Facility **A**utomation **M**anagement **E**ngineering Systems (*FAME* Systems)
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Friday, 16 May 2014

On 22 April 2014, Paul G. King, PhD, downloaded an on-line April 21, 2014 column, which was written by "Lindsay Morey", "**Backlash in anti-vaccination push**", from http://www.fortsaskatchewanrecord.com/2014/04/21/backlash-in-anti-vaccination-push.

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

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This science-based response is titled, "**A Review of 'Backlash in anti-vaccination push'**".

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, text is in an "Arial Narrow" font.

Finally, should anyone find any significant factual error in this assessment 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 review.

Respectfully,

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[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 assessment.

Table of Contents for:
A Review of 'Backlash in anti-vaccination push'

A Review of "Backlash in anti-vaccination push"

"Modern medicine is a beautiful thing, especially when it comes to vaccines."

Introduction

If one believes in "*[m]odern medicine*" and its propaganda, then as an adherent to any belief system, one would consider allopathic medicine, the type of medicine to which the writer, Ms. "*Lindsay Morey*" appears to be referring, as if it were "*a beautiful thing*".

Moreover, since allopathic medicine touts "*vaccines*" as if they were one of the greatest achievements of "*[m]odern medicine*", then the true believer, or any vaccine apologist, could easily make such an unsupportable statement.

However, as clearly explained in a recent book, VACCINE ILLUSION HOW VACCINATION COMPROMISES OUR NATURAL IMMUNITY AND WHAT WE CAN DO TO REGAIN OUR HEALTH[1], by Tetyana Obukhanych, Ph.D. (in immunology from Rockefeller University, New York, NY), vaccination does not provide disease immunity (life-long protection from disease re-infection).

Moreover, the limited and incomplete disease protection provided by current vaccines:

1. Do not protect most all who are vaccinated with them from the risk of the diseases for which protection is claimed and
2. Damages the immune systems of many of those who are vaccinated in a way that: **a)** increases their susceptibility to acute disease, and **b)** promotes chronic diseases, cancers, and allergies, which are detrimental to the vaccinees' overall health.

The Review

"With the recent outbreaks of measles in Edmonton, Red Deer, Calgary, Ontario and B.C., it makes me wonder why some parents are still anti-vaccination when it comes to their kids, when medicine and science have already solved and provided a cure for this deadly virus."

Measles Outbreak Realities

Here, Dr. King simply observes that, as a recent post again by Dr. Obukhanych reported, the cause of the outbreaks of measles is related to the use of a vaccine for measles that, *at best*, provides "10-plus-

[1] **Vaccination Illusion** is available as a pdf from http://store.greenmedinfo.com/product/vaccine-illusion and from http://www.amazon.com/Vaccine-Illusion-Tetyana-Obukhanych-ebook/dp/B007AW2CLG/ref=sr_1_1_title_0_main?s=books&ie=UTF8&qid=1398207546&sr=1-1&keywords=vaccine+illusion.

year protection" from measles to *no more than* 25% of those who have been twice vaccinated with a live-measles-virus-containing vaccine[2].

In addition, since the measles vaccination injects the recipients with a live measles virus, the vaccination actually infects the inoculees with this measles virus, albeit abnormally, and some of those who are vaccinated contract a full-blown case of the vaccine-strain of measles or, worse, an atypical measles infection.

Moreover, in the USA, many are seriously injured by their measles-containing vaccinations and, each year, more apparently die from vaccination than from natural/wild measles infections[3].

Given the preceding realities, Ms. Morey's claim,

"*medicine and science have already solved and provided a cure for this deadly virus*",

is an obviously false claim — vaccination with a live-measles-virus-con

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[2] "**Herd Immunity: Myth or Reality?**", written by Tetyana Obukhanych, PhD, which was posted on 5 April 2014 at http://www.greenmedinfo.com/blog/herd-immunity-myth-or-reality?utm_source=Master+List&utm_campaign=004c39a42d-Greenmedinfo&utm_medium=email&utm_term=0_af50e1f25a-004c39a42d-87637245 (emphasis added), "Herd Immunity, a Flawed Concept

Although the evidence for vaccination-based herd immunity is yet to materialize, there is plenty of evidence to the contrary. Just a single publication by Poland & Jacobson (1994) reports on 18 different measles outbreaks throughout North America, occurring in school populations with very-high vaccination coverage for measles (71% to 99.8%). In these outbreaks, vaccinated children constituted 30% to 100% of measles cases. Many more similar outbreaks, occurring after 1994, can be found by searching epidemiologic literature.

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The Boston University Measles Study

In 1990, a blood drive was conducted among the students of Boston University a month before the campus was hit with a measles outbreak. Due to these natural circumstances, researchers happened to have access to blood samples of many students who either got measles or were spared from the disease during the outbreak. The levels of measles virus-neutralizing serum titers were appropriately measured by the plaque reduction neutralization (PRN) technique, a month prior to and two months after the exposure. Pre-exposure PRN titers were then correlated with the degree of protection from measles: (1) no detectable infection or disease; (2) serologically confirmed measles infection with a modified clinical course of disease; or (3) full-blown measles. By the way, eight out of nine students, who ended up getting full-blown measles, had been vaccinated against measles in their childhood.

The outcome of the Boston University measles outbreak study by Chen et al. (1990) was the following:

(a) In all previously vaccinated students who experienced full-blown measles, pre-exposure PRN titers were below 120;
(b) 70% of students whose pre-exposure PRN titers were between 120 and 1052, ended up having a serologically confirmed measles infection, but since their altered disease symptoms did not conform to the clinical measles case definition, they were categorized as non-cases during the outbreak; and
(c) Students with pre-exposure PRN titers in excess of 1052 were for the most part protected both from the typical clinical disease and measles infection.

During the outbreak, many students with pre-exposure PRN titers between 120 and 1052, who were officially categorized as non-cases, nevertheless had most of the viral-disease symptoms, including cough, photophobia, headache, and fever. These "non-cases" ended up with high post-exposure measles PRN titers, just as the disease cases did, suggesting that they were able to replicate the virus during their illness and possibly transmit it.

Subsequent Measles Vaccine Observations

A study by LeBaron et al. (2007) was conducted to determine the duration of measles virus-neutralization serum titers after the receipt of the second MMR shot. The study enrolled several hundred healthy Caucasian children from rural U.S. areas free of measles outbreaks for the duration of the study. About a quarter of these children generated relatively high titers in response to vaccination, although not nearly as high as the titers after a natural infection would be. The rest responded modestly, and some very poorly. The titers in all children, regardless of being high, moderate, or low, reached a peak in a month after the MMR booster, then came down in six months to the pre-booster levels and continued to decline gradually over the next 5-10 years of observation.

In the above study, only about a top quarter of children (called high responders) were able to maintain PRN titers in excess of 1000 units 10 years following their second MMR shot, received at the age of five. These children are therefore likely to still be protected from the measles infection by the time they are adolescents.

The least-efficient vaccine responders (bottom 5%) had their PRN titers fall below 120 units within 5-10 years after the second MMR shot. This percentage of vaccinated children is expected to have full-blown, clinically identifiable measles upon exposure when they get a bit older. This is the reason why vaccinated (and even twice-vaccinated) people show up as disease cases in numbers equal to or even exceeding the unvaccinated cases in communities with very high (>95%) vaccination coverage. Rapid loss of vaccine protection in low responders is the reason for the paradox of a "vaccine-preventable" disease becoming the disease of the vaccinated in highly vaccinated communities. Such disease cases (and outbreaks driven by them) are not due to random vaccine failures, they are anticipated vaccine failures."

[3] http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRespnseToEndangeringTheHerd_final_br1.pdf.

taining vaccine infects the recipients with the vaccine strain of measles — it does not "*cure*" measles nor ensure that all of the persons who are doubly vaccinated are protected from subsequently contracting measles when exposed to someone shedding some strain of live measles virus, including the vaccine-strain of measles virus.

