

# Facility Automation Management Engineering Systems (*FAME Systems*)

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Friday, 21 February 2014

On 17 January 2014, Paul G. King, PhD, downloaded an on-line January 16, 2014 article by "DEREK BERES", that was titled "Faith Is No Excuse for Avoiding Vaccinations" from <http://bigthink.com/21st-century-spirituality/faith-is-no-excuse-for-avoiding-vaccinations-2>.

Dr. King's response to that article follows these introductory remarks and a "table of contents" page.

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This analytical response is titled "Response to 'Faith Is No Excuse for Avoiding Vaccinations'".

## Introductory Remarks

First, each portion of article'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 from the item's text, the quoted portions of the text are 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<sup>[a]</sup>, scientifically sound, peer-reviewed-published-substantiating documents or, for the theological points, in-context of Judeo/Christian scripture or other religion's holy texts, which negates the religious points expressed by this respondent, please submit that information to Dr. King so that he can improve his understanding of factual and/or theological reality and, where appropriate, revise his views and this formal response.

Respectfully,

<S>

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<sup>[a]</sup> 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.

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## Response to “Faith Is No Excuse for Avoiding Vaccinations”

### INTRODUCTION

First and foremost, if by “*Faith*”, David Beres, who holds a “degree in Religion”<sup>1</sup>, is speaking of a “religion-based belief in God”, then religious faith cannot be considered an excuse for any action, including “*Avoiding Vaccinations*”, but, rather, a spiritual reason that is validated by the spirit (or soul) that dwells within each believer.

Thus, in faith, those who reject vaccination on “religious grounds”, be they Buddhist, Christian, Hindu, Jewish, Muslim, Shintoist, Taoist, or individual in nature, do so because their current faith permits them to recognize that being inoculated with today’s vaccines is a violation of “the temple of God” and of “the Spirit of God” that dwells within each of us<sup>2</sup>.

From a Christian viewpoint, one can reflect on the words of Jesus Christ in “Christ’s sermon on the mount” as recorded in the **Authorized King James Bible**, “THE GOSPEL, ACCORDING TO ST. MATTHEW,” Chapter 7, beginning in verse “15”,

“Beware of false prophets, which come to you in sheep’s clothing, but inwardly they are ravening wolves. Ye shall know them by their fruits. Do men gather grapes of thorns, or figs of thistles?”

Then, one need only ask: Are those pharmaceutical companies that manufacture vaccines:

1. Law abiding and/or driven by fundamental goodness or
2. Law breakers that:
  - a. Place their love of profit above all else;
  - b. For vaccines, have essentially obtained a proverbial “get-out-of-jail card” for the serious harm that their vaccines may cause to some; and
  - c. Are not even required to prove that their vaccines actually prevent the diseases for which their vaccines are prophylactically administered?

Based on the preceding, how can a Christian, who truly believes in God through His Son, Jesus Christ, allow any vaccine to be given to himself or herself or to his or her children or wards?

Moreover, for those of other faiths, Dr. King would ask that you

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<sup>1</sup> <http://www.derekberes.com/about/>, last accessed on 3 February 2014.

<sup>2</sup> **Authorized King James Bible**, 1<sup>st</sup> Corinthians, Chapter 3, verse 16, “Know ye not that ye are the temple of God, and *that* the Spirit of God dwelleth in you?”

provide him with the passage or passages in your faith's Holy Writings that express the same or similar sentiments as the passages that Dr. King has cited (1<sup>st</sup> Corinthians 3:16) or directly quoted in this response (Matthew 7:15 and 7:16).

## THE REVIEW

“One year ago *Denver Post* reporter Michael Booth found that nearly half of children in the United States are under-vaccinated. A massive study of 320,000 children ages two to seven also revealed that the number of parents refusing or waiting to vaccinate their children has steadily increased since 2004.”

### The Vaccination Records Studied and Vaccination Realities in the USA Today

Based on the linked “*Denver Post*” article by “reporter Michael Booth”, embedded in “*undervaccinated*” ([http://www.denverpost.com/ci\\_22419213/nearly-half-u-s-children-are-undervaccinated-new?IADID=Search-www.denverpost.com-www.denverpost.com](http://www.denverpost.com/ci_22419213/nearly-half-u-s-children-are-undervaccinated-new?IADID=Search-www.denverpost.com-www.denverpost.com)), Mr. Beres’ “*nearly half*” seems to be (emphasis added) “48.7 percent of children under 24 months were under-vaccinated by at least one day between 2004 and 2008”.

As described in the linked “*Denver Post*” article, the basis study seems to have been designed to maximize the percentage of the children studied, who were less than 24 months of age and, *for any reason even missing the recommended vaccination schedule for any vaccine by one day*, would have been “under-vaccinated”.

However, a 2009 National Immunization Survey (NIS), “National, State, and Local Area Vaccination Coverage Among Children Aged 19--35 Months --- United States, 2009”, published in ***Morbidity and Mortality Weekly Report***<sup>3</sup>, the official journal for the U.S. Centers for Disease Control and Prevention (CDC), reported that the “percentage of children who have not received any vaccines remained low (<1%)”, where one must presume that this mainly represents those parents and individuals who had religious reasons for rejecting all vaccination.

In addition, that study reported,

“The most recent NIS data indicate that vaccination coverage increased in 2009 compared with 2008 for HepB birth dose (from 55.3% to 60.8%) and HepA (from 40.4% to 46.6%), but coverage for PCV [pertussis-containing vaccine] (≥4 doses) remained stable (80.4%). Full coverage for rotavirus vaccine was 43.9% among children born within 2 years of licensure (1). Coverage for poliovirus (92.8%), measles, mumps, and rubella (MMR) (90.0%), hepatitis B (HepB) (92.4%), and varicella (VAR) (89.6%) vaccines

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<sup>3</sup> [National, State, and Local Area Vaccination Coverage Among Children Aged 19--35 Months --- United States, 2009. \*MMWR\* 2010 Sep 17; 59\(36\): 1171-1177](#), last accessed on 8 February 2014.

continued to be at or near the national health objective of 90%, although coverage for MMR and HepB vaccines decreased slightly in 2009” ,

percentages that indicate that, in general, the vaccination levels for children 18 to 35 months of age were typically above 80% for age-appropriate coverage with the percentages close to, or above, 90% for the older vaccine requirements.

Furthermore, a 2011 study of vaccination in kindergarten children for the 2010-2011 school year<sup>4</sup> noted (emphasis added),

“Findings from this report showed that, in general, coverage rates for most recommended vaccines among children entering kindergarten were  $\geq 90\%$ ; however, some grantees were below the Healthy People 2020 target of  $\geq 95\%$  coverage” ,

which, based on

“The findings in this report are subject to at least three limitations. First, the variation of required vaccinations and assessment methods among kindergarten children across grantees and over time limits comparability of data. Second, data included in this report are a cross-sectional representation of vaccination coverage and exemption rates at one point in time; therefore, students who were in the process of obtaining required vaccines or claiming an exemption, as allowed by local policy, might not be accounted for in the reported estimates. Consequently, vaccination coverage and exemption rates might be underestimated for some grantees (the level of unaccounted for students ranges from 0% to 17.5%)” ,

underestimated the percentage of children that met the vaccination requirements for attending kindergarten.

Thus, the pattern of under-vaccination appears to indicate that, statistically, the cause is vaccination delay – not vaccination exemption *per se*.

