viruses. This could be interpreted to mean that influenza vaccination increases the risk of being infected by viruses other than influenza, but we believe that this explanation is biologically implausible."

However, the preceding observation, "influenza vaccination increases the risk of being infected by viruses other than influenza", believed to be "biologically implausible", was confirmed in a subsequent double-blind placebo-controlled study by Cowling BJ, et al.[5] with 250-plus-day follow up that was published in 2012, where the authors studied a group 115, six- to fifteen-year-old Hong Kong children starting in the 2008 flu season.

Confirming the general lack of effectiveness for the influenza vaccine, the researchers found only an apparent minor protective effect, which was not statistically significant, from contracting influenza in those who were vaccinated but did not contract influenza in the study period (roughly protecting 66 out of 69 [95.65%]) over the controls, who were inoculated with sterile saline (roughly 'protecting' 43 out of 46 [93.48%], who did not get influenza during the study).

Crudely, one could infer that there possible was a "2%" influenza-protective effect for those inoculated with the influenza vaccine.

Tellingly, this double-blind study confirmed a significant increased relative risk for post-vaccination non-influenza viral respiratory infections [RR = 4.4] in those influenza vaccinees over those who received the placebo and, in the "DISCUSSION" section begins by stating (emphasis added),

> "In the prepandemic period of our study, we did not observe a statistically significant reduction in confirmed seasonal influenza virus infections in the TIV recipients (Table 3), although serological evidence (Supplementary Appendix) and point estimates of vaccine efficacy based on confirmed infections were consistent with protection of TIV recipients against the seasonal influenza viruses that circulated from January through March 2009 [16]. We identified a statistically significant increased risk of noninfluenza respiratory virus infection among TIV recipients (Table 3), including significant increases in the risk of rhinovirus and coxsackie/echovirus infection, which were most

[5] Cowling BJ, Fang VJ, Nishiura H, et al. Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. *Clin Infect Dis*. 2012 June15; 54(12): 1778-1783. http://cid.oxfordjournals.org/content/54/12/1778.full

frequently detected in March 2009, immediately after the peak in seasonal influenza activity in February 2009 (Figure 1). …"

Based on the preceding studies and the meta-analyses from other non-blinded studies without any true-placebo control arm, the influenza vaccines are, at best, marginally effective in protecting those inoculated from subsequently contracting influenza.

Moreover, since less than 20% of "flu" cases are influenza cases[6], the influenza vaccines are not effective in preventing those inoculated with them from contracting "flu".

Thus, the influenza vaccines given in childhood actually appear to significantly increase non-influenza viral respiratory infections in those who are inoculated with them and provide almost no protection from contracting influenza during the "flu" season.

This reality occurs because, on average, less than 20% of all "flu" cases are actually influenza infections and, at best, the influenza vaccination in this study only provided limited protection (in roughly 2% of the children who are inoculated with an influenza vaccine) to the vaccinated child from contracting influenza.

Therefore, vaccinating healthy children with influenza vaccines is not only an ineffective approach to preventing them from contracting "flu", but also significantly increases their risk of contracting non-influenza viral respiratory infections.

The "Pertussis"-containing Vaccines – Problematic at Best

"In Boulder, Colo., parents fearful of possible side effects of the pertussis, whooping cough, vaccine refused the vaccination for their children. As of April 23, 68 cases of pertussis had been confirmed in Boulder County. Of these 68 cases, 'nine were infants to age nine, forty-six were ages ten to nineteen, nine were forty years of age and older and the rest were young adults.'

By the end of April, there were '362 confirmed cases of pertussis' statewide."

