



Vaccine Choice Journal

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Combining Childhood Vaccines at One Visit Is Not Safe

By Neil Z. Miller

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Abstract

Although health authorities including the [US] Centers for Disease Control and Prevention (CDC) claim that childhood vaccines are safe and recommend combining multiple vaccines during one visit, a review of data from the Vaccine Adverse Event Reporting System (VAERS) shows a dose-dependent association between the number of vaccines administered simultaneously and the likelihood of hospitalization or death for an adverse reaction. Additionally, younger age at the time of the adverse reaction is associated with a higher risk of hospitalization or death.

Background

In the 1980s vaccine manufacturers were frequently sued by the parents of children who were permanently disabled or died following vaccination. After paying out millions of dollars in these lawsuits, vaccine manufacturers were prepared to stop producing vaccines unless the federal government provided them with immunity from jury verdicts.

In response to pharmaceutical manufacturers' threat to close their own vaccine factories, in 1986 Congress passed the National Childhood Vaccine Injury Act (NCVIA), protecting vaccine manufacturers from most financial liability associated with their products. Under NCVIA, the National Vaccine Injury Compensation Program (VICP) was created to provide cost-effective arbitration for vaccine injury claims. Vaccine manufacturers can no longer be sued in a state or federal court for damages arising from a vaccine-related injury or death unless a petition for compensation under the new program is filed and denied.

Compensation under the program is paid for by a 75-cent excise tax on every vaccine purchased. (MMR contains three vaccines, so the tax is \$2.25.) The money goes into a Trust Fund managed by the U.S. Department of the Treasury. As of Mar 1, 2016, more than \$3.2 billion had already been paid out, most of it to compensate parents whose children were severely disabled or died after receiving vaccines.¹ Today, vaccine manufacturers not only make millions of dollars annually from their lucrative business, but they have been disincentivized from producing safer vaccines, since they are shielded from liability when their mandatory products harm consumers.

Vaccine Adverse Event Reporting System (VAERS)

The new federal law also required medical workers to report suspected vaccine reactions to a centralized reporting system. As a result, the Vaccine Adverse Event Reporting System (VAERS), jointly operated by CDC and the U.S. Food and Drug Administration (FDA), was established in 1990. VAERS is a national vaccine safety surveillance program that collects information about possible adverse reactions to vaccines. This large database is accessible to the general public, including independent researchers who may use it to look for patterns in the data that might indicate vaccine safety concerns or problems.²

VAERS is a passive surveillance system, which means that reports about adverse events are not automatically collected. VAERS relies on doctors and nurses to voluntarily submit reports, although vaccine recipients and parents may also file reports. Vaccine manufacturers are required to report all adverse events of which they become aware. Since 1990, the VAERS database has received more than 500,000 reports of suspected

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Ontario's Mandatory Vaccine Education Bill on Hold

When the Ontario legislature introduced legislation last spring requiring that parents attend a mandatory 'vaccine education session' prior to being allowed to file a vaccine exemption, we anticipated it would be pushed through quickly. Just prior to the end of the spring legislative session in June, the government announced it would postpone 2nd reading of Bill 198 to the fall session. Then a surprise move by the Wynne government in August to 'prorogue' parliament, meant that all business from the previous legislative session on the table died.

Our volunteers have been working hard over the summer and fall to collect signatures on our petition opposing Bill 198. VCC's volunteers maintained a daily presence at both showings of the new blockbuster documentary, *Vaxxed*, during its extended run at Toronto's Kingsway Theatre providing a great opportunity for many more people to sign our petition.

With less than one weeks left in this session, Bill 198 has not been resurrected. If or when it is, we'll be ready to counter it. Thanks to the dedicated VCC volunteers who continue to collect petition signatures, we are increasing public awareness of the threat to our informed consent rights, including the right to refuse vaccination. We have approximately 2,500 petition signatures from well informed citizens who oppose any interference with our basic Charter protections of freedom of conscience and religion.

VCC Attends Whole Life Expo 2016 in Toronto

Vaccine Choice Canada's booth at the 30th anniversary of the Whole Life Expo was a resounding success. Hundreds of people stopped by to sign our Petition against Ontario's proposed mandatory vaccine "education sessions", ask questions, share

personal stories and ideas on how to protect our right to refuse vaccination in Canada.

Unfortunately, the myth that unvaccinated children cannot attend school in Ontario is still alive, mainly due to misinformation disseminated by public health officials and the corporate controlled mainstream media. Fortunately, we were able to give parents accurate information about the availability of legal exemptions for children under Ontario's Immunization of School Pupils Act and the Child Care and Early Years Act. Many parents who have chosen not to vaccinate, described how their unvaccinated children are bright, happy, healthy, are rarely sick and quickly recover from infrequent illnesses.

We'd like to express our **deep appreciation** to the Toronto volunteers (see photo page 16) who helped out at our booth: Josephine, Joel, Margaret, Nicky, Skylar, Jim, Heather, Rita and John, and to Heather Fraser and Jim Amar for their outstanding presentations. Heather's lecture on Saturday, *Vaccinations, Allergies and the Erosion of Informed Consent*, and Jim's talk on Sunday, *Mandatory Vaccine Laws—What's In Store For Ontario*, were both very well received. Video and audio of their presentations can be purchased at the Whole Life Expo Shop: <http://www.shop.wholelifeexpo.webcast.guru/>

Welcome to New Board Member, Jim Amar!

The Board of Directors is delighted to welcome Jim Amar of Toronto. Jim has worked tirelessly getting petition signatures at *Vaxxed* showings, meeting with MPPs, arranging meetings and presentations and organizing our Whole Life Expo booth and volunteers. Thank you so much, Jim!. It is wonderful to have a Board member on the ground in Toronto. See photo on page 20.

The Vaccine Choice Journal Vaccine Choice Canada

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Thanks to Nelle Maxey for electronic production of the Journal.

Statement of Purpose:

1. Vaccine Choice Canada (VCC) was formed in June, 2014 and continues the work of VRAN in response to growing parental concern regarding the safety of current vaccination programs in Canada.
2. VCC furthers the work of our original group, the Committee Against Compulsory Vaccination

which, in 1984, won an amendment to Ontario's "Immunization of School Pupils Act". This established the availability of legal exemption from any 'required' vaccines for reasons of conscience or sincerely held belief and set a legal precedent in Canada.

3. VCC supports the right of all people to make a voluntary and fully informed decision when considering pharmaceutical products like vaccines that carry a risk of injury and death.

4. VCC distributes scientific research, information and resources to further health and well being in our families and communities.

Our Mandate is:

- To empower parents to make an informed decision when considering vaccines for their children.
- To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
- To respect parental choice in deciding whether or not to vaccinate their child.
- To provide support to parents whose children have suffered adverse reactions and health

injuries from childhood vaccinations.

- To promote a multi-disciplinary approach to child and family health utilizing numerous modalities such as; naturopathy, homeopathy, herbalism, chiropractic, acupuncture, conventional and complementary medicine.
- To empower women to reclaim their position as primary healers in the family.
- To maintain links with consumer groups similar to ours around the world through an exchange of information and research, thereby empowering parents to reclaim health care choices for their families.
- To support people in their struggle for health freedom and to maintain and further the individual's freedom from enforced medication.

VCC publishes two issues of the Journal annually as well as a monthly E-Bulletin. Suggested annual membership donation is \$35.00/Individual or \$75.00/Professional. Your donations are gratefully accepted in support of our educational efforts. Please contact us if you'd like to share your vaccine reaction/injury story.

VCC Mailing to Federal Parliament

In October, VCC Vice President Ted Kuntz took on the massive task of printing and mailing the VCC comprehensive information package, *Mandating Vaccines: A Cause for Concern*, to all 334 members of Parliament. Thank you, Ted, for this huge effort to educate our federal parliamentarians.

Alberta – Our Next Battleground?

An [announcement](#) last week from the Alberta government stated it has introduced a Bill to amend the Public Health Act. If passed, the bill will increase government's power to track down unvaccinated children in school and daycare, exclude children from school in the event of a disease outbreak and will require non-vaccinating parents to attend a vaccine education session prior to filing an exemption form. "Parents who refuse to vaccinate their children will be counseled on the benefits of immunization and asked to sign a form if they continue to resist," said a [CBC article](#). In late November, VCC issued a [letter](#) to the Alberta government expressing our concerns regarding the new bill. Thanks to VCC Secretary, Rita Hoffman for her efforts to bring this to fruition.

Fear Mongering Measles in Alberta

Just a week prior to the Alberta government's announcement, a [Global News headline](#) read, "**Calgary doctor calls for mandatory measles vaccinations in wake of new study**". The article raised unfounded fears about a rare complication of persistent measles infection known as SSPE (subacute sclerosing panencephalitis) that leads to severe brain injury and death.

Dr. Ellen Burgess, a professor at the faculty of medicine at the University of Calgary bases her call for mandatory measles vaccination of schoolchildren on a recent oral presentation of unpublished research delving into 17 cases of SSPE in California following the U.S. measles epidemic of 1988-91.

Responding to Dr. Burgess's misleading interpretation of the current risk of SSPE, VCC Board member Nelle Maxey undertook an extensive search of the medical literature to determine the true history and incidence of SSPE in Canada and its current risk. Nelle's [letter](#) challenging Dr. Burgess' interpretation of the research, and extensive analysis completely disproves the validity of Burgess' assertions. Maxey writes, "Beating the fear drums of SSPE misery and death to justify mandatory vaccination of school children seems not only inappropriate, but also highly unethical." She cautions, "It is this kind of "sleight of hand" with the facts that results in the public mistrust of the medical establishment's recommendations regarding vaccines." We have received no response to our letter to date.

Vaccine Safety Report 2 Released

Nelle Maxey's in depth analyses of Canada's dual adverse events reporting system continues with the release of the *Vaccine Safety Report 2* covering annual data on both databases

for 2015. Informed Consent is not possible unless complete adverse event data is available for public scrutiny.

See the article on page 8 for a taste of the report that includes charts of the effect of adverse events on children and the VCC recommendations for change. The [entire 18-page report](#) can be accessed at our website from the main menu: About Vaccines/General Issues/Reports.

Fundraising Appeal

Please Renew Your Membership & Donate to VCC. Memberships are what sustain us! We remind members that membership renewal is due in January at the beginning of every year. Your membership or donation is easily made by credit card on our secure PayPal account from our website, or mail us a cheque or money order. Just go to JOIN on our homepage and follow the prompts or use the form on the back of the Journal.

For a donation of \$150 or more, please select one of the following fundraising bonus items listed below. Please send your donation to: Vaccine Choice Canada Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0 or donate on the [JOIN](#) page of our website. Please note: Donations qualifying for a bonus item are in addition to the annual membership fee.

- **Vaxxed—the Documentary DVD:** Like no other documentary before it, *Vaxxed* is waking up the world to the extent of vaccine damage being inflicted on our children. It tells the story of CDC malfeasance, the manipulation of vaccine safety studies and destruction of incriminating data linking vaccines to the autism epidemic. It interviews families whose healthy children were never the same again after receiving the aggressive 'one size fits all' vaccine schedule. It is a wake-up call for us all to challenge the indefensible claim of vaccine safety and effectiveness.
- **Dissolving Illusions—By Suzanne Humphries, MD and Roman Bystrianyk** is a foundational book about the forgotten history of diseases and vaccines. The historical and scientific research takes us back to the roots of disease and the connection between living conditions, nutrition, and health. *Dissolving Illusions* is a powerful tool for those seeking to dispel the prevailing medical myth that vaccination is what saved us from the past brutal cycles of epidemic diseases.
- **Vaccine Safety Manual – by Neil Miller.** A complete guide to all childhood vaccines, the diseases and the risks entailed by both. An important reference manual for all parents. This is a well researched resource that presents material in a clear and concise way.
- **The History of the Peanut Allergy Epidemic, 2nd Ed.—by Heather Fraser:** The author provides compelling evidence that allergies, as a mass phenomenon, were ushered in with the introduction of vaccination and the use of injectable medicines. In her foreword to the book, Janet Levatin, MD, writes, "...it should be required reading for everyone who administers injections, who receives injections, and everyone who authorizes injections for children."
- **Other Books:** In lieu of the fundraising bonus items listed above, members can also select books from [our online Amazon affiliated bookstore](#) where you will find a growing list of books on the vaccine issue. Just email us with your book choice, and we will have it sent directly to you from Amazon. Link to our online Bookstore is: <http://astore.amazon.com/v0fef-20>

What Motivates The Anti-Choice Movement?

Proponents of mandatory vaccination want to make medical choice illegal. Their goal is to extinguish our rights and freedoms as citizens, and to dismiss the medical ethic of informed consent.

“All children should be vaccinated against these childhood diseases. These parents who refuse, should be taken to court to force them, and should be jailed, if they refuse to obey a court order, as simply (sic) as that.”

– Comments, Toronto Sun, 09/27/15

What is it that motivates the anti-choice movement? How do they justify their use of force, intimidation, punishment, and bullying? I suggest the anti-choice movement is motivated by three qualities—arrogance, fear, and ignorance.

Arrogance

Their arrogance is based upon their belief that they know something about vaccines that pro-choice proponents don't. Anti-choice advocates are of the opinion that they hold the correct information about vaccine safety and effectiveness, and therefore have the right to impose their 'knowing' upon others.

Most anti-choice advocates suffer from hubris. Hubris refers to people who are overconfident and who overestimate their competency and capabilities. It refers to those who prefer the familiar even when it isn't working, and who are afraid to admit they don't have all the answers. Hubris can include willful blindness.

Anti-choice advocates, however, don't know the truth about vaccine safety and effectiveness. The fact is no one knows because the research hasn't been done. Anyone who says, “Vaccines are safe and effective” is either uninformed, misinformed, or being intentionally deceptive. A more accurate statement would be, “We hope vaccines are safe and effective” or “We want vaccines to be safe and effective”.