Moreover, from the data in the study of kindergarteners, for the eleven (11) states that reported data for both philosophical and religious exemptions in the cited “TABLE 3. Number and percentage of children enrolled in kindergarten who had a reported exemption\* to vaccination, by type of exemption and state/area --- United States, 2009--10 school year” (for Arkansas, Idaho, Louisiana, Maine, Michigan, North Dakota, Oklahoma, Utah, Vermont, Washington and Wisconsin):

- The percentage of children with a “Religious” exemption ranged from roughly 0.06% to 0.59% of the students in school, with a percentage mean of 0.20<sub>4</sub>%  $\pm$  0.15<sub>7</sub>% (SD) [**note:** this standard deviation [SD] value indicates that these exemption percentages are not uniformly distributed],
- Except for Arkansas, the percentage of enrollees with a “Religious” exemption was generally less than the percentage with medical exemptions for the ten (10) states (North Dakota

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<sup>4</sup> [Vaccination Coverage Among Children in Kindergarten --- United States, 2009--10 School Year. \*MMWR\* 2011 June 3; 60\(21\): 700-704.](#)

allows, but did not report, medical exemption data) that reported percentages for all three (3) types of vaccination exemption, where, for “Medical exemption”, the mean percentage was  $0.45_0\% \pm 0.30_3\%$  (SD) [**note:** this standard deviation [SD] value indicates that these exemption percentages are not uniformly distributed], and

- On average, the percentage of enrollees in the 10 states with a “Religious” exemption was half of the average percentage for those with a “Medical exemption”.

Thus, it appears, if there is any exemption-increase concern, that concern appears to be greatest in states with the more restrictive exemption laws for school vaccination — those that do not offer all three (3) types of exemption: medical, philosophical, and religious.

However, in general, the CDC-recommended childhood vaccination schedule in the United States of America (USA) recommends the most doses of the most vaccine “actives”<sup>5</sup> of any developed nation with apparent negative infant-mortality effects<sup>6</sup>.

Moreover, giving more vaccination actives at once, as the CDC’s recommended vaccination schedule permits and the move to combination vaccines containing multiple-disease actives in the USA fosters, has apparently caused, or contributed to, an increase in infant hospitalizations and infant mortality<sup>7</sup>.

To Dr. King, the public’s push-back against the recommended vaccination schedule in the USA has more to do with those who have concerns about the safety of vaccines than it does about those whose current personal religious convictions, for whatever reason, compel them to reject vaccines and vaccination.

## A Retrospective Study of Vaccination Records

Second, as more than 3.9 million children were being born each year in the early 2000s, the number of children 2 to 7 years of age would have been roughly 19.5 million children, making a study of the vaccination records for “320,000” children, a study of about 1.6% of the birth-through-24 months vaccination records for children between 2 to

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<sup>5</sup> By “actives”, Dr. King means those antigenic or live substances added to a vaccine formulation to purportedly cause the human immune system to generate antibodies or other protections against the disease or diseases against which that vaccine formulation is claimed to provide protection to some who are inoculated with that vaccine.

<sup>6</sup> 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\(9\): 1420-1429.](#)

<sup>7</sup> 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; 31\(10\): 1012-1021.](#)

7 years of age in the United States of America (USA), large, but *less than "massive"*.

In addition, the study was a retrospective study of the children's inoculation records kept by certain "Kaiser Permanente" managed care organizations (MCOs), not the children, and the medical records are from children residing in only 7 states – possibly raising issues of population representativeness vis-à-vis the 50 states and the District of Columbia.

### **Increases in Medical and Philosophical Exemptions Caused by Increases in the Recognized Level of Harm**

Third, in many of the states studied, in addition to, and/or instead of, a religious exemption from vaccination, the laws of some of the states in the study allowed a philosophical exemption from vaccination as well as a medical exemption that all states' "public"-school-attendance vaccination laws and regulations seem to allow.

Furthermore, based on the NHANES studies of children's health<sup>8</sup>, the overall health of children in the USA, *as measured by their level of chronic childhood medical conditions*, has been significantly declining since 1994, if not before.

Consequently, in addition to an increase in religious (faith-based) reasons for declining to vaccinate, there was an increase in both philosophical and, *based on a recognized increasing level of sickness in chronically ill children*, medical reasons for non-compliance with the vaccination recommendations for children up to 24 months of age.

Finally, *also about one year ago*, a survey study interim report<sup>9</sup> found that unvaccinated children were two (2) to five (5) times healthier than the general population of vaccinated children, findings sim-

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<sup>8</sup> <http://www.medscape.com/viewarticle/717030>, last visited in 20 August 2013 [MedScape account is needed to access articles] (emphasis added),

"February 16, 2010 — The rate of chronic health conditions among children in the United States increased from 12.8% in 1994 to 26.6% in 2006, particularly for asthma, obesity, and behavior and learning problems, according to results of a new prospective study published in the February 17 issue of the Journal of the American Medical Association" and "The end-study prevalence of any chronic health condition was 12.8% (95% CI, 11.2% - 14.5%) for cohort 1 in 1994, 25.1% (95% CI, 22.7% - 27.6%) for cohort 2 in 2000, and 26.6% (95% CI, 23.5% - 29.9%) for cohort 3 in 2006"

In addition, the article stated, "Cohort 3 had the highest prevalence of having a chronic condition at any time of the study period — 51.5% (95% CI, 47.3% - 55.0%)".

<sup>9</sup> <http://www.nyrnaturalnews.com/children-2/2013/01/survey-shows-unvaccinated-children-get-sick-less-often/>, "Survey shows unvaccinated children get sick less often" posted on 13 January 2013. Currently, in a survey project started by Andreas Bachmaire, a practicing homeopath, in 2010, data for the unvaccinated/never vaccinated children is being compared to the health outcomes reported in the national German KIGGS health study of German children in the general population, though the project has begun to also collect survey data on vaccinated children. For the most recent reporting of the ongoing study's findings, please visit <http://www.vaccineinjury.info/vaccinations-in-general/health-unvaccinated-children/survey-results/illnesses.html>." The January 2013 interim results have found that unvaccinated children are 2 to 5 times healthier than the general mostly-vaccinated population of children, depending on the chronic disease being compared.

ilar to those in a 2005 report from New Zealand<sup>10</sup> that reviewed two (2) earlier health comparative studies.

Therefore, it is obvious to Dr. King that the attempt to tie the observed increase in exemptions to those based on faith (religious exemption) is misleading, as Mr. Beres fails to address the percentage of the increase in exemptions that were exercised for medical reasons, which generally exceed those elected for religious reasons.

Where available, the exemptions from vaccination for attending "school" for philosophical reasons seem to greatly exceed the exemptions for both religious and medical reasons.

Thus, Dr. King is not surprised that parents are increasingly not only questioning vaccine safety but also moving to delay vaccination until their children are older, opt out of certain vaccine inoculations or, *for medical, philosophical, or religious reasons*, decline to vaccinate their children and/or wards and/or themselves.

"Booth was featured on a recent episode of On Point Radio, discussing Colorado's recent pushback against the anti-vaccine movement. The state is particularly interested in the parents of children who are refusing vaccinations for whooping cough and measles, two diseases thought to have been conquered though have recently seen a disturbing uptick—Booth reports that 5-6% of children are coming into school without proper vaccinations.

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<sup>10</sup> Though no longer available on their web site (<http://ias.org/nz>), in 2005, the Immunisation Awareness Society of New Zealand published a "Special Report" titled "UNVACCINATED CHILDREN ARE HEALTHIER" written by "Sue Claridge". This report, comparing 226 vaccinated children and 269 similar unvaccinated children stated,

"The results overwhelmingly showed that unvaccinated children suffer far less from chronic childhood conditions than vaccinated children. The results are summarised in the table and graph on the opposite page [not included here].

