

the Vaccine Choice *Journal*

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Attacking Ourselves: *Top Doctors Reveal Vaccines Turn Our Immune System Against Us*

By Celeste McGovern

The research is hard to ignore: Vaccines can trigger autoimmunity with a laundry list of diseases to follow. With harmful and toxic metals as some vaccine ingredients, who is susceptible and which individuals are more at risk?

No one would accuse Yehuda Shoenfeld of being a quack. The Israeli clinician has spent more than three decades studying the human immune system and is at the pinnacle of his profession. You might say he is more foundation than fringe in his specialty; he wrote the textbooks. *The Mosaic of Autoimmunity*, *Autoantibodies*, *Diagnostic Criteria in Autoimmune Diseases*, *Infection and Autoimmunity*, *Cancer and Autoimmunity*—the list is 25 titles long and some of them are cornerstones of clinical practice. Hardly surprising that Shoenfeld has been called the “Godfather of Autoimmunology”—the study of the immune system turned on itself in a wide array of diseases from type 1 diabetes to ulcerative colitis and multiple sclerosis.

But something strange is happening in the world of immunology lately and a small evidence of it is that the Godfather of Autoimmunology is pointing to vaccines—specifically, some of their ingredients including the toxic metal aluminum—as a significant contributor to the growing global epidemic of autoimmune diseases. The bigger evidence is a huge body of research that’s poured in in the past 15 years, and particularly in the past five years. Take for example, a recent [article](#) published in the journal *Pharmacological Research* in which Shoenfeld and colleagues issue unprecedented guidelines naming four categories of people who are most at risk for vaccine-induced autoimmunity.

“Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus, diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome and demyelinating disorders.

Almost all types of vaccines have been reported to be associated with the onset of ASIA [Autoimmune/inflammatory Syndrome Induced by Adjuvants].”

“On one hand,” vaccines prevent infections which can trigger autoimmunity, say the paper’s authors, Alessandra Soriano, of the Department of Clinical Medicine and Rheumatology at the Campus Bio-Medico University in Rome, Gideon Nesher, of the Hebrew University Medical School in Jerusalem and Shoenfeld, founder and head of the Zabłudowicz Center of

Autoimmune Diseases in the Sheba Medical Center at Tel Hashomer. He is also editor of three medical journals and author of more than 1,500 research papers across the spectrum of medical journalism and founder of the International Congress on Autoimmunology.

“On the other hand, many reports that describe

post-vaccination autoimmunity strongly suggest that vaccines can indeed trigger autoimmunity. Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus (SLE or systemic lupus erythematosus), diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome and demyelinating disorders. Almost all types of vaccines have been reported to be associated with the onset of ASIA.”

ASIA or Autoimmune/inflammatory Syndrome Induced by Adjuvants (also known as Shoenfeld’s syndrome) first appeared in the *Journal of Autoimmunology* four years ago.

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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



Welcome to our new Board Member

We extend an enthusiastic and warm welcome to our new Board member, Ted Kuntz. 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 a disabling, uncontrolled seizure disorder. Ted is also the author of our *New Parent Guide*, a lovely booklet that offers a basic overview of vaccine risk information which all new parents should be aware of. The *Guide* can be found on the main page of our website, right under the revolving photos. Ted also authored much of the text on our new [Threats to Exemptions](#) page and has written many letters to the media on the travesty of one-sided reporting of vaccine issues, including a critique of the CBC Ombudsman's complaint process and its indefensible position on 'false equivalence'. Read [Ted's letter](#) in the Articles section of our website: www.vaccinechoicecanada.com

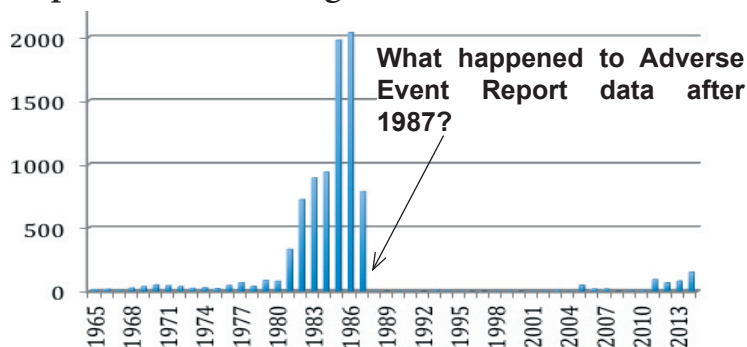
Media Blackout & the Call for VCC Chapters Across Canada

As most members are no doubt aware, a strict blackout has now been imposed on mainstream media across North America prohibiting the balanced reporting of vaccine concerns and plight of the vaccine injured. The freedom of the press and investigative reporting in Canada was dealt a mortal blow when the *Toronto Star* was forced by a group of doctors (big pharma henchmen) to retract an excellent report on the plight of HPV vaccine victims in this country. After issuing an apology for imbalanced reporting (NOT), the article was promptly expunged from the *Star's* website but can still be retrieved from

the [Way Back Machine](#) where it is now archived. Eradicated as well is the 2007 cautionary article on HPV vaccines from the Macleans Magazine website.

With all print and broadcast media now firmly controlled by Big Pharma, **we need to intensify grassroots efforts to help people access vaccine risk information.** The time is ripe to start VCC chapters in all the provinces and increase awareness of our concerns across the Canada. At a minimum, we need at least one chapter in each province, led by one or several members of Vaccine Choice Canada. If you're interested in starting a VCC chapter in your province, please contact Edda West by email at: info@vaccinechoicecanada.com

Report on Canada Vigilance Database



Recently Director Nelle Maxey put her formidable research skills to work on a comparative analysis of the U.S. vaccine adverse events reporting system (VAERS) and the Canadian vaccine adverse events system. Nelle's Report, following a six

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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.

week investigation, found that while vaccine adverse events data in the U.S. is readily accessible through a user friendly Med Alerts search engine, Canada operates a dual reporting system that is confusing, lacks transparency and is mostly inaccessible to the public. Read Nelle's comments on the Database Report on page 21 of the *Journal* and access the full [*Canada Vigilance Database Report*](#) on our website.

Meeting with a Federal Member of Parliament

On May 21, 2015, Nelle Maxey and Edda West met with Alex Atamanenko, our federal member of parliament (NDP) in Castlegar, BC. We met to discuss the Database Report and concerns that the federal government keeps the bulk of vaccine adverse reaction reports behind closed door, inaccessible to the public.

Alex received us graciously and was deeply interested in our concerns. We presented him with an information package that included our Report on the Canada Vigilance Database and asked that he present the information to Murray Rankin, the Official Opposition critic for Health and chair of the BC caucus. Murray Rankin is an expert in environmental and public law who has been involved in landmark legal cases in British Columbia and the Supreme Court of Canada. We are hopeful that on reading our Report, Mr. Rankin will bring our concerns forward in Parliament.



Nelle Maxey, MP Alex Atamanenko, Edda West

Recent Additions to the VCC website

Recent additions to the VCC website include our [*Threats to Vaccine Exemptions*](#) page which provides a succinct overview of the 7 talking points articulating the basic human right to bodily integrity and the right to voluntary and informed consent to invasive medical procedures, including vaccination. We developed this section to provide people with tools to counter the "mandatory vaccination" rhetoric being bandied about by politicians and the media. Our position papers analyze the "mandatory vaccination" position and why it is intrinsically misguided.

On our [*Take Action*](#) page you'll find the letter VCC recently sent to all provincial members of parliament in Ontario to remind them that vaccine exemptions are protected by the right

to freedom of conscience and religion as guaranteed by the Canadian Charter of Rights and Freedoms, and that mandatory vaccination is not an option in a free society.

Both these pages are accessible on the [home page](#) of our website directly below the slide show in the section headed "Vaccination NOT Mandatory in Canada."

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 – 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.

Other Books: In lieu of the 4 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>

Edda's Editorial: Consensus Science and the Threat to Medical Freedom

An aggressive push to remove the right to voluntary, informed consent to vaccination is rolling out across the world. Driven by Big Pharma, industry-captured health regulators, politicians and the corporate-controlled media, the basic human right to bodily integrity is under attack as never before.

The recent Disneyland measles outbreak triggered another round of vaccine hysteria followed by the introduction of over 100 bills in various U.S. states threatening vaccine exemptions. Health freedom activists have been fighting these bills across the country with mounting concern. California's draconian SB 277, if passed, would eliminate personal and religious exemptions, barring children from school if they've not received the full schedule of state-mandated vaccines. Only narrow medical exemptions would be allowed for which most won't qualify, even if they've already been injured by vaccines.

Simultaneously, the U.S. federal *Vaccinate All Children Act of 2015* has been introduced along with an overarching federal mandatory vaccine agenda now being ramped up. Dr. Sherri Tenpenny provides sobering insight into the *Healthy People 2020* master plan which intends to implement 'cradle to grave' vaccination policies for all Americans. In lock step with the plan, the pharma controlled American Medical Association (AMA) has adopted a policy to end personal or religious vaccine exemptions, saying unvaccinated children pose health risks to others.

Medical freedom is also under attack in Australia which recently announced new measures imposing financial penalties on families who choose a partial or 'no vaccines' health philosophy. There will be no religious or philosophical exemptions. Even refusing one vaccine may prevent a child from attending government subsidized childcare. Families whose children aren't fully vaccinated will be denied annual benefits of up to \$15,000.

In Europe, the human right to voluntary, informed consent is also threatened. Just under 40% of EU countries now impose mandatory vaccination under threat of fines or imprisonment. The European Forum for Vaccine Vigilance (EFVV) is deeply concerned about human rights violations and increasing numbers of vaccine injuries they're seeing. They are petitioning the European Union (EU) to protect and promote citizens' right to make informed medical choices. The EFVV's powerful and compelling petition entitled *Respect, promote and protect freedom of informed vaccination consent throughout Europe* intends to collect one million signatures and bring this debate to the European parliament in Brussels. The goal is to abolish mandatory vaccination in all European countries—to call on all Europeans to demand a united vaccination policy based on freedom of choice and informed consent as provided by the European Union's Charter of Fundamental Rights.

In Canada, the 'mandatory vaccination' rhetoric is intensifying. In synch with the winds blowing south of the border, the Canadian Medical Association (CMA) has

announced a resolution (to be voted on by its assembly in August) calling for mandatory vaccination of children, which they say is in response to growing numbers of parents refusing to vaccinate their children. The CMA is urging provinces to require proof that children registered for day care or school be up to date on all government recommended shots unless there's a medical reason not to. The resolution will be voted on at its general council meeting in August, but is silent on the issue of philosophical and religious exemptions.

The CMA resolution breaches not only its own code of ethics, which upholds the right of the patient to "make informed decisions about their medical care" and to "accept or reject any medical care recommended", it also contravenes Canadian Medical Law which enshrines the right to voluntary, informed consent as a foundational medical ethic. The resolution attempts to invalidate the personal freedoms of conscience and religion guaranteed by the *Canadian Charter* and undermines the right of families to protect their children from unwanted medical interference.

In a similar move, Ontario's Legislative Assembly recently voted unanimously to pass a motion to, "strongly encourage all parents and guardians to ensure that children who are medically able are vaccinated." The mind numbing pro-vaccine 'love fest' that followed, is a measure of how thoroughly 'consensus science' has propagandized our politicians rendering them incapable of a rationale debate on this issue.

Politicians and doctors remain oblivious to the growing catastrophe afflicting children's health today and the environmental factors, chemicals and drugs, including vaccines that are driving it. It's estimated that 1 in 10 Canadian children have severe allergies, asthma, diabetes, epilepsy and other life-threatening conditions. In the U.S., two studies (here and here) have found that an estimated 43% of children (32 million) have at least 1 of 20 chronic health conditions assessed, increasing to 54.1% when overweight, obesity, or being at risk for developmental delays are included, and that the number of school-age children diagnosed with autism, ADHD, and other developmental disabilities was about 15 percent of children or nearly 10 million.

