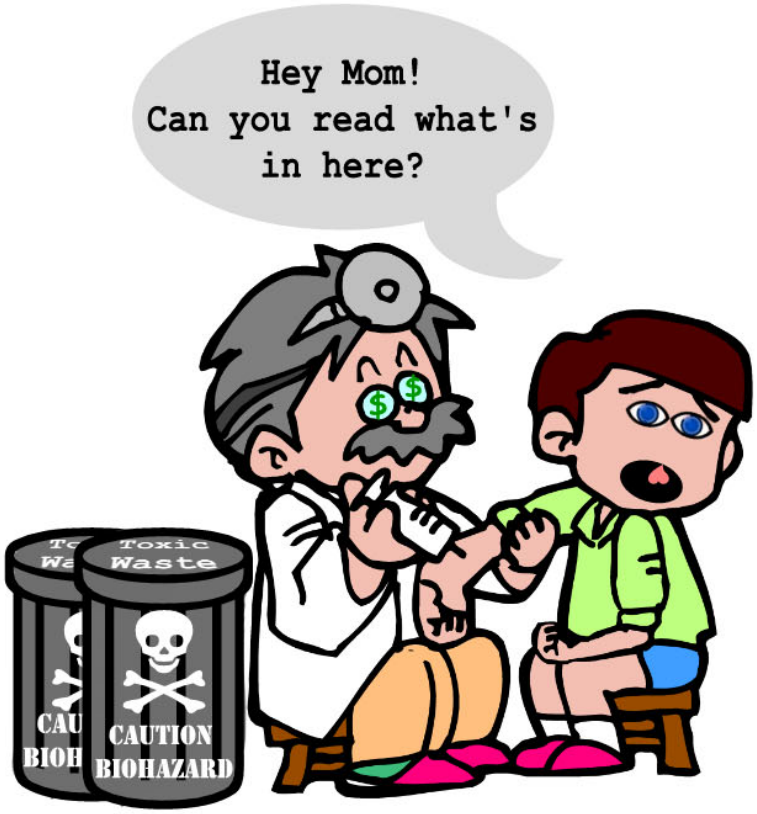
THE NJ VACCINATION EXEMPTION LETTER



Children Having Everybody Really Upset 'Bout Shots: A Vaccination Alternatives Network

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March 28, 2002

Dear Parents,

According to *Pediatrics Vol. 107, No.2 Feb. 2001, p.e17*, less that half of physicians reported initiating discussion regarding vaccine contraindications and less that 10% discussed the National Vaccine Injury Compensation Program. Lack of time was considered the greatest barrier to vaccine risk/benefit communication. The majority of providers reported discussing some aspect of vaccine communication but 40% indicated that they did not mention risks.

Physician respondents reported having received only a moderate amount of training in vaccine risk/benefit communication, but the expressed *only a modest interest in acquiring continued education in this area.*

When compared across provider types, pediatricians reported significantly less training in communicating risks and benefits of procedures. Although nearly 70% of physicians believed that parents needed to know contraindications, they discussed contraindications in less than one half of visits.

Nearly 1 in 4 physicians indicated that "parents would be unnecessarily alarmed" and a surprising number of providers believed "parents did not want to know" vaccine risks/benefits.

In general, these findings suggest that there is a serious mismatch between legal mandates for risk/benefit communication, provider's perception of what parents needed to know, and actual provider vaccine risk/benefit communication practices. [www.mercola.com 3/13/02]

In order to fill in the gap I did an analysis of the adverse reactions, ingredients, and testing data on all of the childhood vaccinations as listed in the 2001 Physicians' Desk Reference (PDR). The only contraindications were to specific ingredients that were thought to be potentially allergenic such as latex and chick embryo. No testing is ever done on infants to determine if they have such allergies before vaccines are administered. The risk is anaphylactic shock (instant death).

Is it parents who do not want to know the vaccine risk/benefits or is it really the pediatricians? After assessing the PDR, I think pediatricians are all in serious denial about what they are really doing for a living. These vaccines are not made of 'sugar water'!

The enclosed is meant as an educational tool for parents, school nurses and school superintendents so that when a religious exemption is exercised, the parents will not be unduly persecuted.

I hope you will take the time to read the vaccination exemption letter and attachments. Please feel free to use it with your own children, grandchildren etc. It is guaranteed to turn school officials into the most reasonable people you have ever met.

Sincerely,
Barbara Flynn

Addressed to School Nurse, School Superintendent etc.

Dear_____,

As the parent and guardian of _____, I am writing to inform you that we are exercising our legal right not to vaccinate.

According to **26: 1A-9.1 of the New Jersey Public Health Law** children are exempt from vaccinations for school entry *"whose parent, parents or guardian hold genuine and sincere religious beliefs which are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school."* **Subd. 9. L.1989, c.538 & 3 eff. Jan.1, 1990**, substituted requirement of genuine and sincere contrary religious beliefs for requirement of bona fide membership in a recognized religious organization opposing immunization to qualify for exemption. It is discriminatory to ask what religion one belongs to in order to qualify for an exemption from vaccinations; everyone is entitled.

The *National Vaccine Injury Compensation Act of 1986*, gave no liability to vaccine manufacturers or doctors for vaccine injury or death: *"No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after the effective date of this part (1986) solely due to the manufacturer's failure to provide direct warnings to the injured party (or the injured party's legal representative) of the potential dangers resulting from the administration of the vaccine manufactured by the manufacturer."* [Public Health Service Act, Section 2122, Direct Warnings]. According to Barbara Loe Fisher of NVIC, the Compensation Plan is so arbitrary that only one in four gets compensated. Consequently, parents have no real legal remedy should their child become injured and/or die from vaccination.

The *National Vaccine Injury Compensation Act* also provided for a Vaccination Adverse Events Reporting System (VAERS) to collect data on vaccine injuries and deaths. From January 1992 to November 2001: 5,032 deaths from vaccines were reported to VAERS. It is estimated that between only 1% and 10% of doctors report vaccine injury or death. Therefore the actual number of deaths could be closer to 50,000. [Sample of NJ VAERS deaths attached]

The Physician's Desk Reference lists many ways to die from vaccination including: SIDS, anaphylactic shock, thrombocytopenia, (hemorrhaging to death), encephalitis (brain inflammation) and 'death.' Other side effects include but are not limited to seizures, infantile spasms, Guillain-Barre Syndrome, Bell's Palsy, aseptic meningitis, transverse myelitis, multiple sclerosis, arthritis, arthralgia, Stevens-Johnson Syndrome (flesh eating disease) erythema multiforme, diabetes mellitus, urticaria, systemic lupus erthematosus (SLE), elevation of liver enzymes, optic neuritis, nerve deafness, keratitis, otitis media, renal failure, early onset Hib disease, lymphadenopathy, reflux esophagitis, vitreous hemorrhage, atypical measles, parotitis (mumps), impetigo, cellulitis, herpes zoster, asthma, vesiculation, ulceration, necrosis. Although autism is not listed as a side effect of vaccines, encephalitis has the identical symptoms as autism and encephalitis is listed as an adverse reaction to every single childhood vaccine. [Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain, 1990, Harris Coulter, Ph.D.]

