



SO YOU WANT TO

TAKE YOUR LEGISLATORS BACK TO SCHOOL

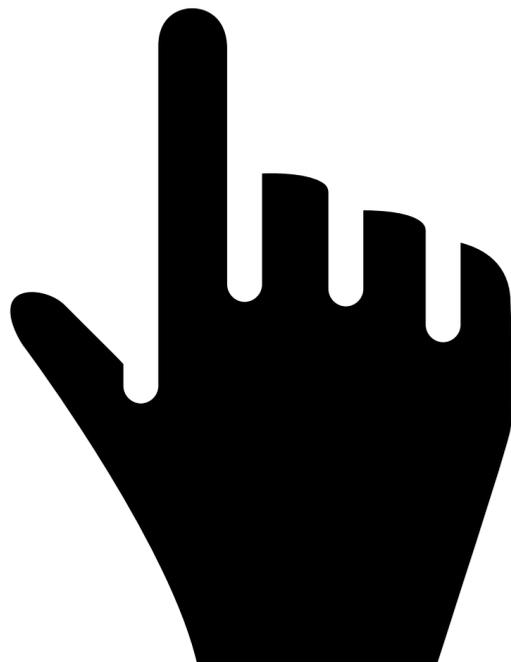
Vaccines, Herd Immunity, & the Immunocompromised

LEVI QUACKENBOSS

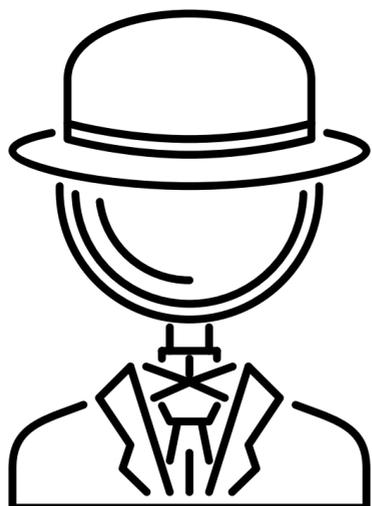
Super!

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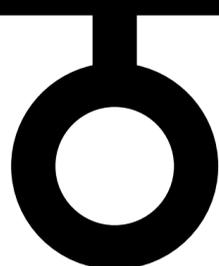


01



WHERE ARE YOUR LEGISLATORS?

We have both federal and state legislators. Federal legislators make up Congress: the House of Representatives and the Senate. However, you'll ordinarily be speaking with your **state legislators** regarding state legislation, not federal.



Every state has a "find my legislator" function in their legislative website.

GOOGLE "FIND MY LEGISLATOR" WITH YOUR STATE'S NAME.

Each state has two legislative houses: one is the house of representatives or assembly, and the other is the senate. You want the contact information for your reps in **both houses**.



Bills can originate on the
house or senate side

**HERE'S A QUICK CHART ON HOW LAWS
ARE MADE:**

BILL



1ST COMMITTEE HEARING & VOTE



1ST HOUSE FULL FLOOR VOTE



2ND HOUSE COMMITTEE HEARING & VOTE



2ND HOUSE FULL FLOOR VOTE



GOVERNOR SIGNATURE



LAW

This process varies across states. California has numerous committees on both sides hear bills, while most states have one committee hearing in each house. Usually the committee that hears a bill is one that the bill sponsor is on, which is why we see committees hearing bills that seem to have nothing to do with the committee title, like an energy committee hearing a vaccine bill.

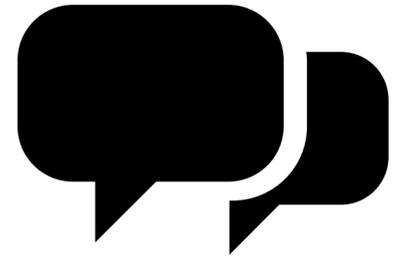
Who writes the bills?

OFTEN, WHOEVER CAN AFFORD TO.

One such example is a special interest group, such as a pharmaceutical company, who sends their lobbyist to meet with a legislator about sponsoring a bill. Of course, it will be a bill that serves the company's interest, such as a bill to require HPV vaccination in order for children to attend school. The legislator agrees to sponsor the lobbyist's bill, and his or her office works with the lobbyist to draft the language of the bill, which may eventually become law. The bill sponsor looks for co-sponsors to sign on as support, and they introduce the bill to the house they are elected to-- either the senate or house/assembly. Then the bill is assigned to a committee to be heard.



Where do you come in?



YOU SHOULD ASK FOR A MEETING WITH YOUR REPRESENTATIVES.

Phone calls are only slightly more annoying than emails, and are easy to ignore. To have impact, you need to either meet with your legislator at the Capitol building, or their home office if you live far from the Capitol.

If you live near the Capitol building, you are free to walk the halls and knock on doors. If not, call your legislator's office and ask when they'll be in your town again, and invite them to meet for coffee. Many legislators use social media to announce when they're holding coffee chats with constituents.