Moreover, *in an attempt to obscure this reality*, in 2013 the U.S. Centers for Disease Control and Prevention [CDC] began recommending that adults who are "students in postsecondary educational institutions", "work in a health-care facility", or "plan to travel internationally" should get two additional doses of a measles, mumps and rubella vaccine[4], because only Merck's M-M-R® II combination vaccine is marketed in the USA.

Finally, the recommendation,

> "For all women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility",

clearly shows that the CDC has recognized that the current 2-dose "MMR" vaccination program evidently does not provide long-term protection from a vaccinated female's subsequently contracting rubella when exposed to this virus.

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[4] *MMWR* 2013 Feb 01; 62(01): 9-19. ACIP Recommended Immunization Schedule for Adults Aged 19 Years & Older — US, 2013. www.cdc.mmwr/preview/mmwrhtml/su6201a3.htm?s_cid=su6201a3_w.htm, (emphasis added)

"7. Measles, mumps, rubella (MMR) vaccination

- Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Measles component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who are students in postsecondary educational institutions;
  work in a health-care facility; or
  plan to travel internationally.
- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who are students in a postsecondary educational institution;
  work in a health-care facility; or
  plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health-care facility) should be considered for revaccination with 2 doses of MMR vaccine.

Rubella component:

- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

HCP [Health-care Personnel] born before 1957:

- For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella."

Nevertheless, the CDC still misleadingly uses the term "immunity".

"On the blog *Violent Metaphors*, University of Texas' Dr. Jennifer Raff explains three million children's lives are saved by vaccination every year and two million die every year from vaccine-preventable illness.

Just for measles alone, in 2012 there were 122,000 deaths globally and each year, 20 million people contract the virus; with 95 per cent of deaths occurring in countries with a low per-capita income and weak health infrastructure."

Vaccination Propaganda

First, Dr. King notes that Ms. Morey references a blog, and not a peer-reviewed paper in which the claims made have been established by appropriate population surveys in every country in the world rather than projections and estimates based on "models", typically the tool of choice for vaccination proponents, including the World Health Organization (WHO) and the CDC.

Moreover, the reported,

> "*Just for measles alone, in 2012 there were 122,000 deaths globally and each year, 20 million people contract the virus*",

translates into a claim of about 1 death for every 164 measles infections or that 99.4% of those who contract measles do not die even though "*95 per cent of deaths*" reportedly occurred in "*countries with a low per-capita income and weak health infrastructure*".

"In years past, Canada averaged less than 100 confirmed measles cases each year; in 2011 that jumped to 750 cases. Last year, Alberta saw 44 cases of the virus. Now B.C. has confirmed 228 cases this year and nine cases have been confirmed in the Edmonton region."

Canada-specific Vaccination Propaganda

First, Dr. King observes that Ms. Morey fails to report any measles deaths or the numbers of persons in each of the Canadian outbreaks to which she referred, who were: **a)** previously vaccinated two (2) or more times; **b)** previously vaccinated once; and **c)** never vaccinated.

Second, though known to occur, this article fails to report the number of Canadian measles-vaccination-related measles cases in "years past" or in 2011.

Third, this article does not report the number of atypical measles cases or the other serious adverse events causally linked to the MMR-vaccination program or, *for that matter*, the number of MMR-vaccination-related deaths that occur each year in Canada.

Lacking ready access to the Canadian records for the preceding types of cases, Dr. King will, given the similarities in the MMR-vaccination programs in both countries, use the ratio of the Canadian population[5] to the population of the United States of America (USA)[6] (or about 35.158 million divided by 316.188 million or about 0.1112) to estimate those values in Canada for which he has previously derived estimated values for the USA[7].

Based on Dr. King's estimates for the USA, **a)** about 33 vaccinated Canadian individuals annually contract the vaccine-strain of measles, mostly from being vaccinated with an MMR vaccine; and **b)**, in recent years, apparently no Canadian child has died from measles[8].

Moreover, the Canadian authorities reported (emphasis added),

"Before the introduction of the vaccine in 1963 to 1964, measles occurred in cycles with an increasing incidence every 2 to 3 years. At that time, an estimated 300,000 to 400,000

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5 http://www.statcan.gc.ca/daily-quotidien/130926/dq130926a-eng.htm, last accessed on 23 April 2014, "On July 1, 2013, Canada's population was estimated at 35,158,300, …."

6 http://www.usnews.com/opinion/blogs/robert-schlesinger/2013/12/31/us-population-2014-317-million-and-71-billion-in-the-world, last accessed on 23 April 2014, "The precise figure – 317,297,938 – will mark an increase of 2,218,622 people in the 365 days since 2012 passed into 2013" – making the estimated population of the USA at the end of June 2013 about 316,188,627 residents.

7 http://dr-king.com/docs/130906_Measles_MeaslesVaccinationRealities_AFormlRespnseToEndangeringTheHerd_final_br1.pdf.

8 A "Google" search of the Internet using the search phrase, "Canadian measles deaths", failed to find any recent reports of deaths in Canada from measles. However, the Canadian web site, http://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php, last accessed on 23 April 2014, reported measles cases,

"Measles Data

The following two tables contain recent data on the number of confirmed cases and incidence of measles in Canada from 2005 to 2011. For further surveillance data, please see the Notifiable Diseases On-Line webpage, as well as the Publications section below.

Table 1. Confirmed cases of measles in Canada by year and age group, 2005 to 2011.

Year	All Ages	Less than 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 39	40 to 59	60 or Greater	Age Unspecified
* Data obtained from the Canadian Measles/Rubella Surveillance System.												
2005*	6	1	1	0	2	0	0	0	0	0	0	2
2006*	13	4	3	1	0	2	1	0	1	1	0	0
2007*	102	1	11	35	25	5	4	3	12	2	0	4
2008*	62	4	6	9	8	4	1	5	16	8	0	1
2009*	14	0	1	3	2	7	0	0	1	0	0	0
2010*	99	12	11	6	5	10	11	7	22	13	1	1
2011*	750	59	61	60	249	215	25	11	56	14	0	0

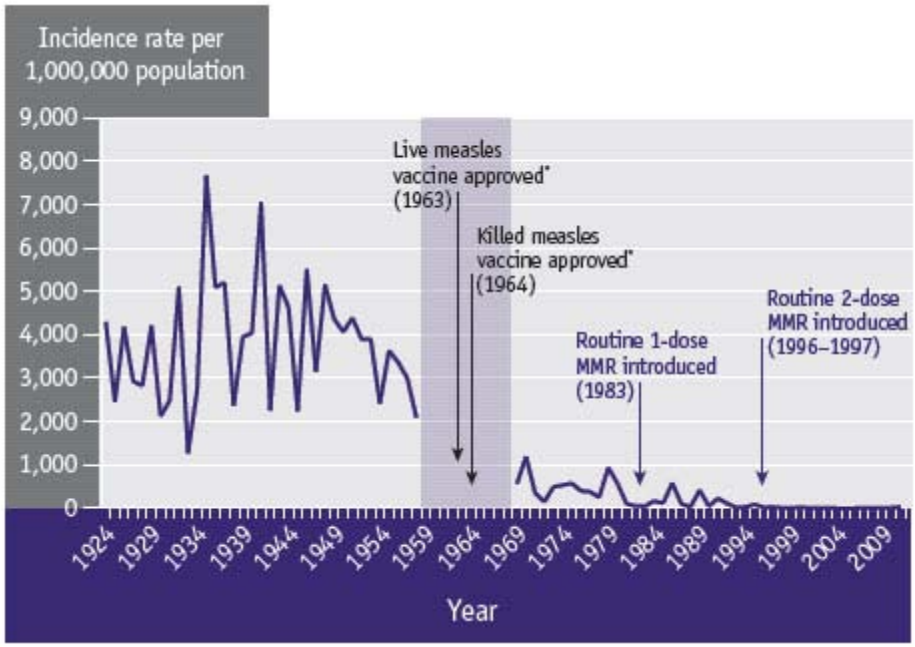
Table 2. Reported incidence per 100,000 population of measles in Canada by year and age group, 2005 to 2011

