the Vaccine Choice *Journal*

Fall 2014 Volume 1, No. 1

Editoral: 30 Years On

Vaccination & the Struggle for Health Freedom By Edda West

Thirty years ago, a small group of determined parents won their fight against the Ontario government's 'mandatory' *Immunization of School Pupils Act*. The two year lobby effort culminated in an amendment to the Act on December 14, 1984 giving parents the right to obtain legal vaccine exemptions for their children for reasons of 'conscience or sincerely held convictions'[1]. On this thirtieth anniversary, it seems fitting to revisit the events that brought about this victory and the long road we've travelled since.

Absent any public consultation or discussion in the media prior to its passage in 1982, the new law was foisted on the public as a *fait accompli*. It required all school children be vaccinated against six diseases—diphtheria, tetanus, measles, mumps, rubella, polio—or prove they had natural immunity.[2] The haste with which it was hustled through the legislature was highly unusual and left many people blindsided, especially the families whose children had been injured by vaccines and those who were philosophically opposed to vaccination. Although medical and religious exemptions were permitted under the new law, few people had religious affiliations that opposed vaccination, and medical exemptions were difficult if not impossible to obtain even if a child had suffered overt vaccine damage. Many faced the possibility that their children wouldn't be able to attend school.

The new law threatened our most basic human right—the right of autonomy over our own bodies and the right to self determination. It violated our fundamental Constitutional guarantees of 'freedom of conscience' and 'security of the person'. Government had suddenly gotten bossier, pushier and nastier and had just made a bold move toward medical tyranny. The new legislation gave the government the power to threaten our children's education if we refused to medicate them according to their rules. At stake was our most sacred right—the right to determine what is best for our children and to protect them from harm.

It didn't take long for public anger to swing into action and the *Committee Against Compulsory Vaccination* was formed in protest of this oppressive new law. We were a small group of parents with little political clout, but soon realized that on our side was the newly patriated Constitution of Canada and the human rights enshrined in the Canadian Charter of Rights and Freedoms. Two years of lobby efforts, numerous meetings with Ministry of Health officials and submission of briefs culminated in victory and amendment of the Act. Our legal argument was based on the unconstitutionality of the *Immunization of School Pupils Act* and its violation of the right to freedom of conscience and security of the person.

The state has no business telling us what we must think, believe, read, eat or what medicines we and our children must take…

This quote, taken from the eloquent Brief we presented to the government, is as relevant and inspiring today as it was 30 years ago;

"The state has no business telling us what we must think, believe, read, eat or what medicines we and our children must take. Such imposed conformity is antithetical to the ideals of a free society. The state acts completely illegitimately when, for instance, it compels us all to accept the tenets of a particular religion. And the government acts with equal illegitimacy when it decides what particular medical point of view all individuals in society must accept and adopt. Such a question is in the realm of culture and there are, understandably, a great variety of opinions about which methods are best as there are varieties of opinions on other cultural matters. There is no room in a free society for a state-mandated medical dogma which we all must accept." [3]

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Inside This Issue

VACCINE CHOICE CANADA
FORMERLY VRAN
Your Child • Your Future • Your Choice

Member News and Update: Vaccine Choice Canada is Born!

Dear Members,

Welcome to our new not-for-profit society, Vaccine Choice Canada (VCC), and our new publication, *The Vaccine Choice Journal*. Our goals are the same as they always have been—to bring you the most informative articles from well researched and credible sources. We thank you for your help over the years, and hope that we can count on your support in the future as we continue to raise awareness about this critical health issue.

VRAN Transition to Vaccine Choice Canada

Due to the federal government's enactment of new legislation governing non-profit societies, it became apparent last spring that VRAN would be unable to transition to the new Act. Hence, our Board of Directors decided that the most appropriate remedy was to create a new not-for-profit society. We are pleased to announce this has been accomplished. In June of 2014, we were federally incorporated as Vaccine Choice Canada. Our focus and goals remain the same as before; to advocate for freedom of choice when considering vaccination; to protect the individual's right to health care modalities of their choice, and to offer counseling and support to those who have suffered vaccine reactions and injuries.

At this time, we'd like to welcome Nelle Maxey to our Board of Directors as Secretary/Treasurer. We'd like to thank Nelle for helping steer the ship smoothly through the many complexities of this challenging transition.

Appreciation also goes to our legal advisor, Mary Lawson, whose expert advice, expeditious filing of legal documents and well crafted contracts have enabled us to move forward in this work as Canada's oldest and most trusted source of vaccine risk awareness information.

VRAN Final AGM

VRAN's last annual general meeting was held by teleconference at 2pm PST on September 10, 2014. In attendance were Susan Fletcher, Heather Fraser, Rita Hoffman, Mary James and Edda West. Edda West chaired the meeting. Nelle Maxey was invited to attend and was asked to record the minutes of the meeting. VRAN's Board of Directors unanimously passed the following resolution:

Due to the administrative burden of the requirements for continuance of Vaccination Risk Awareness Network (VRAN) under the new federal Not-for-profit corporations Act and that no remedy is offered by the Act, be it resolved that VRAN will not undertake the continuance process.

The reference above to a remedy is reference to the fact that, given VRAN's circumstances, there was no practical way to complete the continuance process.

A discussion of the history of VRAN followed with a sharing of experiences and activities of the network since its incorporation in 2000. The AGM adjourned at 2:45 pm.

We Salute Susan Fletcher, VRAN'S Outgoing President

When Susan Fletcher joined VRAN in October, 2000, she was inspired to learn everything she could about vaccines, their risks and failings because her infant grandson had contracted whooping cough from his fully vaccinated siblings. Susan's scientific training made her a natural to become VRAN's science researcher. In this capacity, she spent countless hours pouring over medical articles, analyzing scientific studies, nailing down the specifics of government statistics and writing reports and articles for our newsletter and website. When we launched the new VRAN website in 2009, Susan organized

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Rita Hoffman—Vice-President
Nelle Maxey- Secretary/Treasurer
Mary James—Board Member
Heather Fraser—Board Member

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.

the many categories of subject matter along with hundreds of pages of content into a user-friendly form which has grown into a large virtual online library. Over the years, Susan fired off dozens of powerful letters to the media, medical bureaucrats, and scientific journals. Our heartfelt appreciation goes to Susan for 14 years of dedicated volunteer service to our goal of protecting children's health from vaccine injuries and helping parents to make informed choices about vaccines. *Thank you, Susan!*

New Look for our Journal & Website

We'd also like to offer our heartfelt appreciation to Catherine Orfald for her many years of volunteer work in the electronic production of the *VRAN Newsletter*. Catherine's graphic design skills helped shape the Newsletter into an acclaimed publication. *Thank you, Catherine!*

As well, much appreciation goes to Scott Hunter for creating the beautiful new logo displayed on the Vaccine Choice Canada website and in this Journal. And to Nelle for the design and electonic production of the new Journal.

New Website—www.vaccinechoicecanada.com

The VRAN website is being upgraded and rebranded with a lovely new look. We have named it the Vaccine Choice Canada website. The upgrade work is in the capable hands of website programmer and designer, Nikta Bouroumand, who is in the process of redesigning the site to be compatible with hand held devices. The new site will streamline access to the large volume of information that is essentially a vast virtual library.

Rita Hoffman, VCC Vice-President and webmaster, is working with Nikta to help sort through the hundreds of pages of articles needing re-categorizing and upload to the new site. We thank Rita for diving into this challenging project. We are indebted to Rita for the many years she has dedicate to this work and for continuinig to give so generously of her time and skill to VCC. Once the new VCC website is on-line, going to vran.org will automatically take you to the new site.

Monthly V-Bulletin

In between the semi-annual publication of *The Vaccine Choice Journal* we now issue a monthly summary of all the cutting edge news happening in 'vaxworld'. If you're not receiving the V-bulletin by email yet, just click on 'News Bulletin' at the top right of the home page at our new website.

Fundraising

We are excited to inform you of an excellent new documentary, ***BOUGHT—The Movie***. This film is about the hidden story of vaccines, drugs and food and how our health has been compromised by BigPharma and GMO agriculture. These three story lines converge on Wall Street, in a tale of corruption, greed and shocking lack of conscience.

When you rent or buy the film through our website, we receive a small commission for each sale or rental. Access the film on our new website home page (scroll down to Featured Articles) or on our Facebook page.

Fundraising Bonus Items – Books & DVDs

For a donation of $150 or more, please select one of the four 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 our Join page at www.vaccinechoicecanada.com. **Please Note:** Donations that qualify for a bonus item are in addition to your annual membership donation.

- ***Dissolving Illusions*** is a foundational, new (2013) book about the forgotten history of diseases and vaccines, by Suzanne Humphries, MD and Roman Bystrianyk. The historical and scientific research presented by the authors takes us back to the roots of disease and the connection between living conditions, nutrition, and health. Dissolving Illusions is a powerful tool for everyone seeking to dispel the prevailing medical myth that vaccination is what saved us from the brutal cycles of epidemic diseases of the past.

- ***The History of the Peanut Allergy Epidemic,*** by Heather Fraser is a "masterful piece of medical detective work" in which the author uncovers the cause of this iatrogenic phenomenon. 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 forword to the book, pediatrician and Board certified Instructor at Harvard Medical School, Janet Levatin, MD writes, "it should be required reading for everyone who administers injections, who receives injections, and everyone who authorizes injections for children."

- ***The Greater Good*** is an excellent documentary (DVD) that increases awareness of the vaccine controversy. "There are severe consequences due to our current vaccine policy and schedule, many of which are simply dismissed as coincidence or diagnosed improperly." The film highlights personal stories of vaccine injuries and includes interviews with scientists and medical doctors on both sides of the issue. The film is a powerful educational tool for anyone wanting to spread the truth about the vaccine issue.

- ***Vaccine Epidemic*** in the second recently expanded edition is now available. Over 20 authors expose the bitter truth about the impact of vaccines on individual lives and society as a whole. The contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children. This book is an indictment of a reckless system that sacrifices its young on the altar of monopoly medicine.

- ***Members also have the option*** of choosing a book from the Vaccine Choice Canada, Amazon-affiliated Bookstore if they wish to choose a fundraising bonus book other than what is listed above. Link to our Bookstore is: http://astore.amazon.com/v0fef-20

Perpetuating the 'Mandatory' Vaccination Lie

Although our victory in Ontario many years ago set an important legal precedent that dissuaded most other provinces from similar attempts to legislate 'mandatory' vaccination, government health bureaucracies have never stopped trying to force vaccines on the people. Parents are still lied to and told, "your child must be vaccinated to attend school or daycare" —even in provinces where no legislation exists governing immunization of children. The 'mandatory' vaccination mantra drones on and on, and unless parents are somewhat politically savvy, they are easily duped by the propaganda.

Complicit in perpetuating the 'mandatory' vaccination lie is mainstream media that willingly prints the disinformation handed them by health officials about vaccine mandates and threats of school suspensions if student vaccine records lag behind. For decades, media articles have consistently omitted mention of legal vaccine exemptions leading the public to believe that vaccination is mandatory for school attendance. When we filed a complaint with the Ontario Ombudsman a few years ago, along with a thick dossier of media articles threatening school suspensions, we hoped for an intervention that would direct health units to include facts about vaccine exemptions in their media press releases. At the Ombudsman's suggestion we met with officials at Ontario's Ministry of Health & Long Term Care (MOHLTC) to request full disclosure of availability of vaccine exemptions in all government literature. So far, the meeting and back and forth dialogue has changed nothing.

On its immunization web pages[4], the MOHLTC uses language that implies vaccination is mandatory for school attendance; only a few brief sentences vaguely allude to exemptions. The Act itself does not contain the word 'mandatory'. Instead of providing links to both the Act and exemption forms[5], people are directed to contact their local health units where they will then be challenged and forced to defend their right to obtain the vaccine exemption forms. Rather than enable people to read the legal instrument that governs vaccine policies, the government prefers to keep the public in the dark about its legal right to refuse vaccines. As such, the people remain obediently compliant with the manipulated version of the law.

The Mature Minor Doctrine

The "mature minor" doctrine is another insidious legal maneuver used by public health officials to coerce underage children to submit to vaccines, usually in the school setting. Children as young as 10 or 11 can be vaccinated without parental knowledge or consent. The "mature minor" clause is incorporated into most health care acts in Canada and permits under age children to make their own decision about vaccines, obtain birth control and abortions.

Every year parents contact us, outraged that their children have been vaccinated without their consent. Recently an Ontario mother informed us that her 11 year old son had been injected with hepatitis B vaccine and meningococcal vaccine without her consent. The child was threatened with suspension if he didn't get the shots and had to sign a consent form fearing he would be barred from school if he didn't comply. He wasn't given any information about the risks and side effects of the vaccines, nor given the option of a legal vaccine exemption. His consent was not informed and was obtained by coercion which violates *Ontario's Health Care Consent Act*—the same Act that bizarrely also enables the medical treatment of minor children without parental consent.

The "mature minor" doctrine usurps parental authority giving governments the power to coerce children into making health care decisions that conflict with family values. Every reasonable person knows that an 11 year old child does not have the maturity or life experience to evaluate the risks or benefits of receiving one or multiple vaccines. A child this young is incapable of making an informed decision about complex medical issues. Added to this insult is the pro-vaccine propaganda disseminated in the public school system which paints a rosy picture of vaccines without disclosing the very real risks of injury from a vaccine. It is one of the most challenging vaccine issues we face in Canada.

The Disconnect Between Vaccine Dogma and Emerging Science

Clinging to its obsolete vaccine dogma, monopoly medicine ignores the fact that emerging science is disclosing the many ways that vaccination harms health.

The recent CDC whistleblower scandal in the U.S. rocked the autism and vaccine awareness communities when it was revealed that the government had suppressed crucial information showing that African-American boys receiving their first MMR vaccine before 36 months are 3.4 times more likely to develop autism vs. after 36 months. "The CDC knew about the relationship between the age of first MMR vaccine and autism incidence in African-American boys as early as 2003, but chose to cover it up", said Dr. Brian Hooker who reanalyzed the study data provided him by William Thompson, the whistleblower.

