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

Wednesday, 16 July 2014

On 15 June 2014, Paul G. King, PhD, downloaded an on-line June 13, 2014 article, which was written by "*Dr. Emily Gibson*", "**Thank God for Vaccines**", from http://www.christianitytoday.com/women/2014/june/thank-god-for-vaccines.html?start=1.

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

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This assessment is titled, "**A Response to 'Thank God for Vaccines'**".

Introductory Remarks

First, each portion of the article's text is quoted in a grayed "Verdana" font.

Second, Dr. King's comments follow in a "DejaVu Sherif" 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 response.

Respectfully,

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

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

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A Response to "Thank God for Vaccines"

A Christian View of the Article's Title

When Dr. King first read the title, "***Thank God for Vaccines***", published on a Christian web site, his thoughts turned to Jesus' admonition concerning paying tax to Caesar, "Render to Caesar the things that are Caesar's, and to God the things that are God's"[1].

By analogy, if thanks were warranted, one should give thanks for vaccines to the providers of vaccines and not to God.

This is the case because, *unlike the quail and manna that God provided to the Israelites to feed and nourish them while they were wondering in the wilderness after fleeing from Egypt*, vaccines have not been *directly* provided and are not being *directly* provided by God.

Moreover, vaccines attempt to provide artificial protections from age-old diseases in a manner that, *from a Christian view*, violates God's natural immune-system's synchronicities.

Those synchronicities were, *if you truly believe in God*, created by God to promote and maintain the overall health of humankind.

Thus, vaccines are not "of the Creator" because they are clearly products "of the creature", motivated by humankind's technological hubris that thinks that humans can improve on complex natural systems whose workings they do not fully understand.

Thus, *if any entity should be thanked*, that god-like entity would be the devil, who, *as Jesus did not dispute*, currently is the ruler over "all the kingdoms of the world"[2] — including the vaccine makers' kingdoms.

Next, Dr. King's thoughts turned to a passage from "*The sermon on the mount*" in "Chapter 6" of the account by "St. Luke" (emphasis added), "For a good tree bringeth not forth corrupt fruit; neither doth a corrupt tree bring forth good fruit"[3].

Given the criminal fines that the pharmaceutical manufacturers continually pay for knowing violations of the laws governing their conduct, including their knowing misrepresentations of the safety of their products to governmental agencies to obtain approval and then to the public to profit from marketing such pharmaceutical drug products

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1 The book of Mark, chapter 12, verse 17, from the King James Authorized Bible.

2 Taken from the Authorized King James Bible, the book of Matthew, "*Temptation of Jesus*", chapter 4, verses 1 through 11.

3 Taken from the Authorized King James Bible, the book of Luke, "*The sermon on the mount*", chapter 6, verses 43 through 45,

"For a good tree bringeth forth not corrupt fruit, neither doth a corrupt tree bring forth good fruit.
For each tree is known by its own fruit. For of thorns men do not gather figs, nor of a bramble bush gather they grapes.
A good man out of the good treasure of his heart brings forth that which is good; and an evil man out of the evil treasure of his heart bringeth forth that which is evil: for of the abundance of the heart his mouth speaketh".

that they know are harmful to those to whom they are given, clearly such firms are "corrupt trees".

Turning to the vaccines themselves, since the vaccine manufacturers generally admit[4] that their *purportedly* prophylactic ("disease preventive") vaccines intended for administration to children, pregnant women, and adults do not meet the preclinical safety requirements for proof that their vaccines are:

a. noncarcinogenic,
b. nonmutagenic and
c. reproductively nontoxic to males and females,

clearly, such vaccines are "corrupt fruit".

Having established that, from a Christian viewpoint, each vaccine is "corrupt fruit" from a "corrupt tree" (a greed-driven corporate vaccine maker), Dr. King will now respond to the narrative in this article by Dr. Emily Polis Gibson (Dr. Gibson).

An Obvious Vaccine Apologist's Lead-in

"The diseases they fight are worse than you remember. The people who oppose them are a bigger risk than you realize."

Had Dr. Gibson stated, "*The diseases …*" *for which prophylactic vaccines are intended to provide protection can be "worse than you remember*", then Dr. King, approaching 70 years of age, would have agreed with her.

IF, *as advertised*, prophylactic vaccines were safe, truly prevented disease, were truly cost-effective, and did not, *in any manner*, cause or worsen any disease state in those who are vaccinated with said vaccines, THEN there would be no disagreement between us.

However, based on the rise in chronic diseases[5] to now epidemic or near epidemic levels — chronic diseases that:

- Were nonexistent or rare in 1945, and
- Scientifically appear to be related to adverse effects from the repeated artificial immune-system challenges that, given the many antigenic substances they contain and the abnormal exposure to those substances that vaccination causes,

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[4] As stated in the vaccines' package inserts or, in a few instances, inappropriately omitted from the package insert for the vaccine, the preclinical safety of vaccines to the standards of noncarcinogenicity, nonmutagenicity and reproductive nontoxicity has not been established by the vaccines' manufacturers. For an in-depth discussion of the preceding realities, those who are interested can study http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liegustn_e_b_r1.pdf.

[5] These nonexistent or rare diseases include, but are not limited to, childhood type 2 diabetes (nonexistent); autism (rare [< 1 in 1,000]); childhood allergies (rare); early childhood behavioral problems, other than colic, in non-breastfed babies (rare); and childhood chronic asthma/pulmonary obstructive disease (rare); and childhood obesity (rare).

multiple inoculations in childhood with these prophylactic vaccines are major factors in the chronic childhood medical conditions into which an increasing percentage of our initially healthy children fall.

Thus, at best, the use of prophylactic vaccines may have *possibly* reduced the number of *clinical* cases of those vaccine-covered diseases that are associated with certain organisms in our environment.

However, the improvements in our and our children's overall health from those vaccination programs have been illusory.

This is true because the health-detrimental effects of the lifelong chronic medical conditions that our vaccination programs have created and/or exacerbated have overwhelmed those apparent health improvements from vaccination.

Turning to Dr. Gibson's next cryptic statement that apparently addresses vaccines, her "*them*",

"*The people who oppose them are a bigger risk than you realize*",

Dr. King observes that, in general,

- **Almost no one opposes vaccines per se; and**
- **What people oppose are:**
  - The continued use of prophylactic human vaccines that have not been proven to be noncarcinogenic, nonmutagenic and reproductively nontoxic to humans;
  - Mandated vaccination programs that seek to compel individuals to vaccinate against their conscience;
  - Mantras promoting vaccination that make claims of vaccine safety ("the safest of medicines") and vaccination program accomplishments ("the polio vaccines wiped out polio") that are clearly false;
  - Mandated vaccination programs that do not provide:
    - **a.** Sufficient accurate information about the unavoidable serious adverse outcomes, both short term and long term, that are associated with each vaccine inoculation,
    - **b.** The population and individual risk of such serious post-vaccination adverse outcomes,
    - **c.** Information that the benefits from each vaccine inoculation are theoretical,
    - **d.** The probability, both population and individual, *at a proven high level of confidence*, that those vaccine inoculations can provide those

theoretical benefits to the inoculees decades later; and,

e. The direct and hidden benefits to healthy children and the society as a whole, which accrue from most children's naturally contracting and recovering from those natural diseases to have long-term disease protection from again acquiring those diseases for which there is a recommended prophylactic vaccination program, which does not provide similar long-term protections to children repeatedly inoculated with those vaccines.

Based on the preceding public concerns, the "*bigger risk*" about which Dr. Gibson seems worried might be the risk to the status, economic and social, of those corporations, agencies, and individuals working in any aspect of the disease-care-related industries that comprise the current "health care" system in the United States of America (USA).

Twisting Parental Concerns

"Concerned, caring parents make the decision every day to forego life-saving immunity by refusing to vaccinate their children, truly believing they are doing the right thing."

Factually, *as the vaccines' package inserts clearly state*, none of today's prophylactic vaccines is claimed to provide "*life-saving immunity*" to the disease or diseases for which the manufacture declares some disease-prevention "efficacy"[6] for which some level, degree and duration of disease protection may be conferred to some percent of those who have been age-appropriately inoculated with such vaccines.

Therefore,

WHEN true disease "*immunity*"[7] can be attained at all for those highly contagious childhood diseases for which recommending mass use of a prophylactic vaccine might be justified,

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[6] The manufacturers claims of vaccine efficacy are based on some measure of the antibody levels to certain antigens (or, in the case of the disease caused by Bordetella pertussis, comparison to some other pertussis-components-containing vaccine) that were attained shortly after vaccination of the test subjects enrolled in the Phase III clinical trials used by the vaccine maker to obtain approval of the vaccine. To provide disease "immunity", the vaccine would have to be able to provide lifetime immunity to the diseases covered by that vaccine. However, the manufacturers of such vaccines do not make claim that vaccine inoculation can provide such lifetime disease protections.

[7] In this discussion, Dr. King defines immunity as "providing lifetime protection from *again* being *clinically* infected by that disease".

THEN, *at a minimum*, acquiring such disease immunity during early childhood requires the child to

- Be naturally infected by the disease-causing organism,
- Have the child's immune system neutralize that disease organism infection, and
- Recover from that infection in a manner that imprints the immune system with an overall immune-system recognition pattern that prevents re-infection when the healthy child or adult is subsequently re-exposed to that disease organism.

In some instances, periodic exogenous (external) immune-system boosts from live-organism exposures may be required to maintain such lifetime immunity[8].

Thus, when real disease immunity or long-term disease protection is desired for their children, at a minimum, "*[c]oncerned, caring parents*" are compelled to refuse "*to vaccinate their children*" and to chance exposing them to the natural/wild childhood diseases that carry with them their own risks (and benefits).

Moreover, even those pro-vaccination professionals who promote vaccination, *if they are honest*, admit that the natural protection that is provided by recovering from an age-appropriate childhood communicable disease infection is more complete and longer lasting than the artificial disease protections provided by today's vaccine inoculation programs.

Finally, surveys, dating back to 1972, which have compared the long-term chronic-medical-condition outcomes for the never-vaccinated children to the outcomes experienced by age-appropriately vaccinated children have reported that the never-vaccinated (often called "the unvaccinated") children are significantly healthier than the age-appropriately "fully" vaccinated children.

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8 For example, to maintain "immunity" from infection by an alphaherpes varicella zoster virus [commonly referred to as VZV] that causes "chickenpox", periodic re-exposures to the live VZV virus being shed by others is required to prevent dormant VZV virus hiding in the body's root ganglia of many who have had chickenpox from waking up, replicating and causing a localized immune system reaction that is commonly called "shingles" or medically referred to as "herpes zoster". Thus, absent these boosts, those who had natural chicken pox and/or were given one (1) or two (2) doses of the live chickenpox vaccine (Merck's Varivax®) may later develop cases of shingles, where, absent any source or exogenous boosting from chickenpox or shingles cases who are shedding the live VZV, the latency period between chickenpox ranges from less than a year in the very young to a decade or more in older adults and the elderly. Moreover, self-exogenous boosting is part of the reason that shingles is generally localized to the section of the body connected to the root ganglion which was the source of the live replicating VZV that was previously dormant. Generally, having a case of the shingles as an adult provides with about 10 years of protection from shingles recurrence when there are no other sources of live-VZV exposures among the adult's contacts. [**Note:** It has been reported in adults that high-dose vitamin C intake (minimally, an additional 3 to 5 grams of vitamin C as sodium ascorbate per day) coupled with high-dose L-lysine intake (about three [3] additional grams per day) when the symptoms of shingles first occur is curative for shingles and minimizes the risk of the serious medical conditions that may develop after the localized shingles rash appears.]

The magnitude of the better health in never-vaccinated children over that found in the age-appropriately vaccinated children is typically 2 to 5, or more, times the corresponding health-condition measures[9] in age-appropriately fully vaccinated children, where the magnitude of the ratios observed depends on the vaccines and the chronic medical conditions that were assessed.

Based on all of the preceding facts, Dr. King finds that a more accurate statement of vaccination realities would be:

> *"Concerned, caring parents" who want their children to develop natural disease immunity "make the decision every day to" decline "to vaccinate their children", knowing that vaccinations they have declined do not provide disease immunity."*

"They do not perceive an imminent risk to their child from the older contagious diseases, focusing instead on the low—or often non-existent but ballyhooed—risks of vaccinations."

Absent a disease outbreak in their neighborhood or travel to an area where such diseases are endemic, there is no, or almost no, "*imminent risk to their child from the older contagious diseases*" in the USA today.

Additionally, with proper nutrition and dietary supplementation, healthy children infected by "*the older contagious diseases*" should have mild cases from which they rapidly recover[10].

Furthermore, the reality is that today's vaccine inoculations have documented serious adverse outcomes[11] that, in many instances, are

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9 Since the desired outcome is a measure of health, the ratios that should be compared are those of the cases of a medical condition in the age-appropriately vaccinated individuals to the cases of that medical condition in the never-vaccinated individuals.

10 Since the annual deaths from "*the older contagious diseases*" in the USA collectively are less than 1 in a million residents and mostly occur in adults and children with other medical issues and/or children who do not receive the nutritionally appropriate curative interventions, parents who choose not to vaccinate probably also choose to avoid feeding themselves and their children GMO and prepared foods as much as they can; ensure that their children are breastfed for as long as possible; provide dietary supplements where such are needed; treat illnesses with remedies like purified Cod liver oil, high-dose vitamin C, high-dose vitamin D-3, magnesium, zinc and/or an appropriate herbal or homeopathic remedy. Moreover, such concerned, caring parents may also avoid giving aspirin, acetaminophen, ibuprofen and the like antipyretics when their children have a fever; and avoid allopathic medicine unless their children have a serious medical condition that may require surgery, like appendicitis, or a physical injury, like a wound requiring stitches or a broken bone. Collectively, such actions reduce their children's risk of having a serious case of "*the older contagious diseases*".

