



A FILM BY LESLIE MANOOKIAN, KENDALL NELSON, AND CHRIS PILARO

FREQUENTLY ASKED QUESTIONS

1) How many vaccines do kids get today?

26 doses of 9 vaccines by the first birthday
48 doses of 14 vaccines by age 6
and a total of 70 doses of 16 vaccines by age 18

In 1983, CDC recommended:
11 doses of 4 vaccines by the first birthday
22 doses of 7 vaccines by age 6
and a total of 23 doses of 8 vaccines by age 18¹

2) Is vaccine safety just an issue for new parents?

No. The CDC is now recommending a flu shot every year from cradle to grave as well as many adult booster shots for childhood diseases and new vaccines such as shingles. The pharmaceutical industry has an estimated 200 vaccines in development for use in many population groups, not just children.

3) Are vaccines safe?

A large, long-term clinical study comparing the medium or long-term health outcomes of vaccinated and unvaccinated groups of people has never been done. Moreover, while vaccines are given simultaneously, with as many as 10 vaccines given in one visit, safety studies do not evaluate the safety of simultaneous shots. Nor have the different ingredients of human infant vaccines taken individually or in combination been evaluated in large, long-term clinical studies. Until these studies are done, it is not possible to fully answer this question.

4) What kinds of risks am I taking if I vaccinate my child?

Like all pharmaceutical products, vaccines carry risks. The National Childhood Vaccine Injury Act of 1986, signed by President Ronald Reagan, acknowledged that vaccines can cause injury or death. It set up a trust fund for resolving vaccine injury and death claims and provides compensation to those found to be injured by vaccines. Recent research has shown neurological damage including motor function deficits, cognitive impairment, and behavioral changes in mice given the aluminum in vaccines.² Research has also shown chronic cognitive dysfunction, impaired immune function, and autoimmune disease in humans following administration of these same compounds.^{3, 4} Despite these findings, large scientific gaps remain and until those gaps are filled, the overall safety of vaccines is difficult to assess.

5) How often do adverse vaccine reactions occur?

A large, long-term clinical study comparing the health outcomes of vaccinated versus unvaccinated patients has never been done therefore this is difficult to assess. In addition, most vaccine trials last a few weeks so many reactions may be unknown. Furthermore, the U.S. has a system called the Vaccine Adverse Events Reporting System (VAERS) to monitor vaccine reactions. VAERS is a passive reporting system and the CDC states: “Underreporting”, is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAERS receives reports for only a small fraction of actual adverse events.”⁵

6) My doctor says that reactions such as swelling, soreness, tenderness and a lump at the injection site, fever, fussiness, tiredness, and vomiting after vaccination are normal and nothing to worry about. Is this true?

While most of these reactions may seem benign on the surface, it is not known for certain what causes these reactions and whether they reflect some deeper problem. In the film, Dr. Lawrence Palevsky states no studies exist that determine what happens to the body's systems and tissues when a vaccine is given. In the making of the film and conducting screenings, we have come across many parents who said their child had “normal” reactions after a round of vaccines but never was quite the same again and went on to develop a learning disability, allergies, ADHD, or another type of chronic disease.

7) Are all the ingredients in vaccines safe?

Vaccine ingredients have not been tested for safety in doses given to human infants either singularly or in combination for co-toxicity. The list of ingredients in vaccines includes but is not limited to: mercury, aluminum, formaldehyde, cells from aborted fetuses, cells from monkey kidneys, chicken embryos, viruses, antibiotics, yeast, Polysorbate 80, detergents, etc.⁶ While the amount of mercury has been reduced in most vaccines, it is still used in the manufacturing process and trace amounts (less than 1mcg) still exist after filtering.⁷ Moreover, most flu vaccines still contain 25mcg of mercury.⁸ Mercury is a well-known neurotoxin and is particularly damaging to the brain of a developing fetus or child.⁹ Formaldehyde has been classified as a known human carcinogen by the International Agency for Research on Cancer.¹² Research documenting the damaging effects of aluminum to the brain and immune system continues to mount.²⁻⁴

8) Is the aluminum in vaccines safe?

Adjuvants are substances added to vaccines to stimulate an immune response because without adjuvants, the vaccines do not work. Aluminum is the adjuvant most commonly used in vaccines. In their study, “Aluminum Vaccine Adjuvants: Are They Safe?” published in *Current Medicinal Chemistry*, Lucija Tomljenovic and Christopher Shaw write: “Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant. Despite almost 80 years of widespread use of aluminum adjuvants, medical science's understanding about their mechanisms of action is still remarkably poor... Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences”.¹³

9) Are vaccines properly studied for safety and effectiveness?

