

Vaccination Policies and Human Rights

By Mary Holland, Research Scholar, NYU School of Law

Transcript of Mary Holland's presentation to the United Nations 25th International Health and Environment Conference held in New York City on April 26, 2016.

I want to start by asking a couple simple questions by a show of hands. How many of you have ever, for any reason, been critical of the United Nations? Security Council, peacekeeper, budget issues come to mind. For any reason. OK.

And how many of you have ever been critical of the United States of America, for any reason? Foreign policy, domestic policy, role at the UN. OK. So you are all here, at the United Nations, in the United States, but the vast majority of you have been critical of these institutions at one time or another for one reason or another.

To me, this is like asking, are you alive? Are you awake? Are you a thinking person? Do you care about the world? Almost all of us we have been critical at some point for some reason of the UN or the US, because these are complex institutions with varying actions and inactions of all kinds on many issues.

But now if I ask you, have you ever been critical of your country's vaccine policies, you may be reluctant to raise your hand. And for good reason, because in the supercharged public discourse about vaccines, were you to have answered, "Yes, I have been critical of some aspect of vaccine policy at some time," you would likely be branded "anti-vaccine," that fundamentalist bogey-man term. And not by a militant or fringe publication or spokesperson. You might be branded "anti-vaccine" by the likes of the New York Times, the New England Journal of Medicine, the World Health Organization and by spokespeople from national centers for disease control and national pediatric associations. Your views on vaccines

might be considered "outside the mainstream," and equivalent to the views of those who deny climate change. You might be considered a flat-earther.

No matter if your critiques were categorical, and that you truly oppose all vaccines for all people at all times, or if you simply believe, as Bobby and I and many others do, that mercury should never be a preservative in any vaccine anywhere in the world because there are better and safer alternatives.

Many in the audience here today are branded "anti-vaccine," although that is a gross distortion. We are called this primarily to marginalize and dismiss our views. But just as most of you are critical of some aspects of the UN and the US but think they are important institutions, most of us have views that are nuanced, pro-health and pro-safe, affordable, necessary and effective, or sane, vaccines.

My focus today is on the role of law in protecting human rights when it comes to vaccines. How can we balance the rights of the collective vs. the rights of the individual? Vaccines, by their very nature, are a population-based medical intervention. If enough people take this medical intervention, then the so-called "herd" will be protected from the circulation of a communicable disease, based on the theory of "herd immunity." Although individuals receive vaccines, the rationale for vaccines is for the good of the individual and the society.

One of the core purposes of the United Nations, set forth in Article 1 of its Charter, is to achieve international cooperation

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VCC Member News: Another very busy season at VCC! Below is a brief summary of our activities from January through early June 2016. Most is political in nature, due to government actions & actors.

Vaccine Politics in Ontario

In January we acted on the knowledge that the Ontario Minister of Health would introduce an amendment to the Immunization of School Pupils Act (hereafter ISPA) in the Spring session of the provincial legislature. This amendment would require parents who wished to file religious or personal belief exemptions to first complete a compulsory “education” session. We encouraged Ontario members to visit their MPPs to express their concerns about this. We developed the Ontario MPP Information Kit for use by members on those visits.

We also received member complaints in January that certain MPPs were refusing to sign exemption affidavits. We wrote letters to Liberal Premier Wynn, Liberal Minister of Education Sandhu and NDP Health Critic Gelinak regarding this discriminatory practice and their responsibilities as public servants.

And finally, we published a document titled, Vaccine Overview: Civil Rights and Suppressed Science, which grew out of Board discussions regarding taking legal action on ISPA.

In February, we updated the Federal MP Information Kit and wrote to newly elected Prime Minister Trudeau regarding our concerns about vaccine safety and efficacy. Trudeau forwarded the letter to Minister of Health, Dr. Philpott, who declined to meet with us.

Vaccine Safety Report

In March, VCC released the Vaccine Safety Report. The report concludes that adverse events are being significantly under-reported in Canada—at a rate closer to 1% of actual

events, than the 10% reporting rate claimed for the Canadian adverse event databases. We also compare and contrast certain information from the United Kingdom and Switzerland to available Canadian information. We conclude that Canada’s public information related to vaccine safety is barely useful in making informed vaccine decisions, and we offer some solutions for the public and for the medical establishment.

Greater Toronto Area Member Group

The other exciting event in March was the formation of a GTA member group. They are meeting regularly in Toronto. Directors Edda West and Nelle Maxey attended their first meeting via Skype. A member volunteer has even set up a private listserve so they can communicate about meetings, actions and discuss issues. Contact info@vaccinechoicecanada.com if you would like to join the group. You can see three proud members of the group at the Ontario Legislature in the great photo at the bottom of the next page.

Toronto Total Health Show

In April, Edda flew east to attend the Total Health Show in Toronto. VCC had a table staffed by Toronto member volunteers. Edda and VCC were a phenomenal success. Edda’s well received (we saw rave reviews!) slide show presentation, Vaccine Safety: Know the Science and the Facts, is available on our website as a pdf in the Resources/Video&Audio section.

The VCC table was very busy throughout the show with all of our reports, brochures and other information disappearing into the hands of eager attendees.

The Vaccine Choice Journal Vaccine Choice Canada

Coordinator & Journal Editor: Edda West
P.O. Box 169, Winlaw, B.C. V0G 2J0
info@vaccinechoicecanada.com
250-355-2525
www.vaccinechoicecanada.com

Board of Directors:

Edda West — President
Rita Hoffman — Vice-President
Nelle Maxey — Secretary/Treasurer
Ted Kuntz — Board Member

Thanks to Nelle Maxey for electronic production of the Journal.

Statement of Purpose:

1. Vaccine Choice Canada (VCC) was formed in June, 2014 and continues the work of VRAN in response to growing parental concern regarding the safety of current vaccination programs in Canada.
2. VCC furthers the work of our original group, the Committee Against Compulsory Vaccination which, in 1984, won an amendment to Ontario’s

“Immunization of School Pupils Act”. This established the availability of legal exemption from any ‘required’ vaccines for reasons of conscience or sincerely held belief and set a legal precedent in Canada.

3. VCC supports the right of all people to make a voluntary and fully informed decision when considering pharmaceutical products like vaccines that carry a risk of injury and death.
4. VCC distributes scientific research, information and resources to further health and well being in our families and communities.

Our Mandate is:

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

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

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

Petition Re: Compulsory “Education” Sessions

The VCC table at the Total Health show had a petition to the Ontario Legislature opposing the mandatory education sessions amendment. We secured over 500 signatures at the show and have collected at least 300 more since then thanks to the work of member volunteers in Ontario. On May 31st, the first batch of over 500 petitions was read into Hansard in the Ontario legislature. More readings have followed.

VCC Ombudsman Complaint

On May 9, following up on our 2012 complaint, VCC filed a second complaint with the Ontario Ombudsman regarding the misinformation and obfuscation of information being issued by Ontario public health officials (including the Minister of Health) related to vaccine exemptions and the non-mandatory nature of Ontario’s vaccination program for school children. The complaint with its large file of related documents is found on our website under About Vaccines/General Issues/Ethics.

On May 13, VCC sent letters regarding the illegal School Suspension Orders that were issued by at least one Ontario regional health office. The orders did **not offer an option of filing a religious or belief exemption to rescind the order**. You can read the letters on our website under About Vaccines/General Issues/Ethics. The health district in question has since apologized for the “mistake”. However they ignored our request to re-issue the 2000 Orders to comply with the law (ISPA).

We also launched a legal defense fund raising campaign to our members and have included the fund raising letter as a flyer in this edition of the Journal.

At the Total Health Show: VP Rita Hoffman and President Edda West with member Christine Colebeck between them.



ISPA Amendment Stalled

On June 1st we learned in a media article that Bill 198, the amendment to the ISPA requiring compulsory “education” classes for parents seeking religious or conscientious exemptions, would not move to 2nd reading this legislative session. Had it moved to 2nd reading a floor debate and move to committee with public comments received would have occurred. This means the amendment will not take effect this fall as originally planned. Good work, All!



At the Ontario Legislature: Skylar Hill-Jackson, Kristyn Owers & Petra Holic after their meeting with NDP Health Critic Galinas

Over the last few years the drumbeat of mandatory vaccination has gotten louder, nastier and more threatening. At the same time, the corporate controlled media has imposed a 100% blackout on dissenting voices trying to shed light on the health catastrophe unleashed on generations of children by aggressive vaccination programs. Many of these voices are researchers and scientists who are revealing the cellular and molecular pathways by which vaccines can derail normal brain and immune system development in young children, as well as trigger devastating autoimmune diseases in adults. This emerging science is ruthlessly suppressed by mainstream medicine and public health policy makers whose primary goal is to defend the vaccine program at all costs.

Last year we watched with mounting alarm as mandatory vaccination fervour swept across the U.S. where many states introduced bills to remove parents' right to personal belief exemptions. While most bills were defeated thanks to the diligence of concerned parents, California, once seen as the most liberal state, buckled to medical industry pressure. At the end of June, the draconian anti-choice legislation SB277 was pushed through, ending parents' right to religious and conscience based exemptions.

With the California defeat of parents' right to determine their children's health care, under penalty of loss of the right to education, corporate driven medicine declared war on the basic human right to determine for ourselves and our children which medical procedures, drugs or vaccines we accept or reject. The influence of these powerful corporate interests and medical lobby groups transcends national boundaries and drives vaccine policies around the world.

Vaccine laws and exemptions in Canada

In Canada, Ontario and New Brunswick are the only two provinces with legislation that require proof of vaccination from children attending school and daycare. The rest of Canada has no such laws. The remaining provinces and territories only provide in their health care acts the right of public health officials to exclude unvaccinated children from school or daycare in the event of an outbreak of 'vaccine preventable' diseases.

In 1982, Ontario was the first province to pass a law requiring proof of vaccination for school entry. At the time it was passed, Ontario's Immunization of School Pupils Act (ISPA) provided exemptions for medical and religious reasons but excluded conscience-based exemptions. Following the determined efforts of our original group, in 1984, the Ontario government was compelled to bring ISPA into alignment with our Charter rights. This eloquent quote from the 1984 Brief we submitted to the Ministry of Health was at the heart of our argument against the state's attempt to impose mandatory vaccination on citizens:

"The state has no business telling us what we must think,

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

The conscience clause amendment to ISPA was proclaimed on December 14, 1984 and secured parents' right to exempt their children from vaccination for reasons of conscience or sincerely held belief.

Now they're back-pedaling on that right. This spring, the Ontario government introduced a new amendment (Bill 198) to the Immunization of School Pupils Act. It will require that parents attend a mandatory vaccine "education session" prior to being allowed to file a religious or conscience based vaccine exemption for their school age children. Bill 198 is a blatant move to narrow parents' right to access legal vaccine exemptions.

It's a punch in the gut, but not unexpected considering the toxic climate that has been stoked by the media, medical industry lobby groups and governments in North America against anyone or any group questioning the safety of injecting children with multiple doses of over a dozen vaccines. Bill 198 is an escalation of the disinformation war against the public, and is a further erosion of our civil and legal rights as provided by the Canadian Charter.

Parents' concerns ignored

It's well known that the majority of parents who refuse vaccines for their children or who vaccinate selectively, are well educated and have already thoroughly researched the benefit/risk equation of injecting their children with the myriad complex biochemical substances that comprise vaccines, which like all drugs carry a risk of injury and death for some. Forcing parents to submit to mandatory vaccine education sessions in an attempt to influence their personal beliefs about medical risk taking will not sway them and will only create more resentment, anger and polarization.

For more than 30 years, our organization has monitored the implementation of the ISPA in Ontario. We have striven to inform parents of their rights to legal exemptions as stated in the Act, to provide ease of access to the exemption forms and to encourage citizens to inform themselves on the safety and efficacy of vaccines.

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and for fundamental freedoms for all.” So the UN and the international community have obligations to respect human rights related to vaccination. How must nations and the UN do this? That is an important question that deserves scrutiny, as it profoundly affects both individual and global public health.

Since World War II, the international community has recognized the grave dangers in involuntary scientific and medical experimentation on human subjects. In the aftermath of Nazi medical atrocities, the world affirmed the Nuremberg Code which stated that the **“voluntary consent of the human subject is absolutely essential.”** The International Covenant on Civil and Political Rights further enshrined this prohibition against involuntary experimentation in its 1966 text, stating **“no one shall be subjected without his free consent to medical or scientific experimentation.”** Such a prohibition is now so universally recognized that some courts and scholars have pronounced the right to informed consent in experiments as a matter of customary international law. In other words, it applies everywhere, whether or not a country has specific laws on its books, as customary norms now prohibit slavery, genocide, torture and piracy.

But what about informed consent in the area of medical treatment, including preventive medical treatment? What about informed consent to vaccination? This is a controversial issue today in many countries, including the United States.

In 2005, the UN Educational, Scientific and Cultural Organization, UNESCO, addressed this issue, adopting the Universal Declaration on Bioethics and Human Rights on the consensus of 193 countries. The participating countries hoped this Declaration, like the Universal Declaration of Human Rights before it, would become a set of guiding principles. On the issue of consent, the Declaration states that **“any preventive...medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.”**

It further notes that the **“sole interest of science or society” does not prevail.**

This pronouncement is an extension of the medical oath, attributed to Hippocrates 2500 years ago, that doctors must work for the good of their patients and never do harm. Abbreviated as the “first do no harm” principle, this credo embodies the precautionary principle in medicine, clearly placing the interests of individual patients above the interests of the collective or the “herd.”

This precautionary principle in medicine leads directly to the view that vaccination policies must be recommended, not coerced. The doctor-patient relationship depends first and foremost on trust, and coercion undermines it. When the doctor-patient relationship is based on coercion, trust is a casualty, and doctors then serve the state, and by extension the society, above their individual patients. This is a slippery slope, where

civilized medicine has too often derailed in the past.

