

## Why Vaccine Herd Immunity Is a Hoax

**NOTE:** *The following information is being censored by the corrupt, fascist entities as Google, Pinterest, YouTube, Facebook, etc. as corrupt corporations protecting corporations, the FDA [Federal Depopulation Agency], and corrupted congressmen submitting to the lobbyist of the Pharmaceutical industry. They are trying to suppress the scientific evidence, as in this report, in favor of financial interest of the Pharmaceutical industry, sacrificing the lives of children and adults, and eliminating “inform and consent” which majority of doctors do not provide patients or parents. Think about it. When was the last time your doctor pulled out the vaccine makers packaging list of warnings, adverse symptoms, or the complete list of ingredients being injected into you or your children. It is time to educate yourself and gain as much knowledge as you can to make an “informed decision” rather than becoming a sheeple lead to the slaughter house out of ignorance. Today, people out of ignorance, only look at and support one side of an issue rather than also looking at the opposite side of an issue to make an honest decision not only for themselves, but their innocent children. The vaccine issue involves (1) money verses health, (2) non-scientific in-house studies with prejudice verses independent scientific studies without prejudice, and (3) death or lifelong damaged health verses a lifelong quality health without a manmade products compromising or damaging the immune system that has be implanted in our bodies by our “Grand Creator.”*

*Tom Armstrong*

## Why Herd Immunity Is a Hoax

Written by [Dr. Joseph Mercola](#)

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## Story at-a-glance

- Amazon has removed at least five vaccine documentaries from its streaming Prime Video platform, all of which questioned the safety of vaccines. Pinterest has also responded to calls for censorship and now blocks all vaccine related searches
- According to the herd immunity theory, once a certain majority of people have been vaccinated, the disease in question can no longer spread and everyone is protected, including those who cannot be vaccinated
- Herd immunity doesn't work the same way for vaccines like it does for naturally acquired immunity, which confers a more robust, longer lasting immunity that may be lifelong. While herd immunity often occurs in populations in which a majority has had the infection, vaccines confer only temporary immunity, which means that herd immunity is unlikely to be fully achieved even if nearly 100 percent of the population are vaccinated
- Between 2 and 10 percent of vaccinations result in "primary vaccine failure," meaning those who get the vaccine do not gain even temporary artificial protection after vaccination
- Several studies show disease outbreaks in populations with very high vaccine coverage, where vaccine acquired herd immunity should have effectively prevented the outbreak

I recently wrote about the renewed calls for state legislatures to eliminate personal belief vaccine exemptions and restrict medical exemptions, and how California state Sen. Dr. Richard Pan, D - Sacramento, is even urging the U.S. Surgeon General to push **mandatory vaccinations** to the top of the federal public health agenda.

<https://articles.mercola.com/sites/articles/archive/2015/06/23/new-mandatory-vaccine-policy.aspx>

According to Pan, "**unwarranted vaccine hesitancy**" is a **threat to public health as it prevents "community immunity, which protects our children and the most vulnerable."** He believes mandating vaccines, as was done for smallpox during the Revolutionary War, would "protect our right as Americans to be free of preventable diseases."

## Herd Immunity and Vaccination

What he's talking about is achieving and maintaining so-called vaccine-acquired "**herd immunity,**" the theory which maintains that once a majority of people have been vaccinated, the infectious disease in question can no longer spread and everyone is protected, including the tiny minority who for whatever reason are not or cannot be vaccinated.

The problem with this argument is that it doesn't work for vaccines. While there is such a thing as herd immunity among populations in which a majority has had the infectious disease and

acquired a long lasting natural immunity, vaccines confer only temporary artificial immunity, and so true herd immunity is unlikely to be fully achieved, even if nearly 100 percent of the population are vaccinated.