The survey results showed that there was a significant difference in the incidence of asthma, eczema, and ear infections in vaccinated and unvaccinated children. While overall the incidence of grommets, tonsillitis, tonsillectomies, apnea and hyperactivity were lower the trend is similar. Note the ten-fold increase in tonsillitis in vaccinated children and the complete lack of tonsillectomies in unvaccinated children. In the vaccinated, 73% of the cases of tonsillitis and 92% of the tonsillectomies were in children who had received the measles vaccines. As only 52% of the total vaccinated children received a measles vaccine, one would expect about 52% of the tonsillitis/tonsillectomies to occur in children to [sic] have had the vaccine. The higher rate of tonsillitis and tonsillectomy in recipients of the measles vaccine suggests that the vaccine made some children more susceptible to tonsillitis"

Though not discussed in the report's text, the data for hyperactivity, epilepsy, and slow development in the figure provided indicated that vaccination was a causal factor for all three of these medical conditions and an apparently exclusive factor for cases of epilepsy.

In addition, this "Special Report" also contained the following passage about the findings in a previous 1977 survey study, when fewer vaccines and vaccine doses were administered,

"In other research, a study of 1265 Christchurch children born in 1977 found that ten of the unvaccinated children had asthma or had had doctors consultations for asthma or allergic conditions.

'The 23 children who received no diphtherial pertussis tetanus (DPT) and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic illness before age 10 years; in the immunized children, 23.1 % had asthma episodes, 22.5% asthma consultations, and 30.0% consultations for other allergic illness.

Similar differences were observed at ages 5 and 16 years.'

While this was a very limited study, particularly in terms of the numbers of unvaccinated children that were involved and the range of chronic conditions investigated, it provides solid scientific evidence in support of considerable anecdotal evidence that unvaccinated children are healthier than their vaccinated peers."

Based on these two (2) surveys, it was clear that vaccines are a causal factor in chronic childhood medical conditions.



## A “Straw Man”, Two Diseases, and Vaccine-Uptake Concerns?

Here, Mr. Beres begins by introducing a movement, “*the anti-vaccine movement*”, seemingly his “straw man” for those whose religious faith compels them to reject vaccination.

Furthermore, since the article purports to address issues of faith based on its title, “*Faith Is No Excuse ...*”, his remarks are either inappropriate or he should have titled his article something like, “Being Anti-vaccine Is No Excuse ...”.

Moreover, his “*Colorado's recent pushback*” attempts to portray the actions of some in Colorado’s government and some with vested interests in increasing the number of vaccines and vaccine doses administered as if these were the actions of the entire state.

Next, continuing his distortion of reality, Mr. Beres states,

*“The state is particularly interested in the parents of children who are refusing vaccinations for whooping cough and measles, two diseases thought to have been conquered though have recently seen a disturbing uptick”*,

which again misportrays those who are “*interested in the parents ... who are refusing vaccinations*” as if they were the “*state*”.

Finally, as written, Mr. Beres’ statement contains a textbook example of a clause, “*two diseases thought to have been conquered though have recently seen a disturbing uptick*”, which has no real meaning.

## Whooping Cough and Pertussis Vaccination: Reality vs. Rhetoric

In addition, recent studies have clearly proven that the vaccines used to “prevent” whooping cough (the pertussis-containing vaccines), **a)** are, at best, not effective and **b)** at worst, have increased the risk of contracting the disease by **i)** creating disease carriers; **ii)** providing only limited-duration protection to most of those who are vaccinated; **iii)** creating mutated strains of the principal causative organism, *Bordetella pertussis*; **iv)** suppressing the longer-duration natural disease protection to all human-infective species of *Bordetella* that having the disease “pertussis” naturally provides; **v)** increasing the risk of exposure for those too young to be vaccinated; and **vi)** opening up the biological niche that *Bordetella pertussis* filled to other *Bordetella species* and other respiratory-system-infective organisms<sup>11</sup>.

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<sup>11</sup> See, [http://dr-king.com/docs/120806\\_PGKDrftRevu\\_Anti\\_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs\\_fnlr2b.pdf](http://dr-king.com/docs/120806_PGKDrftRevu_Anti_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs_fnlr2b.pdf), [http://dr-king.com/docs/120829\\_DrftRevu\\_VaccinationFearsAreOnlyUppingDanger\\_fnl\\_b.pdf](http://dr-king.com/docs/120829_DrftRevu_VaccinationFearsAreOnlyUppingDanger_fnl_b.pdf), pages 7-11.

## Measles and MMR Vaccination: Reality vs. Rhetoric

When it comes to measles, natural infection by a measles virus has been replaced by multiple (currently, at least two [2] doses are recommended) infections (by injection, an abnormal exposure mode) of most all children with a man-made live-virus measles, mumps and rubella (Merck's M-M-R<sup>®</sup> II) vaccine or a man-made live-virus measles, mumps, rubella and varicella (Merck's ProQuad<sup>®</sup>) vaccine that contains an artificial strain of live measles virus, which is known not to provide the long-term individual protections or, for females, the levels of maternal immune protections to the nursing infant, which having a natural measles infection and recovering from it provide.

Therefore, instead of having been "*conquered*", the natural measles viruses have simply been displaced<sup>12</sup> by an artificial measles virus contained in the Merck M-M-R<sup>®</sup> II and ProQuad<sup>®</sup> vaccines, like the viruses for all of the diseases for which man-made derivative live-viruses are used to multiple inoculations of children to protect them from contracting the "wild"/natural diseases.

Thus, much of the harm, including death, which having measles may cause, has been transferred

- From a rigorous, active, state, monitoring, "notifiable disease" program (*where, by law, all of the suspected cases must be reported and appropriately confirmed, and the identification of all contacts for the confirmed cases must be attempted to ensure that all cases are located and quarantined until the cases are no longer contagious*)
- To a voluntary program (the "Vaccine Adverse-Events Reporting System" [VAERS]), where the level of reporting is generally *less than 10%* of all instances with *no more than 1%* reporting for the most serious events, including death<sup>13</sup>.

Since the harm caused by the "measles" vaccination program, where the M-M-R II and ProQuad vaccines are used, is either not reported (e.g., cases of vaccination-caused measles) or grossly under-reported (e.g., the VAERS reports which typically miss 90% to, for the most serious adverse reactions [permanent disability and death], 99-

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<sup>12</sup> See, **a)** [http://dr-king.com/docs/120829\\_DriftRevu\\_VaccinationFearsAreOnlyUppingDanger\\_fnl\\_b.pdf](http://dr-king.com/docs/120829_DriftRevu_VaccinationFearsAreOnlyUppingDanger_fnl_b.pdf), pages 6-7 and 14-20, **b)** [http://dr-king.com/docs/120127\\_RevisdDrft\\_RevuOfAutismControvrsyNeedForResponsibleScienceJournlsm\\_b.pdf](http://dr-king.com/docs/120127_RevisdDrft_RevuOfAutismControvrsyNeedForResponsibleScienceJournlsm_b.pdf), pages 16-20, and **c)** [http://dr-king.com/docs/130906\\_Mealses\\_MeaslesVaccinationRealities\\_AFormlRspnseToEndangeringTheHerd\\_final\\_br1.pdf](http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRspnseToEndangeringTheHerd_final_br1.pdf), 42 pages.