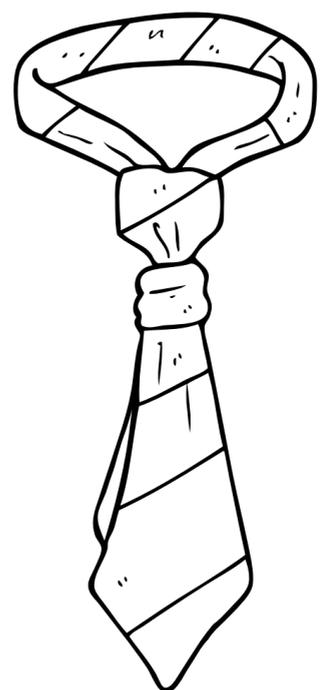
Establish a friendly relationship with your legislator before any negative bills are introduced. Do some research in your local news to see if they recently sponsored any legislation you can speak to. Let them know that you are active in local politics, and you'll be visiting with them again soon.

How should you dress?

YOU SHOULD DRESS THE WAY YOUR LEGISLATOR DRESSES.

People tend to think that non-vax parents are either hippie urban farmers or stay-at-home mommies in yoga pants. Both of those things may be true in many instances, but the image you want to portray is of the parent who stays up past midnight reading medical journals. You want to look like someone who has their lawyer on speed dial. Your appearance should show that your favorite hobby is writing threatening letters to general counsels of major corporations. You are someone who has a phone bank at your fingertips and, if circumstances require, you can get votes for your legislator's opponent on a moment's notice.

So dress like you're that person.



Should you make a campaign donation?

IF YOU CAN AFFORD TO, SURE.

If it doesn't hurt you to throw a couple of hundred dollars into your legislator's campaign account, by all means do it. If it creates any financial stress, don't do it. If you want to be involved with your legislator in a non-financial way, during elections you can volunteer to go door-to-door, hand out yard signs, or make phone calls on their behalf.

Texans for Vaccine Choice isn't a seat-flipping powerhouse because of campaign donations. It's a powerhouse because it has a team of people who volunteer to make phone calls to voters before elections.



How will you know when vaccine bills are introduced?

TWO WAYS. DO THEM BOTH.

There is a hard-working non-profit organization called the National Vaccine Information Center (NVIC). Part of the NVIC's function is to track all state legislation through their Advocacy Portal. View and sign up for your state's updates at this address:

<https://nvicadvocacy.org/members/Home.aspx>

The second way to keep your finger on the pulse of your state's upcoming legislation is to join your local coalition. Use Google and Facebook to search for your state's name with the phrases "health freedom" and "vaccine choice." Join these groups so you can speak directly with other people in your state who are mobilized and ready to take action. When it's time to testify against or in favor of a bill, you can work together as a group.

Should you talk to representatives even if you don't live in their district?

ABSOLUTELY.

Eventually your goal should be to personally know many, if not all, of your state's legislators. Who's to say that you're not going to move across town someday and be represented by a new legislator? Are they going to refuse to speak to you until you do? That's not how they treat lobbyists.

So you have a meeting with a legislator about a pending vaccine bill. Now what?

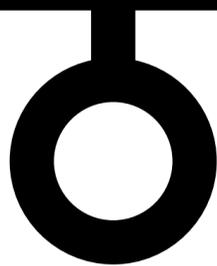
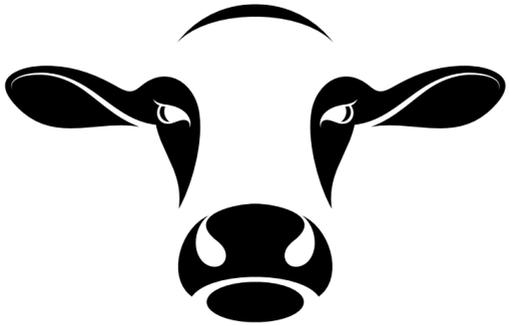
GET YOUR TALKING POINTS READY.

Legislators don't have the time to go through Vaccines 101 with you. If you have a personal story of vaccine injury, work on getting it down to 90 seconds. Beyond that, here are the few topics they care to talk about.

02

HERD IMMUNITY.

The greatest accomplishment that can never be achieved through vaccination.



People generally aren't ready to hear there's no such thing as herd immunity. However...

YOU NEED TO POLITELY ASK YOUR LEGISLATOR TO "RECONSIDER WHAT THEY'VE LEARNED ABOUT HERD IMMUNITY" IN LIGHT OF SOME FACTS.

Start with a point your legislator can relate to, such as when they were vaccinated as an infant: most likely between 1950 and 1980.

Today's children are vaccinated for 16-18 diseases.

A LEGISLATOR BORN IN 1970 WAS VACCINATED FOR ONLY 7 OF THOSE DISEASES. SOMEONE BORN IN 1950 WAS VACCINATED FOR JUST 3 OF THE DISEASES WE VAX FOR NOW.

People who get their information from the media often repeat that "95% of the population needs to be vaccinated against a disease to obtain herd immunity." If you're speaking with a person in their 60s, remind them that from today's schedule, most of their peers only received the DPT vaccine for diphtheria, pertussis and tetanus in childhood. And since people over the age of 62 make up 17% of America's population, our 95% herd immunity goals are already tanked.

Do these seniors have any interest in being vaccinated multiple times for 15 more diseases, or is that is only the responsibility of infants? Your legislator can't honestly claim that senior citizens have naturally acquired immunity to bacterial meningitis or hepatitis b.

