the Vaccine Choice *Journal*

Fall/Winter 2017 Volume 4, No. 2

An Interview with Richard Moskowitz, MD

Author of *Vaccines: A Reappraisal*

Anne Dachel at Age of Autism in conversation with Dr. Moskowitz

It was my privilege to question Dr. Moskowitz, author of *Vaccines: A Reappraisal* about his position on the vaccine debate, the health of children, and where this is all headed.

His answers are fascinating. Moskowitz is a wise and courageous doctor who has spent decades opposing the dictates of the pharma-controlled mainstream medical community. His view of what makes us healthy is a refreshing change from what officials tell us.

"What are doctors doing wrong today regarding children's health?"

In your fifty years of practice, how have your views on modern medicine changed?

For me, the big change was in medical school and during internship. It's hard to boil it down to a phrase or two, but by the time I graduated from medical school I knew I couldn't bring myself to practice in the way I'd been taught, and I left medicine entirely for 3 years, doing graduate work in philosophy to try to understand what I'd just lived through, and finally interning because I needed to earn a living and support my family.

When I started practicing, I was already determined not to give pharmaceutical drugs for long-term maintenance and to avoid elective surgery as long as possible; but I had no idea how to do that. The medical system was all I knew. There was no such thing as "alternative medicine" in those days; if anybody had suggested anything as outlandish as acupuncture or homeopathy, I doubt I would have taken it seriously. I did begin dabbling in and eventually studying things like herbs, nutrition, lifestyle modification, and psychotherapy.

What really turned my head around was a home birth that I got talked into because I had a reputation for being a little weird and none of the OB's in town would touch it with a 10-foot pole. It was a revelation for me, because I was no longer telling the woman what to do or how to live her life, but rather being a midwife, helping her to do what her body was already trying to do. So I just sat down and paid attention like everybody else, and thank God, nothing went wrong; she taught me the whole course that day, without saying a word. That was the first time I had a vision of how I could practice medicine in a way I could be proud of.

That was how I became open to things like acupuncture and homeopathy. So to answer your question, what changed wasn't the medical system or my views of it, but simply how I could relate to it, to the point that I've also learned to appreciate the many good things it has to offer.

As a doctor of natural medicine, you have a different view of healthcare. What are doctors doing wrong today regarding children's health?

The medical system is based on achieving technical mastery over every aspect of the life process, on developing medical and surgical technologies to force the body to behave in the ways we've decided that it should, to raise or lower the blood pressure, for example, more or less at will, or to repair parts that are broken, and to remove organs and tissues that are diseased or already dead. In themselves, some of these are magnificent achievements, and capable of much good or even saving life in situations of extreme or desperate need.

But using heavy artillery to force the body to behave itself, often by robbing Peter to pay Paul, is a lousy model for helping people to recover from their sicknesses; in most cases, it's very likely to stand in the way, or even substitute a worse sickness of its own. If all healing is ultimately self-healing, as I believe, and the symptoms of illness are precisely the unsuccessful attempt of the body to make that happen, it makes much better sense to

Continued Page 23

Inside This Issue

Links are active in the pdf of the *Journal* available to members on our website.

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VACCINE CHOICE CANADA FORMERLY VRAN

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VCC Member News: Brief summary of news and activities this summer and fall...

Welcome to our New Board Member, Gisele Baribeau

We are extremely delighted to have Gisele offer her talents at the VCC Board Table. She brings wonderful organizing skills, is a CGA and businesswoman and is directing us in the process of developing our new policy for the formation of VCC chapters. But most of all we welcome her high energy and a seemingly ceaseless string of new ideas. Our horizons are greatly broadened by her presence. Welcome, Gisele!

Big Changes in the Works at VCC

As you will read in the members' letter accompanying this Journal, over the next few months we will be reducing our administrative burden by automating many of those functions. In the future members will be able to update their own contact data, check their membership and donation status, renew their memberships and donate more easily. These anticipated changes will also streamline digital access to *The Journal* itself as well as our email interaction with members.

The Media Assault Continues

Our intrepid Vice-President Ted Kuntz continues to respond to misleading and uninformed media articles trumpeting the wonders of vaccination. With the advent of annual "flu shot" campaigns in the fall, the pace of media articles quickened. You can read all of Ted's excellent letters in the Media section found on the main menu of our website.

Informed Consent:
Ontario Remains the Hot Spot for Repression

As we've reported over the last year, access to religious and philosophical exemptions is being restricted in Ontario with the implementation of required "education sessions". We have many concerns, including but not limited to the following:

1) These sessions require the physical presence at public health units of parents who are seeking exemptions for their children. This in itself is discriminatory. There is no on-line component for these sessions. 2) The content of the *re-education* sessions is extremely questionable. The information is so limited (and completely unreferenced) that the whole idea of informed consent is turned on its head. Risks of vaccine preventable diseases is exaggerated while risks of vaccines is seriously downplayed. 3) The sessions themselves have been limited in number. The fall round is now complete and sessions for the spring have not yet been scheduled. Communication of the times and locations of the sessions has been limited. This means children will continue to be ordered to be removed from school until parental education session certificates and exemption forms are on-file with school principals. All in all a very rushed and clumsy implementation of this policy with no public health medical emergency occurring.

The new exemption form itself created a loud outcry from Ontario parents. The form contains a risk-of-not-being-vaccinated statement worded in part as follows:

"With the decision to delay or refuse vaccines, you are accepting responsibility that you are putting your child's health and even life at risk."

See the 16-page VCC Response to 2017 Ontario Vaccination Exemption Form on our website. There is also a 2-page data sheet there that compares the risk of injury from vaccine-preventable diseases to the risk of injury from vaccines. Also see the article *Truth by Decree* on page 17.

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Thanks to N. Maxey for production of this publication.

Statement of Purpose:

1. Vaccine Choice Canada (VCC) was formed in June, 2014 and continues the work of VRAN in response to growing parental concern regarding the safety of current vaccination programs in Canada.
2. VCC furthers the work of our original group, the Committee Against Compulsory Vaccination which, in 1984, won an amendment to Ontario's "Immunization of School Pupils Act". This established the availability of legal exemption from any 'required' vaccines for reasons of conscience or sincerely held belief and set a legal precedent in Canada.
3. VCC supports the right of all people to make a voluntary and fully informed decision when considering pharmaceutical products like vaccines that carry a risk of injury and death.
4. VCC distributes scientific research, information and resources to further health and well being in our families and communities.

Our Mandate is:

- To empower parents to make an informed decision when considering vaccines for their children.
- To educate and inform parents about the risks, adverse reactions, and contraindications of vaccinations.
- To respect parental choice in deciding whether or not to vaccinate their child.
- To provide support to parents whose children have suffered adverse reactions and health injuries from childhood vaccinations.
- To promote a multi-disciplinary approach to child and family health utilizing numerous modalities such as; naturopathy, homeopathy, herbalism, chiropractic, acupuncture, conventional and complementary medicine.
- To empower women to reclaim their position as primary healers in the family.
- To maintain links with consumer groups similar to ours around the world through an exchange of information and research, thereby empowering parents to reclaim health care choices for their families.
- To support people in their struggle for health freedom and to maintain and further the individual's freedom from enforced medication.

VCC publishes two issues of the Journal annually as well as a bi-monthly E-Bulletin. Suggested annual membership donation is $40.00/Individual or $85.00/Professional. Your further donations are gratefully accepted in support of our educational efforts.

Please contact us if you'd like to share your vaccine reaction/injury story.

Caught at a Flu Clinic in a Toronto Mall: Some citizens have a different idea of what *education sessions* really are!

New Fundraising Bonus

We are including Dr. Moskowitz's wonderful book *Vaccines: A Reappraisal* in our fundraising bonuses. This book is new and a must read for anyone who wishes to be up-to-date on why vaccines pose such a danger to our long term health. See the back page of the Journal or your Fundraising letter for details. Please be generous, our activities are generating new costs.

VCC Attends the BabyTime Show in Ontario

Tens of thousands of postcards, pamphlets, flyers and business cards were distributed from VCC's booth at the BabyTime show in the Metro Toronto Convention Centre on November 10, 11, and 12, 2017. A favorite amongst the parents-to-be was the detailed Ontario Vaccine Schedule flyer (Thanks, Nelle!).

A new postcard comparing the 1950, 1983 & 2017 Ontario Vaccine Schedules was a real hit too. Thanks to Patricia for donating funds to have the postcards printed, and to Scott Hunter for the postcard design. You can view the full size postcard artwork on the VCC website in Resources.

A first for VCC, our booth included a captivating slide show that caught the attention of show attendees. Special thanks to Robert, Cindy and Edda for their work in putting together this educational and entertaining work of art!

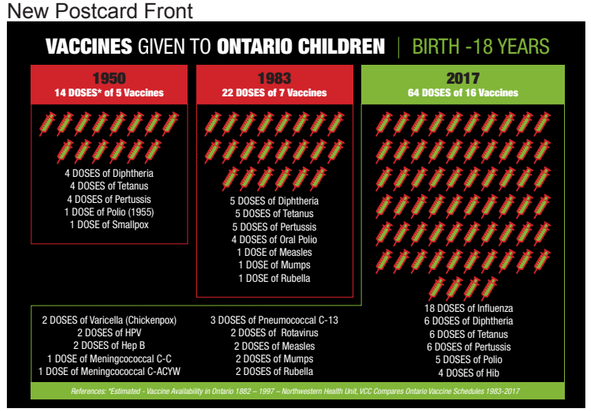
While there were some complaints about our presence to the organizers of the show and a few negative reviews on the BabyTime Facebook page, many attendees and other booth owners stopped by with their appreciation of the information we were providing to the public, including a few medical doctors! Sadly, many parents continue to have the belief that vaccination is mandatory to attend school. We handed out many vaccine exemption forms. Also we heard from parents who are unable to find a physician willing to take their infants and children into their practice due to their delayed or non-vaccinating status. We sadly heard vaccine injury stories; but thankfully heard some vaccine injury recovery stories as well.