Vaccine studies often last a few weeks and focus on efficacy, namely whether the vaccine being studied stimulates the “desired” immune response in the blood. The pharmaceutical company developing the vaccine conducts the studies and then submits them to the FDA for approval for licensure. The study is allowed to use another vaccine or a liquid containing an adjuvant such as aluminum as the placebo.¹⁴ The complete vaccine schedule has not been studied for safety nor have all the various possible combinations of vaccines that might be administered on a single day.

10) Do doctors know all there is to know about vaccines and their safety?

Doctors learn that vaccines are safe and effective but they are not taught how vaccines are studied, the components of vaccines, or the gaps in research. Doctors are taught that decades of clinical use (in doctors offices) of vaccines have demonstrated their safety and that vaccine side effects are rare but there are no large, long-term clinical trials comparing the health and well being of those vaccinated to those unvaccinated to back up these assumptions.

11) Aren't vaccines safer than getting the diseases?

This is very difficult to assess, as we don't know the long-term health outcomes of the vaccine schedule. Given that we only have a passive surveillance system to determine adverse reactions, we don't know the true numbers of reactions that occur. In addition, vaccine reactions may take weeks, months or years to manifest meaning it is unlikely the patient or the doctor will connect the harm with a vaccine.^{10,11} Many diseases vaccinated against today were considered fairly benign in past decades (flu, chicken pox, mumps, rubella) or quite rare (hepatitis A and B, meningitis). This is not to imply that all diseases are rare or benign, but rather to explain the difficulty in making a statement assessing the relative risk when the true health outcomes and reactions are as yet unknown.

12) Are vaccines responsible for the low levels of mortality we see from infectious diseases in the developed world?

According to Bernard Guyer, et al, in a study published in *Pediatrics* in December of 2000, “nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available”. What happened? According to Guyer, et al: “State and local health departments implemented these public health measures including water treatment, food safety, organized solid waste disposal, and public education about hygienic practices.”¹²

13) Do vaccines cause chronic illness?

There are studies linking vaccines to: chronic cognitive dysfunction, behavioral changes, autoimmune disease, motor function impairment, eczema, learning disabilities, arthritis, asthma, autism and more.^{2-4, 16-20}

14) Do vaccines cause autism?

While vaccine authorities assert there is no science linking mercury or vaccines to autism, there is in fact peer-reviewed scientific evidence connecting both to autism. A study by Gallagher and Goodman found that boys who received the birth dose of Hepatitis B containing mercury were nearly 3 times more likely to receive an autism diagnosis than those that did not receive the vaccine. They went on to study the three doses of Hepatitis B and found that boys who received the whole series were nearly nine times more likely to require special education services than boys who did not.^{16, 19} A recent study by Tomljenovic and Shaw connected the rising incidence of autism to the use of aluminum in vaccines.²¹ Helen Ratajczak, PhD, a former senior scientist at a drug company, conducted a review of all the available autism research since autism was first described in 1943 in the *Journal of Immunotoxicology*. When interviewed after publication and asked if the science on autism shows no relationship between vaccines and autism she said: “The data show that when more vaccines were given, and were given at earlier ages, the incidence and prevalence of autism increased. There are many aspects of vaccines that cause autism.”²²

15) Hasn't science proved there is no link between mercury and autism?

A review by Catherine DeSoto, PhD of all the empirical research available on the mercury-autism link found that the body of research actually favors a link between mercury and autism by more than a 3-to-1 margin. Her findings are in stark contrast to the frequent reports that there is no scientific link.²³

16) Are vaccines mandatory?

Legal exemptions to vaccination include medical, religious and philosophical exemptions. Available exemptions vary by state and can be difficult to obtain. In addition, exemptions are being threatened by special interest lobbyists in state legislatures. Visit our website or NVIC's to explore the laws in your state: <http://www.greatergoodmovie.org/state-laws> or <http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx>

17) If I suffer a reaction to a vaccine can I sue someone for the damage?

If you or your child suffers a vaccine injury, you must apply to the National Childhood Vaccine Injury Compensation Program for damages. The program manages a trust fund that pays damages to those injured by a vaccine and is funded through a US 75-cent tax levied on every vaccine given in America. To date, the program has paid out more than \$2 billion and has about \$3 billion in reserves. If you are denied compensation or are unhappy with the award, you are not allowed to sue the doctor, nurse, government or vaccine manufacturer. On February 22nd, 2011, the Supreme Court ruled that Americans have no recourse in civil court even if the vaccine manufacturer could have made a safer vaccine.²⁴

18) Won't disease come back if we stop vaccinating?