---

6 Doshi P, Influenza: marketing vaccine by marketing disease. *BMJ* 2013; 346 doi: http://dx.doi.org/10.1136/bmj.f3037 (Published 16 May 2013) Cite this as: BMJ 2013;346:f3037. See "Fig. 2." in http://www.bmj.com/content/346/bmj.f3037, a reduced-size copy of which is included here:

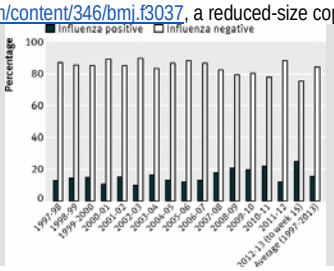

Fig 2 Proportion of specimens testing positive for influenza at World Health Organization (WHO) Collaborating Laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories through the United States. Data are compiled and published by CDC.[28-43]

Here, without citing the sources for the information provided, Simran Kaur presents the story of an "*April 23*", 2013 outbreak consisting of "*68 cases of pertussis*" in "*Boulder County*".

Based on U.S. Census estimates[7], Dr. King finds that these "*68 cases*" translate to a case rate of less than 1 in 4,490 county residents.

Tellingly, though Kaur reports that the source used stated, "*nine were infants to age nine, forty-six were ages ten to nineteen, nine were forty years of age and older and the rest were young adults*", Simran Kaur neglects to tell us:

- The number in each age group who were age-appropriately vaccinated but still contracted a confirmed case of whooping cough or
- Why the majority of cases, "*forty-six*" (more than 67%), were "*ten to nineteen*" years of age.

On a statewide basis[8], Dr. King finds that the stated "*362 confirmed cases of pertussis*" in Colorado translates into a case rate of less than 1 in 14,330 Colorado residents – indicating that, though less than 6% of the Coloradoans reside in Boulder County, this county's residents accounted for more than 18% of the reported cases in Colorado.

As with the county information, Kaur neglects to tell us what percentage of those who contracted "whooping cough" were age-appropriately vaccinated and still had a confirmed pertussis infection.

To understand the reality that the pertussis-component-containing vaccines are <u>not</u> effective in providing long-term protection to those vaccinated, Dr. King recommends that the interested reader should study both a 2013 publication by Dr. Tyson Perez, D.C., "Whooping Cough: The Reality Behind the Myth"[9] and Dr. King's 2012 publication, "Draft Review of '*Anti-Vaccine Movement Causes the Worst Whooping Cough Epidemic in 70 Years*'"[10].

Hopefully, after reading both articles and also studying the cited reference documents, those who are concerned about the viability of the "pertussis" vaccination program should understand that it is another failed vaccination program that probably causes more harm, especially to those who are 1 year of age or less[11], than it provides

---

7 http://quickfacts.census.gov/qfd/states/08/08013.html , last visited on 19 October 2013. Bolder County' estimated 2012 population was "305,318".

8 http://quickfacts.census.gov/qfd/states/08000.html, last visited on 19 October 2012. Colorado's estimated population in 2012 was "5,187,582".

9 http://www.greenmedinfo.com/blog/whooping-cough-reality-behind-myth?utm_source=GreenMedInfo+Weekly&utm_campaign=83ad16136b-Greenmedinfo&utm_medium=email&utm_term=0_62bb7ef31e-83ad16136b-86923037, last visited on 18 October 2013

10 http://dr-king.com/docs/120806_PGKDrftRevu_Anti_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs_fnlr2b.pdf.

11 Historically, the early childhood Diphtheria, Tetanus, and whole-cell Pertussis (DPT) vaccines and, though at a lower level, the childhood Diphtheria, Tetanus, and acellular Pertussis (DTaP) vaccines have been shown to be a large contributor to infant mortality that have been associated with the "cause of death" labels, "cot death" and

protection to those children (and the adults) who are inoculated with any of the "pertussis"-component-containing vaccines.

The "Measles"-containing Vaccines – Also Problematic

"Pertussis is not the only disease experiencing outbreaks. According to CNN, there were 159 cases of measles from Jan. 1 through August. Of the 159 cases reported, 58 were in a New York community where many of the people refused to be vaccinated due to religious reasons."