Thank you to all of our tremendous show volunteers: Skylar, Robert, Esther, Nilla, Joel, Margaret, Cindy, Joanne, Beatrice, Mary, Gisele, Rita, John and Martin. With such great volunteers and skillful organizers (special thanks to Rita & John!), we plan to continue this type of key public outreach in the future.

Thanks to All!!!

Sunday volunteers in the VCC Booth at BabyTime: Skylar, Mary, Rita, Gisele and Nilla.

New Postcard Front



New Postcard Back

THE CHOICE IS YOURS

You have the **LEGAL** right to exempt your child from vaccination. Ontario's Immunization of School Pupils Act (1984) provides exemptions from vaccination for medical, religious and conscience based reasons. Health Canada stated years ago: ***"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution ... legislation and regulations must not be interpreted to imply compulsory immunization." Visit our website Exemptions page for more information.***

What's in those vaccines?

- **Complex biochemical substances** including DNA from animal and aborted fetal tissue, foreign proteins, cell fragments, viral and bacterial particles, emulsifiers, neurotoxins, formaldehyde, and many other chemical contaminants.
- **Aluminum:** A neurotoxin, 9250 micrograms injected in first year. Triggers brain inflammation & linked to autoimmune disorders.
- **Mercury:** Multi-dose vials of influenza vaccine contain this neurotoxin, 2 doses in first year contain nearly 50 micrograms of mercury.
- **Polysorbate 80:** An emulsifier, can cross the blood brain barrier ferrying vaccine ingredients into the brain. Causes infertility in animal studies.
- **Human DNA:** Suspected trigger of leukemia, lymphomas. Many live viral vaccines are contaminated with fetal DNA & associated with autistic disorder throughout the world and epidemic childhood leukemia and lymphomas (Ref: T.Deisher).

The highest numbers of vaccine doses are given in the first 2 years of life during critical phases of brain and immune system development. Vaccines can trigger brain inflammation, derail normal development of thinking, concentration, attention, behavior, language and cause neurological motor injuries. Vaccines are not evaluated for carcinogenic or mutagenic potentials or impairment of fertility. Read Product Monographs available at www.vaccines411.ca under the health professional tab.

Make an informed vaccine decision!

Your Child. Your Future. Your Choice.
www.vaccinechoicecanada.com

VACCINE CHOICE CANADA FORMERLY VRAN

Like an ancient war chariot, for three generations the vaccination program has rolled across the world leaving a trail of dead and disabled in its wake. The justification for this collateral damage has always been that the war on disease is a public good. That is, the program ostensibly protects the public's health from the ravages of disease.

But the lynch pin that holds the wheels on this chariot is the use of safe and effective vaccines. When that lynch pin is pulled, the wheels fall off.

No matter how much the driver whips the horses to pull harder, they cannot drag the chariot forward without wheels. We have now reached that end.

The driver of this war chariot is indisputably the pharmaceutical industry that manufactures the "disease-fighting" vaccines and reaps the monetary benefits from government purchase of them.

This "big pharma" driver is in command of the four horses that pull the chariot. The first horse is the public health bureaucracy that sets regulatory standards for industry, monitors vaccine-related damage and sets public health policies. The second horse is the government lawmakers who pass the laws to enforce those public health policies. The third horse is the professional and nonprofit associations that educate and inform healthcare professionals and lobby lawmakers. The fourth horse is the mass media that shapes public opinion on how the great war on disease is progressing.

No matter the laws drafted to enforce vaccination or public health policies established to obfuscate the damage and assure the public of safety regulation, no matter the tortured industry science of vaccine efficacy and effectiveness or media stories supporting the program, the crisis in public health has now reached a tipping point and can no longer be ignored.

The role that the vaccination program has played in this health crisis has been attested to for years by independent scientific researchers, statistical studies, knowledgeable doctors and their patients, independent investigative journalists and videographers and not insignificantly by industry and government whistleblowers.

For the last few years, the entire global vaccination program—from its framers at the World Health Organization all the way down the pyramid to local public health unit enforcers—has spent millions to address falling vaccine coverage rates due to vaccine hesitancy. What they mean by "vaccine hesitancy" is that parents are refusing to vaccinate their children, healthcare workers are refusing to vaccinate themselves and the adult public is refusing the increasing load of "booster" shots and annual influenza vaccines. This resistance is rooted in the growing public awareness that vaccines are not as safe or effective as has been purported for years and are a major contributor to the epidemic of chronic degenerative diseases which constitutes an on-going public health crisis.

The sad outcome of this has been the turning of the war force onto the public itself with vaccine mandate laws and restrictions to vaccine exemptions. For the unvaccinated and the under-vaccinated, the outcome has been varied: mandated "education" classes, doctors and hospitals refusing to treat them, schools and daycares turning them away, governments removing public benefit programs from them, threats of loss of their children and a media-generated generalized fear of them.

But the tipping point has been reached. The 100th monkey has been educated and the vaccine industry has lost the public trust. Now what will they do?

Two recent publications from opposite sides of the vaccine controversy attest to the role vaccines have played in this crisis in public health and in public trust. And they both offer similar concerns about the health implications of vaccine-driven chronic inflammation.

From the vaccine-safety and pro-choice side of the controversy, the marvelous book, ***Vaccines—A Reappraisal***, by Dr. Richard Moskowitz, MD, has just been published. What the good doctor establishes in this book is that vaccinations cause inflammation and that this inflammation **over time** has lead to the epidemic of chronic diseases (many of which involve damaged immune systems) that we now see in vaccinated populations. The significance of even common, mild reactions to vaccines—dismissed by the medical establishment as 'normal'—is thus brought into focus as the signal that inflammation has occurred and will continue to occur as more and more vaccines are administered under childhood and adult vaccine schedules. In other words, he spotlights the vaccination program in itself as the problem. See our lead article for an interview with Dr. Moskowitz. If you haven't read this book, please take advantage of our current fundraising bonus to do so.

The second publication is extremely interesting as it comes from and is addressed to the vaccine industry. Its significance cannot be overstated, since it substantiates Dr. Moskowitz's assessment of the mechanisms involved in vaccine damage and signals a change in the pro-vaccine paradigm. It admits and references the damage and suggests a solution. The article is dense and the medical terminology sometimes makes understanding what the author is saying daunting. However, the editorial summations included here will hopefully make clear what is being said.

"Vaccines' chronic impacts on health over a lifetime have been inadequately investigated and poorly understood."

The peer-reviewed publication by Dr. D.C. Tang, PhD, is titled, *Noninvasive vaccination as a casus belli to redeem vaccine value in the face of anti-vaccine movements*. It was first published in the journal of *Integrative Molecular Medicine* in July 2017. The paper was co-funded by the US National Institute of Health (NIH) and published on their website in November 2017*.

Dr. Tang currently practices in the Department of Infectious Diseases at the Southwest Hospital in Chongqing, China. He received his PhD in microbiology from Indiana University and lived and worked in the USA most of his life. He is a vaccine developer and believes there is a need to develop non-invasive, non-injectable vaccines.

His paper begins with a section titled, ***Anti-vaccine movements fueled by vaccines' incertitude.*** Here Dr. Tang defines the vaccine controversy. He characterizes the pro-vaccine sentiment as based on a belief in minimal risks and maximum benefits, contrasting this with the vaccine resisters concerns with "vaccines' incertitude" and their "arcane mechanisms of action". Of note is his characterization of the vaccine-resistors movement as that of an "erudite opposition" comprised of "knowledge seekers".

Dr. Tang suggests, *"An anti-vaccine movement thus may not be so unfounded…converging evidence shows that vaccination-associated health threats could be pervasive when systemic inflammation is considered as a side effect that oozes over time."* This is a clear echo of Dr. Moskowitz's thesis.

Dr. Tang brings the controversy to some resolution when he invites the vaccine establishment to hear a new message of concern which hitherto it has refused to entertain. Appealing to scientific thinking over belief systems, he states:

"What is not controversial is the truism: Data have primacy over perception. At this time, emerging evidence begins to reveal that vaccines' risks may not be so minuscule. Assertions of safety by vaccine makers are invariably based on incomprehensive trial designs with long-term effects under-targeted…Vaccines' chronic impacts on health over a lifetime have been inadequately investigated and poorly understood."

He then affirms, *"It is inconveniently true that i.m. [intramuscular] vaccination induces systemic inflammation, which may slowly confer cumulative deleterious effects with the potential to reach a crisis level over time."*

*There are 64 references in the paper with hyperlinks to PubMed articles. These have been removed in quoted text here, but they can be viewed on-line. To find the article just search by its name.

Dr. Tang goes on to list the data on adverse events—or as he characterizes them "festering hazards"—associated with various injected vaccines. This acknowledgement of damaging effects of vaccines is accompanied by references to both scientific and epidemiological studies that have been largely ignored or refuted by policy makers and the industry.

In the following text, our comments follow each of Tang's quotes from his discussion of adverse events.

Tang: *"Vaccines' side effects are invariably complex, often stealthy, and inherently multi-dimensional as contextual medical puzzles. Studies on vaccination-related adverse effects often have a limited scope, differ in approach, and contradict one another. To muster the resolve for arresting these festering hazards, their true scope has to be brought to a clear focus. As shown in Table 1 [on the next page], almost any vaccine can induce anaphylaxis that occurs 1.3 times per million vaccinations."*

The reference here is to an article regarding US Vaccine Court award statistics that represent a tiny portion of actual adverse events. However even using this low estimate of 1.3 events per million doses, we would expect to see 9-10 serious anaphylactic reactions annually in Ontario alone. In 2016, Ontario distributed 3.6 million Influenza vaccines (all ages) and another 3.6 million doses of other vaccines under the childhood schedule (birth to 17 yrs. old).

