VRANewsletter
Vaccination Risk Awareness Network Inc.
Autumn 2013

Original Antigenic Sin Committed by Vaccination

By Suzanne Humphries, MD and Roman Bystrianyk

Before the vaccine era, naturally acquired disease usually provided comprehensive long-term immunity because natural immunity involves a more broad-spectrum response to the entirety of the bacteria and their toxins. Remember that being immune to any degree does not stop the bacteria from flying around and entering the air-way. When a naturally immune person reencounters whooping cough bacteria, the body will efficiently respond and clear them from the system. This is not necessarily true of vaccinated people.

The concept of original antigenic sin (OAS) was coined by Dr. Thomas Francis, who became well known during the Salk vaccine era when he oversaw and interpreted the results of the largest (and most controversial) vaccine trial in history. He explained the phenomenon of OAS using natural influenza virus as an example. [551]

First, let's define how the body responds to natural infection. When a person gets an infectious disease for the first time, the body's immune system uses its innate powers, which mostly involve cellular immunity. In the process, it prepares for the future. The next time that same infectious agent comes around, the body will use its memory of the first experience so that it can react faster.

But after a vaccine, when the natural microorganism comes along later, the body will act according to how it was programmed by the vaccination and that is what is meant by original antigenic sin (OAS).

When it comes to *B. pertussis*, OAS is very important and well described. The bacteria secrete several toxins, one of which only emerges after the infection takes place. That is called adenylate cyclase toxin (ACT). Once whooping cough bacteria attach to cells in the bronchi, a gene in the bacteria switches on, and ACT, which acts like a force field against the immune system, is produced. ACT stops the immune system from recognizing the bacteria by acting as an anti-inflammatory and antiphagocytic factor.

This gives the bacteria about a two-week advantage until the immune system wakes up to the fact that it has been duped. **In the case of natural whooping cough immunity, ACT forms the basis of the initial immune response. That front-line immune response is not only critical for eliminating the first round of pertussis bacteria, but it is also crucial for removing bacteria upon later reinfection.**

In natural immunity, the body reacts very strongly to ACT, but because of original antigenic sin and the absence of ACT in the vaccine, the vaccinated are not programmed to respond to it at all. Vaccines do not boost antibody to this toxin, because as of yet, nobody has figured how to put that antigen into the vaccine. The naturally convalesced have more than 17 times the amount of antibody to ACT than DTaP recipients and more than 9 times than DTP vaccinated, as measured after pertussis infection.[552] There is only a miniscule level of ACT antibody in the vaccinated, which is the result of the immune system's paralyzed effort to mount a response after programming by the vaccine.

When a vaccinated person contracts pertussis again, the bacteria can get a good hold because there is little to stop them. The immune sys-tem will not respond to ACT in the future, because the programming has been set by the first contact (which was the needle, not the bacteria). Dr. Cherry admitted as much in his 2010 paper.

> *Of particular interest is the lack of a significant ACT antibody response in children for whom the DTP or DTaP vaccines failed. This induced tolerance is intriguing and may be due to the phenomenon called "original antigenic sin."*[553]

Cherry later sanitized the wording when referring to the phenomenon. His

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INSIDE THIS ISSUE

Disinformed Consent

September 19, 2013

By Shawn Siegel

We are living in the age of disinformed consent. Parents assume their doctors and their public health authorities are providing them with all relevant vaccine information, and nothing could be further from the truth.

Obviously, if vaccines can kill and cause serious and debilitating lifelong damage —which they can, and do —the vaccine administrator must provide that information to the client, in unambiguous fashion, regardless of the estimated size of the risk. It's an ethical mandate that must be fulfilled, but it never is. There is a fundamental reason: medical schools don't teach the history and nature of vaccine damage and death; nor do nursing and pharmacy schools. Yet doctors, nurses, and, these days, pharmacists, are the very ones who administer vaccines, and upon whom we rely for full information. Somewhere there is made a conscious

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VRAN NEWSLETTER
Vaccination Risk Awareness Network Inc.
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Statement of Purpose:

- VRAN was formed in October of 1992 in response to growing parental concern regarding the safety of current vaccination programs in use in Canada.
- VRAN continues the work of the Committee Against Compulsory Vaccination, who in 1982, challenged Ontario's compulsory "Immunization of School Pupils Act", which resulted in amendment of the Act, and guarantees an exemption of conscience from any 'required' vaccine.
- VRAN forwards the belief that all people have the right to draw on a broad information base when deciding on drugs offered themselves and/or their children and in particular drugs associated with potentially serious health risks, injury and death. VACCINES ARE SUCH DRUGS.
- VRAN is committed to gathering and distributing information and resources that contribute to the creation of health and well being in our families and communities.

VRAN's 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 as a result of childhood vaccinations.
- To promote a multi-disciplinary approach to child and family health utilizing the following modalities: herbalist, chiropractor, naturopath, homeopath, reflexologist, allopath (regular doctor), etc.
- 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, research and analysis, thereby enabling parents to reclaim health care choices for their families.
- To support people in their fight for health freedom and to maintain and further the individual's freedom from enforced medication.

VRAN publishes a newsletter 2 to 3 times a year as a means of distributing information to members and the community. Suggested annual membership fees, including quarterly newsletter and your ongoing support to the Vaccination Risk Awareness Network: $35.00—Individual $75.00—Professional
We would like to share the personal stories of our membership. If you would like to submit your story, please contact Edda West by phone or e-mail,as indicated above.

VRAN website: www.vran.org √

VRANews

Dear VRAN Members,

As we approach the end of this year, we'd like to thank you for your ongoing support of the educational work we do at VRAN. We appreciate that many of you have renewed your 2013 membership and we extend a special thanks to those who were able to send an additional donation and in return, selected a fundraising bonus item.

Every autumn, we renew our fundraising appeal. We are very pleased to bring you Dissolving Illusions as a new fundraising bonus item. The feature article of this issue, Original Antigenic Sin, is excerpted from the book with the kind permission of the authors, Dr. Suzanne Humphries and Roman Bystrianyk. This book is a 'must read' for everyone who wants to understand the forces that have shaped our over-vaccinated society. Please read the book reviews on page 19 of this issue of the newsletter.

As you know, VRAN receives no government or corporate funding. We rely solely on the generosity of our members to insure the continuation of this work. Your support enables us to exercise the intellectual freedom needed to report on emerging research that links vaccine policies to the mounting toll on human health.

Please remember that membership renewal is due at the beginning of each year and 2014 is just around the corner. If you've not yet renewed your membership, now is the time to make a generous donation to VRAN.

FUNDRAISING

For a donation of $150 or more, please select one of the four fundraising bonus items listed below. Please send your donation to: VRAN Fundraising, P.O. Box 169, Winlaw, BC, V0G 2J0. Please note: *Donations that qualify for a bonus item are in addition to annual membership*

- **Dissolving Illusions**—is a foundational new book about the forgotten history of diseases and vaccines, by Suzanne Humphries, MD and Roman Bystrianyk. The historical and scientific research presented by the authors takes us back to the roots of disease and the connection between living conditions, nutrition, and health. Dissolving Illusions is a powerful tool for everyone seeking to dispel the prevailing medical myth that vaccination is what saved us from the brutal cycles of epidemic diseases of the past.
- **The Greater Good**—an excellent documentary that increases awareness of the vaccine controversy. "There are severe consequences due to our current vaccine policy and schedule, many of which are simply dismissed as coincidence or diagnosed improperly." The film highlights personal stories of vaccine injuries and includes interviews with scientists and medical doctors on both sides of the issue. The film is a powerful educational tool for anyone wanting to spread the truth about the vaccine issue.
- **Vaccine Epidemic**—The second recently expanded edition is now available. Over 20 authors expose the bitter truth about the impact of vaccines on individual lives and society as a whole. The contributing authors explore how corporate greed, biased science and coercive government threaten our human rights, our health, and our children. This book is an indictment of a reckless system that sacrifices its young on the alter of monopoly medicine.
- **Vaccine Safety Manual**, by Neil Miller—A complete guide to all childhood vaccines, the diseases and the risks entailed by both - an important reference manual for all parents, and is a scholarly resource that presents material in a clear and concise way.

VRAN WEBSITE—NEW ADDITIONS

We are pleased to announce two new sections on the VRAN website. Our new Science section is a powerful addition to our website. Organized into categories of health risks, it provides quick access to abstracts and full texts of peer reviewed studies, and authoritative articles showing that vaccines can cause serious injury and even death. It includes an introduction and twelve categories of vaccine risk with hyperlinks between pages where related studies are listed. Access to the Science section is on the main page of our website.

Our new **Healthcare Workers'** section—VRAN receives a steady stream of inquiries from healthcare workers seeking vaccine exemptions. Influenza vaccine mandates, based on flawed research are intensifying across the country. In this new section we provide

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information from independent sources to support workers in their struggle for freedom of choice and informed consent when confronted with forced vaccination policies. Access to the HCW section is via General Issues and/or Specific Vaccines subsections of our website.

ANNUAL GENERAL MEETING

VRAN'S annual AGM was held on September 17, 2013 via telephone conference.

Agenda items covered:

- Conflict and polarization around the vaccine issue
- Tech support for the VRAN website
- Ontario Ombudsman Initiative
- New not-for-profit Federal Act
- Financial report,
- New additions to the VRAN website, i.e. Science section and Healthcare Workers section
- Support group for non-vaccinating families proposed by new VRAN member

In attendance were Board members Susan Fletcher (President), Rita Hoffman (Vice-president), Edda West (Secretary-treasurer), Mary James. New member Daniel Fretts was welcomed as well. Members introduced each other and gave brief accounts of how vaccines have impacted their children. In the discussion that ensued, a member asked why there is so much conflict and polarization around the vaccine issue? Edda responded by recommending the new book, Dissolving Illusions as an excellent starting place for people to understand how the history of diseases and vaccines has led to polarization around this issue. Edda also suggested that the new member research this question and write about it for the VRAN newsletter. Members in good standing can request a more detailed report of the minutes.

VRAN welcomes volunteers from our membership base. If you're a member and wish to contribute your skills and energy to further our outreach, we'd love to hear from you. Please contact VRAN Co-ordinator, Edda West at: 250-355-2525 or info@vran.org.

We appreciate being able to reprint cartoon graphics from Rene Bickel's satirical book, *Vaccination: The Great Illusion* which, as Dr. Harold Buttram observes in his foreword to the book, "details in humor the history of vaccines along with the perils that medicine and the pharmaceutical industry keep under wraps." √

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new terminology, which pointed to the exact same problem, was changed to "linked epitope suppression."

> *In a previous study, it was observed that children who were DTaP vaccine failures had a blunted antibody response to the nonvaccine antigen ACT, whereas unvaccinated children with pertussis had a vigorous antibody response to this antigen… **Linked epitope suppression** applies as the immune response to the new epitopes is suppressed by the strong response to the original vaccine components.*[554]

This was later affirmed by another doctor in the Journal of the American Medical Association.

> ***The lesser protection pro-vided by DTaP, both as the initial vaccine or full primary course, may be due to linked epitope suppression,** when the initial exposure locks in the immune response to certain epitopes and inhibits response to other linked epitopes on subsequent exposures.*[555]

The reason immunologists and vaccine scientists don't talk about original antigenic sin is because if they had to explain to the public just what it means in principle and in practical fact, they'd have to explain that vaccination breaches a fundamental immunological tenet. They would have to admit that whooping cough vaccine immunity is vastly inferior and that vaccine immunity has immunologic unintended consequences in the future. As an aside, OAS was also a factor in morbidity of the influenza vaccinated when H1N1 infection arrived.[556,557]

The other reason ACT is important is that it is also a component to parapertussis. If you have recovered naturally from *B. pertussis*, you have high levels of ACT immunity that not only protect you from *B. pertussis* but also are active against B. parapertussis and, of course, you won't get that from a vaccine.

Far from being eliminated as a disease, whooping cough is endemic in highly vaccinated populations. It is important to understand that the pertussis vaccine can only prevent serious infection in some vaccinated people, but it will never prevent **carriage and spread** in anyone, vaccinated or not. Because of original antigenic sin, the vac-cinated will be unable to clear the bacteria as efficiently and, thus, are more likely to be vectors for the disease.

Most people believe that all whooping cough is a serious and easily identifiable disease of children. But the truth is that whooping cough circulates freely, often without ever making a peep.

> *…the shortfall in reported disease was due largely to atypical, asymptomatic or forgotten infections. First, **recent authors have estimated that an appreciable proportion (e.g. 25%) of infections are asymptomatic** (Linneman, 1979), **and B. pertussis has repeatedly been isolated from symptomless individuals** (Broome, Fraser & English, 1979; Broome et al. 1981; Lambert, 1965; PHLS, 1969). Secondly, given the varied spectrum of clinical response to B. pertussis infection, it is reasonable to suppose that some attacks will not be recognized as whooping-cough.*[558]

The mainstream media only reports, by and large, the supposedly deadly nature of whooping cough. However, in actuality, most cases of pertussis are mild and probably escape reporting.

> *Rates of reported pertussis are 40 to 160-fold less than actual illness rates, and asymptomatic infections are 4–22 times more common than symptomatic infections.*[559]

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Dr. Humphries: **I've personally seen, in unvaccinated families, one child have clinical whooping cough, and the other children did not. When those children had their blood antibodies measured to see if they were going to be a risk to their schoolmates, they were measured as having had experience with pertussis by IgG or both IgM and IgG. In retrospect, some mothers could recall a cold-like illness, and others could not. I mention the fact that they were unvaccinated, not because I believe that is the reason they were infected, but because I believe that is the reason the children had subclinical infections that went unrecognized, and they developed immunity.**

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Portraying disease as severe, whether it is or not, is admittedly done because it helps to increase vaccine uptake. Recent CDC PowerPoint presentations[560] reveal this tactic with influenza, and doctors have written about it regarding pertussis as well.