Here, Simran Kaur switches from pertussis to measles and begins by using an non-cited CNN article as the basis for reporting,

"*According to CNN, there were 159 cases of measles from Jan. 1 through August. Of the 159 cases reported, 58 were in a New York community where many of the people refused to be vaccinated due to religious reasons.*"

Accepting that this statement is accurate, why would anyone find, in a nation of 310-plus million residents, that 159 cases of measles (about 1 case in 1.9-plus million residents) should be concerning to anyone — especially when there are probably more than 300 mostly unreported vaccination-related cases of measles annually?

Moreover, why is Kaur presenting some New Yorkers, who have *lawfully* elected to exempt themselves from vaccination on religious grounds, as provided by the laws of the State of New York, in a negative light by presenting a lawful choice as a "refusal" ("*refused to be vaccinated*")?

Rather than again addressing the vaccination realities[12] about:

- The disease that is called "*measles*";
- The natural measles immunity and other benefits that those who have measles naturally acquire[13]; and

---

then "sudden infant death syndrome (SIDS), a label which came to be used in the USA after the widespread implementation and acceptance of the DTP/DTaP vaccination programs to "prevent" deaths in very young infants from invasive diphtheria, tetanus and "pertussis" (whooping cough). In early May of 2013, the U.S. CDC published http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf, Murphy SL, Xu J, Kochanek KD. Deaths: Final Data for 2010. *National Vital Statistics Report*, 2013 May 8; 61(4), page "19" (Note: "This document will be replaced by a reformatted, typeset report in the near future"), last visited on 22 September of 2013. This publication listed SIDS as the third leading cause for infant mortality in 2010 and reported that 2063 infant deaths were SIDS deaths (see "Table E"). An 18 October 2013 search in VAERS for all infant deaths in those 1 year of age or less found 55 reports of death meeting the search criteria. Sixteen (16) of these deaths were reported as "SIDS" deaths. Based on these data, only (16/2063) times 100% or 0.7756% of the SIDS reports in 2010 were reported in VAERS. In addition, 81.25% (13 of 16) of the VAERS death reports listing SIDS were reports where the DTaP components plus the Haemophylis influenza b, hepatitis B, inactivated poliovirus vaccine, pneumococcal, and/or rotavirus vaccine components; the remaining 18.75% (3 of 16) were deaths associated with near-birth hepatitis b inoculation.

12 http://dr-king.com/docs/120829_DrftRevu_VaccinationFearsAreOnlyUppingDanger_fnl_b.pdf, "Draft Review of '*Vaccination fears are only upping danger*'"; pages 14-20, titled, ""Measles Outbreak" – Blame Those Who Seek Safer Vaccines?".

13 Scheibner, V. Measles Vaccines Part II; Benefits of Contracting Measles. http://www.vaccinationcouncil.org/2013/01/29/measles-vaccines-part-ii-benefits-of-contracting-measles-by-dr-viera-scheibner-phd/.

- The current government-backed, live-viral "measles"-infection program that:
  - Is called a "measles vaccination program" in this letter,
  - Is, in reality today, a multiple-dose "MMR/MMRV vaccination" program, because the FDA-approved measles-only vaccine, Merck's Attenvax®, is no longer available to the American public,
  - At best, provides limited-duration disease protection from contracting measles to those who are inoculated with these vaccines, and
  - May, on average, be responsible for many more under reported vaccination-related deaths and vaccination-related primary and secondary disease infections than are reported for the diseases for which it is supposedly "disease protective" and "life saving",

Dr. King suggests that the reader study Dr. King's article, "Measles & Measles-Vaccination Realities: A Formal Response to 'Endangering the Herd'"[14]

A knowing linguistic misrepresentation – Portraying "vaccination" as if it provides disease "immunity"

"In Philadelphia, in 1991, six children died from a measles outbreak because they were not immunized, also due to religious reasons. The possible risks associated with not being immunized far outweigh the benefits of vaccinations for the child and the public. Children must be required to be vaccinated against disease. No one should have the right to jeopardize the health of a child or the public, in order to please religious or moral beliefs."