11 For example, a simple MedAlert (http://www.medalerts.org/vaersdb/index.php) search of the VAERS (Vaccine Adverse Events Reporting System) database, which is jointly maintained by the CDC and the FDA, to which reporting of such post-vaccination-associated adverse events is essentially voluntary, for the period from 2004-2013 (a 10-year period) found 82,693 reports that were serious. Of those, 1,141 were reports of deaths. Since VAERS is a *de facto* 'voluntary reporting' system and the reporting for such adverse events has been estimated to be in the range of 1% to 10% of the actual events that occur each year, this means that, *on average*, the actual annual post-vaccination deaths for which vaccine inoculation was a causal factor ranged from about 1140 to 11,400 deaths (see, for example, 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). Moreover, for serious reactions,

not the non-specific "*low—or often non-existent but ballyhooed—risks of vaccinations*" that Dr. Gibson states in her editorial.

"*The Daily Show* recently gawked at these kinds of parents—most of them well-educated and on both ends of the political spectrum—who refuse to vaccinate their children, thereby denying a consensus of scientific evidence and increasing the risk for further outbreaks. 'Oh my God. Wealthy, white, liberal enclaves are at risk!' declares correspondent Samantha Bee, mocking the anti-vaccine bloggers and activists. So too at risk are some conservative Christian church communities where vaccination rates are low.

As clever the satire may be, I can't bring myself to laugh or crack a smile. Now in my 60s, I remember the illnesses brought on by these diseases before vaccines. As a physician, I've seen cases of them coming back with fatal consequences."

Turning to the vaccine apologists toolbox of talking points, Dr. Gibson uses a satire to disparage parents "*who refuse to vaccinate their children*" while inserting the disinformative "*thereby denying a consensus of scientific evidence and increasing the risk for further outbreaks*", which tellingly does not assert that there is any scientific proof supporting either of her claims, "*increasing the risk for further outbreaks*" or "*at risk are some conservative Christian church communities where vaccination rates are low*".

While bemused by such tactics, Dr. King can only metaphorically shake his head at not only their continued use but also the fact that her claims are not based on any independent uncorrupted scientific studies of which he is aware.

Since none of the diseases for which mass vaccination is currently recommended have "gone away", Dr. Gibson's "*cases of them coming back with fatal consequences*", which links to a mainstream newspaper article, are obvious distortions of factual reality.

Moreover, while Dr. King has more than half a century of memories upon which to draw and access to historical illness reports that go back into the early 1800s in the United Kingdom, he remembers that, *in his communities*[12], the childhood viral diseases addressed by Dr. Gibson were seen as "rite of passage" milestones in his growth,

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including death, the annual average for such vaccination-associated reactions to vaccine inoculation would therefore probably be in the range from about 82,700 to 827,000. More tellingly, in a population of about 12 million children under 3 years of age, *on average*, roughly 60% of these deaths occurred in children under 3 years of age or about 684 to 6840 deaths annually (which translates to between 1 child death per 584 to 5,843 children under 3 years of age annually).

Clearly these risks, especially for children under 3 years of age, are anything but "*low—or often non-existent but ballyhooed—risks of vaccinations*" as Dr. Gibson asserts.

12 Dr. King lived in several communities [Channelview, Galena Park, Houston and Sugarland, Texas] while growing up as well as attended universities in Nashville, TN and Atlanta, GA, and was stationed in the Washington, DC area while in the U.S. Army.

rather than as the tombstones that Dr. Gibson would have the reader fear.

After all, Dr. King and all those from whom he is descended passed these milestones and, *absent an untimely accident, attack, or war*, went on to live to witness the births of their children and, *in most instances*, their grandchildren.

To more clearly make Dr. King's point, *in spite of the childhood diseases for which we currently have vaccines that are recommended for mass prophylactic use*, absent conflict, war, famine, tainted water, severe drought, poor hygiene and poor sanitation, humanity had flourished and been free from most of today's chronic medical conditions for thousands of years before the first vaccine.

Finally, a*s the never-vaccinated healthy Amish children in communities across the USA clearly show*, such children continue to be relatively free from most of the chronic medical conditions that are not genetic in origin as compared to today's fully vaccinated children.

Distorting Disease Realities and Concealing Vaccination Harm

"Maybe some of us have forgotten or are too young to realize the severity of these conditions. Healthcare providers who haven't had firsthand experience with these contagious diseases don't always think of them when confronted with classic signs and symptoms. But it's only been a little over 50 years since vaccinations became routine for childhood killers like tetanus, diphtheria, polio, measles, mumps, and pertussis, or whooping cough. Americans growing up before then had no choice but to suffer through childhood infectious diseases as they quickly spread through a community."

Pre-vaccine Disease Realities

Dr. Gibson's first distortion of reality is to imply that certain disease conditions were generally severe when the facts are that, as Dr. King can attest, the disease conditions for children were generally only transiently uncomfortable for a few days to a couple of weeks for those previously healthy children who contracted the diseases mentioned and were treated, generally using home remedies (e.g., Cod liver oil, poultices, croup kettles, rubs, and chicken soup) in conjunction with cold compresses for fevers and plenty of bed rest as well as, for those whose parents thought extra nutrients were curative, extra helpings of fresh fruits and vegetables.

In addition, most all of the children who had these diseases and resolved them recovered to have long-term disease protections or life

time immunity from ever having those diseases again.

Except for whooping cough, those diseases were not "*childhood killers*"; less than one (1) child in a thousand died after contracting one of the other viral diseases that Dr. Gibson listed; and the children who died were generally unhealthy (had other pre-existing serious medical conditions, or were malnourished or abused, and/or lived in squalid conditions).

Moreover, *without any medically successful vaccine*, invasive clinical "scarlet fever" infections, which were as dangerous as, *if not more dangerous than*, whooping cough infections, declined as the quality of the food, water, sanitation, hygiene and living conditions improved across the USA and, perhaps aided by the advent of bacterial antibiotics, have virtually disappeared.

Vaccination Program Realities

Childhood Whooping Cough (Pertussis), Tetanus and Diphtheria

Turning first to the last of the bacterial diseases mentioned by Dr. Gibson, "*pertussis, or whooping cough*", Dr. King has extensively discussed the fact that, *while initially giving the illusion of providing disease protection (because of the disease protections that most people had [from having whooping cough naturally] when the "pertussis" vaccines that seemed to be somewhat disease preventive*[13] *were introduced)*, the previous (diphtheria, tetanus, and whole-cell pertussis [DTP]) and the current, safer (diphtheria, tetanus and acellular pertussis [DTaP and Tdap]) vaccines, which

a) for "pertussis", currently contain four (4) or five (5) specific major human-toxic components that are isolated from killed *Bordetella pertussis* bacteria and

b) were/are claimed to provide disease protection from clinical whooping cough cases that were/are caused by respiratory infections initiated by colonizing *Bordetella species* bacteria,

were, and are, inherently incapable of providing long-term disease protection from whooping cough[14], the clinical disease that many doctors diagnose based on the physical symptoms with which the patient presents.

Moreover, even with the addition of three (3) or more "booster" doses of a pertussis-components-containing vaccine on top of the ini-

[13] As the current package inserts for the DTaP and Tdap vaccines concede, unlike tetanus and diphtheria, there is no "pertussis" titer test that can be used as a measure of disease protection from "whooping cough" that is provided by the "pertussis"-related components in a given vaccine.

[14] http://dr-king.com/docs/120806_PGKDrftRevu_Anti_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs_fnlr2b.pdf.

tial three-(3)-dose regimen, whooping cough cases have, on average, generally increased from the early 1980s (1980 through 1982) onward until, after 2009, cases have routinely fallen in the 16,800 to 48,300 range each year (through 2012).

Moreover, most of the clinical childhood cases occur in those who are age-appropriately vaccinated or who are too young to be vaccinated.

In contrast to whooping cough cases, except for at-birth umbilical tetanus infections, most tetanus cases occurred and occur in adults and the elderly.

Moreover, in 1947, *when tetanus became a notifiable disease*, requiring that all cases be reported to what was once called the U.S. Communicable Diseases Center and is now the U.S. Centers for Disease Control and Prevention (CDC), 560 cases of tetanus were reported with more than 500 annual notified cases being reported sporadically though 1954.

On average, in spite of the introduction of "effective" tetanus containing combination vaccines and mass vaccination recommendations from the 1950s, the annual number of notified cases of tetanus in the USA did not fall below 400 until 1960.

By 1970, the number of notified cases had dropped to less than 150 with a slow downward trend that bottomed out at "18" notified cases in 2009 and has rebounded to "37" notified cases in 2012 with almost no cases of tetanus in children less than 15 years of age in the 21st century.

Moreover, there are documented cases where individuals with high antibody titers for the vaccines' tetanus toxoid, *the vaccine component added to provide protection from tetanus*, nonetheless developed fatal cases of tetanus.

Those deaths apparently occurred because the high levels of tetanus toxoid antibodies did not provide those individuals with effective protection from the tetanus toxin produced by a subsequent invasive bacterial infection by living *Clostridium tetani*.

Thus, rather than vaccination, it seems that improved hygiene, sanitation and wound care contributed to most of the decline in cases of tetanus.

Moreover, the rebound from the 2009 low (18 notified clinical tetanus cases) to 36 and 37 cases in 2011 and 2012, respectively, with almost no cases in children under 15 years of age, further indicates that sanitation, hygiene, wound care, and old age are probably significant factors for the residual level of tetanus cases.

Turning to diphtheria, while vaccination with vaccines containing

diphtheria toxoid may have helped reduce clinical respiratory infection by *Corynebacterium diphtheriae* (diphtheria cases), it seems that improving societal conditions and the use of antibiotics were major factors in the almost complete elimination of notified diphtheria cases.

Unlike tetanus, where the number of cases annually appears to have stopped decreasing and to have "stabilized" at a level of 35-40 clinical cases annually, respiratory diphtheria cases have virtually disappeared after 2003, with only an occasional case thereafter.

In addition, delaying the start of the administration of the initial DTP vaccination series by more than 2 months has been shown to cut the inoculated children's risk of developing asthma in half[15].

On the preceding bases, at a minimum, the start of the DTP/DTaP vaccination series should be delayed from two (2) months until the child is at least five (5) developmental months of age.

In addition, since there is clear evidence that the pertussis components are not effective in preventing whooping cough in very young children and, *when the Japanese delayed the DPT vaccination until the children were two years of age*, cases of whooping cough in children under one (1) year of age virtually disappeared, the current DTaP vaccination program should be abandoned.

The diphtheria component could be removed; and, *based on Japan's experience*, the "DTaP" vaccines should be replaced by a "TaP" vaccination at two (2) years of age[16] followed by boosters of the "TaP" vaccine (or, if the child has a serious adverse reaction to the pertussis components initially, a "T" vaccine) given at 2.5-3 years of age and 4–6 years of age thereby removing the early childhood doses.

This change would position the initial vaccine dose where it would reduce the asthma risk; should reduce risk of the risk of early childhood clinical pertussis infections; and, *because the child's immune system is much more fully developed at 2 years of age than at 2 months of age*, probably increase the duration of the protection provided to those given the initial TaP vaccine at 2 years of age.

Alternatively, since pertussis is the principal early childhood disease for which a DTaP vaccination is being recommended and that vaccination program is clearly failing to eliminate clinical cases of

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15 McDonald KL, Huq SI, Lix LM, Becker AB, Kozyrskyj AL. Delay in diphtheria, pertussis, tetanus vaccination is associated with a reduced risk of childhood asthma. *J Allergy Clinical Immunol* 2008; 121: 626-631.

16 For an in-depth report supporting giving the initial dose at 2 years of age, see "131 Ways For An Infant to Die" by Neil Z. Miller as posted on 4 July 2014 at http://www.greenmedinfo.com/blog/131-ways-infant-die, and the primary references cited in that paper regarding the changes in SIDS cases and infant mortality in Japan when the recommended age for the pertussis-components-containing vaccine was changed from two (2) months to two (2) years, "23. Noble GR., et al. Acellular and whole-cell pertussis vaccines in Japan: report of a visit by U.S. scientists. *JAMA* 1987; 257: 1351-1356. 24. Cherry JD., et al. Report of the task force on pertussis and pertussis immunization. Pediatr (Jun 1988); 81(6): 933-984. 25. Congressional Budget Office. Factors contributing to the infant mortality ranking of the United States. CBO Staff Memorandum (February 1992): Table 2, International Infant Mortality Rates by Ranking."

whooping cough, including those cases occurring at appreciable levels in our developing children, the childhood DTaP program should be:

- Completely scrapped and
- Replaced by a strong program to encourage breastfeeding of the newborn for at least two (2) years[17] by the mother or a suitable surrogate (wet nurse) [who, in the USA, has a daily diet that, in addition to increased consumption of water, good fats, protein, natural vitamins and absorbable minerals,
    - includes high doses of vitamin C (including supplementing the breast feeder's diet with: 3 to 5 grams of vitamin C {as sodium ascorbate} per day), appropriately elevated doses of vitamin D-3 consumed with an appropriate probiotic (sufficient to sustain a 25-hydroxy-vitamin-D blood level in the nursing child of at least 75 ng/mL), enhanced intake of magnesium and zinc, and
    - generally excludes soft drinks and foods containing high-fructose corn syrup, artificial dyes and flavors, any form of added glutamate, high levels of other added sugars, and all GMO-containing food products].

In addition, the initial treatments for any minor medical conditions should be changed to use methods that generally avoid using pharmaceutical drug products.

Instead, parents could consider, for example, using cold compresses and cooling baths for minor fevers; ear oil instead of antibiotics for ear infections; increased vitamins C and D-3, the natural vitamin Es, absorbable magnesium and zinc, and Elderberry extract for minor coughs and colds; a colloidal silver spray for minor throat infections; probiotics, prebiotics, peppermint essential oil, ginger, and naturally fermented foods, as appropriate, for gastrointestinal upsets; natural essential oils or essential-oil mixtures (e.g., Anointing oil and Thieves oil) for minor colds; and humidifying vaporizers with the appropriate essential oils for relieving head and lung congestion.