If they were truly concerned about public health, legislators and the CMA would examine the growing body of independent science which identifies vaccine induced health injuries contributing to the declining state of children's health today. They would open their minds to the cautionary voices of independent scientists like Canadian neuroscientist Lucija Tomljenovic, PhD, who provides clear evidence that vaccine safety is not "rock solid", and that the "pushing of poorly tested

drugs on children is neither acceptable nor ethical". We have included Lucija's essay, *Forced Vaccinations: For the Greater Good?* as a supplement to this issue of the *Vaccine Choice Journal*. You may wish to share this with doctors and legislators in your area. The essay can also be [downloaded from the VCC website](#). (Just type the title in the search box on the site.)

What is 'consensus science'?

Freedom of thought in science and medicine has been co-opted by the industries that benefit both financially and politically from the manipulated 'science' they create, then impose on the public as 'consensus science'. Consensus science is the tool used by powerful interest groups to shut down ideas, research and any scientists who challenge established beliefs. It is a form of bullying intended to marginalize and discredit any opposition to an entrenched belief system. Captured by 'consensus science' and beholden to it are government health regulators, politicians, doctors, the compliant media and by extension, the public at large who unquestioningly accept the sacred scientific dogma that vaccines are safe and effective.

Consensus science is a creature of scientific fundamentalism, which serves first and foremost to restrict freedom of thought, explained so well by Larry Malerba in his [excellent article](#), *The Rise of Scientific Fundamentalism*. He writes, "Contrary to the beliefs of some, science is not an impenetrable body of settled fact that must be defended at all costs in the name of truth. It is not a means by which to determine truth or to achieve absolute certainty. Neither is science a worldview. When science becomes a worldview—a philosophy of life, a metaphysical framework that explains existence—it is no longer science; it is scientism." With scientism comes a religious zealotry which imposes its version of 'sacred scientific dogma' upon the general public while at the same time prohibiting new and 'heretical' ideas from being heard.

At the pinnacle of sacred scientific medical dogma is vaccination, which cannot be questioned or challenged without engaging the full force and fury of 'consensus science' which controls the narrative. The strict media blackout imposed by the medical industry prohibits the airing of any aspect of vaccine concerns even if presented by credentialed scientists in peer reviewed studies. In the case of vaccination, the "consensus science" gang acts as thought police asserting the indisputable rightness of its position, leaving no room for dissent or differences in opinion.

The PR spin used by 'consensus science', to suppress vaccine concerns and prevent the findings of independent scientific research from reaching the public are regurgitated *ad nauseam* by the media to dismiss

any information that challenges the myths of vaccine safety and efficacy. (See myths in graphic below.)

In his [2003 lecture](#) on science, politics and consensus Michael Crichton, MD said, "...consensus is invoked only in situations where the science is not solid enough." He went on to explain it well, saying,

"I regard consensus science as an extremely pernicious development that ought to be stopped cold in its tracks. Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled. Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had."

Let's be clear: the work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What is relevant is reproducible results. The greatest scientists in history are great precisely because they broke with the consensus.

There is no such thing as consensus science. **If it's consensus, it isn't science. If it's science, it isn't consensus. Period.**"

In the case of vaccination, the medical industry uses its collection of industry and government sponsored studies to suppress any association between vaccination and the epidemic of neurological and immunological injuries that afflict increasing numbers of children and young adults in our society today.

Much of science and medicine is now dominated by for-profit industries which rely on industry sponsored studies to forward their agenda. Dr. Richard Horton, editor in chief of the *Lancet*, [recently declared](#) that a lot of published research is unreliable at best, if not completely false. He said, "Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness." Horton went on to observe that, little is done to correct bad practices and that much of what goes on could even be considered borderline misconduct.

Kneeling at the Alter, Repeat these Myths:

The science on vaccines is clear

Vaccines are safe and effective

The benefits far outweigh the risks

The risks of injury are minimal

Mercury does not cause autism

Vaccine damage is one in a million

Vaccines do not cause autism



Only a tiny minority of children will experience an adverse reaction

We have a social responsibility to vaccinate

Alter graphic source: GreenMedInfo.com

His view supports what Dr. Marcia Angell said when leaving her longtime position as editor in chief of the New England Journal of Medicine, “It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines.”

Voices against vaccine mandates

The growing chorus of voices in science and medicine who oppose state imposed ‘one size fits all’ vaccine policies, are speaking out against a medical system based on threats, fear and tyranny. “Medical ethics are clear. No one should be forced to undergo a medical treatment without informed consent and without their agreement to the treatment. Vaccination is a medical treatment with risks including death. It is totally antithetical to all ethics in medicine to mandate that risk to others”, writes Lee Lieb, MD, in her essay, How vaccine hysteria could spark a totalitarian nightmare.

Barbara Loe Fisher, veteran vaccine safety activist warned a few years ago, “These are desperate times for those denying vaccine risks. We know it because we are witnessing so many acts of desperation being committed by doctors determined to shut down the public conversation about vaccination and health. Vaccine risk deniers are working overtime to restrict public access to information, cover up vaccine injuries and deaths and violate the human right to informed consent to medical risk-taking.”

On his recent speaking tour in defense of parents’ right to vaccine exemptions for their children, environmental lawyer, Robert F. Kennedy Jr., focused on malfeasance at the Centers for Disease Control and Prevention (CDC), calling it a “cesspool of corruption”. He said big pharma spends more money on lobbying than any other industry, and that legislators are on the industry payroll. He writes, “Vaccine industry money has neutralized virtually all of the checks and balances that once stood between a rapacious pharmaceutical industry and our children. With the research, regulatory, and policymaking agencies captured, the courts closed to the public, the lawyers disarmed, the politicians on retainer and the media subverted, there is no one left to stand between a greedy industry and vulnerable children, except parents. Now Big Pharma’s game plan is to remove parental informed consent rights from that equation and force vaccine hesitant parents to inject their children with potentially risky vaccines that the Supreme Court has called “unavoidably unsafe.” Speaking of the media blackout in place across North America, Kennedy said, reporters won’t cover this issue because it’s “potentially a career ending hazard...There is simply no national forum for this debate. We have been forced from the public square.”

Fast tracking to medical tyranny

As drugs go, vaccines are the fastest growing sector of the pharmaceutical industry with 271 vaccines in the developmental pipeline for infectious diseases, cancer, neurological disorders,

allergies and other diseases. The vaccine industry is enjoying a spectacular annual growth rate of 10-15%. The global vaccine market tripled in value from \$5 billion in 2000 to almost \$24 billion in 2013 and is projected to rise to \$100 billion by 2025. Quadrupling its profits over the next ten years can mean only one thing: the pharmaceutical industry has lined up every means at its disposal (as outlined by Robert Kennedy above) to impose draconian vaccine policies on the entire population. Along with its push to remove vaccine exemptions for children, it will intensify efforts to force other sectors to implement compulsory vaccination as a requirement of employment. Everyone is targeted!

Industry dominated control of science and medicine is the operative norm today. Its primary concern is to maximize profits for its corporate shareholders, not the wellbeing of our children or the public at large. Our only hope of escaping this tyranny is to stop this juggernaut before it gains absolute control. The oppressors are poised to dismantle our most basic human rights to satisfy their rapacious appetite for money and power.

The impact of vaccines on brain development

In the first two years of life, healthy infants are injected with an increasing burden of vaccines during the most critical phases of brain and immune system development. Vaccines, as a special category of drugs are comprised of complex biochemical substances, including neurotoxic chemicals, carcinogens, foreign proteins, human and animal DNA, which once injected, cannot be deactivated or removed from the body should something go wrong. No large, comparative safety studies have ever been done to determine long term health outcomes in fully vaccinated and never vaccinated groups. In a review of documents obtained from the U.K. Department of Health, Lucija Tomljenovic, PhD, found that vaccine manufacturers, pharmaceutical companies, and health authorities have long known about multiple dangers associated with vaccines but chose to withhold them from the public.

As explained by Tomljenovic in a discussion about the effects of vaccine adjuvants on the brain:

“There is a huge body of research that shows, 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 by doing so, you can create irreversible damage. Again, this is research that is rarely discussed, because it really shows that there is reason to question the safety of the burden of vaccines given to infants. The backbone of this research was done 30 years ago. We already knew that there is a significant connection between the immune system and the central nervous system. They communicate. You cannot influence the immune system at the periphery without changing something in the brain.....[and]... if you increase an immune response artificially at the periphery, you are going to mess up the brain.”

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Attacking Ourselves (continued from front page)

It is an umbrella term for a collection of similar symptoms, including Chronic Fatigue Syndrome, that result after exposure to an adjuvant—an environmental agent including common vaccine ingredients that stimulate the immune system. Since then an enormous body of research, using ASIA as a paradigm, has begun to unravel the mystery of how environmental toxins, particularly the metal aluminum used in vaccines, can trigger an immune system chain reaction in susceptible individuals and may lead to overt autoimmune disease.

Autoimmune disease results when the body's system meant to attack foreign invaders turns instead to attack part of the body it belongs to. (*Auto* is Greek for self). If the immune system is like a national defence system, antibodies are like drones programmed to recognize a certain type of invader (a bacteria say) and to destroy them or mark them for destruction by other special forces. Autoantibodies are like drones that are misidentifying a component of the human body and have launched a sustained attack on it. If they mistakenly target a component of the conductive sheath around neurons, for example, nerve impulses stop conducting properly, muscles go into spasm and coordination fails; multiple sclerosis results. If autoantibodies erroneously focus on joint tissue; rheumatoid arthritis results. If they target the islets of Langerhans in the pancreas, Type 1 diabetes, and so on

"Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reactions and developing autoimmune diseases," says the paper. "The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA."

Who is "susceptible" is the subject of the paper entitled, ***"Predicting post-vaccination autoimmunity: Who might be at risk?"*** It lists four categories of people: 1) those who have had a previous autoimmune reaction to a vaccine, 2) anyone with a medical history of autoimmunity, 3) patients with a history of allergic reactions, 4) anyone at high risk of developing autoimmune disease including anyone with a family history of autoimmunity, presence of autoantibodies which are detectable by blood tests and other factors including low vitamin D and smoking.

1 Previous Reaction

Regarding those who have had a previous adverse reaction to vaccines, the paper cites five relevant studies including the case of a death of a teenage girl six months following her third Gardasil injection against HPV virus. She had experienced a range of symptoms shortly after her first dose, including dizziness, numbness and tingling in her hands, and memory lapses. After her second

injection, she developed "intermittent arm weakness, frequent tiredness requiring daytime naps," worse tingling, night sweats, chest pain and palpitations. A full autopsy was unrevealing but blood and spleen tissue analysis revealed HPV-16 L1 gene DNA fragments matching the DNA found in vials of the Gardasil vaccine against cervical cancer "thus implicating the vaccine as a causal factor." The DNA fragments had also been found to be "complexed with the aluminum adjuvant" which, according to the report, have been shown to persist for up to 8 to 10 years causing chronic immune system stimulation.

"Although data is limited," Shoenfeld and his colleagues concluded, "it seems preferable that individuals with prior autoimmune or autoimmune-like reactions to vaccinations, should not be immunized, at least not with the same type of vaccine."

2 Autoimmune Conditions

The 2nd group which the paper cites for vaccine exemption is patients with "established autoimmune conditions." Vaccines don't work so well in them, say Shoenfeld and his colleagues, and they are at "risk for flares following vaccination." Inoculations that contain live viruses including chickenpox, yellow fever and the measles, mumps and rubella triple vaccine (MMR) are "generally contraindicated" for people with autoimmune conditions because of the risk of "uncontrolled viral replication." But inactivated vaccines are not such a good idea either because they usually contain the added ingredient aluminum, linked to autoimmunity.

The immunologists describe recent studies in which patients with autoimmune rheumatic disease given the influenza vaccine (without aluminum) suffered more joint pain and fever than controls and whose levels of autoantibodies (the drones that attack self) increased after receiving the flu vaccine. What's more, they developed new types of autoantibodies that weren't present before the vaccines, and those persisted. As the presence of autoantibodies can be predictive of developing autoimmune disease in patients without symptoms, even years ahead of disease onset, this is troubling to those who understand immunology.