Thompson who'd worked at CDC as a senior research scientist for over a decade, said, "Oh my God, I did not believe that we did what we did, but we did. It's all there. This is the lowest point in my career, that I went along with that paper. I have great shame now when I meet families of kids with autism, because I have been part of the problem."

The CDC's record of malfeasance is stunning in its manipulation of vaccine research, including deliberate alteration of data showing substantial increased risk of neurological injuries from mercury containing vaccines, and

research manipulation of Danish studies that are still upheld as proof of vaccine safety.

Parent activist Marcella Piper-Terry said, "When it comes to lies about vaccines and autism, the CDC is very good at what they do…What we know at this point is that the CDC buried the knowledge of a significant increase in the risk of developing autism for African-American male children who received the MMR vaccine according to the CDC's Recommended Childhood Vaccination Schedule. That one lie is responsible for at least 250,000 cases of autism in African-American male children. And that number is a vast underestimate of the true extent of the damage." [6]

Coming on the heels of these revelations is Dr. Theresa Deisher's research which correlates autism disorder increase and human fetal DNA, retroviral agents in vaccines. She has found that 'change points' in autism disorders are "clearly associated with the introduction of vaccines produced using human fetal cell lines."

"What we have found is that across continents, and across decades, change points in autism disorder are clearly associated with the introduction of vaccines produced using human fetal cell lines," said Dr. Deisher, "Each time we inject our children with one of these vaccines, we are also injecting them with residual fetal human DNA."

Even more alarming, said Dr. Theresa Deisher, "Not only are the human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas." In North America 10 vaccines are produced using the human cell lines WI-38 and MRC-5. [7,8,9]

Vaccines containing human fetal cell lines

- Adenovirus
- DTaP-IPV/Hib (Pentacel)
- Hep A (Havrix)
- Hep B (Engerix-B)
- Hep A/Hep B (Twinrix)
- MMR (MMR-II)
- MMRV (ProQuad)
- Rabies (Imovax)
- Varicella (Varivax)
- Zoster (Shingles – Zostavax)

The FDA has known for decades about the dangers of insertional mutagenesis in using human fetal cell lines, yet they chose to ignore it. Instead of conducting safety studies they regulated the amount of human DNA that could be present in a vaccine to no greater than 10ng. Dr. Deisher's team discovered that the fetal DNA levels ranged anywhere from 142ng–2000ng per dose, way beyond the so-called "safe" level.

"There are a large number of publications about the presence of HERV (human endogenous retrovirus—the only re-activatable endogenous retrovirus) and its association with childhood lymphoma", noted Dr Deisher. "The MMR II and chickenpox vaccines and indeed all vaccines that are propagated or manufactured using the fetal cell line WI-38 are contaminated with this retrovirus. And both parents and physicians have a right to know this!" [7,8,9]

Vaccines enjoy an elevated, sacrosanct status as the most protected class of drugs on the earth. Placed in a lofty category of their own, vaccines aren't even thought of as drugs, even though by any medical definition they are. Vaccines are exempt from the safety standards demanded of other pharmaceutical products and prescription drugs. As such, they enjoy extraordinary immunity from independent oversight and rigorous testing with control groups and are promoted with religious fervor. This, despite the fact that vaccines are compounded with complex biochemical substances that, when injected into the body, trigger a cascade of biological reactions on the cellular level impacting the immune system, the neurological system and the brain. As highly bioactive drugs, all vaccines should carry 'black box' warnings indicating that damage to the immune and neurological systems is a known risk.

Health Effect of Chemicals and Vaccines

There's little doubt that the burden of toxic chemicals permeating the environment is seriously impacting children's health, adult health and all life forms. Children are the most vulnerable to severe and permanent damage from these toxic exposures. Key to understanding the urgency of the destructive effects of chemical exposures on children is grasping the fact that the biochemical ingredients in vaccines interact with chemicals from the exterior environment, thereby compounding the potential for harm.

The field of Developmental Immunotoxicology (DIT) focuses on the damaging effects of exposure to biological materials, drugs, medical devices, chemicals and other environmental factors on the developing immune systems of fetuses, infants and children. The immature immune system is infinitely more sensitive to toxicants than that of the adult. DIT emphasizes a broad spectrum of diseases associated with chemical and drug induced disruption of critical prenatal and postnatal immune maturational events. [10]

The infant and young child immune systems and brain are uniquely different from that of an adult, and are particularly vulnerable to toxic assault. It is well known that the developmental "road-map" to a well functioning immune system in the infant has numerous "windows of susceptibility"—a time when vulnerability to damage is high. Researcher Rodney R. Dietert writes, "These critical maturational windows display a particular sensitivity to chemical disruption with the outcome usually taking the form of persistent immune dysfunction and/or misregulation. For this reason, health risks are significantly increased following early life versus adult immunotoxic exposure." [10]

Toxic exposures during these critical developmental "windows" can result in irreversible damage to growing

nervous systems and cause immune dysfunction, alter behaviour patterns, and have serious reproductive effects. If a toxic exposure occurs during critical growth stages, the damage can be permanent. DIT research suggests that early life exposures to a range of toxicants increases risk of asthma, autism, diabetes, leukemia, cancer and other diseases associated with immune dysfunction.[10,11]

Phillippe Grandjean and Philip Landrigan (whose work on the effects of chemical exposures on brain health is well known) said in a recent interview that their "sense of urgency now approaches panic", and that their greatest concern is that "children worldwide are being exposed to unrecognized toxic chemicals that are silently eroding intelligence, disrupting behaviors, truncating future achievements and damaging societies."[12]

Vaccination – An Environmental Issue

On the most fundamental level vaccination is an environmental issue. On the micro level, children are injected with multiple vaccines that contain a stunning array of chemicals, biologicals (viral & bacterial particles), adjuvants, foreign protein particles and DNA residue. On the macro level, via air, food and water, children are bombarded with external environmental chemical toxicities unparalleled in the history of our species. Few are asking, what the synergistic effects are.

The critical question that needs to be asked is, if exposure to toxicants from the external environment can damage the immune and neurological systems of infants and young children, wouldn't their vulnerability to injury be magnified when toxic exposures are delivered by injection? At least when exposures come from the external environment through the normal portals of entry, there's a reasonable chance the body's detoxifying mechanisms can lessen the impact. But when complex biologicals and chemicals are injected directly into the fragile and vulnerable young body, bypassing the defensive filters that could mitigate the impact of the toxicants, free rein is given to toxic compounds to profoundly alter and injure the child's developing internal micro-ecology.

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Vaccines can derail the network of "balanced cascades" between the immune system and the brain. It is well known that there is extensive communication or 'cross talk' between the immune and nervous systems in both health and disease. As well, immune molecules play integral roles in the central nervous system throughout neural development. In the past 10 years it's been shown that immune molecules are expressed in the central nervous system and are essential for healthy brain development.[13,14] In other words, what affects the immune system also affects the neurological system and the brain.

A 2011 study found that children on the autism spectrum have elevated 'cytokines' (immune cells) which is associated with immune dysfunction and impaired behavioural outcome. Furthermore, it was noted that "increased cytokine levels were predominantly in children with regressive autism."[15]

When immune molecules (cytokines) are forced into heightened activity, inflammation occurs. The function of vaccines is to create inflammation—the enemy of normal brain development. The evolutionary, developmental blueprint for the human infant is to remain in a non-inflammatory state for a period of time after birth because inflammation disrupts normal brain development.

Russell Blaylock MD writes, "A great deal of the brain is formed in humans during the first two years after birth and continues until age 25–27. Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes."[16,17]

As children are increasingly exposed to pervasive chemicals in our eco-system, there is mounting evidence that vaccines compound and intensify the effects of these contaminants. A few scientists are now speaking of their concern about the impact of vaccines on infants during the critical development period and the affect these substances have on the internal micro-ecology and developmental blueprint of the child.

This 'double whammy' of outer environmental toxicity and internal vaccine toxicity is driving the epidemic of chronic and neurodevelopmental diseases today.

Vaccines & GMOs—A Partnership From Hell

Glyphosate is the most widely used agricultural chemical in the world. It is the primary ingredient in Roundup and is used on most genetically modified crops (GMOs). Glyphosate is absorbed by the plants it is applied to and when we eat industrially grown food, we also absorb this chemical. Once it is in our bodies, glyophosate damages crucial metabolic functions of our beneficial gut bacteria (the microbiome) and leads to many diseases.

Dr. Stephanie Seneff, PhD is a senior research scientist at MIT. Her extensive review of the scientific literature documents the magnitude of health damage now linked to Roundup. She lifts the veil on how grim the glyphosate story really is. Her work confirms that we should all be very, very worried. She

has concluded that glyphosate intensifies and exacerbates the effects of certain vaccine ingredients like aluminum.

Aluminum is the primary adjuvant used in many vaccines to drive a heightened immune response. It is also a potent neurotoxin. In a recent interview, Dr. Seneff stated, "Aluminum is very toxic, and many of the vaccines contain aluminum. And it's injected directly in, past all the barriers. Ordinarily the body is quite good about keeping aluminum out. The gut will absorb very little of [aluminum] in the diet...assuming you have a healthy gut. Glyphosate produces a leaky gut, and that's going to help the aluminum get in. What I believe now is that the aluminum in the vaccine is far more toxic as a consequence of the glyphosate that's also in the blood. The two of them are synergistic, because the glyphosate forms a cage around the aluminum and keeps it from getting expelled. The aluminum ends up accumulating, getting trapped with the glyphosate, and then the aluminum ends up in the pineal gland, and messes up sleep, and causes a whole cascade of problems in the brain. The glyphosate and aluminum are working together to be much more toxic than they would be, acting alone." [18]

In her detailed presentation at the Autism One Conference in May, 2014, Dr. Seneff, discussed the numerous ways glyphosate disrupts metabolic functions and the diseases that result. A central aspect of her thesis is the suppression of cytochrome P450 enzymes which enable amino acid biosynthesis by the gut microbiome. These enzymes produced by our beneficial gut bacteria play a critical role in detoxifying xenobiotics—the chemicals, pesticides, herbicides and carcinogens that are not found in nature and are foreign to living organisms. When the microbiome is disabled by these chemicals, we develop the diseases and conditions associated with a 'Western' diet, i.e. the food produced by industrial agriculture. Diseases include obesity, gastrointestinal disorders, diabetes, heart disease, depression, autism, cancer and Alzheimer's disease.[19,20]

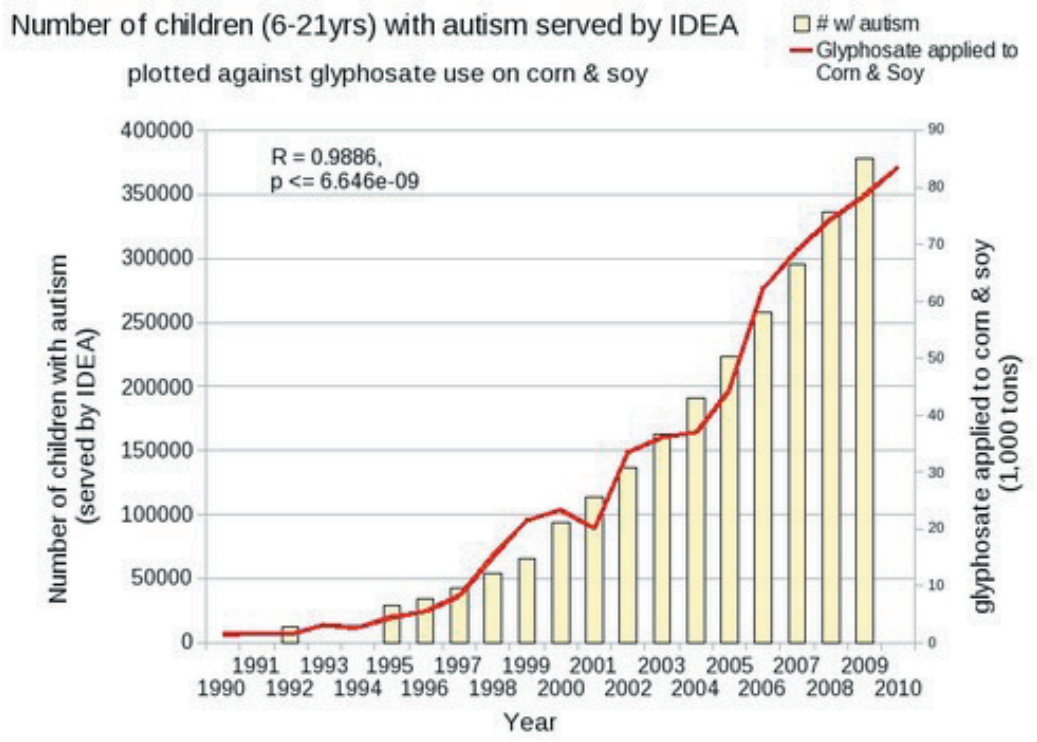
Dr. Seneff discussed her concern about the tremendous rise in autism which parallels the increase in the use of glyphosate in agriculture. "The number of children diagnosed with autism in America has risen alarmingly over the past fifteen years, in exact step with the rise in the use of glyphosate (Roundup) on corn and soy crops. Coincidence? I think not. In parallel, children in the United States have been burdened with an increased aluminum load from the world's most comprehensive vaccination schedule. Glyphosate has a number of known biological effects that align with the known pathologies associated with autism. Glyphosate also likely promotes aluminum uptake into the tissues. Aluminum, a well-documented neurotoxin, is the established cause of dialysis dementia. I propose that aluminum accumulation in the brain, synergistically promoted by glyphosate, is the principal cause of autism in the US." She predicts that by 2025, half the children born will be diagnosed with autism.[19,20]

"We've pretty much sacrificed an entire generation of children. The longer we go, the more damage that is going to accumulate."

Another researcher, plant scientist Don Humber, has long been studying the health effects of glyphosate. He says it is many times more toxic than DDT and is alarmed that it's been found in breastmilk. His concern for future generations on the under-researched and flawed science of genetic engineering is "fact- based and comprehensive." He states: "We've pretty much sacrificed an entire generation of children. The longer we go, the more damage that is going to accumulate."

—Edda West is the President of Vaccine Choice Canada and the Editor of this journal.