Moreover, the use of the appropriate curative homeopathic remedies for the manifested disease symptoms could be considered along with maintaining the optimum levels for vitamins, minerals and key

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17 See http://www.rightdiagnosis.com/medical/measles_inclusion_body_encephalitis.htm, last accessed on 23 June 2014. As mentioned in the cited article,

> "Measles inclusion body encephalitis: rare chronic progressive encephalitis caused by the measles virus and occurring primarily in children and young adults; death usually occurs within three years; characterized by primary measles infection before the age of two years",

continuing breastfeeding until the child is at least two (2) years of age, which is protective for contracting a primary measles infection, should eliminate most of the risk that a child's developing immune system will be compromised and the rare but fatal measles virus infection of the child's brain that is labeled "Measles inclusion body encephalitis" (MIBE).

nutrients as they are defined by independent studies published by those who truly adhere to the principles of orthomolecular medicine.

Childhood Polio, Measles, and Mumps

For poliovirus infections, where polio was initially referred to as infantile paralysis, the number of clinical cases was literally more than decimated by a change in case definition in the mid-1950s after the introduction of the initial "inactivated polio" vaccines actually caused the number of cases of "polio" to increase significantly.

To accomplish this, the diagnostic requirements for "polio", now "paralytic poliomyelitis" (a paralytic infection by one of three (3) types of a particular enterovirus causing extended paralysis) or, commonly, "paralytic polio", were drastically changed to require the paralysis to persist for at least 60 days (from 1 day previously) and the CDC to confirm the diagnosis as "paralytic polio".

Thus, when the paralysis did not last for 60 days even when one of the polioviruses might be the causative agent or the CDC did not confirm the "polio" diagnosis, the cases were no longer polio cases.

When a Coxackievirus was isolated, occurrences were labeled as Coxackievirus cases; otherwise, the cases with paralysis lasting less than 60 days that were viral were labeled "antiseptic meningitis".

The result of those diagnostic (disease labeling) changes, especially the requirement that the paralysis must persist for 60 days or more, resulted in *no more than* 5% of what were previously collectively known as "polio cases" being diagnosed as cases of paralytic poliomyelitis or paralytic polio, for short, after the diagnostic criteria were revised.

Moreover, in the USA until the mid-1990s, *when the live-virus polio vaccines where phased out with their use being replaced by doses of inactivated polio vaccine*, and continuing in many of the developing nations, the administration of literally billions of doses of vaccines containing live polioviruses to children and adults around the world has served to

- Spread the vaccine strains of the polioviruses and their mutated strains' disease around the world;
- Displace the natural strains of the polioviruses;
- Directly or indirectly infect some portion of the inoculated population with SV-40; and
- Directly infect millions with other undisclosed viral contaminants that were, *and/or may still be*, present in the various live-polio (oral polio) vaccines [OPVs] and inactivated-polio vaccines [IPVs] in use around the world today.

Thus, the polio vaccination programs have taken a disease that was so mild that more than 95% of those who contracted it had no serious symptoms into a viral-disease-infecting vaccine where adventitious viral contaminants from primates and other animals have, among other medical conditions, definitely given us genome-incorporated SV-40 (Simian virus number 40) that causes certain cancers in humans and was, and apparently still is being, inter-generationally passed from infected parents to their offspring as well as, for some polio vaccines, containing an altered/"attenuated" SIV virus that, in all probability, may have led to today's HIV-AIDS realities.

Worse, those given vaccines containing live polioviruses and probably other live virus contaminants can shed these viruses and infect others.

Moreover, *as alluded to earlier in this discussion of polio vaccines in the USA*, those secondary polio cases led the CDC to phase out recommending vaccination with a live-virus polio vaccine.

To replace the live-virus polio vaccines, the CDC recommended and phased in the use an inactivated polio vaccine in the USA.

As another example of the problematic nature of using live-polio vaccines, which spread live vaccine strains of the polio virus and their mutants throughout the population, India was recently declared to be free of polio cases even though: **a)** more than 53,000 cases of "acute flaccid paralysis" (AFP) were reported in the previous 13 months by what some claimed were infections by non-polio enteroviruses, and, to indicate that these were not poliovirus-related cases, some labeled those AFP cases as NPAFP ("non-polio acute flaccid paralysis") cases[18]; **b)** those NPAFP/AFP cases were more serious and deadly than the previous wild cases of paralytic polio had been; and **c)** the incidence of cases of NPAFP/AFP correlated with the number of doses of live-poliovirus vaccines being administered in a given period of time or region of India[19], indicating that such cases were vaccination related.

Based on the preceding AFP incidence data, the live polioviruses in the vaccines given; a contaminant in the live-virus vaccines used; some mutation of the live-viruses given, and/or some interaction of

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18 http://healthimpactnews.com/2014/the-vaccine-myth-of-polio-free-status-polio-vaccine-caused-53000-paralysis-victims-in-india-last-year/, last accessed on 20 June 2014.

19 Ibid., "Highest NPAFP rate", fourth paragraph down (emphasis added)

"'In 2010, the government reduced the number of pulse polio doses from 10 to 6. What we found was that between 2010-2013, the number of APF cases also came down. Our paper argues that other kinds of polio are being caused by the excessive administration of polio dosages,' Puliyel said. 'Another proof is that states like Kerala and Goa, where dosages were less, AFP cases was also less. Majority of NPAFP cases are reported from Bihar and UP, where several immunization rounds are held to reach universal coverage. These are figures the government does not want to admit.'"

the live polioviruses administered with some endemic enterovirus(es) may be causing the paralytic cases labeled, by some, as NPAFP cases.

Thus, while specific native polioviruses have been displaced by vaccine-strain polioviruses or mutated vaccine-strain-related enteroviruses, polio-vaccination-associated cases of paralysis, now labeled NPAFP/AFP cases, have clearly not been "wiped out" in India.

Instead, the live-virus polio vaccination program in India is apparently causing up to 48,000 cases of AFP/NPAFP annually — polio-vaccination-associated infections causing, rather than preventing, paralysis and death.

Moreover, based on the experience in the USA, as long as live-virus polio vaccines are administered, polioviruses, mutated polioviruses, and closely related enteroviruses and, if any, the live-virus contaminants that any such live-virus polio vaccines may contain will continue to: **a)** be endemic in those areas where live polio vaccines continue to be given and **b)** cause cases of vaccination-associated paralysis and death be they labeled VAPP cases, as the USA did before discontinuing the use of the live-virus polio vaccine, or AFP/-NPAFP cases, as India is currently doing.

Turning to the diseases "*measles*, *mumps*," and rubella, Dr. King first wonders why Dr. Gibson left out rubella especially when the principal vaccines used in the USA have been Merck's M-M-R® II (measles, mumps and rubella [MMR]) vaccine since the late 1980s and, more recently, Merck's ProQuad® (measles, mumps, rubella, and "varicella" {chickenpox} [MMR-V]) vaccine.

As with any vaccination program that annually inoculates millions of children and adults with live measles virus, live mumps virus, and live rubella virus, and, when ProQuad is used, a live alphaherpes varicella zoster virus (usually abbreviated as VZV), each such inoculation infects those who are inoculated with three (or, when ProQuad is used, four) live viruses

- with which the inoculees are infected;
- which, *to varying degrees and for varying periods*, those inoculees subsequently shed; and
- which, *with varying levels of success*, the inoculees' immune system attempts to neutralize (render non-infectious and harmless to the body).

However, because the inoculees are abnormally infected with those viruses by being injected with a mixture of all three (or four) of them rather than each virus' being contracted by inhalation and/or

surface transfer at different times[20], the infections produced by giving a mixture of live vaccine-strain measles, mumps, rubella (and, when ProQuad is used, VZV) viruses obviously interact with each inoculee's immune system in a manner that differs from the interactions induced when a person is naturally exposed to a "wild" measles virus.

Furthermore, vaccination with the MMR or MMR-V vaccines is known to produce less complete disease protections, which are mainly limited to the disease protections that are provided by the adaptive part of the immune system.

Moreover, the protection provided does not last as long as the more robust protection provided by having these diseases naturally.

This is the case because natural infection biologically engages both the innate and the adaptive parts of the immune system and not only produces long-lasting disease immunity when those who are infected recover but also, *for the female children when they reach reproductive age and begin having babies*, allows those females to produce and transfer to their developing fetuses *in utero*, more robust and more complete disease protections.

Furthermore, after birth, as long as a baby breastfeeds, having had these childhood viral diseases naturally allows those nursing mothers or surrogates to provide full measures of the immune-protective and immune-supportive substances to the breastfeeding infants to protect those infants from measles and other diseases until, when breastfeeding continues for more than two years[21], the breastfed infant's immune system has adequately matured to the level that the healthy infant's immune system can properly resolve such infections on its own (at between one and two years of chronological age).

Thus, before those vaccines were introduced, each year millions of disease-naïve children, who were typically over two years of age, contracted measles.

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20 In this regard, Dr. King has asked the many healthcare providers with whom he works who have worked directly with patients and who are in their mid-60s and older about the number of instances they can remember a child presenting for treatment who was diagnosed with simultaneously having contracted natural cases of measles, mumps and rubella or having read about such an unusual case. To date, none of those doctors can remember a single such instance.

21 Since having a primary measles infection before two (2) years of age is associated with a rare but fatal outcome in some children, Measles inclusion body encephalitis (MIBE) [see footnote "**17**"], **a)** all mothers or the suitable surrogates should breastfeed the mothers' infants until they are 2 years of age, which, even for vaccinated mothers and surrogates, should be somewhat protective of the child's being infected by the measles virus before two (2) years of age and **b)** the vaccination schedule for MMR vaccination should be changed to place the initial dose at "2" years of age (24-27 months of age) to, *if the medical literature is accurate*, eliminate the documented post-vaccination vaccine-strain cases of MIBE (see, for example, http://www.ncbi.nlm.nih.gov/pubmed/10589903).

However, with the increases in the quality of water, food, sanitation, hygiene and living conditions in the USA, the number of clinical cases of measles was significantly lower than the number of measles infections; on average, the clinical cases of measles were declining; and measles-associated childhood deaths were declining at a relatively faster rate than clinical measles infections.

Unfortunately, some parents, who wished to "spare" their healthy children from contracting those childhood "rite of passage" viral diseases, carefully kept their children away from other potentially infected children who might infect them only to have their "children" contract them later (in adolescence and adulthood).

As Dr. Gibson's statement later in this article about her father's mumps case at 41 years of age indicates, having mumps (as well as measles, rubella and chickenpox) [or being inoculated with the MMR or MMR-V vaccines] later in life can cause much more serious medical conditions in those who subsequently have clinical cases of these diseases rather than having them when the natural "cycle of life" intended developing children to contract those diseases[22].

Moreover, after two (2) doses, the disease protections provided by vaccination with the current measles-containing live-virus vaccines to which Dr. Gibson alludes:

- range from negligible to significantly disease protective, depending upon particular vaccine components injected and the immune-system responses of those individuals who are inoculated with them;
- decline over time until, absent subsequent exogenous boosts from viral re-exposures or natural measles viral infection, commonly
    - 15 years (for those having the most robust levels of neutralizing antibodies after the first dose of a live-virus measles vaccine),
    - Fewer years (for those having less robust levels of such antibodies initially), or
    - Anytime after inoculation (for those producing no such antibodies or low levels of such antibodies)

  the levels of the artificially induced disease-protective antibodies are, *depending on the injected virus and the individ-*

[22] In non-vaccinated natural societies, healthy breastfed children typically contract measles, mumps, rubella and varicella (chickenpox) at somewhere between two (2) and ten (10) years of age although most children tend to have them all before they are six (6) years of age) — and these children do not tend to contract more than one of these viral diseases at a time.

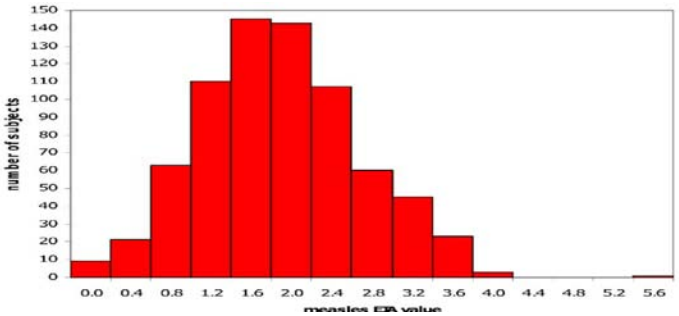
ual's antibody-generating response to it, no longer disease protective; and

- additional booster doses of those live-virus vaccines (MMR and MMRV) reportedly only restore the levels of disease-protective antibodies for measles to levels that are near or slightly above those present initially for short periods, typically less than a year[23], but only to the inoculees who were seemingly were initially somewhat protected.

Thus, to the extent that these artificial disease protections from the childhood viral diseases are generated, the protections provided, if any, to the inoculees are less to begin with and the protections provided for measles and mumps from the initial two-dose vaccination programs do not persist for anywhere near the expected lifetimes for those who were administered those live-virus vaccine doses.

For the diseases mentioned by Dr. Gibson, whooping cough, measles and mumps are the ones for which the vaccine components apparently do not provide anywhere near the long-term immunity to disease recurrence that initially having the disease naturally and recovering from it provides.

As an example of the variability in the level of antibodies to measles after inoculation with a measles-containing vaccine, those who are curious are encouraged to read a 2011 paper by G.A. Poling and others[24] and to focus on that paper's "Figure 2." (shown below).



"Figure 2. Distribution of measles vaccine–induced antibody levels. This graph represents the distribution of antibody levels determined by an EIA assay on healthy grade-school children immunized with a single dose of MMR-II vaccine. The inter-individual variation in antibody levels among this healthy cohort illustrates the importance of determining the mechanisms for heterogeneity in vaccine response. doi:10.1371/journal.ppat.1002344.g002"

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23 Obukhanych, T. "Herd Immunity: Myth or Reality?", which was posted 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, accessed on Sunday, June 29, 2014. The sections of that article titled, "The Boston University Measles Study", "Subsequent Measles Vaccine Observations" and "High Vaccination Compliance Is No Guarantee" clearly establish that, *for vaccination-generated measles antibody protection*, "herd immunity" cannot be attained with today's two-dose MMR vaccination schedule. Moreover, in the closing section of that article, "A Self-Defeating Public Venture", Dr. Obukhanych closes by stating,

> "The medical establishment got it all in reverse: it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so. When would the medical establishment (and the media) start paying attention to the long-term consequences of mass-vaccination measures instead of hastily and unjustifiably blaming every out-break on the unvaccinated?"

