

Why We Need to Re-examine the Risk/Benefit Tradeoffs of Vaccines

By Stephanie Seneff, PhD

The recent media blitz on the measles outbreak in Disneyland has caused even greater polarization than that which previously existed between pro-vaccine and anti-vaccine camps. State governments have jumped on the notion that measles remains a threat, taking this opportunity to pass even more stringent laws restricting parents' rights to refuse vaccination for their children. Pro-vaccine enthusiasts are delighted that clamping down on the right to refuse vaccines will push the percentage vaccinated up towards 100 percent.

But parents who are legitimately concerned over possible harm from the adverse reactions to vaccines now feel threatened that "medical tyranny" will force them to stand by helplessly as they watch their child get injected with the toxic chemical soup that's contained in most vaccines. Both sides feel outrage for the same reason: concern that their children will suffer consequences if their belief system is not upheld.

It is very difficult to weigh the pros and cons of any given vaccine properly, or even on the vaccination concept in general. The public forum promoted by the government downplays the risks and exaggerates the benefits. In the case of measles, we have become programmed to fear a disease that is usually very mild and almost never fatal. I remember well the measles outbreak in my community when I was a child in the 1950s. We were encouraged to be sure to catch it in this wave, as the opportunity might not come again until we were adults. We understood that it was best to get measles in childhood and that this would afford lasting protection from a future infection.

Despite all the hoopla surrounding the Disneyland outbreak, there have been no fatalities. In fact, the Centers for Disease Control (CDC) records no fatalities at all in measles cases in the U.S. over the past ten years. Over that same time period, the CDC's Vaccine Adverse Event Reporting System (VAERS)

database has reported over one hundred fatalities linked to the measles, mumps, and rubella (MMR) vaccine. Since VAERS adverse reactions are grossly under-reported,¹ the actual number is probably much larger.

It is ironic that health officials express such concern about the non-vaccinated spreading disease to the vaccinated population. Presumably, if you're vaccinated you have protection, so why should you worry? What's even more ironic is that the vaccine itself can be contagious. For example a one-year-old baby was vaccinated with varicella and his pregnant mother developed a varicella infection sixteen days later, verified as the vaccine strain.² She elected to abort the pregnancy as a consequence.

While immunity following a measles infection is permanent, vaccination-based immunity wears off over time, leaving an unknown percentage of the vaccinated population now susceptible to exposure. As a consequence, we now face a difficult situation with respect to measles, because most of the children and young adults in this country are now vaccinated against it, and almost none of them have the lifetime protection afforded by a measles infection. Most at risk are the infants under six months old, born to mothers whose vaccine-based immunity has worn off. In nature's clever design, newborn infants receive in their mother's milk antibodies to diseases to which the mother has acquired immunity, and this affords protection against the disease during the critical neonatal period, when infants' own immature immune systems leave them more vulnerable. The solution offered by the medical community—to vaccinate pregnant women with MMR—poses a direct threat to the fetus due to the toxic chemicals in the vaccine, which may cause harm to the developing fetal brain.

I am especially concerned about the glutamate—glutamate makes up 10 percent of the amino acid content of the gelatin

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Underlined text in the printed edition of the *Journal* indicate hyperlinks to references. These links are active in the pdf version of the *Journal* available in the member area of our website.

Your Child • Your Future • Your Choice



VCC Member News: Since the Spring Edition of the Journal, we have been very busy at Vaccine Choice Canada! We have taken on many projects, mostly generated by the medical establishment's vaccine mandate campaign.

The CMA Resolutions and the VCC Petition

In early June the Canadian Medical Association (CMA) issued an announcement of a Directors resolution to mandate vaccinations for school entry with only medical exemptions. It would be presented at their annual convention in Halifax at the end of August. This of course prompted VCC to take action on this outrageous suggestion by the association representing 80,000 Canadian doctors to remove the right to religious and personal conscience exemptions for Canadian citizens.

VCC wrote to the CMA regarding this proposed resolution, which was illegal under the Canadian Charter of Rights & Freedoms. We also launched an on-line petition the weekend prior to the convention. Within a week over 5,000 people had signed the petition opposing Vaccine Mandates in Canada.

By the time the CMA resolution reached the floor of their convention for voting it had been rewritten with no mention of exemptions. Now it only recommended that proof of immunization be presented for school registration and that parents of "undervaccinated" children meet with health authorities for counselling. This resolution passed with unanimous approval.

Whether schools and public health officials will be able to fulfill the doctors' desires remains an open question. Lack of immunization databases is a huge stumbling block to this scheme. Over \$2 billion has been spent on a project to institute an integrated nation immunization database since 2001 though the project has not yet been realized. Also lack of funds at the provincial level to fulfill this mandate means adoption by school boards and public health authorities will be very spotty

unless funds can be found somewhere to hire more staff. And a final stumbling block is that of privacy issues. Medical records are protected by Privacy legislation and this question has not even been addressed at the provincial or local level yet.

It would seem that for the CMA, policy trumps the reality of the human right to informed consent, privacy issues, funding shortfalls and even basic justice. This last point was particularly evident at the convention when a resolution was put forward that recommended the establishment of a national vaccine injury compensation program. This resolution failed with 70% of doctors at the convention voting against it. From the debate prior to the vote, doctors were concerned that establishing an injury compensation program might "frighten" the public and also that it would be "used by those opposed to vaccinations." One doctor even declared that vaccines did not cause injuries!

Thus at the CMA, nothing has changed. The mantra that vaccines are safe and effective remains completely unchallenged and policy decisions continue to be based on this unrealistic and unjust approach to immunization programs.

VCC produced a Comments Review report presenting an overview of the comments posted on the petition site. It is included in the member mailing of this Journal and is available on our website in the Media section.

A very special thank you goes to two VCC members who wish to remain anonymous for setting up, updating and forwarding data from the CMA on-line petition site. It was a monumental task. The success rests solely on them! THANK YOU, Anon 1 & 2!

The Vaccine Choice Journal Vaccine Choice Canada

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Thanks to Nelle Maxey for electronic production of the Journal.

Statement of Purpose:

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

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

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

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

Our Mandate is:

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

injuries from childhood vaccinations.

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

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

The VCC Media Kit

Director Ted Kuntz put together a wonderful, fully referenced, media information kit. Titled *Mandating Vaccines: A Cause for Concern*, it is an excellent resource for the public as well as the media to review questions and concerns surrounding mandated vaccinations. You will find it in the Media section of our website. Please take a look if you haven't already!

VCC Contacts Political Parties

On top of handling our Facebook and Twitter postings, website updates and posting, and the distribution of our monthly V-Bulletin, Director Rita Hoffman took it upon herself to contact all political parties regarding their stated support of "required" vaccinations. Needless to say, none of the 4 major parties responded to our request to confirm this stance prior to the election. You can read the information VCC sent to them and the responses we did receive on our website. See [Urgent Question to Canadian Political Parties](#) and [VCC Educates Politicians on Constitutional Rights](#) in the featured articles or Vaccine/Ethics sections of the website.

Adverse Events Database Update: Summer 2015

Director Nelle Maxey reviewed both the latest Canada Vigilance database entries and the latest CAEFISS database Quarterly Report. Included in [the document](#) is also a one-page review of the latest government release of *Immunization Coverage for Canadian Children*, which clearly reveals the drop in immunization coverage for 2013 from the previous 2011 coverage data. We attempted to get a copy of the entire coverage survey by an Access to Information Request so we could review the responses to all of the survey questions. However, we were informed by StatsCan that the survey is not available for public review due to privacy concerns! It is only available to government identified "qualified" researchers. This is most unfortunate as we will never see the actual data. We are still awaiting the release of the "full report" on the coverage survey by the Public Health Agency of Canada.

VCC Postcards!

We have also developed a post card based on our new brochure, *The Science is Not Settled*. If you are interested in post cards or brochures please let us know as we will arrange a bulk printing if there is enough interest. Contact info@vaccinechoiccanada.com.



Safe & Effective? The Science is NOT Settled
Vaccines are complex biochemical substances that by definition are drugs. Once injected they can cross the blood brain barrier and cannot be digested or removed. By 18 months, your baby will have received up to 41 doses of 14 vaccines.
"Excessive vaccination can result in brain inflammation and brain swelling that can be prolonged, even lasting years, if not diagnosed."
Dr. Russell Blaylock, MD, Neurosurgeon
www.russellblaylock.com
"There is a huge body of research that shows that if you overstimulate the immune system at the periphery, especially in the critical stage of early development, you are going to influence the brain in a negative way, and risk irreversible damage. This research is rarely discussed, because it really shows that there is reason to question the safety of the burden of vaccines given to infants."
Lucija Tonijevic, PhD
Neuroscientist at University of British Columbia
"Aluminum adjuvants commonly used in vaccines to stimulate the immune system can trigger Autoimmune/Inflammatory Syndrome Induced by Adjuvants (AIS). Aluminum's neurotoxicity is well documented, affecting memory, cognition, psychomotor control, damages the blood brain barrier, activates brain inflammation, depresses mitochondrial function and shown to induce allergy."
Celeste McGovern, *Attacking Our Children*
www.greenmedinfo.com
MMR, Hepatitis A and Varicella vaccines are produced from aborted fetal cell lines.
"Not only are the human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphoma?"
Thomas Doherty, PhD, genetic research scientist
in testimony to Minnesota Legislature, 2011
"To understand the safety of vaccines, you have to understand how a baby's immune system works and what vaccines do biochemically in the body. That work has never been done."
Mary Bicker, medical journalist and researcher,
From her book *Just a Little Pink*, 2006
There are no studies that have evaluated and compared the long term health outcome of fully vaccinated people with those who have never been vaccinated.
The science is not settled on the safety & effectiveness of vaccines.

Renew Your Membership & Donate to VCC

We remind members that membership renewal is due in January at the beginning of the year. Your membership or donation is easily made by credit card on our secure PayPal account on our website, or mail us a cheque or money order. Just go to JOIN on our homepage and follow the prompts or use the form on the back of the *Journal*.

For a donation of \$150 or more, please select one of the 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 the [JOIN](#) page on our website. Please note: Donations qualifying for a bonus item are in addition to the annual membership fee.

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

The History of the Peanut Allergy Epidemic, 2nd Ed. – by Heather Fraser. The author provides compelling evidence that allergies, as a mass phenomenon, were ushered in with the introduction of vaccination and the use of injectable medicines. In her foreword to the book, Janet Levatin, MD writes, "it should be required reading for everyone who administers injections, who receives injections, and everyone who authorizes injections for children."

Vaccine Epidemic – Edited by Louise Habakus and Mary Holland. 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.

The Greater Good – an excellent documentary (DVD) that increases awareness of the vaccine controversy. 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 to help people learn about the vaccine issue.

JUST IN! New DVD: *"We Don't Vaccinate: the Myths and Reality of the Vaccination Campaigns"*, the acclaimed German documentary (English Edition) by Michael Litner.

"*We Don't Vaccinate*" is a sensitive, expressive and discerning documentary. Rivetingly factual, it stays solely on the vaccine track tackling the contemporary vaccine issue like no other film before it." –Eileen Dannemann, Director, National Coalition of Organized Women

Other Books: In lieu of the 5 fundraising bonus items listed above, members can also select books from our [online Amazon affiliated bookstore](#) where you will find a growing list of books on the vaccine issue. Just email us with your book choice, and we will have it sent directly to you from Amazon. Link to our online Bookstore is: <http://astore.amazon.com/v0fef-20>

"After years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is one of the most deceptive inventions that science could ever convince the world to accept."

—Tetyana Obukhanych, Ph. D., author of the *The Vaccine Illusion*

When eleven million consumers learned German car manufacturer Volkswagen had intentionally deceived them, they were understandably angry. Volkswagen installed a computer program into recent models with diesel engines for the sole purpose of distorting vehicle emissions information and deceiving government regulators whose responsibility is to evaluate the health and safety of products. The result? The VW engines emitted nitrogen oxide pollutants up to 40 times above what is allowed in the US.

Consumers placed their trust in this huge, multi-national corporation. They trusted the ability of government to provide effective oversight and hold industry accountable. Using the information provided by industry and government, consumers made decisions they believed were responsible and prudent given their concerns about air quality and climate change. And thus when the extent of the deception was revealed, consumers were justifiable angry. This was a huge violation of trust affecting millions of Volkswagen consumers directly, and every citizen indirectly.

As significant as this issue is, it will pale in comparison to the anger and outrage health consumers worldwide will feel when they discover the pharmaceutical industry and their own government regulators have violated their trust regarding the safety and effectiveness of vaccines.

It is not a matter of if a 'Volkswagen event' will happen in the pharmaceutical industry, but rather when consumers finally recognize that the trust and confidence they placed in this multi-billion dollar industry has been misplaced. It will not be the loss of trust that will anger consumers the most. It will be the realization that they have placed their children at great risk when they thought they were protecting them.

It is only a matter of time before the trust that consumers placed in vaccines collapses. The truth is the science to prove the safety and effectiveness of the current vaccine schedule doesn't exist and has never existed. Any parent who allows their child to be vaccinated does so on the basis of trust rather than on the basis of verifiable evidence. If parents relied on verifiable evidence of safety and effectiveness, the decision to vaccinate would not be made because no vaccine has successfully demonstrated long-term safety and effectiveness by comparing the overall health of vaccinated individuals with a non-vaccinated control group.