Dr. Leo Alexander, the chief U.S. medical consultant to the Nuremberg Trials, warned in 1949 that “From small beginnings the values of an entire society may be subverted.” He pointed out that long before the Nazis came to power in Germany, a cultural shift in the medical community “had already paved the way for the adoption of a utilitarian, Hegelian point of view,” with literature on the euthanasia and extermination of those with disabilities as early as 1931.

Following the medical precautionary principle, **the default position for vaccination must be recommendations**, not compulsion. Individuals, for themselves and their minor children, should have the right to accept or refuse these preventive medical interventions based on adequate information and without coercion, such as the threat of loss of economic or educational benefits. Informed consent must be the default position because compulsion, on its face, not only undermines trust, but limits the fundamental rights to life, liberty, bodily integrity, informed consent, privacy and to parental decision making.

Many developed countries’ vaccination policies embody this principle of childhood vaccination recommendations, including conference co-sponsors Ukraine, Germany and Japan. Other developed countries that achieve impressive public health without resort to compulsion, including the United Kingdom, Australia, Austria, Denmark, Iceland, the Netherlands, New Zealand, Sweden, Norway, Finland, Denmark, South Korea, and Spain, among others.

Nonetheless, the Universal Declaration on Bioethics and Human Rights Article 27 permits limitations on fundamental rights, but these limits must be imposed by law and must be “for the protection of public health or for the protection of the rights and freedoms of others.” Furthermore, “any such law needs to be consistent with international human rights law.”

International courts have developed a test to assess whether restrictions of fundamental rights are legitimate and lawful. The test studies whether the measure is lawful, strictly necessary and proportionate to the risk. The State enacting such a restriction bears the burden of proof that the compulsory medical intervention is lawful, strictly necessary and proportionate. Generally, the “strict necessity” element must be the least restrictive alternative to achieve the public health objective, and non-coercive approaches must be considered first. Thus, the State must show that a less restrictive alternative is not feasible before adopting a highly restrictive one.

In addition to these criteria, if a State does mandate vaccination, then it has an affirmative obligation to provide an effective remedy for those who may be injured as a result. Like all prescription drugs, vaccines carry the risk of injury and death to some. The guarantee of an effective remedy is a basic pillar of the rule of law in a democratic society. And

the remedy must actually be an effective one; it cannot be an illusory remedy, which in fact provides no relief.

Vaccination policies have changed drastically since the early twentieth century when they were primarily emergency medical interventions for the whole population in times of smallpox outbreaks to the policies of today, when they primarily target infants and young children for non-emergency prevention of many diseases of differing severity. Legislatures and courts have had to grapple with many issues flowing from these policies, including vaccine injury compensation, religious exemptions, philosophical exemptions, the right to education, the right to informed consent, and the right to parental decision making. I provide a few examples of court decisions related to vaccination and human rights from different countries.

In Japan, in 1992, the Tokyo High Court heard a case from 159 survivors of vaccine-induced injury or death. The Court concluded that the Ministry of Health had been negligent in failing to establish a screening program to exclude people with contraindications to vaccination. The court noted that the Ministry of Health had focused on measures to raise the vaccination rate at the expense of attention to vaccine adverse reactions. Furthermore, the court noted that the Ministry had not provided sufficient information about vaccine adverse events to doctors and the public. The court concluded that the injured victims were entitled to compensation as a matter of state redress.

In Ukraine, in 2004, its Constitutional Court interpreted its Constitutional guarantee of the right to education on the principle of equality. It found that its Constitution guaranteed every individual the right to education. Thus in Ukraine, no child, vaccinated or unvaccinated, may be refused the right to attend school.

The Turkish Constitutional Court in 2015 upheld the principle that parental consent is necessary for the vaccination of infants and children. It found that despite its Ministry of Health's assurances that childhood vaccinations are in the "best interests of the child," that an infant's interest in bodily integrity may only be violated for medical necessity and based on law, and that routine childhood vaccination required parental consent.

On the other hand, a January 2015 judgment of the Czech Constitutional Court upheld a public health law prohibiting young children from attending preschool without vaccinations against nine diseases unless the children have "permanent medical contraindications." But the judgment was issued over a stinging dissent, arguing that the Court's decision was more politically motivated than based in a rigorous constitutional legal analysis. The dissent found that the majority's decision had "turned a blind eye" to the unconstitutionality of its public health law and that as a result, the Court's decision ultimately would undermine rather than advance the legitimacy of vaccination mandates.

In the United States, the legitimacy of school vaccination mandates came into sharp focus in 2015, when almost twenty

states introduced legislation to limit or prohibit altogether exemptions from vaccination except very limited medical ones. Only in the state of California did blanket legislation pass, which prohibits all exemptions save limited medical ones, although similar laws already exist in two other states, Mississippi and West Virginia. We are likely to see in the near future whether California courts will uphold or reject this new law which directly contradicts the California Constitution's guarantee of a right to a public school education to all children. We will see whether the courts are prepared to endorse a new kind of school segregation against 225,000 children whose vaccination status does not conform perfectly to California's mandates.

With over 270 vaccines in the global research and development pipeline, the role of law and courts in upholding or rejecting vaccination mandates and in compensating the victims of vaccine injury is critical. As we all understand, healthcare is big business the world over, and vaccines represent a growing medical market with increasingly high profit margins. If we don't adhere to first principles of the rights to life, liberty and bodily integrity of the individual, and of the right to prior, free and informed consent in medicine, we may find ourselves with known and unknown harms.

To conclude, I paraphrase President Eisenhower's farewell address to the United States in 1961 when he was addressing the risks posed by the "military-industrial complex." I substitute the term "medical-industrial complex," which I believe today poses many of the same risks he foretold:

The potential for the disastrous rise of misplaced power exists and will persist. We must never let the weight of this complex endanger our liberties or democratic processes. We should take nothing for granted. Only an alert and knowledgeable citizenry can compel the proper meshing of the huge industrial and medical machinery of health with our methods and goals, so that security and liberty may prosper together....[I]n holding scientific research and discovery in respect, as we should, we must be alert to the equal and opposite danger that public policy could itself become the captive of a scientific-technological elite.

So let us be alert, knowledgeable and properly integrate the interests of global health security with global liberty.

—We deeply appreciate the opportunity to reprint Mary Holland's powerful presentation at the United Nations 25th International Health and Environment Conference.

Mary Holland is Director of the Graduate Legal Skills Program at New York University School of Law. Educated at Harvard and Columbia Universities, Holland has worked in international public and private law. Prior to joining NYU, Holland worked in international public and private law. She also worked at a major U.S. human rights advocacy organization as Director of its European Program.

Note: A [video](#) of the presentation (and an article) is found at Health Impact News. The two-part video is also found on [YouTube](#).

See Page 27 for further comments from Mary Holland.

Big Pharma's Dirty Little Secret: Vaccine-Induced Autoimmune Injury

By Celeste McGovern

Nasal flu vaccine left energetic and happy 10-year-old Bobby Hunter with disease that makes him afraid to smile. Scientists reveal how a hyperactivated immune system can unleash disease.

Bobby Hunter was 10 years old when his mother noticed her usually energetic boy was struggling to stay awake and he looked exhausted all the time. Then he began collapsing. Eventually Bobby was diagnosed with narcolepsy, a lifelong incurable condition where victims suddenly drop into deep dream sleep, sometimes a dozen times a day or more. It can be accompanied by bizarre and terrifying symptoms: waking hallucinations of demons, insomnia, sleep paralysis and a sudden loss of muscle control or cataplexy often triggered by strong emotions. Bobby now has to be accompanied everywhere he goes in case he falls unconscious; he'll never bathe or drive or cross a street alone. But his case is particularly cruel. Now, he is a child who is afraid to smile or laugh because it might trigger an attack.

Bobby's mother Amanda is adamant he first became ill after he received the nasal flu vaccine at his school. But could such a small thing cause such a devastating disorder?

Narcolepsy Nightmare Explained

This month at the 10th Autoimmunity Congress in Leipzig, Germany a leading pharmaceutical researcher presented his international team's findings suggesting that vaccination could indeed have the "unexpected" effect of inducing crippling narcolepsy, an autoimmune disease.

Sohail Ahmed, lead author of a ground breaking paper published last summer in Science Translational Medicine explained how the now-retracted Pandemrix vaccine was implicated in a narcolepsy epidemic of more than 1,300 children in several European countries and spates of cases linked to other vaccines for the 2009 swine flu pandemic that never materialized.

It turns out, part of the influenza nucleoprotein in the swine flu vaccine looked (molecularly) just like a receptor for a neurotransmitter in the brain called orexin that regulates the sleep/wake cycle, explained, Ahmed former global head of clinical sciences at Novartis and later GlaxoSmithKline who is currently with Roche Pharmaceuticals.

When the vaccine was injected with an adjuvant to ramp up the immune response, the immune system went into overdrive. Something -- maybe chemical ingredients in the vaccine, maybe inflammation -- breached the blood brain barrier and the immune system targeting the vaccine virus also locked in on the receptors in the brain sleep centre. Narcoleptic patients' own immune system then destroyed a hub of 70,000 or so orexin-producing cells in their brains before their hosts started knocking out. The autoimmune reaction can't be turned off

because the immune system is programmed to relentlessly attack anything it perceives as a foreign invader. It's a case of mistaken identity and in immunology it's called a "cross-reaction."

But could other vaccines still in circulation that contain the H1N1 virus trigger narcolepsy too? Could the same mechanism cause kids like Bobby Hunter to get narcolepsy from the nasal flu vaccine?

Both Ahmed and immunologist Maria Teresa Arango at Leipzig confirmed that it could indeed. Bobby probably carries the HLA-DQB1*0602 genetic marker that leaves him at a higher risk of getting narcolepsy. But so does 20% of the US population. For pharmaceutical industry dependents like Ahmed, so long as cases like Bobby's are not epidemic as they were with Pandemrix, they are collateral damage the pharmaceutical industry is willing [to] continue to keep flu vaccines rolling.

But what if other vaccine proteins are acting in more unexpected ways, contributing to other autoimmune diseases?

Arango said such cross-reactivity could be the underlying mechanism for widely varied and unexpected documented vaccine adverse autoimmune events affecting other parts of the brain or body. She pointed to the work of Dr. Darja Kanduc.

Massive Peptide Sharing, Massive Autoimmunity?

Kanduc is a biochemist at the University of Bari in Italy who presented her findings in Leipzig at a one-day symposium on vaccine safety sponsored by the Children's Medical Safety Research Institute. Bari has been looking for molecular similarities between microbial and human proteins and found that a massive, unexpected "peptide sharing" exists between human proteins and microbe proteins.

Where overlap ("peptide sharing") occurs between a foreign protein and human protein, they have a same identical amino acid sequence (for example, SLVDTYR). An immune response launched against SLVDTYR might hit A (the microbial protein) and also B (the human protein). In immunology terms, this is a cross-reaction between A and B -- in the same way Ahmed's team illustrated vaccine-induced narcolepsy.

Normally such cross-reactions do not occur, explains Kanduc. "In fact, the human immune system has been 'educated' to ignore foreign proteins and avoid cross-reactions in order not to harm the similar human 'self' proteins." In immunology, this is called immunotolerance. Our immune system does not press the panic button and launch an attack on every foreign viral protein it encounters.

Tolerance Lost

Our natural immunotolerance has proved a big problem for vaccine manufacturers over the years. Simply injecting a viral or bacterial particle into our bodies does not trigger the immune storm they want. Our bodies aren't designed to encounter pathogens via intramuscular injection, after all. Our immune system refuses to attack the injected pathogen since that would mean also attacking the look-alike human proteins. It would rather not go to war than risk the home casualties.

Imagine the immune system as a border guard. If a guard at the Canada-US border pulled every vehicle that drove up to his checkpoint aside, emptied the suitcases, called in the sniffer dogs, strip-searched the occupants and called for the SWAT team, things would get ugly pretty fast. Most of the time, border guards are alert but passive. Our immune system is the same way with foreign proteins.

So vaccine manufacturers pepper vaccines with adjuvants—crude extracts of mycobacteria, toxins such as mercury, aluminum salts, or mineral oils to force the reluctant immune system to go into attack mode—from passive border guard to hypervigilant nutter pulling a gun on a granny. Celebrated Yale immunologist Charles Janeway called this “immunologist’s dirty little secret” underlying vaccination.

“Adjuvants expand, potentiate, and increase immune responses,” explains Kanduc. “Such hyperactivation has a price: the loss of specificity. The hyper-stimulated immune system does not discriminate any more between foreign proteins and self-proteins...Adjuvants render the immune system blind. Human proteins that share peptide sequences will be attacked.”

Kanduc likens immunotolerance to a protective wall. “The dam is demolished by the adjuvants and the cross-reactivity flood can crush and alter human proteins.” This might also cause numerous cross-reactions, manifested as a wide variety of autoimmune attacks.

Can vaccines induce genetic disease?

Kanduc looked for peptide sharing between a single influenza A H5N1 protein and human proteins. She found that the viral protein shares 70 peptides with the human host—proteins involved in basic cell functions including proliferation, neurodevelopment, and differentiation.

Among the human proteins that could be on the firing range: reelin, a protein involved in neuron layering, neurexins, proteins that connect neurons, syndrome 10 protein for Bardet-Biedl syndrome, a transcription factor for Williams Syndrome (a rare genetic neurodevelopmental disorder), a protein associated with amyotrophic lateral sclerosis, and so on.

When these human proteins are altered, as for example by genetic mutations, neurological disorders such as epilepsy, obesity, dystonia, amyotrophic lateral sclerosis, Sudden Infant Death Syndrome and demyelinating diseases like multiple sclerosis occur, says Kanduc.

“The same spectrum of diseases might occur if these human proteins are attacked and altered by cross-reactions following an expanded and indiscriminate immune response induced by an adjuvant vaccine,” she adds.

