

Vaccine Overview: civil rights and suppressed science

Vaccine Choice Canada - January, 2016

Resistance to vaccination has existed since widespread use of smallpox vaccination began in the early 1800s. Fuelled by the injuries and disease it caused, and the violation of personal liberties, tensions worsened as the British government introduced [mandatory vaccination policies](#). [Historical research](#) shows that public opposition to coercive vaccination policies was, “*arguably the largest medical resistance campaign ever mounted in Europe because it clearly articulated pervasive anxieties regarding the integrity of the body and the role of the modern state.*” Today, as [coercive vaccine policies](#) are introduced, we see history repeating itself.

Since the early 1980’s, consumer safety groups like Vaccine Choice Canada (previously VRAN) have been documenting the health risks and injuries triggered by vaccination. Many of our members have loved ones who are vaccine injured. There is an [epidemic of chronic, debilitating diseases afflicting children](#) today that is linked to the aggressive vaccination schedule imposed on infants and young children during the most vulnerable period of immune system and brain development. This is exacerbated by the myriad toxic chemicals children are also exposed to. **Vaccination is the most pressing environmental health issue of our times.**

Our concerns are urgent and are follows:

- a. The government of Ontario has [announced a plan](#) to amend ISPA (Immunization of School Pupils Act) with a measure restricting students’ access to vaccine exemptions. The proposed amendment would force parents seeking a personal belief or religious exemption to undergo a vaccine “education session” before being allowed to file a vaccine exemption for non-medical reasons. If passed, the amendment will be a green light for other provinces to impose similar restrictive measures.
- b. Any restriction on the process of acquiring vaccine exemptions threatens our civil liberties and the legal right to voluntary informed consent to medical risk taking and threatens the basic human right to reject unwanted medical interference.
- c. The suppression of scientific and medical evidence linking vaccines to the alarming increase of debilitating chronic health disorders fuels the public’s mistrust of vaccine programs while increasing vaccine resistance. Only a small fraction (less than 10% of vaccine injuries) are reported to the government. The Canadian government has for decades [hidden vaccine injury reports](#) from public scrutiny, thus enabling medical industry denial that mass vaccination programs come with a heavy price tag of collateral damage.
- d. The [aggressive push to increase vaccine uptake](#) while undermining the right to voluntary and informed consent is rolling out across the world. The U.S. ‘[Healthy People 2020](#)’ plan lays out its intention to increase vaccination rates while restricting access to personal belief exemptions from vaccination. The copy cat, [Ontario Immunization 2020](#) plan provides the ‘roadmap’ to increasing and enforcing vaccination in that province. On board with these ‘cradle to grave’ vaccine initiatives is the World Health Organization’s [Global Vaccine Action Plan](#) supported by its partners in the pharmaceutical industry and NGOs (like the Bill & Melinda Gates Foundation) which provide astronomical amounts of money to promote this agenda worldwide. In the U.S. the pharma lobby spends more than the military lobby influencing law makers in Washington.

- e. Of major concern is that government health regulators and public health agencies have been captured by the vaccine industry, whose primary goal is to protect the vaccine program at all costs. The suppression of evidence of vaccine harms has resulted in an unprecedented health disaster. The media plays a dominant role in censoring knowledge of vaccine risks and failures while vilifying those who question vaccine safety. The shrill call for 'mandatory' vaccination has become the rallying mantra of mainstream media. A strict media blackout imposed nearly two years ago insures that dissenting voices and emerging science are prevented from reaching the Canadian public. Recently [whistleblower scientists](#) allege malfeasance and suppression of evidence that certain vaccines do cause autism spectrum disorders and report manipulation of data to suppress evidence of vaccine failure.

The vaccine program's "safe and effective" mantra is completely out of step with the real science, which for decades, has shown that artificial stimulation of the immune system can result in health injuries. One size does NOT fit all. An undetermined percentage of the population is genetically vulnerable to vaccine injury and unaware of their risks prior to vaccination.