The 1970 child's 7 vaccines:

**THEY ONLY RECEIVED POLIO,
DIPHTHERIA, TETANUS, PERTUSSIS,
MEASLES, MUMPS, AND RUBELLA.**

Does your legislator know how much the schedule has grown since they were young?

In 1989 we added the Hib vaccine to the infant schedule.

In 1990 we added the hepatitis B vaccine.

In 1996 we added chickenpox.

In 1998 we added rotavirus.

In 2001 we added pneumococcal.

In 2002 we added influenza.

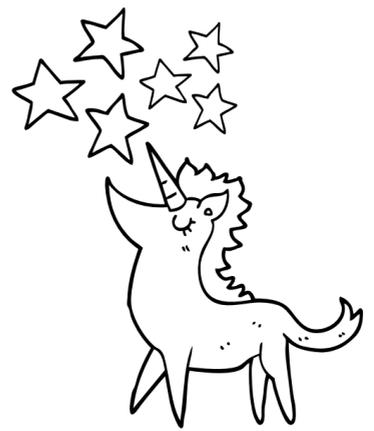
In 2005 we added a meningitis vaccine.

In 2006 we added hepatitis A.

In 2007 we added HPV for 11-year-old children.

Now we are expanding the number of vaccine doses for adolescents and adults, and using vaccines that cover more strains of the same disease. **Ask your legislator: what should the limit be on the number of diseases and strains we vaccinate for?**

Vaccine protection doesn't last forever, not even for measles.



UP UNTIL 1989, DOCTORS WERE TAUGHT THAT A SINGLE MMR VACCINE PROVIDED A LIFETIME OF PROTECTION.

Most Americans born before between 1957 and 1985 have only had one MMR vaccine in their lives. The CDC reports that 7% of people who receive one dose of MMR fail to develop measles immunity at all.

The extra kindergarten MMR dose was added to the schedule in 1989. Why do we expect 95% of children to receive two MMR vaccines in order for America to achieve measles "herd immunity" when less than half of our entire population has ever received two MMR vaccines?

Of course, the measles vaccine also wears off. By the age of 20, only 75% of people have measles antibodies after 2 doses of MMR.* This destroys the claim that Americans are in jeopardy of losing their 95% vaccination rate and "herd immunity" to measles.

The mumps and rubella vaccines are no better.

THE CDC SAYS THAT PEOPLE SHOULD RECEIVE A 3RD MMR VACCINE DURING MUMPS OUTBREAKS.

We have all seen the news coverage of mumps infections in fully-vaccinated cheerleaders, university students, and hockey players. People as young as 15 have developed mumps when protection from their 1-year and 5-year shots wore off.

Rubella, which is a symptomless disease in half of children who have it, was eliminated from the US in 2004. The World Health Organization has now confirmed that protection from the rubella vaccine does not last beyond 15 years.*

But the worst offender is the whooping cough vaccine.

WHAT GOOD IS A VACCINE THAT ONLY LASTS A YEAR?

We vaccinate infants against pertussis bacteria with the DTaP vaccine, and children with the Tdap. A Tdap study showed that vaccine antibodies begin waning shortly after the vaccine is given. The vaccine drops to 69% effectiveness at 1 year, and after 4 years, it clocks in under 9% effective.*

According to the US vaccination schedule, the vast majority of Americans who have received a whooping cough vaccine in the last year are:

babies under 18 months

5-year-olds

12-year-olds

Since these children make up only 5% of the total US population, how does mandating vaccines for all of them get us to the holy 95% threshold for "herd immunity?"

It doesn't.

What about herd immunity for the diseases we don't vaccinate for?

WHY AREN'T WE AFRAID?

Other countries vaccinate for tuberculosis. We have never given this vaccine in the US, we don't have any herd immunity to this disease, yet there is no fear of an infection being "just a plane ride away." Ask your legislator: how much of a role do lobbyists, advertising, and the media play in our fears and lawmaking?

There aren't vaccines for RSV, hand-foot-and-mouth, hookworms, pin worms, rhinovirus, or norovirus. If we're sick with a bacteria, we treat it. If we're sick with a virus, we take care of ourselves and get over it. Children aren't barred from attending school for 21 days because someone caught norovirus "food poisoning," but when there's a vaccine for it, will they be? Are we going to be reading articles about America's herd immunity to food poisoning?

Herd immunity is a mathematical and practical impossibility.

GETTING AMERICA INTO COMPLIANCE WITH TODAY'S SCHEDULE IS NOT POSSIBLE, AND EVEN IF IT WERE, HERD IMMUNITY STILL WOULDN'T BE ACHIEVED.

55% of Americans are out of compliance with today's MMR schedule. The majority of adults are not going to submit to being brought "up to date" with the MMR, or any other vaccine on the market, because it infringes on their freedom. Even if people were forced to comply, they must be vaccinated again every 10 years in order to maintain sufficient levels of vaccine-induced MMR antibodies. Vaccines for whooping cough would need to be repeated annually in order for everyone to protect themselves.

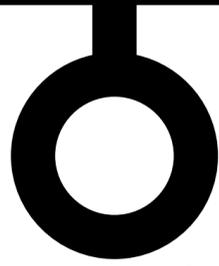
Herd immunity is a theory that applies to natural infection, but is not achievable through vaccination because vaccine immunity is temporary and coverage is spotty.