<sup>13</sup> 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.

plus% of the instances where such occur), these realities allow our public health officials to exaggerate the “success” of the measles vaccination program while *knowingly* concealing its shortcomings from the public (including, but not limited to, atypical measles, vaccine-strain measles, permanent disability and death as well as shorter-duration and incomplete protection from re-infection following any subsequent exposure to the measles virus and a lesser capability for pregnant women to pass an effective level of immune factors to her offspring though her breast milk).

In essence, the public has been deceived into trading:

- ❑ The inconvenience of natural measles infections, which:
  - a. Requires supportive care and dietary supplementation, which is less amenable to being “scheduled”;
  - b. Provides broad near-lifetime disease-protective benefits and lifetime, or near-lifetime, protection from getting measles again;
  - c. Provides sufficient levels of immune factors in the females who have recovered from measles so that, when they have children and, as God/nature intended, breastfeed them for more than a year, provide measles-protective factors to their offspring that last for 12 months or more – the period of time in which having measles is more dangerous to the child’s overall health; and
  - d. Does not require any rigorous public health “measles case” isolation and quarantine program;
- ❑ For the “convenience” of artificial, vaccine-induced, limited-duration (lasting from *about* 5 years to *less than* 25 years after the last inoculation) measles protection to *no more than* 95% of those doubly vaccinated from their subsequently being at risk from contracting natural measles, which:
  - a. Is provided by doubly infecting children with man-made live measles, mumps, rubella, and, increasingly, varicella viruses at the same time;
  - b. Causes serious harm and deaths comparable to, or in excess, of what would have occurred from natural measles by the Establishment’s hiding the harm from the vaccination program with a weak voluntary

- adverse-events reporting system that has no penalties for any failure to report;
- c. Provides less than sufficient immune factors such that vaccinated females who nurse their children pass lower-to-no levels of these measles-protective immune factors to their offspring, which greatly increases their children's risk of having measles when their children's immune system is not capable of properly handling the measles virus; and
  - d. Requires a rigorous identification and quarantine system to isolate and quarantine any natural measles case to prevent most of those who have been vaccinated from exposure to the infectious virus being shed by the natural cases of measles that would cause most of those who have been vaccinated to develop a full-blown natural measles infection.

### **Diversion from the Critical Issue: Childhood Chronic Disease**

Rather than being concerned about the "5-6% of children" who "are coming into school without proper vaccinations", Mr. Beres should be concerned about the more than 50% of our children (see footnote "4") who are coming to school with one or more chronic childhood illnesses that are absent, or occur at significantly lower levels, in the unvaccinated children and the never-vaccinated children who were initially healthy at birth (see footnotes "6" and "7").

"When mentioning vaccinations, first to mind is often the controversy over their role in causing autism, as most famously declared by Andrew Wakefield. Booth notes that his work has been discredited time and again, although doctors often hear it used as an excuse as to why parents still refuse to vaccinate."

### **The Actual Initial Nexus Between Vaccination and Autism**

Here, Mr. Beres begins by "*mentioning vaccinations*" in the context of "*the controversy over their role in causing autism*", which he attributes to Dr. Andrew Wakefield.

However, both Mr. Beres and Mr. Booth are mistaken because the first doctor to address the connection (nexus) between vaccination and

autism was Dr. C. Eggers, who did so in 1976<sup>14</sup>, two decades before Dr. Wakefield reported in 1998 that the parents, not Dr. Wakefield, a gastroenterologist, suspected a connection between the MMR vaccination their children (who had a previously unidentified form of bowel disease) had received and their children's regression into "autism".

Unfortunately, the article Mr. Beres links to the term "discredited", [http://www.nytimes.com/2011/04/24/magazine/mag-24Autism-t.html?pagewanted=all&\\_r=2&](http://www.nytimes.com/2011/04/24/magazine/mag-24Autism-t.html?pagewanted=all&_r=2&), is a newspaper piece, "The Crash and Burn of an Autism Guru".

His link is not, as it should have been, to a peer-reviewed publication that proves that the findings reported by Dr. Wakefield and the other authors in a now-withdrawn peer-reviewed paper<sup>15</sup> in the *Lancet* are "false" – the reported findings – *not the parents' reported views*.

To be proven "false", the reported findings would have had to have been proven to be *not* supported by other subsequent studies, which replicated<sup>16</sup>, *not attempted to replicate*<sup>17</sup>, various aspects of the "Wakefield" study in another group of similarly impacted children who developed similar gastrointestinal problems after they were given an MMR inoculation, had other clinical gastrointestinal etiologies, and/or where these studies also included a similar control group.

"During the show, On Point host Tom Ashbrook points out the myriad reasons that parents are opting out. While there is certainly an argument for over-vaccination, the most disturbing trend is not receiving the shots for religious reasons."

## Vaccination Issues: Safety, Choice, Coercion, Profit and Disease Spread

Here, Mr. Beres begins with "On Point host Tom Ashbrook points out the

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<sup>14</sup> Eggers C. [Autistic syndrome (Kanner) and vaccination against smallpox (author's transl)]. *Klin Padiatr*. 1976 Mar; 188(2): 172-180, (emphasis added):

"Abstract

3-4 weeks following an otherwise uncomplicated first vaccination against smallpox a boy, then aged 15 months and last seen at the age of 5 1/2 years, gradually developed a complete Kanner syndrome. The question whether vaccination and early infantile autism might be connected is being discussed. A causal relationship is considered extremely unlikely. But vaccination is recognized as having a starter function for the onset of autism".

<sup>15</sup> Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; 351:637-641.

<sup>16</sup> a. Uhlmann V, Martin CM, Sheils O, Pilkington L, Silcva I, Killalea A, Murch SB, Walker-Smith J, Thomson M, Wakefield AJ, O'Leary JJ. Potential viral pathogenic mechanism for new variant inflammatory bowel disease. *Mol Path* 2002;55:84-90 doi:10.1136/mp.55.2.84.  
b. Krigsman A, Boris M, Goldblatt A, Stott C. Clinical presentation and Histologic Findings at Ileocolonoscopy in children with Autistic spectrum Disorder and chronic Gastrointestinal symptoms. *Autism Insights* 2010; 2: 1-11.  
c. Kawashima H, Mori T, Kashiwagi Y, Takekuma K, Hoshika A, Wakefield AJ. Detection and Sequencing of Measles Virus from Peripheral Mononuclear Cells from Patients with Inflammatory Bowel Disease and Autism. *Digestive Diseases Sciences* 2000 Apr; 45(4): 723-729.

<sup>17</sup> Hornig M, Briese T, Buie T, et al. Lack of association between measles virus vaccine and autism with enteropathy: a case-control study. *PLoS ONE* 2008; 3: e3140.

*myriad reasons that parents are opting out" and appears to accept that, "there is certainly an argument for over-vaccination".*

Then, without establishing any basis or citing any authority, Beres asserts, *"the most disturbing trend is not receiving the shots for religious reasons".*

Having addressed one fundamentally valid reason why people who are truly religious might reject vaccination for themselves and their children and/or wards and that, in most states, the laws and regulations governing mandated vaccinations provide religious exemptions for those in schools, the constitutions in most states and the Constitution of the USA provide for religious freedom and bodily integrity that includes the right, absent the risk of imminent death, to reject any medical treatment; and Civil Rights law demands that employers reasonably accommodate their workers' religious beliefs in the workplace, Dr. King would ask,

"Is Mr. Beres disturbed by the increase in those who assert their religious belief (faith) that vaccination is not in keeping with their religious faith, when that number is probably less than 1%?"

or

"Is Mr. Beres simply disturbed by the decrease in vaccinations for any reason because, in general, the request for all exemptions is generally trending upward?"

