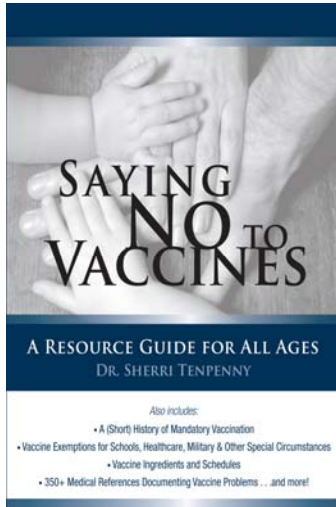


11/15/2008 – Dr. Sherri Tenpenny, Bryn Athyn College, Bryn Athyn, PA

Dr. Tenpenny (heretofore T) has recently written “Saying No to Vaccines” and we have copies in our office for any parents or grandparents of young children to read. We are the most over-vaccinated people on the planet. Dr. T feels that many of the vaccines (heretofore v) are unnecessary, and she explained why, in her better-than-three-hour presentation. Her book gives excellent counsel to parents who feel that their children do not need all the v’s mandated for enrolment in public schools.



Many of the diseases we are trying to eradicate in children with v could be avoided simply by:

- Dietary alterations avoiding white sugar, white flour
- Monitoring cortisol levels, which mean enforced bedtimes for children, and getting them involved in athletics as they get older.
- Copious hand-washing is essential

She has recommended reading the book “The Vaccine and the Virus” by Bookchin. She said it reads like a mystery novel.



T made some comparisons between previous and current standards for v. The schedule in 1985 was that by age 6 months, children had received 18 different inoculates. By age 5, they’d had 33.

Comparing that to 2006, after HepB and prevnar had been included, those numbers had increased to 51 by 6months, and 77 at age 5. Today, in New Jersey, our children are under increased mandates for inoculation so that by age 5 they’ve had 113 different antigens. Add in HPV and MMR, and we’re up to 156 by age 11-12. This doesn’t even take into account the chemicals that are used in the vials to help combine the substrates together.

T stated, it’s no wonder that kids have to get on line for meds at school nurses offices. When I went to school, you only went to the nurse if you were sick. Nobody was taking drugs all day long at school.

Within 48 hours of birth, newborns receive a HepB vaccine. There are ways to get affidavits signed to avoid the nurses doing this mass inoculation, but you need the husband, on site, watching the nursery 24/7 to make sure your little one isn’t returned to you with bandages on his thighs, showing that your orders weren’t followed. Too bad, so sad!

Hep B is just another one of those less than insidious diseases for which Merck and others in megaPharma have created v’s as a way to bolster their profits. In actuality, T said, of the 20% who develop symptoms with HepB, 95% recover fully. It hardly seems like something we need to v against. She said, “By the time kids get to be IV drug using prostitutes, the antibodies they received as newborns won’t be there anyway.”

Giantpharma saw HepB v's as a good way to make more money, which is what v is all about. Their thinking was that "we use it in foreign countries, we may as well do it here too."

There are a multitude of autoimmune diseases, and neurologic conditions documented derived from the Hep B v. There are OSHA forms available to health care workers to waive the mandate of Hep B v.

Dr. T feels that we are in the middle of a massive genetic engineering experiment, the repercussions for which we will be feeling for generations (since many of the viruses used are genetically engineered). She then began to dissect many of the v's being used. The first was the DTaP.

Looking at the tetanus part of the DTap v, she referred to two of the building blocks of the v: gelatin, and polysorbate80 (heretofore g and p80). She showed research that tied the increased number of peanut allergies to g. There is a cross-reactivity with nuts and also latex from the stoppers on the vials. Stated that many cases of eczema and asthma are related to g. P80 can cause anaphylaxis.

The pertusis (p) antigen stimulates IGE development, which stimulates allergies. P is dangerous for children under the age of 3 months, until the lungs are better developed.