While anti-choice advocates like to believe they are proponents of “scientific inquiry”, the current vaccine program is more akin to a religion than to science. Vaccine proponents believe in the safety and effectiveness of vaccines. Their belief is based on faith rather than clinical evidence and verifiable proof.

The Truth About Vaccine Safety and Effectiveness

The undisputed truth is:

1. The safety of individual vaccines has never been proven in large, long-term clinical trials. Most safety trials are limited to a few weeks.

2. Most effectiveness trials are limited to the measurement of anti-bodies/titers in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted disease.

3. The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. No safety trials exist that confirm the safety of giving multiple vaccinations at once.

4. No large safety trials have been undertaken that use an unvaccinated population as the control group.

5. There is no long-term clinical evidence that vaccinated children have better overall health than unvaccinated children.

6. There is no independent biological science that shows injecting mercury into humans is safe in any amount.

7. Adequate studies have not been conducted to establish the safety of using aluminum in vaccines. Aluminum is a known neuro-toxin.

8. The safety of vaccines on pregnant women and infants has not been established.

Fear

Another motivation is fear. Anti-choice advocates fear that unless everyone believes what they believe and subject themselves to this invasive medical procedure, they and their loved ones will not be safe from disease. To be safe, everyone must believe and partake. Getting oneself vaccinated is not enough.

This is clever marketing by the vaccine industry. The industry references a theory called “herd immunity” to convince the masses that even non-believers must partake for the “greater good”. Herd immunity is a theory based on natural infection, which produces life-long immunity. There is no evidence that herd immunity can be achieved though the artificial and temporary immunity created by vaccination. This fact, however, is not considered relevant.

When pro-choice advocates share their experience(s), many of whom have witnessed the vaccine injury of a loved one, this information challenges the beliefs of the anti-choice advocates. It activates doubt and fear. It undermines the confidence and trust they have placed in the medical industry and agents of government oversight. It causes parents to question whether, in spite of their intention to do good, they may have inadvertently caused harm to their child.

For many, these doubts, questions and fears are too much to consider. A rigid and impermeable barrier is erected to prevent any doubt, fear, or guilt from developing. The voices of the vaccine injured must be silenced and eliminated.

“Power over happens when our fear of being hurt exceeds our fear of hurting others.” –Adam Kahane

Ignorance

The third motivation that influences the anti-choice movement is ignorance. Most anti-choice advocates, however, would be reluctant to admit their ignorance. They consider themselves

well informed. Mostly due to the mainstream media, they persist in repeating: vaccines are “safe and effective”. The ignorance of the anti-choice movement is understandable. The mainstream media has been successfully captured by the medical/pharmaceutical industry to the extent that fair, accurate, and balanced reporting regarding vaccination is no longer permitted.

Most mainstream media, whether print, television, or radio exercise a self-imposed censorship to prevent any discussion that questions the myths and beliefs of the vaccine industry. Even clear and straightforward information as “all vaccines are voluntary in Canada” is regularly distorted with dishonest and deceptive messaging by the media who routinely declare vaccination mandatory for children to attend school. Therefore, it is not surprising that anti-choice proponents are so adamant that their perspective is correct given the pervasive and persistent deception and distortion of our media.

Different Agendas

There is a significant difference in the agendas of anti-choice and pro-choice advocates. One of these groups wishes to dominate and convert the other. The other wishes to be of service.

Anti-choice advocates want to impose their will on others and they are even willing to use force if necessary. The values of rights, freedom, and informed consent are not considered relevant when the topic is vaccinations. They want full compliance.

Pro-choice advocates want to share something they have

experienced—that vaccines can and do cause injury. They want to encourage further inquiry into the safety and effectiveness of vaccines to help prevent further vaccine injuries. Unfortunately this act of service is not well received.

While I don’t doubt the sincerity of the anti-choice advocates, I question the basis for their arrogance and invite them to exercise caution in their crusade to convert everyone to their beliefs. While people are entitled to believe what they want to believe, harm occurs when one

group insists on imposing their belief system on everyone else. Anti-choice advocates are committed to converting others to their faith. They do this, not by dialogue, the exchange of information, facts, or clinical evidence, but rather by force, bullying, intimidation, and social and economic punishment.

Similar conquests in the past caused massive hurt and destruction that resulted in more harm than good. Witness the effects of the religious crusades, residential schools for First Nations people, the colonization of third world countries, the elimination of “undesirables” during the Nazi regime, and similar conquests where a belief system was imposed by rigid dogma and the abuse of power.

We cannot allow one group to impose their beliefs on another by force. To do so would not only be a disservice to all of us, but a real threat to our most basic human right—the right to determine what we allow into our bodies and that of our children.

Note: Ted Kuntz is father to Joshua, who suffered a severe and disabling vaccine injury in 1984.

Miller: Combining Childhood Vaccines at One Visit Is Not Safe (continued from page 1)

adverse reactions to vaccines. Although this represents a large number of people who may have been hurt by vaccines, under-reporting is a known limitation of passive surveillance systems. This means that VAERS only captures a small fraction of actual adverse events. In fact, shortly after VAERS was established, a large vaccine manufacturer, Connaught Laboratories, estimated “about a 50- fold under-reporting of adverse events in the passive reporting system.”³ Perhaps 98% of all adverse reactions to vaccines are not included in the VAERS database, and up to 25 million U.S. citizens could have been adversely affected by vaccines in the past 25 years. This well-known disadvantage of a passive reporting system, as opposed to an active surveillance system in which medical workers are trained to systematically collect all cases of suspected adverse vaccine reactions, is rarely acknowledged by health authorities when vaccine safety is discussed.

Although VAERS collects information about adverse events that occur after vaccines are administered, it should be noted that a report is not a confirmation that a vaccine caused the event. Health authorities like to emphasize this point whenever

VAERS data are used in a study with findings that are critical of vaccines. The implication is that studies using VAERS are unreliable and should be disregarded. However, CDC considers VAERS an important vaccine safety assessment tool and regularly conducts its own studies using VAERS data, often to justify maintaining national vaccination campaigns.

CDC Studies Utilizing VAERS

In May 2015, the CDC published a study in Clinical Infectious Diseases that analyzed the VAERS database for reports of serious adverse events after MMR vaccination in adults. CDC researchers found that the vaccine was often administered to pregnant women, a group in whom the vaccine is contraindicated, “suggesting the need for continued provider education on vaccine recommendations and screening.” Although 5% of reports were serious, including several deaths, CDC researchers concluded that “in our review of VAERS data, we did not detect any new or unexpected safety concerns for MMR vaccination in adults.”⁴

In November 2014, CDC published a study in the journal

Vaccine that analyzed VAERS reports associated with the live attenuated influenza vaccine (LAIV3). Although 8.9% of reports were classified as serious (e.g., cardiovascular events, neurological debilities, and fatalities) CDC researchers concluded that “review of VAERS reports are reassuring, the only unexpected safety concern for LAIV3 identified was a higher than expected number of Guillain-Barré syndrome reports in the Department of Defense population, which is being investigated [sic].”⁵

In June 2013, the CDC published a study in the journal *Pediatrics* that analyzed the VAERS database to assess intussusception events in recipients of two rotavirus vaccines, RotaTeq and Rotarix. (Intussusception is a serious intestinal condition that may require emergency surgery and can be fatal.) Although there were hundreds of confirmed intussusception events after vaccination, and a statistically significant clustering of intussusception events 3 to 6 days after the first dose of RotaTeq vaccination, CDC researchers concluded that an increased risk of intussusception “is outweighed by the benefits of rotavirus vaccination.”⁶

These studies and others confirm that CDC considers VAERS an important post-marketing vaccine safety surveillance tool. Therefore, nobody should be swayed into believing the VAERS database does not contain immensely valuable raw data to be used by independent researchers conducting studies that evaluate the safety of U.S. mandated vaccines. For example, Mark Geier, M.D., Ph.D., independent researcher and former professional staff member at the National Institutes of Health (NIH), published several studies utilizing the VAERS database showing that vaccines containing thimerosal (mercury) significantly increase the odds of developing neurological disorders, including autism.⁷⁻⁹ Independent researchers Lai and Yew utilized the VAERS database and discovered that patients who received a Herpes zoster (shingles) vaccine were more than twice as likely to subsequently develop arthritis or alopecia compared to a non-vaccinated control group.¹⁰ Other independent researchers have used VAERS to document numerous vaccine safety concerns; some of their peer-reviewed papers are summarized in Miller’s *Review of Critical Vaccine Studies*.¹¹

The Safety of Simultaneous Vaccines

Although CDC recommends polio, hepatitis B, diphtheria, tetanus, pertussis, rotavirus, *Haemophilus influenzae* type B, and pneumococcal vaccines for two-, four-, and six-month-old infants, this combination of eight vaccines administered during

a single physician visit was never tested for safety in clinical trials. This is at odds with a CDC report that found that mixed exposures to chemical substances and other stress factors, including prescribed pharmaceuticals, may produce “increased or unexpected deleterious health effects.” This CDC report also noted that “exposures to mixed stressors can produce health

“Perhaps 98% of all adverse reactions to vaccines are not included in the VAERS database, and up to 25 million U.S. citizens could have been adversely affected by vaccines in the past 25 years.”

consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures.”¹² Thus, CDC is well aware that mixing several pharmaceutical products increases the likelihood of synergistic toxicity and unexpected adverse reactions.

Nonetheless, CDC urges infants

to receive multiple vaccines concurrently without scientific evidence to confirm the safety of this practice. Administering six, seven, or eight vaccine doses to an infant during a single physician visit is certainly more convenient for parents, as opposed to making additional trips to the doctor’s office, and increases the likelihood that the infant will receive all the vaccines, but vaccine safety must remain the highest priority.

In 2002, the journal *Pediatrics* published a paper by Dr. Paul Offit, director of the Vaccine Education Center at Children’s Hospital of Philadelphia, in which he claimed that based upon certain immunological and mathematical assumptions, “each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time.”¹³ Ten years later, in 2012, G.S. Goldman and I conducted a study that examined this astonishing claim.¹⁴

We started by downloading the complete VAERS database from 1990 through 2010. There were more than 325,000 VAERS reports. We then eliminated all case reports that were not associated with infants (babies aged up to one year). This left us with 38,801 VAERS reports in which infants had adverse events after receiving one or more vaccine doses.

Next, we determined how many vaccine doses each infant received prior to the adverse event. (A computer program was written to make these calculations.) For example, if an infant received a hepatitis B vaccine and a rotavirus vaccine prior to the adverse event, it was recorded as two vaccine doses. DTaP is administered with one injection but contains three separate vaccine doses, for diphtheria, tetanus, and acellular pertussis. Thus, if an infant received a polio vaccine, a pneumococcal vaccine, and DTaP prior to the adverse event, it was recorded as five vaccine doses. Some babies received six, seven, or eight doses prior to an adverse event. This was not unusual because of the CDC recommendations noted above, plus its recommendation for two doses of an influenza vaccine during

infancy.

Finally, we isolated the “serious” adverse events—hospitalizations and death—from non-serious events, such as fever and local reactions. About 13% of all adverse events reported to VAERS are classified as serious, involving life-threatening conditions, hospitalization, permanent disability, or death. We sought to determine whether there were any trends or patterns associated with the number of vaccine doses an infant received and the likelihood that the adverse event reported to VAERS would require hospitalization or result in death.

Vaccine Doses and Hospitalizations

Of the 38,801 VAERS reports that we analyzed, 969 infants received two vaccine doses prior to the adverse event and 107 of those infants were hospitalized: a hospitalization rate of 11%. Of 1,959 infants who received three vaccine doses prior to the adverse event, 243 of them required hospitalization: 12.4%. For four doses, 561 of 3,909 infants were hospitalized: 14.4%. Notice the emerging pattern: Infants who had an adverse event reported to VAERS were more likely to require hospitalization when they received three vaccine doses instead of two, or four vaccine doses instead of three.

The pattern continues: Of 10,114 infants who received five vaccine doses prior to the adverse event, 1,463 of them required hospitalization: 14.5%. For six doses, 1,365 of 8,454 infants were hospitalized: 16.1%. For seven doses, 1,051 of 5,489 infants were hospitalized: 19.1%. And for eight doses, 661 of 2,817 infants were hospitalized: 23.5%. The hospitalization rate increased linearly from 11.0% for two doses to 23.5% for eight doses. Linear regression analysis of hospitalization rates as a function of the number of reported vaccine doses yielded a linear relationship, with an R_2 of 0.91.

Note: The hospitalization rate of infants who received just one vaccine dose was disproportionately high (16.3%) due to the hepatitis B vaccine administered at birth. As such, the hospitalization rate corresponding to one dose is an outlier and was excluded from the linear regression analysis.

Vaccine Doses and Mortality

Our study also calculated the case fatality ratio (mortality rate) among vaccinated infants, stratified by the number of vaccine doses they received. Of the 38,801 VAERS reports that we analyzed, 11,927 infants received one, two, three, or four vaccine doses prior to having an adverse event, and 423 of those infants died: a mortality rate of 3.6%. The remaining 26,874 infants received five, six, seven, or eight vaccine doses prior to the adverse event and 1,458 of them died: 5.4%. The mortality rate for infants who received five to eight vaccine

doses (5.4%) is significantly higher than the mortality rate for infants who received one to four vaccine doses (3.6%), with a rate ratio (RR) of 1.5 (95% CI, 1.4-1.7). Of infants reported to VAERS, those who had received more vaccines had a statistically significant 50% higher mortality rate compared with those who had received fewer.

The Age Effect on Hospitalizations and Death

Our study also analyzed whether the age at which an infant received vaccines had an effect on hospitalizations and death. Of the 38,801 VAERS reports that we analyzed, 765 concerned infants six-weeks-old or younger who received one or more vaccine doses prior to the adverse event, and 154 of those infants were hospitalized: a hospitalization rate of 20.1%. Of 5,572 infants aged six months at vaccination, 858 were hospitalized: 15.4%. Of 801 infants who were nearly a year old when they were vaccinated, 86 were hospitalized: 10.7%. The hospitalization rate decreased linearly from 20.1% for neonates to 10.7% for older infants. Linear regression analysis of hospitalization rates as a function of patient age yielded an R_2 of 0.95.