24 Poland GA, Kennedy RB, Ovsyannikova IG. Vaccinomics and Personalized Vaccinology: Is Science Leading Us Toward a New Path of Directed Vaccine Development and Discovery? *PLoS Pathog* 2011 Dec; 7(12): e1002344. http://doi:10.1371/journal.ppat.1002344.

As an example of the differences between the natural disease and vaccination, Dr. King offers **Table 1**, which compares the acquisition, duration of protection and complications associated with naturally acquired measles to those associated with inoculation-generated measles protection in today's USA.

Lest anyone think that no person inoculated with Merck's M-M-R® II vaccine has subsequently had post-vaccination-associated clinical measles, mumps and rubella at the "same" time, **Table 2**, which follows **Table 1**, reflects a report from the Vaccine Adverse Events Reporting System (VAERS) database documenting an instance where a 50-year-old female developed clinical cases of measles, mumps and rubella at the "same" time, with the initial onset of her first symptoms occurring "1" day after vaccination.

In another instance, **Table 3**, the VAERS information reports the symptoms of "Measles post vaccine" and "Rubella" in a "1.7"-year-old male child following his inoculation with Merck's M-M-R II and other vaccines.

Clearly, vaccination with a measles, mumps and rubella combination vaccine not only provides variable protection from measles but also, as reported in VAERS, can induce multiple observable clinical infection symptoms from more than one of the live viruses in the vaccine in some instances.

Finally, since millions are inoculated with the live-virus MMR and/or MMR-V vaccines annually and thereby infected with them each year, these vaccines actually spread the vaccine strains of the diseases for which they are purported to provide disease protection.

Thus, this practice ensures that all the viruses in these vaccines, including some vaccine-contaminating (adventitious) viruses that may be present, will be continually shed into the environment and probably infect others.

Distorting Disease and Vaccination Realities

"Most of us survived our illnesses, rewarded for our affliction with permanent natural immunity. Others suffered lifelong consequences: paralysis from polio, deafness from rubella, sterility from mumps. Some did not survive at all. My father nearly died at age 41 from a case of the mumps I brought home from school. As an infant, my sister-in-law almost didn't pull through when she turned blue from pertussis infection."

Here, Dr. Gibson first declares that, *for most of the contagious childhood diseases for which we have a vaccine*, **a)** having these childhood diseases rewarded each child who recovered and still rewards

Table 1. Measles: Naturally Acquired Versus Vaccination Generated Protection

		Comparisons	
Disease	**Factor**	**Naturally acquired**	**Vaccination Generated**
Measles	**Timing**	Typically, acquired between 2 and 10 years of age and the disease cases pattern is cyclical.	1st dose at 12 – 15 months with 2nd dose at 4 – 6 years of age as well as additional doses for some groups of "higher risk" individuals.
	Acquisition	Being infected a contact or a surface contaminated by someone who is shedding live measles virus; usually only acquired one (1) time.	Infected with vaccine-strain of measles after being injected with each dose of two (2) or more doses of a vaccine that contains a live attenuated live measles virus strain.
	Duration of the protection	Long-term protection for the re-covered child from contracting measles a 2nd time, which may last his or her lifetime. [**Note:** As about 10 million young children and others are being infected with the live vaccine-strain measles every year and some of these are shedding live measles virus that can infect others, those who have had measles previously and fully recovered may still be getting exogenous boosts to their immune system – mainly to their innate immune system's components – that may serve to lengthen the duration of the protection from measles re-infection in those who have previously had natural measles and fully recovered.]	No protection in about 1% to some duration of some protection in 70-plus percent of the inoculees to no more than 10 to 15 years of protection in no more than 25% of those vaccinated at least twice (at 12-15 months and again at 4-6 years currently). Additional booster doses do not appear to provide significant increases in disease protection above that attained after the initial two doses, and the booster antibody protections, if any, acquired do not last more than 12 months or, *if the inoculees have previously received additional boosters*, the booster's antibody protections general last less than 12 months.
	Risks to Children	For most children under 10 years of age who were breastfed for *more than* one (1) year, there is no significant risks of harm in childhood. For other children, those who were not breast-fed, or otherwise have a compromised immune system and who contract measles, there is some risk of measles-associated complications. In children older than 10 years of age, the symptoms begin to become more severe and, although low, the risks for serious complications and death increase as the child approaches adulthood. According to the Mayo Clinic, measles complications include: "Ear infection"; "Bronchitis, laryngitis or croup"; "Pneumonia"; "Encephalitis"; and "Low platelet count (thrombocytopenia)". [http://www.mayoclinic.org/diseases-conditions/measles/basics/complications/con-20019675.]	Listed post-vaccination problems from Merck's M-M-R® II package insert from December 2010 (emphasis added): "The following adverse reactions are listed in decreasing order of severity, …, within each body system category *Body as a Whole* Panniculitis [inflammation of subcutaneous fat]; atypical measles; fever; syncope; headache; dizziness; malaise; irritability [Merck left out measles] . *Cardiovascular System* Vasculitis. *Digestive System* Diarrhea, vomiting, nausea. *Hemic and Lymphatic System* Thrombocytopenia …; purpura; lymphadenopathy; leukocytosis. *Immune System* Anaphylaxis and anaphylactoid reactions … as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history. *Musculoskeletal* Arthralgia, myalgia. *Nervous System* Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE)# …; subacute sclerosing panencephalitis (SSPE); Guillain-Barré syndrome (GBS); febrile convulsions; afebrile convulsions or seizures; ataxia; ocular palsies. *Respiratory System* Pneumonitis …; cough; rhinitis. *Skin* Stevens-Johnson syndrome; erythema multiforme; urticaria; rash. Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; vesiculation at injection site. *Special Senses — Ear* Nerve deafness; otitis media. *Special Senses — Eye* Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis. *Other* Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; …". # Since MIBE occurs when a person is first infected with measles (wild or vaccine-strain) before 2 years of age, measles/M-M-R II vaccination should probably be postponed until children are 2 years of age and breastfeeding recommended for not less than 2 years.
	Risks to Adults	In adults, the complications from being infected by measles are much more serious and the risks of life threatening, maiming & lethal complications can be significantly higher and increase as the person ages even though very few of today's never-vaccinated children probably have a clinical measles infection when they are adults even though many of them have antibody titer evidence of measles exposure(s). In addition to the serious complications seen in children, having measles during pregnancy can cause pregnancy loss, preterm labor or low birth weight.	Except for the complications in pregnancy, the complications from vaccination that adults can experience are the same as they are for vaccinated children but the relative risk of those complications increases: **a)** as adults get older and **b)** as additional doses of an MMR vaccine are given. Moreover, as vaccine inoculation innately compromises the vaccinees' immune system, measles in older vaccinees inherently increases their risk of having suppressed-immune-system-related complications (e.g., bacterial infections) because measles infection strongly suppresses the immune system. The complications in the childhood list that are underlined are complications that are mainly or exclusively post-vaccination-related complications.

Table 2. VAERS Report where 50-year-old female developed post-vaccination-associated measles, mumps and rubella

VAERS ID: 525728 (history) Vaccinated: 2011-11-07

Age: 50.0 Onset: 2011-11-08, Days after vaccination: 1

Gender: Female Submitted: 2014-03-13, Days after onset: 855

Location: California Entered: 2014-03-13

Vaccination	Manufacturer	Lot	Dose	Route	Site
MMR: MEASLES + MUMPS + RUBELLA (MMR II)	MERCK & CO. INC.	0037AA		UN	UN

Administered by: Private Purchased by: Other

Symptoms: Acupuncture, Asthenia, Autoimmune disorder, Balance disorder, Blindness, Blood test, Computerised tomogram head, Deafness, Decreased appetite, Demyelination, Depression, Dizziness, Eye pain, Fatigue, Headache, Hearing aid user, Impaired work ability, Inflammation, Inner ear disorder, Joint swelling, Malaise, Measles post vaccine, Multiple sclerosis, Mumps, Musculoskeletal stiffness, Nausea, Neuralgia, Nuclear magnetic resonance imaging brain, Optic neuritis, Oropharyngeal pain, Pain, Photophobia, Pyrexia, Rash, Rubella, Urine analysis, Vestibular neuronitis
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal infections (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Optic nerve disorders (narrow), Demyelination (narrow), Corneal disorders (broad), Retinal disorders (broad), Depression (excl suicide and self injury) (narrow), Hearing impairment (narrow), Vestibular disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Arthritis (broad)

Write-up: Stiff neck, headache, sore throat, fever, eyes hurt. Woke feeling ill. Stayed in bed all day, into the next day taking OTC medications for fever and pain. Symptoms increased resulting in doctor visit confirming case of measles. Subsequently mumps developed followed by rubella, which resulted in hospitalization. Vision loss and hearing loss, both permanent developed. Treatment in hospital was IV steroids, 1000 mg daily for eight days to stop or attempt to stop autoimmune reaction. Demyelination of nerves occurred in brain along with optic neuritis in right eye and vestibular neuritis in right ear. Rash, joint swelling, fever, head pain, fatigue, sensitivity to light, nausea, dizziness, light-headed, poor balance, poor appetite. Doctor prescribed medications for nerve pain, nausea, inner ear motion illness, depression, steroids. Acupuncture for symptoms. Physical therapy for weakness. Pain management for nerve pain. Follow-up doctor appointments with infectious disease, neuro-opthalmologist, optometrist, ENT, Occupational Medicine, Workmens Comp QME with neurologist, neurologist(s). Adverse symptoms remain constant with increasing weakness and body inflammation and overall pain. Symptoms mimic those of MS. Hearing aids have been prescribed. I remain off of work.

Life Threatening? Yes

Died? No

Permanent Disability? Yes

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Prozac, Pepcid

Current Illness: No

Preexisting Conditions: No

Diagnostic Lab Data: Brain MRI (s), Brain CT (s), blood tests. Urinalysis.

CDC 'Split Type':

Table 3. VAERS Report where 1.7-year-old male was reported to have developed "Measles post vaccine**" and "**Rubella**"**

VAERS ID: 453849 (history) Vaccinated: 2012-03-14 Life Threatening? No

Age: 1.7 Onset: 2012-04-04, Days after vaccination: 21 Died? No

Gender: Male Submitted: 2012-04-05, Days after onset: 1 Permanent Disability? No

Location: Indiana Entered: 2012-04-17, Days after submission: 12 Recovered? Yes

Vaccination	Manufacturer	Lot	Dose	Route	Site
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL)	SANOFI PASTEUR	C4059AA	3	IM	RL
HEPA: HEP A (HAVRIX)	GLAXOSMITHKLINE BIOLOGICALS	AHAVB541AA	0	UN	LL
MMR: MEASLES + MUMPS + RUBELLA (MMR II)	MERCK & CO. INC.	0953AA	0	SC	RL
PNC13: PNEUMO (PREVNAR13)	PFIZER/WYETH	916599	3	IM	RL
VARCEL: VARICELLA (VARIVAX)	MERCK & CO. INC.	0751Z	0	SC	LL

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Diagnostic Lab Data: None

CDC 'Split Type':

Administered by: Public Purchased by: Public

Symptoms: Measles post vaccine, Pyrexia, Rash, Rash maculo-papular, Rubella
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow)

Write-up: - Started with fever/rash 4-4-12. - Saw MD 4-5-12 rash had moved from face to trunk. 4-6 mm macular rash with flesh colored papules. MD diagnosed as Rubella.

such children with "*permanent natural immunity*" and **b)** the percentage of infected children who fully recover was, and still is, almost all.

Even most of the small percentage of infected children who had/have serious complications survived.

Moreover, when Dr. Gibson asserts, "*Some did not survive at all*", though she speaks of natural disease infections, the reality is that her comments about serious complications and death apply equally to those children who are vaccinated and suffer serious vaccination-related injury, including permanent disability, or die.

Finally, *as alluded to previously*, having these diseases when one is a mature adult instead of as a child increases the diseases' severity, as well as the risk of permanent harm and death.

Yet, Dr. Gibson *apparently* has no memory to share with the reader of those in her or her husband's family who died from one of the childhood diseases upon which she focused.

Today, I've seen healthy people develop encephalitis and pneumonia from chicken pox. A fit college student in my practice died of influenza within a week of the start of his symptoms. Our herd-immunity for many vaccine-preventable conditions has been waning, as reports of pertussis, measles, mumps, and chicken pox remerge, in affluent countries with robust health care systems. Just a couple weeks ago, the *Washington Post* penned an editorial encouraging readers to vaccinate against measles. "The Centers for Disease Control and Prevention reported Thursday (May 29) that there have already been more cases this year, 288, than in any full year this century," they wrote.

With respect to Dr. Gibson's,

> "*Today, I've seen healthy people develop encephalitis and pneumonia from chicken pox*"

Dr. King observes that, in VAERS, a database in which somewhere in the range of only 1% to 10% of the serious adverse events that occur are reported, there are reports of "*healthy people*" who were vaccinated with a chickenpox vaccine and shortly afterward developed "*encephalitis and pneumonia*".

Similarly, when Dr. Gibson states,

> "*A fit college student in my practice died of influenza within a week of the start of his symptoms*",

Dr. King is simply reminded of the recent case where, *after receiving an influenza vaccination*, a healthy 19-year-old male then had a post-vaccination reaction that caused brain swelling so severe that, "'within 15 hours'", the swelling crushed his brain stem, a fatal injury that led to his demise[25].

Turning to Gibson's next statement,

> "*Our herd-immunity for many vaccine-preventable conditions has been waning, as reports of pertussis, measles, mumps, and chicken pox remerge, in affluent countries with robust health care systems*",

Dr. King observes that, as Dr. Tetyana Obukhanych, *a PhD Immunologist who has studied the artificial vaccine protections provided by vaccines*, has reported, Dr. Gibson's vaccination-derived "*herd-immunity*" is a myth[26].

