

We all want healthy children

How can giving the HepB vaccination on the day a baby is born be justified as the CDC schedule¹ specifies? I spoke with a Center for Disease Control (CDC) specialist over the phone who explained to me that it is needed because, "should the baby come in contact with infected blood or body fluids it would not be protected." In practical terms however, the way HepB is transmitted is through dirty needles or coitus, neither of which a baby is subject to. The risk benefit cannot be justified. Everyone agrees that vaccines are not 100% safe.

The Engerix-B[®] vaccine contains 250mcg² of aluminum adjuvant (to increase the body's antibody response) and that far exceeds the government recommended maximum limit of 25mcg³. Injecting aluminum into the (closed) intramuscular/circulatory system of a newborn is likely to cause transmission into the nervous system and brain⁴. This is a very different scenario than exposure to aluminum through the (open) digestive system, where developed kidneys can mostly eliminate it from the body.

A baby's immune system and kidney function are not well developed so delaying the vaccine months or even years seems to be a reasonable choice. However, I am finding parents and doctors being intimidated to adhere to the CDC schedule. Dr. Paul Thomas, M.D. who delays (and sometimes eliminates) vaccines⁵, has an autism rate less than 1/1500 among his 13,000 patients. See his book, "The Vaccine Friendly Plan." The USA autistic spectrum average is 1 in 68 children.⁶ Correlation of the increasing number of vaccinations with increasing numbers of autism, food allergies and seizures does not prove causation but it should mean investigation. The studies normally referred to "proving" vaccine safety did not look at a long enough time span nor the interactive effects of Aluminum, a neurotoxin, and other ingredients. Six countries, Denmark, Finland, Iceland, Norway, Sweden and United Kingdom, do not have a universally immunize against hepatitis B. Pregnant women are screened and the hepatitis B vaccine is provided only to well-defined risk groups.⁷

There were over 67,000 cases of HepB vaccine injury reported since 1990.⁸ But acute viral hepatitis B reported nationwide⁹ (2011–2015) averaged only 3,000 cases/yr. As of July 2017, the government has paid out over \$3.4 billion to the vaccine injured.¹⁰ Considering the difficulty of proving cause, this is an extraordinary large sum. Doctors rarely report vaccine injury to the Vaccine Adverse Event Reporting System: <https://vaers.hhs.gov> and most patients don't know it exists, so there is likely a severe underestimation of injuries.

The CDC owns 57 vaccine patents¹¹ and purchases and distributes over \$4 billion dollars of vaccines¹² under the Vaccines for Children program and therefore has a conflict-of-interest.

The safety level of a preventive medicine must be very high, as it is aimed at protecting people against diseases that they may not contract. Most medical school students sign a "First do no harm" Hippocratic Oath type statement.

The USA needs open, non-threatened discussion and informed consent.

We need our pediatricians and medical doctors to investigate further and sign onto: HepB.info/delayHepB which states:

Given the risks of vaccine injury (over 67,000⁸ from HepB) the CDC schedule calling for HepB vaccination of newborns at birth, 1-2 months, and 6-18 months should be amended to be delayed.

In 1983, a total of 11 vaccines were given. Today, more than 65 vaccines are administered and 140 more are in development. At the same time vaccine exemptions are being removed. According to multiple international treaties signed by our government, they do not have right to decide what can be injected into our bodies. If people don't know and don't exercise their rights, those rights will be lost.

-- United Nations Educational Scientific & Cultural Organization (UNESCO) Universal Declaration on Bioethics and Human Rights¹³

-- The Nuremberg Code¹⁴ - 1. The voluntary consent of the human subject is absolutely essential.

-- Geneva Accords/ Geneva Convention

Email: stevenurow@companyethics.com || Phone:732-510-1377 || Join the HepB Education Network <http://HepB.info/network> || Text hepB to 97779 for more information.

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Footnotes: 1. HepB.info/cdcSched | 2. HepB.info/engerixb | 3. HepB.info/gov25mcgLimit | 4. HepB.info/aluminum-miller | 5. hepb.info/drPaulPlan | 6. HepB.info/cdc1in68 | 7. HepB.info/6countries | 8. medalerts.org/vaersdb/ | 9. HepB.info/acuteCases | 10. HepB.info/compensation | 11. HepB.info/cdcOwns57 | 12. HepB.info/over4billion | 13. HepB.info/unesco | 14. HepB.info/Nuremberg

General Vaccine Resources:

HepB.info/aluminum-miller Journal of the American Physicians and Surgeons, Aluminum in Childhood Vaccines is Unsafe
HepB.info/allAbout National Vaccine Information Center - overview of HepB, the vaccine & the politics.
HepB.info/cdcHepbVIS CDC HepB Vaccine Information Statements (VIS)
HepB.info/video 10 min all about HepB.
HepB.info/pdf Print this flyer as a pdf

Scientific:

HepB.info/aluminumStudy Journal of Trace Elements in Medicine and Biology, Aluminium in brain tissue in autism

Addendum FAQ items:

Hep B was originally designed for IV drug users but it was a small market. To reach a larger market, infants were targeted because they were considered "accessible." The rationale was that by vaccinating all infants, who were not at risk, they would provide passive protection to at-risk groups.

Just like we can't automatically attribute an increase in autism and dietary issues with an increase in vaccines because correlation does not mean causation, so too we cannot automatically attribute a decrease in HepB to newborn vaccinations, perhaps the decreasing rates are due to awareness of dirty needles and unprotected sex. More open-minded, unbiased investigation is needed.

Oct 2016, CDC's Advisory Committee on Immunization Practices voted in favor of changes to the current recommendations that would remove the permissive language for the hepatitis B birth dose to be administered after discharge from the hospital.

Oct 2008, National Quality Forum included the hepatitis B birth dose among its consensus standards for improving health care for mothers and newborns.

Dec 2002, A vaccine that combined the diphtheria, tetanus, acellular pertussis, inactivated polio, and hepatitis B antigens (Pediarix by GlaxoSmithKline) was licensed.

May 2001, A combined hepatitis A inactivated and hepatitis B (recombinant) vaccine (Twinrix by SmithKline Beecham) was licensed.

Sep 1999, FDA approved a 2-dose schedule of hepatitis B vaccination for adolescents 11-15 years of age using Recombivax HB (Merck) with the 10 µg (adult) dose at 0 and 4-6 months later.

Nov 1991, ACIP recommendations for routine hepatitis B vaccination for all infants were published in *MMWR*.

Aug 1989 Recombinant hepatitis B vaccine (Engerix-B by SmithKline Beecham) was licensed.

Sep 1984 The costs of hepatitis B vaccine and its administration became a covered benefit under Medicare Part B.

1981 The first hepatitis B viral vaccines, developed by Merck and also by the Pasteur Institute, were licensed. Both had independently developed plasma-based hepatitis B viral vaccines.

HepB.info/timeline