Year	All Ages	Less than 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 39	40 to 59	60 or Greater	Age Unspecified
*Data obtained from the Canadian Measles/Rubella Surveillance System.												
2005*	0.02	0.29	0.07	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.01
2006*	0.04	1.14	0.22	0.05	0.00	0.09	0.04	0.00	0.02	0.01	0.00	0.00
2007*	0.31	0.28	0.78	1.94	1.22	0.22	0.18	0.13	0.27	0.02	0.00	0.01
2008*	0.19	1.08	0.42	0.50	0.40	0.18	0.04	0.22	0.35	0.08	0.00	0.00
2009*	0.04	0.00	0.07	0.17	0.10	0.31	0.00	0.00	0.02	0.00	0.00	0.00
2010*	0.29	3.15	0.73	0.33	0.26	0.45	0.47	0.29	0.48	0.13	0.01	0.00
2011*	2.17	15.32	3.97	3.29	13.11	9.79	1.04	0.45	1.21	0.14	0.00	0.00

cases occurred annually. Since the introduction of vaccine, the incidence has declined considerably in Canada (see Figure 1). Between 1989 and 1995, in spite of very high vaccine coverage, there were many large outbreaks involving mainly children who had received one dose of the measles vaccine. It was estimated that 10% to 15% of immunized children remained unprotected after a single dose given at 12 months of age, a proportion large enough to allow circulation of the virus.

In 1996/97, every Canadian province and territory added a second dose of measles-containing vaccine to its routine immunization schedule, and most conducted catch-up programs in school-aged children with measles or measles/rubella vaccine. This intervention achieved vaccine coverage for the second dose in excess of 85%, reducing the proportion of vulnerable children to such a negligible level that viral transmission has not been sustained.

Figure 1. Number of cases and incidence rate (per 1,000,000 population), by year, 1924-2011, and year of vaccine introduction.



* In 1963, live vaccine was approved for use in Canada, followed by the approval of killed vaccine in 1964. The killed vaccine had limited availability, and use was discontinued by the end of 1970. A single dose schedule with the live vaccine was introduced into all provincial/territorial routine immunization programs by the early 1970s. The routine one-dose measles-mumps-rubella vaccine was introduced in 1983.

Note: Measles was not nationally notifiable between 1959 and 1968.

Recent Outbreaks

Quebec experienced an epidemic of measles in 2011. A total of 725 confirmed cases were reported between January 8th and December 22nd, 2011. The first reported cases were primarily among travelers, who contracted the illness during a stay in Europe. Sustained local transmission began in April, first in a school and then in a community-based setting. The majority of cases (87%) were concentrated in two neighbouring regions. The epidemic mainly affected young people aged 10 to 19 years (66% of cases). Finally, the majority of cases (76%) were not considered protected against measles (0 doses, unknown

> vaccination history, or vaccinated without documentation), 19% were considered protected for their age and 5% had received one dose of measles containing vaccine.
>
> In the spring of 2010, an outbreak in British Columbia resulted in 82 confirmed cases. Infants and children less than 5 years old were disproportionately affected, as were adults 30 to 39 years old. Where immunization status was known, 59% of cases had not been vaccinated, 29% had received one dose of measles containing vaccine and 12% had received two doses of measles containing vaccine.
>
> In 2008, an outbreak in Ontario began in March and ended in June with a total of 53 confirmed cases. The source of the index case is unknown. About one third of the cases were less than in 10 years old. Where immunization status was known, nearly all cases (29 of 30) had not been vaccinated.
>
> In 2007, an outbreak in Quebec began in April and ended in September with a total of 96 confirmed cases. Although the source of the index case is unknown, the laboratory results suggest that there were two separate importations. Over half (54.7%) of the cases were between the ages of 1 and 10 years. Where immunization status was known, nearly all cases (79 of 86) were in individuals who had not received 2 doses of measles containing vaccine."

Based on what was not reported, it is clear that, *in these recent outbreaks*, both twice-vaccinated individuals and age-appropriately-singly-measles-vaccinated children contracted measles when they were exposed to the measles virus.

Turning to the issue of MMR-vaccination-related deaths, using the "audited" reports to the US Vaccine Adverse-Events Reporting System (VAERS) jointly maintained by the CDC and the US Food and Drug Administration (FDA) [see footnote "**7**", page "7", "Table 1. Death Reports 2003 – 2012 in Children to 6 Years of Age"] and the population ratio for Canada to the USA, about 61 MMR-vaccination-related deaths may be occurring annually in Canada.

Thus, in addition to not "curing" those who are inoculated with an MMR vaccine for measles protection, the MMR vaccination program kills some of those who are vaccinated (and injures an even greater number).

"These outbreaks just confuse me. Why are we still dealing with a virus that humankind has already conquered?"

The "Outbreaks" Reality: The Measles-Vaccination Program Has Not Conquered Measles Nor Can It Provide Lifetime Protection From Measles Re-infection

Outbreaks of measles occurring and those too young to be vaccinated are contracting measles because the Establishment has replaced natural infection, which provided lifetime protection from re-infection and bridging disease-infection protection to "our" long-term breastfed

offspring with a live-virus vaccination program, which provides neither lifetime protection from measles re-infection nor the level and duration of measles infection protection provided to infants who are breastfed for *more than* a year by mothers who had previously had measles.

In addition, the measles vaccination program abnormally infects us with a mutated measles virus that: **a)** damages "our" immune system because it abnormally interacts with it[9]; **b)** harms, maims and kills some of those individuals who are vaccinated with the vaccine-strain of the measles virus (see footnote "**7**"); and **c)** renders most MMR vaccinees susceptible to measles re-infection within: **i)** *less than* ten (< 10) years after the last dose of MMR vaccine or **ii)**, *for no more than 25% of MMR vaccinees*, 10 to 15 years after the last dose of MMR vaccine was given (see footnote "**2**").

Thus, Dr. King's science-based answer to Ms. Morey's question,

"*Why are we still dealing with a virus that humankind has already conquered?*"

is:

> "Obviously, '*humankind*' has not conquered measles nor can any such virus be conquered by infecting almost the entire population with a vaccine containing some live-virus strain of that virus multiple times.
>
> Moreover, today's science does not even understand exactly how natural disease "immunity" is acquired and maintained.
>
> Therefore, how, *except by continual bombardment with brain-washing misinformation*, could any rational person, even Ms. Morey, be deceived into thinking that a viral disease can truly be '*conquered*' by repeatedly infecting as much of the world's population as possible with live mutated strains of that virus?"

"Parents: Don't be selfish — this isn't just about your family. You're not only endangering your child's life, but everyone else's, as well."

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9 Tsumiyama K, Miyazaki Y, Shiozawa S. Self-Organized Criticality Theory of Autoimmunity. *PLoS ONE* 2012 Dec 31; 4(12): e8382 (9 pages). doi:10.1371/journal.pone.0008382, http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0008382, (emphasis added),

"Abstract

Background: The cause of autoimmunity, which is unknown, is investigated from a different angle, i.e., the defect in immune 'system', to explain the cause of autoimmunity.