Vaccine effectiveness & herd immunity:

Breakouts of so called "vaccine preventable" diseases in highly vaccinated populations call into question vaccine effectiveness and the theory of vaccine derived 'herd immunity'. In a 2011 measles outbreak in Quebec, over half the students who contracted measles in one high school, were fully vaccinated. Even veteran vaccine developers like Gregory Poland MD, leader of the Mayo Clinic's Vaccine Research Group, admitted in a [2012 paper](#) that the measles vaccine (MMR) has failed, is unlikely to ever live up to expectations and that it's time for a "major rethink". Poland found that even with two doses of measles vaccine, his lab demonstrated that 8.9% of children vaccinated a 'mean' of 7.4 years earlier, lacked protective antibodies. Even with booster doses, measles vaccination can only provide temporary immunity with the result that both vaccinated and unvaccinated will increasingly be at risk of disease.

The concept of 'herd immunity' is based on the flawed assumption that vaccination elicits in an individual the same quality of immunity as does the life-long resistance acquired after recover from a viral infection. Researchers observing the cyclical outbreaks of measles in the 1930s found that when the threshold of susceptible children under age 15 fell below 45-50% many of them would get measles. As explained by immunologist [Tetyana Obukhanych](#): *"At the end of any outbreak, the proportion of still susceptible children never fell below 32%. Nevertheless, 95-97% of children experienced measles before they reached the age of 15. For this reason adults were immune from measles."*

Even with 95-100% vaccination rates there will always be "low responders", individuals who are unable to respond robustly to vaccines who remain susceptible or in whom immunity will wane within a few years. Variations in the gene pool will affect how well vaccines are processed by the immune system and what kind of antibody production is elicited. Because most vaccines are injected, they bypass the normal routes of entry of infectious diseases and cannot engage the full spectrum of the immune system required to create broad spectrum life-long immunity in the population. As explained by Dr. Obukhanych, *"The problem is, however, that the proportion of vaccinated but non-immune young adults is now growing, while the proportion of the older [naturally] immune population is diminishing due to age. **Thus, over time mass vaccination makes us lose rather than gain cumulative immunity in the adult population.**"*

The mumps portion of the MMR vaccine [has been under fire for some time](#) as mumps cases continue to break out in fully immunized populations. Former Merck pharmaceutical employees turned whistleblowers [allege that the vaccine manufacturer falsified critical efficacy records](#) as the vaccine had been failing for many years. They also allege this fraud was perpetrated to protect Merck's monopoly on the MMR vaccine.

Pertussis (whooping cough) vaccine is another case in point. Researchers readily admit that the vaccine is not only failing, but responsible for spreading the disease. [Protection from pertussis containing vaccine](#) (Tdap) wanes within 2 to 4 years. Lack of long-term protection after vaccination is likely contributing to increases in pertussis among adolescents. Fully vaccinated people can have subclinical cases, and while they themselves don't get sick, can [spread it to others](#) such as vulnerable infants, too young to be vaccinated. Additionally, [the vaccine has promoted the spread of a subgroup of the bacteria](#) not covered in the vaccine, further fuelling outbreaks.

Another example of vaccine failure is the Hib (haemophilus influenzae type b) vaccine, a component of the 5 in 1 one DtaP+polio+Hib vaccine injected at 2, 4, 6 and 18 months. Introduced in the 1980's, it suppressed the organism to the extent that fewer babies developed Hib meningitis. However over time, other sero types of the organism (for which there is no vaccine), replaced the suppressed serotype 'b' of the bacteria. Today, H. influenzae disease continues to impact young children. [A study](#) from 12 Canadian Impact Centers found that two thirds of H. influenzae invasive disease were caused by non-b serotypes, which were associated with "significant morbidity and mortality". A [2010 study](#) in British Columbia confirmed the dominance of non-b serotypes. It found that most cases of H. influenza disease in children under two were due to serotype 'a' bacteria, not covered by the vaccine.

Historically, it is worth noting that the widespread use of DPT vaccination led to the [rise in Hib disease](#) and development of the Hib vaccine. Early versions of it caused meningitis in large numbers of children. While the conjugate version suppressed the Hib bacteria, it led however to the rise of "systemic pneumococcal infection". This required yet another vaccine to combat the surge in pneumococcal disease which had previously been kept in check by the Hib organism. Of the approximately 100 sub-groups of the pneumococcal organism, 7 were included in the new Prevnar vaccine which then provoked the emergence of antibiotic resistant strains of pneumococci and the addition of 6 more sero-groups, now included in the new Prevnar 13 vaccine. And so goes the vaccine merry-go-round as each new vaccine spawns the need for more.

