Trinity School of Natural Health

Vaccines: Are They Worth the Health Risk or Not?

Tiffany Flock

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The topic of whether one should be vaccinated or not has been the center of heated debate for centuries. Those in the pro-vaccine community, including the FDA, the CDC and the vaccine policy makers, advocate the idea of mass vaccination to induce herd immunity; while the anti-vaccine community offer strong reasons for opposing mass vaccinations. The anti-vaccine community will say there are no logical reasons to expose humans to many of the ingredients found in the vaccines because of the potential to cause adverse side effects to one's health, and because of the potential long-term effects related to the questionable vaccine schedule recommended by the CDC. Research published by the anti-vaccine community indicates vaccine ingredients have been linked to leaky gut, cancer, kidney disease, DNA disruption which could affect multiple generations, depression, suicide, infertility, and so much more. The NVIC, National Vaccine Information Center, reports that vaccines may be linked to learning disabilities, asthma, autism, diabetes, chronic inflammation and other disabilities ("Vaccines ProCon.org"). Advocates for vaccines claim they are the greatest success stories in public health in the 20th century. The FDA supports their philosophy on their website that vaccines are safe when they state, "Vaccines, as with all products regulated by the FDA, undergo a rigorous review of laboratory and clinical data to ensure the safety, efficacy, purity and potency of these products." It is interesting that according to a report filed on cdc.gov that 30,000 VAERS (Vaccine Adverse Event Reporting

System) reports are filed yearly concerning the adverse effects of childhood vaccinations alone. The FDA's disclaimer to the thousands of reports filed each year is, "Vaccines approved for marketing ma also be required to undergo additional studies to further evaluate the vaccine and often to address specific questions about the vaccine's safety, effectiveness or possible side effects (fda.gov)." Even though the FDA touts the safety, efficacy, purity, and potency of the vaccines that are approved for marketing, there is strong evidence that supports there is no logical reason one should be vaccinated, especially since the FDA had confirmed that vaccines have not been evaluated for carcinogenic, mutagenic, or teratogenic potential, or its potential to impair fertility. Until the FDA can affirm that all adverse side effects of the vaccines have been thoroughly assessed, then parents and individual adults should be allowed, without shaming or pressure, to make their own decision whether to be a part of "Herd Immunity," or to decide to exempt themselves from mass vaccinations that are medically, morally, ethically, and religiously questionable. They should be allowed to make the decision to allow their body's innate immunity to do the job in which it was intended from creation; especially, since the FDA published, on the fda.gov website, that they, "May continue to recommend a vaccine even after side effects of adverse events have been verified in a focused study, if they deem the disease-prevention benefits from vaccination outweigh the risks of a newly found side effect." Apparently, vaccine proponents negate the fact that 3,000-4,500 families each year report to the CDC severe vaccine reactions experienced either by themselves or a loved one, or they are sending a message that these individuals have less significant value than the masses; these families would probably beg to differ each one's significance in society.

This paper's intent is to provide evidence of the extremely negative aspects of vaccinations that the FDA and CDC attempt to downplay, especially when the FDA issues statements saying they have considered all the ingredients in each vaccine, and they show no harm; but as more research is being

conducted, there are indications that provide the evidence of long-term damage to the body. This evidence will be presented through the close examination of the chemical make-up of the vaccines administered today and by highlighting the statements of adverse effects of each vaccine that are published for the public to review on the fda.gov website; some of which can be found in multiple vaccines on the market. We will begin by evaluating closely the Polio (IPV, IPOL, Sanofi Pasteur) and MMRV (measles, mumps, rubella, and varicella) vaccines. It is important to look at these vaccines first because they are given in four doses between the ages of birth and four years of age. This should allow an opportunity to answer the question, are vaccines worth the risk of exposing ourselves and our children to the adverse long-term risks associated with vaccinations.

Analysis of Polio and MMR Vaccines

Background

In 2017, the National Center for Health Statistics, stated that 91.9% of children between the ages of 19-35 months received the Polio vaccination. Also, the report stated that 91.1% of this same age group received the MMR vaccination in the same year (cdc.gov); since these vaccines appear to be the most highly administered vaccines it is extremely important to review the possible side effects of these vaccines before breaking down each residual.

Polio Vaccine

The Polio vaccine inserts provided by the manufacturer on the FDA.gov website emphasizes there may be a possibility of hypersensitivity to any of the components in the vaccine. The FDA insert states, “Persons with a history of hypersensitivity to any component of the vaccine, including 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, and polymyxin B should not be given the Polio vaccine.” This is an alarming statement since the Polio vaccine is commonly given as early as

two months of age. How would one know if a child has hypersensitivity to the ingredients at two months of age, until it is too late, and the vaccine has been administered? It is normal practice for pediatricians to inquire about family history to understand the adverse effects of vaccinations on other family members; however, there is much doubt and speculation that these inquiries occur even though pediatricians are instructed to do so by the vaccine manufacturer. Of the 30,000 VAERS reports received each year by the CDC, 85-90% of the reports indicate mild side effects such as fever, arm soreness, crying or mild irritability. The remaining reports are classified as more severe reactions that could include nerve pain, bowel and bladder function problems, blood clots, pressure sores, which may result in permanent disability, hospitalization, life threatening illness, or even possible death due to complications ("Understanding the Vaccine Adverse Event Reporting System-VAERS"). In addition, the Polio vaccine insert states that Guillain-Barre Syndrome can occur because of childhood vaccines. Guillain-Barre Syndrome is a rare disorder in which your body's immune system attacks your peripheral nervous system causing rapid-onset muscle weakness and possible deaths (Mayoclinic.org.) Guillain-Barre Syndrome can begin with weakness and tingling in your extremities as first symptoms appear. This can lead to paralysis and possible death due to complications such as respiratory distress syndrome and heart attack. Additional adverse events that have been reported because of the Polio vaccine are lymphadenopathy (blood and lymphatic system disorder), agitation at injection site which includes a rash and mass, type 1 hypersensitivity including allergic reaction, anaphylactic reaction and shock, arthralgia, myalgia which are musculoskeletal and connective tissue disorder, nervous system disorders including: convulsion, febrile convulsion, headache, paresthesia, and somnolence. One can't help asking, since more than 10 million American babies (1 year and older) are vaccinated each year; Are these vaccines worth taking the chance of subjecting infants, or anyone for that matter, to any amount of adverse hypersensitivity reactions, whether mild or severe? The anti-vaccine community are

asking these questions, but the FDA is pushing back in the VIS sheets (Vaccine Information Statement sheets) produced by the CDC and distributed to vaccine recipients, their parent, or their legal representative before each dose. These sheets state, “Claims of adverse events are not necessarily side effects caused by vaccinations. These events may require further investigation through focused scientific studies to determine no medical links” (cdc.gov).