Limiting the discussion to those diseases for which, in 2013, there is an early childhood vaccine that is approved and recommended to be given to all children under two years of age in the USA[15] to simplify the discussion, no vaccination program provides disease "immunity" as, *based on the people's expectations*, Dr. King defines that term[16].

---

14 http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRespnseToEndangeringTheHerd_final_br1.pdf, 42 pages.

15 Thus, the list of vaccines that this discussion covers includes the DTaP, DT, Hib, Hepatitis B, Hepatitis A, MMR, MMRV, varicella, rotavirus, and pneumococcal vaccines – it excludes the meningococcal and HPV vaccines.

16 For the purpose of this discussion, Dr. King will narrowly define "immunity" as the freedom from contracting a clinical case of a natural disease covered by a vaccine more than once or contracting any infection that a vaccine may induce for not less than 70 years after being naturally exposed to the organism that causes that disease while living in a natural environment where we are continually immersed in a world where the causative organisms for the diseases we may contract continually surround us.

At best, for those who are inoculated with a given vaccine, childhood vaccination programs

- Provide:
  - Limited-duration disease protections to some percentage of the inoculees,
  - No protection to some percentage of the inoculees,
  - Serious "reversible" adverse reactions to some small percentage of the inoculees, and
  - Serious "non-reversible" adverse reactions (permanent impairment and death) to some very small percentage[17] of the inoculees;
- Require:
  - Multiple doses before a significant percentage of the "protected" inoculees are "fully protected" from a given disease based on their antibody titer or other measure of vaccine response, and
  - "Booster" doses on some schedule or whenever there is an outbreak to ensure that the "protected" inoculees remain "protected";
- Induce:
  - T-lymphocyte cell depletion of uncommitted T-cells that can react to new antigen exposures, which is crucial to a healthy adaptive immune system, by the antigens in the recommended vaccination programs,
  - Varying degrees of, and intensities in, immune-system imbalances in the inoculees,
  - Increased susceptibility to other infections in some of the inoculees,
  - Immune-system-caused chronic diseases in some of the inoculees, and
  - Autoimmune diseases in some of the inoculees; and
- For some,
  - Fail to provide any disease protection no matter how many times they are inoculated,

[17] Given the VAERS reporting rates probably reflect no more than 1% of the actual incidence for the most serious post-vaccination adverse events, after removing only those reports that have been completely proven to have been solely caused by some non-vaccination related or influenced causal factor – like a fall, vehicle wreck, crushing accident, lightning strike, accidental drowning, or willful action by another person, the remaining post-vaccination numbers of reports for a given serious-adverse-event type in VAERS should be multiplied by 100.

- Interfere with the inoculees' ability to clear the vaccine's antigens from the body,
- Mercury-poison the susceptible inoculees each time they are given a vaccine containing Thimerosal as a preservative or an in-process sterilizer,
- Aluminum-adjuvant-poison the central nervous systems of those inoculees' whose brains' immune systems *cannot* properly handle small-particle polymeric hydrated hydroxyaluminum salts, and
- Infect those exposed to them with various adventitious organisms that the inoculees' immune system cannot render irreversibly inactive.

Thus, no current childhood vaccine can, or does, provide "disease immunity" – lifetime protection from contracting a clinical case of a disease for which the current "vaccine preventable" disease claims are made.

Moreover, since even multiple vaccination does not protect some from contracting a disease if they are subsequently exposed to it, the claim that a given disease is "vaccine preventable" is obviously vaccine propaganda that is not based on science.