Vaccine safety:

Most urgent to grasp, is that manipulation of the immune system by vaccines in vulnerable people, [results in a range of brain injuries](#) which lie at the root of autism spectrum disorders (ASD) and other developmental disabilities. These disorders have risen parallel to the increase of the vaccine schedule in the 1980s and 90s. University of British Columbia neuroscientist, Lucija Tomljenovic points out, *"There is a huge body of research that shows if you over stimulate the immune system at the periphery, especially in the critical stage of early development, you are going to influence the brain in a negative way, and risk irreversible damage...the backbone of this research has been known for 30 years."* This knowledge is actively suppressed by the medical establishment which also dictates to mainstream media what they can and cannot publish about vaccines.

Recent U.S. figures show that today, [1 in 45 children](#) is on the autism spectrum. Stephanie Seneff, PhD and senior researcher at MIT, predicts that the autism rate will be [1 in every 2 children by 2032](#) .

The epidemic of autoimmune disorders manifesting as asthma, severe allergies, and life threatening anaphylactic reactions to ordinary foods such as peanut butter, burst into public awareness a few years after the [1994 introduction of PENTA](#), an unlicensed, experimental 5 in 1 vaccine. It was injected into thousands of Canadian babies without the informed consent of their parents who were never told their children were being used as guinea pigs. After thousands of adverse reactions and 15 deaths, it was withdrawn in 1997 and replaced with a tweaked version called Pentacel, the first 5 in 1 vaccine licensed in Canada, which has since been marketed in many other countries. This [excellent article](#) summarizes the

mechanisms (known for over 100 years), that drive life threatening anaphylaxis when proteins are injected into the body as is the case with complex combination vaccines.

A huge body of research that's poured in these past 15 years, and particularly in the past 5 years, suggests that aluminum adjuvants, included in many vaccines to intensify immune responses, are at the root of [many autoimmune diseases](#): *"These include arthritis, lupus (systemic lupus erythematosus, SLE) diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome and demyelinating disorders. Autoimmune/inflammatory Syndrome Induced by Adjuvants (also known as Shoenfeld's syndrome) or ASIA, is an umbrella term for a collection of similar symptoms, including Chronic Fatigue Syndrome, that result after exposure to an adjuvant. Almost all types of vaccines have been reported to be associated with the onset of ASIA."*

With the more than doubling of the vaccine schedule since the 1980's, a substantial bank of published science (see our science references in this document) is validating parental reports of neurologic and autoimmune injuries following vaccination. Today a baby in Canada can receive upwards of 41 doses of 14 vaccines in the first 18 months of life during the most vulnerable period of brain and immune system development. In Canada, an infant can be injected multiple times in the first 12 months of life with 8 or more vaccines given at once, with no regard for family history of genetic vulnerability. Glaringly absent is published science proving the safety of injecting these boluses of complex biochemical substances for which there is no antidote should something go wrong.

There are no long term safety studies which compare the overall health outcome of fully vaccinated children with those who have never been vaccinated. In the absence of control groups comparing the health of vaccinated and unvaccinated, there can be no valid risk/benefit analysis which reflects the real cost to society of caring for large swaths of chronically ill people, many of whom are brain injured or learning disabled. Not only the cost of their care but the loss of their contributions to society as a whole must be considered in any valid risk/benefit assessments of vaccines.

Vaccines are by definition powerful biochemical drugs given to healthy people, which can and do result in injuries to both the immune system and brain. The immune system and neurological system are intimately intertwined, what affects one affects the other. This basic physiology is ignored by public health officials, influential medical trade groups like the CMA and AMA, pediatric and pharmacological societies and the international agencies and NGOs promoting vaccine mandates. Unsurprisingly, the [three leading political parties in Canada](#) follow this lead in supporting vaccine mandates. The new Liberal government has signaled that increasing vaccination rates is a public health priority.

Conclusion

If we approach vaccination from the perspective that these are serious drugs with known risks of injury and death, and that vaccine failure is commonplace and increasing, there should be no law that mandates children be vaccinated for school attendance. Vaccination should and must remain a strictly voluntary medical procedure. Canadian Medical Law uses the term "battery" to describe a medical procedure that has been forced on someone without their voluntary and informed consent or has been obtained through coercion. The principles of voluntary informed consent and the right to refuse or accept vaccination or any invasive medical treatment must be protected from medical industry and government overreach.