Tang: *"Brachial neuritis afflicts up to 10 of every million tetanus vaccinees."*

Brachial neuritis is nerve damage that affects the chest, shoulder, arm and hand. Again the 10 in a million figure is based on US Vaccine Court data and thus severely underestimates actual injuries.

Tang: *"The Centers for Disease Control and Prevention (CDC) in the U.S. recommended 26 vaccine doses for infants in 2007 with clinical implications suggesting deleterious impacts on infants' health due to uncharacterized [not yet defined] interference among unrelated vaccines after consecutive cycles of intensive immunization."*

The reference here is to Goldman & Miller's largely ignored 2012 paper that correlated infant hospitalizations and deaths with an increasing number of vaccines received.

Tang: *"All measles-containing vaccines are associated with several types of adverse events, including seizure, fever, and immune thrombocytopenia purpura* [ITP]."

ITP is an autoimmune condition with a decreased number of circulating platelets that manifests as a bleeding tendency, easy bruising, or bleeding from capillaries into skin and mucous membranes.

Tang: *"Current split formulation for the seasonal influenza vaccines in an intramuscular (i.m.) regimen tends to induce immunoglobulin (Ig)E sensitization in children."*

(Ig)E sensitization is the first phase of the allergic process and can manifest as hives, eczema, asthma, hay fever, food allergies and so forth.

Tang: *"Annual vaccination with injectable influenza vaccines may interfere with the development of broad immunity against influenza that could otherwise be induced by natural infection."*

The reference here is to a study that found **unvaccinated children** who caught A/H3N2 influenza had immunity to the highly pathogenic SARS A/H5NI subtype. **Vaccinated children did not develop this immunity**.

Tang: *"Vaccination-related effects sometimes exacerbate viral infections (e.g., respiratory syncytial virus; dengue virus; measles virus; influenza virus). The consequence of a vaccination-induced polarized T-cell memory profile on clinical outcomes is largely a terra incognita."*

According to the latest research, development of an inappropriately polarized T-cell response can lead to ineffective immunity and can thus be pathogenic.

Tang: *"Improper injection of vaccines into the arm can provoke an inflammation that damages tendons, ligaments, bursas and reduces friction in the joint."*

SIRVA (shoulder injury related to vaccine administration) occurs when any vaccine is injected improperly, causing physical and functional damage to the affected arm and shoulder.

In concluding this section, Tang writes [Emphasis ours],

*"**Even one injury from vaccination is one too many. It is thus counterfactual to assert that vaccination is universally safe with only minor risks…To date, there has been little to no discussion of how these revelations may guide policies on vaccine safety,** which is intrinsic to the vaccine industry, coursing through anti-vaccine movement[s], and prevalent in society at large."*

"Overall, the weight of evidence suggests that systemic inflammation and possibly other reactions induced by i.m. vaccination may not be medically benign with the possibility to pose unwarranted health threats to vaccinees who are otherwise healthy."

In the next section of the paper titled, ***Systemic inflammation as an arcane leviathan with the potential to anchor system-wide mayhem following intramuscular vaccination,*** Tang meticulously examines acute versus chronic inflammation conditions following vaccination. He raises similar concerns to those Dr. Moskowitz discusses in his book.

Table 1 [From Tang's study. Our notes added.]

Adverse effects associated with injectable vaccines.

Injectable vaccines	Adverse effects	Elevation of inflammatory markers
All injectable vaccines	Pain; fear; inflammation; anaphylaxis; bursitis and shoulder injury	
Comorbid vaccines	Correlation between infant mortality/hospitalization rates and the number of injected doses of unrelated vaccines	
Diphtheria-pertussis-tetanus vaccine	Fever; brachial neuritis	
Influenza vaccines	Platelet activation; systemic inflammation; cardiac autonomic dysfunction; Guillain-Barré syndrome; narcolepsy; deterioration of endothelial function; abnormal arterial function; LDL oxidation; increase in cardiovascular risk; IgE sensitization; hamper the development of cross-reactive immunity against influenza viruses of other subtypes; exacerbate influenza virus infection	CRP; TNF-α
Measles vaccine	Fever; seizure; immune thrombocytopenia purpura; exacerbation of measles virus infection	
Dengue vaccine	Exacerbation of infection by another dengue virus strain; headache; fatigue; fever	
Anthrax vaccine	Flu-like symptoms	
Papillomavirus vaccine	Myalgia; headache	
Salmonella typhi vaccine [Typhoid]	Systemic inflammation; vasodilation impairment; disruption of sleep cycle	CRP; TNF-α; IL-6; granulocytes
HBV vaccine [Hep B]	Systemic inflammation; uveitis	CRP
Pneumococcal polysaccharide vaccine	Cellulitis-like reaction; fever; leukocytosis [Increased WBC count, sign of inflammation]	
Alum-adjuvanted vaccines [See Note below]	Macrophagic myofasciitis lesions; chronic inflammation; fever; myalgia; lethargy; predisposition of a lymphoma state [Lymphoma is a cancer of the immune system & white blood cells]	

[Note: Aluminum adjuvanted vaccines include Hepatitis B, diphtheria-tetanus-containing vaccines DTaPs & Tdaps), Hib, HPV, IPV polio, and pneumococcal vaccines.]

Dr. Tang writes, *"Injection of an adjuvanted vaccine usually induces acute inflammation within hours…Most vaccinees, including vaccine supporters, only semiconsciously consent to vaccines' risks without knowing the possibility for acute inflammation to discreetly evolve into chronic low-grade inflammation with a heightened risk."* And he concludes, *"The outcomes depend on where the runaway reaction takes hold within a vaccinee. Just because chronic inflammation exists silently does not make it less hazardous than acute inflammation although the former is difficult to measure and hard to comprehend. Medical evidence has already depicted compelling links between chronic low-grade inflammation and a variety of health infirmities including cardiovascular disease, obesity, diabetes, cancer, and neurological disorder on an expanding horizon."*

After examining acute and chronic inflammation associated with specific vaccines, Dr. Tang writes, *"Vaccine makers' claim that the trace amount of alum* [aluminum adjuvant] *blended into a vaccine is harmless thus has to be reexamined from a chronic angle during multiple cycles of vaccination over a lifetime."* Then he continues, *"Since early-life chronic inflammation is linked with later morbidity and vaccination induces inflammation, these converging perspectives create a logistical caveat: If vaccination-induced systemic inflammation should drive any chronic infirmity, this common medical regimen [vaccination programs] may discreetly sicken vaccinees who are otherwise healthy in a slow motion. Overall, we will be sorely misguided and miss a theme unifying divergent adverse effects if we deem vaccination-induced side effects are manifested as unimodal [discrete] symptoms shortly post-vaccination. Should systemic inflammation be the locomotive of health infirmities, disease states may manifest as cabooses with seemingly unrelated symptoms in myriad ways. Vaccination-induced systemic inflammation thus could represent a biological linchpin around which health threats revolve carrying an incalculable price…As our understanding of how vaccination-induced systemic inflammation and its complications enlarge, so will the potential repertoire of medical intervention for bringing vaccination-associated side effects to a sensible and humane solution."*

Anyone who has suffered or watched their child suffer a reaction following vaccination, knows how the medical establishment pooh-poohs such reactions as normal if they are not classifiable as serious or as coincidental if they are serious adverse events. But just as Dr. Moskowitz learned in his 50 years of medical practice, nothing could be further from truth. These events can easily portend a lifetime of chronic inflammation and associated illnesses.

In the final section of the paper, Tang discusses his solution to the inherent risks associated with injectable vaccines when he advocates for the development of non-invasive oral, nasal and skin-patch vaccines (Table 2 below). Since he is an early developer of noninvasive vaccines, his enthusiasm may be a bit overblown. One need only consider serious intussusception events following oral rotavirus vaccines or lack of efficacy and concomitant and various respiratory infections following administration of nasal spray flu vaccines to understand these vaccines are not perhaps the panacea Tang proposes. However, we give him the last word here:

"With major strides in understanding how systemic inflammation impacts health, it is nearly impossible to provide full assurance of safety for injectable vaccines since i.m. vaccination invariably induces systemic inflammation which is associated with a multitude of adverse events…On logical grounds and sound evidence, the way to promote vaccine coverages on the basis of safety is to promote noninvasive vaccines, since noninvasive vaccination could spare vaccines the health-sapping effects of systemic inflammation."

"The leap to a new global vaccination program which includes noninvasive vaccination as one of the arms could appear as a game changer with the potential to upend the entire vaccine industry. If noninvasive vaccines are safe enough, effective enough, and economical enough, they will emerge as the de facto standard against mucocutaneous pathogens…"

Table 2

Injectable vaccines versus noninvasive vaccines.

	Injectable vaccines	Noninvasive vaccines (oral, nasal, skin-patch vaccines)
Mode of delivery	Invasive and traumatic	Noninvasive and atraumatic
Pain and fear	Yes	No
Local inflammation	Yes	Yes
Systemic inflammation	Yes	None or mild
Adverse side effects	Myriad	Limited and mild
Resolution of inflammation	Slow	Rapid
Medical skill required	High	Low
Self-vaccination during a crisis	Undoable	Doable
Self-booster application to fortify protective immunity	Undoable	Doable

Your Intuition Makes Your Kids Healthier, Happier —By Judy Converse

Honor that direct line, that hot line, straight to your own intuition.

Even though I became a mom a long while ago (1996), and so much has changed since then, I still remember how it felt to go from independent young woman to faceless market niche. Not what I expected!

I was thirty five years old and pretty comfortable in my own skin. I had graduate and undergraduate degrees in my profession, enjoyed working, and was healthy, fit, and strong. But all of a sudden, it was as if I was no longer any of those things.

Now, I was a "pregnant woman". And, I noticed, that meant that I no longer belonged to me. I belonged to the obstetrician/midwife, to that dreadful book "What To Expect When You're Expecting" (at the time this featured a sad, lonely woman sitting in a rocking chair on its cover), to Graco (baby stuff maker *de rigeur*), to Hanna Andersson, to the pediatrician, and to any stranger, friend, or foe who felt it necessary to give me advice.