MMR and MMRV Vaccine

The Measles, Mumps, and Rubella (MMR), and the Measles, Mumps, Rubella, and Varicella (MMRV - ProQuad) are administered at a minimum age of 12 -15 months, with the second dose administered between 4-6 years. The maximum age of administration is 12 years. It sould not to be administered to anyone 13 years of age or older. CDC.gov has issued a long list of children who should not be given the vaccine. This list includes children who:

- Have any severe life-threatening allergies
- Has a weakened immune system due to disease such as cancer or HIV/AIDS, or medical treatments such as radiation, immunotherapy, steroids, or chemotherapy, or has a parent, brother, or sister with a history of immune system problems
- Have a history of seizures, or has a parent, brother, or sister with a history of seizures
- Has ever had a condition that makes them bruise or bleed easily
- Is pregnant or might be pregnant
- Is taking salicylates such as aspirin
- Has recently had a blood transfusion or received other blood products
- Has tuberculosis
- Has gotten any other vaccines in the past 4 weeks
- Is not feeling well

The published FDA vaccine package insert for the refrigerated MMRV states that, “Anyone with a history of anaphylactic reaction to neomycin (antibiotic), hypersensitivity to gelatin or any other component of the vaccine shouldn’t receive the vaccine.” It also states that, “One should not receive this vaccine if there is a family history of congenital or hereditary immunodeficiency.” The insert cautions against administering the vaccine to children who are hypersensitive to eggs or neomycin. The most frequent adverse reactions reported with the MMRV is injection-site reactions, fever, febrile seizures, measles-like rash, and irritability. The insert states that the V (VARICELLA) portion of the MMRV has a potential of virus transmission between healthy vaccine recipients. High-risk individuals that might catch the “chickenpox” because of someone just receiving the vaccine includes immunocompromised individuals, pregnant women who have not had chickenpox, and newborn infants of mothers who have not had chickenpox. These findings prompted the FDA to state that, “Vaccine recipients should attempt to avoid, to the extent possible, close association with high-risk individuals susceptible to varicella for up to 6 weeks following vaccination.” The minor events that might occur from the MMR or MMRV include, sore arm from the injection, fever, redness, or rash at the injection site and swelling of glands in the cheeks or neck (cdc.gov.) The Center for Disease Control states if these events are going to happen they usually begin within 2 weeks after the shot and occur less often after the second dose (“Chickenpox Vaccine: What You Need to Know.") Moderate events that may occur include, seizure (jerking or staring) often associated with fever. The risk of these seizures is higher after MMRV than after separate MMR and chickenpox vaccines when given as the first dose of the series (“Vaccine Information Statements (VISs)." Additional major events include temporary low platelet count, which can cause unusual bleeding or bruising; infection of the lungs (pneumonia) or the brain and spinal cord coverings (encephalitis, meningitis); and rash all over the body. The most alarming information published by the CDC about this vaccination is the organization’s statement that,

"If your child gets a rash after vaccination, it might be related to the varicella component of the vaccine. A child who has a rash after MMRV vaccination might be able to spread the varicella vaccine virus to an unprotected person. Even though this happens very rarely, children who develop a rash are advised to stay away from people with weakened immune systems and infants who have not been vaccinated, until the rash goes away." There is a huge problem with this and one must ask another question of the CDC; How is the public protected or shielded from this if a parent takes a child with the varicella vaccine virus into a public forum? The answer is, the CDC can't guarantee protection for all.

Severe events that have rarely been reported following MMR and MMRV vaccinations include deafness, long-term seizures, coma, lowered consciousness, and brain damage (cdc.gov,2018) Even though these incidents may be rare, the anti-vaccine community is considering every living human being, so they ask; Is it worth the risk to subject any child to these possible reactions whether mild or sever, especially since there has not been a reported incident of polio in the U.S. since 1979, or reports outside the U.S. since 1993?

Analysis of Chemical Residual in Vaccines

1. Vero cells

A continuous line of African Green monkey Vero (kidney) cells used in cell cultures for the manufacture of viral vaccines. These cell cultures are widely accepted by regulatory authorities because they provide an agent free cell culture medium that has been used for over 30 years to produce polio and rabies virus vaccines. Vero cells can be found in the following vaccines, POLIO (IPV-IPOL), ROTAVIRUS (ROTATEQ), DTAP + IPV (KINRIX), DTAP + HEP B + IPV (PEDIARIX). Vero cells have been found to be susceptible to an array of viruses that include the polioviruses, simian virus (SV5), simian virus 40 (SV40), rubeola, rubella virus, reoviruses, simian adenoviruses, Getah, Ndumu, Pixuna, Ross River, Semliki Forest, Paramaribo, Kokobera, Modoc, Murutucu, Germiston, Guaroa,

Pongola, and Tacaribe. The Infanrix vaccine administered for diphtheria, tetanus, and pertussis is given in a 5-dose series in infants and children 6 weeks to 7 years old. They receive 1 dose each at 2, 4, and 6 months; 1 booster dose at 15-20 months; and another booster dose at 4 to 6 years (fda.gov.) The Polio vaccine has a recommended 4-dose series given at ages 2 and 4 months, 6-18 months, and 4-6 years. The final dose to be given on or after the 4th birthday at least 6 months after the previous dose. According to the Journal of Infectious Diseases, the polyomavirus simian virus 40, also known as the monkey virus (SV40), which has been found to be an oncogenic DNA virus had been identified as an inadvertent presence in the commercial inactivated Salk polio vaccines which were administered between 1955 and 1963 (Shah). This presence exposed millions of individuals in the United States and elsewhere to the polyomavirus of the rhesus macaque ("Immunization Safety Review"). Since the 1960s, the possibility that SV40 could cause human disease, particularly cancer, has been a topic of interest. This debate has strengthened in the past several years because several groups have reported SV40 genomic sequences have been detected in several human cancers. Persuasive evidence from recent biology and epidemiological studies now indicate that SV40 is causing infections in humans today and represent an emerging pathogen ("MONKEY KIDNEY CELLS"). SV40 may be contagiously transmitted in humans by horizontal infection; the spread of an infectious agent from one individual to another, usually through contact with bodily excretions or fluids, such as sputum or blood, that contain the agent (biomedcentral.com). SV40's footprints in humans have found high prevalence with specific tumor types such as malignant mesothelioma, osteosarcoma, pediatric and adult brain tumors, non-Hodgkin lymphomas, primary brain and bone tumors, and kidney diseases (Vilchez, and Butel). "A meta-analysis of molecular, pathological, and clinical data from 1,793 cancer patients indicates that there is a significant excess risk of SV40 associated with human primary brain cancers, primary bone cancers, malignant mesothelioma, and non-Hodgkin's lymphoma," says the Pennsylvania

