

# *the* Vaccine Choice *Journal*

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## Immune Activation: Vaccines and the Developing Brain

*The following article, by neurosurgeon Dr. Russell Blaylock, was written as the foreword to Neil Z. Miller's wonderful publication, the Vaccine Safety Manual.*

*We are honored to be granted permission to re-publish this classic explanation of how vaccines affect childrens' brains.*

When I attended medical school more than 35 years ago, vaccine reactions were rarely discussed. Like most people today, I was taught that vaccines saved mankind from mass death during sweeping epidemics and pandemics afflicting the world over the millennia. It was one of those foregone conclusions implanted in our brains. It was mentioned to us that, yes, sometimes, on rare occasions, adverse reactions do happen, but “the benefits far outweigh the negative effects.”

In the course of my neurological training during my neurosurgical residency, I studied a number of cases of severe damage to the nervous system associated with vaccines, such as subacute sclerosing panencephalitis (SSPE), brachial plexitis, post-vaccinal encephalitis, transverse myelitis and peripheral neuropathies. The SSPE cases were especially depressing and laden with emotion because one witnessed the slow destruction of a child's mind to the point of coma and death. I never forgot these vaccine-related events and they flashed through my mind when it came time for my children to receive their vaccines. Like so many things in medicine, you have to see them and deal with them on a day-to-day basis to really understand the heartache and deep-seated pain associated with such an injury. Parents know this pain better than anyone.

Patients with chronic illnesses have a greater impact on the doctor's emotions than anything else, not only because he deals with all the numerous problems that will occur during

the course of the illness, but because he becomes close to his patients, as well as their parents and other family members. In my experience, they become part of my family—you never forget them. At least that is the way it should be. Nowadays, I am seeing doctors who behave more like federal bureaucrats than humane men of healing.

“As medicine becomes more regimented, collectivist physicians begin to lose their sense of humanity. In a collectivist system, it is the “plan” that matters, not individuals. In fact, individuals are to be sacrificed for the “plan.”

As medicine becomes more regimented, collectivist physicians begin to lose their sense of humanity. In a collectivist system, it is the “plan” that matters, not individuals. In fact,

individuals are to be sacrificed for the “plan.” What you will be reading about in this monumental work [*The Vaccine Safety Manual*] is a description of the human effects of one of these “plans”—the vaccine program.

I was told by a researcher in the field of autism, that when he attended a conference in Italy on the genetic aspects of autism and mentioned the link between the vaccine program and autism incidence, one of the public officials in the Italian Health Department stood and told him in an angry tone that everyone knew that the vaccines were causing injury to children's brains, but the success of the vaccine “program” was more important. Further, he stated, these problems need to be downplayed so as not to endanger the vaccine “program.”

I reported a similar conversation coming from the Simpsonwood Conference held in Norcross, Georgia, attended by 53 specialists in vaccine effects—including members of the World Health Organization and major vaccine manufacturers—concerning data indicating that the vaccines

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## Ontario's Mandatory Vaccine Education

To no one's surprise, the Ontario Ministry of Health legislation requiring parents to attend a mandatory 'vaccine education session' prior to being allowed to file a vaccine exemption passed in the legislature on May 30. What was a surprise was the final vote of 92 in support to 1 in opposition.

This overwhelming support for the bill occurred despite many objections during debate to this omnibus bill—Bill 87—that contained amendments to five different bills (including the Immunization of School Pupils Act). It occurred despite the 3,163 petitions to the legislature collected in Ontario by our volunteers in opposition to the education sessions. It occurred despite committee hearings that heard many requests for amendments to the many aspects of the omnibus bill. It also occurred despite the VCC oral and written presentations to the legislative committee holding hearings on the bill and despite the written presentations to the committee from members of the public. Some of these public presentations can be read on our website at [www.vaccinechoiccanada.com/exemptions/threats-to-exemptions/](http://www.vaccinechoiccanada.com/exemptions/threats-to-exemptions/) (Scroll down to "related links".)

There are two outcomes to this action by the Ontario legislature. First, Ontario parents who want vaccine exemptions will have to attend education sessions prior to filing exemptions. Likely these will be on-line sessions to keep the costs down for public health units. Second, having spent over a year rousing support to defeat this "education" amendment, which is a direct infringement of our Charter Rights to freedom of conscience and religion, VCC will continue working to protect citizens' rights to say yes or no to vaccinations.

## Toronto Chapter

VCC Members have held 3 meetings so far in 2017: March 29, May 10 and June 28. This group took on planning and volunteering for VCC attendance at the Total Health show, coordinating and collecting signatures on Bill 87 petitions and discussing various grass roots actions to educate and inform doctors, legislators and the public.

VCC has also been approached by others in Ontario who would like to form chapters of VCC so local meetings can be held. Please contact [info@vaccinechoiccanada.com](mailto:info@vaccinechoiccanada.com) if you have a group interested in forming a VCC chapter anywhere in Canada.

## When Informed Consent becomes "Misconduct"

Ontario high school teacher Tim Sullivan was found guilty of professional misconduct at an Ontario College of Teachers disciplinary hearing in February of 2017. Sullivan was concerned that students at his school were not receiving adequate information to give informed consent at a school-based vaccine clinic held in 2015.

The Grand Erie District School Board suspended Sullivan for 3 days in May of 2017 for "generating unwanted media attention." His penalties from the Ontario College of Teachers were finally released in June and include receiving a reprimand, a one-month suspension, completion of remedial coursework for appropriate professional boundaries and ethics and anger management. He is also not allowed to attend any health clinic conducted at a school where he is employed for a period of two years. To support Tim donate at the YouCaring fundraiser to compensate for his loss of earnings due to his suspension: <https://www.youcaring.com/timsullivan-842128>

### The Vaccine Choice Journal Vaccine Choice Canada

Coordinator & Journal Editor: Edda West  
P.O. Box 169, Winlaw, B.C. V0G 2J0  
[info@vaccinechoiccanada.com](mailto:info@vaccinechoiccanada.com)  
250-355-2525  
[www.vaccinechoiccanada.com](http://www.vaccinechoiccanada.com)

#### Board of Directors:

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Thanks to Nelle Maxey for electronic production of the Journal.

#### Statement of Purpose:

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

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

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

#### Our Mandate is:

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

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

VCC publishes two issues of the Journal annually as well as a bi-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.

## Remembering Joshua Kuntz

It is with great sadness that we note the passing of Joshua Kuntz, the son of our Vice-President, Ted.

### Joshua Anthony Kuntz

July 25, 1984 – February 16, 2017

*Joshua Kuntz was a gentle soul who touched many hearts during his thirty-two years. In his soft and quiet way he engaged people with the sparkle in his eyes, his radiant smile, and his invitation to hold hands. Josh lived with significant challenges due to an uncontrolled seizure disorder that began with his vaccine shot at five months of age. In spite of his health challenges and physical limitations, Josh enriched the lives of many with his courageous way of being in the world.*

The Age of Autism published Ted's letter in memory of Joshua, *Tell This Grieving Dad Vaccine Injury Isn't Real*.

In honour of Josh Kuntz, The Institute for Pure and Applied Knowledge (IPAK) has announced the creation of the Integrity in Vaccine Science and Medicine Fellowship. This is an award to encourage and reward integrity in vaccine science and medicine. To apply for the award or to donate please visit the IPAK website: <http://ipaknowledge.org/Joshua-Kuntz-Fellowship.php>

## Two VAXXED showings in BC in February

The showing in Vancouver was organized by Ted Kuntz and the Health Action Network. The second showing was on Vancouver Island. Read Linda Morken's lively account, *Vaxxed Shown in a School—Oh My!*, on her excellent blog here: <http://www.alternativeboomerlegacy.com/blog>

The VAXXED Bus was in Bellingham Washington on June 25th. Ted Kuntz and his brother travelled down to be interviewed and write Josh's name on the bus.



## Canada's Childhood Vaccination Schedules

The need for parents to understand the quantity & content of childhood vaccinations under varying provincial schedules prompted Nelle Maxey to take on producing these schedules for VCC. With input from Edda West, the outline of what information parents need was drafted. Then Nelle spent a few weeks reading public health websites to glean the necessary information, which was not always readily available.

The 13 provincial schedules and a comparison map are now posted on the VCC website. The schedules compare the 1983 schedule to the 2017 schedule, list vaccines and trade names, discuss ingredients and have links to relevant provincial information. Read commentary and download schedules/map: <http://vaccinechoiccanada.com/about-vaccines/specific-vaccines/canadian-infant-vaccination-schedule/>

## Canada: Vaccine Doses in Childrens' 2017 Routine Schedules—Prenatal to Age 18

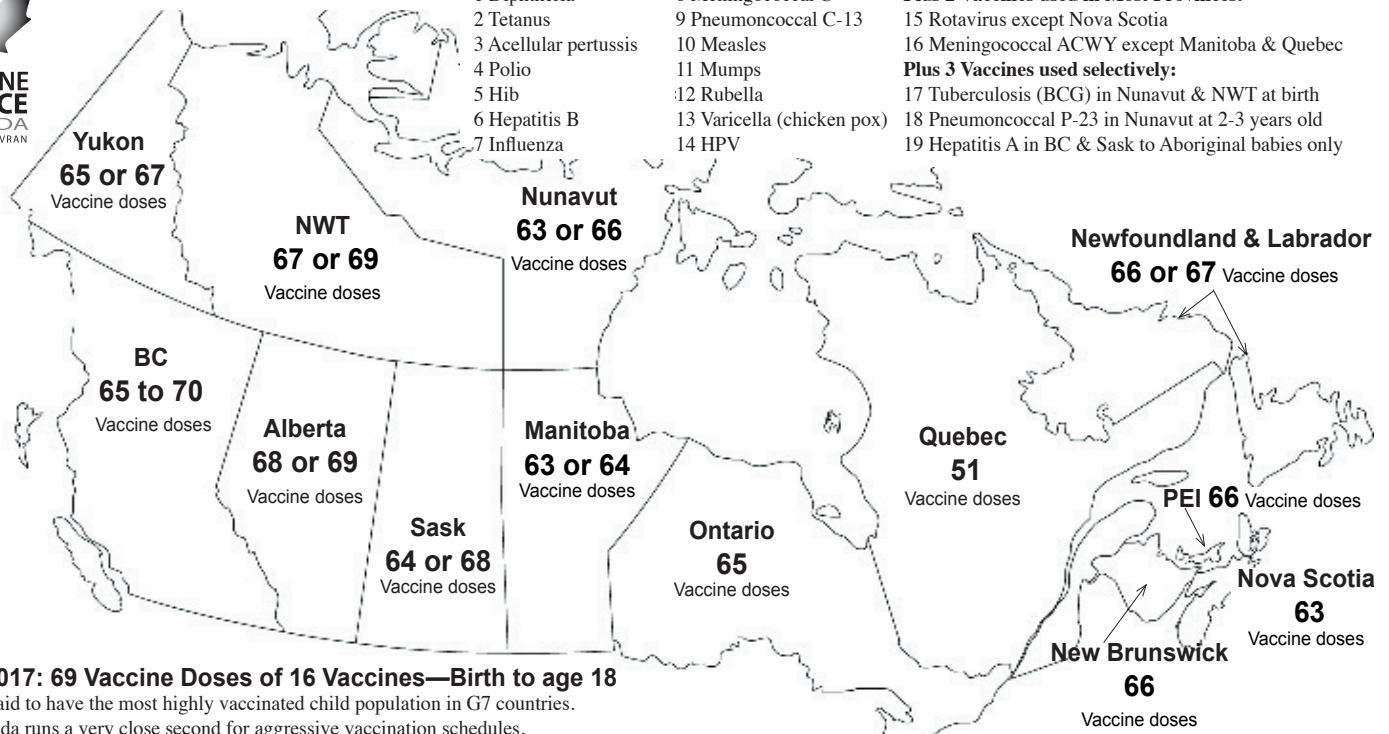


There are 14 vaccines used in All Provinces:

- 1 Diphtheria
- 2 Tetanus
- 3 Acellular pertussis
- 4 Polio
- 5 Hib
- 6 Hepatitis B
- 7 Influenza
- 8 Meningococcal C
- 9 Pneumococcal C-13
- 10 Measles
- 11 Mumps
- 12 Rubella
- 13 Varicella (chicken pox)
- 14 HPV

Plus 2 Vaccines used in Most Provinces:

- 15 Rotavirus except Nova Scotia
  - 16 Meningococcal ACWY except Manitoba & Quebec
- Plus 3 Vaccines used selectively:
- 17 Tuberculosis (BCG) in Nunavut & NWT at birth
  - 18 Pneumococcal P-23 in Nunavut at 2-3 years old
  - 19 Hepatitis A in BC & Sask to Aboriginal babies only



### USA 2017: 69 Vaccine Doses of 16 Vaccines—Birth to age 18

USA is said to have the most highly vaccinated child population in G7 countries. But Canada runs a very close second for aggressive vaccination schedules.



# Editorial: Vaccine Awakening

—By Edda West, VCC President

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There's been a great awakening this past year thanks to courageous filmmakers who have brought the vaccine issue to a new level in public consciousness.

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First came *Vaxxed: From Cover-Up to Catastrophe*, a powerful documentary released last spring that examines the shocking cover-up by CDC scientists of critical data linking the MMR vaccine to the autism epidemic.

Through the recorded confessions of CDC whistleblower Dr. William Thompson, interviews with doctors, pharma insiders, politicians and parents of vaccine-injured children, we've learned how the manipulation of crucial data and its cover-up by a government agency charged with protecting the public health, has destroyed the health and lives of untold thousands of children and has fueled the explosion of autism around the world.

After the film's release, the Vaxxed Team hit the road in their black tour bus showing the film in communities, small and large, with Polly Tommey recording the stories of thousands of vaccine injury victims. The daily video postings on social media of heart wrenching vaccine injury stories has impacted the public psyche in powerful ways never before seen in this historic struggle.

Polly Tommey is a tour de force. Her son Billy, suffered a catastrophic brain injury from MMR vaccine as a baby and regressed into autism shortly after. She stated at a Vaxxed screening last summer that all vaccines are unsafe. **"Stay away from these pediatricians, they are dangerous. Sorry pediatricians, but you are,"** she said. **"There clearly is no safe vaccine. I can tell you we will never trust you again, we will never stick in another needle. You can say it's a safe vaccine — we will never believe you."**<sup>1</sup>

Polly's words echo that of Dr. Robert Mendelsohn MD, who warned over 30 years ago of the dangers of the pediatric profession, calling them the front line drug pushers who, starting with vaccination, introduce your child to a lifetime of dependency on pharmaceutical drugs.<sup>2</sup>

No matter the entrenched medical and media denial of vaccine risks. The real life stories of parents who trustingly believed the "vaccines are safe and effective" mantra and who then lost their previously healthy child to a devastating vaccine injury are undeniable and cannot be swept away as coincidence.

January then saw the release of the nine part docu-series, *Vaccines Revealed* on the internet. The series includes interviews with doctors, scientists, legal experts and families living with vaccine injuries. It explores territory forbidden by mainstream media and asks and answers the question, "Why is the vaccine debate silenced, ridiculed and shut down?" Big Pharma has controlled and manipulated the media for decades suppressing the truth about vaccines. They've silenced whistleblowers and persecuted doctors and scientists who questioned vaccine safety by taking away their licenses and destroying their reputations.