> *Publicity given to the more severe consequences of whooping cough has created a widely held perception that the disease is always severe, debilitating, and dangerous. Such a perception helps to encourage immunization, but if untrue it degrades diagnostic accuracy…* [561]

> *There was the fear that this would interfere with many other forms of immunization which are far more beneficial and important to the infant. Those who expressed their disagreement with the broadcast conclusions stated that it might have the effect of increasing the incidence of death from pertussis and urged and secured publicity of opinions favoring continued use of the vaccine.*[562]

Conclusion

By the mid-1900s, whooping cough deaths had declined by more than 99 percent. The fact that all infectious disease mortality had also declined was noted in a report by Gordon T. Stewart in 1981.

> *Historically, the dominant and obvious fact is that most, if not all, major communicable diseases have become less serious in all developed countries for 50 years or more. Whooping cough is no exception. It has behaved in this respect like measles and similarly to scarlet fever and diphtheria, in each of which at least 80% of the total decline in mortality, since records began to be kept in the United Kingdom in 1860, occurred before any vaccine or antimicrobial drugs were available and 90% or more before there was any national vaccine progamme.*[563]

Instead of acknowledging the true cause for this extraordinary mortality decline before vaccination took hold, the medical profession embraced vaccination as a profitable and core medical tool. The problems with vaccines were consigned to oblivion or ensconced and ultimately replaced with myth. Few ever bother to investigate or consider that anything else happened besides what they've been told.

Vaccination is not a simple, straightforward cut-and-dry issue. It is complicated. The diseases are complicated and, moreover, the immune system is very superficially understood by even the most accomplished immunologists today.

> *…"the immune system remains a black box," says Garry Fathman, MD, a professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection… "Right now we're still doing the same tests I did when I was a medical student in the late 1960s…" It's staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it.… That's an awful lot of moving parts. And we don't really know what the vast majority of them do, or should be doing…* ***We can't even be sure how to tell when the immune system's not working right, let alone why not, because we don't have good metrics of what a healthy human immune system looks like. Despite billions spent on immune stimulants in supermarkets and drugstores last year, we don't know what—if anything—those really do, or what "immune stimulant" even means.***[564]

Every infectious disease cannot be viewed through the same lens or measured by the same standard of comparison. Some, like smallpox, were eliminated by an improved hygienic environment. Others, like poliovirus, were fallaciously blamed for sicknesses they were not totally responsible for. Some will never be eliminated by any mechanism.

Whooping cough reports are now increasing despite very high vaccination rates (Figure 13.1). In fact, the disease rates, especially in young infants today, are even higher than they were when vaccine uptake was much lower. It wasn't until 1978 that pertussis vaccination was required for school entry in the United States, but at the same time infants of age six to eight weeks began to be vaccinated routinely.

How many whooping cough shots did children get when you were growing up? Now we are in a situation where whooping cough vaccines are pretty much a regular event, cradle to grave, and the incidence of clinical whooping cough today—in the most heavily vaccinated populations—is increasing, inciting panic where the drug-sponsored media ramps up unnecessary fear.

In the midst of all the panic and revaccinations, vaccine resistance by pertussis bacteria is now emerging. The prolonged whooping cough epidemic in Australia that began in 2008 has predominantly been caused by a new genotype of *B. pertussis*. The strain was responsible for 31 percent of cases in the 10 years before the current epidemic, but has accounted for 84 percent since. This represents a nearly three-fold increase, indicating that the bacteria have genetically evolved under the selection pressure from the present vaccine. Dr. Lan of the 2012 study has been quoted[565] as saying that the vaccine is less effective against the evolving strain, and any immunity that is gained wanes rapidly.[566] Pertussis bacterial vaccine resistance has also begun to be reported in the United States.

How futile does it seem to keep battling and essentially strengthening such a huge and potentially innocuous force with clumsy weapons? Properly managed, natural whooping cough is but an irksome nuisance that will impart true and lasting immunity upon the convalesced. However, through the onslaught of vaccination, the herd was robbed of its ability to efficiently deal with this disease.

The future could bring a continuous evolution of vaccine-resistant strains that will no doubt require newer pertussis vaccines. In fact, the development of live inhaled pertussis vaccines for newborns has already occurred.[567] You would think that one live intranasal vaccine would be enough to impart long-term immunity in a newborn. But apparently, it isn't. This new vaccine is going to be added to the already dysfunctional pertussis vaccination program.

The reason that the live intranasal vaccines can't be enough to provide herd immunity, even if they could provide full-spectrum long-term immunity, has to do with how the rest of the population has been programmed with vaccines—committing original antigenic sin.

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Adults, whose immune systems were only primed for "back end" immunity rather than for ACT and numerous surface antigens, can no longer respond in any other way. So, an intranasal vaccine won't give front-end immunity to adults any more than re-exposure to whooping cough or booster injections would. Given that booster shots don't increase the bactericidal qualities in the blood and do contribute to bacterial resistance, why even recommend them? Until those DTaP-vaccinated adolescents and adults die, they will be the main source of carriage and spread in the community whether a safe, live, effective vaccine is put to broad use or not.

There's still another problem with pertussis vaccines, and that is that the vaccines themselves are now a source of false-positive pertussis PCR tests.[568] How do you think this complicates the doctor's task, and how is it affecting humanity overall, given the rampant and unnecessary use of antibiotics for all cases that test positive?

Dr. Humphries: Generally speaking, antibiotic-treated children fare no better than their untreated counterparts. In my experience they often fare worse. Breastfeeding makes a major difference in how well the child handles the infection. Infants as young as two weeks of age have fared quite well at home with the vitamin C treatment and breast milk alone. This makes sense given that antibiotics alter the bowel immunity and, during the dying off of bacteria in the gut, release even more toxin into the already toxic child.

The paradox is that the incidence of *B. pertussis* has increased again as the vaccine era has progressed, but mortality was down significantly long before the vaccine was deployed. The decline in mortality was not due to antibiotics. Conventional medical literature acknowledges that antibiotics do not necessarily decrease the severity of the disease, and when the drugs are given they are prescribed not to treat the disease but to decrease the length of contagion. Antibiotic treatment is believed to be effective in improving the course of the disease if started early. However, some studies have found that anti-biotic treatment has the opposite effect and actually prolongs the illness.[569] Antibiotic-treated children can have a duration of cough 6 to 11 days longer and spasmodic cough 4 to 13 days longer than untreated patients.[570]

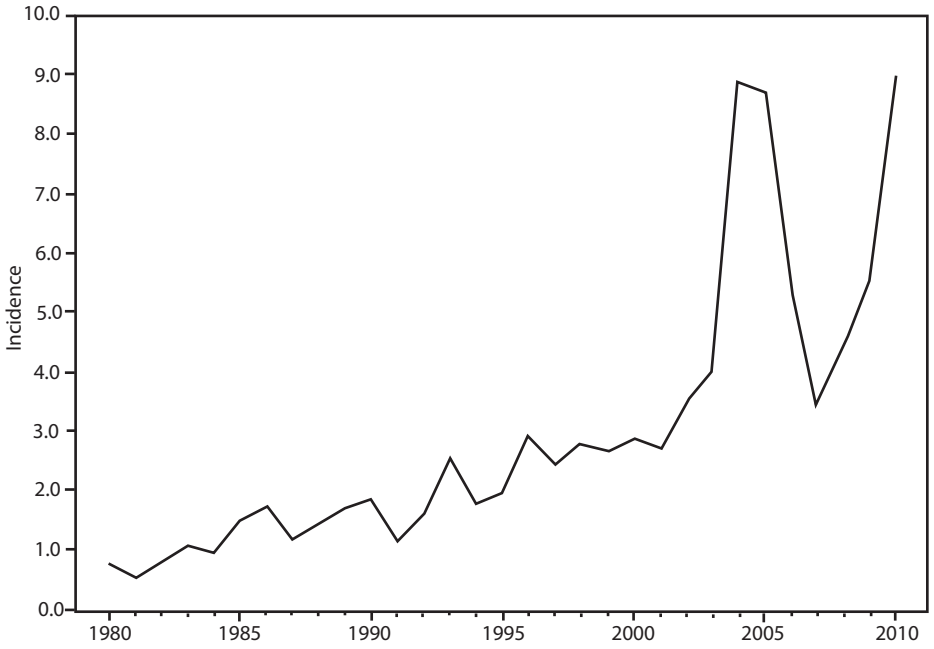

Figure 13.1: United States pertussis incidence by year from 1980 to 2010.

If vitamin C in adequate doses was given to children, and even the youngest infants with pertussis, the reputation of *B. pertussis* as the devastating 100-day cough would fade away. Parents would also be less likely to fall victim to pressure by the medical system's acceptance of a vaccine that imparts only short-lived and partial protection. And who would benefit from that? *(see reference to Vitamin C Treatment of whooping cough)

If whooping cough is commonly a mild disease and apt to be missed, what are the implications for clinical practice? If whooping cough was perceived as a less severe disease, it might have a negative effect on vaccination uptake. If more people understood that the incidence of whooping cough has increased with increasing vaccines, bacterial resistance is emerging, and there is a nontoxic treatment available, surely vaccine uptake would decline further. Since early diagnosis is difficult and treatment with antibiotics is not sufficiently effective[571], a reevaluation of the necessity of the entire medical approach is warranted. But that won't happen until the "delicate fabric" of interlaced pharmaceutical companies, government, and academia becomes torn. The following conclusion from a special article by the National Vaccine Advisory Committee should indicate to you exactly whose best interests are at the core of vaccine policy.

Collaboration and cooperation of government agencies, such as NIH, CDC, FDA, USAID, DOD, large vaccine companies, small research companies, and academia are essential to continue success and fulfill the promise of recent advances in science and technology.

***Threats to any part of the delicate vaccine research and development network** jeopardize the rapid development and supply of new life-saving and life-enhancing vaccines for the American people. What is the optimal size, scope, and configuration of the US vaccine enterprise? These questions should be debated only in the context of a full understanding of how the current system works and its record of effectiveness. These National Vaccine Advisory Committee recommendations **will help to ensure that public policies take into consideration this research and development network and foster and sustain it** to facilitate the timely introduction and supply of new vaccines.*[572]

When the function of academic research is to foster and sustain a delicate fabric of collaboration, no one will bite any hand that feeds them—particularly in the climate that exists today.

To serve the public interest, government advisory committees must be independent of industry, but such

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committees cannot be relevant and effective if isolated from the expertise and experience of the industry, which is the principal funder of vaccine research and development.[573]

Until this political triangle is broken, parents must know that the health of their children rests upon their own research and good judgment.

Editor's note: We appreciate the authors' kind permission to reprint this article taken from their new book, Dissolving Illusions. Dr. Suzanne Humphries is a medical doctor, Internist, and Board Certified Nephrologist (kidney specialist). Dr. Humphries has re-dedicated her life as a doctor and has recently moved beyond mainstream medicine, and is utilizing non-toxic means to help restore health in those who seek her assistance. She is currently in private practice and continues to dispel the mythology surrounding vaccination.

Roman Bystrianyk has been researching the history of diseases and vaccines since 1996. He has an extensive background in health and nutrition as well as a B.S. in engineering and M.S. in computer science. Roman's detailed charts on the decline of infectious diseases can be viewed at the Health Sentinel website: http://www.healthsentinel.com/joomla/index.php?option=com_content&view=section&layout=blog&id=8&Itemid=55

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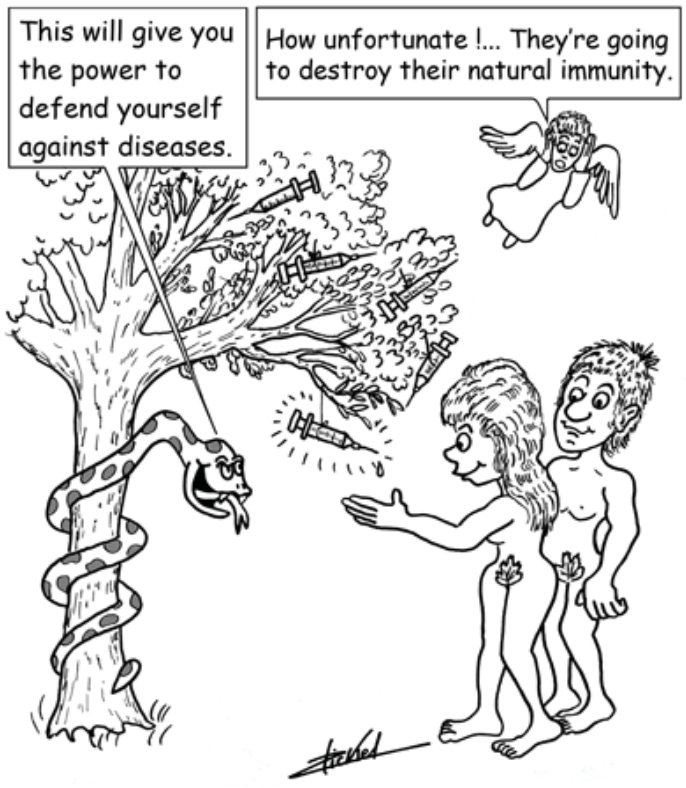
« We will always get the same remarks concerning the adverse effects of vaccinations. Considered from a biological or immunological standpoint, every vaccination is an offense to the body. »

Professor R. BASTIN (Medical Assistance. 1 February 1986)



Disinformed Consent cont. from page 1
decision to exclude the reality of serious vaccine damage from the curricula.

Most of the many doctors who have witnessed vaccine damage—thankfully, not al—lack the professional integrity to follow up with curiosity, let alone research. This is the most troubling of the array of vaccine contradictions; trained to observe, they nevertheless appear blind to even the possibility of causal relation.