In the 38,801 VAERS reports we analyzed, 26,408 infants were younger than six months. After receiving one or more vaccine doses, 1,623 of those infants died: a mortality rate of 6.1%. The remaining 12,393 infants were between six months

“National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.”

and one year of age. After receiving one or more vaccine doses, 258 of them died: 2.1%. The mortality rate for vaccinated infants younger than six months was significantly higher than the mortality rate for vaccinated infants aged between six months and one year, with an RR = 3.0 (95% CI, 2.6-

3.4). Infants who had an adverse event reported to VAERS were significantly more likely to be hospitalized or die if they were younger rather than older at the time of vaccination.

Summary of Results and Media Response

Our study showed that infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalized or die when compared with infants who receive fewer vaccines simultaneously. It also showed that reported adverse effects were more likely to lead to hospitalization or death in younger infants.

These findings are so troubling that we expected major media outlets in America to sound an alarm, calling for an immediate reevaluation of current preventive health care practices. But 4 years after publication of our study, this has not happened. Could it be because, according to Robert Kennedy, Jr., about 70% of advertising revenue on network news comes from drug companies? In fact, the president of a network news division

admitted that he would fire a host who brought on a guest that led to loss of a pharmaceutical account. That may be why the mainstream media won't give equal time to stories about problems with vaccine safety.¹⁵

Conclusion

The safety of CDC's childhood vaccination schedule was never affirmed in clinical studies. Vaccines are administered to millions of infants every year, yet health authorities have no scientific data from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive. National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.

Undesirable outcomes associated with childhood vaccination can be reduced by requiring national vaccination policies to be supported by scientific evidence, holding vaccine manufacturers accountable when their products harm consumers, and urging major news outlets that rely on pharmaceutical advertising

revenue to change their business models so that crucial scientific research, regardless of how controversial it may be, is widely disseminated into the public domain. Meanwhile, the evidence presented in this study shows that multiple vaccines administered during one visit, and vaccinating young infants, significantly increase morbidity and mortality. Parents and physicians should consider health options associated with a lower risk of hospitalization or death.

Note: Article footnoted references found on page 27.

—We appreciate permission to reprint this excellent article from its publishers, The American Association of Physicians and Surgeons available at: <http://www.jpands.org/vol21no2/miller.pdf>

Neil Z. Miller is a medical research journalist. We appreciate Neil's kind support in allowing us to reprint this article. His well researched books on vaccination are highly recommended for parents seeking credible, science based information on vaccines and so called 'vaccine preventable' diseases. Miller's *Vaccine Safety Manual* is a classic which we recommend all parents have as a highly informative reference book. His most recent book, *Miller's Review of Critical Vaccine Studies* provides a summary of 400 important scientific papers. Neil Miller can be contacted through his [website](http://www.thinktwice.com/): <http://www.thinktwice.com/>

VCC Vaccine Safety Report 2 Released

By Nelle Maxey

A brief look at how children bear the brunt of adverse events and our recommendations for changes to the adverse events databases.

The Vaccine Choice Canada investigations into Canada's **dual adverse events databases** began in the winter of 2015. This is our 4th report. Our three previous reports and this latest report are found [on our website](#) (at www.vaccinechoicecanada.com on the main menu: About Vaccines/General Issues/Reports).

The two separate databases we investigate are the Canada Vigilance or **CV database** and the **CAEFISS** or Canadian Adverse Events Following Immunization Surveillance system.

An AEFI is "any untoward medical occurrence which follows immunization". An SAE or Serious Adverse Event is one that results in death, a life threatening incident, hospitalization, disability or congenital deformity. These Serious Reports of life-changing events are of the greatest concern to us.

Health professionals who administer vaccines file adverse events reports with database administrators. **The reporting rate is only 1% to 10% of ACTUAL adverse events occurring in the Canadian population.** Database administrators issue Quarterly Reports. Below are details teased from 2015 Quarterly Reports for both databases.

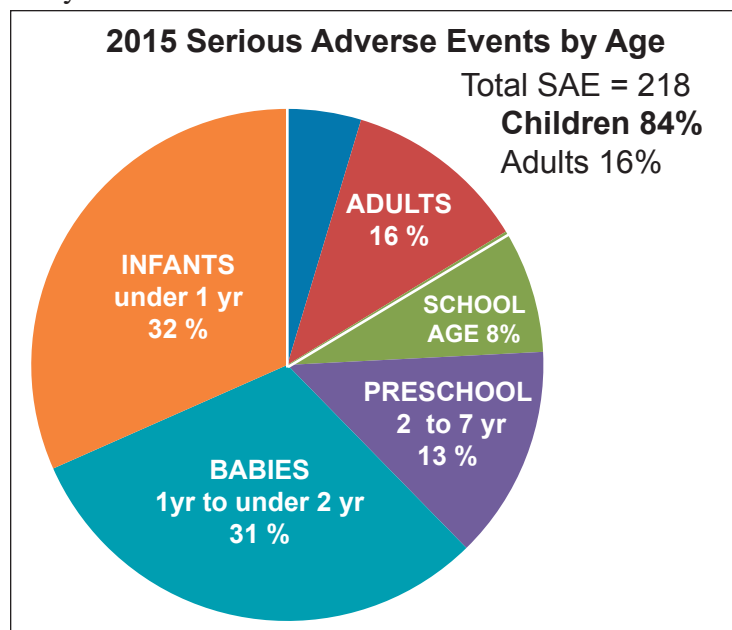
Children Continue to Bear the Brunt of SAEs

The graphic below was created using the annual data collected from Table 1 in the four 2015 CAEFISS Quarterly reports. Unfortunately, the percent of Serious Events continues to rise for children.

In 2014 children of all ages experienced 80% of SAEs. In 2015 this had risen to 84%. In 2014 babies and infants

under the age of 2 experienced 60% of SAEs. In 2015 this had risen to 63%. (The 5-year comparative chart is found on page 9 in the report.)

The only good news was that infants under 1 year of age experienced a decrease in serious adverse events. In 2015 there were only 68 SAEs reported for this age group. In 2014 there were 78. The Q4 CAEFISS report comments on fewer SAEs for infants in the last quarter saying, it "may be coincidental." Whatever that means.

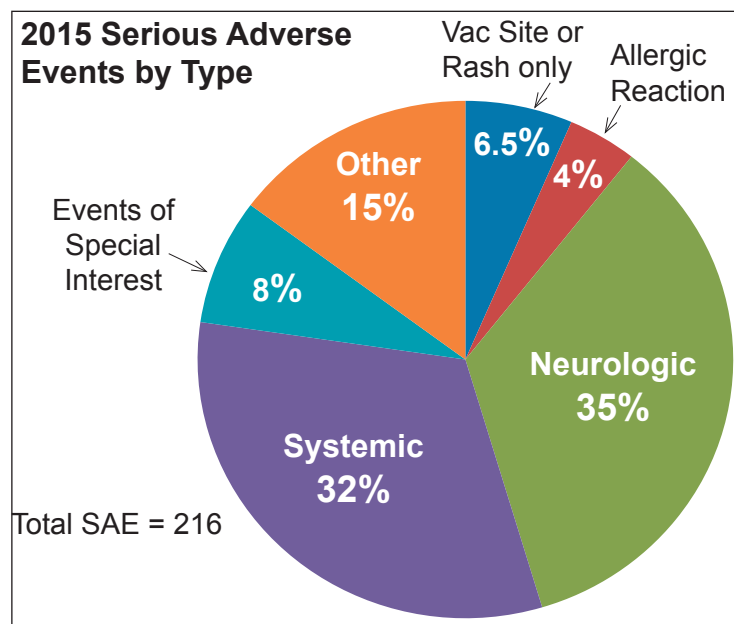


Children Experienced 84% of these Serious Events

The graphic below was created from Table 2 in the four 2015 CAEFISS Quarterly reports. Table 2 shows the main type of event experienced that caused the filing of the SAE report.

Starting at the top of the chart, number of events and very simple explanations of events are as follows:

- Vaccination site events which are serious include swelling of a limb where vaccine was given, cellulitis (skin infection), nodule formation at site—11 SAEs
Rash only means rash without a fever or other complications—3 SAEs
- Allergic or allergic-like reactions include respiratory problems or skin reactions like hives—9 SAEs
- Neurologic events, usually seizures, but can include permanent brain damage or GBS—75 SAEs
- Systemic events involve more than one system such as fever accompanied by severe vomiting and/or diarrhea or fainting with injury resulting —69 SAEs



- Events of special interest are safety signals. They include Arthritis, HHE, intussusception, para/anesthesia, parotitis, persistent crying, and thrombocytopenia—17 SAEs
- Other events are those listed on CAEFISS Report forms. They include gastro-intestinal reaction, arthralgia, SIDS/SUDS, vaccination failure, and undefined other events. Note that Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Death Syndrome (SUDS) data are not broken out in the reports—32 SAEs

In fact deaths are rarely mentioned in any of the CAEFISS reports. When they are mentioned, they are reported as caused by a “pre-existing condition” or have unexplained causes. CAEFISS never attributes death to suspect vaccines.

Following are our recommendations for required database changes to the two public health agencies who administer the adverse events databases in Canada.

Vaccine Choice Canada Recommendations

Canadians deserve far more timely, accessible, accurate and comprehensible data on vaccine-related adverse event reports.

Without complete adverse event data available (especially SERIOUS adverse event data) informed consent is impossible. Further the public cannot expect doctors, pharmacists or public health nurses to have this information if it is no longer being published in the official adverse events reports from our health agencies.

2015 CAEFISS information and interpretations are based on only 42% of SAE reports in Canada. The other 58% from the CV database, we have no detail on. **Therefore, we repeat our call for the two databases to be combined, to be publicly accessible and to have Annual Reports issued in a standard format for interpretation purposes.**

AEFI and SAE should be reported as rates per net vaccine doses distributed as they were in the 2006 *National Immunization report* and still are in the *Ontario Vaccine Safety Reports*. **Each vaccine should be itemized in this way for informed consent purposes.**

While we wait for the databases to be combined, the following changes are necessary:

- Reporting Source of AEFI reports should be included in all Quarterly reports for both databases.
- Annual data should be included in fourth quarter (Q4) reports for both databases.
- Reporting rates based on number of AEFI and SAE reports and vaccine doses administered should be calculated and reported for both databases.
- The CV database reports should also include detailed information on age groups affected for AEFI and especially SAE reports, suspect vaccines in reports and the actual adverse events experienced (e.g. neurological, systemic, etc). AEFI and SAE historical data should be supplied for 2013–2014.
- The CV database should be returned to functionality for the public so aggregate vaccine data and categories can be searched beyond 1987 and into the present.
- Manufacturers should be required to submit complete reports especially with ages and genders of patients shown.
- Previously available data on adverse events should be re-included in CAEFISS Quarterly Reports: 1) new combination vaccine categories should be re-expanded, 2) totals and percentages should be included for all data and 3) using the less than symbol (<) for number of reports in tables must stop.

To fully appreciate the above recommendations, please read the full 18-page report that lead us to these conclusions. It is available as a hyperlinked pdf on our website (www.vaccinechoicecanada.com). Click on *About Vaccines* in the main menu. Then click *General Issues and Reports*.

—Nelle proudly serves on the VCC Board of Directors

Marina's Story

By Janaia McQuaig



Marina Jane McQuaig
May 14, 2000–November 26, 2008

Marina will always be loved and greatly missed by her parents Randy and Janaia, her big brother, Connley, and her little sister Jaelene.

"There is a great deal of evidence to prove that immunization of children does more harm than good."

—Dr J. Anthony Morris, former Chief Vaccine Control Officer and research virologist, US FDA

I was given a flu shot with thimerosal [a mercury-containing preservative] when I was eleven weeks pregnant with Marina. The flu shot was recommended because I'm asthmatic. After the shot I felt wretchedly ill to the stomach and had nausea and diarrhea. Normally, I avoided using asthma medication because I didn't want to harm my developing baby, but then I had to use it because the flu shot gave me oculo-respiratory syndrome and I couldn't breathe.

I guess I never considered vaccines a medication because of the way they're advertised. Marina was born with cutis aplasia [improper skin development] on her hands and feet, which to me is an obvious result of the vaccine because the last layer of skin forms at around the eleventh week of pregnancy. At two months she was diagnosed with epilepsy; but she usually would never have more than one or two seizures a day. Because health authorities do not withhold vaccination for something they consider such a minor health problem [i.e., an evolving neurological condition], Marina was injected with all the usual infant vaccines on schedule at 2, 4, 6 and 12 months.

Looking back, she did have reactions to most of the vaccines, but we never linked it the way we should have. At 18 months, Marina was due for the seven vaccines given then: diphtheria, pertussis, tetanus, polio, Haemophilus influenzae B, chickenpox and meningococcus. She had been free of seizures for a year except for one possible seizure we didn't see but suspected she had about two weeks before the 18 month vaccines.

We told our paediatrician and the health nurse about this but

the nurse told me they'd changed the vaccine and it no longer affected seizures. At the time of the vaccines Marina had a cold and she'd not been well for a few weeks. I kept asking the nurse if it was all right to go ahead. She said yes and just to give Marina Tylenol for the next twenty four hours. Two days later, Marina was rushed to the Children's Hospital. She was "status"—meaning she was having seizure after seizure without coming out of them in between.

After two weeks in the hospital, one of them in ICU, and seizing almost daily, up to nine a day, I started to ask why this happened. I then reported the incident to the Health Unit. When I followed up a couple of weeks later no one knew what I was talking about and was told that it is completely safe to have all of these vaccinations.

Marina came close to death 60 hrs after the seven vaccine doses. Unbelievably, public health carried on as if nothing had happened.

We have a copy of her chart and it is written in there that 'Communicable Diseases' believes that Marina should go ahead with the regular vaccine schedule. Since then we had seen an immunologist who was skeptical at first, but after a two hour appointment and listening to our story, said he would not be comfortable recommending any vaccine for Marina or myself.