Glyphosate & Autism



Original Source: Nancy Swanson, http://www.examiner.com/article/data-show-correlations-between-increase-neurological-diseases-and-gmos See also: Judy Converse article on GMOs: http://nutritioncare.net/tell-patients-avoid-gmo-foods/#.VF_4kTTF9E5 Note: IDEA is the American *Individuals with Disabilities Education Act*

Connecting the Dots:
GMOs, Vaccines & Revolving Door Conflicts of Interest

By Kelly Brogan, MD

I've never been very politically minded. I'm not a conspiracy theorist. I've never been arrested and I don't like to get in trouble. I do like, and always have, to think for myself. I'm a natural skeptic and pragmatist. These days, there are a couple of issues that are getting under my skin, and connecting the dots between them helps to establish a framework for a truth in science "sniff-test". Be warned, you may find that many arenas in which you have come to believe that you were being protected by your authority figures and government, in fact, you've been led down a blind path, and will be left there to fend for yourself when it all goes down. That's why I advocate for consumer empowerment and thoughtful decision-making about what we put in our bodies.

We cannot outsmart nature; we are only just beginning to appreciate her infinite sophistication.

Humans suffer from hubris—we think we know better than nature, can fix it, manipulate it, and master it. There are (at least) two major transgressions that follow similar patterns, raise important red flags, and most certainly do not pass the sniff test: GMOs (genetically modified "foods") and vaccination. Here's what they have in common:

War with Nature

Nature has a sense to it, cultivated over billions of years of evolution. The complexity of botanical systems, the relationship to pests, soil, and the elements sustains optimal diversity and reproduction. It was only when we began to industrialize the process, hijack growth with an eye toward yield, and allow chemical companies to attempt to regulate variables of perceived adversity that we ended up in the mess that GMO crops are in today. Now we have randomly spliced animal DNA with bacterial vectors inserting into plant genomes, disrupting the natural functioning of the plant, and allowing for supersaturation with the toxic, endocrine-disrupting and gut bacteria slaughtering herbicide, Roundup.

Pharmaceutical companies and doctors think they can outsmart immune systems that have evolved to coexist with microbes, to be primed and educated by them. We are at war with infectious disease, and as a consequence, our fear and malice toward bacteria and viruses have lead us to compromise and alter our immune systems with pathogens entering our bodies through our muscles, accompanied by toxic additives that cripple our natural immune function and cause chronic inflammation. The notion of improving upon our human capacities, as we understand them is discussed by Sayer Ji of GreenMedInfo as "transhumanism." We cannot outsmart nature; we are only just beginning to appreciate her infinite sophistication.

Lack of Pre-marketing Safety Study

Monsanto claims that GMOs are simultaneously equivalent to existing foods (relieving them of any real duty to demonstrate safety), and novel enough that they can be patented. Despite the Frankensteinian effects of genetic manipulation on proteins and gene expression, these foods have never been studied in a human population, let alone assessing for long-term effects. What happens as a result of this fast-track-to-market process is that slow-emerging trends of harm at the population level begin to emerge. Differing patterns of chronic disease in Europe and America at this point may have some relation to limitations of GMO products in Europe. There is inherent difficulty in associating cause to effect in chronic disease; however, arguing for the importance of long-term premarketing trials.

Vaccines have similarly, never been studied against an unvaccinated control group, allegedly because they are assumed to be so vital to our health that it would be unethical to withhold them even though basic epidemiology demonstrates that hygiene and nutrition have played the most significant role in elimination of infectious disease. Vaccines have never been studied in their current schedule, nor have the additives (adjuvants) which include known body toxins, aluminum, mercury, formaldehyde, and polysorbate 80.

Signal of Harm

Despite this lack of effort and incentive to support safety data in these two arenas, both have suffered a signal of harm that should have activated the precautionary principal. Monsanto monitored GM and non-GM fed rats for 90 days, and declared that changes in liver and kidney function were not clinically significant. Seralini et al, copied this design, but extended the observation period to years. Take a look at what happened to these animals.

The first tumor sprouted at the 4 month mark. Multiple animal studies have emerged mirroring this study's provocative findings. Glyphosate, the herbicide that has been sprayed in escalating quantities, is an endocrine-disruptor that has been linked to obesity, liver disease, birth defects, autism, and cancer. Stephanie Seneff's research[1] on the documented effects of glyphosate and it's ability to induce disease is the most enlightening exploration of its toxic mechanisms. Bt-toxin in GMO corn has been found to puncture intestinal cells and circulate into fetal tissue.

Whether in the realm of neurodevelopment, death, autoimmunity, or even susceptibility to the disease intended to

provide protection from, vaccines have been demonstrated to harm and several billion dollars have been paid out to victims through the U.S National Vaccine Injury Compensation Program. Patterns of chronic illness such as atopy and autism have been demonstrated to correlate with vaccine uptake and prospective study of neurodevelopment in monkey's has demonstrated injury.

Suppression of Investigation

Seralini was silenced. His work was roundly attacked, censored from the media, and demands from industry ties for the paper to be retracted from its journal of publication. Several months after Seralini's paper, Richard Goodman, a former Monsanto employee was fast-tracked to the position of Associate Editor for Biotechnology. With Monsanto now at the helm of influential medical journals, the prospects for publication of independent research are diminishing.

The now infamous Andrew Wakefield, who published a paper on the presence of vaccine-strain measles in the guts of autistic children was stripped of his license and maligned for fraud in a witch-hunt intended to suppress any further investigation into this connection. Fortunately, at least 28 independent studies from around the world have confirmed his findings.

Protection of Corporate Profits

The "Monsanto Protection Act" was designed to provide legal immunity to GM technology so that citizens could never litigate on the grounds of harm secondary to GM food exposure. In this way, corporations would be protected above farmers and citizens.

The U.S. National Vaccine Injury Compensation Program was established in 1986 to assume liability from corporations so that any incentive to police the safety of their product was roundly eliminated and civilians could only engage in a non-jury-mediated "trial" of red-tape and rejection as a means of seeking justice for injury.

Revolving Door Conflicts of Interest

This is where the rubber meets the road on these issues, and, truly the source of all corruption. When those regulating a system in need of checks and balances are the same people who have profited or are profiting from its protection and success, we have a critical breakdown in protection of the interests of consumers and patients. The revolving door of Monsanto and government ranges from Michael Taylor, FDA Deputy Commissioner for Foods and former Monsanto Vice President of Public Policy to Supreme Court Justice Clarence Thomas, former Monsanto attorney.[2]

The list of interchangeable figures between the CDC, pharmaceutical industry and Vaccine Advisory Committee features more conflicts than exceptions. Notably, in January 2010, Julie Gerberding, former director of the CDC, became the President of Merck's vaccine unit. In January 2011, Elias Zerhouni, former director of the NIH became President of Sanofi-Aventis' research labs. These relationships are known to be kindled far in advance of the job acceptance. The most outspoken mouthpiece of today's vaccine schedule is Paul Offit MD, Merck employee and Rotavirus vaccine patent holder. In her paper[3], Gayle DeLong details the many layers of profit-motivation that cloud regulators' judgment. This short video explains it well: *The Vaccine-Autism Video, the CDC, Big Pharma Doesn't Want You to See*.[4]

It is an impossible expectation that objectivity in research support or information dissemination could be exercised under these circumstances. These conflicts of interest undermine any and all safety claims, and leave those engaging with these technologies to look to research that has not been funded by corporate agendas to help navigate true concerns about risk. These are multibillion-dollar corporate giants with dollars to spare when it comes to influencing legislators and regulators.

These arenas and their implicit overlap as discussed here, are slated to unite in a number of in-development GMO-containing vaccines. We are already part of a vast, uncontrolled experiment, and this may add a layer of complexity that will be the ultimate straw that broke the camel's back. If you're anything like me, you want out of this deal you never signed up for. There is a way out. Make informed choices, trust your instincts, vote with your wallet.

—We appreciate Dr. Brogan's kind permission to reprint this article which was published on the GreenMedInfo website. Please refer to the online version of the article to access the numerous embedded links to references and scientific articles: http://www.greenmedinfo.com/blog/connecting-dots-gmos-and-vaccines

Dr. Brogan is allopathically and holistically trained in the care of women at all stages of the reproductive cycle experiencing mood and anxiety symptoms, including premenstrual dysphoria (PMDD), pregnancy and postpartum symptomatology, as well as menopause-related illness. Learn more about her work at www.kellybroganmd.com

PITHY FACTS...

Eva's Vaccine Story: A Mother's Quest By Sophie Bombardier

Our daughter was the picture of health and as any other 'responsible' parent, I dutifully brought her to Well Baby checkups where she received all the vaccines according to the provincial schedule. That is, until she turned one...

When she turned one, I brought her in for her first MMR vaccine and of course, never questioned anything because I figured doctors and nurses knew what they were doing. Éva cried of course so I comforted her and once home, gave her some Tylenol to make her comfortable. Just like after every vaccine she had received, she was always lethargic for a day or two so this time was no different. As she seemed to get better about three days post-MMR vaccine, she started showing signs of a cold (runny nose, fever). I had scheduled her 12 months photo shoot about a week post-MMR vaccine since I knew she'd be fussy but the runny nose never went away. I now use those photos as my point of reference as to when health problems arose. In fact, it worsened. And our daughter started snoring heavily at night while sleeping, something she had never done before so I figured she must be very congested. Days became weeks and the weeks became months...

"Éva was fine until she had her first MMR vaccine and she started getting sick exactly three days later. What if there was a correlation? And my quest for answers started…My heart sank. I found there is and can be a correlation."

One month post-MMR vaccine, Éva started crying and crying non-stop. At this time, the runny nose and fever continued to persist and she was still snoring heavily at night. Her fever spiked and Tylenol just wasn't cutting it. At the same time, I started noticing other strange symptoms; she started losing weight dramatically, her tummy became incredibly swollen, her body was covered with eczema, she was losing the little hair she had, her skin tone became greyish, she became lethargic yet wouldn't sleep at night. I could keep going and going. These were all symptoms she never had before. When I brought her to the pediatrician, all he found was a severe ear infection for which he prescribed antibiotics. I start administering the antibiotics and Éva seemed to get better, but that was short lived. Her ear infections (in both ears) seemed to have healed but all other symptoms were still present and worsening, including the fever, and were worsening.

At this point, she lost her appetite and vomited whatever she managed to eat. Diarrhea kicked in as well. A bit less than two weeks after her first ear infection diagnosis, the crying started again, the fever spiked up once again so I brought her back to the pediatrician. Diagnosis; ear infections in both ears, again. So another round of antibiotics, stronger ones this time. I started thinking the first infection never really went away.

Éva finished her second round of antibiotics and by this point, she seemed relieved from her ear infections but all other symptoms were still present, including the fever. By this time, the eczema patches were permanent, she continued to lose weight - no appetite whatsoever, chronic diarrhea, lethargy, her skin tone was grey and her eyes were sunken in. Oh, and the crying and screaming!

Back to her pediatrician we went yet again.Diagnosis; ear infections in both ears, this time with abscesses about to burst. I can't imagine the pain she was in! And once again, another round of antibiotics—the third round of antibiotics within a six-week period. We headed home, uneasy about all this but were desperate for Éva to find relief so I reluctantly gave her the antibiotics, along with Tylenol. By this time, she had sores in her diaper area that were bleeding and just wouldn't heal. The diarrhea and weight loss continued. And of course, so did the fever.

Two days into her third round of antibiotics, I started thinking maybe antibiotics are not the answer. Who gives three rounds in six weeks? So I started looking for causes of ear infections. Turns out 2 out of 4 cases (or 3 out of 4, depending on the source of information) are caused by either an intolerance or allergy to dairy!

Éva loves yogurt and cheese. So I decided that very same day, to stop giving her dairy products (and any traces of them). On the same day, I stopped the antibiotics, as well as the Tylenol. Forty eight hours later, the crying stopped. The fever went down a bit, but still persisted. Although she didn't seem to be in such pain anymore, all other symptoms remained.

I thought at this point, one symptom at a time, right? A few days later, we headed back to the pediatrician to check her ears and it was good news! Her ears were completely clear! The doctor was very happy about this news although, I never told him I had stopped giving Éva her antibiotics four days prior as well as no dairy products. I did however (very innocently) ask his opinion on the correlation between ear infections and dairy products and he immediately denied it. At that point, I knew something was off here.

Soon after, I realized that doctors rarely prescribe this many courses of antibiotics in such a short amount of time (three rounds in six weeks). I approached him with all of Éva's other symptoms: constant and persisting fever, lethargy, eczema, hair loss, severe weight loss, loss of appetite, vomiting, diarrhea, grey skin tone, constant whining, severe bloating, sores that don't heal, easy bruising. She had at total of 23 symptoms—symptoms she never had before her first birthday.

The doctor's reply? A virus, "because she attends daycare''. I was at a loss. A virus? Yet, all other children at her daycare seem fine. He also refused to give us a referral for allergy

testing. Within the next two months, I consulted six other doctors, including two specialists at the Children's Hospital of Eastern Ontario. During this time, Éva started suffering from recurrent nose bleeds, a new symptom. And again, the same diagnosis every time; it's a virus because she attends daycare.

Then, I started thinking and I realized something. Éva was fine until she had her first MMR vaccine and she started getting sick exactly three days later. What if there was a correlation?? And my quest for answers started...and lucky for me, I found the documentary 'The Greater Good' online as I start doing some research. My heart sank.

I found there is and can be a correlation. I decided to suspend all planned future vaccinations until I found clearer answers. I wanted and needed to find out what was going on as I started to question the safety of vaccines very, very seriously. I went back to the doctor's office and requested the brand names of all the vaccines she had received. My request was met with great resistance and I was the one who was questioned as to why I wanted this information. A bell rang in my head and I started wondering why I was being questioned about obtaining the information I should have had in the first place?? I found this very troubling. I did end up leaving the office with the info I wanted (only because I had to threaten them that I'd come back with a lawyer) as I needed to look up what the side effects of the various vaccines were.

In the meantime, Éva's condition was worsening, to the point where I had to keep her home from daycare on average two days a week, every week, from November 2011 to February 2012. Between Christmas and Valentine's Day, she lost another five pounds. By the end of February, she was 17 months old and weighed only 17 pounds and continued to lose weight.