The PDR lists the following vaccine ingredients all of which are highly toxic and /or allergenic: Diphtheria toxoid, tetanus toxoid, acellular pertussis endotoxin, Hepatitis B virus gene in yeast protein, Haemophilus influenza antigen, neisseria meningitides, measles virus in chick embryo

culture, mumps virus in chick embryo culture, rubella virus from human diploid lung cells (aborted human fetuses), varicella virus also from aborted fetuses, streptococcus pneumoniae in soy peptone broth with yeast, hepatitis A virus from aborted human fetuses, Japanese encephalitis virus from ground up mouse brains, mycobacterium tuberculosis, polio virus from monkey kidney cells, embryonic guinea pig cell cultures, beef heart infusion, fetal bovine serum, human albumin, ammonium sulfate, sorbitol, sucrose, aluminum, formaldehyde, thimerosal (mercury derivative), glutamate, phenol, phenoxyethanol, polysorbate 80 (Tween 80), glutaraldhyde, dry natural latex rubber (highly allergenic) Neomycin (animal antibiotic).

The quantities of toxins in these vaccines are not minute. In the case of mercury, the DPT, Hib, Hep B and OPV often given in one office visit contain 62.5 micrograms of mercury. The EPA guidelines for "safe" mercury levels are .1 microgram per kilogram of bodyweight per day. Babies can receive 30 to 50 times the "safe" amount in one office visit. [Halsey NA, Limiting infant exposure to thimerosal in vaccines and other sources of mercury. JAMA, 1999, 282:1763-66] We go to great lengths to keep this 'filth' out our drinking water, but when we inject it directly into the bloodstream of an infant whose brain and immune system are not yet developed we believe that it somehow produces health!

Most shocking of all, however, is the revelation in the PDR that no long term testing has ever been done on any vaccine for anything including cancer, mutagenic potential, fertility impairment, developmental malformations, effects on pregnant women or fetuses! No double blind studies have ever been done on vaccines in which the control group was completely unvaccinated. *Without being able to compare these two groups it is impossible to prove that vaccinations actually prevent disease; it is only conjecture.* Short term testing is done with very small samples, for a very short time and with an age group other than the one to receive the vaccine: "147 healthy infants and children (up to 10 years of age) were monitored for 5 days after each dose." [Hep B, Recombivax HB, Merck, 2001] The standards for vaccine acceptance are much lower than for drugs that are manufactured for adults.

The PDR gives efficacy disclaimers for almost all vaccines and in some cases there is even a breakthrough rate or provocation rate for the vaccines including the Hib, MMR and Chickenpox. The PDR states that you can catch the disease itself from the vaccine or you can catch it from someone who has been vaccinated. [OPV, (oral polio) was famous for this and lawsuits were won against the government in the 1975, Griffen vs. US and in 1988, Berkovitz vs. US.]

According to State Epidemiologist, Dr. Eddy Bresnitz, MD for years the CDC has been providing incentive money of up to $100 for every child fully vaccinated by the age of two in the state of NJ. The CDC awarded the NJ Health Department $924,450 and $1,202,869 in 1999 and 2000 respectively. While Dr. Bresnitz says the plan has been discontinued, there could be something new. [Letter 12/20/00]

The Nuremberg Code [Doctors Trial, 1947] states that no person (or infant) is to be used in a medical experiment without his consent [Article 1]. Further, if there is any possibility that the subject could die from the experiment, only doctors themselves are to participate in the medical experiment [Article 5]. The PDR leaves no doubt that these vaccines are deadly, not effective, that you can get the disease from the vaccine, you can become severely crippled from the vaccine and that vaccines are experimental in nature.

Consequently, it seems to me that any intelligent doctor who is faced with the choice of signing a paper guaranteeing that he will pay for any damage or death of any infant he vaccinates and granting a medical exemption would wisely choose to give the medical exemption.

Technically, everyone is entitled to a medical exemption because no doctor or pharmaceutical company wants to assume the risk of serious vaccine injury or death. As an informed parent, I do not want to assume that risk either. To avoid the confrontation and the fee required to obtain a medical exemption from a doctor, I choose a religious exemption.

Religious exemptions, it would seem, follow Biblical and other religious dietary proscriptions against putting anything unclean into the body. [Leviticus; Chapter 11 verses 1-47]

Additionally, Hindus and some Buddhists refrain from eating meat. They believe in not killing anything with a face, but also the slaughtered animal will carry the energies of fear, pain, anxiety etc. and for meditation purposes it is counter productive to take those negative energies into the body. Animals are tortured in the process of making vaccines so it would be extremely undesirable to be vaccinated. Gandhi subscribed to these beliefs and was one of many famous anti-vaccinationists:

"I abhor vivisection with my whole soul. I detest the unpardonable slaughter of innocent life in the name of science and humanity so called, and all of the scientific discoveries stained with innocent blood, I count as of no consequence." --Gandhi Y1, Dec. 17,1925

Vaccinations, not proven to prevent disease, result in death and mental and physical injury. According to Registered Dog Breeder, Ashleigh Oulton in Australia, animal populations become sterile after many generations of being vaccinated. This is arguably genocide depending upon the intent behind the policy.

In Exodus [Chapter 1 verses 16-21] we read: *"And he said, when ye do the office of a midwife to the Hebrew women, and see them upon the stools; if it be a son, then ye shall kill him: but if it be a daughter, then she shall live. But the midwives feared God, and did not as the king of Egypt commanded them, but saved the men children alive. And the king of Egypt called for the midwives, and said unto them, Why have ye done this thing, and have saved the men children alive? And the midwives said unto Pharaoh, Because the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them. Therefore God dealt well with the midwives: and the people multiplied, and waxed very mighty. And it came to pass, because the midwives feared God, that he made them houses."*

Sometimes man's law is in conflict with God's law. Slavery and subsequently segregation were two obvious examples in American history. It does not seem possible to me that God "goofed" when He created the human immune system. The immune system does not need to be 'improved' with untested and unproven vaccinations that kill, maim and cause sterility . Mandatory vaccination laws are also in conflict with God's Law. When man's law conflicts with God's law, it is God's Law which must be followed until man's law can be brought into harmony with God's Law.

Respectfully,

Attachments:
Did We Ever Really Need Vaccinations?
NJ Vaccine Deaths Reported to VAERS
NJ Autism Statistics
The Nuremberg Code
Dr. Bresnitz's Letter