I felt palpable expectations for my behavior all around me, and everyone seemed to be quite uninhibited in letting me know how "pregnant women" behave or what they are supposed to do. The only word I can conjure here is "obedient". Pregnant women are supposed to be obedient. Obey what society would like you to do, buy, wear, and say, regarding your pregnancy and children. I didn't see that coming. I was taken aback by it, and tried to shake it off. But it lingered.

From the get go, I was not encouraged to cultivate my intuition as a mother, or listen to my own body. The idea that perhaps I might like to tap some innate wisdom deep in myself was an embarrassment at best. I was definitely supposed to listen to everybody else. Going inward toward my own knowing was regarded as quaint but unnecessary, or, just plain selfish, dumb, or stubborn. Don't you know? The doctor will tell you everything you need to know. Besides, aren't you exhausted from this birth business, breastfeeding, laundry, the sleep deprivation (yes)? Let the experts drive the bus.

Some harsh events at my son's birth and infancy made me quickly understand how deeply rooted in our own knowing women must be, as we meet this moment in our lives. It's crucial for your well being. It's also crucial for your baby's safety and health, from the moment you first cradle them to the moment you launch your young adult child toward their own lives. We women need that quiet, still, reassuring connection to our intuition. How else do you communicate with your baby, before or after they arrive in our world? No one else is more equipped than you to do this!

You're the mom, you're the vessel nurturing this new life, from conception into the first couple of years of your child's life. Even after that, intuition doesn't go away. And adoptive moms will know this too, in their own fashion. Honoring and cultivating that connection will help you be a happier mom and will help your child be healthier.

In my pediatric nutrition practice, I hear time and again about struggles mothers have with medical resources that they are tapping to help their children get better. I usually meet the infants, toddlers, kids and teens who have been failed by conventional medicine, who have been through the medical ringer. Their moms are at wits' end, they are sad, they have tried everything, done everything their doctors told them to do. They have submitted their children for procedure after procedure, surgeries, all the recommended inoculations, exams, blood draws, endoscopies, barium swallows, rounds of strong drugs, and more. But their kids are still so sick, not able, not well. Life is a blur of specialist appointments, medications, pumps for feeding tubes, and so on.

> "My urge to swaddle up my son and just bolt from the office before the nurse arrived with her tray of needles? I squelched it."

At this point, I often discover that although these moms do everything they can for their children, the one thing they didn't do is put their intuition in charge. They have let others decide what's best for their babies. They weighed expert opinions carefully but left out their own heart. And by the time I meet them, they realize this oversight and express regret. They were trying hard to be rational, safe, obedient. They gave away their intuitive power, and question if keeping it would have meant their children would have suffered less.

Mine would have. I deeply regret allowing his vaccinations at age two and four months, after he had already been hospitalized for an adverse reaction from his newborn hepatitis B shot. The follow up shots nearly killed my son just as he began to settle down. They triggered violent seizures, tremors, and neuromotor problems that lasted for years. He has struggled with learning, vision, and sensory processing challenges as a result. I let the pediatrician bully me. My urge to swaddle up my son and just bolt from the office before the nurse arrived with her tray of needles? I squelched it. I stood stock still – obedient. I then watched my infant son's face contort in pain as needles sunk into his thighs and I knew I had betrayed his trust, and betrayed myself as a knowing and intuitive mother.

Honor that direct line, that hot line, straight to your own intuition. It lets you call your highest knowingest self, any time day or night, and listen in. No interference. No self doubt. Just an accepting, neutral, no-judgment you on the other end of the line, with a sureness for your next steps, as a mom. What would that be like? What would it mean for your child? What would it mean for you, to unapologetically claim your own prowess and tap your own wisdom?

You have that voice. The more you pick up the line and listen, the more you'll feel it. The harder it will be to ignore.

Here's to your intuition as a mom, and to all the times you honored it. Read these amazing accounts of moms who did. Your intuition is not just for emergencies. It will guide you to know your child better than anyone, and listen to their needs when they aren't able to communicate them to you. No doctor in the land has that ability, but that voice will connect you to providers and helpers who are here to lift your child up on their journey to good health.

—Judy Converse holds a Bachelor of Science Degree in Food Science & Human Nutrition, an MPH in Public Health Nutrition and is a Registered Dietician. Her goal is to help children reach their fullest potential for wellness and functional ability. Through nutrition support, Judy specializes in supporting children (ages 0-24 months) who have food allergy, feeding/growth concerns, asthma, ADHD/ADD, autism, Aspergers syndrome, mood concerns, PANDAS, or seizure disorders. Judy practices integrative nutrition with tenets of many disciplines, including Weston-Price, organic foods, special diets (GAPS, SCD, Paleo, GF, CF, LOD) and judicious use of supplements and herbs.

—We appreciate Judy's kind permission in allowing us to reprint this article originally published at her blog: https://nutritioncare.net/your-intuition-makes-your-kids-healthier-happier/

You can contact Judy here: https://nutritioncare.net/contact/ Or sign up for her newsletter here: https://nutritioncare.net/integrative-health-nutrition-kids/

Pertussis Vaccination in Pregnancy: Lots of Questions But What We Need Are Answers —by Dr. Jayne LM Donegan, General Practioner & Homeopath

Everything about Pertussis and Pertussis Vaccines

What is whooping cough anyway.....?

What we call whooping cough is mostly caused by the bacterium *Bordetella pertussis*, but similar cough illnesses can be caused by *B. parapertussis* in young children and *B. holmesii* in adolescents and adults.[1] Cases of whooping cough without symptoms are 4-20 times more common than those with[2] and a distinction needs to be made between *infection* and *clinical illness*. Pertussis is primarily a toxin-mediated disease. Multiple toxins and one adhesin have roles in human *B. pertussis infection*, but only two cause *clinical illness*: a. Pertussis Toxin (PT – previously known as lymphocyte-promoting factor) and b. the toxin that causes the cough. Pertussis bacteria attach to the little hairs (cilia) of the respiratory cells lining the tubes in the lungs and produce toxins that paralyse the cilia so they can no longer beat mucus out of the lungs; in addition, they cause inflammation of the respiratory tract, which blocks clearance of lung secretions.[3] The toxins also induce a large number of white cells called lymphocytes to be produced (leucocytosis with lymphocytosis) but cleverly stop them from carrying out their immune function of migrating to the place where they are needed (chemotaxis) to do their job. It is this *Illness* with leuco- and lymphocytosis that is the cause of deaths in young infants. Once a person has had pertussis or been vaccinated they are said not to get the increase in white cells and associated symptoms as these do not occur in adult illness.[4]

Whooping cough is spread by droplets in coughs and sneezes. Classically, in cases of *illness*, there is an incubation period of two weeks (when one is infectious without symptoms); a catarrhal phase of two weeks; a paroxysmal or 'whooping' phase of two weeks; and a recovery phase of two weeks. These may all vary in length and severity, the more dangerous whooping phase may be absent altogether and it may just seem like a recurrent cough.

In the catarrhal phase there is mild fever, a runny nose and the start of a hacking cough that may keep the child awake at night.

In the paroxysmal phase, if present, the cough comes on fully. In severe cases there may be repeated coughing without drawing breath while mucus and saliva stream from the nose and mouth. The child may vomit their last meal while coughing. Young children and babies may become cyanosed (blue) with bloodshot eyes. When the coughing has ended there can be a long 'whoop' as the child breathes in, hence the name. After a series of such episodes they may fall asleep exhausted.

During the last fortnight the symptoms usually start to resolve. The whoops and the vomiting become less frequent so the child sleeps more at night and starts to regain weight.

Babies less than one year old, particularly under 3 months of age, tend to have the most severe forms of illness and it is in this age group that complications and death most often occur:

- Coughing spasms can be followed by convulsions and in rare cases these may cause a bleed in the brain which can cause temporary or permanent damage.
- Areas of lung may collapse and if re-expansion with air does not take place this can lead to bronchiectases (dilated air tubes filled with mucus).
- Pneumonia, more common in babies, is the leading cause of death in this age group.

Looking after someone during a severe whooping cough illness is tiring and time consuming. Keeping them calm and quiet is helpful as excitement and exertion may provoke the coughing attacks. During a spasm of coughing they should be

Your Intuition (continued)

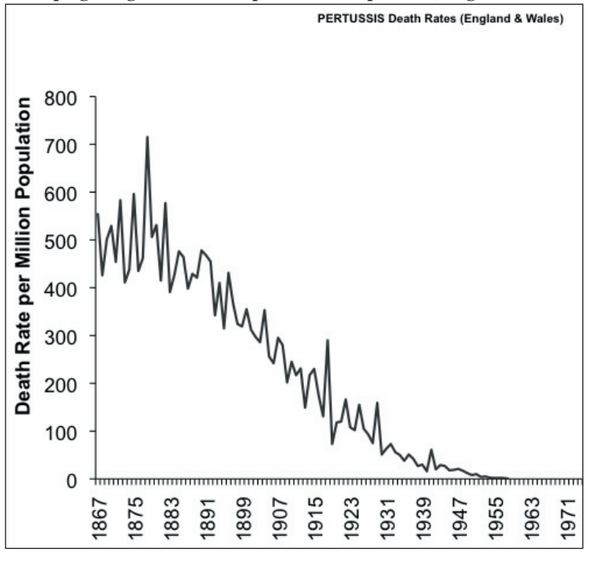
held in the recovery position to avoid inhaling vomit. Some small babies may require suction and oxygen after a spasm has ended. It is important to make sure that babies get enough to drink—the best time to offer fluids or a breast feed is after an attack as they are most likely to keep it down.