There is a reason the CDC didn't announce to the American public in 1999 the direct correlation between the amount of mercury in vaccines and the incidence of speech and learning disorders and autism it found in its own in-house study: a conscious, intolerable decision. (1)

There's a reason Dr. Viera Scheibner's cotwatch studies, which decades ago found a compelling link between vaccinations given to infants and the incidence of cot death—SIDS—is never mentioned by public health officials: a conscious decision. (2)

There is a reason the CDC never mentions that it was the radical changes they made to the definition and diagnosis of polio, right after the vaccine was introduced, that eliminated most cases of the disease, not the vaccine: a conscious decision to manipulate the public in their vaccine decisions. Nor do they mention that once the vaccine was licensed, the CDC pulled all remaining diagnoses close to the vest, disallowing for automatic inclusion in annual polio statistics cases reported by private medical practices or local public health departments, and declaring that only they, the CDC, after ostensible thorough review and lab analysis, could officially validate a case. (3)

There is a reason that, concomitant with the diagnostic and labeling changes made, a radical change was made as well to the definition of a polio epidemic, from 20 cases in 100,000 to 35, potentially cutting almost in half the likelihood that any subsequent outbreaks would be so labeled—a change that seems totally haphazard, except for the effect of painting polio as somehow and suddenly less severe, or less contagious, or more contained: a conscious decision, to boost the illusion of vaccine effectiveness. (3)

There's a reason the mainstream media in general will give no meaningful column space to truthful information about vaccine pitfalls and dangers: the conscious decision of the publishers.

There is a reason the vaccine industry does not discuss the fact that for years adjuvants like those used in most vaccines have been injected into lab animals to trigger rheumatoid arthritis and other autoimmune diseases: a conscious decision to keep the public ignorant of the ethical dilemma of then recommending their use for injection into newborns, infants, and toddlers, as a macabre tradeoff for acute, temporary diseases. This same adjuvantal effect in humans has been established by immunologists, as well. (4) (5)

There is a reason that every doctor or scientist who has ever spoken out publicly against vaccines has been branded a quack, regardless of their unblemished reputation up to that point: a conscious campaign to maintain the myth of vaccine safety, effectiveness and necessity.

There is a reason the AAP over the last three decades has been sliding down the hellhole of castigation of parents who refuse vaccines, initially espousing acceptance, to occasionally endorsing statements labeling such parents as irresponsible and a threat to the vaccinating masses; a reason they provide vaccine refusal documentation for parent's signature that speaks not a whit to the potentially catastrophic consequences of vaccinating, despite, again, being well aware of the record: a conscious decision.

There's a reason Dr. Paul Offit personally reviewed and approved for publication on the website of The Children's Hospital of Philadelphia an article on the value of the chicken pox vaccine that states the shot is perfectly safe, despite the post-marketing reports of catastrophic reactions on the vaccine insert, including anaphylactic shock, encephalitis and Guillain-Barre, and the availability of the VAERS record: a conscious decision. (6) (7) (8)

There is a reason that nowhere in the mainstream have we seen mentioned the fact that when the team of doctors at the Royal Free Hospital treated the twelve Lancet kids for their bowel inflammations, their symptoms of autism were greatly alleviated —a dynamic and heartening bit of information that should have been trumpeted in headlines globally: a conscious decision, to support the claim that there is no connection between the novel bowel syndrome described by the team—now corroborated by pediatric gastroenterologist Dr. Arthur Krigsman —and autism. (9) (10)

There is a reason the vaccine industry will not respond to the disclosure that among the 50,000 unvaccinated clients of Homefirst Health Clinic in Chicago, the staff is aware of only a few cases of autism, and virtually no asthma, allergies or diabetes—poignant statistics all, with obvious, staggering implications. In a general population of the same size we'd expect to see 250 or 300 cases of autism or more, and thousands of incidents of the other mentioned autoimmune disorders. (11)

Likewise, there is a reason CDC doctors appear before a Congressional committee on autism ostensibly so ill-prepared to answer direct questions as to be farcical, and in such repeated fashion over the years that, in days of aulde, they'd have been booted out for contempt and tarred and feathered by the thousands of parents who have watched helplessly as their kids took their obvious first steps down the road of developmental regression to ultimate diagnosis of autism, immediately following a round of vaccinations: an obvious, conscious directive to remain obtuse. (12)

And there's a reason the CDC will never respond to pleas to compare the health of the fully vaccinated against the never vaccinated; that they will claim it unethical to conduct such a study as double-blind, because it will deny the protection of the vaccine to the control group, when the rationale is circular, since it's the very safety and effectiveness of vaccines at question, and when all that is really necessary is to analyze the available data on the million or more Americans who are not vaccinated at all, out of personal choice: a conscious decision to avoid ferreting out and revealing the truth.

The behavior of the vaccine industry —government, manufacturers, much of the medical establishment, and the mainstream media, devoid of investigative journalism when it comes to vaccines—is reprehensible. Their calling cards are statistical manipulation, deception and fear.

The behavior of the vaccine industry —government, manufacturers, much of the medical establishment, and the mainstream media, devoid of investigative journalism when it comes to vaccines—is reprehensible. Their calling cards are statistical manipulation, deception and fear. Well aware of the catastrophic damage done by vaccines, they steadfastly

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deny the reality and suppress the information, while knowing it is essential to every parent's vaccine decisions.

Conscious denial of critical information is disinformation.

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Reprinted with appreciation from the International Medical Council on Vaccination website: http://www.vaccinationcouncil.org/2013/09/19/disinformed-consent-by-shawn-siegel/

About the author: Shawn Siegel has enough common sense to recognize a con game when he sees one, thus was compelled to begin researching after discovering that immediately following the release of the polio vaccine the CDC radically changed the definition of the disease. He now hosts a weekly radio/internet show, The Vaccine Myth: An Issue of Trust, on the Logos Radio Network.

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   Click on Request Form; group results by Event Category; under vaccine products, select Varcel; at number 5, select All Locations; and click Send.
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10. https://www.youtube.com/watch?v=U83U0AWTnmg
11. Start at 14:00 into the interview with Dr. Mayer Eisenstein: http://www.youtube.com/watch?v=NfaISU0AmZ8
12. Video of the first segment of the Committee on Oversight and Government Reform hearing on autism, November 29,2012: http://thestir.cafemom.com/toddler/147700/congress_discusses_autismvaccine_link_and

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Your Body. Your Baby. Their Flu.

By Kelly Brogan, MD

As a conventionally trained, dyed-in-the-wool psychiatrist, I learned that mental illness is a manifestation of an imbalance of brain chemicals that can be largely reduced to too little serotonin and/or norepinephrine, too little dopamine, or messed up excitatory signals at the membrane level. These deficits required pharmaceutical intervention for repair, just as one of my attendings once patronizingly said to an inpatient post-suicide attempt: if you had poor vision, you would need glasses. There would just be no way for you to navigate the world without those glasses no matter how much you wanted to.

I don't believe this anymore. I've left the church and I've run into the woods where I'm listening to the sermons delivered by the natives there… those who believe in a natural order, in the body's capacity to heal, in the sanctity of a clean environment, and in the interconnectedness of spirit, nourishment, and movement. But this was a journey for me. I started to open my eyes during my first pregnancy, when I began my fellowship in treating pregnant and postpartum women. I learned how to consent them, and what informed consent really looked like, around treatment with psychotropics in pregnancy and lactation. Many of these women had been on medication for the better part of their adult lives and either found themselves pregnant, were planning to become, or developed symptoms despite treatment. I poured over the literature for hundreds of hours, memorizing authors and statistics, distilling complex analytic concepts, and building a rational path, with some forks in the road, for these women to travel. I helped them to understand the known risks, the unknown risks, the alternatives, and allowed them to assess the perceived benefits. This process would often culminate in a 90-120 minute session involving all and any interested family members and extensive communication with other providers—general psychiatrists, obstetricians, therapists, so that everyone was on the same page.

You can imagine that it began to rub me the wrong way when these very same patients would come in and casually mention that they had gotten a "flu shot", often without a single medical provider involved (at CVS!), no consent, no discussion. I didn't know much about the flu vaccine other than that when I entered medical school, pregnant women and babies were in the "contraindicated" demographic. I also knew that doctors, residents and med students almost *never* got the flu shot voluntarily.

I began to look into the literature through my lens of best quality pregnancy data: a prospective cohort study, well-controlled, looking at outcomes during pregnancy, at birth, and up to 5-7 years of childhood age or longer. I investigated the ingredients (egg proteins and associated unidentified viral DNA from this animal tissue, the allergen gelatin, polysorbate 80 which crosses the blood brain barrier, the carcinogen formaldehyde, the detergent triton x100, sucrose, resin, the antibiotic gentamycin, and thimerosol/mercury) and found that **no** study has looked at the effect of injecting any one of the ingredients, let alone the combination.

I was hoping to find large studies done annually for each preparation assuming that if there were 25,000 cases in the literature of SSRI exposure, there must be at least that for something formally *recommended* to pregnant women. Hereinlies the important philosophical leap: women are educated to avoid elective exposures to medication in pregnancy. When there is an indicated intervention, medical, pharmaceutical, surgical, the personal risks and benefits are weighed of treatment vs no treatment vs alternatives. But, here we have a one-size-fits-all recommendation with no risk-stratification according to immune status, personal medical history, genetic risk factors, or comorbidities. A formal recommendation of a category C intervention whose package insert states:

"Animal reproduction studies have not been conducted with influenza virus vaccine. It is also not known whether influenza virus vaccine can cause fetal harm when administered to a pregnant woman. Although animal reproductive studies have not been conducted, the prescribing health care provider should be aware of the recommendations of the Advisory Committee on Immunization Practices. The ACIP states that if used during pregnancy, administration of influenza virus vaccine after 14 weeks of gestation may be preferable to avoid co-

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Brain Inflammation and Behavioral Problems linked to Environmental Stressors

Excerpted from the Holistic Child Health Newsletter by Dr. Lawrence Palevsky

In his October, 2013 newsletter, Dr. Lawrence Palevsky, MD discusses recent studies which address the consequences of environmental stressors on our health, that of our children and future generations. The presence of inflammation, at critical times of brain development, is linked to later behavioral and motor problems in children. ***"Exposures to injected vaccine chemicals, however, are major environmental stressors that remain unexamined. In all likelihood, the presence of brain inflammation, induced by vaccinations, is largely responsible for the relatively permanent neurological problems we are seeing in small children and adults, today"***, [1] writes Dr. Palevsky.

What some of the studies are saying: *"In the last year and a half, there's been an explosion in studies showing transgenerational effects from exposure to a wide array of environmental stressors… This is a field that's really starting to take off… the new findings compel a re-evaluation of how scientists perceive environmental health threats. 'We have to think more long term about the effects of chemicals that we're exposed to every day. This new research suggests they could have consequences not just for our own health and for that of our children, but also for the health of generations to come'."* [2,3,4]

"Transgenerational effects have now been reported for chemicals including permethrin, DEET, bisphenol A, certain phthalates, dioxin, jet fuel mixtures, nicotine, and tributyltin, among others. Most of the findings come from rodent studies."

Dr. Palevsky writes that, "Exposures to injected vaccine chemicals, however, are major environmental stressors that remain unexamined. So many people make the statement, "Well, I was vaccinated, and I am fine," and then use this experience as proof enough that vaccines are safe. Unbeknownst to these people, despite not having had an immediate cause-and-effect response upon being vaccinated, they have no idea how much of an under-the-radar effect the exposure to these vaccine injected ingredients has had on their genetic material, that they then passed on to their children and grand-children, potentially leading to the expression of debilitating chronic inflammatory and neurological diseases in our population today. [1]

In discussing new research which suggests that infections in newborns may be linked to later behavior problems, Dr. Palevsky writes , "The title of the article says it all, **"Study shows how infections in newborns are linked to later behavior problems. In the animal study, inflammation stops cells from accessing iron needed for brain development."** [2] "Most interesting, however, is the statement made near the end of the article. "More research in this area could confirm that human behavioral complications can arise from inflammation changing the myelin pattern. Schizophrenia and autism disorders are part of that," he said. But, the author stopped short of mentioning any other possible contributors to inflammation in humans, other than infection." [1]

Dr. Palevsky continues, "There are many reasons for babies to be exposed to increasing amounts of inflammation, both in-utero and after birth[4]. Infection, however, is only one reason to explain how inflammation may occur. Other ways that babies may be exposed to factors that contribute to in-utero and post-natal inflammation may include, EMF exposure, drugs and medications, emotional stress, food allergies and sensitivities, heavy metal exposure, endocrine disruptors, flame retardants, other environmental toxins and pollutants, and vaccines."[1]

"Vaccines are one of the biggest promoters of inflammation in newborns, and we don't know if the inflammation produced by vaccines is fleeting, as it was in the mice in this study, or longer lasting. We don't know this because we've never studied it. But, we do know that vaccines induce inflammation. The authors show in this study how the effects of even a fleeting presence of inflammation in newborn mice may have life-altering effects on their brain development, leading to behavioral and motor problems. We can only imagine to what degree humans may develop brain-altering changes if vaccines promote long-lasting inflammation, and not just a short-lived, fleeting inflammatory effect. Barbara Loe Fisher expands on this subject in her well-referenced book, "Vaccines, Autism and Chronic Inflammation: A New Epidemic." [6]

"Nonetheless, we are sent the message that the production of inflammation from vaccines, regardless of whether it is fleeting or long-lasting, is not clinically relevant, since the benefits of vaccination clearly outweigh the risks. In this study of the hepatitis B vaccine [7], 144 genes in the mouse liver were significantly changed, and 7 of these genes were related to inflammation and metabolism, as a biomarker for the effects of the hepatitis B vaccine. Does this liver gene alteration and production of inflammation happen in human newborns and infants when they receive a series of 3 hepatitis B vaccines? Does this gene alteration lead to something that translates, at any time, into a picture of clinical symptoms? We don't know, because we've never studied either of these questions in order to find out the answers. Yet, we are told, the hepatitis B vaccine is safe, and does not contribute to any neurological, or other health problems, in humans, and neither does any other vaccine. [1]

"Let's do a study comparing a group of vaccinated newborns vs. another group of unvaccinated newborns, and then measure markers of inflammation in their bodies before and after vaccination, and then follow them long enough to see how many of them develop behavioral and motor problems, controlling for sex, socioeconomic status, dietary choices, home environments, etc… Perhaps we might find the same answers that the investigators at the University of Pittsburgh found when they did this small study exposing macaque newborns to hepatitis B vaccine.