The quote in the letter he wrote was that it is "difficult to predict the risk with subsequent vaccines for either mom or Marina with this history." The statement from the neurologist

was that the vaccines were a “major contributing factor” to Marina’s adverse reactions. The genetics department, I believe, does believe that Marina’s damage initiated with the flu shot, but is just not clear exactly how she was damaged. But because public health denies any connection, what happened to Marina will not go to ‘statistics’ to help prevent the same thing happening again. Unbelievably, Marina’s severe reaction two days after vaccination is not considered an adverse reaction. I hope one day, if enough parents continue to tell their stories, our children will be protected.

At age three, Marina was still not doing well. Life was a constant struggle, taking her in and out of hospital, trying various drugs that didn’t work. She was only then beginning to crawl and was severely developmentally delayed. Recalling the horror of the severe reaction when we walked into her room 60 hours afterwards and she was having one seizure after another. She still had this pattern to cluster and the fear was that one day there will not be a drug to stop it.

Received from Jania McQuaig Dec 23, 2014 via email:

Six years after my daughter, Marina Jane McQuaig, passed away in the night of a seizure disorder that was consistently one step forward two steps back, my older two children and I were in need of a new Medical Doctor as ours was away ill for an undetermined amount of time.

I walked into Dr. R’s office at the Riley Park Primary Care Centre for a “New Patient Meeting”, reviewed my health history and we both asked questions. I had told her that I was not able to take morphine, that we had a family history of adverse reaction to morphine so my children should also probably not take it—that was fine.

At the end she told me she would like to see me as a new patient. She then asked about the flu shot. I told her my story and Marina’s story ending in death, beginning with a flu shot I received and reacted to at 11 weeks pregnant. I also told her that my other daughter is a Type 1 Diabetic so she has an autoimmune disease. As well, we are still discovering allergies in my son such as grass, dust and cats and that my children’s father and I both reacted adversely to vaccinations as children.

I also said that I had an allergy to eggs which no one cautioned me about back in 1999 when I was administered that flu shot which contains egg residue, and that allergy to eggs is a contraindication. So my answer was that no, my children and I would not be receiving the flu vaccination. She then proceeded to ask about the rest of the childhood immunizations and I told her I had chosen to stop all vaccines for now based on our entire history of reactions which ultimately led to the death of my child.

I said until my children are grown and then, if at some point they were going to travel or choose a line of work that puts them at risk, we would sit down and consider which vaccines might be appropriate. I told her I was advocating for them as individuals and not simply for the benefit of society based on considerable amounts of evidence and negative past experiences which, as you can imagine, almost destroyed my life and did destroy my child’s life.

She politely told me that she would love to see me as a patient and that I seemed “very nice” but that she would not see my children because she has a policy that she will not see children who are not up to date on their vaccinations.

One drug adverse reaction and choice to not take it again was fine, but another was not? Does she have the right to discriminate against children who may be at risk for an adverse reaction to a drug and choose to deny them medical treatment? How do you ever say to a mother that she is worthy of health care but her children are not? What is wrong with this doctor? Is this what our world has come to? I had hung up my belt and put away my war paint in my fight against herd immunization and only tell my story to those who are close, but dear doctor your choice to discriminate against my children has forced me to done my gloves for another round.

I tried for years to bring awareness to the risks of vaccine adverse reactions so that other children who might be at greater risk could be protected, especially those with seizure disorders. After years of gathering information and proof that some children should not be vaccinated, especially at certain or uncertain times, then to be told that for “society’s sake” the regular recommended vaccine program must continue without concern for the individual but for society as a whole.

“YOU HAVE A CHOICE. YOU ARE INTELLIGENT AND WISE ENOUGH TO KNOW YOUR CHILD AND YOUR BODY TO MAKE AN INFORMED DECISION.”

After years of standing by my decision and satisfied that we have a choice as parents and pregnant women, and that we can choose to say NO in our

free country and then to be unjustly discriminated against by complete ignorance and inexperience is absolutely appalling.

YOU HAVE A CHOICE. YOU ARE INTELLIGENT AND WISE ENOUGH TO KNOW YOUR CHILD AND YOUR BODY TO MAKE AN INFORMED DECISION.

In 1999 when I received the flu shot I WAS NOT TOLD about the potential risks if one has an egg allergy. I had a severe reaction at 11 weeks pregnant following which I was severely ill for days after. I’m not even sure they knew the name of it at the time, but they called it “oculo-respiratory syndrome”. A syndrome unknown by the immunologist I took my children to a couple of years later. I was shocked and upset because as an immunologist he should have been the first to be informed of this possible reaction.

Continued Page 17

Rabbi Handler on Vaccines, Politics and the Autism Holocaust

By Anne Dachel

Anne Dachel interviews Rabbi Handler in November 2016 on mandated vaccinations and loss of individual rights and freedoms

Three years ago I got to know a remarkable advocate for medical freedom and vaccination choice. That man was Rabbi William Handler who lives in New York City.

In 2013 there was an outbreak of measles in the Orthodox Jewish community in Brooklyn and pediatricians urged parents to immediately give their children the mumps-measles-rubella (MMR) vaccine to protect them against the disease. *The New York Daily News* reported at the time that some people linked the MMR to autism. “Some parents, including many religious Jews, shun getting the vaccine, which prevents mumps, measles, and rubella, out of fear it causes autism, said Dr. Yu Shia Lin of Maimonides Medical Center in Borough Park.”

The Wall Street Journal covered the outbreak telling readers that local rabbis and community leaders were urging that children be vaccinated and that any link between the MMR and autism had been “debunked by medical studies.”

Rabbi Handler however cautioned against blindly following the advice to vaccinate against measles in an article in July 2013 in the *Jewish Press* entitled, “The Measles Scare and CDC Politics.”

Handler had researched the vaccine issue for himself and what he discovered made him question the one-size-fits-every-child vaccination schedule in the U.S. His *Jewish Press* story was a summary of what he’d learned about vaccines during a five year investigation. Handler wrote about the power and influence that drug companies have over our lawmakers in Washington as well as their control over officials at the Centers for Disease Control and Prevention. He cited well-credentialed experts whose studies raised serious concerns about vaccine side effects. He brought up troubling issues like the federal government’s concession of vaccine-induced autism in the case of Hannah Poling in 2008.

Handler’s ending pretty much summarized what U.S. health officials and mainstream medicine are up against:

“Increasing numbers of parents—especially the more educated parents—no longer trust the American government’s public health campaigns.”

I was very excited to see Rabbi Handler’s article, and I was fortunate enough to interview him about what he’d written in July 2013.

My interview with him ended with this ominous statement:

“The people of this country are slowly losing their freedoms, as the Government becomes more and more intrusive, controlling almost every aspect of their lives.”

That was three years ago, before Senate Bill 277 in California removed any religious or philosophical objection to vaccination in that state. There is now growing fear that what happened in California will happen to all Americans through a federally controlled vaccination program. There will be no choice for anyone when it comes to being vaccinated.

I talked with Rabbi Handler recently about medical freedom and religious objection to vaccination. He has his own unique perspective on freedom since he was born during the Holocaust in Nazi occupied Romania.

Handler is very worried about the future as you can see from his responses.

Rabbi Handler: “For the past eight years, under the Obama administration, we have experienced a wholesale transformation of America. This is not the America I remember from the 1950’s. It’s very different.

We are going through a reversal of the American Revolution of 1776—a counterrevolution—a reassertion of aristocratic privilege by our elite classes, a repudiation of George Washington, James Madison, Thomas Jefferson, Benjamin Franklin and their colleagues.

Big Business, Big Media, Big Education, Big Finance, Big Government, all of these Big powerful interests are now working together to reverse the American Revolution that gave the power to the American People.

The Donald Trump phenomenon represents a protest by the average middle-class American at the prospect of losing the Constitutional freedoms established by the Founding Fathers of this country; the rights and freedoms their parents fought so hard to preserve and protect.

Today’s elite ruling classes look with contempt on those who live in flyover country, who raise families with children, worship G-D, and struggle to make a living.”

Q: Rabbi, why do parents seem to be so willing to give up their rights when it comes to vaccinating their children?

“The average parent has neither the time nor the expertise to research and understand the issues surrounding vaccination and CDC mandates. It’s a very complex subject, and even most pediatricians don’t really understand it. They just follow the CDC guidelines and the Standards of Care given to them by their medical organizations.

The fact that the media engages in censorship, misinformation and disinformation on this subject doesn’t help either.

My children and grandchildren are constantly harassed by their pediatricians to “bring the children up to date” on their

vaccinations.

I understand that many medical insurance companies give large bonuses to pediatricians for each child who successfully completes the CDC vaccine schedule by two years of age.

However, to be eligible for this per-child bonus, about 65% percent of the children in the pediatric practice must complete the CDC schedule on time. If the 65% threshold is not met by the pediatric practice, the doctor gets nothing. This could add up to hundreds-of-thousands of dollars a year in a busy pediatric practice.

You can understand why many pediatricians refuse to serve parents who do not vaccinate. Their bonuses come first.”

Q: What did your experience with the measles outbreak in 2013 teach you about medical freedom?

“What we learned from this outbreak was that the CDC will exploit every opportunity to stampede reluctant parents into their vaccine agenda. Fear is an indispensable part of CDC propaganda.

Before the introduction of the MMR vaccine, doctors considered measles a routine childhood disease, best treated with rest and warmth. It was over in two weeks, and the child’s natural immune system was thereafter greatly enhanced.

However, after the introduction of the MMR vaccine, measles suddenly was transformed into a very serious disease, with potentially deadly consequences.

Every year, the CDC tries to stampede the American population into using the ineffective and dangerous flu vaccine by citing the same fake statistic of 36,000 flu casualties.

Flu vaccine damage is the subject of an overwhelming number of lawsuits brought before the U.S Government Vaccine Court, an entity that was established in the 1980’s to award damages to victims of vaccine damage.

The establishment of this government court became necessary when Congress, in 1986, made it illegal to sue vaccine manufacturers and doctors for vaccine damages. Shortly afterward, the CDC tripled the number of mandated vaccinations and the incidence of autism skyrocketed by 1500%.

We are all victimized by the panic propaganda promulgated by the Government.”

Q: Do parents have a religious right to object to vaccinating their children? (Leading vaccine promoter Dr. Paul Offit says they don’t. In his book, *Bad Faith: When Religious Belief Undermines Modern Medicine*, Offit said that using a religious exemption was immoral.)

“Traditionally, in America, religious rights have been sacred—“Land of the Pilgrim’s pride,”

“Yes, there is a vaccine-triggered holocaust of autism and autoimmune diseases like asthma, diabetes, Crohn’s disease, and various forms of ADHD and brain damage.”

America was founded to give the Pilgrims from intolerant Europe the opportunity to freely practice their religion. The Quakers, another unconventional religious sect, founded Philadelphia, the city of Brotherly Love, in the colony of Pennsylvania, named after the famous Quaker leader William Penn.

In the 1950’s the Supreme Court recognized the right of the Amish to be exempted from compulsory education laws, because such compulsion would infringe on their religion.

Things are changing. Our First Amendment and Second amendment rights are under vicious attack by liberal forces, some of whom have been appointed to the federal bench.

Parents who fear vaccines are threatened with the expulsion of their children from public schools and colleges. Child abuse agencies even threaten the removal of children from their homes of vaccine dissenters for alleged “child abuse.”

The media, dominated by power of pharmaceutical advertisers, has long demonized such parents as irresponsible, ignorant people who pose a threat to the community.”

In April 2015 Robert Kennedy Jr. found himself in a firestorm of criticism because he described the damage from vaccination as ‘a holocaust’:

‘They get the shot, that night they have a fever of a hundred and three, they go to sleep, and three months later their brain is gone. This is a holocaust, what this is doing to our country.’

Kennedy ended up apologizing for that remark after being attacked from several sides, including all of the major news outlets. **Q: As someone who was born during the Nazi occupation in Europe, how do you feel about his statement?**

“You need to understand that words are weapons—the mightiest weapons of all. The pen is mightier than the sword. So, when powerful and influential media disparage you, demonize you, and label you, when they suggest that you are a danger to society, watch out. You have been dehumanized, and anything is possible.

That’s what Hitler and the Nazis did to my grandparents, uncles, aunts, and cousins--sent them to the gas chambers and the ovens. That’s what the communists did to my father-in-law—sent him to the gulags of Siberia to suffer extreme cold and hunger.

Webster’s dictionary defines a holocaust as follows: “great or total destruction of life, especially by fire.”

Yes, there is a vaccine-triggered holocaust of autism and autoimmune diseases, like asthma, diabetes, Crohn’s disease, and various forms of ADHD and brain damage.

“As one of the last living survivors of Hitler’s Nazi

Holocaust, I am outraged that the Anti-Defamation League and other politically-Liberal Jewish organizations have claimed exclusive ownership of this very powerful English word and blocked its use by Autism activists.”

Q: What do you see as the ultimate goal of those who want to take away our medical freedom?

“The ultimate goal of the Government/BigPharma Industrial Complex is a society totally dominated by the medical/pharmaceutical establishment, from the cradle to the grave. They are the ultimate drug pushers.

At birth, the newborn’s extremely vulnerable body is immediately subjected to a hepatitis-B shot, an injection that has been shown to cause brain damage in laboratory monkeys.

Just a few months later, that poor child is subjected to a never-ending deluge of toxic injections: MMR, DPT, HEP-B, etc., again and again. Since the poor child has not yet developed a fully-mature immune defense system, is it any wonder then that his health breaks down and he falls prey to disease?

The effect of this assault on the child’s G-D-given immune system is to confuse the system and make it incapable of functioning properly to maintain the body in full health.

What is left is a crippled child who must constantly run to doctors and hospitals—an ideal lifetime customer for the Government/Drug Industry Complex.”

There has never been any test of the efficacy and safety of the full vaccine protocol mandated by the CDC.