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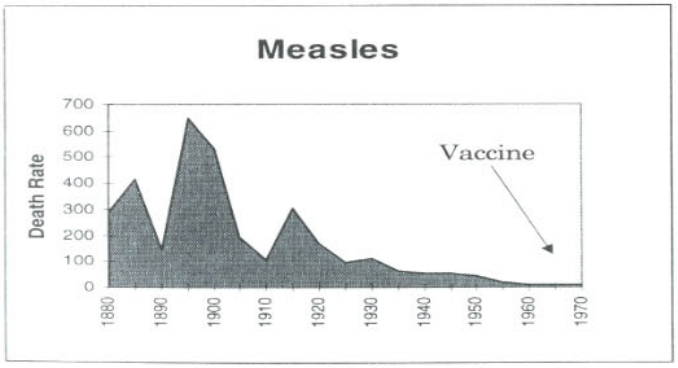
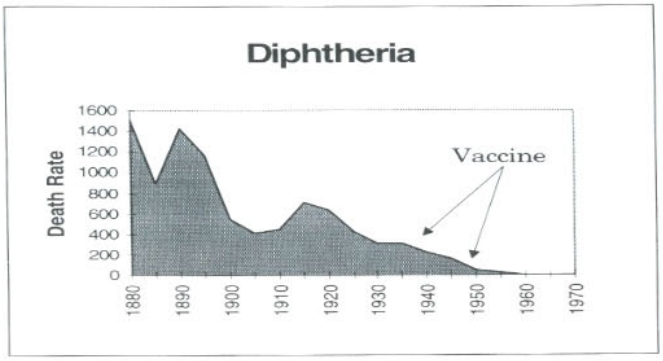
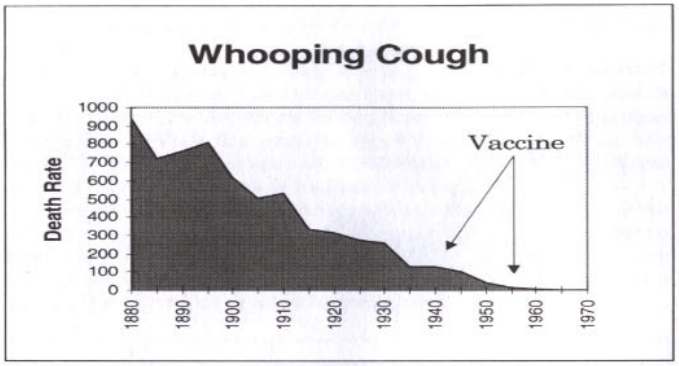
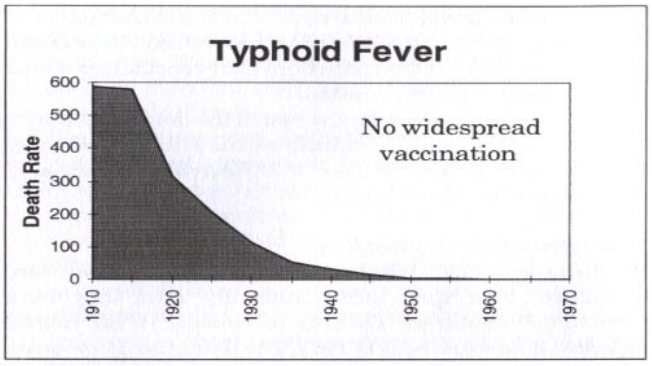
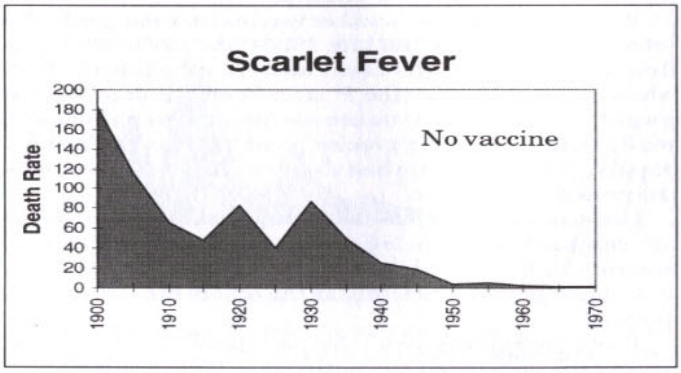
DID WE EVER REALLY NEED VACCINATIONS?

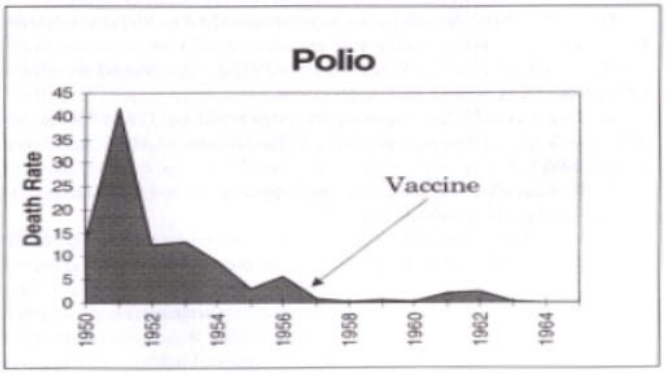












"The death rates from infectious diseases have fallen constantly and substantially since the mid 1800s.
Most of the 'success' was achieved well before vaccination was even introduced. . .
The introduction of vaccination had no observable effect on the declining death rates."
Population figures are available from the Australian Bureau of Statistics.
From : VACCINATION, A Parents Dilema,Greg Beattie, c 1997, Oracle Press, Queensland, Australia, p. 36-57

A Sample of New Jersey Deaths reported to VAERS from 7/01/90 to 6/16/01

VAERS ID 17 Baby boy 2.4 months old died one day after receiving DPT, OPV, HIBV on 9/13/91. No pre-existing conditions, found dead in bed 24 hours post DPT. No symptoms described at the time. Autopsy, reported as SIDS death.

VAERS ID 26799 Baby boy 3.6 months old died 2 days after receiving DPT, OPV on 9/24/90. Patient vaccinated with DTP/OPV child died. Autopsy showed baby had one kidney with chronic type changes, damage, hydronephrosis.

VAERS ID 29348 Baby boy 4.8 months old died 2 days after receiving DTP, OPV, HIBV on 3/8/91. Child found by aunt cyanotic, hypotonic and 'still' in crib. Rushed to ER Cardiac arrest-intubated and resuscitated-transferred to hospital.

VAERS ID 33687 Baby girl 16.8 months old died after receiving DTP,OPV on 7/12/90. Claimant's attorney reports that child is deceased; no other info is provided.

VAERS ID 34482 Baby boy aged 1.2 months old died 1 day after receiving DPT, OPV, HIBV on 7/31/91. Patient found dead during sleep on Aug. 1, 1991; Preliminary ME reports SIDS.

VAERS ID 37035 Baby boy aged 7.2 months died 0 days after receiving DPT, HIBV on 2/18/91. He expired having seizures; occurred 5 hours post vaccination.

VAERS ID 38820 Baby boy aged 2.4 months died 1 day after receiving OPV, HIBV, DPT on 9/14/91. Patient was found dead in crib about 24 hours post receiving DTP/OPV/HIB.

VAERS ID 41033 Patient died after receiving Hepatitis B vaccine. At time of report, cause of death was unknown. No further details were provided.

VAERS ID 41081 Baby boy aged 6 month died 1 day after receiving DTP, HIBV, OPV on 3/13/92. Patient received DTP/OPV/HIB on 3/13/92 and had no symptoms post vaccination. Slept that evening and awoke next morning; ate well and later in morning was put down for nap; patient stiffened and appeared to have a seizure; March 14 was taken to ER dead on arrival.

VAERS ID 42901 Baby girl aged 2.4 months died 0 days after receiving HIBV on 5/28/92. Patient received vaccine on 5/28/92 at 2 PM and at 5:30 PM had fever of 103.4. MD recommended APAP and sponge bath via phone. May 29 fever of 101; no other symptoms. May 30 at 5 AM temperature normal found dead in crib at 6:30 AM. Autopsy being performed.