The **measles vaccine**, for example, **wears off after about a decade<sup>3</sup> or two**. Whatever **temporary artificial protection is obtained from other vaccines also fades in time**. If you are an adult, chances are that **some of the vaccinations you received as a child are not protecting you today.**<sup>6</sup> What's more, **between 2 and 10 percent of some vaccines result in "primary vaccine failure," meaning those who get the vaccine do not gain even temporary artificial protection after vaccination.**

<https://articles.mercola.com/sites/articles/archive/2013/11/12/measles-vaccine.aspx>

Indeed, public health officials are now recommending adults born in or after 1957 to get revaccinated against measles. Since the Disneyland-related measles outbreak in early 2015, **some public health doctors are even suggesting all adults should get a measles-mumps-rubella (MMR) booster shot** because as many as 1 in 10 previously vaccinated adults may be susceptible to measles due to waning vaccine-acquired immunity.

<https://articles.mercola.com/sites/articles/archive/2015/03/24/recently-vaccinated-individuals-spread-disease.aspx>

## Herd Immunity Does Not Work for Measles

It's quite possible that revaccinating adults still would not achieve herd immunity for measles. Dr. Alexander Langmuir is known as **"the father of infectious disease epidemiology."** In 1949, he created the epidemiology section of what became the U.S. Centers for Disease Control and Prevention (CDC). He also headed the Polio Surveillance Unit founded in 1955 after polio vaccine safety issues became public.

According to Langmuir and many other experts, **one dose of the measles vaccine was supposed to eradicate the common childhood disease.** But, of course, **that did not happen.**

By the early 1980s, more than 95 percent of children entering school in the U.S. had received a dose of measles containing vaccine but, in 1989-1990, there were outbreaks of measles among school-age children and college students. Public health officials responded by recommending a second dose of MMR vaccine for all children. In an article published in Clinical Microbiology Reviews in 1995, researchers stated:

***"Measles, which was targeted for elimination from the United States in 1979, persisted at low incidence until 1989, when an epidemic swept the country. Cases occurred among appropriately vaccinated school-age populations and among unimmunized, inner-city preschool children.***

***In response to the epidemic, measles immunization recommendations have been modified. To prevent spread among school-age populations, a second dose of MMR vaccine is recommended at 5 to 6 or 11 to 12 years of age."***

A 1994 study looking at measles incidence in Cape Town, Africa, indicated that **as vaccination rates increased, measles became a disease in populations where the majority of children had been vaccinated.** The immunization coverage was 91 percent and vaccine efficacy was estimated to be 79 percent. According to the authors:

*“The epidemiology of measles in Cape Town has thus changed as evinced in this epidemic, with **an increase in the number of cases occurring in older, previously vaccinated children.** The possible reasons for this include both primary and secondary vaccine failure.”*

This “startling” surprise **challenged the theory that vaccine-induced herd immunity** would provide complete protection against outbreaks of measles. The CDC has also admitted, and reports in the medical literature have documented, that **measles outbreaks occur both in highly vaccinated school populations and among vaccinated adult populations.**

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## Examples of Measles Outbreaks in Highly Vaccinated Populations

A recent example of **measles outbreaks in a highly vaccinated population** occurred in Israel in 2017 in a military population ranging in age from 19 to 37, which had “high measles vaccination coverage.” The first two patients identified had both received two doses of measles vaccine. Patient zero, a 21-year-old soldier, had **documentation of having received three doses.** According to the CDC:

*“All patients except one had high measles IgG avidity, which is **an indicator of previous vaccination or previous infection.** Because all the serum specimens (except that from the primary patient) were collected two to three days after the onset of symptoms, the high avidity IgG was assumed to be **a result of patients’ previous vaccination.**”*

*Although outbreaks of measles among vaccinated populations have been reported worldwide, most outbreaks in Israel have occurred in unvaccinated or partially vaccinated populations).*

**Measles transmission from a vaccinated person with documented secondary vaccine failure also has been described** in New York City in 2011, including among vaccinated health care providers,<sup>28</sup> and in the Marshall Islands. Waning of vaccine-induced immunity is a phenomenon that needs to be addressed ...”