During this time, she developed pneumonia along with febrile seizures, not surprising since a simple cold would last at least 5-6 weeks and she was battling one at that time. It's important to note here that we started questioning general/mainstream medical practices when ill.

At this point, she looked like a starving African child we see on TV. While undressed, we could easily count almost every single vertebrae and rib from a distance. Fear in me, kicked in. I suddenly realized our daughter was dying. What she was going through was a very slow death. She was still not eating, still vomiting everything she managed to eat, had severe diarrhea, was covered in unexplained bruises and everything else. Éva started looking like a severely neglected child, who was suffering from malnutrition. And I needed to do something fast. I knew hospitalization would be required very ,very soon but since all doctors I had met with denied something was seriously wrong to begin with, I was at a complete loss.

Western medicine seemed useless at this point since I was not getting the answers I needed. I opted for alternative medicine during that winter, in hopes of finding healing through chiropractic, naturopathy, homeopathy, osteopathy, acupressure. When my naturopathic doctor asked me about reactions to the vaccines she had received prior to her first MMR, I remembered her having diarrhea and a fever for two days at her two-month vaccinations, same symptoms but for four days at her four month vaccinations, then for 6 days after her six month shots. It's only once I answered this question that I noticed the consistency in our daughter's reactions! I never put two and two together before. So these reactions to her first MMR vaccine made perfect sense given the pattern.

After trying many treatments to try to relieve Éva's symptoms over the course of a few months and nothing seemed to work, I opted for a $400 allergy test performed by our naturopathic doctor (that is not covered by insurance but at this point, I didn't care). I was shocked when tests came back positive for thirteen different food allergies!! I was stunned because she never showed signs of food allergies before. She is allergic to wheat, gluten, dairy, goat's milk, almonds, hazelnuts, oats, sugar, and cane sugar to name only a few. And at the same time, I found the vaccine inserts I was looking for and I could not believe the list of side-effects from the MMR vaccine, side-effects she was suffering from:

- Inflammation
- Persistent fever
- Vomiting
- Loss of appetite,
- Chronic diarrhea
- Chronic rhinitis
- Food allergies
- Autoimmune disorders
- Chronic ear infections
- Eczema
- General malaise
- Febral seizures
- Insomnia

I cried so much that night, feeling so guilty for not noticing anything before and even worse, the guilt as a mother; 'I should have known better'. But instead of dwelling on my guilt, I focused on the answers Éva so desperately needed. We finally had answers, almost six months after her symptoms appeared!

I had to re-learn menu planning, grocery shopping and cooking. With time, along with other alternative methods, Éva started getting better. We have learned to cope with her restrictive dietary needs however, we have also found out she now suffers from Celiac disease, a permanent autoimmune disorder she will be dealing with for the rest for her life. Éva turned four this fall but it has taken over two years to restore her health to a new 'normal'. Looking back, her fever (that was believed to have been caused by a virus) lasted a total of 168 consecutive days and her 'unexplained' condition has

"Looking back, her fever (that was believed to have been caused by a virus) lasted a total of 168 consecutive days and her 'unexplained' condition has cost us over $10,000 worth of alternative care, consultations and treatments. According to the alternative specialists we have met, she would not have survived another 6 months in such a state."

cost us over $10,000 worth of alternative care, consultations and treatments. According to the alternative specialists we have met, she would not have survived another 6 months in such a state.

Since, we have stopped all vaccinations, even for ourselves, her parents. Her baby brother is completely vaccination-free, also injection-free as we declined the vitamin K shot at birth. We refused to take any chances with our baby after doing our research and he is the picture of absolute perfect health as all children should be. As a result, we have become doctors' worst nightmare as we question absolutely everything in order to obtain all the information we are rightfully owed before making any medical decision.

Today, Éva is once again the picture of health, just as long as we monitor everything she eats and even everything she touches as gluten is very present almost everywhere from food, to toothpaste, even down to Play-Do and many nail polishes as well as other body products. But it was not without a lot of hard work, tears, and countless hours of consultations, research and reading. On the morning of Eva's fourth birthday, I cried. I cried tears of relief and happiness as I never even dared dream of (or think about) future birthdays while she was so sick. And this year for the first time, we can actually say we are looking forward to so many more!

6 Reasons I Won't Give My Kids The Nasal Flu Vaccine

By Celeste McGovern, October 2014

Two of my daughters arrived home from primary school last week with public health packages in their bags. It's that time of year again, when nurses are out in force like army recruitment officers, waging a war on deadly germs and rounding up volunteers for vaccines.

This year in the United Kingdom the intranasal flu vaccine is being rolled out. It's already been used in the United States where 14 to 15 million doses of AstraZeneca's FluMist are currently in distribution for this flu season but this is the first year it is being offered under the brand name Fluenza Tetra in the UK to all children older than 24 months and it is heavily promoted by public health officials. They've even produced a "Flu Hero" cartoon directed at children in which a superhero gives a little boy a nasal flu vaccine which, like a bite from a radioactive spider, transforms him into a superhero himself with super defenses.

I hate the flu as much as other parents, but the public health information struck me as superficial and smacked of a sales pitch, so I decided to look a little deeper into the vaccine and here are the top half dozen reasons my children won't be going near it.

1 Live Virusus

A lot of effort has been put into dispelling the "myth" that you can get the flu from the flu vaccine. Little wonder such a myth exists though, when the listed side effects for the vaccine are exactly those listed for flu: runny or stuffed nose, headaches and muscle aches, sore throat, loss of appetite, chills and fever. It's not influenza, we're told, it just feels like it.

But the flu vaccine does contain live flu viruses. According to an electronic Medicines Compendium printout, each vial of Fluenza Tetra vaccine mist contains 107—that's 10 million of each of four strains of reassorted live attenuated and "genetically modified organisms"—for each nostril. That's 80 million viruses (give or take) per dose, designed to replicate inside a child's nasal passages.

These engineered viruses include H1N1 (swine flu), and three other strains that are based on what scientists admit to being best guesses for the most likely influenza viruses in circulation this year.

Live viruses up our nasal passages are dangerous because they can lead to encephalitis or swelling of the brain which, while rare, can also kill and disable people, just like the rare worst case flu. They can also cross the blood brain barrier and lead to long term brain inflammation.

True, we are exposed to airborne viruses and bacteria all the time and our immune systems generally conquer them, but this man-made solution is far more concentrated than anything we would expect to find naturally. To put it in perspective, in one 2011 study, Virginia Tech scientists sampled the air in doctors' offices, nurseries and airplanes and found an average 16,000 viruses suspended in each cubic meter of air—enough virus, they concluded, to infect a person within an hour. But with the flu mist vaccine we'd be instantly bathing a child's nasal passages in thousands times this concentration. Couldn't it overwhelm some children's immune systems? And can't the children spread these viruses?

It turns out that most people do shed live flu vaccine viruses up to 11 days post nasal vaccination. And the younger they are, the more they spread it. At least one documented case of transmission was observed in a clinical trial in which an unvaccinated daycare worker was infected with a virus from a vaccinated child.

We know viruses mutate, just like bacteria that develop antibiotic resistance, so why are public health officials so confident these viruses will never revert to the wild-type infectious virus or perhaps to something more virulent?

And why has the public health campaign got such mixed messages? Flu deaths are very rare among healthy children (less than two in a million healthy children died during the 2009 swine flu "pandemic " according to a *Lancet* study) so the UK's National Health Services (NHS) Choices has pitched the vaccine as an agent to protect the elderly and sick. It even says it could prevent 2,000 deaths this way. But at the same time government pamphlets warn that "children who have been vaccinated should avoid close contact with people with severely weakened immune systems for around two weeks after being vaccinated" and vaccine experts have warned that children "may have to stay away from elderly relatives for a few days after vaccination."

Take away point: To avoid illness, avoid weird viruses.

2 MSG & Other Neurotoxins

Besides genetically engineered live viruses, what else is in the nasal flu vaccine? The first excipient ingredient listed is monosodium glutamate. Seriously. MSG.

Neurosurgeon Russell Blaylock's terrifying book *Excitotoxins: The Taste That Kills* explains how scientists have known for decades that MSG literally excites brain cells to death (hence the name excitotoxins) and can cause the sort of sustained brain inflammation common to neurological diseases from autism and Alzheimer's to Multiple Sclerosis and Parkinson's. It documents how it is particularly damaging to developing brains too, which is why MSG was banned from baby food. After reading the book, I dumped all the MSG-laced soups, sauces and snacks from my kitchen cupboards and barred them. Now, the public health service wants my kids to freebase MSG like cocaine?

I contacted Dr. Blaylock, the man who has done more to warn people of the brain dangers of MSG and aspartame than anyone alive, to see what he thinks. **"MSG is present in a very small dose," he allowed, "but giving it intranasally could pose problems."**

Extensive research has shown that various metals, viruses, chemicals like MSG and pharmaceuticals enter the brain via the olfactory tract and from there they travel directly to the most vulnerable parts of the brain--parts affecting memory and behaviour, he explained.

In their 2010 study, ***Airborne inflammatory factors: "from the nose to the brain,"*** University of Maryland neuroimmunologists review the vast literature on the impact of viruses, metals, toxins and other foreign invaders on the human brain and behaviour and conclude that "[a]irborne infectious, allergic and pollution agents are among the most common inflammatory factors which may affect brain function via the brain-nose interface." These inflammatory processes, though poorly understood, they added, are demonstrated to alter behaviour and are very likely triggers in development of neurological disease and mental illness.

Some religious groups have objected to the nasal flu vaccine on grounds that it contains pork gelatin, but Dr. Blaylock thinks pork and egg proteins in the vaccine—in fact each of its ingredients—could activate the brain's inflammatory immune responses just as well as live viruses and MSG. So asked how he thinks the nasal flu spray vaccine might affect children, Blaylock replied:

> "The impact would be upon brain development as well as acute function. Since the area of the brain involved is so critical to learning, behavior and language, to endanger these parts of the brain would constitute malpractice.
>
> It could manifest as a number of neurological and behavioral problems, such as anger, irritability, poor concentration and focus, difficulty learning, poor attention, language difficulties and loss of behavioral control, especially for fear and anger. All of these things severely limit the ability of the child to cope with life events and to develop normally".

I think that means pass on it. I would rather my children had a flu than risked brain damage.

3 Autoimmunity

Narcolepsy is a chronic sleep disorder which causes excessive daytime sleepiness and sudden physical collapses. Sufferers can fall asleep several times a day because of loss of tens of thousands of neurons that control the sleep/wake cycle. The exact mechanisms of narcolepsy's development is unconfirmed but the epidemiology linking it to vaccination is rock solid.

I was at the 9th International Congress on Autoimmunity in France in March this year where Outi Vaarala, Head of the Immune Response Unit at Finland's National Institute for Health, presented her findings on the 2009 swine flu (H1N1) vaccine and an epidemic of narcolepsy which she said astonished her. The incidence of narcolepsy among vaccinated individuals was 9.0 per 100,000 compared to 0.7 in unvaccinated individuals. Since then, dozens of other cases of vaccine-induced narcolepsy have been identified in the United Kingdom, Canada and elsewhere.

At the same congress, many top level immunologists were discussing ASIA syndrome—or Autoimmunity Syndrome Induced by Adjuvants (including metals and chemicals such as aluminium and squalene) added to vaccines and their role in triggering the current epidemic of autoimmune diseases ranging from diabetes to rheumatoid arthritis.

Why isn't this science mentioned in the government handouts on the H1N1 vaccine? If one vaccine can launch a disease as serious as narcolepsy, what else can it do? And taken together,

year upon year, do risks from vaccines accumulate? I'd rather risk letting my children get influenza than expose them to a risk of developing serious and intractable autoimmune diseases.

4 Food Allergies

Children who have severe egg allergies are warned to avoid FluMist and Fluenza vaccines because the viruses contained in them are grown on chicken eggs (probably not the free range/organic type). But how did these children develop egg allergies to begin with? Pharmaceutical companies have never studied whether vaccines, which are designed to directly and powerfully stimulate the immune system, are related to subsequent development of food allergies. Perhaps they just never thought of it. Apparently other scientists have however.

A 2009 study describes how scientists induce a peanut allergy in mice (which don't get food allergies unless you create one) by administering a peanut extract at the same time as a powerful immune stimulant (in this case extracts of bacteria).

Vaccines are powerful immune stimulators and they contain extracts of bacteria and viruses too. Could it be that exposure to certain proteins at the same time as priming the immune system raises the risk of instigating food allergies? Is it possible that if my children don't have an egg allergy yet, an egg-containing vaccine like the nasal flu might just give them one? I'd rather not find out.

5 Messing with the Microbiome

Another surprising ingredient in the nasal flu vaccine is gentamicin. An antibiotic. Didn't the US Centers for Disease Control just issue warnings about the end of the antibiotic era and the emergence of superbugs due to antibiotic overuse? Isn't that why doctors' offices are suddenly plastered with posters sternly advising us not to ask for antibiotics which don't work for viruses. Why then would public health officials be administering antibiotics to millions of healthy children?

A huge number of current studies are cataloging and investigating the role of all the microbes in our body. After decades of cavalierly tossing antibiotics around like tongue depressors, it turns out our microecology is a lot more complicated than the old medical textbooks acknowledged and we need our microbes. In fact, they comprise 10 times as much genetic material in our bodies' than our own cells, and they play crucial roles digesting our food, manufacturing our vitamins, regulating gene expression, signaling our immune systems and so on. It's sort of like the discovery of a New World in medicine, an entirely new paradigm for understanding and treating disease.

Pharmaceutical companies have never looked at how vaccines impact "non-target" viruses and bacteria—the microecology of our bodies—just as they've never looked at the impact of vaccines on cancer or fertility, for example. It's not required for licensing, so why bother, I guess. Other scientists have begun to investigate this realm recently, however. A study published in *mBio*, a publication of the American Society for Microbiology, this year claims to be the first ever to look at the impact of a live attenuated flu vaccine virus on other microbes in mice: "we find that LAIV vaccination reverses normal bacterial clearance from the nasopharynx and significantly increases bacterial carriage densities of the clinically important bacterial pathogens Streptococcus pneumoniae and Staphylococcus aureus," the scientists reported. "While care should be taken to not overgeneralize the data described here to all vaccines, the broad implications suggest that live attenuated viral vaccines may have unintended consequences on important human bacterial pathogens unrelated to the vaccine target species."