A number of studies claim vaccines are safe for the "overwhelming majority of patients with established autoimmune diseases," the study allows, but they only looked at rheumatoid arthritis and lupus and not at severe and active cases so "the potential benefit of vaccination should be weighed against its potential risk," they cautioned.

3 Allergies

Vaccine trials have usually excluded "vulnerable" individuals. Only extremely healthy individuals with no allergies are recruited. It's a "selection bias," say Soriano and Shoenfeld, and has likely resulted in serious adverse events being "considerably

underestimated” in “real life where vaccines are mandated to all individuals regardless of their susceptibility.” The true incidence of allergic reactions to vaccines, normally estimated at between one in 50,000 to one in a million doses, is probably much higher and particularly where gelatin or egg proteins are on the ingredients list, they say.

There’s a long list of vaccine ingredients that are potential allergens: besides the infectious agents themselves, there are those from hen’s egg, horse serum, baker’s yeast, numerous antibiotics, formaldehyde and lactose, as well “inadvertent” ingredients such as latex. People’s allergic histories have to be taken before vaccination say the researchers. But some signs of reaction don’t show up until after the shot.

The public health nurse or GP might tell patients that a long-lasting swelling around the injection site after a vaccine is a normal reaction, for example. But that is not what the immunologists say. “[A]luminum sensitization manifests as nodules [hard lumps] at the injection site that often regress after weeks or months, but may persist for years.” In such cases, they say, a patch test can be done to confirm sensitivity and to avoid vaccination.

According to a growing body of research, though, allergy may be only the beginning of many dangerous aluminum-induced phenomena.

The Trouble with Aluminum

Aluminum has been added to vaccines since about 1926 when Alexander Glennie and colleagues noticed it would produce better antibody responses in vaccines than the antigen alone. Glennie figured the alum was inducing what he called a “depot effect”, slowing the release of the antigen and heightening the immune response. For 60 years his theory was accepted dogma. And over the same time, the vaccine schedule grew decade on decade, but few ever questioned the effects of injecting aluminum into the body, which is strange considering its known toxicity.

A PubMed search on aluminum and “toxicity” turns up 4,258 entries. Its neurotoxicity is well documented. It affects memory, cognition, psychomotor control; it damages the blood brain barrier, activates brain inflammation, depresses mitochondrial function and plenty of research suggests it is a key player in the formation of the amyloid “plaques” and tangles in the brains of Alzheimer’s patients. It’s been implicated in Amyotrophic Lateral Sclerosis [ALS] and autism and demonstrated to induce allergy.

When kidney dialysis patients were accidentally infused with aluminum, the “dialysis-induced encephalopathy” (DAE) they developed neurological symptoms: speech abnormalities, tremors, memory loss, impaired concentration and behavioural changes. Many of the patients eventually went into comas and died. The lucky ones survived: when the source of toxicity,

aluminum, was removed from their dialysis they recovered rapidly.

With these new observations, researchers began investigating the adjuvant effects of aluminum and in the past decade there has been a flurry of research. Far from being a sandbag that holds the antigen for a while and then gets excreted, it turns out that aluminum salts trigger a storm of defence action. Within hours of injection of the same aluminum oxyhydroxide in vaccines into mice, for example, armies of specialized immune cells are on the move, calling in grid coordinates for more specialist assault forces. Within a day, a whole host of immune system commandos are in play—neutrophils, eosinophils, inflammatory monocytes, myeloid and dendritic cells, activating lymphocytes and secreting proteins called cytokines. The cytokines themselves cause collateral damage but they send out signals, directing cell-to-cell communication and recruiting other cells into action. If the next phase of the attack is launched, fibroblast growth factor, interferons, interleukins, platelet derived growth factor, transforming growth factor and tumour necrosis factor might all be engaged. There’s evidence that poorly understood and pesky inflammasomes, (currently a topic of cutting-edge cancer causation research) such as the Nod-like receptor 3 (NLRP) are activated too, but it’s all still too early to say exactly what they’re doing.

New research emerging from University of British Columbia has found that aluminum adjuvant injected into mice can alter the expression of genes associated with autoimmunity. And in their recent study published in the Proceedings of the National Academy of Sciences, immunologists at the University of Colorado found that even host DNA is recruited into the aluminum assault, that it rapidly coats injected alum, triggering effects that scientists have barely scratched the surface of understanding.

The Significance of Macrophagic Myofascitis

This mobility or “translocation” of aluminum in the body is perhaps the most disturbing of the mounting evidence in current aluminum research.

In 1998, French researcher Romain Gherardi and his colleagues observed an emerging condition of unknown origin which presented in patients post-vaccination with Chronic Fatigue like symptoms including swollen lymph nodes, joint and muscle pain and exhaustion. Tissue biopsies of the patients’ deltoid revealed lesions up to 1 cm in diameter and unique from similar lesions of other diseases. They went to the lab for analysis and to Gherardi’s astonishment, they mainly consisted of macrophages—large white blood cells in the immune system whose job is to swallow up foreign invaders in the body. Enclosed in the cellular fluid of these phagocytes were agglomerates of nanocrystals of aluminum.

Gherardi and his colleagues began injecting mice with

aluminum to see what happened. Their research, published in 2013, revealed that the metal particles were engulfed by macrophages and formed MMF-like granulomas that dispersed to distant lymph nodes, spleen, liver and eventually brain.

“This strongly suggests that long-term adjuvant biopersistence within phagocytic cells is a prerequisite of slow brain translocation and delayed neurotoxicity,” writes Gherardi in his February 2015 review of the relevant research in *Frontiers in Neurology*.

A more frightening animal study of aluminum is that of Spanish veterinary researcher Lluís Lujan’s study of ovine ASIA. After huge numbers of sheep in Spain died in 2008 in the wake of a compulsory multiple vaccine campaign against bluetongue in Spain in 2008, Lujan set out to find out what killed them, and he began by inoculating them with aluminum.

His 2013 study found that only 0.5% of sheep inoculated with aluminum vaccines showed immediate reactions of lethargy, transient blindness, stupor, prostration and seizures “characterized by a severe meningoencephalitis, similar to postvaccine reactions seen in humans.” Most of them recovered, temporarily, but postmortem exams of the ones who didn’t revealed acute brain inflammation.

The delayed onset “chronic” phase of the disease affected far more of the sheep: 50-70% of flocks and sometimes virtually 100% of animals within a given flock, usually including all of those who had previously recovered. The reaction was frequently triggered by exposure to cold and began with restlessness and compulsive wool-biting, then progressed to acute redness of the skin, generalized weakness, extreme weight loss and muscle tremors, and finally, entered the terminal phase where the animals went down on their front quarters, became comatose and died. Post-mortem examinations revealed “severe neuron necrosis” and aluminum in the nerve tissue.

The immune system’s reaction to aluminum “represents a major health challenge,” Gerhardt declares in his recent review, and he adds that “attempts to seriously examine safety concerns raised by the bio-persistent character and brain accumulation of alum particles have not been made... A lot must be done to understand how, in certain individuals, alum-containing vaccines may become insidiously unsafe.”

Back to the problem of which “certain individuals” should avoid vaccination to avoid autoimmune disease.

4 People Prone to Develop Autoimmunity

Soriano and Shoenfeld’s identify a final category: anyone at risk of developing autoimmune disease. Since a number of them have been shown to have genetic factors, that would include anyone with a family history of autoimmune disease. It

also includes anyone who has tested positive for autoantibodies which can indicate disease years before symptoms show up. Vaccinations, the doctors say, “may trigger or worsen the disease.”

Smokers too, have an exceptionally high risk of developing an autoimmune disease, says the report. The American Cancer Society estimates that about 18% of Americans smoke. That means about 42 million Americans have an elevated risk of developing an autoimmune disease and they’re stacking the odds with every vaccine.

And finally, factors that Shoenfeld and Soriano associate with high risk of developing autoimmunity are high estrogen and low vitamin D—which means anyone taking birth control or hormone replacement therapy and, according to one 2009 study of vitamin D status, about three quarters of American teens and adults should be wary of vaccines.

Shoenfeld doesn’t seem to mean to exclude all of these people from immunization, however. The paper concludes that “for the overwhelming majority of individuals, vaccines carry no risk of systemic autoimmune disease and should be administered according to current recommendations.”

Which is in stark contrast to the body of the paper. The final word is cautionary about weighing the “potential benefit of vaccination...against its potential risk.”

It’s exemplary of a strange sort of schizophrenia in a wide range of recent immunology papers. The doctors seem to be trying to reconcile a century of “safe and effective” vaccine dogma with the last decade’s worth of terrifying research findings. There’s a lot of “on the one hand” and “on the other hand” in them.

The new research seems about to gain the upper hand, however. A 2013 overview of ASIA by six immunologists including Shoenfeld, for example, is a catalogue of vaccine side effects from Gardasil deaths, narcolepsy epidemics, infertility, chronic fatigue, dead sheep and aluminum-addled brains. It is rife with statements that would have been virtually unheard of inside mainstream medicine a decade ago. Like this shocker:

“Perhaps, in twenty years, physicians will be dueling with better characterized particles of autoimmunity, and the vaccines may become fully safe as well as effective. Nonetheless the recognition of ASIA has initiated the change to put more efforts in identifying the good, the bad and the ugly of vaccines and in particular of adjuvants as triggers of autoimmunity.” Bad and ugly of vaccines? What’s wrong with the adjuvants? That’s not in the CDC hand-out.

Or how about this one?

“Despite the huge amount of money invested in studying vaccines, there are few observational studies and virtually no randomized clinical trials documenting the effect on mortality

of any of the existing vaccines. One recent paper found an increased hospitalization rate with the increase of the number of vaccine doses and a mortality rate ratio for 5-8 vaccine doses to 1-4 doses of 1.5, indicating a statistically significant increase of deaths associated with higher vaccine doses. Since vaccines are given to millions of infants annually, it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines...” That could be any anti-vaxxer jabbering on...but it’s not.

But here is the topper:

“The US Supreme Court ruled that vaccines makers are immune from lawsuits charging that the design of the vaccine is defective. Thus there is need for innovative clinical trial design and the vaccines themselves should be redesigned.” Immunologists including the world’s leading authority on autoimmunity are saying it is time to take vaccines back to the drawing board.

Autoimmune disease is the third leading cause of morbidity and mortality worldwide and now among the top 10 killers of young American women. The American Autoimmune Related Diseases Association estimates that 50 million Americans suffer from one of 88 autoimmune diseases—from type 1 diabetes to systemic lupus erythematosus—and some research puts the figure at one in five globally. At least 40 more diseases are suspected to be immune-mediated. Most of them are devastating, frequently crippling, expensive to treat and incurable. And they are increasing at an astonishing pace.

At this stage, it looks like the more the research pours in, the harder it is going to get for pro-vaccine immunologists to keep multiple personality disorder—or complete nervous breakdown—at bay. Ten years of cutting edge research into aluminum’s effects on the immune system has revealed

“Autoimmune disease is the third leading cause of morbidity and mortality worldwide and now among the top 10 killers of young American women.”

primarily how wrong they were. And how little they know. If, after 90 years, doctors finally have begun to seriously examine the mechanism and question the merits of injecting metal toxins into newborn babies, what have they yet to discover? ASIA

sounds awful. (Too bad for all the people whose kids suffered through chronic fatigue when it was just a Freudian yearning to sleep with their mother.) But what if, like Lujan’s sheep,

the “negligible” minority that has been paying the price for the good of humanity is actually only the tip of the iceberg? What if some people with no apparent adverse immune reactions still have nanocrystals of aluminum silently depositing in their brains? What if ASIA really includes Alzheimer’s? ALS, autism? ADD? And that’s just the A’s.

Even if immunologists keep wearing their rose coloured glasses, and vaccine ingredients are only responsible for a tiny fraction of the exploding autoimmunity, the “ugly” in vaccines will still get harder and harder to ignore. When everyone on the planet is getting injected, 20 years is a long time for disabled people to stack up while scientists “duel with the characterized particles of autoimmunity.” In the fury over the Disneyland measles outbreak that gripped the world’s vaccine promoters, time is running out for doctors and researchers who see the “bad and ugly” side of vaccines and their adjuvants to do something about it. There’s slim chance of a vaccine redesign in the absence of a profit incentive and a strong chance of universal vaccine mandates for one and all—previous anaphylactic shock reaction or not.