With such “massive overlap” of proteins, the potential for vaccines to induce all sorts of autoimmune diseases is possible; it explains why such diverse autoimmune phenomena have been documented in the medical literature with respect to vaccination, from neurological disorders to skin afflictions to impaired fertility.

“The type of autoimmune phenomenon and disease that is eventually established will depend on the molecules and organs attacked,” explains Kanduc. “For example, attacks against myelin may evoke demyelinating diseases [such as multiple sclerosis] whereas immune reactions against proteins involved in behaviour and/or cognition may cause autism and behaviour disorders.”

Autoimmune Infertility?

Such autoimmunity may be the mechanism underlying cases of premature menopause and infertility in adolescent girls following injection with the vaccine against HPV, described in Leipzig by an Australian GP. Deirdre Little, a general practitioner in South Bellingen, first published a case study of her 16-year-old patient who developed premature ovarian insufficiency (POI) following HPV vaccination. Since then Little has encountered six more post-HPV cases of sterility in adolescents in her practice—though primary ovarian insufficiency is almost unheard of—normally affecting one in 100,000 girls under age 20.

Little and Harvey Ward, the Australian obstetrician gynaecologist who co-authored her studies, highlighted their concerns that the HPV vaccine’s impact on fertility has not been researched.

What’s more, she said: “The ‘saline’ placebo control for this vaccine target group was not saline.” Little discovered that even product information was misleading on this point and failed to mention that the “placebo” for the HPV contained the toxic metal aluminium and polysorbate 80—an ingredient which has exhibited delayed ovarian toxicity to rat ovaries at all injected doses tested over a tenfold range.

Polysorbate 80 has been compared to diethylstilbestrol (DES), a cancer drug given to women until 1971 when it was shown to induce cancer. Later researchers discovered children who were exposed to DES in utero also had high risk of cervical cancer and infertility.

“The definition of a safe drug is when the children of the people who have taken it can reproduce healthy children,” said Ward. It will be a long time yet before the HPV vaccine can be declared safe.

Contraceptive researchers have been trying to make a birth control vaccine for decades—primarily by vaccinating against female hormones such as follicle stimulating hormone and human chorionic gonadotropin. They’ve been hampered by their inability to rein in the triggered immune system; besides FSH and HcG, it attacks look-alike sequences on hormones such as thyroid and leutenizing hormone.

“Our goal with our vaccine was to develop autoimmunity,” Bonnie Dunbar, a 20-year veteran vaccine researcher, told the 4th International Public Conference on Vaccination in 2010, according to a report from the Population Research Institute. Dunbar tried to train rabbits’ immune systems to attack proteins on their ova using pig proteins in her vaccine to “trick the rabbit into inducing antibodies against its own self proteins.”

Instead, she inadvertently launched a full-scale immune assault that completely destroyed their ovaries. “Unfortunately, we weren’t just looking at preventing fertilization now,” said Dunbar, “we generated a complete autoimmune disease, which is also known as premature ovarian failure.”

Is it possible that components of HPV vaccines share sequences with components of the reproductive system?

Do Vaccines Create New Diseases?

In 2007 cattle farmers in Europe began reporting a bizarre new disease among calves. Sometimes the new-born animals were just found dead, but others, usually less than a month old, would develop nosebleeds, black tarry stools and high fevers. Sometimes ear tagging, or the slightest scratch or knock would lead to uncontrollable bleeding. Something appeared to be destroying platelets in the blood of these animals, and post mortems revealed massive internal bleeding and almost completely decimated bone marrow.

By 2009 the disease was in the UK, and while it usually only affected one or two animals on a given farm, sometimes it affected as many as 10 percent of new-borns and it was almost always lethal. Eventually it would kill at least 4,500 calves. Vets suspected many more cases were going unreported and there was no sign of the mystery abating. Veterinary agencies were growing alarmed. The first epidemiology reports in 2009 confirmed rumours: the new disease called Bleeding Calf Syndrome, or bovine neonatal pancytopenia in academic circles, had something to do with Pfizer’s new PregSure vaccine against bovine viral diarrhea (BVD). In 2010 the vaccine was pulled from the market.

BVD spreads easily among intensively farmed animals (not so much grass-fed), and it causes diarrhea, lowers milk production and can cause stillbirths. A calf infected in utero that survives can be persistently infected throughout its lifetime and keep the disease circulating. The PregSure vaccine was given to pregnant cows to avoid BVD transmission to developing

calves.

But a host of studies conducted by European agriculture ministries and veterinary researchers revealed the underlying mechanism: the vaccine caused the dams to produce aggressive anti-viral antibodies, present in their colostrum, which also attacked the newborn calves’ blood cells when they drank them.

Today, six years after PregSure was discontinued, previously vaccinated dams are still producing bleeding calves.

Vaccines In Pregnancy

Bleeding Calf Syndrome raises a host of questions: What do these findings suggest for humans? What happens when pregnant women are vaccinated against foreign proteins? The CDC advises women to get vaccinated before, during and after pregnancy. Do these women pass on potentially cross-reactive antibodies to their babies as well?

It seems the industry is aware of the enormous implications of the phenomenon. A study published two months ago in the journal *Vaccine* states that,

“Although maternal vaccination is generally considered to be safe, the occurrence of Bovine Neonatal Pancytopenia (BNP) in cattle shows that maternal vaccination may pose a risk to the offspring.”

“The occurrence of BNP years after last PregSure© BVD vaccination indicates that alloantibody levels may remain high in dams,” it adds. Alloantibodies are immune system components that recognize and attack proteins with genetic differences within species—as between a host and a tissue transplant graft, for example. “Since pregnancy induces alloantibodies we hypothesized that pregnancy boosts the vaccine-induced alloantibody response,” explain the researchers from the Department of Infectious Diseases and Immunology, Faculty of Veterinary Medicine at Utrecht University in The Netherlands.

Pregnancy seems to reactivate the immune system and relaunch antibody production—in calf after calf. It also suggests that pregnancy is a particularly vulnerable window for launching autoimmune disease.

Subclinical Disease

You may be reassured to think only several thousand calves died from the PregSure vaccine, but recent veterinary studies have demonstrated that the bleeding calves are not all of the affected newborns. A 2014 study found that while only three percent of offspring expressed clinical bleeding calf syndrome, 15 percent of the clinically normal calves had “profoundly altered hematology.” Though they were not ill before they were sold, the researchers could not say if they would become so later or in different conditions.

What happens to the subclinical cows? Do they carry these alloantibodies for life and do they become clinically diseased with a stress trigger years later as per Autoimmune/ inflammatory Syndrome Induced by Adjuvants? Are they

already experiencing subtle symptoms of disease? I contacted Zoetis Inc. the animal health company that Pfizer spun off in 2013, to ask these questions. They said they would get back to me. I'm still waiting.

Again, the questions about subclinical disease in animals are important for humans. Is it possible that there are subclinical manifestations of other vaccine adverse events? Scientists have wondered if generalized anxiety and panic disorders might not be subclinical manifestations of narcolepsy, for example, because they also share symptoms of narcolepsy, such as cataplexy. Is it possible that H1N1 antibodies act subtly at lower levels but still have an effect on the brain? Is it possible that other vaccine proteins induce other autoimmune diseases in people with different susceptibilities?

These are questions that haven't yet registered with public health vaccine advocates who sit in closed-door policy meetings and hold shares in the drugs they mandate. Bleeding calves won't be on their radar for years, if ever. They still refuse to acknowledge that Pandemrix was linked to narcolepsy – though the industry does. And cases like Bobby Hunter? Forget it.

Public health regulators' main interest is preserving the

notion that vaccines help more than they harm. Anything else is blasphemous.

For the rest of us, though, a recent review in immunology literature should give pause. It states: "To date, more than 80 systemic and organ-specific autoimmune diseases have been defined, and their cumulative burden is substantial, both medically and financially. Furthermore, the burden of autoimmune and autoinflammatory diseases is rising, making these diseases a ubiquitous global phenomenon that is predicted to further increase in the coming decades."

An autoimmune storm is rising. The role of vaccines in it is emerging and will one day be crystal clear. The question is, how far off is that day, and who is going to pay while we wait for it?

—Celeste McGovern is a national award-winning investigative journalist in the United Kingdom. We appreciate Celeste McGovern's kind permission to reprint her fine article in this issue of the Vaccine Choice Journal.

To view the scientific presentations from the 4th International Symposium on Vaccines, go to www.cmsri.org.

To explore more research related to the unintended, adverse effects of vaccination use the GreenMedInfo.com Vaccine Research portal.

Edda's Editorial continued from page 4

At the same time, we have watched the Ontario Ministry of Health continue to sanction words and actions that subvert information about the availability of legal exemptions from vaccines, state that vaccination is mandatory for school-age children, and that coerce consent from students and parents with suspension threats without clearly informing them of their legal right to refuse vaccines. And most shockingly, we have received reports from distressed parents that children as young as 11 have been coerced into submitting to vaccination in the school setting without parental knowledge or consent.

Repeated efforts to communicate our concerns to the Ministry of Health have been ignored as evidenced by our subsequent and current [complaints to the Office of the Ontario Ombudsman](#). (on our website at About Vaccines/General Issues/Ethics)

Bill 198 Violates Constitutional Rights

The fundamental human rights of Canadians were proclaimed and secured by the patriated Constitution Act on April 17, 1982. The Canadian Charter of Rights and Freedoms forms a major part of the Act, and is intended to protect the civil rights of Canadians from the policies and actions of all levels of government. Bringing the rights of Canadians into closer alignment with the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948 was a historic achievement by Pierre Trudeau's Liberal government.

The proposed Bill 198 forcing parents to attend "vaccine education" sessions against their will, in order to obtain legal vaccine exemption they already have a right to, imposes an unacceptable restriction on our Constitutional Rights under the Canadian Charter of Rights and Freedoms. The Charter already

guarantees us the civil rights of freedom of conscience and religion, and legal right to security of the person.

At the same time the provincial government erodes and undermines our civil rights, it takes no responsibility whatsoever to compensate families when vaccine injury occurs. Canada is the only G7 nation without a vaccine injury compensation program. By placing yet another layer of restrictions on our civil rights, the provincial government sends a chilling message to all Canadians that it is willing to trample citizens' most fundamental Constitutional rights in order to achieve maximum compliance with its vaccination goals.

The provincial government needs to be reminded once again (as we did in 1984), that it does NOT have the right to impose legislative restrictions on civil and legal rights we are already granted by the Canadian Charter. Unfortunately, there is no overarching legal mechanism in Canada preventing provinces from enacting legislation that contravenes our Charter Rights which means that citizens whose Charter rights are violated must resort to expensive court challenges to defend their fundamental rights.

It's time to push back as hard as we can with the unfaltering conviction that the lives of our children, grandchildren and future generations depend on it. We have ONLY one tool with which to stop government violation of our Charter rights and that is a legal challenge through the courts.

Please support the Vaccine Choice Canada legal fund. Details for making a pledge are contained in the fund raising insert. Let's work together to settle this once and for all and secure our rights to vaccine choice.

Personal Story: Anaphylaxis After Chickenpox Vaccine

By Rebecca T, Australia

When my eldest daughter was 18 months old I dutifully had her receive her 18 month vaccination (Varilrix the GSK brand of chickenpox vaccine given in Australia). Immediately after the vaccination she wasn't right. She was unsettled, cried exhaustively, was very red and seemed lethargic. Over the following days she was not her usual self either. She was not as alert, was not interested in engaging with me, had reduced eye contact during communication and her language went backwards. I was terrified that she had been permanently damaged by the vaccination. When my husband returned home from being away during this event and quite quickly exclaimed, 'She has regressed!' there was no doubt in my mind that she had been harmed by the vaccination.

For the next few weeks she still was not right and seemed 'out of sorts'. One month after her vaccination she had an anaphylactic reaction to a sliver of cashew. She had no previous history of allergy. The memory of cradling her blue limp body in my arms is seared into my memory. I thought she was going to die. It was not rocket science to link the anaphylaxis to the vaccination. I was determined to find out why this had happened and it became my mission to cure her.

I am a scientist. My entire tertiary education and career was geared towards 'science based medicine'. I had no reason to doubt the efficacy or apparent success of the vaccination program. Now I feel raped by my education. Indoctrinated as a top student that could regurgitate 'the facts' which are too heavily influenced by politics and profit. How shamed I am now. This humiliation has driven me harder to find answers and to heal my daughter.

It wasn't long after the anaphylactic event that I stumbled upon [an article] *Anaphylactic children—canaries in the public health mine shaft? Are vaccines responsible for the epidemic of anaphylaxis in young children today?*, by Rita Hoffman. This verified for me my gut feeling that her vaccination and her anaphylaxis were indeed related and enabled me to find the path to healing her.

Given that most mainstream Western medical practice is in complete denial of vaccine damage I knew I had to seek help outside of this sphere. I grant myself lucky that I had recently been diagnosed with chronic fatigue syndrome and multiple chemical sensitivity which as an aside should have triggered caution with familial vaccinations. I could apply much of my research of alternate therapies to CFS and gut based healing to my daughter's situation.

In addition to a cashew and peanut anaphylaxis, other issues she had now included many other food reactions, eczema, rash around her mouth, loose bowel motions with poor control, emotional instability, and difficulties engaging with other children and adults socially.

Our healing journey began with minimising any further toxic or inflammatory exposure through diet or the environment (certainly no further vaccinations), and progressed to healing the gut, providing nutrient dense foods, with absolutely no processed foods, and no sugar. I could assess her progress through changes in her eczema, rashes, demeanour, bowel motions and nut challenges. Eventually everything my daughter ate had been made by me from whole, mostly organic foods.

Initially I semi-blindly tried elimination diets. We went gluten and dairy free, substituting with other grains and soy (eek!). I started her on probiotics. When she was almost 3, I was very fortunate to meet a GAPS nutritionist which was when her real healing started. We spent a lot of time revisiting the beginning stages of the GAPS protocol which was bone broths, basic non-starchy vegies, lots of ferments—at one time she was having something fermented every time she ate; no grains at all, no soy. For many years I used a diary to help identify reactive foods and to help assess her progress. I found food grouping quite valuable too such as ruling out all nightshades and citrus. [See reference to the GAPS method at end of article.]