> *"Infants were tested daily for acquisition of nine survival, motor, and sensorimotor reflexes. In exposed animals there was a significant delay in the acquisition of root, snout, and suck reflexes, compared with unexposed animals. No neonatal responses were significantly delayed in unexposed animals."* [8]

"Or, we might find out why the US has 1 in 6 children with neurological disabilities, and 1 in 50 children with autism, many of whom have behavioral and motor problems. It seems the medical and governmental authorities remain unwilling to see the elephant in the room.[9,10]

"Nonetheless, regardless of whether the inflammation produced in human infants secondary to vaccines is fleeting or not, this study hints at the potential for

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incidental association of the vaccine with early pregnancy loss."

Who is blowing air into this trumpet? I think we know.

To this day, I remain appalled at the double-speak on the part of the CDC around this intervention that has been conclusively found to be ineffective and dangerous in the general population and is grossly understudied in the pregnant population. Here are some tidbits about vaccinating for influenza:

- As Dr. Lawrence Palevsky, an enlightened pediatrician, discusses in his writings and patient education, we are awash in viruses and bacteria. Exposure does not equal infection. Presumption that 4 strains (the three chosen for the vaccine and the H1N1) are worthy of specific action is not based in evidence, nor common sense.
- Incidence of flu at the population level is grossly inflated as a fear-mongering tactic. When patients present with flu-like symptoms, they are rarely diagnostically confirmed as being Influenza type A or type B, and the vast majority of the time, may be neither. A brilliant 7 year old assessment by Ayoub and Yazbak states:

"In general, most symptoms of the "flu" are not caused by influenza virus but by a variety of noninfluenza viruses, bacteria, other infectious organisms, or even noninfectious conditions. According to the CDC, only about 20% of the cases of ILI are actually caused by the influenza virus. If this is true, then theoretically only 20% of all cases of ILI are preventable by influenza vaccination, and only when there is a perfect antigenic match between the vaccine strain and the circulating virus. Furthermore, even a perfect antigenic match does not guarantee an adequate antibody titer, nor does measurable antibody assure protection."

…only 20% of all cases of ILI are preventable by influenza vaccination, and only when there is a perfect antigenic match between the vaccine strain and the circulating virus.

- A Cochrane analysis of 50 studies (15 of which were industry funded) demonstrated that in the likely event that the included strains did not match circulating virus, there was a 2% incidence in the unvaccinated vs a 1% incidence in the vaccinated population of presumed influenza. There was no effect of vaccination on hospitalizations or complications. This review also discusses concerning signal for incidence of Guillain-Barre Syndrome (autoimmune paralysis).
- Pregnant patients are not at higher risk, do not die more frequently or suffer more complications from influenza. Ayoub and Yazbak dispute the two non-rigorous studies that are the basis for the claim that pregnant women suffer impaired immunity. Additionally, based on this study of 250,000 pregnant women in Australia and New Zealand, only 0.03% were admitted to the ICU for H1N1 complications and there is suspicion that obesity was the underlying driver of these complications.
- Analysis of CDC statistics reveals that there is 0-1 death per year of identified influenza in reproductive age women from 1997-2002. By comparison, vaccine-induced Guillain-Barre incidence is estimated at 20-40 annually.
- Documented risks of vaccination as sanctioned by a neat little government table include vasculitis, seizure, encephalomyelitis, facial palsy, facial paresis, Guillain-Barré syndrome, hypoesthesia, myelitis, neuritis, neuropathy, paresthesia.
- Common side effects include symptoms like fatigue, fever, body and headaches (aka… the flu!) In the pregnant population, the largest conducted assessment of 49, 585 pregnant women in the Kaiser Permanente Healthcare System over 5 flu seasons demonstrated that no deaths occurred from influenza in the vaccinated or unvaccinated population, and that even in an "at risk" asthma subpopulation, vaccination did nothing to minimize hospitalizations, as the only admissions (0.018%) were for pneumonia. Two wonderful posts on this subject explore the applicability of this study to decision-making for the pregnant woman—Aviva Romm MD, holistic women's health practitioner and Jennifer Margulis PhD, investigative journalist and women's health advocate.

So, if we do not know true incidence because we are lumping pneumonia with presumed influenza and typically confirming neither by standardized diagnosis, we have evidence of inefficacy through Cochrane, through Kaiser, and even here at the Lancet where they admit that efficacy was "moderate", "variable", "reduced", or "absent" depending on the season, then at what cost are we administering this intervention?

Well, I'm just going to go ahead and assume that if there were even a one in a billion chance of life long paralysis or death, most people would take their chances with a week of the flu instead. And these are obvious adverse events.

Perhaps the most concerning study I came across implicated the influenza vaccination in a strong inflammatory response in the pregnant woman. Here, the investigators identified significantly elevated CRP two days after vaccination and a similar (but non-significant) pattern for TNF-alpha. They address the notion of vulnerable subgroups as being more important than generalizable findings.

For example, the most depressed women at the time of vaccination exhibited an increased inflammatory response to vaccination—suggestive of inflammatory priming by the depressed state or an impairment of the inflammatory attenuation that is typical of a pregnant state. I study and lecture nationally about the inflammatory underpinnings of antepartum and postpartum mood and anxiety disorders. Inflammation in pregnancy is something I am not interested in actively promoting. If a woman's real risk of developing severe flu is vanishingly remote, comparing that to active exposure to a CRP and IL6 elevating injection approximates malpractice.

This immune activation has been implicated, not only in development of postpartum depression, but in abnormal child behavioral development including autism and schizophrenia. IL6, the very cytokine that was specifically raised by the flu vaccine, is the one that has been implicated in rodents in abnormal behavior in offspring. In this study, the H1N1 vaccine (a popular version since 2009) was found to induce oxidative stress (the driving force behind every chronic disease we now struggle with as a population).

In a study by Munoz et al intended to affirm the safety record of influenza vaccines in the pregnant population, careful review of the results indicates that infants who died after birth were not included in the statistical analysis that determined there was no risk to offspring, and vaccinated women suffered higher rates of preeclampsia, gestational diabetes, and hypertension (all inflammatory in nature).

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Maternal infections may promote a similar (or worse depending on biochemical individuality) inflammatory response and have been associated with the development of schizophrenia and cerebral palsy in children exposed in utero, but if the vaccine is not only ineffective at preventing infection, but promotes its own inflammatory response, and potentially other acute and long-term adverse effects, what are we doing here?

Because the benefits of influenza vaccination during pregnancy appear lacking, a safety-benefit analysis should not tolerate any risk to vaccine recipients or their offspring, even at a theoretical level.

As Ayoub and Yazbak conclude: ***"Because the benefits of influenza vaccination during pregnancy appear lacking, a safety-benefit analysis should not tolerate any risk to vaccine recipients or their offspring, even at a theoretical level."***

I couldn't agree more.

A red flag was also raised for me, this past flu season when I received a Department of Health advisory in my inbox that stated that pregnant woman may be given thimerosol containing immunizations in the setting of a thimerosol-free vaccine shortage. Tough to make sense of the prohibition of tuna, but the injection of 25 mcg of ethylmercury (the EPA's allowable limit is 0.1ug/kg/day which is far exceeded by this amount in an average weight female) into the tissue of a woman growing a fetus. Especially when the only primate study that has ever been done on vaccines demonstrates that injection of neonates with thimerosol resulted in definitive abnormal neurodevelopment in these animals.

Mercury has been dubbed the most toxic element on the face of the earth. Any agency that sanctions its active delivery to the most vulnerable in our race is not one I plan to follow blindly. I encourage my patients to do their own homework on all of the exposures that their bodies encounter. My homework on this one left me thrilled that I know of other ways to promote immunity and resilience, and have never had the flu in my life despite more than 13 years of hospital exposure and 4 years of parenting. Sleep, stress-management, whole, colorful, and fermented foods, garlic, ginger, vitamin C, sunshine (or NYer's sunshine – vitamin D3), a high quality multivitamin/mineral to compensate for any nutrients lost in transit and used up in managing toxic exposures. There's a better way.

This better way embraces periodic sickness as part of comprehensive wellness. The only way to truly protect ourselves and our infants is through natural immunity bolstered by wild-type exposure in the community. Once you have a particular flu strain, when it comes around again, you will be uniquely protected, and you will pass on this protection to your newborn. There is no replacement for this. We cannot outsource our health to pharmaceutical companies. They just don't know what health is.

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Note: We appreciate the author's kind permission in allowing us to reprint this article. For further insight, the online version of the article provides many links to authors and articles concerned about this issue and can be viewed at The Thinking Moms Revolution blog: http://thinkingmomsrevolution.com/featured-guest-blog-your-body-your-baby-their-flu/

Read Dr. Brogan's articles at Holistic Women's Health Psychiatry at: www.kellybroganmd.com

As an undergraduate at M.I.T, Dr. Brogan studied Cognitive Neuroscience and worked with Harvard undergraduates to create a public forum for the discussion of alternative medicine, directing conferences for the Hippocratic Society. and psychiatry led her to pursue a fellowship in Consultation Liaison/Psychosomatic Medicine at NYU/Bellevue/VA Hospital. Since that time, she remains on the faculty at NYU/Bellevue/VA Hospital and has focused her efforts on her private practice where she cares for patients with medical illnesses, as well as women at all stages of their reproductive life cycle. A passion for holistic living, environmental medicine, and nutrition are the bedrock of her functional medicine practice. She has published in the field of Psycho-Oncology, Women's Health, Perinatal Mental Health, Alternative Medicine, and Infectious Disease. She is Board Certified in Psychiatry, Psychosomatic Medicine, as well as Board Certified in Integrative and Holistic Medicine. Her website is www.kellybroganmd.com. √

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even a short-lived occurrence of inflammation to be enough to promote human behavior problems and motor coordination problems later on in life. The mechanism for how inflammation may derail optimal brain development has been disclosed, in this study. [2] Vaccines, therefore, may contribute to the derailment of optimal brain development by eliciting an inflammatory response that stops brain cells from accessing iron needed to perform a critical role in brain development. This derailment of optimal brain development then forever alters the potential of each affected human to develop normally. [1]

"This study [2] says it clearly, the results of which have big implications for parents who are in any way worried about their children developing brain inflammation from vaccines, no matter the age of their children. I will lay it out even more clearly. [1]

"Inflammation stops cells from accessing iron for brain development by interrupting and derailing proper brain myelination. Proper brain myelination is needed for optimal brain development. Optimal brain development is compromised in the presence of inflammation, even if it is fleeting. The presence of inflammation, at critical times of brain development, is linked to later behavioral and motor problems in children. Children in the US are being increasingly diagnosed with behavioral and motor problems. Children in the US are the most vaccinated children in the world. And, vaccinations are one of the major contributors to the promotion of inflammation affecting the brain, among other parts of the body. In all likelihood, the presence of brain inflammation, induced by vaccinations, is largely responsible for the relatively permanent neurological problems we are seeing in small children and adults, today." [1]

Note: Dr. Palevsky's Holistic Child Health Newsletter is a 'must read' for all parents concerned about their children's health. It is a reliable source of cutting edge information on the toxic challenges faced by children today and offers natural solutions in our quest to protect their health. Subscribe here: http://www.drpalevsky.com/

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Brain Inflammation cont. from page 11

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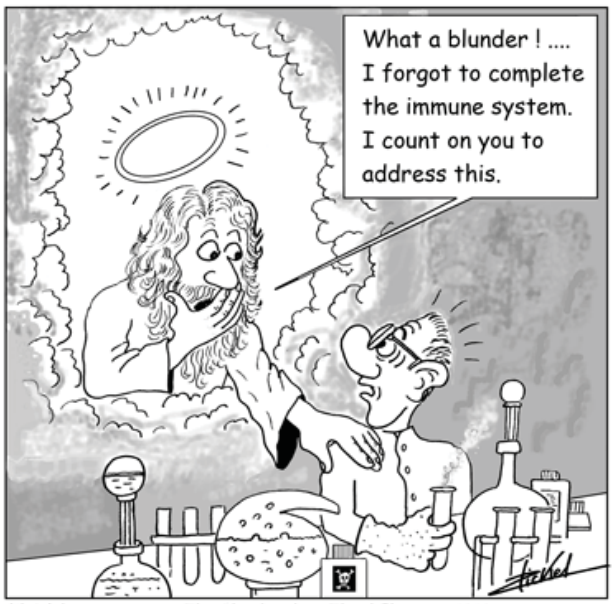
Yeast in Vaccines Tied to Autoimmune Diseases

by Heidi Stevenson

Yeast is associated with the staff of life, bread—not to mention being the basis of pleasure-inducing beer. So why should we be concerned about its presence in a large number of vaccines? A new study reveals that injecting yeast may be the cause of the autoimmune disease epidemic, which is devastating the lives of millions.

It's well-recognized that the incidence of autoimmune diseases has been rising at an enormous rate. A new study indicates that a significant factor in causing them may be the common bakers or brewers yeast, *Saccharomyces cerevisiae*[1] used in many vaccinations, including HepB, which is given to nearly all newborn babies in the United States before they're a day old.

The specific part of *S. cerevisiae* that's of concern is mannan, which is found in the cell walls of yeasts and also in mammalian glycoproteins. These glycoproteins are found in cell walls, connective tissues like collagen, gastrointestinal mucous secretions, and blood plasma. They perform many functions. Obviously, if the immune system goes on the attack against mannan, it can be devastating. Yet, that appears to be happening in many autoimmune diseases.



(1) Béchamp, Antoine, The Blood and its Third Element [1912]

These diseases happen when the body's own defense system turns on itself, resulting in life-eroding conditions like rheumatoid arthritis, Crohn's disease, inflammatory bowel disease, systemic lupus erythematosus, anti-phospholipid syndrome, multiple sclerosis, diabetes mellitus type 1, and even heart disease.

The Centers for Disease Control (CDC) has no doubt about the increase in autoimmune diseases[2] and the National Institutes of Health (NIH) has produced a nice document outlining their approach to dealing with it. The "Autoimmune Diseases Research Plan"[3] discusses their approach to dealing with the issue, including the type of research they're supporting. Nowhere is there any indication that vaccinations are being considered as a potential cause.