Obamacare is the culmination of this BigPharma objective, a system that forces everyone to contribute ever-increasing sums of money to the Government/BigPharma Industrial Complex.

Should Clinton be elected, you can be sure that you will lose all your vaccine options, including the right to a religious exemption.”

“The late Dr. Mayer Eisenstein, founder of the Homefirst

clinics in Chicago, wrote that, out of 40,000 children in his four clinics, not one suffered from autism. The Illinois State health officials who visited his clinics were greatly surprised at this unprecedented zero autism rate.

The CDC sees themselves as a military force, conducting a massive war campaign against overwhelming multitudes of potentially-deadly diseases.

The CDC’s war metaphor is dangerous. In war, there are casualties, and collateral damage to innocent civilians. So, the CDC has a cavalier attitude towards children who become casualties in this war against disease.

As the casualties mount, the CDC responds by hiding the body count. It’s almost impossible for independent researchers to get accurate data on the real health

consequences of today’s overwhelming vaccine schedule. The CDC guards their data like a top state secret.

To quiet the increasingly loud voices of its critics, the CDC funded 11 million dollars of fraudulent research with Dr. Poul Thorsen, in an effort to show that vaccines have no connection to the autism/autoimmune holocaust. Although Dr. Thorsen was later indicted for stealing one million dollars from the CDC, his fake research is still cited by television and newspaper commentators as proof that the MMR vaccine does not cause autism.”

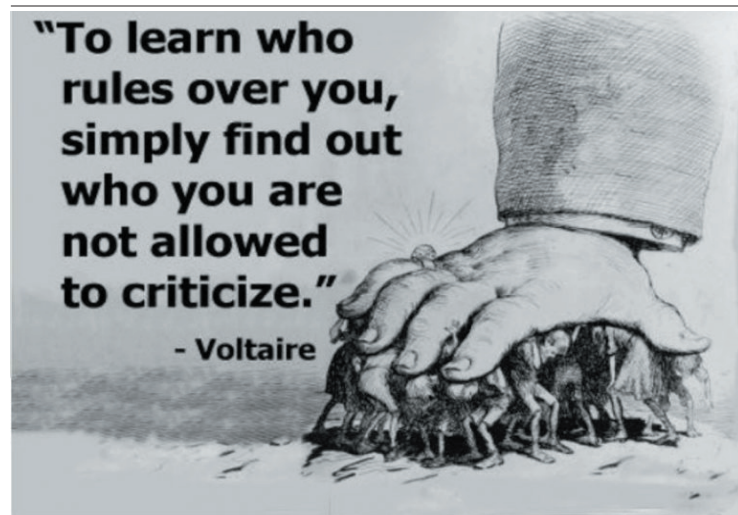
Q: You wrote that the drug industry controls mainstream medicine, our health officials, and major news outlets. How will this situation ever improve? What can ordinary people do to challenge their message?

“Right now, powerful forces want to change health care practices in America. If they succeed, we will lose all our rights to choose what kind and how much medical care we receive.

“You can keep your doctor, and you can keep your medical plan (sic).”—It’s already happening under Obamacare. It will get much worse.

We will be subjected to a government/BigPharma dictatorship. The media will be fully censored and government controlled. Doctors will have no say whatever in the protocols and standards of medical care. They will be under the total control of the Government/BigPharma Industrial Complex.”

—Anne Dachel is Media Editor for Age of Autism. Anne analyses and writes commentary about media reports on vaccines and autism. She writes prolifically on the autism epidemic and the media’s refusal to adequately investigate the vaccine autism link. We appreciate the opportunity to reprint this [fine interview with Rabbi Handler](http://www.ageofautism.com/2016/11/rabbi-handler-on-vaccines-politics-and-the-autism-holocaust.html) which can be accessed at this link: <http://www.ageofautism.com/2016/11/rabbi-handler-on-vaccines-politics-and-the-autism-holocaust.html>



Cognitive Dissonance Weighing Heavily on Pediatricians

By Mary Romaniec

“Sometimes people hold a core belief that is very strong. When they are presented with evidence that works against that belief, the new evidence cannot be accepted. It would create a feeling that is extremely uncomfortable, called cognitive dissonance. And because it is so important to protect the core belief, they will rationalize, ignore and even deny anything that doesn’t fit in with the core belief.”

—Franz Fanon in *Black Skin, White Masks*

Not long ago I was at a meeting which featured a state public health pediatrician discussing how raising the smoking age leads to a lessening in tobacco use in youth.

The physician speaking was charismatic, somewhat aloof and had a manner that signaled he was not used to being questioned contrarily. As the lone reporter in the room I wrote his testimony and when he was done I followed him into the hall to ask follow up questions.

The conversation began simply enough, with me asking why he took on the challenge of youth tobacco use. Turns out he was the initiator of the movement to raise the tobacco age across the country, and he did it by showing convincing data-based evidence, he said.

Somehow we ended up on the topic of autism and special needs children when I mentioned my connection of working with families. “Oh, so do I,” he told me. “Only, they have to be vaccinated,” he said, with a smile that once again suggested he was not to be questioned.

“Well, my son was vaccine injured and is medically exempt from all further vaccines,” I quipped. “But he is also recovered from autism,” I added, which didn’t seem to surprise him.

The conversation then touched on genetic predisposition, flu vaccine during pregnancy, and why some kids may be more susceptible to harm than others to the largest vaccine schedule in the world. He paused at times to sort of agree with me since I was entirely non-confrontational, and had stopped taking notes for my report.

Paul Offit’s friends think alike

Found out he’s a friend of Paul Offit, which explained much of the rest of our conversation.

He discussed the infant who died directly following a round of vaccines he had administered. There were four in all of his years in practice that died within close proximity of their well check. But the one who died suddenly bothered him.

I asked if he reported it to VAERS or acknowledged the vaccine reaction, and he shook his head. Instead, he found a report put out in the UK that explained why these children would have died any way. One report.

My face must have slack-jawed since he kept talking. His body language indicated he intended to have the last word. The cadence of his speech picked up and he began to move toward

the door.

I pressed him about the vaccine schedule as being a problem, the Hepatitis B as an example of something so entirely unnecessary, but worth billions to Merck.

“They don’t give that one anymore,” he said with conviction. “The Boston hospitals stopped giving it a while ago,” he remarked; which I found hard to believe that any Boston hospital would go against the CDC vaccine schedule, especially one as lucrative as the Hep B.

So I asked the obvious question as to why it was decided a good idea for newborns in the first place. “Well that one was added because there was a real need when mothers from Vietnam came here and they were heavily infected with Hepatitis B,” he stammered.

By this stage my reeling thoughts were either the guy was nuts or his knowledge of unnecessary harm was starting to spill out. Or I was looking at the epitome of cognitive dissonance.

Cognitive Dissonance has no parallel

A quick definition of cognitive dissonance is that people have an inner need to ensure that their beliefs and behaviors are consistent, even when faced with new evidence to challenge their assertions. In 1957, psychologist Leon Festinger proposed the theory, saying that any inconsistency or conflicting beliefs that leads to disharmony, also leads people to avoidance.

My simple questions to this public health pediatrician caused an odd response, and his need to avoid the obvious was palpable. He mentioned the Omnibus ruling in the Cedillo case as being correct; after all, he had read the transcripts. “Hmmm, I know the Cedillo family,” I replied, trying to add in how the harm to their daughter was very real. By this stage he had one foot out the door and I stopped adding fuel to the bonfire set.

Sadly, he is emblematic of the crisis of conscience, and mental health, other physicians must be facing as the truth unfolds before them.

In our former pediatric practice, the lone pediatrician watched the autism epidemic escalate on his watch. More children added to the practice, more children diagnosed with autism.... including his own.

I wondered how many he would diagnose before the harsh reality would hit him. How many similar stories? I wondered how many other pediatricians were seeing the same tragedy hit

their child, only to turn around and vaccinate the next child without a word of caution to the parent.

After speaking at an event in San Francisco, a lovely pediatrician clutched my book *Victory over Autism* to have me sign. She thanked me for the talk in which I described my son's recovery from autism, detailing how we had to heal his immune system. As a holistic pediatrician in California, she had her hands full navigating the minefield of vaccine politics.

In our brief conversation I told her that pediatricians (her colleagues) knew what was causing the rise in autism and other childhood disorders. "You think so?," she asked, almost pleadingly. "I know so. How many children can come to their office and become seriously ill directly following a well-visit that includes vaccines? When do they begin to wonder if there might be a correlation?" They know. Or they adopt cognitive dissonance just to head to the office every day.

I am baffled by this mindset in medicine. How uncomfortable does it have to get before they begin to question whether or not they had a hand in the rise in childhood illnesses? How many parents do they have to bully into compliance before it becomes painfully obvious the parents are not the problem. Their guilt is.

Autism parents have "cognitive dissonance"

Likewise, we as parents are accused of having cognitive dissonance for questioning the idea that autism is not purely genetic, but has an environmental trigger. The "science is in" crowd cites the "studies" that document what we are obviously denying. What they fail to grasp is that we witnessed what happened to our child. We didn't imagine that our child had signs of autism all along, and we just missed the clues. Nor did they suddenly become brilliant to figure out how autism has been in our midst all along, now that there was "better diagnosing."

In his article, "Fighting Cognitive Dissonance & The Lies We Tell Ourselves," John Grohol, Psy.D, recounts that cognitive dissonance is just one of many biases that work in our everyday lives. He writes: "We don't like to believe that we are wrong, so we may limit our intake of new information or thinking about things in ways that don't fit with our pre-existing beliefs. Psychologists call this *confirmation bias*."

It isn't so much that this is a disorder, as much as it is a chosen behavior. Which leads to the question of how much cognitive dissonance can someone adopt before the lie overwhelms them to change directions? I think we are on the verge of that shift simply because the burden of the lie is becoming insurmountable.

"Vaccine mandates will bring about the unintended consequence of creating sheer ill will toward pediatricians."

consequence of creating sheer ill will toward pediatricians.

Cognitive dissonance will cease to exist when the lies are universally exposed, or the guilty conscience overwhelms the physician who swore an oath to first do no harm...but harmed any way. More good pediatricians will leave traditional medicine and opt for a safer (saner) approach to vaccines, and they certainly will listen to the parents more than they do today.

Cognitive dissonance has a life cycle when looked at as a whole. Think of how we have shifted attitudes and perceptions over the generations, mainly because the lies were too much of a burden for society to accept: civil rights, women's rights, green energy, smoking, etc.

So too will the shift happen in pediatrics. It has too. Until it does, we need to keep telling our stories.

—We appreciate the author's kind permission to reprint her article which was published at the Age of Autism daily web newspaper: <http://www.ageofautism.com/2016/09/cognitive-dissonance-weighing-heavily-on-pediatricians.html#more>

Mary Romaniec is a reporter who lives in Massachusetts. She is the author of *Victory over Autism: Practical Steps and Wisdom toward Recovery for the Whole Family*. She writes, speaks and advocates for families of special needs children. Find out more at her website: <http://maryromaniec.com/>



Volunteers at VCC Whole Life Expo Booth. From Left: Josephine Solomons, Joel Sussman, Skylar Hill-Jackson, Margaret Sussman, and Board Members Rita Hoffman and Jim Amar. THANK YOU!!!

Scientist and Stem Cell Expert Says Don't Be So Quick to Believe Vaccines Are Safe

Zoe Romanowsky interviews Dr. Teresa Deisher who believes vaccines made from fetal stem cells may pose a serious risk

Dr. Theresa Deisher is no stranger to science, research, and ethics. She holds a PhD in Molecular and Cellular Physiology from Stanford University and has spent over 20 years in commercial biotechnology before founding Sound Choice Pharmaceutical Institute (SCPI), which promotes consumer awareness about the widespread use of electively aborted fetal material in drug discovery, development, and commercialization.

Dr. Deisher is an inventor with 23 issued U.S. patents. She was the first person to discover adult cardiac derived stem cells, and has been a champion of adult stem cell research for two decades. She is also founder of AVM Biotechnology, which is dedicated to the discovery, development, and commercialization of safe, effective, and ethical stem cell technologies for regenerative medicine, oncology, and fully human biologics.

Deisher spoke to Alethea's Zoe Romanowsky about why parents and the general public should not be quick to support government mandated vaccines or believe that all vaccines are safe.

Q: Dr. Deisher, your background is in molecular and cellular physiology and the biotech industry. How did you come to be interested in vaccine science and safety?

TD: We took on the task to develop alternative vaccines from a moral and philosophical perspective. In reading about vaccines one cannot miss the vaccine autism controversy. What was striking is that several scientific articles whose purpose was to refute any link, actually demonstrated a very strong association. That association was between autism rates and the use of fetal manufactured vaccines. Therefore, we undertook a survey of as many countries as possible where autism and vaccine information was accessible and accurate. Across decades and across continents there is an association between the use of fetal manufactured vaccines and autism.

Q: Government mandated vaccination programs are a very divisive issue right now. As a scientist and mother, you are not anti-vaccine, but you believe there are serious problems with vaccines that need to be addressed. Could you explain your position?

Continued next page

Marina's Story continued from page 11

NO ONE TOLD ME that the monograph which accompanied the 4 in 1 Quadracel shot Marina received that day indicated that her neurological disorder should have been taken into consideration. Marina should NOT have been given the pertussis component of the vaccine that day, let alone all of the vaccines together—something that had never even been studied at that point, and that we were the study.

The manufacturers of Quadracel recommended “deferral of the pertussis component of the vaccination in children with a progressive, evolving, or unstable neurologic condition (including seizures) because administration of the pertussis component may coincide with the onset of overt manifestations of such disorders and result in confusion about causation” (QUADRACEL TM, Aventis Pasteur SA, Lyon France, July 1998). This is exactly what we believe happened to Marina.

I understand that some medical professionals don't believe the immunizations are responsible for the onset of this episode of seizures because of lack of proof. I don't know how much more obvious it could be when everything is taken into consideration that the immunizations were a major contributing factor.