From the tenor of this article, it seem to Dr. King that Mr. Beres' concerns are more focused on the loss of revenue to the vaccine manufacturers, the vaccinators, and, of course, the federal government than on the overall health of those who are vaccinated – a subject that Mr. Beres does not address.

Furthermore, Dr. King notes that, if vaccines and vaccination were the panaceas for health that they are claimed to be, there would be no need for any mandates for vaccination in school or the workplace.

Finally, if "population protection", mistakenly called "herd immunity", were a requirement for limiting disease spread, then:

- a. Based on animal populations, where true "herd immunity" has been observed, the vaccination coverage would only need to exceed 65% in children for virtually all children to be protected – but outbreaks of measles have occurred in the USA even groups of children who had been previously 100%-vaccinated against measles, and

- b. Given that, for example, the percentage of the vaccinated population of the USA that currently has any protection from measles is less than 50 %, we should be experiencing widespread outbreaks and epidemics of measles in the USA.

However, there are no epidemics of measles, the “most contagious infectious childhood” disease in the USA, for which there are multiple (2 or, in some instances, more) recommended vaccinations, but only limited “outbreaks” in various locations at various times.

Therefore, absent any intentional widespread disease exposures, the current public health quarantine, contact identification, and diagnostic programs are more than adequately controlling measles spread.

Thus, vaccination coverage/exemption is a proverbial “red herring” designed to increase vaccine coverage, which increases the profits of those entities that directly and indirectly profit from increasing the public consumption of vaccine doses, while the current public health interdiction and quarantine programs, and not vaccination programs per se, are clearly what are really protecting the U.S. public from epidemics/pandemics of measles and the other highly contagious infectious childhood diseases.

Finally, all of the live-virus vaccination programs are infecting the inoculees with the very disease(s) for which protection is claimed and, *as a result*, these vaccination programs are actually spreading the vaccine-targeted disease(s) in the live-virus vaccines along with other adventitious organisms and biologically active components throughout the population and, in several instances, into the environment.

“Twenty-one members of the Eagle Mountain International Church in Newark, Texas were infected with measles last year, a disease that was thought to have been eliminated in the United States over a decade ago. In 2010, founder Kenneth Copeland spoke out against vaccinations.

*You don't take the word of the guy that's trying to give the shot about what's good and what isn't.*

His sentiment that God is the only one who makes such a decision is shared by his daughter, Terri, currently the church's pastor.

*So I'm going to tell you what the facts are, and the facts are the facts, but then we know the truth. That always overcomes facts.*

Eventually, notes Ashbrook, Terri said her church would offer vaccinations. Yet she added that if the parishioners do not 'have faith' in the process, they should follow their beliefs more than anything else.”

## Distortion of the Issue of Faith and The Historical Record

First of all, Dr. King has reviewed the information available about this measles outbreak<sup>18</sup> and finds that the statements made here are, at best, a distortion of the realities surrounding the outbreak and the vaccination status of the members of the Texas church congregation in question.

Moreover, as a servant of God through Jesus Christ, how could any pastor, whose views are shaped by their belief in God and in the God-given precepts about which the Apostle Paul charged Christians (emphasis added), "Wherefore, my beloved, as ye have always obeyed, not as in my presence only, but now much more in my absence, work out your own salvation with fear and trembling"<sup>19</sup>, do otherwise than to tell her congregation to "*follow their beliefs more than anything else*"?

"As Paul Offit, chief of the division of infectious diseases and the director of the vaccine education center at the Children's Hospital of Philadelphia, notes, there were 200 cases of the measles across the country in 2013. This is much lower than the 4-5 million cases annually reported before immunizations began, but the fact that any are occurring is troublesome.

Offit notes that while no deaths occurred from measles last year, it might take 600 cases for that to happen, which unfortunately might be what it takes to get people back into the doctor's office again."

### Apologist Tactics 101: Distort the Factual Record

While Dr. King finds that the provisional number of measles cases reported "*across the country*" in 2013 was only "184"<sup>20</sup>, he agrees with Dr. Paul Offit that the notified number of "natural" or "wild" measles cases in 2013 was "*much lower than the 4-5 million cases annually reported before immunizations began*", but Dr. King, who has reviewed the realities associated with both the cases of measles and the outcomes from the measles vaccination programs, does not find that this number is "*troublesome*".

What Dr. King finds troublesome is Offit's failure to articulate the reality that, in 2013, more than 7.8 million were infected with the vaccine-strain of the live-virus causing measles when they were

<sup>18</sup> [http://dr-king.com/docs/131016\\_AFormalScience-basedResponseTo\\_FailuretoVaccinateChildren%20AnUnconscionableTwistofFaith\\_finlr1\\_b.pdf](http://dr-king.com/docs/131016_AFormalScience-basedResponseTo_FailuretoVaccinateChildren%20AnUnconscionableTwistofFaith_finlr1_b.pdf), pages 6-12.

<sup>19</sup> King James Bible, Philippians, Chapter 2, verse 12.

<sup>20</sup> [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6252md.htm?s\\_cid=mm6252md\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6252md.htm?s_cid=mm6252md_w), the "January 3, 2014" issue of the *Morbidity and Mortality Weekly Report (MMWR)* 62(52): ND-719-ND-732, "TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 28, 2013 (52nd week)\*"



inoculated with either the M-M-R II (MMR) or ProQuad (MMRV) vaccines, so that, *though not reported*, there were about 7.8 million infections, roughly 300 vaccine-strain-related measles cases, and hundreds of serious adverse reactions, including roughly 550 MMR/MMRV-vaccination-related deaths in those who were vaccinated<sup>21</sup>.

Thus, in the United States today, the risk of death from receiving a measles-containing vaccine is 100-plus- to roughly 1,000-times higher than dying from contracting measles naturally.

In addition, Offit failed to address the serious adverse reactions<sup>22</sup> associated with getting the M-M-R II and ProQuad vaccines, including, for the measles component, atypical measles, which is a disease condition that is much worse than measles.

"TABLE 12. Number of deaths from selected nationally notifiable infectious diseases — United States, 2003–2009" \*

Disease	No. of deaths ▼							Average Deaths per year** ▼
	2003	2004	2005	2006	2007	2008	2009	
Measles	1	0	1	0	0	0	2	0.57
	56	37	66	55	43	140	71	66.8
	No. of Notified Cases§ ▲							Average ▲ Cases/year¶

\* From [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm?s\\_cid=mm6053a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm?s_cid=mm6053a1_w)

\*\* These values were computed from the CDC-supplied annual deaths.

§ From the various annual summaries of notifiable diseases for the years 2003 – 2009 as reported in the *MMWR*.

¶ These values were computed from the CDC-supplied annual notified cases.

Finally, with respect to Offit's thinking that, "*while no deaths occurred from measles last year, it might take 600 cases for that to happen*", Dr. King notes that, *as shown in the table on this page*, there appears to be no correlation between the number of notified measles cases and notified deaths. [Note: A death was reported when 56 measles cases occurred (in 2003) and no deaths were reported in 2008 when 140 measles cases were reported.]

Dr. King understands that this lack of correlation between deaths and cases is expected in a highly vaccinated population because the number of natural/wild measles cases depends upon the number of imported infections per year and the effectiveness of public health

<sup>21</sup> [http://dr-king.com/docs/130906\\_Mealses\\_MeaslesVaccinationRealities\\_AFormlRspnseToEndangeringTheHerd\\_final\\_br1.pdf](http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRspnseToEndangeringTheHerd_final_br1.pdf), pages 6-8, "Relative Risk of Dying in the USA from 'MMR/MMR-V Vaccination' or a Measles, Mumps or Rubella Infection".