And so a crisis is looming. The crisis is not a measles outbreak, as we have been misled into fearing. Rather the crisis is the wholesale collapse of confidence when the truth of the

vaccine safety deception is revealed and acknowledged. The cracks in this confidence façade are already appearing. The recent revelations by Dr. William Thompson, senior researcher with the Center for Disease Control, that the CDC has been manipulating data for more than ten years to hide the link between vaccines and autism is the largest crack to date.

But there are other cracks. Two scientists with Merck have taken whistleblower status in the United States alleging that Merck has intentionally falsified data on the effectiveness of the mumps vaccine in the MMR shot. This falsified data will make the offences by Volkswagen seem minor.

Then there is the small 1998 case study published by Dr. Andrew Wakefield who observed a relationship between the MMR vaccination and gastro-intestinal problems in children diagnosed with autism. In spite of repeated claims by health officials and media pundits that the case study was fraudulent, 26 independent laboratories throughout the world have replicated Wakefield's findings. And though medical authorities continue to insist that, "vaccines don't cause autism", more than one hundred studies have identified a vaccine-autism link. (See Science Supporting Vaccine Risk/Autism on our website.)

What is more likely is that the medical industry recognized that Wakefield's findings could undermine public confidence in vaccines and they needed to suppress his findings at all costs. For many years, the pharmaceutical industry and governments have succeed in suppressing this information, and the media has collaborated by blindly repeating the false claims that Wakefield's findings were fraudulent.

Unfortunately the damage created by this worldwide fraud is not simply more pollutants in the air and angry and deceived automotive consumers. The damage is much more substantive. We now have a generation of children with chronic health conditions. We have an epidemic of autism and other neurological disorders. We have children with chronic immune dysfunction. We have children who will never be able to live full and independent lives because of vaccine injury. And we have children that have died unnecessarily because of the deception and greed of the pharmaceutical industry and government collaborators.

There is a storm coming. I only hope it comes soon.

—Ted's son Joshua is a vaccine injury victim. Josh was born in 1984 and was severely injured by his first DPT shot at 5 months of age, leaving him with an ongoing, disabling, uncontrolled seizure disorder. Ted is a practising psychotherapist and author of the book, *Peace Begins with Me*.

on which the virus is grown. Glutamate is a well-established neurotoxin, contained in only a few vaccines, one of which is MMR. Another vaccine that contains glutamate is the flu vaccine, now administered much more widely than was the case just a few years ago, including to pregnant women, and based on the same argument of protection for the newborn. Half the doses of flu vaccine also contain mercury, arguably the most toxic metal on earth.

Evidence of Potential Harm

When most people think of potential harm from vaccines, they think of mercury, as this has been the most widely publicized toxicant contained in vaccines. The issue of mercury in vaccines has allegedly been put to rest, following a reduction in mercury burden around the year 2000, but that did not lead to a reduction in the incidence of autism. However, that experiment was flawed because other factors, particularly a simultaneous increase in the aluminum content in vaccines, but also an increase in toxic exposure from food (more about that later) likely were offsetting factors. Dialysis dementia establishes beyond a shadow of a doubt that aluminum is toxic to the brain. Patients with kidney failure develop dementia if there is too much aluminum present in the dialysate.

It is disturbing to me that we are now (in my opinion, recklessly) administering the flu vaccine to infants and pregnant women without regard to the fact that about half of the flu vaccines administered contain mercury as a preservative. As mentioned previously, the flu vaccine also contains glutamate, a known neurotoxin.

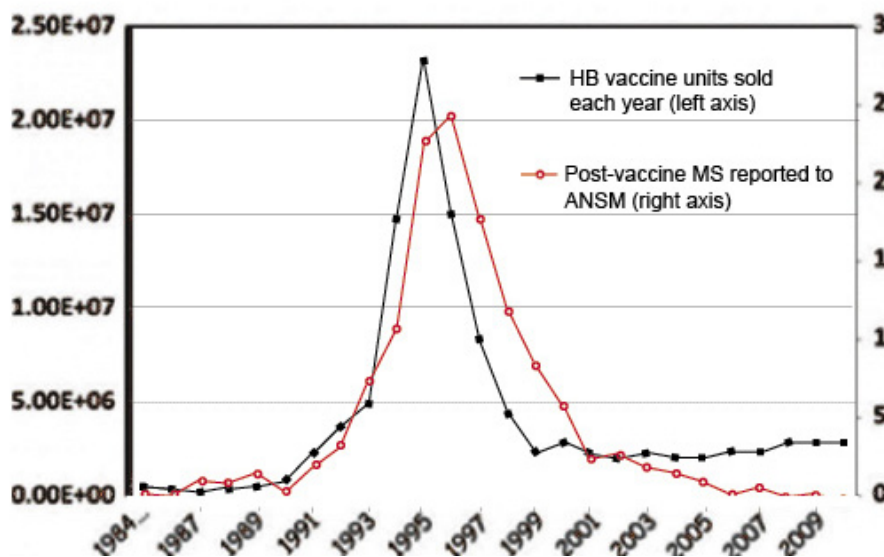
Potential links between MMR and autism are probably the second-most common general perception about vaccine risk. Many people are aware of the “discredited” Lancet paper published by Dr. Andrew Wakefield in 1998,³ which proposed a link between the measles component of MMR and gut disease in children with autism. This paper engendered an intense investigation, which led to its retraction and a campaign to discredit its author through accusations of fraud. Wakefield is a gastroenterologist, and therefore an expert on children with gastrointestinal disorders. Today it has become very clear that gut dysbiosis is strongly linked to autism, and, furthermore, that gut dysbiosis is rapidly becoming an epidemic.

That Wakefield was aware of the link between autism and gut problems such a long time ago is stunning, and what frustrates me is the fact that the retraction of his paper has led to a long delay in our awareness of this link, which would have helped us to recognize better how to treat or prevent autism. Despite his setback,

Wakefield published a follow-on article providing a strong argument for how gut dysbiosis can lead to encephalopathy linked to autism through the release of excitatory peptides through the leaky gut barrier.⁴ I have personally investigated potential links between autism and MMR, which resulted in a paper published in 2012, based on an analysis of the VAERS database.⁵ At the time, I was frustrated because I did not understand which ingredients in the MMR vaccine might be toxic to the child’s brain, but I believe I now understand this much better, as will become clear later in this article.

Although it might seem a simple matter to compare a vaccinated population with an unvaccinated one to see whether there are differences in the incidence of various health issues, this is difficult to do in practice, because those who choose not to vaccinate are different from the general population in important ways. For example, parents often arrive at this decision after one of their children has suffered from a severe adverse reaction to a vaccine. This likely means that the family’s genetic make-up predisposes them to increased risk to the very conditions that vaccines are linked to. On the other hand, those who choose not to vaccinate are probably also more likely to avoid other environmental chemicals, for example, to provide their children with an organic diet. This may bias the distribution towards a perceived risk from vaccines that is actually due to chemicals in foods treated with pesticides or contaminated with food additives.

I believe that one of the best ways to examine risk is to look at large population studies. A unique opportunity to study correlations with vaccination and autoimmune disease was the “wave” of vaccination of twenty million French individuals, across multiple ages, with hepatitis B (Hep-B) vaccine, concentrated over the four-year period from 1994 to 1997.⁶ This wave was followed by an “echo” about two years later of an “epidemic” in multiple sclerosis; that is, the two curves match remarkably well with a delay of two years (see Figure below).



Hep-B contains aluminum adjuvant, which could be a causative factor in the development of MS, although molecular mimicry between proteins in the virus and components of myelin are another possibility. In fact, it could be that aluminum bound to the antigen increases its allergenicity, leading to a synergistic effect.

Another excellent example of an epidemiological study is the recent paper by Deisher and others⁷, which examined changes over time in vaccination policy and compared them to changes in autism rates across multiple countries. They were able to show a consistent trend over multiple vaccines whereby a large increase in the vaccinated population for a specific vaccine was followed directly by an increase in the slope of the autism curve. They noted that every one of the implicated vaccines contained live cultures grown on human fetal tissue. They conjectured that human DNA or retrovirus were the critical factors in the vaccine causing harm.

It should be noted that while our bodies contain huge amounts of our own DNA, it is normally housed inside the nucleus of our cells, and when cells die they normally undergo a programmed death procedure called apoptosis that involves breaking down the DNA so that it will not be released into the tissues. If a cell is acutely exposed to a toxic chemical that rapidly destroys its membrane, it may react so quickly that it is unable to undergo apoptosis. As a result, its DNA spills into the environment, and immune cells interpret this as a cue to go on high alert.

This may well be the reason that aluminum adjuvant works in vaccines to enhance the immune reaction to aluminum-containing vaccines. Vaccine manufacturers believe that aluminum adjuvant is beneficial because it reduces the amount of antigen needed to get the vaccine to produce the desired immune response. It may well be, therefore, that the DNA contained in the vaccines produced by growing the infective agent on human fetal tissue also induces a similar acute

response of the immune system, due to a false interpretation of the human DNA as coming from an acutely poisoned cell. The problem in both cases (aluminum or fetal tissues) is that DNA exposure to immune cells can lead to autoimmune disease.

It is quite possible, however, that other ingredients besides the human DNA are at play in the correlations with autism observed by Deisher and others⁸ While they found an effect for several different vaccines, every one of them contained either aluminum—Havrix (hepatitis A) and Pentacel (diphtheria, tetanus, pertussis, poliomyelitis, and influenza B) or glutamate (Varivax, MMR and Meruvax rubella)—present either as free glutamate or a component of gelatin or both. We have already seen how aluminum might cause harm by exposing immune cells to human DNA from cells at the site of injection, fatally damaged by aluminum, but aluminum is also a well-established neurotoxin, on par with mercury.^{8,9} Studies on premature infants exposed to aluminum through intravenous feeding have clearly shown a link between the small amounts of aluminum in the nutrient solution and neurological damage.¹⁰

Glutamate in vaccines is less well studied, even though glutamate is a known excitatory neurotoxin that's linked to autism¹¹ and multiple other neurological diseases.^{12,13} In the next section, I will explain my hypothesis that vaccines are becoming more and more toxic over time due to their synergy with glyphosate, the active ingredient in the most pervasive herbicide, Roundup.

Vaccine-Glyphosate Synergy

In 2012, I published a paper together with collaborators titled, “Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure.”¹⁴ This paper was based on a detailed analysis of the VAERS database, and we specifically looked at frequencies of various adverse reactions to subsets of the database, restricted either to different time

TABLE 1: Reactions that were significantly more common in VAXERS after 2000 were also significantly more common in aluminum-containing vaccines over the entire time span. This suggests that these are linked to the aluminum in the vaccines. The counts are the total number of events that occurred where this symptom was mentioned, within the various subsets of VAERS. (Reproduced from Seneff et al., 2012.¹⁴

Symptom	Count before 2000	Count after 2000	p-value	Count w/ aluminum	Count w/o aluminum	p-value
Seizures	636	3468	0.0000	2350	1023	0.00028
Injection Site Reaction	1961	4605	1.0E-8	3851	2584	0.000061
Infection	195	1552	1.0E-8	1358	927	0.0026
Swelling	8621	13218	1.0E-8	11406	8470	0.0000026
Pain	8153	12122	6.0E-8	8576	7099	0.00044
Cellulitis	760	1977	0.000001	2087	1089	0.000024
Depression	57	322	0.00023	334	143	0.0031
Death	210	558	0.0040	483	303	0.011
Fatigue	1222	1839	0.00080	1744	968	0.00011
Insomnia	81	195	0.0089	230	71	0.0025

intervals or to different subsets of the vaccines. We were interested in both aluminum-containing vaccines and the MMR vaccine (due to its plausible link to autism identified by Andrew Wakefield).

What we discovered was very surprising: the aluminum-containing vaccines appeared to be much more toxic after the turn of the century compared to before the turn of the century. Table 1 is reproduced from that paper, where we enumerated several symptoms that were far more likely to occur in association with an aluminum-containing vaccine, but also far more likely to occur after 2000 compared to before 2000, when all the vaccines were included in the analyzed sets!

We wrote in the paper's abstract: "A strong correlation between autism and the MMR (measles, mumps, rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen [Tylenol] administered to control fever." We were frankly at a loss to explain how MMR could cause autism, because it does not contain either aluminum or mercury, two well-established neurotoxic metals. Our theory, which others had suggested as well,¹⁵ was that the autistic children were especially sensitive to acetaminophen, which is often administered to control fever following vaccination. MMR was significantly more often associated with fever than all the other vaccines serving as a control.

Today I recognize two additional factors that more fully explain both the acetaminophen connection and the MMR connection to autism. Acetaminophen is metabolized in the liver by cytochrome P450 (CYP) enzymes, and glyphosate—

the active ingredient in the herbicide Round-Up—suppresses CYP enzyme activity in the liver. What this means is that glyphosate is synergistically toxic with acetaminophen because it interferes with its breakdown. And, glyphosate usage on corn and soy crops increased dramatically following 2000, due to the widespread adoption of the new "Roundup Ready" genetically modified versions of these crops.