The tetanus (tt) portion of the injection: Tetanus infection is not uniformly fatal. The tt shot has many adverse reactions, and antibodies remain around for a long time, therefore, boosters aren't necessary without testing for the circulating tt titer. Her conclusion was, if you don't need a tt shot, don't get one. Good wound healing is essential. Let a cut bleed to wash it from the inside out. Wash it out with hydrogen peroxide (fresh, so there's lots of oxygen liberated). TT is an anaerobic bacterium that will die in the presence of oxygen. Always have Neosporin on hand, or if you feel the wound needs to be cleaned-out, go to the ER. There are also two homeopathic suggestions: Ledum and Hypericum.

In the ER if asked about v, and you haven't v'd your child, you should just say, "My child is up to date on all the v's they need" rather than risking getting child protective services after you. That is not the place you need a confrontation. You can always get a tetanus immune globulin injection a really deep wound. That injection only lasts 21 days.

Vaccination is a fear-based industry. You need to be ever-vigilant because the MD's aren't really up to speed on the damage caused by v's. Demand to read the package inserts. In the first few paragraphs, you want to make sure there's no thimerosal (a mercury derivative). Other toxins present in v's include p80, g, insect cells are in the new flu shot. There's also MSG. "Age is no respecter of injury."

Vaccine court – manufacturers are not held responsible for damages in regular court, so that they can continue the "benefits" that citizens are reaping, undeterred by adverse events. The cases heard in VCourt are not limited to children damaged by thimerosal, there are many adults whose lives have been reduced to the lowest levels of neurologic function associated with Hep A, HPV and even flu shots.

Aluminum is a heavy metal. It is in DPT and HepB – Infants may not be able to excrete it leading to heavy metal toxicity.

CHICKEN POX V - The rationale behind the chicken pox vaccine, when it was first marketed in 1990 was so that moms wouldn't have to miss that much time from work.

Cpox is a normal childhood disease. You get over all these diseases and your immune system is better for it. "It's not nice to fool with Mother Nature". Parents used to have Cpox parties to get this, and other childhood diseases out of the way.

The CPv is made with attenuated (weakened) virus. As a consequence society ends up with non-immune adults, and now, the problem in adults is serious. A V-induced infection is contagious. The shingles risk pre-1990 was 18/100K. That risk is now 1/5,000 . The reason is that re-exposure to the "Live" virus over the lifetime boosted lifetime immunity.

Now there's a vaccine to protect against problems caused by CPv's: Zostavax, introduced in 2006 for adults >60. There have been more than 3000 adverse events, most of them related to shingles developing in the spouses, physicians and parents of those given the virus.

Zostavax has 20-30 more antigens than the CP v. It also has a serious interaction with steroids and anti-arthritic drugs. Not all MD's read the package inserts. Complications have led to heart failure, heart attack, and asthma.

The V industry uses the excuse, "it was going to happen down the line anyway." T says it's "Thanksgiving blue foot syndrome". After the holiday, there is an increase in the numbers of ER cases of blue foot. It had nothing to do with the number of frozen turkeys that were dropped on feet <LOL>.

By 2004, the rates of shingles hospitalizations were 2.5 x higher than before the vaccine. Related hospital charges increased by \$700M. Patients >60yo accounted for 74% of Herpes Zoster Hospitalizations. T: "There is a huge vaccination failure rate with CP"

"The real money is in the meds to treat vaccine-induced problems, including the introduction of yet more vaccines."

MMR – MEASELS, MUMPS, RUBELLA

IN 1920 there were 5000 cases that had a 1.6% death rate. In 1955 the death rate stood at 3 per 10M. In '63, a v program began as a school-entry requirement. But what was the terror? Parents go into a panic as a child's fever spikes. In hospitals, the philosophy is like fighting a fire....let it burn. Fever has a role in the immune response. There is an excellent chapter about fever in T's book.

Vit A decreases morbidity in all children who contract it. Doctors recommend 200,000 iu of Vit A for 2 days, repeated once a week for a month in children over 1 yo. In those under 1, 100000 iu once a week for a month.

Pretreating with Vit A before the MMR v is recommended.

What is causing the neurologic problems in children?