Progress was slow and always involved two steps forward and one back. But I could see that her body was getting stronger and her emotional capabilities were much improved with the better nutrition. Her most reactive foods were: grains (including corn), dairy (though raw dairy was tolerated quite well), sugar, fruit and dried fruit, citrus, nightshades, berries, some seafood, and chocolate. One of the worst healing detours we had was when we started her on homemade sourdough, which unbeknownst to us at the time was insidiously obliterating her gut. She developed severe eczema and then impetigo. This culminated in a course of systemic antibiotics (a very difficult decision). However I was moderately surprised at how well she recovered from this which I have no doubt was largely due to her excellent diet and large amounts of homemade ferments given to her.

I also relied heavily on the Weston A Price Foundation as an invaluable source of knowledge regarding the healing properties of food and how it should be prepared and consumed. This

helped me give more attention to healthful, healing fats and organ meats. Only very minimal supplements were given and included fermented cod liver oil, probiotics, and the judicious use of herbs.

We almost never ate out. She always took her own food to kids parties and never accepted other people's food. I had to know what was going into her at all times to gauge reactivity. It helped that the whole family abided by the same set of eating guidelines—and we all felt great for it!

Every now and then I would do a nut trial with her when I thought things were good. The first time I did a cashew nut trial on her which started with rubbing a raw cashew on the underside of her forearm, she developed a rash almost immediately. 5 years later, when she was 6 1/2 we completed our fourth cashew nut trial where she could consume 20 or so cashews without any reaction. She was completely cured of her anaphylaxis.

As an aside, after my daughter was well on the road to recovery I stumbled across *The Peanut Allergy Epidemic* by Heather Fraser. This well researched book once again verified for me what had happened to my daughter—an innocent child's immune system hideously manipulated and altered for the worse by an injection of toxic immune-reactive chemicals that had no place in her body for a pharmaceutically driven and ethically warped 'greater good'.

My daughter achieves very high results academically, is very active in club sports and has many friends. She enjoys a wonderfully varied diet. However it is still almost exclusively homemade and unprocessed. This requires a huge commitment from me in the kitchen and I feel would simply not be possible if I had to work. Although at times this is very tiring, the results

are so wonderful that it is motivating in itself and certainly I have no plans to migrate to a typical disease-promoting Western diet. Also I wonder if her body will always hold memory of her anaphylaxis, and if she ever becomes run down or chronically stressed, immune issues may resurface.

Looking back at her short life I do feel that she may have been predisposed to vaccine injury as evidenced through a brief family history of immune disease. I also now am acutely aware that vaccines can be very harmful (and ineffective). My daughters' vaccine injury has taken 5 years of our lives to heal with a 110% commitment. Not to mention the awful stresses of living with EpiPens. And the more subtle yet no less stressful situations of dealing with ignorant and bigoted Western medical health professionals.

I do hope that our story offers some hope for all those other children and adults affected by anaphylaxis—that it can indeed be cured in the simplest of ways—with proper food and avoidance of pretend food! I owe so much to Natasha Campbell McBride and her GAPS protocol and Sally Fallon and the Weston A Price Foundation as I doubt we would have reached our result without these two invaluable sources of information.

Note: Information on GAPS—Gut and Psychology Syndrome Nutritional Protocol—by Dr. Natasha Campbell McBride MD is found at <http://www.gapsdiet.com/>

—Rebecca T is a mother and research scientist in Australia. We appreciate her kind permission to share the story of her child's vaccine induced immune system injury that resulted in life threatening anaphylaxis to everyday foods. Like so many parents whose children's are at risk of anaphylaxis, Rebecca moved heaven and earth to help her child heal from the vaccine injury.

Science in the Authoritarian State

By Elliott Freed

The common conception of vaccines is that they have saved millions of lives by eradicating deadly diseases and that they are mostly if not totally safe. The public debate hinges on and legislative decisions are made based on these assumptions. Neither of them holds up to the barest scrutiny. A cursory look at government data shows that the death rate from infectious diseases, both generally and for the specific data these vaccines target, had already reached record lows before the vaccines were introduced. Further the government and industry as well as independent, peer reviewed science confirm what countless parents and children have experienced: vaccines can and do injure children. Those injuries can lead to major health issues throughout a person's life and can even kill infants, children and adults. All of this is well documented.

“The science of the gravitational constant and the speed of light is not settled, let alone the science of vaccine injury.”

These two simple truths dramatically shift the risk benefit analysis of vaccines. If we do not know these two easily verified truths we may think that in this debate on the one hand are people who have done all the science and studied all the numbers and proven vaccines are safe and effective with no negative effects. These people are just trying to protect babies and save lives and they have all the science on their sides. This is the image presented in the media and even many doctors believe it. In this widely believed public image the opposite side of the debate is a bunch of people who get their medical advice from a playboy bunny and a discredited doctor who spent time in prison for torturing babies.

The reality is that on one side are many families of vaccine injured children. In some cases the people on that side of the

conversation have even lost their children to vaccines. Many of these people have gone on to study the actual numbers and the published science. They have all come to recognize the two simple, easily verified truths discussed in the first paragraph.

On the other side of the debate are a number of arguments. One is, we should not look into this because it puts babies at risk. This is ludicrous. Studying medical science and history does not put babies at risk. Another argument is that smarter, more well informed people have spoken, their words have been spread to all corners of the globe by the media and therefore we should stop talking about the issue. This also is a silly argument. The media is almost never right about anything except the sports scores. The argument that the government is right no matter what is the argument in favor of totalitarian dictatorship. The historical evidence does not in any way support the veracity of governments nor their undying concern for the well being of their subjects. The argument that the science is settled can only be made by one who has dedicated their lives to studying the science, and the true scientist who would make that claim is rare indeed, if not a purely mythological creature. The science of the gravitational constant and the speed of light is not settled, let alone the science of vaccine injury. In fact, the science of vaccine injury, considered en total, shows quite a bit of danger and cause for concern and caution and further investigation at the very least.

So why do people resist this conversation? Why do people refuse to read the government data or the published science? Why do they instead insist that nobody should discuss this issue? Why do they threaten and cajole, even cut off ties with those who are willing to look with clear eyes and search for deeper knowledge?

One can only hypothesize.

Either way, **once we realize that the risk benefit analysis of vaccines is not a question of saving millions of lives versus a few injured kids but may in fact be a question of testing disease prevention methods by injecting known neurotoxins into babies to gain control of their immune systems and the evidence that the experiment has worked is circumstantial at best while the evidence that it is doing harm is incontrovertible**, we should all pause to consider the issue more deeply, to become more well informed and to engage our community in the discussion.

This article does not claim to offer the final answer. It is a call to bring people into the conversation and understand some of the parameters that are not discussed in the media or the doctor's offices. If that scares you, if observation, study and discussion frighten you you certainly have no right to claim the mantle of science. These are its cornerstones. If you argue that we should not discuss this issue because the authorities have spoken your argument is for authoritarianism.

For the rest of us, please use the following article as the beginning of a long journey: *[4 Questions That May Change Your Mind About Vaccines](#)* found at www.elephantjournal.com

Peace, knowledge and blessings. Mahalo.

—We appreciate the author's kind permission to reprint this article in the Vaccine Choice Journal. [Elliot Freed](#) has been involved in health and medicine since 1989. He has lived and studied medicine in China, worked as a medical editor, and taught Chinese medicine. In the past year Elliott has renewed an old interest in the question of vaccines.

His book *[Vaccine Primer](#)* is found at www.vaccineprimer.weebly.com. He recommends people read his book as well as *[Dissolving Illusions](#)* and *[Vaccine Safety Manual](#)*.

An Investigative Report from SafeMinds:

Fewer Vaccine Antigens DO NOT Equal a Safer Vaccine Schedule

For 15 years—since Paul Offit made his infamous claim that babies can safely receive up to 10,000 vaccinations at once—CDC-affiliated scientists and public health officials have promulgated a misleading argument about antigen numbers to reassure parents about the safety of the burgeoning infant vaccine schedule. Now, the Fewer Antigens/Safer Vaccine Schedule argument has been soundly refuted in a new SafeMinds Investigative Research Report.

The number of vaccines given to children by 1 year of age has risen from 11 in 1983 to 32 today. Parents are concerned about the effect on their baby's developing immune system of these 3-fold higher exposures. Health officials engaged in vaccine promotion assert that while the vaccine dose has increased, vaccines have evolved over the years to be more targeted and contain fewer antigens and thus the current childhood schedule

actually taxes the immune system less than before. Besides, they argue, babies encounter millions of antigens every day from their environment without ill-effect.

All vaccines contain one or more antigens, which are molecules that elicit production of a specific antibody by the immune system. These antigens are typically weakened by chemically or physically treating parts of viruses or bacteria that cause the disease the vaccine is meant to prevent, or, in the case of live-attenuated vaccines, by culturing the targeted pathogen in a non-human animal species. Vaccines also contain ingredients beyond antigens, such as mercury preservatives and aluminum adjuvants, which act on the immune system as well.

The fewer antigens argument underpins a 2013 paper by Frank DeStefano and colleagues to refute a connection between

vaccines and autism . The study involved adding the number of different antigen types in all vaccines each child received in one day as well as cumulatively up to 2 years of age. The authors concluded that “increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines during the first 2 years of life (is) not related to the risk of developing an ASD.”

The fewer antigens argument has been widely and unquestioningly circulated by the media. An example is this opinion piece from Forbes:

“I’ve frequently pointed out that the immune system doesn’t count the number of shots. It counts what’s in those shots, the molecules known as antigens, which trigger the immune response. And the number of antigens children encounter by way of today’s vaccine schedule is thousands fewer than it once was.”

It also has been deployed by pediatricians in patronizing lectures that make parents question their own instincts and judgment about overloading their babies’ immune systems with too many vaccines too soon.

In this special SafeMinds Investigative Research Report, we critically examine the fewer antigens argument. We show that the argument is scientifically weak, on multiple levels, revealing a misunderstanding of immunology by CDC vaccine-promotion doctors.

The argument implies that antigen type is the sole or primary determinant of immune response to vaccination. Yet our report shows that antigen type counts correlate poorly with standard measures of immune activation.

The argument ignores the critical role in activating inflammatory processes of mercury, aluminum and other vaccine ingredients, which come with every dose, independently of antigen count.

The argument ignores the immune system’s reaction to antigen amount rather than antigen type. The amount of antigen in several vaccines has increased over time.

The argument implies that all vaccines today are designed in a more targeted manner, that is, they contain fewer antigens while still eliciting an effective immune response. But this assertion is driven entirely by the phaseout of a single trivalent vaccine, the diphtheria/tetanus/whole cell pertussis (DTwP) vaccine, which was replaced with the acellular pertussis DTaP vaccine in 1997 in the U.S. When DTwP and DTaP are excluded from the total vaccine schedule tally, the cumulative total antigen exposure for 12 month-olds from all other vaccines has increased substantially since 1983, by a factor of nearly 10.

While the DTwP to DTaP switch did lead to a decrease in adverse vaccine reactions, it also has resulted in an unfortunate resurgence of pertussis, even among highly vaccinated populations, due to the decreased efficacy of DTaP relative to DTwP. Thus the proponents of the fewer antigens argument are

not only misleading the public by suggesting that all vaccines today have been modified to be more targeted, they are also ignoring the fact that in the one case where the argument actually applies (the DTwP to DTaP switch), the reduction in antigens has led to reduced vaccine efficacy.

The deceptive fewer antigens argument is yet another example in which the CDC has misled the public and glossed over troubling vaccine safety issues that deserve to

“The deceptive fewer antigens argument is yet another example in which the CDC has misled the public and glossed over troubling vaccine safety issues...”

be investigated further in a much more honest and serious way. The media has been complicit in misleading the public, by accepting CDC science as unquestioned truth and silencing dissenting

viewpoints.

Two examples are worth highlighting.

1) Most recently, the shut-out of the movie *Vaxxed* by the U.S. media. This movie was described as “something that people should see,” by autism father and actor Robert De Niro, even though he was bullied by CDC-affiliated scientists into pulling it from his own Tribeca Film Festival.

Vaxxed is about senior CDC scientist and whistleblower Dr. William Thompson and his revelations of fraud and corruption, in which top CDC officials deliberately destroyed evidence and manipulated data to cover up a significant association between autism and early receipt of the MMR vaccine. But you wouldn’t know that based on the hostile reception *Vaxxed* has had in the mainstream media. Their accounts invariably refer to the movie as “anti-vaccination”, label director Andrew Wakefield as “discredited” and emphasize that “study after study has shown no link between vaccines and autism”.

This coverage ignores the main point of the movie, which is that one of the key CDC studies that is most commonly cited to disprove a link between autism and vaccines in fact did show a significant link in its original rendition. The study protocol was manipulated by CDC officials to hide the links, with the result that the inconvenient early results had disappeared by the time the study was published.

2) The disappearance of vaccine harm through manipulation occurred not only with the Destefano et al. (2004) MMR study, which is the main focus of *Vaxxed*, but also with the 2003 Verstraeten et al. study on the vaccine mercury preservative thimerosal.

Verstraeten’s original results revealed a highly elevated risk of autism (odds ratio 7.6 or greater) and other neurological disorders among infants receiving the highest doses of thimerosal compared to those who received no thimerosal. Rather than making the signal from these early findings public, Verstraeten sent an email to his CDC colleagues with the notorious title “It just won’t go away.” This led to a private meeting between CDC officials and pharmaceutical industry

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Notes on Herd Immunity from Andrew Wakefield, MD

Herd Immunity is a term that is bandied around in defense of mass and mandatory vaccination.

What is it and why is it important?

Let's set out a working definition of what Herd Immunity is at a functional level in the population.