It implies, too, that the vaccine viruses might just also be impacting hundreds of non-investigated microbes. And it raises questions about the spread of "non-target" pathogens from vaccinated individuals. Is it really the vaccinated kids who are dangerous to public health?

I checked out the known side effects for gentamicin as well. Scary. Everything from agitation and coma through hallucinations to wheezing. Abdominal pain is first place on the list. One study of the FluMist vaccine found that two per cent of vaccinated children experienced abdominal pain compared to none in the placebo group. Could that be from gentamicin? There is no explanation offered in the public paperwork on the vaccine.

6 Missing Science

Others have noticed gaps in the paperwork on the vaccines, too. The *Cochrane Review on Vaccines* for preventing influenza in healthy children published in 2012 reviewed 75 studies on flu vaccines with about 300,000 observations. It found "extensive evidence of reporting bias of safety outcomes from trials of live attenuated influenza vaccines (LAIVs) [which] impeded meaningful analysis" and "evidence of widespread manipulation of conclusions and spurious notoriety of studies."

Tom Jefferson, the study's lead author told the *Guardian* columnist Luisa Dillner last week that he would not recommend the nasal spray vaccine because the trials understate possible harm. "Influenza vaccines are about marketing and not science," he said. "We have few trials, and masses of very poor quality observational evidence," he said. "We have presented evidence of considerable reporting bias, which governments continue to ignore. The science is missing and so making an informed decision is very difficult."

A lot of questions about the vaccine go unanswered it seems.

A representative from AstraZeneca told me last week that she couldn't answer my questions about the nasal flu vaccine herself because I was "directly interfacing with the public." Later she said my questions had been sent to her colleagues for review and answers were forthcoming, but then my e-mails and phone calls went unanswered altogether. Maybe AstraZeneca didn't have answers for my questions or maybe they didn't want them interfacing with the public. Who knows. One thing is certain though: their vaccine won't be interfacing with my kids.

—Celeste McGovern is a Canadian freelance journalist living with her family in the UK. We wish to thank the author for her kind permission to reprint this article which first appeared on the GreenMedInfo website.

Please refer to the online version of the article to access the numerous embedded links to references and scientific articles: http://www.greenmedinfo.com/blog/6-reasons-i-wont-give-my-kids-nasal-flu-vaccine?page=2

Steering Your Kids Clear Of Flu With Food & Nutrition

By Judy Converse

"Flu Is Not A Season." That's a quote I saw recently at the ***Fearless Parent*** website. It sums up exactly what I've been thinking. If you're fortyish or younger, this may sound like saying the world is flat.

The over-forties out there probably remember growing up without annual flu mania. Particularly nasty flu viruses have appeared intermittently at least since the 1500s, but the ritual of terror tactics about flu every fall is recent. My own experience as a kid demonstrates: There were five kids in my house. I don't recall any of us getting flu, or any of our friends dropping to flu either, ever. Once we had marched through the obligatory childhood infections of the day – chickenpox, measles, mumps, and maybe a stomach bug or two – we were done. It seemed that we just didn't get sick. We were vaccinated, but at the time, that did not cover any of the infections I just mentioned. It included polio, tetanus, diphtheria.. but not flu. There were no flu shots.

How did we all escape getting flu, or dying from it, in a world without flu shots? It's easier than you think.

How did we all escape getting flu, or dying from it, in a world without flu shots? It's easier than you think.

Flu is not so much a season as a perfect storm of factors that drop your immune system, leaving it open for business on flu. Ever notice? We can be exposed, but not get sick. Others may only get symptoms so mild, they barely notice. Still others get flu shots, only to get the flu anyway. Since the advent of flu shots in 1976, flu has become more prevalent and concerning, not less. Whether or not your family takes the shot, use nutrition and food to boost your child's chances of mild or no flu this year:

Vitamin D

Still haven't heard? Get out more often! Literally, get some sun. Vitamin D has multiple and complex roles across all tissues; it is more hormone than simple nutrient. Genetic mutations on the gene that expresses our vitamin D receptors are common. This can mean different amounts work best for different people. One of vitamin D's many jobs is maintaining healthy barrier tissue – that is, the very spaces in lungs, gut and elsewhere in the body where pathogens initiate an invasion. It works to kill infections of all sorts, from tuberculosis to flu, without side effects. A weak vitamin D status can get you sick more often, and can cause lengthier, more complicated illnesses when you do get sick. Blood draws are unpleasant for any kid, but if your youngster is sick often, indoors a lot, has an inflammatory or autoimmune condition (asthma, diabetes, allergies), or is always slathered with sunscreen, it's time to check vitamin D level. Keep it above 55 or 60 with sunscreen-free, non-burning sun exposure, cod liver oil (1/2 to 1 teaspoon/day), salmon, egg yolks, or supplements containing vitamin D3 (not vitamin D2). Supplement dosing will depend on your child's vitamin D status, but typically ranges from 1000 to 5000 IU daily to maintain healthy levels in darker, colder months of the year.

Healthy Fats and Oils

Feed rich sources from fresh (organic) foods: Eggs, meats, poultry, wild caught (not farmed) salmon, bacon, scallops; nuts, seeds, and their butters; ghee (clarified butter), coconut milk or coconut oil, fish oils and cod liver oil, avocado, chia seeds, olive oil, sesame oil or sesame tahini. Fats and oils are integral to cell walls and barrier tissue, making them as healthy, discerning, and flexible as intended. They carry essentials like vitamin A, D, E, and K into cells too. Pass up the processed food fats, fast food, or packaged foods with hydrogenated oils or trans fats. Use fish sparingly or access from the cleanest sources you can: Wild caught or farmed without GMO soy and corn.

Cod Liver Oil

A half teaspoon to a teaspoon daily replenishes omega 3 fatty acids (which have anti-inflammatory and mood benefits, to name just two); vitamin A (a key immune modulator); vitamin D; and other fatty acids. Is fermented best? Many go this extra mile, but I have observed success with non-fermented cod liver oil and fish oils supplemented for children in my practice for fifteen years. This may be because I use Pharmax brand.

While not fermented, it is also not chemically processed either. Like fermented oils, Pharmax fish oils rely on enzymes —not chemicals or alcohol to concentrate beneficial fatty acids and remove odor. Use brands that self-impose stringent purity testing for toxins like PCBs or metals. Skip the brands named in a recent lawsuit for having PCBs in them. [Read the online version of this article to identify these products-Ed]

Find a Healthy Weight

Pediatricians have noticed for decades that overweight or obese kids are more prone to upper respiratory infections. But it is also unhealthy to be too thin, which is a common problem in my caseload. When a child's body mass index drops below the fifth or tenth percentile, succumbing to other infections is more likely. Encourage outdoor time, omit processed sugary treats except for special occasions (yogurt tubes are my favorite example), omit soda, and reduce or omit fruit juice for heavy hitters. For the featherweights, ample fats with nutritious carbohydrates are helpful: Sweet potatoes (shredded for pancakes, chopped for fries, baked, mashed, or added to smoothies); pumpkin (baked into treats, pancakes, or bulking up smoothies again); parsnip (slice into coins, coat with melted ghee and salt, and bake x 15-20 minutes); adzuki beans (plain or paste), green beans, wax beans; hummus, garbanzo beans, or dips with white or refried beans; cauliflower, Brussel sprouts, broccoli or broccolini can all work deliciously with roasting, mashing, pureeing into soups, tossed into pasta dishes or rice salads, or just plain steamed. For veggie variations, visit recipe blogs like BalancedBites.com or PaleoPlan.com. You don't have to be Paleo-committed to enjoy these recipes!

Boost Immune-critical Nutrients

Besides healthy fats, the right total calories for your child's best weight, and standouts like cod liver oil, a robust immune system will use zinc, iron, vitamin A, vitamin C, and protein to do its job. This is true whether your body sees an invader via a vaccine or via natural infection. I help all my client families choose the right mineral-rich multivitamin for their children, which are helpful insurance, but whole foods are still necessary. Nuts, seeds (sunflower, pumpkin), and their butters are good sources of zinc and some iron, as are beef, lamb, pork, and eggs. Just low iron status alone will invite more frequent and more severe infections for a child. Vitamin C will help iron absorption, so enjoying C-rich fruits and vegetables is an obvious go-to here. Oral supplements of C are reasonable too, to oral tolerance when sick, and to at least 100-200mg daily when well.

Take Probiotics

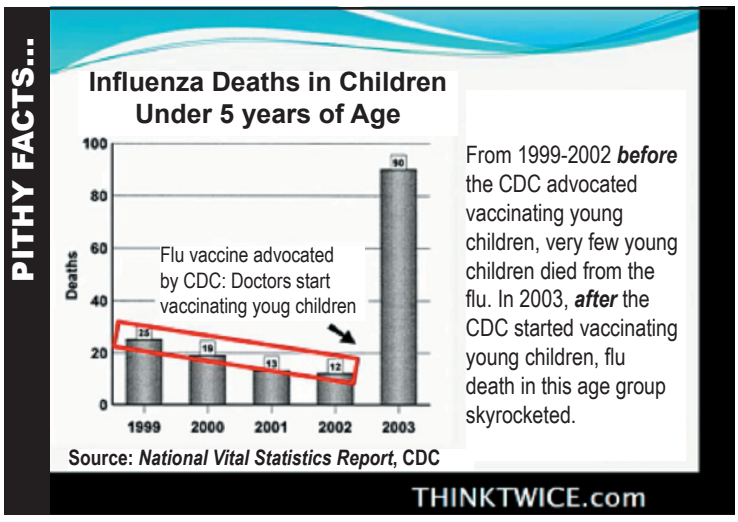
Several clinical trials have demonstrated that probiotics elicit a protective effect against upper respiratory tract infections.

Despite all the best efforts, your kids may still get sick. Normal. Not normal: Back-to-back illnesses and infections, or needing one antibiotic after another. This signals a nutrition deficit that the immune system cannot overcome. Support your child's body during illness with fluids, homemade bone or vegetable broths, healthy whole foods, little to no sugary foods, and rest, rest, rest. If an illness kicks in, there are many natural anti-viral substances that have shown promise, from olive leaf to goldenseal. Stay tuned for my next blog on using these for children down with flu.

—We appreciate the author's kind permission to reprint this article. Please visit Judy's Nutrition Care for Children website to access the embedded references in this article as well as other excellent articles on nutrition and children's health: http://nutritioncare.net/steering-kids-clear-flu-food-nutrition/#.VFfCAzTF9E5

Judy Converse holds a master's degree in public health nutrition and bachelor's degree in food science and human nutrition. She Has been a registered dietician since 1989. Judy's career path changed in 1996 with the birth of her son, who "had egregious challenges for growth, feeding, and developmental pattern from birth". Unable to find help for him through conventional medical means, she pieced together a path to health for him by expanding her training. She studied biomedical interventions for autism, became a DAN practitioner, and ultimately provided instruction in nutrition for Autism Research Institute, US Autism and Aspergers Association, National Autism Association, and many others. She has lectured for many local and national audiences about the profound impact nutrition and a healthy gut have on the developing brain.

Judy has authored three books, and created the first web-interface accredited learning module for health care providers on nutrition and autism in 2007. Judy also contributed a chapter to *Vaccine Epidemic,* the best-selling book that scrutinizes vaccine policy, safety, and industry practices.



Answer —"Not Relevant" By Laura Hayes

Two very recent stories from two different moms are compelling me to write this article. I'll start with the take-home message. If you take your child to the ER or hospital, for something other than for an adverse reaction to a vaccine, it is important that you know beforehand how you will answer one of the first questions that you will be asked by medical staff, which will be, "Is your child up to date on his/her immunizations?" After hearing these two recent stories, I suggest you consider answering with, "Not relevant. I would like you to treat my child based on his/her symptoms versus on his/her vaccination status", and of course, based on any other known medical issues and/or family history.

Q: "Is your child up to date on his/her immunization?"
A: "Not relevant. I would like you to treat my child based on his/her symptoms versus on his/her vaccination status..."

Now, here is my rationale for that suggestion. The first mom took her son to the hospital presenting with 2 major symptoms of tetanus, which over the course of a couple days escalated to more than 10 symptoms of tetanus. Because this child happens to have an Autism diagnosis, the doctors immediately attributed (i.e. wrote off) his symptoms as resulting from "pediatric delusional behavior due to Autism" which they felt explained his spasming "behavior" (i.e. his spasms were voluntary vs. involuntary, or medical in origin). This led to his rhabdomyolysis, the destruction of striated muscle cells. Apparently his Autism "behavior" also caused him to not be able to open his mouth properly or chew his food in order to consume needed calories, i.e. Lockjaw.

It is not uncommon for parents who have children with Autism to have their children's symptoms, whatever they may be, written off and often left untreated, due to their Autism diagnosis. Despite initial, and then additional, symptoms of tetanus, because he'd received his DTaP vaccines, and because his blood tests showed titers to tetanus, they refused to consider tetanus, treat him for tetanus, document that he had tetanus, or report a suspected case of tetanus to the CDC. They ignored requests from his highly-educated and intelligent mother to please do a proper and reliable assessment for tetanus, a costly test which involves injecting the patient's blood serum into a mouse to see if it develops tetanus

First, having been vaccinated against tetanus does not at all mean that one won't get tetanus. There are many reported cases of tetanus in the vaccinated—in other words, vaccine failure is a reality. Furthermore, vaccine failure and waning "immunity" are the rationale for the many booster shots for the DTaP vaccine, because it is known that it doesn't always "take" and that it wears off, despite one's belief that it offered any protection in the first place.

Secondly, having titers for tetanus in one's blood does not mean that one is immune to tetanus and therefore won't contract it—not at all. There are many cases of people with high titers for a certain disease who then contract the disease. There are also many cases of those with no titers for a certain disease who do not contract the disease even when exposed. Despite these known facts, and quite unbelievably, titer levels post-vaccination are how vaccine efficacy is determined!

