

**GOVERNMENT MANDATED
HEPATITIS B (an STD)
VACCINATIONS
of
NORMAL AMERICAN
INFANTS AND CHILDREN**

by

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January 2000 Updated 2005

A WORK IN PROGRESS

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Universal Hepatitis B Vaccinations for Children Evades Testing Adult Populations Whose Sexual Lives Lead To Sexually Transmitted Diseases

In my most recent book, *Kinsey, Crimes & Consequences* (2003) I argued that by fraudulently labeling infants and children as “sexual” from birth, Dr. Alfred C. Kinsey (*Sexual Behavior in the Human Male*, 1948 and *Female* 1953), justified *treating* children as sexual from birth in law and public policies. One of the most toxic examples of this view, taken to incoherent depths, has been government mandated vaccination of *all* infants and children for *sexually transmitted diseases*. This untested *experimental* protocol began in 1991 with federally mandated neonate Hepatitis B vaccinations.³ During 2004 the public has been bombarded with a pharmaceutical campaign to similarly experimentally vaccinate little girls (and boys) for Human Papilloma Virus (HPV). Marketers claim the HPV vaccine will protect little girls from adult cervical cancer. The public is not told that neither Hep B nor HPV are natural “childhood diseases” and that both are commonly contracted via sex with an STD carrier. This paper does not address the recent failures of the HPV vaccine but is focused on Hep B and the concept of vaccinating children for adult venereal diseases as an experimental, untested protocol causing known and unknown harm.

Following the AIDS crises, blood banking leaders and homosexual leaders thwarted the use of *universal testing and partner tracing*--standard health procedures to track infected persons.⁴ Instead, at a 1983 meeting of homosexual and blood banking industry leaders in Atlanta, Georgia, it was agreed that *universal testing* for Hepatitis B--*which existed in roughly 80 percent of the homosexual population*--would help eliminate 80% of what could be AIDS infected blood from American blood banks.

Standard health procedures would have revealed both the contaminated status of vital blood products and the contaminated, STD Hepatitis B status of the homosexual population.⁵ However, instead of using Hepatitis B to red flag potential AIDS vectors, by 1991 *universal Hepatitis B vaccinations* were launched for all American *children* and for *newborns within 12 hours of birth*. If the entire nation is vaccinated and thus tests positive, Hepatitis B will be destroyed as a marker for possible AIDS vectors or for children who have been sexually abused by a Hep B or AIDS infected adult.

Since 1991, millions of American parents were thus manipulated into allowing an unknown, improperly tested chemical to invade the vulnerable immune system of their newborns (and newborns have a wholly immature immune system).⁶ Parents were falsely informed that the Hepatitis B vaccine would “protect” their babies against this allegedly highly communicable and deadly disease (a similar charge for HPV). They were *not* told that Hepatitis B was a *sexually transmitted disease*—contracted in

² See IME, Post Office Box 1136, Crestwood, KY, 40014, for full list of Dr. Reisman’s books and publications.

³ *The New York Times, New Jersey Edition, July 18, 1999*: “Hepatitis B vaccine was approved by the Food and Drug Administration in 1986, and the advisory committee on immunization practices of the Centers for Disease Control and Prevention issued a recommendation for universal use of the vaccine in newborns and children in 1991.” See also the testimony of Philip Incao, M.D., <http://www.whale.to/m/incao.html>, etc.

⁴ See Stanley Monteith, M.D., “Geopolitics,” lecture, October 1994, Santa Cruz, California PO Box 13, 95063

⁵ Ibid.

⁶ Stephanie Cave, M.D., F. A.A.F.P., “The problem many doctors and parents have with vaccines given during the first few months of life is that an infant’s immune system cannot adequately respond to a vaccine until he or she is four to six months old,” <http://www.enotalone.com/article/3676.html>, or no functioning immune system until then.

the same manner as AIDS, syphilis and gonorrhea—but treatable and largely curable. Without admission of malpractice or wrongdoing, on July 9, 1999 the U.S. Public Health Service (PHS) and the American Academy of Pediatrics, (AAP)⁷ quietly cancelled their previous mandate to inject all still hospitalized *newborns* with the Hepatitis B vaccine.

Instead, the PHS and AAP reversed their mandate, saying infants should be vaccinated after 2-months of age, earlier for those with Hep B infected mothers.⁸ According to press reports, the French Health Ministry had stopped immunizing French children for Hep B in 1998 based on evidence that the vaccine could possibly be causing neurological disorders and multiple sclerosis.⁹ The mounting reports of harm follow hard on *the absence of any proper mass, replicated, long term tests of safety*—for who could test vaccines in infants and children in a control group versus those of similar demographic/psychographic profiles in an experimental group? There could be no such ethical test. Instead, our government errs in protecting HepB carriers—promiscuous homosexual, bisexual and heterosexual adults—while targeting infants and children for dangerous, gratuitous vaccinations. Why inflict an untested “promiscuity lifestyle” vaccine (Hep B and HPV) upon the health and wellbeing of *all* American children?

The concern about runaway vaccinations has escalated and energized, resulting in increasing body of angry parents with damaged children. *Parade Magazine* weighed in with “Don’t Worry About Vaccinations,”¹⁰ reassuring parents that the “21 vaccinations for children by the time they’re in the first grade” are critical for their children’s health. Doctor Isadore Rosenfeld told the millions of *Parade* readers that “the oral [Sabin] has been dropped in the U.S.” without mentioning the injuries, some fatal, suffered by children taking the *oral* polio vaccine. “I also recommend *Hep B* shots for all infants, whether or not their mothers test positive for this virus,” said Dr. Rosenfeld. He gives no *reason* a faithful mom (married to a faithful dad) should OK this venereal disease vaccine for little Tom or Becky. Yet, in discussing *Hep B* for adults, Rosenfeld lumps death from this generally non fatal disease with “pneumococcal pneumonia and meningitis,” equivocating, “for anyone at risk of contracting it (health workers, drug users or those living with a carrier)”. Why then did Rosenfeld not add that most “at risk of contracting it” are homosexuals and promiscuous heterosexuals?