Definition

Herd Immunity is the presence of adequate immunity within a population against a specific infection that operates to protect those at high risk of serious infection and consequently, reduce morbidity and mortality from that infection.

Now let's separate out Herd Immunity, comparing what it meant in the pre-vaccine era compared with what it means in the vaccine era, using specific infections as examples.

Measles: Herd Immunity in the pre-vaccine era

When measles first enters a population that has not been exposed to measles before, Herd Immunity is zero and there is, initially, a very high morbidity (illness) and mortality.

This occurs in large part as a consequence of high dose exposure. High dose exposure occurs because, in the absence of viral immunity, viral replication is unimpeded in the multiple susceptible human reservoirs in which it thrives. High doses of measles virus are transmitted from one person to the next. Added to this, socioeconomic circumstances contribute to high dose exposure. This includes high population density (easy transmission) and poor antiviral defenses (e.g. low vitamins A, D, and C). An example is the ravage of measles in Confederate soldiers amassed in barracks and hospitals in the American Civil War.

Over time, as measles becomes endemic (constantly circulating) in a population with typical 2-yearly epidemics, Herd Immunity increases rapidly. Natural exposure leads to long term immunity. Immunity limits viral transmission and opportunities for viral replication. Concomitantly, developed countries have experienced an improvement in nutritional status and consequently antiviral immunity. Dose of exposure falls and a dramatic reduction in morbidity and mortality is observed.

As a consequence of natural Herd Immunity, in the developed world measles mortality had fallen by 99.6% before measles vaccines were introduced. A fall in morbidity will have paralleled the fall in mortality (mortality is the extreme of morbidity).

Let us look at an example of how natural Herd Immunity operated to provide age-appropriate immunity.

Infants less than one year of age have a limited ability to generate adequate immunity and are susceptible to serious measles infection.

In the pre-vaccine era mothers conferred good passive immunity on their infants by transplacental and breast milk transfer.

This passive immunity protected infants through a period of vulnerability until they were better able to cope with measles through the generation of their own active immunity.

The Vaccine Era

Measles vaccine has destroyed natural Herd Immunity and replaced it with a temporary and inadequate quasi Herd Immunity that necessitates a dependence on vaccination along with an increased risk of severe adverse outcomes. Here are some examples of how natural Herd Immunity has been destroyed.

The increasing Herd Immunity associated with natural measles and the accompanying decrease in morbidity and mortality, has been interrupted by vaccination. This makes it difficult to predict how vaccinated populations might respond to, say, a new strain of measles virus that has escaped the 'protection' conferred by measles vaccine (escape mutant). Because that population is not immune to the escape mutant we risk high morbidity and mortality from measles once again.

Vaccinated mothers do not confer adequate passive immunity upon their infants (< 1 year of age). Infants are unable to generate an adequate immune response to measles vaccine and in the absence of passive maternal immunity, are unprotected during the first year, putting them at risk of serious measles infection.

Unlike natural measles, measles vaccine does not provide lasting immunity and a substantial proportion of measles cases are reported in those who have been vaccinated against measles.

Boosting of immunity using repeated doses of measles vaccine is not sustained and falls off rapidly. The only answer to this diminishing return that is offered by the regulators and manufacturers is to give more and more vaccines. The vaccine is highly profitable in terms of volume of sales, precisely because it is inadequately effective.

Mumps and Herd Immunity

Mumps is acknowledged to be a trivial disease in children; many do not even know they have had mumps the symptoms are so mild. Mumps is not a trivial disease in post-pubertal males where it can cause testicular inflammation and sterility.

Mumps vaccine does not work. Protection is way below the 96% claimed by Merck and mumps epidemics are occurring worldwide in highly vaccinated populations. Merck is accused of fraudulently misrepresenting the efficacy of their mumps vaccine in order to protect their US monopoly on the MMR vaccine. I would suggest that everyone who has suffered mumps and particularly its complications despite mumps vaccination,

has a valid legal claim against Merck.

Mumps vaccine failure is associated with inadequate immunity following vaccination (primary failure) and rapidly waning immunity after vaccination (secondary failure). These factors mean that populations are at greater risk as they grow older. Since severe side effects are more common in mature males, mumps vaccine has made mumps a more dangerous disease.

Natural Herd Immunity, that is, lifelong immunity following exposure of children to mumps in the pre-vaccine era, has been destroyed by mumps vaccination.

Chickenpox and Herd Immunity

The chickenpox virus (varicella zoster) causes a mild self-limiting disease in healthy children. The virus frequently establishes latent infection in the cell bodies of sensory nerve roots where it has the potential to episodically reactivate and cause shingles, a very painful and debilitating condition. Shingles can cause blindness. Historically, shingles was an uncommon disease occurring in, for example, people with immune deficiency due to cancer or immunosuppressive drug therapy.

Reactivation of zoster is inhibited by an adequate level of

immunity to this virus which, in turn, is maintained by boosting of immunity in parents and grandparents by re-exposure via children with chickenpox. Natural epidemics of chickenpox maintained Herd Immunity by 'wild-type boosting' (referring to the natural virus) of adults which prevented shingles in otherwise healthy individuals. This is no longer the case.

Widespread chickenpox vaccination has removed natural Herd Immunity by preventing epidemics, eliminating 'wild-type' boosting, and allowing immunity to fall in individuals to the point where shingles is now much more common, occurring in young, apparently healthy people. Vaccination has created a new epidemic to which Merck's response is, 'we've created a market; now let's make a vaccine to prevent shingles.'

— Andrew Wakefield

—We greatly appreciate the opportunity to reprint this [excellent article](#) on herd immunity from the Vaxxed website. It is found at vaxxedthemovie.com under Updates/Vaccine Discussions.

We are equally delighted that VAXXED the Movie has reawakened interest in what Dr. Wakefield has experienced at the hands of the vaccine industry. The website has posted a 22 minute video titled [Dr. Andrew Wakefield Deals with Allegations](#). The video and a transcript of the video can be found here: <http://vaxxedthemovie.com/dr-andrew-wakefield-deals-with-allegations/>

Investigative Report from SafeMinds continued from page 14

representatives at the Simpsonwood Conference Center near Atlanta, in which various data manipulations were devised to make the inconvenient associations "go away" by the time Verstraeten et al. (2003) was finally published.

This covert activity has been well described in documents obtained through FOIA, and indeed led to the foundation of SafeMinds in 2001. Although these documents are readily

available on the internet, the mainstream media ignores them when parroting the CDC line about no evidence connecting increased autism risk with vaccines.

The CDC is primarily concerned with vaccine promotion. Vaccine safety research by scientists and doctors employed or funded by the vaccine enterprise are prone to misleading and manipulated practices. One solution is to assign responsibility for vaccine safety, including research, to an independent Federal safety agency outside the CDC. In the meantime, with the media abdicating its watchdog role, the new [SafeMinds Investigative Research Report](#) serves as a much needed alternative perspective, which we encourage parents to read before blindly accepting the deceptive fewer antigens argument.

—We appreciate reprinting [this article from the SafeMinds website](#) and providing access to the full investigative report PDF: <http://www.safeminds.org/wp-content/uploads/2016/05/Fewer-Antigens-Argument-SafeMinds-Investigative-Research-Report-Final.pdf>

SafeMinds was founded by parents who found a definitive link between exposure to mercury and the subsequent development of autism spectrum disorders in their children. They found that autism symptoms mirrored those of mercury poisoning. SafeMinds' effort, started in 1999 and completed in 2000, was key to educating the public and elected officials on the dangers of thimerosal, the form of mercury once pervasive in vaccinations, and still present in the flu and tetanus shots in the US. SafeMinds' resulting report, "Autism: A Novel Form of Mercury Poisoning" is still recognized as a seminal document on the discourse on mercury exposure and toxicity and its effects on public health.

PITHY FACTS...Vaccines with Thimerosal

All at 24.5 or 25 micrograms of mercury per 0.5ml dose

- Tetanus Toxoid vaccine
- Menomune A/C/Y/W (meningococcal vaccine)
- Flu Vaccines: Applies to shots from multi-dose vials only:
Afluria, •Agriflu, Fluarix Quadrivalent, •FluLaval Tetra, Flulaval Quadrivalent, Fluvirin, •Fluzone,
(• indicates use in Canada)

For comparison, the amount of mercury in the above vaccines is **51,000 parts per billion (ppb)**.

The typical mercury level in Tuna is **250 ppb**.

Maximum mercury allowed in drinking water in Canada is **1 ppb**, in the USA **2 ppb**. Health Canada states the reason as "Irreversible neurological symptoms."

Sources: Institute of Vaccine Safety Thimerosal Table 2015, Product Monographs, Natural News Forensic Food Lab Testing, and Health Canada Guidelines for Canadian Drinking Water

Vaxxed: Proud to have Seen It Twice By Catherine J. Frompovich

A comprehensive review of the movie for all who haven't seen it

After decades of researching as much studies, papers, data, vaccine package inserts and other documentation regarding Big Pharma-produced and CDC/FDA mandated vaccines, I finally was able to put to rest any possible “benefit-of-the-doubt courtesy”

I could have had about the authenticity of the information Big Pharma-controlled CDC/FDA spouts as ‘gospel’ truth about toxic vaccines during the screening of the feature-length documentary movie VAXXED. I saw it not once, but twice—two days in a row!

The second time I took notes, as I thought my readers would like to hear not only my thoughts about that most important, auspicious, and exceptionally revealing documentary, but also what happened after the second screening during the Q & A period that immediately followed the movie in which Dr Andrew Wakefield and two of the movie’s mom-participants, whose children are vaccine-damaged, graced the theater with their presence and graciously interacted with the large, obviously concerned, audience. Some moviegoers, like my friend and I, were there for the second, or more times, to see VAXXED! What does that tell you?

VAXXED was blacklisted and removed from the Tribeca Film Festival. However, actor Robert DeNero, who has a vaccine-injured child, is having second thoughts about how he and his film festival were strong-armed to delete it from the list of films previewed. Here are his comments as expressed to TV-man Al Roker. “There is something that is not quite kosher in all of this.” [See video link at end of story.]

First and foremost, the media spin bad-mouthing VAXXED as being about the professionally disgraced British medical doctor Andrew Wakefield is total BS—pardon my expression, since there’s nothing better that could describe such pap. The film is an authenticated visual and audio documentary using every possible feature and technology to document the absolute and unadulterated FRAUD that has transpired within the U.S. Centers for Disease Control and Prevention (CDC) regarding the TRASHED data sets and studies, which found autism is caused by the MMR vaccine, especially in young black African-American boys under three years of age AND was deliberately concealed, omitted, and erroneously published with misleading facts in what’s known as the DeStefano study to which William

Thompson, PhD, was and now is a conscience-struck and regretful conspirator and accomplice who wants the facts and truth known!

VAXXED, in my opinion, has two story lines:

1. The actual fraud and deliberate concealing of CDC-produced vaccine information regarding autism in boys, which one of the scientists working on the study wants made known, probably retracted and corrected, since he (William Thompson, PhD, epidemiologist at CDC) reached out

to Brian Hooker, PhD, who has an autistic son and is/was affiliated with Simpson University and understands statistics and science with 60 technical publications to his professional credit. Thompson apparently realized he was not dealing with some ‘dimwit’ dad!

That story line follows the Thompson-Hooker dialogue, information exchanges, and recorded telephone conversations in which Thompson confesses the fraud and obvious scientific crimes committed in the name and apparent purpose of protecting vested interests regarding Big Pharma vaccines, the CDC and the FDA, their researchers and scientists.

2. Then there are the equally distressing combined story lines documenting using parents’ home videos showing pre-vaccination lifestyles of their infant children subsequently damaged by vaccines, including their most heart-wrenching and tear-jerking follow-ups to this day of how beautiful children—now grown teens—became ‘neurologically distant’ individuals who can’t function normally and are deprived of a fulfilling life—all as the result of receiving vaccines, apparently from defined causalities of autism, neuro-damage, and the MMR vaccine!

In the movie, we learn that Dr Thompson specifically told Dr Hooker in a recorded phone conversation we are privy to hear, that if Hooker would listen to Thompson and do what Thompson says, Hooker “will be able to access a treasure trove of data.” Dr Hooker obviously realized how he was being guided and listened because we hear a recording of Dr Thompson saying in reply to “race in general being downplayed,” “Oh! you found it!” Thompson confirmed Hooker was able to sort out the data sets Thompson provided that proved the correlation and connection between the MMR vaccine and autism in black



African-American boys less than three years of age!

Furthermore, Dr Thompson claimed receiving the MMR vaccine on time per the CDC/FDA schedules raised the chances of contracting autism to 2.6 times more likely than receiving the MMR vaccine after a child is three years of age.

Various health professionals, especially MDs are interviewed in the film, and some accentuate that autism, or Kanner's syndrome as it originally was identified in the 1940s, was one in 15,000 prior to 1978! Currently, we're hearing various statistics, including one in 48!

Ironically, Dr Wakefield plays a nominal role in the movie, in my opinion, even though he directed it.

Wakefield was contacted by British parents whose children suffered horrible gastrointestinal problems after vaccination and since Wakefield was a preeminent gastroenterologist in the UK, he was sought out by those parents for any help he could offer in diagnosing what was wrong. Wakefield says that Dr John Walker-Smith, one of the co-authors of the "Wakefield paper retracted" was the healthcare professional who decided those children needed research, plus a member of the research team that produced the controversial paper ostensibly 'debunked' by a British journalist with no medical credentials—Brain Deer [1].

Long story short, both Walker-Smith and Wakefield were struck from the UK's medical professional status; however, Walker-Smith got back his medical standing credentials, but Wakefield went on to be vilified and let out to drift in the wind, as they say. If Walker-Smith was reinstated, why haven't British medical authorities reinstated Dr Andrew Wakefield? Good question?! In the movie you can see and hear a video of a hearing where questions regarding gastrointestinal problems in those children specifically were directed to and answered by Wakefield at the request of the group's leader!