03

WHAT ABOUT PROTECTING THE IMMUNOCOMPROMISED KIDS?



We assume there is a subset of vulnerable children who "can't be vaccinated," but the CDC doesn't treat these children like you think they would.



The CDC recognizes three types of immunocompromised people.*

- 1. THOSE LIVING WITH HIV**
- 2. THE SEVERELY IMMUNOCOMPROMISED WITHOUT HIV**
- 3. THOSE WITH IMMUNE DEFICITS LIKE SPLEEN OR KIDNEY FAILURE**

An immunocompromised person has an impaired immune system, and they get sick easier than the average person.

#1 In 2010, only 217 kids had Human Immunodeficiency Virus (HIV) in the United States.

HOWEVER, THERE ARE NO VACCINES ON THE CHILDHOOD SCHEDULE THAT THESE SCHOOL-AGED CHILDREN LIVING WITH ASYMPTOMATIC HIV CAN'T RECEIVE.

The CDC's position is that the benefits of vaccinating these immunocompromised children outweigh the potential for harm. This includes Prevnar, all inactivated vaccines, and all live vaccines such as measles and chickenpox.

Asymptomatic HIV-carrying children are vaccinated without exception.

#2 Primary Immunodeficiency Disease occurs in 1 in 500 caucasians, less in other races. The most common genetic cause of Primary Immunodeficiency is called Selective IgA Deficiency.

THERE ARE NO VACCINES ON THE CHILDHOOD SCHEDULE THAT SCHOOL-AGED CHILDREN LIVING WITH SELECTIVE IGA CAN'T RECEIVE.

Children with Selective IgA Deficiency tend to have allergies and asthma, which are not conditions that allow for exemption from vaccination. **They are vaccinated without exception.**

#3 Kidney and spleen failure:

CHILDREN WITH KIDNEY AND SPLEEN FAILURE ARE NOT EXCUSED FROM BEING VACCINATED.

In fact, the CDC says that these children can receive repeat vaccination or higher doses of vaccines.

#4 Organ transplants: In 2014, only 1,652 children under the age of 17 received a transplanted organ in the US.

CHILDREN MUST BE UP-TO-DATE ON ALL VACCINES, OR THEY WILL BE DENIED AN ORGAN TRANSPLANT.

Then, within 3 to 6 months of the surgery, they are vaccinated again with everything but measles, mumps, rubella, and chicken pox.

#5 Nationwide, 10,000 kids under age 15 are diagnosed with cancer each year.

THE CDC SAYS THESE CHILDREN CAN BE VACCINATED WITH EVERYTHING EXCEPT MMR AND CHICKENPOX. THOSE LIVE VACCINES ARE THEN ADMINISTERED WHEN THE CHILD IS IN REMISSION.

The entire argument around "kids who can't be vaccinated" comes down to a small group of children who are currently on chemotherapy or who have had an organ transplant. In those rare situations, the vaccines they can't receive are limited to one: the MMR-V. Since a common cold could turn into a deadly infection, the safest place for an immunocompromised child is at home.

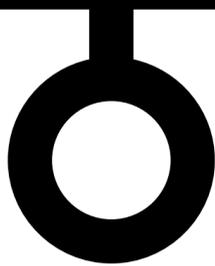
55% of Americans, all of whom are adults, are out of compliance with the 2-dose MMR vaccine, and most people have lost their measles immunity a decade after vaccination. So why are we tasking school-aged children with the health of the immunocompromised?

04



LEGISLATORS CARE ABOUT THE WHOOPING COUGH VACCINE.

3 to 16 infants under 1 year old have died of whooping cough in America each year since 2012, and their deaths make headlines. While that is an extraordinarily small number, this is a very emotional issue.



Each time a child tragically dies from pertussis, we all hear, "Thanks, anti-vaxxers."

BUT IS THIS TRUE? ARE PEOPLE WHO DON'T VACCINATE TO BLAME FOR PERTUSSIS INFECTIONS IN OTHERS?

No. And the CDC has known this for years. Only pediatricians and journalists place the blame on unvaccinated people.

The pertussis vaccine can **reduce symptoms** after a person becomes infected. It cannot prevent an infection.

WHOOPING COUGH VACCINES CONTAIN PERTUSSIS TOXOID, NOT PERTUSSIS BACTERIA.

Toxoid is the inactivated version of the exotoxin that the bacteria secrete **during an infection**. Pertussis and pertussis toxin are not the same thing— think of it like the difference between grapes and wine. Do you get arrested for driving after eating grapes? No, you don't. Because although one is made from the other, they're not the same thing.

The pertussis toxin is called an AB toxin because the B-unit (B is for binding) binds to your healthy cells while the A-unit enters through the membranes and wreaks havoc. It's the B-unit that the body can learn to recognize and get some immunity to through vaccination. The DTaP/Tdap vaccines are for teaching your body to fight when it encounters the B-units **after infection**.

Can vaccinating family members protect a newborn who is too young to be vaccinated?

NO. IN FACT, WHEN THERE IS A PERTUSSIS OUTBREAK, VACCINATED PEOPLE ARE OFTEN ASYMPTOMATIC CARRIERS.