—Celeste McGovern is a Canadian freelance journalist in the UK. We appreciate her kind permission to reprint this article, first published online at GreenMedInfo. To access all the hyperlinked references embedded in the article, please go to the [online version of the article](http://www.greenmedinfo.com/blog/attacking-ourselves-top-doctors-reveal-vaccines-turn-our-immune-system-against-us) at: <http://www.greenmedinfo.com/blog/attacking-ourselves-top-doctors-reveal-vaccines-turn-our-immune-system-against-us>

Edda’s Editorial (continued)

The looming threat to our health freedoms will continue to erode public trust in the vaccine paradigm and resistance will grow. Today, 1 in 6 children are learning disabled and researchers predict that by 2025, every second child born will be at risk of autism – a manmade health disaster unprecedented in history. As awareness grows that excessive vaccination in the critical first few years of life is at the root of the epidemic of neuroimmune disorders afflicting children today, massive resistance will follow. The harder the push for vaccine

mandates, the more motivated families will be to protect their children from medical assault. The emerging new science exposes the danger and futility of the vaccine paradigm. Once parents grasp the basics of nature’s blueprint for optimal brain and immune system development and how vaccines sabotage normal development, few will remain captive to the myths of ‘vaccine safety and efficacy’. Increasingly parents will seek trustworthy sources of information on which to base their families’ health care choices.

—Edda West, VCC President

Note: The May V-Bulletin contains an extensive list of references that will assist you, your family, your friends and your health care professional in understanding many of the concerns expressed in this editorial. To access back issues of the V-Bulletin just click on the yellow words “News Bulletin” on the top right corner of our website home page. You can also sign up to receive the monthly V-Bulletin by email there. www.vaccinechoicecanada.com

What is Immunity?

—By Kelly Brogan, MD

Arguably, my primary intellectual concerns around modern day infectious disease management and “prevention”, is an acute awareness of how little we know about our relationship to microbes in and around us, and about our immune system.

We are just beginning to appreciate the role of the several trillion bacteria that inhabit our guts, dictate our immune responses, and synthesize nutrients. Add to this very steep learning curve, multiple layers of epigenetic expression and biochemical individuality and we have a recipe for disaster with a one-size-fits all vaccination schedule and rampant application of antibiotics.

Antibody-Response: Is that Immunity?

We have been led to believe that antibody-response to vaccine administration is in any way equivalent to protection from illness. This sadly rudimentary model of “immunization” is antiquated beyond acceptability, and in no way encompasses what we have learned about the relevance of the innate immune system, cytokines, and the role of nutrient sufficiency in vulnerability to infection. Beyond the well-documented incidence of outbreaks of illness such as pertussis, mumps, measles, tetanus, polio, rotavirus, and chicken pox, in highly vaccinated populations, we have also learned that antibodies often play no role in the course of infectious diseases such as lethal vesicular stomatitis virus, discussed here. We also know that agammaglobulinemias (those born without limited capacity for immunoglobulin antibody production) contract and recover from measles in the usual fashion. **So, it seems**

like we may have fundamentally misunderstood the role of antibodies in immunity.

This would be an excusable and understandable step in the evolution of biological sciences if we weren’t wielding the application of this misunderstanding in a lethal and morbid way. Room for primary vaccine failure based on fundamental misattribution of disease-protection to antibody production (which is always temporary) is one thing, but inducing chronic disease, atopy, neurodevelopmental delay, inflammation, autoimmunity, and death as a part of this effort, is quite another.

Auto-immunity & Evolving Theories of Immune Function

We are witnessing epidemic rates of autoimmunity in the American population and we are learning that vulnerability is more than genes + environment. In fact, theories of immunity have evolved considerably since the 1950s when it consisted only of self vs non-self mechanisms. The most all-encompassing theory is called the Danger theory, which posits that the immune system targets self-tissues when there is a “danger signal” or

inflammation from the tissue itself. Here is where the role of oxidative stress and inflammation play into immunity and autoimmunity in a significant way, and why the “terrain” is, in fact, everything and the germ is, in fact, nothing.

Evaluating the Safety and Efficacy of Vaccines and Medications

The fact that there is such an evolving conceptualization of immunity and one that only begins to account for the role of diet, environmental toxins, and gene expression variation should serve as a serious wake up call to those who believe that modern-day physicians and pharmaceutical companies are in any position to make recommendations, let alone mandates, about how we, as individuals, should manage our risks of infection. The truth is, once interventions such as vaccines and antibiotics have perturbed our natural mechanisms, there is very little that Western medicine can do to help. Chronic disease and autoimmunity are not the forte of the average doc, so gambling with that potential risk should certainly be done with thought and care.

To that end, there are so many tremendous resources out there, but the latest and greatest is *Dissolving Illusions*, which takes you on a meticulously documented tour of the role of hygiene and diet in the epidemiology of infectious disease and the misconceptions surrounding vaccinology and health.

For more practical tips, *Saying No To Vaccines* is an important guide for new parents to educate yourselves about each and every vaccine, because each and every one is a major medical intervention that should be scrutinized independently.

We need to remain humble about what we don’t know, measured in our assumptions about the safety and efficacy of our pharmaceutical interventions, and reliant on time-tested ways to support natural immunity through nutrient dense diet, minimized environmental chemical exposures, and stress reduction. We need to lose the fear we have been conditioned to bring to conversations about infectious disease.

After all, germs are all around and within us, we need them, and they need us. We’ve spent quite a long time developing a sophisticated language with which to communicate, and we are only beginning to decode it.

—We appreciate the author’s kind permission to reprint this article, first published at: <http://www.hormonesmatter.com/immunity> where you can find references embedded in the article. Dr. Brogan is an M.I.T/ Cornell/Bellevue-trained psychiatrist specialized in holistic women’s health. She is a mother of two and has a busy practice in Manhattan. A passion for understanding the intersection between health, nutrition, and the environment are the bedrock of her wellness approach with patients and at home. Visit her website at: Kelly Brogan, MD, Holistic Women’s Health Psychiatry.

Can Unvaccinated Children Stay Healthy?

—By Judy Converse MPH RD LD

Want to clear a room fast? Tell people your kids aren't vaccinated. Then say, "Not only is that why they're so healthy—it helps your kids stay healthier too." Wait. What? Unvaccinated kids, healthier? Aren't they walking cesspools of infection, recklessly spreading disease in their wake? Aren't they leeches, getting a free ride away from infections, on the backs of all those good parents who vaccinate their kids?

The CDC maintains that they can't solve this question for us. Their posture is that it's unethical to study vaccinated versus unvaccinated kids, presumably because it isn't safe to not vaccinate anybody. But ongoing survey data show that unvaccinated kids are healthier. They have fewer allergies and asthma, less autism, fewer chronic conditions and are sick less often. Even though these data come from an uncontrolled voluntary survey (over 13,000 participants worldwide and growing), the differences are enough to give anyone pause —and plenty big to warrant formal investigation. By factors of double, triple, or tens of times, vaccinated kids show a higher illness burden than their unvaccinated peers, for conditions like epilepsy, diabetes, thyroid disorders, autoimmune conditions, autism, allergy, asthma, and more.

Meanwhile, the argument that a pool of vaccinated kids is needed to quash a return of infections is starting to crumble (bolstering the position held by some that vaccines can't confer herd immunity): Even with compliance for most immunizations at over 90% across the US—above the level considered necessary for successful herd immunity—we still have outbreaks of pertussis, measles, mumps, chickenpox, polio, and flu in vaccinated groups. The global level of pertussis coverage was 83% in 2012—pretty darn good—but, still: Outbreaks. In fact, vaccinated people may spread infections they are recently inoculated against, as they shed viral and bacterial material from vaccines—just as occurs with wild type, naturally acquired infection. This has been documented for those recently vaccinated against pertussis, polio, flu, chickenpox, rotavirus, and measles.

If vaccines are working less and making kids more sick, do we keep using them? How? Tough questions. Since we began using vaccination some two hundred years ago, we have fiddled more deeply than we know with how immunity travels from generation to generation. For an example, dive into this blog series on polio, which describes how this once mostly benign virus morphed into deadly and debilitating with sanitation, less

breastfeeding, and the introduction of vaccines. Long short: Immunizing our way out of infection hasn't worked. The magic bullet idea of it is alluring (not to mention profitable beyond belief), but, perhaps the bill has come due. Vaccination as a one-size-fits-all path to disease eradication is undeniably a pipe dream now: There is not a single disease on the planet that vaccines have wiped out, as was still being promised when I was a public health graduate student in the 1980s. Some

"We need a paradigm shift. We need to drop the belief that all infections are bad, and more vaccines are better. We need effective, safe tools that do not leave kids disabled or saddled with chronic illness."

infectious diseases (flu, pertussis, varicella) persist at same or even higher levels now than before vaccines were introduced for them. Not only that, it appears we have traded exposures to routine childhood infections

for chronic disability and illness, thanks to comprehensive scrambling of the immune system early in life with routine vaccinations, generation after generation.

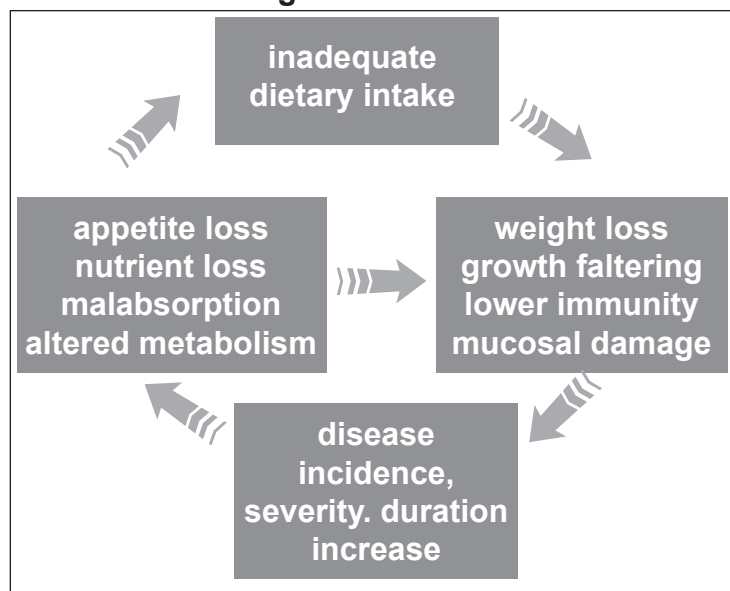
When a debate gets this heated, typically, more fear than fact starts flying. No exception here. There are pertinent facts from the realm of infant and child nutrition, as well as public health nutrition and basic epidemiology, that usually go missing from this conversation. Can we afford to omit that stuff any longer? I don't think so. It's time to get solutions oriented, and consider kicking Pharma out of the conference room. Profitability is the driver of the vaccine pipeline, and as long as people think only vaccines can save them, they'll keep wanting them. We don't need scare mongering, half truths, or bigger profits for already-bursting-with-cash Big Pharma. We need a paradigm shift. We need to drop the belief that all infections are bad, and more vaccines are better. We need effective, safe tools that do not leave kids disabled or saddled with chronic illness.

Toward that end, here are some pearls from maternal and child nutrition, plus some nutritional epidemiology, that we can put in the mix. These aren't the only factors in play. Environmental toxins, sanitation, living conditions, and even the vagaries of climate change are exerting their influence on our global microbiome. But for sure, host immune response is dependent on nutrition—which is a factor we can directly leverage.

First on my list? The **Cycle Of Nutrition And Infection** has been well understood for decades, but it's virtually absent from general pediatric practice today in the US. It goes like this: When a child is malnourished, they get sick more often; and, when they get sick, they get sicker than kids who are well nourished. The course of their infections is longer, more

severe. This is because they don't have the nutrient and tissue stores to mount a good fight. Then, once they've battled an illness, they're left even more malnourished, having exhausted whatever stores they have. In this weakened nutrition status, they get more sick, again. Then they deplete nutrition further.