Another example is a 2014 study conducted in the Zhejiang province in China. **Researchers found that populations which have achieved a measles vaccination rate of 99 percent through mandatory vaccination programs are still experiencing consistent outbreaks far beyond what the World Health Organization expects.**

What's more, 93.6 percent of the 1,015 participants in this study **tested seropositive for measles antibodies**, which **theoretically means they should have been protected against the disease**.

The herd immunity threshold for vaccine-acquired artificial immunity is thought to be between 80 and 95 percent, depending on the disease in question (for measles, it's 90 to 95 percent) yet, even **though 94 percent of individuals had antibodies against measles in this case, an outbreak still occurred**.

Persistent reports of measles and other infectious diseases for which vaccines have been developed and given in multiple doses to most children **call the concept of vaccine-acquired herd immunity into question**.

## Natural Versus Vaccine-Induced Immunity

Again, a key factor to consider is that **many vaccines do not provide long-lasting or lifelong immunity. Vaccines only confer temporary artificial immunity and sometimes they fail to do that**. This has been shown to have important generational ramifications as well. Infants under age 1, who used to be protected in the first year of life by getting natural maternal antibodies from their mothers, who **had experienced and recovered from measles in childhood, are now susceptible to measles from birth**.

That is because most young mothers today have been vaccinated and measles vaccine-acquired maternal antibodies are far less protective than naturally acquired antibodies. To understand why this is so, you need to understand a little bit about how your **immune system** works.

<https://articles.mercola.com/sites/articles/archive/2018/02/01/boost-immune-system.aspx>

There are two systems that fight disease in your body. **One is the innate system that is always ready to work and the other is the adaptive arm of immunity**. The adaptive arm consists of Th1 and Th2. Both are necessary but Th1 is commonly known as the cell mediated arm, and Th2 known as the humoral or antibody arm.

Most vaccines preferentially stimulate the Th2 or humoral part of the immune system. Measured antibodies in the blood (antibody titers) may be reflective of partial immunity, but it is not a perfect correlate to full immunity that involves both innate (cellular) and humoral (adaptive) immune responses, such as those obtained after recovery from viral or bacterial infections.

The benefit of only measuring humoral immunity as a means of measuring vaccine effectiveness is that it can be easily determined by drawing blood samples and conducting lab tests. If specific vaccine-induced antibodies are present in the blood and judged to be in high enough quantities, the person is presumed to be immune to that infection and protected.

Evidence of the profound importance and effectiveness of the innate and Th1 immune system can be demonstrated in individuals who are unable to genetically generate antibody

production, a condition called agammaglobulinemia. When individuals with this condition were exposed to measles, they recovered just as well as those who were able to make normal antibodies.

**They also had protection in the future upon re-exposure.** This discovery was made in the 1960s when measles vaccination programs were just getting underway, and demonstrates that **production of antibodies is not necessary for the natural recovery from measles and acquisition of protective immunity.**

Other research published in 2011 demonstrated that **antibody-mediated immunity is not necessary to neutralize viruses like vesicular stomatitis virus (VSV)**, again calling into question the idea that elevations in vaccine-induced antibody titers are necessary to produce immunity against all infectious diseases.

## Delayed Infection Multiplies Risk

The inability to actually achieve herd immunity for many infectious diseases is by far not the only problem.