The most ironic part about the entire Wakefield medical fiasco in the UK is that in the Conclusion of that retracted Wakefield paper, we find a screen shot of the fact that the paper does not prove correlation with causation of autism from MMR, but **MORE WORK IS NEEDED!** I contend if Big Pharma, the U.S. CDC/FDA, and other researchers were to have followed up on the Wakefield paper Conclusion suggestion, we would not be experiencing the global and exponential rise in autism.

One of the MDs in the film, Dr Sears—a pediatrician, seemed skeptical about the possibility of vaccines causing autism and wondered about the MMR vaccine for his son. However, toward the end of the documentary when he is given the Thompson data to review, which was given to Congressman Posey and available to all who request it, Dr Sears—almost in total disbelief on camera says—"I feel like I've been lied to.there is a piece of data they chose to ignore." Furthermore, he went on to lament that he felt everything he'd been telling

his patients for the last ten years is based on a lie and cover-up. OMG! How tragic for a practicing pediatrician to have to come to that conclusion and admit it. But, Dr Sears wasn't the only one; there were other doctors who expressed their concerns.

Rachel Rose, MD, said "It's really unbelievable how the data have been switched around....What else am I being lied to about."

Stephanie Seneff, PhD, a researcher at Massachusetts Institute of Technology, on camera stated that we're going to have extremely sick children and our society will not be able to focus on anything else! A complete catastrophe, if we allow it to happen! That is the key to this entire man-made medical

fraud horror, in my opinion, especially when the CDC/FDA encourages, supports, and promotes FRAUDULENT vaccine research!!!

James Moody, Esq., a public interest attorney in Washington, DC, claims that thousands are denied their fair day in court and children are sacrificed, as the vaccine court apparently denies the real congressional mandate that all vaccine-damaged-vaccinees be compensated! OMG!

I could wax on for two thousand or more words regarding documentation, revelations, and obvious little-known facts in the documentary film VAXXED, but I must end my article. I encourage global readers everywhere to request your movie theaters to screen and show it. There is so much I can talk about, but the most important things I want to leave with you are:

1. Dr William Thompson states in the recordings made of his conversation with Dr Hooker, "It's the lowest point of my career that I went along with that study."
2. "Vaccines are unavoidably unsafe."
3. Multi-valent vaccines have never been tested for interaction or reaction among them.
4. Dr Thompson gave Congressman Bill Posey (R-FL-08) complete data sets, files, etc. of the trashed autism-MMR vaccine connection in black boys under three years of age, since he knew it was criminal activity but, thankfully, saved his files and computer work to prove what went on, and vaccine safety advocates aren't conspiracy theorists blowing smoke.
5. Now it's time for Congress, the HHS, CDC, and FDA to fess up to all vaccine fraud and institute proper legal prosecutions at all levels, since as the movie states, after two years of secret meetings behind closed doors, Dr DeStefano emerged with the new study and the autism-MMR vaccine connection data omitted.
6. Every co-author of that study—except William Thompson, PhD—has denied that the data were destroyed and trashed! Isn't that activity conspiracy and collusion? It's not the

Continued Page 21

Another myth debunked, by doctors themselves...

There is a common belief that doctors are “experts” on vaccines and vaccination. Almost nothing could be further from the truth. The average medical doctor, for example, may not know the names of the ingredients in vaccines, or what they are and how they interact with each other. The average doctor giving people vaccines may not know how vaccines affect the immune system or the central nervous system or the gut microbiome of the intestinal system, or how the effect of vaccines on one of these systems could, in turn, impact one or both of the others.

Yet, we are conditioned to accept as fact that our family doctors, our pediatricians and obstetricians, and the other specialists we occasionally consult or seek medical care from always know what they’re talking about when it comes to the safety and effectiveness of vaccines. We are taught not to contradict, or even question, doctors about vaccines because it is they, not us, who know best.

We have assumed that doctors receive a great deal of instruction and training in the science of vaccination in medical school, and then even more schooling during their subsequent internships and residencies. After all, if you’re going to be acknowledged as an expert in something, you need to have much more than just a passing introduction to a subject, or one or two courses in it or something related to it.

You would think that for doctors to be considered vaccine experts, they would have taken vaccinology courses during medical school and know a lot about how [vaccines] affect immune and brain function, including what science does and does not know about vaccine ingredients and the biological factors that increase the side effects of vaccines. But that does not appear to be the case.

More than likely, information on vaccinology in medical and nursing schools is not concentrated within specialized courses focusing on vaccine science. What medical students learn appears to be dispersed within other courses in specialized curriculums such as immunology, infectious diseases, pediatrics, pharmacology, pharmacovigilance and public health.¹

There is no question that the topic of vaccines comes up occasionally in medical school. However, because the science used to make vaccine policy is assumed to be proven, and thus not up for question or debate, it does not seem to merit an entire course devoted to it, much less an exhaustive curriculum that provides new doctors with a solid knowledge base they can rely upon when recommending vaccines. So what exactly do doctors learn in medical school with regard to vaccines and

vaccination?

Larry Palevsky, MD is a board-certified pediatrician. He received his medical degree from the New York University School of Medicine in New York City.² Here’s what Dr. Palevsky has to say about his training in vaccines...

“It didn’t appear that the scientific studies that we were given were actually appropriately designed to prove and test the safety and efficacy.”

“When I went through medical school, I was taught that vaccines were completely safe and completely effective, and I had no reason to believe otherwise. All the information

that I was taught was pretty standard in all the medical schools and the teachings and scientific literature throughout the country. I had no reason to disbelieve it.

Over the years, I kept practicing medicine and using vaccines and thinking that my approach to vaccines was completely onboard with everything else I was taught. But more and more, I kept seeing that my experience of the world, my experience in using and reading about vaccines, and hearing what parents were saying about vaccines were very different from what I was taught in medical school and my residency training.

... and it became clearer to me as I read the research, listened to more and more parents, and found other practitioners who also shared the same concern that vaccines had not been completely proven safe or even completely effective, based on the literature that we have today.

...It didn’t appear that the scientific studies that we were given were actually appropriately designed to prove and test the safety and efficacy.

It also came to my attention that there were ingredients in there that were not properly tested, that the comparison groups were not appropriately set up, and that conclusions made about vaccine safety and efficacy just did not fit the scientific standards that I was trained to uphold in my medical school training.”²

Note Dr. Palevsky’s comment, “All the information that I was taught was pretty standard in all the medical schools and the teachings and scientific literature throughout the country.” So it’s not like Dr. Palevsky’s experience was unique. And it’s not like Dr. Palevsky attended a little known medical school without a good reputation. In 2015, NYU Medical School was ranked 14th among the top medical schools (research) in the United States.³

Suzanne Humphries, MD, board-certified in nephrology and family medicine,⁴ echoes Dr. Palevsky’s experience medical school:

“Do you know how much doctors learn about vaccines in medical school? When we participate in pediatrics training,

we learn that vaccines need to be given on schedule. We learn that smallpox and polio were eliminated by vaccines. We learn that there's no need to know how to treat diphtheria, because we won't see it again anyway. We are indoctrinated with the mantra that 'vaccines are safe and effective'—neither of which is true.

Doctors today are given extensive training on how to talk to 'hesitant' parents—how to frighten them by vastly inflating the risks during natural infection. They are trained on the necessity of twisting parents' arms to conform, or fire them from their practices. Doctors are trained that nothing bad should be said about any vaccine, period.”⁵

Dr. Humphries received her medical degree from Temple University School of Medicine⁴ in Philadelphia, PA. But almost everything she has learned about vaccines has come from her own independent study and research. She co-authored the book *Dissolving Illusions: Disease, Vaccines, and The Forgotten History*, published in 2013.⁶

Then there's Bob Sears, MD, another board-certified pediatrician who also had to largely educate himself about vaccine science. He received his medical degree from the Georgetown University School of Medicine in Washington, DC and authored the book *The Vaccine Book: Making the Right Decision for Your Child*, published in 2011.⁷ According to Dr. Sears:

“Doctors, myself included, learn a lot about diseases in medical school, but we learn very little about vaccines, other than the fact that the FDA and pharmaceutical companies do extensive research on vaccines to make sure they are safe and effective. We don't review the research ourselves. We never learn what goes into making vaccines or how their safety is studied. We trust and take it for granted that the proper researchers are doing their job. So, when patients want a little more information about shots, all we can really say as doctors is that the diseases are bad and the shots are good. But we don't know enough to answer all of your detailed questions about vaccines, nor do we have the time during a regular health check up to thoroughly discuss and debate the pros and cons of vaccines.”⁸

To give you an idea of what a four-year curriculum at a medical school in the U.S. might look like, let's take the

example of the University of Texas Southwestern Medical Center in Dallas, TX. The first year would include Anatomy, Biochemistry, Cell Biology, Embryology, Genetics, Human Behavior, Immunology, Neuroscience, and Physiology.⁹ No course on Vaccinology.

If you look at the descriptions for these courses online and do a word search for “vaccines” or “vaccination,” you get one hit, and that's under Immunology. It reads:

“Finally, medically relevant forms of immune dysregulation and intervention are explored, including vaccines, immunomodulators, hypersensitivities, immunodeficiencies, autoimmunity, graft-versus-host disease, transplantation immunology, and tumor immunology.”⁶

That's it. If you go to the online descriptions for the courses listed for the second, third and fourth years,^{10,11,12} you will see no further mention of the word “vaccine” or “vaccination.” The second year curriculum lists Clinical Medicine, Microbiology, Pathology, Pharmacology, and

Advanced Cardiac Life Support. No Vaccinology. The third year lists Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Inpatient Services, Outpatient Rotation, Psychiatry, and Surgery. No Vaccinology. The fourth year lists Acute Care, Ambulatory Care, and Medicine Sub-Internship. Nothing on Vaccinology.

Notice also that there was no specific course in Toxicology, although the topic could be covered within a Pharmacology course. You would think that courses on toxicology (particularly as it relates to vaccines) would be stressed, given the importance of understanding the ingredients contained in vaccines, and the way they interact with each other. Absent this knowledge, medical students might not fully comprehend the concept of synergistic toxicity—“the effect that when exposed to two toxins, the toxicity level is far greater than the additive toxicity levels of the two toxins.”¹³

Biochemist Boyd Haley, PhD, a former professor in the College of Pharmacy and Chair of the Department of Chemistry of the University of Kentucky Medical Center in Lexington, has expressed dismay at the lack of instruction in toxicology doctors are given in medical school. He says...

“I can tell you, having been in a medical center, having taught biochemistry to medical students, and talking to hundreds of medical doctors, they get very little training in toxicology...



I mean, no courses that are specifically designed, such as a PhD student in toxicology would have, or a PhD student in biochemistry. They don't understand it at all. They are not trained to evaluate the toxic effects of chemicals, especially at the research level. One, they don't do research programs, they don't have the insight that's developed and required for someone writing a PhD thesis in toxicology or biochemistry of materials that inhibit enzymes. They just don't understand the science and the chemistry at that level. And certainly pediatricians don't."¹⁴

So we know that medical students get little or no exposure to vaccine science in school. We know that if they don't happen to pick up a book such as Dr. Sears' *The Vaccine Book* and read it carefully, medical students graduate with a knowledge about vaccines that is virtually non-existent.

But what about afterward, when they start actually working as doctors treating patients and giving vaccines in the real world? Don't they get some sort of intense training in vaccinology on the job? According to Toni Bark, MD, a pediatrician with a medical degree from Rush Medical College in Chicago, IL, the answer is "No."

"It's not that I knew much about vaccines," said Dr. Bark. "I did a pediatric residency and you don't really learn anything. You're taught the schedule, that's really what you're taught about vaccines. You're taught the schedule and that it produces antibodies and that's it. You don't get any information on innate immunity, and Th1 to Th2, risks... none of that."¹⁵

There you go. Another myth, debunked by doctors themselves—medical doctors trained in and scientists teaching in some of the best medical schools in the country. Most doctors are not experts on vaccines. They never have been. Not even close.

—We appreciate the author's kind permission to reprint this article. It originally appeared in Nov. 2015 at NVIC's The Vaccine Reaction website: <http://www.thevaccinereaction.org/2015/11/doctors-are-not-experts-on-vaccines/> The article is fully referenced on the site.

VAXXED Continued from page 18

first time, though: recall the Simpsonwood Meeting in June of 2000 regarding the CDC's Verstraeten study autism findings! How come Thompson has all the files and records that the DeStefano study conveniently omits? Good question?!

The most important undertaking everyone can engage—no matter where in the world you live—is to contact your federal government health agencies and demand the true factual science about vaccines, plus refuse vaccines that you feel are not safe, as you have that inherent, natural right. Furthermore, those demanding you be vaccinated provide fraudulent science; there are no scientific studies proving that multi-valent vaccines have been studied or tested for their possible and/or negative biochemical interactions and/or the probability of causing either

acute or chronic long-term diseases due to all the neurotoxins and other toxic chemicals in vaccines, or subject to double-blind studies like other pharmaceuticals.

In the USA, I heartily recommend all citizens contact your respective members of Congress (2 U.S. Senators and your district member of the U.S. House of Representatives) <http://www.contactingthecongress.org/> and DEMAND a hearing to expose, discredit, disavow, and correct the fraudulent science in the CDC, FDA; to re-organize the vaccine court for equitable vaccinee complaint handling as originally intended by Congress; and rescind the entire 1986 vaccine "Big Pharma get-out-of-jail-free" law <http://www.nvic.org/injury-compensation/origihanlaw.aspx>.

However, the most impressive part of the VAXXED and Q&A event was when one moviegoer got up and asked this all-telling question, which I think is where the ultimate answer to the entire vaccine fiasco—including mandates based upon deceptive 'science based medicine' can be prosecuted and corrected: "Why isn't the fraud within the CDC, FDA, and Big Pharma not being prosecuted under the RICO Act [2] in the USA, since what's happened obviously is true racketeering?"