VAERS ID 43165 Baby boy aged 4.8 months died 0 days after receiving HIBV, OPV, DTP on 6/8/92. Patient received HIB/OPV/DTP on June 8, 1992 at 10 AM and 3:30 PM. Temperature 101 and local reaction: APAP given by MD; put down to sleep; found dead in crib at 7 AM on June 9, 1992 estimated time of death between 4-5 AM; Autopsy being performed.

VAERS ID 51417 Baby girl aged 10.8 months died 3 days after receiving DPT, HIBV on 2/25/93. She also had a tine test placed that day-no reaction per parents. Patient was found dead in crib; was stable at time of exam and parent report no apparent illness prior to death; no fever, no local reaction to vaccine noted by parents; MD felt possible arrhythmia.

VAERS ID 51973 Female child died 9 days after receiving HIBV on 3/13/91. Plaintiff alleges that as a direct result of a HIB shot administered on Mar. 13, 1991 a previously healthy child died on March 22, 1991.

VAERS ID 57467 Baby boy aged 2.4 months died 1 day after receiving HIBV, HEP, DPT, OPV on 11/9/93. Fever, generalized seizure two times 19 hours later.

VAERS ID 58301 Baby boy aged 2.4 months died 3 days after receiving DTPH, OPV on 11/8/93. Patient received vaccinations on Nov. 8, 1993 and was found dead on Nov. 11, 1993. Patient had not experienced any side effect post vaccination and appeared happy. Autopsy performed SIDS; infant was given prophylactic Tylenol, had no post vaccine reactions.

VAERS ID 68517 Woman aged 66.5 years died 0 days after receiving a Flu shot on 11/4/94. Patient received vaccine; cardiac arrest with fibrillating ventricles several hours later. In hospital patient unconscious.

VAERS ID 76018 Baby boy aged 1.2 months died 11 days after receiving Hepatitis B vaccine on 6/15/95. Patient was reported to have died at hospital; SIDS.

VAERS ID 87397 Boy aged 17.9 years died 7 days after a Measles live virus vaccine on 7/26/88. One week post vaccination patient experienced loss of motor coordination and other neuro sequelae, with high spiking fevers; patient was hospitalized on Aug. 27, 1988 diagnosed with encephalitis, hepatitis, hypochloremic metabolic alkalosis, acute respiratory failure, thrombocytopenia, anemia.

VAERS ID 92248 Baby boy aged 14.4 months died 1 day after receiving his MMR vaccine on 11/7/96. Found foaming at the mouth; died suddenly-autopsy results not available.

VAERS ID 92505 Woman 82.7 years old died 7 days after receiving a Flu shot on 10/22/96. Patient received vaccine on 10/22/96 and on 10/29/96 experienced nausea and vomiting, vomiting blood and diarrhea without fever; patient hospitalized and condition has been described as grave; has not yet recovered. Other medications: Theophyline, Lanoxin, Lasix, Multiple Vitamins, Synthroid, Maalox, Prevacid, Compazine, Capoten, Potassium, Lactulose.

VAERS ID 94611 Man aged 81 years died 2 days after receiving a FLU shot on 11/21/96. Experienced weakness and collapsed 2 days past vaccination; Patient admitted to hospital and found to have E coli in blood; developed thrush and esophagitis and had difficulty swallowing and an esophageal ulcer was suspected; HGB decreased from 11.8 to 8.0; patient was losing blood; patient developed respiratory failure. Other medications: Cytotec/misoprostol; Ibuprofen, ATB, heparin.

VAERS ID 99134 Baby boy aged 2.6 months died 2 days after receiving DTPH, OPV on 4/7/97. Patient stopped breathing and unresponsive for unknown period prior to arrival at ER; cyanotic; comatose; conjugate gaze; Blood Pressure 23/13; limp, cold, pupils fixed dilated; on respirator; hypotonic; cardio pulmonary arrest ; sepsis; CNS bleed.

VAERS ID 108127 Baby girl aged 4.8 months died 4 days after receiving DTAP, OPV, HIBV on 2/11/98. Patient experienced a temperature of 102 and diarrhea on Feb. 10, 10998; On Feb. 11 patient was afebrile, well hydrated and normal PE; patient received vaccine and developed fever; Feb. 17, 1998 patient was unresponsive and at 9AM taken to ER found to be dead on arrival. Autopsy preformed diagnosed SIDS.

VAERS ID 112938 Baby girl aged 18 months died 58 days after receiving DTP, OPV on 11/5/97. Patient began not eating well, had diarrhea by 1 day, developed slight rash on face and on vaginal area; patient put down for a nap-was found in bed not breathing and pronounced dead at hospital. At the time she was vaccinated she had an ear infection, developmental delay physically and gag reflex disorder. She had a previous adverse reaction to MMR vaccine at 16 months with a rash and temperature.

VAERS ID 113721 Baby boy aged 3.6 months died 9 days after receiving DTAP, IPV, HIBV on 8/14/98. Patient found lifeless in bed.

VAERS ID 113911 Man 56.5 years old died 31 days after a Hepatitis A vaccine received on 7/1/97. Patient received vaccine on Dec. 96 and Jul 97. Blood work in March showed no sign of disease cancer of colon with advanced metastases to liver detected in Aug. because of rapid onset. Other medications: Zocor

VAERS ID 116801 Woman 67.7 years of age died 1 day after receiving a FLU and Pneumovax shot on 10/16/98. Patient expired within 24 hours of vaccination; no apparent allergic response. Other medications: Vasotec, lanoxin, coumadin, immodium PRN; insulin

VAERS ID 117840 Baby girl aged 3.6 months died 5 days after receiving DTAP, HIBV, IPV on 10/28/98. Patient received vaccination on Oct. 28, 1998 and experienced slight fever, stretching, stiffening, cough, sniffles, very loose bowel movements, vomiting, odor on head. Patient experienced diarrhea and sweating at 2 months with DPT dose 1.

VAERS ID 119004 Baby girl aged 2.4 months died 51 days after receiving OPV, DT, HIBV on 11/20/98. Sudden death, unknown cause; unable to resuscitate at ER. Congenital hydrocephalus, surgery to place V-P shunt on Oct. 27, 1998.

VAERS ID 161720 An infant received the DTaP, HBIV and IPV vaccines on 5/11/00. Her problems started almost 2 days later. She was not the same little girl. She was very cranky and would cry for hours (non-stop) like she was in pain, then she started to get the flu. I don't know when she died.

VAERS ID 133895/134068 A five year-old received the DTP,MMR, and OPV vaccines on 1/25/00. Subsequently she developed a fever which progressed to seizures on 2/2/00. Then she went into a coma, progressing to organ failure. Life support was discontinued and she died on 2/4/00 (10 days later). "One week post vaccination, patient developed severe fatal encephalopathy."

VAERS ID 150249 An infant received the HepB vaccine on 2/28/00. Four days later she died.