The revolving door between government regulatory agencies and the pharmaceutical industry insures that the vaccine status quo is protected.<sup>3</sup>

Most recently, *The Truth About Vaccines*, a seven part documentary series, aired on the internet in April 2017. Called a **"breakthrough for vaccine transparency and public education"**, it features over 60 experts in medicine, immunology, toxicology and laboratory science who reveal groundbreaking information on vaccines that the government won't tell you about. The series is produced by Ty Bollinger and the team that produced the epic, *The Truth About Cancer: A Global Quest*, an educational series that reached over 20 million people worldwide.<sup>4</sup>

I especially appreciated the interview with New York pediatrician, Larry Palevsky MD, with his focus on the impact of vaccines on the developing brain designating it a matter of **extreme urgency** to understand the real risks of injecting babies with the myriad complex biochemical compounds designed to create inflammation.

Palevsky says, "Something is happening to the brains of our children that is exciting, igniting, inflaming, irritating, agitating, and interfering with the proper sequencing of how the nerve cells sequence, develop, and proceed towards normal brain development...Speech delay is not a given. Learning disability is not a given. Low tone, weak muscles, lack of coordination, not sitting still, not focusing, not paying attention. These are not a given. They are only happening because something is irritating, inflaming, agitating the brain and interfering with the way in which the brain is supposed to properly, sequentially develop."

Dr. Palevsky talks about aluminum adjuvants in vaccines that ramp up immune response, and Polysorbate-80, an emulsifier in vaccines:

"The aluminum in vaccines is not the same aluminum that you ingest or inhale...the aluminum in vaccines is in such a structure that it can easily pass into the brain, and bring with it viruses and bacteria.

"The emulsifiers in vaccines, Polysorbate-80, are used by the pharmaceutical industry to get drugs to pass into the brain across the blood-brain barrier. That same technology that the pharma industry uses to enhance delivery of drugs across the blood-brain barrier into the brain is the same technology in vaccines...[and] can increase the entry of that drug into the brain twenty-fold. Then the Polysorbate-80 emulsifier, binds really tightly to the aluminum and the bacteria and viruses can walk into the brain the way a ghost can go through a wall."

"Knowing that science, the question has to be asked, 'Do vaccine materials enter the brain?' **No studies!** Are vaccine

materials supposed to get into brain? **No!** If vaccine materials get into the brain, what happens? **1 in 6 children with neurodevelopmental disabilities. 1 in 50 with autism. 1 in 10 with ADHD. 1 in 20 below the age of five with seizures – until proven otherwise.”**

### **Mechanisms of Vaccine Injury**

The mechanisms of vaccine induced brain injury have been known for years. In 2003 and 2004, Dr. Russell Blaylock MD wrote a series of articles based on his extensive research of the neuroscience literature in which he explained that the brain has its own immune system that is highly vulnerable to inflammation, especially during the first two years when the brain is undergoing dramatic growth.

Vaccination creates inflammation which triggers the brain's own immune cells, the 'microglia' to secrete highly toxic inflammatory chemicals (cytokines) that can put the brain in a chronically inflamed state which leads to destruction of connective synapses, seizures and brain injury. Chronic inflammation triggered by vaccines in the first two years of life during the most rapid period of growth, "can disrupt this critical process and result in a malformed brain which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes."

In this issue of the *Vaccine Choice Journal*, we feature Dr. Blaylock's in depth article on the disastrous effects of vaccine induced brain inflammation. It is the foreword to Neil Miller's outstanding *Vaccine Safety Manual*, 1st Edition 2008 and 2nd Edition 2017. We recommend that you have this book as a primary reference manual on vaccines and the diseases they are supposed to prevent.<sup>5</sup>

The *Vaccine Papers* website, run by research scientists, informs us that, "In early life, the brain and immune system develop together. The brain-damaging effects of immune activation have been studied extensively. The science is high quality and there is a lot of it." Cytokines (communication chemicals) used by the immune system also guide brain development. Inflammation can cause surges of certain cytokines that can permanently damage the brain and lead to mental illness.<sup>7</sup>

In her outstanding video lecture on *Neonatal Immunity: The First Three Years*<sup>8</sup>, Suzanne Humphries MD teaches that, "If you want your baby to have a chance to grow up to be healthy with all of its cogs functioning normally, you should make sure that nothing interferes with the immunologic programming, especially during the first three years of life. Anything eaten, injected, breathed (for instance) which creates damage or stress, has the potential to change the DNA instruction manual of protein synthesis and leads to systems malfunction."

After years of training and study as a medical doctor, Dr. Humphries concludes that, "The most efficient way to destroy a life is to indiscriminately agree to use everything considered "best practice", or "gold standard" in the aggressive

interventionist medical model of today which is often based on reductionist science, produced by industry and encouraged by government agencies."<sup>8</sup>

### **To make an informed vaccine decision, parents must understand the relationship between the immune system and the brain.**

- A baby is programmed to remain in a non-inflammatory state while the brain is rapidly developing in the first two years of life. Baby's prime directive is to PREVENT and reduce inflammation.
- There is an intimate, interconnected relationship between the immune system and the nervous system, including the brain.
- Key immune cells are involved in brain development and must remain in a non-inflammatory state to protect the developing brain.
- Repeated vaccination during early life triggers inflammation forcing the microglia, the brain's own immune cells, to emit toxic inflammatory chemicals that can result in damage to the developing brain.
- Vaccine adjuvants (aluminum) trigger brain inflammation, create allergies, autoimmunity, constant inflammation all around the body and cause mitochondria to stop working properly.
- Protect normal brain development, by protecting baby from inflammation.
- Breast milk deals with anything inflammatory, helps protect baby from bacterial and other infections, and protects from inflammation. "Breastmilk is a continuum of blood and an extension of in-utero growth. It orchestrates the baby's immune system for the duration of breastfeeding."<sup>6</sup>

### **Vaxed Versus Unvaxed**

The awakening continues as parents realize that adhering to the vaccine schedule undermines their children's health. Celeste McGovern's article in this issue of the *Journal* discusses the results of the first vaccinated versus unvaccinated pilot studies just published this spring that affirm what many families have already observed. The survey, done among homeschooling families in four U.S. states, found that unvaccinated children are far healthier with fewer chronic illnesses, including learning disorders and autism, than their older siblings who received the full vaccine schedule.

Mass vaccination programs were launched in an era when little was known about the complexities of the immune system, and nothing was known about the intimate relationship between the immune system and the brain. The number of vaccines given has quadrupled since the 1950s while the evidence of increasing immune system and brain injuries is recklessly ignored by vaccine policy makers, and cautionary voices are ruthlessly stifled and ignored. What critical mass of knowing must be reached for this deadly tide to turn?

## Future of Immunity Conference

The Future of Immunity conference held in Spokane, Washington, on May 20th featured three research scientists and a medical doctor who spoke of the emerging science, their concerns about the impact of environmental contaminants and vaccination on the immune system and the brain and long term implications to human health. The enlightened presenters were James Lyons-Weiler Ph.D, Theresa Deisher Ph.D, Tetyana Obukhanych Ph.D and Toni Bark MD.

Of great concern is that critical current science regarding immunity and immunization has not yet been incorporated into vaccine design or vaccine administration policies. Absent from current medical school curriculum is complete and up-to-date information about vaccine ingredients, adverse events reporting, and individual genetic susceptibilities to vaccine injuries.

Recent independent testing found metal debris and biological contaminants such as lead, chromium, nickel and many others as well as red blood cells of unknown origin in all samples of human vaccines tested.<sup>10</sup> Effects of injecting these substances are unknown.

Government and medical agencies as well as organizations funded by the pharmaceutical industry influence society's discussion and public perception of vaccination worldwide. **They all work to minimize dialogue on risk in order to maximize vaccine uptake.** Emerging science showing vaccine induced injury is actively suppressed as are environmental factors that can predispose one to injury.

Molecular and Cell Physiologist, Dr. Theresa Deisher spoke of her research on human DNA debris contaminating many live virus vaccines which are grown on cell lines derived from aborted fetuses. If a child is exposed to fetal cell lines in vaccines, the immune response can lead to autoimmune attack on the brain and can also increase the risk of lymphomas and leukemia. She documented the surge in autistic disorders, or "change points" in 1981, 1988 and 1996 when MMR vaccine containing human fetal DNA was put into widespread use in the U.S. **"What we have found is that across continents, and across decades, change points in autism disorder are clearly associated with the introduction of vaccines produced using human fetal cell lines."**

She discussed the *de novo* gene mutations found in 60–70% of autistic children. Hundreds of genes are sporadically affected, yet the parents don't have them, so these are not inherited, and must be the result of an environmental influence. Mutations can be induced by chemicals, radiation and inducing agents sporadically across the genome.

She spoke of microglial activation when the blood brain barrier has broken down and blood derived cells enter the brain. A mutated cell can enter the brain and have life long consequences. Fragments of DNA are readily taken up and inserted into the genome. 30–50% of ASD children have immunity to human DNA! She asked, WHY?

**"Each time we inject our children with one of these vaccines, we are also injecting them with residual fetal human DNA." Even more alarming, "Not only are the human fetal DNA contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas."**<sup>9,11</sup>

## Knowledge is Power

Little to none of this critically important information, some of it known for over a decade, has reached ordinary medical practitioners or the general public. This is in large part due to the suppression of the emerging science by vaccine manufacturers, vaccine policy makers, government agencies, and a bought media that ignores and censors any new science that challenges the "vaccines are safe and effective" mantra.

Apparently the vaccine paradigm must be preserved at all costs, even if it means the sacrifice of the very children whom vaccines are intended to 'save'.

Vaccines given in the combination schedules injected into children today have never been tested, which makes it a *de facto* medical experiment. When these complex biochemical substances are injected into the body, they bypass normal body and immune defense systems with the attendant risk of derailing normal brain development and epigenetically altering our biology on the cellular and genetic level.

We must all get pro-active if we are to stop the vaccine carnage and the march toward mandatory vaccination happening today around the world. To do so, it is essential we become informed about the mechanisms of vaccine injury. Never before in history has so much scientific knowledge been accessible to so many people.

**Protecting the health and genetic integrity of our children must become a priority for all parents today.**

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# Dirty Vaccines: New Study Reveals Prevalence of Contaminants

## by Celeste McGovern

### *Every Human Vaccine Tested Was Contaminated by Unsafe Levels of Metals and Debris Linked to Cancer and Autoimmune Disease*

Researchers examining 44 samples of 30 different vaccines found dangerous contaminants, including red blood cells in one vaccine and metal toxicants in every single sample tested – except in one animal vaccine.

Using extremely sensitive new technologies not used in vaccine manufacturing, Italian scientists reported they were “baffled” by their discoveries which included single particles and aggregates of organic debris including red cells of human or possibly animal origin and metals including lead, tungsten, gold, and chromium, that have been linked to autoimmune disease and leukemia.

In the study, published this week in the *International Journal of Vaccines and Vaccination*, the researchers led by Antonietta Gatti, of the National Council of Research of Italy and the Scientific Director of Nanodiagnostics, say their results “show the presence of micro- and nano-sized particulate matter composed of inorganic elements in vaccine samples” not declared in the products’ ingredients lists.

Lead particles were found in the cervical cancer vaccines, Gardasil and Cervarix, for example, and in the seasonal flu vaccine Aggripal manufactured by Novartis as well as in the Meningetec vaccine meant to protect against meningitis C.

Samples of an infant vaccine called Infarix Hexa (against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and haemophilus influenzae type B) manufactured by GlaxoSmithKline was found to contain stainless steel, tungsten and a gold-zinc aggregate.

Other metal contaminants included platinum, silver, bismuth, iron, and chromium. Chromium (alone or in alloy with iron and nickel) was identified in 25 of the human vaccines from Italy and France that were tested.

GSK’s Fluarix vaccine for children three years and older contained 11 metals and aggregates of metals. Similar aggregates to those identified in the vaccines have been shown to be prevalent in cases of leukemia, the researchers noted.

Many of the vaccines contained iron and iron alloys which, according to the researchers, “can corrode and the corrosion products exert a toxicity affecting the tissues”.

The researchers supply an image of an area in a drop of Sanofi Pasteur MSD’s Repevax (diphtheria, pertussis, tetanus, polio) vaccine “where the morphology of red cells—we cannot tell whether they are human or animal—is clearly visible” along with the presence of “debris” composed of aluminum,

bromine, silicon, potassium and titanium.

Feligen, the only veterinary vaccine tested in the 44 total vaccines sampled, proved to be the only sample free from inorganic contamination.

The investigation revealed aluminum and sodium chloride, the usual component of saline, as was expected, because they are named ingredients of most vaccines. Using a Field Emission Gun Environmental Electron Scanning Microscope, the researchers produced photos of this aluminum salt which formed white crystalline branches similar to frost on a windowpane on the top of the droplets of vaccine liquid. A German-made vaccine against allergies produced a layer of inorganic salts so thick that the researchers could not penetrate the drop to detect other particulate contaminants.

Aluminum has a documented neurotoxicity all by itself. The French veterinary vaccines exclude it for this reason. The human ones don’t. The researchers express concern about synergy of multiple toxins added to this known neurotoxin. “It is a well-known fact in toxicology that contaminants exert a mutual, synergic effect, and as the number of contaminants increases, the effects grow less and less predictable. The more so when some substances are unknown.”

“The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us,” the researchers note. “In most circumstances, the combinations detected are very odd as they have no technical use, cannot be found in any material handbook and look like the result of the random formation occurring, for example, when waste is burnt. In any case, whatever their origin, they should not be present in any injectable medicament, let alone in vaccines, more in particular those meant for infants.”

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#### **Undesirable impact**

The study explains that these foreign injected impurities may explain a vast array of apparently unrelated adverse events associated with vaccination from headaches and seizures to fatigue, muscle pain, paralysis and sudden infant death syndrome. More likely than not, they speculate, vaccine contaminants will “have a more serious impact on very small organisms like those of children.”

Once inside a body, foreign material in a vaccine shot, whether it is meant to be there as in the case of an aluminum, or not, in the case of contaminants, launches the formidable immune system into action.

As with anything small and foreign, its reaction to vaccine ingredients is potent, poorly understood, unpredictable, and as the Italian researchers say, may be “undesirable.” The immune system may dispatch an army of large white blood cells called macrophages to engulf the foreign bodies and contain them in swellings and granulomas at the injection site. But if the contaminants are swept away in the blood’s circulation to any distant site or organ including the microbiota, which regulate numerous functions including the immune system, their effect could be felt long after they covertly entered the body.

In some cases, the immune system may initiate an inflammatory assault against what it perceives as invader. This may include the launch of a host of players called cytokines.

Some of these chemical messengers like interleukin-6 are incriminated in autism.

Because these contaminants may persist in the body and stimulate the immune system, they may induce chronic inflammation and can manifest as autoimmune diseases when the immune system turns on its host’s own cells as in multiple sclerosis or type 1 diabetes.

It’s also been shown that the contaminants found in the vaccines can enter cell nuclei and interact with DNA, the researchers note. No one knows what that can do.