Not only were we not informed of this possibility we were not even told to watch her. If I had known all of the facts, common sense would have told me that Marina was not ready to be

vaccinated that day with one vaccine, let alone all of them. I could have made a more informed decision as well as consult with her neurologist as to how and when to proceed. If there was any possibility that my child's life was in danger that day, I should have known about it.

I WANT TO TELL YOU that it is called “herd immunization” for a reason and that you will not be told all the information needed to make an informed decision. You are the only one who loves your child enough to consider them an individual and know how they will individually react. Otherwise you are putting them at risk to take one for “Team Society” for prevention and disease control.

You know your child... You are the one who ultimately has the choice still, here in Canada, to hold off on certain vaccinations for certain reasons; so I ask you not to give up that right to choose. Protect that right to choose. Please never do as I did and look back regretfully and say, “NO ONE TOLD ME”.

—We appreciate Janaia's kind permission to publish Marina's Story. Note: Marina's case is not an isolated incident. At VCC, we are aware of many children who have been left severely damaged or have died following vaccinations.

TD: The FDA has debated the safety of using human fetal cell lines for vaccine manufacture for over 50 years, yet actual safety studies have never been done. There has never been an epidemiological study that has considered the relative risk of autism diagnosis based on receipt of fetal manufactured vaccines, which includes MMR II, Varivax, Vaqta, Havrix and Pentacel.

People who question the U.S. vaccination schedule, which is very aggressive, and the very real dangers of adjuvants in vaccines, and the long term impact of a heavy vaccination schedule on natural immunity, have rational and sound scientific concerns. It is sad and perplexing that civil, complete, and rational discussions of these concerns are obstructed by pharma, by the media, and unfortunately often by our elected officials, pediatricians, and family physicians.

Q: There is still concern out there that vaccines may cause or trigger autism and other developmental problems. A lot of experts say there is no evidence that vaccines cause autism, but many parents aren't convinced. A graph on the Sound Choice website shows that the three largest spikes in autism coincide with the introduction of vaccines produced with aborted fetal cells. Is this the piece we're missing here—that it's not vaccines per se, but what's in certain vaccines? And why is this not showing up in the studies that the government agencies and pharmaceutical companies say we should believe?

TD: Yes, this is the piece that we are missing. It is not the MMR, but the fetal contaminants in the MMR. This is not showing up in studies because there are several fetal manufactured vaccines. Studies have looked only at MMR, but never all fetal manufactured vaccines. Children are rarely completely unvaccinated, and in the overwhelming majority of cases when parents reject vaccines, they only reject one or two—typically MMR and DTaP, because of the public perception of a link to autism. However, a child who did not receive MMR likely did receive Varivax (chickenpox) and/or Vaqta or Havrix (hepatitis A). Therefore, studies must be conducted to consider the question of the relative risk of autism if a child received any, a combination, or all of the fetal manufactured vaccines. This has never been done.

In fact, no study has ever looked at the relationship between fetal vaccines and autism. If you have five smelly garbage bags and you take one outside yet the smell remains would you conclude that one garbage bag had no relationship to the smell? Of course not. They have looked at MMR II, but most of those children got the chickenpox vaccine and hep A—both fetal vaccines. No study has ever looked at children who get no fetal vaccines. Yet the data exists. Mennonites vaccinate,

but will not use the fetal vaccines and their children have zero autism.

Q: Aside from the morality of using aborted fetal cell lines in the first place why are these vaccines problematic?

TD - The vaccines are contaminated with toxic residuals from the fetal cell lines that are known to be able to trigger autoimmunity and insertional mutagenesis, which is when foreign DNA inserts itself into a recipient's genome. It is by nature a mutation which can cause disease if it inserts in the wrong place. Perhaps 85% of the genome is susceptible to disease if an insertion occurs.

Q: I read that you are also concerned that vaccines using aborted fetal cell lines may be linked to childhood cancers and other diseases that may not show up for years. Can you explain?

TD: Insertional mutagenesis occurs most readily in stem cells. Lymphomas and leukemias include certain subtypes that involve mutations in stem or progenitor cells. If insertional mutagenesis occurs in a stem cell, that stem cell will remain dormant in the germinal center in the case of BL, FL and DCLBL until it is triggered to grow and mature by the presentation of an antigen (bacteria or virus, etc.). The maturation includes a process called hypermutation and class switching. Mistargeted hypermutation is known to be a likely mechanism in B cell lymphomas. If a B cell precursor or stem cell has been the recipient of insertional mutagenesis, this insertion could interfere with normal class switching and lead to chromosomal translocations and other abnormalities, causing cancer. Insertional mutagenesis puts the cell at subsequent risk for additional mutations and disease.

Q: Which vaccines out there are being made with aborted cell lines and which ones are not? Isn't there enough reliable research to show these are safe, and if not, why not?

TD: We have a list on our website. No, there is no evidence that these are safe. The contaminants in Varivax (chickenpox) are so high that Merck was compelled to do some additional safety studies. Unfortunately, they did the studies in mice and not human cell lines. The toxicities will not occur in mice as the responses to the contaminants are species specific. Scientists at Merck are bright and clearly know this, so why then did they use mice? One must consider all possible motivations, including fraud...Merck is presently being sued by its own scientists for knowingly conducting fraudulent studies regarding the effectiveness of its Mumps vaccine. 1999 FDA meeting minutes record an FDA Director stating that while the dangers of autoimmunity and insertional mutagenesis are real the FDA preferred to do intellectual rather than actual

experiments, which means they sat around and discussed it, rather than did any real studies.

Q: With respect to the vaccines you consider unethical and possibly unsafe, what do you advise a parent to do if they are concerned, but live in a state that has a mandated vaccination program?

TD: Homeschooling is an option. A trip to Japan to get alternative MMR and hepatitis vaccines is an option. Exposure to natural chicken pox is an option and much better for children than the vaccine.

Q: How do you respond to the position that since the personal risk is small it is our civic and moral duty to vaccinate our kids in order to achieve the greater good of “herd immunity” because when unvaccinated people group together herd immunity is lost and illness spreads, putting everyone at risk?

TD: The personal risk is not small at all, and as a matter of fact, the personal risk greatly exceeds the risk from the illnesses the vaccines are designed to protect against. Therefore it is not our civic or moral duty to sacrifice our children to lifelong autism or suffering and death from lymphoma to protect a few people from diseases like measles and mumps and chickenpox. Rubella, which can be serious for the unborn children, can be protected against by administering immunoglobulin to pregnant women—a much better civic minded solution since the immunoglobulin will be given only to those who need it and does not carry the risks that vaccines do.

In the last major outbreak of measles 47,000 people were infected and six died. In contrast, 44,000 children come down with Autism Spectrum Disorder (ASD) annually, a lifelong disability. About 4,320 children under age 20 will come down with lymphoma (300 with Burkitts) each year and suffer horrors as they undergo extreme and severe chemotherapy. About 864 children will die each year from lymphoma (and about 60 will die from Burkitts). They will die after incredible horror and suffering.

Q: As you know, there is a great deal of distrust about vaccines and this has pitted parents against parents, parents against doctors, and now parents against the government. Where did this distrust come from? How do we make progress on this issue to ensure maximum protection for everyone’s children?

TD: Distrust comes from the fact that parents watch their perfectly healthy, well developing children regress into autism shortly after vaccination. Why would they trust big pharma, who has no liability, saying vaccines are safe? Why would parents

trust the FDA, NIH, and CDC who are dis-incentivized to insure vaccine safety because the pharmaceutical companies have no liability and the FDA, CDC, and NIH employees regularly go on to big fat salaries in pharmaceutical companies?

How do we make progress? Make the pharma companies liable in civil court for vaccine injuries and vaccines will become safe and targeted towards truly life threatening diseases. Allow each parent to choose whether or not and how much to vaccinate their children. Parents of immune compromised children will have to take steps to protect their own children. I had to do this with my son, which I did; I certainly did not demand that the world around me force-vaccinate their children because I would not do the work to protect my son.

Q: Do you believe children should receive vaccines for (typically) non-life threatening illnesses like influenza, Hep B, and chickenpox?

TD: No, I don’t believe children should be mandated to receive vaccinations for non-life threatening illnesses. Vaccinations are not demonstrated to be beneficial to our natural immune systems.

Q: Any further advice you have for parents who are confused about vaccines? How do parents navigate this issue and figure out what to do?

TD: The FDA has been captured in meeting minutes saying they prefer to do intellectual rather than actual experiments about the risks of fetal contaminants in vaccines. If Ford introduced a new brake system, and the engineers sat around a table and “thought” the new system was safe without testing it, would you buy that car? No, because you’re not stupid. A parent would not buy an untested car, or car seat, or crib for their child. Parents need to know that vaccines are

also untested and demand tests. Some data is actually available regarding these unanswered vaccine questions in the Vaccine Safety Datalink, however, the controllers of that database, which includes the CDC, refuse to do the studies or to allow anyone else to do them.

I would advise parents to demand actual safety studies, rather than the “intellectual” safety studies the FDA performed, regarding the fetal contaminants in vaccines, as well as actual safety studies regarding the adjuvants in vaccines.

—We appreciate the opportunity to reprint [this informative interview](http://aleteia.org/2015/07/24/scientist-and-stem-cell-expert-says-dont-be-so-quick-to-believe-vaccines-are-safe) with Dr. Theresa Deisher, first published July 24, 2015 on the Aleteia website: <http://aleteia.org/2015/07/24/scientist-and-stem-cell-expert-says-dont-be-so-quick-to-believe-vaccines-are-safe> [Zoe Romanowsky](#) is lifestyle editor and video content producer for Aleteia. To find out more about Dr. Deisher’s work, visit [Sound Choice Pharmaceutical Institute \(SCPI\)](#) and [AVM Biotechnology](#).

Immunocompromised? What About the VACCINE-Compromised?

By The Immunity Education Group

We often hear about immunocompromised children as the primary reason new mandatory vaccination laws have become necessary. Certain legislators and media are pushing the idea that every single child needs to be fully vaccinated with 34 doses by Kindergarten to protect the very small group who can't vaccinate.

But do you know who we don't hear the government, media, or those same legislators talk about protecting? The Vaccine-Compromised.

Not a single word is spoken about a fast-growing population of children injured by pharmaceutical side effects—adverse reactions that parents are supposed to be warned about when their doctor gives them informed consent, but no doctor ever does. Things like seizures, paralysis, and neurological disorders. These are the same reactions that doctors ignore, pretend can't happen, or write off as “coincidental,” despite being listed very clearly in the pharmaceutical company's product warnings. Vaccine-compromised children are the victims whose parents followed the rules without questioning, and paid the price.

Now laws are taking away these children's right to a public and private education in an effort to instead protect the immunocompromised. This is primarily because the medical establishment refuses to even acknowledge vaccine-compromised children exist, despite thousands upon thousands coming forward to tell their stories. Unless these reactions are so severe they match the CDC's limited description of a contraindication, the majority of these injured children will not receive a medical exemption from further vaccines, and therefore will be denied entry into any school.

Why does the safety of one group take precedence over another? Why are the lives of vaccine-compromised children somehow less valuable? And what does it say about medical organizations and our own government that they would turn their backs on innocent victims of the very program they created and are now trying to make mandatory? More importantly, why is no one talking about this?

And now these families are caught up in a political battle over vaccines that is trying to pit one group against the other. But in reality, immunocompromised and vaccine-compromised children have a lot in common. Both groups cannot handle vaccinating “on schedule” with the 70 doses the CDC recommends for all children. Both groups also have a weakened immune system, which makes them susceptible to catching certain infections. And they all have parents who spend months and years searching for answers and praying for healing and recovery. These parents agonize over the question

why: Why did my child develop leukemia? Why did my child's developmental skills suddenly disappear? Why did my child suffer a severe reaction to a round of vaccines after seeming to handle them before? They also share guilt and anger over their child's condition: Was it something I did? Is it something in my genetics? Should I have asked more questions?

Instead of turning against each other or trying to exclude one group over the other, it's time we have the same compassion for all compromised children. All children's lives are valuable, all

children should be protected, and all children deserve the right to an equal education. Ignoring the Vaccine-Compromised doesn't make them any less real, and the sooner we acknowledge them

as a society, the sooner we can finally make some headway on this issue.

—We appreciate the kind permission of the Immunity Education Group.org for permitting us to reprint [this article](http://immunityeducationgroup.org/immunocompromised-what-about-the-vaccine-compromised/) available on line here: <http://immunityeducationgroup.org/immunocompromised-what-about-the-vaccine-compromised/> Please check out the many other fine articles available at [their website](http://immunityeducationgroup.org/one-pagers/): <http://immunityeducationgroup.org/one-pagers/>



Collecting Petition signatures at the Ottawa showing of Vaxxed:
VCC Board Member Jim Amar & Volunteer Linda McCabe

Flu Vaccine Reality Check

By Edda West, VCC President

As the influenza season vaccine campaigns ratchet up the propaganda, a reality check is in order.

Over 200 viruses can cause ‘flu like’ symptoms, of which only a small percent (10–15%) are attributable to influenza viruses. Most influenza-like-illnesses (ILI) are NOT influenza and cannot be differentiated by your doctor, cannot be prevented by a flu shot, and require a laboratory analysis to determine whether it’s influenza or one of the many other viruses that cause flu like miseries.

Even if everyone got a flu shot, only a small percentage of people would be ‘protected’ from influenza while the seasonal malaise known as ‘the flu’ caused by many other pathogens would merrily carry on. Despite the abysmal failure of last year’s flu vaccine formula to prevent influenza, health officials just never let up on the propaganda.

An excellent CBC [investigative piece](#) by science writer Kelly Crowe a few years ago, exposed the phony statistics used to inflate incidence of influenza deaths. Deaths aren’t determined from body counts, autopsies or lab tests. Computer models estimate that 2,000 to 8,000 deaths are caused by influenza each year. But even during the 2009-2010 pandemic year, the final death count was 428, slightly higher than the seasonal average of around 300 deaths recorded annually in vital statistics.