Thus, if a person truly wants his or her child or children to be "immunized" from an early childhood contagious, or easily communicable disease for which there is a vaccine, that person should:

- Forego vaccination,
- Make certain that child is as healthy as possible by following the natural healthy living practices (clean water, adequate sanitation, nutritious food gathering, raising, preservation and consumption practices, adequate shelter with appropriate heating and cooling, and appropriate clothing) and child-raising practices (like natural childbirth and extended breastfeeding) that sustained humanity for millennia before the first disease-exposure-based vaccines were introduced,
- Seek to expose his or her child to that childhood disease naturally, at the time that nature makes it safest to risk that child's being infected by that disease,
- Nurse that child back to health after that child contracts each such childhood disease, and
- Prepare for, and accept, the reality that there may be some small risk that the child may suffer some lasting harm from

contracting a childhood disease or, in rare instances, possibly even die although, based on 1% reporting to VAERS, the risk of these harms from vaccination is higher in the USA today.

If the goal is lifetime disease immunity or long-term disease protection (near lifetime immunity, i.e., disease protection lasting more than 50 years) and vaccination has been proven to be incapable of providing either immunity or near lifetime immunity to the child, why would anyone who claims to seek disease immunity for his or her children want to vaccinate them?

Given all of the preceding realities, since "*not being immunized*" is *logically* equivalent to "*being vaccinated*", Simran Kaur's statement,

"*The possible risks associated with not being immunized far outweigh the benefits of vaccinations for the child and the public*",

logically reduces to

"*The possible risks associated with" being vaccinated "far outweigh the benefits of vaccinations for the child and the public in the USA*".

In addition, the risks associated with being vaccinated are certain, while the claimed "*benefits of vaccinations*" are only "possible" because <u>not</u> all who are vaccinated get the "*benefits of vaccinations*" – some get <u>no</u> benefits, some suffer minor harm, and a few are permanently maimed or killed by a vaccination.

Therefore, Kaur's statement should be further modified to read,

"*The … risks associated with" being vaccinated "far outweigh the" possible "benefits of vaccinations for the child and the public in the USA*" —

a statement which Dr. King is compelled to accept based on the facts about the current CDC-recommended vaccination programs as he understands them.

This is obviously the case because the risks associated with being vaccinated include death, as: **a)** the CDC admits, **b)** some vaccine producers' package inserts state, and **c)** the VAERS reports show.

Moreover, absent disease-agent exposure and disease-agent protection, there is <u>no</u> vaccination benefit to the child or, for that matter, the adult.

Thus, for all children and adults (conservatively more than half of the population of the USA) who, *even if vaccinated*, currently lack protection from contracting a given disease for which a "vaccine preventable" claim is made if they are exposed to that disease, what benefit, other than a false sense of security, are the current vaccines guaranteed to provide to all those inoculated with these vaccines?

What benefit does a child or adult inoculated with an influenza vaccine have if his or her risk of contracting a non-influenza viral respiratory infection, *as some studies indicate*, is appreciably increased after he or she is inoculated and the vaccination provides no statistically significant protection from getting influenza but does increase the inoculees' risk of contracting an "influenza-like illness"?

Turning to Simran Kaur's next statement,

"*Children must be required to be vaccinated against disease*",

Dr. King notes that, under the Declaration of Independence and Constitution of the United States of America, which recognize the "bodily integrity" Rights retained by each person, a parent has the right to make medical decisions for himself or herself or his or her children or wards except, perhaps, when the child's or ward's life is in imminent danger.

Since the current childhood vaccines are only supposed to be prophylactic ("disease preventive") medicines given to healthy individuals, clearly these persons retain the Right to decide whether to accept or reject vaccine inoculations.

Turning to Simran Kaur's final statement,

"*No one should have the right to jeopardize the health of a child or the public, in order to please religious or moral beliefs*",

Dr. King first notices that, as many vaccination apologists and acolytes are prone to do, Kaur begins by making a sweeping, unqualified generalization,

"*No one should have the right to jeopardize the health of a child or the public*",

without providing an action (e.g., by yelling fire in a theater where there is no fire) that would "*jeopardize the health of a child or the public*".

Implicitly, *based on Kaur's prior statements*, Kaur is speaking of the right to make medical decisions for oneself or one's child or children concerning vaccination.

However, Kaur fails to provide, or cite, any proof that not vaccinating one's children or oneself directly jeopardizes the overall health of oneself, one's children or the public at large.