### Dark history

Vaccines have a long and sordid history of contamination. In 1955 batches of polio vaccine containing live polio virus infected and paralysed hundreds of children. The tragedy became known as the Cutter Incident for the laboratory where the vaccines had passed safety tests with flying colors.

But there are dozens of other “incidents” which would better be called acts of criminal negligence, including:

- The polio vaccine doled out between 1955 and 1963 was contaminated with simian virus 40 (SV40) from monkey kidney cells used to produce the vaccine. It’s been linked to the growing epidemic of cancer.
- In 2007, Merck & Company, Inc. recalled 1.2 million doses of Hib vaccines due to contamination with bacteria called cereus, a potentially lethal food-poisoning bug.
- In 2009, more than 40,000 doses of a meningitis C vaccine for babies were withdrawn from the British market when they were found to be contaminated with blood-poisoning bacteria, *S aureus*.
- In 2010, deep sequence analysis of eight different live attenuated virus vaccines revealed unexpected viral sequences in three of them: retrovirus avian leukosis was found in a measles vaccine, a virus similar to simian retrovirus was identified in Rotateq anti-diarrhea vaccine developed by CDC consultant Paul Offit, and the entire genome sequence of porcine circovirus 1 was found in Rotarix leading the FDA to suspend the rotavirus vaccine.
- In 2014, The US Food and Drug Administration ordered GlaxoSmithKline to review the manufacturing operation of its flu vaccine when it found microbiological contamination of products purporting to be sterile.

- In 2013, Merck & Company, Inc. recalled one batch of Gardasil when glass particles were discovered in several phials.
- Recently it was reported that Sanofi Pasteur refused to recall its ActHIB vaccine for babies, even though it knew it was contaminated with glass shards. The FDA didn’t object.

There are dozens of these cases, and even if vaccine manufacturers are issued multiple “warnings” action is rarely ever taken to clean the vaccine manufacture process. Since pharmaceutical companies have blanket indemnity from lawsuits for faulty vaccines, there is no incentive for them to clean up their act.

### Clear and present danger

The study investigators conclude that the vaccine contamination they found is likely accidental. “Our hypothesis is that this contamination is unintentional, since it is probably due to polluted components or procedures of industrial processes (e.g. filtrations) used to produce vaccines, not investigated and not detected by the Producers”.

Discussion about why pharmaceutical companies don’t produce clean vaccines is one thing. But the reality of vaccines as they are now is another. It doesn’t change what is being injected into millions of people today. Dangerous unintended toxins are in every one of the vaccines tested in this investigation, except one for cats.

This research doesn’t just show that vaccines are full of crud that top scientists can’t even define. It makes a mockery of health oversight agencies like the FDA and CDC and their lies that vaccines undergo adequate safety checks and risk assessment.

It doesn’t merely reveal that the long-term consequences of vaccinating cannot even be assessed. If anti-cancer vaccines like Gardasil and Cervarix contain cancer-causing aggregates of toxic metals, their use as a weapon against a cancer a girl has zero chance of getting before age 21 is not just useless. It is egregious abuse.

Now, every vaccine’s claims to saving lives must be weighed against its risks of causing cancer, neurodevelopmental disease, autoimmune disease and every other immune-mediated “mystery” disorder now epidemic and soaring.

The results of these investigations not only negate every assertion that vaccines are “safe and effective”, but they confirm that they are actually a clear and present danger.

—We greatly appreciate the author’s kind permission to republish this article, which appeared at GreenMedInfo in Jan 2017: [www.greenmedinfo.com/blog/dirty-vaccines-every-human-vaccine-tested-was-contaminated-metals-and-debris-new](http://www.greenmedinfo.com/blog/dirty-vaccines-every-human-vaccine-tested-was-contaminated-metals-and-debris-new)

This article first appeared at The Children’s Medical Safety Research Institute or CMSRI ([www.cmsri.org](http://www.cmsri.org)), a medical and scientific collaborative established to provide research funding for independent studies on causal factors underlying the chronic disease and disability epidemic.



# Blaylock: Immune Activation—Vaccines and the Developing Brain (continued)

were causing a statistically significant increase in childhood neurodevelopmental problems. One of the attendees stated that his main goal is to see that every child in this country receives his vaccines, today, tomorrow and forever. In other words, he could care less that the vaccines are significantly damaging children's brains and altering their brain development.

In this book, *Vaccine Safety Manual for Concerned Families and Health Practitioners*, you will learn of a great number of similar outrages and incidences of people in positions of power and influence who are purposefully putting your children at risk of serious disease and injury, often for little or no benefit.

The collectivist mind-set asserts that for the "plan" to be successful it must override the wishes and even safety of the individual. You will see numerous examples of this cold, calculating mentality in this book.

A number of people will respond with incredulity. They cannot bring themselves to believe that men and women in positions of such important responsibility could do such a thing as destroy the health of tens of millions of people—young, old and yet unborn. Yet, we witness similar events every day—CEOs of major corporations who lose the life savings and jobs of tens of thousands of workers who trusted them; corporations who taint foods with deadly poisons to increase profits; and government bureaucrats who destroy lives with the stroke of a pen. It has been said that lying asleep beneath all societies are monsters, red of tooth and claw, just waiting to burst forth and destroy society with their greed and avarice. History books are filled with such examples.

Those who move in the shadows of power often see the world differently than the rest of us. Where we see suffering and need, they see opportunity for profits. Where we see individuals, they see statistical tables and "masses"—people who are expendable and are to be moved around like chess pieces. The collectivists see individuals as mere cogs in a wheel of an all-embracing business-governmental coalition.

In this modern age, we are witnessing the absolute regimentation of man, where people are given instructions and expected to follow them without question. Physicians are more regimented than at any time in history, which is ironic because they were always considered the most independent thinking of the professionals. Today they do what they are told without question. I recently wrote a paper on this subject called "*Regimentation in Medicine and the Death of Creativity*," which I encourage you to read: [www.russellblaylockmd.com](http://www.russellblaylockmd.com). It will give you a better understanding as to why doctors react the way they do—with conventional denials—when confronted by the parents of vaccine-damaged children.

As a board-certified neurosurgeon with over 25 years of

neurosurgical experience, I have a deep interest in the human brain and the diseases that affect it. Some 12 years ago I wrote a book called *Excitotoxins: The Taste That Kills*, in which I explained a mechanism by which certain food additives can cause damage to the brain. Of special interest to me was the effect on brain development. Over the years, I have researched the connection between vaccination and injuries to the brain, and have discovered that this excitotoxic mechanism is central to this process. The vast majority of physicians have never heard of excitotoxicity, despite the fact that it is the most discussed mechanism in the field of neuroscience. Likewise, it is the major mechanism in virtually all brain disorders, including strokes, neurodegenerative diseases, viral, bacterial and mycoplasmal infections of the nervous system, seizures, brain trauma and multiple sclerosis.

As you read through this book, you will notice that some of the most devastating side effects of vaccines involve neurological damage, including encephalitis, transverse myelitis, peripheral nerve damage, autism, seizures, mental retardation, language delays, behavioral problems, multiple sclerosis and SSPE. Most physicians, especially pediatricians, think these events are "rare" and must be accepted to gain the benefit of vaccines. Most parents trust their pediatrician and feel that he or she knows the answers. In fact, these adverse vaccine reactions are not as rare as many believe. As you shall see, medical authorities are using clever ploys to hide and alter the data on vaccine injuries. They reclassify problems, deny a connection to the vaccines and more often than not, just brush such reactions off as "normal." For example, one deception is to classify cases of polio as "aseptic meningitis." By doing so, vaccine proponents can give the illusion that the polio vaccine policy was more successful than it actually was.

A more blatant example of this reclassification ploy is the label of sudden infant death syndrome (SIDS). As Neil Miller's book demonstrates, 70 percent of SIDS cases have been shown to follow pertussis vaccination within three weeks. A number of the new vaccines are also associated with sudden infant death. In order to avoid admitting that the sudden stoppage of breathing by a baby within hours to weeks of these vaccines was due to the vaccines, the vaccine defenders merely created a new disease and gave it the incredible name of sudden infant death syndrome (SIDS), which is like naming it the "Baby Mysteriously Dies of Anything but a Vaccine Injury Syndrome" (BMDAVIS).

As David Oshinsky details in his book, *Polio: An American Story*, both Jonas Salk and Albert Sabin, as well as other influential virologists, were aware that the early polio vaccines were contaminated with a number of other viruses, and that

# Blaylock: Immune Activation—Vaccines and the Developing Brain (continued)

over 100 million people had been exposed to these viruses. They also knew that Dr. Bernice Eddy, a microbiologist at the National Institutes of Health (NIH), had proven that the SV-40 virus, present in both the killed and live vaccines, caused cancer in experimental animals. The public was not informed of this contamination until decades later. Worse, they continued to give the tainted vaccine to children assuming that it would not cause cancer. Modern science has proven them wrong.

Today we are facing a new problem of astronomical proportions. There is evidence that the great number of vaccines given to our children, and adults, is causing injury to their nervous systems and that it reduces the ability of people to think, learn, behave and function as normal adults. Sadly, we have understood for quite some time how this process works. It is well known and accepted that when you vaccinate someone, let's say by a shot in the arm, the body's immune system is thrown into high gear. What is less well known by doctors in practice, especially by pediatricians, is that it also activates the brain's special immune system. (Blaylock, RL. JANA 2003;6:21-35.) The central immune cells in the brain are called microglia (they also involve astrocytes). These normally sleeping immune cells become highly activated when a vaccination is given. Until activated they remain immobile, but after activation they can move around the brain like an amoeba, secreting very toxic amounts of inflammatory chemicals (called cytokines) and two forms of excitotoxins (glutamate and quinolinic acid). This puts the brain in a chronically inflamed state. When the brain is inflamed, it results in a physical change, something we call sickness behavior. You may recall how you feel when you have the flu, with difficulty thinking, being very sleepy and restless. Headaches are also common with an inflamed brain. As you will see in this book, many of the mothers noticed that their children had a high-pitched cry soon after their vaccination or vaccinations. This is called the encephalitic cry, meaning that it is caused by an inflamed, swollen brain. It also explains the difficulty many mothers have in waking their children, the vomiting, passing out and irritability following vaccinations. These are all signs of an inflamed brain.

The reason that pediatricians are telling these mothers that their children's reactions to these vaccines are normal is based on at least two factors. One, most pediatricians, in my experience, know absolutely nothing about a child's brain. When I was practicing, if anything happened to a pediatrician's patient that in any way indicated something was wrong with the child's brain, the doctor was on the phone with me in an instant. Most admitted they knew nothing about the brain. The second reason

is that they are trying to avoid a lawsuit. If they can convince the mother that everything is well, they may avoid a trip to the courtroom. Most physicians are gun-shy about lawsuits. It can also hurt their reputation.

I made a special note while reading this book, of the number of cases of seizures being reported, which for some vaccines can increase over threefold. Multiple vaccines during a single office visit, or combination vaccines, raise the risk even higher. Seizures following a vaccination are due to two things happening in the brain. One is that many vaccines can cause a high fever, and this can trigger a seizure in seizure-prone babies, children and

some adults (called febrile seizures in children). It is also known that overstimulation of the immune system, which can occur with certain types of vaccines and especially when multiple vaccines are given during one office visit, can cause seizures. The mechanism is the same as described above. The excess activation of the body's immune system leads to overactivation of the brain's microglia, and the subsequent release of the excitotoxins leads to the seizure. This mechanism has been carefully worked out in the laboratory—it is not theory.

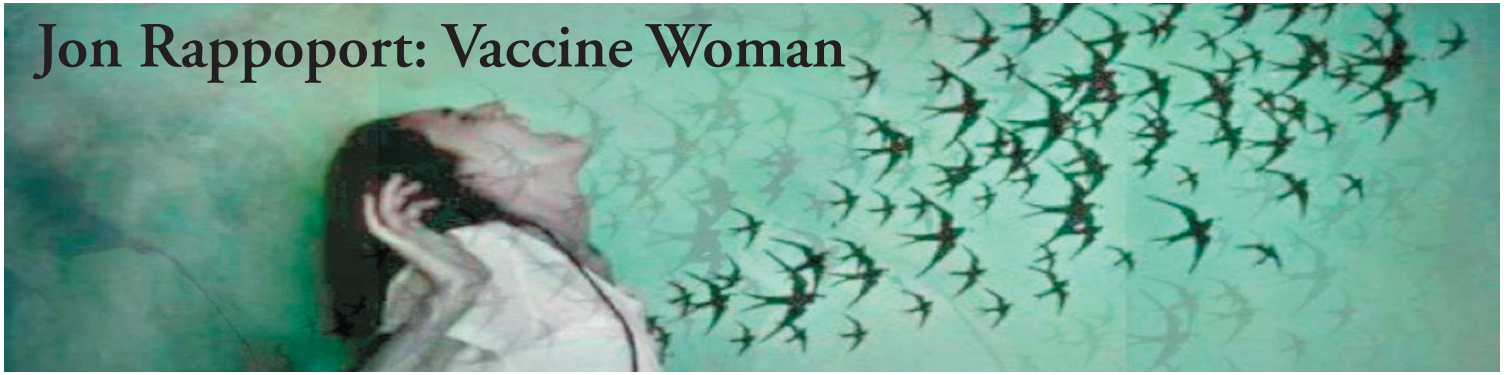
When a vaccine or series of vaccines are given and a child develops a seizure minutes later or even several days later, there is no question that the vaccine triggered the seizure. Multiple seizures indicate a severely inflamed brain and emergency procedures need to be implemented. In many cases, the seizures can be silent, that is, they have other neurological or behavioral expressions, such as irritability or periods of confusion, rather than an obvious convulsion. (Blaylock, RL. JANA 2003;6:10-22.) Treatment means more than just prescribing anti-seizure medications, since this only masks the true process going on in the child's brain, that is, severe brain inflammation and excitotoxicity.

Parents and especially doctors should know that the human brain is different from the animal brain in that with humans the brain undergoes dramatic formation of its pathways long after birth. A great deal of the brain is formed in humans during the first two years after birth and continues until age 25 to 27. Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes. There are a number of factors that determine the severity of the damage.

It has also been shown that excess immune stimulation by vaccination can trigger an interaction between excitotoxicity and brain inflammatory cytokines that greatly magnifies the

Continued Page 21-25

# Jon Rappoport: Vaccine Woman



## Vaccine Woman

there was no way to deny it or get around it  
her little boy started screaming after the shot  
and then 2 days later  
the world shut down

he sat in a corner  
he lay in his bed  
he didn't speak

the doctor huffed and puffed and tap danced in back of his steady  
blank eyes  
he assured her this had nothing to do with the shot  
it was a predisposition or a genetic trait or a precondition

he smiled now and then  
he said autism could have emerged on its own just after the shot was  
given  
as if the universe rearranged itself  
at that moment

she saw she was talking to a psychopath trained in the art of knowing  
everything there was to know  
he had been a machine for a long long time  
she went into the darkness and pleaded her case before a government  
committee  
they sat like ancient high priests  
and listened and glanced at documents  
and when they had permitted her the allotted time they handed down  
their judgment:

no

she went home and took her boy in her arms  
he was still  
he didn't look at her  
he didn't speak

she consulted a lawyer  
who told her  
the manufacturer was protected by an iron wall  
they would continue to make the vaccine and sell it  
and pocket billions

the long night was closing in  
the storm was here  
the silent boy was sitting in its eye

rage was burning in the middle of her chest  
a rage the public would see as insanity

from their distance, the moon and the stars might know  
what was going on

but people in their everyday straitjackets  
would lash out at her  
because they needed a target  
they needed to ridicule a defector from their own slave-shuffle  
they were "good," they obeyed all the small print  
they were neutered in their cores  
paralytics

but she wields  
the two-edged sword in the empire  
that cuts away the web  
and comes to the spider

no matter what defamation  
the intermediary whores  
lay at her door

lady liberty

liberty  
from living death...

