THE TRUTH is in THE NUMBERS
Vaccination schedule vs IMR

• By the time US children are one year old, **the CDC recommends 26 vaccine doses.**

• With the numerous vaccines on the US infant vaccination schedule, our babies get more vaccine doses than babies anywhere else in the world.\(^1\) In fact, the US schedule calls for twice as many vaccines before age 1 than MOST developed countries.

• Despite the United States spending more per capita on health care than any other country on the planet,\(^2\) 33 nations have better infant mortality rates than we do.

• Babies in the United States have an infant mortality rate (IMR) that ranks **34th in the world.**

• In 1975, Japan eliminated all vaccines for children under two and their infant mortality rate plummeted to the lowest in the world.

• In 1995, Japan started allowing infant vaccines again due to international pressure, but on a very limited scale. Japan, with their very non-aggressive early vaccination schedule fell behind from the lowest mortality rate in the world to a still-impressive 3\(^{rd}\) place.

In the United States in the 1960s, campaigns urging national vaccination programs to be implemented for our infants were initiated. For the first time in history, most US infants were required to receive several doses of the vaccinations DPT, polio, measles, mumps and rubella. While “crib death” has always existed, it was so infrequent that it wasn’t even listed on infant mortality rates. In 1969, however, just a few years after the US implemented widespread vaccinations, medical certifiers introduced a new medical term — sudden infant death syndrome (SIDs).\(^3\)

• The CDC states that **vaccines are not attributed to cases of SIDS.** Their evidence offered is that the back to sleep campaign has significantly reduced the numbers of SIDS cases.

• From 1992 to 2001, the SIDS rate did **drop by an average annual rate of 8.6%** during the implementation of the “Back to Sleep” campaign.

However, during that same time period, new categories for ‘cause of infant death’ were created, including sudden UNEXPECTED infant death (SUID) and ‘suffocation in bed’. Cases that fell under these new categories increased while SIDs went down. For example:

During this same period, the post-neonatal mortality rate from suffocation in bed from 1992 to 2001 actually **increased at an average annual rate of 11.2%.** The post-neonatal mortality rate in the categories of **suffocation other**, unknown and unspecified causes and due to **intent unknown** all increased during this period. **Even with the “Back to Sleep” campaign, our babies’ rates of dying from inconclusive causes did not lessen as the CDC portrays.**\(^4\)

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\(^2\) Anderson GF, Hussey PS, Frogner BK, and Waters HR. Health spending in the United States and the rest of the industrialized world. Health Affairs 2005; 24: 903–91