Tellingly, *in the abstract to their paper discussing vaccination and waning immunity*, Heffernan and Keeling (2009) stated (emphasis

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25 See both http://www.deseretnews.com/article/865591185/Utah-woman-claims-flu-shot-caused-teenage-sons-death.html?pg=all and http://www.occupycorporatism.com/home/utah-mom-says-flu-shot-killed-son/ for accounts of this case.

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a. VACCINE ILLUSION How Vaccination CompromisesOur Natural Immunity and What We Can Do to Regain Our Health by Tetyana Obukhanych, which is available for purchase as an e-book on www.Amazon.com or one can visit https://sites.google.com/site/vaccineillusion/measles.

b. Obukhanych, T. Herd Immunity: Myth or Reality?, that can be download from 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, last accessed on 6 July 2014.

added),

> "For infectious diseases where immunization can offer lifelong protection, a variety of simple models can be used to explain the utility of vaccination as a control method. However, for many diseases, immunity wanes over time and is subsequently enhanced (boosted) by asymptomatic encounters with the infection. The study of this type of epidemiological process requires a model formulation that can capture both the within-host dynamics of the pathogen and immune system as well as the associated population-level transmission dynamics. Here, we parametrize such a model for measles and show how vaccination can have a range of unexpected consequences as it reduces the natural boosting of immunity as well as reducing the number of naive susceptibles. In particular, we show that moderate waning times (40–80 years) and high levels of vaccination (greater than 70%) can induce large-scale oscillations with substantial numbers of symptomatic cases being generated at the peak. In addition, we predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination"[27].

To this, in the concluding statement in her article, "Herd Immunity: Myth or Reality?" (see, footnote "**26.b.**"), Dr. Obukhanych adds,

> "The medical establishment got it all in reverse: it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so. When would the medical establishment (and the media) start paying attention to the long-term consequences of mass-vaccination measures instead of hastily and unjustifiably blaming every outbreak on the unvaccinated?"

Moreover, "*pertussis [whooping cough], measles, mumps, and chicken pox*" are not re-emerging.

As Dr. King has shown, those diseases never went away, though the notified clinical cases of natural/wild disease declined significantly.

Furthermore, what is waning is the population of those who had lifetime disease protection from having one (1) natural measles infection and one (1) natural mumps infection and the long-term protection from having whooping cough and natural chickenpox once as those with these natural long-term disease protections die out leaving only the multiply vaccinated who, at best, only have the shorter-duration, less-complete, waning, artificial, disease protections from whooping cough, measles, mumps and VZV that are provided by the current vaccines.

Turning to Dr. Gibson's closing remarks here,

> "*Just a couple weeks ago, the* Washington Post *penned an editorial encouraging readers to vaccinate against measles. "The Centers for Disease Control and*

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[27] Heffernan JM, Keeling MJ. Implication of vaccination and waning immunity. *Proc R. Soc. B* 2009; 276: 2071-2080. http://royalsocietypublishing.org/content/276/1664/2071.full, last accessed on 6 July 2014.

> *Prevention reported Thursday (May 29) that there have already been more cases this year, 288, than in any full year this century,' they wrote*",

Dr. King notes that what is beginning to occur for measles is simply one of the possibilities that Hefferman and Keeling (2009) predicted would occur.

Moreover, IF the recent measles-cases experience in France[28] is any indication of the future in the USA[29], THEN these oscillations in measles cases may continue to increase in the near future unless the Establishment abandons the use of live-virus vaccination and adopts policies that lead to most all children being breastfed for at least two (2) years coupled with appropriate nutritional supplementation to manage the natural cases of measles, mumps, rubella and chickenpox that will return so that, depending on our age, our grandchildren, great-grandchildren, or great-great-grandchildren can again have and, *when they are female*, pass to their offspring, the robust natural long-lasting disease protections that those born before 1957 had.

"Parents who opt to leave their children unvaccinated contribute to the recent outbreaks. Well-meaning American parents are convinced they are doing the best thing by protecting their children from potentially rare and often unproven vaccine side effects. Some Christian parents claim vaccine risks are unwarranted, since God will provide the needed immunity if their children gets sick. (A Texas megachurch was blamed for an outbreak that infected at least 20 people with measles last year, and a Christian school in British Columbia was the epicenter for an outbreak of over 400 cases this spring.)"

Based on the recent vaccine-related articles cited by Dr. King as well as those he has written addressing vaccination-related issues[30], "*[p]arents who opt to leave their children unvaccinated*" do not materially contribute to the recent outbreaks of the childhood diseases to which Dr. Gibson is alluding.

Factually, the inherent failures of the vaccination programs to provide long-term disease protections equivalent, or superior, to those provided by natural disease are the major causal factor for the recent outbreaks of contagious diseases in highly vaccinated populations.

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28 http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=FRAz [accessed 30 June 2014]

Measles Cases, France 2013-2009 [Font coloring added]

Year	2013	2012	2011	2010	2009
Cases	272	---	14'949	5'048	1'541

29 http://dr-king.com/docs/120127_RevisdDrft_RevuOfAutsmControvrsyNeedForResponsbleScienceJournlsm_b.pdf, pages "*21*" through "*33*"

30 The essay and review articles from 2005 onwards that are posted in the "Publications (by year)" subsection of the "Documents" section of Dr. King's web site, http://www.dr-king.com can be consulted when the reader is seeking more detailed discussions on the vaccination-related issues that Dr. King addresses.

As established in the cited papers and his research into the pertinent vaccine and vaccination program issues, Dr. King accepts that American parents who, among other things, choose to:

a. Pursue natural immunity to the contagious childhood diseases for themselves and their children or wards;

b. Opt to adopt a healthy GMO-free diet that is low in commercially prepared foods before trying to have children and during pregnancy, with the appropriate vitamin, mineral and probiotic supplementation;

c. Avoid unnecessary microwave and ultrasound exposures before and during pregnancy and child rearing;

d. Have their children naturally with delayed cord clamping;

e. Not vaccinate their children; and

f. Breastfeed their children for *not less than* two (2) years;

are on the right track to doing the best they can to protect their child from contracting a *dangerous* case of these childhood diseases.

Moreover, by not vaccinating, those "*[w]ell-meaning parents*" are assured that their children and wards will have:

- No risk of having any vaccination-associated adverse effects, which, *as the examples provided and the grossly underreported entries in VAERS clearly show*, include permanent disability and death as well as
- Little or almost no risk of having a *dangerous* clinical case of the childhood diseases about which Dr. Gibson is concerned.

Turning to Dr. Gibson's next statement,

> "*Some Christian parents claim vaccine risks are unwarranted, since God will provide the needed immunity if their children gets sick*",

Dr. King finds that she is twisting the fundamental beliefs that parents who believe in God, any "Higher Power" or "Mother Nature" have, which fundamentally recognize, as Dr. King stated at the beginning of this review, that

- ❖ Good fruit does not come from corrupt trees, and
- ❖ A secular establishment that has no soul (ethereal essence) cannot be trusted when it claims its vaccination programs are safe and can provide "*herd immunity*" while admitting:
  - it does not know exactly how the human immune system functions;
  - its current vaccines are problematic;
  - the protections its vaccines provide wane over time;
  - its current recommended childhood "disease preventive" vaccines have not even been proven to

meet all the preclinical safety requirements that are supposed to be met before any dose can be given to any human being; and

- the disease protections its vaccines provide to each inoculee, *if any*, are less than the protections provided by those disease agent exposures that result when a child develops natural immunity to those diseases after that child's immune system has naturally matured to the point it can properly neutralize the organisms associated with such infections.

Turning to Dr. Gibson's parenthetical remarks, regarding a Texas megachurch's measles outbreak: the cause of the outbreak (the index case) was a measles-infected visitor to that church who was shedding live measles virus into a group of people, vaccinated and unvaccinated, who were not immune to contracting a clinical case of measles[31]. [**Note:** Since, in cooperation with local public health officials and the church's own medical personnel, that church held five (5) MMR vaccination clinics, that Texas megachurch clearly neither had an intrinsic belief in vaccination exemption nor a position opposing their members' choosing to forego vaccination on any basis (Texas permits medical, religious and philosophical exemption from vaccination).]

As to the second outbreak mentioned by Dr. Gibson, "*a Christian school in British Columbia was the epicenter for an outbreak of over 400 cases this spring*", Dr. King first observes that every disease outbreak begins somewhere.

Moreover, since most of the students (≥90%) in that Christian school were, and are, not vaccinated because of religious reasons, the introduction of one infected person into that group should, *as it did*, cause most in the group to contract measles cases within a short period of time (apparently most cases occurred within 4 weeks of the initial case).

However, since none of the news articles that Dr. King reviewed reported any serious complications or deaths among that group of 400 cases, he must presume that most all of the clinical cases were mild with: **a)** a relatively short time for the infected children's recovery and return to school, and **b)** no serious complications or deaths.

Finally, based on the documented problematic nature of establishing and maintaining clinical measles protection in vaccinated children (see, for example, Poling et al.(2011) [footnote "**24**"]), the 400-

31 http://dr-king.com/docs/131016_AFormalScience-basedResponseTo_FailuretoVaccinateChldren%20AnUnconscionableTwistofFaith_finlr1_b.pdf, pages 6-12 Dr. King's remarks about a measles outbreak in a Texas megachurch.

plus individuals who apparently contracted measles naturally will, *if they were not previously vaccinated with an MMR vaccine*, now probably have long-term, lifetime or near lifetime protection from a clinical measles re-infection.

"As the *Post* editorial mentioned, most cases originate overseas, so it's especially critical that Americans be vaccinated when traveling outside the U.S., even to Europe. (Those who serve in mission fields are particularly vulnerable, and I've found it interesting that previously unvaccinated Christians are more than willing to accept immunizations when they know they will be exposed.)"

First, for those who hold beliefs that are truly religious in nature and think that vaccination violates one of those beliefs, such devoutly religious persons do not even consider vaccination.

Moreover, unlike Dr. Gibson, an allopathic medical doctor, Dr. King, an analytical chemist, finds that, *when it comes to the highly contagious viral diseases like measles, mumps, rubella, and chickenpox*, truly *knowledgeable* parents or individuals, *be they "Christians" or otherwise*, who may be "*willing to accept immunizations*", will first seek to have their body's or their children's or wards' levels of virus-neutralizing-antibodies assessed before being concerned about the need, *if any*, for any vaccination with a live-virus vaccine.

If the antibody assessments indicate that those individuals have disease-protective levels of the antibodies to those diseases, those test results will be used as the basis for declining vaccination.

This is the case because there is almost no risk that those neutralizing-antibody-titer-sufficient individuals will contract a clinical case of those viral diseases – probably because they acquired those antibody levels through prior exposures to those viruses.

Only when the test results indicate that those individuals have antibody levels that are clearly not disease protective, will such vaccination-educated individuals, *"Christians" or otherwise*, consider whether to be vaccinated or, because *of their sincerely held religious beliefs or other core beliefs*, forego vaccination for themselves or their minor children of wards.

"A Christian physician, I tell parents God indeed provides immunity. But as we've seen over millennia, it comes by very real suffering through a potentially fatal disease. In our modern society, God grants us everyday miracles, both pharmacologic and surgical, including immunity in the form of a vial of vaccine. I don't think these parents would deny insulin for their child newly diagnosed with diabetes, nor would they fail to strap their child into a car seat before starting the ignition. Vaccines are instruments of prevention, too, given to our

healthy youngsters in order to keep them (and others) healthy."

While Dr. King accepts that Dr. Gibson is a "*Christian physician*" who tells "*parents God indeed provides immunity*", he is concerned about her view of the risks of having these diseases in terms of "*a potentially fatal disease*" – ignoring the reality that most all childhood sufferers fully recover.

Moreover, Dr. Gibson's "*it comes by very real suffering through a potentially fatal disease*", presents a distorted view of reality.

This is the case in the USA because Dr. Gibson:

- Leaves out the fact that, *in healthy children who receive effective supportive therapies after infection*, the risk of dying from one of the diseases about which she is concerned is probably 100 times lower than the CDC's oft quoted statistics because most of those who died were <u>not</u> healthy before they contracted one of those diseases, and
- Fails to inform parents that her alternative, vaccination, carries with it similar risks of "*very real suffering*" and death, which she and the other supporters of vaccination grossly understate and/or fail to mention or provide accurate estimates of those risks for the children who are to be vaccinated.

Moreover, while Dr. King would agree that "*God grants … miracles*", he understands that, *in the Judeo-Christian narrative*, Lucifer, also known as Satan or the devil, currently is the ruler of this world – a ruler currently having the God-given power to grant similar "*miracles*".

Thus, for those recognizing that vaccination is a corruption of God's or Nature's plan for the development of "disease immunity":

- Vaccination <u>cannot</u>, as has been initially claimed for some vaccines, provide disease immunity after a single vaccine inoculation and does <u>not</u> truly provide such "*immunity in the form of a vial of vaccine*" for any of the vaccines in the current CDC-recommended childhood vaccination program.
- At best, CDC-recommended vaccination programs provide limited-duration disease protection to some or most of those who are multiply inoculated with those vaccines.
- The disease protections provided by vaccination diminish over time and rob females of the ability to provide robust protections from these diseases to their offspring *in utero* and <u>until</u>, *when they breastfeed their children for at least two years*, their children's immune system matures to the point that it is fully capable of generating its own natural immunities to those diseases.

Moreover, the examples Dr. Gibson provides, denying "*insulin for*

their child newly diagnosed with diabetes" and not strapping "*their child into a car seat before starting the ignition*" are disingenuous.

In the first instance, treating a child's diagnosed *clinical* medical condition with a medical-condition-corrective drug is not the same as preemptively giving a drug (a vaccine) for a *clinical* medical condition that a child not only does not currently have but also may never have, *absent some future exposure that triggers the disease causing organisms to invasively multiply in the child to the point that the child manifests all of the clinical symptoms of the disease*.

In the second instance, strapping "*their child into a car seat before starting the ignition*" is, *like vaccination*, a pre-emptive act.