Depending on how recently a person was vaccinated, a pertussis infection can look like different things. If a person was vaccinated in the last 30 days, there may be no outward symptoms at all, but a benign throat-clearing might cause the infected person to spread pertussis bacteria to a fragile infant.

If someone was vaccinated in the past year, they may think they are dealing with a mild cold or seasonal allergies, and unknowingly sicken a newborn when they should have stayed home.

This is not the same mechanism as "shedding." The pertussis vaccine does not shed.

In November 2013 the FDA announced that the pertussis vaccine "fails to prevent colonization or transmission" of whooping cough infection in primates.*

THE FDA HAS KNOWN OF THE VACCINE FAILURE FOR FIVE YEARS, YET NON-VAX PARENTS ARE BLAMED BY MEDIA.

This admission may be an argument to return to the whole-cell version of the pertussis vaccine used until its 1996-1999 phase out, so be careful on this slippery slope. The old pertussis vaccine was extremely dangerous and is what triggered the legal immunity given to manufacturers in the Vaccine Injury Compensation Program.

Besides, from 1992 to 1994, when the whole-cell version was used, 25 infants under 6 months old still died of whooping cough. The whole-cell vaccine is not the answer to protecting them.

The LA Times wrote a 2010 piece entitled: "Diagnosis lagged in baby deaths."

THEY DISCOVERED THAT ALL EIGHT INFANTS WHO DIED FROM PERTUSSIS THAT YEAR WERE MISDIAGNOSED BY DOCTORS.* THAT'S MALPRACTICE.

From the article: "Despite the patients' multiple visits to clinics and hospitals, doctors typically failed to make a swift, accurate diagnosis.

'In several cases, the infants were treated only for nasal congestion or mild upper respiratory infection,' Dr. John Talarico, an official with the California Department of Public Health, wrote in a recent letter to healthcare providers statewide. 'By the time these infants developed severe respiratory distress, it was too late for any intervention to prevent their tragic deaths.'

'All of those should've been diagnosed earlier. And a couple of them, even after they were diagnosed, the healthcare providers didn't take it serious enough,' said Dr. James Cherry, a UCLA pediatrics professor. 'Delayed hospitalization contributed to fatal outcomes.'"

There is no such thing as vaccine-induced herd immunity to whooping cough.

FOR TWO REASONS.

First, we can never obtain lifetime immunity to bacteria. How many times do susceptible kids come down with a strep infection? Endless. Bacteria mutate. Even a natural pertussis infection provides immunity for only 20 years.

Second, the vaccine cannot contribute to herd immunity because it doesn't prevent an infection from occurring in the vaccinated person. Any immunity would come from infection after vaccine failure, not the vaccination itself.

The idea that the current vaccine is "the best defense we've got" is irrelevant when it comes to taking away parents' rights to decline an ineffective, symptom-reducing vaccine for their children.



05



MEASLES AND MUMPS.

Legislators are scared of the measles, and lately, mumps. How terrible were these diseases in the 1960s?

We often hear that measles causes secondary infections.

BEFORE THE MEASLES VACCINE WAS LICENSED, JUST OVER 20% OF CASES WERE EVEN REPORTED.

Of the reported cases, about 6 in 100 suffered from "respiratory complications." This refers to pneumonia, which would be treated today with antibiotics. Adjusted upward for known under-reporting, that number would be 6 in 450 cases.

Some people suffered from encephalitis.

ENCEPHALITIS IS INFLAMMATION OF THE BRAIN, COMMONLY CAUSED BY VIRAL INFECTIONS.

Pre-vaccine, about 1 in 630 reported cases of measles experienced encephalitis. That's 1 in 2,860 if we include the unreported infections before the vaccine came to market.

Aluminum is a neurotoxin that damages the protective covering of nerves. Before we began loading our children up with injected aluminum vaccine adjuvants, measles encephalitis was a transient condition that usually resolved without lasting impact.

Now that we are at the point that everyone carries aluminum in their bodies, encephalitis has taken on a scary new meaning-- it often results in brain damage.

The medical community focuses only on whether a vaccine is safe and effective. Get your legislator to think about whether a vaccine is really necessary.

Do people die from measles?

DEATH FROM MEASLES IN HEALTHY AND WEALTHY COUNTRIES IS EXTRAORDINARILY RARE.

America reports about five measles-related deaths in a decade, often in people who were chronically ill with a severe condition. Three years before the measles vaccine was licensed, there were only 380 measles-related deaths in the US.

In 2017, less than 100,000 people died from measles across the world, with about 30% of those deaths occurring in India. India has 1.34 billion people and a per capita annual income of \$1,670. 163 million Indians still do not have access to clean drinking water, and many are chronically ill, vitamin A deficient, and perpetually malnourished. Their lives are not comparable to American circumstances.

The possibility of death by measles should not be a factor for most parents in America. Up until vaccine licensing, measles was seen as a common childhood ailment that nearly every American went through without issue. Now the media engage in measles scare tactics that have resulted in mass hysteria.

And what about the mumps?

WE'VE ALL HEARD THAT A MUMPS INFECTION CAUSES DEAFNESS AND ROBS MEN OF THEIR FERTILITY.