Using "mathematical analysis to explore how modern-era vaccination practices have changed the risks of severe outcomes for some infections by changing the landscape for disease transmission," researchers have found that by delaying the age of infection with vaccination, the health risks are exponentially increased in vulnerable age groups within populations. This Lancet Infectious Diseases study<sup>37</sup> found that:

***"[N]egative outcomes are 4.5 times worse for measles, 2.2 times worse for chickenpox, and 5.8 times worse for rubella than would be expected in a pre-vaccine era in which the average age at infection would have been lower."***

The researchers point out that by making an illness rarer, it also raises the expected severity when the illness arises in vulnerable age groups. Now, the warning issued in this paper is that ***"remaining unvaccinated in a predominantly vaccine-protected community exposes ... children to the most severe possible outcomes."***

What's not addressed is **the fact that routine vaccinations are increasing the severity of illness that apparently cannot be contained, as outbreaks are still occurring where vaccination rates are high enough that the population should have established vaccine acquired herd immunity.**

## DTaP Vaccine Increases Susceptibility to Pertussis

Yet another problem is that **vaccination may raise your susceptibility to that very illness and/or other viral illness.** We've seen this with **influenza vaccination, [1]** where **the flu vaccine appears to raise your risk of contracting other respiratory infections and/or more serious influenza.** Another example is **pertussis (whooping cough) [2]** vaccine.

[1] <https://articles.mercola.com/flu-shot-side-effects.aspx>

[2] <https://articles.mercola.com/sites/articles/archive/2014/07/08/whooping-cough-outbreak.aspx>

As detailed in a study published in the February 2019 issue of the **Journal of Pediatric Infectious Diseases Society**, researchers stated:

*“The first diphtheria, tetanus, pertussis (DTaP) vaccines were developed in Japan ... Afterward, DTaP vaccines were developed in the Western world, and definitive efficacy trials were carried out in the 1990s.*

***These vaccines were all less reactogenic than DTwP [diphtheria, tetanus toxoids, whole-cell pertussis] vaccines, and despite the fact that their efficacy was less than that of DTwP vaccines; they were approved in the United States and many other countries.***

***DTaP vaccines replaced DTwP vaccines in the United States in 1997. In the last 13 years, major pertussis epidemics have occurred in the United States, and numerous studies have shown the deficiencies of DTaP vaccines, including the small number of antigens that the vaccines contain and the type of cellular immune response that they elicit.***

***The type of cellular response (a predominantly T2 response) results in less efficacy and shorter duration of protection. Because of the small number of antigens ... linked-epitope suppression occurs. Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.”***

The most important information is right at the end, so let me repeat it by restating it: **Children who receive the DTaP vaccine are more susceptible to whooping cough; this elevated susceptibility persists throughout their life, and nothing can be done about it.**

However, **what these researchers and public health officials also are not admitting** is that the whole cell pertussis vaccines (DTwP) used in the U.S. between the late 1950s and 1997, when the less reactive acellular pertussis vaccine DTaP replaced the more toxic whole cell vaccines, is this: **The B. pertussis organism started mutating into vaccine resistant forms shortly after whole cell DPT began to be used on widespread basis by children in the 1950s.**

Whole cell DPT was **failing to control whooping cough in the 1980s** and was found to have inferior efficacy compared to the purified DTaP vaccines tested in worldwide clinical trials in the 1990s.

***“As early as 1965 and all through the 1980s and 1990s, public health officials in the U.S. and Europe knew that whole cell pertussis vaccine in DPT was not preventing infections in many vaccinated children and previously vaccinated adults,”*** said Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center (NVIC) in a report on pertussis vaccines published in this newsletter during Vaccine Awareness Week 2018.

Just like before DPT vaccination programs, ***pertussis increases continued to be reported in cycles of three to five years, including in the U.S., where 95 percent of children had gotten three to five DPT shots.*** Between 1986 and 1996, multiple clinical trials confirmed that the less reactive acellular DTaP vaccine demonstrated superior efficacy and effectiveness compared to the old and more reactive DPT vaccine,” she said.

**Despite this knowledge, health authorities feign surprise when pertussis outbreaks occur, and continue to blame it on “vaccine hesitancy” driven by misinformation.** You may have heard that “highly contagious” **B. pertussis whooping cough** is spreading among teenage students at Harvard-Westlake School’s two campuses in Los Angeles County in California.<sup>44</sup>  
<https://articles.mercola.com/sites/articles/archive/2012/07/30/whooping-cough-vaccine.aspx>

As of February 27, 30 students have fallen ill. What’s important to note is that all of the students who contracted the illness were vaccinated. School officials admit that inadequate vaccine coverage is definitely not the problem in this case as only 18 of the 1,600 students in the entire school system have exemptions to opt out of the whooping cough vaccine, and none of those 18 are sick.