"...glyphosate is synergistically toxic with acetaminophen...glyphosate is making the glutamate in vaccines more toxic...glyphosate enhances the toxicity of aluminum..."

Another factor associated with MMR that we completely overlooked in the paper is glutamate. Glutamate is a known neurotoxin, but the body is normally able to

convert it to glutamine, using the enzyme glutamine synthase. However, glutamine synthase depends on manganese, which is chelated by glyphosate, making it unavailable. MMR contains glutamate, as it represents 10 percent of the amino acids found in gelatin, which is used as a nutrient on which the live virus is grown. More recently, I published another paper together with Anthony Samsel describing all the ways in which manganese chelation by glyphosate would disrupt physiology,¹⁶ and a surprising number of these were linked to known pathologies in autism.

I think it likely that glyphosate is making the glutamate in vaccines more toxic than it would otherwise be, due to the fact that it sticks around much longer when manganese is unavailable. In fact, if you separate the VAERS database at the midpoint in time (2002), and look at the reactions associated with MMR before and after that date, you find several reactions that are more common after 2002 (including autism), and only one reaction (joint pain) that is more common before 2002 (see Table 2). Interestingly, both joint pain and many of the

reactions that are more common after 2002 (such as anaphylactic shock, seizures, hives, eczema, and shortness of breath), are also typical adverse reactions that occur in people who have an allergy to monosodium glutamate (MSG).

In the conclusion of the paper on aluminum and acetaminophen, we wrote: "The fact that mentions of autism rose steadily concomitant with significant increases in the aluminum burden in vaccines is highly suggestive. However, it is possible that other factors, such as more aggressive reporting or simultaneous increases in other environmental toxins, for examples herbicides or pesticides, or aluminum in other products such as antiperspirants and antacids, may have contributed to these observed increases." This was prescient, as I now believe that indeed there is one herbicide in particular that has caused the aluminum in vaccines to be much more toxic than it used to be, and that is glyphosate. In fact, I have published two papers, together with colleagues,

TABLE 2: Counts of occurrences of various reactions to the MMR vaccine before (early) and after (late) 2002. In all cases, the p-value for chance occurrence of the distribution is 0.05 or below.

More Common before 2002

Reaction	Count early	Count late	p-value
joint pain	163	68	0.012

More Common after 2002

Reaction	Count early	Count late	p-value
headache	122	189	0.050
abscess	55	124	0.023
autism	63	153	0.013
shortness of breath	115	221	0.016
hives	361	523	0.018
hospitalization	69	354	0.00018
seizures	255	531	0.0015
eczema	4	36	0.026
anaphylactic shock	23	74	0.023

in which we propose that glyphosate enhances the toxicity of aluminum, through multiple mechanisms.^{17,18}

Glyphosate makes both the gut barrier and the brain barrier leaky, which allows aluminum to get past these barriers and into the brain. Disruption of the pineal gland in the brain stem can explain the increased incidence of sleep disturbances in association with aluminum-containing vaccines and with vaccines administered after 2000. Glyphosate also causes pathogens to overgrow in the gut, and one of the toxic products of these pathogens enhances uptake of aluminum by cells. We even suspect that glyphosate binds to the aluminum in the vaccines and “escorts” it to the terminal watershed region of the brain stem, where it then unloads its cargo in the acidic environment, essentially delivering aluminum to the brain. Glyphosate also enhances voltage-gated calcium channels, and aluminum can gain entry through these channels by acting as a calcium mimetic.

Vaccines Just Alter Which Virus You Get

It is becoming increasingly clear to me that the vaccination program as a whole is only succeeding in altering which infections we get; it is not actually protecting us from infectious disease in general. This is most glaringly apparent for the flu vaccine. We are told that this year’s vaccine is not very effective because we “guessed wrong” when we made the decision about which strains to include in the vaccine. A mid-season evaluation of the effectiveness of this year’s flu vaccine in the UK came up with a dismal performance of just 3.4 percent effectiveness.¹⁹ These authors wrote: “The current season has led to large numbers of care home outbreaks, often in highly vaccinated populations, hospitalizations and significant excess all-cause mortality in the over sixty-five-year-old population.”

My prediction is that we will continue to “guess wrong” every year, because the vaccine itself is actually influencing which strains thrive. When the vaccination coverage is very high, the strains that are targeted are effectively wiped out, and this provides an opportunity for other strains to fill the vacuum.

This pattern is unfolding across multiple vaccine series. The original Hib vaccine targeted just *Haemophilus influenzae* type b. The result was that types a, e, and f gained prominence. So a new pneumococcal vaccine (Prevnar 7) was introduced to cover seven strains. A few years later, this was replaced by “Prevnar 13.” They are playing a similar game with Gardasil: the original Gardasil vaccine covered four major strains of HPV. But it’s been found that women who are vaccinated against these four have a higher risk of being infected with some other strain not covered by the vaccine. The answer, it seems, is to add more strains to the mix. “Gardasil-9” is about to appear, covering

nine strains of HPV and with twice as much aluminum content. The original Gardasil vaccine already had a high level of a very toxic form of aluminum. There are more than eighty different strains of HPV, so this is not a scalable solution.

Thus, we can never win this game. In fact, a placebo controlled study in Hong Kong found that those who were vaccinated against the flu had no statistically significant improvement in flu infection rates, but had a 4.4-fold increase in infection with syncytial virus, a strain that produces symptoms nearly indistinguishable from influenza.²⁰ People who get the flu vaccine every year

are reducing their general immune health with each vaccine, due in part to the accumulation in their tissues of mercury and glutamate. Very soon it will become clear to everybody that the flu vaccine has no benefit, and I think it is likely contributing to the epidemic we’re seeing in Alzheimer’s disease in the elderly, because of the toxic effects of glutamate and mercury on the brain.

Streptococcus pneumoniae lives naturally in the nasopharynx of healthy individuals, causing no harm. A vaccine against this microbe will cause it to disappear from the respiratory tract, nasopharynx and sinuses, with unknown consequences. Certainly this leaves room for other species to take hold, and one can only guess what those species might be. So by vaccinating against one microbe, you are opening the door for other microbes to invade. This is true more generally, and it might explain why we are seeing a number of strange new pathogens emerging, or old pathogens becoming much more virulent in recent years, such as SARS (bird flu), H1N1 (swine flu), Lyme disease, Ebola, Epstein Barr, hepatitis C, and AIDS.

—This article is printed with the kind permission of the author, Dr. Seneff. It originally appeared in the July 2015 Edition of the Weston A. Price Foundation Journal. See [Article References](http://www.westonaprice.org/health-topics/why-we-need-to-reexamine-the-riskbenefit-tradeoffs-of-vaccines/) here: <http://www.westonaprice.org/health-topics/why-we-need-to-reexamine-the-riskbenefit-tradeoffs-of-vaccines/>

Dr. Stephanie Seneff is a senior research scientist at MIT’s Computer Science and Artificial Intelligence Laboratory in Cambridge, Massachusetts. She has a bachelor’s degree from MIT in biology with a minor in food and nutrition, and a PhD in electrical engineering and computer science, also from MIT. Her recent research has focused on the pervasive toxicants, aluminum and glyphosate. She proposes that low-nutrient food combined with pesticides and toxic metals play a crucial role in many modern conditions and diseases, including heart disease, diabetes, obesity, arthritis, gastrointestinal problems, Parkinson’s disease, Alzheimer’s disease and autism.

Viruses Can Improve Your Immune System

There is much about viruses that we simply do not understand. Viruses are fascinating life forms, and recent evidence suggests that they are the main source of new DNA sequences that drive our own evolution.²¹ I conjecture that they play an essential role in driving adaptation to environmental stress factors.

My studies on the flu virus have revealed that these tiny creatures infect muscle cells in order to raid them of sulfate. The viruses reprogram the infected cell to build a sulfated mucopolysaccharide coat to decorate the exterior of each newly minted virus particle.²² The freshly minted viruses are released into the blood stream, and are later devoured by a roaming immune cell, such as a macrophage. The macrophage then kills and digests the virus, thus essentially accepting delivery of the mucopolysaccharides from the muscle cell, packaged up on the back of the virus. The sulfate in the mucopolysaccharides can then be used by the macrophage to solve its deficiency problem.

My research has identified systemic sulfate deficiency as a key component of most diseases that are on the rise today. The immune system is especially vulnerable to insufficient sulfate. Macrophages depend upon sulfate to maintain the acidic environment in the lysosomes that is needed to digest and recycle cellular debris. Insufficient sulfate will impair both their ability to kill viruses and metabolize their contents, and their ability to clear debris from dead and dying human cells.

Thus, when the immune cells have insufficient sulfate, the flu viruses flourish, invade the muscles, and redistribute sulfate from the muscles to the immune cells. Other viruses infect different tissues and steal sulfate from them. This reinvigorates the immune system at the expense of the cells under attack. Once the immune cells acquire sufficient sulfate to clear the virus, the person recovers from the disease. People with a plentiful supply of sulfate to begin with never get the flu, because the virus particles are easily kept in check by the healthy macrophages.

Measles probably serves a similar purpose. Few people realize that multiple studies have shown that an infection with the measles virus can produce beneficial results. Children who have had the measles have fewer allergic diseases.^{23,24} Intractable epileptic seizures have been known to disappear following a virus infection, including measles, mumps and rotavirus.²⁵ Juvenile rheumatoid arthritis has been brought into remission by infection with measles.²⁶ Psoriasis has been cured by measles infection.²⁷

Most remarkably, cases of substantial shrinkage of tumors (infantile Hodgkin's disease) have been recorded following a measles infection.²⁸ A seminal study on mice showed that injection of live (but not killed) measles virus directly into a tumor led to a mobilization of neutrophils to the tumor site, where they released cytotoxic chemicals that resulted in

tumor shrinkage.²⁹ This to me is clear evidence that measles strengthens the immune system.

Scientists have known since at least the early 1990s that the virus responsible for Newcastle disease also shows promise in cancer therapy.^{30,31} Ironically, if the person's immune system is efficient in attacking the virus, then it will not work well for cancer therapy. Thus, a massive vaccination program would pretty much preclude the possibility of using a particular virus strain as treatment. Neuroblastoma is one of the most common cancers in childhood and it has a poor prognosis. One experimental treatment that is being explored at the State University of New York at Stony Brook is to use polio virus to treat this cancer.³²

Researchers at Duke University are having some preliminary success in using polio virus infection to treat glioblastoma, the most common and most aggressive malignant primary brain tumor in humans. Their research was recently highlighted by the television program "60 Minutes." The discoveries that certain viruses preferentially infect tumor cells and mobilize an immune response imply that a natural infection with the virus would be protective against cancer.

What Can a Mother Do To Protect Her Child?

What's my advice to a mother facing an onslaught of vaccinations for her child? I recommend reading some of the literature on the dangers of the toxic chemicals in the vaccines, such as aluminum, mercury, glutamate, retroviruses and human DNA, to help you make an informed decision. Vaccines used to be a lot safer than they are today, and the reason, I believe, is the synergistic effect of all the other toxic chemicals that today's kids are exposed to, in the air, the water, and their food. Some of these factors can be controlled, particularly the food. I cannot recommend enough the advice to switch your children to a 100 percent organic whole foods diet. I realize this takes more effort and costs more, but if you end up protecting your child from one of the many autoimmune and neurological diseases that today's kids suffer from, it will be well worth it.

If your child already suffers from asthma, eczema, food allergies, epilepsy, attention deficit hyperactivity disorder (ADHD), autism or anxiety, then you need to be very careful with vaccines. If you don't feel you can responsibly omit all the vaccines, at least space them out and make sure your child does not have a cold or other illness at the time of a vaccination. I recommend this for any child, but especially for a child who is already suffering from these conditions. Finally, please get your kids outside in the sunlight without sunscreen as much as possible. Sunlight catalyzes the synthesis of sulfate in the skin³³ and this is one of the best ways to ensure that your child's sulfate supplies are adequate. Adequate sulfate will help protect children from disease and make vaccines much less dangerous.

How the CDC Made 30,000 Polio Diagnoses Disappear

—by Shawn Siegel

The graph [below] is from the Ratner report¹, the transcript of a 1960 panel sponsored by the Illinois Medical Society, on which sat three PhD statisticians and an MD, [who] met to discuss the problems with the ongoing polio vaccination campaign.

The polio vaccine was licensed in the U.S. in 1954. From '50 thru '55, the striped and clear portions of the bars represent about 85% of the reported cases, or 30,000 per year, on average. Those cases were automatically eliminated by two radical changes the CDC made to the diagnostic parameters and labeling protocol of the disease as soon as the vaccine was licensed—30,000 cases a year we were subsequently told were eliminated by the vaccine.

That success, held aloft as a banner of the industry, is an illusion. The CDC has an awesome power of control over public perception, sculpting it from behind closed doors in Atlanta, with the point of a pen.

Over the last sixty years in the U.S., more than a million cases of what would have been diagnosed as polio pre-vaccine—

same symptoms—were given different labels.