Vaccine Woman

She and her family are pre-civilization, civilization, and  
Post-civilization

And she will go to the ends of the earth

To lay bare the innards of the crime

Her enemies will never know

What it means to have a mission that is eternal

But she knows

Vaccine Woman

Love in her breast is one answer

But justice is the other

She has a two-edged sword in the Empire

That cuts through the web

And comes to the spider

Vaccine Woman

—Thank you to Jon Rappoport for permission to reprint his haunting poem, which appeared in Feb 2017 on his blog: <https://jonrappoport.wordpress.com/2017/02/16/if-i-were-at-the-kennedy-de-niro-presser-on-toxic-vaccines-yesterday-i-would-have-read-this/> It subsequently appeared on Vaxxed's Facebook page, which is the source of the equally haunting graphic: [www.facebook.com/notes/vaxxed-a-revolution-for-choice/vaccine-woman/222288871512040](http://www.facebook.com/notes/vaxxed-a-revolution-for-choice/vaccine-woman/222288871512040)



# Vaccinated vs. Unvaccinated —by Celeste McGovern

## *Mawson Homeschooled Study Reveals Who is Sicker*

It's never been done before. The first-of-its-kind study of vaccinated vs. unvaccinated American homeschooled children shows who is really ailing...and parents should be worried

Something is wrong with America's children. They are sick – allergic, asthmatic, anxious, autoimmune, autistic, hyperactive, distracted and learning disabled. Thirty-two million American children – a full 43% of them – suffer from at least one of 20 chronic illnesses not including obesity. Across the board, once rare pediatric disorders from autism and ADD to Type 1 diabetes and Tourette's syndrome are soaring, though few studies pool the data. Compared to their parents, children today are four times more likely to have a chronic illness. And while their grandparents might never have swallowed a pill as children, the current generation of kids is a pharmaceutical sales rep's dream come true: More than one million American children under five years old takes a psychiatric drug. More than 8.3 million kids under 17 have consumed psychiatric drugs, and in any given month one in four is taking at least one prescription drug for something.

Fast food, bad genes, too much TV, video games, pesticides, plastics—name the environmental factor and it has been

implicated in the surge of sickness, although none adequately explains the scale or scope of the epidemic. There is one exposure, however, that has evaded the search, despite that children have received it by direct injection in steadily accumulating doses far beyond anything past generations ever saw: 50 doses of 14 vaccines by age six, 69 doses of 16 pharmaceutical vaccines containing powerfully immune-altering ingredients by age 18.

We're assured vaccines are "safe and effective" even though public health officials acknowledge they sometimes have serious side-effects including death and despite the troubling fact that no long-term study of their effects on overall health has ever been conducted. Remarkably, not a single published study has ever compared vaccinated kids to unvaccinated kids to see who is healthier years after the shots. Until now.

A pilot study of 666 homeschooled six to 12-year-olds from four American states published on April 27th in the *Journal of Translational Sciences*, compared 261 unvaccinated children with 405 partially or fully vaccinated children, and assessed their overall health based on their mothers' reports of vaccinations and physician-diagnosed illnesses. What it found about increases in immune-mediated diseases like allergies and neurodevelopmental diseases including autism, should make all parents think twice before they ever vaccinate again. [See Outcomes sidebar this page.]

### **Homeschooler vs. homeschooler**

The trouble with doing a vaccinated vs. unvaccinated study a century or so after it should have been done is that virtually all American children are vaccinated today. When 95 percent of children get injections, there are few 'controls' left for studying long-term outcomes. Comparing American children at large to small pockets of unvaccinated children like those in the Amish community is revealing, but critics say they are comparing apples to oranges. There are too many other variables -- diet, fresh air, computer time, for example – that might explain differences in health besides vaccination status.

So, Anthony Mawson, a professor in the Department of Epidemiology and Biostatistics in the School of Public Health, Jackson State University, along with colleagues Azad Bhuiyan and Binu Jacob, collaborated with Brian D. Ray, president of the National Home Education Research Institute in Salem, OR, to engage and enrol homeschooling families to participate in the study. In this way, homeschoolers were compared to homeschoolers (apples to apples), but with the added advantage that homeschoolers as a population match the profiles of American families at large. The families who responded to the anonymous online survey were recruited through homeschooling associations in Florida, Louisiana, Mississippi and Oregon.

### **Outcomes of Vaxed Vs. Un-Vaxed Study**

- Vaccinated children were more than three times as likely to be diagnosed on the Autism Spectrum (OR 4.3)
- Vaccinated children were 30-fold more likely to be diagnosed with allergic rhinitis (hay fever) than non-vaccinated children
- Vaccinated children were 22-fold more likely to require an allergy medication than unvaccinated children
- Vaccinated children had more than quadruple the risk of being diagnosed with a learning disability than unvaccinated children (OR 5.2)
- Vaccinated children were 300 percent more likely to be diagnosed with Attention Deficit Hyperactivity Disorder than unvaccinated children (OR 4.3)
- Vaccinated children were 340 percent (OR 4.4) more likely to have been diagnosed with pneumonia than unvaccinated children
- Vaccinated children were 300 percent more likely to be diagnosed with an ear infection than unvaccinated children (OR 4.0)
- Vaccinated children were 700 percent more likely to have surgery to insert ear drainage tubes than unvaccinated children (OR 8.01)
- Vaccinated children were 2.5-fold more likely to be diagnosed with any chronic illness than unvaccinated children

Note: OR means "odds risk"

## The disease trade

Both vaccinated and unvaccinated children in the study got sick sometimes. As expected, vaccinated children were less likely to have some infections they were vaccinated against: they were 71% less likely to have had chickenpox (Odds Ratio = 0.26), 75% less likely to have had whooping cough (pertussis) (OR = 0.3), and 87% less likely to have had a rubella infection (OR = 0.1) (see Table 2) -.

However, in spite of public health hysteria over outbreaks of measles at Disneyland and mumps resurgence, there was no evidence that vaccinated children were any more protected against these so-called “vaccine-preventable diseases”. Children in both groups had about the same rates of infection with measles, mumps, Hepatitis A and B, influenza, rotavirus and meningitis (both viral and bacterial).

Unvaccinated children in the study were actually better protected against some “vaccine-preventable diseases” than children who got the shots. Since 2000, the CDC has recommended four shots against seven different strains of pneumococcal infections before age 15 months (13 strains since 2010), but vaccinated children in the study were 340 percent more likely to have been diagnosed with pneumonia compared to unvaccinated children (OR = 4.4).

## Brain drain

So, what is the cost for this weak vaccine protection against chickenpox, pertussis and rubella?

The link between autism and vaccination is the biggest tornado in the vaccine storm. Autism has soared from a rare disorder to something affecting a child in every other classroom: in the 80s, it struck one in 10,000 children, by the early 1990s, one in 2,500. Five years ago it was one in 88 children was diagnosed as autistic and today it is one in 68.

In the homeschooler study, the risk of being diagnosed on the autism spectrum was more than four-fold higher among vaccinated children than unvaccinated children (OR 4.3).

“We do not know all of the causes of ASD,” the Centers for Disease Control says—which avoids saying they haven’t identified any cause for it. Or any treatment.

They still quote a 2004 Pediatrics study claiming to refute a link between autism and vaccines even though one of its authors, their own top scientist William Thompson, has admitted that he and his colleagues colluded to obscure and then shred data (he kept copies) which showed a link between autism and the MMR vaccine. “Oh my God, I can’t believe we did what we did,” Thompson confessed in one taped telephone chat to Brian Hooker, a bioengineer professor at Simpson University and the father of an autistic child.

The Thompson whistleblower case is the basis of the 2016 documentary *Vaxxed: From Cover-Up to Catastrophe* by Andrew Wakefield, the gastroenterologist who was among the first to suggest a link the MMR vaccine and autism in the late ‘90s, and who has become a symbol of how the system deals with dissenters. It’s the film the CDC does not want anyone to see.

The CDC also fails to mention that the federal government has been forced to acknowledge vaccination’s role in inducing autism and has awarded compensation to some parents of damaged children. Other courts have recognized the connection between autism and vaccination too. Besides that, there are the thousands of parents the courts and federal government pretend don’t exist who all tell the same story over and over again: that they watched their children regress into autism following vaccination.

Brain and nervous system damage from vaccines is nothing new. Crippling and potentially blinding Acute Disseminated Encephalomyelitis, for example, (which causes MRI-visible white spots on the brain and can progress to multiple sclerosis.) has been described in the medical literature for decades and is a documented side effect for virtually every vaccine. Narcolepsy and Guillain Barré Syndrome are other examples.

So, what role might vaccines have in subtler brain damage? Don’t ask the CDC because they’ve never looked. But the JSU study found the odds for vaccinated children having a learning disability was five-fold that of unvaccinated children (OR=5.2), four-fold for Attention Deficit Hyperactivity Disorder (ADHD) (OR=4.3) and more than three-fold for any neurodevelopmental disorder (i.e., impairment of growth and development of the brain or central nervous system associated with a diagnosis of Learning Disability, ADHD or ASD) (OR=3.67).

## Mercury, aluminum and what else?

Vaccine ingredients are known to cause brain damage. Robert Kennedy Jr. has been highlighting the dangers of mercury as thimerosal used as a preservative in vaccines and its relationship to autism.

Aluminium is another well-documented neurotoxin added to vaccines as an adjuvant to evoke an immune system response. Recent research has thrown everything scientists used to say about it (and the CDC still does) in the bin: aluminum is not excreted from the body within hours or days, but it persists for years and can migrate to organs including lymph, spleen and brain. Aluminum in vaccines has been implicated in Chronic Fatigue Syndrome, Macrophagic Myofasciitis, in numerous autoimmune diseases, Alzheimer’s disease, in sudden deaths following vaccination and in autism.

The FDA does not deny its toxicity—just that there is enough aluminum toxin in vaccines to cause harm. But it calculates risk based on oral exposure. Even so it describes memory impairment in lab mice and “very young animals appeared weaker and less active, less coordinated when their mothers were exposed to large amounts of aluminum during pregnancy and while nursing.”

Injected exposure can hardly be safer. “It should be obvious that the route of exposure which bypasses the protective barriers of the gastrointestinal tract and/or the skin will likely require a much lower dose to produce a toxic outcome,” says a 2014 review implicating aluminium in the autism epidemic.

Besides toxic metals like aluminum and mercury, vaccines

may contain contaminants from DNA from human aborted fetus cells, animal DNA and retroviruses and a host of debris and metal contaminants that are not measured by oversight agencies and whose health effects have never been studied.

**The ear infection connection** “Unvaccinated children in the study were actually better protected against some ‘vaccine-preventable diseases’ than children who got the shots.”

Vaccinated children in the study were four-fold more likely than unvaccinated children in the study to have had a doctor-diagnosed ear infection (OR 4.0), and they were 700% as likely to have had surgery to implant ear tubes for repeat or persistent infections. (OR 8.01)

Acute ear infections have increased worldwide in recent decades and are so common they are almost unremarkable now; they affect 80% of American children by age three and are the leading reason for child doctor visits, antibiotic use and the number one pediatric surgical procedure—in-sertion of plastic tubes in the ears. Childhood ear infections cost the health care system almost three billion dollars a year.

The study points to reports of middle ear infection filed with the government’s Vaccine Adverse Events Reporting System (VAERS). A VAERS database search for children younger than one year of age who developed otitis media within one week of vaccination revealed 438,573 cases reported between 1990 and 2011, “often with fever and other signs and symptoms of inflammation and central nervous system involvement.” If that was the reported number for children under a year old within one week, how many children of all ages get common ear infections following vaccination? No one knows.

### Messed up microbiomes

As a possible mechanism for vaccine-induced ear infection, study authors Mawson and colleagues cite a 2006 study that looked at the types of bacteria in the nasal passages of children immunized with pneumococcal vaccine vs. “historical control”—kids from the prePCV-7 era—and found an increased colonization of a bacteria called *M. catarrhalis* in the vaccinated group. *M. catarrhalis*, it turns out, is associated with an increased risk of ear infection.

No surprise then that vaccinated children in the study were over two-fold more likely to have taken antibiotics (OR 2.7). They were also hospitalized more often (OR 1.8).

Broad spectrum antibiotics like those frequently used for ear infections are like napalm on the microbiome—they may wipe out bugs that cause ear infections but they affect many other microbes as well, shifting microbiome composition in ways that science is only beginning to understand how profoundly this impacts health. New research links microbiome shifts to a growing list of diseases from irritable bowel syndrome, obesity, Crohn’s disease, diabetes and multiple sclerosis to mood disorders such as anxiety and depression, mental illnesses such as schizophrenia and autism.

In a 2011 Lancet study, Danish researchers concluded the pneumococcal vaccine had a “much broader effect...on the microbial community than currently assumed, and highlights the need for careful monitoring when implementing vaccines...”

Another recent study found it isn’t just pneumococcal bugs that are affected, but several unexpected types of infectious bugs rush in to colonize where vaccines have been. What is the net effect of 69 vaccines on a developing child’s microbiome? Public health officials haven’t even asked the question.

### Wheezy and itchy

The JSU study shows that vaccinated children’s risk of being diagnosed with allergic rhinitis (hay fever) was 30-fold higher than that of unvaccinated children (OR=30.1), which exceeds the strength of the association between smoking and lung cancer. They also had a higher odds of overall allergies (OR=3.9), and three-fold higher odds of getting eczema. (OR=3.1).

All this allergic disease was leading to more medication. The vaccinated children in the study were 22-fold more likely to have taken allergy medicine than the unvaccinated.

Allergic rhinitis (hay fever) is another one of those current inexplicably soaring pediatric plagues; in 2012, it affected 6.6 million children. It is strongly associated with another spiking childhood disorder, asthma. More than three million American kids have a food allergy and one in four children have eczema. Worldwide, allergies have been increasing and they now affect almost half of all American school kids.

As with autism, public health has no answers to explain the explosion of immune-mediated allergic disease. But researchers routinely create animal models of allergic disease by exposing them to aluminum adjuvants—the sort used in vaccines—at the same time as allergens. Recent experiments [links in on-line article at CMSRI] describe how scientists use aluminum to stimulate allergic rhinitis (hay fever) in mice.

This 2014 study describes how researchers used aluminum hydroxide bound to a bordetella pertussis (that’s whooping cough bacteria in every child’s two, four, six and 18-month DTaP which also contains aluminum) and exposed the animal to an oral antigen (ie., food, like peanuts or soya) to produce rats with food allergies.