Malnutrition begets infection and vice versa



And so on it goes, in a vicious cycle that can quickly become deadly for infants and young children.

In poor countries and impoverished regions of the developed world, malnutrition starts in utero. Children who don't have enough high value food to eat will get sick and die more often, whether they are vaccinated or not. Nutrition status is so intertwined with immune function that UNICEF priorities for global health don't separate the two. This doesn't just apply to severely malnourished kids with ribs poking out, stick-like limbs, sunken eyes, and pot bellies. This Cycle is active even when kids are only mildly to moderately malnourished. That is, like many kids I've encountered in my pediatric nutrition practice. A child who is below 90% of his ideal body weight is mildly malnourished. An example of this would be a four year old child with an expected weight of 40 pounds (based on birth weight, parents' stature, and other factors), but weighs 36 pounds or less. Or, a thirteen year old whose body mass index is hovering around the sixth percentile. Or, an eight year old whose progress for stature has flattened from 40th percentile last year, to 15th this year. Or, a child with chronic loose wet stool, or chronic constipation. Is this your kid?

Next question: When was the last time your pediatrician asked you for a food diary, to show exactly what your child eats day in and day out? Has s/he ever assessed grams of high value protein taken in on most days? Weak protein intake means weak immune response. Anyone do testing to rule out food allergy and sensitivity? These can deplete nutrition status and immune reserves if not managed correctly. At your last office visit for

your child's colds, flu, or ear infections, did anyone check status for vitamins A or D, intake of varied healthy fats and oils, or look at zinc and iron? All critical for vigorous immune response, and for ideal responses to vaccines. Nutrition is a symphony, not a single note. All pieces need to be present at the same time, doing their jobs.

These are first world examples. Kids can grow, more or less, and still be eating pretty horrible diets—especially with the bounty of processed, vacant, genetically modified food heavily marketed here to moms and kids. After fifteen years evaluating food intakes of kids across the US, I can tell you this: Most kids I've encountered have suboptimal food intakes, bad enough to impair growth, behavior, learning, sleep, focus, attention, and infection fighting. And, nobody noticed—not their pediatricians, gastroenterologists, neurologists, psychiatrists, biomed/DAN doctor, or most any other specialist they've been to. Nobody actually looked at the food.

Now, that's just dumb. Because nutrients and food, not vaccines, provide the building material that we use to fabricate an immune system, regardless of vaccination status. The physical components of an immune system come from whatever nourishment a child got in utero or takes in himself. Eating well builds up the savings account for the rainy days when the immune system needs to make a big withdrawal. It takes a lot of energy, and unusual amounts of certain nutrients, to mount a fever and fight infection – especially when you are growing, a demanding daily metabolic task for every cell in the body of a child.

This is why unvaccinated children in strong nutrition status who eat healthy, well-rounded diets will fight infection better than vaccinated peers who are underweight, have failure to thrive, chronic diarrhea, or constipation, or who eat limited diets. The nutritionally sound child may get infections and get sick, but will have a more vigorous response, will be sick for a shorter period of time, and will then have stronger, longer-lasting immunity than vaccines give. This process of naturally developing immune competence may be crucial to averting allergies, asthma, or other chronic disease later in life.

Vaccines don't alter the cycle of nutrition and infection. The only way to interrupt this cycle is with food (and supplements in some cases). Without it, malnourished children get sick and die more often, period.

So. Do malnourished kids need vaccines even more? I've met many families with frail underweight children or children with chronic conditions who are loyal to the vaccine schedule. Their children still get sick often, even for some of the diseases they are vaccinated against. They've been told at every turn that their child needs vaccines most because they are more vulnerable. True, those kids are. But do more vaccines help or harm in these cases? Even with shots, there is a demand placed on the immune system to respond—that is the whole point of

vaccinating, after all. This response will consume more nutrient stores. And of course, besides injecting antigens, vaccines also rely on toxins (like aluminum) to jump start the body's immune response. An already weakened system may not be able to manage additional toxins. Immune response is impaired in children with compromised nutrition, and this will be true whether an antigen is injected or encountered through natural infection. Children may be more vulnerable to adverse vaccine events if they are vaccinated while sick—intuitively, because they are already moving available resources to manage the illness underway, and can't respond properly to an injected antigen plus toxins as well. Instead of dosing weak children with multiple shots, it may be safer and more effective to resolve their poor progress for weight, height, and food intake.

Next on my list would be breastfeeding. Spoiler: It may well trump vaccination for preventing infections in babies, depending on mom's immune status. It is so potent an immune booster that it somewhat disables rotavirus vaccine, and possibly others. But now, thanks to vaccination, childbearing women in the industrialized world may have never experienced measles, mumps, chickenpox. If they breastfeed, they don't pass the immunity to their babies that my mother would have—born in 1926, she had all of the above, including scarlet fever. At 87, she's never had a flu shot, is sharp as a tack, still drives, and still works part time selling real estate.

So let's bring this piece to the table: Nutrition status, not vaccination, has the more profound impact on illness severity and frequency in infants and children. Meanwhile, we can adjust the focus on our lens for child health in the US. It's not all about vaccines.

Here are the top ten causes of death for US infants for 2010, according to the CDC (children up to 1 year old):

1. Congenital malformations, deformations and chromosomal abnormalities (congenital malformations)
2. Disorders related to short gestation and low birth weight, not elsewhere classified (low birth weight)
3. Sudden infant death syndrome (SIDS) (accounted for 2,063 deaths in 2010, or 8.4% of all infant deaths in the US).
4. Newborn affected by maternal complications of pregnancy (maternal complications)
5. Accidents (unintentional injuries)
6. Newborn affected by complications of placenta, cord and membranes (cord and placental complications)
7. Bacterial sepsis of newborn
8. Respiratory distress of newborn
9. Diseases of the circulatory system
10. Necrotizing enterocolitis of newborn (the baby's intestinal tissue dies, and the baby starves to death)

“Nutrition status, not vaccination, has the more profound impact on illness severity and frequency in infants and children.”

None of these are “vaccine preventable” conditions, ironically (with the exception of SIDS, which is an acknowledged side effect of a vaccine adverse event, reimbursable by the government's Vaccine Injury Compensation Program). Infectious diseases aren't in the top ten. Is it because we vaccinate? Or is it because we are better-fed, have cleaner water, have access to antibiotics or other treatments, and cleaner living conditions than the developing world?

It likely is not either-or, but we clearly need a new vision for our children. US children face shorter life spans than their parents, and have more chronic disease and disability than any generation of children before them. Vaccines as we now use them have arguably created a stunning and costly burden of chronic disease and disability. As health insurers wise up, will they opt out of the usual carte-blanche coverage for every vaccine Pharma produces? Sooner rather than later, the cost burdens of over-vaccinating will come to light. And we can at the very least use the well pedigreed body of evidence in child nutrition to support robust immune function, any time you're ready.

—Judy is a registered dietician and holds a masters degree in public health nutrition. Judy's son suffered a near fatal reaction to hepatitis B vaccine in 1996. Combing the academic literature, she pieced together his path to health which led her to develop her pediatric nutrition practice. Judy consults with families around the world to help solve their children's growth and developmental challenges.

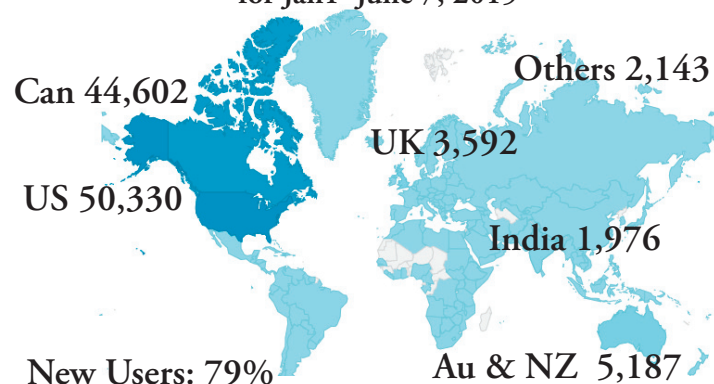
We appreciate the author's kind permission to reprint this article. To access the hyperlinked references embedded in the article, please go to the article online at: <http://nutritioncare.net/unvaccinated-kids-are-healthier/#.VUmFwflVgoI> Or go to the hyperlinked pdf of the Journal in the members area of our website—www.vaccinechoicecanada.com.

Other interesting articles on nutrition and health can be found at Judy Converse's site: <http://nutritioncare.net/>

PITHY FACTS...

Web Traffic at vaccinechoicecanada.com

Total visits: 116,506
for Jan1–June 7, 2015



An Open Letter to Legislators Currently Considering Vaccine Legislation

By Tetyana Obukhanych, PhD in Immunology

Dear Legislator,

My name is Tetyana Obukhanych. I hold a PhD in Immunology. I am writing this letter in the hope that it will correct several common misperceptions about vaccines in order to help you formulate a fair and balanced understanding that is supported by accepted vaccine theory and new scientific findings.

Do unvaccinated children pose a higher threat to the public than the vaccinated?

It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines—and that includes most of the vaccines recommended by the CDC for children—is not consistent with such a statement. I have outlined below the recommended vaccines that cannot prevent transmission of disease either because they are **not designed** to prevent the transmission of infection (rather, they are intended to prevent disease symptoms), or because they are for non-communicable diseases. **People who have not received the vaccines mentioned below pose no higher threat to the general public than those who have**, implying that discrimination against non-immunized children in a public school setting may not be warranted.

1. IPV (inactivated poliovirus vaccine) cannot prevent transmission of poliovirus (see appendix for the scientific study, Item #1). Wild poliovirus has been non-existent in the USA for at least two decades. Even if wild poliovirus were to be re-imported by travel, vaccinating for polio with IPV cannot affect the safety of public spaces. Please note that wild poliovirus eradication is attributed to the use of a different vaccine, OPV or oral poliovirus vaccine. Despite being capable of preventing wild poliovirus transmission, use of OPV was phased out long ago in the USA and replaced with IPV due to safety concerns.

2. Tetanus is not a contagious disease, but rather acquired from deep-puncture wounds contaminated with *C. tetani* spores. Vaccinating for tetanus (via the **DTaP combination vaccine**) cannot alter the safety of public spaces; it is intended to render personal protection only.

3. While intended to prevent the disease-causing effects of the diphtheria toxin, the diphtheria toxoid vaccine (also contained in the DTaP vaccine) is not designed to prevent colonization and transmission of *C. diphtheriae*. Vaccinating for diphtheria cannot alter the safety of public spaces; it is likewise intended for personal protection only.

4. The acellular pertussis (aP) vaccine (the final element of the DTaP combined vaccine), now in use in the USA, replaced the whole cell pertussis vaccine in the late 1990s, which was followed by an unprecedented resurgence of whooping cough. An experiment with deliberate pertussis infection in primates revealed that the **aP vaccine is not capable of preventing colonization and transmission of *B. pertussis*** (see appendix for the scientific study, Item #2). The FDA has issued a warning regarding this crucial finding.[1]

Furthermore, the 2013 meeting of the Board of Scientific Counselors at the CDC revealed additional alarming data that **pertussis variants (PRN-negative strains) currently circulating in the USA acquired a selective advantage to infect those who are up-to-date for their DTaP boosters** (see appendix for the CDC document, Item #3), meaning that people who are up-to-date are more likely to be infected, and thus contagious, than people who are not vaccinated.

5. Among numerous types of *H. influenzae*, the Hib vaccine covers only type b. Despite its sole intention to reduce symptomatic and asymptomatic (disease-less) Hib carriage, **the introduction of the Hib vaccine has inadvertently shifted strain dominance towards other types of *H. influenzae* (types a through f).** These types have been causing invasive disease of high severity and increasing incidence in adults in the era of Hib vaccination of children (see appendix for the scientific study, Item #4). The general population is more vulnerable to the invasive disease now than it was prior to the start of the Hib vaccination campaign. Discriminating against children who are not vaccinated for Hib does not make any scientific sense in the era of non-type b *H. influenzae* disease.