These secondary issues from a mumps infection were so nearly nonexistent that numbers are difficult to find.

Mumps is a virus that swells the salivary glands and was a childhood disease that everyone caught. If a boy caught the mumps after the age of 13, he had a 25% chance of experiencing a temporarily swollen testicle. And within that 25% group of post-puberty boys, 10% of them would experience a drop in sperm count that is not significant enough to impact their fertility.*

On the issue of deafness, the CDC Pinkbook says that in males who had the mumps as adults, 4.1% had **temporary** hearing loss, and 1 in 20,000 had some level of permanent hearing loss in one ear.* There is no statistic for mumps causing actual deafness.

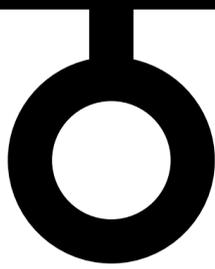
A mumps infection does not cause death, infertility, or deafness, and if a doctor says it does, they've never researched the issue.

06

**ARE UNVACCINATED CHILDREN
MORE LIKELY TO BECOME
INFECTED WITH DISEASE?**



The CDC claims that unvaccinated children are 8 times more likely to develop a whooping cough infection than vaccinated children.



Is it true that parents put their unvaccinated kids at risk?

**NO. THEY AREN'T AT ANY MORE RISK
THAN VACCINATED KIDS.**

This is an attempt to paint non-vax parents in a negative light, while allowing the lobbyist and legislator to have the appearance of caring about the wellbeing of all children.

The CDC features a
Frequently Asked Questions
on their pertussis page.

**THE STATISTIC THEY PRESENT IS
OFTEN RELAYED TO LEGISLATORS AS
REASONING FOR THE STATE TO MAKE
PARENTING DECISIONS.**

"Even though children who haven't received DTaP vaccines are **at least 8 times more likely to get pertussis than children** who received all 5 recommended doses of DTaP, **they are not the driving force** behind the large scale outbreaks or epidemics."

Reading this, I took it upon myself to contact the CDC and ask where the heck they got this number from.

If unvaccinated kids were 8 times more likely to catch pertussis they actually would be a driving force.

THE CDC RESPONDED TO MY QUESTION WITH A 2010 SURVEY OF THE CALIFORNIA OUTBREAK.*

The study surveyed 682 children from the outbreak. 7.8% were never vaccinated for pertussis, and 92.2% were vaccinated.

The authors assigned each pertussis case three controls from the same age group. In the kids from the control groups, 0.9% were not vaccinated for pertussis.

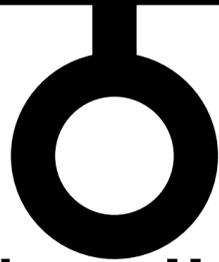
So the simpletons at the CDC divided 7.8% by 0.9% and declared that unvaccinated kids were 8 times more likely to catch pertussis. This is an incorrect and unfounded mathematical conclusion which was not reached by the study authors.

07

THE RISK OF VACCINE INJURY IS JUST ONE IN A MILLION, RIGHT?



We often hear public health experts claim that vaccine injuries only happen once per million doses.



Where does this "one in a million" number come from?

SURELY THERE IS SOMEONE MONITORING MILLIONS OF CHILDREN.

No, there isn't. We have the Vaccine Adverse Events Reporting System (VAERS), which is a passive reporting system most doctors refuse to use. The FDA admits that fewer than 1% of adverse events end up reported to VAERS because parents don't know it exists.*

What about HMO databases that catch vaccine injuries?

THE WORLD HEALTH ORGANIZATION CLAIMS THESE SYSTEMS ARE HELPFUL FOR TRACKING RARE VACCINE REACTIONS.

Here's the problem: your child's vaccine reaction can't be entered into your HMO database when your pediatrician fails to document the reaction. How many parents request their child's medical records and are shocked to discover that the high-pitched screaming, somnolence, 104-degree fevers, and non-responsiveness the night of vaccination was never documented? And how is the HMO database supposed to link vaccines to illnesses discovered months down the road, like anaphylactic food allergies or Type 1 diabetes? Are they counting on pediatricians to say something?

This system tracks reactions doctors are willing to document, such as the MMR causing a rash, or the actual one in a million occurrence of a child going into anaphylactic shock on the table after a shot. It is utterly unhelpful in tracking delayed-onset and long term vaccine injury.

What about the Clinical Immunization Safety Assessment (CISA) Project?

IS THE CDC LOOKING OUT FOR US?

The CDC reports that "CISA has published and continues to develop research studies that address vaccine safety priorities, such as those identified in the US National Vaccine Plan."

The US National Vaccine Plan claims that one of its five goals is to "prevent adverse events." But adverse events can only be prevented by:

- A) changing vaccine contents,
- B) changing the vaccine schedule, or
- C) not giving vaccines.

Would they consider those tactics? No.

The US National Vaccine Plan's other four goals are to develop new and improved vaccines, figure out how to get even more people to vaccinate, ensure a stable supply of vaccines, and increase vaccination globally. Is there a conflict of interest in preventing vaccine injuries?