After recovery, a cough or cold during the following year may start off a series of whoops as will exposure to cigarette smoke. Although it is difficult to diagnose whooping cough in the first week because it is so like an ordinary cough or cold, the standard advice is that antibiotics given at this time will reduce the severity and duration of the illness. Giving them to siblings who have no symptoms is said to reduce spread to others.[5] (For resources for effective management, see end of article)

Did Pertussis vaccine stop people dying of whooping cough?

It is undoubtedly the case that whooping cough became a milder disease in this country over the course of the first half of the twentieth century. Looking at the graph[6] below, it can be seen that the death rate had fallen by over 99% before vaccination against pertussis was introduced in the 1957 in the UK.

Whooping Cough Death Rates per Million Population, England & Wales



After pertussis vaccine was introduced in the 1950s *cases* of whooping cough also reduced markedly. Some of these reductions were real and some were because vaccinated children would be assumed not to have whooping cough and so would not be notified. However cases started to rise again, especially in infants—the very ones most at risk in the 1980s. This led to the vaccination age for the primary course of vaccinations being lowered from 3, 5 and 10 months to 2, 3 and 4 months-of-age in 1990. When this did not lead to a sustained improvement the pertussis vaccine was added to the pre-school booster in 2001, again producing a short, non-sustained effect; but by 2012 cases were rising again, especially in babies below the age of two months. In response to this, the Joint Committee on Vaccination and Immunisation decided to introduce a programme of Whooping Cough 4in1 vaccination for pregnant women.

Why are pregnant women being vaccinated with a whooping cough vaccine at all, never mind a vaccine that also contains Diphtheria, Tetanus and Polio vaccines, as well as formaldehyde and aluminium salts?

After the thalidomide and Diethylstilboestrol scares in the 1940s, 50s and 60s [7], the use of any drug in a pregnant woman was regarded as very risky and to be avoided whenever possible. However, the taboo against this was broken in the UK in 2010 when 'flu vaccination was recommended as standard for pregnant women at any stage of pregnancy. The 4in1 pertussis containing vaccine added in 2012 is just one of many planned. Waiting round the corner is a Group B streptococcus (GBS) vaccine, and on it will go, just like children's vaccines, as manufacturers seek to cash in on this lucrative market.

Why are so many cases of whooping cough being diagnosed?

There are many reasons:

• **A new laboratory test** started being used regularly in the UK from 2006 - the 'polymerase chain reaction' (PCR) test to diagnose pertussis, This has resulted in between 9 and 91% more laboratory-confirmed cases being detected in the USA[8], UK[9], and Ireland[10], and has shown that as many as 16% of cases previously diagnosed as *B. pertussis* may due to *B. parapertussis*—which appear as vaccine failures when they are not, as protection is not to be expected against non *B. pertussis* species.

• **Acellular (aP) vs wholecell vaccine (wP).** The 'efficacy' of the vaccine—meaning its ability to make antibodies (the ability to stop you getting the disease is not usually tested)—wanes. There is clear evidence that all acellular Pertussis (aP) containing vaccines have less 'efficacy' than good whole cell (wP) vaccines as the whole-cell versions contains endotoxin.

This, however, is associated with so many adverse reactions that whole-cell pertusss vaccine was replaced in the USA (1999), UK (2004) and most developed countries[12], by acellular vaccines , composed of purified bacterial proteins. In Canada, this lead to an 87% drop in admissions for seizures and a 75% decline in collapse (hypotonic-hyporeflexive episodes) in the 72 hours post-vaccination[13].

The pertussis antigens used in aP vaccines are: Pertussis toxin (PT), Pertactin (PRN), Filamentous hemagglutnin (FHA), Fimbriae (FIM) types 2&3.

The greater the number of antigens in the acellular vaccine, the greater the 'efficacy' is thought to be[14, 15]. This was certainly the case in a head-to-head comparison of a 3-versus a 5-component aP vaccines carried out in Sweden and Italy in the 1990s[16]. Currently in the UK, Infanrix-IPV+Hib, Infanrix-IPV and Boostrix-IPV (GSK), contain three antigens (PT, FHA, PRN), and Pediacel and Repevax (Sanofi Pasteur) contain five (PT, FHA, PRN, FIM 2&3).

• **Antibody ≠ Immunity.** It is always assumed that more antibody means more protection but this is not always the case; the balance of antibodies is crucial—along with a well functioning innate immune system—see my previous articles. aP vaccines produce high levels of antibodies to PT and FHA, wP vaccines produce low[17]. Immunity studies have shown PRN and FIM are the most important antigens for protection against pertussis illness[18, 19], PT correlates only modestly with efficacy and may actually antagonise the immune response to FIM and PRN (the most useful ones). FHA may not be important at all[20]. But immunity is complicated and a 1-component aP vaccine with PT alone is said to have successfully controlled *B. pertussis* infection in Denmark since 1997, apart from an epidemic in 2002 and the recent one in 2016 that is still being investigated[21].

• **Genetic changes.** Since the universal use of pertussis vaccines, genetic changes have occurred in circulating *B. pertussis* strains. Since wP vaccines contain many more antigens than just PT, FHA, PRN, and FIM 2/3, this did not used to be such a problem. However, with acellular Pertussis vaccines this genetic change is a major concern regarding efficacy—will antibodies to antigens in the vaccines be able to neutralise those in the new circulating strains[22]?

• **Linked epitope (antigen) suppression.** At first known as **'original antigenic sin'**, this occurs when children receive the acellular vaccine. They make a massive antibody response to the antigens in the vaccine—that is what vaccine manufacturers spend millions of dollars ensuring that they do. However, if the child subsequently gets whooping cough ('vaccine failure'), with the wild, entire pertussis bacterium, which contains all of the antigens, the child makes a massive immune response to those antigens from the vaccine and no or a very muted response to the rest of the antigens in the wild bacterium[23]. This means that even after infection with circulating whooping cough, they are still not immune to the real thing, presenting the worrying possibility that some children vaccinated with acellular vaccines might be perpetually unable to mount an effective immune response when exposed to *B pertussis* and will therefore keep the disease circulating.

If you don't have the vaccine, does that mean you'll get whooping cough?

Again, immunity is complicated. People assume that if you are not vaccinated against a disease, you will definitely get it if you come in contact with it. However, after pertussis vaccination was discontinued in Sweden in 1979 due to worries about safety and ineffectiveness, the incidence of whooping cough illness increased, with outbreaks in 1983 and 1985. The cumulative incidence rate by the average age of 4 years was estimated at 16% of the unimmunised cohort born in 1980 compared with 5% for the immunized cohort born in 1978. Looking at this another way: when exposed to circulating *B. pertussis*, 95% of vaccinated children did not get clinical illness, but then neither did 86% of the unvaccinated [24].

Has vaccinating pregnant women worked?

According to the Public Health England Health Protection Report of March 2017[25], pertussis cases were 33% higher in 2016 (n=233) than in 2015 (175) in infants under a year, but lower than the peak of 508 reported in 2012. Bearing in mind that 50-70% of pregnant women have been vaccinated in every pregnancy since 2012, it seems extraordinary that confirmed cases in babies aged 6-11 months and children aged 5-9 years were higher in 2016 than any year reported since the introduction of enhanced surveillance in 1994, while cases aged 1-4 years were higher than in any of the previous 18 years. Even in the very age group the pregnancy vaccination is supposed to protect, those less than 3 months-of-age: confirmed cases in infants in this age group increased by 18% in 2016 with 154 cases compared to 2015 which had only 130 cases, though this is 62% lower than the 407 cases seen in 2012 said to be due to the cyclical nature of the disease—but this is precisely what is supposed to be interrupted by vaccination.

What will the vaccine antibodies from the mother do to the babies' response to vaccination in their first year?

It will 'blunt' the response of the baby to its own vaccines.

Antenatal pertussis immunization results in high infant pre-immunization antibody concentrations, but blunts subsequent responses to pertussis vaccine and some CRM-conjugated antigens (like Hib)[26]. A team at the University of Georgia using computer modelling to evaluate the long-term epidemiological effects of antenatal pertussis vaccination, predicted eventual population-level repercussions possibly leading to an overall increase in incidence in older age groups[27], which is a problem we have with whooping cough already.

Will boosters do the trick?

Based on the above, this is unlikely. Going down the vaccine route will mean having to develop new vaccines with correctly balanced combinations of antigens, possibly omitting FHA, using hydrogen peroxide inactivated PT as in the Danish model, and even a return to a less reactogenic version of the whole cell vaccine, such as the 'Plow' (low in endotoxicity) currently being developed in Brasil, as well as boosters for life.

Is there another way?

We could stop vaccinating against whooping cough.

The massive fall in deaths from this disease was occurring long before pertussis vaccination was introduced. Pertussis notification data from the pre-vaccine era provide indirect

Pertussis Vaccines in Pregnancy (continued)

evidence that maternal antibodies provided short-lived protection against fatal pertussis as the rate of pertussis deaths in the first month of life was approximately one-third of that in the second and third months of life[28]. Since universal vaccination this is no longer the case. There is evidence from animal studies that maternal anti-PT immunoglobulin (Ig) A and IgG transferred via colostrum or breast milk can be protective [29]. During natural infection with pertussis IgG, IgM and IgA antibodies are produced. The IgA secretory antibodies are very important as they specifically stop the bacterium from sticking to the hairs (cilia) of the breathing passages and multiplying there. Vaccination against pertussis does not produce this IgA antibody which is so important in protecting against further infection.[30] [Editor's note: Breastmilk is an exceptionally rich source of secretory IgA which provides babies protection from many infectious diseases they may be exposed to in infancy.]

It seems ridiculous, in the twenty first century, to be attempting to vaccinate 700,000 pregnant women every year, in England and Wales alone, with a vaccine that does not work, may carry significant risk to the mother and the fetus[31], blunts the infant's response to the first course of vaccines and increases the number of cases in older children and young adults, rather than having already found a successful way to manage the illness, which, along with standard medical management, at its peak in 2012, claimed the lives of 14 of the 3252 children below the age of one who died that year. It just shows how wrong our research priorities are.