<sup>22</sup> <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm123789.pdf>, "M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live) 9912202, ADVERSE REACTIONS", pages 7 and 8; <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123793.pdf>, "USPI-I-V2211210, 6 ADVERSE REACTIONS", for Merck's ProQuad® ("Refrigerator-Stable Formulation"), pages 5 through 15; and <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123796.pdf>, "USPI-I-V2211210, 6 ADVERSE REACTIONS", for Merck's ProQuad® ("Frozen Formulation"), pages 5 through 13.

officials in stopping the transmission of measles in a given outbreak, while the natural-measles-related deaths depend on the overall health, treatment received, and age of those persons infected by the measles virus.

“Thus an interesting paradigm has emerged. While a portion of our society is paranoid about germs, you have a growing contingent of people convinced that ‘we need to build our natural immunities through exposure,’ opting out of vaccinations and hand sanitizers, for example.”

### **Disinformative Statements about a “[P]aradigm”**

Veering from measles, Mr. Beres begins by claiming *“an interesting paradigm has emerged”* – apparently using the word *“paradigm”* to mean *“typical example”*.

He then apparently speaks about disparate groups that have little to do with religious faith *per se* — those who are *“paranoid about germs”*, and those who believe in building *“natural immunities through exposure”*, by *“opting out of vaccinations”* and implicitly refusing to use (*“opting out of ...”*) *“hand sanitizers”*.

“This last trend was put to the test in 2005 by the US Army, a known breeding ground for germs. Over a thirteen-week period, two test battalions were used in seeing the effectiveness of Purell. The results were 40% less respiratory illness, 48% less gastrointestinal illness and 44% less lost training time. The military became one of Purell's biggest customers and has seen remarkable results, as have hospitals and doctors who make use of such products, as noted by Atul Gawande.”

### **Off-topic “Promotion” of the Use of “Purell” Hand Sanitizer**

Here, Mr. Beres inexplicably focuses on the implicitly increasing use of *“hand sanitizers”* (his *“This last trend”*); discusses an experiment with a specific hand sanitization product, *“Purell”*, and reports the expected outcomes, improved hygiene reduced illness and reduced illness decreased lost time from work.

However, along with improved sanitation, clean drinking water, clean food, improved hygiene is one of the pillars of population health that Christianity, along with most every other religion, recognizes.

“This is where feelings and fact clash. The anti-vaccine movement makes sound arguments: too many drugs might very well cause more harm than good. Yet, when it comes to reliable vaccinations like those for measles, the cost is too high to throw ourselves back decades.”

## **Doublespeak Substitutions: “*[F]eelings*” for Faith; and Mr. Beres’ Unsubstantiated Views for “*[F]act*”**

Veering further from the issue of faith, Mr. Beres now returns to the issue of vaccination.

Instead of rationally framing his remarks in terms of faith and fact, he begins by stating, *“This is where feelings and facts clash”*.

Next, he again addresses his creation, *“the anti-vaccine movement”*, in a nuanced assertion,

*“The anti-vaccine movement makes sound arguments: too many drugs might very well cause more harm than good”*,

that, *at best*, is almost meaningless because only one (1) argument is presented and the wording of that argument, *“too many drugs might very well cause more harm than good”*, oddly states his *“anti-vaccine”* movement’s argument in terms of *“too many drugs”* instead of *“too many”* vaccines.

Though vaccines are FDA-regulated drugs, as worded, the Beres’ statement seems to be more of an apology supporting the safety concerns of parents than a vaccine apologist’s challenge to the rights of parents to exempt their children and wards from vaccination.

However, his next statement,

*“Yet, when it comes to reliable vaccinations like those for measles, the cost is too high to throw ourselves back decades”*,

is a classic example of Orwellian doublespeak<sup>23</sup> on several levels.

Because there are no available measles-only vaccine in the USA, which is approved by the U.S. Food and Drug Administration (FDA)

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<sup>23</sup> Doublespeak can be generally defined as *evasive, ambiguous, high-flown language intended to deceive or confuse* and, in the United States of America, is generally considered to be ‘synonymous’ with the term, “double talk”. However, on a deeper level, ‘Doublespeak’ is the intentional, conscious misuse of language in which a statement is intended to do one, or more, of the following:

- avoid, or shift, responsibility;
- create a disconnect between what is reality and what is being said, or not said;
- create a false view of factual reality;
- distort reality;
- limit, corrupt, and/or prevent thinking;
- make the bad seem good;
- make the negative appear positive;
- make the unpleasant seem attractive or tolerable;
- mislead; and
- pretend to communicate.

Thus, doublespeak can be viewed as a fusion of the “doublethink” and “Newspeak”, words created by George Orwell in his book, **1984**. In Orwell’s fictional world, using “doublethink”, the people could hold two opposing ideas in their minds at the same time without questioning the validity of either (e.g., “War is Peace”), and “Newspeak” was the official language used to express the ideas of doublethink.

and recommended for use by the CDC, the available live measles-virus-containing vaccines are two combination vaccines (a measles, mumps and rubella vaccine [Merck's M-M-R II] and a measles, mumps, rubella and varicella vaccine [Merck's ProQuad]) that:

1. For the measles component, **a)** are far from "*reliable*" when it comes to effectiveness in providing long-term protection from contracting measles to most all of those who have been doubly inoculated when they are subsequently exposed to the wild/natural measles viruses; **b)** have not been proven to be adequately "safe" with respect to pre-clinical carcinogenicity, mutagenicity and reproductive toxicity and the risk of both short-term and long-term serious adverse outcomes; and **c)** abnormally infect all of those vaccinated with these vaccines with a modified ("attenuated") live measles virus.
2. For the mumps component, **a)** in addition to the inherent vaccine safety issues previously discussed for the measles-virus component, do not reliably provide even short-term protection from mumps infection to most of those vaccinated with either vaccine as a recent Qui Tam lawsuit<sup>24</sup> seems to establish and **b)** abnormally infect all those vaccinated with these vaccines with a modified live Mumps virus.
3. For the rubella component, **a)** in addition to the previously discussed inherent vaccine safety issues, do not reliably provide long-term protection from rubella infection to most of those vaccinated with either vaccine and **b)** abnormally infect all of those vaccinated with these vaccines with an attenuated live Rubella virus.
4. For the varicella component, **a)** in addition to the previously discussed inherent vaccine safety issues, do not reliably provide long-term protection from varicella infection to most of those vaccinated with the ProQuad vaccine; **b)** abnormally infect all of those vaccinated with the ProQuad vaccine with a modified live Alphaherpes varicella zoster virus [VZV] that causes some to develop vaccine-strain chickenpox and may later lead to recurrent vaccine-strain cases of shingles; and **c)** carries a higher risk of febrile seizures, which is signifi-

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<sup>24</sup> United States of America *ex rel.*, Stephen A. Krahling and John A. Wiochowski, Plaintiffs, *versus* Merck & Co., Inc. Defendant Case 2:10-cv-04374-CDJ in the UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA, Document 12 Filed 04/27/12 (55 pages).

cantly elevated in those children under 18 months of age who are given a dose of ProQuad.

Having established that the current FDA-approved and CDC-recommended modified measles-component-containing vaccines are, *based on the available sound science*, less than "*reliable*" for use in mass vaccination, Dr. King next observes that Mr. Beres'

*"the cost is too high to throw ourselves back decades"* fails to state what is the "*cost*" that he is addressing.