Methodology/Principal Findings: Repeated immunization with antigen causes systemic autoimmunity in mice otherwise not prone to spontaneous autoimmune diseases. Overstimulation of CD4+ T cells led to the development of autoantibody-inducing CD4+ T (aiCD4+ T) cell which had undergone T cell receptor (TCR) revision and was capable of inducing autoantibodies. The aiCD4+ T cell was induced by de novo TCR revision but not by cross-reaction, and subsequently overstimulated CD8+ T cells, driving them to become antigen-specific cytotoxic T lymphocytes (CTL). These CTLs could be further matured by antigen cross-presentation, after which they caused autoimmune tissue injury akin to systemic lupus erythematosus (SLE)."

The Real Issue: Our Children's Overall Long-term Health

In our society, apparently more children die from the adverse effects of their vaccination programs than die from the infectious childhood diseases[10] and other generally non-childhood chronic infectious diseases for which childhood vaccination is currently recommended[11].

Though not addressed by Ms. Morey, there is an increasing body of evidence that those initially healthy babies who are never vaccinated are much healthier overall than initially healthy babies who are vaccinated according to the recommended vaccination programs in place at the time the groups were or are being compared[12].

Specifically, with respect to chronic illnesses and allergies, the never vaccinated are, and grow up to be, two to five times healthier when it comes to most chronic disease and allergy problems than those who were and/or are vaccinated as recommended by the Establishment.

Thus, starting with those parents with the highest education who do their own research and extending to those parents who have seen their children permanently maimed and/or killed by the adverse effects of one or more vaccinations that their child received, after finding that the Establishment was lying about the proofs of safety and effectiveness for the recommended vaccines and vaccination programs, informed parents are increasingly rejecting the claims that vaccination is "safe", "effective", and "disease preventive".

These parents rejecting those claims because the studies that purport to "prove" the claims made for each vaccine, vaccination program, and the overall vaccination recommendations are scientifically unsound, inappropriate, or, worse, non-existent.

"Dr. Christopher Sikora with Alberta Health Services told Global News that measles has the highest potential for transmissions, with transmission rates in the range of 50 to 90 per cent."

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[10] In general, the acute diseases for which childhood vaccination is recommended in the USA include, but are not limited to, measles, mumps, rubella, alphaherpes varicella zoster, polio, rotavirus, "whooping cough" [caused by four (4) human-infective species of Bordetella (*B. pertussis*, *B. parapertussis*, *B. bronchiseptica* and *B. holmesii*), some other bacteria (e.g., *Legionella* species), and, in some instances RSV], *Haemophylis influenza* type B, *Streptococcus pneumoniae* and hepatitis A.

[11] Principally, these diseases are infections by hepatitis B viral infection [generally transmitted by intimate sexual contact or, for intravenous drug users, needle sharing with those who are infected] and infections by certain human papilloma viruses.

[12] http://www.whale.to/a/children1.html, "Unvaccinated children are healthier", which has information and links to multiple studies and reports dating from 1977 through the first part of 2012 from around the world, which all show that, *from the point of view of chronic adverse health conditions*, initially healthy unvaccinated (never vaccinated) children are healthier than initially healthy "fully" vaccinated children.

Disease Transmission Realities

First, Dr. King agrees that measles has a natural transmission rate that ranges between 50% and 90%.

However, since 85% to 90% of all children are twice-inoculated with an MMR vaccine in the USA and Canada and others are again vaccinated whenever there is a measles outbreak, which infects all who are inoculated with a mutated (vaccine-strain) measles virus each time they are inoculated with a MMR vaccine, the MMR vaccination "transmission rate" for measles is more than 85%.

However, because most children who are vaccinated do not develop a clinical case of measles, the fact that MMR vaccination transmits live measles virus to (infects) every inoculee each time an individual is inoculated with an MMR vaccine is glossed over by the vaccination apologists and acolytes.

In addition, the failure of multiple inoculations with a measles-containing vaccine to provide:

- Lifetime protection from subsequently contracting measles to multiply-vaccinated individuals later exposed to the measles virus;
- 10-year-plus protection from later contracting measles to *not more than* about 25% of those twice-vaccinated children;
- *More than* short-term (*less than* 5 years) to intermediate-term (*no more than* 10-year) protection from being at risk of contracting measles to about 70% of those who have been twice-vaccinated when later exposed to the measles virus; and
- Any durable protection from contracting measles after measles-virus exposure to at least 5% of those who have been inoculated at least twice,

is concealed.

In general, for the other vaccines[13], the percentages who receive any protection from the vaccine-covered diseases are less than those provided by the mutated measles virus in the MMR vaccines.

Moreover, the durations of protections provided by these other vaccines, if any, are shorter than the durations of the protections that are provided by multiple measles vaccinations.

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[13] In general, in addition to adjuvants and/or preservatives, these vaccines contain: **a)** mutated live viruses or bioengineered live viruses; **b)** inactivated viruses; **c)** fragments of viruses or bacteria; or **d)** fragments of bacteria conjugated to some toxoid (usually, the diphtheria toxoid or the tetanus toxoid); or e) bacterial toxins or toxoids.

Furthermore, both "herd immunity in highly vaccinated populations" and "antibody titer equates to disease protection" have been shown to be failed vaccination "theories".

Thus, it should be clear that vaccination does not

- Provide "disease immunity";
- Prevent those who are vaccinated from subsequently contracting the disease; or, *for live-virus vaccines*,
- Prevent the vaccine-strain-infected children from subsequently contracting the viral diseases for which the applicable vaccines are claimed to be "disease-preventive".

"I suppose it comes down to parents wanting more natural remedies for these illnesses and a belief in false medical propaganda relating how vaccines cause autism."

Historical Reality: Vaccines Cause Adverse Effects Including Brain Inflammation That Triggers "Regressive Autism"

Contrary to Ms. Morey's unsupported assertions, the scientific record clearly shows that, since 1976[14], medical practitioners and public health officials have recognized that vaccination may be a trigger for brain inflammation and neurological damage.

Moreover, both public health officials, federal administrative arbitrators in what is euphemistically called the "vaccine court" in the USA and judicial courts outside the USA have recognized that brain inflammation can, *in some instances*, lead to an affected child's being subsequently diagnosed with "autism".

In addition, turning to the U.S. Vaccine Adverse-Events Reporting System (VAERS), jointly maintained by the CDC and the FDA, Dr. King has noted and, reported on[15], instances linking vaccination with a subsequent diagnosis term for "*autism*" in VAERS entries from inoculations in August of 1988 onwards.

Clearly, public health officials have accepted that vaccination can trigger adverse effects, including brain inflammation, which can result in some affected children's being given an "*autism*" diagnosis.

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[14] Eggers C. [Autistic syndrome (Kanner) and vaccination against smallpox (author's transl)]. *Klin Padiatr*. 1976 Mar; 188(2): 172-180 [German] (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".

[15] http://dr-king.com/docs/20130606_DrftRevuOf_Sticking_with_the_truth_b_r1.pdf, see "Table 1 VAERS Case Reports In Young Children (1 to 8 years of age) Receiving the MMR Vaccine and Later Being Diagnosed with Autism or a Related Neurodevelopmental Disorder (e.g., ASD or PDD,) from 19 Aug. 1988 through 15 Jan. 1997", page "3".

Thus, the only "*false medical propaganda*" here is Ms. Morey's assertion.

"Jenny McCarthy has unnecessarily scared a generation of parents by stating vaccinations are linked to autism. The 1998 study she referred to was debunked by multiple subsequent studies and in 2004, 10 of the 12 researchers involved in the study retracted their findings, stating it was incorrect."

Here, Dr. King can only recommend that the preceding statements should be ignored because they: **a)** are less than accurate and **b)** have nothing to do with the reality that post-vaccination adverse reactions cause brain damage that results in an "*autism*"/"autism spectrum" diagnosis in some vaccination-damaged children.

"When celebrities give their opinion on medical procedures, we should take their advice with a grain of salt."