How do you treat whooping cough then?

I cannot do better than to refer you to the excellent work of Dr Suzanne Humphreys MD who has been using a combination of vitamin C and wisdom to help people manage whooping cough successfully in even very young babies. Dr. Humphries' **Vitamin C Treatment for Whooping Cough, updated 2017** pdf can be downloaded here: http://www.vaccinationcouncil.org/2012/09/07/vitamin-c-for-whooping-cough-updated-edition-suzanne-humphries-md/

It needs to be read thoroughly from beginning to end, several times. Testimonials to the effectiveness of her protocol, as well as fascinating real life stories of people who have successfully used it to manage whooping cough in their children, can be accessed here: drsuzanne.net/suzanne-humphries-md-testimonials/

I have found the homoeopathic nosode, Pertussin, 30c given at 12 hourly intervals for three doses, as early as whooping cough is first suspected, to be very useful, as well as general measures for treating all childhood and adult acute infectious diseases.

—Dr. Jayne Donegan is a UK based medical doctor whose excellent articles on vaccination and related health issues have provided factual information about vaccines to families for many years. For more articles by Dr. Donegal, visit her website at www.jayne-donegan.co.uk/articles

—We appreciate the kind permission granted us by The Informed Parent to reprint this article from their newsletter, issue #1, 2017 where it was first published: https://www.informedparent.co.uk/

References (accessed in March and April 2017)

1. Cherry JD Pertussis: challenges today and for the future. PLoS Pathog. 2013;9(7): e1003418. doi: 10.1371/journal.ppat.1003418. Epub 2013 Jul 25.
2. Cherry, JD Curr Epidemiol Rep (2015) 2: 120. doi:10.1007/s40471-015-0041-9. The History of Pertussis 1906–2015 Facts Myths, and Misconceptions.
3. CDC Pink book Pertussis chapter
4. Cherry, J.D. Curr Epidemiol Rep (2015) 2: 120. ibid.
5. Harrison's Principles of Internal Medicine 11th Ed, McGraw-Hill Inc 1987 pp 605-7
6. Source of information: Deaths/Population1867-1900, Registrar General's Annual Returns, 1901-1994 Twentieth Century Mortality CDROM Office for National Statistics. Pertussis notification/vaccine coverage rates 1940-1998, Communicable Diseases Surveillance Centre, London NW9
7. Thalidomde: www.sciencemuseum.org.uk/broughttolife/themes/controversies/thalidomide [and] Diethylstilbestrol (DES): https://www.cdc.gov/des/consumers/about/history.html
8. Cherry JD Pertussis: challenges today and for the future. ibid
9. Fry NK1, Duncan J, Wagner K et al. Role of PCR in the diagnosis of pertussis infection in infants: 5 years' experience of provision of a same-day real-time PCR service in England and Wales from 2002 to 2007. J Med Microbiol. 2009 Aug;58(Pt 8):1023-9. doi: 10.1099/jmm.0.009878-0. Epub 2009 Jun 15.
10. Grogan JA1, Logan C, O'Leary J et al. Real-time PCR-based detection of Bordetella pertussis and Bordetella parapertussis in an Irish paediatric population. J Med Microbiol. 2011 Jun;60(Pt 6):722-9. doi: 10.1099/jmm.0.030049-0. Epub 2011 Mar 10.
11. Cherry JD Why do pertussis vaccines fail? Pediatrics. 2012 May;129(5):968-70. doi: 10.1542/peds.2011-2594. Epub 2012 Apr 23.
12. Cherry JD Pertussis: challenges today and for the future. ibid
13. Sheifele DW, Halperin SA, Pless R, Delage G, Jadavji T, Vaudry W, et al. Marked reduction in febrile seizures and hypotonic-hyporesponsive episodes with acellular pertussis vaccines: results of Canada-wide surveillance. 1993-8 (abstract). Clin Infect Dis 1999;29:966
14. Cherry JD Why do pertussis vaccines fail? ibid.
15. Cherry JD Pertussis: challenges today and for the future. ibid.
16. Olin P, Rasmussen F, Gustafsson L et al. Randomised controlled trial of two-component, three-component, and five-component acellular pertussis vaccines compared with whole-cell pertussis vaccine. Ad Hoc Group for the Study of Pertussis Vaccines. Lancet. 1997 Nov 29;350(9091):1569-77.
17 & 18. Cherry JD Pertussis: challenges today and for the future. ibid.
19. Cherry, J.D. The History of Pertussis 1906–2015 ibid.
20. Cherry JD Pertussis: challenges today and for the future. ibid.
21. Thierry-Carstensen B, Dalby T, Stevner MA et al. Experience with monocomponent acellular pertussis combination vaccines for infants, children, adolescents and adults–a review of safety, immunogenicity, efficacy and effectiveness studies and 15 years of field experience. Vaccine. 2013 Oct 25;31(45):5178-91. doi: 10.1016/j.vaccine.2013.08.034. Epub 2013 Aug 28.
22. Cherry JD Pertussis: challenges today and for the future. ibid.
23. Cherry, J.D. The History of Pertussis 1906–2015 ibid.
24. Romanus V, Jonsell R, Bergquist SO. Pertussis in Sweden after the cessation of general immunization in 1979. Pediatr Infect Dis J. 1987 Apr;6(4):364-71.
25. Public Health England, Health Protection Report. Infection report. 2017; Vol 11 No. 12, 24 March 2017
26. Ladhani SN, Andrews N, Southern J, et al. Infant responses to maternal vaccination, in infant responses after primary immunization in infants born to women receiving a pertussis-containing vaccine during pregnancy Clin Infect Dis 2015;61:1637–44.
27. Bento AI & Rohani P. Forecasting Epidemiological Consequences of Maternal Immunization. Clin Infect Dis. 2016 Dec 1;63(suppl 4):S205-S212
28. Sako W, Treuting WL, Witt DB et al. Early immunization against pertussis with alum precipitated vaccine. JAMA. 1945;127:379–384 quoted in Van Rie A, Wendelboe AM, Englund JA. Role of maternal pertussis antibodies in infants. Pediatr Infect Dis J. 2005 May;24(5 Suppl):S62-5.
29. Adams JM, Kimball AC, Adams FH. Early immunization against pertussis. Am J Dis Child. 1947;74:10 –18. quoted in Van Rie 2005 above.
30. Harrison's Principles of Internal Medicine p606 ibid.
31. Read the story of DES [7 above] to find out how the medical profession continued to use an ineffective and, subsequently found to be, dangerous intervention, long after this had been shown to be the case.

Two Kinds of Parents —By Ted Kuntz

There are two kinds of parents who come to Vaccine Choice Canada

One group of parents recognizes they have a right and a responsibility to make an informed decision about the medical practice of vaccinations. These parents, prior to the birth of a child or even pre-conception, thoughtfully engage in educating themselves about the risks and benefits of vaccination.

Admittedly the number of parents who proactively engage in the vaccine decision is small. Given the overwhelming intensity and uniformity of the messaging by the medical industry and the magnification of these messages in the mainstream media, it is unusual for a parent to question the safety, effectiveness and necessity of vaccines and thus engage in any real self-education.

By far the overwhelming majority of parents who come to Vaccine Choice Canada are parents who trusted the direction of their doctor. They believed that the 12 to 14 vaccines given in 26 to 33 doses* in the first 12 months of life were all safe, effective and necessary only to witness significant injury or regression following the vaccination of their child.

A once content baby is suddenly inconsolable. A walking infant is now unable to stand. A talking child is now silent. An alert and attentive baby becomes disengaged. Instead of a happy, content and healthy child, these parents suddenly have a child with agitation, diarrhea, rashes, allergies, lethargy, and seizures. Some children go on to develop autoimmune diseases, immune system and neurological injuries, and some tragically pass away as mine did.

Something Is Wrong

Even though their doctor tells these parents that any relationship between a vaccine and injury, disability or death is simply a "coincidence", these mothers and fathers know something is terribly wrong.

This is when many parents reach out to Vaccine Choice Canada. This is when the serious investigation of a vaccine's ingredients, adverse effects, and the pursuit of information on vaccine safety and effectiveness begin in earnest.

This awakening of parental concern after a vaccine injury is, unfortunately, all too common. Most of us at Vaccine Choice Canada are parents who willingly and naively subjected our children to the dictates of the medical industry, only to discover that vaccines were not safe and effective for our child. We have compassion for your angst and your anger. We know your journey. We understand and feel your pain, guilt and grief.

Finding Treatments

The first task is to find what treatments might heal your injured child. Who is knowledgeable about vaccine injury? How can these heavy metals be removed? How do I heal a leaky gut? How do I restore health? How do I support a compromised immune system? How do I undo the neurological damage that has been done? Sometimes the answers are found and your child makes a full recovery. Often times the damage is irreversible. The child we knew prior to the vaccinations is gone.

*Number of vaccines & dosage depends on province of residence.

Becoming Advocates

After having attended to their ailing child and having done all they can to recover as much health and capacity as possible, many of these parents begin a new journey. They take on a new focus and passion. They become advocates for informed consent. They want other parents to know the risks and dangers of the current artificial immunization program. They want other parents to avoid the mistake they made. They want the medical industry to be held accountable for their actions and their unsafe products. They want the mainstream media to tell the truth about vaccines.

Mad As Hell

These parents begin the difficult journey of being labeled "anti-vaxxers, irresponsible parents, lunatics, celebrity chasers, unscientific and ignorant". But the blame and shame from a misinformed society and captured mainstream media does not deter them. They know the truth. They are not "vaccine hesitant". They are "mad as hell and not taking it any more".

No amount of shaming, threatening, cajoling, punishment or fake science will silence them or convince them of the safety and effectiveness of the universal, "one size fits all" artificial immune stimulation program. These informed parents will only accept solid, verifiable evidence of vaccine safety and effectiveness, of which even a modest review of the vaccine literature reveals a disturbing absence.