The change didn't stop there, however. As addressed in the Ratner report, they also changed the definition of a polio epidemic, greatly reducing the likelihood that any subsequent outbreaks would be so labeled—as though the severity, or noteworthiness, of paralytic polio had halved, overnight. It's summed up thusly in the report:

“Presently [1960], a community is considered to have an epidemic when it has 35 cases of polio per year per 100,000 population. Prior to the introduction of the Salk vaccine the National Foundation defined an epidemic as 20 or more cases of polio per year per 100,000 population. On this basis there were many epidemics throughout the United States yearly. The present higher rate has resulted in not a real, but a semantic elimination of epidemics.”

And that's precisely what happened to polio: not a real, but a semantic elimination of the disease.

In the decades following the release of the vaccine, additional changes were made to the diagnostic parameters of the disease, changes involving analysis of cerebrospinal fluid and stool and additional testing², each succeeding change making it less and less likely that a diagnosis of paralytic polio would result.

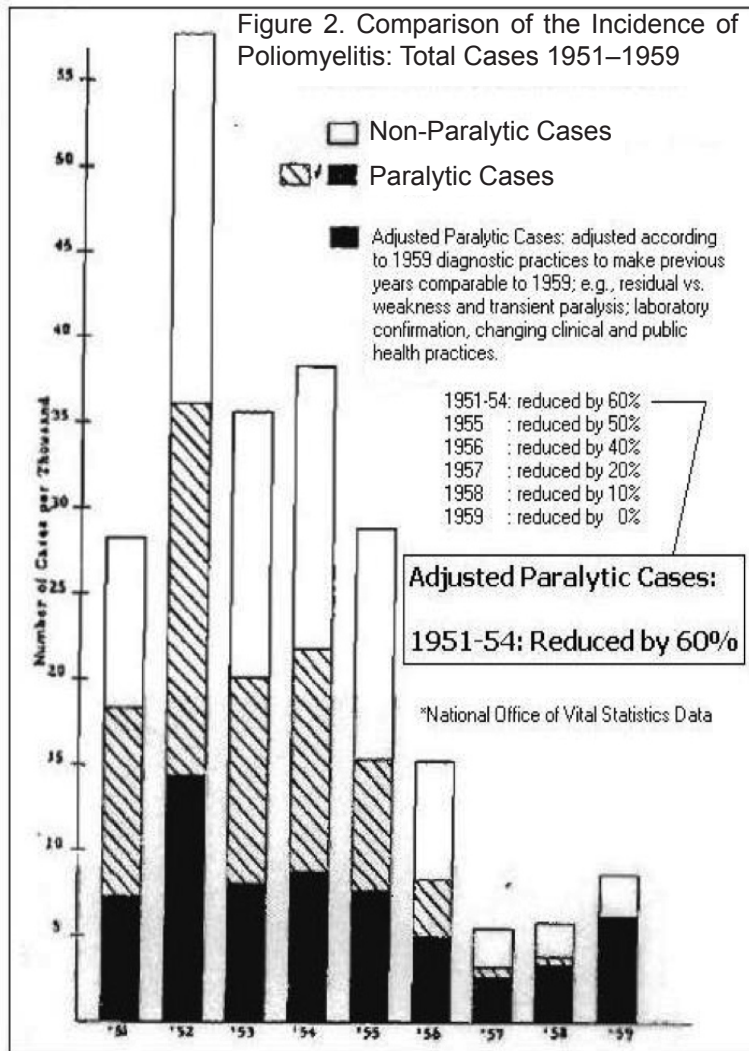
And, critically, before the vaccine was licensed polio diagnoses were made clinically and accepted from around the nation, duly reported to the American public annually as polio, no lab analysis required, while after it was licensed only the CDC was and is allowed to issue confirmations of paralytic polio—all suspected cases had to be sent to them for analysis and testing.³

Again, perception is key. Because of the persistent pre-vaccine news coverage of the disease, including film footage of paralytic polio victims in leg braces, or immobilized, strapped to huge, inclined boards, or housed in foreboding iron lungs, the public pictured the thousands of kids reported with polio each year as suffering terribly, when in truth the pictures involved only a fraction of a percent of the diagnosed cases.

Moreover, while for many the perception was that the iron lung was a permanent fixture, in the majority of cases the machine was needed only temporarily—generally about one to two weeks.⁴

The arbitrariness of the change in the diagnostic parameter of paralytic polio, from one day of paralysis to two months, resulting specifically in the elimination of all the cases represented by the striped portions of the bars in the graph, is remarkable. Indeed, the very idea that the length of time you're ill determines the disease is remarkable!, and flies in the face of the science of virology.

Were you to apply the same logic to measles diagnostics, for instance, and add the requirement of a rash that lasts ten



days, the disease would be eradicated, since the measles rash lasts from three to five days. To the point, had they made the requirement three months of paralysis instead of two, several additional thousands of cases of paralytic polio would simply and immediately have fallen off the diagnostic plate, hastening the illusion of complete eradication.

All of the non-paralytic cases, represented by the clear portions of the bars in the graph, and which pre-vaccine were the **majority** of cases **reported simply as polio** each year, were discarded completely!, reclassified. A search through public health department disease statistics reveals that in the U.S. those cases were basically handled as they were in Canada:

“It may be noted that the Dominion Council of Health at its 74th meeting in October 1958 recommended that for the purposes of national reporting and statistics the term non-paralytic poliomyelitis be replaced by ‘meningitis, viral or aseptic’ with the specific viruses shown where known.”⁵

Somewhat remarkable too, eh?, that virtually overnight an entire category of disease is simply abandoned; replaced.

The current non-use of the iron lung is often pointed out by vaccine proponents as proof of the success of the polio vaccine, but that, too, is an illusion; years ago it was replaced by much smaller, portable respirators, some body worn, some bedside—and much in use today.

You’ve gotta give ‘em credit for the hubris. Vaccine proponents will actually cite the fact that many illnesses were misdiagnosed as polio pre-vaccine, attempting to explain why the changes following its licensing were necessary, not necessarily nefarious. But as always, perception is the key, as in any magic act, and the CDC on its website continues to forward the illusion they themselves created.

How common was polio in the United States?

“Polio was one of the most dreaded childhood diseases of the 20th century in the United States. [Periodic epidemics increased] in size and frequency in the late 1940s and early 1950s. An average of over 35,000 cases were reported during this time period. With the introduction of Salk inactivated poliovirus vaccine (IPV) in 1955, the number of cases rapidly declined to under 2,500 cases in 1957. By 1965, only 61 cases of paralytic polio were reported.”⁶

In reality, the charade was continuing right on schedule: Of the ‘35,000 cases of polio reported on average in the late 1940s and early 1950s’, only 15,000 were paralytic—the reduction to 2,500 cases of paralytic polio in 1957, and

the complete disappearance of all the non-paralytic cases, was a direct result of the diagnostic changes. It’s smoke ‘n mirrors.

There are a few more puzzle pieces which help complete the picture, the unavoidably undeniable pattern, of conscious, purposeful manipulation of statistics:

In the 90s, “polio eradication initiatives” were implemented in India and Africa. The WHO quickly established the same diagnostic changes in those nations as were made in the U.S. in 1955. The result, as expected, was the announcement two years ago that India is now polio free. What the WHO so conveniently omitted was any mention of the skyrocketing incidence, in both nations, of acute flaccid paralysis⁷, clinically identical to polio, and following in the wake of the use of the oral polio vaccine, abandoned fifteen years ago in the U.S. because it triggers Vaccine Associated Paralytic Polio:

“To eliminate the risk of vaccine-associated paralytic poliomyelitis (VAPP), as of January 1, 2000, OPV was no longer recommended for routine immunization in the United States.”⁸

As you can see [in the chart below], the incidence of acute flaccid paralysis quickly soared to tens of thousands, far surpassing the 1996 incidence of polio.

Midst the labeling deceptions lies another insidious character trait of the vaccine industry. During the polio epidemics in the 40s and 50s in the U.S., one doctor, Fred Klenner, MD, cured every one of the sixty polio patients he treated, some of them paralyzed, using massive injections of vitamin C. Astoundingly, after summarizing his work, his success, at the annual AMA meeting in 1949, Dr. Klenner received neither questions nor comment from his colleagues, and no mention of it was ever made to the American public.⁹

The nut: the eradication of polio is a total sham, an example of trust misplaced, of power and control run amok. It’s indicative of every aspect of the vaccination paradigm, propelled by a baseless, industry-constructed fear of infectious disease, statistical manipulation and withholding of critical information, and sustained, ironically, by the very and insidious nature of vaccine injury, the bulk of which displays temporally well divorced from the act of the vaccination, obfuscating causal relation.

—This article is printed with the kind permission of the author, Shawn Siegel. The [on-line article with references and links](http://www.thevaccinereaction.org/2015/10/how-the-cdc-made-30000-polio-diagnoses-disappear/) is found here: <http://www.thevaccinereaction.org/2015/10/how-the-cdc-made-30000-polio-diagnoses-disappear/>

Polio vs Accute Flaccid Paralysis (AFP) in India

Year	AFP cases Reported	Non-polio AFP Rate	Total Confirmed Polio Cases	Wild-virus Confirmed Polio Cases
1996	1005	0.0	1005	0
1997	2047	0.2	2275	524
1998	9465	1.5	4322	1934
1999	9587	1.8	2817	1126
2000	8103	2.0	265	265
2001	7470	1.9	268	268
2002	9705	1.9	1600	1600
2003	8508	2.0	225	225
2004	13274	3.1	134	134
2005	27049	6.4	66	66
2006	32194	7.4	676	676
2007	41524	9.4	874	874
2008	45582	10.3	559	559
2009	50405	11.4	756	741
2010	55785	14.8	44	42
2011	60540	16.1	1	1
2012	60922	16.3	0	0

Pro-Life AND Pro-Vaccine?

— By Sayer Ji, founder of GreenMedInfo

Half of the U.S. adult population is simultaneously both against abortion and for a vaccine schedule that uses induced abortion derived fetal cells. How can such an extreme form of moral hypocrisy be maintained by millions without virtually any discussion?

It is an extremely cognitively dissonant fact that at least half of Americans polled consider themselves to be against abortion (i.e. “pro-life”), yet the vast majority of Americans support a vaccine schedule that requires the induced abortion of a fetus (and the subsequent harvesting of aborted fetal cells) for the production of vaccines injected into their loved ones.

Induced abortion-derived fetal cells are used in the production of a range of medical products, but primarily biologicals like vaccines. Their use was first innovated by Dr. Leonard Hayflick, in the 1960’s, working at the Wistar Institute located in Philadelphia, PA. Dr. Hayflick found them an ideal substrate for the growth of viruses to be used in live vaccines. It has been estimated that, “One aborted baby can be the source of a cell strain with a potential yield of about 20 million metric tons of cells, which can be stored frozen for many years.”¹ Clearly their utility for the mass production of vaccines is one reason why they were chosen despite the moral controversy.

You can view an extensive list of fetal cell derived products [here](#), along with the particular fetal cell line used, the manufacturer of the product, and any ‘ethical’ non-fetal cell

products that exist as an alternative. Below is a chart of the vaccines [and other products] in the U.S. and Canada vaccine schedules that contain aborted cell line derived vaccines.

We should also note that one of our readers pointed out that there are plenty of pro-choice persons who are also pro-mandatory vaccine, or at least complicit with the removal of philosophical and religious exemptions—another glaring example of the hypocrisy.

The Ignorance or Immorality of Pro-Vaccine/Pro-Lifers?

While it may not be possible to reconcile the inconsistent moral logic operative within a population of millions of pro-life and pro-vaccine individuals, we can at least try to better understand how such an extreme form of hypocrisy could have arisen.

A lack of scientific literacy combined with a lack of full disclosure from the medical profession may be at the root of the problem. Because cells from aborted fetuses are labeled “diploid cells” in the ingredients lists of vaccines that contain them, the reality of their origin can become obscured by technical language. Diploid simply means a cell that contains a nucleus with two complete sets of chromosomes, one contributed by each parent. Were the colloquial term “aborted fetus cells” used, and if medical professions considered it their ethical responsibility to inform patients that they are unknowingly violating their own religious principles, it would be far harder to evade the obviously untenable moral incongruity implied by their use.