In contrast, Dr. King has provided and/or cited evidence that vaccinating oneself or one's children not only fails to immunize oneself or one's children from disease, but also directly puts at risk the overall health of oneself and one's children and, to the extent that one and one's children are members of the public, risks the overall health of the public at large.

Finally, since the current vaccines do not provide "disease immunity" to those inoculated with them, it is obvious that vaccination cannot provide "herd immunity" to the population.

Like most other vaccination apologists, Simran Kaur intentionally ignores the failure of the current childhood vaccination programs to provide what was promised:

- Safe vaccines, which, by law[18,19], are supposed to be proven to be *non-mutagenic*, *non-carcinogenic*, and *not reproductively toxic* before they are even given to any human in a "phase 1" clinical trial, much less approved for population use. However, the current vaccines have not even been tested to meet all of these pre-clinical safety criteria — much less proven to meet said safety criteria[20] and, in many instances, these vaccines also do not meet the other applicable established safety requirement minimums;
- Disease immunity (lifetime protection) after one initial childhood dose of a vaccine in many instances (e.g., as initially promised for live-virus vaccines for measles, mumps, rubella, and varicella), or two or three initial doses of vaccine (e.g., as currently promised for one of the live-virus rotavirus vaccines or for the DTP, DTaP, Hib, hepatitis B [Hep B], the genetically engineered live-virus rotavirus and the genetically-engineered human papilloma virus [HPV] vaccines);
- Near-universal vaccine effectiveness against disease exposure for almost everyone, which has been reduced to clinical trial and retrospective "efficacy" studies based on "antibody titers" and similar inexact measures that cannot tell the public how effective the vaccine is in preventing disease in all of those who are age-appropriately vaccinated when they are subsequently exposed to the disease agent; and
- Cost-effectiveness so that the overall population costs from vaccination (including the costs of the vaccine, vaccination,

---

18 42 U.S.C. § 262(a)(1)(C)(i)(I), emphasis added, "... (C) The Secretary shall approve a biologics license application - (i) on the basis of a demonstration that - (I) the biological product that is the subject of the application is safe, pure, and potent; and ...".

19 21 U.S.C. § 351(a)(2)(B)

Sec. 351. Adulterated drugs and devices.

A drug or device shall be deemed to be adulterated -

(a) Poisonous, insanitary, etc., ingredients; adequate controls in manufacture

(1) ...; or (2) ... (B) if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this chapter as to safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess; ... [emphasis added]

20 http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liegustn_e_b_r1.pdf

records keeping, and the adverse-events) outweigh the current medical costs of the natural disease in the population. Unfortunately, this was first reduced to the overall medical costs plus lost work-time costs to become societal cost-effectiveness, which, when, even without the costs of the adverse events, that revised cost-effectiveness promise was not met, is currently ignored.

In place of the requisite proofs of safety, effectiveness, and cost-effectiveness, Dr. King finds only slogans, like "Vaccines, the safest of medicines" and "Vaccines prevent disease", and the obvious repudiation of the safety of vaccines when:

- In 1986, Congress passed and the President signed into law, the National Childhood Vaccine Injury Act [NCVIA; 42 U.S.C. §§ 300aa-1 through 300aa-34], which gave the vaccine makers and the healthcare providers who administered them virtual immunity from civil lawsuits for the harm caused by a covered vaccination, and
- In 2011, in *Bruecewitz vs. Wyeth*[21], the Supreme Court majority declared vaccines to be "unavoidably unsafe" and, *in violation of the Seventh Amendment of the Constitution of the USA*, which states (emphasis added),

  "In Suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved, and no fact tried by a jury, shall be otherwise re-examined in any Court of the United States, than according to the rules of the common law",

  closed the "design defect" door to the vaccine makers being sued in a State civil lawsuit under 42 U.S.C. § 300aa–22 as well as ignored the actuality that the **NCVIA** violates the Seventh Amendment's requirement that "the right of trial by jury shall be preserved" in State civil lawsuits, which are "Suits at common law" or, in Louisiana[22], the equivalent thereof.