“A Child’s Sexual Bill of Rights”

Why would health authorities dangerously immunize *children* against STDs carried by predatory adults, instead of arresting and permanently incarcerating those who are infected?

Such “condoms in the vein” clearly subject millions of children to myriad known and unknown physical injuries. Some answers may be found among the influential members of the growing, although still largely secret, pedophile movement. Pedophile organizations (groups that work to legalize adult sexual abuse of teenagers and children) have long campaigned for what they call, “A Child’s Sexual Bill of Rights” distributed for example by Professor John DeCecco to his San Francisco State University students, our future national leaders. The “Child’s Sexual Bill of Rights” would *legalize sex* “with a parent, sibling or other responsible adult or child, protected and aided with contraceptives and aids to prevent venereal disease.”¹¹

⁷ The AAP has been identified as a long-time handmaiden of the Kinsey Institute and its sex education arm, SIECUS, the Sex Information and Education Council of the United States. See *The SIEUCS Circle*, by Claire Chambers, Western Islands, Belmont, Mass, 1977, especially pp. 147-148 for the list of names and citations.

⁸ See the National Vaccine Information Center, Vienna, Va., 703-938-0342 for further details.

⁹ Number 154 *The Newspaper Of Education Rights* November 1998, “Compulsory Vaccinations Put American Children at Risk.”

¹⁰ *Parade Magazine*, January 9, 2000, pp. 14-15.

¹¹ “A Child’s Bill of Rights” class reader for the San Francisco State University’s Program in Human Sexual Studies, Chaired by John De Cecco “outed” pedophile editor of *The Journal of Paedophilia* and *The Journal of Homosexuality*. See also C.L. Linedecker, *Children in Chains*, Everest House, New York, 1981.

Although a government program to inoculate children's bodies for use by sexual predators seems maniacal, our bureaucrats have mandated just such an insane public health policy requiring that the delicate, developing physiological systems of *all healthy infants* be vaccinated for HepB, and girls of about age nine be also vaccinated for HPV, *again, both preventable STDs*.

Other "aids to prevent" predators from infecting children with Syphilis, Gonorrhea Human Papilloma virus and roughly twenty-five "newer" venereal diseases wait in the wings, with, as noted, no scientific proofs of safety from either short or long term injury from these potent chemicals. It bears repeating, that instead of aggressively tracking, arresting and imprisoning sex predators, those with STDs who are sexually active, this state action helps to make children physically "safe" for pedophile abusers.

Why? Often the only hard evidence to support a child's complaint of sexual violation is that the child carries the same venereal disease as the predator. Absent significant trauma to vagina and/or rectum such STD vaccinations could allow some predators carte blanche child abuse. Responsible scholars are required to ask, if pro-pedophile pediatric leaders (like the infamous, recently deceased, Johns Hopkins' Dr. John Money) are engineering the perilous universal vaccination of infants and children for "HepB" and other sexually transmitted diseases?

For, as demanded by the pedophiles who wrote "A Child's Sexual Bill of Rights," in 1991 anonymous health bureaucrats initiated "aids to prevent [Hepatitis B] venereal disease" for all American newborns. By April 1998, 35 USA states reported that they had "HepB childhood vaccination mandates"¹² with the CDC declaring that 80% plus of American infants and children, *ages 19-35 months* had received HepB shots.¹³

Science Magazine Admits Bad Adult Reactions--Hides Bad Child Reactions

The July 31, 1998 *Science* magazine finally noted in, "A Shadow Falls on Hepatitis B Effort," that the HepB vaccine appeared to trigger "MS-like symptoms." Yet, *Science concealed* the fact that children --including 12-hour old neonates--were the primary guinea pigs for the HepB vaccinations. While parents were *not* informed that a) Hepatitis B is a sexually transmitted disease,¹⁴ (resulting from promiscuous homo/heterosexual conduct and/or IV drug use) or b) that such universal vaccinations are, by definition, *experimental*, neither were the *Science* readers fully informed that this is a nationally mandated experiment on all American infants and children.

Figure 1: Science Magazine, July 31, 1998; Childhood STD vaccination cover-up?¹⁵



Critics blame the widely used vaccine for many ills.... Concern about the vaccine appeared early in France.... [with] data on more than 600 cases of illnesses, many with

¹² *Needle Tips*, Spring/Summer 1998, St. Paul, MN, www.immunize.org.

¹³ *Ibid.*, CDC survey, 7/96-6/97.

¹⁴ STD's: sexually transmitted diseases; "Any of various diseases sexually contracted through intimate sexual contact." *Microsoft Encarta 96 Dictionary*. "Venereal: Relating to or resulting from sexual intercourse; the term is derived from the Latin, *venereus*, love. *Mellon's Illustrated Medical Dictionary*, Williams & Williams, Baltimore, 1979, p. 516.

¹⁵ Eliot Marshall, *Science* 31, Vol. 281. no. 5377, July 1998, pp. 630 – 631.

MS-like symptoms in people who had received the Hepatitis B vaccine. In addition, patient advocacy groups in Britain and Canada have studied more than 100 cases each, as has....Bonnie Dunbar, a molecular biologist at Baylor College of Medicine in Houston[who] is motivated by personal experience: Her brother developed immune problems that she believes were triggered by the Hepatitis B shots he had to get when he became a health care worker. Dunbar says that when she began investigating, she found that other medical colleagues had experienced or knew about such reactions. One nurse, for example, attributed a dozen cases of MS to vaccination.... A grant application [she and another "Hepatitis virus expert"] submitted to the National Institutes of Health (NIH) has been turned down twice...."

If Hepatitis B vaccine is largely an *experimental sex/drug prophylactic* (addressed further on) why is there a government mandate for infant and child injections? Certainly this experimental vaccination program advances the wealth of the pharmaceutical industry, organized medicine, which aided in its approval as well as sexual predators. But how does it aid normal American children?