Ask your member of Congress that same question too!

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VAXXED Trailer Video: <https://vimeo.com/159566038>

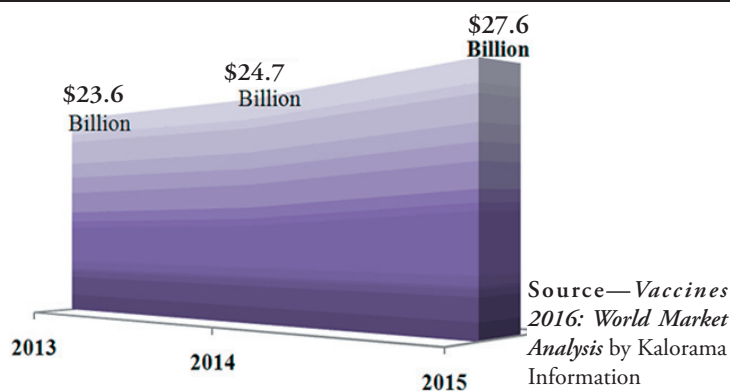
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—We appreciate the author's kind permission to reprint this article which first appeared on the *ActivistPost* in May 2016. <http://www.activistpost.com/2016/05/vaxxed-proud-to-have-seen-it-twice.html>

Catherine J Frompovich is a retired natural nutritionist who earned advanced degrees in Nutrition and Holistic Health Sciences, Certification in Orthomolecular Theory and Practice plus Paralegal Studies. Her work has been published in national magazines since the early 1980s. Catherine authored numerous books on health issues along with co-authoring papers and monographs with physicians, nurses, and holistic healthcare professionals. She has been a consumer healthcare researcher 35 years and counting.

Catherine's book, published in October 2013, *Vaccination Voodoo, What YOU Don't Know About Vaccines*, is available on Amazon.com.

PITHY FACTS...Global Vaccine Market Growth



20 Million Americans Likely Infected with Retrovirus at the Root of Multiple Chronic Diseases

By Jeff Roberts

Chronicle of another highly credible research scientist who has suffered career destruction for her findings

On July 22, 2009, a special meeting was held with twenty-four leading scientists at the National Institutes of Health to discuss early findings that a newly discovered retrovirus was linked to chronic fatigue syndrome (CFS), prostate cancer, lymphoma, and eventually neurodevelopmental disorders in children.

Dr. Judy Mikovits, PhD, was one of the presenters at the meeting. For thirty years, Mikovits had built a name for herself in cancer and chronic disease research — she had extensive knowledge of immunology, natural products chemistry, epigenetics, virology, and drug development, she was a long-time member of the National Cancer Institute, collaborating with one of the founding fathers of human retrovirology, Dr. Frank Ruscetti, and she was Research Director at the Whittemore Peterson Institute (WPI), a chronic fatigue syndrome research organization and clinic in Reno, Nevada.

Mikovits's passion for chronic disease research began early in life, after watching both her grandfather and stepfather succumb to the perils of cancer. This personal connection to chronic disease would later fuel her with a vigorous empathy to help others suffering from chronic disease.

She worked closely with patients suffering from the mysterious and debilitating symptoms of CFS, treating them like family in most cases and quickly earning herself a well-respected name within the chronic disease communities. She was their knight in shining armour, being one of the few scientists who cared enough to believe, contrary to what most doctors were saying, that their symptoms were not in fact psychosomatic.

Since its initial emergence in medical literature in the mid 20th century, CFS was for many years a conundrum, shrugged off as a “yuppie flu” or “hysterical type A women,” brought about by stress or other emotional factors. But the patients suffering from CFS did not agree with their diagnosis. They knew, from the extent of their excruciating pain and bedridden state, that something else was at play, a knowing that Mikovits was on to as well.

In her presentation at the 2009 meeting, Mikovits revealed her findings from an article published (and later retracted) in the journal *Science*, which showed that a recently discovered retrovirus, XMRV (xenotropic murine leukemia virus related virus), had been found in 67% of CFS patients and at 3.75% in healthy patients.

Mikovits and her research team claimed that 6% of Americans

were harbouring this retrovirus, which was appearing in a very high percentage of people with diseases such as prostate cancer, Chronic Fatigue Syndrome, autism, Lou Gehrig's Disease, treatment resistant Lyme's Disease, and Parkinson's Disease.

If Mikovits's findings held true, it would mean that a substantial portion of the population were harbouring a retrovirus that was secretly wrecking havoc on their bodies.

“Retroviruses that were in mice were being released into the air and travelling through their facilities to other labs where human cell lines were being cultivated.”

It meant that the millions of people diagnosed with the “psychological” disease CFS were in fact suffering from a disease similar to HIV/AIDS. Even more troublesome, however, was the possibility

that this widespread retrovirus was the culprit at the root of today's most common chronic illnesses.

The next pressing question, then, was how did so many people become infected with this retrovirus? The answer, to Mikovits's dismay, would ignite a fire among the scientific community that would change the course of her career forever.

How Did XMRV Get Introduced To The Public?

In the early 20th century, many research labs were deep into cancer and HIV/AIDS research. Some of these facilities also seconded as vaccine manufacturing labs, using genetically engineered mice as their study subjects. The mice were engineered to have immune deficiencies, meaning that they were susceptible to certain diseases when exposed to specific pathogens and toxins.

When researchers injected the GE mice with human viruses in order to attenuate or weaken the virus strain, they did not know that mouse viruses posed a threat to humans.

Scientists didn't realize that the way they managed their mouse colonies and managed the production of their human cell lines created conditions in laboratories where viruses could unexpectedly mutate and recombine with one another. Even more troublesome was the fact that these retroviruses could easily reproduce and travel through the air.

Retroviruses that were in mice were being released into the air and travelling through their facilities to other labs where human cell lines were being cultivated. Once there, they were able to infect human cultures. They became part of the cells and part of the products that were made from the activity of the cell lines, such as the antigens used in vaccines.

This meant that for decades, vaccines contaminated with mutated viruses were being injected into the greater population, causing a whack load of life threatening ailments.

Retroviruses In Humans—Russian Roulette For Disease

Retroviruses are stealthy creatures, and their presence in the body does not always cause disease. Sometimes they can stay dormant for a person's entire lifetime.

Other times, though, they are activated through a perfect storm of events, such as when there are co-infections, when there is severe shock or trauma, when hormones are dysregulated, when there are genetically modified organisms and glyphosate in the diet, when there are pesticides and other toxic substances in food and the environment, and when there are genetic susceptibilities

If some or all of these conditions occur together, then the immune system will be weakened to the point where the perfect storm occurs and chronic inflammation develops into chronic disease.

Mikovits Drops Data Bombshells

At an international workshop on the XMRV retrovirus, held in September of 2010, Dr. Mikovits and a group of other scientists presented valuable research involving rhesus macaque monkeys that were exposed to XMRV. It showed that the XMRV retrovirus quickly disappeared from the bloodstream after exposure — presumably going into tissue.

The virus would reappear in the blood after the immune system was activated, showcasing how the XMRV virus mimicked the behaviour of HIV. The study Mikovits presented used bolus peptides that mimicked a vaccination, provoking the virus and causing it to replicate to detectable levels.

The next study Mikovits looked at involved analyzing the blood of 37 parents and 29 children across 11 different states. 17 children had autism, a pair of twins had Niemann-Pick Type C (a neurodegenerative disorder), and 10 children were healthy siblings. XMRV was detected in 55% of the people in the study. The age range of the infected children was 2 to 18 years. 17 of the children (including the twins) were positive for XMRV (58%) and 20 of the 37 parents (54%) were positive for XMRV. 14 of 17 autistic children were positive for XMRV (82%). They noted that autism Spectrum Disorder (ASD), ME/CFS, and childhood neuroimmune disorders share common clinical features.

The study revealed how children harbouring an undetected retrovirus in their immune cells could have had the virus activated by vaccination or even by a simple fever, causing inflammation of the brain and leading to neurodevelopmental disorders such as autism.

Mikovits's colleagues found that 6.8% of a healthy control population showed evidence of infection by a wider group of murine leukemia viruses, meaning that eleven to twenty-one million individuals in the United States were potentially infected by a group of related viruses that came from mice. America wasn't alone either, as Dr. Francis Collins, head of the National Institutes of Health, indicated that 5% of control samples taken from the London Blood Bank were positive for XMRV.

Mikovits's findings were both groundbreaking and urgent, and after so many years of hard work, she was excited to finally have some answers for her friends and patients. What Mikovits did not foresee coming, however, was a crusade by the science establishment to take her down.

Science Community Refutes Mikovits's Work

Following Mikovits's presentation at the international workshop, the National Institutes of Health mandated a multi-center study that would be directed by Dr. Ian Lipkin, known among the science community as the "World's Most Celebrated Virus Hunter."

But the study contained a few significant flaws. It left out the patient population most likely infected with the retroviruses—patients with evidence of infection with HIV, hepatitis B virus, hepatitis C virus, *Treponema pallidum* (syphilis), *B burgdorferi* (the Lyme disease spirochete), medical or psychiatric illnesses associated with fatigue, abnormal serum characteristics, and thyroid disease.

Due to the latter, the study found no association with chronic disease, but the Lipkin center did confirm that 6% of the U.S. population is carrying retrovirus infections. The study confirmed the findings from more than two decades of research, which consistently presented evidence of retroviruses in 4-6% of the population, 20 million Americans alone.

Of course, the study did not want to find an association between the virus and disease, as that would mean admitting that the system designed to protect the population did the opposite, creating millions of sick patients, so they omitted the appropriate patient population. "It would be like trying to detect HIV in the 80s and omitting gay men and IV drug users," Mikovits told CE.

Mikovits's Career Destroyed

Amid the backlash from the science community about Mikovits's work, 2011 would become hurricane for the rogue scientist.

During the Fall of 2011, when it was realized that these MLV related retroviruses aerosolized and easily spread through laboratories, the head of the WPI institute that housed Mikovits's research asked her to approve fraudulent expenditures of federal research monies from her grant to the diagnostic company RED Labs/VIDx, co-owned by the Whittemores and Vincent Lombardi. Mikovits took pride in her professional integrity, and the request by the WPI came as a shock.

This all happened at the same time Mikovits discovered that a retrovirus test created by Lombardi was producing inaccurate results. When Mikovits spoke out about the WPI's deception, she was immediately fired for insolence and insubordination. "Apparently it was rude to refuse to misappropriate federal funds," Mikovits said.

Six weeks later, Mikovits was falsely arrested and jailed for five days following her refusal to give up her private email notes to the WPI or sign a confession stating that her data on gammaretroviruses was false. In fact, Mikovits said that her

freedom was ransomed for samples in the Lipkin study, an offer which Lipkin refused. Mikovits's email contained her most recent retrovirus research, along with the names and addresses of all her research subjects. Her email contained proof of the existence of gammaretroviruses and their connection with ME/CFS that no one could deny, so Mikovits felt it was her ethical duty to withhold her private emails and would never sign such a confession.

Following her false arrest and imprisonment as a fugitive from justice, a fabricated mugshot was publicized in the journal *Science* right before the editors of the journal formally retracted her study. On top of the public humiliation, Mikovits was held under fabricated criminal charges dismissed without prejudice, rendering her silent under threat of incarceration. Mikovits says that her notes are still being held under a permanent injunction that prevents even her lawyers from seeing evidence. In what seemed like an instant, Mikovits's thirty-five year career was shattered.

Since then, Mikovits has been unable to gather grant money to pursue further research. But while the crusade against her might have damaged her both professionally and financially, her drive to get the word out about her research is unruffled. After her gag order was lifted, Mikovits went straight to paper to tell her story. In 2014, Mikovits and colleague Kent Heckenlively released the book *Plague: One Scientist's Intrepid Search for the Truth about Human Retroviruses and Chronic Fatigue*

Syndrome (ME/CFS), Autism, and Other Diseases, which would rightfully tell her story in detail from beginning to end.

The book gives readers an in-depth look into the inner politics of high-level science, exposing the often violated ethics of truth and the self-serving egos of the science community's most well-respected names. Beyond all of that, though, the book is a story of one woman's compassionate heart and her refusal to cower down to a long-established system built around fear and intimidation:

"I won't ever give up. There are a lot of doctors around the world who are trusting us. They have seen the same things themselves and who are energized by our book and by the revelations since. We will keep on addressing the science."

Today, Judy Mikovits is continuing to help those in need, working alongside the Institute of Pure and Applied Knowledge, a public charity research institute dedicated to the reduction of human pain & suffering through non-bias knowledge. Mikovits says she is just one of many scientists and doctors who are starting to speak out about fraudulent science and deception within the scientific institutions, something Mikovits says is needed more than ever if we want to see change.

—We appreciate the author's kind permission to reprint this article which first appeared on Feb 24, 2016 at [Collective-Evolution.com](http://www.collective-evolution.com)

<http://www.collective-evolution.com/2016/02/24/20-million-americans-likely-infected-with-retrovirus-at-the-root-of-multiple-chronic-diseases/> Dr. Mikovits' book *Plague* is available at amazon.ca.

New Vaccines Will Permanently Alter Human DNA

By Jon Rappaport

Why is the government so maniacal about injecting vaccines?

Consider this article in light of the accelerating push to mandate and enforce vaccination across the planet.

The reference is the New York Times, 3/9/2015, "*Protection Without a Vaccine*." It describes the frontier of research. Here are key quotes that illustrate the use of synthetic genes to "protect against disease," while changing the genetic makeup of humans. This is not science fiction:

"By delivering synthetic genes into the muscles of the [experimental] monkeys, the scientists are essentially re-engineering the animals to resist disease."

"'The sky's the limit,' said Michael Farzan, an immunologist at Scripps and lead author of the new study."

"The first human trial based on this strategy—called immunoprophylaxis by gene transfer, or I.G.T.—is underway, and several new ones are planned."