New Jersey Autism and Special Ed. Statistics
Children ages 6-21

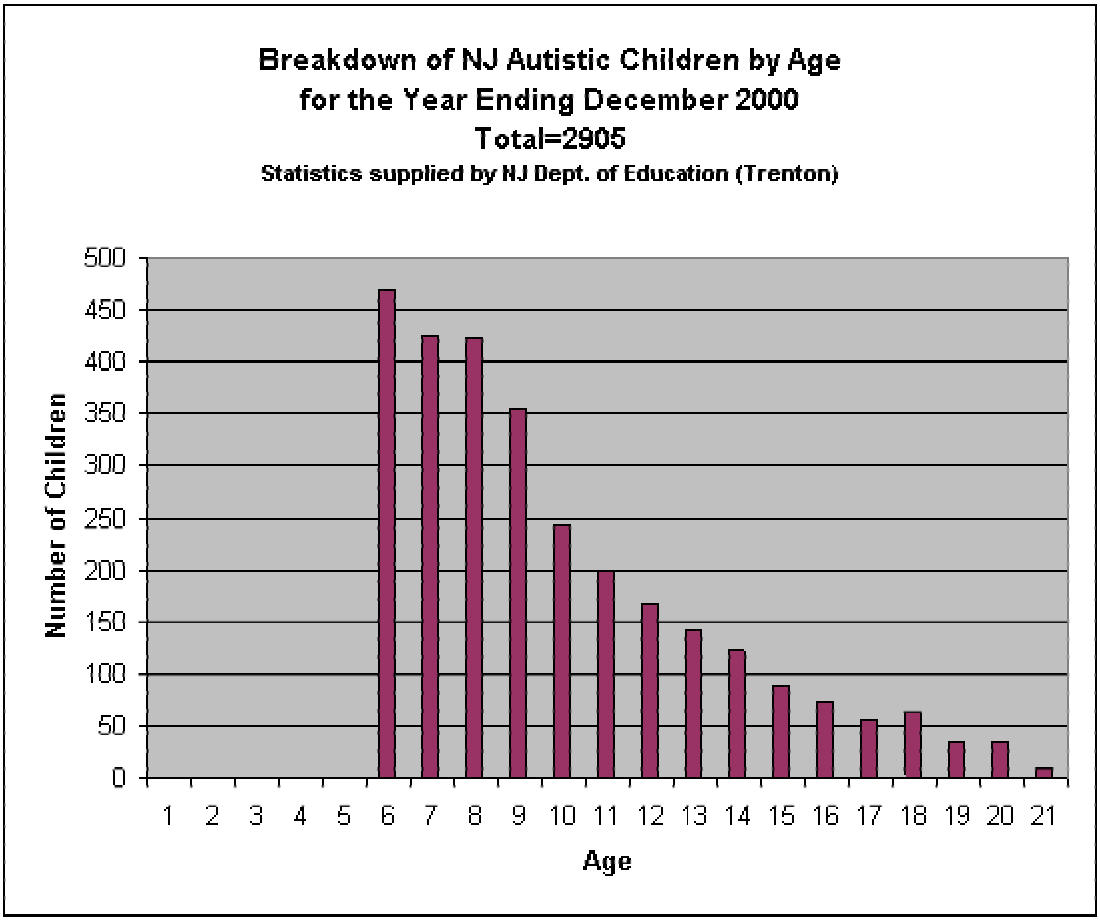
Year	Student Body Age 3 to 21	Students in Special Ed.	Autistic Children	% of all students	% of students in special Ed.
1991	1,915,403	178,315	241	0.01	0.1
1992	1,914,046	182,003	523	0.03	0.3
1993	1,938,259	185,668	702	0.04	0.4
1994	1,990,259	189,522	876	0.04	0.4
1995	2,047,356	194,978	1042	0.05	0.5
1996	2,076,226	200,447	1274	0.06	0.6
1997	2,082,706	204,057	1634	0.08	0.8
1998	na	na	1812	na	na
1999	na	na	2354	na	na
2000	na	na	2905	na	na

Statistics compiled by F. Edward Yazbak, MD, FAAP

NJ Immunization Coverage Rates (%) Two Year Old

3-DPT/aP 3-Polio 1-MMR	4-DPT/aP 3-Polio 1-MMR
65	50.2
76	70
83	76
83	75
85	78
88	78
96.7	85.8

Statistics compiled by NJ Health Department



Total cases of autism for US ages 6 through 21 years (US Dept. of Education):
1998/1999--53,576 1999/2000--65,396 2000/2001--78,717

The state gets up to $100 for each child fully immunized by age of 2. The CDC awarded the NJ Health Dept. $924,450 and $1,202,869 incentive money in 1999 and 2000, respectively. (Dr. Eddy Bresnitz, 12/20/00)

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent: should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted, where there is an *a priori* reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death. No allowance for mild illness.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["*Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10*", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.] (www.ncgr.org/gpi/odyssey/privacy/ NurCo)

Nuremberg Code explanation: The United States Holocaust Memorial Museum commemorates the fiftieth anniversary of The Doctors Trial (the Medical Case of the Subsequent Nuremberg Proceedings)

(www.ushmm.org/research/doctors/code)

THE NUREMBERG CODE [USHMM note]

On August 19,1947, the judges of the American military tribunal in the case of the USA vs. Karl Brandt et.al. delivered their verdict. Before announcing the guilt or innocence of each defendant, they confronted the difficult question of medical experimentation on human beings. *Several German doctors had argued in their own defense that their experiments differed little from previous American or German ones.* Furthermore they showed that no international law or informal statement differentiated between legal and illegal human experimentation. This argument worried Drs. Andrew Ivy and Leo Alexander, American doctors who had worked with the prosecution during the trial. On April 17, 1947, Dr. Alexander submitted a memorandum to the United States Counsel for War Crimes which outlined six points defining legitimate research. The verdict of August 19 reiterated almost all of these points in a section entitled **"Permissible Medical Experiments"** and revised the original six points into ten. Subsequently, the ten points became known as the "Nuremberg Code." Although the code addressed the defense arguments in general, remarkably none of the specific findings against Brandt and his codefendants mentioned the code. Thus the legal force of the document was not well established. *The uncertain use of the code continued in the half century following the trial when it informed numerous international ethics statements but* ***failed to find a place in either the American or German national law codes.*** Nevertheless, it remains a landmark document on medical ethics and one of the most lasting products of the "Doctors Trial."

State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES
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CHRISTINE TODD WHITMAN
Governor

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CHRISTINE GRANT, J.D., M.B.A.
Commissioner

December 20, 2000

Mrs. Barbara Flynn
10 Irving Place
Summit, New Jersey 07901

Dear Mrs. Flynn:

Thank you for the videotape of Congressman Burton's congressional oversight hearing on vaccinations and autism, as well as your follow-up letter of November 13, 2000. I found the tape interesting in parts, although there was very little presented that I had not already heard or reviewed previously. In fact, the tape only reinforced my professional judgement on what I have expressed to you in previous letters (most recently May 2000), as well as at Public Health Council meetings and the two legislative oversight hearings this year. I continue to hold the sentiments I expressed to you in my May 17, 2000 letter. Your continued efforts to convert me to your beliefs and convictions that the risks of vaccines outweigh their benefits are unconvincing, to say the least.

Your November 13, 2000 letter to me is full of scientifically unsubstantiated claims and demonstrates an inadequate understanding of basic epidemiologic and scientific methods and deductive reasoning. However, I do have specific comments on several queries in your letter.