In 1999 *Science Magazine* right¹⁶ added childhood cancer to increasingly fatal diseases among children with a failed immune system. The article on childhood cancer found an unexpected rise in cancer post 1974 with the highest rates post 1991. While examining pesticides as a possible contaminant or just "better reporting," *Science* again pointedly ignored the glaring concerns about childhood vaccines. *Science* does note these childhood cancers are "more common in families with higher income levels in developed countries, where children experience fewer infections—challenges that help gird the immune system (*Science* 19, June 1992, p. 1663). Why hide the all too evident fact that this very child population was inoculated starting in 1991 with poly-vaccines that reduce those very infections that "help gird the immune system."



Parents trust government's claims--via the American Pediatric Association and the Centers for Disease Control that all mandated vaccinations are necessary and safe. Recent admissions of medical error on a mass scale and of widespread abuses within the health care system raise much more frightening questions about childhood vaccine mandates. This paper suggests the public trust has been violated and asks—has a cadre of *pedophiles at the highest levels manipulated the pediatric health profession* into injurious acts against the nation's most vulnerable and smallest citizens? On point, note the recent expose of Dr. John Money, a highly respected *pediatric professor emeritus* at Johns Hopkins hospital who called for legalization of sadistic adult-child sex, were "consent" obtained from the child victim. Money also was recently revealed as successfully lying to the scientific world for decades, leading others to join with him in arranging toxic sex change operations on infants and children. Dr. Money even forced some of his small victims into incestuous, pornographic acts--which he photographed.¹⁷

Who is Responsible? The 1991 CDC and AAP Call

From 1952 to 1954, with thousands of innocent children afflicted by polio and the public helpless to prevent random infection, the widely touted Salk polio vaccine was nationally distributed. Even here recent data raise serious questions regarding the actual success of this vaccine, but at least American children were not endangered en masse, possibly to protect the political power of predators. The sight of

¹⁶ Jocelyn Kaiser, *Science* 3: Vol. 286. no. 5446, December 1999, p. 1833.

¹⁷ John Colapinto, *As Nature Made Him, The Boy Who Was Raised as a Girl*, HarperCollins, New York, 2000.

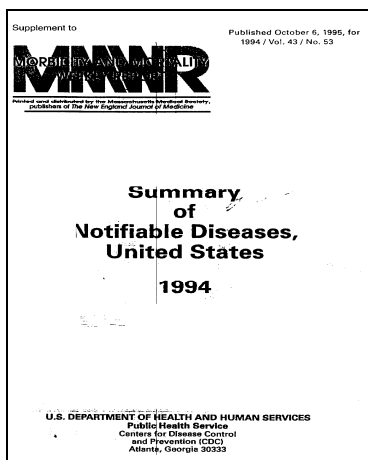
paralyzed and dying children, suffering from a non “behavioral” disease, made the risks of universal polio vaccinations appear unavoidable and worthwhile. Other vaccines have followed in the wake of the seeming success of the polio vaccine, and while we now know that the DPT shots can cause severe harm, even fatalities in some cases, parents generally risk DPT vaccinations as a means of protecting their children from what they consider life-threatening *childhood illnesses*.¹⁸ In fact, after years of citizen challenges, the AAP has slyly affirmed error, admitting, they say roughly eight dead children per year, in the use of the oral polio vaccine on American children:

The oral polio vaccine, used routinely in the United States since the 1960s, should be replaced by old-fashioned polio shots, the American Academy of Pediatrics said in a statement issued yesterday....[since the oral vaccine can] in rare instances cause polio, either in the child receiving the vaccine or in an unvaccinated adult who comes into contact with the child. About eight such cases occur each year in the United States.¹⁹

The following analysis briefly contexts the childhood HepB vaccine within the Kinsey model of so-called “childhood sexuality.” In 1991 the Centers for Disease Control and the American Academy of Pediatrics called for infant and childhood HepB vaccinations.²⁰ Why? While some health care workers are at risk from infection via needle pricks and the like, as noted in Figure 3 on the following page, unless infected by the birth mother HepB is rarely found in children. Governmental justifications for imperiling the health of all healthy American newborns as a means of protecting a largely antisocial adult sex and drug subculture is without historical, scientific or moral precedent. The “sex” vaccination of newborns resulted from the destruction of American sex “hygiene” laws which had viewed sexual conduct as subject to public accountability.

Kinsey Shifts American Law to “Consent” and “Private” Sexuality

Figure 2: *Morbidity & Mortality*



The public policy view that sexual conduct must be carefully controlled, was replaced, said Princeton historian David Allyn, with “private” sexual “rights” as sacrosanct—the claim that all sex conduct was legitimate. What justified such a revolutionary sexual belief? The alleged “data” published by Dr. Alfred C. Kinsey in his books, *Sexual Behavior in the Human Male* (1948) and *Female* (1953) were a primary factor. Kinsey, said Allyn, liberated Americans from misguided sexual laws in which private sexual conduct was thought to effect public health.

Recent evidence finds Kinsey and his male staff to have been sexually compromised bi/homosexuals as well as sadomasochistic pornography producers and users, engaged in illegal and criminal acts, including obtaining child molesters to create the false “data” that proved the alleged sexuality of infants and children.

¹⁸ It is roughly three decades since a suspicious FDA doctor, despite massive special interest pressure, refused to approve thalidomide in the USA, leaving “only” a handful of American children versus thousands of children in Canada and other advanced nations, deformed. WETTER, PBS TV., August 9/9/2011.

¹⁹ *The New York Times*, December 7, 1999, A19.

²⁰ These are vaccinations, not inoculations. Inoculation is a term specific to smallpox whereby a knife or other sharp implement is used to scrape up pus from a smallpox lesion and cut it into the arm of an uninfected person to “inoculate” against smallpox.

By making children sexual and eliminating the legal view of sex within marriage, among adults, as the only form of legal sexual conduct, sexual “consent” quietly emerged as the determiner of all libidinous interaction.