From the tenor of his remarks, he seems to be concerned about the cost of the lost revenue if more were to lawfully exempt themselves or their minor children or wards from the current, or planned, MMR/MMRV vaccination programs.

Moreover, because of the lack of response to the vaccine in about 5% of those multiply inoculated, the declining protection provided by the current vaccines that provides effective protection from five (5) to *no more than 25 years* after the last vaccination, and the dying out of those who were born before 1953 (because they had measles naturally and apparently were fully protected), Dr. King estimates that *less than 50%* of the population of the USA is actually currently protected from contracting measles when exposed to the "wild"/natural strains of the measles virus.

Clearly, as long as the current public-health recognition and quarantine programs for measles are maintained, allowing more to legally exempt themselves from the current MMR/MMRV vaccination program would have no real effect on the current fluctuating low level of annual importation-driven measles cases.

Thus, allowing those who choose to exercise a legal exemption from the MMR/MMRV vaccination program should not cause any significant negative effect on the level of measles cases in the USA today if the current vaccines are truly effective in providing what appears to be moderate-duration protection from contracting measles; certainly will have little effect on wild/natural measles cases; and will not, as Mr. Beres puts it *"throw ourselves back decades"*.

Moreover, if the MMR/MMRV vaccines do not actually provide lasting protection from measles, then, *at a minimum*, we need to return to the single-disease live-virus vaccines because there is a growing body of evidence that giving more vaccine actives at the same time is highly

detrimental to the health of some young children<sup>25</sup>.

In addition, by stopping MMR/MMRV vaccination and/or any other of the current vaccination programs, we could stop today's epidemics of chronic childhood diseases and return to the time when these chronic childhood diseases and childhood cancers and leukemias, were rare (less than 1 case in 10,000) or nonexistent.

Therefore, Dr. King would suggest that the lifetime costs realized for the subsequent children would be orders of magnitude less than the current chronic-disease-, cancer-, and leukemia-treatment costs<sup>26</sup>.

After all, humankind had survived for millennia before the first commercial vaccine, and, absent war, famine, drought, poor sanitation, and poor hygiene, had thrived and prospered.

“Like most mindsets that oppose regulations, the anti-vaccine movement is fueled by the dislike of a failed health care system that too often is filled with doctors prescribing pills instead of taking a holistic approach to health, combined with a growing distrust of our government and its overall effectiveness.

It is healthy to question sanctions from on high. Justifying not getting vaccinated based on feelings or faith is not healthy, however. Allowing children to become infected with preventable diseases based on bunk science or, worse, believing a deity knows more about medicine than your doctor, is simply, and tragically, ignorant.”

### **More Disinformative Doublespeak, Apparently Based on Mr. Beres' Propaganda-based Views**

Here, Mr. Beres again begins with convoluted and confusing assertions about a movement, his "*anti-vaccine movement*", of which he is obviously not a member.

He then imputes his views of this undefined movement's mindset and motivations, about which, based on his being an outsider and his statements, Mr. Beres apparently knows little or nothing.

Next, Mr. Beres apparently equates the current federal governmental recommendations and state mandates as if they were "*sanctions*

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<sup>25</sup> 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; 31: 1012-1021.

<sup>26</sup> Having the childhood diseases naturally and recovering from them provides near-lifetime protection ("immunity") from again contracting these diseases later in life when such infections are much more harmful as well as, for the women, allow them to have adequate levels of the immune factors to pass to their offspring through breastfeeding for a period sufficient to permit their children's immune system to be able to properly handle having these childhood diseases. In addition, there is a growing body of evidence that having these childhood diseases strengthens and trains the human immune system so that it is better equipped to differentiate between self and not self and, thereby, better able to recognize and destroy the initial abnormal cells that lead to cancers, leukemias and certain chronic skin (e.g., psoriasis) and tissue disorders (e.g., arthritis) disorders.

from on high", which he seems to believe are "healthy to question".

Then, ignoring his inclusion of undefined "feelings", he asserts, "Justifying not getting vaccinated based on ... faith is not healthy". as if a religious person's faith requires any justification and his or her being healthy does not depend on being true to one's religious faith.

Since inoculating children with the man-made strains of the live viruses contained in the live-virus vaccines that contain a live measles virus, which Mr. Beres uses as his example, abnormally infects them with live viruses, recommending or mandating these vaccines goes beyond "[a]llowing children to become infected" to recommending that children be *abnormally* infected with a non-natural level of a man-made measles virus as well as with the other disease-causing live viruses, possibly including one (1) or more adventitious viruses, in the available live measles-virus-containing vaccines.

Given the preceding realities, the "measles vaccination" does not prevent the children from being infected by a measles virus but rather abnormally infects the inoculated children with a man-made live measles virus in order to induce artificial disease protection against the inoculated children's subsequently contracting a "wild"/natural measles-virus infection, even though

1. The degree and duration of the protection provided by vaccination are significantly less than the protections provided by having measles naturally, and
2. The risk to harm (serious adverse reactions) from the "measles" vaccination seems to occur at a rate comparable to, or higher than, the rate for such adverse outcomes observed from having a natural measles-virus infection.

Therefore, for measles and the current measles-containing vaccines and vaccination program, the claim that measles is one of the "preventable diseases" is illogical.

Further, "[a]llowing children to become infected with" measles naturally once, instead of vaccinating them two or more times with a measles vaccine is at least as scientifically sound as the current measles vaccination program and, since the goal of both approaches is to prevent a subsequent "wild"/natural measles infection during the infected child's lifetime, is much more likely to reach the supposed goal of both approaches.

Turning to the punctuation corrected statement, "believing a deity knows more about medicine than your doctor is simply, and tragically, ignorant", is, at

best, hubris and, to one who unconditionally places his faith in the Judeo/Christian God, blasphemous.

Moreover, to those of faith, God is omniscient and infallible, while all of us recognize that doctors are neither.

Thus, to those who are religious and place their faith in God, Mr. Beres' "*believing a deity ...*" assertion is what is "*ignorant*".

## **DR. KING'S CONCLUDING REMARKS**

Though, from its title, "*Faith Is No Excuse for Avoiding Vaccinations*", the reader might expect to see a discussion of the issue of religious exemption based on a person's faith and vaccination based on some hard-science-supported theoretical benefits that outweigh the known risks and limitations associated with vaccination, Mr. Beres instead chose an approach that is fundamentally based on his own beliefs as they are reflected in and supported by the beliefs of other vaccine apologists, which appear to be "religious" beliefs.

In addition, for no apparent cogent reason, he chose to throw in what appears to be "advertising" for the Purell brand of hand sanitizer.

However, in responding to Mr. Beres statements, Dr. King did find that Beres was no novice in using Doublespeak to express his views and that his writing tends to rely on statements taken from mainstream non-medical media outlets to support his assertions rather than statements made in peer-reviewed published medical articles.

Hopefully, in reading Dr. King's responses, the reader will:

- ❖ Come to have a clearer view of the science-supported vaccination realities associated with the vaccination programs discussed and
- ❖ Understand that, for the Christian faith, which, based on the Texas church example cited and the language used in the article, Mr. Beres was addressing, faith in God demands that the dictates of that faith trump all of imperfect humanity's alleged improvements on God's creation.

## **ACKNOWLEDGEMENTS**

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## ABOUT DEREK BERES, AUTHOR OF THE BASIS ARTICLE

**Source:** The web page containing the article

“Derek Beres, a Los Angeles-based journalist and yoga instructor, looks at a range of issues affecting the world's various spiritual communities in an attempt to sift through hyperbole and find truly universal solutions to prevalent issues facing humanity in the 21st century.”