Studies like these [links in on-line article CMSRI] describe how aluminum hydroxide linked to egg white protein (another vaccine ingredient) is used to create animal models of asthma.

So how does the CDC fail to consider if the very thing scientists are using to create allergic disease in animals is also creating allergic disease in children?

### No explanation?

“There was no explanation for the differences in health outcomes observed between the vaccinated and unvaccinated



groups of children other than vaccination itself,” the study’s authors concluded. Although the design of the study limits causal interpretation, they added, there is an apparent dose-response relationship between vaccination and chronic illness too, with the partially vaccinated showing intermediate odds of being diagnosed with chickenpox and whooping cough as well as ear infection, pneumonia, allergic rhinitis, ADHD, eczema, and learning disability (see Table 4 below).

“The extent to which these findings apply to the population of homeschooled children as well as the general population awaits further research on vaccinated and unvaccinated children,” Mawson and colleagues say. “Investigating and understanding the biological basis of these unexpected nonspecific outcomes of vaccination is essential for ensuring evidence-based vaccine policies and decisions.”

There is little evidence, however, that the mainstream medical establishment has any interest in understanding unexpected outcomes. Its message is clear: vaccines are modern medicine’s greatest miracle, an intervention that has saved millions of lives and improved quality of life for millions more. The fine print, acknowledged since vaccines began, is that a few children will suffer serious consequences from vaccines, including death, but their lives are a small sacrifice for the greater good of protecting of humanity from plagues of infectious disease.

For more than a century it has been accepted public health dogma that vaccine benefits outweigh risks. What’s more, with the introduction of five new vaccines since 1995 bringing the total inoculations to 35 by kindergarten age, studies of the combined effect of vaccines have never been done. The reality is: real vaccine benefits are theoretical and real vaccine risks are unknown.

The emerging “vaccine war” is really just growing numbers of “hesitant” parents (and health practitioners) questioning the CDC vaccine schedule for good reasons: Why are doctors who profit from vaccines the spokesmen for public health? Can government health agencies really be trusted to protect

our children when they are so wedded to the pharmaceutical industry? Why are toxins in vaccines? Does my kid really need this vaccine or is somebody selling it, like Coca Cola and video games? Why is it acceptable to knowingly sacrifice some children for

the greater good? Is that greater good real or is it a mirage?

That vaccines may sometimes curb natural infections like chickenpox sometimes appears to be the case. What’s not been answered is the cost? What else do vaccines do? And if they are such a miracle, then why are American kids so sick?

This pilot study shows us that if mainstream medicine and our public health agencies are really interested in children’s health, not just vaccine profits or defending vaccine religion against blasphemy, what is needed is not the will to make everyone believe, but the courage to find out.

—We greatly appreciate Celeste McGovern’s kind permission to republish this article, which first appeared in Jan 2017 at The Children’s Medical Safety Research Institute or [CMSRI](http://www.cmsri.org) ([www.cmsri.org](http://www.cmsri.org))—a medical and scientific collaborative established to provide research funding for independent studies on causal factors underlying the chronic disease and disability epidemic.

Celeste’s blog, [Ghost Ship Media](http://www.ghostshipmedia.com), is found at [www.ghostshipmedia.com](http://www.ghostshipmedia.com). View the article on-line at either of these locations for numerous links to supporting research & articles.

**Table 4. Partial versus full vaccination and chronic health conditions**

	Unvaccinated (n=261)	Partially Vaccinated (n=208)	Fully Vaccinated (n=197)	Total (n=666)
<b>Chronic Conditions</b>				
<b>Allergic rhinitis</b>				
Yes	1 (0.4%)	17 (8.2%)	25 (12.7%)	43 (6.5%)
No	260 (99.6%)	191 (91.8%)	172 (87.3%)	623 (93.5%)
<b>Allergies</b>				
Yes	18 (6.9%)	47 (22.6%)	43 (21.8%)	108 (16.2%)
No	243 (93.1%)	161 (77.4%)	154 (78.2%)	558 (83.8%)
<b>ADHD</b>				
Yes	3 (1.2%)	8 (3.9%)	11 (5.6%)	22 (3.3%)
No	258 (98.8%)	200 (96.1%)	186 (94.4%)	644 (96.7%)
<b>ASD</b>				
Yes	3 (1.2%)	11 (5.3%)	8 (4.6%)	22 (3.3%)
No	258 (98.8%)	197 (94.7%)	189 (95.4%)	644 (96.7%)
<b>Eczema (atopic dermatitis)</b>				
Yes	9 (3.5%)	18 (8.7%)	20 (10.2%)	47 (7.1%)
No	252 (96.5%)	190 (91.3%)	177 (89.8%)	619 (92.9%)
<b>Learning Disability</b>				
Yes	3 (1.2%)	11 (5.3%)	12 (6.1%)	26 (3.9%)
No	258 (98.8%)	197 (94.7%)	185 (93.9%)	640 (96.1%)
<b>NDD</b>				
Yes	8 (3.1%)	21 (10.1%)	21 (10.7%)	50 (7.5%)
No	253 (96.9%)	187 (89.9%)	176 (89.3%)	616 (92.5%)
<b>Any Chronic Condition</b>				
Yes	65 (24.9%)	94 (45.2%)	84 (42.6%)	243 (36.5%)
No	196 (75.1%)	114 (54.8%)	113 (57.4%)	423 (63.5%)

Source: Table 4 from Mawson’s study

# A Doctor's Rant —By Jim Meehan, Jr, MD

**“To all the pediatricians still trolling my page, now that I’ve got your attention, listen closely. Heed my words.”**

**Y**ou should be **FIGHTING LIKE HELL** for the safety of our children from even the most remote possibility that vaccines aren’t as safe as they could be or aren’t as safe as we are being told. Instead of fighting for truth and safety, you’re fighting like rats for your piece of cheese.

I have **ZERO RESPECT** for vaccine profiteers that are so financially biased, confirmation biased, indoctrinated, and willfully ignorant of the evidence that clearly shows vaccines cause injury, disease and **REGRESSIVE AUTISM**, that they aggressively lobby lawmakers to make vaccines mandatory, and deny parents the essential knowledge about the risks of toxic ingredients injected into their babies.

Bought by big pharma, the caretakers of childrens’ health have become the perpetrators of harm rather than the protectors. They profit as our precious, perfect children are harmed and killed by vaccines filled with cheap preservatives, neurotoxic adjuvants, and human cellular material derived from aborted fetal cell lines. They are complicit accomplices in the murder-by-vaccine crimes that have made American infants **THE MOST VACCINATED** and **THE MOST LIKELY TO DIE** in the first year of life.

America’s infant mortality rate, the highest rate in **ALL** developed nations, is a national tragedy. The epidemic of autism, autoimmune diseases, asthma, allergies, ADHD, and pediatric cancers is far worse. The evidence is everywhere.

Unbelievably, the epidemic of autism is rising exponentially. Today, **ONE** in 48 children in America suffer autism. At the present rate of increase, by 2032 **ONE** in **TWO** children **AND 80% OF BOYS** could be autistic. We can’t afford to sacrifice our children and the future of our nation to the ignorance and greed of pediatricians and their big pharmaceutical vaccine manufacturer masters demanding parents submit our children to an intolerably dangerous, untested, and unnecessary vaccine schedule of 72+ injections...and rising. There are over 200 vaccines in the pipeline.

Every pediatrician, family practitioner, or vaccine profiteer that isn’t rising up against the corruption of the science of vaccines perpetrated by the CDC is betraying their oath to “first, do no harm.” They are on the wrong side of history. Too many have given up objectivity and reason and have simply become sales representatives for the vaccine manufacturers that have so easily bought and conditioned them to believe their lies. The blood of every vaccine injured or killed child is on the hands of

every pediatrician that parroted lies like “vaccines do not cause autism” and “the science is settled.” The science isn’t settled, it’s corrupt.

The vaccine industry will soon face the backlash as doctors, scientists, and parents across America become aware of your crimes, rise up to oppose your lies, and hold you accountable for the vaccine injury holocaust you’ve caused. The fraudulent deceit is coming to and end. We won’t allow it to continue.

For me, uncovering the many layers of fraud and corruption that have allowed vaccines to harm so many children, is analogous to walking into an exam room in which a child is being abused by a doctor. I’m not about to look the other way and allow the abuse to continue. I would call the police, however, in my analogy the police are the CDC, and they are participating and enabling the abuse. Regardless, I won’t ignore the abuse and allow it to continue. I’m going to stop the abusers from harming the child, and I won’t be gentle about it.

That’s how I see the travesty of the corruption of vaccines that is harming the children of America today. It’s obvious and I’m angry about how so many of my medical colleagues refuse to open the door, expose the abuse, and stop it.

In closing, I beseech my colleagues to open your eyes, minds, and the evidence that for too long you’ve negligently denied. Confront the reality that you’ve been duped, controlled, and indoctrinated. Free yourselves from the indoctrination. Stand with me. Demand scientific transparency, integrity, and reform of the vaccine industry. Join me in this fight to protect children and get yourselves on the right side of history.

Together we must **STOP** the abuse.

—We are grateful for the opportunity to reprint this article that appeared on Dr. Meehan’s [Facebook](https://www.facebook.com/docmeehan/posts/10211823378997260) page on Feb 17, 2017: <https://www.facebook.com/docmeehan/posts/10211823378997260>

Dr. Meehan is not your typical doctor. Before his career in medicine, he was an award winning West Point cadet, medical sales executive, and entrepreneur. He’s also a 5th degree black-belt in Tae Kwon Do, NAGA World Jiu Jitsu Champion, and 2013 “Living Legend” inductee into the Martial Arts Masters Hall of Fame.

Dr. Meehan has advanced training in ophthalmology, medical informatics, functional medicine, interventional endocrinology, and nutrition. He is an expert in pain management, addiction medicine, diagnostic laboratory services, toxicology, pharmacogenetics, and the business of medicine. His [website](http://www.drjamesmeehanmdtulsa.com) is here: <http://www.drjamesmeehanmdtulsa.com>



# Letter to Victoria Soccer Moms —By Alan Cassels

The “selling sickness” model is in full display in pushing grade 6 boys towards a questionable vaccine.

Despite the title, be assured I am addressing this to all busy parents—both moms and dads who juggle households, careers and kids in sports—in the hope that you might take a few minutes to learn about a decision you will soon be asked to make.

If you are the parent of a middle-school boy in the fall of 2017, you will be asked to get your son vaccinated for the human papilloma virus (HPV) that is linked to cervical cancer.

Since your son doesn't have a cervix, you might be wondering, uh, WTF?

To which I would say, haven't you heard of the worldwide epidemic of anal and penile cancers, not to mention an incredible rise in HPV-related genital warts? I know this because I follow health media closely and followed a huge bolus of vaguely familiar scare stories passing through the digestive system of the media last fall. These stories featured the same prominent patient “spokespeople” telling us that we need to be worried about the genital health of our boys. Clearly this was a textbook disease-mongering campaign, where the marketers know that raising the spectre of a horrific epidemic of something (in this case it's a virus, but it could be your cholesterol or bone density) will often drive you to the doctor to demand something to deal with or avoid it.

Well, the BC government decided last month they might as well just give in and submit to the corporate-sponsored media messages linked to the HPV vaccine makers Merck and GlaxoSmithKline, two of the world's biggest pharmaceutical companies. Along for the ride were the Canadian Cancer Society and assorted industry-linked cancer researchers who were all playing their part in the lobbying machine designed to get the government to subsidize the vaccine for boys. Promotions even featured a 13-year-old boy from BC who apparently was part of a human rights complaint against the BC government because they only paid for the HPV vaccine for girls. Sheesh. Using kids for a pharma-sponsored marketing schtick strikes me as a crime against humanity.

But I digress. At the very least, the \$400 vaccine becomes a seamless way to transfer our tax dollars to two big pharmaceutical companies via your boy.

I've been a professional chronicler of selling sickness for over 20 years. Selling Sickness is the name of the 2005 book I wrote with Australian journalist Ray Moynihan. Way before there was even an HPV vaccine, Ray and I were documenting the pharmaceutical industry's thorough involvement in the creation and selling of disease in order to expand markets for their products. From pumping up a little-known risk factor

into a disease, then funding the care and feeding of researchers and specialists, while enlisting the professional media to drive interest, and fuelling the legislative campaigns to get a new drug covered, we've seen it all before—because that's how the model works.

In the marketing of the two HPV vaccines which target a few strains of the virus believed to lead to some forms of cancer, they often downplay one simple fact: The vast majority of us

“The vast majority of us will get HPV in our lives and clear it like the common cold virus... about 90 percent of infections are asymptomatic and resolve spontaneously within two years.”

will get HPV in our lives and clear it like the common cold virus.

Gardasil, the first vaccine for HPV, started being recommended for girls in 2006, despite the lack of any proof it has prevented a single case of cervical cancer. Persistent HPV infections may increase a woman's risk of cervical cancer and a man's risk of HPV-related anal, penile, mouth and throat cancers (especially if they sleep with other men). Even though the Centres for Disease Control (CDC) recognizes over 40 distinct types of HPV infection which can infect the genital tract, they say “about 90 percent of infections are asymptomatic and resolve spontaneously within two years.”

Then why is there such a push to vaccinate all boys? (Boys with “increased risk” because they have sex with men, are questioning their sexual orientation, are street-involved, infected with HIV, or are in care or in custody, are already eligible for free vaccination.)

Well, the two vaccine makers are doing what drug companies do best: They are trying to expand their markets and bring increased profits to shareholders. That means selling the disease. One study that came out last month said half the men in the US are infected with HPV, yet only “11 percent of men and 33 percent of women have been vaccinated.” This is a classic tactic in selling sickness: point out the incredible underserved population. The companies have already developed the vaccine, now they just have to get more and more people to think about the spectre of genital warts—and get governments to pay for it.

As a parent, you might have had your daughter immunized with the HPV vaccine. I hope that went ok, but let me tell you, it hasn't been ok for some parents. Did you know that the vaccine is highly controversial, and that, for example, the Japanese government withdrew its recommendation of the HPV vaccine back in 2013, citing serious vaccine-related adverse effects. You probably don't know about groups in places like Spain, Denmark and France that are petitioning governments to remove the HPV vaccine due to what they see as a large number of young girls suffering serious adverse events following an



HPV vaccination (e.g. headache, nausea, fainting, fatigue, loss of memory and numbness in their hands and legs).

Public health authorities in the US maintain the vaccine is safe, yet as of December 2016 the Vaccine Adverse Event Reporting (VAER) system in the US lists 49,033 adverse events linked to the HPV vaccine and 300 deaths. Remember, these are associations, not proven causation. Experts almost always call adverse event reports made to regulators “anecdotal,” but does that mean we should ignore them altogether? Does that mean the vaccine will be perfectly safe for boys?