Below are references to civil rights issues followed by scientific concerns with vaccine safety and efficacy.

Civil Rights references

Ontario Public Health has indicated their intention to require parents of unvaccinated or under-vaccinated children to attend educational sessions prior to filing an exemption to the requirements of the Immunization of School Pupils Act (ISPA) for reasons of personal conscience or religion. Their intent is to amend the Act. Such an amendment places further restrictions on parents attempting to access their constitutional, legal and ethical right to informed consent for medical procedures. We strongly question whether such an action is constitutional or enforceable. We are also concerned about the coercive collection of personal health records in relation to vaccination status.

1. EXEMPTIONS:

a. 1984 Brief to Ontario Ministry of Health requesting amendment to Immunization of School Pupils Act (ISPA)

<http://vaccinechoiccanada.com/about/history-of-vran/>

“For us the question of civil liberties is the most important aspect of this issue. We have, nevertheless, done considerable research into the medical side of this question and we are very concerned about the many negative aspects of such a mass vaccination program. Thus, though our first purpose is to protect the rights of parents to decide such questions for themselves and for their children, we feel we have an additional responsibility to publicize the significant dangers and problems of these procedures to a public which has been woefully uninformed by both the government and the medical establishment.”

Amendment to ISPA containing exemption for sincerely held belief or conscience passed in December, 1984.

b. Health Canada 1996 statement:

<http://vaccinechoiccanada.com/exemptions/>

Vaccinations are NOT mandatory in Canada. “Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Three provinces require proof of immunization for school entrance: Ontario and New Brunswick for diphtheria, tetanus, polio, measles, mumps, and rubella immunization; Manitoba for measles. But, exceptions are permitted on medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization.” (**Immunization in Canada**; May, 1997; Vol 23S4 and Canadian National Report on Immunization; 1996)

http://www.collectionscanada.gc.ca/webarchives/20071212103611/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b_e.html

c. References to Medical and Civil Right of Informed Consent:

<http://vaccinechoiccanada.com/in-the-news/our-letter-to-the-cma-re-resolution-for-mandatory-vaccination/>

If the Canadian Medical Association (CMA) Resolution does not allow for informed consent, that is the right to know and to choose, it would violate all of the following:

1. The **CMA Code of Ethics** which affirms the right of the patient to “*make informed decisions about their medical care*” and to “*accept or reject any medical care recommended*”.
2. **Provincial regulations** such as Ontario’s *Health Care Consent Act* ¹ which stipulates “**No treatment without consent**” and lays out the elements of consent required for treatment:

-The consent must be informed

- The consent must be given voluntarily
- The consent must not be obtained through misrepresentation or fraud

3. **Canadian Medical Law** which enshrines the individual's right to voluntary, informed consent to medical risk taking as a foundational medical ethic.
4. **Canadian Charter of Rights and Freedoms** including the guaranteed freedoms of conscience and religion and the legal right to security of the person.
5. **International Conventions to which Canada is signatory**, including
 - a. the **Nuremberg Code, and Helsinki Accords** which defend the basic human right to the Informed Consent ethic, and reject the moral argument that the creation of alleged benefits for the many ("herd immunity") justifies the sacrifice of the few.

b. the **UNESCO [Universal Declaration on Bioethics and Human Rights; Article 6 - Consent:](#)**

"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

- d. Of interest in regard to the attempt by the CMA to "mandate" vaccinations is the report we compiled of the responses to the on-line No Mandates in Canada Petition

<http://vaccinechoicecanada.com/in-the-news/comments-review-no-vaccine-mandates-in-canada-petition/>

2. Personal Health Records (PHR)

We are also concerned with the attempt to force the public to turn over their immunization records for provincial databases through schools and daycares. We see a developing abuse of parental privacy rights and informed consent to release of their child's personal health information with regard to immunization. That is public health officials, school boards, licensing agencies and the CMA itself are ignoring these rights.

