March 21, 2013 by admin

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(b) U.S. INFANT MORTALITY RATES The United States is the most developed country in the world with all kinds of money for medical research and advanced medical technology. How is their infant mortality? Before mass vaccination started (in 1955 with the polio vaccine), United States had the sixth best infant mortality in the world. By 1990, they were on the twentieth place. Only a year later they were on the twenty-fourth place. Today, maybe thirtieth place. And most of these deaths are vaccine deaths. So you can camouflage all sorts of things, but you can’t lie about infant deaths.

– Excerpt

VACCINATIONS: PART I – MEDICAL RESEARCH ON SIDS AND EPIDEMICS

by Scheibner, Viera, Ph.D.

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Viera Scheibner is a retired principal research scientist with a doctorate in natural sciences. During her distinguished career, she has published three books and 90 scientific papers in prestigious scientific journals. Since the mid-80’s, she has done extensive research into vaccines and vaccinations. Her first research was in the area of Sudden Infant Death Syndrome (SIDS). She wasn’t even studying vaccinations, but she stumbled onto a relationship between SIDS and vaccinations that lead to a very deep study into vaccination literature in medical journals. In 1983, she published her book on the results of her research Vaccination: The Medical Assault on the Immune System. She often provides expert reports for court cases involving immunizations and vaccine-damaged individuals throughout the world.
Sudden Infant Death Syndrome (SIDS)
In 1985, I was introduced into the world of vaccinations through a breathing monitor invented by my husband, Leif Karlsson, who was a bio-medical engineer specializing in patient monitoring systems. Leif developed a computerized breathing monitor for babies which we called “Cotwatch”, short for ‘watching the cot’. Our monitor gives computer print-outs, and you can monitor for weeks on end, because Cotwatch is a non-touch medical technology. The sensor pad goes under the mattress; nothing is attached to the baby and the baby can roll all over the cot while the breathing is monitored. In 1986, pediatric researchers studying Crib Death Syndrome or Sudden Infant Death Syndrome (SIDS) believed babies were dying because of an inborn fault in the breathing control center in the brain. So they concentrated their studies on breathing. Many parents opted for monitoring their newborn babies’ breathing at home, and we collected feedback from all parents who used our monitor in this research.

Our First Case History
This baby was put on our monitor before he was vaccinated, and for more than three weeks, there were hardly any alarms at all. Then suddenly, the mother recorded a whole series of alarms. We thought there was a defect in the monitor, and I sent a different unit, but the alarms continued. After one night when they had six alarms in 24 hours their pediatrician advised them to stop monitoring. But if you have alarms on certain days and no alarms on other days, it is not the equipment malfunctioning; there is good reason for alarms like that. I transferred the baby’s forms onto a graph, but did not understand it at the time. Five years later, I telephoned the mother and asked her when the child was vaccinated. The first injection was given one day before these alarms started. The child hadn’t even recovered before the second injection was given. So there was a high level of stress caused by vaccines even when the child was not dying. There were no alarms before vaccination, and then a series of alarms. The alarms sound to tell you that your child is under stress when their breathing is shallow (hypopneas) or when their breathing ceases temporarily (apneas).

We then informed the pediatric and SIDS researchers that the babies were having alarms after vaccinations. We were not critical of vaccines and we didn’t even know about the raging controversy surrounding vaccinations. At this point, the Crib Death Management Center pediatricians stopped sending parents to get our monitor. They didn’t want parents to know that vaccines were stressing their children. Until that time, I was actually pro-vaccination.

SIDS Research Ignores the Stress Alarms
SIDS researchers call all the alarms which occur when the child is breathing very shallowly, but not dying, ‘false alarms’. Their notion of ‘false alarms’ actually prevents them from having any results. Instead of throwing these alarms into the garbage bin as false alarms we studied them, and did our own research using the computerized breathing monitor, recording the babies’ breathing longitudinally over weeks on end. Overnight six to eight hour studies are often used in SIDS research, but they are very misleading.

Cot Research Results
Our computer printouts of babies’ breathing showed non-stop hour by hour recording of the babies’ breathing whenever the child was in the cot. Again, the events are called apneas
(pauses in breathing) and hypopneas (a stress-induced shallow, low volume breathing pattern). The graphs all showed increased stress patterns after vaccinations. For instance, after a baby was given his third triple antigen (DPT – diphtheria, pertussis, tetanus) the record of breathing changed and produced peaks in the graph, which indicated increased stress levels.