Medical Freedom Alliance. Since 1955, research has shown in animals that Vero cells cause tumors. Sadly, a lot of these reports have never been published, and the writers of these studies have lost their jobs and stripped of their vaccine regulatory duties. “Between 1997 and early 2003, say Bookchin and Schumacher, more than 25 published studies found SV40 in human mesotheliomas; 16 others found the virus in brain and bone cancers, lymphomas, and other cancers and in kidneys and peripheral blood. As of 2003, SV40 had been found in human tumors in 18 developing countries" (Doi.org). In July 2002, the National Academy of Science Institute of Medicine (IOM) Immunization Safety Committee convened a study into SV40 and cancer which culminated in a report published in October 2002. The IOM report, “SV40 Contamination of Polio Vaccine and Cancer,” concluded that, “The biological evidence is strong that SV40 is a transforming [i.e., cancer-causing] virus,. . . that the biological evidence is of moderate strength that SV40 exposure could lead to cancer in humans under natural conditions, (Vilchez, and Butel) [and] that the biological evidence is of moderate strength that SV40 exposure from the polio vaccine is related to SV40 infection in humans (Vilchez, and Butel). [83]

2. Neomycin

A chemical found in the following vaccines: HEP A (VAQTA), INFLUENZA (FLUVIRIN), MMR (MMR-II), POLIO (IPV-IPOL), VARICELLA (VARIVAX), DTAP + IPV + HIB (PENTACEL), MMRV (PROQUAD), ZOSTER (SHINGLES-ZOSTAVAX). Neomycin is an aminoglycoside antibiotic that is used in vaccines to prevent bacterial contamination during manufacturing (“NEOMYCIN”). According to a study that was released by JAMA Pediatrics, “Early use of antibiotics like Neomycin raised the chances of allergies in the study of nearly 800,000 children. For babies who received antibiotics, the chances doubled for asthma and were at least 50 percent higher for hay fever and anaphylaxis.” The Pennsylvania Medical Freedom Alliance (PAMFA) states that, “Neomycin may cause permanent hearing loss, nerve damage, and severe kidney damage. Hearing loss can occur even

after the drug is stopped; may also cause severe muscle relaxation progressing to paralysis and breathing problems. Minor side effects are irritation or soreness of the mouth/rectal area, nausea or vomiting. Major side effects of neomycin include any loss of hearing, clumsiness, diarrhea, difficulty in breathing, dizziness, drowsiness, greatly decreased frequency of urination or amount of urine, increased amount of gas, increased thirst, light-colored, frothy, fatty-appearing stools, ringing or buzzing or a feeling of fullness in the ears, skin rash, unsteadiness, weakness. Gastrointestinal side effects would include nausea, vomiting and diarrhea."

3. **Streptomycin**

Is used in the production of the Polio (IPV-IPOL) vaccine. It is an antibiotic produced by the soil actinomycete Streptomyces griseus ("STREPTOMYCIN"). It is an aminoglycoside antibacterial and antimycobacterial. Streptomycin is a second- or third-line drug used for the treatment of tuberculosis.

Streptomycin has many reported side effects which include acute liver injury with jaundice; nephrotoxicity which causes cell damage; ototoxic which is inner ear damage; hearing loss, and retrograde degeneration of the auditory nerve; black, tarry stools; burning, crawling, itching, numbness, prickling, "pins and needles," tingling feeling; chest pain, chills, clumsiness, cough, dizziness or lightheadedness, feeling of constant movement of self or surroundings, fever, large, hive-like swelling on the face, eyelids, lips, tongue, throat, hands, legs, feet, or sex organs, nausea, painful or difficult urination, sensation of spinning, shortness of breath, sore throat, sores, ulcers, or white spots on the lips or in the mouth, swollen glands, unsteadiness, unusual bleeding or bruising, unusual tiredness or weakness and vomiting ("Streptomycin Side Effects in Detail"). Less common side effects include back, leg, or stomach pains; bleeding gums; bloody or cloudy urine; blurred vision; change in vision; dark urine; deafness; difficulty with breathing; difficulty with swallowing; dry mouth; fast heartbeat;

general body swelling; headache; hives; impaired vision; itching; loss of appetite; muscle weakness; nosebleeds; pain in lower back or side; pale skin; pinpoint red spots on the skin; puffiness, or swelling of the eyelids or around the eyes, face, lips, or tongue, skin rash, thirst, tightness in the chest, wheezing, yellowing of the eyes or skin ("STREPTOMYCIN"). Streptomycin can cause rare side effects like experiencing a change in the frequency of urination or amount of urine, drowsiness, increased thirst, swelling of the feet or lower legs, and weakness. Patients with kidney problems who use this medication may experience severe toxic nerve reactions. It is recommended patients taking this medication have their kidney function and complete blood counts closely monitored by a health care provider. PAMFA warns, the appropriate medical equipment should be available for patients taking this medication ("STREPTOMYCIN").

Even though the purification procedures eliminate measurable amounts of the antibiotic during production, 200 ng of streptomycin may still be present (Kerns, 2013.) Manufacturers of the polio vaccine say this amount is small, which makes the chance of drug allergies small; however, when deciding whether to be a recipient of the vaccine, one still must consider all the possible side effects that could occur because of receiving the vaccination.