- a. We were recently contacted by a BC citizen who refused to state their child's immunization status to a daycare facility. This was due to the amount of harassment from public health officials when they declared another child as unimmunized as a personal choice. The Daycare Licensing authority in BC was threatening to refuse renewal of the facility's license unless their immunization records were complete. Due to the intelligent persistence of these parents who directly contacted the licensing authority, their right to refuse giving this information is confirmed by the authority as follows: ***"It is within a parent's rights to not share the information, just as immunizations are voluntary. A record of their refusal being kept by the Licensee will meet the legislated requirements."*** [VCC intends to write an article about this and post to our website in the new year.]
- b. Privacy Laws and Personal Health Records legal opinion states privacy laws are based on informed consent.
[http://www.millerthomson.com/assets/files/article_attachments/Consent and PHIPA.pdf](http://www.millerthomson.com/assets/files/article_attachments/Consent_and_PHIPA.pdf)
- c. Class action re: hospital PHR privacy breach based on common law:
<http://www.millerthomson.com/en/publications/communiques-and-updates/health-communicue/november-18-2015> Hopkins involved a proposed class action proceeding against a

hospital based on a novel common law privacy tort, “intrusion upon seclusion.” In this case, it was alleged that the electronic health record of the representative plaintiff and those of 280 other patients had been improperly accessed by hospital employees.

In October of 2013, the hospital sought to strike out the claim. It argued that the *Personal Health Information Protection Act, 2004* (“PHIPA”) provided a complete statutory regime for dealing with privacy breaches relating to personal health information (“PHI”), which displaced the common law. The hospital’s application was unsuccessful, and the hospital appealed the decision to the Ontario Court of Appeal.

The issue on appeal was whether or not the class action lawsuit could proceed against the hospital or whether the claimants were limited to the statutory framework for privacy breach under PHIPA. The Ontario Court of Appeal held that PHIPA was not an exhaustive code and did not preclude an individual or individuals from pursuing an action in tort against a hospital for privacy breach. Since the Supreme Court of Canada declined to grant leave to appeal, the Court of Appeal decision stands and the class action can now proceed.

- d. The Chief Public Health Officer of Nova Scotia mentions privacy concerns with regard to vaccination records following CMA resolution, which suggests schools require these records.
<http://www.cbc.ca/news/canada/nova-scotia/cma-vaccination-resolution-questioned-by-nova-scotia-s-top-doctor-1.3206484>
- e. Since amendment of ISPA in 1984, the Ontario Ministry of Health and Long Term Care and public health officials have failed in their duty to adequately inform parents and legal guardians of their right to exemptions from vaccination requirements for school entry as set out in ISPA and the Day Nurseries Act(Ontario) Nor do they fully inform parents and students of the risks of vaccines. (They only inform of risk of not getting a vaccine.) We started complaining about this in 1999 when we hired a lawyer to write a letter to the Chief Medical Officer of Health:
<http://vaccinechoiccanada.com/exemptions/letter-to-ontarios-chief-medical-health-officer/>

Our complaints to the Ontario Ombudsman and associated documents are located here:
<http://vaccinechoiccanada.com/in-the-news/ontario-ombudsman-complaint-lack-of-informed-consent/>

We would also like to stress that it is unfair that parents have to go to such great lengths to secure their rights to medical choice. Many parents must pay for having their exemption forms signed. Notaries can charge \$25-\$50 plus taxes just to stamp and sign the form, and many municipalities charge a fee as well. Some Ontario MMPs who offer this service for free as a privilege of office have refused to sign Exemption Affidavits. Requiring parents to attend educational session places a further burden on parents who wish to exercise their constitutional rights to medical choice.

3. Vaccine Injury Compensation

Finally, as a matter of justice, the question of **compensation for injury** must be considered. Canada and Russia are the only OECD countries that have NO national compensation program for vaccine injuries. Requiring vaccines, which carry risks, must be accompanied by a national compensation program.

- a. Manitoba Law Reform Commission, Compensation of Vaccine Damaged Children, June, 2000 http://www.manitobalawreform.ca/pubs/pdf/archives/104-full_report.pdf “The purpose of this Report is to make recommendations in respect of the compensation of children who can establish that they have suffered serious, adverse consequences as a

result of a vaccination or a series of vaccinations. It will be shown that the existing public and private vehicles for the compensation of personal injury are insufficient to provide the financial support needed by those who suffer rare but serious consequences. Special measures are needed to support and assist them.”