This mother believes, and rightly so, that the doctors and the hospital do not want to believe/admit that the vaccine for tetanus doesn't work. They don't want to admit to the reality of vaccine failure. They don't want to believe or admit that one who has blood titers for a certain disease can still contract it. Nor do they feel legally or morally obligated to properly test for or report this child's probable case of tetanus to the proper authorities—the CDC, which also doesn't want to admit to vaccine failures. The system now in place has been purposefully and shamefully designed to deny and hide vaccine failures, vaccine injuries and deaths, and to not admit them to the public.

The second case involved a mom going by ambulance with her toddler-aged son to the ER due to suspected croup which was severely affecting the boy's ability to breathe. Upon arriving at the ER, she was asked if he was up to date on his immunizations. When the doctor learned that he had received no vaccinations to date, he said that he would then need to treat her son differently than he would treat a vaccinated child! In other words her son would need to be tested for epiglottitis with both a chest and a neck x-ray, which apparently he would not do if her son was vaccinated. When the mom asked if they could first try the breathing treatment to see if it worked, then the x-rays if it didn't, he said no and insisted that both be done. To be clear, epiglottitis can be very serious, and should not be taken lightly. However, both vaccinated and unvaccinated children can contract epiglottitis. Just because a child has been vaccinated (with the Hib vaccine) does not at all mean that the child cannot contract this disease. In reality, I don't see why a doctor would treat a vaccinated child versus an unvaccinated child any differently if he truly suspected epiglottitis.

When the mom challenged him later regarding this, and asked him if epiglottitis only occurred in unvaccinated children, he answered, "Yes." NOT TRUE! If one does even a cursory look into this disease, one finds that it can result from many sources, many of which don't have an associated vaccine. Additionally, we know that each and every vaccine has an admitted percentage rate of failure. How ignorant and arrogant the behavior of this doctor was, and I would argue, how dangerous! He is making treatment decisions based on

vaccination status versus the patient's presenting symptoms, as was the doctor in the previous story. He is assuming that vaccines are 100% effective, and that the vaccinated won't contract certain illnesses. He is assuming that unvaccinated children are more susceptible to diseases, when in fact, the very opposite may be true due to their superior immune systems and often-superior health.

After the doctor lectured this mom with his scientifically-unfounded opinions about the dangers of not vaccinating her son, he then proceeded to threaten and bully her by saying he would then need to keep her son for a few more hours because he wasn't vaccinated. This was after her son had responded successfully to the breathing treatments and was back to breathing normally, and after the x-ray results were back.

He told her that she "would need to feel the consequences of choosing not to immunize" by being made to stay in the hospital longer! The mother then asked him if he was going to hold her hostage because she didn't vaccinate (you go, Girl!). He responded that he wasn't holding her hostage, that he was just concerned about her unvaccinated son. She waited one more hour to make sure her son's breathing remained steady, then left the hospital, without seeing this ignorant, arrogant doctor again. Let's hope and pray he doesn't call CPS (Child Protective Services) for "neglectful parenting" as seems to be a developing trend with regards to parents who choose (legally choose, I might add) to not vaccinate their children. Below is an excerpt from an email I sent her:

> "Although you need to tread carefully with such ignorant and arrogant doctors (because it is becoming increasingly common to report non-vaccinating parents to CPS [Child Protection Services], you can always remind medical staff that **vaccines are 100% elective medicine in the state of CA[Californa]**, meaning you can take them or leave them, as you, THE PARENT, sees fit. Vaccines have just as many (and in my opinion, far more) dangers as the diseases for which they're targeted. They are often ineffective and their effectiveness is lied about, as the current Merck Whistleblowers case shows, where 2 former employees of Merck are suing Merck for lying about the efficacy of the mumps portion of the MMR vaccine."

In this second story, another option (especially when your child is having trouble breathing!) is to respond to the question "Is your child up to date with his/her immunizations?" by truthfully answering "Yes, he/she is" even if your child is not vaccinated at all, or is partially-vaccinated.

How is this truthful? The immune system is working 24/7/365, constantly developing and refining itself in response to its environment and in an attempt to keep the body healthy. Thus, it is indeed up to date, as in up to the second! Your answer could be challenged by hospital staff if they have immediate access to your child's medical records which might include your child's vaccination status, but from recent stories that I have heard, and from personal experience, once a parent answers the immunization question, the medical staff proceeds with their next question. Most important, of course, is getting the needed treatment for your child in a timely fashion, so say/do what is needed to accomplish that. If you need to be "creative" in any way in today's tyrannical world, by all means, be creative! It is **your child,** even if the nurses, doctors, hospitals, and state seem to have forgotten that very important fact.

In summary, disclosing that the child had been vaccinated negatively impacted the treatment of the first child, and the proper testing for and reporting of possible tetanus. With the second child, disclosing that the child had not been vaccinated negatively impacted the treatment he received. In either case, the child's vaccine status **was not relevant** to initiating timely and appropriate treatment and should not have impacted his treatment at all! Treatment in both cases should have been based on presenting symptoms, and anything else pertinent, NOT on vaccination status. I hope that sharing these 2 mothers' recent stories will help you prepare for any ER/hospital visit you might need to make with your children. Scary times in which we are living and hope that you won't have any need for either the ER or the hospital.

—Laura Hayes is the mother of vaccine-injured children, one of whom was diagnosed with "Autism" at age two as a result of his "routine" childhood vaccinations. Her son Ryan was severely injured and is permanently disabled by his "routine" childhood vaccinations. In this video of Ryan, you can see what vaccine injury looks like in a "young man", who is in actuality a young child now encased in a man's body: http://www.ageofautism.com/2013/11/pay-it-backward-meet-a-young-adult-with-vaccine-injury-aka-autism.html

Laura works to educate others about the dangers and inefficacies of vaccines. She believes that all vaccine mandates should be banned and that liability for vaccine injuries and deaths should be returned to those who manufacture and administer vaccines. This would enable the drastic improvement of the health, development, and well-being of our children. This article was retrieved with appreciation from the Age of Autism blog: http://www.ageofautism.com/2014/11/answer-not-relevant.html#more

Is The Epidemic of Sudden Infant Deaths A Medically Induced 'Syndrome'?

By Kelly Brogan, MD and Sayer Ji

A new study published in ***Current Medicine and Chemistry*** titled, **"Sudden infant death following hexavalent vaccination: a neuropathologic study,"** lends support for the long theorized link between an ever-expanding number of infant vaccines and Sudden Infant Death Syndrome (SIDS). [Hexavalent vaccines contain 6 vaccines in one shot.]

The fact that the peak age for SIDS is 2–4 months, which coincides with the introduction of 11 shots containing 16 vaccines (within the US immunization schedule), is so obvious a cause for concern, that even the CDC has been compelled to address the seeming 'coincidence' directly:

> **"From 2 to 4 months old, babies begin their primary course of vaccinations. This is also the peak age for sudden infant death syndrome (SIDS). The timing of these two events has led some people to believe they might be related...**With babies receiving multiple doses of vaccines during their first year of life and SIDS being the leading cause of death in babies between one month and one year of age, CDC has led research studies to look for possible linkage."

Unsurprisingly, the CDC, whose pro-vaccine agenda is glaringly oblivious to the 100+ documented serious, unintended adverse effects of vaccines as evidenced in the biomedical literature, claims extensive research they commissioned has found vaccines do not cause SIDS. Despite the CDC's dismissal, infant mortality rates are highest among countries that administer the most vaccines within the most vulnerable developmental window of infanthood. A 2011 study published in Human & Experimental Toxicology, for instance, observed that "The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs [infant mortality rates]." They found that across the 34 nations analyzed "a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with **r** = 0.992 (**p** = 0.0009)."

Also, a recent study published in ***Vaccine*** titled, **"Co-administration of live measles and yellow fever vaccines and inactivated pentavalent (5 in 1) vaccines is associated with increased mortality compared with measles and yellow fever vaccines only"** found multiple infant vaccines dramatically increased the risk of mortality in a trial conducted in the West African country of Guinea-Bissau.

While the 6-antigen hexavalent vaccine most recently linked to SIDS is presently only licensed in Europe (and some areas of Canada), there are a number of 'mandatory' multi-dose vaccines in the US immunization schedule -- including (DTaP, MMR), and which brings up the question: **are the risks for adverse reactions – including lethal ones -- amplified in multi-dose vaccines in comparison to single dose forms?**

There are also a wide range of vaccines in development or already on the market, which are being included or will be included eventually on top of an ever-expanding immunization schedule:

a) Pentacel (DTaP, ActHIB & IPV),
b) Comvax (Hep B & PedvaxHIB),
c) Pediarix (DTaP, IPV, & Hep B),
d) ProQuad (MMR-Varicella),
e) ActHIB - HIB & Tetanus Toxoid, or HIB & DaPT,
f) Hiberix (HIB & Tetanus Toxoid),
g) PedvaxHIB (HIB & meningococcal serotype B antigen),
h) Menhibrix (meningococcal grps C & Y, HIB & Tetanus Toxoid)
i) Menactra (meningococcal grps A, C, Y, W-135 & Diphtheria Toxoid)
j) Prevnar-13 (13 strains of streptococcus pneumonia & Diphteria Protein)

Dr. Larry Palevsky, MD, has pointed out that:

"Even if vaccines only purportedly contain 1 bacterial or viral antigen (as in Varicella & Hepatitis A), there are multiple antigens inside of them making them multivalent in and of themselves. And, they are most often given at the same time as other vaccines, making these single antigen vaccines into multivalent injections.

They can consist of bacterial, viral or even yeast antigens, as well as known environmental toxins, proteins, & other contaminant bacteria, viruses, and yeast. By definition, all vaccines, in and of themselves, are multivalent.

Despite the fact that the Varicella vaccine contains only 1 reported viral antigen, the injection of this vaccine is still an injection into the body of multiple antigens, i.e., sucrose, hydrolyzed gelatin, sodium chloride, monosodium glutamate (MSG), sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, and residual components of the MRC-5 cells on which the varicella virus was isolated, including DNA, protein, and trace quantities of monobasic, EDTA, neomycin, and fetal bovine serum. http://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf.

The injection of the Hepatitis A vaccine, despite only containing 1 reported viral antigen, also contains

multiple antigens, i.e., aluminum hydroxide, amino acids, disodium phosphate, mono potassium phosphate, neomycin sulphate, polysorbate-20, potassium chloride, sodium chloride, and water. http://www.gsk.ca/english/docs-pdf/product-monographs/Havrix.pdf.

Here are the known pathogenic ingredients in the vaccine schedule:

DaPT - 3 bacteria
HIB - 1 bacterium
Prevnar -13 - 13 bacteria
Menactra - 4 bacteria
Hepatitis B - 1 virus
Hepatitis A - 1 virus
Polio - 3 viruses
Influenza - 3 viruses
MMR - 3 viruses
Varicella - 1 virus
Rotavirus - 5 viruses
Gardasil - 4 viruses

The Pentacel combination vaccine (DTaP, Polio, HIB), given to children at 2, 4, 6, & 15-18 months contains the ActHIB vaccine (HIB & tetanus), along with a multitude of other bacterial (diphtheria, pertussis, tetanus) & viral (3 polio) antigens. The Comvax combination vaccine (Hep B + HIB), given to infants 3 times within their first year of life, contains the Hepatitis B viral antigen & Saccharomyces cerevisiae yeast antigen, along with the Pedvax HIB vaccine (HIB bacterium + Neisseria meningococcal serotype B bacterial antigen).

The human immune system does not play favorites with injected antigens. In other words, a non-bacterial or non-viral vaccine antigen is responded to equally by the immune system, as any of the bacterial and viral antigens."

Given the number of 'antigenic' exposures in vaccines, singularly, and in multi-dose form, the number of possible immunological reactions in newborns is simply mind-blowing – especially considering just how little we know about the immune system, the developing brain and infant physiology.

Hexavalent Vaccine and SIDS: Looking at the Studies

Given the weight of evidence linking infant vaccines to higher mortality, this new paper's findings should not be of great surprise.

Researchers "examined a large number of sudden infant death syndrome victims in order to point out a possible causal relationship between a previous hexavalent vaccination and the sudden infant death." They selected 110 cases for review, finding that in "13 cases (11.8%) the death occurred in temporal association with administration of the hexavalent vaccine (from 1 to 7 days)." None of the victims had congenital developmental alterations of brain structures known to regulate vital functions. While brain abnormalities were noted, and while the researchers stated that their study does not prove a causal relationship between hexavalent vaccines and SIDS, they hypothesized that "vaccine components could have a direct role in sparking off a lethal outcome in vulnerable babies." They concluded:

"[W]e sustain the need that deaths occurring in a short space of time after hexavalent vaccination are appropriately investigated and submitted to a post-mortem examination particularly of the autonomic nervous system by an expert pathologist to objectively evaluate the possible causative role of the vaccine in SIDS."

This is by no means the first report in the medical literature linking hexavalent vaccines to SIDS. A quick search on *pubmed.gov* will reveal quite a few others, dating back to an initial 2006 report published in the journal ***Vaccine*** titled, **"Unexplained cases of sudden infant death shortly after hexavalent vaccination,"** concluding after post-mortem autopsies that these were cases of "possibly fatal complications after application of hexavalent vaccines."

In 2011, a study was published in ***Statistics in Medicine*** titled **"A modified self-controlled case series method to examine association between multidose vaccinations and death,"** found that based on the review of 300 unexplained sudden unexpected deaths (USUD) following either penta or hexavalent, "a 16-fold risk increase after the 4th dose could be detected with a power of at least 90 per cent," and "A general 2-fold risk increase after vaccination could be detected with a power of 80 per cent."

Another 2011 study published in ***PLoS*** titled **"Sudden unexpected deaths and vaccinations during the first two years of life in Italy: a case series study,"** investigated a signal of an association between vaccination in the second year of life with a hexavalent vaccine and sudden unexpected deaths (SUD) in the two day window following vaccination, which was reported in Germany in 2003. The Italian study sought to establish whether hexavalent vaccines increased the short-term risk of SUD in infants. The study analyzed 604 infants who died of SUD, 244 (40%) of whom had received at least one vaccination. Four deaths occurred within two days from vaccination with the hexavalent vaccines, representing a 50% increase in relative risk. The relative risk for SUD for the risk periods 0-7 and 0-14 days were 100% [2.0 RR] and 50% [1.5 RR] higher, respectively. The study concluded that there was a 120% [2.2 RR] increased risk associated with the first dose of hexavalent vaccine.