First, Dr. King generally agrees with Ms. Morey here, unless the celebrity is a recognized expert on a given medical procedure with years of experience dealing with those who have been damaged by that medical procedure and/or years of non-conflicted research into the risks and theoretical benefits of that medical procedure.

However, Dr. King notes that we should also ignore statements made by journalists that are essentially the journalists' opinions or "talking points" on a medical procedure.

"A 2002 study conducted by the U.S. Institute of Medicine found there is no correlation between vaccines and immune deficiencies, particularly dealing with infections, Type 1 Diabetes and allergic disorders.

Also in 2002, a *New England Journal of Medicine* study that followed all children born in Denmark between 1991 and 1998 (more than 537,000 children) found there is no association between autism and the Measles Mumps and Rubella (MMR) vaccine.

Not convinced? No relationship was found between autism and the MMR vaccine, as well as no association linked with asthma, leukemia, hay fever, type 1 diabetes, gait disturbance, Crohn's disease, demyelinating diseases, bacterial or viral infections, was found in an updated 2012 Cochrane review study which followed more than 14 million children."

Conflicted Reports *versus* Independent Studies

First, Ms. Morey apparently did not read the "REPORT AT A GLANCE"[16] summary of the "*2002 study conducted by the U.S. Institute of Medicine*" (IOM), titled, "Immunization Safety Review: Multiple Immunizations and Immune Dysfunction".

[16] Immunization Safety Review: Multiple Immunizations and Immune Dysfunction, IOM report, "Released: February 20, 2002",

Factually, the committee reported that the "epidemiological evidence favors rejection of a causal relationship between multiple immunizations and increased risk for infections and for type I diabetes" (emphasis added).

When it came to "*allergic disorders*", the IOM reported, "epidemiological evidence regarding risk for allergic disease, particularly asthma, was inadequate to accept or reject a causal relationship".

Thus, the IOM did not declare, "*there is no correlation between vaccines and immune deficiencies, particularly dealing with infections, Type 1 Diabetes and allergic disorders*" as Ms. Morey has asserted.

Moreover, since there were case reports, case-control studies, animal studies, and human cell studies that indicated a possible connection between multiple vaccination and these conditions, the IOM's report apparently did not consider that evidence in reaching its conclusions but rather limited the IOM report's findings to the evidence provided by only those epidemiological studies, which the review committee chose to consider.

Turning to Ms. Morey's "*in 2002, a New England Journal of Medicine study that followed all children born in Denmark between 1991 and 1998 (more than 537,000 children) found there is no association between autism and the Measles Mumps and Rubella (MMR) vaccine*", Dr. King first notes that Ms. Morey failed to disclose that this study, Madsen KM, Hviid A, Vestergaard M, Schendel D, Wohlfahrt J, Thorsen P, Olsen J, Melbye M. A population-based study of measles, mumps, and rubella vaccination and autism. NEJM. 2002 Nov 07; 347(19): 1475-1481, was overseen by the CDC and suffers from a design that over stratified the data, which inherently reduces the significance of any relative risk that might be found.

In addition, a subsequent independent study of Danish children using a scientifically sound design[17] found that there were increased

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(emphasis added),

"REPORT AT A GLANCE

- Report Brief. Immunization Safety Review: Multiple Immunizations and Immune Dysfunction (PDF)

By two years of age, healthy infants in the United States can receive up to 20 vaccinations to protect against 11 diseases. Although most people know that vaccines effectively protect against serious infectious diseases, many parents question: Can too many immunizations overwhelm an infant's immune system? Reasonable theories exist for how vaccines could cause these effects.

The Immunization Safety Review committee reviewed the evidence regarding the hypothesis that multiple immunizations increase the risk for immune dysfunction, with a focus on evidence related to risk for infections, the autoimmune disease type I diabetes, and allergic disorders.

The committee found that evidence favors rejection of a causal relationship between multiple immunizations and increased risk for infections and for type I diabetes. They also found that epidemiological evidence regarding risk for allergic disease, particularly asthma, was inadequate to accept or reject a causal relationship. The committee recommended continued attention in the form of policy analysis, research, and communication strategy development to inform those concerned about these issues and to encourage parents to vaccinate their children."

[17] Goldman GS, Yazbak FE. An Investigation of the Association Between MMR Vaccination and Autism in Denmark. *J Am Physi Surg.* 2004 Fall; 9(3): 70-75.

"ABSTRACT

The measles, mumps, rubella (MMR) vaccine was added to the childhood immunization schedule in Denmark in 1987. From 1998 to the present, there has been concern over whether there is an association between MMR vaccination and autism. Prevalence of autism by age category during 1980 to 2002 was investigated, using data from a nationwide computerized registration system, the Danish Psychiatric Central Register, in order to compare the periods preceding and following introduction of MMR vaccine.

relative risks for autism that were correlated with the level of MMR vaccination.

Thus, we have:

- A conflicted, CDC-overseen epidemiological study with a problematic study design, which found no statistically significant relative risk attributable to "*autism*", and
- An independent study of measles vaccination in children in Denmark that:
  - Compared the "*autism*" rate before the MMR vaccine was introduced (8-plus per 100,000 in Danish children who were 5-9 years of age)
  - To the rate after the MMR vaccine was introduced and most children were vaccinated with the MMR vaccine in 2000 and 2001 (71-plus per 100,000 in such Danish children), and
  - Found an 8-plus-fold increase[18].

In addition, in 2003, another independent epidemiological study in the VAERS database[19] found the following risks associated with the adverse events following childhood MMR vaccination as compared to the childhood DTwP vaccine (see footnote "**19**", page 206) as shown in the table on the next page.

Moreover, that VAERS study also indicated that there was a significantly increased relative and attributable risk of a diagnosis of cerebllar ataxia, autism or permanent brain damage after an MMR vaccination as compared after a DTwP vaccination, while there was an apparently decreased attributable risk for mental retardation.

Prior to a classification change in 1993/1994 and a change in enrollment in 1995, an increase in autism prevalence was noted. Linear regression analysis was performed separately on the trend during 1990 to 1992, the period that preceded the introduction of both effects. The prevalence in 2000 could then be derived excluding the sources of ascertainment bias.

Prevalence of autism among children aged 5-9 years increased from a mean of 8.38/100,000 in the pre-licensure era (1980-1986) to 71.43/100,000 in 2000 and leveled off during 2001-2002. The relative risk (RR) is therefore 8.5 (95% CI, 5.7 to 12.7). After adjusting for greater diagnostic awareness, the RR is 4.7 (95% CI, 3.1 to 7.2). Among individuals less than 15 years old, the adjusted RR is 4.1 (95% CI, 3.5 to 4.9).

Longitudinal trends in prevalence data suggest a temporal association between the introduction of MMR vaccine in Denmark and the rise in autism. This contradicts an earlier report.

Health authorities should develop safer vaccination strategies and support further investigation of the hypothesized link between the MMR vaccine and autism."

18 Moreover, even after correcting for "greater diagnostic awareness", the independent study reported a 4-plus-fold increased relative risk for autism after the MMR vaccine was introduced.

19 Geier MR, Geier DA. Pediatric MMR Vaccination Safety. *Internat. Pediat.* 2003; 18(2): 203-208, emphasis added, "Abstract

TMeasles [sic; Measles], mumps and rubella are viral infections that have the potential to result in globally destructive disorders. Measles, mumps and rubella (MMR) vaccine has helped to dramatically reduce the number of cases of measles, mumps and rubella infection, as well as to reduce the amount of pain and suffering associated with each of these natural infections. The purpose of this study was to analyze the incidence of serious neurologic disorders in a comparative examination between MMR vaccine and a vaccine control group. The Vaccine Adverse Events Reporting System (VAERS) database was analyzed for the incidence rate of permanent brain damage, cerebellar ataxia, autism and mental retardation reported following MMR vaccine and diphtheria, tetanus and whole-cell pertussis (DTwcP) containing-vaccines from 1994 through 2000 in the US. Statistically significant increases in the incidence of serious neurologic disorders following pediatric MMR vaccine in comparison to DTwcP vaccine were found. The potentially globally destructive effects of natural measles, mumps and rubella infections means that continued vaccination is necessary, but improvements in MMR vaccines are needed to improve its safety.".