The Impact of Sexual “Consent” Upon Children

The October 19, 1999, PBSTV broadcast of one syphilis epidemic among affluent high school youths (“The Lost Children of Rockdale County”), emphasizes the very public nature of all private sexual conduct. Figure 4 reports on STD’s such as gonorrhea (8,079)²¹ and Hepatitis B (293) in children up to 14-years old, (Health and Human Services, 1995, the presence of which commonly signals child sex abuse. But instead of swiftly capturing and prosecuting the adults who have infected these children, the American Academy of Pediatrics and the Center for Disease Control urge American hospitals to vaccinate all healthy infants of monogamous parents at birth.

These are adult STDs common to a very small, outlaw sub culture.²² As noted, beginning in 1991 states silently-- absent *heated public debate*--implemented HepB vaccinations for neonates, often within 12 hours of birth born to *uninfected* mothers. And the AAP has recently moved the vaccine timetable back to 2-months of age without any admission of wrong. Looking at the Figure below, ask, “who is infecting children from 5-14 years-old with gonorrhea, syphilis, Hepatitis and AIDS? Have you read of thousands of predators located and arrested for these child atrocities?

Figure 3: 1995 293 Cases in USA Children Under 14

NOTIFIABLE DISEASES — Summary of reported cases, by age group,* United States, 1995

NAME	Total	<5 (Rate)	5-14 (Rate)	15-24 (Rate)	25-44 (Rate)	45-64 (Rate)	65+ (Rate)	Age not stated
AIDS†	71,547	555 (2.82)	264 (0.71)	2,666 (7.51)	53,480 (85.29)	13,764 (27.78)	838 (2.58)	.
Botulism, total	97	56 (0.28)	4 (0.01)	2 (0.01)	20 (0.02)	12 (0.02)	1 (0.00)	2
Brucellosis	98	4 (0.02)	11 (0.03)	17 (0.05)	44 (0.05)	13 (0.03)	9 (0.03)	.
Cholera	23	3 (0.02)	.	1 (0.00)	4 (0.00)	11 (0.02)	3 (0.01)	1
Escherichia coli O157:H7	2,139	444 (2.73)	503 (1.66)	284 (0.91)	314 (0.47)	290 (0.72)	266 (1.00)	58
Gonorrhea‡	395,493	.	8,076 (21.80)	228,698 (645.01)	132,988 (162.41)	11,046 (22.29)	3,457 (10.54)	9,271
Haemophilus influenzae, invasive	1,180	290 (1.47)	66 (0.18)	41 (0.12)	135 (0.16)	203 (0.41)	427 (1.30)	18
Hansen disease (leprosy)	144	.	4 (0.01)	19 (0.05)	40 (0.05)	36 (0.07)	25 (0.08)	20
Hepatitis A	31,582	2,053 (10.42)	6,666 (17.99)	8,382 (18.00)	12,160 (14.85)	2,801 (5.65)	1,042 (3.18)	478
Hepatitis B	10,805	81 (0.42)	212 (0.58)	2,066 (5.88)	6,018 (7.42)	1,707 (3.48)	441 (1.36)	286
Hepatitis, C/non-A non-B	4,578	50 (0.26)	32 (0.09)	284 (0.76)	2,973 (3.66)	920 (1.88)	251 (0.77)	86

In Figure 4 above, Health and Human Services *Morbidity and Mortality Weekly Report* cites 81 children under five and 212 children up to 14 with Hepatitis B. Pre-1991 data for adults but not children. Why? In a shocking violation of standard, accepted scientific protocol, the MWR reports *no data on the percentage of the 81 children under five, (“<5”) who were infected by their mothers at birth. For, the “public health” profession justifies vaccinating all infants based on the fact that 81 children under 5-years were infected, implicitly at birth or by adult male predators.*

²¹ See the body of child victimization research and literature, post Kinsey, ie: David Finkelhor, *Sexually Victimized Children*, Free Press, New York, 1979; Eliana Gil, *Treatment of Adult Survivors of Child Abuse*, Launch Press, Walnut Creek, 1988; Seth Goldstein, *The Sexual Exploitation of Children*, Elsevier, New York, 1987 and data from the National Center for Missing & Exploited Children in Arlington, VA.

²² There are no vaccines for syphilis and gonorrhea as yet but they too are on the way.

Moreover, why are the 212 HHS children shown as ages 5-14, (not 5-8 or 5-10)? This is a dubious age spread for child sex disease data, especially absent any information about the *gender of the 212 child victims*. Under 18 is the common age spread for childhood diseases (not 15-24). And 14-18 is a common age for homosexual and heterosexual seduction and experimentation and thus for all child STD's. The HHS chart (collapsing ages 15-24) may be suspected as purposefully ambiguous.

In their widely popular second edition of *Nutritional Healing*, Balach and Balach (1997) reported that roughly "85 percent of gay men are infected with Hepatitis B," roughly the same percentages provided by Dr. Stanley Monteith (80%) during the 1983 hearing on universal testing for Hepatitis B.

With no recorded cases of Hepatitis B carriers among chaste infants and children, the question looms large as to why at least 35 States now mandate or coerce normal, healthy, monogamous parents to inoculate their infants and children with a vaccine largely created for sexually active prostitutes and male homosexuals--the same source of contagion as AIDS.