4. **Polymyxin B**

Polymyxin is found in the Polio, Diphtheria, Tetanus, Pertussis, Influenza, and Hepatitis B vaccines. It is an antibiotic used during the vaccine manufacturing process. Clostridium difficile associated diarrhea has been reported with this specific antibiotic. The severity can range from mild diarrhea to fatal colitis. Using this antibiotic can alter a normal flora of the colon which would cause overgrowth of C. difficile. Polymyxin, according to PAMFA, has neurotoxic reactions which include "facial flushing, dizziness progressing to ataxia, drowsiness, peripheral paresthesia (circumoral and stocking glove), apnea due to concurrent use of curariform muscle relaxants, other neurotoxic drugs or

inadvertent overdosage, and signs of meningeal irritation with intrathecal administration, e.g., fever, headache, stiff neck and increased cell count and protein cerebrospinal fluid."

5. **Formaldehyde**

Found in the following vaccines given in multiple doses up to 18 months: POLIO, HEP B, DTaP, Hib, Influenza, and HepA. Formaldehyde is used to help produce vaccines. It is an inactivating (germ-killing) ingredient that weakens or kills viruses, bacteria, or toxins in vaccines (vaccines.gov). Children are exposed to formaldehyde in vaccines 17 times by the time they are 18 months. According to the American Cancer Society, formaldehyde is a colorless, strong- smelling gas used in making building materials, household products, and can be used to make other chemicals. "When dissolved in water it is called formalin, which is commonly used as an industrial disinfectant, and as a preservative in funeral homes and medical labs. It can also be used as a preservative in some foods and in products, such as antiseptics, medicines, and cosmetics. Sometimes, although formaldehyde is not used, substances that release formaldehyde are. These have been found in cosmetics, soaps, shampoos, lotions and sunscreens, and cleaning products (Anon, 2018).

Formaldehyde is a known carcinogen that when exposed to the chemical there can be side effects such as cardiac impairment, central nervous system depression, changes in higher cognitive functions, coma, convulsions, and even death (VaxTruth.org.) "Exposure to formaldehyde has been shown to cause cancer in laboratory test animals. Exposure to relatively high amounts of formaldehyde in medical and occupational settings has been linked to some types of cancer in humans. In rats, inhaled formaldehyde was linked to cancers of the nasal cavity and leukemia. In one study of rats given drinking water containing formaldehyde there was an increase in stomach tumors…." Studies in humans have "found that embalmers and medical professionals that use formaldehyde have an

increased risk of leukemia, particularly myeloid leukemia." Some studies of industrial workers exposed to formaldehyde have also found increased risks of leukemia, but not all studies have shown an increased risk. One study found that workers exposed to formaldehyde had higher than normal levels of chromosome changes in early white blood cells in their bone marrow (Anon, 2018). "This finding supports the possible link between formaldehyde exposure and leukemia," according to the American Cancer Society (Anon, 2018). The National Toxicology Program, International Agency for Research on Cancer, and the Environmental Protection Agency lists formaldehyde as, ("Harmful Ingredients in Vaccines") "known to be a human carcinogen." The National Cancer Institute published a statement saying, "Researchers have concluded that, based on data from studies in people and from lab research, exposure to formaldehyde may cause leukemia, particularly myeloid leukemia, in humans" (National Cancer Institute).

The FDA says, "The amount of formaldehyde present in some vaccines are so small compared to the concentration that occurs naturally in the body that it does not pose a safety concern." In addition, the FDA states, "The amount of formaldehyde in a person's body depends on their weight. Studies have shown that for a newborn of average weight of 6 - 8 pounds, the amount of formaldehyde in their body is 50-70 times higher than the upper amount that they could receive from a single dose of a vaccine or from vaccines administered over time." Alarmingly, the CDC recommends 29 doses of 9 vaccines, plus a yearly flu shot after 6 months old for kids aged 0-6. Six of these vaccines contain formaldehyde. When examining the recommended vaccination schedule, and the dosage of formaldehyde included in each vaccine, one must ask is it worth the long-term risks to knowingly inject a known carcinogen into our children, even in trace amounts?

6. **Eagle MEM Modified Medium**

Found in the POLIO (IPV-Ipol) vaccine. It is known as a synthetic cell culture media used to

maintain cells in tissue cultures. Eagle MEM Modified Medium is a synthetic media is composed of a basal medium and supplements like inorganic salts, amino acids, vitamins, glucose, Phenol Red, glutamine, sodium bicarbonate. It also contains growth factors and hormones. Monkey kidney cells are grown in the Eagle MEM modified medium. One can assume this is the least harmful ingredient in the vaccines, as there appears to be a lack of known, or published side effects from exposure to this cell culture media.

7. **Calf Bovine Serum**

Found in the HepB, POLIO, DTaP, and in the MMRV (Measles Mumps Rubella Varicella.) By 18 months of age, a child is exposed to calf bovine serum (whole blood from a calf that is aged between three weeks and 12 months) at least eleven times if the child is on the CDC recommended schedule. The FDA says, "The reason for the use of bovine serum in the manufacture of viral vaccines is because the virus may be grown in living cells. These cells need a source of nutrition, which in some instances may be provided by fetal bovine serum." The way the vaccine producers get this calf bovine serum is truly shocking. The astonishing process in described by Dr. Tenpenny, "Cows are occasionally sent to slaughter because they are ill, crippled or to simply thin a herd. If a cow is found to be pregnant during the removal of its internal organs, the uterus is quickly moved to a specialized extraction area, so the fetal blood can be harvested within 30 minutes of the mother's demise. The phlebotomy is done by inserting a sterile vacuum collection apparatus directly into the heart. The fetus must be at least 3 months of age or the heart is too small for puncture. A 3-month fetus yields about 150 ccs of serum while a near-term fetus (9 months) can yield up to 550 ccs. The heart must be beating to ensure the blood remains uncoagulated and all blood can be extracted from the fetus; therefore, it is presumed that the fetus is alive at the time of the extraction. After the blood is removed, the remains of

the fetus are processed for animal feed (Vaccinationnews.org)". Approximately 500,000 liters (132,000 gallons) of FBS are sold per year worldwide, which means at least 1,000,000 unborn calf fetuses are subjected to the brutal harvesting procedure each year ("The Disgusting Cow Stuff in Vaccines"). Pestiviruses like BVDV (Bovine Viral diarrhea virus 1 and 2) have been found in the stool of 30 out of 128 children with infantile gastroenteritis and microcephaly has been reported in infants born to mothers who were seropositive for BVDB (vaccinationnews.org).