NVIC’s Fisher warns that the failures of DTaP vaccine are prompting some researchers today to suggest that the old whole cell pertussis vaccine (DTwP) driven off the market in 1996 should be brought back to the U.S. and given to infants for the first one or two doses. ***“They want to ‘prime’ little 6- to 8-week-old babies with ALL the bioactive toxins in the whole cell pertussis vaccine’s crude brew. Apparently they think it is worth the risk to pretend like they have fixed the problem,”*** she said.

## Portion of Measles Outbreaks Are Attributable to Vaccine Reactions

So, is there really a rapid increase in preventable diseases? Or are the vaccine failures just becoming more pervasive and vaccine reactions more noticeable?

Circling back to measles for a moment, a recent paper in the **Journal of Clinical Microbiology** describes new technology developed to **“rapidly distinguish between measles cases and vaccine reactions to avoid unnecessary outbreak response measures such as case isolation and contact investigations.”** According to this paper:  
<https://articles.mercola.com/sites/articles/archive/2014/04/26/vaccines-adverse-reaction.aspx>

***“During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccines. Of the 194 measles virus sequences obtained in the United States in 2015, 73 were identified as vaccine sequences.”***

In other words, about **38 percent of suspected measles cases in the 2015 Disneyland measles scare [1]** were actually vaccine-related and not caused by transmission of wild-type measles.



You may have noticed that each time a **measles [2]** outbreak occurs, it's always blamed on the unvaccinated. Yet a portion of those who become sick may actually have been sickened by the vaccine-strain measles virus.

[1] <https://articles.mercola.com/sites/articles/archive/2015/02/10/measles-disneyland.aspx>

[2] <https://articles.mercola.com/measles.aspx>

## Cracking Down on Vaccine 'Misinformation'

As I discussed in a **vaccine article** last week, the media is currently filled with reports of how tech platforms such as Google, Facebook, Instagram, Pinterest, YouTube and even Amazon are fueling "anti-vax" fears and spreading misinformation (or doing nothing to prevent sharing of vaccine safety related material between users).

<https://articles.mercola.com/sites/articles/archive/2019/03/05/measles-vaccine-reactions.aspx>

**Pinterest has already responded to calls for censorship and now blocks all vaccine related searches. Amazon has also pulled at least five vaccine documentaries from its streaming Prime Video platform, all of which questioned the safety of vaccines.**

It's difficult to express just how harmful this censorship is for public health, and what the ramifications will be if all these platforms implement censoring tactics to prevent information about vaccine safety (or rather lack thereof) from being accessed.

It's especially upsetting when health authorities, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID) among them, **make statements that are in absolute contradiction to established scientific facts.**

## Health Authorities Lie to Congress

In a January interview with CBS News, Fauci flat out denied the fact that **vaccines can cause injury [1]** or death — this despite the fact that the **vaccine injury compensation program (VICP) [2]** created under the National Childhood Vaccine Injury Act of 1986 has paid out nearly \$4 billion in awards for vaccine damage and death, and that's just 31 percent of filed petitions for compensation.