“Gay Men View These Boys As Recreational Toys To Be Used”

While M&M reveals that few children and youths had Hep B, most of the teen victims would appear to be boys, infected by homosexual males. The mainstream homosexual journal, *The Advocate* reported in 1990--one year before universal vaccination of all children--that **“over 26% of the boys in the study had it [Hep B]” (1990)**. Moreover, *The Advocate* also reported that *at least 59% of boys 13-21 with AIDS were child sex victims, infected by "homosexual/bisexual males" and some male homosexual intravenous drug users*. No one appears to have been arrested for these brutal crimes. In fact, the favorite homosexual periodical, *The Advocate* (March 24, 1992, p. 41) reprinted the following table--verbatim:

Figure 4 Transmission of AIDS to Boys By Homosexual Men

“HIV Transmission Routes in Adolescents Aged 13-21 in the United States	
Male Homosexuals/bisexual males	51%
Transfusion recipients	22%
Male homosexual intravenous drug users	8%
Heterosexuals	8%
Intravenous drug users	6%
Other	5%

These statistics are taken from the study “AIDS Among Adolescents,” published in the October 1990 issue of the *American Journal of Diseases of Children* [*The Advocate*, March 24, 1992]

In this same *Advocate* issue on teenage sexuality among leftist homosexuals, one irate homosexual spokesman raged about the sex abuse of boys by fellow homosexual men:

Gay boys and straight girls who are having sex for money, shelter, love--they are at risk....*Gay men view these boys as recreational toys to be used. I have heard many*

*stories of HIV-positive men having unprotected sex with boys. They don't think it matters.*²³ (Emphasis added)

Who in the USA would ethically experiment on the normal, mass healthy infant/child test population? What scientific evidence justifies exposing children of healthy mothers to Hepatitis B vaccinations? Were healthy neonates test subjects for the Hepatitis B vaccine? Did thousands of conscientious American parents give informed consent to having their infants and children, those with allergies, colds, unknown ancestral histories, etc., injected at birth with an unproven medical prophylactic for venereal disease and I.V. drug use? If so, who did these tests under what control conditions? Who followed the test babies and children post vaccination for at least two decades to assure no harm?

Merck and SmithKline Hepatitis B Non-Testing

We now know there were *no* proper test trials comparing children to a “similar” control group proving no untoward neurological, behavioral or reproductive results for a period of 50, 30, 20 or even 10 years.²⁴ Such would have been the *science* necessary to prove an experimental vaccine prior to its use by a select screened, population. Stable parents would not subject their infants to an unknown experimental protocol for a childhood sexual prophylactic. Who were these few small children and who carried out the follow-up on these little human guinea pigs? As Hepatitis B vaccination en masse began in 1991, with non-speaking babies where harm is difficult to separate from other causal trauma, the vaccine's short and long term effects on mass infant and child vaccination populations are perhaps just now becoming known.

Such a long term (60 year) mass neonate test program with detailed reporting and follow-up on each child is not cited as conducted in the USA. And, recent reports find that no such tests were ever conducted. In fact, the following statement by Patti White, RN, School Health Services Coordinator is quoted here extensively as it addresses the "testing" of this vaccine upon children. Mrs. White speaks not for the school district but as a professional school nurse:

This is the statement I sent to every member of the Government Reform Committee who will oversee the Hepatitis B vaccine hearings. As a School Health Services Coordinator (Registered Professional Nurse) I am very concerned with what I am witnessing in the children coming into our schools.

Because of having so many damaged children we have tried to find the long term clinical trials that ruled this [Hepatitis B] vaccine "safe and effective". We discovered through an exhaustive Medline search that the FDA based its decision to approve Hepatitis B vaccine for administration in the first hours of a newborn baby's life upon clinical trials and upon post-marketing surveillance studies in which patients and their doctors were asked to report any adverse effects they noticed within 4-5 days after each injection [4 days for SmithKline and 5 days for Merck]. The problems being reported in increasing numbers as occurring after Hepatitis B vaccination appear to be autoimmune and neurological in origin.

Such problems take weeks to months to produce noticeable symptoms, and cannot be spotted in a 4-5 day observation period. These are the only clinical studies that have been done by Merck or SmithKline.

²³ *The Advocate*, March 24, 1992, p. 41.

²⁴ See “Point of View” with Marlin Maddoux, Dallas, TX, “The Safety of Vaccine,” 800-347-5151.

There is not one long-term study that we could find. The CDC and FDA have no idea what the long term effects will be on the newly developing neurological and immune systems of the infants who are injected with this vaccine. They seem to only be concerned with denying the connection between these damaged children and the Hepatitis B shot they received within a few hours of birth. The CDC even admits the lack of study and states they do not even know how long the vaccine will be effective. We found this amazing since the vaccine was developed for a population at risk for Hepatitis B: IV drug users, high risk medical professionals and those who are involved in high risk sexual practices.

Although increased rates of MS, asthma, Attention Deficit Disorders and other afflictions have been implicated in Hepatitis B vaccinations, its gross and subtle effects on injected children will not be known for many, many decades--if ever. Still, millions of infants are being injected, allegedly for their own good, with a sexual prophylactic, toxic in its natural form. Again, who are these injections designed to protect'?

Pre AIDS, all contagious persons were quarantined (measles, mumps, tuberculosis, STDs). Others with whom the contagious came in contact, were mercifully, traced, treated and also isolated if need be. Until the sexual revolution resulted in "privacy" protections for AIDS carriers, vaccinating children to safeguard a group's sexual deviancy was impossible. On point, homosexual activist Randy Shilts, in *And The Band Played On*, (1988) noted some radicals argued AIDS carriers could be blood donors since an AIDS cure would only be found were AIDS rampant among heterosexuals (indeed it remains legal for an AIDS carrier to try to contribute blood).

In this regard, a child injected with Hepatitis B vaccine, like AIDS, will test positive for the rest of the child's life. As addressed earlier, some critics charge millions of children are being vaccinated with Hepatitis B as a subterfuge to normalize the injurious conduct of bi/homosexuals, prostitutes and drug users. While it sounds too outrageous, the charge may not be wholly unfair.

The Drug Industry and Profit

Others have asked if pecuniary gain is involved and it is fair to say that the now mandated vaccination is highly profitable for the drug industry—especially as this translates into vaccine used in the Third World, where the lack of hygiene has contributed to a Hepatitis B epidemic. According to the National Vaccine Information Center, a three-dose Hepatitis B series costs at least \$120 per baby, useless after ages 5 to 12 when children need "boosters" to begin the artificial process again.