However, *unlike vaccination*, it does not invade the child's body nor carry a risk of *directly* harming, maiming or killing that child or of non-reversibly harming the child's immune system.

Finally, Dr. Gibson's closing statement is simply a version of one of the general talking points used by vaccine apologists to hype vaccination — a talking point that fails to mention:

- Giving live-virus vaccines not only infects those who are inoculated with them but can also infect others and
- The reality that other vaccines, like the inactivated-influenza and pertussis-component-containing vaccines, can significantly increase the inoculees' susceptibility to other diseases while respectively providing limited disease protection from contracting influenza or whooping cough to only some portion of those multiply inoculated with those vaccines[32].

"'I'm concerned that so many people seem willing to let others carry the supposed burden of vaccination so that they don't have to,' wrote Rachel Marie Stone in a Her.meneutics post a couple of years ago. 'To me, that's a failure of the commandment to love our neighbors: our infant neighbors, our elderly neighbors, and our immune-compromised neighbors.'"

While Dr. King is bemused to read that the post cited by Gibson speaks to the "*supposed burden of vaccination*", he is not surprised that Ms. Stone takes words attributed to Jesus Christ, the Son of God, out of context and misstates the "*commandment*".

In context, according to the Authorized King James translation of the **Bible** in the "Gospel of St. Mark", "CHAPTER 12", verses "28" through "31" (emphasis added),

[32] See, for example, http://dr-king.com/docs/20140122_InfluenzaVaccines_VaccinationPrograms_Unsafe_NotEffective_IllnessCausing_Final_b.pdf and http://dr-king.com/docs/120806_PGKDrftRevu_Anti_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs_fnlr2b.pdf.

"28 … Which is the first commandment of all?
29 And Jesus answered him, The first of all the commandments is, Hear, O Israel; The Lord our God is one Lord:
30 And thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength: this is the first commandment.
31 And the second is like, namely this, Thou shalt love thy neighbour as thyself. There is none other commandment greater than these."

Because that commandment requires the disciples of God to love their neighbors as they love themselves, then, believing that vaccines are produced by "a corrupt tree", those in Christ (who are in but not of the world[33], who truly serve God, and who reject vaccination as an inherently ungodly practice) are loving their neighbors as they love themselves by:

- Avoiding the risks of creating vaccination-injury burdens on their neighbors and society,
- Providing their neighbors with naturally disease-immune and disease-resistant children who, *when they grow up*, can ensure the continuation of a vibrant society and actively care for their parents and neighbors, and
- Forgiving their neighbors' vaccination-propaganda-induced hostility towards both their unvaccinated children and themselves.

Moreover, on a practical level, *except in societies that have a "death wish" or are driven to satisfy the greed of those who profit the most by harming the overall health of the society's initially healthy children as soon as possible for as long as possible*, it is more important to preserve and nurture the health of society's initially healthy children than it is to risk damaging the overall health of our initially healthy children, as our current "chronic childhood medical condition creating" vaccination programs apparently do[34], to purportedly protect the health of the infirm and the elderly.

Finally, though there are risks with either approach to protection from disease recurrence in the USA today,

- "Natural disease protection", which carries with it some low risks for certain disabilities and death but, *in general*, has little or no risk for childhood or lifetime chronic medical conditions, and

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33 Authorized King James translation of the Bible in the "Gospel of St. John", "CHAPTER 15", verse "19", "If ye were of the world, the world would love his own: but because ye are not of the world, but I have chosen you out of the world, therefore the world hateth you".

34 http://dr-king.com/docs/20140416__Revu_ADoctor_sTakeOnTheAnti_VaccineMovement_final_b1.pdf, especially pages "*46*" and "*47*".

- "Vaccination-acquired disease protection" that carries with it risks for certain disabilities and death that are similar to those risks associated with acute disease cases as well as the childhood and lifetime chronic-disease risks that are clearly associated with immune-system dysregulation caused or exacerbated by one or more of the vaccinations that those affected individuals were administered.

"When I was vaccinated for diphtheria, pertussis, and tetanus (DPT) at the age of 4 months in 1954, my mother wrote in my baby book: *Up most of the night with fever 104.5 degrees, a good 'take' for the vaccine.* She was relieved that it had made me sick, as it meant that my stimulated immune system would keep me safe if exposed to those killer diseases that were so common in the 1950s. Our society doesn't think about immunizations as we did back then and thankfully a febrile reaction like that would be unusual due to significant changes in how today's more effective vaccines are formulated."

While Dr. Gibson's anecdote about what her mother recorded in her "*baby book*" states that her reaction to her "*DTP*" vaccination was an apparently short-term fever (of "*104.5 degrees*" Fahrenheit) that was considered a sign of "*good 'take' for the vaccine*", Dr. King finds that her "*my stimulated immune system would keep me safe if exposed to those killer diseases that were so common in the 1950s*" is more melodrama than reality.

Factually, in 1954, the CDC reported 2,041 clinical cases of diphtheria, mostly occurring in children; 60,886 clinical cases of pertussis (whooping cough), mostly occurring in children; 524 clinical cases of tetanus, mostly occurring in adults; and 147,785 clinical cases of scarlet fever/strep throat, mostly occurring in children.

Of these serious bacterial diseases in children, scarlet fever, *which has "disappeared" even though no medically successful vaccine was developed for it,* and whooping cough (pertussis) were the only highly contagious bacterial diseases that would have been considered childhood "*killer diseases*" in the USA in the 1950s.

Clearly, in a population of about 163,025,854 residents[35] with roughly 4 million live births annually[36],

- Reported clinical tetanus infection, which *mostly occurred/-occurs in adults over 45*, was, *as it had been when it became a notifiable disease*[37] *in 1947*, a very rare disease (about 1 clinical case per 311,120 residents of the USA in 1954);

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35 http://www.census.gov/population/estimates/nation/popclockest.txt, last accessed on 26 June 2014.

36 "Live Births and Birth Rates, by Year The following table shows the number of live births and the birth rate in the United States between 1910 and 2005". "4,078,000" live births, http://www.infoplease.com/ipa/A0005067.html, last accessed on 6 July 2014.

37 A notifiable disease is a disease for which it is mandatory for healthcare providers to report any and

- Reported clinical diphtheria infection was a rare disease (1 clinical case per 79,875 residents of the USA in 1954) or, *presuming that most of the cases occurred in children under five (5) years of age*, less than 1 notified clinical diphtheria infection case per 10,000 children under five (5) years of age (or less than 0.01% of the children under 5);
- Reported clinical whooping-cough (pertussis) infection was a common disease (1 clinical case per 2678 residents of the USA in 1954) or, *presuming that about 80% of the cases occurred in children under 5 years of age*, a common childhood disease with less than 1 notified clinical infection case per 410 children (or < 0.24% of the children under five (5) years of age); and
- Reported scarlet fever/strep infection was a common disease (1 clinical case per 1103 residents of the USA or, presuming that 60% of the cases were scarlet fever cases occurring in children under five (5) years of age, about one notified clinical infection case per 226 children (or about 0.44% of the children under five (5) years of age in the USA).

Of these diseases, only scarlet fever, *a disease for which no medically successful vaccine was developed that was probably wiped out by improving societal conditions and the introduction of penicillin and other bacterial antibiotics*, and, *to a lesser extent,* whooping cough were actually perceived as "*killer diseases*" in young children.

Turning to Dr. Gibson's last statement,

> "*Our society doesn't think about immunizations as we did back then and thankfully a febrile reaction like that would be unusual due to significant changes in how today's more effective vaccines are formulated*".

Dr. King, who was an aware 9-year-old boy in 1954, remembers that society was much less propagandized about the wonders of vaccines and vaccination as the problems with the initial Salk "inactivated" polio vaccines and increases in polio cases among those who had been vaccinated with them were on the public's mind — that is until the medical establishment conveniently changed the definition of polio and then cravenly announced that polio vaccination was conquering polio based on the precipitous drop in new-definition polio cases.

However, Dr. Gibson's observation about the changes from the DPT (diphtheria toxoid, whole-cell pertussis, and tetanus toxoid) vaccine she received to today's DTaP (diphtheria toxoid, tetanus toxoid

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all clinical cases of that disease to the appropriate public health officials at the state level with state-defined penalties for any healthcare provider's failure to properly report such clinical disease cases in a timely manner.

and acellular pertussis) vaccines implicitly misrepresents both vaccines as if they were/are "*effective vaccines*" when the reality is that both types of vaccines only initially appeared to be effective.

Both types of pertussis-component containing vaccines have now been unequivocally shown to not be effective in preventing whooping cough cases and to increase: **a)** the risk of a very young child's developing whooping cough and **b)** the spread of what then was the principal causative bacterial agent for whooping cough cases, *Bordetella pertussis* as well as the other human-infective *Bordetella species*.

Factually, the change from whole-cell pertussis components to acellular pertussis components rendered the child's reaction to being given the newer DTaP vaccines much less likely to cause high fevers and other serious side effects, including death, than the older DTP vaccines.

Thus, the DTaP vaccines clearly safened this type of toxoid-based combination vaccine and, *initially at least*, improved their apparent efficacy with respect to protection from contracting whooping cough.

Protection, Risk and Safety — "*I wish*" Comparisons?

"I wish vaccines were perfect in their protection and potential side effects, but they aren't. I wish medications developed for treatment of some of these illnesses were perfectly effective, but we can't depend on a guarantee of cure once sickened. I wish our immune systems were perfect in their response to exposure to pathogens, but they too fail and people do die. Even though there will never be perfect prevention or treatment, parents in third world countries who have watched their children suffer and die from completely preventable disease will walk miles, for days, to get their children vaccinated when they learn of a mobile health clinic setting up an immunization center. Undeterred by that harsh reality, some in our highly educated society choose to run, not walk, in the opposite direction from much more easily accessible free state-supplied vaccine."

In contrast to Dr. Gibson's "*I wish*" soliloquy, Dr. King wishes that today's recommended prophylactic vaccines were as safe, as effective, and as cost-effective as the vaccine propaganda machine touts them to be.

However, the reality is that today's prophylactic vaccines are not even safe to give to clinical trial subjects because they have not been proven to be noncarcinogenic, nonmutagenic, and reproductively non-toxic to humans[38] as their vaccine package inserts state (unless the

[38] http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liequstn_e_b_r1.pdf.

vaccine maker has omitted statements about the preclinical toxicology studies to which prophylactic vaccine candidates should have been subjected before being administered to any human test subject).

Moreover the vaccines' package inserts do not claim that vaccination will prevent disease but rather only make claims about the vaccine's apparent efficacy in the less-than-scientifically-sound clinical trials that the vaccines' manufacturers have conducted.

Likewise, though the manufacturers' and governmental studies purport to show cost-effectiveness based on some model that general ignores or minimizes the adverse-reaction costs, *unless a given vaccination program is proven to be effective in preventing disease*, any such vaccination program cannot be truly cost-effective.

Furthermore, for example, the initial one-dose chickenpox (VZV) vaccination program, which assumed a certain per-dose cost for the vaccine, was recommended based on a cost analysis that showed only a marginal cost benefit on a societal basis (estimated medical costs plus the estimated costs for lost work time to care for those children who had natural chickenpox).

That cost analysis was obviously artificial because it presumed that: **a)** one dose would provide lifetime disease protection from VZV recurrence; **b)** there would be no post-vaccination adverse-reaction costs; and **c)** the per-inoculation administration costs would only be five dollars.

However, *ignoring the reality that the vaccine maker, Merck & Co., Inc., commercially priced the vaccine (Varivax®) significantly higher than assumed per-dose cost used in the costing analyses*, as the level of vaccinated children approached 50%, it became obvious that the one-dose chickenpox vaccination program: **a)** failed to provide long-term disease immunity; **b)** generated significant costs for the care and treatment of those inoculees who were having serious post-vaccination adverse-events (complications); and **c)** significantly increased the rate for those cases of VZV recurrence, as shingles, in those who had previously had natural clinical cases of chickenpox.

Based on the outcomes observed, the CDC should have abandoned the one-dose chickenpox program, because it was neither cost-effective nor effective in providing lifetime or even long-term protection from occurrence/recurrence as indicated by breakthrough chickenpox cases or, *for those who had already had natural chickenpox*, increasing recurrence as shingles in children older than 10 years of age and adults.

However, instead of withdrawing a failing single-dose vaccination program, the CDC recommended adding a second dose and "adjust-

ed" its cost analyses to find that the two-dose chickenpox vaccination program would be cost-effective even though adding a second dose would not provide lifetime protection from subsequent case occurrences/recurrences; the adverse-event costs would increase; and the negative impact on shingles cases would continue and be exacerbated as the vaccine uptake in childhood increased.

Of course, in reality, the two-dose chickenpox program has a negative "cost-effectiveness" that exceeds $700 million annually; is continuing to exacerbate the recurrence of VZV as shingles[39]; and, *if the scientists in the United Kingdom are correct*, will continue to do so for at least 80 to 100-plus years after a two-dose chickenpox vaccination program is introduced[40] — an obvious win-win for those who profit from increased levels of disease.

Moreover, the reason that "*parents in third world countries … will walk miles, for days, to get their children vaccinated when they learn of a mobile health clinic setting up an immunization center*" is that those parents only get to hear the vaccine apologists' false promises of "disease immunity".

In addition, these parents have little or no access to the factual information about problematic nature of the vaccines available in that "*immunization center*".

Furthermore, the terminology Dr. Gibson and her fellow vaccine apologists use implicitly promises "disease immunity", when there is no proof that the vaccinations being offered will actually be effective in preventing those parents' children from contracting the covered diseases in the future and, *because their children tend to be malnourished, dehydrated and ill*, those parents' children's risk of having a serious, disabling or fatal post-vaccination reaction[41] is much higher than the typical child living in the USA.

Thus, outside of certain religious communities and individuals who are religiously and/or philosophically opposed to vaccination, as the surveys in the USA report, that "*some in our highly educated society*" who tend to shun vaccination are those who, *for whatever reason*,

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39 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".]x.

40 Joint Committee on Vaccination and Immunisation Statement on varicella and herpes zoster vaccines. 29/0210. Available at: http://webarchive.nationalarchives.gov.uk/20120907151317/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_133599.pdf (last accessed 28 June 2014).