[1] <https://articles.mercola.com/sites/articles/archive/2019/02/12/health-chief-denies-vaccine-injuries-occur.aspx>

[2] <https://articles.mercola.com/sites/articles/archive/2015/11/10/vaccine-injury-compensation.aspx>

**In 2011, the U.S. Supreme Court also declared that government licensed and recommended childhood vaccines mandated by states are "unavoidably unsafe."**

What's worse, Fauci recently **made false statements** before Congress about MMR vaccine reactions in what appeared to be an attempt to reassure legislators that vaccines are

**completely safe and do not cause serious reactions**, such as encephalitis (brain inflammation). As reported by NVIC's Barbara Loe Fisher:

*"On Feb. 27, 2019, the U.S. House Subcommittee on Oversight and Investigations held a public hearing on 'Confronting a Growing Public Health Threat: Measles Outbreaks in the U.S. that was also broadcast live on C-span.*

*Parents across the nation watched and heard the renowned Anthony Fauci, MD ... **either tell a bald-faced lie or show his ignorance when he testified, under oath, that MMR vaccine does not cause encephalitis.***

*This large dose of **disinformation drew gasps of protest from parents attending the Capitol Hill hearing and prompted committee chair Diana DeGette, D-Colo., to bang the gavel and warn that 'manifestations of approval or disapproval of the proceedings is in violation of the rules of the House and this Committee.'***

*It is really hard to watch a distinguished physician like Dr. Fauci **mislead legislators by blatantly denying the damage that serious vaccine reactions like brain inflammation can do to children's brains.***

**Dr. Nancy Messonnier, director of the CDC's National Center for Immunization and Respiratory Diseases, also misinformed legislators holding the congressional hearing that was broadcast live and watched by families across the nation.**

Messonnier stated, *"There are rare instances in children with certain very specific underlying problems with their immune system in whom the vaccine is contraindicated,"* but she said that the MMR vaccine *"does not cause brain swelling and encephalitis"* in healthy children, and that parents would know if their child was at risk beforehand, because their child's doctor would tell them if this were the case.

## **According to Merck and CDC, MMR Vaccine Can Cause Brain Inflammation**

Fisher goes on to present evidence for **why Fauci and Messonnier are both wrong**, and are in fact **presenting Congress with false information**. For starters, the **MMR vaccine package insert published by Merck states that "Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps- and rubella-containing vaccine."**

**The vaccine information statement (VIS) that doctors are by federal law required to give parents before their children receive a CDC recommended vaccine states that "severe" adverse effects of the MMR<sup>60</sup> and MMRV<sup>61</sup> vaccines include "deafness; long-term seizures, coma, lowered consciousness; and brain damage."**

One of the “moderate” adverse events associated with the **MMRV vaccine** is **encephalitis**. Fisher also goes through some of the medical literature showing the MMR vaccine can cause **encephalitis** and **encephalopathy**. For more data, I recommend reading Fisher’s article in its entirety.

*“Parents, who trusted and did what they were told to do when they took their healthy children into a doctor’s office to be vaccinated and then **watched their children suffer brain inflammation and regress into chronic poor health, learn that it is not a good idea to believe everything that doctors say about vaccines.**”*

*People who were healthy, got vaccinated and were never healthy again, quickly learn how to tell the difference between a doctor telling the truth about vaccine safety and one who is not, because their lives depend upon it.*

*If public health officials can go before Congress and provide demonstrably false statements about MMR vaccine reactions, **what else are they fooling the public about?**”* Fisher writes.

## Forced Vaccination Violates Human Rights

In a February 25, 2019, letter to the Oversight and Investigations Subcommittee, Physicians for Informed Consent urge the committee to make note of and correct a number of errors in its memorandum for its “Confronting a Growing Public Health Threat: Measles Outbreaks in the U.S.” meeting. Among the errors:

- The **claim that one or two deaths occur per 1,000 children who acquire measles is an erroneous calculation error**. At most, there is one death per 6,000, but more likely one death per 10,000. (For an explanation of the data for these figures, see the original letter)

- The claim that “CDC has determined that receiving the MMR vaccine is safer than getting any of the viruses” **has not been scientifically demonstrated**. According to Physicians for Informed Consent:

*“In 2017, we reported in *The British Medical Journal* **that every year an estimated 5,700 U.S. children (approximately 1 in 640) suffer febrile seizures from the first dose of the MMR vaccine — which is five times more than the number of febrile seizures expected from measles.**”*