In place of effectiveness in preventing disease, the government, vaccine makers, and vaccination apologists and acolytes incessantly speak of indirect antibody-based vaccination efficacy estimates.

---

21 BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL. CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT. SUPREME COURT OF THE UNITED STATES Syllabus No. 09–152. Argued October 12, 2010—Decided February 22, 2011. Cite as: Bruesewitz v. Wyeth, 562 U.S. ___, 131 S. Ct. 1068 (2011).

22 Louisianna is a State whose legal system is primarily based on French and Spanish codes with some common law influences, as opposed to being built on English common law, which forms the general basis of the legal systems in the other States.

In addition, as evidenced in a recently unsealed 2010 *qui tam* lawsuit[23] filed against the vaccine maker Merck & Co., Inc for defrauding the federal government by conspiring to falsify the efficacy values for the mumps component in two of Merck's vaccines, M-M-R® II and ProQuad® (an MMRV vaccine), and thereby selling the federal government the aforesaid adulterated vaccines, Merck & Co., Inc. has apparently been knowingly defrauding the federal government for *more than* a decade by falsifying testing records to artificially maintain a "95-plus %" mumps efficacy rate, which is critical to Merck's maintaining its ongoing vaccine monopolies for MMR and MMRV in the USA and elsewhere.

While, unlike Kaur, who closes with implicitly vaccination-targeted concerns about jeopardizing "*the health of a child or the public*" with "*in order to please religious or moral beliefs*", the medical profession should have no problem with permitting those who have sincerely held religious beliefs to freely exercise them because such beliefs are part of the unalienable Rights stated in the Declaration of Independence and affirmed in the First Amendment to the Constitution of the USA, or with those who have philosophical/conscientious beliefs that oppose vaccination to exercise them because these individuals are not seeing or experiencing the positive outcomes that are claimed to follow vaccination.

Perhaps, to the extent that such exemptions are increasing, these increases should be viewed in a positive light – as a means to encourage the vaccine makers, seeking to maintain their vaccine markets, to improve the safety of their FDA-approved vaccines since the vaccine makers are shielded from being sued in a civil court when their vaccines cause serious harm to a given recipient.

Moreover, Dr. King is perplexed by Simran Kaur's failure to be concerned about an Establishment in which public health officials, governmental agencies, the vaccine makers and all those who are their agents knowingly inflate and/or "invent" vaccination-supporting information and are continually engaged in providing "junk science" studies to support their views about the safety, effectiveness and cost-effectiveness of the various vaccination programs, while suppressing or concealing information concerning the failure of vaccination programs to provide the claimed levels, and durations, of "disease protection",

---

[23] United States of America *ex rel*. Stephen A. Krahling amd Joan L. Wlichowski Plaintiffs v. Merck & Co.,Inc. Case 2: 10-cv-04374-CDJ, Document 12 Filed 04/27/2012. U.S. District Court for the Eastern District of Pennsylvania. Amended complaint unsealed and filed on 27 April 2012. Accessed via link in http://vaccinesafetycouncilminnesota.org/merck-sued-over-mumps-vaccine-research/, last accessed on 20 October 2013. Also, see the 14 May 2013 article, http://www.ageofautism.com/2013/05/protocol-007-merck-denies-fraud-says-mumps-vaccine-works-but-feds-seek-new-vaccine-as-cases-spread.html.

much less disease immunity, to the vaccinees while continually expanding the number of doses of vaccines that are required, the list of recommended vaccines, and the prices that are to be paid for each dose of vaccine.

Finally, whenever a vaccine-covered disease "re-emerges" or the nature of the causative organisms changes, the only solutions that are proposed are "more doses of vaccine" or, for mutations, a vaccine with an expanded number of "serogroups" or "strains", even though both increase the fiscal costs of the vaccination program and the physical harm done to an increasing number of children and adults who are "recommended" or "mandated" to be vaccinated with them.