Ethically speaking, it is doubtful that ignorance alone would fully absolve one from the moral obligations and imperatives of one’s religion and one’s God. But even if this were the case, vaccines are products that get directly injected into infants and children and whose ingredient lists are publicly available. Why are parents not doing their due diligence by reading the ingredient lists on vaccines in the same way that they are now with reading food labels? The problem with vaccine ingredients, of course, is not just one of morality, but toxicology. The fact that aluminum, mercury or formaldehyde, are still being used in them should be reason alone to question their safety. But the fetal

USA & Canada—Aborted Fetal Cell Line Products

Disease	Product Name	Manufacturer	Fetal Cell Line
Chickenpox	Varivax, Varilrix	Merck, GSK	WI-38, MRC-5
Hepatitis A	Vaqta, Havrix Avaxim, Epaxal	Merck, GSK- Sanofi, Berna	MRC-5 MRC-5
Hepatitis A & B Hepatitis A & Typhoid	Twinrix Vivaxim	GSK Sanofi	MRC-5 MRC-5
Measles/Mumps/Rubella	MMR, Priorix	Merck, GSK	RA273, WI-38
Measles-Rubella	MR Vax Eolarix	Merck GSK	RA273, WI-38 RA273, MRC-5
Mumps-Rubella	Biavax 11	Merck	RA273, WI-38
Rubella	Meruvax II	Merck	RA273, WI-38
MMR + Chickenpox	ProQuad/MMR-V	Merck	RA273, WI-38, MRC-5
Polio	Poliovax, DT Polio Adsorb.	Sanofi Pasteur	MRC-5
Polio Combination (DTaP + polio + HiB)	Pentacel, Infanrix, Quadracel	Sanofi Pasteur	MRC-5
Rabies	Imovax	Sanofi Pasteur	MRC-5
Rheumatoid Arthritis	Enbrel	Amgen	WI-26 VA4
Sepsis	Xigris	Eli Lilly	HEK-293
Shingles	Zostavax	Merck	WI-38, MRC-5
New: Smallpox	Acambis 1000	Acambis	MRC-5
In Development Ebola	TBA	Crucell/NIH	PER C6
In Development Flu, Avian Flu	TBA	MedImmune Vaxin, Sanofi	PER C6, HEK-293
In Development: HIV	MRKA5 HIV-1	Merck	PER C6

Source: <http://www.know-vaccines.org>

DNA itself that contaminates vaccines is also a concern as far as contributing to autoimmunity and the increase in autism spectrum disorder.

The Pro-Vaccine/Pro-Life's Faith In the God of "Science" over Religion

Let's look a little deeper at the underlying psychology here. Whether consciously or not, the illogical and immoral behavior of millions of avowedly pro-life and pro-vaccine parents reveals at least two other possibilities.

First, they are making a utilitarian decision on some level. Practically speaking, they are willing to disregard one of their religion's most fundamental moral precepts because they believe by doing so these abortion-derived vaccines will protect themselves and their children from life-threatening diseases. Clearly here the health of the body is being prioritized over the health of the soul.

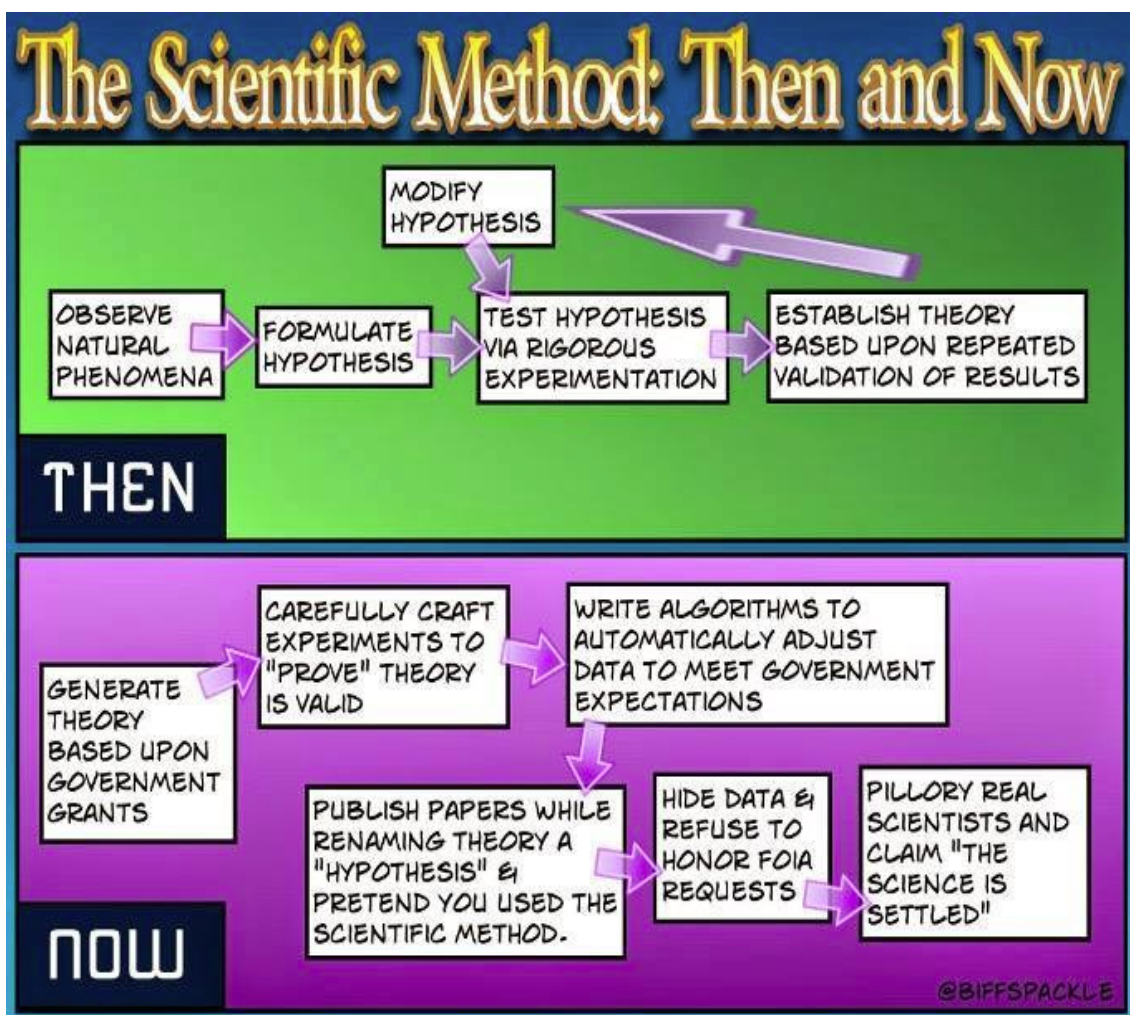
Second, it reflects a lack of authentic religious faith. Clearly, for this population, the religion of Modern Medicine and its supposedly Science-Based scriptures trumps that of religious tenets that forbid support of abortion and/or complicity with it.

Where the American public places their faith — not in theory but as actually practiced — is at the heart of the issue. Most people believe it a foregone conclusion that the "science on vaccine safety and efficacy is settled," when, in fact, nothing could be further from the truth when the actual, non-industry funded published literature is taken into account. Given the uncritical and unquestioning faith the general populace has in the media and government on vaccine issues (The CDC's authority, for instance, being eminence-based and not evidence-based), their assumption that their children's lives will be in dire peril if they don't vaccinate clearly overrides supposedly God-ordained moral precepts that must be obeyed to ensure their souls won't be in dire peril. What does this say about modern religious beliefs and their waning strength?

The Dalai Lama himself exemplifies this transition

from faith in Religion to that of Science. We can assume he officially launched the oral polio vaccine campaign in India a few years ago because of a belief that not vaccinating is more dangerous than vaccinating, even though the Eastern religious precept of 'do no harm,' or ahimsa (which ironically is Western/Hippocratean as well) would preclude an unnecessary medical intervention like live virus vaccination whose side effects include paralysis and death. Indeed, in his book, *The Universe in a Single Atom: The Convergence of Science and Spirituality*, he wrote: "If scientific analysis were conclusively to demonstrate certain claims in Buddhism to be false, then we must accept the findings of science and abandon those claims."

Science, or more correctly, Scientism has become the most powerful "religion" (i.e. faith-based ideological construct) in the world, effectively devouring all other belief systems. Actual science is empirically and phenomenologically grounded in observable phenomena. Scientism, on the other hand, is a political agenda, and applies a Napoleonic epistemological construct of absolute control: what is not explicitly validated as real is implicitly denied validity. This is equivalent to saying that what you yourself don't perceive of the vast universe with your own eyes does not exist at all. View the meme below to see a clarification of the profound difference between actual Science and how Scientism and unregulated Capitalism



combine to co-opt the “evidence”.

Vaccination As A Form of Biopolitical Control

The truth is that vaccination is the crown jewel of the modern medical and pharmaceutical propaganda machine, and is an indoctrination ritual as powerful and symbolic as the Eucharist is to Catholics or the pow-wow to Native Americans.

Ironically, the assertion that “vaccines have saved millions of lives” has little to no basis in actual high-quality scientific evidence: i.e., randomized, clinical trials, (RCTs). RCTs are the so-called top of the evidence quality food chain within the much glorified “Evidence-Based Medicine” model. Only notoriously manipulable and erroneous epidemiological data can lend support to these dubious claims. In fact, one need only search through the Cochrane Collaboration reviews on the RCTs on vaccines like influenza to see that unequivocal evidence for their safety and efficacy simply does not exist. Indeed, no clinical study has ever been published comparing the vaccinated with an unvaccinated control group—making the assertion of their value as “evidence-based” absolutely absurd.

What about polio? This is another archetypal example of vaccine misinformation. Polio was never proven to be “caused by the virus,” nor was its steep decline in the 20th century attributable to the polio vaccine, nor will it ever be eradicated from the planet because it is now technically impossible to do so. In fact, the opposite is true, and the oral polio vaccine may be responsible for ten’s of thousands of cases of polio paralysis each year in India alone.

We see one expression of the apotheosis of Scientism in the present day tidal wave of legislation throughout the U.S. aimed to remove all philosophical and religious exemptions against vaccination. The primary justification used to overturn one’s right to bodily self-possession is that “the science is settled ... vaccines are safe and effective” (i.e. “science by proclamation”), and by implication, not vaccinating and exercising freedom of choice is defined as doing violence to others.

So far, as evidenced by the fall of Californians’ exemption rights vis-à-vis SB277, the Pharma lobbyist and Scientism-driven political agenda is winning. Implied by this transition away from the freedom to choose whether to vaccinate or not is that one’s sovereign right to bodily self-possession, and your right to determine what happens to the bodies of your offspring, is that your autonomy is forfeited, and the State now lays claim to everyone’s body. This could be considered a form of what the 20th century French philosopher Michel Foucault called biopolitics, where hyper-medicalization is used as a strategy by governments to control its population and not for the ostensible reason of providing healthcare services. Given that today being infected with a novel form of influenza has been written into the law via executive order as a quantifiable “offense,” the

medical and military models have merged to a point where one could theoretically be classified as a bioweapon/bioterrorist either by being determined infected by a particular pathogen or by refusing a vaccine designed to protect against it.

One has to wonder if the absurdity of the pro-life/pro-vaccine hybrid is just an expression of the Zeitgeist we are now transiting through: a period of the complete secularization of faith, such that Science has now become the centralizing and preempting God of all other belief systems, and by implication that there is only one Truth and one Way to apply it medically speaking.

The resultant Medical Monotheism requires absolute obedience to the absurd notion that there is only one way to define and treat the body. This, of course, makes biomedical interventions like vaccination and chemotherapy mandatory, and marks the end of all personal choice and liberty.

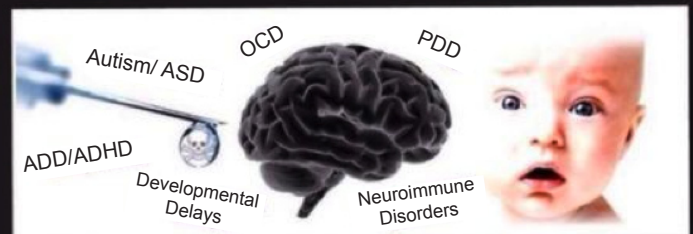
—This article is printed with the kind permission of the author. Sayer Ji, founder of [GreenMedInfo.com](http://www.greenmedinfo.com). References and links found in on-line article at <http://www.greenmedinfo.com/blog/pro-life-and-pro-vaccine-ultimate-hypocrisy>

PITHY FACTS...

Once.....Measles, Mumps, Chicken pox
were considered normal.

Now we have a new normal

Autism, type-1 diabetes, seizures,
allergies, asthma, ADD, ADHD,
learning disabilities, cancer.



The old normal was short lived
and provided lifelong immunity

The new normal provides you with
A vaccine injured child for LIFE

Source: www.vaccinationinformationnetwork.com

Vaccine Choice Journal • Fall 2015

Across the country, physicians are giving vaccines without any apparent understanding of pediatric immunology. In fact, it appears that the need to give vaccines to premature infants—even extremely low birth weight (ELBW) infants—according to the vaccine schedule for full term babies is more important than considering the impact those solutions will have on the tiny tot's immediate and long term health.

ELBW is defined as a birth weight of less than 1000 g (2 lb, 3 oz) and usually born at 27 weeks' gestational age or younger. Infants born with a birth weight less than 1500 g (3.3 lb.) are defined as very low birth weight (VLBW) infants.

Recently, Michelle Rowton RN, a founding board member of Nurses Against Mandatory Vaccines, reported the cavalier attitude of physicians who are administering vaccines to these tiny tots. [Her interview](#) went viral, one month before a new study published in JAMA spelled out the damage caused by vaccines given to ELBW babies.

The JAMA study Michelle references in this InfoWars interview confirmed that vaccinations given to ELBW infants can cause serious adverse events, including fever, which necessitates painful, invasive and expensive procedures, including blood and urine cultures. Infants are then exposed to empirical antibiotic therapy for several days until the results of the cultures are known. The disruption to the gut-microbiome of a newborn can have a life-long impact of bad health and autoimmune disease. Current research provides evidence that the gut microbiome interacts with many physiological systems and metabolic processes in the developing infant. Disruptions at such a tender age can have an adverse impact on growth, development, and general health of the infant.