Flu Vaccines are Ineffective and Risky

In 2009 when the H1N1 pandemic vaccine was fast tracked in response to a hyped-up epidemic that never happened, it caused hundreds of cases of narcolepsy in European children, a devastating incurable neurological disorder, and unknown numbers of cases in Canada. That caper cost Canadian taxpayers over \$1.5 billion, excluding the substantial medical cost of treating cases of Guillain Barre syndrome (GBS) and other injuries following H1N1 vaccination. In Quebec alone, 83 cases of the severely debilitating disease were identified. Recovery from GBS can take years. Some never recover.

Last year at this time, we reported that Fluad Pediatric, a new adjuvanted influenza vaccine is now recommended for Canadian babies ages 6-72 months. It contains MF59, an oil based adjuvant never before used in children’s vaccines. Oil based adjuvants have a grim history of autoimmune injuries. A true picture of side effects was not understood prior to its release. Unknown to their parents, children getting this shot are the post marketing guinea pigs who will, over time, demonstrate the vaccine’s reactivity.

This year, there are 10 licensed influenza vaccines to choose from in Canada, including the live nasal spray influenza vaccine (LAIV) FluMist® Quadrivalent, that contains 4 strains of the virus and is intended for use in children ages 2-17. The U.S.

Centers for Disease Control (CDC) recently pulled FluMist Quadrivalent® from it’s list of influenza vaccines for the 2016-17 flu season because the CDC advisory panel found that for

the third straight year, the live nasal spray annual flu vaccine showed “no protective benefit” and have recommended against its use.

Strangely, this hasn’t phased the Canadian National Advisory

Committee on Immunization (NACI) from endorsing FluMist except for this caveat; “The current evidence does not support a recommendation for the preferential use of LAIV in children and adolescents 2-17 years of age.” In other words, it’s available for use, but they’re not pushing it in Canada.

Influenza Vaccines Increase Risk of Contracting Other Viruses

Health officials aren’t talking much about the negative health effects on people who are injected year after year with viral vaccines. Recent studies show that influenza vaccines given annually can increase susceptibility to other respiratory viruses, increase susceptibility to pandemic viruses, and reduce the immune system’s ability to mount a protective response to variations in the virus. Recent studies are demonstrating that live attenuated influenza vaccine (LAIV) influence and change the microbial balance, which in turn can provoke the rise of other pathogenic organisms.

LAIV enhance the colonization of other pathogenic bacterial organisms that can cause disease. Why is this of concern? “LAIV vaccination reverses normal bacterial clearance from the nasopharynx and significantly increases bacterial carriage densities of the clinically important bacterial pathogens *Streptococcus pneumoniae* (serotypes 19F and 7F) and *Staphylococcus aureus* (strains Newman and Wright) within the upper respiratory tract of mice. Vaccination with LAIV also resulted in 2- to 5-fold increases in mean durations of bacterial carriage. Furthermore, we show that the increases in carriage density and duration were nearly identical in all aspects to changes in bacterial colonizing dynamics following infection with wild-type (WT) influenza virus.”

One of the studies shows that “increasing the bacterial load in the nasal cavity of colonized individuals as well as inducing an inflammatory response in naive “contact cases” facilitates the spread of pneumococci.” This of course raises the concern of viral spreading/shedding and increasing risk to the elderly who have been exposed to *S. pneumoniae* via this vaccine.

No doubt the CDC is well aware of the new research which shows that live virus influenza vaccines drastically alter the

“Not only do influenza vaccines cause infectious illnesses, they can also impair immunity for months.”

normal balance of organisms which colonize the nose and throat, and that this upheaval in microbial balance promotes and increases the spread of other pathogenic organisms rather than prevent infection. Is this increase in the carriage of pneumococcal and streptococcal organisms THE main reason the CDC dumped the live nasal spray vaccine this year?

Not only do influenza vaccines cause infectious illnesses, they can also impair immunity for months. Could reports of children getting ill and dying from influenza despite being vaccinated be an indicator that these vaccines may weaken or impair the immune system from being able to respond appropriately when encountering the virus?

Are Flu Shots Safe in Pregnancy ?

Increasingly, pregnant women are under pressure to submit to flu shots and DTaP vaccination to protect the fetus. While it is believed that vaccinating mothers during pregnancy will impart protective antibodies against whooping cough and influenza in the early weeks and months of life, it is a theoretical concept. Very little is known about the safety of vaccinating pregnant mothers, but a number of doctors have been writing about their concerns. Kelly Brogan MD writes, “The assumption that vaccine-induced antibodies that pass through the placenta would pass for protection has never been demonstrated.”

Barbara Loe Fisher, founder of the National Vaccine Information Center (NVIC) and long time consumer activist

writes, “Drug companies did not test the safety and effectiveness of giving influenza or Tdap vaccine to pregnant women before the vaccines were licensed in the U.S. and there is almost no data on inflammatory or other biological responses to these vaccines that could affect pregnancy and birth outcomes.” Furthermore human toxicity and fertility studies are inadequate, nor is it known if the vaccines can cause fetal harm although fetal deaths have been reported following vaccination.

Vaccinating pregnant mothers is justified because of fear that an infectious illness can trigger immune activation which can damage the infant’s brain resulting in autism, schizophrenia and other mental illnesses in the child. However, infectious illness OR immune activation triggered by other means during pregnancy can lead to these brain injuries. Unquestioningly, vaccination causes immune activation. That is what vaccines are supposed to do! This has now proven beyond any doubt say the authors of The Vaccine Papers who cite studies to this effect. “The evidence that immune activation causes autism in humans is diverse, consistent and compelling.”

A far better and safer way to reduce risks of infectious illnesses during pregnancy is to insure adequate intake of vitamin D3, C & A, zinc, magnesium and other nutrients that improve immune function.

References: This article is excerpted from the [VCC October/November News Bulletin](#) where hyperlinks to all quotes and references can be found: <http://ymplp.com/z6XQ5e>

Rotavirus Vaccines: Are the benefits really worth the risk?

By Dr Sherri Tenpenny, DO

A study published in the September 2016 edition of *Pediatrics* reviewed the rates of intussusception before and after the introduction of the Rotavirus vaccines.

Researchers found the intussusception hospitalization rate for children aged 8 to 11 weeks was significantly elevated to 16.7–22.9 per 100,000 in all post-vaccine years (except 2011 and 2013), compared with the pre-vaccine baseline rate of 11.7 per 100,000.

The conclusion discovered a significant increase in intussusception when children are given a dose between 8 to 11 weeks (2-3 months). Then researchers went on to say, “Given the magnitude of declines in rotavirus disease compared with this small increase in intussusception, the benefits of rotavirus vaccination outweigh the increased risk of intussusception.”

What? Wait.

This study is claiming that since the increased rate of intussusception is small, and the decline in the infection rate in the US is large, the “trade-off” is worth the risk?

Let’s break this down. To keep the dates straight, keep in mind the rather obvious association that 8 weeks = 2 months, when the pediatric vaccination visits begin.

As described by the Mayo Clinic:

Intussusception (in-tuh-suh-SEP-shun) is a serious condition in which part of the intestine slides into an adjacent part of the intestine. This “telescoping” creates a bowel obstruction, a true medical emergency. Losing the blood supply to the intestine can lead to death of the tissue, a tear in the bowel wall (perforation), infection in the abdominal cavity (peritonitis) and even death.

The blockage can be diagnosed with an abdominal ultrasound and the treatment is an enema with air or barium. If this is successful, additional treatment is usually not necessary, but an intussusception may recur in up to 10% of children. If the intestine is torn or if the enema is unsuccessful, surgery is mandatory to relieve the obstruction and remove any dead tissue.

A study completed in 2011 evaluated the number of annual deaths from intussusception estimated 2 deaths per 1 million live births. With the US live birth rate around 4M per year, that equates to approximately 8 babies per year dying of this condition.

So, up to 230 cases of intussusception per million babies and up to 8 deaths per year could be caused by the vaccinations.

Hmm. Let's compare that risk to the risk of a rotavirus infection.

Again, as described by the Mayo Clinic:

Rotavirus infection causes diarrhea. According to the CDC, it is the most common cause of diarrhea in infants and children worldwide. Almost all children in the U.S. are likely to have at least one bout of rotavirus infection before their 5th birthday. Once a child gets the virus, it takes about two days to become sick, with vomiting and diarrhea lasting from three to eight days.

A child may develop rotavirus infection more than once because there are many different rotavirus strains, but second infections tend to be less severe. Notably, after a single natural infection, 40% of children are protected against a subsequent rotavirus illness.

Although rotavirus infections are unpleasant, infants can almost always be treated at home with extra fluids, such as Pedialyte, to prevent dehydration. Occasionally, severe dehydration necessitates IV fluid treatment in the hospital.

The reason rotavirus infections can be deadly in **developing countries** is the lack of medical care and the inability to adequately rehydrate with oral electrolyte solutions. This is not the case in the U.S. or other developed countries.

What about the individual vaccines?

The rotavirus vaccine is a live oral solution given as part of the routine vaccination schedule. Two vaccines are available. RotaTeq (RV5-Merck) is recommended as a 3-dose series at 2, 4, and 6 months. Rotarix (RV1-GlaxoSmithKline) is recommended as a 2-dose series at ages 2 and 4 months. A third

rotavirus vaccine, RotaShield, was removed from the market in 1999 due to a large number of intussusception cases attributed to its use.

RotaTeq can shed the live viruses as early as 1 day and as late as 15 days after each dose. With Rotarix, shedding peaks around the 7th day. Transmission of vaccine-strain to unvaccinated contacts (who then contract diarrhea) has been observed with both vaccines. Therefore, rotavirus vaccines should be used with great caution if the vaccinated individual has close contact with persons who are receiving immunosuppressant drugs (ex: prednisone, Remicade, Enbrel, Humira, etc) have an immunodeficiency disease or condition (ex: HIV/AIDS, organ transplant, etc) or have cancer.

So much for vaccinating Child A to protect Child or Adult B.

And the RotaTeq package insert further states, "RotaTeq may not protect all vaccine recipients against rotavirus."

Doesn't that mean the risks of the vaccine side effects are assumed but protecting against infection is a flip of the coin?

And the Rotarix insert states, "A relationship between antibody responses to rotavirus vaccination and protection against rotavirus gastroenteritis has not been established."

Hmm. Aren't the development of "protective antibodies" the cornerstone of vaccine efficacy?

So, are a few days of inconvenience—a fussy child with greenish, smelly diarrhea, an equal trade off for a vaccine that increases the risk of a medical emergency and even death?

My vote would be to Just Say No.

—We appreciate the opportunity to reprint this article, published on the [Truth Kings](https://truthkings.com/rotavirus-vaccines-benefits-really-worth-risk/?utm_source=CCNewsletter&utm_campaign=RotavirusVaccines&utm_medium=Email#) website: https://truthkings.com/rotavirus-vaccines-benefits-really-worth-risk/?utm_source=CCNewsletter&utm_campaign=RotavirusVaccines&utm_medium=Email#

Rocking the Boat

By Hilary Butler

An excerpt from Hilary's comments on the American presidential election and global Health Freedom

To those who would rather I shut up because I'm not American, or because it's none of my business because it doesn't affect me—it does, so here is my reply to the ongoing criticism from afar:

I have more than one dog in this race. All my dogs are in this race. I went to the USA twice during the Clinton years and watched with disgust as Hillary Clinton excoriated your 'health care' system and was the driver behind mandatory vaccines, and supported "Every child by two" and supported removing vaccine exemptions. Had she got in this time, it would have been curtains for any parental (and eventually adult) vaccine choice.

More than that, I've spent my life dealing with the fall-out of vaccines and seen how they destroy life at ground zero. So I know that in order for people to really have freedom, they need both control and choice at a ground zero level. Freedom to

choose is something that Hillary Clinton only wanted in areas where it didn't really matter for her politics. Where it really mattered, her rule has always been, "My way or the by-way." She has never believed in family control, and firmly believes that no children should go to any other school than a state mandated one. She thinks all children should be in daycare and that the state appointed "experts" should make all decisions on behalf of all children.

How does this election affect me?

The influence of the USA goes far beyond its hundreds of military bases, its interference in other countries or use of drones, or when the USA's politicians try to force other countries to comply with "policies". The term "global powerhouse" is not without foundation.

I've spent my married life working for families in USA, here

in NZ, and elsewhere. Those families have been torn apart as a direct result of USA's 1986 vaccine legislation, which has impacted every country in the world. That legislation is solely responsible for the huge increase in vaccines world wide, because what the CDC does, the rest of the world follows.

In New Zealand, girls are being injured and crippled by Gardasil at a huge rate, all because of a 1986 piece of American legislation that President Reagan was against, didn't want to sign into law, which a certain parent group campaigned for, and basically mounted public pressure to force President Reagan to agree to. He didn't want to, but was forced to.

If that legislation had never been enacted, we wouldn't have Gardasil today, or any other of the long list that has been added from that time and are waiting in the wings to be added in the future. If that legislation hadn't been passed we wouldn't be facing the ever-creeping invasion of adult vaccines, which the industry will also try to have mandated through government policies.

Vaccines cut to the heart of individual freedoms and choices, for every individual. When I was in the USA during the Clinton era, I watched Hillary Clinton like a hawk, because compulsory vaccination, no exemptions, and "Every child by two" were her babies... The direct actions of the Clinton family and American



people who couldn't see beyond their pockets, continues to affect New Zealand and the rest of the world.