Of course, if you don't look for it, you are not likely to find it. Clearly, the CDC is not promoting a genuine investigation into finding the causes of autoimmune disorders, as they're willing to consider anything and everything … **except that elephant in the room named vaccination.** As is the case with autism, the primary focus is on genetics, with environment also considered—as long as the term environment doesn't include vaccines. As with autism, that focus completely ignores the outright absurdity of blaming genetics for new non-infectious disease phenomena.

How Can Yeast Cause Such Terrible Diseases?

Yeast is, of course, used to make bread rise and create the alcohol in beer. So how can it suddenly turn into an enemy? The answer is in how it enters the body, and what enters with it. The purpose of a vaccine is to create a localized storm in the immune system so that it will respond to a co-injected substance, which may be a weakened microbe or a small bit of a microbe, by creating antibodies to it.

An irritant, called an adjuvant, is what causes the immune system storm, and the microbe is called an antigen. The catch is that other substances injected with the antigen and adjuvant may also be seen as antigens. If one of those substances is similar to something that naturally exists in the body, then the immune system may create antibodies to part of its own body, creating an autoimmune disease.

Parts of the mannan in yeast are similar or identical to parts of the human body. So *S. cerevisiae*—yeast—used in vaccines has the potential of causing autoimmune disorders. In fact, *S. cerevisiae* is used in a variety of ways in vaccines. It is, when used whole, a potent adjuvant[4]. On top of that, genetic manipulation is now being used on it to create artificial antibodies[4], so *S. cerevisiae* is becoming more common in vaccines.

Yeast in Vaccines cont. on page 13

Yeast in Vaccines cont. from page 12

Autoantibodies of *S. cerevisiae*

The researchers who focused on autoimmune aspects of S. cerevisiae (yeast) found significant correlations between yeast's mannan and known autoimmune antigens in several autoimmune diseases. They found close and, in some instances, exact matches of the genetic sequences. For example, in the case of rheumatoid arthritis, the percent found to match were:

Rheumatoid arthritis
- Rheumatoid factor: 60%
- Bip/GRP78: 71%
- gp130-RAPS: 80%
- EIF4G1: 88%
- Anti-citrullinated collagen type 2: 100%

Not only were there significant sequence matches with four known rheumatoid arthritis auto-antigens, there was a perfect match with one.

In other conditions, they found:

Lupus erythematosus
- SmN: 53%
- SSA (Ro): 60%
- snRNP-SmD3: 64%
- SSB (La): 69%
- U2 snRNP B": 83%

Heart disease
- P-selectin (protein on surface of blood vessels & platelets): 80%
- Myosin (involved with muscle contraction): 88%
- Intercellular adhesion molecule-1 (inflammatory response molecules): 100%

Anti-phospholipid syndrome
- β2-Glycoprotein-1 precursor: 56%
- Annexin A5: 63%
- Anti-CL/β-2GPI Ig light chain variable region: 73%

AIDs-associated antigens
- Thyroglubulin: 52%
- GAD65: 57%
- Zinc transporter 8: 57%
- Transglutaminase: 60%
- Thyroid peroxidase: 71%
- Soluble liver/pancreas antigen: 80%
- Calprotectin (protein S100-A8): 100%

Sclerosis-associated antigens
- Major centromere autoantigen B: 57%
- RNA polymerase III: 67%
- U3-snRNP fibrillarin: 75%
- U3-snRNP MPP10: 75%
- hU3-55kDA: 86%
- Nucleophosmin B23: 88%

A perfect match with a molecule may not be necessary to result in an autoimmune response, so percentages of less than 100% may not indicate lack of an autoimmune response. However, the closer the match between a molecule and an antigen, the more likely it is that an autoimmune response will occur.

Although you may not generally think of heart disease as an autoimmune disorder, certain forms of it, such as rheumatic heart disease, are known to be—and as this study seems to indicate, others may be, too.

Vaccines containing *S. cerevisiae*	Extract	Protein
DTaP-HepB-IPV (Pediatrix)		✓
Hib/Hep B (Comvax)		✓
Hep B (Engerix-B)		✓
Hep B (Recombivax)		✓
HepA/HepB (Twinrix)		✓
Meningococcal (Menveo)	✓	
Pneumococcal (Prevnar)	✓	
Pneumococcal (Prevnar13)	✓	
Typhoid (oral Ty21a)	✓	
HPV (Gardisil)	✓	

Table 1 Vaccines containing *S. cerevisiae* as an adjuvant

Vaccine Risks

It should be noted that anti-phospholipid syndrome was originally associated with the tetanus vaccine. Referring to the Table 1, which was provided by the study, you can see that the first vaccine listed is DTaP. The T stands for tetanus.

Do we know for certain that vaccinations containing *S. cerevisiae* cause these autoimmune diseases? No, we don't. However, we now have information that strongly links yeast-containing vaccines to autoimmune disorders—and we have absolutely nothing to suggest that they don't cause them.

In fact, not only do we now have the strong association between *S. cerevisiae* auto-antibodies and mannan-containing proteins, we also have a history of increasing rates of autoimmune disorders that, at a casual look, can be seen to correlate with the expanding vaccination schedules in countries around the world.

Autoimmune disorders are devastating our health and a huge percentage of us suffer from a severely diminished quality of life. These disorders aren't happening because of genetic defects, and to suggest that they are is an insult to our intelligence—though that seems to be the goal of our health agencies.

The cost to us as individuals and as a society is enormous. Surely it's past time to take a serious and honest look at vaccine risks, including the use of yeast as an ingredient.

Instead, we have a mad rush to create ever-more yeast-related vaccines, because modern recombinant DNA technologies have made it so much easier, faster, and cheaper to produce them. Unfortunately, though, to step back and apply the precautionary principle isn't profitable. So, you can expect to see more and more of them, no matter how much harm they produce.

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VRAN appreciates the author's kind permission in allowing us to reprint this article first posted on the Gaia Health website: http://gaia-health.com/gaia-blog/2013-07-20/vaccine-yeast-tied-to-autoimmune-diseases/

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Vitamin C, Shingles, and Vaccination

By Thomas E. Levy, MD, JD

August 27, 2013 - The pharmaceutical industry, and many doctors, appear to be making great efforts by to get as many people as possible vaccinated against shingles. Even if such an intervention was highly effective in preventing shingles, which certainly has not been shown to be the case, the information below should make it clear that such vaccinations are unnecessary. The side effects that would be suffered by a significant number of individuals need never occur in the first place. The real problem is that what is discussed below generates relatively little income for anybody in the healthcare industry. Regardless, you need to decide for yourself.

Shingles is an infection resulting from the varicella zoster virus, usually manifesting in areas supplied by spinal nerves, known as dermatomes. More commonly known in medical circles as Herpes zoster, the infection is typically characterized by a blistering skin rash of extraordinary pain for most individuals. The initial infection with the virus is usually remote from the shingles outbreak, typically occurring in childhood when chickenpox is contracted. For years the virus remains latent in nerve cell bodies or autonomic ganglia. It is when the virus, for unclear reasons, breaks out of these storage sites and travels down the nerve axons that shingles occurs.

Left to itself along with mainstream therapies that include analgesics, antiviral agents like acyclovir, and corticosteroids, the rash will generally resolve in two to four weeks. The pain is generally lessened little by analgesics. Some unfortunate individuals can experience postherpetic neuralgia, a syndrome of residual nerve pain that can continue for months or years following a shingles outbreak.

Treatment of Shingles with Vitamin C

The clinical response of shingles to vitamin C therapy is decidedly different from its response to traditional therapies. While there are not many reports in the literature on vitamin C and shingles, the studies that do exist are striking. Frederick Klenner, MD, who pioneered the effective use of vitamin C in a wide variety of infections and toxin exposures, published the results of his vitamin C therapy on eight patients with shingles. He gave 2,000 to 3,000 mg of vitamin C by injection every 12 hours, supplemented by 1,000 mg in fruit juice by mouth every two hours. In seven of the eight patients treated in this manner, complete pain relief was reported within two hours of the first vitamin C injection. All patients received a total of five to seven vitamin C injections. Having had shingles myself years before I knew of the efficacy of vitamin C therapy, I can assert that this is nothing short of a stunning result on what is usually a painful and debilitating disease.

Furthermore, the blisters on Dr. Klenner's patients were reported to begin healing rapidly, with complete resolution within the first 72 hours. As with other infectious conditions, Dr. Klenner hastened to add that treatment needed to continue for at least 72 hours, as recurrence could readily occur even when the initial response was positive. Dr. Klenner also found a similar regimen of vitamin C just as readily resolved the blistering lesions of chickenpox, with the recoveries usually complete in three to four days. Similar clinical response by chickenpox and shingles to vitamin C is further evidence, albeit indirect, that the chickenpox virus and the later appearing Herpes zoster virus are the same pathogen (Klenner, 1949 & 1974).

Even before Dr. Klenner's observations were published, another researcher reported results just as astounding when measured against today's mainstream therapies. Dainow (1943) reported success with 14 shingles patients receiving vitamin C injections. In another study, complete resolution of shingles outbreaks was reported in 327 of 327 patients receiving vitamin C injections within the first 72 hours (Zureick, 1950). While all of this data on vitamin C and shingles is quite old, there is an internal consistency among the report in how the patients responded. Until further clinical trials are conducted, these results stand. They clearly show that vitamin C should be an integral part of any therapeutic approach used on a patient presenting with shingles.

Vitamin C and Viruses

Vitamin C has a general virus-inactivating effect, with herpes viruses being only one of many types of virus that vitamin C has neutralized in the test tube or has eradicated in an infected person (Levy, 2002). As with the inactivation seen with other viruses mixed with vitamin C in the test tube (in vitro), two early studies were consistent with the clinical results later seen with vitamin C in herpes infections. Vitamin C inactivated herpes viruses when mixed with them in the test tube (Holden and Resnick, 1936; Holden and Molloy, 1937).

The most important factor in the treatment of any virus with vitamin C is to give enough, for a long enough period of time. Certain chronic viral syndromes do not promptly resolve with vitamin C administration, but there is yet to be an acute viral syndrome that vitamin C cannot resolve promptly, unless the patient already has extensive tissue/organ damage and is literally only moments away from death.

Vitamin C therapy can never be considered a failure in an acute viral syndrome until multiple forms have been used in large doses together. While a majority of acute viral syndromes will rapidly resolve with properly-dosed vitamin C of any kind, resistant cases need to be subjected to a multi-pronged approach to vitamin C administration. Such a regimen can include, but not necessarily be limited to:

1. 1,000 to 5,000 milligrams of liposome-encapsulated vitamin C orally daily
2. Bowel tolerance doses of vitamin C as sodium ascorbate orally daily
3. 1,000 to 3,000 mg daily of fat-soluble ascorbyl palmitate orally daily
4. Intravenous vitamin C, 25,000 to 150,000 mg per infusion, depending on body size, as frequently as daily, depending on the severity of the infection

Vitamin C accumulating inside viral particles can rapidly destroy viruses by that approach. The spike of the bacteriophage virus is laden with iron, and the focal Fenton reaction is probably how it penetrates its host cell membrane (Bartual et al., 2010; Yamashita et al., 2011; Browning et al., 2012). Viruses accumulate iron and copper, and these metals are also part of the surfaces of viruses (Samuni et al., 1983). As such, wherever the concentrations are the highest, vitamin C will focally upregulate the Fenton reaction, and irreversible viral damage will generally ensue. Fenton activity and its upregulation is the only really well-documented way by which viruses, pathogens, and also cancer cells can be killed by vitamin C, and it is the stimulation of this reaction by vitamin C that makes it therapeutically effective in resolving many infections and cancers (Vilcheze et al., 2013).

Vitamin C helps resolve infections of

Vitamin C cont. on page 15

Vitamin C cont. from page 14
all varieties, but its effect on acute viral syndromes are especially dramatic and prompt, and it should always be part of any treatment protocol for an infected patient.

(Dr. Thomas Levy is a board-certified cardiologist as well as an attorney. He is the author of several books, including Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins.)

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Gardasil: The Worst Thing That Ever Happened to Me

By Julie Davidson, Fort Worth Texas

My name is Julie and I am 26 years old. I have remained fairly quiet since being vaccinated by Gardasil because talking about the damage it has done is very difficult. The pain inside that it has caused is so extreme that it has been easier for me to try to forget Gardasil ever existed. For the past two years, I have tried to pretend that my life was not stolen from me and to forget that I was poisoned. Unfortunately, I can't forget because every day I am reminded when I wake up that I am living a real-life nightmare. I have chosen to speak out because every day I learn of another girl suffering unexplainable health problems. Her diagnosis is to be told she is crazy or that there is no way to help her. What is the link between me and thousands of these girls? Gardasil.

I see a stranger when I look back to the girl I was before Gardasil. This vaccination literally changed my life in every single way possible. In some ways, I'm glad that I'm not that same girl. I now have more appreciation for those who deal with debilitating health issues. Instead of passing by someone in a wheelchair without a second thought, I say hello and then I cry. I cry because I know the struggles they go through, and I cry because I know how few others show that they care. I have learned who my true family and friends are. I have also learned the value of researching the truth and not instinctively trusting medicine. Mostly, I have learned the true value of health because without it we have nothing. Other than those few things, I am extremely saddened that the girl I used to be was stolen from me. I was once a very healthy and active girl, full of energy. I was a personal trainer and loved all things associated with health and fitness. I yearned to do anything outdoors and all that is adventurous. I was a free spirit who craved the beauty of life in every way. At the age of 23, I had many dreams and was excited for the future.

Gardasil Plus Tetanus Recommended While Battling a Sinus Infection - Why Did I Listen to My Doctor?

On March 26, 2011, still at age 23, I went to the doctor for a sinus infection. At that time, he thought it would be wise to give me the Gardasil and Tetanus vaccine. Immediately afterwards, I had my regrets because I felt strange, and I realized it did not make sense to get vaccinated while my immune system was already busy fighting a sinus infection. I remember calling my mom, scared and crying, that something bad had happened—I guess my intuition was right. In the days following the shots, I developed extreme fatigue. It became difficult to perform daily tasks. I was lightheaded all of the time and blacked out often. I also developed pelvic pain, nausea, vomiting, loss of appetite and a 30lb weight loss within two months. It became difficult for me to perform well at my job as a personal trainer because I constantly felt like I had the flu. I called in to work sick often because I thought that I actually was battling something like the flu. By July, things escalated very quickly. I had severe chest pain that shot all the way down my left arm and heart arrhythmias. I had three episodes where my whole body tingled and went numb. By this point, I knew I had something serious, but I could have never imagined how serious it was going to get.