First, you are right that the Centers for Disease Control and Prevention (CDC) provides incentive funding to states, up to $100 for each child age-appropriately immunized at two years of age. The actual rate per vaccinated child is based on the overall state immunization rate. The New Jersey Immunization Program received $924,450 and $1,202,869 for use in 1999 and 2000, respectively. The money was used to support programmatic activities to improve immunization rates. The CDC has advised states that incentive funding will no longer be awarded to state immunization programs in calendar year 2001, and thereafter.

Second, Departmental regulations do not prevent HMOs from establishing contractual language arrangements regarding compensation that provide incentives to providers to increase immunization rates so long as the arrangement does not withhold covered health care services that are medically necessary. I do not know of any quotas, as you put it, that HMOs set for providers that must be met for payment to occur. I do know that HMOs encourage all their providers to ensure that all children under their care are age-appropriately immunized. Their incentive is not money, but the knowledge of the overwhelming benefits of vaccination in preventing disease and premature death.

Finally, I appreciate your interest in understanding the causes of autism, as is the interest of many parents with affected children and scientists and researchers worldwide. I share your concern about the devastating problem of autism, but I am not the person to speak to about this.

My responsibilities in the Department do not include autism research or the provision of services in this area. However, let me reiterate that there is no peer-reviewed scientific evidence that vaccines cause autism. If you know of other alleged causes, or wish to share your methods of curing autism with others, you may want to communicate with Frank DeStefano, MD at the CDC. He can be reached at (404) 639-8256. Dr. DeStefano is aware of issues and research activities related to autism at the CDC.

You are probably aware that in 1999, Governor Whitman established a New Jersey Governor's Council on Biomedical Research for Autism. The Council is administered by the University of Medicine and Dentistry of New Jersey (UMDNJ). Dr. Stuart Cook, president of UMDNJ, has designated Dr. Lawrence Feldman as the Chair and key contact for the Council. Dr. Feldman may be reached at (973) 972-7613 or at the following address: Office of the President, UMDNJ, 65 Bergen Street, Room 1535, University Heights, Newark, New Jersey 07107-3001.

As I've said before, I see no benefit in continuing to exchange letters to share our already known and publicly stated views on these issues. If you wish to communicate about the problem of autism with someone in the Department responsible for specific programs directed at children with disabilities, you may write to Ms. Celeste Andriot-Wood, Assistant Commissioner, Family Health Services, PO Box 364, Trenton, New Jersey 08625-0364.

Thank you again for the videotape.

Respectfully,

Eddy A. Bresnitz

Eddy A. Bresnitz, MD, MS
State Epidemiologist/Assistant Commissioner
Epidemiology, Environmental, and Occupational Health

EAB/lc

c: Christine Grant
Celeste Andriot-Wood
James Blumenstock
Chuck O'Donnell
Robert Morgan, MD
Lawrence Feldman, MD

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Physician's Desk Reference (PDR-2001) List of Childhood Vaccinations

Type of Vaccine	Brand Name	Manufacturer
DTaP (Diphtheria, Tetanus, Pertussis, Acellular)	Acel-Imune	Lederle Consumer
DTaP	Tripedia	Aventis Pasteur
DTaP	Infanrix	SmithKline Beecham
Polio (injected):	IPOL	Aventis Pasteur
Hepatitis B:	Recombivax HB	Merck
Hepatitis B	Engerix-B	SmithKline Beecham
Hib (Meningitis)	HibTITER	Lederle Consumer
Hib (Meningitis)	ActHIB	Aventis Pasteur
Hib (Meningitis)	Liquid PedvaxHIB	Merck
HIB/Hepatitis B Combo:	Comvax	Merck
MMR (Measles, Mumps, Rubella):	M-M-R II	Merck
Measles, Rubella	M-R-Vax II	Merck
Mumps, Rubella	Biavax	Merck
Measles	Attenuvax	Merck
Rubella	Meruvax II	Merck
Mumps	Mumpsvax	Merck
Chickenpox	Varivax	Merck
Pneumococcal	Prevnar for Injection	Lederle Consumer
Hepatitis A	Havrix	SmithKline Beecham
Japanese Encephalitis	JE-VAX	Aventis Pasteur
Mantoux TB Test (injected)	Tubersol	Aventis Pasteur
Mantoux TB Test (injected)	Aplisol Injection	Parkdale

Physician's Desk Reference (PDR-2001)--ages given & long term studies

for vaccinations--Table 1

Ages & studies:	DTaP:	Acel-Imune (LC)	Tripedia (AP)	Infanrix (SKB)	Polio:	IPOL (AP)	Hep B:	Recombivax HB (M)	Engerix-B (SKB)	Hib:	HibTITER (LC)	ActHIB (AP)	Liq PedvaxHIB (M)	HIB/Hep B:	Comvax (M)	MMR:	M-M-R II (M)	M-R-Vax II (M)	Biavax (M)	Attenuvax (M)	Meruvax II (M)	Mumpsvax (M)	Chickenpox:	Varivax (M)	Pneumococcal:	Prevnar (LC)	Hepatitis A:	Havrix (SKB)	Jap. Enceph:	JE-VAX (AP)	Mantoux Test:	Tubersol (AP)	Aplisol (P)
Six weeks to 7 years		●	●	●																													
Six weeks to adult						●																											
"Elected date" (birth) to adult								●	●																								
Six weeks to 71 months											●				●																		
Not less than 15 months												●																					
Two to 71 months (6 years)													●																				
Twelve months and older																	●		●	●	●	●		●									
Any adult born after 1956																	●			●													
Fifteen months and older																		●															
Six weeks and older (not for adults)																										●							
Two years and older																												●					
Three years and older																														●			
No age specified																																●	●
Instructions:																																	
Minor illness, OK to Vaccinate		●		●					●		●	●	●		●					●		●				●							
No age allowance for pre-term infants		●	●	●							●																						
"Testing for adverse reactions inadequate":																																	
But give the shot anyway!												●						●		●	●												
No Long-Term Studies for:																																	
Carcinogenic, mutagenic potential or		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●	●		●		●		●		●		●	●
Fertility Impairment		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●	●		●		●		●		●		●	●
Dev. Malformation (Animal Reproduction Studies)		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●	●		●		●		●		●		●	●
Effects on Pregnant Women, fetuses		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●	●		●		●		●		●		●	●
Transmission of Toxins to Human Breast Milk		●	●	●		●		●	●		●	●	●		●		●	●		●		●		●		●		●		●		●	●
Is transmitted in Human Breast Milk																			●		●												
Unpublished Data on file at Drug Company			●	●		●						●														●							
Efficacy: "Vaccine is not 100% effective"		●	●	●		●			●			●	●		●		●		●	●	●	●		●		●							
Evidence: Vaccine conveys disease to 'vaccinee'												●			●						●	●		●						●			
VAERS Reporting Instructions included		●	●	●		●									●		●				●			●		●				●			

Quotes from the 2001 PDR

"All vaccines can be administered to persons with mild illness such as diarrhea, mild upper-respiratory infection with or without low-grade fever, or other low grade febrile illness." [DTaP, Tripedia, Aventis Pasteur]

"Pre-term infants should be vaccinated according to their chronological age, calculated from date of birth." [DTaP, Acel-Imune, Lederle Consumer]