Clearly, both case studies and broad epidemiological studies confirm the possibility that hexavalent vaccination can be lethal in susceptible individuals. The next important question is what is the mechanism?

One of the first studies to offer an explanation was published in 2006 in the international journal of pathology, ***Virchows Archives*** titled, **"Sudden infant death syndrome (SIDS) shortly after hexavalent vaccination: another pathology in**

suspected SIDS?". The study discussed how previous expert analysis performed by the European Agency for the Evaluation of Medical Products in 2003, following an investigation they conducted into the emergence of a link between hexavalent vaccines and 5 cases of infant deaths that occurred, paid little attention "to examination of the brainstem and the cardiac conduction systems on serial sections, nor was the possibility of a triggering role of the vaccine in these deaths considered." The study goes on to report on the autopsy findings of a 3-month old female infant who died suddenly and unexpectedly immediately after the administration of the hexavalent vaccine. The autopsy revealed, "The cardiac conduction system presented persistent fetal dispersion and resorptive degeneration." The author hypothesized, "[T]he unexpected death of this vulnerable baby (infant with bilateral hypoplasia of the arcuate nucleus) could have been triggered by the hexavalent vaccination. This case is consistent with the triple-risk model of SIDS [1], a hypothesis comprising an underlying biological vulnerability to exogenous stressors and some triggering factors in a critical developmental period."

The report concluded:

> **"This case offers a unique insight into the possible role of hexavalent vaccine in triggering a lethal outcome in a vulnerable baby. Any case of sudden unexpected death occurring perinatally and in infancy, especially soon after a vaccination, should always undergo a full necropsy study according to our guidelines."**

Another case study published in ***Forensic Science International*** in 2008 titled, **"Beta-tryptase and quantitative mast-cell increase in a sudden infant death following hexavalent immunization,"** described a fatal case of a 3-month-old female infant, who died within 24 hours of vaccination with hexavalent vaccine from vaccine-induced shock. They concluded:

> **"...that acute respiratory failure likely due to post hexavalent immunization-related shock was the cause of death."**

The potential for hexavalent vaccine induced shock has even been acknowledged by the vaccine's manufacturer. GlaxoSmithKline's hexavalent vaccine (INFANRIX) PDF insert describes post-marketing surveillance data on adverse reactions which include within the section on 'Nervous system disorders' the following side effect: "Collapse or shock-like state (hypotonic-hyporesponsiveness episode)."

The aforementioned information clearly indicates that hexavalent vaccine is a possible cause of infant death mistakenly or intentionally attributed to an idiopathic syndrome—SIDS—in order to hide the lethal risks associated with routine immunizations. This leaves parents with the question: could the slippery slope of simultaneous vaccine delivery represent a lethal intervention for my newborn? One that is unlikely to be recognized as such, but for which the literature suggests is a real and present danger? It seems that it may have required the design of **hexavalent vaccines** to demonstrate the true hubris in reckless injection of immunogenic material into our most vulnerable.

—We thank Dr. Brogan and Sayer Ji for their kind permission to reprint this article first published on June 13, 2014 on the GreenMedInfo website. Please refer to the online version of the article to access the numerous embedded links to references and scientific articles:http://www.greenmedinfo.com/blog/epidemic-sudden-infant-deaths-medically-induced-syndrome-1

Dr. Brogan is allopathically and holistically trained in the care of women at all stages of the reproductive cycle. Learn more about her work at: www.kellybroganmd.com.

Sayer Ji founded the GreenMedInfo website in 2008 in order to provide the world an open access, evidence-based resource supporting natural and integrative modalities. It is widely recognized as the most widely referenced health resource of its kind.

PITHY FACTS...

FDA maximum 'safe limit' of aluminum permitted to be administered 'parenterally' (by intravenous or injection) based on infant weight:

- 8 pound, healthy baby 18.16 mcg
- 15 pound, healthy baby 34.05 mcg
- 30 pound, healthy toddler 68.1 mcg
- 50 pound, healthy child 113 mcg

source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3509507/

Aluminum containing vaccines licensed for use in children (Canada & U.S.A.)

- DTaP (diphtheria, tetanus, and pertussis) depending on manufacturer : 170–1500 mcg
- Adacel: TDaP (Tetanus, diphtheria, acellular pertussis): 1500 mcg
- Hepatitis A: 250 mcg
- Hepatitis B: 250 mcg
- Hib: (for meningitis; PedVaxHib brand only): 225 mcg
- HPV Vaccines: Gardasil: 225 mcg , Cervarix: 500mcg
- Infanrix Hexa (DTaP, Hepatitis B, Polio, Hib (haemophilus influenza B): 190 mcg
- Menjugate (meningococcal C): 1000 mcg
- Meningitec (meningococcal C): 125 mcg
- Pediacel: (DTaP-Polio-Hib combination) 1500 mcg
- Pediarix: (DTaP–hepatitis B–polio combination): 850 mcg
- Pentacel: (DTaP–Hib–polio combination): 1500 mcg
- Prevnar*13) Pneumococcus: 125 mcg (emphasis added)
- Quadracel: (DTaP-polio combination): 1500 mcg

All these vaccines exceed, by many, many times, the FDA "safe limit" for the babies, toddlers and children listed above.

The Great Divide:
Spanning the chasm between truth and egregious lies By Shawn Siegel

There's not a mother alive who, once having ALL the available information, would allow anyone to vaccinate her child. A primary function of the bulk of the immune system, virtually always bypassed by injecting vaccines, is precisely to preclude such intrusions into the bloodstream.

Every vaccine is dangerous. Look at any picture of a child—in his or her nose, mouth, throat, the entire digestive tract, the respiratory and urogenital tracts and on the surface of the skin, there is an elegant, highly evolved immune system, designed to greet virtually all toxins and potentially pathogenic organisms—to eliminate them directly[1] or biochemically alter or change them[2], before they gain access to the bloodstream. Food proteins are broken down by the digestive process into their short-chain amino acids before entering the bloodstream, or food allergies and progressively much worse, chronic disorders can result[3].

To vaccine proponents, it's as though the biological reality, all that biochemical, metabolic immune busywork that kicks into gear upon natural exposure… can simply be overlooked, with no consequence.

In its wildest imagination, medical science couldn't hope to duplicate that process, and intramuscular injection of vaccines, which contain all of the above disease antigens, neurotoxins and food proteins[4], not to mention unknown contaminants—assaults it. To vaccine proponents, it's as though the biological reality, all that biochemical, metabolic immune busywork that kicks into gear upon natural exposure, to extract everything beneficial and eliminate or mitigate toxic intrusion into the circulatory system, can simply be overlooked, with no consequence. It's as though there would be no consequence if air were injected directly into the bloodstream, instead of going through the respiratory process, where the oxygen is biologically extracted and passed on to blood cells.

Ironically, the only reason the paradigm continues is because the insult is so egregious. If after a vaccination your arm immediately atrophied, folks would get the point. Instead, many of the most often realized immediate and, in reality, alarming adverse effects are temporary, thus relatively easy to pass off simply as commonplace, and not worrisome, while the bulk of vaccine injury is autoimmune or neurological in nature, and typically well delayed from the fact of the vaccination. That delay is a weapon in the hands of the vaccine industry. It's difficult for a lay parent, uneducated in the nature of vaccine adversity, to relate a reaction that displays even a few days after a vaccination, let alone a few weeks, to the vaccine itself, especially when, despite reams of information in available medical literature to the contrary, doctors themselves discount the connection. Meanwhile, immunologists tell us that it can take months, and even years, for adjuvant-induced autoimmune diseases to display[5] lupus, epilepsy, diabetes, asthma, blood disorders, arthritis, Guillain-Barré, encephalitis; autistic encephalitis[6]

That delay is the Great Divide, the temporal chasm separating the harsh reality of vaccination—the intentionally aberrant stimulation and defiance of such innate, embedded, essential capabilities as the natural mucosal immune system and the cauldron of digestive process—from widespread awareness of its consequences.

Look around, however, and the consequences are obvious, for what we have is herd autoimmunity. The incidence of autoimmune and neurological disorders in the U.S., many of them seriously debilitating, some of them ultimately fatal, dwarfs the incidence of mortality or injury from infectious disease. The aluminum salt adjuvants in vaccines, by the current vaccination schedule administered sixteen times to a child before the age of two[7], have been tied in various studies to both autoimmune and neurological disorders[8,9]. Toxicologist Dr. Victor Vaughn testified to the FTC that aluminum salts are poisonous when injected[10]. Adjuvants are used by researchers to study autoimmunity, because when injected into lab animals they trigger rheumatoid arthritis and other autoimmune diseases[11].

Mercury is still present and accounted for in multi-dose vials of flu vaccine[4], in full, preservative concentration, and most of the shots administered are from those vials—they're cheaper per shot, thus more likely to be stocked by doctors, and the majority of vaccine recipients simply aren't aware of the tremendous difference in mercury concentration, single dose versus multi. In TV coverage of a flu shot clinic held at an elementary school last winter, every kid was given a shot from a multi-dose vial. No doubt, the parents were denied any notification or meaningful warning of the mercury content.

Mercury is present in trace amounts in several other vaccines, but while the CDC characterizes a trace as a...biologically unpersuasive...amount, there truly are no known lower safety limits for injected toxins. Nor could there be, since every child is individual, with unique genetics, unique metabolism, unique exposure history and diet—there's absolutely no way to accurately predict what any child's reaction will be, so the precautionary principle alone precludes injecting it. Moreover, at one point some years ago, a public health advocate website sent four vaccine samples to a lab for analysis; two of the

samples were labeled as containing a trace of thimerosal, two as containing none, but mercury was detected in all four samples[12] . While there was a significantly lower concentration in the samples ostensibly containing no thimerosal, again: there are no known lower safety limits for injected toxins.

Aluminum and mercury work in synergy—their combined neurotoxicity is many times greater than the sum of their individual threats[13]—and at six months of age there are literally millions of babies given both in essence simultaneously, at a vaccination schedule compliance surveillance session, euphemistically labeled a wellness visit, which includes both the flu shot and several other vaccines. At eighteen months, it's repeated[7].

In the U.S., mortality from infectious disease was down in the single digits per 100,000 in the general population well before the vaccines were introduced[14]. Given good nutrition and healthy living condition, the vast majority of people who develop infectious diseases come out unscathed, recovered to normal health[15]. Meanwhile, 1 in 6 kids has a learning disorder, and juvenile rheumatoid arthritis, juvenile diabetes, asthma, potentially life-threatening allergies, are all skyrocketing when compared with the incidence only a few decades ago.

The recent official announcement of the autism rate was 1 in 68, but the database used to calculate that number was from several years ago, already outdated. There's been no sign of a plateau, and if the current rate of annual increase continues unabated, in only three years 1 in 10 boys will be diagnosed on the autism spectrum[16] . Five years later it'll be 1 in 5 boys, and about 1 in 25 girls. The CDC is well aware of the apparently uncontrollable tide, yet each time the number is updated feigns surprise, or apparent lack of concern, or we see yet another spate of research, such as a recent study linking autism to environmental factors in the womb—but always with careful, deliberate avoidance of any mention of vaccines as even a possible causal factor.

When you consider the possible outcome only two generations down the line, the effect in every way imaginable of the inexorable degradation of the nation's physical health and mental acuity is beyond description. Tsunami doesn't even do it justice. If a nation's very ability to achieve degrades, it ultimately cannot survive. There are undoubtedly many factors, from the psychotropics dripping from us into our water supply, to genetically modified foods that have then had the nutrients processed out of them. But there's only one direct injury to the natural function of the immune system, and that's vaccination—intramuscular injection—with its accompanying mercury, aluminum, formaldehyde, cell cultures from human fetuses, polysorbate 80, neomycin, MSG, ethanol, food proteins and unknown contaminants. There's an ingredient in three of the available flu vaccines[4], Triton X-100, the information for which on the manufacturer's website[17] includes the following hazard statement: **H302: Harmful if swallowed/Acute toxicity, oral**

This is madness, to routinely inject a substance acutely toxic when ingested, bypassing the very reactions designed to protect the bloodstream from such a threat. Were the toxin ingested, the most immediate immune reaction would likely be elimination, from the stomach or the bowels, possibly through rash, and the like. Other metabolic processes would continue, including at least partial detoxification by the liver, before the substance entered the circulatory system. Vaccination deposits vaccine ingredients directly into the capillary beds of the muscles, from which they're quickly absorbed into the bloodstream.

The now routine vaccination of pregnant women with both the flu and Tdap vaccines is a relatively recent but definitive muddying of the waters. As likely as not that those women are receiving flu shots from multidose vials, which contain 25 mcg of mercury per dose, and the Tdap carries its own toxic load; aluminum, formaldehyde and more. It's well known that the fetus can be catastrophically affected by maternal toxins passed to the umbilical cord, through the placenta. This was demonstrated fifty years ago by Minamata disease; mercury poisoning from fish heavily contaminated by waste water from a chemical plant in Minamata, Japan. Some infants were born with it—and, in a bizarre twist of fate, the pregnant mothers were less affected, having passed the toxic mercury on to their babies[19,20]. It's obfuscatory enough when vaccines are administered within hours of birth, precluding a before and after picture; precluding a memory of the normal child when things go wrong. We are now fostering neurological damage in the unborn, as well.

The immune system functions on a molecular level, but I liken it to an automobile engine: vaccination's like sifting a handful of detritus into the carburetor, on the wrong side of the fuel filter, and expecting the car to run better as a result —and when later that day or the next morning the engine sputters, or stalls, or dies, your mechanic, who not only advised but insisted on the procedure in the first place, tells you assuredly that there's no connection; to bring the car back in, for additional repair—for this unexpected, new problem. As a realistic mechanical scenario, it's obviously preposterous, but as it relates to vaccination, it's an all too accurate analogy.

Where there should be discernment and recognition of the possibility of causative relation between the procedure and its consequences, there is instead that divide…

Where there should be discernment and recognition of the possibility of causative relation between the procedure and its consequences, there is instead that divide, that chasm, that erosion, that space created by the delay in display of vaccine-induced autoimmune and neurological disorders, the constant mainstream of misinformation and the withholding of so much critical information, now littered, like some macabre landfill,

with the unwarranted fear of disease, the ceaseless falsity of the myth of vaccine safety and efficacy, and the social coercion of the absurdity that is the idea of herd immunity through vaccination.