*This amounts to **57,000 febrile seizures over the past 10 years due to the MMR vaccine alone**. As 5 percent of children with a history of febrile seizures progress to epilepsy, a debilitating and life-threatening chronic condition, **the estimated number of children whose epilepsy is due to the MMR vaccine in the past 10 years is 2,850.**”*

*In addition, we contend that the **Vaccine Adverse Event Reporting System (VAERS), as a passive surveillance system, does not adequately capture vaccine side effects and those***

***serious side effects, including permanent neurological harm and death from the MMR and other vaccines, may similarly be underreported.***"

Speaking out against calls for forced vaccinations, the **Association of American Physicians and Surgeons (AAPS)** sent a statement on federal vaccine mandates to the **Senate Committee on Health, Education, Labor and Pensions** on **February 26, 2019**, saying **forced vaccinations are unnecessary and violate human rights**, and that the AAPS *"strongly opposes federal interference in medical decisions, including mandated vaccines."*

## **THINK GLOBALLY, ACT LOCALLY.**

National vaccine policy recommendations are made at the federal level but vaccine laws are made at the state level. It is at the state level where your action to protect your vaccine choice rights can have the greatest impact.

It is critical for **EVERYONE** to get involved now in **standing up for the legal right to make voluntary vaccine choices in America** because **those choices are being threatened by lobbyists representing drug companies, medical trade associations, and public health officials, who are trying to persuade legislators to strip all vaccine exemptions from public health laws.**

Signing up for NVIC's free Advocacy Portal at <https://nvicadvocacy.org/> gives you **immediate, easy access to your own state legislators** on your smart phone or computer so you can make your voice heard. You will be kept up to date on the latest state bills threatening your vaccine choice rights and get practical, useful information to help you become an effective vaccine choice advocate in your own community.

Also, when national vaccine issues come up, you will have the up to date information and call to action items you need at your fingertips. **So please, as your first step, sign up for the NVIC Advocacy Portal.**

<http://nvicadvocacy.org/members/Home.aspx>

## **Share Your Story with the Media and People You Know**

**If you or a family member has suffered a serious vaccine reaction, injury, or death, please talk about it.** If we don't share information and experiences with one another, everybody feels alone and afraid to speak up. **Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local newspaper. Make a call in to a radio talk show that is only presenting one side of the vaccine story.**

I must be frank with you; you have to be brave because **you might be strongly criticized for daring to talk about the "other side" of the vaccine story.** Be prepared for it and have the courage to not back down. Only by **sharing our perspective and what we know to be true**

about vaccination, will the public conversation about vaccination open up so people are not afraid to talk about it.

**We cannot allow the drug companies and medical trade associations funded by drug companies or public health officials promoting forced use of a growing list of vaccines to dominate the conversation about vaccination.**

The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mandatory vaccination policies that put way too many people at risk for injury and death. We shouldn't be treating people like guinea pigs instead of human beings.

## Internet Resources Where You Can Learn More

I encourage you to visit the website of the non-profit charity, the National Vaccine Information Center (NVIC), at <http://www.nvic.org/> :

**NVIC Memorial for Vaccine Victims** — View descriptions and photos of children and adults, who have suffered vaccine reactions, injuries, and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here.

<http://www.nvic.org/Vaccine-Memorial.aspx>

**If You Vaccinate, Ask 8 Questions** — Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries.

<http://www.nvic.org/Ask-Eight-Questions.aspx>

**Vaccine Freedom Wall** — View or post descriptions of harassment and sanctions by doctors, employers, and school and health officials for making independent vaccine choices.

<https://www.nvic.org/Forms/Cry-For-Vaccine-Freedom-Wall.aspx>

**Vaccine Failure Wall** — View or post descriptions about vaccines that have failed to work and protect the vaccinated from disease.