JAMA investigators concluded that within the first three days after being vaccinated, infants were indeed subjected to a higher incidence of sepsis workups. Vaccinated infants also had

an increased need for respiratory support which often included intubation and being placed on a ventilator.

The information, while startling, isn't new.

The current study is not the first to describe the devastating effects vaccines can have on low birth weight, premature infants. In 2007, a study in *Pediatrics* included 239 preterm infants who were (on average) 71 days old when they were enrolled in the study. Each infant received either a single vaccination of DTaP, Hib, IPV [polio], hepatitis B vaccine, or Prevnar 7, OR the infant was given all five vaccines at the same time, on one day. C-reactive protein (CRP) levels and cardiorespiratory reactions were monitored for 3 days after the shots. The findings included [those shown in the figure below].

An elevated CRP in infancy may lead to health problems later in life. For example, children with an elevated CRP level are more likely to develop insulin-dependent, type 1 diabetes. The antibodies from vaccines may stimulate the production of pancreas autoantibodies, which attack and destroy the pancreas. Or, it is possible that the vaccine antibodies themselves may attack the pancreas through a process known as molecular mimicry.

Pro-inflammatory cytokine, interleukin-6 (IL-6), is elevated by CRP production. Prolonged high levels of IL-6 can weaken the immune system, increase the susceptibility of liver injury and raise the risk for cardiovascular disease. Some studies have even found a link between elevated IL-6 and an increased risk for cancer. It has been published that CRP goes up in response to the hepatitis B vaccine, given at birth, to full term infants also.

Nurses Stand in the Gap

When this link was posted about the nurse whistle-blower on my Facebook page, within less than 24 hours, more than 345,000 had been reached, with more than 3,300 shares. Here

39 infants had cardiorespiratory events. Of those:

- 24 children who were asymptomatic before the shots had episodes of apnea (stopped breathing), bradycardia (slowed heart rate), or oxygen desaturation (lowered oxygen levels) after the injections.
- 15 infants who had episodes of apnea, bradycardia, or low oxygen saturation prior to immunization had an increased number of those episodes after the shots.
- 26 of the 39 infants needed to be given oxygen after the vaccines.
- 13 needed to be placed on a ventilator.
- 95% of the adverse events occurred within 48 hours of the vaccinations.

46 infants had intraventricular hemorrhage (IVH) (bleeding in the brain; stroke)

- Infants given multiple vaccines at the same time were almost 4 times more likely to have cardiorespiratory events and 16 times more likely to have an abnormally elevated CRP.

103 infants had a CRP greater than 1.6mg/dL, considered to be abnormally high; abnormal CRP values and multiple vaccines were more likely to cause a grade 3 or 4 IVH.

Grades 1 and 2 bleeds involve a small amount of bleeding with few long term problems.

Grades 3 and 4 involve more severe bleeding, with blood clots and leakage into the brain tissue, leading to disabilities and hydrocephalus (increased fluid in the brain).

are a few of the hundreds of comments:

“The medical community has put themselves in a position of needing to deny, as much as possible, the harmful effects of vaccines, regardless of the blatantly obvious health complications they cause. The liability, at this point, is tremendous (given all the harm they cause), so it’s in the industry’s best interest to deny, deny, deny.”

“This is truly disgusting. I recently left a job in medical records at a facility with a large, very busy NICU. I just could not believe that nearly every infant who went into the NICU, was still vaccinated before they left the hospital, even if they were premies. It’s so sad that parents just go along and don’t ask questions. How the hell is it safe to give a baby, who almost didn’t survive, vaccines so early!? Infuriating! And then when things don’t go so well, blame the problems on something else.”

“This cohort study found an increase in adverse events after immunization of extremely low-birth-weight infants in the neonatal intensive care unit. The study found a problem, but it doesn’t stop them from injecting crap into these extra tiny beings...May be the dumbest thing I’ve ever read.”

Why are physicians so under-educated and apparently oblivious to these risks? Why do they bully parents, with

threats of dismissal from the practice or reporting them to CPS, for wanting to protect their children from this chemical onslaught? Why are legislators practicing medicine without a license, demanding that children be vaccinated when clearly the procedure causes harm?

It’s difficult to believe that physicians don’t care—but it is not hard to believe that they cover each other’s back for the sake of the status quo. Sadly, physicians are more interested in maintaining a protocol than protecting the little lives they hold in their hands from what is coming through that needle.

—This article is gratefully reprinted from Dr. Tenpenny’s website. The online article with many links is found [here](http://drtenpenny.com/killing-children-in-the-nicu/) <http://drtenpenny.com/killing-children-in-the-nicu/>

Dr. Tenpenny is a graduate of the University of Toledo in Toledo, Ohio. She received her medical training at Kirksville College of Osteopathic Medicine in Kirksville, Missouri. Dr. Tenpenny was board certified in Emergency Medicine from 1995 through 2005. She chose not to renew her board certification because she has no intention of ever working again in an Emergency Department. She has been board certified in Osteopathic Manipulative Medicine since 1995 (AOBNMM) through the present time. In 2011, she gained certification through the American Board of Integrative and Holistic Medicine (ABIHM).

My Immunocompromised Daughter Is “The Kid Who Can’t Be Vaccinated”

— by Molly

Molly is not the author’s real name. Molly was forced to take up a pseudonym, cancel her blog, and change her phone numbers after the award from the National Vaccine Injury Compensation Program due to threats and solicitations. As if being the parent of a vaccine-injured and immunocompromised child is not difficult enough.

My sweet E was born healthy 16 years ago following an uncomplicated pregnancy. She had great Apgars and was amazing at breastfeeding right from the start.

At E’s two-week check-up, I questioned the pediatrician on the necessity of the hepatitis B vaccine, which I had declined in the hospital due to “extreme” intuition. I didn’t understand why she needed the vaccine: I did not have hepatitis B, and she was not in a high-risk group as she was not sexually active or sharing needles with drug users. I was quickly shut down and told that if I did not give her vaccines she would get the diseases and die. Though I had researched just about everything regarding pregnancy and parenting, I had not researched vaccines and took the doctor’s word as truth.

For the first 15 months, E met all of her milestones right on time. She was walking, talking in three-word phrases and even identifying some letters and numbers. I was absolutely smitten by my little genius. But at her 15-month well-baby check-up everything changed. On that fateful day, E received multiple vaccines in combination shots, including the fourth DTaP and

second MMR. Within hours, she began running a high fever, which reached 105.7 over the course of her reaction, experienced high-pitched screaming as a result of brain swelling, had seizures, decreased consciousness and painful swollen knots at her injection sites. At first, the on-call pediatricians dismissed all of her symptoms as a virus, though her primary pediatrician diagnosed her with a severe reaction to the pertussis vaccine. We were told that she would fully recover once the initial reaction was over.

They were very, very wrong.

When I walked into her 15-month check-up, the doctor wrote that she was markedly advanced. When we walked out, she began the decline into a very sick and disabled child. E was permanently injured by her 15-month immunizations. We were later told that her prognosis was grim at best. She has damage to her brain, as seen on CT and MRI scans, epilepsy resulting in intractable seizures, global learning delays, chronic lung disease, PDD-NOS – an autism spectrum disorder, and severe autonomic system dysfunction.

For 15 years, I have wanted to know why. I have begged God to help me know why. Think Sally Field in *Steel Magnolias* ugly-cry begging “I wanna know why” every day for 15 years. Last week, we finally got our answer.

We have known for a long time that E’s immune system was tanked, but doctors didn’t know why. Two years ago, on our quest to treat her gastrointestinal symptoms, her immune system dysfunction was unveiled, and she began immunoglobulin therapy. It has helped – a lot – but we still didn’t know “why.” Recent genetic tests revealed that E has a genetic mutation affecting her tumor necrosis factor receptor causing a disease called common variable immunodeficiency.

If you think of the immune system as the military, you have different kinds of soldiers (like army, marines, navy, and air force) that protect you from illness. These are your immunoglobulins. You can remember them using the acronym GAME (IgG, IgA, IgM, and IgE). When it comes to immunoglobulins, E’s body doesn’t make enough to protect her. The immune system also has a cellular response with several different components. When it comes to my girl, it’s her B-cells that are affected. She has enough, but they don’t work properly; they don’t produce antibodies when exposed to pathogens. Using the military example again, E’s doctor said it was similar to having 100 soldiers go to battle – she has plenty of them – but they all have diarrhea and are too sick to fight. So the battle is lost.

E’s body has been trying to help her. It’s compensated for this situation by producing high amounts of tumor necrosis factor alpha (TNF α) in attempts to keep her healthy, but this flawed response is actually making her worse and causing further damage to her brain, hence the autonomic nervous system failure. We have realized this is why we see such behavioral set-backs when she is sick. Her TNF α shoots through the roof, and the cytokines further aggravate the brain inflammation.

After following our story for many years, I expected that many of our friends and family and people who know she was compensated by the National Vaccine Injury Compensation Program (meaning we “won” in “Vaccine Court”), would have some questions. These were my preemptive answers:

1) Was E born with this mutation? Most likely – medical literature shows that this is inherited. Genetic testing will be done soon to determine if I also have the mutation. Our other children will have to be tested if I carry it. We do know that it is heterozygous and dominant, but again further testing is needed as there is always the possibility of de novo mutations. Epigenetics anyone?

2) Does this mean she was born with autism? No, not at all. She was not born with it! While E would have most likely developed immune system dysfunction, there are reported cases of siblings with the mutation being asymptomatic.

3) What does this have to do with her vaccine injury? A lot actually. You know those people that “cannot receive vaccines”? E is one of them. She should never, ever have been

vaccinated in the first place. She cannot produce antibodies to vaccines. This is why she became so violently sick and had an encephalopathy. Her body simply could not handle the job it was being presented with.

4) What is her prognosis? It’s too early to tell. The good news is that we know. The bad news is that she is presenting so severely at a young age (and has been for quite some time), and she has the inflammatory response from the TNF α . She already has chronic lung disease, and this puts her at greater risk as well.

5) How on Earth did the doctors miss this? In many ways, she is much sicker than she should be from this disease. It threw them off. The vaccine injury has complicated the bigger picture because of the damage to her brain. While we are blessed that her doctors acknowledge her vaccine injury (because so many don’t), I truly believe in order to protect their own mental health, they simply cannot accept that this kind of damage can be done.

We saw her neurologist this week. He is an amazing man who has fought tirelessly for my child. He told me to look up an article. This one: “Chronic Progressive Poliomyelitis Secondary to Vaccination of an Immunodeficient Child.” **He told me that they have known for years that vaccines can cause lasting neurological damage in immunodeficient children.** The abstract reads:

“Our observations suggest that, under unusual circumstances, such as immunodeficiency, attenuated poliovirus can produce a chronic progressive neurologic disease. This case also emphasizes the need to diagnose immunodeficiency as early as possible, so that live-virus vaccines will not be administered.”

That article was published in 1977. For almost 40 years they have known.

6) Does this change my position on vaccines? Absolutely not. Not in any way, shape, or form. It actually strengthens it.

Let me repeat from the almost-40-year-old abstract, “This case also emphasizes the need to diagnose immunodeficiency as early as possible, so that live-virus vaccines will not be administered.”

No parent will know if their baby was born with the same disease-causing mutation that resulted in E’s immune deficiency when pediatricians begin to push for the first round of vaccines [after the birth dose of hepatitis B] at two months of age. That round includes the live-virus rotavirus vaccine. Without specific newborn screening, a one-size-fits-all approach and mandated vaccines are certain to continue to injure children like my daughter. How could I ever endorse forcing anyone to vaccinate knowing that this is a real and possible risk? Whenever there is a risk, there must be a choice! And it is ethically imperative that we maintain that choice with vaccine exemptions. It is a human rights violation for our government to force vaccines on someone who is convicted by intuition, God, or just reason.

And when it comes to the concept of “herd immunity” to “protect” children like my daughter – and possibly my other

children – I do not consider it someone else's responsibility to keep my child healthy. That is my job. I am an adamant supporter of vaccine choice, and I believe that parents should have the choice to do what is best for their own children. But you must know that if your child is injured, you are alone. The doctors who push vaccines will not be there to help you. The government and lawmakers who mandate them will not be there to help you. You will be emotionally and financially alone.

Our story is one of caution and truth. Vaccines do injure. Vaccines do kill.

Fortunately for E, I am stubborn. I was unwilling to accept a dreadful fate. We enrolled her in special education schools where she received multiple hours of therapy for speech. She also received occupational therapy, physical therapy, and some alternative health therapies. She's come a long way since her

original ASD diagnosis. She is incredibly clever, entertainingly quirky, extensively compassionate, and endearingly unique. I affectionately described her as Forrest Gump and Juno's love child. Sadly, E is still very sick. Most days are bad days; she never feels good, so it is only a matter of how bad she feels. But we push through and make the best of it.

A while back, E wrote, "I am my mom's miracle." She is right. And this is why I share her story: because she deserves better than to be sacrificed for any "greater good."