"Table 2 - A comparison of serious neurologic reactions following MMR vaccination in comparison to DTwcP vaccination"					
Type of Reaction	Relative Risk	Attributable Risk	Percent Association	Statistical Significance	95% Relative Risk Confidence Interval
Cerebellar Ataxia	8.2	7.2	89	$p < 0.0001$	4.4 to 15
Autism	5.2	4.2	84	$p < 0.0001$	3.0 to 9.2
Mental Retardation	1.7	0.7	63	$p < 0.05$	1.1 to 2.6
Permanent Brain Damage	2.3	1.3	70	$p < 0.05$	1.2 to 4.4

Based on the preceding findings, *contrary to Ms. Morey's views*, there is an apparent increased risk of an autism diagnosis following MMR vaccination.

Turning to the last study cited by Ms. Morey[20], it appears that she did not read the Cochrane Summary for this review.

Contrary to what Ms. Morey reports, the Cochrane Summary states:

1. The "administration of the vaccine containing Moraten, Jeryl Lynn, Wistar RA, RIT 4385 strains is associated with febrile convulsion in children aged below five years".
2. "The MMR vaccine could also be associated with idiopathic thrombocytopaenic purpura -... ".
3. "We could assess no significant association between MMR immunisation and the following conditions: autism, asthma, leukaemia, hay fever, type 1 diabetes, gait disturbance, Crohn's disease, demyelinating diseases, or bacterial or viral infections. The methodological quality of many of the included studies made it difficult to generalise their results".

Where the beginning assertion, "We could assess no significant association", means that this 2012 Cochrane review was unable to assess any "association between MMR immunisation and the following conditions: autism, asthma, leukaemia, hay

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20 http://summaries.cochrane.org/CD004407/using-the-combined-vaccine-for-protection-of-children-against-measles-mumps-and-rubella, "Demicheli V, Rivetti A, Debalini MG, Di Pietrantonj C. Using the combined vaccine for protection of children against measles, mumps and rubella, *Cochrane Summaries*. Published Online: 15 February 2012. - See more at: http://summaries.cochrane.org/CD004407/using-the-combined-vaccine-for-protection-of-children-against-measles-mumps-and-rubella#sthash.xUWqKyXC.dpuf", emphasis added,

"Measles, mumps and rubella (MMR) are three very dangerous infectious diseases which cause severe morbidity, disability and death in low-income countries.

Based on the evidence provided by three cohort studies (3104 participants), vaccination with one dose of MMR vaccine is at least 95% effective in preventing clinical measles among preschool children; in schoolchildren and adolescents at least one dose of MMR vaccine was 98% effective in preventing laboratory-confirmed measles cases; one or two MMR doses were respectively 92% and 95% effective in preventing secondary measles cases.

At least one dose of MMR vaccine is effective in preventing clinical mumps among children and adolescents when prepared with Jeryl Lynn strains (vaccine effectiveness = 69% to 81%, one cohort and one case-control study, 1656 participants), as well as when prepared with Urabe strain (vaccine effectiveness = 70% to 75%, one cohort and one case-control study, 1964 participants). Effectiveness against laboratory-confirmed mumps in children and adolescents was estimated to be between 64% to 66% for one and 83% to 88% for two doses of Jeryl Lynn MMR (two case-control studies, 1664 participants) and 87% for Urabe-containing MMR (one cohort study, 48 participants). Vaccination with Urabe MMR confers protection against secondary mumps infection (vaccine effectiveness = 73%, one cohort study, 147 participants).

We identified no studies assessing the effectiveness of MMR vaccine against clinical or laboratory-confirmed rubella.

Results from two very large case series studies involving about 1,500,000 children who were given the MMR vaccine containing Urabe or Leningrad-Zagreb strains show this vaccine to be associated with aseptic meningitis; whereas administration of the vaccine containing Moraten, Jeryl Lynn, Wistar RA, RIT 4385 strains is associated with febrile convulsion in children aged below five years (one person-time cohort study, 537,171 participants; two self controlled case series studies, 1001 participants). The MMR vaccine could also be associated with idiopathic thrombocytopaenic purpura (two case-controls, 2450 participants, one self controlled case series, 63 participants).

We could assess no significant association between MMR immunisation and the following conditions: autism, asthma, leukaemia, hay fever, type 1 diabetes, gait disturbance, Crohn's disease, demyelinating diseases, or bacterial or viral infections. The methodological quality of many of the included studies made it difficult to generalise their results."

fever, type 1 diabetes, gait disturbance, Crohn's disease, demyelinating diseases, or bacterial or viral infections" because the "methodological quality of many of the included studies made it difficult to generalise their results".

Based on the preceding information, the MMR vaccines in use in Canada and the USA are causally "associated with febrile convulsions in children aged below five years" and "could also be associated with idiopathic thrombocytopaenic purpura".

However, "no significant association" could be assessed for the reported adverse-event outcomes considered ("autism, asthma, leukaemia, hay fever, type 1 diabetes, gait disturbance, Crohn's disease, demyelinating diseases, or bacterial or viral infections") because the available studies were not of sufficient "methodological quality".

"If these anti-vaccine parents truly understood and cared about their children's health, maybe they would knock that chocolate bar or glass of pop out of their kids' hands and care more about childhood obesity, which can lead to heart disease."

Distortions and Misrepresentations

Here, Ms. Morey begins by intentionally misrepresenting parents who are opposed to vaccinating themselves and their children, wards, grandchildren or great-grandchildren as if they were "*anti-vaccine*" when, in general, "*these … parents*":

a. Are not opposed to the current vaccines *per se*;

b. Do think that the current vaccines do not meet the applicable safety standards for injectable prophylactic drugs and have not proven to be effective; and

c. Are willing to risk their loved ones' contracting childhood diseases from vaccinated children and others, which, currently and increasingly, appears to be a greater risk than the risk for vaccinated children's contracting a childhood disease from some unvaccinated child.

Moreover, there is no study of which Dr. King is aware in which those parents, who are opposed to vaccination of themselves and their loved ones, do not understand and care about their loved ones health.

Furthermore, from what Dr. King reads, most of those who are opposed to vaccinating their loved ones are more highly educated and live in more affluent areas – indicating that those who are better-informed have:

- Studied the vaccines' package inserts and/or the applicable scientific literature on the risks and theoretical benefits of each recommended vaccination, and

- Decided to opt out of a few, some, most, or all vaccination programs.

In addition, most of the parents with whom Dr. King interacts do oversee what their children are permitted to eat; how much of all foods are consumed; and provide nutritious snacks because they care about their loved ones eating habits.

These parents do this because they obviously care about their loved ones' eating a healthy diet – increasingly one that is free of GMOs and has a significantly reduced level of commercially prepared foods.

As to the issue of obesity, there are studies that seem to indicate that certain vaccinated children tend to have elevated levels of homocysteine in their blood[21], where elevated homocysteine levels are a known cofactor[22] for "*childhood obesity, which can lead to heart disease*".

"Modern medicine has given us a solution for small-pox, diphtheria, influenza, whooping cough, and, yes, even measles. Parents: Stop bubble-wrapping your kids — listen to science and vaccinate your kids."