The "one in a million doses" number is based on the number of claimants awarded judgements in the National Vaccine Injury Compensation Program.*

OUR HEALTH AND HUMAN SERVICES DEPARTMENT BASES THEIR LOW VACCINE REACTION CLAIM ON THE PEOPLE WHO HAVE WON A HOSTILE BATTLE OF THE EXPERT WITNESSES IN VACCINE COURT.

When 3 billion vaccine doses have been administered over a decade where only 3,000 people were awarded compensation from the VICP, voila! HHS declared that vaccine injury was just one case in a million doses.

It would be laughable if it weren't so sad.

If a parent is never made aware of the Vaccine Injury Compensation Program, does that mean their child's vaccine injury didn't happen?

THAT'S EXACTLY WHAT THEY'RE SAYING.

Using VICP compensation as the basis for determining the real life frequency of vaccine injury erases vaccine injured children from existence.

Believing that vaccine injuries are actually "one in a million" requires that A) all Americans find out about the vaccine injury compensation program and file a claim before their statute of limitations runs out and B) bona fide claimants are successful 100% of the time at beating the hostile, adversarial government in what was supposed to be a non-adversarial system.

If vaccine injuries were really one per million doses, would any money be devoted to preventing adverse events?

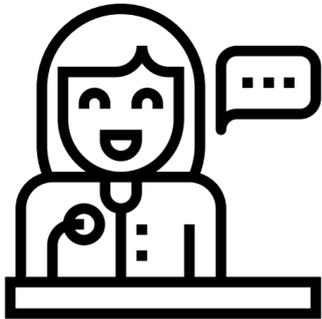
OF COURSE NOT.

Vaccine injury is not one in a million, and if all Americans knew about their rights in the vaccine court, that fact would be obvious.

A 2014 General Accounting Office (GAO) report on the VICP stated that "one of the critical issues facing the program was that parents, the general public, attorneys, and health care professionals were not aware the VICP existed."

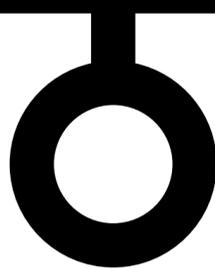
Let's assume that only 1 in 500 people know what the VICP is. If all Americans were made aware of the court, 2.75 million claims would have been filed during the last decade when those 3 billion vaccine doses were given. Let's also pretend all of the claims are bona fide, since VICP lawyers don't want to file frivolous claims. The vaccine injury rate would then be 1 in 1,076. You see how quickly that escalates? And we're not even including delayed-onset autoimmune diseases.

08



TIME TO TESTIFY

Most states allow residents to testify against or in support of bills being heard by a committee.



Call the committee staff two days in advance to ask if you must sign up ahead of time.

MOST STATES WILL ALLOW YOU TO SIGN UP THE DAY OF THE HEARING.

Not every state allows everyone to testify. California only provides residents with the opportunity to state whether they support or oppose a bill, and staff will mute the microphone if the speaker goes beyond that.

You may be allotted anything between 60 seconds and 5 minutes to testify.

ONLY MEDICAL EXPERTS WHO ARE BROUGHT IN BY LOBBYISTS ARE GIVEN UNRESTRICTED TIME TO TESTIFY AT COMMITTEE HEARINGS.

Some states allow registered speakers to donate their time to someone else. Ask the staff ahead of time if your coalition will be allowed to do this.

Coordinate with members of your state's health freedom coalition to work as a team.

THERE IS NO REASON TO REINVENT THE WHEEL WITH EACH TESTIMONY.

Determine the topics that need to be addressed, write the testimony, time it, and divide it up amongst your people to testify.

For example.

LET'S SAY THERE IS A BILL THAT SEEKS TO MANDATE THE HPV VACCINE IN YOUR STATE. TOPICS TO BE TESTIFIED TO INCLUDE:

- the lack of data supporting the safety of injected aluminum
- the danger of injecting polysorbate 80
- the HPV vaccine's convoluted safety trials that intentionally excluded side effects
- the link between the HPV vaccine and ovarian failure and infertility
- the pre-vaccine rarity of the cancers the HPV vaccine claims to prevent
- the studies that do not support the claim that the vaccine has lowered cancer rates
- the claim that the HPV vaccine is a preventative for all cancers, which is baseless and not what it is licensed for
- the behemoth vaccine schedule and how we continue to expand it with shots that cover additional strains of disease
- the fact that the Japanese government now refuses to recommend or pay for people to receive an HPV vaccine due to its devastating side effects

Draft testimony for each topic, and divide it up among that topic's team members.

THERE MAY ONLY BE THREE OR FOUR CHAIRS AT THE TABLE WHERE TESTIMONY IS GIVEN, SO LIMIT THE TOPIC'S TEAM TO THAT SIZE.

If every member of your coalition is given three minutes to testify, a three-member topic team will have nine minutes to get their point across. This should be ample time.

Personal stories should go first.

ANYONE WITH A RELEVANT PERSONAL STORY OF VACCINE INJURY SHOULD DEVOTE THEIR TIME TO TELLING THEIR STORY.

Personal stories of injured children are the most powerful testimony there is.

Bring a typed summary of your testimony.

GIVE IT TO THE COMMITTEE WHEN YOU SIT DOWN. THIS BECOMES PART OF THE PERMANENT RECORD FOR THE HEARING.