- b. Law Reform commission of Saskatchewan, December 2009, Vaccination and the Law http://lawreformcommission.sk.ca/2009/?post_type=publication
The Law Reform Commission reviews Saskatchewan vaccination programs and makes three recommendations: create a compensation fund for vaccine-related injuries, expand vaccination education programs to increase informed consent, and add a statutory requirement to report adverse vaccine effects. The Commission considers but recommends against mandating vaccinations for public school children.
- c. Munk School of Global Affairs, 2011, Designing a No-Fault Vaccine Injury Compensation Program for Canada <http://munkschool.utoronto.ca/research-articles/designing-a-no-fault-vaccine-injury-compensation-programme-for-canada-lessons-learned-from-an-international-analysis-of-programmes/> This report provides both an in-depth analysis of several distinct types of no-fault programmes and research-based recommendations for the design and implementation of a model programme that could be implemented in the Canadian context. To do so, the authors reviewed the international programmes implemented in thirteen jurisdictions and conducted in-depth case studies of the programmes implemented in the United States, the United Kingdom, New Zealand and in the province of Quebec.
- d. CMA Rejects vaccine injury compensation program motion <https://www.cma.ca/En/Pages/cma-delegates-urge-action-on-declining-vaccination-rates.aspx> “Delegates rejected a call for a national compensation program for people who experienced “debilitating” injury following vaccination. Medical student Denis Yahiaoui, mover of the motion, said that in rare cases immunization results in serious damage to patients. “It is the duty of society to help if someone is seriously affected [by vaccination],” he said. However, several delegates warned that the motion could be used by those who oppose vaccination as a “tacit admission” that immunization programs are dangerous. The motion was defeated by a two-thirds margin (70%). Also see transcript of the delegate doctors comments when vote was taken on the vaccine compensation plan motion: <http://vaccinechoiccanada.com/wp-content/uploads/Transcript-CMA-Motion-on-Vaccine-Injury-Compensation-August-2015.pdf>

Science References on Vaccine Risks

1.Catalogues

VCC – Science Supporting Vaccine Risks – 16 broad categories of diseases linked to vaccination with dozens of research papers in each category: <http://vaccinechoiccanada.com/science-supporting-vaccine-risk/>

Greater Good – Catalogue of Science: <http://www.greatergoodmovie.org/learn-more/science/>

123 Research papers supporting Vaccine/Autism causation:
<http://www.scribd.com/doc/220807175/122-Research-Papers-Supporting-the-Vaccine-Autism-Link>

Vaccine Research Library – 7000 links to abstracts and full text articles on vaccine safety concerns:
<http://vaccineresearchlibrary.com/>

Vaccine Peer Review 1000 – The History of the Global Vaccination Program in 1000 Peer Reviewed Reports and Studies 1915-2015:

https://m.box.com/shared_item/https%3A%2F%2Fapp.box.com%2Fs%2F77lz9ok8a0d3bbkheelhhpl26a7e1m24

2.Vaccine Risks - Doctors and Scientists Discuss Their Concerns

An Open Letter to Legislators Currently Considering Vaccine Legislation, by Tetanya Obukhanych, PhD - *"It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines – and that includes most of the vaccines recommended by the CDC for children – is not consistent with such a statement.*

<http://vaccinechoicecanada.com/wp-content/uploads/Letter-to-Legislatures-Considering-Vaccine-Legislation-Obukhanych.pdf>

Forced Vaccination: For the Greater Good? Lucija Tomljenovic PhD – *"First, all drugs are associated with some risks of adverse reactions. Because vaccines represent a special category of drugs which are by and large given to healthy individuals, and for prophylaxis against diseases to which an individual may never be exposed, the margin of tolerance for side effects is very narrow (in fact, the U.S. Food and Drug Administration (FDA) concurs with this point and careful assessment of risks versus benefits is essential in deciding whether one should be vaccinated or not."* <http://vaccinechoicecanada.com/wp-content/uploads/Forced-Vaccinations-For-the-Greater-Good-Tomljenovic.pdf>