**PATTERN OF FLARE-UPS**
The graphs showed day by day summaries of events in breathing and the higher the vertical column (or the peak), the higher the stress levels in breathing. There are individual differences, and some children react more than others, but the pattern of flare-ups of stressed breathing follow the same pattern of critical days. The graphs show a number of days where there is no stress level in breathing; then comes day zero when the vaccine was administered. We see the effect of the vaccine within one hour, and the child’s stress level begins to go up and down. In all cases there was a 48 hour reaction after vaccination with a flare-up. Then the stress level went down through the following days until around days five to seven when they had an increased stress level. One child had a reaction on day 7; one on day 5 and 6, so there are individual differences, but the general pattern of these reactions is the same. The stress level again went down; then there was another flare-up at day 16. Of course, we continued to record the babies’ breathing after the sixteenth day. The stress level went down, and there was only a slight increase in the stress level towards the 24th day. These are the critical days. Even the onset of reactions like convulsions occur on these critical days. Even babies whose mothers recorded no fever or crying, had slightly increased stress level, on the same critical days as those babies who had stronger reactions. Two out of ten randomly picked babies had to be admitted to the hospital with serious breathing problems on these critical days.

**ALARM PATTERN**
Our next step was to explain the up and down dynamics of the flare-ups. A Canadian medical doctor, Dr Hans Selye studied the stress response in mammals to any noxious substance or injury of any kind. Selye established that when the animal is exposed to any stressor, it will first elicit an alarm reaction within 48 hours when the body is mobilizing its strength to deal with the insult. Then the body seemingly stops reacting, which he called ‘the stage of resistance’. And then there was another alarm-like reaction, which he called the stage of exhaustion. And I think that you will agree with me, that that is exactly what we see in the breathing of babies after vaccinations. You have the alarm reaction within one to two days, which may be biphasic, then you have the stage of resistance around day 5 to 7, and then you have the stage of exhaustion around day 16.

**CONTROLS**
You can justly say, “Where are your controls?” In our research every child is its own control, because the stress level in breathing is measured before vaccination and after vaccination in each child.

**LITERATURE SEARCH ON SIDS**
Then I asked myself, are we the only people who stumbled over the dangers of vaccines? Does the medical profession know about all this? Is there anything published in the medical literature? I began to do research in medical libraries, and to my absolute astonishment, there is no end to it. For my book, Vaccination, I studied more than 30,000 pages of data published
in medical journals about Crib Deaths after vaccinations. In one study, there were 41 babies who died within 21 days of their first Triple Antigen injection, and there was a clustering of these deaths along those critical days we recorded in the babies’ breathing after vaccination. This is the ultimate evidence of the causal link between the administration of those vaccines and these deaths. In the so-called “Tennessee Deaths”, hundreds of babies died there, after their DPT injections. We soon established that the vaccines are killing babies, and Crib Deaths (SIDS) are 95% vaccine deaths.

SHAKEN BABY SYNDROME
No doubt, you have heard about the ‘shaken baby syndrome’. Only about ten days ago I was in the United States at a court case testifying about shaken baby syndrome. These are often vaccine deaths. This information was published in Nexus, Aug/Sep Issue, 1998 which resulted in cases of shaken baby syndrome being thrown out of court.

MEDICAL LITERATURE ON EPIDEMICS DEMONSTRATES THE INEFFECTIVENESS OF VACCINES
(The research referred to below is done by pro-vaccination researchers. This is not anti-vaccination literature.)

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(c) In Pediatrics – Supplement, p.939-984, 1988, James D. Cherry et al, reported the side effects of vaccinations in a 40-page report on pertussis immunization. Cherry sits on all committees in the United States that mandate all vaccines that are ever introduced.

(d) JAPAN In 1975, about 37 Crib Sudden Deaths were linked to vaccination in Japan. Doctors in one prefecture boycotted vaccinations, and refused to vaccinate. The Japanese government paid attention and stopped vaccinating children below the age of two years. When immunization was delayed until a child was 24 months of age, Sudden Infant Death cases and claims for vaccine related deaths disappeared. Japan zoomed from a high 17th place in infant mortality rate to the lowest infant mortality rate in the world when they stopped vaccinating. Japan didn’t vaccinate any children below the age of two years between 1975 and 1988, for thirteen years. But then in 1988, Japanese parents were given the choice
to start vaccinating anywhere between three months and 48 months. The Ministry study group studied 2,720 SIDS cases occurring between 1980 and 1992 and they established that their very low SIDS rate quadrupled.