Post Gardasil Paralysis and Central Nervous System Damage

August 6th, 2011 I woke up in bed and went to stand up…and I fell to the ground. On the ground, I realized I was unable to move my left leg. A few days later, the same thing happened to my right leg. Both of my legs were paralyzed and I was unable to stand or walk. I was admitted to the hospital where I stayed for 10 days. I was tested in every way imaginable with two spinal taps, CT scans, MRIs of the brain and spine, an echocardiogram, an abdominal scan and tons of blood work. Doctors were unsure what I had—so I was treated with a high dose of steroids and then sent home in no better condition than when I arrived. By September, I woke up unable to move anything below my head—besides my right arm. I was paralyzed from the neck down. We went to another emergency room where I stayed for a week. I went through more extensive testing and was

Gardasil cont. on page 16

Gardasil cont. from page 15
once again told by doctors that they did not know what I had. They set me up as an outpatient with a neuromuscular specialist and discharged me again in no better condition than when I arrived.

This was the beginning of my two year journey with specialists. I have now seen countless neurologists, a neuromuscular specialist, multiple rheumatologists, an infectious disease specialist, a neuroimmunologist and a neurophysiologist. The only discoveries so far have been a positive Rheumatoid Factor, positive ANA Titer, elevated SED rate and elevated CK—all tests pointing to inflammation in my body and that my immune system is not functioning correctly. In addition to these positive tests, I also was diagnosed with an overactive sphincter. Why would a once healthy 23 year old all of the sudden develop an overactive bladder along with unexplainable neurological problems if there was no root cause?

The rheumatologists and neurologists bounced me back and forth to each other for quite a while—each specialty claiming the other specialty would be more capable of diagnosing. Finally, I had a rheumatologist and a neurophysiologist work together to try and help me. The neurophysiologist and rheumatologist suspected transverse myelitis based on examination and my symptoms that showed an upper motor neuron problem. They explained that the inflammation that shows on my tests is most likely coming from damage to my brain and/or spinal cord. I was told there is nothing to do about this except time. To this day, none of my damage or symptoms can be explained.

The Array of Symptoms Post Gardasil

My symptoms since the Gardasil vaccination are: Paralysis, gait disturbances, paresthesia, hypersensitivity to sound and touch, whole-body shakes, tremors, stiffness and pain in joints, feet and hands turning purple and blue, adrenal insufficiency, endocrine problems, weight loss, nausea, vomiting, hyperventilation, uncontrollable laughing or crying, low blood sugar, sensitivity to smell and chemicals, hot/cold intolerance, loss of appetite, pelvic pain, overactive bladder, chest pain, chest palpitations, shortness of breath, swollen glands, memory loss and memory gaps, confusion, hair loss, lightheadedness, blackouts, and a fatigue so extreme that it is hard to do simple daily tasks.

I chose to share my story after two years because I can no longer sit back and watch beautiful lives be destroyed by something that was meant to protect.

My physical symptoms have been tough to deal with, but the emotional and mental turmoil that all of this has put me through has been even harder to deal with. The once free spirit is now afraid of life. I'm afraid that if I drive, I may fall asleep at the wheel because of how confused and fatigued I can get. I'm also afraid to drive or be alone because my legs may stop working. I'm afraid of going to any social events or traveling because of germs. I get sick at a minimum of once a month with a cold or virus, and every time I get sick it sets my progress back at least a month. I was once very independent, but I am now completely dependent on my husband. I was once full of energy but now I fatigue taking a shower. The girl who once craved adventure and anything outdoors is now afraid to go outside due to newly developed severe allergies. When I get allergies, it flares up my already overactive immune system, and all of my symptoms come on stronger.

That is not even the most painful part. The most difficult and painful thing to deal with is to think about all of the things I could be doing with my life if I were not ill. Maybe I would have finished school, started my own personal training business, or even started a family with my husband. I watch everyone else live out their lives while I sit at home sick every day. Some people are making their dreams come true, and, unfortunately, some are wasting the precious gift they were given. I crave life every day, but I am unable to live it right now because of how fatigued and weak I am. Gardasil has placed me in a jail inside my own body. I no longer dream of the future because I don't know if my body will ever allow me to make those dreams come true.

But You Don't Look Sick

As I fight to get better, I can't count how many times I have been told that I don't look sick. I just choose to not show the ugly side of the illness to most. I can assure you that I suffer daily along with thousands of other girls. We are alone because we are not understood. We all suffer in silence because we are told that we do not look sick, that there is no way to help, it's in our heads, or we come across those that don't even want to hear or believe us because we do not have a "label" to our illness. I, along with many others, have lost friendships during the time I needed friends the most. Some family relationships have even become strained due to lack of understanding. Those I have met after I got sick will never know the real me trapped under illness. My husband has not even gotten to experience life with the woman he knows he married. He spends his days taking care of me instead of living newlywed bliss. Gardasil stole that from us.

Trying to Heal Post Gardasil

Today I eat, breath and sleep focused on trying to heal. I live in a bubble to make sure that nothing sets me back from my progress so that one day I may have a future. The only type of specialist that has helped me practices natural and functional medicine. My strict diet and supplement program has helped me to walk again after two years in a wheelchair, but I still struggle with many symptoms daily. In January of 2014, I plan to work with a Homeopath to detox the vaccine out of my system with CEASE therapy.

I chose to share my story after two years because I can no longer sit back and watch beautiful lives be destroyed by something that was meant to protect. I can only hope and pray that all of this happened to me for a reason. If my story has not convinced you or someone else against the shot, I hope at least I have convinced you to do more research before making that choice. The research will speak for itself. My story is my reality because I was not warned and I did not research. I hope and pray that this story finds you in time to protect yourself or your loved ones from the Gardasil vaccination

Note: Adverse events experienced after HPV vaccines have brought the issue of vaccine safety to the forefront around the world. We appreciate Sanevax's dedication to publishing accounts of health injuries following HPV vaccines: http://sanevax.org/gardasil-worst-thing-ever-happened/ √

When Vaccine Ingredients Cross the Blood Brain Barrier—A Formula for Disaster

Compiled by VRAN

As of June, 2013, 30,352 adverse reactions to HPV vaccines Gardasil and Cervarix have been reported to VAERS, the U.S. vaccine adverse events reporting system. Adverse reactions include 10,557 ER visits, 6,032 who failed to recover, 952 disabled, 64 cases of cervical cancer and 140 deaths. Consider this the tip of the iceberg as only 1 to 10% of vaccine reactions and injuries are reported to the U.S. government data base. Canada has no comparable vaccine reaction and injury data base that is accessible to the public. [1]

HPV Vaccine VAERS Reports up to June 2013

Description	Total
Deaths	140
Disabled	952
Did not recover	6,032
Abnormal pap smear	531
Cervical dysplasia	214
Cervical cancer	64
Life-threatening	562
ER visit	10,557
Hospitalized	3,065
Extended hospital stay	234
Serious	4,091
Adverse events	30,352

As noted by NVIC (National Vaccine Information Center), "After Gardasil was licensed and three doses recommended for 11-12 year old girls and teenagers, there were thousands of reports of sudden collapse with unconsciousness within 24 hours, seizures, muscle pain and weakness, disabling fatigue, Guillain Barre Syndrome (GBS), facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems, including death, following receipt of Gardasil vaccine." [2]

In his August 2013 Holistic Child Health Newsletter, Dr. Lawrence Palevsky's reports that, "Two of the known major ingredients in the HPV vaccine are aluminum and polysorbate-80 (also known as 'Tween 80'). Aluminum is a neurotoxin and a cellular toxin, and binds pretty tightly to polysorbate 80, Polysorbate 80 is an emulsifier and, as such, can enter any cell membrane because of its lipid moiety, regardless of the condition of the cell membranes." [4]

Each 0.5 ml. vial of Gardasil vaccine contains 50 micrograms(mcg) of polysorbate 80, 225 mcg of aluminum hydrosyphosphate sulphate, 35 mcg of sodium borate and 0.78 mg of L-histidine along with 4 types of human papilloma virus-like particles as disclosed in page 21 of the vaccine product monograph. [5]

"Pharmaceutical companies utilize polysorbate-80 in their drug manufacturing to help with the transmission of pharmaceuticals across the blood brain barrier, BBB, writes Dr. Palvesky. They understand how protective the BBB is against allowing blood contents to enter the brain, and have found a way to bypass the BBB to enhance drug entry into the brain by attaching the drugs to nano-particles of polysorbate-80. [4,6,7]

"With aluminum and polysorbate-80 tightly bound in the HPV vaccine, and able to pass freely into the brain across the BBB, regardless of the state of health of the BBB, this can explain some of the fainting, seizures, and neurological sequelae that have been reported in teenage girls after they have received the HPV vaccine." [4]

Canadian neuroscientists Lucija Tomljenovic, PhD and Chris Shaw have published a number of papers in which they raise concerns about the health risks posed by HPV vaccines. They worry that the vaccine may trigger fatal autoimmune or neurological events in some cases. "The rationale behind current worldwide human papilloma virus (HPV) vaccination programs starts from two basic premises, 1) that HPV vaccines will prevent cervical cancers and save lives and, 2) have no risk of serious side effects." They note that, "Careful analysis of HPV vaccine pre- and post-licensure data shows however that these premises are at odds with factual evidence and are largely derived from significant misinterpretation of available data. Compared to all other vaccines in the U.S. vaccination schedule, Gardasil alone is associated with 61% of all serious adverse reactions (including 63.8% of all deaths and 81.2% cases of permanent disability) in females younger than 30 years of age." [3] Since the same HPV vaccines are used in Canada, we can assume the rate of reactions and injuries is comparable. [3]

Death Following Gardasil Vaccine

Drs. Chris Shaw and Lucija Tomljenovic's recent paper on the deaths of two young women following Gardasil vaccine found evidence of "*an autoimmune vasculitis potentially triggered by the cross-reactive HPV-16L1 antibodies binding to the wall of cerebral blood vessels in all examined brain samples.*" Both young women were under age twenty and suffered cerebral vasculitis-type symptoms following vaccination. [7]

Symptoms in one woman included unexplained fatigue, muscle weakness, tachycardia, chest pain, tingling in extremities, irritability, mental confusion and periods of amnesia (memory lapses), while the other suffered severe migraines, speech problems, dizziness, weakness, inability to walk, depressed consciousness, confusion, amnesia and vomiting 14 days after receiving her first Gardasi injection. [7]

Using a new immunohistochemical (IHC) protocol they developed, Shaw and Tomljenovic discovered the presence of HPV-16-L1 particles within the blood vessels of the brain (cerebral vasculature) with some of these particles adhering to the blood vessel walls. Theoretically, these antigens should not have crossed the blood brain barrier (BBB) and represent the equivalent of a Gardasil fingerprint.[7, 8]

The authors conclude, "***Our study suggests that HPV vaccines containing HPV-16L1 antigens pose an inherent risk for triggering potentially fatal***

Vaccine Ingredients cont. on page 18

Vaccine Ingredients cont. from page 17

autoimmune vasculopathies. *Cerebral vasculitis is a serious disease which typically results in fatal outcomes when undiagnosed and left untreated.*[8]

"The fact that many of the symptoms reported to vaccine safety surveillance databases following HPV vaccination are indicative of cerebral vasculitis, but are unrecognized as such (i.e., intense persistent migraines, syncope, seizures, tremors and tingling, myalgia, locomotor abnormalities, psychotic symptoms and cognitive deficits), is a serious concern in light of the present findings. ***It thus appears that in some cases vaccination may be the triggering factor of fatal autoimmune/neurological events. Physicians should be aware of this association."*** [8]

Continuing in his August 2013 newsletter, Dr. Palevsky writes, "**The polysorbate-80 has free reign to pass through the cell membranes of any of the cells in the body, not just in the brain, and can take with it anything that is fat soluble in the vaccines, or anything in the blood that is fat soluble that can attach itself to the polysorbate-80 and travel along through the cell membranes into the cells, including HPV contaminants**. In 2011, a scientist in Connecticut named Dr. Sin Hang Lee at Milford Hospital assayed 13 HPV vaccines from around the world and found that each one of the vaccines contained human papilloma virus contaminants." [4,9,10]

"Vaccine manufacturers of the HPV vaccine had previously stated in their package inserts that the vaccine was free of any human papilloma virus particles. This, however, was not the case when the vaccines were assayed. And, the vaccine manufacturers had coincidentally removed this statement from the package inserts around the same time the assays were completed. Many have tried to downplay and minimize any significance that the presence of foreign HPV viral DNA could have on the health of those who are vaccinated with any of the HPV vaccines. [4]

"But, downplaying the role, without science to back up its believed inconsequential effects once the DNA is injected into the body, doesn't make its role inconsequential. It just makes its role unknown. Until the science is done to evaluate the effects of injecting foreign HPV viral DNA on the immune and nervous systems of those who receive it, there is as much of a possible consequential outcome, as there is an inconsequential one. [4]

"If the HPV viral DNA becomes bound to the polysorbate-80 and aluminum, and this moiety enters the cells of the body, we have no idea how, or to what extent, this exposure can affect cellular and, more specifically, DNA function. No telling where this moiety lands in the body, and whether or not on a micro- or macro-molecular level, it imparts any damage to the life and function of the cells it enters. [4]

Is polysorbate-80 used in vaccines to purposely cause harm?