This absence of real scientific evidence of vaccine safety and effectiveness leads informed parents to conclude the vaccination paradigm is ideology rather than evidence-based medicine; and more akin to religion than science. Parents whose children have been harmed no longer accept the vaccine ideology on faith. Their trust has been broken.

Welcome to informed consent

Welcome to the thinking mom and dad's revolution. Welcome to Vaccine Choice Canada. Together we will be warriors for truth, accountability and integrity. Together we will make the world safer for all children. Together we will protect and preserve our rights to informed consent and security of the person. Together we will uncover the truth, even if it is too late for our children.

—Ted Kuntz, father of beloved son Joshua, is also the Vice President of Vaccine Choice Canada. He is the author of "*Peace Begins with Me.*" You can read more about Ted at www.peacebeginswithme.ca and about Ted and Joshua's story at www.vaccinechoicecanada.com/personal-stories/first-no-harm-ted-kuntz/

Groundbreaking China Study Links Autism & Immune Activation by Vaccination —By Jeffrey Roberts

This article is a summary of a larger article put together by J.B. Handley at Healthcare in America.
It is a conglomeration of a wide body of recent research pieced together by a growing group of concerned scientists.

A study out of China is the first to test the effects of immune activation by vaccination (hep B/BCG) on brain development in rats. Results indicate vaccines containing an aluminum adjuvant (i.e., hep B) spike cytokine levels in the hippocampus region of the brain, in particular the cytokine interleukin-6 (IL-6), the key cytokine known for its dysregulating effect on neuronal circuitry and the key cytokine implicated in autism.

History of Research into Immune Activation and Autism

Before we get into the China study, it's important to understand all of the previous research leading up to it.

In 2006, late Caltech scientist Dr. Paul Patterson and his colleagues were among the first to discover the implications of maternal immune activation and brain development in offspring.

In an article published in the *Engineering & Science* journal, titled *Pregnancy, Immunity, Schizophrenia, and Autism*, Patterson wrote that "*brain-immune conversation actually starts during the development of the embryo, where the state of the mother's immune system can alter the growth of cells in the fetal brain*."

Patterson and his team built on the work led by Carlos Pardo at Johns Hopkins, which discovered "neural inflammation" in postmortem examination of brains of patients with autism. Strangely, these autistic patients did not die due to any infections that would have caused the inflammation.

This research was the first to suggest "*an ongoing, permanent immune-system activation in the brains of autistic people*."

In 2007 Patterson took this research further, publishing a study that found the culprit of this chronic brain inflammation —cytokine interleukin-6 (IL-6).

Cytokines are cell signaling molecules that aid cell to cell communication, stimulating the movement of cells toward sites of inflammation, infection, and trauma.

Patterson found that IL-6 was critical for mediating the behavioural and transcriptional changes in the neurology of the rat offspring.

This study was replicated by Patterson in 2012, which was more autism-specific, and reached the same conclusion: "*These results indicate that [maternal immune activation] MIA yields male offspring with deficient social and communicative behaviour, as well as high levels of repetitive behaviours, all of which are hallmarks of autism*."

In 2014, the M.I.N.D. Institute at UC-Davis replicated Dr. Patterson's work in rhesus monkeys and found the same results.

Another 2012 study from *Neuroscience* agreed with Patterson —Brain IL-6 elevation causes neuronal circuitry imbalances and mediates autism-like behaviours.

The next question, then, was what causes immune activation that would lead to increased levels of IL-6 in the brain?

Aluminum Bio-accumulates in the Brain

Aluminum compounds (Al hydroxide and Al phospate) are currently used in the hepatitis A, hepatitis B, diphtheria-tetanus-pertussis (DTaP, Tdap), Haemophilus influenzae type b (Hib), human papillomavirus (HPV), and pneumococcus (PCV) vaccines.

Aluminum adjuvant "activates" the immune system, which induces long term immunity to antigens in the vaccine.

Dr. Chris Shaw at the University of British Columbia did extensive research on injected aluminum in 2007 and 2009, and found "*the results reported mirror previous work that has clearly demonstrated that aluminum, in both oral and injected forms, can be neurotoxic. Potential toxic mechanisms of action for aluminum may include enhancement of inflammation*."

Concerns about the limited understanding of aluminum toxicity were further questioned by Dr. Lucija Tomljenovic in a 2012 paper:

"It is somewhat surprising to find that in spite of over 80 years of use, the safety of Al adjuvants continues to rest on assumptions rather than scientific evidence." For example, nothing is known about the toxicology and pharmacokinetics of Al adjuvants in infants and children. On the other hand, in adult humans long-term persistence of Al vaccine adjuvants can lead to cognitive dysfunction and autoimmunity. Yet, in spite of these observations children continue regularly to be exposed to much higher levels of Al adjuvants than adults, via routine childhood vaccination programmes."

In 2013, French scientists demonstrated that aluminum adjuvant, when injected into the body of a mouse, ended up in the brain one year later.

In 2015, another study from Université Paris Est Créteil (UPEC) in France further supported this new view of aluminum adjuvant, showing that Al makes its way to the brain slowly, where it stays there, possibly forever.

Last fall, results published in the journal *Toxicology* sealed the deal on Al adjuvant, revealing that low, consistent doses of Al were most dangerous of all for neurotoxic effects. Larger doses produced granulomas at injection sites, which prevented the Al from spreading. Smaller doses did not produce this effect, causing changes in the brain and behaviour.

The study authors stated that *"the present study may suggest that aluminium adjuvant toxicokinetics and safety require reevaluation."*

And just last year, a study out of the Middle East looking at Alzheimer's in rats found that **aluminum produced a four-fold increase in IL-6 in the brain**.

So we know that Al adjuvant causes on-going, increased levels of IL-6 in the brain. So what argument do the CDC and FDA use to justify aluminum being safe?

Difference between Ingested and Injected Al Adjuvant

Currently, the FDA and CDC state that aluminum in vaccines is safe, based on this 2011 study.

> "It is somewhat surprising to find that in spite of over 80 years of use, the safety of Al adjuvants continues to rest on assumptions rather than scientific evidence."

This study erroneously concluded that aluminum from vaccines likely ends up in the body's skeletal system. However, as the plethora of research previously mentioned shows, Al nanoparticles are not safely excreted or stored, they accumulate in the brain.

Another point to make here is that there is a difference between the aluminum discussed in the 2011 study (linked above) and the aluminum injected in vaccines. The CDC base their conclusions about Al safety on ingested, water-soluble aluminum salts, not the nanoparticle aluminum-hydroxide.

As Vaccine Papers explains, the two couldn't be any further from the same:

"Most vaccines contain aluminum, and aluminum is a proven neurotoxin, in amounts received from vaccines. Vaccines in combination can result in toxic aluminum overload. Even the aluminum in a single vaccine can be harmful because the aluminum is in a form that is more dangerous than ingested aluminum. Specifically, vaccine aluminum is in nanoparticulate form, which is harder for the body to eliminate, and because it is transported around the body differently than ingested aluminum.

It is natural and normal to ingest small doses of aluminum from food and water. Its not good for you, but the body has adequate defenses. Absorption of ingested Al is low, about 0.3%, so about 99.7% is eliminated in feces. Ingested aluminum is in ionic form (individual charged atoms), which is readily removed by the kidneys. Also, ionic aluminum is blocked from entering the brain by the blood brain barrier. The low absorption, rapid elimination by the kidneys and barrier to brain entry adequately protects the brain from aluminum.

However, nanoparticulate aluminum from vaccines cannot be removed by the kidneys. The particles are far too large to be filtered out by the kidneys. The Al nanoparticles do dissolve slowly (converting to ionic aluminum). But long before they can dissolve completely, the Al nanoparticles are "eaten" by immune system cells called macrophages. In other words, the particles wind up inside the macrophages. Once loaded with the Al nanoparticles, the macrophages spread aluminum as they travel through the body. This is dangerous, because the Al-loaded macrophages carry Al nanoparticles to tissues (e.g. the brain) that are damaged by very small amounts of aluminum."

China Study Links Aluminum, IL-6, and Autism

In 2015, Li et al. out of Sun Yat-Sen University published a groundbreaking study that tied all of the latter research together.

Li et al. were the first to test the effects of immune activation by vaccination on brain development. All other studies of immune activation before this had used pathological conditions to mimic infection and induce fever, and therefore concerns about the transferability of the data had been in question until this study came out.

The study looked at the effects of bacillus calmette-guerin (BCG) vaccine (for tuberculosis) and hepatitis B vaccine on brain development in infant rats.

J.B. Handley sums up the results:

"There were three different groups of rats:

1. *Rats receiving the BCG vaccine (not given in the U.S.)*
2. *Rats receiving the Hepatitis B vaccine (given on day 1 of life in the U.S.)*
3. *A control group with no vaccine.*

The BCG vaccine does NOT contain aluminum adjuvant and the impact on the rat's brains from BCG was actually positive! The Hep B vaccine rats, however, showed the kind of immune activation event we are seeing in autism (high IL6). ***This is biological proof of the link between a vaccine—given to a post-natal animal—inducing an immune activation event, including the cytokine marker for autism, IL-6. A scientific first."***

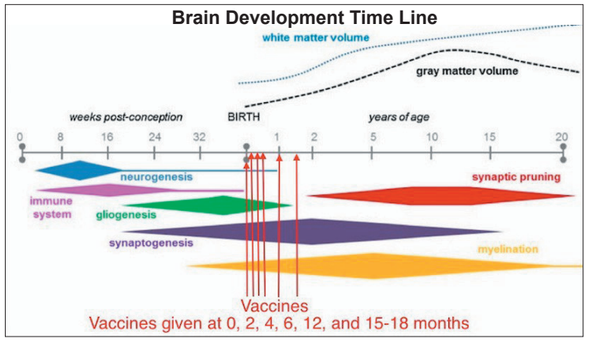
Vaccine Papers further detailed the implications of this study:

"An important finding in the Li et al study is that some of the effects of hep B vaccine did not appear until age 8 weeks. This finding undermines claims of vaccine safety, which are almost always based on short-term outcomes of a few days or weeks. 8 weeks is a long time in rat development. 8 week old rats are almost fully mature adults. This suggests that adverse effects of vaccines may take years or decades to appear in humans, or can be life-long. This is consistent with what is known about immune activation and schizophrenia. Immune activation in the fetus can cause schizophrenia 20-30 years later.