41 Here, Dr. King recommends that those who are skeptical of the realities presented here should read Every Second Child by Archie Kalokerinos (http://www.amazon.com/Every-Second-Child-Archie-Kalokerinos/dp/0879832509) or, at a minimum, the transcript of a June 1995 interview with him (http://www.whale.to/v/kalokerinos.html). Moreover, his last book, Shaken Baby Syndrome: An Abusive Diagnosis, which is currently available for free download at http://www.vaccinationcouncil.org/wp-content/uploads/2012/08/SBS+An+Abusive+Diagnosis.pdf, speaks to the Establishment's use of a generally false "blame the parents" diagnostic strategy to cover up vaccination-associated damage, similar to the previous strategy used to cover up infant death following a DTP/DTaP vaccination that were labeled SIDS (sudden infant death syndrome) fatalities.

- Have ignored the pro-vaccination propaganda with which they are continually bombarded;
- Have taken the time to study the facts about vaccination; and,
- *As a result of their studies and experiences*, have:
  - opted not to vaccinate or, *if they had previously allowed their children or wards to be vaccinated*,
  - opted to discontinue vaccination.

WHEN a person's core religious or philosophical beliefs reject vaccination or when his or her studies into the risks and the possible, but not guaranteed, benefits of vaccination in comparison to the possible risks and proven benefits of naturally acquired immunity for the childhood diseases for which there is a recommended vaccine leads a person to shun vaccination, THEN, *as with any prophylactic medical treatment*, the decision of those informed persons to forego vaccination for themselves and/or their children or wards should be respected rather than, *as it invariably is*, attacked, belittled and/or ridiculed.

Finally,

- ✓ IF vaccination programs really did provide the benefits that vaccine apologists and acolytes claim they provide and the post-vaccination adverse events and long-term outcomes were not serious,
- ✓ THEN there would be no need in the USA: **a)** for any state to have mandated vaccination as a condition of attending a licensed childcare facility or a school, or **b)** for hospitals and/or some other employers to mandate any vaccination as a condition for employment or continued employment.

The preceding realities and the reality that the Establishment is increasingly pressuring everyone to be vaccinated according to whatever schedule the CDC recommends as well as the increasingly obvious failure of certain vaccines to provide those disease protections promised by the Establishment clearly indicate that, *as rapidly as possible*, medicine should:

a. Abandon the current vaccination programs whose "artificial disease protections" have been repeatedly found to provide significantly worse long-term individual and population protections from disease than provided by natural immunity, and

b. Return to systems that provide natural disease immunity for those contagious childhood diseases for which the CDC or

any other governmental agency recommends administering vaccines.

Moreover, the current vaccination programs appear to be a major causal factor in the increase in the percentage of our children and adults that have chronic health conditions (a medical euphemism for conditions that are not healthy) that were once uncommon or unknown even in the 1970s.

Based on data from National Longitudinal Survey of Youth-Child (NLSY) Cohort (1988 - 2006), more than half of those children (about 51%) in the 2000-2006 cohort ("cohort 3"[42]) had one or more chronic health conditions during the six years they were followed 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", which clearly indicated that the level of "any chronic health condition" for "cohort 3 in 2006" was twice ($26.6/12.8 \simeq 2.08$) that found for "cohort 1 in 1994".

In addition, *for about 26.6% of the children in the 2006 cohort studied*, one or more of those chronic health conditions they had at the end of the study could be projected to probably become a lifelong "chronic health condition".

Moreover, for the last 50 years, the pro-vaccine Establishment's "solutions" for the failure of the CDC's recommended vaccination programs to provide the claimed disease protections have been:

- More doses (of the DTP and DTaP vaccines and the Merck M-M-R® II and Varivax® vaccines, for example);
- More vaccines (e.g., the Tdap vaccines, which extend the time for vaccination against pertussis beyond 7 years);
- Better vaccines (e.g., the DTaP vaccines that are safer than the DTP vaccines; Pfizer Wyeth's Prevnar® 13, a 13-strain pneumococcal conjugated-polysaccharide vaccine to replace its Prevnar®, a 7-strain pneumococcal conjugated-polysaccharide vaccine, whose efficacy against pneumococcal disease was declining; and Sanofi's Menactra® conjugated-polysaccharide A, C, Y, and W-135 meningococcal meningitis vaccine, for which additional doses boosted antibody levels, to replace its Menomune® polysaccharide A, C, Y, and W-135 meningococcal meningitis vaccine for which a second dose greatly reduced the recipients' pre-existing antibody levels); and

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[42] "Prevalence of Chronic Illness in US Kids Has Increased", 16 Feb. 2010, http://www.medscape.com/viewarticle/717030, [**Note:** A MedScape account is needed to access this article], last accessed on 9 July 2014.

- Increasingly higher minimum coverage levels (which are claimed to be required for "vaccination-based herd immunity" (a pro-vaccination Establishment myth).

However, like the initial failures, those solutions have failed to provide the promised lifetime freedom from those diseases for which those solutions have been proposed.

Hopefully, the number of residents in the USA who are awake to the preceding realities will soon reach critical mass and, *at a minimum*, that awakened public will demand:

a. All legislative, administrative, and workplace vaccination mandates be repealed and prohibited, and

b. The vaccination programs for:

1. all of the contagious childhood diseases and

2. the other diseases for which truly independent review finds any material lack of safety, effectiveness, and/or cost-effectiveness

be replaced by comprehensive natural-disease-immunity programs.

Disease Protection, Risk and Safety — the Future?

"There will always be a new plague to worry about. Even as we eradicated illnesses through vaccine, we watched HIV, SARS, avian flu, multidrug-resistant tuberculosis, and MERS infect us. Some countries have seen the return of polio, and we remain concerned over smallpox somehow finding its way out of its lockbox in laboratories."

While Dr. King agrees with Dr. Gibson that new diseases are cropping up and diseases once unknown in the USA are being imported from abroad mainly because our public health officials and the Establishment have reduced the level of disease screening and the quarantine times for people and goods entering the USA in order to facilitate international travel and trade.

Nonetheless, Dr. Gibson's unqualified assertion that "*we eradicated illnesses through vaccine, …*" is factually incorrect[43].

As far as Dr. King can ascertain, while the World Health Organization (WHO) continues to claim that some disease has been eradicated in some area or areas and to set goals for the eradication of certain diseases,

[43] Since the root verb, "eradicate" is defined as "to remove (something) completely: to eliminate or destroy (something harmful)" in http://www.merriam-webster.com/dictionary/eradicate (last accessed on 27 June 2014) and, because disease is considered harmful, if we had "eradicated illnesses …", then there would be no cases of those illnesses anywhere in the world today nor any viable disease-causing organisms.

- Viable causative-organism samples and live-organism vaccines (e.g., smallpox),
- Stores of weaponized organisms and vaccine (e.g., anthrax),
- Sporadic isolated cases (e.g., diphtheria, measles, rubella and congenital rubella), and
- Disease outbreaks (e.g., whooping cough, mumps, and measles),

continue to be found in the USA today for illnesses that, *according to the original criteria that the vaccine apologists used to get those vaccines recommended for universal use*, should have been eradicated or completely suppressed in the USA to the point that the sporadic cases that have occurred should have only been imported cases.

However, *even though isolated*, all of the sporadic cases have not been proven to be imported cases.

Thus, those diseases for which there is a CDC-recommended vaccination have neither been eradicated nor almost completely suppressed and, *for all of the live-virus vaccines*, the recommended vaccination programs in the USA are actually guaranteeing that millions are infected with the vaccine strains of those live viruses annually, and, *through shedding*, those inoculees are spreading those viruses and infecting others with them[44].

Moreover, based on confirmed and probable case reports to the CDC in 2012[45], there are a host of other illnesses that are continuing to occur in the USA at high levels, including sexually transmitted diseases, like "Gonorrhea" ("334,826" confirmed cases [or about 1 case per 941 residents[46]]), and "*Chlamydia trachomatis*" ("1,422,976" confirmed cases [or about 1 case per 221 residents]) as well as other serious diseases like "Lyme disease" ("30,831" cases), "Malaria" ("1,503" cases) and "Spotted Fever Rickettsiosis" ("4,470" cases) for which there currently is no vaccine.

In addition, *as the studies cited by Dr. King have shown*, most of

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44 For example, *though such cases are not generally reported*, Dr. King has estimated that on the order of 300 clinical measles cases of vaccine-strain measles occur annually in the USA (see, http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRespnseToEndangeringTheHerd_final_br1.pdf, page "7",

> "Unfortunately, these cases do not include the MMR-vaccination-related cases, which generally are not reported (although, in 2011, Minnesota did acknowledge ten (10) MMR-vaccine-associated measles cases in a slide presentation and three (3) of the 10 were proven to be vaccine-strain-measles cases[10]).
>
> Imputing these ten cases reported in Minnesota to the entire population of the USA, there were probably more than 300 cases of MMR-vaccine-associated measles in the USA in 2011 (because most all children are vaccinated) as compared to 220 notified measles cases.

[10] http://www.conferences.und.edu/immunization/documents/Gahr-MeaslesinMinnesota.pdf, last visited on 18 August 2013. This June 2012 presentation reported, in "slide 65", that there were 10 vaccination-related cases of measles in Minnesota in 2011 when an unusual number of "wild" measles cases (26 cases in all) were diagnosed and reported as confirmed clinical cases to the CDC".).

45 Morbidity and Mortality Weekly Report (*MMWR)* 2013 Aug 23; 62(33): 669-682.

46 Using an estimate of 315 million residents based on a January 1, 2013 population of "315,091,138" as reported in http://www.commerce.gov/blog/2012/12/28/census-bureau-projects-us-population-3151-million-new-years-day-2013, last accessed on 28 Jun 2013

the vaccines currently recommended for use in mass vaccination programs provide less-than-complete and short- to moderate- duration protection to only some percentage of those multiply inoculated with a vaccine.

Worse, *for some vaccines (like the inactivated-influenza vaccines*[47]), vaccination can actually increase the inoculees' overall post-vaccination risk of contracting a serious infection (e.g., a serious non-influenza viral respiratory "flu" infection after an inactivated-influenza-vaccine inoculation).

Furthermore, one cannot hope to eradicate human-infective viral diseases by annually inoculating tens of millions of children with various mass-produced live-virus vaccines for those diseases because this practice *obviously* spreads those viral diseases.

Finally, though Dr. King has no problem with Dr. Gibson's list *per se*, along with HIV, he would have listed SV-40, RSV, and perhaps others as iatrogenic diseases that have been knowingly or unwittingly introduced into humankind by the marketing of vaccines that contain adventious viruses and bioactive DNA and DNA fragments.

"Given these threats and the new pathogens on the horizon, it remains unwise to refuse safe and effective vaccination. By doing so, we invite the old plagues, these killers of yesteryear, back into our homes, our churches and schools, and inevitably, onto our death certificates."

Since, as Dr. King has repeatedly established, none of today's FDA-approved and CDC-recommended vaccines have been proven to be toxicologically safe nor do the vaccines' manufacturers claim them to be effective in preventing disease, vaccination with the current CDC-recommended vaccines cannot be considered "*safe and effective*".

Thus, those who are declining to be vaccinated or to vaccinate their minor children and wards on any grounds, religious, philosophical or scientific, are wisely refusing vaccination programs that fundamentally have not been proven to be either safe or effective.

Furthermore, for certain diseases, like:

- Whooping cough, where the vaccines contain components that are variably effective in providing infection protection from only one, *Bordetella pertussis (B. pertussis)*, of the now four (4) human-infective *B. species* (*B. pertussis, B. parapertussis, B. holmesii, and B. bronchiseptica*) that we recognize and these vaccines actually promote infection by the non-pertussis *B. species* as well as the spread of all the human-

[47] http://dr-king.com/docs/20140122_InfluenzaVaccines_VaccinationPrograms_Unsafe_NotEffective_IllnessCausing_Final_b.pdf.

infective *B. species* (see footnote "**14**"), and

- ❑ The "flu", where the inactivated-influenza vaccines now provide limited "flu" protection to about 3 or 4 specific influenza strains of the many strains circulating during the "flu" season and increase the risk, *by a factor of more than three (3)*, that those inoculated with an inactivated-influenza vaccine will subsequently contract a non-influenza viral respiratory infection (which will probably be diagnosed as the "flu" based on the influenza-like symptoms that such infections cause)[48] and the live-virus influenza vaccines now infect the inoculees with four (4) strains of influenza that the inoculees may shed for up to 28 days after their inoculations[49],

it is increasingly evident that being administered multiple doses of these vaccines significantly increases the inoculees' respective risk of subsequently contracting "whooping cough" or a case of the "flu".

Thus, *contrary to Dr. Gibson's views*, our current vaccination programs are inviting "*the old plagues, …, back into our homes, our churches and schools, and inevitably, onto our death certificates*".

"We can and must do better for our next generation."

Here, Dr, King agrees with Dr. Gibson's, "*We can and must do better for our next generation*".

However, Dr. King's vision for "*our next generation*" clearly differs from Dr. Gibson's because, *based on their overall negative outcomes*, we must abandon the CDC's mass vaccination recommendations and return to a system that recognizes the value of, strengthens, and relies upon, natural immunity coupled with aggressive supportive nutritional supplementation that:

- Enables the immune system to neutralize the disease (before it can seriously harm the infected body) and produce immunity to it, and, thereby,
- Provide the fundamental protections that will minimize the risk of our children's developing dangerous or lethal clinical infections caused by any of the past, present or future organisms that can infect humans.

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48 http://dr-king.com/docs/20140205_PGK_sReality-basedResponsesTo_SettingTheRecordStraight_DebunkingALLTheFluVaccineMyths_b1.pdf, pages "*1*" through "*4*" and the citations, "[9] Kelly H, Jacoby P, Dixon GA, Carcione D, et al. Vaccine Effectiveness against laboratory-confirmed influenza in healthy young children: a case-control study. *Pediatr Infect Dis J* 2011; 30: 107–111; [10] Cowling BJ, Fang VJ, Nishiura H, et al. Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. *Clin Infect Dis*. 2012 June 15; 54(12): 1778-1783"; and "[11] Doshi P, Influenza: marketing vaccine by marketing disease. British Med J. [BMJ] 2013; 346 doi: http://dx.doi.org/10.1136/bmj.f3037 (Published 16 May 2013)".