Dr. King's Closing Remarks

Hopefully, after reading this in-depth review of Simran Kaur's letter and studying the supporting references that this response provides, all will, at a minimum, understand that the admonitions, propaganda, and "evidenced based" claims about vaccine, vaccination and their "benefits and theoretical risks" have little to do with the intrinsic safety, disease-prevention effectiveness, and medical cost-effectiveness of any of the current vaccination programs.

Hidden behind the vaccine apologists and acolytes mantras, slogans, propaganda, and "tobacco science" studies is the reality that the current ever-growing and enlarging childhood and, increasingly, adult vaccination programs have everything to do with, *at any cost*, growing mass vaccination programs for the profit of the Establishment, including the federal government, at the expense of the long-term health and prosperity of the people.

Acknowledgements

For contributing valuable insights and providing their personal experience-based knowledge in various areas, Dr. King thanks Mayer Eisenstein, MD, JD, MPH; Gary S. Goldman, PhD; Boyd E. Haley, PhD; Melissa and Doug Troutman; Eileen Dannemann; Brian Hooker, PhD; Janet K. Kern, PhD; Catherine J. Frompovich; Neil Z. Miller; Mark R. Geier, MD, PhD; and David A. Geier.

In addition, Dr. King specifically thanks Catherine J. Frompovich, Melissa Troutman, Gary S. Goldman, and Eileen Dannemann for their

support, suggestions, corrections and alternative wordings, which helped him to finalize this response.

About the Responder, Paul G. King, PhD

In addition to the information that is available on his Internet web site, http://www.dr-king.com/, Dr. King is the Science Advisor to the Coalition for Mercury-Free Drugs (CoMeD, Inc., which is a 501(3)(c) not-for-profit corporation (http://www.mercury-freedrugs.org/) as well as the Science Advisor to the National Coalition of Organized Women (NCOW).

Dr. King has, on several occasions, drafted legislation for submission to the Congress of the USA as well as to the legislatures of various States, submitted cogent comments in opposition to proposed changes to federal and state regulations that are not in the public interest or appear to be at odds with the law, reviewed numerous documents, and written articles on a multiplicity of vaccine-related and other scientific issues.

In addition, he has been an author of papers bearing on issues related to the toxicity of Thimerosal and other compounds and, if any, their connection to a range of chronic neurodevelopmental, other developmental and behavioral abnormalities that appear to be well-above (> 1 in 10 children; asthma and obesity), above (> 1 in 100 children; the autism spectrum disorders), at (> 1 in 1000 children; non-genetic childhood type 1 diabetes), or approaching (peanut allergy) epidemic childhood levels in the USA.

More recently, Dr. King was the co-author of a paper[24] that reviewed the United States universal varicella vaccination program in the journal ***Vaccine*** with Gary S. Goldman, PhD.

This paper established that the current CDC-recommended two-dose vaccination program was neither truly effective in preventing all of those who are twice vaccinated from getting chickenpox nor, since it greatly increases the public's risk of having clinical cases of shingles, even societally cost-effective for universal use.

Finally, Dr. King was also one of the authors of a paper in the ***Int. J. Environ. Res. Public Health***, where the lead author was Janet K. Kern, PhD. This paper reviewed Thimerosal exposure and the roles of sulfation chemistry and thiol availability in autism[25].

---

[24] Goldman GS, King PG. Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data. *Vaccine* 2013 March 25; 31(13): 1680-1684 (open access) [http://www.sciencedirect.com/science/journal/0264410X/31/13, article "6"].

[25] Kern JK, Haley BE, Geier DA, Sykes LK, King PG, Geier MR. Thimerosal Exposure and the Role of Sulfation Chemistry and Thiol Availability in Autism [Review]. *Int. J. Environ. Res. Public Health* 2013 Aug, 10, 3771-3800, which can be accessed at http://www.mdpi.com/1660-4601/10/8/3771/pdf.