So whose life--or life-style--is the CDC protecting, critics ask, by vaccinating infants en masse with Hepatitis B vaccine? Is a vaccine for a largely sexually transmitted disease with no record of normal childhood infectivity being injected into infants as a method of protecting the "private" passions of sexual psychopaths? How many of the 212 children with Hepatitis B are infants born to infected moms, or boys criminally infected by men? As noted, in the latter case, instead of arresting sex predators, will state vaccinations of children trivialize adult sex abuse--which too often results in pediatric AIDS? Is childhood AIDS actually a sexualized form of child homicide?

In "Universal Hepatitis B Vaccinations" (*Wisconsin Medical Journal*, March 1996) Dr. Burton Waisbren notes the unscientific basis of this new vaccination procedure. He reports that the real costs "in the cases of the Hepatitis B vaccinations are unknown." Based on prior experience he observes that some untoward reactions "will occur."

The question worth asking is: Does a baby, born of stable parents in a good environment, have enough chance of getting Hepatitis B to warrant subjecting it to an unknown danger.⁹ For instance, in Wisconsin there are many counties where Hepatitis B has not been reported in years....First, there is an increasing number of reports in the refereed medical literature about demyelinating diseases occurring after an individual has received the Hepatitis B vaccination....Second, since the Hepatitis B virus has been reported to cause autoimmune problems, should we not be wary of giving antigens that seem to have triggered these problems? Third, Fujinami has shown....Hepatitis B virus, when given with an adjuvant, can cause the experimental equivalent of multiple sclerosis in rabbits, experimental allergic encephalomyelitis (EAE)....presumed to be *in the vaccine*.

Fourth, in a perusal of 1 000 cases of **adverse events** reported after the Hepatitis B vaccine that were obtained from the Vaccine Adverse Events Reporting Systems VAERS through the Freedom of Information Act, there were eight cases of multiple sclerosis, 27 cases of Guillain-Barre' Syndrome, nine cases of optic neuritis, and two cases of encephalomyelitis found [by all appearances] related to the Hepatitis B vaccine received.

Dr. Waisbren asks if the fact that Hepatitis B infected mothers pass the disease to their babies justifies: "giving a vaccine that can be expected to have untoward reactions to babies who have little or no chance of getting the disease?" Dr. Waisbren notes that manufacturers must document the vaccine safety by proper studies so that "untoward reactions can finally be determined."

Only when these requirements are met should we consider subjecting babies to an unknown danger in order to try to solve what is essentially a problem of public health, ie, the failure of present methods which are directed at un-cooperative individuals [drug users, male homosexuals, prostitutes and other sexually promiscuous] to control Hepatitis B in the United States.

And, with the emergence of the violent youth-killer culture, recent concerns regarding the profit motive of the pharmaceutical industry have been raised regarding the widespread use of psychotropic drugs on school children. For example, The *Denver Post* reported:

A parade of experts appeared before a group of legislators Tuesday to point accusatory fingers at psychotropic medications, such as Ritalin and Luvox, claiming a connection between the drugs and an epidemic of school shootings.....Several speakers Tuesday hinted at a sinister alliance of pharmaceutical companies and health professionals to prescribe the drugs for unruly schoolkids. Some said attention deficit/hyperactivity disorder, for which the drugs often are prescribed, was an illness made up by the psychiatric profession.

* * * *

Wiseman called medicating children "one of the most dangerous and insidious" issues facing the nation and blamed increased violence on giving 5 million children "mind-altering drugs" for "a mental disorder that has no basis in fact." The drugs, Wiseman said, make students more violent, cause suicide and create "kid killers." Wiseman said such drugs were linked to killings, including the May 1997 murder of a 7-year-old girl in a Las Vegas casino restroom by Jeremy Strohmeyer, and school killings in Pearl, Miss., West Paducah, Ky., Jonesboro, Ark., and Springfield, Ore.

* * * *

Dr. Peter Breggin, an M.D. and psychiatrist, flew in from London to testify that Ritalin reduces difficult behavior for about five or six weeks but there's "no evidence that Ritalin improves long-term behavior." Breggin said he had obtained data that showed Harris was taking Luvox, which

he said has a "cocaine-like effect" that can cause violent behavior. Breggin said the "scientific evidence is irrefutable" that Luvox causes "psychotic mania" in about 4 percent of the young people who take it. (*Denver Post*, November 10, 1999)

Evidence As Unscientific And Politically Motivated

It follows that universal vaccinations are not in place based on scientific evidence. The following information from the National Vaccine Information Center (NVIC), a nonprofit organization informing the public on diseases and vaccines, works to prevent vaccine injuries and deaths through education. The NVIC reports "Most people who get Hepatitis B do not have to be hospitalized and 90 percent of all patients recover completely and have permanent immunity to the disease." NVIC notes who is at risk:

High risk groups include needle using drug addicts; prostitutes; sexually promiscuous homosexual and heterosexual persons; prisoners and other institutionalized persons; health care professionals exposed to blood; those who receive blood transfusions or who are on hemodialysis and babies born to mothers infected with Hepatitis B virus... The first Hepatitis B vaccines were made using virus isolated from the blood of humans infected with Hepatitis B disease. In the 1980's, a genetically engineered Hepatitis B vaccine was created using a portion of the Hepatitis B virus gene cloned into yeast.

The NVIC states in "Reactions to Hepatitis B Vaccine:"

A study cited by a Hepatitis B vaccine manufacturer... reported following ~5 to 17 percent of all Hepatitis B injections, fatigue and weakness; headache; fever of more than 100 F.; nausea; diarrhea; throat and upper respiratory infections; arthritis including joint, back, neck and shoulder pain and swollen lymph nodes. Severe reactions which have been reported included brain and immune system dysfunction.

* * *

In 1994, the Institute of Medicine National Academy of Sciences reported that there is compelling scientific evidence to conclude that the Hepatitis B vaccine can cause shock that can end in death. Because either no studies, or too few studies have ever been conducted to investigate Hepatitis B vaccine reactions, a determination could not be made as to whether or not Hepatitis B vaccine causes Guillain-Barre syndrome; central demyelinating diseases of the brain such as transverse myelitis, optic neuritis or multiple sclerosis; acute or chronic arthritis or sudden infant death syndrome.