The Danger of excessive Vaccination During Brain Development, Russell L. Blaylock, MD – Dr. Blaylock presents the major mechanisms for both viral and vaccine-related brain injuries, citing extensive references: *"The human immune system is one of the most complex systems in physiology and our studies indicate an even greater complexity is to be found. Despite a renewed interest in the immune system's function in neonates and small children, much remains unknown concerning the immune effects of exposing infants and small children to such a barrage of vaccines early in life. Yet, what we do know is that they react quite differently than adults and it can have devastating consequences on brain development and function."* <http://vaccinechoicecanada.com/wp-content/uploads/Blaylock-vaccine-autism.pdf>

Doctors Against Vaccine Mandates: <http://vaccinechoicecanada.com/in-the-news/doctors-against-vaccine-mandates/> *"I support the freedom to refuse any medical procedure, including the right to refuse a vaccination, and I am willing to fight to defend that choice. Once people understand the real risk of the viral "vaccine-preventable" infections vs. the risks of vaccines designed to prevent the infections, I believe people should be allowed to make a choice regarding which risk they are willing to accept."*

Impact of environmental factors on the prevalence of autistic disorder after 1979, Theresa Deisher PhD et al. *"Autistic disorder change points years are coincident with introduction of vaccines manufactured using human fetal cells lines, containing fetal and retroviral contaminants, into childhood vaccine regimens."* http://academicjournals.org/article/article1411048618_Deisher%20et%20al.pdf

Why we need to re-examine the risk/benefit tradeoffs of vaccines, by Stephanie Seneff, PhD *"While immunity following a measles infection is permanent, vaccination-based immunity wears off over time, leaving an unknown percentage of the vaccinated population now susceptible to exposure. As a consequence, we now face a difficult situation with respect to measles, because most of the children and young adults in*

this country are now vaccinated against it, and almost none of them have the lifetime protection afforded by a measles infection." <http://www.westonaprice.org/health-topics/vaccination/why-we-need-to-reexamine-the-riskbenefit-tradeoffs-of-vaccines/>

Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposures – Stephanie Seneff PhD et al. *“Autism is a condition characterized by impaired cognitive and social skills, associated with compromised immune function. The incidence is alarmingly on the rise, and environmental factors are increasingly suspected to play a role... Our results provide strong evidence supporting a link between autism and the aluminum in vaccines.”*
<http://www.mdpi.com/1099-4300/14/11/2227>

Vaccines and Retroviruses: A Whistleblower Reveals What the Government is Hiding - Judy Mikovits, Phd on retroviral contamination of vaccines:
<http://healthimpactnews.com/2015/vaccines-and-retroviruses-a-whistleblower-reveals-what-the-government-is-hiding/>

Unanswered Questions from the Vaccine Injury Compensation Program: A Review of Compensated Cases of Vaccine-Induced Brain Injury, Mary Holland et.al.
<http://digitalcommons.pace.edu/cgi/viewcontent.cgi?article=1681&context=pehr> (2011 Pace Environmental Law Review)

Legally Censoring Speech on Vaccines and Autism by Mary S. Holland, *Research Scholar and Director of the Graduate Lawyering Program, New York University School of Law.* *“Enormous bodies of evidence, including federal statutes and case law, link vaccines to brain injury, including autism.”* (December 11, 2015) <http://jurist.org/forum/2015/12/mary-holland-vaccines-autism.php>

Etiology of autism spectrum disorders: Genes, environment, or both? C Shaw, S Sheth, D Li, L Tomljenovic. (2013) *“Because of the tight connection between the development of the immune and the central nervous system, the possibility that immune-overstimulation in early infancy via vaccinations may play a role in neurobehavioural disorders needs to be carefully considered.”*
<http://www.oapublishinglondon.com/article/1368>

Vaccine aluminum travels into the brain: <http://vaccinepapers.org/al-adjutant-nanoparticles-can-travel-brain/> *“The MFs [macrophages] are able to travel across the blood brain barrier (BBB). The MFs, once loaded with AANs, act like a Trojan Horse and carry the AANs [aluminum adjuvant nanoparticles] into the brain. This is very harmful, because the brain is very sensitive to aluminum..... [and].....Once inside the brain, the aluminum damages brain cells. The damaged brain cells trigger inflammation which attracts more MFs, some of which are loaded with still more aluminum. The result is a vicious cycle.”*