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21 http://www.researchgate.net/publication/49811653_Total_blood_mercury_plasma_homocysteine_methylmalonic_acid_and_folate_in_US_children_aged_3-5_years_NHANES_1999-2004/file/72e7e52dd13a31df4e.pdf, Gallagher CM, Meliker JR. Total blood mercury, plasma homocysteine, methylmalonic acid and folate in US children aged 3–5 years, NHANES 1999–2004. *Sci Total Environ* 2011; 409: 1399–1405, last accessed on 1 May 2014, emphasis added,

"ABSTRACT

Background: Mercury is a known neurotoxicant; however, the relationship between childhood exposures and neurodevelopmental outcomes is uncertain, and may be modified by nutrition-related susceptibilities. In vitro studies found that mercury inhibited methionine synthase, an enzyme that interacts with vitamin B-12 and folate to regenerate the amino acid methionine from homocysteine, and inhibition of methionine synthase diverted homocysteine to cysteine and glutathione synthesis. The relationships between mercury, homocysteine, B-12, and folate have not been examined in children.

Objective: This study aimed to evaluate associations between Hg and homocysteine in male and female children differentiated by higher and lower methylmalonic acid (MMA, an indicator of vitamin B-12 deficiency) and folate status.

Design: Cross-sectional data on total blood mercury (Hg), plasma homocysteine, MMA, and serum folate were obtained from the 1999–2004 National Health and Nutrition Examination Surveys for children aged 3–5 years (n=1005). We used multiple linear regression to evaluate relationships between homocysteine and Hg quartiles, stratified by sex, MMA≥ and folate < sample medians, adjusted for demographic, anthropometric, and environmental factors.

Results: In boys with higher MMA and lower folate (n=135) [13.4% of the children in the sample], but not in other children, we observed inverse associations between homocysteine and Hg. Children with Hg >3.49 μmol/L showed 1.14 μmol/L lower homocysteine (p <0.001) relative to the lowest quartile (≤ 0.70 μmol/L) {p-value for trend <0.001}. Compared to other subsamples, this subsample had significantly higher homocysteine levels.

Conclusion: Hg was inversely correlated with plasma homocysteine in young boys, but not girls, with higher MMA and lower folate. Additional studies are merited to evaluate Hg and amino acid metabolism in susceptible children."

22 http://link.springer.com/article/10.1007/s00431-005-0033-8, Zhu W, Huang X, Li M, Neubauer H. Elevated plasma homocysteine in obese schoolchildren with early atherosclerosis. *European J. Pediatrics* 2006 May; 165(5): 326-331, last accessed on 1 May 2014, emphasis added,

"Abstract

Elevated plasma homocysteine is widely seen as an independent risk factor of cardiovascular disease in adults. In order to investigate the role of homocysteine in a paediatric population at risk for early atheroclerosis, we studied plasma homocysteine in obese schoolchildren and non-obese peers. Plasma homocysteine, serum vitamin B12 and serum folic acid were determined in 41 obese and 27 control subjects and related to carotid intima-media thickness and flow-mediated dilatation measured on high-resolution ultrasonography. Homocysteine, vitamin B12 and folic acid were all significantly elevated in obese children. In girls, plasma homocysteine correlated significantly with body mass index (r=0.56, p=0.002), increased ICA intima-media thickness (r=0.39, p=0.035) and flow-mediated dilatation (r=−0.40, p=0.031). In boys, none of these associations reached significance (all p>0.234). No independent association of homocysteine with IMT and FMD was seen after adjustment for BMI. Conclusion: Plasma homocysteine is elevated in obese schoolchildren with hypertension and dyslipidaemia, particularly in girls. This may indicate a high-risk constellation, so that plasma homocysteine should be monitored in these [obese] children."

Modern Medicine and Vaccination Programs: Unsafe, Non-effective and Disease-causing Solutions

Here, Dr. King agrees with Ms. Morey that "*[m]odern medicine has given us a solution for small-pox, diphtheria, influenza [actually, 5 types of solutions currently (quadrivalent live genetically engineered influenza viruses, inactivated trivalent influenza split viron, inactivated trivalent split viron with Thimerosal, inactivated quadrivalent influenza split viron, and inactivated quadrivalent influenza split viron with Thimerosal)], whooping cough [several types of B.-pertussis components and endotoxin], and, yes, even measles*" as well as vaccines for

- Diphtheria
- Tetanus,
- Polio,
- Mumps,
- Rubella,
- *Haemophyiis influenza B*,
- Hepatitis,
- Hepatitis A,
- 13 strains of conjugated *S. pneumonae* polysaccharides,
- 23 strains of *S. pneumonia polysaccharides*,
- Rotavirus (one "attenuated human"; the other a mixture of 5 human-bovine hybridized viruses),
- Two genetically engineered, human papilloma virus-(HPV)-fragment vaccines (one for 2 strains and one for 4 strains of the 150-plus known HPV strains),
- Alphaherpes varicella zoster (for chickenpox and shingles),
- 4 (soon to be 5) strains of *Neiserria meningitides*,
- Yellow fever,
- Japanese encephalitis,
- Rabies,
- Typhoid,
- Anthrax (only given to some military personnel),
- *Mycobacterium tuberculosis* (vaccine not administered in the USA), and
- *Borrelia burgdorferi sensu strict*, the main cause of Lyme disease in North America (where the FDA licensed an immunogenic recombinant *Borellia burgdorferi* outer-surface-protein [OspA] vaccine [LYMErix™ licensed to SmithKline Beecham, now GlaxoSmithKline], which: **a)** was incompletely

protective, **b)** required annual vaccination and **c)** was withdrawn because of reported adverse effects, class-action lawsuits, and collapsing demand[23]).

However, in general, those prophylactic ("disease preventive") solutions have not been proven to be "safe" for administration to any human[24], which would, *at a minimum*, require proof that each of these vaccines is not capable of later causing cancers, mutations, or any adverse reproductive effects, *including teratogenicity*, in those human males and females to whom such vaccines can be administered.

In addition, for the infectious contagious childhood diseases[25], the artificial disease protections provided by multiple doses of those vaccines do not furnish the lifetime benefits that accrue to the healthy child who has the infectious contagious childhood diseases and recovers to have lifetime immunity or long-term protection from ever having a clinical case of those diseases again.

Finally, the immune factors that vaccinated females can pass to their offspring are less and/or of shorter duration than the immune factors that a never-vaccinated woman, who has been exposed to and resolved those infectious diseases, can pass to her offspring *in utero* and through breastfeeding (preferably for more than one year).

Thus, the preceding are the scientific realities about artificial disease protection induced by vaccination as compared to the natural immunity acquired by the healthy child's being age-appropriately exposed to and resolving the common childhood infectious diseases.

As a member of a generation who along with his wife had the childhood diseases and recovered from them with no significant adverse effects as well as one of those the military vaccinated during "basic training" with serious adverse consequences from which Dr. King did not fully recover, Dr. King hopes that parents will study the scientific realities about vaccination not the "pseudoscientific" and "tobacco science" studies touted by the Establishment, healthcare providers, pharmaceutical manufacturers, paid and otherwise conflicted academics, and vaccine apologists, like Ms. Morey.

To that end, Dr. King recommends the second edition of Neil Z. Miller's **Vaccine Safety Manual For Concerned Families and**

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23 http://cid.oxfordjournals.org/content/52/suppl_3/s253.full.pdf. Poland GA. Vaccines against Lyme Disease: What Happened and What Lessons Can We Learn? ***Clin Infect Dis***. 2011; **52**(suppl 3): s253-s258. [Note: This paper, written by a vaccine apologist and now Editor in Chief of the journal ***Vaccine***, presents the Establishment's view of reality and it should be considered in that light.]

24 http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liequstn_e_b_r1.pdf.

25 For example, in Canada (and the USA), whooping cough, measles, mumps, rubella, chickenpox, Haemophylis influenza type B, rotavirus, polio, and S. pneumoniae.

Health Practitioners (ISBN: 978-1888121737-4), which is available on www.Amazon.com for less than US$ 20 plus shipping).