Global concern over the many unexplained adverse effects of the HPV vaccine was so high that the European Medicines Agency ordered a review of the HPV vaccine. This extensive study eventually reported that it was generally “safe.” Unfortunately that EMA assessment is most certainly flawed, according to Dr Tom Jefferson, who works with the Cochrane Collaboration and Oxford’s Centre for Evidence Based Medicine. He understands why European countries were questioning the HPV vaccine’s safety, writing that “there is a possible association between exposure of young women to human papillomavirus (HPV) vaccines and two ‘dysautonomic syndromes’ (a collection of signs and symptoms thought to be caused by autoimmunity)—complex regional pain syndrome (CRPS) and postural orthostatic tachycardia syndrome (POTS).” There have been reports of girls developing weird autoimmune disorders and a range of other symptoms. Dr Jefferson has examined the EMA’s evaluation in great detail and found this “safety review” was hardly an independent assessment as it mostly relied on manufacturer-supplied data. This is like letting the kids mark their own papers.

Meanwhile, that EMA report is cited by public health officials, including our own Provincial Health Officer Dr Perry Kendall, as proof of the vaccine’s safety. Of the HPV vaccine, he said in a news release, “Vaccine safety monitoring continues to show the safety of the HPV immunization,” adding that “it’s just as effective in preventing HPV-related cancers in males as it is in females, and the benefits are long-lasting.”

I hope he’s right. But hang on, “long lasting benefits”? C’mon, even the highest-ranking doctor in BC doesn’t have any access to data on the long-term effects of these vaccines. No one does. Remember, soccer moms and dads, HPV is an incredibly common virus, which happens to spread mostly (but not always) through sexual contact, and more than 90 percent of people clear the virus on their own with no problem.

You may find yourself asking: Why haven’t I heard about this before? Some of you might have caught wind of parts of the controversies, but the guiding hand of pharma’s marketing machine, their influence on the media, patient

groups, physicians, researchers, and politicians is professional, thorough and mostly invisible.

Given the many unanswered questions, you might wonder why the BC government is now interested in paying for the HPV vaccine for boys. Lori Cascaden, a spokesperson at the BC Ministry at Health, wrote me to say: “when a new or improved vaccine is approved for use, BC considers it for inclusion in the publicly-funded schedule using a number of factors to inform the decision, including: efficacy, burden of illness, cost-effectiveness, feasibility of delivery, and public acceptability.”

Sounds good, except to say on all those factors, immunizing our boys with the HPV vaccine simply doesn’t pass muster.

Me? I’d prefer if the Ministry just admitted what is really going on. Why don’t they tell us that

“I’d prefer if the Ministry just admitted what is really going on. Why don’t they tell us that despite the \$2.2 million (plus “operational costs”) this decision will cost us, everyone who has a prominent opinion on HPV is in on the lobbying game.”

despite the \$2.2 million (plus “operational costs”) this decision will cost us, everyone who has a prominent opinion on HPV is in on the lobbying game. The Canadian Cancer Society, for instance, proudly displays Merck’s logo on its website and tells us that they, “along with 25 other health organizations, submitted a letter to BC Health Minister Terry Lake in early June requesting an expansion of BC’s vaccination program to include all genders.” Is it worth noting that in 2016 the Society received a one-million-dollar contribution from Merck, the maker of Gardasil, to create a new website about the latest scientific discoveries in cancer?

So, soccer parents, you’ve got a few months to think about this decision and do some research. Try to steer clear of the HPV propaganda if you can, and remember, in this government where “pharma-friendly” should be the logo of the Ministry of Health, your boys are a really convenient way to transfer money to the pharmaceutical companies—which have also donated generously to the BC Liberal Party. Health policy is something we all need to consider as we head towards the May 2017 provincial election.

—Alan Cassels is a Victoria author and pharmaceutical policy researcher. He has written four books on the medical screening and pharmaceutical industry including the latest, *The Cochrane Collaboration: Medicine’s Best Kept Secret*. We greatly appreciate his kind permission to publish this article, which first appeared in *Focus On Victoria* in March. <http://www.focusonvictoria.ca/marapril-2017/letter-to-victoria-soccer-moms-r13/>

NOTE: An excellent comment responding to Cassel’s article from Dr. Anke Zimmermann, ND, was posted on-line at *Focus* magazine on April 12. It appears on page 26 in our *Letters from Members* column. Dr. Zimmerman’s practice is in Victoria, BC. Her website is <http://www.drzimmermann.org/>

# Informed Consent at Ontario School-Based Vaccination Clinics —by Heather Fraser

## Serious concerns parents need to know

When my daughter was in Grades 7 and 8, she brought home consent to vaccinate forms for Hep B and HPV. We refused the vaccines and in black marker wrote a large “NO” on the forms —to ensure there would be no confusion. But sensing that a piece of paper might be insufficient, I instructed my daughter to stay away from the school-based clinic and if a nurse [or] anyone approached her to talk about vaccination that she should say “no” and call me immediately. As it turned out, we were right to have had this strategy in place. There is no age minimum for consent under the “mature minor” doctrine. If a nurse deems a child mature enough to consent, a form isn’t even required. All the child has to do is roll up a sleeve.

The recent disciplinary hearing for Ontario teacher Tim Sullivan has forced us all to re-examine the reality of giving consent at school-based vaccination clinics. Traditionally, the custodial role of schools has been used to leverage student conformity to values and mores in all areas—but in terms of vaccination that carries risk of physical harm, at what point does this socialization undermine a student’s right to voluntary and informed consent?

### The meaning of Ontario teacher Tim Sullivan’s disciplinary hearing

A disciplinary hearing for Ontario science teacher Tim Sullivan who had expressed concerns about school-based vaccination programs has revealed the need for better protection of student rights. Common practices related to school-based clinics, disclosed in hearing testimony on Feb. 21 and 22, 2017, appear to challenge the students’ rights to informed consent. Challenges include voluntary choice, adequate knowledge of physical risks and health protection after vaccination. Are students being informed that vaccination is not mandatory?

Teacher Tim Sullivan’s concerns reached a turning point in 2015 when during an immunization clinic for students at his school, he questioned a public health nurse about the contents of the vaccines.[1]

According to the Notice of Hearing, Sullivan went back three times to the clinic, once left the class unattended and “accused a public health nurse of hiding information from him” about the vaccines. Sullivan was charged with professional misconduct by the Ontario College of Teachers. On Feb. 22 Sullivan was found guilty under five sections of the Ontario College of Teachers Act and may face a suspension.

The Sullivan hearing brought to light serious concerns that teachers and a growing number of parents have had about school-based vaccinations. Ontario public schools are host to hostile anti-choice sentiments. In such environments, are students able

## INFORMED CONSENT

### & VACCINATION IN ONTARIO

**Medical freedom** including informed consent is recognized as a universal right. And yet, informed consent before vaccination at Ontario school clinics is a concern. Are families aware that vaccination is not mandatory?

1947

The **Nuremberg Code** established medical research ethics following the Nuremberg trials confirming that **informed consent** must be obtained voluntarily without coercion

1982

**Charter of Rights & Freedoms** enacted to protect rights of Canadians from unjust imposition of government powers

1984

**Charter of Rights Challenge** to ISPA resulted in an amendment that includes vaccination exemptions for conscience or deeply held beliefs

1996

**Mature Minor doctrine** allows children of no specific age judged to have capacity (by vaccinator) to be able to consent to vaccination without parental knowledge

2016

Regarding vaccination of children, a **Journal of Paediatrics** article states that parental refusal does not have an ethical basis. <http://tinyurl.com/ztgs7dw>

2016-17

Ontario legislation proposes to withhold exemption forms until parents attend **mandatory vaccination education**

1975

Canada is a signator of the **Helsinki Accords** that declares respect for human rights & freedoms of thought, conscience, religion or belief

1982

Ontario Immunization of School Pupils Act **ISPA** did not include exemption for conscience

1996

**Ontario Health Care Consent Act** (HCCA) defined informed consent as voluntary, not coerced and with patient informed of material risks. However, the act also includes “implied consent” where a mature minor can give consent just by rolling up a sleeve.

2005

**UNESCO Declaration of Bioethics & Human Rights** medical interventions require “prior, free and informed consent of the person concerned, based on adequate information”

2016

Aug. 2016 the **Canadian Medical Association** votes in favour of a resolution for **mandatory vaccination in Ontario**.

to be adequately and legally informed of the material risks and side effects of vaccination? If a child is deemed by a nurse to be mature enough to consent to vaccination, does the nurse's bias towards vaccination impair his/her judgment?

### **How did vaccinations get into schools in the first place?**

Teachers act *in loco parentis* or as temporary custodians of children while they are at school. Schools act to help protect the well being of children, their families and communities by offering school meals, legal reporting of issues including neglect and more.[2] In this general custodial role, school staff members are also encouraged to promote vaccination although it is not legally required. School boards can refuse to host vaccination programs.

In Ontario, Hep B, HPV and Men-C-ACYW are given to children in Grades 7 and 8. HPV [catch-up] vaccines are offered at high school. The Ontario schedule also includes Tdap boosters for children aged 14 to 16 and influenza vaccines that may be delivered through schools.

### **Leveraging school authority, pressure on students to consent**

A document from the Canadian Teachers Federation lauds the cost effectiveness of the school vaccination platform and the power of leveraging the authority of schools and threat of suspension to pressure students to consent:

"There are a number of ways to increase the participation rates in immunization programs. These include patient reminders (calls to parents and teens) and modifying provider intentions and systems interventions (such as laws requiring proof of vaccination for elementary or junior high school entry)." [3]

Pressure can also come from school staff who encourage students to get their shots. Do staff also remind students that vaccination is not mandatory?

Informed consent at school-based programs was identified as an ethical concern in a 2015 study:

"We identified ethical challenges for the delivery of adolescent immunization in a school-based setting in 3 main areas: informed consent, restrictions on privacy, and harm to students in the form of fear and anxiety." [4]

On the spectrum of ethical concerns, classroom rants by high school teachers against "anti-vaxxers" are known to occur.[5]

Again, schools perform a socializing function with an expectation of "good" behavior from students – but when it comes to vaccination and the risk of physical harm, at what point does this socialization undermine the student's voluntary informed consent?

### **Consent before being informed?**

It is common practice for Health Units to ask parents (through the school) to sign consent forms prior to or even without being informed of the risks related to vaccination. Parents may not be aware that this practice conflicts with informed consent that is spelled out in the Ontario Health Care Consent Act.

Typically, once the form is signed there is no further communication between the parents and health unit staff. The 12 or 13 year old child is left to understand "material risks" from the vaccinator.[6]

But the form parents sign may be moot anyway. The child can give consent on his/her own without parental knowledge (see mature minor doctrine below).

### **Ill-informed consent**

The Health Care Consent Act stipulates that patients must be informed of "material risks" and "material side effects" of a proposed procedure. A risk is "material" when a reasonable person would find information about it to be important in making decisions about vaccination. Issues here arise over the nature and size of the risk — which are subjective and guidelines on this are scant.

When the nurse at the Sullivan hearing testified that she judged some risks not to be "material", such as the risk of death from a vaccine, and chose not to tell students, was informed consent incomplete? If this is common practice at school-based clinics, as she suggested, supported by her Health Unit, it would be best that she is aware of her personal accountability:

Nurses are accountable for the administration and outcome of all care they provide, including giving flu vaccines in any setting.[7]

The number of vaccinations children receive continues to increase as well as vaccine complexity and potency. Therefore, the scope of material risks and side effects has also expanded. Risks of injury and death related to the HPV vaccine, for example, are well documented.

The Japanese government has ceased to recommend HPV vaccines after severe reactions were reported. In 2016, a lawsuit was filed against the government and the HPV vaccine makers. Sixty three plaintiffs aged 15 to 25 allege that they suffered adverse effects including paralysis, blindness and seizures.[8] There are allegations of death. VAERS the US vaccine adverse events reporting system has documented similar reactions.[9]

School-based HPV vaccination is given to Ontario boys and girls when they are 12 years old in Grade 7. Are they being informed of these material risks?

The Canadian school-based HPV vaccine programs have been criticized for their casual approach to obtaining informed consent. A 2011 Public Health Nursing study stated that the consent obtained from students may even be invalid:

"Inaccurate, incomplete, and inconsistent information can threaten the validity of consent/authorization and potentially undermine trust in the vaccine program and the vaccine itself. Efforts are needed to improve the quality, clarity, and standardization of the content of written documents used in school based HPV vaccine programs across Canada." [10]

### **Redundancy of parental consent: the "mature minor" & "implied consent"**

"There is no minimum age for providing or refusing consent.

Continued Page 27



# Blaylock: Immune Activation—Vaccines and the Developing Brain (continued)

damage, and can do so for decades. A recent study of people with autism has shown that even in those 45 years of age, one sees continual activation of the brain's inflammatory systems (microglia and astrocytes).

As Neil Miller illustrates, vaccines are designed to powerfully stimulate the body's immune system using components called adjuvants. These include toxic metals such as aluminum and mercury, animal proteins (gelatin, hydrolyzed proteins and even MSG) and special lipids. Recent studies have shown that immune adjuvants can cause powerful stimulation of the immune system for as long as two years, which means the brain's immune system also remains overactive.

A growing body of research indicates that overactivity of the brain's immune cells (microglia) can lead to a gradual loss of brain connections (synapses and dendrites) and can even cause the brain to be miswired (abnormal pathways development). Once again, this is not theory—it is neuroscience fact. The problem is, most practicing physicians do not know this, primarily because they never read the scientific literature concerning these mechanisms.

It is unfortunate that most of the public are of the opinion that their physician has an in-depth knowledge of how the body works. For example, most parents assume that the pediatrician understands the immune system and therefore knows all about vaccine effects. Nothing could be further from the truth. In most medical schools, the basic sciences are taught during the first year. Medical students, in general, hate the basic sciences and see them as useless to the practice of medicine. Even worse, there are certain subjects that receive little or no coverage in medical education. Many people are aware that nutrition rarely receives any attention in the curriculum. Yet, of the basic sciences, it is immunology that gets little more than a footnote.

As you will discover in this book, even people making decisions concerning the vaccines your child will receive have admitted they know little or nothing concerning immunology. This is appalling. Anyone with even a basic understanding of immunology or having read the available research on the effects of excessive vaccination on the developing brain, would know that the present crowded vaccine schedule is extremely destructive to the child's brain. Likewise, there seems to be little concern as to the effects of multiple immunizations on the developing child's immune system. Pediatricians and public health authorities are of the opinion that they can give an unlimited number of vaccines to babies and small children without risk. Our neuroscience proves this is insane. Almost every year, these vaccine enthusiasts add another set of vaccines to the schedule, despite the growing list of neurological and

other health disasters occurring in our children.

One of the principles of brain immunology is that priming the microglia can greatly aggravate the damage caused by subsequent vaccinations or even natural infections. For example, let's say a newborn is given the hepatitis B vaccine before leaving the hospital. The vaccine activates the baby's brain microglia (called priming). Then, shortly after this, let's say the child develops an ear infection (otitis media). The ear infection once again activates the baby's immune microglia, but this time the activation is greatly aggravated because of the previous vaccine-induced priming, resulting in a seizure or even sudden death. The pediatrician will blame it on the ear infection, not the previous vaccine.

Another scenario would be a baby who receives a hepatitis B vaccine at birth and then gets his or her DTaP vaccine within months of birth. Two weeks later, mom finds the baby dead in its crib. The doctor blames it on SIDS and

never reports it to the CDC as a vaccine reaction. In this case the triple antigen exposure (diphtheria, tetanus and pertussis) triggers the baby's already primed microglia—this time in the brainstem, where the respiratory control neurons reside. When the baby is placed on its stomach, it cannot muster enough force to fill its lungs. Any fumes from the mattress only aggravate the problem. For the pediatrician, it is easier and safer to blame it on a mysterious disorder called SIDS, than to admit it was a sequential vaccine reaction.