6. Hepatitis B is a blood-borne virus. It does not spread in a community setting, especially among children who are unlikely to engage in high-risk behaviors, such as needle sharing or sex. Vaccinating children for hepatitis B cannot significantly alter the safety of public spaces. Further, school admission is not prohibited for children who are chronic hepatitis B carriers. To prohibit school admission for those who are simply unvaccinated—and do not even carry hepatitis B—would constitute unreasonable and illogical discrimination.

In summary, a person who is not vaccinated with IPV, DTaP, HepB, and Hib vaccines due to reasons of conscience poses no extra danger to the public than a person who is. No discrimination is warranted.

How often do serious vaccine adverse events happen?

It is often stated that vaccination rarely leads to serious adverse events. Unfortunately, this statement is not supported

by science. A recent study done in Ontario, Canada, established that **vaccination actually leads to an emergency room visit for 1 in 168 children following their 12-month vaccination appointment and for 1 in 730 children following their 18-month vaccination appointment** (see appendix for a scientific study, Item #5).

When the risk of an adverse event requiring an ER visit after well-baby vaccinations is demonstrably so high, vaccination must remain a choice for parents, who may understandably be unwilling to assume this immediate risk in order to protect their children from diseases that are generally considered mild or that their children may never be exposed to.

Can discrimination against families who oppose vaccines for reasons of conscience prevent future disease outbreaks of communicable viral diseases, such as measles?

Measles research scientists have for a long time been aware of the “measles paradox.” I quote from the article by Poland & Jacobson (1994) “*Failure to Reach the Goal of Measles Elimination: Apparent Paradox of Measles Infections in Immunized Persons.*” Arch Intern Med 154:1815-1820:

“The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons.”[2]

Further research determined that behind the “measles paradox” is a fraction of the population called LOW VACCINE RESPONDERS. Low-responders are those who respond poorly to the first dose of the measles vaccine. These individuals then mount a weak immune response to subsequent re-vaccination and quickly return to the pool of “susceptibles” within 2-5 years, despite being fully vaccinated.[3] Re-vaccination cannot correct low-responsiveness: it appears to be an immuno-genetic trait.[4] The proportion of low-responders among children was estimated to be 4.7% in the USA.[5]

Studies of measles outbreaks in Quebec, Canada, and China attest that **outbreaks of measles still happen, even when vaccination compliance is in the highest bracket (95-97% or even 99%, see appendix for scientific studies, Items #6&7).** This is because even in high vaccine responders, vaccine-induced antibodies wane over time. Vaccine immunity does not equal life-long immunity acquired after natural exposure.

It has been documented that **vaccinated persons who develop breakthrough measles are contagious.** In fact, two major measles outbreaks in 2011 (in Quebec, Canada, and in New York, NY) were re-imported by previously vaccinated individuals.[6]–[7]

Taken together, these data make it apparent that elimination of vaccine exemptions, currently only utilized by a small percentage of families anyway, will neither solve the problem of disease resurgence nor prevent re-importation and outbreaks of previously eliminated diseases.

Is discrimination against conscientious vaccine

objectors the only practical solution?

The majority of measles cases in recent US outbreaks (including the recent Disneyland outbreak) are adults and very young babies, whereas in the pre-vaccination era, measles occurred mainly between the ages 1 and 15. Natural exposure to measles was followed by lifelong immunity from re-infection, whereas vaccine immunity wanes over time, leaving adults unprotected by their childhood shots. Measles is more dangerous for infants and for adults than for school-aged children.

Despite high chances of exposure in the pre-vaccination era, measles practically never happened in babies much younger than one year of age due to the robust maternal immunity transfer mechanism. The vulnerability of very young babies to measles today is the direct outcome of the prolonged mass vaccination campaign of the past, during which their mothers, themselves vaccinated in their childhood, were not able to experience measles naturally at a safe school age and establish the lifelong immunity that would also be transferred to their babies and protect them from measles for the first year of life.

Luckily, a therapeutic backup exists to mimic now-eroded maternal immunity. Infants as well as other vulnerable or immunocompromised individuals, are eligible to receive immunoglobulin, a potentially life-saving measure that supplies antibodies directed against the virus to prevent or ameliorate disease upon exposure (see appendix, Item #8).

In summary: 1) due to the properties of modern vaccines, non-vaccinated individuals pose no greater risk of transmission of polio, diphtheria, pertussis, and numerous non-type b H. influenzae strains than vaccinated individuals do, non-vaccinated individuals pose virtually no danger of transmission of hepatitis B in a school setting, and tetanus is not transmissible at all; 2) there is a significantly elevated risk of emergency room visits after childhood vaccination appointments attesting that vaccination is not risk-free; 3) outbreaks of measles cannot be entirely prevented even if we had nearly perfect vaccination compliance; and 4) an effective method of preventing measles and other viral diseases in vaccine-ineligible infants and the immunocompromised, immunoglobulin, is available for those who may be exposed to these diseases.

Taken together, these four facts make it clear that discrimination in a public school setting against children who are not vaccinated for reasons of conscience is completely unwarranted as the vaccine status of conscientious objectors poses no undue public health risk.

—We appreciate being able to reprint this article posted at The Thinking Moms Revolution where appendix references and additional citations can be accessed: <http://thinkingmomsrevolution.com/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd-in-immunology/>

Tetyana Obukhanych, PhD, is the author of the book *Vaccine Illusion*. She has studied immunology in some of the world's most prestigious medical institutions. Dr. Obukhanych offers online classes on natural immunity at <http://www.naturalimmunityfundamentals.com/>

FDA approved Gardasil 9: Malfeasance or Stupidity?

—By Norma Erickson

Malfeasance is when a public official violates the public trust by performing an act that is wrongful, legally unjustified, or contrary to law. Nonfeasance is the failure to act where there is a duty to act. Misfeasance is conduct that is lawful but inappropriate. Perhaps, when it comes to the recent approval of Gardasil 9 all of these apply.

10 December 2014: The FDA approved the use of a reportedly ‘new and improved’ version of Gardasil, which will be marketed as Gardasil 9. According to the [FDA approval letter](#), this action was taken without consultation with VRBPAC (the Vaccines and Related Biological Products Advisory Committee) which is responsible for reviewing and evaluating data concerning the safety, effectiveness, and appropriate use of vaccines and related biological products.

The FDA approval letter, signed by Marion Gruber, Director of Office of Vaccines Research and Review CBER, states the reason for bypassing the advice of VRBPAC writing:

“We did not refer your application to the Vaccines and Related Biological Products Advisory Committee because our review of information submitted in your BLA, including the clinical study design and trial results, did not raise concerns or controversial issues which would have benefited from an advisory committee discussion.”

So, the Office of Vaccines Research and Review, Center for Biologics Evaluation and Research (CBER) committee took it upon themselves to decide there were “no concerns or controversial issues” regarding the approval of Gardasil 9? This division of CBER decided there would be no benefit from “an advisory committee discussion”?

According to their own mission statement, the FDA is “responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation’s food supply, cosmetics, and products that emit radiation.”

The FDA, and all committees associated with the FDA, are public officials and therefore obliged to act in the public’s best interest particularly when it comes to health and safety issues.

Is bypassing advisory committee discussions regarding Gardasil 9’s potential safety and efficacy acting in the public’s best interest, or is it malfeasance, nonfeasance and/or misfeasance?

Examine some Gardasil 9 Facts

CBER decided there was no need for VRBPAC to review or evaluate any data concerning the safety, effectiveness, and appropriate use of Merck’s proposed Gardasil 9 vaccine before making a decision to approve the nine-valent HPV vaccine. This move is particularly disturbing when one considers

the worldwide controversy surrounding Gardasil’s safety, effectiveness and appropriate use.

The proposed Gardasil 9 package insert and the current Gardasil package insert are a good place to start a critical examination. The table below lists the ingredients of both Gardasil and Gardasil 9. All differences from one HPV vaccine package insert to the next are highlighted.

Gardasil	Ingredient	Gardasil 9
225 mcg	AAHS (aluminum adjuvant)	500 mcg •
9.56 mcg	Sodium Chloride	9.56 mcg
.78 mcg	L-Histidine	.78 mcg
50 mcg	Polysorbate 80	50 mcg
35 mcg	Sodium Borate	35 mcg
<7 mcg	Yeast Protein	<7 mcg
20 mcg	HPV 6 L1 protein	30 mcg •
40 mcg	HPV 11 L1 protein	40 mcg
40 mcg	HPV 16 L1 protein	60 mcg •
20 mcg	HPV 18 L1 protein	40 mcg •
	HPV 31 L1 protein	20 mcg •
	HPV 33 L1 protein	20 mcg •
	HPV 45 L1 protein	20 mcg •
	HPV 52 L1 protein	20 mcg •
	HPV 58 L1 protein	20 mcg •

Take a look at the first line in the chart. Aluminum is a known neurotoxin. A quick search of PubMed for ‘[aluminum toxicity human](#)’ returns no less than 1652 peer-reviewed and published scientific papers on the subject. **Why did Merck more than double the amount of aluminum adjuvant in Gardasil 9?**

What long-term health consequences are associated with the injection of 1,500 mcg of aluminum over a period of less than a year via 3 doses of Gardasil 9?

Does this risk increase if Gardasil 9 is received at the same time as another vaccine containing an aluminum adjuvant? If so, how much?

Surely the members of CBER are aware there are potential health risks resulting from aluminum exposure. Did they discuss these risks before making a decision?

Why did Merck increase the amount of HPV L1 protein for 3 of the HPV types already contained in the first version of Gardasil and not for the 4th type? Why do the amounts of these increases vary so much from one HPV type to another?

Are there any potential health risks associated with increasing the total amount of antigen (HPV L1 protein) from 120 mcg in Gardasil to 270 mcg in Gardasil 9?

There seems to be no public record of the CBER meeting, so the general public—including medical professionals who will be expected to administer this new HPV vaccine to their patients may never know whether or not these subjects were even discussed.

Bombshells from the Gardasil 9 package insert

The potential risks discussed above pale in comparison to some of the bombs dropped in the rest of the Gardasil 9 package insert. Any medical professional who reads the entire package insert and still recommends the use of either Gardasil, or Gardasil 9 does not care about the health and well-being of their patients.

Bombshell #1 Serious Adverse Events

According to the FDA a serious adverse event must fit one of the following criteria: **death, life-threatening, hospitalization, disability or permanent damage, congenital abnormality/ birth defect, or the requirement to intervene to prevent permanent impairment.**

According to the Gardasil 9 package insert, the following percentage of serious adverse events were collected during follow-up (up to 48 months):

SERIOUS ADVERSE EVENTS			
Number (#) receiving shot	Type of vaccine	Serious AE's %	#
13,236	Gardasil 9	2.3%	305
7,378	Gardasil	2.5%	185

For the first time, Merck has disclosed what may indeed be close to the true rate of serious adverse events people are suffering after the use of Gardasil and will probably continue to suffer if they consent to using Gardasil 9. The only difference would be that the rates may be higher when used in the general population because certain at-risk groups are excluded from clinical trial participation but not from vaccination programs.

2.3–2.5% doesn't sound that bad until you compare apples to apples. Cervical cancer rates are always quoted as # per 100,000. Given the above information, for every 100,000 people using Gardasil 9 there would be 2,300 serious adverse events. The cervical cancer diagnosis rate in the United States is 7.9/100,000.

What health official in their right mind is willing to anticipate 2,300 serious adverse events to try and prevent 7.9 cases of cervical cancer?

Keep in mind that the cost of vaccinating 100,000 people is around \$30 million (\$100 per injection, 3 injections). This doesn't even begin to address the cost of treating 2,300 serious adverse events, the emotional, physical and financial expense to families and the cost to society via the lost productivity of the injured.