**Source:** <http://www.derekberes.com/about/>

**Contact:** <http://www.derekberes.com/contact/>

“Derek Beres has devoted his life to exposing people to international music, yoga and mythology as a means of creating better individuals and a more understanding global culture. A multi-faceted journalist, DJ and yoga instructor, he is the creator of [Flow Play](#), an innovative Vinyasa-based class that fuses yoga, music and neuroscience, offered nationally at Equinox Fitness locations in New York City, Los Angeles, Chicago, Dallas, Boston and Chicago. He has published six books, and has contributed to dozens of magazines and websites regarding the traditional and digital realms of global music, religion, yoga and health, including *Women's Health*, *Yoga Journal*, National Geographic, *Rolling Stone Middle East*, *Departures*, AOL and MTV. He worked as the Managing Editor of *Global Rhythm* magazine, and currently writes a weekly column for Big Think, [21st Century Spirituality](#).

Derek is one half of global music producers [EarthRise SoundSystem](#), which creates innovative contexts for 21st century music and cultures to be explored. The duo's debut album, *The Yoga Sessions*, reached #5 on the iTunes World charts, and has helped to introduce the American yoga community to a new way of exploring yogic movement through global sounds. Based in Los Angeles, he is on the teacher training faculty at [Yogis Anonymous](#) in Santa Monica and [Strala Yoga](#) in New York City. He also served as the Creative Director of the Tadasana Festival of Yoga & Music. Derek's yoga classes and music have been featured by the *NY Times*, *People*, *Self*, *Shape*, *Fitness*, *Glamour*, *Yoga Journal*, *Boston Globe*, *Newsday*, NBC Weekend Today, ABC Eyewitness News, Fox Business, BBC, KTLA, NY1, MTV, NPR, and PRI.

Alongside David 'Duke Mushroom' Schommer as [EarthRise SoundSystem](#), Derek has released two albums. In 2010, he produced *InnerVersions: A Six Degrees Yoga Compilation* on Six Degrees Records, and has previously produced albums by Vieux Farka Toure and on Australia's One World Music. Derek tours internationally with [GlobeSonic](#) alongside Fabian Alsultany. While living in NYC, Derek was a regular guest at the legendary Turntables on the Hudson parties, as well as a resident DJ of Kollektiv with Karsh Kale. He has performed alongside Jamiroquai, Ojos De Brujo, Sidestepper, Brazilian Girls, Yerba Buena, Antibalas, Cheb i Sabbah and more. He also served as the Music Supervisor for the breakthrough documentary, [DMT: The Spirit Molecule](#).

Alongside writer Dax-Devlon Ross he founded [Outside the Box Publishing](#) in 2005. Among the company's publications are Derek's *Rise of the Sun People*, *Sound Against Flame: The Process of Yoga and Atheism in America*, *Global Beat Fusion: The History of the Future of Music*, *Tangled Web: The Best Music Tour You Never Heard Of*, *Mysterious Distance*, a novel, and a book of essays co-written with Ross, *A Staircase of Words: Volume 1*.

Regarding his work, kirtan master Krishna Das said, 'Derek Beres is part reporter and part prophet standing in the middle of the eye of the World Music storm that is raining new musical genres on the Earth today, each one fused by the love of song and spirit.' Daniel Pinchbeck stated, 'Derek Beres is a terrific writer whose work is replete with penetrating insights and gem-like details ... Beres adds a unique perspective to our cultural mix, and *Sound Against Flame* deserves to reach a large audience.'

In the realm of lecturing, Beres is a powerful and animated speaker; his many appearances include both editions of the progressive Mythic Journeys conference in Atlanta, as well as colleges such as Harvard, the University of Alabama and NYU.

In 2001 Beres co-founded EarthRise Arts alongside painter Craig Anthony Miller, and their Infusion parties are known to blur the lines between music venue, art gallery and theatrical performance. In the world of theater, his play *Burning Trees* was featured in 2002's Hip-Hop Theater Festival, produced by Danny Hoch.

A 1997 graduate of Rutgers University with a degree in Religion, Beres entwines the mythological with the modern, showing how digital music is the first true global folk music as artists everywhere employ computers in their sonic creations. As NPR stated, *Global Beat Fusion* "is not a book about music alone. It's about a growing worldwide community that's searching for shared experience without politics or corporate involvement. And it could fill many different slots on the bookshelf."

## ABOUT DR. KING, THE GENERATOR OF THIS RESPONSE

In addition to the information available on his web site, <http://www.dr-king.com/>, Dr. Paul G. King, an analytical chemist with an MS in inorganic chemistry, 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).

Additionally, 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, which 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 diabetes), or nearing (peanut allergy), epidemic childhood levels in the USA.

More recently, Dr. King was the co-author of a review paper in the journal *Vaccine* with Gary S. Goldman, PhD, which evaluated the CDC-recommended universal varicella vaccination program<sup>27</sup>.

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<sup>27</sup> Goldman GS, King PG. Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost effective

That paper established that the current CDC-recommended two-dose vaccination program was not effective in preventing all those who have been fully vaccinated from subsequently contracting chickenpox.

Since that program has greatly increased the public's risk of having clinical cases of shingles, it is also not societally cost-effective for universal use.

In addition, Dr. King was a co-author of a follow-up paper<sup>28</sup> published by the journal *Human & Experimental Toxicology* with Gary S. Goldman, PhD, that provided more evidence that the U.S. "universal varicella vaccination program is neither effective nor cost-effective".

Moreover, Dr. King was also one of the authors of a paper in the journal *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<sup>29</sup>.

Furthermore, Dr. King was one of the authors in a review chapter, "[Mercury Induced Autism](#)"<sup>30</sup> (pages 1411-1432), in *Comprehensive Guide to Autism* Editors: Vinood B. Patel, Victor R. Preedy, Colin R. Martin. Springer New York (2014), where the lead author was Mark R. Geier, MD, PhD. This chapter presented updated evidence that mercury, including the bolus doses delivered when certain preserved vaccines and preserved serum products are given to pregnant women and young children, is a significant causal factor in "autism" and other developmental disorders, dysfunctions, and syndromes.

Finally, Dr. King was one of the authors of a paper, "A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States", in the journal, *Translational Neurodegeneration*, where the lead author was David A. Geier. This open-access paper contributed more evidence to the actuality that there is a causal relationship between Thimerosal-preserved vaccine administration and the subsequent risk of a child's being diagnosed with "autism" in the USA<sup>31</sup>.

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ness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data. *Vaccine* 2013 March 25; 31(13): 1680-1684 (open access). [See, <http://www.sciencedirect.com/science/journal/0264410X/31/13>, article "6".]

<sup>28</sup> Goldman GS, King PG. Vaccination to prevent varicella: Goldman and King's response to Myers' interpretation of Varicella Active Surveillance Project data. *Hum Exp Toxicol*. 2013 Dec. 10. [<http://het.sagepub.com/content/early/2013/12/10/0960327113512340.full.pdf+html>].

<sup>29</sup> 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. OPEN ACCESS

<sup>30</sup> See, [http://www.researchgate.net/publication/258009647\\_Mercury\\_Induced\\_Autism/file/60b7d526955a643330.pdf](http://www.researchgate.net/publication/258009647_Mercury_Induced_Autism/file/60b7d526955a643330.pdf) for the complete chapter.

<sup>31</sup> Geier DA, Hooker BS, Kern JK, King PG, Sykes LK, Geier MR. A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States. *Translational Neurodegeneration* 2013 Dec. 16; 2:25 (12 pages). In the first month after publication, it was accessed more than 10,500 times.