Novel Roles for Immune Molecules in Neural Development: Implications for Neurodevelopmental Disorders, Paul. Garay & A. Kimberley McAllister (2010) *“Although the brain has classically been considered “immune-privileged”, current research suggests an extensive communication between the immune and nervous systems in both health and disease. Recent studies demonstrate that immune molecules are present at the right place and time to modulate the development and function of the healthy and diseased central nervous system (CNS). Indeed, immune molecules play integral roles in the CNS throughout neural development, including affecting neurogenesis, neuronal migration, axon guidance, synapse formation, activity-dependent refinement of circuits, and synaptic plasticity”.*
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3059681/>

Aluminum Vaccine Adjuvants: Are They Safe? (2011) L. Tomljenovic & C.A. Shaw. Neural Dynamics Research Group, Department of Ophthalmology and Visual Sciences, University of British Columbia, Vancouver, BC

"The continued use of aluminum adjuvants in various vaccines for children as well as the general public may be of significant concern. In particular, aluminum presented in this form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences."

https://vaccinexchange.files.wordpress.com/2011/05/tomljenovic_shaw-cmc-published2.pdf

Mechanisms of Aluminum Adjuvant Toxicity and Autoimmunity in Pediatric Populations

(2012), L Tomljenovic & CA Shaw - Neural Dynamics Research Group, Department of Ophthalmology and Visual Sciences, University of British Columbia, Vancouver, BC

"Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function. Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity. In some developed countries, by the time children are 4 to 6 years old, they will have received a total of 126 antigenic compounds along with high amounts of aluminum (Al) adjuvants through routine vaccinations. According to the U.S. Food and Drug Administration, safety assessments for vaccines have often not included appropriate toxicity studies because vaccines have not been viewed as inherently toxic. Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs." <http://lup.sagepub.com/content/21/2/223.short>

The vaccination policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): are they at odds?

By Lucija Tomljenovic, PhD, *"No pharmaceutical drug is devoid of risks from adverse reactions and vaccines are no exception.....Deliberately concealing information from the parents for the sole purpose of getting them to comply with an "official" vaccination schedule could thus be considered as a form of ethical violation or misconduct. Official documents obtained from the UK Department of Health (DH) and the Joint Committee on Vaccination and Immunisation (JCVI) reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program."*

<http://nsnbc.me/wp-content/uploads/2013/05/BSEM-2011.pdf>

Postnatal immune activation on the developing brain (Vaccine Papers):

<http://vaccinepapers.org/postnatal-immune-activation/> *"Vaccination occurs during intense synapse formation in the human brain. Synapse formation is disrupted by immune activation and cytokines, which are stimulated by vaccine adverse reactions."*

Self organized criticality theory of autoimmunity: *"Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host's immune 'system' by repeated immunization with antigen, to the levels that surpass system's self-organized criticality."*

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0008382>

Theoretical aspects of autism: Causes-A review, Helen V. Ratajczak *"The incidence and prevalence data indicate the timing of introduction of vaccines and changes in the type and increasing number of vaccines given at one time implicate vaccines as a cause of autism."* <http://www.rescuepost.com/files/theoretical-aspects-of-autism-causes-a-review1.pdf>

Evidence that food proteins in vaccines cause the development of food allergies and its implications for vaccine policy, Vinu Arumugham, 2015, *Journal of Developing Drugs*:
<http://www.omicsgroup.org/journals/evidence-that-food-proteins-in-vaccines-cause-the-development-of-foodallergies-and-its-implications-for-vaccine-policy-2329-6631-1000137.pdf>

Basics of brain development: <http://vaccinepapers.org/wp-content/uploads/Brain-development-review2.pdf>

Anne Dachel summary of Andrew Wakefield, Leadership & Longevity Conference:
<http://www.ageofautism.com/2015/12/leadership-longevity-2015-dr-andrew-wakefield.html>

Measles Inclusion-Body Encephalitis Caused by the Vaccine Strain of Measles Virus
<http://cid.oxfordjournals.org/content/29/4/855.full.pdf>

WHO & Global Vaccine Action Plan 2011 – 2020
http://www.who.int/immunization/global_vaccine_action_plan/en/

In Perspective: Exemptions and Health, F. Edward Yazbak, MD *“Our vaccination rates are impressively high already and it has become clear that small outbreaks of disease will occur from time to time in populations with near 100% vaccination rates.”*
<http://www.vaccinationnews.org/In-Perspective-Exemptions-and-Health-2015-YazbakFE>