Bombshell #2 Systemic Autoimmune Disorders

An autoimmune disorder occurs when the body's immune system attacks and destroys healthy body tissue by mistake. There are more than 80 types of autoimmune disorders. Many of the people diagnosed as suffering systemic autoimmune disorders after HPV vaccines were first mis-diagnosed with conversion disorder or psychosomatic illnesses. Below are the rates of "new medical conditions potentially indicative of

autoimmune disorders" experienced during Merck's Gardasil 9 clinical trials.

SYSTEMIC AUTOIMMUNE DISORDERS			
Number receiving shot	Type of vaccine	Autoimmune Disorders %	#
13,234	Gardasil 9	2.4%	321
7,378	Gardasil	3.3%	240

So, in addition to the serious adverse events, you now have an additional 2,400 people who may be left with systemic autoimmune disorders. How can any health official possibly think Gardasil 9 is worth this kind of risk?

Bombshell #3 Pregnancy Outcomes

According to the Gardasil 9 package insert, 1,028 women who were injected with Gardasil 9 became pregnant during the course of the clinical trials along with 991 women who had been injected with Gardasil. Overall, 14.1% of the Gardasil 9 women suffered adverse outcomes while 17.0% of the Gardasil women suffered the same fate. A total of 313 women either lost their babies to spontaneous abortion or late fetal death or gave birth to children with congenital anomalies.

This population was further broken down into those who became pregnant within 30 days of an injection and those who became pregnant more than 30 days post-injection. The charts are below.

OUTCOME WHEN INJECTED WITHIN 30 DAYS OF PREGNANCY ONSET			
Number Pregnancies	Type of vaccine	Percent Abortion/stillborn	Number of Lost Babies
62	Gardasil 9	27.4%	17
55	Gardasil	12.7%	7

OUTCOME WHEN INJECTED MORE THAN 30 DAYS BEFORE PREGNANCY ONSET			
Number Pregnancies	Type of vaccine	Percent Abortion/stillborn	Number of Lost Babies
960	Gardasil 9	10.9%	105
933	Gardasil	14.6%	136

Merck stated in the package insert, **"The proportions of adverse outcomes observed were consistent with pregnancy outcomes observed in the general population."**

Unless they are talking about some country other than the United States, THIS IS NOT TRUE.

According to the CDC's latest publication on fetal mortality, the rate of spontaneous abortions and fetal deaths in the United States is 6.05/1,000 pregnancies or 0.605%—hardly 10.9%, much less 27.4%, and certainly not 'consistent with outcomes observed in the general population' of the United States.

Do CBER officials not even go to the trouble of verifying the 'facts' presented by vaccine manufacturers when they are 'evaluating data concerning the safety, effectiveness, and

appropriate use' of vaccines?

Whether these actions, or lack of proper actions are a result of malfeasance, laziness, or just plain stupidity does not matter at this point. **It is obvious to the most casual observer the FDA either cannot or will not properly handle their responsibility to protect and preserve the public's health and safety. They have violated the public trust.**

There is absolutely no excuse for exposing young women and men to this level of risk for a vaccine that provides nothing other than promises of results far down the road.

The FDA needs to be removed from the responsibility of 'assuring the safety, efficacy and security' of vaccines. It is quite obvious they are not up to the task. They are most certainly not acting in the best interests of the public.

Medical consumers—do not consent to the administration of Gardasil 9 unless you and your medical provider have read and discussed the entire package insert together. The choice is yours, make it an informed one.

—We thank SANEVAX for closely monitoring the world wide use of HPV vaccines and the health risks and injuries associated with this fast tracked unnecessary vaccine. We appreciate the opportunity to reprint this article in the Vaccine Choice Journal. Please visit the SANEVAX website for more information: <http://sanevax.org/fda-approved-gardasil-9-malfeasance-or-stupidity/> References are also hyperlinked in the Journal pdf in the members area of our website: www.vaccinechoicecanada.com.

The New Feminism: Taking It Back

By Kelly Brogan, MD



A Kundalini practitioner recently shared with me the symbology of the Adi Shakti. A mesmerizing interlocking of a karmic circle, a double-edged weapon and two encompassing swords, this is a representation of primal feminine power from a tradition that champions, not male-female equality, but all

that is incomparable about a woman's energy. In this depiction, every female is charged with balancing the woman and the mother:

"As a mother you are supposed to sacrifice, tolerate, be very patient, be very thoughtful of others, and understand all the pros and cons of any situation. As a woman you must give nothing; you have to protect yourself first; and you need not tolerate any nonsense. Woman must be able to ascertain which is the correct relationship—woman or mother," sword or shield. (© The Teachings of Yogi Bajan, circa 1977)

The sword is her incisive determination to dedicate herself to a path of truth, intolerance of assault, and fierce rejection of all that comes between her intuition and her integrity. As she is a warrior, she is also a nurturer.

It has been my mission to help women reclaim that inner compass, pick up their swords, and defend the enigma of their most unquantifiable beauty and power. It is my grave concern that this power has been co-opted by a paternalistic, male-dominated system that seeks to engender fear, control by coercion, and undermine a woman's inner voice by suggesting

that science has cracked the code of the human condition. A system that turns a blind eye to all the times science and medicine have erred. That we, as a society, have let fear lead us down a shameful path.

This system is populated by men who seek to deny women access to their own primacy. But it is certainly not all men or just men. It is also women. It is an ethos of mind-centered dominance that neglects the power of a heart-centered intention. The proponents of this system fear a woman's full expression. I believe that the women who are complicit are sometimes Stockholm Syndrome vic-tims marching to the beat of their own subjugation.

I want to shed a righteous light on how a woman's experience is being micromanaged and suppressed—the bill of goods we have been sold on a "solution" that only seems to usher in problems of deep existential complexity:

- On **birth control**, and how we have called women's lib what looks more like mental illness, hormone hijacking, and even death in the name of divorcing us from our most primal connection to the natural world, our cycles.
- On **ultrasound**, and how we have medicalized pregnancy through technology that has never been established to be safe, living in a state of fear and uncertainty instead of going inward, trusting, marveling.
- On **birth**, this font of personal transformation and transcendence, now about laying on our backs, disconnected and vulnerable, waiting for doctors to rescue us from the problems they create.
- On **mammography**, the wolf in sheep's clothing driving disease where it claims to prevent it.
- On **antidepressants**, cleaning up for all of the ways that our current medical paradigm has failed us, forcing 1 in 4 women into a state of dependency predicated on the illusion of their chemical imbalances.

There is, perhaps, no greater example of this corruption than the commandeering of their children by the CDC, an organization that manipulates science in the service of profit, at the expense of lives. An organization recently accused of suppression of data supportive of the role of vaccination in autism. An organization that defiantly dismisses the evolution of our understanding of human physiology, including the role of the microbiome, xenohormetic toxicant effects, and transfer of adventitious agents.

In an explosive recent article, Heather Green balks at female physicians who threaten their female patients over vaccine non-compliance in pregnancy:

“If you don’t support a woman’s right to make healthcare decisions for her child, don’t call yourself a feminist. You heard that right: a woman’s right. A mother’s right.

Let’s call it like it is because in the vast majority of parenting relationships it’s the mother at the helm of the health and wellness ship. Mothers decide what kind of diet a child eats, what supplements they take, and what vaccines they do or don’t receive. Perhaps if more fathers were healthcare captains this right to parent as one sees fit wouldn’t be debated at all.

[...]As women, we have the right to decline injecting our bodies with attenuated influenza and mercury while we’re carrying a child and any other time that we please. We have the right to say no thanks to a triple jab of bacteria, formaldehyde (a known carcinogen), and fetal cow serum in the Tdap vaccine. We have that right when we’re pregnant, when our baby is born, and every day after that. We have the right to state our wishes to an obstetrician or midwife without them responding, “I’m going to fight you on that one.”

In this model, passive compliance is actively threatening our most sacred and indomitable power—a mother’s right to protect her child. When we trust men (and women acting in their masculine energy) to dictate how we should interfere with physiology, we are complicit in a stance that states we are not good enough, we are broken, and so are our babies. We can’t birth them without your help, they would die of inborn mistakes, and we need a pharmaceutical flowchart to navigate their growth and wellbeing.

Many of you will feel you don’t have the space or energy to pick up this sword, to recapture the true meaning of health, peace, and happiness. I argue that you don’t have the space or energy not to.

In today’s health climate, a failure to challenge industry, government, and media claims can lead you and your family down a lonely road of remorse, heartache, and financial ruin. This is the picture of chronic neurodevelopmental delay, autism, autoimmunity, obesity, and cancer, plaguing our families at rates that are so astronomical, this crisis almost seems normative.

We have also been denied the opportunity for transformative

evolution. The psychedelic experience of childbirth, the “Phoenix Process” that comes from walking through what seems like it might break us. As Elizabeth Lesser, author of *Broken Open*, says, every experience of struggle offers us what we need to be born anew. These are ways that we achieve enlightenment and a connection to our primal power. We are told that feelings of discomfort are nuisances to be medicated away. We are herded like cattle into holding pens of conformity.

I am here to tell you that saying yes to yourself begins with saying no to the medical-agricultural-industrial complex, and to help inspire those of you open enough to feel it, to begin to **wonder**. To begin to experience gratitude for what is. I like to call this a position of personal non-resistance. While we hold our swords aloft, we simultaneously access a softness, a yielding, an acceptance, for what happens here on the ground. This is balancing the woman with the mother. It’s fighting so that we can love better, freer, with less fear. This is living mindfully, in a state of calm alertness, never asleep at the wheel, lulled by the narcotic of what is FDA approved, CDC recommended, and physician endorsed.

Begin to tap into all that is beyond the grasp of allopathic medicine. Take it back, and rise up with a new kind of feminism. A kind that looks like women banding together, talking to one another, trusting in their guts, and building a model of health that is so compelling, the current model will soon be revealed for its transparent agenda, missteps, and offenses. This is where your power lies. Once you taste it, the world will know, and there will be no stopping you.

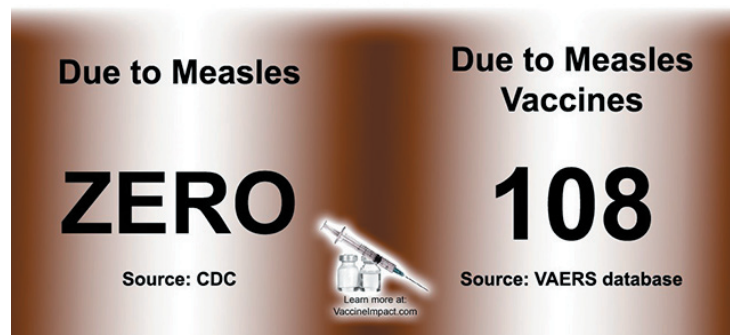
—Dr. Brogan is an M.I.T/Cornell/Bellevue-trained psychiatrist specialized in holistic women’s health. She is a mother of two and has a busy practice in Manhattan. A passion for understanding the intersection between health, nutrition, and the environment are the bedrock of her wellness approach with patients and at home. Visit her site at: Kelly Brogan, MD, Holistic Women’s Health Psychiatry.

We appreciate the opportunity to reprint Dr. Brogan’s article from her blog at <http://kellybroganmd.com/article/new-feminism-taking-back/> where you can find references embedded in the article.

PITHY FACTS...

Deaths in the U.S. during the past 10 years:

2004 to 2015

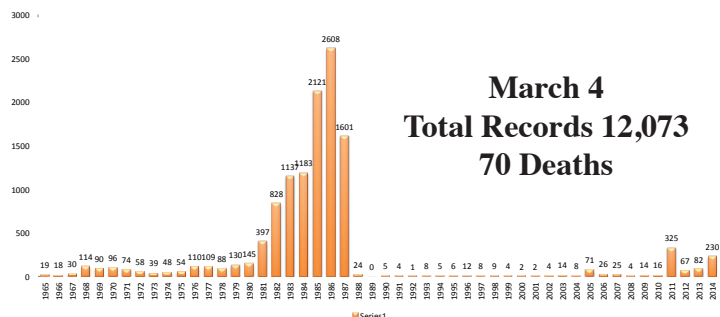


Graphic source: VaccineImpact.com

Report on the Canada Vigilance Adverse Reaction Online Database

By Nelle Maxey

Compiling the data and writing this report was a real eye-opener for me. The myth that we have a transparent and accessible on-line database of adverse reactions to vaccinations was shattered in the first day of collecting the available data from the Canada Vigilance Database. After spending the day tediously searching for the annual data for the 49 years currently represented on the database, I entered all the data in an Excel file and created this chart of the data.