8. Phenoxyethanol

Preservative that was intended to prevent microbial growth. According to the FDA, phenoxyethanol is an "organic chemical compound that is sometimes used in cosmetics and antiseptics. It is also currently used as a preservative in one FDA approved available vaccine, Ipol, for the prevention of polio, at a concentration of 0.5%." There was a side effect of phenoxyethanol reported in an article published by PubMed. The article stated, "2-Phenoxyethanol, used as an anesthetic for handling small fish at a salmon hatchery, caused three women to experience headache and symptoms of intoxication during use, followed by diminished sensation and strength of hands and fingers, worse in the preferred hand. Persistent neuropathy did not develop in any of them. After 1 to 2 years of exposure, the women manifested gradual onset of symptoms of cognitive impairment with an inability to work. Neuropsychologic testing verified that all three had focal cognitive impairments that persisted. One also had documented labyrinthine hypofunction, which originated during this exposure. The immediate and delayed effects of 2-phenoxyethanol on the central nervous system resemble those of the other organic solvents." These compounds are used as preservatives in U.S. vaccine/biological preparations and, "Cannot be considered an ideal preservative; and their ability to fully comply with the requirements of the U.S. Code of Federal Regulations (CFR) for preservatives is in doubt. Future formulations of U.S. licensed vaccines/biologics should be produced in aseptic manufacturing plants as

single dose preparations, eliminating the need for preservatives and an unnecessary risk to patients." (facebook.com/drgreenmon)

9. Medium-199

A non-human or animal growth medium culture rich in proteins, vitamins and salts, used to produce measles and mumps vaccinations. It is a buffered salt solution containing vitamins and amino acids and supplemented with fetal bovine serum containing sucrose, phosphate, glutamate, sodium bicarbonate and recombinant human albumin ("Mumps Virus Vaccine"). It can be a liquid or a powder that acts as a stabilizer and neomycin. Research for this paper was unable to determine isolated side effects from exposure to Medium-199.

10. MRC- 5 human diploid cells including DNA and protein

A human diploid cell strain used to develop DTaP-HepB-IPV, DTaP-IPV/Hib, Hep A, Hep A/ Hep B, MMRV, Rabies, and Zoster (Pierce). MRC-5 are lung cells taken from a 14-week-old male fetus that was aborted for psychiatric reasons in 1966 in the United Kingdom, according to Sigma Aldrich a MRC-5 distributor. A child is exposed to MRC-5 thirteen times by 18 months when following the CDC vaccine schedule. According to Vaccines 6th edition edited by Stanley a Poltkin, Walter A. Orenstein, and Paul A. Offit, these proteins have two concerns, "The first concern arises from the potential for animal and human-derived proteins to contain one or more adventitious agents. The second concern arises from the potential for animal or human-derived proteins to elicit an allergic reaction in susceptible individuals." Additionally, the FDA includes a statement in the warning section of the vaccine package insert for blood-derived HSA-containing products that states, "This product contains albumin, a derivative of human blood. Based on the effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases."

Research for this paper did not uncover any noted side effects of the use of MRC-5; however,

there was extremely alarming information discovered in an education resource document published for the College of Physicians of Philadelphia. The document stated, “Two main human cell strains have been used to develop currently available vaccines, in each case with the original fetal cells in question obtained in the 1960s. The WI-38 cell strain was developed in 1962 in the United States, and the MRC-5 cell strain (also started with fetal lung cells) was developed, using Hayflick's technology, in 1970 at the Medical Research Center in the United Kingdom." It should be noted that Hayflick's methods involved establishing a huge bank of WI-38 and MRC-5 cells that, while not capable of infinitely replicating like immortal cell lines, will serve vaccine production needs for several decades in the future (history of vaccines.org). This alarming finding causes one to understand why faith-based, anti-vaccine opponents, like the Catholic Church, ask for moral guidance on the use of vaccines developed using cell strains started with human fetal cells. This includes vaccines against rubella, chickenpox, Hep A and some others. One must ask; does anyone really want their child injected with human fetal cells?

11. Deoxyribonucleic Acid (DNA)

The carrier of genetic information. It is used as an adjuvant, a substance which enhances the body’s immune response to an antigen, in vaccines like the Chicken Pox, Rubella, Hep A, Shingles and one version of Rabies (“Flu Vaccine”). According to PAMFA, 100,000,000 bits and strands of human DNA are allowed per dose in vaccines. When looking at the whole person and the possible side effects of Deoxyribonucleic Acid in vaccines, it’s important to consider what are the ramifications of being injected with another person’s DNA. A possible answer to this lies in a 2003 article on Cellular Memory in Heart Transplants, written by Kate Ruth Linton for the Montgomery College Student Journal of Science and Mathematics. In the article, she presented evidence of cellular memory (the idea that the cells in our bodies contain information about our personalities, tastes, and histories)

occurring in a person who had undergone a heart transplant. Linton shared the story of a lady who had a heart transplant in 1988. The heart came from a male donor of which the recipient was unaware of at the time. The lady began to act differently after the transplant by demonstrating male characteristics. She inquired about the donor and was informed the donor was in fact male. She met with family members of the donor and discovered her newfound habits were ones like those of the male donor ("Know by Heart".) This causes one to wonder since cellular memory can occur after a heart transplant, can it possibly occur when being injected with DNA through vaccinations? To answer this question, some chemists have tried to gain a deeper understanding of cellular memory. One such scientist is Candace Pert, Ph. D., who studies biochemistry. Her findings helped support one belief which a growing number of scientists have now adopted: "every cell in our body has its own 'mind'…and if you transfer tissues from one body to another, the cells from the first body will carry memories into the second body." In other words, these scientists believe cellular memory does, in fact, exist although they would probably prefer not to word their belief as such" ("Transplanted Personalities: Can Transplanted Organs Carry Remembered Traits?"). The Children's Hospital of Philadelphia has attempted to dispel the belief that cellular memory can occur after being injected with DNA from a vaccine, by stating that, "DNA from vaccines are not able to incorporate itself into cellular DNA. In fact, if this could be accomplished, gene therapy would be much easier than it has been." (chop.edu)

12. Monosodium L-glutamate (MSG)

Found in the MMRV (a brand of the Measles, Mumps, Rubella) and the VARICELLA vaccines. It is used as a stabilizer to help the vaccine remain unchanged when the vaccine is exposed to heat, light, acidity, or humidity (cdc.gov). Rachael Link offers a strong opinion that MSG is one of the "most controversial ingredients on the planet." She says, "MSG has very negative symptoms in certain people who are sensitive to its effects." (Pinterest, 2018)

Why is MSG bad? Racheal Link says, “It contains isolated and highly concentrated forms of glutamic acid. It’s processed very differently in the body and can increase levels of glutamate in blood very rapidly.” Studies have shown that MSG can have side effects from asthma attacks to metabolic syndrome, can cause free radical formation, may contribute to weight gain, cell swelling or death, and increase blood pressure (Pinterest, 2018). A study done in 1997, showed that MSG triggered many symptoms like muscle tightness, numbness/tingling, weakness, flushing, and headache. In another study, they found that MSG caused swelling and even death of mature neurons (Pinterest, 2018)

It is mind boggling to know that study after study shows MSG to be controversial, but our children are still exposed to it in vaccines twice before 18 months of age and four times before the age of 6.