(e) AUSTRALIA Health authorities must reveal the vaccination status of children in epidemics. In the last 18 months, 84% of Australian children who got whooping cough were fully vaccinated, and 78% who got measles had record of measles vaccination. So where is the effectiveness of the vaccines?

(f) BRITISH INFANT MORTALITY RATES A British study dealt with infant deaths four weeks after birth. They don’t mention vaccination at all. Between 1975 to 1977 in England, when the vaccination compliance fell to between 10% and 30%, the infant mortality went down. But people have short memories. The vaccination compliance started climbing up after 1977 and so did the infant mortality rate.

(g) In Neurology, 1982, William C. Torch, pediatric neurologist, published “Diphtheria-pertussis-tetanus (DPT) immunization: a potential cause of the Sudden Infant Death Syndrome (SIDS)”. Torch looked at over 200 randomly selected SIDS cases, and in the preliminary data, on the first 70 cases studied, showed that two-thirds had been vaccinated within three weeks of death. He also established that there were ever increasing numbers of deaths with the increasing interval from the injection.

(h) SWEDEN There was a normal worldwide epidemic of whooping cough (pertussis), in which of the Swedish children who got whooping cough, 84% were vaccinated, so the government read the statistics correctly and discontinued whooping cough vaccination. A ten-year follow up of the incidence of whooping cough in the unvaccinated children showed no incidence of whooping cough below the age of six months when the whooping cough is supposed to be dangerous, and actually very little below the age of two years. That is the vulnerable age group. So Swedes achieved, with no vaccination, what the Americans could not achieve with mandatory vaccination.

(i) In the Journal of Infectious Diseases, 1994, “Age Specific Incidence of Bacteriologically Confirmed Pertussis, between 1981 and 1991 – ten year follow-up”. The majority of cases occurred in the most vulnerable age group below the age of one year in the most vaccinated children. Actually the majority of cases happened within the first four months. The vaccine is causing whooping cough. A lot of children develop whooping cough from the vaccine, but if they are vaccinated, it will be diagnosed as ‘croup’.

(j) There was a steady downward trend in the incidence and mortality from whooping cough between 1922 and 1978, and then in 1978, there was a sudden upswing in the incidence. What happened in 1978? You already know. They mandated vaccination. In 1978 a nationwide childhood immunization initiative was begun. Individual states passed legislation requiring proof of immunization for school entry at five and six years of age. The vaccine is causing whooping cough. So where is the benefit? There is no benefit. I see these naive young parents who try to do their level best and they think “My little baby, I don’t want him to get whooping cough”. Well, don’t look in the direction of the vaccine because the vaccine
is not going to stop your child from getting whooping cough. It is going to give your child whooping cough. The only way to stop whooping cough, particularly in small babies, is to stop vaccinating.

**INCIDENCE OF DISEASE IN EARLY MONTHS DUE TO MOTHER’S VACCINATIONS**
There is a high incidence of whooping cough in the first month of life, before children are well and truly vaccinated. These are babies born to mothers who were vaccinated in childhood, and the vaccinated mothers have poor or no transplacentally transmitted immunity, which normally is there to protect small children against any infectious disease for the first one or two years of life. So vaccination is causing whooping cough, and it is pushing the disease into the most vulnerable age group. There is no benefit whatsoever.

For complete scientific references to research discussed in this article, please see Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System by Viera Scheibner.

**VIDEO**
Vaccines & Overdosed Babies
[https://youtu.be/s49xpHl3hWI](https://youtu.be/s49xpHl3hWI)

Is the current immunization schedule safe? Vaccines are drugs.

They contain antigens, preservatives, adjuvants, stabilizers, antibiotics, buffers, diluents, emulsifiers, excipients, residuals, solvents, and inactivating chemicals. They also contain residue from animal and human growth mediums. Why are these substances put into vaccines? Why do vaccines contain mercury and aluminum?

Why are so many vaccines given at the same time? What effect do they have on the developing child? How common are adverse reactions to vaccines? What is VAERS? Are vaccinations legally required?