It is immediately apparent that in 1987 data reporting changed. Now I had to figure out how and why this change occurred. And it wasn't because vaccinations diminished in number (they increased), nor that they became safer with fewer reactions (that was easily verified by looking at the American VAERS database.) Rather this is when public health policy on vaccinations became deeply politicized, both in the USA and here in Canada.

By this I mean that following class action lawsuits in the USA where vaccine manufacturers had to pay out massive sums in compensation for vaccine injuries (my niece was compensated for catastrophic injury from DPT vaccine in one of the class action suits), in 1986 the American government decided to protect vaccine manufacturers from any liability by setting up a government run vaccine injury compensation program.

Canada took a different approach, after all the cat wasn't out the bag here yet (no class action court cases). Rather in 1987, Canada decided to limit public access to vaccine adverse events by creating a separate database where all reports were stored away from public view. Then policy-makers could decide what data to reveal in periodic and sporadic public reports.

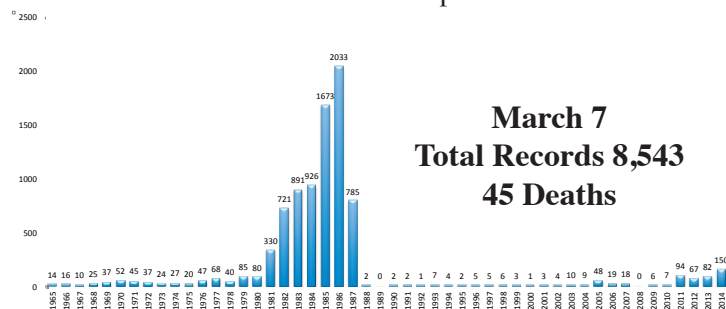
If you think I am out on a limb and sawing here, consider the following quote from the amazing book—*Altered Genes, Twisted Truth*—by Steven M. Drucker. The subtitle of this book is “How the Venture to Genetically Engineer Our Food has Subverted Science, Corrupted Government and Systematically Deceived the Public”. In Chapter 4, on pages 87–88, Drucker is discussing pressures to “repress the facts of bioengineering”. He is referring to a 1993 publication of the Oxford University Press titled *Biotechnology from A to Z* when he says the author, William Baines, “...indicated that such an educational initiative

[wherein the public would receive accurate information] would likely backfire. He noted that research has revealed an inverse relation between the public's knowledge about biotechnology and their acceptance of it, with **people less receptive the more they learn.**” Of course this is exactly what research into parents who seek vaccination exemptions for their children has revealed.

But it gets worse. Drucker goes on to explain that Baines “...observed that in the light of this phenomenon, biotech advocates might have greater success by providing the populace **fewer facts and more ‘mythic images’**. And he underscored the significant role of **myth-making** in the biotech venture by giving the topic its own distinct heading: *Mythogenesis.*”

I can only ask the reader to consider how far a stretch it is to substitute the word “Immunization” for “Biotechnology” in the subtitle of the book and the quote on myth-making above.

For me it is no stretch at all. Especially considering the disturbing discovery of the disappearance of 30% of the vaccine data from the database on the very same day when I did my extensive search and download of the data as the following chart shows. Details are in the full report.



My concerns only compounded when I learned that the second, non-accessible database will no longer contain all the Adverse Event data due to a policy change in the reporting system. This will make researching adverse event data in the future even more confounding, not to mention government responses to fractured databases even less cogent. Then the “Strange Case of Bexsero” section of the report shows how the government doesn't listen to its own experts and proceeds to license new vaccines disregarding any cost/benefit analysis, either monetary-wise or efficacy-wise.

The complete report is available on our website (just use the search box on the home page and type in “Canada Vigilance”). It raises many more questions than I have discussed here; but if you haven't read it yet, I hope these comments will entice you to do so.

—Nelle is retired and has way too much time on her hands, which allows her to devote endless hours to Vaccine Choice Canada work.

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Comment posted on the Alliance for Vaccine Awareness group:
Feb 14, 2015

I think we're already "at the point of no return" such that it's going to be a difficult transition to get back to a place where nobody is vaccinated against anything. I believe that the vaccines appear to be a good idea on the surface, but in practice they simply don't work. In fact, I will say that the microbial infections are an important part of staying healthy in the face of impaired homeostasis of sulfur and minerals. Children who recover from these formerly common childhood infections end up with a stronger body and a stronger immune system.

Just the fact that the disease-based immunity lasts for life and the vaccine-based one doesn't should tell us something important.

Mothers no longer pass on antibodies to infants, so infants (the most vulnerable population) become much more vulnerable as a consequence.

It's going to be a difficult path to transition back to a point where we don't rely on vaccines. I think it parallels our reliance on antibiotics and antibacterial soaps, and our reliance on toxic chemicals to kill weeds, insects, and fungus in growing crops. All of them are in trouble right now, and it is going to be a rough ride back to where we used to be!!

—Stephanie Seneff, PhD
Senior Research Scientist

MIT Computer Science and Artificial Intelligence Laboratory

Letter to VCC: February 26, 2015

Dear Edda and everyone at Vaccine Choice Canada,

As the mother of a 6-week old infant in Ontario, I want to send you my heartfelt Thank You's for your invaluable website. Thank you, thank you, thank you!

I had heard about the possible link between vaccinations and autism before coming across your website, but your website made things extremely clear for me.

Prior to viewing your website, I did note that the Ontario vaccination schedule recommended that I injected my newborn with a combined 5-in-1 vaccine at only 8 weeks of age. My intuition said 'No way!' Your website combined with a few documentaries I watched on YouTube truly helped me made up my mind against vaccinating.

Thank you so very much for the service you are providing to all Canadians truly for the greater good! I have already shared your website with a couple of my mommy friends, and I will continue to share what I now know and refer to your website at the very least whenever the topic of vaccinations comes up.

—Letitia Montana
Toronto, ON

Letter to Minister of Health, MP Rona Ambros
February 23, 2015

Dear Ms. Ambrose,

I would like it noted that I found your recent comment that parents who opt not to vaccinate as 'irresponsible', [to itself be] completely irresponsible and inflammatory.

I believe very much in informed consent. I also believe that I have the right to make informed choices regarding mine and my family's health. To my own personal knowledge, every person I know who has chosen not to vaccinate has done so with thoughtful analysis of available independently scientific researched data. Unfortunately, often the same is not true of those who have chosen to vaccinate. Generally, they have not even considered efficacy as an issue regarding vaccines and compliantly choose to vaccinate without thought or thorough self-education. That being said, that is their choice and none of my business.

However, I completely take issue with your statement that people are irresponsible and putting society's health at risk by not vaccinating. That is fallacious at the very least and I would be happy to share with you the reasons why I question the efficacy of vaccines.

May I remind you, that your job is to 'serve' the interests of the people of this country and not to be a mouthpiece for the pharmaceutical giants or corporate/political interests, as this is how your comment appears. Please take the time to thoroughly educate yourself on this matter Ms Ambrose. Also, there are many, many doctors, PhD's, reputed scientists, researchers who question the safety of vaccines.

I also wish it to be noted that I strongly believe that Vaccine exemption rights must be protected to insure that the right to informed consent to vaccination is upheld.

Thank you very much for your time. I think it behooves us all to act with integrity, honesty and truthfulness always. At the end of the day, we all want what's best for our families and future generations I hope.

—With kind regards, Jacqueline Lewin

Letter to Ms. Landau-Halpern, ND, researcher and instructor of a health studies course at University of Toronto Scarborough:
March 2015

Thank you for your courage in speaking truth to power. As the parent of a vaccine damaged child I know the medical establishment and our media are not telling the truth about the safety and effectiveness (or rather lack of safety and effectiveness) of some vaccines.

I also know the effectiveness of homeopathic remedies. I was forced to pursue alternative health treatment after Children's Hospital in Vancouver asked us not to bring our son back to the

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hospital.* They admitted they had no way to treat his vaccine damage. His condition improved substantially with the use of homeopathic remedies.

The medical-pharmaceutical industry is afraid the truth will get out there, and as the vaccine program is largely based on trust rather than scientific evidence, the entire program is at risk of collapsing. The only alternative is to silence and marginalize those of us who know the damage vaccine can and do cause.

I hope some parents heard you above the noise of the media. I also hope that our media wakes up soon before more children are damaged.

—Ted Kuntz
Vancouver, BC

*Son Josh damaged by DPT-P on December 16, 1984

Letter to Maclean's Magazine: March 12, 2015

I am concerned about the tone and the implied message in a paragraph on your 'Bad News' page of your March 16th, 2015 issue. You refer first of all to hippy-dippy' parents in California who choose to not vaccinate their children and then write that, "...the Pakistani government issued hundreds of arrest warrants this week to those refusing to inoculate their children against the virus". The implication is that Pakistani parents are just as 'ignorant' as those parents in California. It would have been more appropriate to express outrage at the practice of forcibly removing parents from their children and putting them in prison without having committed a crime.

Maybe those parents are being threatened by the Taliban and fear for their lives if they agree to inoculate their children. Maybe they have observed their neighbours' children suffering bad reactions after polio vaccines and are concerned about their children's health. Maybe they are simply exercising their right to informed consent and don't consent.

Did any journalist interview any of these 10 parents in prison and ask them why they are refusing to vaccinate?

Also, shouldn't you as journalists be asking why the Pakistani government is being so heavy-handed? Is it being threatened with loss of aid money if Pakistan doesn't reach its polio [vaccine] targets?

I question whether the recent polio outbreak is simply because of parents refusing to vaccinate. I would urge you to listen to Dr. Suzanne Humphries discuss polio and the polio vaccine and specifically the statistics on polio vaccination in India. Her information will surprise you and challenge assumptions about this critical issue. <https://m.youtube.com/watch?v=Twch-T-n8Ns>

There is currently a petition to the White House that begins, 'No human being should be forced to be vaccinated against their will and or personal/religious beliefs'. At last count, the petition had 128,947 signatures. Should these 100,000+ parents

in the United States also be put in prison like the Pakistani parents?

The tone of your article implies this. Please clarify,

—Mary Davis
Mississauga, ON

Letter to VCC: June 2014

Hello Edda,

So glad to hear your message on my answering machine. A relief that you haven't ditched me due to non-payment!!! It is coming – and soon. [...]

I hear lots of vilification of anti-vaccinators these days. I wish people would consider this – that which was believed in the past, may no longer be believed today as fact. We say, "What were they thinking?" Guess what – some things done today will be viewed the same way. Science – including medical science – is filled with examples. Of course smoking is bad for our health – what were they thinking? Of course doctors should wash their hands between delivering babies – what were they thinking? Toxins injected into the bodies of very young children? Perfectly safe?? Someday we may say, "What were they thinking?"

I know my own common sense tells me this scenario smells bad. And what I witnessed happen post vaccination to my youngest daughter absolutely stinks! I live with the horrendous consequences every day. So-called studies disproving vaccine damage have no effect on me. Beliefs change over time. New studies change old studies.

All this stuff about Dr. Wakefield and his research, the court case, and the loss of his medical license. They say he lied. It's possible to me that they are lying about his lying. History is filled with liars, and some times the liars are on both sides of a debate. Both sides want to win very badly.

All I know is that my daughter, and my family lost very badly. I witnessed it! I live it with her every day. There is nothing to debate here. And unfortunately, very little help from the doctors involved. They can deny. They can debate. I can only take care of my family the best I can, and hope that someday there will be some recognition and some compensation.

Our local newspaper had pro-vaccine editorial that called anti-vaccinators his brand of "burning stupid". My brand of "burning stupid" would have been believing the doctors a third time, vaccinating Leanne a third time, and expecting a different reaction this third time. A "double coincidence" taught me all I needed to know.

—Sincerely, Judy Williams
Ontario



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