13. Sucrose

Found in the Influenza, Japanese Encephalitis, Typhoid, MMR, Varicella, and Hib vaccines. It is a disaccharide consisting of a mixture of monosaccharides glucose and fructose. Scientists have found additives at low concentrations, like Sucrose, extend the life of vaccines at room temperature. High levels of sugar stabilize virus particles in vaccines by keeping the virus structurally intact by making the vaccine more viscous (Pelliccia et al., 2018).

According to WebMD, some of the side effects of sucrose include: blockage of the esophagus, bronchospasm, hives, inflammation of skin caused by an allergy, inflammation of the nose, itching, life threatening allergic reaction, pink eye, rash, stomach or intestine blockage, stool blockage of the intestines. A research study published in 2016, showed a significant link between sucrose and ulcerative colitis. The American Council on Exercise states that, “Sucrose can cause mood swings, weight gain, can trigger strong sweet cravings, poor insulin sensitivity possibly causing Type 2 diabetes, and tooth

decay." Alarmingly, a child could be exposed to sucrose from vaccines four times by 18 months of age.

14. Hydrolyzed Gelatin

Found in the Influenza, MMR, Varicella, and Yellow Fever vaccines. Hydrolyzed gelatin is a stabilizer added to vaccines to help protect the vaccine from adverse conditions such as the freeze-drying process or heat. It can be found in Jell-O. Hydrolyzed gelatin may be bovine or porcine derived. Using bovine gelatin poses a risk of the presence of bovine spongiform encephalopathy (BSE)-mad cow disease; therefore, it cannot be sourced from countries where BSE exists. Possible side effects of exposure to Hydrolyzed gelatin may include allergic responses such unpleasant taste, sensation of heaviness in the stomach, bloating, heartburn, and belching. WebMD states, "Although the risk of BSE seems low, many experts advise against using animal-derived supplements like gelatin when manufacturing vaccines (cold et al., 2018)." Unfortunately, a child will be exposed to this ingredient four times before 18 months of age.

15. SODIUM PHOSPHATE DISBASIC

Found in MMRV, ZOSTER, VARICELLA. It is an emulsifier, buffering and metal-chelating agent. You can find this in toilet bowl cleaner, dishwashing detergents, fertilizer, it has been known to cause algal blooms in bodies of water. The medical field uses sodium phosphate to clean the colon before a colonoscopy.

In a study done by the FDA, potential side effects from sodium phosphate could include renal failure, transient electrolyte changes, death, and serious adverse effects on organs, such as kidneys and the heart. According to the FDA study, "Most cases of serious harm occurred with a single dose of sodium phosphate that was larger than recommended or with more than 1 dose in a day." The Pennsylvania Medical Freedom Alliance reported that other side effects may include: itching or hives, swelling in the face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble

breathing, blood in your urine, lower back pain, side pain, or sharp back pain just below the ribs, confusion, weakness, and muscle twitching, decrease in how much or how often you urinate, dizziness or fainting, dry mouth, increased thirst, muscle cramps, nausea or vomiting, fast, pounding, or uneven heartbeat, red or black stools, seizures, severe stomach pain, nausea, vomiting, or bloating (pamva.org).

Children are potentially exposed to this emulsifier in vaccines twice before age 18 months. A teacher in a recent Facebook post shared an observation she had made concerning several students in her classroom whom appeared to experience an unusual twitch. She stated most of these children twitched about 30 times per minute. She raised a valid whether this vaccine ingredient could be a potential link to their twitching?

16. SODIUM CHLORIDE

Found in ANTHRAX, CHOLERA, DT, DTaP, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV, Hib, Hep A, Heb B, HPV, Meningococcal, MMR, MMRV, Influenza (spray and shot), Rotavirus, Smallpox, Td, Tdap, Varicella, Yellow Fever, and Zoster (shingles). According to the U.S. National Library of Medicine, the safety, and effectiveness of using sodium chloride in vaccinations have not been established. They state, "The solution contains aluminum and may be toxic." They also state that premature neonates exposed to sodium chloride are at risk for kidney function impairment because of the immature development of their kidneys, and the levels of aluminum in sodium chloride give a greater risk of central nervous system, bone toxicity, edema and congestive heart failure. Even with these warnings, children will be exposed to sodium chloride approximately 16 times before 18 months of age when following the CDC vaccine schedule.

17. Sodium Bicarbonate

Found in the Adenovirus, Cholera, and MMRV vaccines. It is the active ingredient in baking soda that reduces stomach acid, heartburn, indigestion, and stomach upset. Sodium bicarbonate can be

toxic to people that have abnormal levels of sodium, potassium, calcium, chlorine, if your body's pH is higher than normal. According to the Pennsylvania Medical Freedom Alliance, one who is taking sodium bicarbonate should not consume high amounts of calcium (milk, cheese, yogurt, or calcium supplements).

Sodium bicarbonate has an extensive list of side effects. Some of the side effects of exposure to sodium bicarbonate could include frequent urge to urinate, headache, mood or mental changes, muscle pain or twitching, nausea or vomiting, gastric rupture, cause of excess of serum proteins in the urine, possible intraventricular hemorrhage, and coma (pamva.org).

18. SORBITOL

Found in the Yellow Fever, Rotavirus, MMR, and MMRV vaccines. Sorbitol is a polyhydric alcohol with half the sweetness of sucrose. It occurs naturally but is produced synthetically from glucose. Some side effects of sorbitol may include: abdominal cramps, abdominal pain, diarrhea, and cell damage (pamva.org).