Dr. Palevsky writes, "One can question why polysorbate-80 is in the vaccines if it serves to potentially transport vaccine materials across the blood-brain-barrier. After all, what vaccine materials need to enter the brain? The obvious answer is, none. I've heard people ask if the polysorbate-80 is in the vaccines intentionally, used as part of a medical experiment on the human race, like we heard about during World War II. [4]

"One in 6 children has some form of neuro-developmental disability, and adult onset neuro-degenerative diseases are on the rise, so clearly, something very wrong is happening to the human brain. It's a logical question to ask, therefore, is the polysorbate-80 used in vaccines to purposely cause harm rather than help the greater good, as part of a grand scheme to weaken and debilitate the human race? [4]

"But, when people ask this question, the possibility of this being true is so inconceivable to most, and such a preposterous, cynical distortion of what people can accept as true because, "they would never do that," and "how dare anyone question the sanctity of vaccines," that the ones asking this question are often accused of being conspiracy theorists, who are then ostracized and discounted for their extremism. The discussion about this issue, therefore, is so easily and conveniently, dismissed. The scientific basis for asking this question, however, makes complete sense. [4]

"Of course, when something so blatantly obvious, and so blatantly wrong is exposed, it's much easier for the naysayers to attack the people asking the question, and deflect from the science, rather than face the real issue at hand. It has been reported that polysorbate-80 is in the vaccines to help disperse vaccine material from the injection site so it travels all over the body. **They just don't tell you that one of the possible places for vaccine materials attached to polysorbate-80 to be dispersed to, is the brain, and the inner workings of just about any cell of the body.** [4]

In conclusion Dr. Palevsky writes, "But, no study has been designed to test whether the polysorbate-80 is, in part, acting to debilitate the central nervous system, and cellular functions all over the body. We just keep on adding more vaccines to the schedule that contain polysorbate-80, and we keep on seeing increasing numbers of children and adults with debilitating, chronic, inflammatory conditions in every part of their bodies…" [4]

Partial list of vaccines containing polysorbate-80:

- **Aventis Pasteur**: Adacel-Polio, Pediacel, Quadracel, TD-Polio, Avaxim-Hepatitis A, Vivaxim-Typhoid & Heptitis A, BCG-tuberculosis
- **Pfizer**: Prevnar 13 (pneumococcal vaccine)
- **Merck**: Gardasil (HPV vaccine), Rotateq (rotavirus vaccine)
- **Novartis**: Two influenza vaccines: Agriflu® and FLUAD. FLUAD contains MF59C adjuvant, an oil-in-water emulsion composed of squalene, stabilised with the surfactants polysorbate 80 and sorbitan trioleate, in citrate buffer. Specifically for people older than 65.

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Dissolving Illusions: Disease, Vaccines & the Forgotten History

by Suzanne Humphries, MD, and Roman Bystrianyk

Book Review by Edda West and Ingri Cassel

Having read a number of excellent articles written by the authors of *Dissolving Illusions,* we knew in our bones this was going to be a good book. But even our eager anticipation didn't prepare us for the riveting read it turned out to be. The historical and scientific research presented by the authors takes us back to the root causes of disease, making the clear connection between the deplorable living conditions of the 1800s and the resultant epidemics of disease. *Dissolving Illusions* is a powerful tool for everyone seeking to dispel the prevailing medical myth that vaccination is what saved us from the brutal cycles of disease epidemics. The book provides powerful ammunition to counter the glib propaganda spun by leading vaccine apologists like Paul Offit who say, *"I think you could argue that vaccines are the safest, best-tested things we could put in our bodies."*

In our early years as alternative health activists, we turned to the work of medical historians such as Thomas B. McKeown (The Role of Medicine), Rene Dubos (Mirage of Health), Ivan Illich (Medical Nemesis), and John and Sonja McKinlay (The Questionable Contribution of Medical Measures on the Decline in Mortality in the Twentieth Century) to provide us with a road map of where we have come from and what we need to know to create health. In order to stand strong in our own health philosophy of living in harmony with nature, we both knew the importance of understanding the real history of infectious disease—the social, economic and environmental factors that fueled the plagues and epidemics of the past.

From these stellar investigators, we learned that it was radical improvements in living conditions that extinguished yesteryears epidemics. When people were lifted out of desperation, poverty and squalor, were given access to clean water supplies, sewage systems, upgraded housing and, most importantly, enhanced nutrition, the improvement in overall health and resistance to disease followed as surely as day follows night. They uncover the work of past investigators who viewed these measures as a misguided diversion of resources away from more important environmentally focused health programs.

While the book may seem to be an intimidating read at 500 pages, once you start, the reader is soon mesmerized with the stark reality of what life was really like in the 1800s and early 1900s when the industrial revolution drew large numbers of people from the country into cities that lacked the necessary infrastructure for the near overnight tripling of the population. From there, we learn about the city of Leicester in England where sanitary reforms proved more effective in preventing smallpox than cowpox inoculations (Chapters 6 & 7—*The Great Demonstration* and *The Rebel Experiment*).

The historical and scientific research presented by the authors takes us back to the root causes of disease, making the clear connection between the deplorable living conditions of the 1800s and the resultant epidemics of disease.

In chapter 8, *The Power of the State*, we learn that eugenicists used the compulsory smallpox vaccination laws to justify their cause to sterilize "imbeciles' in order to protect the 'public' and improve the human race; individual rights be damned. In Chapters 10 and 11, we learn about how the "health revolution" brought much needed sanitary reforms which coincided with a sharp decline in infectious diseases, some that had no associated vaccine, such as scarlet fever.

In Chapter 12, *The Disappearance of Polio*, the authors shine in documenting the real causes of the polio epidemics of the 1950s—agrichemicals coupled with 'aresenic-derived' medications and diets high in refined sugar. In Chapters 13 and 14, we learn about the history of whooping cough and measles and how their fatality rate plummeted prior to the introduction of a vaccine. But more than that, the authors reveal from medical journal sources known immune system complications such as 'rashless measles' triggered by the vaccine, malnutrition, formula-feeding and giving immune serum globulin when maternal antibodies are present in the infant. In Chapters 15-16, we learn about suppressed natural remedies and the importance of vitamin C as an essential metabolite in the prevention and treatment of infectious diseases.

In the final chapter, *Belief and Fear,* the authors shred claims in Paul Offitt's book, *Deadly Choices*, through historical documentation that he conveniently left out. We also learn of the multitude of bizarre 20th century licensed vaccines that most of us have never heard of.

Suzanne Humphries and Roman Bystryanyk's investigative journalism in writing this historic text is of the highest caliber. They have succeeded in eloquently dispelling the myth that medical measures with their reliance on drugs and vaccines is what stopped the epidemics. We rank them in the same league as the previously mentioned eminent medical historians. In Dispelling Illusions, they have dug deep into the foundations of medical literature, government documents and testimonials. As British physician, Jayne Donegan, writes in the book's foreward, ***"They systematically piece together the information you need to pierce the myth that vaccination is what saved us from the infective scourges of the past. More worryingly, they also show how vaccines may be instrumental in creating a many-headed hydra of overt and covert disease, which is hardly recognized, barely understood, and may well be of immense consequence to our children and future generations."***

Book Review by Kelly Brogan, MD

It has long been my contention that those who question the science, safety, and recommendations around vaccination are the most learned on the subject. My colleagues, particularly MDs, who have come to a place of concern, frustration, and determination around reform of this practice have spent tireless hours educating themselves on everything there is to be known about these mandated pharmaceutical products. Far from being uneducated, defiant, and dangerous, vaccine dissenters understand immunology, natural history of disease, and the true requirements for the practice of safe and informed medicine.

Dr. Humphries and Mr. Bystrianyk have assembled an awe-inspiringly thorough and comprehensive text that supports, with primary evidence, the inefficacy and danger of the most commonly treasured vaccines. It is impossible for me to imagine that a dedicated reader could turn the last page of this book and not feel that the lights had finally been turned on. Do not step into an injecting physicians office without doing this homework. This is information your doctor never had access to and likely never will. √

LETTERS

To: Medical Officer of Health, Fergus, ON

September 18, 2013
Dear Dr. Mercer, re: Vaccine Consent Denied

My twelve year old daughter recently brought home consent forms for both the meningococcal and the hepatitis vaccines. An unequivocal NO to both vaccines.

The number of misleading statements and outright falsehoods in your propaganda is too numerous to address here, however I will address a couple of the most obvious and glaring points. The Menactra vaccine does not protect against the most common form of meningitis found in Canada which of course is the strain B. According to Health Canada it accounts for roughly 70% of all reported cases of meningitis in this country. So let's just say for argument's sake the vaccines actually are effective—why would you not vaccinate against the most prevalent and not the most obscure strains?

The second misleading statement applies to both vaccines you're administering. You list a number of ingredients such as aluminum, latex, sodium borate, sodium chloride, and yeast. You also list a number of common uses for them in everyday life. However you fail to mention that under no circumstance are adjuvants like aluminum normally injected directly into the body. In many instances the body's own digestive process and drive towards homeostasis balances these substances. As you know, when they are injected directly into the body there is greater chance for the immune system to react and in many cases overreact. I suppose this IS the desired effect.

The overall tone of your information gives one the impression that this is just some sort of innocuous event. Hardly! These vaccines have the capacity to do great damage. At age 12 my daughter is at almost zero risk for Hepatitis. She is not a sex trade worker, she doesn't work with blood products and she doesn't use intravenous drugs. But at 12 she and all the other 12 year olds are accessible to Public Health officials and very easily manipulated by the scare tactics and the propaganda.

Under no circumstance do I give consent for either of these vaccines or any others you are pushing.

Yours truly,
Michelle Whitney, BSc, D.C.

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The vaccine war zone

I remember when I was young, my mother talked about sons that went off to wars and many were maimed or died. However, the government would allow one son to stay home. All of my sons have been in this vaccine war, except the baby, who will be six in December. They all have been maimed—autoimmune heart issues, crohn's, asthma, autism, chronic illnesses. All I want is to keep my baby out of this war. Can we at least save one, could we pass a law that as my teen has his heart ravaged, my asthmatic fights for his breath, my thirteen year old runs across the highway, that I can keep ONE safe. It's a real fear, that one day they will "have an order" in place to take him.

Barbara J, November 5, 2013, Age of Autism: http://www.ageofautism.com/2013/11/the-insanityof-autism-in-the-media.html#more

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Why the aggressive vaccine promotion?

To Editor, Coast Reporter
—November 1, 2013

Can the 'flu shot' cause influenza? That's a question that arises every year when those who've been vaccinated end up having the same symptoms they were trying to avoid.

The answer is multi-faceted. While the viral strains of the injected influenza vaccine are unlikely to cause those symptoms, the live strains in Flumist, the nasal spray vaccine, certainly may. Moreover, influenza virus is by no means the only 'bug' associated with influenza-like symptoms.

In a 2010 Cochrane review, Dr. Tom Jefferson and fellow researchers explain: "Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which represent about 10 per cent of all circulating viruses."

Dr. Peter Doshi, another influenza researcher with the Cochrane Collaboration, states: "Most flu is not influenza, and marketing influenza vaccine as a 'flu shot' misleads the public into holding overoptimistic views of vaccine benefit."

Why is so much time, energy and money being used to promote a vaccine with so little benefit?

Susan Fletcher, Sechelt, BC

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Dear VRAN,

Three days ago I went into our local health unit to get a vaccine exemption affidavit for my son to attend school this September. Yes, we choose not to vaccinate for a number of reasons that make sense for our family.

What shocked me, however, is to discover that despite the age of health care consent being 16 in the province of Ontario, there is a loophole (section 4.1 of the Health Care Consent Act) that states that if the health nurse feels that a child (at any age) is making an informed decision, the nurse can go ahead and vaccinate on the spot, if the child says it's OK and the nurse feels it's in the best interest of the child. This despite the fact that as a parent I am signing a legal affidavit which exempts my child from being vaccinated.

While I was assured this had never happened, it is legal. (It was explained that they do all they can to encourage a discussion between the child and the parents however if the child is insistent, they can get vaccinated at that point.)

This takes away the right I have as a parent to make the decisions I wish for my own child. As a parent, I should be the one who makes the decision as to what is in the best interest of my child.

To make things worse, they do not have to inform parents before doing so NOR follow up with them afterwards. Every parent who chooses not to vaccinate for their own reasons needs be aware of this fact. We, like you, have done our research over and over to come to our decision and we thought that by signing the affidavit we were helping to protect our child from unwanted vaccines offered through the school or at the health unit itself.

Furthermore, we are required by the health unit to get it confirmed legally and then submit it back to them (the original) in order for our kids to attend public school. Scary and frustrating that despite our wishes and rights (with the paper-

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work to prove them) it could be stripped away and something we don't want for our kids can be performed.

Can you please tell me what the options are in a case like this. What sure fire steps can we take to ensure that our wishes as parents are listened to, and that the "informed" consent of a 10 year old is not allowed. Also if this does happen what are the legal rights of the parents to fight back against those who have damaged our children?

Any help, insight or guidance would be greatly appreciated. Thank you for your help,

S. Kohler, Ontario

VRAN replies to S. Kohler

For families who choose a no vaccines health philosophy and wish to protect their child from being vaccinated in the school setting, we recommend that children be kept home on days the health unit is doing vaccine rounds at your child's school. Most important is to educate your children about your health philosophy - to have in depth discussions with them about why you have chosen not to vaccinate, to clearly lay out the health injuries that can be caused by vaccines. You might even consider viewing and sharing with your child a few of the good documentaries that have been made in recent years on the topic. I'm happy to direct you to these if you wish. Most important is to imprint on your child that under no circumstances is he/she to submit to an injection from anyone, ever, without either mom or dad present. Teach your child that if he/she is lined up with the other children to get vaccinated, to step out of line, go to the office and make a phone call to the parents immediately. We also advise parents to write a strongly worded letter to the school that under no circumstances is your child to receive any vaccines in the school setting. Go talk to the principal and child's teacher and hand them your letter and make sure it is in your child's file at the school. Put the school on notice that they are responsible for protecting your child from medical assault.

Ideally parents should make this a political issue and bring it to public attention. It is amoral and wrong for any government health agency to have such power over our children, and we should all be fighting this tooth and nail.

Sincerely,
Edda West, Co-ordinator, VRAN - Vaccination Risk Awareness Network

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Dear VRAN,

Thank you for your continued efforts to keep parents and the public informed. I am truly grateful and indebted to your work.