New research coming out of Toronto will be showing that Hg in vaccines is related to microvascular strokes in the brain stem – too small to be seen on MRI. It doesn't happen in everyone, therefore chelation to get the Hg out is important.

There are over 270K autistic children in the US resulting in annual costs of over \$8B. Logic would state we have to stop adding to that number. The V industry says it "purely coincidence."

Influenza vaccine

They derive the v from whatever the 3 most prevalent strains in circulation were in SEAsia in the previous year. Kind of a crapshoot.

Meningitis v

The reason we have this is that the Pneumonia and flu v's have killed off all the bugs, so Nisseria Meningitis becomes the most prevalent gram negative bact. Serogroup B, which isn't in the v is also the most prevalent. The antibodies last only 2 yrs. It is amazing to T that they are mandating this for college students, b/c the rate is lower in college than in the general population. But they push this on college kids. Vaccinating this entire population is like trying to protect against stray bullets.

College admissions dept's will back down with the right verbiage. V dollars are being pushed by "big Pharma" at medical, chiropractic, and other graduate programs now.

Travel Vaccines

Not needed, except yellow fever. They are recommended by the US Gov't, but not required.

Gardasil – human papiloma virus

This is for cervical cancer. HPV infects 6M women annually. Cervical cancer affects less than 4000. It can be treated as a nutritional disorder with supplements and no red meat. The use of condoms reduces the rate by 70%, way more than Gardasil. It protects against strains 6,11,16 and 18. Those strains were found in 3.4% of US women tested.

The V companies inoculate the 9-12 age group, because in all likelihood, they are still virgins, which increases their success rates. Unfortunately, many of these kids too end up in vaccine court. There is an excellent chapter on vaccine court in T's book.

Gardasil was only tested on less than 1200 girls before it was released.

Effects: Potential increase in infertility. It should not be given with other vaccines (that's in the product info sheet), but no md's ever read these, and end up giving it with the meningitis V.

"Don't piss with mother nature."

It has 750mc of Aluminum, the most heavily loaded v. It contains polysorbate 80 which in small doses causes infertility in mice. It increases clot production by 5x (stroke and

seizures) and has thousands of side effects . T feels that MD's, to renew their licenses should be made to read Behr's (sp?) data base

There have already been 27 deaths directly related to Gardasil

Why is it being pushed so much? Reimbursement by insurance is \$120/shot. Big Pharma is generating \$17B. That is offset by 3900 deaths that could be prevented by a regular Pap smear examination. For some unexplained reason, Merck is trying to expand their market to boys of the same age. Could it be to double their market-share?

Vaccination Exemptions

Philosophical and religious – the book covers this, and the issue of what happens if the marriage ends, and one spouse wants to vaccinate and the other doesn't and the kids are stuck in the middle. The courts will view the conventional parent as the responsible one. See also <http://www.alternative-doctor.com/vaccination/tenpenny.htm>

FAQ

What if you learn all this info, and you want to stop vaccinating your kids?

No harm if you stop. Ill-advised to stop and start

What if the MD insists you vaccinate?

Educate the MD. Get another MD. You don't need a pediatrician; you just need a health care provider.

What if school or court insists?

Get blood titers as proof of immunity

Final remarks

MD's don't know this information. T was an md for 15 yrs before she became aware. You have to decide what's right for your child.

"It is difficult to get a man to understand something when his livelihood depends on ***not*** knowing it" – *Upton Sinclair*

Do your homework and trust your instincts. You, not your MD is the boss.

This is going to cost all of us a bundle of money, especially with National Health Insurance on the horizon. How do we stop it?

Prevention is not vaccination

For a complete list of package inserts, visit www.vaclib.org or www.vaccinesafety.edu

Look at the vaccine injury compensation tables on the US Department of health education and welfare website – I couldn't find the exact site, but this might be a good starting spot: <http://www.whitehouse.gov/omb/expectmore/detail/10003807.2005.html>
Mothers vaccinated don't confer as much immunity as mothers who've had the disease.