"Routine administration of DTP (diphtheria, tetanus, pertussis) and /or OPV (oral polio vaccine), concomitantly with measles, mumps and rubella vaccines is not recommended because there are insufficient data relating to the simultaneous administration of these antigens. **However, the American Academy of Pediatrics has noted that in some circumstances, particularly when the patient may not return, some practitioners prefer to administer all these antigens on a single day.** If done, separate sites and syringes should be used for DTP and M-R VAX II." [Measles & Rubella Live, M-R VAX II, Merck]

. "147 healthy infants and children (up to 10 years of age) were monitored for 5 days after each dose." [Hep B, Recombivax HB, Merck]

"The number of subjects studied with TriHIBit, ActHIB combined with Tripedia by reconstitution, was inadequate to detect rare serious adverse events." [Hib, ActHIB, Aventis Pasteur] : ". . .it may not prevent infection in individuals who do not achieve protective antibody titers." [Hep B, Engerix-B, SmithKline Beecham]

"The evidence favors rejection of a causal relationship between immunization with Hib conjugate vaccines and early-onset of Hib Disease." [Hib, ActHIB, Aventis Pasteur]

"Liquid PedvaxHIB will not protect against disease caused by Haemophilus influenzae other than type b or against other microorganisms that cause invasive disease such as meningitis or sepsis." [Hib, Liquid PedvaxHIB, Merck]

"As reported with Haemophilus B Polysaccharide Vaccine and another Haemophilus b Conjugate Vaccine, cases of Haemophilus b Disease may occur in the week after the vaccination, prior to the onset of the protective effects of the vaccine."[Hib/HepB, Comvax, Merck]

"There is some evidence to suggest that infants who are born to mothers who had natural measles and who are vaccinated at less than one year of age may not develop sustained antibody levels when later revaccinated." [MMR. M-M-R II, Merck]

"Excretion of small amounts of the live attenuated rubella virus from the nose and throat has occurred in the majority of susceptible individuals 7-28 days after vaccination. There is no confirmed evidence to indicate that such virus is transmitted to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission through close personal contact, while accepted as a theoretical possibility, is not regarded as a significant risk. However, transmission of the rubella vaccine virus to infants via breast milk has been documented." [MR, BIAVAX II, Merck]

"The duration of protection of VARIVAX is unknown at present and the need for booster doses is not defined. Post-marketing experience suggests that transmission of vaccine virus may occur rarely between healthy vacinees who develop a varicella-like rash and healthy susceptible contacts. Transmission of vaccine virus from vaccinees without a varicella-like rash has been reported. Among a subset of vaccinees who were actively followed, 259 were exposed to an individual with chickenpox in a household setting…20% reported a mild form of chickenpox." [Chickenpox, VARIVAX, Merck]

"As with any vaccine, vaccination with JE-VAX may not result in protection in all individuals. Long-term protections, as demonstrated by persistence of neutralizing antibody for more than two years, has not been shown." [Jap Encepahlitis Virus, JE-VAX, Aventis Pasteur]

"Infranix has not been evaluated for its carcinogenic, mutagenic potential or impairment of fertility." [Infranix, DTaP, SmithKline Beecham]

"Animal reproductive studies have not been conducted with IPOL. It is also not known whether IPOL can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity." [IPOL, Polio, Aventis Pasteur]

"Since a positive tuberculin reaction does not necessarily indicate the presence of active tuberculosis disease, individuals showing such positive tuberculin reactions should be subjected to other diagnostic procedures, such as X-ray examination of the chest and microbiological examination of the sputum." [Tuberculin PPD (Mantoux) injected tuberculin testing, Tubersol, Aventis Pasteur]

"In testing, children were monitored daily for five days after each injection for local reactions and systemic complaints." [Hib/Hep B, Comvax, Merck]

"Merck & Co. maintains a Pregnancy Registry to monitor fetal outcomes of pregnant women exposed to VARIVAX. Patients and healthcare providers are encouraged to report any exposure to VARIVAX during pregnancy by calling (800) 986-8999. As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials." [Chickenpox, VARIVAX, Merck]

"It is not known whether IPOL is excreted in human milk." [Polio, IPOL, Aventis Pasteur]

"Testing was done on the plasma-derived vaccine." [Hepatitis B, Merk & SmithKline [Not the recombinant one that is on the market.]

"Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS), which will accept all reports of suspected events. A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967." [Mumps, MUMPSVAX, Merck]

According to Rampton and Stauber, authors of Trust Us, We're Experts: How Industry Manipulates Science and Gambles with your Future:

> A host of techniques exist for manipulating research protocols to produce studies whose conclusions fit their sponsor's predetermined interests. These techniques include adjusting the time of a study (so that toxic effects do not have time to emerge), subtle manipulations of target and control groups or dosage levels, and subjective interpretations of complex data. Often such methods stop short of outright fraud, but lead to predictable results. (p. 218)

Physician's Desk Reference (PDR-2001)--ingredients reported for vaccinations

Table 2

Ingredients:	DTaP:	Acel-Imune (LC)	Tripedia (AP)	Infanrix (SKB)	Polio:	IPOL (AP)	Hep B:	(M)	Engerix-B (SKB)	Hib:	HibTITER (LC)	ActHIB (AP)	(M)	HIB/Hep B:	Comvax (M)	MMR:	M-M-R II (M)	M-R-Vax II (M)	Biavax (M)	Attenuvax (M)	Meruvax II (M)	Mumpsvax (M)	Chickenpox:	Varivax (M)	Pneumococcal:	Prevnar (LC)	Hepatitis A:	Havrix (SKB)	Jap. Enceph:	JE-VAX (AP)	Mantoux Test:	Tubersol (AP)	Aplisol (P)
Diphtheria Toxoid		●	●	●							●															●							
Tetanus Toxoid		●	●	●								●																					
Acellular Pertussis endotoxin		●	●	●																													
Hepatitis B virus gene/ yeast protein								●	●						●																		
Haemophilus influenza type b antigen											●	●	●		●																		
Neisseria meningitides serogroup B													●		●																		
Measles virus/chick embryo culture																	●	●		●													
Mumps virus/ chick embryo culture																	●		●			●											
Rubella virus/ human diploid lung cells																	●	●	●		●												
Varicella virus/ human diploid lung cells																								●									
Streptoccocus pneumoniae/ soy peptone broth/yeast																										●							
Hepatitis A virus/human diploid cells																												●					
Jap. encephalitis virus/mouse serum protein																														●			
Mycobacteruim tuberculosis																															●	●	
Polio virus/ monkey kidney cell						●																											
Embryonic Guinea pig cell cultures																								●									
Beef heart infusion/ fetal bovine serum		●		●		●											●			●	●	●		●								
Human albumin																	●			●	●	●											
Ammonium Sulfate											●															●							
Sorbitol/sucrose																	●	●	●	●	●	●		●						●			
Aluminum		●	●	●				●	●				●		●											●		●					
Formaldehyde		●	●	●		●		●							●															●			
Thimerosal (mercury derivative)		●	●	●				●	●		●																			●			
Glutamate																	●							●									
Phenol/phenoxyethanol				●		●																									●	●	
Polysorbate 80 (Tween 80)			●	●																										●		●	●
Glutaraldehyde																																	
Dry natural latex rubber			●			●					●	●																					
Neomycin						●											●	●	●	●	●	●		●									

Physician's Desk Reference (PDR-2001)-adverse reactions reported for vaccinations