19. **HUMAN ALBUMIN**

A concentrate of plasma proteins derived from human blood; used as a stabilizer in vaccines like, Adenovirus, MMRV, MMR, Rabies, and Smallpox (pamva.org). Human albumin comes with many side effects such as: anaphylactoid reactions, fever, chills, rash, nausea, vomiting, tachycardia, hypotension, edema, erythema, nervous system side effects, and bronchospasm (respiratory). According to the Vaccine 6th Edition, vaccines that contain human albumin have been linked to allergic reactions like anaphylactic shock and type 3 hypersensitivity reactions that occur 2 to 21 days after booster doses. Respiratory symptoms have been reported that require antihistamines, epinephrine, and steroids to resolve the issues (pg. 663). Children are injected with sorbitol three times before they are 18 months old.

20. **POTASSIUM CHLORIDE**

Used in MMRV vaccinations. It is also found in many foods and is needed for several functions of the human body, especially the beating of the heart. The FDA says it is a, "Direct food substance that is generally recognized as safe." It is used to treat low blood levels; however, according to PAMFA, Potassium Chloride should not be used if one is determined to be allergic to the chemical.

Side effects of potassium chloride may include, uneven heartbeat, muscle weakness or limp feeling; severe stomach pain, numbness, or tingling in your hand, feet, or mouth; diarrhea, gas, nausea, stomach discomfort, vomiting, rash, hives, itching, difficulty breathing, tightness in the chest; swelling in the mouth, face, lips, or tongue; black tarry stools, chest pain, severe nausea or vomiting; stomach pain or swelling; unusual confusion or anxiety; unusual muscle weakness or paralysis; vomit that looks like coffee grounds; weak or heavy legs (pamva.org). According to drugs.com, "Reports of intestinal and gastric ulceration and bleeding," have been directly linked to the exposure of Potassium Chloride. Drugs.com also stated that potassium chloride is, "Associated with an increased frequency of small bowel lesions."

Surprisingly enough, it has been discovered that vaccine producers have not performed any studies to determine carcinogenicity, mutagenicity, or the effects on fertility when using potassium chloride. Even more surprising is that Drugs.com states that, "The safety and effectiveness in pediatric patients have not been established." So, if this is the case, why are children subjected to this vaccine residual at such a young age? How would one know if an 18-month-old is allergic to potassium chloride until after they have been subjected to the chemical?

21. UREA

Found in the Varicella and the MMRV vaccines. It is used as a stabilizer and can be found in urine and synthesized in a lab (facebook.com). Urea can be used to induce abortions, among other

things. According to Oxford University, Urea is a harmless organic compound found in the body, but a British Medical study from 1971 showed that Urea was successful in causing an abortion within 59 hours in a mid-trimester pregnancy (Greenhalf and Diggory, 1971).

Common side effects of Urea are hives, difficulty breathing, swelling of the face, lips, tongue, and tongue, mild itching, and mild burning or stinging. When using Urea topically, you could experience severe redness or irritation of treated skin. The FDA has not done any studies to show if used topically if it will harm an unborn baby or if it passes into breast milk causing baby harm. One must ask, if these are the side effects of topical use, what would be the side effects if being injected into the body… multiple times? Also, one must ask why are we allowing our children to be injected with a known abortion inducing chemical? Is this information even provided to the public?

22. CHICK EMBRYO CELL CULTURE

MMR and MMRV vaccines are propagated in Chick embryo cell cultures.
The insert in the vaccine package states that people with hypersensitivity to eggs should be vaccinated using extreme caution. Based on information published by Healthline.com, 2% of children have been found to be allergic to eggs. The whites in eggs hold proteins that have potential to produce mild to severe allergic reaction. These reactions may include anaphylactic, anaphylactoid, hives, swelling of the mouth and throat, difficulty breathing, hypotension, or shock. One can only hope that hypersensitivity to eggs has been discovered in the child prior to receiving the MMR vaccine; however, this may not always be the case; and one must ask how many parents/guardians read the VIS, Vaccination Information Statement, given to them by the attending physician prior to consenting to having their child vaccinated; thus, the reason a doctor requires the vaccinated patient to wait in their office 15-30 minutes after being vaccinated. A child will be injected with chick embryo cell cultures at least two times by the time they are 18 months old. One can only hope their child is not one of the 2%

with hypersensitivity!

23. POTASSIUM PHOSPHATE MONOBASIC

Found in MMRV, Influenza, HepB, Japanese Encephalitis, Meningococcal, MMR, Rotavirus, Zoster, HepA+HepB, Typhoid, Varicella, and Varicella Zoster. An inactive ingredient mixture of mono basic dihydrogen phosphate and dibasic mono hydrogen phosphate. This chemical is an acidity regulator that maintains ph balance while the vaccine is manufactured. The chemical helps to keep the fragments of active ingredients suspended in the water, so they do not settle (vk.ovg.ox.ac.uk/vaccine-ingredients.) Phosphates are known to have an extremely high buffering capacity and are highly soluble in water that can cause acid or alkalinity in a product.

The possible side effects from using potassium phosphate include allergic reactions that can include hives, difficult breathing, swelling of the face, lips, tongue, or throat; nausea, vomiting, stomach pain, diarrhea, bone and joint pain; headache, dizziness, tired feeling, muscle pain or weakness; increased thirst, and numbness or tingling feeling. According to everydayhealth.com, one should not take potassium phosphate if you have severe kidney disease, or high levels of phosphorus in your body or blood because phosphorus levels can affect calcium levels in the body and vice versa. In addition, children younger than 4 years of age should not be given potassium phosphate.

Although this ingredient is present in small quantities, and scientists say there is no evidence that any harm can be caused in these amounts, we must remember children who are vaccinated will be exposed to this chemical eleven times before he/she is 18 months old. So, if this is the case, we must ask why then are we injecting our children 11 times before age 18 months with the chemical they recommend not be given under the age of 4 years old? Doctors are not even certain whether potassium phosphate will harm an unborn baby, or if it passes into breast milk, or if it could be harmful to a

nursing baby. If these things are not known, then how could we possibly know the lasting effects of these chemicals as they are injected into our children through the various vaccinations?