I am mother to 28 month old Maya who is recovering from an adverse reaction to vaccinations. I am thankful that my daughter will not suffer from any lifelong debilitating illness caused by vaccinations. I know there are many families who have not been so fortunate. Nevertheless, I am angered and appalled that I was not informed prior to vaccination about the risks and the very limited benefits, if any. It angers me more that it continues every day.

I live on a suburban street with several other families whose children play together. The parents are very supportive of one another and often act as secondary parents for all the children on the street. Out of 13 children, 3 suffer from severe eczema and allergies, 2 are medicated for asthma, 1 suffers from severe dairy intolerance, 1 has a peanut allergy and another just fails to thrive without diagnoses. I did not count my daughter who is on the GAPS diet to restore her gut flora and ability to digest foods. I know this is not normal and I have lost many a nights sleep wondering what I can do.

I would like to voice my concerns about vaccinations with the other parents who live by the words of their GPs and pediatricians. They are clearly in the dark. I do not know how to raise the issue tactfully and with sensitivity. We live peacefully on this street and the parents respect the different parenting styles/decisions of one another.

Can you please advise on the best way to inform friends and family without creating so much controversy?

Many thanks,
A Kang, Ontario √

NEWSCLIPS

Measles scare in Alberta

http://lethbridgeherald.com/news/local-news/2013/10/precautions-in-place-to-prevent-measles-outbreak

The recent measles outbreak in southern Alberta has health officials ramping up the fear factor as they scramble to set up vaccine clinics. They say measles leads the pack as a vaccine-preventable disease and is the "largest killer of children".

What they don't mention is that it is only in conditions of extreme poverty and malnutrition that measles can become deadly—especially if aggressively treated with fever suppressing drugs and vitamin A supplementation is not given. The western world overcame those dire conditions decades ago when measles mortality plummeted to an all time low, prior to the introduction of MMR vaccine in Canada in the early 1970's. Well nourished and healthy children recover easily from measles and gain the benefit of long term natural immunity into adulthood. The disease is far riskier in non-immune adults than in healthy children.

According to health officials, none of the confirmed measles cases in the Alberta outbreak have been vaccinated with a measles containing vaccine. Single measles virus vaccine is not available in Canada forcing people to submit to the triple live virus MMR vaccine. They're calling for all children ages 6-12 months and older to be vaccinated. They're not telling the public that vaccinating too early (under age 15 months) is what led to measles vaccine failure in Quebec recently when over 50% of people who contracted measles had been 'adequately' vaccinated.

Health officials say there is no herd immunity in southern Alberta where they estimate only 60% of people have been vaccinated. The term "herd immunity" derives from the observation that in the pre-vaccine era, measles would stop circulating when 68% of the population acquired natural long lasting immunity after recovery from the disease – a far cry from vaccine derived temporary immunity which requires a 98% vaccination rate to prevent circulation of the virus.

Prior to mass vaccination, measles would cycle through every 2 to 3 years, conferring the benefit of enduring immunity on the new crop of children born

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Newsclips cont. from page 21

in between measles outbreaks. Prior to the 1970's parents were not afraid of measles. They welcomed the disease knowing their children would gain lifelong immunity, something that cannot be achieved with vaccination.

The delusional mindset of those committed to the vaccine paradigm is well expressed by Dr. Glen Armstrong, head of the University of Calgary's Department of Microbiology, Immunology and Infectious Diseases Armstrong who says, "*With the process of vaccinations, we're not doing anything that is contrary to nature… We're in fact using our immune system, or educating our immune systems, as nature intended with vaccines so that we can protect ourselves from infectious diseases*." http://beaconnews.ca/blog/2013/10/measles-vaccine-ignored-in-south-alberta-kids-at-risk/

There is nothing further from nature than injecting a bolus of live viral particles and foreign DNA into the body. Health officials are running scared because they know it is they themselves who have disrupted the natural beneficial epidemiology of the disease. It is they who have deprived the population of true "herd immunity". The consequence of this manipulation is that we'll be seeing more and more measles outbreaks as time goes on because of the decline of enduring natural immunity in the population, vaccine failure, and people refusing shots for fear that the side effects of the vaccine are worse than the disease.

View measles mortality graphs and statistics: Two Centuries of Statistics show vaccines did not save us: http://childhealthsafety.wordpress.com/graphs/#Meas_Mort_UK_USA

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Flu vaccine causes 5.5 times more respiratory infections

Recent research is showing that influenza vaccines actually increase the incidence of acute upper respiratory viral infections (URTIs) leaving people more vulnerable to the 200+ respiratory viruses that cause "the flu". On average only 10% of flu-like-illnesses are caused by the influenza virus. A recent double-blinded placebo controlled trial randomized 115 children to receive either trivalent inactivated influenza vaccine (TIV), or saline placebo. Over the following 9 months, **the vaccinated group suffered 5.5 times more non-influenza viral infections, and vaccine recipients suffered as much laboratory confirmed influenza as those who'd received a placebo.**

The authors observe that, "*Receipt of TIV could increase influenza immunity at the expense of reduced immunity to non-influenza respiratory viruses, by some unknown biological mechanism*. http://scholar.princeton.edu/sophian/files/Cowling2012b.pdf The smoke and mirrors of vaccine science determines immunity by the number of antibodies stimulated by the vaccine, NOT on actual prevention of the disease.

Heidi Stevenson's astute analysis of the study reveals that, "*the authors are trying to suggest that, in spite of the fact that vaccine recipients suffered as much genuine influenza as those who'd received a placebo, they still benefited because of "serologic evidence". This "serologic evidence" consists of antibodies produced as a result of the vaccine, which is the standard method of determining a vaccine's effectiveness."*

Furthermore says Stevenson, ***"the act of injecting antigens probably damages the innate cell-mediated immune response, the part of the immune system that protects without the need of resorting to development of antibodies. The interference of vaccinations with the innate cell-mediated immune response is well known! The authors go on to cite several sources supporting this fact."*** http://gaia-health.com/gaia-blog/2013-06-02/flu-vax-causes-5-5-times-more-respiratory-infections/

Influenza vaccines sabotage normal immune system function and increase vulnerability to infections. This study demonstrates that:

- **Influenza vaccines provide no benefit**
- **Influenza vaccines cause a hugely increased number of respiratory illnesses**
- **Influenza vaccines—and very likely other vaccines—harm the innate cell-mediated immune response, which results in a significant increase in infectious disease incidents.**

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U.S. FDA approves first GMO flu vaccine containing reprogrammed insect virus

http://www.naturalnews.com/z039013_flu_vaccine_insect_virus_GMOs.html

A new vaccine for influenza has hit the market, and it is the first ever to contain genetically-modified (GM) proteins derived from insect cells, the fall armyworm—a type of caterpillar. The U.S. recently approved the vaccine, known as Flublok, which contains recombinant DNA technology and an insect virus known as baculovirus that is purported to help facilitate the more rapid production of vaccines. Potential side effects include allergic reactions, respiratory infections, headaches, fatigue, altered immunocompetence, rhinorrhea, and myalgia.

FDA also approves flu vaccine containing dog kidney cells

A new flu vaccine known as Flucelvax that is made using dog kidney cells has been approved in the U.S. A product of pharmaceutical giant Novartis, Flucelvax also does away with the egg cultures, and can similarly be produced much more rapidly than traditional influenza vaccines. Like Flublok, Flucelvax was made possible because of a $1 billion, taxpayer-funded grant given by the U.S. Department of Health and Human Services (HHS) to the vaccine industry back in 2006 to develop new manufacturing methods for vaccines with the goal to be able to quickly manufacture hundreds of millions of vaccines for rapid distribution.

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W5 reports narcolepsy cases in Canada following H1N1 pandemic vaccine

http://www.ctvnews.ca/w5/sleeping-sickness-a-w5-investigation-into-the-sudden-rise-in-childhood-narcolepsy-1.1524420

Canada bought into the pandemic hysteria a few years ago and invested enormous sums of money for the purchase of GSK's adjuvanted H1N1 pandemic vaccine. Both the Canadian vaccine, Arepanrix and the European version, Pandemrix contained AS03, the novel adjuvant designed to accelerate immune response to the vaccine. Reported first in Finland, to date over 800 cases of severe narcoplepsy have been reported in several European countries. Canadian health officials however, have remained silent on increasing reports of the disease following H1N1 pandemic vaccination. The W5 documentary interviews sleep specialists and the family of a child who received the H1N1 vaccine in 2009, who after a severe "flu-like" infection a year later, developed narcolepsy and catalepsy, a devastating disorder in which muscle control is completely lost and the person collapses.

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European analysts have pinpointed the adjuvanted vaccine as the trigger. *"Blood tests suggest those who develop narcolepsy have a genetic susceptibility. But doctors know that narcolepsy needs an environmental trigger—a virus or infection that destroys cells that regulate the wake sleep cycle"*, says the W5 report. It's speculated that the H1N1 virus itself triggered the immune system to destroy hypocretin cells in the brain that run the sleep-wake cycle.

A sleep specialist told W5 that she's not alone in seeing a sudden surge in the disease, and other colleagues are seeing similar increases in this rare disorder. *"I was shocked,"* said Witmans. *"I noticed that the cases were more severe and in that most of the children that I see now have cataplexy and that can be unusual in children."*

Canadians For Health Freedom have compiled over 600 reports of reactions and injuries following injection with the H1N1 vaccine: http://canadiansforhealthfreedom.wordpress.com/h1n1-vaccine-side-effects-canadians-please-report-here/

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The Unfortunate Story of 37 Deaths From a Good Vaccine

http://www.indiamedicaltimes.com/2013/10/19/the-unfortunate-story-of-37-deaths-from-a-good-vaccine/

Jacob Puliyel, MD reported that on October 11, two children died in Kashmir, India after receiving the pentavalent vaccine (5 vaccines in 1), taking to six the total deaths there in one week and to eight the deaths over the last three weeks. According to reports appearing in local newspapers, the deaths were said to be an allergic reaction to the vaccine. The pentavalent vaccine recently introduced to India contains DPT+Hib+Hepatitis B.

Puliyel writes that, "The deaths come on the heels of a press release from the health ministry on October 10 that a committee that looked into the 15 deaths in Kerala after vaccinations has said they were not caused by the vaccine but were coincidental deaths. A week earlier, another ministry spokesperson had admitted there had been 29 deaths all over the country following the vaccine. The figure has now ballooned to 37.

"The 29 deaths had happened when 82 lakh doses have been administered and 27 lakh children have been immunized. (One lakh is a unit of measure equivalent to 100,000).

"This works out to more than one death per 100,000 vaccinated and that 300 children would die each year from the vaccine when the birth cohort is vaccinated. It must be borne in mind that the adverse events are picked up by a system of passive surveillance which according to the US FDA picks up only a tenth of the real number of adverse events.

"The deaths from vaccine must be seen in the context of hard data from the best study on Hib (Haemophilus influenzae type b bacteria) in the country called the Minz study which suggested that some 175 children die from Hib meningitis in the birth cohort **over five years** and perhaps an equal number from Hib pneumonia. These figures from this large, meticulous community based study done in a population of 600,000 with house visits every two weeks and conducted over two years are clearly inconvenient. **This is a case of the cure (vaccine deaths) being worse than the disease."**

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Viruses start to outsmart vaccines

http://www.wddty.com/viruses-start-to-outsmart-vaccines.html

Viruses are starting to outsmart vaccines. The Hepatitis B virus (HBV) has doubled its rate of mutations since a vaccine was introduced across China in the 1980s, say researchers.

The rate of 'escape mutations', as they are called, had nearly tripled by 2005, some 20 years after the HBV vaccine was introduced across China. A new vaccine strategy—which may mean boosting the dose or coming up with a different formulation—is now necessary, say researchers from the University of North Carolina.

Mutations rates were around 6 per cent in 1992, but reached 15 per cent by 2005. Researchers tested the mutation rate on vaccinated and unvaccinated people, and the changes were seen only in those who had been vaccinated. Source: Journal of Virology, October 2013.

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Menigococcal vaccine

The effectiveness of meningococcal vaccine is in doubt. A 2010 cross-Canada study shows that, since 2006, the meningococcal C vaccine introduced in 2003 was largely ineffective for prevention of invasive meningococcal disease (IMD) in children; from 2006 to 2009, the incidence of B was 69% whereas that of C was 5%. A 2010 NACI statement reviewed past recommendations including one in 2007 for meningococcal vaccine containing serogoups A, Y and W135 as well as C – none of which were as prevalent as B. As if to substitute boosters for absent B strains, the 2010 recommendation was that "a dose of meningococcal conjugate vaccine be offered in early adolescence…even if the adolescent was previously vaccinated". The problem is that the B strains are much more challenging for vaccine developers.

In September, the Canadian Medical Journal reported that a "multicomponent serogroup B meningococcal (4CMenB) vaccine branded as Bexsero was recently licensed for use in Europe". However, the UK's Joint Committee on Vaccination and Immunization has rejected the new vaccine, explaining that "there was not enough evidence that Bexsero, developed by the Swiss pharmaceutical giant Novartis, would protect children well enough to justify routine vaccination." Source: Vitality Magazine: http://vitalitymagazine.com/article/vaccine-controversy-continues/

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Breastfeeding protects babies

Breastfeeding is a most critical factor in ensuring healthy child development and a foundation for strong immunity for life. Kelly Brogan, MD, identifies herself as "a staunch advocate for the impossible-to-replicate complexity of breastmilk, as well as the anti-inflammatory benefits to the mother." She warns about factors which can limit breastmilk production: infrequent feeding, use of pacifiers, limited lactation support and resources, insufficient encouragement, and aggressive promotion of formula feeding and supplementation. She suggests several things to do both before and after the baby is born to help ensure a plentiful breastmilk supply: avoid Bisphenol A, chlorine, pesticides and parabens; consume chlorella or other natural detoxifiers such as turmeric, cilantro and garlic; and adopt a low glycemic diet which is high in natural fats and proteins, especially one which avoids processed and artificial sugars and refined flour. To help manage toxins, she suggests reducing stress with breathing techniques, meditation and exercise, advising: "Take action in ways large and small to help your bodies do what they know how to do best…achieve natural balance." Source: Vitality Magazine: http://vitalitymagazine.com/article/vaccine-controversy-continues/ √

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