"I.G.T. is altogether different from traditional vaccination. It is instead a form of gene therapy. Scientists isolate the genes that produce powerful antibodies against certain diseases and then synthesize artificial versions. The genes are placed into viruses and injected into human tissue, usually muscle."

Here is the punchline: "The viruses invade human cells with their DNA payloads, and the synthetic gene is incorporated into

the recipient's own DNA. If all goes well, the new genes instruct the cells to begin manufacturing powerful antibodies."

Read that again: "the synthetic gene is incorporated into the recipient's own DNA." Alteration of the human genetic makeup. Permanent alteration.

The Times article taps Dr. David Baltimore for an opinion:

"Still, Dr. Baltimore says that he envisions that some people might be leery of a vaccination strategy that means altering their own DNA, even if it prevents a potentially fatal disease."

Yes, some people might be leery. If they have two or three working brain cells.

Let's take this further. Under the cover of preventing disease (and all good covert ops float a laudatory goal to conceal their true intent), vaccines are ideal carriers for all sorts of genes that would be permanently incorporated into the human structure.

The enormous tonnage of propaganda about vaccines, and the resultant mandatory laws that enforce vaccination, create a powerful channel along which re-engineering is eminently possible.

Synthetic genes injected into billions of humans would form a grand experiment to create an altered species.

This grand experiment could be compartmentalized. For

example, secretly, genes 1-6 would be injected into Group A in geo-location I. Genes 7-12 would be injected into Group B in location II. And so on.

Vaccine recipients will be subjected to ongoing surveillance to gauge the results. On various pretexts, members of these groups will be brought into clinics for exams and tests, to discover markers that purportedly reveal their bodies' responses to the genetic alterations.

Are these people stronger or weaker? Do they exhibit signs of illness? Do they report behavioral changes? Through surveillance and testing, all sorts of information can be compiled.

Of course, there is no informed consent. The human guinea pigs have no knowledge of what is being done to them.

And what would be the objectives of this lunatic research program? They would vary. On a simplified level, there would be two. Create weaker and more docile and more obedient and more dependent humans. On the other side, create stronger and healthier and more intelligent and more talented humans. Obviously, the results of the latter experiments would be applied to the "chosen few." And clearly, some of this research will be carried on inside the military. Secrecy is easier to maintain, and the aim to produce "better soldiers" is a long-standing goal of the Pentagon and its research arm, DARPA.

A global vaccine experiment of the type I'm describing here has another bonus for the planners: those people who fall ill or die can be written off as having suffered from various diseases and disorders which "have nothing to do with vaccines." This is already SOP for the medical cartel.

The numbers of casualties, in this grand experiment, would be of no concern to the Brave New World shapers. As I've documented extensively, the US medical system is already killing 2.25 million people per decade (a conservative estimate), as a result of FDA-approved drugs and mistreatment in hospitals. Major media and government leaders, aware of this fact, have done nothing about it.

Here is a quote from Princeton molecular biologist, Lee Silver, the author of *Remaking Eden*. It gives you a window into how important geneticists are thinking about an engineered future:

"The GenRich—who account for ten percent of the American population—[will] all carry synthetic genes. All aspects of the economy, the media, the entertainment industry, and the knowledge industry are controlled by members of the GenRich class...

"Naturals [unaltered humans] work as low-paid service providers or as laborers. [Eventually] the GenRich class and

the Natural class will become entirely separate species with no ability to crossbreed, and with as much romantic interest in each other as a current human would have for a chimpanzee.

"Many think that it is inherently unfair for some people to have access to technologies that can provide advantages while others, less well-off, are forced to depend on chance alone, [but] American society adheres to the principle that personal liberty and personal fortune are the primary determinants of what individuals are allowed and able to do.

"Indeed, in a society that values individual freedom above all else, it is hard to find any legitimate basis for restricting the use of repro[grammed]-genetics. I will argue [that] the use of reprogenetic technologies is inevitable. [W]hether we like it or not, the global marketplace will reign supreme."

"The viruses invade human cells with their DNA payloads, and the synthetic gene is incorporated into the recipient's own DNA. If all goes well, the new genes instruct the cells to begin manufacturing powerful antibodies."

Here is another gem, from Gregory Stock, former director of the program in Medicine, Technology, and Society at the UCLA School of Medicine:

"Even if half the world's species were lost [during genetic experiments], enormous diversity would still remain. When those in the distant future look back on this period of history, they will likely see it not as the era when the

natural environment was impoverished, but as the age when a plethora of new forms—some biological, some technological, some a combination of the two—burst onto the scene. We best serve ourselves, as well as future generations, by focusing on the short-term consequences of our actions rather than our vague notions about the needs of the distant future."

Notice that these two well-known scientists are speaking about "ethics." A significant number of such experts have their own lunatic version of what is right and wrong.

With vaccines that permanently alter human genetic makeup on the horizon, and given the corporate and government-agency penchant for secrecy, we are already inhabiting the Brave New World. It's not a distant prospect.

Every genetic innovation is aimed at bringing us closer to a stimulus-response world, and further away from freedom.

Which is why the defense of freedom becomes ever more vital.

That struggle comes down to who controls, yes, the philosophy, not the science. Is each human merely and only a system waiting to be re-engineered, or is he something far more, inhabiting a physical form?

We already know what the vast majority of brain researchers and geneticists believe, as well as the governments and corporations and universities and foundations that make important decisions.

Of course, these days, the college faculty department considered to be the least important, the most useless, a mere

appendage waiting for those with wisdom to put it out of its misery and kill it off...is the philosophy department.

That leaves us to take up the argument and the resistance.

Not Lee Silver at Princeton or Gregory Stock or Bill Gates or George Soros or David Rockefeller or the Pope or Stephen Hawking or Obama or the Clintons or Monsanto or Dow or the Bush family or PBS or FOX or socialists or Communists or liberals or conservatives or some wackadoodle at Harvard or MIT or UCLA.

Letters from our members

Media Bias

Sunday Dec 20, 2015

Letter to the Editor of the National Post;

It's not surprising that parents harbour misinformation about vaccines (*Survey raises concern about vaccine 'hesitancy' among Canadian parents, shows some harbour misinformation* –December 18, 2015). The media has been guilty of significant bias and distortion with regard to vaccine safety and effectiveness for years.

Look no further than the statement included in this article: "It is distressing to see how many people still think there is a link between measles, mumps and rubella vaccines and autism—a link that was made in faulty research that has long-since been debunked." The fact is there is substantial evidence of a vaccine-autism link and to declare that this has "long since been debunked" is pure distortion.

This author seems either unaware or willfully blind to the fact the Vaccine Court in the US has awarded compensation to more than 80 families whose children developed autism following vaccination.

Or the more than 123 independent studies that identify a vaccine autism link: <https://www.scribd.com/doc/220807175/122-Research-Papers-Supporting-the-Vaccine-Autism-Link>

Or the 2014 disclosure by CDC senior scientist, Dr. William Thompson, that the CDC has known for more than a decade that children receiving the MMR vaccine on schedule are significantly more likely to regress into autism compared with children whose parents decided to withhold the vaccine until the child was older. The risk was even higher amongst African American boys.

The good news is more and more parents are recognizing the distortion promulgated by both media and the vaccine/medical industry and realize the media and health industry can't be trusted as credible sources of information with regards to vaccine safety.

Parents are waking up to the fact there is a national health disaster. 1 in 45 children will develop autism and the government and medical industry are incapable of solving this "mystery" because they know the solution threatens their sacred cow—the vaccine safety myth.

—We appreciate the author's kind permission to reprint this article that first appeared May 17, 2016 on his blog: <https://jonrappoport.wordpress.com>

Jon Rappoport, once nominated for a Pulitzer Prize, has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world.

I only wish the media would get on board and actually provide some investigative journalism on the issue of vaccine safety rather than be a thinly disguised extension of the advertising department of vaccine manufacturers.

—Ted Kuntz, British Columbia

Protect Parents' Rights to Choice

Friday, March 04, 2016

Dear Federal Health Minister Philpott,

That is perhaps one of the nicer messages I have received from an MP in a long time; thank you. And, thank you for sharing your story publicly. Perhaps as a bereaved parent, you have a softer touch with those who have become injured or bereaved through vaccination. Although your response was gentle, you did not address some critical issues, and I remain deeply unsettled.

Following my son's vaccine injury 14 years ago, we did see doctors. We went to MDs for five years searching for help. Then, I took matters into my own hands. My current MD, however kind and committed to my boys' health, CANNOT HELP US.

The extremely rare MDs who acknowledge this kind of injury and would like to help are denied access to basic resources that vaccine injured children require to heal such as HBOT; heavy metal testing, detox and micronutrient support; assessment for chronic vaccine-derived infection; and bio-individual dietary protocols. But this is not why I wrote you.

The big issue, and the one I wanted to point out is that parents must have CHOICE. My son has NOT been counted. His injury is NOT represented. One MD, who emphatically prioritized vaccination compliance over providing care, refused to acknowledge my son's injury because, in his words, "the science does not support your observations."

How can the science support what my son experienced if NOBODY in authority will believe me, see it for what it is, or report it???

My son is not unique. The betrayal and despair in the R.E.G.R.E.T. documentary is felt across many ages. And, this chaos is happening amid extremely disconcerting corruption as outlined by Dr. Lee (HPV contamination), Dr. Thompson and Rep. Posey (MMR causing Autism), and the Merck

whistleblowers (failing MMR efficacy). Britain is considering setting up a review panel to protect itself from disingenuous pharmaceutical research. How valid is your evidence-based science when evidence is willfully ignored or corrupted for the sake of profit?

I Want You to Protect my Rights. Vaccination cannot be made mandatory because of the Canadian Constitution. “[E]xceptions are permitted on medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization.”

Yet, Ontario is portraying immunization as compulsory! Why aren’t exemptions mentioned on this government page? Today, the National Post published, “The province plans to tighten the rules for vaccines in schools, meaning it will be harder for parents to send unvaccinated children to school.”

Why isn’t the Canadian Charter of Rights being respected? As the Canadian Minister of Health, WHAT ARE YOU GOING TO DO ABOUT IT?

My children do not need your gentle nudge to see the doctor. They need you to Protect Our Rights! Fix the massive sense of betrayal that we and many other families now very legitimately feel toward modern medicine in Canada. You MUST re-evaluate the effectiveness of Canada’s ability to gage vaccine safety, especially when countries with smaller vaccination schedules have better health outcomes. You MUST prevent our Constitutional rights from being even more trampled.

Minister Philpott, I really need you to step up and protect Canadian children from the deceit and damage the Ontario Liberal government is foisting on Ontario families. Under Canadian law, vaccines are NOT mandatory. Submitting paperwork reflecting choice may be mandatory, but blindly accepting the risk of injury and death is not.

—Tara McDonald, Ontario

Legal Fund: a Passionate Response

June 03, 2016 1:03 PM

Hi Edda,

I remember all too well the pressure, and attempted coercion, by public health, when I went to get wavers for all 3 my kids in the late 1990’s. I had experienced enough first hand, and I had no faith left in vaccines.

Seeing my youngest convulse repeatedly, after her 12 month and 18 month vaccines was enough for me. Her abrupt change in all that she was, personality-wise and behaviorally, was a nightmare I lived every day (and they didn’t!!!!). Arguing with public health was like talking to a high pressure salesman. Really greasy. The officer of public health even called my house, and tried to guilt me into changing my mind...giving absolutely no weight to the fact that my daughters normal future had been ruined by vaccines. Therefore, I could not consider vaccinating to protect a potential, hypothetical child with cancer in my daughter’s then kindergarten class. Or any

mythical child in the classes of my other two children. I had sacrificed enough, and I wasn’t willing to go for a so called “triple co-incidence” for anyone!!!!

So now parents are going to be forced to watch an educational film...education slanted to only one perspective...theirs...of this complicated argument. I can tell you with absolute certainty that film would not have changed my resolve...because I know what I saw, and I live with it’s consequences every day. Every single day. And will ‘til the day I die. I think their education session would have made me throw up...or very mad. Most parents have researched the issue before they come to their personal conclusion.

To this day, I still get crap from doctors. [My eldest] is currently in temporary residential care for behavior management, to try and work on her aggression and attacks towards me and others. These program places have their doctors and want their vaccine records on file...and again my stance is met with disapproval and denial that vaccines could have caused this. They are sure...but they were not there to witness what I’ve lived.(and continue to live). And the consequences are never theirs...only ours.

—Judy Williams, Ontario

Further Comments from Mary Holland

When Age of Autism published Mary Holland’s UN presentation she responded in the comments section as follows:

...I couldn’t agree more that vaccine recommendations are hardly a panacea. Without truly “informed” consent, meaning that people honestly understand the risks and benefits, there isn’t true consent. Indeed, most of the vaccine injury in the US and UK is due to pediatricians’ recommendations, not direct, heavy-handed mandates from the state. However, I believe that the mandates cast a long shadow, and that we diminish freedom for doctors and families under the aura of mandates.

I agree that we do not have honest, open, real debate about these medical interventions almost anywhere in the world on a public level. I have written recently to oppose calls for censorship of the vaccine-autism debate, and that blog post was reproduced here at Age of Autism (thank you!). I think censorship on this topic that potentially affects every newborn on the planet is appalling.

All this said, **I think we as advocates for vaccine choice and safety must start with the issue of compulsion. Penalizing families for choosing not to vaccinate violates every notion of informed consent.** The global standard, at least on paper, is prior, free and informed consent. We must continually remind the public and our opponents that informed consent is what human rights norms require. We are not inventing the global standards here—we are simply applying them and showing how distorted vaccine proponents’ reasoning is.



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

“...a sensitive, expressive and discerning documentary. Rivetingly factual...tackling the contemporary vaccine issue like no other film before it.” –Eileen Dannemann, Director, National Coalition of Organized Women

The Greater Good DVD , An excellent documentary. Includes personal stories of vaccine injuries, 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.

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