49 Ibid, page "*4*" citing that article's footnote "*12*".

Dr. King's Concluding Observations on Vaccination and Regaining Natural Herd Immunity

As with the "modernization" of other aspects of society, those individuals and/or groups who have been behind the replacement of any natural societal practice be it farming, hunting, cooking, cleaning, child rearing, or goods production in order to capture the profit from that changed practice have been faced with selling it to the public as if their motive were to benefit the individuals who adopted the new practice, when any benefit to the individuals was incidental to the much larger benefits accruing to the sellers of the new practice.

Thus, in order to destroy natural herd immunity to the various childhood diseases that were endemic in the USA in the 1940s, the Establishment had to not only stop the next generation of children from acquiring natural immunity but also, before introducing mass vaccination and the artificial disease protections that it provided, replace extended breastfeeding by the mother or, *if she were incapable or could be convinced that her time was better spent in other activities*, by a suitable surrogate (wet nurse) with an artificial alternative.

Furthermore, that artificial alternative had to be promoted as if it were as good as breastfeeding until the society fully accepted that that artificial alternative — now called formula feeding — was as good as breastfeeding.

"By the 1940s and 1950s, physicians and consumers regarded the use of formula as a well known, popular, and safe substitute for breastmilk"[50].

With the acceptance of formula feeding as a safe alternative to breastfeeding by physicians and, more importantly, those who would purchase the formula, breastfeeding steadily declined until the 1970s.

To this end, formula feeding was, and still is, generally promoted by the Establishment.

This formula promotion has continued, even though, starting in the 1970s, awakening parents began to see past the propaganda and realize that breastfeeding was much more about protecting their children from disease and promoting their health and welfare than simply providing certain amounts of some nutrients to satisfy their child's dietary needs.

Moreover, to get parents to accept the artificial disease-protections provided by vaccination, all of the Establishments entities that were involved in touting vaccination had to lie by claiming that the

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[50] Fomon SJ. Infant feeding in the 20th century: Formula and beikost. *J Nutr.* 2001 Feb; 131(2):409S–420S. http://jn.nutrition.org/content/131/2/409S.full, last accessed on 28 June 2014.

initial vaccination or vaccinations would produce lifetime disease immunity, even when the unbiased studies clearly proved that such claims were utterly false.

To push the public toward vaccination, the Establishment called vaccination, "immunization" – to imply that vaccination provided "disease immunity".

Moreover, it created the "polio epidemic" for which it also created a "magic bullet", the inactivated-polio vaccines, which, when first used, caused significant increases in cases of "polio", which the Establishment adroitly covered up by changing the definition of polio as Dr. King has previously outlined.

To further sell vaccination, slogans, like "vaccines, the safest of medicines", were introduced to conceal the reality that vaccine formulations were and are, *based on the required pre-clinical safety tests that are knowingly not conducted*, carcinogenic, mutagenic (teratogenic) and, *to some degree*, reproductively toxic – some of the least safe medicines that are recommended to be given to healthy developing children for some possible future clinical medical condition that, *had the progression of natural immunity been allowed to continue*, fewer and fewer children would have exhibited.

In addition, *to sell the "superiority" of vaccination*, the serious medical complications following vaccination had to be: **a)** couched in medical jargon that the general public does not understand (e.g., "anaphylaxis" (a serious allergic reaction that is rapid in onset and may cause death), "encephalitis" (brain inflammation), "pyrexia" (fever) and "syncope" (fainting or passing out); **b)** made intangible; and **c)** declared to have risks that are rare, infinitesimal, coincidental, or, *more recently*, psychosomatic[51].

Moreover, the accurate tracking of the serious post-vaccination complications had to be resisted and thwarted.

To make such serious post-vaccination reactions less tangible, they were called adverse events and only those occurring close to the time of vaccination were, and still are, grudgingly recognized as "possibly" being vaccination-related by the Establishment.

Even though their real rates of occurrence may be higher than 1 in 1,000, outside of a few post-vaccination reactions occurring soon after vaccination that were labeled "nonserious", all other post-vaccination reactions are initially denied, or labeled as "rare", "very rare" or "perhaps coincidental".

To further conceal the actual incidence of such post-vaccination

[51] According to http://www.merriam-webster.com/dictionary/psychosomatic, "psychosomatic" means "caused by mental or emotional problems rather than by physical illness".

complications, the minimum number of participants in a clinical trial and the number of vaccine trials required have been reduced; the scientific requirement for a true-placebo (pH-balanced isotonic sterile saline) control arm has been removed; and the follow-up periods for those in the clinical studies have been limited to a few months to *no more than* five (5) years when the minimum follow-up period should have been 10 years or longer.

Furthermore, when troubling serious post-vaccination adverse reactions were observed, background rate estimates were generated that happened to be about as high or higher than the rates observed in the clinical trials; and, then, those estimates were used to claim that the post-vaccination reaction could just be a coincidence.

When forced to set up a post-vaccination-reactions-reporting system and database, VAERS, reporting was made essentially voluntary because there were/are no penalties for non-reporting, which, based on governmental and industry studies, led to the reality that, *depending on the post-vaccination complication*, 90% to 99% of those complication occurrences are generally not reported.

Moreover, knowing that the reports in VAERS significantly underestimate the occurrence of each post-vaccination reaction to each vaccine, the governmental agencies have nonetheless, *at times*, used VAERS to estimate the background rate for a certain post-vaccination reaction for a given vaccine.

Accordingly, the Establishment has used slogans, like the one Dr. Gibson used, "*low—or often non-existent but ballyhooed—risks of vaccinations*", and/or labeled those complaining of post-vaccination medical complications for which there was no self-evident medical condition as individuals having hysterical or delusional thoughts and impairments that are psychosomatic — as has been done for many of the females who have had a serious post-vaccination reaction to an HPV (human papilloma virus) vaccination — and continuing to dismiss deaths occurring shortly after vaccination as "coincidental" even when the death reports have similarities to prior death reports for others similarly affected after vaccination in different States in the USA as well as in other comparable nations around the world.

Furthermore, while pointing at the low or nonexistent death rates from the clinical diseases covered by the FDA-approved vaccines and the CDC-recommended mass vaccination programs, the CDC has done nothing to determine and report estimated death rates for each vaccine after critically evaluating each post-vaccination-associated death report to reject only those which are duplicates or for which there is absolute proof of a non-vaccination-related cause associated with the

vaccine of interest, and then, *at a minimum*, correcting the resulting evaluated reports for the possible levels of underreporting (by multiplying the net reports by 10 and 100) and reporting the annual deaths as being in the range of (net reports times 10) to (net reports times 100)[52].

Based on the preceding realities, the cited papers, and Dr. King's reviews, it appears to Dr. King that vaccination is a centuries-old *criminal racket*, consisting of an ever-increasing list of recommended/mandated vaccine dosings and vaccines, which are fraudulently offered to protect our children from certain acute diseases.

Seemingly, this *racket*'s true purpose is to dysregulate the human immune system of as many individuals as it can, starting before they are born by recommending/mandating the vaccination of pregnant women, and continuing with a never-ending increase in the recommended/mandated doses and vaccines for each individual.

This is done to continually increase the number of individuals affected, the severity of their chronic "health" conditions, and the duration of each chronic "health" condition in the population in order to continually grow the profits of all those in the Establishment who profit from any aspect of this *racket*, while seriously damaging the fiscal and physical health of the residents of the USA who are increasingly being compelled to poison their own and their children's immune system.

Worse, the public has been duped into giving this *racket* virtual legal immunity from being held criminally or civilly accountable for the harm their criminal activities inflict on the health and well-being of those that it knowingly harms.

Hopefully, the public will soon recognize this *racket* for what it is and demand that every executive or public official who has participated in, or been enriched by, this *racket* who is still alive today and every corporation that is, or ever was, a party to this *racket* must be prosecuted to the fullest extent of the law under the criminal provisions of the RICO (Racketeer Influenced and Corrupt Organizations) Act of 1970, as amended.

Furthermore, except for retaining the federal National Vaccine Injury Compensation Program (NVICP; 42 U.S.C. §§ 300aa-10 through 300aa-34) for those bound by the statute on the day the requirement that all

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52 See http://dr-king.com/docs/130906_Mealses_MeaslesVaccinationRealities_AFormlRespnseToEndangeringTheHerd_final_br1.pdf, pages "4" through "8", for an MMR example where Dr. King compared the average annual number of notified deaths for measles, mumps, and rubella 2003 through 2009 (1.71) to the corresponding estimated range of annual MMR-vaccination-related deaths derived from the evaluated MMR-vaccine-related reports in VAERS for the same time period (55 to 550). Thus, vaccination with an MMR-containing vaccine caused 32 to 320 times as many deaths as died from measles, mumps or rubella in the period from 2003 to 2009.

claims of injury must first be considered by the administrative procedures set forth in the NVICP as interpreted by the federal courts is repealed, the requirement that all vaccine-injury claims must first proceed under the NVICP should be repealed with prejudice.

In addition, the NVICP should also be amended to require that: **a)** all filings in the NVICP or any State court have a rebuttable presumption of legal standing, **b)** all attorney and expert compensation be independently determined, **c)** all actions to be bound by the applicable federal rules of judicial procedure, **d)** for each vaccine, all confirmed serious adverse events that are *multiply* reported (for example, at least 10 times collectively in clinical trials, follow-up studies, case reports and scientifically sound peer-reviewed papers for any vaccine inoculation) shall be added to the NVICP's injury table, which shall be updated at least semiannually, **e)** the respondents to have a rebuttable presumption of culpability, **f)** the petitioner's window for filing a petition be increased to the lesser of 18 years from the affected individual's date of birth or 6 years from his or her first confirmed diagnosis of the possibly vaccine-related injury or death, **g)** the filing window for a civil lawsuit in a State court be set to the greater of 21 years from the date of birth or 10 years from the date of the first confirmed diagnosis of the possibly vaccine-related injury or death, **h)** for legal proceedings in State courts, any plaintiff will have rebuttable standing and the defendants shall have a rebuttable presumption of liability, **i)** given the malfeasance in the studies upon which the respondents and the NVICP administrators relied in the Autism Omnibus, all petitions dismissed as a result thereof or heard there under and dismissed shall be reinstated and adjudicated in favor of the petitioners with the vaccine makers' being directed to reimburse the government for all costs appertaining thereto, **j)** the personal-identifier-anonymized records from all cases must be made fully available to the petitioner's legal counsel, **k)** the administrators are required to allow the findings in previous cases to be used as precedential in subsequent cases, **l)** to reduce costs and streamline trials, none of the evidence provided by the defendants in any State vaccine-injury lawsuit may be sealed, and **m)** all State court vaccine-injury cases shall be tried by jury under common law.

Furthermore, in recognition that the federally recommended vaccination program cannot be instantaneously stopped, Dr. King recommends that the phase out of vaccination be coupled with the repeal of all vaccination mandates; the imposition of civil and criminal penalties for the willful failure to report post-vaccination adverse outcomes; the banning of all vaccination-promotion activities; the phase in of recom-

mendations, policies and laws designed to encourage and facilitate the extended breastfeeding of infants for *not less than* two (2) years; and the adoption of a strong nutritional supplementation programs for the key health-maintaining vitamins, minerals, amino acids, prebiotics and probiotics.

Additionally, all childhood education programs should include courses on the development and maintenance of a healthy immune system starting in kindergarten with the childhood diseases, their symptoms, and how to naturally work with those symptoms to support the growth of your immune system at a basic level with more details and expanded coverage that includes vaccines and vaccination as the child progresses through school — so that, instead of a propaganda-based view of immunity our children could grow up to understand how they can help their body preserve its health and minimize its risk of chronic diseases including obesity.

Finally, lest anyone think that Dr. King is a lone voice, the reality is that even some non-scientists have awakened to the reality that the current vaccines and vaccination programs are failures medically speaking[53].

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 Melissa R. Troutman, Neil Z. Miller, and Gary S. Goldman for their support, suggestions, corrections and alternate wordings that helped him to finalize this response.

About Dr. Emily Polis Gibson, Author of the Article Being Reviewed

Source: http://www.christianitytoday.com/women/2014/june/thank-god-for-vaccines.html?start=1

"Dr. Emily Polis Gibson is a wife, mother, farmer, and family physician living in northwest Washington state. She blogs at Barnstorming, and her writing has appeared on KevinMD.com and Salon."

Source: http://www.cfah.org/blog/posts-by-author/Emily-Gibson

"*Emily Polis Gibson, M.D., is a board certified family physician who has been practicing for thirty-one years. She serves*

[53] See, "Where Conservative Skepticism Falls Short" by Lawrence Solomon, "*research director of the Consumer Policy Institute. LawrenceSolomon@nextcity.com*", available at: http://www.americanthinker.com/2014/06/where_conservative_skepticism_falls_short.html, last accessed 1 July 2014.

as Medical Director of the Western Washington University Student Health Center in Bellingham, Washington, where she was honored with the Exceptional Effort award. She also was selected Physician of Excellence at Peace Health St. Joseph Medical Center in the state of Washington. Her blog, Barnstorming, includes essays, poetry, reflections, and meditations on faith, family, and farm life in rural Northwest Washington state."

Dr. Gibson's personal contact e-mail: emily@briarcroft.com

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).

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[54].

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.

That paper reviewed Thimerosal exposure and the roles of sulfation chemistry and thiol availability in autism[55].

Furthermore, Dr. King was one of the authors in a review chapter, "Mercury Induced Autism"[56] (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.

Additionally, 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. That open-access paper contributed more evidence to the actuality that there is a causal relationship between the level of Thimerosal-preserved vaccine exposure and the subsequent risk of the inoculated children's ending up with a diagnosis of "autism" in the USA[57].

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[54] 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".]

[55] 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

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

[57] 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.