In the case with live virus vaccines, such as the chickenpox vaccine and MMR (measles, mumps and rubella vaccines) studies have shown that these viruses frequently survive in the body and can enter the brain. A recent study of the elderly dying from non-infectious causes has shown that 20 percent of the brains contained live measles virus. They also found that 45 percent of the people autopsied had live measles virus in other tissues and that all these viruses were highly mutated. This means that the measles virus can persist in the body for a lifetime. In this book, you will read about a father whose son died after an MMR vaccine. The child's brain was examined and the live measles virus was cultured from the boy's frontal lobes. Immunological typing proved it was the same virus from the vaccine that he was given.

In this case, the measles virus in the child's brain (as well as adults') acts to prime the microglia, causing the brain's immune system to chronically secrete damaging inflammatory cytokines and excitotoxins. Any subsequent vaccinations or infections will greatly aggravate the immune/excitotoxic degeneration of the child's brain. This can result in developmental language problems, learning problems, behavioral problems (irritability, anxiety, depression, and violent episodes), in addition to

## Blaylock: Immune Activation—Vaccines and the Developing Brain (continued)

seizures. It is instructive to note that a large percentage of autistic children have recurrent seizures deep within their brains, which are often missed by conventional EEG studies. It requires special MEG studies to uncover them.

Another thing that can prime microglia is vaccine adjuvants such as aluminum, mercury and protein additives. These products easily enter the brain, are stored for decades and can powerfully activate the brain's microglia, and do so for prolonged periods. Most pediatricians and family practice doctors have never heard of this.

Mercury tends to accumulate in the brain, especially in the brain's immune cells. This has been shown to not only result in priming, but also is a powerful stimulus for excitotoxicity within the brain. In fact, several studies have shown that

mercury, even in extremely small concentrations, can powerfully activate microglia and cause the accumulation of toxic amounts of the excitotoxin glutamate within the brain. Again, this is not speculation, rather this is based on the work of some of the most respected experts in the field of brain mercury

neurotoxicology. Yet, this important work is never reported in the media or among vaccine review studies conducted by government/pharmaceutical-selected panels. As I demonstrate in my review of the Simpsonwood panel, many of the so-called experts were not experts at all. In fact, one stated that he had to do a lot of review to catch up on mercury toxicity literature before he attended the conference.

Several studies have shown that many vaccines are contaminated by a number of bacteria, viruses, viral fragments and mycoplasma. When injected with the vaccines, these can easily enter the brain where they reside for a lifetime and thereby act to prime the brain's microglia. They cannot be removed. Proof of this mechanism has been shown in cases of herpes encephalitis in which the virus was killed in the brain by the immune system, yet degeneration of the brain continued. The evidence indicated that retained viral fragments acted as a source of continued microglia activation and that it was excitotoxicity that was causing the chronic brain destruction.

Another consideration is the ability of attenuated viruses to undergo mutation over time, eventually resulting in organisms that can cause new diseases. When live viruses are used to make vaccines, a process of repeated passage of the virus through growth media reduces its virulence, or the ability of the virus to cause disease. However, as occurs with measles, rubella and many other viruses used in vaccines, once in the body the attenuated viruses can be converted to quite virulent viruses. This is thought to explain the high incidence of Crohn's disease

in people who were vaccinated as children with live measles viruses. (Broide, LA., et al. Dig Liver Dis 2001;33(6):472-6.)

The above referred to study found that the mutated measles viruses differed in each tissue, meaning that a variety of disorders could result. The risk of persistent viruses following vaccination with live viruses appears to be growing and may be secondary to a number of factors, which include the nutritional status of the person and the preexistence of immune suppression. Immunologists have voiced concern that the growing number of vaccines being given early in life may impair immune function for life. As this book demonstrates, the number of immune related disorders, such as lupus, rheumatoid arthritis and asthma, is growing substantially. All of these disorders have been linked by careful studies to vaccines.

"In the case with live virus vaccines, such as the chickenpox vaccine and MMR...studies have shown that these viruses frequently survive in the body and can enter the brain...Another consideration is the ability of attenuated viruses to undergo mutation over time, eventually resulting in organisms that can cause new diseases."

Recent studies have also shown that when a person is generating high levels of free radicals, as seen with all chronic diseases (diabetes, heart disease and autoimmune ailments), the viruses retained in the body undergo rapid mutation, producing highly virulent organisms. These

organisms can then spread through society causing epidemics of new diseases or atypical old diseases. To purposefully inject live viruses into millions of people is to invite disaster, as these viruses mutate in these unfortunate people and in those who come into contact with them. In essence, this could eventually produce deadly epidemics of whole new types of viruses. As you will discover, we are already seeing this. The age at which people are susceptible to certain viruses and bacteria is changing with the mass vaccination programs. For example, mass vaccination with Hib (haemophilus influenzae type B) shifted the disease from infants and small children to adults. The measles vaccine shifted the disease from normal at risk groups to very small babies and adults, who are more likely to suffer serious complications or death. We see the same thing with meningococcal and pneumococcal vaccines.

Vaccination programs can also cause the emergence of subtypes of viruses and bacteria that in the past rarely produced disease. This is a major worry with organisms that contain dozens or even hundreds of subtypes. For example, the human papilloma virus (HPV) contains more than a hundred subtypes. The vaccine protects against only four subtypes, and perhaps for only a relatively short period. If sexual promiscuity continues among the population, new subtypes will emerge and may be even more carcinogenic than the subtypes used in the vaccine.

Another major problem with vaccine programs is the lack of long-term protection, as occurs with natural infections. Natural immunization is now quite rare in younger people.

For example, in the past most women were protected against these childhood infections by contracting them as children themselves. The protection was life-long. Most mothers were infected with wild-type viruses, such as measles, rubella, chickenpox, etc., early in life, which not only protected them, but also their newborn children. This transmaternal protection usually persists for 15 months after birth of the child. Vaccinated mothers do not offer this protection to their children. Thus, because of the mass vaccination programs, pregnant women and their babies are at increased risk.

Of great concern is the recent finding that immune activation in pregnant women can have dire consequences for the developing baby. At one time it was thought that viral infections in the mother endangered the baby because the virus was passed through the placenta into the baby's body. New research demonstrates that it is the mother's immune cytokines that are causing the

damage, once they enter the baby's body, and is not caused by the virus itself. (Buka, S., et al. *Brain Behavior Immunol* 2001;15:411-420.) Researchers found that the eventual effect of maternal immune stimulation depended on the timing of the immune activation. Activation at mid-term could result in

autism; stimulation late in the pregnancy could result in schizophrenia as the child grows into adulthood. What this means is that vaccinating a pregnant woman is associated with a high risk of autism, psychosis and other neurological problems as the baby reaches adolescence or adulthood. This is being completely ignored by those designing vaccines and making recommendations. At present, flu, chickenpox, hepatitis B and rubella vaccines are recommended for pregnant women. HPV was recommended for pregnant women at the beginning of the program, but a number of HPV-vaccinated women lost their babies or had babies born with deformities, resulting in a halt to such a dangerous practice.

One of the grand lies of the vaccine program is the concept of "herd immunity." It is based on the idea that if a certain percentage of the population is immunized against an infectious disease, epidemics can be prevented. The exact percentage changes, mainly, in my opinion, to suit the vaccine manufacturers. In the beginning it was 68 percent, but now some are calling for 95 to 100 percent immunization to reach these goals. We are constantly told, and many doctors believe, that herd immunity has prevented epidemics from occurring in modern America. Unfortunately, there is very little evidence of this for a number of reasons. For instance, it is assumed that high percentages of the population have been immunized through vaccine programs against diphtheria, smallpox, tetanus and pertussis, some of the older vaccines in the schedule. According to recent studies, the problem with this is that most of the protection afforded by

these as childhood vaccines waned many decades ago, so that most baby boomers, the largest percentage of the population, have no protection. In fact, vaccines for most Americans declined to non-protective levels within 5 to 10 years of the vaccines. This means that for a majority of Americans, as well as others in the developed world, herd immunity doesn't exist and hasn't for over 60 years.

Aluminum is a very powerful inducer of brain microglia and macrophages. Its immune-enhancing effects led manufacturers to add aluminum to vaccines. However, until recently, most vaccine authorities ignored the possible toxicity of aluminum in vaccines, despite growing evidence that it is a significant neurotoxin (brain poison). Links to Alzheimer's disease have been made, but until recently the mechanism was poorly understood. We now know that aluminum causes significant abnormalities in neurotubules, microscopic tubes in neurons essential to their function, and these abnormal neurotubules are strongly associated with Alzheimer's disease.

Aluminum enters the brain by a number of mechanisms, for example by attaching to glutamate and fluoride. With the widespread use of the excitotoxin glutamate as a food additive and fluoride being added to drinking water supplies, aluminum absorption is common. In addition, injected aluminum can complex with fluoride within the body to produce a compound, fluoroaluminum, that has a number of harmful effects, including brain injury. There is some evidence that fluoride can trigger microglial activation and excitotoxicity, which in combination is particularly injurious to the brain. (Blaylock, RL. *Fluoride* 2004; 37(4);301-314.)

In 2001, Dr. R. K. Gherardi and co-workers described a new condition associated with retained aluminum in injected tissues from aluminum hydroxide vaccine adjuvants, which they called macrophagic myofasciitis. This infirmity was associated with intense, diffuse muscle pains, weakness and various neurological complaints. At the time of their first report there were 130 patients from France and a growing number of cases from Germany, USA, Portugal and Spain. In all cases, the problem was linked to hepatitis B (86%), hepatitis A (19%) or tetanus toxoid (58%) vaccines. A subsequent report found a number of patients with a multiple sclerosis-like illness. In 2004, a study reported in the journal *Neurology* (63:838-842) found that people exposed to the complete series of hepatitis B vaccines experienced a 300 percent higher risk of developing multiple sclerosis than the unvaccinated public. Others dispute this link.

One of the underhanded methods used by the promoters of vaccine schedule expansion is to resort to scare tactics. Many people have heard of the 36,000 deaths from flu each year ploy,



## Blaylock: Immune Activation—Vaccines and the Developing Brain (continued)

which is unsupported by the data. Another way to scare the public is to use morbidity and mortality tables from previous historical eras or from Third World nations. In this way vaccine promoters can speak of deaths in the tens of thousands or millions infected. For example, if they send out warnings through the media that tens of thousands of infants may die of measles if children (and adults) are not vaccinated each year, it has a major impact on parental decisions to vaccinate. Vaccine promoters count on most of their audience being young parents, that is, those who do not remember when MMR vaccines didn't exist and when virtually all of us contracted measles. I cannot remember a single kid in any of my classes who was seriously injured or died by getting the measles. In fact, mothers used to purposefully expose their children to the measles to get it over with. Like nearly all of my classmates, I contracted most childhood infectious diseases—measles, rubella, mumps, chickenpox and pertussis. We all have life-long immunity as a result.

In my hometown of Monroe, Louisiana, during the peak of the polio epidemic in 1952, not a single child in any of my classes died of polio and only one girl had any paralysis (a weak lower leg). The incidence of polio at the time was 37 cases per 100,000 population. There were twice as many cases of muscular dystrophy in 1954, a very rare disease. Yet, modern vaccine proponents would have the present generation believe that the streets were piled high with dead and dying children, and that the rest were in varying states of paralysis. Polio was a terrifying and deadly disease for a small percentage of people, but the incidence is greatly overblown in present reports by vaccine scaremongers.

As you will learn, polio was a very mild disease in the majority of children who contracted it and extremely rare in adults. The most famous case was that of Franklin D. Roosevelt, who was stricken at the age of thirty-nine. His case is illustrative as to why some people developed paralysis and others didn't. According to Oshinsky, Roosevelt had been under enormous stress as a result of a government scandal. While vacationing at his home in Campobello Island, he engaged in regular drinking and a number of strenuous physical activities, one of which resembled an Ironman event. Exhausted, he spent much of the night drinking. The next day he experienced symptoms that were later diagnosed as polio.

Of great interest is the fact that Roosevelt had a carefully sheltered youth, which included a tutored education. Oshinsky notes that he was protected from all childhood diseases until

his teen years. At that point he caught virtually every infectious disease he was exposed to. It is critical for children to be exposed to these infectious organisms early in life, not only to protect them from later infections by these viruses, but because they strengthen the immune system and stimulate its proper development. This also explains the observation that polio was much less common as a paralytic disease among the poor and slum dwellers. It was the wealthier neighborhoods that were the focus of polio outbreaks. It was hypothesized that the poorer kids were exposed to the polio virus in large numbers, which gave them

lifelong immunity. Because they had well-developed immune systems from being exposed to a number of bacterial and viral diseases early in life, they experienced mostly mild forms of the disease.

If this hypothesis is indeed true, then the mass vaccination programs are ruining the immune systems of our youth, in essence, setting them up for a lifetime of poor health and putting them at a greater risk of disease complications when they are exposed to infections. The evidence for this scenario is growing, with the rise in asthma, type-1 diabetes and other autoimmune diseases. With parents dragging their children to the pediatrician or medical clinic for a tetanus shot and antibiotics every time they have a cut or abrasion, the problem is compounded. As a child, I rarely went to the doctor. My parents, as most parents, knew a number of home remedies. Cuts and abrasions were treated with a little antiseptic or just warm water and soap.

When I worked in the emergency room, mothers would bring in their children with cuts so small they were difficult to see. My colleagues would dutifully give them all a tetanus booster. Children today are given multiple doses of antibiotics, often broad-spectrum, for virtually everything, even viral illnesses. This not only prevents them from developing immunity to the infection, but the antibiotics also destroy the probiotic (friendly) bacteria in the colon, which increasingly is being shown to play a vital role in immune system function and development.

Another important discovery being all but ignored by proponents of vaccination is that free radicals can cause previously benign viruses (attenuated viruses) to change their genetic expression, leading to a dramatic increase in their virulence. That is, they switch from benign viruses to powerful disease-causing viruses. This may explain the sudden appearance of the Spanish flu virus that killed millions in 1917-1918. This pandemic began during World War I. Preceding it,

the soldiers experienced a mild flu epidemic. Then suddenly, the flu returned with a vengeance. Medical historians have been unable to provide an explanation for this. We know that the soldiers were living in crowded conditions, were under great stress, were extremely exhausted and were often suffering from malnutrition. Recent research has shown that when viruses of low virulence exist in the body (the first flu episode), the presence of large numbers of free radicals can convert these organisms into new “killer bugs.” The soldiers were producing enormous amounts of free radicals and their poor diets provided few antioxidants for protection. This set the stage for the pandemic disaster.