Disease incidence is a very complex issue determined by many variables such as general health and a robust immune system due to proper nutrition and public health measures such as sewage management and drinking water systems.¹⁵ Moreover, disease outbreaks regularly occur in fully vaccinated populations so vaccination may not be as effective a preventative as generally believed.²⁵⁻²⁸ Given these facts, it is difficult to make any statements about what patterns disease might take if vaccination rates declined.

- ¹ <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>
- ² Petrik M.S., Shaw C.A., et al. Aluminum Adjuvant Linked to Gulf War Illness Induces Motor Neuron Death in Mice. *NeuroMolecular Medicine* 2007; 9: 83-100.
- ³ Shoenfeld Y., Agmon-Levin N., "ASIA"-Autoimmune/Inflammatory syndrome induced by adjuvants *J Autoimmun* 2011; 36: 4-8.
- ⁴ Couette M, Boisse MF, Maisson P, et al. Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction. *J Inorg Biochem* 2009; 103: 1571-1578.
- ⁵ <http://vaers.hhs.gov/data/index>
- ⁶ http://www.vaccinesafety.edu/package_inserts.htm
- ⁷ <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228>
- ⁸ http://www.vaccinesafety.edu/package_inserts.htm
- ⁹ <http://www.epa.gov/hg/about.htm>
- ¹⁰ http://vaccinesafetyconference.com/pdf/Gherardi/Gherardi_PPT.pdf
- ¹¹ Gherardi, RK, et al, Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle. *Brain*, 2001 May; 124(9): 1821-1831
- ¹² <http://www.iarc.fr/en/media-centre/pr/2004/pr153.html>
- ¹³ Tomljenovic L, Shaw CA, Aluminum vaccine adjuvants: are they safe? *Curr Med Chem*. 2011;18(17):2630-7.
- ¹⁴ Jacobson RM, Ovsyannikova IG, Poland GA. Testing vaccines in pediatric research subjects. *Vaccine*. 2009 May 26;27(25-26):3291-4.
- ¹⁵ Guyer B, et al. Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century. *Pediatrics*, Dec 2000; 108 (6): 1307-1317.
- ¹⁶ Gallagher CM, Goodman MS, Hepatitis B triple series vaccine and developmental disability in US children aged 1-9 years. *Tox. & Envir. Chemistry*, 2008; 90 (5): 997-1008
- ¹⁷ Howson CP, et al. Chronic Arthritis after Rubella Vaccination. *Institute of Medicine, Clin Infect Dis*. 1992 Aug;15(2):307-12.
- ¹⁸ McDonald, K et al. Delay in diphtheria, pertussis, tetanus vaccination is associated with a reduced risk of childhood asthma. , *J ALLERGY CLIN IMMUNOL*, 2008; 121 (3): 626-631.
- ¹⁹ Gallagher CM, Goodman MS, Hepatitis B Vaccination of Male Neonates and Autism Diagnosis, NHIS 1997-2002. *J Toxicol Environ Health, Part A*, 2010; 73: 1665-1677.
- ²⁰ Enriquez R, et al. The relationship between vaccine refusal and self-report of atopic disease in children. *J Allergy Clin Immunol* 2005; 115 (4): 737-744.
- ²¹ Tomljenovic L, Shaw CA, Do aluminum vaccine adjuvants contribute to the rising prevalence of autism? *Journal of Inorganic Biochemistry*, 2011: Nov;105(11):1489-99.
- ²² <http://www.ageofautism.com/2011/05/autisms-causes-and-biomarkers-an-interview-with-helen-ratajczak-phd.html>
- ²³ DeSoto C and Hitlan R, Sorting out the spinning of autism: heavy metals and the question of incidence. *Acta Neurobiol Exp* 2010; 70: 165-176.
- ²⁴ <http://www.supremecourt.gov/opinions/10pdf/09-152.pdf>
- ²⁵ Plotkin, S and Orenstein, W, *Vaccines*. 3rd edition. Philadelphia: W.B. Saunders Company, 1998. 222-293, 409-441 and 508-531
- ²⁶ <http://www.nejm.org/doi/full/10.1056/NEJMoa1200850>
- ²⁷ <http://www.ncbi.nlm.nih.gov/pubmed/3821823>
- ²⁸ <http://www.sciencedirect.com/science/article/pii/S0264410X12006299>