—We are grateful to reprint this article, which was first posted at the Thinking Mom's Revolution. The [online article](http://thinkingmomsrevolution.com/my-immunocompromised-daughter-is-the-kid-who-cant-be-vaccinated/) with many links is found at <http://thinkingmomsrevolution.com/my-immunocompromised-daughter-is-the-kid-who-cant-be-vaccinated/>

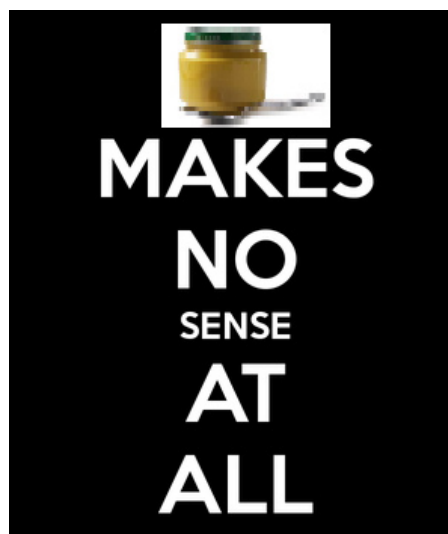
The Baby Food is Organic...the Shots are Not –By Laura Hayes

Mothers everywhere carefully read food labels, avoiding non-food ingredients, pesticide-laden foods, and genetically-modified foods. They are returning to glass baby bottles to avoid toxic plastic ones, and they are learning to shun items laced with poisonous flame retardants. However, many have yet to learn about the dangers lurking in the 70 or so doses of vaccines they are allowing to be injected into their children, more if they allow vaccines while pregnant (in essence, beginning the vaccination process in utero for their child).

Mothers must be warned about and advised against the health-and-development-damaging ingredients in vaccines. It is up to those of us who know the disturbing and disgusting facts about vaccines to continue to expose the truth to help stop the poisoning of children.

What mother willingly poisons her own child? Only one that has been lied to. When a mother allows a doctor, nurse, or pharmacist to vaccinate her child, she is allowing that person to poison her child. Think that's too strong a statement? Think I'm exaggerating?

What mother would allow lead to be injected into her child? Answer: none. They know it would cause brain damage. However, millions of mothers around the world are allowing doctors to inject mercury and aluminum into their children, both of which are severely neurotoxic (mercury many more times so than lead...and yes, mercury is **still** in vaccines given to infants and children, in addition to those given to pregnant women). To make matters worse, mercury and aluminum



are synergistically neurotoxic, meaning that when they are given together, as is often done during vaccination, their individual toxicity is made far worse by the presence of the other—many times worse. Interestingly, we are seeing record numbers of children with brain damage in our country. Coincidence?

What mother would allow something that could cause cancer, say asbestos, to be injected into her child? Answer: none. They know that cancer is often akin to a death sentence, if not the first go-round, then the times that often follow. However, millions of mothers are allowing

doctors to inject formaldehyde, phenol, and MSG into their children, all of which are known carcinogens. It's no wonder pharmaceutical companies don't test to see whether or not their vaccine products cause cancer. They already know the answer. Instead, they simply write "not tested for carcinogenicity" on their package inserts, and our unethical government regulators let them get away with that. Interestingly, we are seeing record numbers of children with leukemia and other cancers in our country. Coincidence?

What mother would allow something that could cause life-threatening auto-immune diseases, something like aluminum, to be injected into her child? Answer: none. They know that auto-immune diseases are progressive and lead to premature death. However, millions of mothers across America are allowing doctors to inject not only aluminum, but also mercury, polysorbate 80, retroviruses from pigs, mice, monkeys, and other animals, DNA fragments from other

humans, specifically from aborted fetuses, and from various animals, and laboratory-created live and killed viruses and retroviruses from both humans and animals, all of which are known to cause auto-immune diseases. Interestingly, we are seeing record numbers of children with Type 1 diabetes, asthma, Crohn's disease, juvenile rheumatoid arthritis, demyelination, ulcerative colitis, and many more auto-immune diseases in our country. Coincidence?

What mother would allow something that could cause life-altering and life-threatening asthma and allergies to be injected into her child? Answer: none. They know that both asthma and allergies severely restrict a child's life in many ways and that both can result in death. However, millions of mothers across North America and elsewhere are allowing doctors to inject food proteins (which the blood is incapable of breaking down into amino acids, resulting in inflammation), antibiotics such as neomycin and streptomycin, and toxic chemicals at the same time as adjuvants (e.g. aluminum), which are designed to artificially overstimulate the immune system, resulting in the chronic and sometimes fatal conditions of asthma and allergies. Interestingly, we are seeing record numbers of children with asthma, life-threatening peanut allergies, numerous types of food allergies and food intolerances, and numerous types of environmental allergies. Coincidence?

What mother would allow something that could cause infertility, such as nonstick chemicals and solvents, to be injected into her child? Answer: none. They know that they would never want to destroy their child's future reproductive capabilities. However, millions of mothers everywhere are allowing doctors to inject their children with polysorbate 80, known to adversely affect fertility. And who knows what ethylene glycol (antifreeze), Triton X100 (detergent), aluminum, mercury, foreign DNA fragments, and the myriad other vaccine ingredients do to one's future reproductive ability. It's no wonder pharmaceutical companies don't test to see whether or not their products cause infertility, they already know the answer. Instead, they simply write "not tested for impairment of fertility" on their package inserts, and our unethical government regulators let them get away with that. Interestingly, we are seeing record numbers of couples struggling with infertility issues. Coincidence?

What mother would allow something that could kill her baby to be injected into her otherwise healthy child? Answer: none. Mothers would lay down their lives for their children, they don't purposefully put them in harm's way. However, millions of mothers here and abroad are allowing doctors to inject their children with more and more vaccines, not knowing that each and every one carries the risk of death, and more so when combined, as they most often are. Interestingly, we are seeing record numbers of babies who are dying before their 1st birthday in the U.S., including many of "SIDS" (the

label that unethical doctors and medical examiners use for vaccine-induced deaths instead of calling them what they are... i.e. vaccine-induced deaths). Coincidence?

So then, what mother willingly poisons her child with the vaccines recommended by our nation's CDC, which are then mandated by the state in which she lives? Only the uninformed mother, the one who doesn't yet know she has been lied to by many whom she trusts: the FDA, the CDC, the AMA, the AAP, the vaccine manufacturers, her doctor(s), and mainstream media.

Please help inform these mothers who have no idea they are allowing the poisoning of their own children.

Please help inform legislators who are mandating that mothers allow their children to be poisoned at the hands of those who are to "first, do no harm", so that their child may attend daycare and/or school.

Please help stop this vaccine madness, this vaccine holocaust against our children. (The definition of a holocaust is destruction or slaughter on a mass scale, which is exactly the effect that our nation's vaccine program is having.)

Please help restore the health and development of our nation's children, and thus, of our nation itself, as our children are the future.

How? Fight to eliminate vaccine mandates.

Fight to repeal the U.S. 1986 National Childhood Vaccine Injury Act which shields pharmaceutical companies and those who administer vaccines from liability for vaccine injuries and deaths.

Educate everyone you know about the dangers, inefficacies, and lack of need for vaccines, and teach them natural and risk-free ways of protecting, maintaining, and enhancing the health of their children and themselves.

Thank you, Laura Hayes

—We appreciate Laura Hayes' kind permission to reprint [this article](http://www.ageofautism.com/2015/06/the-baby-food-is-organic-the-shots-are-not.html) which was first posted on the Age of Autism blog: <http://www.ageofautism.com/2015/06/the-baby-food-is-organic-the-shots-are-not.html>

Laura Hayes is the mother of a severely vaccine-injured child who is now 21 years old and permanently disabled as a result of his "routine" childhood vaccinations. His vaccines were administered without any informed consent, and they have left him dependent on others for the remainder of his life. His childhood, adulthood, independence, and lifetime opportunities have been decimated by vaccines. He was born a very healthy baby. Vaccines destroyed his health, development, and ability to lead a full and independent life.

The Peanut Allergy Epidemic — An Interview with Heather Fraser

In 1995, a taste of peanut butter sent Heather Fraser's one-year-old son into anaphylactic shock. He was part of the "first wave" of kids in what has become an epidemic—today 1 in every 13 kids has a life-threatening food allergy. With a background in historical research, Heather set out to investigate what's behind this alarming trend, reading everything she could find: medical literature, textbooks, the history of anaphylaxis and allergy. She eventually found her answer – that "the history of vaccination had been bowdlerized," and in 2008 wrote a groundbreaking book, "The Peanut Allergy Epidemic."

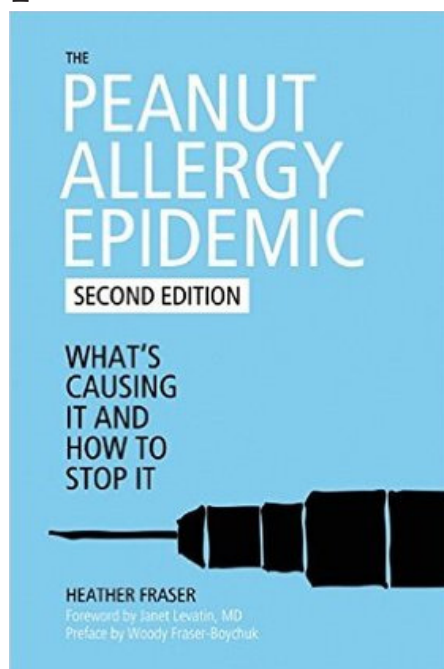
Now in its second release, as a new batch of kindergarteners head off to school with Epi Pens in hand, Heather's book is a must-read for all parents. Read on for her insights into what she thinks is really behind the allergy epidemic and what we, as parents, can do about it.

What's with all the food allergies in kids these days?

The answer is simple and the science is straight-forward, but it's also highly controversial: vaccination is responsible for the epidemic levels of life threatening allergies to peanut and other foods in children. 100-plus years of medical literature, every vaccine package insert and a Nobel Prize given in 1913 all explain how vaccination causes life threatening anaphylaxis and allergy/atopy to what is in the shot. But vaccination also sensitizes kids to what's in the air and the body at the time of, and after, each injection. Our bodies respond with allergy when our immune systems become overwhelmed by toxins that can be linked to foods or other substances. Since the late-1980s, our increasingly aggressive vaccine schedules, combinations of vaccines and ingredients in those vaccines have created an epidemic of allergic kids.

Can you explain specifically what changed around that time to create this problem?

Vaccines became even more potent, administered in larger combinations (5 or even 7 in a single needle) and powerful immune stimulating additives such as aluminum and conjugate toxoids are included in their formulas as a way to stimulate an immune response. At the same time, health officials in the US, Canada, the UK, Australia and other Westernized counties began to target children at younger ages. Coverage rates quickly rose from about 65% with the old schedules to 95% by 2000 with the new schedule. The pairing of potent vaccines with high coverage rates launched the allergy epidemic in these countries.



So more babies getting more vaccines has resulted in more kids with severe allergies?

Such powerful vaccines more readily create allergy in infants—whose immune systems are immature—to what is in the shot as well as what is in the air and the body at the time of (or after) vaccination. And once the child is made atopic, he or she becomes vulnerable to ever more allergies. The link between food allergies and ear infections is well documented. Ear infections and recurring ear infections in children has led to the widespread and unchecked use of antibiotics, which further disrupts the gut and immune system, leading to more allergy.

Why wasn't this connection between vaccines and allergies noticed (and resolved) right away?

We were unaware that there was a significant allergy problem among children until they showed up for kindergarten in the early 1990s. But the timing of the epidemic is unmistakable. It's confirmed by ER records, cohort studies and, significantly, the eye-witness accounts of teachers confronted by a surge of severely allergic children at that time.

Early in the epidemic, doctors seemed more willing to address and answer the question of how and why this was happening. They pointed to vaccination (in the medical literature and in video) and wondered whether the policy of mass vaccination from birth was worth it. Today, however, doctors deliberately avoid discussion of causes and instead focus on treatment, where there is much money to be made.

Knowledge is a mom's best defense. There are no safe vaccines. They are defined in law as inherently and unavoidably risky.

But again, no doctor or allergist can deny that vaccination causes allergy and anaphylaxis. It's in the vaccine package inserts. But, in my opinion, a full understanding of the development of long-term allergic conditions is not something doctors are usually willing to take responsibility for or discuss at length at all—their focus is on getting as many kids vaccinated as possible. If a doctor were to speak out, he or she would be vilified by peers and the mainstream press. Such a doctor would be unable to find work. There is a climate of fear that keeps doctors silent today. Doctors cannot solve the "mystery" of the allergy epidemic because they are part of the problem.

So why don't all kids who get vaccinated have food allergies? Is this just kind of an issue of Russian Roulette or do things like genetic predisposition come into play?

Maybe pediatricians need to be screening babies' families closely for history of atopic disease?

Well, allergy is not a "disease." This is a huge clue to understanding what has occurred with our children. It's a defense we are all programmed to create when overwhelmed by toxicity. Tendency to allergy may be inversely related to one's ability to detoxify. Margie Profit indicated in her 1991 essay "The Function of Allergy" that allergy is a final and sometimes risky natural defense against toxins linked to benign substances. The scratching, vomiting, diarrhea, coughing and sneezing are attempts to eject a toxin as quickly as possible from the body. The drop in blood pressure is intended to prevent the toxin from reaching vital organs. Allergy is established when the general defenses of the body have been insufficient in preventing a specific toxin from accessing the bloodstream.