So yeah, I think I have more than one dog in the vaccine discussion as to why a Hillary Clinton presidency would have been a disaster for me as a New Zealander, and for the

rest of the world too. What will the Trump presidency bring? History will be the judge. We should never stop fighting for the things that are worth achieving, and at the core of that, is the freedom to make informed choices about anything to do with our bodies, our faith, our education options and our family lives. **Lose that, and nothing else matters.**

—We appreciate the opportunity to reprint this excerpt from Hilary Butler's [blog post](#). Butler is a medical journalist living in New Zealand. She has spent decades analyzing scientific articles and researching the impact of vaccines on human health, as well as helping families recover their vaccine injured children. Her ability to interpret complex science into everyday language and articulate the biomedical impact of vaccines on human health has enabled many to grasp the profound error inherent in the vaccine paradigm. **Her powerful series on the impact of vaccines on neonatal development are essential reading for parents who wish to grasp the effect vaccines have at the cellular level when injected into babies and young children:** <http://www.beyondconformity.org.nz/hilarys-desk/vaccines-and-neonatal-immune-development> Read the entire blog post here: <http://beyondconformity.co.nz/hilarys-desk/rocking-the-boat>

Glyphosate in Childhood Vaccines

By Moms Across America

Moms & Scientists Demand FDA & CDC Test Vaccines for Glyphosate

Glyphosate—a chemical ingredient found in Monsanto's Roundup and hundreds of other herbicides—has been found in vaccines. *Moms Across America* received preliminary screening results from *Microbe Inotech Laboratories Inc.* of St. Louis, Missouri which show the DTap Adacel (Sanofi Pasteur) vaccine had 0.123 ppb, Influenza Fluvirin (Novartis) 0.331 ppb and HepB Energix-B (Glaxo Smith Kline) 0.325 and Pneumovax Vax Polyvalent Pneumovax 23, (Merck) had 0.107 ppb of glyphosate. The MMR II (Merck) vaccine, which CDC whistle blower Dr. William Thompson has linked to autism, had levels up to 25 times higher than the other vaccines, at 2.671ppb. Subsequently, multiple rounds of additional independent tests have confirmed these findings at or above the same levels.

Moms Across America's Zen Honeycutt sent vaccines to an independent lab earlier this year for testing because "vaccines contain many ingredients which could be genetically modified. 80% of GMOs are genetically engineered to withstand glyphosate based herbicides and glyphosate is allowed on 160 non organic food and feed crops by the EPA. We wondered if glyphosate could be contaminating not only our water, urine,

breast milk, food, soil, beer and wine, but our vaccines as well."

Moms Across America [sent a letter](#) on September 1, 2016 to the FDA, CDC, EPA, NIH, California Department of Health, and Senator Boxer requesting that they make it a priority to test vaccines for glyphosate, recall contaminated vaccines and for the EPA to revoke the license of glyphosate to prevent further contamination. "And in the meantime we call upon our lawmakers to rescind the mandate which forces parents to vaccinate their child in order to attend school, in light of extraordinary new evidence."

Honeycutt states, "We were shocked to find the presence of glyphosate in all five of the vaccines and to find that the contamination of glyphosate has extended into our medical treatments. The fact is that the CDC, vaccine makers and our regulatory agencies should have been testing for herbicide/pesticide contamination 40 years ago before they started spraying these chemicals on our food and feed crops. If anyone questions these results we ask them to test."

The tests were conducted with the Elisa method, ([link to full](#)

[report here](#)) which is regarded by the scientific community as a screening method only and not as accurate as HPLC mass spectrometry.

Honeycutt reports that they asked numerous labs to test additional vaccines for glyphosate over the past few months and they have been unable to test. After

learning of MAA's results, an independent scientist conducted numerous rounds of testing, and has confirmed the presence of glyphosate in vaccines. He sent his data to Senator Sheehan, the FDA, NIH, elected government officials, major media, last week and received no response. One can contact Senator Sheehan for the additional test results.

Honeycutt continues, "The public must know that their vaccines likely contain glyphosate, a toxic weed killer, which is acknowledged by the EPA as a "reproductive effector" (i.e.: endocrine disruptor) which "can cause liver and kidney damage" and has been shown to be a neurotoxin. The WHO has deemed glyphosate a probable carcinogen. We do not believe any state or government should have the right to mandate vaccines which contain harmful additives including a probable carcinogen such as glyphosate based herbicides, especially to our most vulnerable babies. Certainly, no parent should have to knowingly inject directly into the bloodstream of their newborn, within hours of being born, or growing child, with a probable carcinogen. No pregnant mother should ever be injected with a neurotoxin and endocrine disruptor. We are very concerned that the introduction of glyphosate in our food and feed crops, which correlates with the spike of reports of vaccine damage in the late 1990's, could be a major contributing factor in the autism epidemic. This must be researched. Testing and reformulation must also be done. We will no longer settle for anything other than safe vaccines."

The question is how does glyphosate based herbicides get into vaccines?

GMO and glyphosate herbicide sprayed crops are ingredients of vaccines or are fed to livestock.

MIT scientist, [Dr. Stephanie Seneff](#), added that "glyphosate could easily be present in vaccines due to the fact that certain vaccine viruses (including measles in MMR and flu virus) are grown on gelatin derived from the ligaments of pigs fed heavy doses of glyphosate in their GMO feed. Livestock feed is allowed to have up to 400 PPM of glyphosate residues by the EPA, thousands of times higher than has been shown to cause harm in numerous studies."

French scientist and glyphosate expert [Seralini's research](#) has shown that glyphosate is never used alone. It is always used with adjuvants (co-formulants/other chemicals) and they have found those adjuvants to make Roundup 1000X more toxic. So

the detection of glyphosate in vaccines with this methodology would indicate the presence of other co-formulants which are 1000X more toxic.

[Toni Bark MD](#) MHEM LEED AP and Co-Producer of the movie BOUGHT, states, "I am deeply concerned about

injecting glyphosate, a known herbicide, directly into children. Neither Roundup nor glyphosate has been tested for safety as an injectable. Injection is a very different route of entry than oral route. Injected toxins, even in minute doses can have profound effects on the organs and the different systems of the body. In addition, injecting a chemical along with an adjuvant or live virus, can induce severe allergic reactions to that substance as vaccines induce the immune system to create antibodies to whatever is included in the vaccine. Since glyphosate is heavily used in corn, soy, wheat, cotton, and other commodities, we can expect to see more severe food allergies in the vaccine recipients. In addition, chemicals in ultra low doses, can have powerful effects on physiology behaving almost as hormones, stimulating or suppressing physiological receptors."

—This urgent alert is reprinted with appreciation from the [Moms Across America website](#): http://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines

"Our mission is to raise awareness about GMOs and toxic exposure, empower leadership, and create healthy communities. We support local activities, initiate campaigns and share solutions nationwide to improve our health and freedoms. Empowered Moms, Healthy Kids!"

Additional Information from the full [Laboratory Report on Glyphosates in Vaccines](#).

- It is important to note that because glyphosate is never used alone, the detection of glyphosate may be an indicator of the presence of many other coformulants in glyphosate based herbicides **which have recently been shown by French scientist Seralini's team to be endocrine disruptors and up to 1000 times more toxic than glyphosate alone.**

Is this small amount of glyphosate in vaccines of concern?

The levels of glyphosate found in vaccines are all higher than what has been scientifically shown to destroy gut bacteria in chickens, cause liver and kidney damage and sex hormone changes in rats, increased antibiotic resistance, neurotoxicity and cause human placental cell death. The 2.671 ppb of glyphosate in the MMR vaccine is 26,671 X higher than the .1ppt that caused the growth of breast cancer cell tissue in the study by Dr. Thongprakaisang...

References removed for brevity. They are found in the full Report: [https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_\(6\).pdf?1473130173](https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173)

Letters from our members & Internet Comments of Note

HPV Vaccine Injuries

Sept. 11, 2016

Dear Premier Wynne, Honourable Ministers,
Critics and MPP's of the Ontario Legislature;

My name is Mary Davis and I am a mother from Mississauga. I wanted to share my real concern regarding the safety of the HPV vaccine. Below is a video from an interview conducted this summer of a young man from Utah. He developed transverse myelitis from the HPV vaccine. Transverse myelitis is defined as inflammation of the spinal cord.

I urge you to please watch the video in its entirety. I find it unacceptable that a vaccine that carries this type of risk be distributed to all young girls in this province in their schools and is being introduced to boys this Fall. It is also concerning that parents are not being made aware that serious reactions like transverse myelitis can and do occur. I am asking you as legislators to consider a moratorium of this vaccine. Here is the video. <http://www.vaxxed.com/colton-in-utah/>

The risk of transverse myelitis from the HPV vaccine has been identified in scientific literature. In 2011, in the *Annals of Medicine*, Lucija Tomljenovic and Christopher Shaw of the University of British Columbia published an article entitled, *Human papillomavirus vaccine policy and evidence-based medicine: Are they at odds?*

In this study, the authors list transverse myelitis as one of several serious adverse reactions worldwide. They also list deaths, convulsions, paralysis, Guillaine-Barre syndrome and chronic fatigue syndrome among other negative effects. Also, negative side effects to this vaccine are not rare.

According to the website Sanevax, 45,483 adverse reactions have been reported to the Vaccine Adverse Event Reporting System (VAERS) in the United States as of July 2016. This is a high number and yet it is estimated that only 1-10% of adverse reactions are ever reported to VAERS.

While there is risk in any medical procedure, these risks seem severe and far outweigh any benefit. In fact, according to Tomljenovic and Shaw, "there are no significant data showing that either Gardasil or Cevaxir can prevent any type of cervical cancer since the testing period employed was too short to evaluate long-term benefits of HPV vaccination."

If transverse myelitis can occur in a previously healthy young man, then it can occur in any individual. One cannot know how any one person will react to a particular vaccine. No young person in Ontario should ever have to suffer as Colton has for the sake of receiving this vaccine.

I ask you to please consider withdrawing this vaccine from the immunization schedule. As of June, 2013, Japan ceased recommending this vaccine.

—Mary Davis, Ontario

Should Vaccines Be Mandatory: Experts Pick Sides

Oct. 18, 2016

Response on our FaceBook page to post of above linked article <https://wallethub.com/blog/should-vaccines-be-mandatory/27624/>

"Measles...no big deal...then...a vaccine for measles was developed and given to the masses...Now it's ... OMG we are all going to die of measles... OMG if I get vaccinated and you don't get vaccinated, my vaccine won't work....OMG I'm going to die from the measles. Given that people today are freaking out about measles, mumps and chickenpox, which we took in stride when I was a child, how is this one-size-fits-all vaccine machine helping us exactly? The life adage: you know, 'if it ain't broke, don't fix it'.

Vaccines were designed for personal protection. People need to decide, either vaccines work and individuals will be effectively protected from illness, or they don't work. You can't use words like 'wane' and 'boosters' and assume that we have benign childhood illness beat. If you are looking for an epidemic to target; what about the epidemic of autism? Right now it is affecting one child in 45; and rising. Parents are talking among themselves about their personal experiences with sudden cognitive regression, brain injury, allergies, seizures, eczema and the vaccine association ... and nobody cares. OMG measles....!

Too bad we lost George Carlin so early. He would have had a field day with this. **I find it really hard to consider any product that nobody stands behind; not a doctor, not the government, not the manufacturer.** They all refuse to insure the outcome of vaccines. With mandated child vaccines, the only ones taking responsibility is the parents; the people who have the most to lose. Everybody else goes to the bank.

In my experience, vaccines initiated a cascade of chronic health problems. I believe that our legacy of generations upon generations of natural immunity is actually being broken here by 'medical science'. I've been one of those parents who have taken a hit for the herd by vaccines. At the time, I was trusting, gullible and stupid. I am no longer so trusting, and I have learned the hard way. When it happens to you or your child, the risk is 100%. Where there is risk, there has to be choice."

—Nelda McEwen

Anne Dachel in the comments section of [A Tale of Two Americas](http://www.ageofautism.com/2016/09/a-tale-of-two-americas.html#more): <http://www.ageofautism.com/2016/09/a-tale-of-two-americas.html#more>

September 19, 2016

"We do live in an age where we've convinced ourselves that our health (especially our children's health) depends on being up-to-date on our vaccines. Infectious diseases, not chronic health conditions, are the true enemy that can be prevented, if only everyone will get onboard and vax, vax, vax.

This is the mindset of Americans. Vaccines can do no wrong.

These miraculous vials turn our kids' bodies into fortresses against disease.

Most parents have no clue what's in a vaccine, the sloppy oversight they're given, or the protection doctors and manufacturers enjoy. And they're sure not aware of what can happen when vaccination goes wrong.

The deep dark secret that vaccines come with risks is something carefully hidden from public view. Parents happily bringing in their children for the pharm-friendly vaccine schedule blindly trust that there is no chance that something bad can happen. All the experts with PhDs and MDs after their names from big name institutes must know what they're talking about. The media gives us a steady diet of them.

Until people understand that vaccines can be like Vioxx for some kids, the parents opting out will continue to be demonized as selfish and wrong.

NO ONE ASKS QUESTIONS TO CHALLENGE THE CURRENT MINDSET. No mainstream news story ever asks if vaccines carry any real threat to children's health. The countless thousands of parents of vaccine-injured children (and I'm not just talking about autism) are an ostracized group quietly living with pharm's mistakes. Their situations can't be talked about; parents might stop vaccinating. It's all for the greater good.

This might work if serious reactions were really one in a million, but that's not what's happening. Our schools are filled with the chronically ill and learning disabled. They are the most vaccinated individuals in human history, but they're also the sickest.

We now expect our children not to be healthy, not because of contagious diseases, but with allergies, asthma, learning problems, bowel disease, diabetes, arthritis, and more.

Until the truth that vaccines are not some panacea that can do no wrong is understood, the nightmare will continue. I have a feeling it will all change when the cost of all these sick kids reaches a breaking point. What nation can prosper if more and more of its citizens aren't healthy? Right now doctors and drug companies are making lots of money because of what's happening to our children. (And I speak from experience after countless trips to the doctor for ear and upper respiratory infections.)

If half of our children today have at least one chronic health issue, something is very wrong. Try putting together an army with this group. Troops would have to march with inhalers, epi pens, special diets, insulin, behavior meds, and allergy pills.

What kind of workforce will this make? They'll have to have lots of sick days.

How high will they score on ACT tests? Who will be making the great scientific discoveries and advancements when more and more of our kids have to have an IEP and a modified curriculum just to get through high school?

It's a scary world out there. And as I say often enough, no foreign enemy has ever done to us what we're doing to ourselves.

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