The same process can work with any virus, including the measles, chickenpox, rubella, polio or mumps viruses. While they are of low virulence upon injection, over a lifetime the virus will be converted by free radicals produced in the body into viruses of varying virulence. This was proven in the previously mentioned case of the measles viruses isolated during autopsy of the elderly. The measles viruses in their organs were highly mutated. For this reason, live viruses should not be used in vaccines. A person with either a pre-existing inflammatory disease or who subsequently develops a chronic inflammatory disease (both of which are associated with the generation of enormous numbers of free radicals) will be at risk. Of even greater importance was the finding that this also put everyone else in danger, because these new mutated viruses could then spread the deadly infections throughout society—that is, the sick people would act as deadly virus generators.

Finally, a word needs to be said about vaccine contamination, which is much more common than the public or media understand. Studies have shown that 60 percent of vaccines examined from a number of manufacturers contained one or more contaminating organisms in the vaccines. The organisms included simian immunodeficiency virus (SIV—which resembles HIV, a precursor to AIDS), mycoplasma, pestivirus, SV-40 and cytomegalovirus. In addition, a number of vaccines contained viral fragments, which can trigger microglial activation and even become inserted in other viruses, creating dangerous chimeras. The finding of cytomegalovirus is especially important because of its link to strokes. One study found the virus in the carotid arteries of 70 percent of stroke

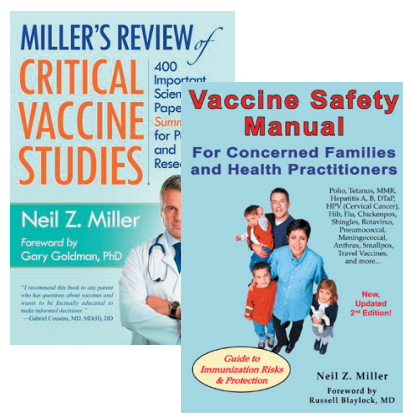
victims examined.

The SV-40 virus is also of special concern because it contaminated millions of doses of the polio vaccine, both killed and live. Studies by Michele Carbone and co-workers proved conclusively that the SV-40 virus from the vaccines causes human brain tumors as well as mesotheliomas and osteosarcomas. He has linked this virus to a number of brain tumors, including medulloblastoma, ependymomas and choroid plexus papilloma. Despite a massive coverup, there exists absolute proof that this contaminating virus has caused, and continues to cause, thousands of cancers in this country and others.

It has been shown that people who were infected with the SV-40 virus from earlier vaccines (up until 1963) have passed the virus to their children (called vertical or transplacental transmission). This is why vaccine proponents continue to cover this disaster up—since knowledge of this mass contamination of tens of millions of unsuspecting people and future generations would devastate public trust in government health authorities and the sacrosanct vaccine program.

Virologists acknowledge that present vaccines may contain a great number of viruses and mycoplasma, many of which could be carcinogenic. It is known that when two weakly carcinogenic viruses are combined, sometimes they become powerfully carcinogenic through genetic recombination. It is also known that weak carcinogenic viruses in the presence of chemical carcinogens can greatly enhance the carcinogenicity of both. This may even be the case with fluoridated water, which appears to be a carcinogen.

When you consider the devastating effects of carcinogenic viruses contaminating vaccines and the effect of multiple vaccination on the immune system and brain, especially as regards autism, one can only speculate on how the perpetrators will be brought to justice. Decisions by parents to vaccinate their children, and the adult’s decision to receive vaccinations, should depend on a careful study of the risks involved and an intelligent assessment of the real—not imagined—benefits. This book, *Vaccine Safety Manual for Concerned Families and Health Practitioners*, will go a long way toward helping people make those critical decisions.



We appreciate Neil Z. Miller’s kind support in allowing us to reprint Dr. Blaylock’s forward to the *Vaccine Safety Manual*. The forward first appeared in the 2008 Edition. Neil is a medical research journalist. He can be contacted through his [website](http://www.thinktwice.com/): [www.thinktwice.com/](http://www.thinktwice.com/)

Neil’s well researched books on vaccination are most highly recommended for parents seeking credible, science based information on vaccines and so called ‘vaccine preventable’ diseases.

- Miller’s *Vaccine Safety Manual*, updated in 2017, is a classic that we recommend all parents have at hand as “the world’s most complete guide to immunization risks and protection”.
- His most recent book, *Miller’s Review of Critical Vaccine Studies* provides a summary of 400 important scientific papers summarized for parents and researchers.

# Letters from our members & Internet Comments of Note

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## **Dr. Zimmerman's response to Alan Cassel's HPV Article:**

April 12, 2017

Great writing and wow, I am surprised that *Focus* published this article in this time of prohibited discussion of vaccine issues, but good for them! As a professional who has spent about 8000 hours studying vaccines I'd like to add the following: The Gardasil vaccine has been associated with many, severe side effects on long-lasting immune system dysregulation, likely for several reasons.

1) The vaccine uses a novel, more immunogenic form of aluminum adjuvant. Aluminum is both strongly immunogenic as well as neurotoxic and capable of inducing all sorts of auto-immune and neurologic disorders. For a list of research in this area please see the Children's Medical Safety Research Institute, cmsri.org.

2) During trial phases of this vaccine the control group received an injection containing all the adjuvants, including the novel aluminum adjuvant, present in the vaccine, minus the antigens. This is completely unacceptable and unscientific as the control group was given something that was anything but inert. The researchers concluded that the rate of side effects in the vaccine treated vs control group was similar.

3) There is evidence that the antigens in the Gardasil vaccine share many similarities with human proteins, increasing the likelihood of a cross-reaction, ie auto-immune disease. (Quantifying the possible cross-reactivity risk of an HPV16 vaccine, D. Kanduc, J Exp Ther Oncol. 2009;8(1):65-76.)

Therefor, the potent aluminum adjuvant in combination with this particular antigen creates an especially problematic vaccine.

—Dr. Anke Zimmermann, ND, FCAH  
Victoria, BC

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## **Mandatory Vaccinations?? Who are they trying to kid?**

An open letter to Alberta Ministers of Health and Education  
April 20, 2017

Good day, Honourable Ministers. My name is Dr. Bob Dickson. I am a community family physician in NW Calgary, and have met both of you in the past.

I am writing to you today for several reasons, but firstly to commend you, our Alberta government, and our educational and health care systems for NOT succumbing to the misplaced and unscientific push for mandatory vaccinations for our children.

So much can be said on this subject and, indeed, much has been. Unfortunately, much of what comes out of our public health systems and agencies such as the CDC in the US has been corrupted and biased with false science, buried studies, propaganda from industry, and innuendo rather than on basic and provable facts and statistics.

As a very basic requirement, everyone in a position of

power or authority within our health and educational systems should be mandated to watch the excellent docuseries THE TRUTH ABOUT VACCINES and the powerful documentary VAXXED. Only after decision makers have watched carefully these, and then done their follow-up and homework to justify that the family doctors, pediatricians, toxicologists, PhDs, researchers, investigative journalists and ethicists who have bravely, courageously and conscientiously put their careers and reputation on the line are indeed speaking the truth, should they be allowed to comment or make policy.

These prominent professionals have incredible depths of studies and statistics to back up their, and my, position that at the very least, there should never be such a thing as mandatory vaccinations and, if we really want to keep our kids and population much healthier, few or no vaccinations for anyone in our developed world.

Yes, vaccinations can have a role to play overseas in the developing world while we eradicate abject poverty, lack of safe water, and poor or non-existence sanitation facilities. However, once these dilemmas are solved, there will be little need for vaccinations anywhere on our planet.

Please contact me if you would like to meet to discuss this contentious topic further, or if you would like additional information.

Thank you for all that you do to protect the minds, bodies and souls of our most vulnerable.

—Robert C Dickson, MD, CCFP, FCFP  
Calgary, AB

PS This is an open letter which will be shared with colleagues and publicly [on Bob Dickenson's Facebook page].

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## **Vaccines proper disclosure, to the Kitchener Waterloo Record**

I found it rather ironic that this week an Ontario Teacher Was Guilty of Misconduct for pushing his views on vaccination and my nephew died after 32 years as a result of uncontrollable seizures after being vaccinated as a young child.

This teacher was trying to insure his students were aware of ALL the side effects including possible death as the result of vaccines. Too much of this information is buried from the public eye. The lobbyists for the pharmaceutical companies have so much power they have swayed the opinions of the government, hospitals, doctors, schools, and Health Units all to be 100% pro vaccine without disclosing all the side effects. I'm not against vaccines, I'm just an apprehensive observer who doesn't have enough information to make a proper decision on my own. I also find it ironic that vaccines in children have increased 10 fold from when I was in grade school and so have the cases of autism.

—Jim Kuntz, February 23, 2017



# Informed Consent at School-Based Clinics (continued from pg 20)

Consent can be written, oral or implied. With implied consent, clients indirectly accept or refuse the proposed treatment based on their actions. For example, a nurse explains to a client that blood must be drawn for specific tests, and the client holds out her arm. The client's action implies her consent. Consent can be withdrawn at anytime, must not be obtained through misrepresentation or fraud, and must be informed and voluntary." [12]

This statement from the College of Nurses of Ontario is in part based on the Mature Minor doctrine upheld by the Supreme Court. It allows minor children of no specific age, to make their own medical decisions once they are judged mature and capable. And then, all the child has to do is roll up a sleeve. No form required. Parents may not even be informed.

And yet, one must ask whether an adolescent is able to truly understand the risks of vaccination:

"Variability in the extent to which 13 year olds will have the capacity to fully understand the risks and benefits of HPV immunization and its refusal is to be expected." [13]

All of this should be of concern to vaccine choice parents of whom there are many in Ontario and Canada. 26% of parents in York Region schools have asked for vaccine exemptions.[14] Some Toronto schools have vaccination rates as low as 70%

## Letters (continued)

### Sesame Street's new autistic muppet Julia & the Normalization of Autism

My daughter was so "neurodiverse" she died. Though I know vaccines were the cause, her death was labeled SIDS. I am certain that had she lived, she would have been severely autistic. Her story starts out just as every story of autism I have ever heard starts. I don't "celebrate" SIDS or any kind of infant death. I don't seek to normalize it. It was tragic and it shouldn't have happened. What caused her death matters. What causes autism matters. We live in a culture that cares not a single ounce about cause and effect. Not even sure most people know or get what that means. Cause (thing, event, etc) takes place. Effect (outcome, consequences, etc.) results from said cause. Every effect has a cause. Not finding said root cause is a disgrace, a disservice, ignorant, reckless and irresponsible.

The character Julia is irresponsible in my book. Again, we didn't normalize or celebrate Thalidomide babies. We acknowledged the cause and we stopped it. It wasn't rocket science and neither is this. And apparently duping the American public isn't rocket science either. Vaccines are the biggest dupe of all time. I think I just want to go to bed for the month of April, not sure I can stand the idiocy.

—Dawn Winkler, March 25, 2017 (USA)

with one as low as 50%.[15] Health Canada statistics reveal that in 2013 11% of 2-year old Canadian children did not receive the MMR, 27% did not receive the chicken pox shot, 23% did not receive the DPT, and 27% did not receive the Hib.[16]

Parents are refusing, resisting and delaying the one-size-fits-all vaccines for their children. In response, Ontario Bill 87 includes a measure to withhold exemption forms for school-aged children from parents until they have taken a vaccination education session. And this erosion of vaccine choice in Ontario has become acute.

The medical community would see vaccine choice erased altogether. The Canadian Medical Association voted in 2016 to lobby for mandatory vaccination of children in Ontario. A 2016 *Journal of Pediatrics* commentary states that parental refusal "does not have an ethical basis":

"...parental autonomy is exercised under the constraint of the best interests of the child standard. This is known as informed permission rather than informed consent. The best interests standard of surrogate parental decision making requires parents to give permission for early childhood vaccination that is not medically contraindicated. Parental refusal, therefore does not have an ethical basis." [11]

Neither the Ontario government nor CMA is calling for measures to protect or compensate Ontario vaccine consumers who become injured.

### How do we protect students' rights to vaccine-choice?

Tim Sullivan recognized and was deeply concerned that accepted practices around school-based vaccination were challenging the students rights to informed consent. Some challenges include voluntary choice, adequate knowledge of physical risks and health protection after vaccination.

In an anti-choice environment in which students are reminded or pressured to conform and nurses select the material risks they disclose to students as young as 13, we should all be concerned about how this impacts the rights of children. These ethical challenges have been identified in the delivery of vaccines at schools.

Protecting children in this instance requires closer scrutiny from parents, informing children of their rights, establishing protective strategies on school vaccination days, remaining vigilant and taking part in action to protect vaccine choice.

Get in touch with Vaccine Choice Canada ([www.vaccinechoicecanada.com](http://www.vaccinechoicecanada.com)) to learn more.

—We greatly appreciate Heather Fraser's kind permission to reprint this timely article. The [11 references](#) in this article are available at her [blog](#) where this article originally appeared on March 7, 2017: [www.heatherfraser.org/blog/archives/03-2017](http://www.heatherfraser.org/blog/archives/03-2017)

Heather is the author of the acclaimed book, *The Peanut Allergy Epidemic*, now in its 3rd Edition. Information is available on her blog: [http://www.heatherfraser.org/store/c1/Featured\\_Products.html](http://www.heatherfraser.org/store/c1/Featured_Products.html)

Did you appreciate what you read in this edition of the *Vaccine Choice Journal*?

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Vaccine Choice Canada is a grass-roots, member supported, non-profit organization. All funding is by donation of the members.

The hard-working, volunteer Board Members produce and distribute large amounts of vaccine-related information through our twice-yearly *Journal*, on our website, FaceBook and Twitter pages and through the bi-monthly News Bulletin. Please share these resources.

Our website is the most comprehensive in Canada on the subjects of Informed Consent and Vaccine Safety and Efficacy. It represents a 35 year collection of information to raise awareness of the public, medical professionals, law-makers and regulators.

See page 2 for our Mandate and Statement of Purpose.



**VACCINE  
CHOICE**  
CANADA  
FORMERLY VRAN

P.O. Box 169, Winlaw, BC, V0G 2J0

Phone: 250-355-2525

e-mail: [info@vaccinechoiccanada.com](mailto:info@vaccinechoiccanada.com)

website: [www.vaccinechoiccanada.com](http://www.vaccinechoiccanada.com)

*Your Child • Your Future • Your Choice*

### Donations

Many members donate additional funds to Vaccine Choice Canada. For a donation of \$150 or more, select ONE of the fundraising bonus items listed below. Please note: Donations qualifying for a bonus item are in addition to the annual membership fee.

1) **Vaccine Safety Manual**, 2nd Edition, by Neil Miller. A complete guide to all childhood vaccines, the diseases and the risks entailed by both. The most important reference manual for all parents, a well researched resource that presents material in a clear and concise way. A must read for all families.

2) **The History of the Peanut Allergy Epidemic**, 3rd Edition by Heather Fraser includes a powerful foreword by Robert F. Kennedy Jr. the parent of two allergic children, both of whom are also anaphylactic. The author provides compelling evidence that allergies, as a mass phenomenon, were ushered in with the introduction of vaccination and the use of injectable medicines.

3) **Vaxxed—the Documentary DVD**: Like no other documentary before it, the film exposes CDC malfeasance, manipulated vaccine safety studies and shredding of key data linking vaccines to the autism epidemic. It interviews families who share the stories of their children's devastating vaccine injuries. It is a wake-up call that challenges the indefensible claim of vaccine safety and effectiveness.

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