Sources like the vaccine package inserts or government websites including the CDC indicate that anaphylaxis to any vaccine or vaccine component means you should not be vaccinated with it again. Allergies to certain antibiotics are a significant concern as is allergy to latex depending on the vaccine. Epilepsy or nervous system problems are also a serious concern according to package inserts. Inconsolable screaming and seizures following the DTP shot in particular means this shot may be wholly inappropriate for your child, which is another red flag. Parents need to be vigilant and vocal.

What can parents do to prevent food allergies in their kids?

Knowledge is a mom's best defense. There are no safe vaccines. They are defined in law as inherently and unavoidably risky. Further, vaccination is not about the health of my child. If it were, there would be screening for my child's kidney and liver health. Does my child have mitochondrial issues? Vaccination is a one-size-fits-all deal that has caused injury and death. In Canada, the story of PENTA is the cautionary tale for parents. (See pentaproject.net) This was the unlicensed and damaging vaccine my son received.

I encourage every parent to read the vaccine package inserts. Read everything. Ask questions of many people: parents, doctors, vaccine makers, and nurses, and demand answers. If you are not satisfied you have the right to say no. You have the right to wait and think about it, and to research on your own. In the US, the Vaccine Injury Act has prevented parents from suing a vaccine maker. Any compensation requires a "no fault" concession.

California recently passed a law, SB277, mandating vaccines for all children who attend both private and public schools. What can parents do in the face of such legislation?

Mandatory vaccination laws point to the degree to which government owns the bodies of its citizens. Vaccination is a medical procedure requiring the informed consent of parents. Any law that removes the right to informed consent is unethical and immoral.

The ultimate protection from vaccine-induced anaphylaxis and atopy in children is the right parents have to say no. SB277 has removed this consumer protection. And without meaningful screening by health officials for underlying conditions and toxic burdens in children the allergy epidemic will intensify.

After the experience I had with my son and vaccination—the vaccine he received turned out to be an experimental vaccine, unlicensed and caused widespread and documented injury that doctors have yet to acknowledge and that also left my son injured and with severe allergies—I realized I had been asleep. Yes, vaccines contain risk. But the fact that government, doctors, the manufacturer risked my son's life (11,000+ injury reports that included 15 deaths) to capitalize on a market opportunity takes the risk to another level and category. That this could have been allowed to happen is the very reason for informed consent. Being fully informed, finally, I refused further vaccines for my son and my second child. I exercised my right to say no.

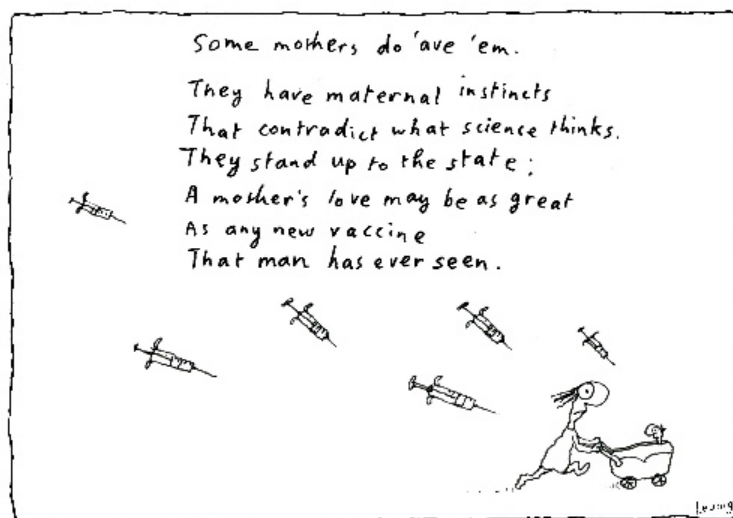
It is possible to ask the government for changes that might include single vaccines and a schedule that delays shots until the kids are two or three. We can implement a screening process. We can ask for a safety study of the schedule as a whole—something that has never been done.

But the forces behind the vaccination schedule are enormous. The profits from this mature market are huge. The new mandatory vaccination bill SB277 in California, as well, which a majority of California voters opposed, would suggest that negotiation is far from easy. Regardless, it's imperative that parents make their voices heard.

—This interview originally appeared on the Mom.me website <http://mom.me/blog/23121-why-do-so-many-kids-have-food-allergies-now/> More information on the Penta Vaccine at <http://pentaproject.net>

Heather Fraser is a director of Vaccine Choice Canada, a historian and an alternative health practitioner.

PITHY FACTS...



Used with the kind permission of the artist, Michael Leunig

Letters

We reprint here four letters sent to the Canadian Medical Association regarding vaccine mandates for Canadian schoolchildren. These letters were forwarded to us by the authors.

Re: CMA Resolution for Mandatory Vaccination of Canadian Schoolchildren

August 23, 2015

I am writing to express how appalled I am that you should have this item on your agenda, let alone be voting on it.

I trained as a nurse in the UK from 1952 -1956, emigrated in 1961, earned a Ph.D, in medical education in 1980 and became a member of the Faculty of Medicine at the University of British Columbia where I worked with the undergraduate curriculum and CME. In those years, the 1980s, the faculty were concerned about the influence the pharmaceutical industry was having on the curriculum and its energetic efforts to target CME. It seems our concerns were justified.

In 1896, Dr. Walter Hadwen said, “The very moment you take a medical prescription and you incorporate it in an Act of Parliament, and you enforce it against the wills and conscience of intelligent people by fines, distraints and imprisonments, it passes beyond the confines of a purely medical question—and becomes essentially a social and political one.” And that is what has happened in Canada. Vaccination is a political issue, not a health one. Mandatory vaccination is all about pharmaceutical profit and nothing about public health.

I know that humility is not part of your individual or collective make-up; but in my lifetime, the medical profession has been wrong about:

1. Routine tonsillectomies.
2. Encouraging formula feeding over breast feeding,
3. Applying mercurochrome to wounds,
4. Encouraging smoking by advertising which cigarettes doctors recommend.

You are wrong about mandatory vaccination.

I spent my whole career working with physicians who prided themselves on being honourable. Both the nursing and medical ethical codes affirm the right of the patient to “make informed decisions about their medical care” and to “accept or reject any medical care recommended”.

How dare you bring dishonour to your profession by even considering this resolution? How dare you call yourselves physicians?

You disgust me.

Signed: Jennifer Craig, BSN, MA, Ph.D

Author of *Jabs, Jenner and Juggernauts: a Look at Vaccination*

To the CMA:

August 22, 2015

Let's work together, not against each other and be navigated by the values that brought our country together instead of forces that will tear us apart. Resist the drama of USA style ambulance chasing and be navigated by sound scientific acumen—you are succumbing to conjecture, not science, if you suggest that the minute demographic of Canadian children who are unvaccinated have any bearing on disease outbreaks in this

country. Focus your efforts on true demons to public health like obesity, diabetes and cancer, not demonizing minute portions of our population for exercising their right to choice.

An iron fist has no place in medicine, mandatory programs are slippery slopes that shut down collaborative, fair and workable policy.

Sincerely,

Penny Houston

Vancouver BC.

Attention: Dr. Cindy Forbes, President Elect of the Canadian Medical Association

August 21, 2015

Dear Dr. Forbes,

It has come to my attention that an upcoming vote is to be held next week regarding a “Mandatory Vaccination Resolution” by the CMA.

As a concerned and conscientious parent, a resolution that would take away a parent's right to choose the type of medical care they or more importantly their children receive causes me great alarm. Any resolution that would make vaccination mandatory, without informed consent and full disclosure of potential risks or adverse reactions would go against my right to accept or reject any medical care recommended. It would go against Canadian Medical Law ensuring an individual's right to choose their care, and would violate the CMA's own code of ethics. Furthermore, this resolution threatens our personal freedom of conscience and religion which is guaranteed to all citizens by the Canadian Charter of Rights and Freedoms.

I am vigorously opposed to any such resolution.

Sincerely,

Dr. Stephen Lippitt, D.C.

Belleville, ON

Re: CMA Resolution for Mandatory Vaccination of Canadian Schoolchildren

August 20, 2015

In 2010, when my son was 11, he went on a school ski trip where he was the sole witness from his school of another student's fatal smack into a tree. He saw her fear, heard the thud, saw her slump, and sped down the hill for help. He blamed himself for not throwing himself in her path to save her.

Unsurprisingly, he was diagnosed with PTSD. During his grief, we moved. We then required a family doctor to provide a requisition for trauma counselling at CHEO. When my mom found a recent grad who was accepting patients into his practice, my children and I went to visit him.

The MD began our visit by addressing our vaccine status and me stating that this is not why we had come. About his practice he stated, “My primary goal is 100% vaccine compliance.” When I detailed the decline in health I had witnessed in my son

after the DPTP, he responded, “The science does not support your observations.” We were not welcome. He made that explicitly clear. After 20 minutes, I was still defending myself from his push for vaccination. In tears, I declared, “This visit is a failure,” and we left. To this day, this MD does not know I was seeking a requisition for trauma counselling.

This visit exemplifies the callous spirit of mandatory vaccination.

I am thankful that I now have a compassionate MD. Although, I must also point out that when my son was a young child, he was injured by a DPTP vaccine while in the care of caring staff at a community clinic. Although the physical symptoms that began following the shot were somewhat acknowledged, the cognitive ones weren’t until the diagnosis of PTSD prompted testing through the school. **Do you understand that? Vaccine damage is so invisible to the medical community that my son had to watch a child die and then exhibit signs of emotional trauma before the cognitive damage from a vaccine would be investigated.**

Even then, only drugs to address the symptoms of the vaccine injury were offered. The role the DPTP shot played initiating these symptoms was never recognized and an official adverse reaction report has never been submitted.

How many other families are also being denied recognition of their child’s vaccine damage? CDC and Merck whistleblowers state that high level corruption is falsifying evidence that inconveniently points to a lack of safety or efficacy. How misleading is your data? If Canada is doing its own research, which vaccine ingredients and potential co-factors for adverse reactions are being studied? Swanson et al found an extremely tight correlation between autism and the use of glyphosate and GMOs. How much does ingested glyphosate influence the behavior of vaccine ingredients? How can Canadian research measure glyphosate’s pervasive influence when Canada doesn’t even have GMO labeling or a lab for doctors to test glyphosate levels in body fluids?

If the science Canadian MDs are reading doesn’t support the observations of vaccine injured families, what is it supporting?

You know vaccines are inherently unsafe; that is why doctors and pharmaceutical companies have been granted immunity from liability when damage occurs. Would you mandate vaccines or be more cautious if you were held personally responsible and left cleaning up the mess?

Where there is risk, there must be choice.

Instead of mandatory vaccination, please value informed consent, an MD’s relationship with a patient and the parent’s role in determining a child’s care. Value them. Protect them. Also, value and act on the medical community’s role in recognizing and protecting the community at large from sources of permanent damage and chronic disease—even if it means pointing the finger at vaccines or their ingredients.

Sincerely, Tara McDonald

ALERT! Adjuvanted Influenza vaccine Flud Pediatric™ poses significant threat to children

On the basis of one study involving 6,100 children, Health Canada has approved a new trivalent influenza vaccine for use in children age 6 to 23 months of age. The study only compared Flud Pediatric™ recipients to groups of children given other non-adjuvanted influenza vaccines. There were no unvaccinated groups or true placebo controls. Of great concern is that Flud Pediatric™ contains MF59® an oil in water adjuvant designed to ramp up immune response to the vaccine. According to the Public Health Agency of Canada (PHAC), “There are currently no data on the effects of long-term or repeated administration of adjuvanted influenza vaccines in children.” See <http://www.phac-aspc.gc.ca/naci-ccni/flu-2015-grippe-eng.php>

Flud, in use for seniors in 35 countries around the world, has been linked to serious adverse events including death.

For years, vaccine developers have been tinkering with various substances to trick the body into heightened immune responses to vaccines. Even a few molecules of an injected oil based adjuvant can cause disturbances to the immune system.

Squalene has been known for decades to cause severe autoimmune diseases in laboratory animals. Squalene, was a secret ingredient in certain lots of experimental anthrax vaccine that caused devastating autoimmune diseases in countless Gulf war vets. According to researchers, there is a close match between the squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic lupus erythematosus.

One of the great distinguishing characteristics of the immune system is something akin to a highly sensitive innate intelligence that has evolved over eons to be able to respond very precisely to what it deems to be a threat to the body. Because the body contains many types of oily molecules and lipids, it may be that when an oil is injected, the immune system responds to it not only specifically, but with heightened intensity because the oil adjuvant resembles so closely the natural oils found in the body. A “cross reaction” then happens, sending the immune system into chaos destroying any oils found anywhere in the body that resemble the adjuvant oil. Demyelinating diseases like multiple sclerosis are an example of this destructive autoimmune process.

Canada is the only country (as far as we have been able to determine) that have given market approval for this experimental vaccine to be injected into babies during the first two years of life—the most critical period of brain and immune system growth. As was the case with PENTA (the first 5 in 1 experimental vaccine that caused thousands of severe reactions and injuries including 15 deaths), the Canadian government seems content to have Canadian babies used as the test population for this dangerous new vaccine. This will then open markets for this vaccine to be used for babies in the US and other countries around the world.



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