Table 3

Adverse Reactions:	DTaP:	Acel-Imune (LC)	Tripedia (AP)	Infanrix (SKB)	Polio:	IPOL (AP)	Hep B:	Recombivax HB (M)	Engerix-B (SKB)	Hib:	HibTITER (LC)	ActHIB (AP)	Liq PedvaxHIB (M)	HIB/Hep B:	Comvax (M)	MMR:	M-M-R II (M)	M-R-Vax II (M)	Biavax (M)	Attenuvax (M)	Meruvax II (M)	Mumpsvax (M)	Chickenpox:	Varivax (M)	Pneumococcal:	Prevnar (LC)	Hepatitis A:	Havrix (SKB)	Jap. Enceph:	JE-VAX (AP)	Mantoux Test:	Tubersol (AP)	Aplisol (P)
Anaphylactic Shock/Anaphylactoid		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●	●		●		●		●		●		●	●
Encephalitis/Encephalopathy		●	●	●				●	●								●	●	●	●	●	●		●				●		●			
SIDS and or Deaths reported		●	●	●		●		1	●			●	3				●	●			●	●				●				●			
Seizures/infantile spasms		●	●	●					●		●	●	●		●		●	●		●		●		●		●		●		●			
Guillain-Barre Syndrome/ Bell's Palsy		●	●	●		●		●	●		●	●	●		●		●	●	●	●	●			●				●		●			
Aseptic Menningitis /Transverse myelitis								●	●								●					●		●				●					
Multiple sclerosis								●	●																			●					
Arthritis/ Arthralgia		●						●	●				●		●		●	●	●		●			●				●					
Thrombocytopenia									●		●				●		●	●		●		●		●		●							
S-J S, Erythema Multiforme								●	●						●		●			●	●	●						●					
Diabetes Mellitus		●	●					2	2		●	●	●				●					●				●							
Urticaria								●	●						●			●	●	●	●	●		●				●					
Systemic lupus erthematosus (SLE)								●																									
Elevation of liver enzymes								●							●																		
Optic neuritis								●	●								●	●	●	●	●	●		●						●			
Nerve Deafness																	●		●	●	●	●											
Keratitis																																	
Otitis Media (ear infection)									●								●			●	●	●		●									
Renal failure									●			●																					
Early onset Hib Disease													●		●																		
Lymphadenopathy													●		●		●	●	●	●	●			●									
Reflux esophagitis															●																		
Vitreous hemorrhage															●																		
Atypical measles																	●			●													
Parotitis (mumps)																	●					●											
Impetigo, cellulitis, herpes zoster																								●									
Asthma																										●							
Vesiculation, ulceration, necrosis																																●	●

See footnotes 1, 2, 3 on following page

Table 3 Footnotes

1-Although neither SIDS, nor death were listed in the PDR, at least two Hepatitis B infant deaths were covered in the media. The first, Julianne Jack lost a 27-hour-old baby in the hospital, one hour after Hepatitis B vaccine for which the nurse did not ask permission to give until after the baby was dead. Her story was covered in Insight Magazine (Vol. 15, No. 11-March 22,1999) [www.insightmag.com]. Second is Michael Belkin who appeared with wife Lorna on Barbara Walters' 20/20 Who is calling the Shots? [January, 1999] Baby Lyla Rose went into a coma after Hep B shot at five weeks and died 15 hours after the shot (transcript included). Additionally VAERS data lists babies dying after Hep B vaccine who were too young to receive any other vaccines.
2- Dr. Bart Classen, MD, has done research on vaccines and auto-immune diseases, especially Diabetes mellitus, which he sees as a marker disease for all auto-immune conditions. He has published papers suggesting that Hepatitis B injection in infancy increase risk of Diabetes dramatically.
3-Although no reference is made to SIDS or death, reference is made to the infamous Navajo Indian Study in which 16 infants died; eight in the control group (which was vaccinated) and eight in the vaccinated group (which had even more vaccinations). Please see Viera Scheibner's very sad analysis of this study in her book, Vaccination, c. 1993, (p. 129-131)

I would also like to draw your attention to two studies:

1982—Dr. William C. Torch gave a report at the 34th annual meeting of the American Academy of Neurology. The study of "150 DPT post-vaccinal deaths" found that about 50% of those deaths occurred within 24 hours of the DPT vaccination, 75% occurred within 72 hours of the vaccination, and 90% occurred within one week of the vaccination. The remaining 10% occurred within 20 months of the vaccination following "protracted reactions".

1985—Cotwatch study conducted in Australia by Viera Scheibner, Ph.D., retired research scientist, and Leif Karlsson, a biomedical electronics engineer specializing in patient monitoring systems. Dr. Scheibner discovered that ALL babies breathing patterns were altered in a certain characteristic manner and over a long period of time (40-65 days) following DPT injections. She noted a significant clustering of deaths around the time of vaccination. For more information on her study and the information about the infant mortality rate plummeting after vaccinations in Japan cease (1975) see Vaccinations: The Medical Assault on the Immune System,(1992) by Viera Scheibner, Ph.D.

In 1975 Japanese Doctors passed a law in Japan legally forbidding vaccinations to babies under the age of two. The immediate effect of this law was that Japan jumped from number 17 to number 1 with the lowest infant mortality rate in the world. Japan has not used the MMR vaccine since 1993 and in 1998 Japan overturned all of their mandatory vaccination laws.

Approximately 141 fathers sit in American jails today some with life sentences and no parole for false accusation of 'Shaken Baby Syndrome' (SBS) following vaccinations . Some mainstream media coverage can be found in the September 2000 Redbook Magazine "Was it Murder or a Bad Vaccine?" and ICHF Magazine Summer 2001, "Florida Lifer for Alleged 'Shaken Baby Syndrome' mounts world campaign over vaccine scandal" by Alan Yurko.

Suggested Reading for Information about Vaccinations from Independent Researchers (those not funded by drug companies):

General:

Immunizations the Reality Behind the Myth, Walene James, c. 1995

What Every Parent Should Know About Childhood Immunizations, Jamie Murphy, 1993

Poisoned Needle, Eleanor McBean, c. 1957 [Available through Health Research (888-844-2386)]

Bechamp or Pasteur? A Lost Chapter in the History of Biology. E. Douglas Hume, c. 1923 [Also Available through Health Research (888-844-2386)]

How to Raise A Healthy Child In Spite Of Your Doctor. Robert S. Mendelsohn, MD, c. 1984

Vaccination, Viera Scheibner, Ph.D., 1993

Vaccination, Social Violence and Criminality, The Medical Assault on the American Brain, Harris L. Coulter, Ph.D. c. 1990

Every Second Child, Archie Kalokerinos, MD, c. 1981

How to Legally Avoid Unwanted Immunizations of All Kinds, Grace Girdwain, The Randolph Society

The Dangers of Compulsory Immunization: How to Avoid them Legally, Tom Finn, Family Fitness Press

Conflicts of Interest:

Dispensing With the Truth, Alicia Mundy, St. Martin's Press, NY, NY, C. 2001

Trust Us, We're Experts, Sheldon Rampton & John Stauber, Penguin Putnam, NY, NY, c. 2001

Who Will Tell the People? The Betrayal of American Democracy, William Greider, 1992

Favorite Websites:

www. vaclib.org

www.mercola.com