One vaccine manufacturer notes that "an apparent hypersensitivity syndrome (serum-sickness-like) of delayed onset has been reported days to weeks after vaccination including arthralgia/arthritis (usually transient) fever and dermatologic reactions.

"Protection of the Vaccine"

A Hepatitis B vaccine manufacturer states that "the duration of protective effect is unknown at present and the need for booster doses is not yet defined." There is concern among some scientists that babies and children vaccinated. Post-Kinsey sex laws rejected the traditional American understanding of chastity and fidelity as national public health imperatives. with the Hepatitis B *will have waning immunity as adults* when they would be more likely to engage in the kind of high risk behavior that puts a **person** at risk for Hepatitis B disease. [Emphasis added].

Finally, in her speech before the Illinois Board of Health Hearing on Immunization Rules on March 26, 1998, NVIC President Barbara Fisher reported that Hepatitis B is not highly contagious, with *no* infection reported from tooth brushes or other casual contact. All doctors know, she said, that “only natural recovery from disease provides permanent immunity.” Fisher described what is reasonably defined as Gestapo-style coercion and threats of State removal of children from recalcitrant parents who refused State mandated Hepatitis B vaccinations. At the hearing, Fisher cited State violations of the Nuremberg laws, the American Constitution and the US Supreme Court rulings on forced vaccinations, concluding with the following tragic story.

NVIC President Barbara Fisher

There is a six year old girl named Katherine lying in a bed in Skokie, Illinois unable to lift her head off her pillow or walk to the bathroom. Just 13 weeks ago, Katherine was an ice skater with boundless energy and a dream of going to the Olympics. Her mother didn't want her to get the Hepatitis B shot, but her pediatrician told her it was a political issue like AIDS, and the AAP was going to mandate the vaccine soon. Katherine got that Hepatitis B shot, and now she may never skate again.

Where were her informed consent rights? And where will the doctors from the State health department and the CDC and the AAP be when her mother has to carry her up the stairs to the bathroom? And will the State of Illinois pay her medical bills when her insurance runs out after DHHS and the Justice Department oppose giving her federal compensation?

We as parents, who know and love our children better than anyone else, we, by U.S. law and a larger moral imperative are the guardians of our children until they are old enough to make life and death decisions for themselves. We are responsible for their welfare and we are the ones who hear the grief and the burden when they are injured or die from any cause. We are their voice and by all that is right in this great country of ours and in the moral universe, we should be allowed to make a rational informed voluntary decision about which diseases and which vaccines we are willing to risk their lives for without fearing retribution from doctors employed by the State.

The intrusive program of school “contraceptives and aids to prevent venereal disease” for newborn babies dovetails with the US Department of Education’s reliance on Kinsey’s fraudulent child sexuality data for sex education. The fraudulent Kinsey claims have triggered premature sexual conduct and subsequent STD’s among children and adults. The intrusive state child sexual prophylactic program also dovetails with the US Department of Justice and the FCC tolerance of children’s exposure to pornographic public entertainment in music, film, video, print and Internet.

For, child protection professionals should know pornography victimizes more children than does Hepatitis B. State mandated infant and child STD vaccinations, in my view, increasingly undermines children’s innocence and safety as well as the life, liberty and pursuit of happiness of American children and their parents. Injecting the nation's children with Hepatitis B vaccine is the loudest wake up call yet to what is arguably a naive and too trusting public, signaling what appears to be a pedophile infested federal and medical bureaucracy manifestly cynical and corrupt.

To that end, note the attached Addendum citing one of many recent events reflecting the growing pedophile power in positions of leadership. That the American Psychiatric Association and the American

Psychological Association are both enveloped in shocking scandals due to their increasing pedophile bias sheds additional light upon this shocking vaccine violation of children's bodily and emotional integrity.

In conclusion, this government mandated vaccination of infants and children for what was and still is a venereal disease, a sexually transmitted disease, is a child molester's fantasy. While children of Hepatitis B mothers or those who are in constant interaction with potentially contaminated blood-borne products should perhaps be treated for the disease, injecting every little Tom Sawyer and Becky raises questions of state mandated child abuse and uninformed consent to human experimentation. From a public health perspective this newest violation of children will benefit pharmaceutical companies, doctors, "safe sex" educators, the government medical bureaucracy and--child molesters.

Legislative cessation of this program of state mandated sexual prophylactics for infants and children is overdue. The program is unscientific, fraught with physical and emotional danger for children and doubtless wholly illegal. The specter of highly placed elite pedophiles having unduly influenced the pediatric and public health communities is not without merit as we conclude with the demand from "responsible pedophiles" for "A Child's Sexual Bill of Rights" demanding that sex "*with a parent, sibling or other responsible adult or child...[be] protected and aided...with contraceptives and aids to prevent venereal disease.*"

The following Addendum is offered as a glimpse of the increasing power of the "educated" pedophile movement. This article by Michael Capel appeared in the monthly *Accuracy in Academia* newsletter, *Campus Report*. That pedophile "sensibilities" are being taught in accredited courses throughout our colleges and universities does not bode well for the conduct of our future decision makers in medicine, public policy, law, education or any of the social, behavioral or hard sciences or service professions.

ADDENDUM

Students at Cornell University are used to courses like "Spike Lee Films," "Concepts of Race and Racism," "Whose Families? Whose Values?" "Domestic Television," "Music and Queer Identity," and "Introduction to Sexual Minorities."

Indeed, as Campus Report has chronicled, even the most cursory perusal of the Ithaca, New York School's course catalog reveals a burgeoning curriculum of frivolous, politically-charged, and downright bizarre classes. The university's administration, engaged in an indefatigable crusade for "diversity," has given free reign to the faculty to incorporate its every radical whim and every extreme agenda into the classroom. The results have been striking. There are courses at Cornell that artfully breach every imaginable-and many unimaginable-standard of most students.

One recent offering, however, has crossed the threshold from the merely absurd to the potentially dangerous.