—Many thanks to Shawn Siegel for his kind permission to reprint this article which first appeared on the website of the International Medical Council on Vaccination: http://www.vaccinationcouncil.org/2014/05/25/the-great-divide-spanning-the-chasm-between-truth-and-egregious-lies-by-shawn-siegel/ Please refer to the online version of this article for an extensive list of references.

Shawn Siegel was compelled to begin researching after discovering that immediately following the release of the polio vaccine the CDC radically changed the definition of the disease. Shawn hosts a weekly radio/internet show, The Vaccine Myth: An Issue of Trust, on the Logos Radio Network. S hawn's Facebook page, Great Mothers (and others) Questioning Vaccines" offers cutting edge information on this issue: https://www.facebook.com/GMAOQV/notes

Vaccine Injury:
The Biological Plausibility of Microbial Predisposition

By Keith Bell

You may not have heard the news due to media censorship of the vaccine-autism debate, but apparently childhood vaccines can and do cause autism. Last month, a CDC Senior Scientist issued an apologetic press release admitting data omission from a 2004 study. The ditched data suggested African American boys are at increased risk of autism when given the MMR vaccine.

CDC's Director of Immunization Safety, co-author of the fraudulent 2004 study, has also admitted vaccines can result in autism. Moreover, autism is listed as side effect in the DTaP vaccine package insert.

Brian Hooker received the CDC confession directly from Senior Scientist, William Thompson. Hooker reanalyzed the data and found a 2.4x increased risk of autism in African American boys. The CDC states a lack of biological plausibility, but there's plenty.

Why would certain children be vulnerable to autism or any vaccine injury such as tic and seizure disorders? What makes them different from others who somehow escape injury?

First let's address gender inequality. Boys are up to five times more likely than girls to become autistic, perhaps because estrogen is crucial to immune response. Girls are primed at birth. But why African American boys? How tragic that over ten years ago the CDC decided this wasn't important enough to study further. How many African American boys have been damaged?

Other populations at risk of autism by vaccination include Koreans, Somali immigrants, perhaps much of Africa and Caucasians, too. Somali immigrants of Minneapolis and Sweden suffer high rates of autism when there is no word for "autism" in Somalia. In Sweden, they call it "Swedish disease."

Everyone on Earth is vulnerable to vaccine damage, but some populations appear especially at risk. These groups are different than others based on generations of dietary habits resulting in the underlying beauty of diversity: microbial predisposition. Their flora is naturally different!

Scientists have found gut microbiota play an important role in how well vaccines are absorbed. Imbalanced flora leads to vaccine failure. In sanitation-challenged, toxic nations such as Pakistan, for example, the polio vaccine can be ineffective due to compromised guts known as environmental enteropathy. How ironic that if we made sanitation and toxic pollution a priority, we could also reduce vaccination and its risk of injury. Instead, children suffer malabsorption syndrome misdiagnosed as malnutrition. They can't properly absorb nutrients or vaccines. Meanwhile, less than 2% of Bill & Melinda Gates Foundation budget goes toward improving sanitation; the lion's share toward vaccination in concert with major pharmaceuticals and GAVI, the Global Alliance for Vaccines and Immunizations. The United Nations, UNICEF and the World Bank promote wastewater treatment without any priority on the real solution of dry toilet technology.

One of the differences is reduced or absent bifidobacteria. According to a Bangladeshi microbiota study published last month, poor vaccine efficacy is associated with systemic inflammation due to gut dysbiosis. Bifidobacteria were found a key factor in improving vaccine responsiveness. There are many known strains of bifidobacteria, some considered better than others. Bifidobacteria levels in the USA vary widely among individuals. Studies report much lower levels of bifidobacteria in children with autism.

Vaccine scientists are focused on improving vaccine absorption, promoting probiotic adjuvants. Bifidobacteria appear to have a leading role as future adjuvant. But this work may also reveal a mechanism of vaccine injury: lack of an important species. Bifidobacteria are known to attenuate severe intestinal inflammation. One study found their numbers naturally multiply in magnesium deficiency to calm inflammation.

Many Africans are missing bifidobacteria. And so are Koreans where autism rates were found double those in the USA. The traditional diet of these populations doesn't include dairy, which feeds bifidobacteria. It should be noted not all Africans are reduced or absent in bifidobacteria. One study found bifidobacteria far more dominant in Malawian than Finnish infants while another study finds eightfold autism increases in Finland. Another vulnerable group appears to be vegans and vegetarians, known significantly reduced in bifidobacteria.

Breastfeeding is another important clue about bifidobacteria

and autism avoidance. Breast milk is known to contain 700 types of bacteria with bifidobacteria the star of the show. Gerber includes bifidobacteria in their infant formula for good reason as "they make up 80–90% of the total intestinal flora of breastfed infants." Several studies indicate breastfeeding deters autism. What's not commonly recognized is how microbes both produce and stimulate release of fatty acids in breast milk crucial to brain development. These lipids include endocannabinoids now making waves in the epilepsy community (seizure is a common feature in autism).

A new study reinforces what's known about the global C-section epidemic and neurodevelopmental problems including autism. A third of women give birth by C-section in the USA, exceeded by other nations such as China and Brazil. C-section is known to result in differences in infant intestinal flora, but what are the actual differences and how might this relate to potential for vaccine injury? This group of scientists found significantly lower bifidobacteria counts in C-section babies than in vaginally delivered infants. The bifidobacteria, however, are thought to originate in the mother's intestines.

Are girls higher in bifidobacteria than boys? Might this be another way girls escape autism? Recent studies reveal another way to view gender differences. Men and women can eat the same diet, but have distinctly different gut microbiota.

In the Hazda people of Africa, bifidobacteria is absent and so is dairy, however, some forms of resistant starch and inulin may also feed bifidobacteria. The Hazda microbiome is more diverse, so they don't require bifidobacteria. Other microbes are doing the job for their healthy human hosts, but perhaps not if confronted with vaccination.

"However, to date, no comprehensive studies have been undertaken to examine the gastrointestinal microbiota in relation to vaccine administration and if there is a discernible alteration in the community following vaccine administration."

Then again, the Hazda immune system may be better able to withstand vaccination than African Americans. The immune system is reliant on flora balance where gut dysbiosis, such as high clostridia, and low bifidobacteria counts may predispose a newborn toward vaccine injury. Alternatively, high clostridia counts known in autism may be the result of vaccination. Vaccines may lead to such imbalances, similar to antibiotics known to cause C. difficile infections.

The fact is there are still no studies about how any of the childhood vaccines affect flora balance. Why not? Does anyone fear the results? Solving this mystery may require crowdfunding. There are many complexities to be unraveled. How are mercury and aluminum adjuvants affecting flora? How might vaccine-induced immune responses affect flora balance?

There are a sparse few studies approaching the subject such as this 2004 study from China showing significantly increased gram-negative bacteria caused by the cholera vaccine, not a good thing. This 2013 typhoid vaccine study states:."However, to date, no comprehensive studies have been undertaken to examine the gastrointestinal microbiota in relation to vaccine administration and if there is a discernible alteration in the community following vaccine administration."

How would a shift in flora or absent bifidobacteria lead to autism? This falls under the category of gut-brain phenomenon and probably begins in the womb. Dozens of peer-reviewed studies impudently state colonization begins at birth, a fallacy without evidence akin to believing Earth is flat. The new paradigm points toward a fetal gastrointestinal tract teeming with life, developing long before the fetal brain, even driving brain development with polyunsaturated fatty acids of microbial origin. The maternal microbiome shifts toward a diabetic state in the third trimester while the fetal brain triples in weight.

Children are born colonized and then vaccinated within 12 hours of birth per cruel CDC schedule without any understanding of how this affects flora balance. The gut-brain connection is a two-way street where what happens in the gut may lead to an inflammatory reaction in the brain. Bifidobacteria may be a factor in helping to avoid this reaction. Indeed, probiotics of many types have been tested alongside vaccines to improve vaccine response because it's known microbiota influence immune response. Might probiotics also help to avoid extreme immune response resulting in autism? Too many parents of autistic children have witnessed the arched back and high-pitched scream of their infants post-vaccination, a condition signaling brain inflammation.

I suspect bifidobacteria will become biomarkers to help avoid vaccine injuries. Every child would have microbial DNA (PCR) stool testing to determine flora balance prior to vaccination. If bifidobacteria are low or absent, this may serve as warning not to vaccinate. This applies to all children because everyone is at risk. Children may be born compromised with imbalanced flora where vaccines add insult to injury.

We should begin the process of reducing CDC vaccine protocol, beginning the protocol much later in life to allow the immune system, reliant on flora, time to develop. This would reduce vaccine injuries while improving vaccine effectiveness. Or, we can choose not to vaccinate and concentrate on improving innate immunity. Many believe our natural immunity is waning due to vaccination, so we're seeing a comeback of childhood diseases such as measles and mumps.

Either way, we need to reduce heartbreaking injuries as well as consider the subtle, insidious possibility of widespread flora shift in the wrong direction. We're already seeing mysterious childhood type-1 diabetes and obesity epidemics along with eating disorders such as anorexia in very young children. Half

Microbial Predisposition (continued)

our children suffer chronic disease, an unacceptable situation where everyone is vulnerable based on flora balance.

Florida Congressman, Bill Posey, is investigating CDC fraud amid an incestuous relationship with the pharmaceutical industry. Contact your Congressman to ask support for Posey's congressional hearings to learn more about extent of damage. The CDC "whistleblower" may receive immunity from prosecution so that underlying truth may finally be revealed, just as microbial genetic testing is taking us toward a new understanding of our place in the environment.

—This article is the 1st in a series of 3 published on the GreenMedInfo website. We appreciate the author's kind permission to reprint this article. Please refer to the online version of the article to access the numerous embedded links to references and scientific articles: http://www.greenmedinfo.com/blog/vaccine-injury-biological-plausibility-microbial-predisposition

Part 2 can be read here: http://www.greenmedinfo.com/blog/critical-role-microflora-vaccine-injury?page=1

Keith Bell is a 25 year veteran of the recycling industry with interest in sanitation and health. During the 1980s, he was a UNICEF radio spokesperson in Chicago for the annual release of State of the World's Children Report. He is particularly interested in gut-brain connection including gut-origin of seizure, underdiagnosed in epilepsy.

Primal Bugs: The Amazing Hunter Gatherer Microbiome
by Kelly Brogan, MD

"Our ability to sequence the human microbiome is already exploding our knowledge of the characterization of individual risk factors and potential therapeutic interventions. We cannot, however, just wait for the best new probiotic on the market. We have to start with protecting the infant immune system through natural birth, breastfeeding, but also through a societal investment in the pregnant woman's flora as we are learning that transfer of bacteria occurs before birth. Breastmilk continues to influence this transfer of information through prebiotic compounds called oligosaccharides. Over the course of lactation beginning with colostrum, the makeup of these bacteria and growth factors changes. A recent study confirms that mom's gut bacteria are vertically transferred through breastmilk and that this "entero-mammary" connection is what helps to develop the baby's immune system. This, not a Hepatitis B vaccine delivered on the day of birth, is the beginning of natural immunity."

—Read more at http://www.greenmedinfo.com/blog/primal-bugs-amazing-hunter-gatherer-microbiome?page=2

Letters

Re: 11 year old forced into vaccination at school without parents consent, November 07, 2014

Dear Vaccine Choice Canada,

I would like to inform you about a scary situation being allowed to legally happen in Ontario.

My son is 11 years old and is in grade 7 at a public school in Oshawa. Yesterday he came home from school telling me he got 2 vaccinations - one for Meningitis and one for Hepatitis B. I was shocked because I never signed the consent forms because I would rather get myself informed about the vaccines by my family doctor who I trust and has been looking after my children since birth. My son gets mild reactions such as low fever and mild headache after vaccines, so I always pick a time frame where I can take time off from work and stay at home with him.

My son said someone simply gave him a form to sign and told him if he didn't sign it he could possibly get expelled from school. He signed it of course feeling anxious he was going to get into trouble if he didn't.

I called the Durham Region Health Department who told me that they are legally covered because my son signed the "mature minor" consent. The nurse who treated him thought he was mature enough to make a decision. My son is 11 and when he came home I asked him which vaccines they where? He didn't know. He doesn't know what Hepatitis B is or what meningitis is. How can he make a mature decision? I can't believe such legal form is allowed here in Canada. I feel completely robbed of my rights to decide over my own children's health.

I hope that there is something I can do. I find it frightening that this is at all allowed. I think parents should be aware this is happening. I hope my story will be heard!

Thank you very much

I.Vos—Oshawa, Ontario

To: The Editor, The National Post

Although I admire your newspaper and have subscribed since its inception, I'm fed up with yet another disparaging article on how "anti-vacciners" are a thoughtless, irresponsible lot. I am an educated, responsible and fully engaged parent of three healthy kids and take strong exception to the author's tiresome assertion that celebrity advice is the reason why people refuse to vaccinate their children. Ms. Urback fails to shine any new light on this subject and had she taken the time, she would see that vaccine dangers are serious, numerous and real. Reporting on celebrity focus on vaccine's link to autism is a red herring, as there is a far broader basket of vaccine injuries that is going unreported by this recent wave of reporting the vaccine/autism link.

My wife and I decided well before we had our first kids—

some 20 years ago—that there was a frightening and undeniable mountain of evidence that vaccines are extremely risky - which I know, I know, goes against all conventional thinking. And what is seldom mentioned in the media is that most childhood vaccines were introduced well after mortality from most diseases had already been largely eradicated through better public health and hygiene.

So it's beyond maddening that so many health professionals and policy makers alike refuse to look at what vaccine risk evidence really is - and it's not a pretty picture. Ms. Urback and others of her ilk appear to be intentionally or otherwise failing to do even the most rudimentary research to see the other side of this story. Please instead publish more articles from authors such as your very own Lawrence Solomon who have the guts and grit to honestly look why some parents are saying "no" to vaccines.

David E. Bronfman
Toronto, Ontario

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