Then, after becoming educated about all of these vaccines and vaccination programs, Dr. King trusts that the informed parents will make vaccination decisions that they think are in the best interests of themselves and their loved ones (including their children and wards).

Dr. King's Concluding Remarks

As with most of the "newspaper" and/or "Internet" articles that Dr. King has reviewed, this article makes unsupported assertions that are at odds with the published scientifically sound studies and reports concerning the history, safety, effectiveness and cost-effectiveness of past and current vaccination programs in the developed countries like Canada and the USA.

In addition, Dr. King observes that inoculation with some strains of live viruses cannot wipe out any disease because the inoculation infects the recipient with those live viruses which replicate, mutate, and, to varying degrees and for varying periods, are shed into the environment where, *for example for polio*, they or their mutated forms have become the principal circulating disease-causing strains for paralytic polio.

Moreover, from the viewpoint of infection, each year in the USA about 10 million individuals are inoculated (infected) with the vaccine strains of the measles, mumps, and rubella viruses – yet the Establishment treats these infections as if they do not occur.

Therefore, Dr. King encourages everyone, especially parents, to study the vaccination issues discussed in, or cited by, this review for themselves by seeking scientifically and logically sound studies and reports that address the concerns raised in this review, and taking all articles on vaccination, *including this review*, with a proverbial "grain of salt".

Acknowledgments

For contributing valuable insights and providing their personal experience-based knowledge in various areas, Dr. King thanks Tetyana Obukhanych, PhD; 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.

Additionally, Dr. King specifically thanks Catherine J Frompovich and Gary S. Goldman for their support, suggestions, corrections and alternate wordings that helped him to finalize this review.

About Lindsay Morey, the Author of the Article Being Reviewed

Source: http://ca.linkedin.com/pub/lindsay-morey/4a/56b/849

"Lindsay Morey's Overview

Current	Reporter at Fort Saskatchewan Record
Past	Multimedia Reporter at Wetaskiwin Times Customer Service Sales Associate at Sears Canada Reporter at CBC/Radio-Canada see all
Education	University of King's College Memorial University of Newfoundland
Connections	114 connections
Websites	Portfolio

Lindsay Morey's Experience

Reporter
Fort Saskatchewan Record
February 2014 – Present (3 months) Fort Saskatchewan, Alberta

Multimedia Reporter
Wetaskiwin Times
December 2013 – February 2014 (3 months) Wetaskiwin, Alberta

Reported on community, happenings and stories events in and around the City of Wetaskiwin and County of Wetaskiwin in Alberta. As I was a part of a 2-3 reporter newsroom (including myself), I had a greater opportunity to cover different topics which I haven't previously experienced as a rookie reporter wiith [sic; with] CBC.

Highlights of the job include county council coverage, local business reporting, sports reporting (especially Icemen hockey), the historic Maskwacis name change (at the former Hobbema First Nations reserve), general reserve reporting at Maskwacis and reporting on my first murder coverage, which included press conferences and attending court.

I learned the basics of Photoshop and InDesign as I wrote and edited stories as well as took photos and edited them as well for the newspaper and website.

You can read some of the articles I wrote by searching my name or viewing past e-editions online at www.westaskiwintimes.com

Customer Service Sales Associate
Sears Canada
Public Company; 10,001+ employees; TSE:SCC; Retail industry

September 2007 – July 2013 (5 years 11 months) Halifax, NS

- Cashier, one-on-one customer service, set up displays and personal shopper.
- Presented wardrobing sessions to customers and made promotional announcements.
- Opened customer applications for Sears Cards and Sears MasterCard accounts.
- Executed monthly action plans for new merchandise, followed merchandising standards, colour-linked the floor plan, updated mannequins and replenished stock on a daily basis.

Reporter
CBC/Radio-Canada

Government Agency; 5001-10,000 employees; Broadcast Media industry
June 2012 – August 2012 (3 months) Corner Brook, NL

As a reporter with the CBC's West Coast Morning Show, I created soundscapes, paks a talk-tape and edited pre-recorded interviews using Dalet audio software. I interviewed people in the field as well as arranging live and pre-taped interviews for the show. I referred to Twitter, Facebook and online blogs for story ideas and I was able to accomplish daily and changing deadlines in the newsroom.

Journalist Intern
CBC/Radio-Canada

Government Agency; 5001-10,000 employees; Broadcast Media industry
April 2012 – April 2012 (1 month) CBC Radio Halifax

While interning for CBC Radio Halifax for the radio show Information Morning, I compiled streeters, paks and a talk-tape. I pre-recorded and edited interviews as well as setting up live interviews for the show and wrote greens. I also podcasted show interviews.

Online journalist, Assignment Editor, Radio Reporter, Radio Producer and Sound Mixer
University of King's College

Educational Institution; 51-200 employees; Higher Education industry
September 2011 – March 2012 (7 months) Halifax, Canada Area

Student writer for:

- university news website: Unews.ca
- King's Radio Room Reporter and Producer

I also wrote, recorded, mixed and produced my own radio documentary in King's Radio Documentary workshop.

Promotions Officer - Injury Prevention
Canadian Red Cross

Nonprofit; 10,001+ employees; Nonprofit Organization Management industry
July 2010 – August 2011 (1 year 2 months) Corner Brook, NL

While working with the Canadian Red Cross I presented water safety presentations and games at summer camps and at summer events in the Western NL region. I wrote public service announcements and sent them to local media outlets. I fundraised money for the water safety program with help from volunteers at summer events. I also processed donations and loaned out health care equipment in the office.

Researcher
CBC/Radio-Canada

Government Agency; 5001-10,000 employees; Broadcast Media industry

January 2006 – June 2011 (5 years 6 months) Corner Brook, NL

While working as a Researcher with CBC Radio Corner Brook for the West Coast Morning Show, I researched story ideas, interviewed and recorded sound in the field, set up live and pre-taped interviews. wrote and recorded commentaries, created streeter pieces for radio, wrote greens using iNews and accomplished sound editing with Dalet.

Journalist Intern

CBC/Radio-Canada

Government Agency; 5001-10,000 employees; Broadcast Media industry

January 2006 – June 2006 (6 months) Corner Brook, NL

- Wrote and created commentaries with sound editing programming, Dalet.
- Researched stories and set up pre-taped and live interviews for the West Coast Morning Show.
- Wrote radio scripts (greens) to be read by the hosts of the West Coast Morning Show.
- Shadowed news reporters in the field and newsroom.

Lindsay Morey's Education

University of King's College

One Year Bachelor, Journalism

2011 – 2012

Memorial University of Newfoundland

Bachelor of Arts (B.A.), Classical and Ancient Studies and French

2006 – 2011"

e-mail: lindsay.morey@sunmedia.ca

twitter: twitter.com/LindsayDMorey

About Paul G. King, PhD, Author of this Review

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., http://www.mercury-freedrugs.org/, which is a 501(3)(c) not-for-profit corporation as well as the Science Advisor to the National Coalition of Organized Women (NCOW).

Furthermore, 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[26].

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.

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[27].

Furthermore, Dr. King was one of the authors in a review chapter, "Mercury Induced Autism"[28] (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

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[26] 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). [See, http://www.sciencedirect.com/science/journal/0264410X/31/13, article "6".]

[27] 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

[28] See, http://www.researchgate.net/publication/258009647_Mercury_Induced_Autism/file/60b7d526955a643330.pdf for the chapter.

factor in "autism" and other developmental disorders, dysfunctions, and syndromes.

Finally, Dr. King was one of the authors of the 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 the inoculated children's ending up with an "autism" diagnosis in the USA[29].

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[29] 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). [http://www.biomedcentral.com/content/pdf/2047-9158-2-25.pdf.] In the first month after publication, it was accessed more than 10,500 times.