<https://www.nvic.org/forms/vaccine-failure-wall.aspx>

## Connect With Your Doctor or Find a New One That Will Listen and Care

If your pediatrician or doctor refuses to provide medical care to you or your child unless you agree to get vaccines you don't want, I strongly encourage you to have the courage to find another doctor. Harassment, intimidation, and refusal of medical care is becoming the modus operandi of the medical establishment in an effort to stop the change in attitude of many parents about vaccinations after they become truly educated about health and vaccination. However, there is hope.

At least 15 percent of [young doctors](#) recently polled admit that they're starting to adopt a more individualized approach to vaccinations in direct response to the vaccine safety concerns of parents.

It is good news that there is a growing number of [smart young doctors](#), who prefer to work as partners with parents in making personalized vaccine decisions for children, including delaying vaccinations or giving children fewer vaccines on the same day or continuing to provide medical care for those families, who decline use of one or more vaccines.

So take the time to locate a doctor, who treats you with compassion and respect, and is willing to work with you to do what is right for your child.

[https://articles.mercola.com/sites/articles/archive/2019/03/12/vaccine-herd-immunity.aspx?utm\\_source=dnl&utm\\_medium=email&utm\\_content=art1&utm\\_campaign=20190312Z1&et\\_cid=DM273531&et\\_rid=565909540](https://articles.mercola.com/sites/articles/archive/2019/03/12/vaccine-herd-immunity.aspx?utm_source=dnl&utm_medium=email&utm_content=art1&utm_campaign=20190312Z1&et_cid=DM273531&et_rid=565909540)

## A look at the MMR vaccine ingredients

Wednesday, June 03, 2015 by: Joel Edwards

**(NaturalNews) The MMR vaccine contains three different live attenuated viruses- rubivirus (measles), parotitis (mumps), and rubeola (rubella or German measles).**

There are many steps to manufacturing the MMR vaccine and a multitude of ingredients used in the manufacturing of the final product.

**The MMR vaccine contains the following ingredients along with remnants of prior processing.**

**MSG - monosodium L-glutamate**

**Animal products**

**Antibiotic Neomycin**

**Genetically modified human protein**

**Ingredients:**

**Sucrose**

**Hydrolyzed gelatin**

**Urea**

**Sodium chloride**

**Sorbitol**

**Sodium phosphate**

**Human Albumin**

**Sodium Bicarbonate**  
**Potassium phosphate**  
**Potassium chloride**  
**Residual components of MRC-5 cells (including DNA and protein)**  
**Bovine serum albumin**  
**Buffer and media ingredients**  
**Sodium phosphate dibasic,**  
**Potassium phosphate monobasic,**  
**Potassium phosphate dibasic**

## **Some of the More Controversial Ingredients**

### **WI-38 human diploid cells**

WI-38 fibroblasts are derived **from tissues of a fetus aborted in 1964.**

### **MRC-5 cells**

MRC-5 cells are cell lines that are commonly used in vaccines, but they are also used in other medical research. The cells are grown in culture, and then distributed widely. J.P. Jacobs originated this cell line in September of 1966. **The cells were taken from the tissue of an aborted fetus.**

### **Recombinant Human Albumin**

The MMR vaccine contains **genetically engineered human albumin**, the most common protein found in blood. The FDA warns that **all drugs containing human albumin could have the possibility of prion or viral disease contamination.**

### **Animal Ingredients**

The MMR **vaccine** includes ingredients derived from poultry and cows. The measles and mumps viruses are cultivated in cultures of chick embryonic cells while **the growth medium for all three viruses contains fetal bovine serum.**

<https://www.naturalnews.com/vaccine.html>

#### **Sources:**

<http://www.organiclifestylemagazine.com>

<http://www.organiclifestylemagazine.com>

<http://vaccines.procon.org>

<http://www.cdc.gov>

<http://cellculturedish.com>

<http://www.usccb.org>

[http://truthwiki.org/Vaccine\\_Fanaticism](http://truthwiki.org/Vaccine_Fanaticism)