24. WI- 38 HUMAN DIPLOID LUNG FIBROBLASTS

WI-38 is found in the following vaccines: Hepatitis A, Rubella, Varicella, Zoster, Adenovirus Type 4 and Type 7 oral vaccine, Rabies vaccines, DTaP-IPV/Hib, Hep A (Havrix), Hep B (Engerix-B), Hep A/Hep B (Twinrix), MMR (MMR-II), MMRV (ProQuad). WI- 38 stands for Winstar Institute 38. It is a human lung diploid fibroblast taken from the lung tissue of a female fetus who was therapeutically aborted in Sweden in 1962. The fetus had a gestational age of 3 months. The cell line was established by Leonard Hayflick at the Wistar Institute of Philadelphia when the lung tissue was shipped from Sweden to Philadelphia for Dr. Hayflick's research. WI-38 is used as a cell substrate (a cell that is multiplied repeatedly to produce cells that are a consistent genetic make-up) in vaccine manufacturing to avoid the difficulties inherent in the use of primary tissue cultures. It is used as a culture to grow live viruses for selected vaccines because human viruses don't grow well in animal cells (Neporent). According to resources provided by the College of Physicians of Philadelphia, it is said, "Vaccines made with WI-38 and its derivatives have prevented 11 million deaths and prevented 4.5 billion cases of disease" (historyofvaccines.org). This is an astounding record; however, the thought comes to mind of how many parents in the last 50 years does one think is aware when they are consenting to or have consented to their child being vaccinated, that they have consented to a vaccination that contains aborted fetal cells that are more than 50 years old? The horror of this revelation doesn't diminish even when knowing, according to a spokeswoman at the CDC that, "These abortions, which occurred decades ago, were not undertaken with the intent of producing vaccines." Nor does it help someone who is looking at this from an ethical perspective to read several statements issued by the Merck manufacturing company in 2015 for ABC news. These statements said, "The

original cells have been maintained under strict federal guidelines by the American Type Culture Collection" and "These cell lines are now more than three generations removed from their origin, and we have not used any new tissue to produce these vaccines." As though this makes it okay. Dr. Paul Offit, the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia justifies the use of the fetal cells by stating, "There are perhaps nanograms of DNA fragments still found in the vaccine, perhaps billionths of a gram. You would find as much if you analyzed the fruits and vegetables you eat." Dr. Offit, of course, has trivialized the brutal reality that there are still traced amounts of DNA fragments received from an aborted fetus and injected into millions of children. (Neporent)

Summary

It is clear anti-vaccine communities must continue to ask questions about the efficacy of vaccinations; and the medical field, the policy makers, and the vaccine manufacturers must be willing and able to answer their questions. It is of utmost importance that everyone be made fully aware of the medical, ethical, religious, and moral aspects of vaccinations, so society can make a valid decision whether we should continue with the "Herd Immunity" philosophy, or to relinquish the right to parents to make the decision as to what is beneficial for their children and themselves without being shamed or pressured; especially when considering that many of the diseases, specifically Polio, Tetanus, and Diphtheria are not even present in modern day society. For decades, parents have been conditioned not to question vaccinations, so most individuals do not realize Polio as it was known prior to 1958, was officially declared eradicated in the United States in 1979 when the diagnostic guidelines were changed ("Vaccines ProCon.org"). Tetanus, Diphtheria, and Pertussis, although serious diseases, are rare in the United States. From 2001-2008 the average annual incidence of Tetanus, and Diphtheria was 0.10 per 1 million population with no reported deaths until ages 35-49 (4 deaths), 50-64 (2 deaths), and 65 and

above (20 deaths). (cdc.gov)

There are three valid reasons we should question the medical efficacy of the ingredients in vaccines. Reason one, most of the vaccine inserts published by FDA. Gov state, "The vaccine has not been evaluated for its carcinogenic, mutagenic, or teratogenic potential, or its potential to impair fertility." So, is it fair for local governments, the FDA, the CDC and vaccine policy makers to encourage people to continue to participate in mass vaccinations, if no one can answer these long-term questions? Reason two, when the CDC states, all vaccines carry a risk of a life-threatening allergic reaction (anaphylaxis) in about one million children (procon.org). Parents should be alarmed at this number, but are they made fully aware? Reason 3, with such low numbers of reported deaths due to Tetanus and Diphtheria, should we continue exposing our children to a known carcinogenic?

We can't forget the moral, ethical and religious ramifications of the methods used in manufacturing vaccinations. We must consider what is happening to the human body when it is injected with blood from a calf, monkey cells, canine cells, and human DNA. If long-term questions can't be answered by scientists and the medical field about the full extent of DNA disruption from vaccinations, then how could they possibly answer what effect there is on the human body from being injected with the blood from a calf, monkey cells, and canine cells. Joan Hunter, a minister of the Gospel of Jesus Christ, tries to answer these questions by turning to the Bible. She states in her book, Healing Starts Now, "Since generational curses are passed down through the bloodline, they can attach to a person by means of a blood transfusion, gamma globulin, human-derived insulin, or a body part transplant (98)." The Bible teaches a strong lesson on generational curses. It says, "Thou shalt not bow down thyself to them (idols), nor serve them; for I the Lord thy God am a jealous God, visiting the iniquity of the fathers upon the children unto the third and fourth generation of them that hate me" Exodus (Berean Study Bible, Exodus 20:5). If Joan Hunter is correct and generational curses can be transferred and

passed through blood transfusions, who knows what can be passed down from injecting a human with another human's DNA as has been done using MRC-5, fetal bovine serum, human albumin, Urea, monkey cells, blood from calves, and canine cells?

The Conclusion

This paper demonstrates, thorough examination of specific vaccine ingredients, that there is the potential of serious and dangerous side effects from vaccinations on the human body, one's psyche, and potentially on one's DNA; especially since the common vaccines, including those for chicken pox, hepatitis and rabies, are propagated in cells originating from legally aborted human fetuses (Neporent). Until further unbiased scientific testing is performed with specific intent to answer these questions, we may never know the true, long term impact of "Herd Immunity" on our society.

Final Thought

If cellular memory, as suggested by Dr. Pert, truly exists could this potentially be the link to the recent increase in transgenderism and homosexuality, and why these individuals believe they were "born that way." No one has been able to fully determine the long term effects to humans being injected multiple times with an aborted fetus' DNA. It appears there could be a potential DNA disruption causing the cells to be thrown into confusion, contrary to statements issued by the Children's Hospital of Philadelphia. What do you think?

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