The syllabus for "**The Sexual Child**" reads like a veritable who's-who of pro-pedophilia academics and activists. Among the authors presented in the course are Theo Sandfort, formerly on the board of directors of *Paidika*, a pro-pedophilia magazine based in Amsterdam; Daniel Tsang, the author of *AIDS Taboo*, purports to deliver an "academic" analysis of pedophilia; Pat Califia, a self-proclaimed "sexual outlaw" and author of the essay "The Age of Consent: The Great Kiddy-Porn Panic of '77" and the book *Macho Sluts*; and Havelock Ellis, author of "The School Friendships of Girls" and a reputed eugenicist.

Other materials in the course include **the pro-pedophilia book *Child-Loving*, the essay "The Hysteria of Child Pornography and Pedophilia,"** For a Lost Soldier, a German film

about the relationship between a twelve-year-old boy and a Dutch soldier, and Sally Mann's photographs of naked children. Students are enlightened with such lectures as **"The Child as Sexual Object and Sexual Subject,"** "Big Bad Wolves," "Loving Children," and "Having Children" (for which one of the readings is Nabakov's *Lolita*).

English Professor Ellis Hanson, the course instructor, defends the course's content. "The erotic fascination with children is ubiquitous," he tells *Campus Report*. "One could hardly read a newspaper or turn on a television without feeling obliged to accept, study, and celebrate it." The course is designed, in his view, to **"undermine preconceived notions about what a child is, what sexuality is, and what it means to love or desire a child."** He says that the course is balanced in all areas of its treatment of the subject, with the goal of **"seek[ing] to complicate our understanding of child sexuality and our rather limited strategies for interpreting it."**

One of the best known readings in the course is Gayle Rubin's "Thinking Sex." This article advances a pro-pedophile agenda within academia by appealing to the familiar catch-phrases of identity politics. **"[T]hose whose eroticism transgresses generational boundaries," the feminist anthropologist writes, are not to be judged or condemned. Rather, these "different sexual cultures" are to be celebrated as "unique expressions of human inventiveness."**

Her stated goal is to construct a "radical theory of sex" that "must identify, describe, explain, and denounce erotic injustice and sexual oppression" that so victimizes **"the community of men who love underaged youth."** "Contemporary sexual politics," she writes, "should be reconceptualized in terms of the emergent ongoing development of this system, its social relations, the ideologies which interpret it, and its characteristic modes of conflict."

Prof. Hanson, however, disputes any suggestion that the course is an effort in propaganda. The course attempts to "interrogate received opinions, not reassert them . . . The course does not 'adopt' arguments," he says. He also asserts, "Every writer in the course is opposed to sexual exploitation in all its forms." Rubin declines to define "sexual exploitation." She professes that **"cross-generational encounters" can involve "affection, love, free choice, kindness, or transcendence," and does not address the criticism of pedophilia that it is by definition sexual exploitation.**

She also adopts and extends to pedophiles the view of the radical feminist and homosexual movements that gender and sexual practices are merely "constituted in society and history, not biologically ordained." Hence, pedophiles are merely misunderstood and oppressed by society. She complains that **"boy-lovers are so stigmatized that it is difficult to find defenders for their civil liberties, let alone erotic orientation."**

Like much of today's multiculturalist canon, the piece is imbued with neo-Marxist undertones. From the premise that "sex is always political," Rubin sees the last sexual mores that remain in Western Civilization as serving only to perpetuate a corrupt cultural system "in which the state, the institutions of medicine, and the popular media have mobilized to attack and oppress all whose sexual tastes differ from those allowed by the currently dominating model of sexual correctness."

Sexuality "is organized into systems of power," according to Rubin. These "reward and encourage some individuals and activities, while punishing and suppressing others. Like the capitalist organization of labor and its distribution of rewards and powers, the modern sexual system has been the object of political struggle since it emerged and as it has evolved."

The result is that "sex shapes institutions," and so societal conflicts about sex mirror the other social struggles of the day: "The modern sexual system contains sets of these sexual populations [i.e., homosexuals, transsexuals, pedophiles, and other sexual deviants], stratified by the

Government Mandated Hepatitis B Vaccinations

operation of an ideological and social hierarchy . . . the [sex] law buttresses structures of power, codes of behavior, and forms of prejudice. At worst, sex law and sex regulation are sexual apartheid."

She concludes that "sex is taken all too seriously" in our culture and that laws outlawing pedophilia represent "erotic hysteria" and are ultimately "foolish, unjust, and tyrannical."

-Michael Capel

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POSTSCRIPT

A large body of literature identifies callous disregard for human life within among leaders of our medical community, from the infamous Tuskegee syphilis tests and the radiation experiments on veterans and pregnant women to the original testing of Hepatitis B on retarded children at the Willowbrook School in New York during the 1950s. Such an awareness of our own fallibility should give pause regarding the current rush to immunize children from illnesses that are either inconvenient or a product of adult malfeasance.

"The deaths [from "medical mistakes"] outnumber those caused by highway accidents or by breast cancer or by AIDS.....comparable to the death toll from three jumbo jets filled with patients crashing every two days." (*The New York Times*, December 7, 1999).

"The NIH has lost its way in the research woods....NIH is not doing what it is supposed to do. Their priorities are completely sideways [and] Focuses too closely on conditions [AIDS] that affect only adults." (*The Sacramento Bee*, December 6, 1999, page A7).

"You must realize," one scientist said of an American medical official, that "some people are patriotic enough to lie." "Secrecy and lying proved necessary to keep a lid on it all [the use of uninformed, that is non consenting, pregnant women and others in dangerous chemical experiments]." (*The New York Times*, December 12, 1999, page 38).

"The oral polio vaccine, used routinely in the United States since the 1960s, should be replaced by old-fashioned polio shots, the American Academy of Pediatrics said in a statement issued yesterday.... [since the oral vaccine can] in rare instances cause polio, either in the child receiving the vaccine or in an unvaccinated adult who comes into contact with the child. About eight such cases occur each year in the United States...." (*The New York Times*, December 7, 1999, A19).