Sign up to testify as a showing for your side, even if you haven't worked with a team and don't plan to speak. Attend the hearing, submit your written testimony, and donate your time to another speaker if possible.

Dress professionally.

THE LEGISLATURE HAS RULES.

Don't wear t-shirts with messages, don't attempt to bring in signs, don't clap and don't boo.

Be ready for questions.

IF THERE IS A COMMITTEE MEMBER ON YOUR SIDE, PREPARE THEM WITH QUESTIONS TO ASK YOU AHEAD OF TIME.

These will be softball questions that you're ready to answer, and it will have the appearance of interest in your issues. Answering questions does not cut into the amount of time you're given to testify.

If a committee member asks you a hostile question, use it to springboard into a point you want to make.

Stay respectful.

THIS CAN BE HARD. ELECTED OFFICIALS ARE OFTEN HAUGHTY, DISTRACTED, DISINTERESTED, DISMISSIVE, OR ASLEEP IN THEIR CHAIRS.

Worst of all, some of their minds are made up before the hearing even begins.

Prepare for a negative bill to advance.

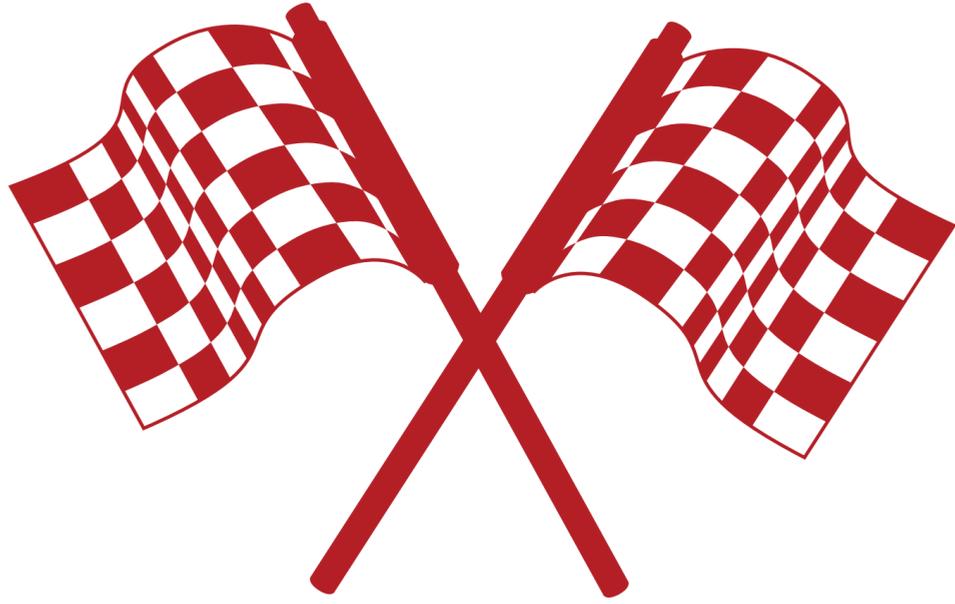
OFTEN TIMES, A COMMITTEE VOTE IS A RUBBER STAMP.

And that's OK. Testifying will get you prepared to talk to the other representatives and senators. You'll leave the hearing knowing more than when you came in, and you'll feel more confident knocking on doors at the Capitol. Don't let it break your spirits if a bad bill makes it out of committee. You can win when the full house or senate votes on the floor.

You will scare the crap out of the the bill sponsors.

LEGISLATORS HAVE NO IDEA WHO THEY'RE MESSING WITH UNTIL YOU SHOW UP AGAIN AND AGAIN.

This is your greatest strength. No one likes to rumble with the "vocal minority" of non-vax parents. Bill sponsors hate to lose, but they need to learn the hard way that infringing on your parental rights is a sure fire way to embarrass themselves before a floor vote.



Levi Quackenboss

THE END

THANKS FOR YOUR
SUPPORT ON PATREON

Important Reference Links

"Persistence of Measles, Mumps, and Rubella Antibodies in an MMR-Vaccinated Cohort"

<https://academic.oup.com/jid/article/197/7/950/798890>

"Comparison of rubella seroepidemiology in 17 countries"

<https://www.who.int/bulletin/volumes/86/2/07-042010/en/>

"Waning Tdap Effectiveness in Adolescents"

<http://pediatrics.aappublications.org/content/pediatrics/early/2016/02/03/peds.2015-3326.full.pdf>

CDC list of vaccine contraindications

<http://www.immunize.org/catg.d/p3072a.pdf>

"Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate"

<https://www.ncbi.nlm.nih.gov/pubmed/24277828>

California infant pertussis deaths misdiagnosed

<http://articles.latimes.com/2010/sep/07/local/la-me-whooping-cough-20100907>

A mumps infection does not cause infertility

<https://www.nhs.uk/conditions/mumps/complications/>

A mumps infection does not cause deafness

<https://www.cdc.gov/vaccines/pubs/pinkbook/mumps.html>

"Association of Childhood Pertussis With Receipt of 5 Doses of Pertussis Vaccine"

<https://jamanetwork.com/journals/jama/fullarticle/1456072>

Fewer than 1% of vaccine adverse events are reported to VAERS

<https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

One in a million

<https://www.hrsa.gov/vaccine-compensation/data/index.html>