The accumulating scientific evidence and the Li et al study in particular strongly suggest that early-life vaccination may cause mental illness. The mental illnesses would emerge years or decades after vaccination of an infant. Vaccines are likely contributing the rise of mental illnesses in the USA over the last 25 years. The rise in mental illnesses in the USA is coincident with the dramatic increase in vaccination that started in the 1980s."

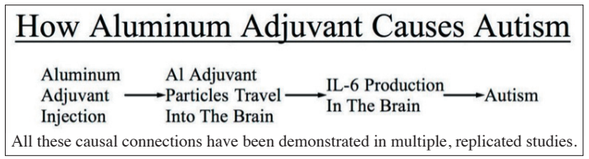
Is This the Proof We've Been Waiting For?

As you've just read, there is a growing body of research that paints an undeniable link between immune activation and autism.



SOURCE: JB HANDLEY, HEALTHCAREINAMERICA.US

Aluminum adjuvants, given early and continually, stimulate immune activation event after immune activation event, raising levels of IL-6 in pre- and post-natal brains, leading to chronic inflammation and dysregulation of neuronal circuitry and the symptoms associated with autism.



SOURCE: JB HANDLEY, HEALTHCAREINAMERICA.US

Chronic brain inflammation would also explain why many autistic children develop enlarged foreheads. It would perhaps explain why these children feel the need to bang their heads against walls, or why they become frustrated easily.

What about the gastrointestinal disorders autistic children frequently experience? If you guessed aluminum was the culprit, you are correct.

There is a study from Nature that explains how aluminum causes inflammation in the gut and impairs gut function.

Auto-immune disorders?

There is a groundbreaking 2013 study that explains how aluminum adjuvant causes a wide-spectrum of immune disorders.

What About the MMR Vaccine?

Since the MMR vaccine does not contain aluminum, why then do parents talk about the MMR vaccine being a trigger for their child's autism?

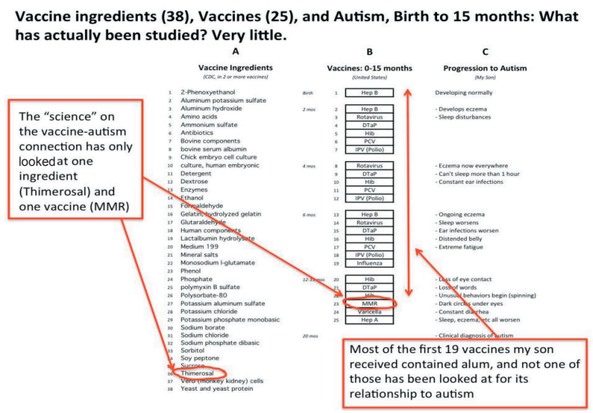
J.B. Handley puts it simply:

"The MMR vaccine is the first live virus vaccine children receive (it's typically given between age 12–18 months, most children have received 15–20 vaccines by then), and it's a triple (measles, mumps, rubella) live virus.

For an immune system bathed in aluminum adjuvant and possibly already simmering with activation events, this triple dose might push a child right over the edge. This might explain the seizures (an extreme immune activation event) that sometimes follow the MMR appointment."

Only one ingredient (thimerosal) and one vaccine (MMR) has been studied in relation to autism in humans.

This picture sums the point up perfectly:



So Where Does All of This Data Leave Us?

Groundbreaking as all of this is, it is undeniable that there are many more questions waiting to be answered and more research needed.

Certainly we are in for a wild ride these next few years as the body of research for vaccine safety grows and as more people wake up to the fact that they've been lied to (get your popcorn ready).

For now, though, our only ally is to find our public voice, to spread the information to our circles, to involve ourselves in the discussions taking place online and in public, to let go of the emotional attacks and let the science boldly speak for itself. That is our moral responsibility.

The rest, I say, we leave to the adage about truth. It may have taken centuries and millions of lives to get here, and somewhere along the way we probably lost hope that it would ever arrive, but in the end the adage held true, that no matter how deep the lie or how ruthless the coverup, the truth always prevails.

For furture information concerning the science of vaccine safety, please visit vaccinepapers.org.

—We appreciate the opportunity to reprint Jeffrey Roberts' fine article posted on the Collective Evolution website: www.collective-evolution.com

NOTE: All of the referenced papers in this article are hyperlinked in the orginal article found at www.collective-evolution.com/2017/04/14/groundbreaking-china-study-links-immune-activation-by-vaccination-autism/

Truth By Decree: Ontario's Vaccination Exemption Form

Ontario parents outraged as they are forced to sign a re-worded Vaccination Exemption Form so their children can attend school

Ontario is one of only two provinces in Canada that have legislation requiring certain vaccinations for children so they can attend public or private schools. New Brunswick is the other one.

Both provinces recognize that parents who object to vaccinations must be "given relief" (a legal term) from this legislation. Therefore, both offer vaccination exemption forms.

New Brunswick, less autocratic than Ontario, simply requires "a declaration of objection to immunization signed by a parent or guardian." No reason is required. A simple one-page form from the Department of Education includes the child's information, a medical exemption to be signed by a physician and a parental objection form. The signed form is turned in at the child's school.

An Inconvenient and Discriminatory Process

In Ontario however, the Ministry of Health has always required that parents seeking vaccination exemptions sign an affidavit (a legal document) that (1) stipulates their objection as due to religious belief or reason of conscience and (2) must be affirmed before a commissioner of oaths prior to being filed at their local public health unit.

With the new amendments to the Ontario *Immunization of School Pupils Act* (ISPA) now in force, the process of filing an exemption has become even more bureaucratic. Prior to filing an exemption form, a parent must first attend one of the dubiously named *education* classes at their local public health unit and receive a certificate of attendance. Then they must sign the NEW exemption form, have it affirmed, take copies of both their certificate of *education* and their exemption form to their local health unit and to their child's school.

But the Ministry of Health Had More Up Their Sleeve

Parents seeking vaccination exemptions have always complied with the bureaucracy in order to protect their children and this time was no different. Having dutifully attended the *education* sessions and been handed their certificate and an exemption form to affirm, parents were outraged to discover that the new form contained a statement titled *Risks of not being vaccinated* that included a statement that they were accepting responsibility for putting their child's health and even life at risk!

Furious parents crossed out this statement and attempted to turn in their exemption forms only to be informed that the form could not be altered. One parent we know of even hired a lawyer and drew up her own exemption form, which was similarly rejected.

VCC went to great lengths to warn parents about this so-called *risk* statement, to calm their fears about its legal implications and to document its falsehood. You can read the 16-page Response on our website Exemptions page (scroll down) and also read a 2-page data sheet that shows with the government's own statistics that a child is far more likely to be harmed by vaccines than by the diseases vaccines may protect against.

Truth by Decree

Parents continue to contact us as these heavy-handed policies play out and ask the questions: "How can they do this?, Why can't I cross out the risk statement?"

And we can only continue to explain that according to the Regulations written to enforce the new amendments to the ISPA, this form is prescribed by law to be the exemption form. Regulation 325/17, Section 1, Item 2 states:

> Forms
> 2. (1) The form entitled "Statement of Conscience or Religious Belief – Immunization of School Pupils Act", dated July, 2017 and available through the website of the Government of Ontario Central Forms Repository is prescribed as the form for a statement of conscience or religious belief under the Act.

It does not matter to our parliamentary lawmakers what the form says. They never even saw it. It does not matter if it is true. It is prescribed. The content of the form was decided behind doors closed to the public at the Ministry of Health. You may rest assured that the 'stakeholders'—representatives of vaccine makers and medical professional associations (essentially lobby groups)—and public health bureaucrats were present. The families whose lives this impacts were denied a voice.

Has the Ministry of Health Finally Overstepped?

Parents we speak to say the new amendments, their regulations, their implementation and the ISPA itself need to be challenged in the courts. They say this encroachment on our right to informed consent and our civil liberty to refuse vaccinations must be curbed.

We say please join Vaccine Choice Canada, learn about our many activities and donate to support them. Our response to Ministry of Health tactics has only just begun!

"…you are accepting responsibility that you are putting your child's health and even life at risk."

It's Time to Pay Real Attention to Children's Health

—By Robert F. Kennedy, Jr.

Announcing the Campaign to Restore Child Health

Every year, the President of the United States issues a proclamation in honor of Child Health Day (the first Monday of October), which in turn launches Children's Health Month. President Calvin Coolidge was the first president to dedicate a special day to children's health, in 1928, recognizing that "the conservation and promotion of child health places upon us a grave responsibility." The U.S. is not living up to that vital responsibility and, in fact, is failing children miserably. American children's ability to develop and thrive is being sabotaged by an avalanche of chronic ailments, with pediatric rates of some chronic conditions among the highest in the world.

An abysmal children's health report card

Nationally representative studies show that the chronic disease burden shouldered by children in the U.S. is not only heavy but has increased steadily over the past three decades. One of these studies, published in 2010 in JAMA, used national longitudinal survey data to examine the prevalence of four types of chronic conditions (obesity, asthma, behavior/learning problems and "other" physical conditions) in American children and youth from 1988 to 2006. The researchers found that prevalence of these conditions doubled—from 12.8% to 26.6%—over the 18-year-period.

The results of a second national study were even worse. Over two-fifths (43%) of children participating in the 2007 National Survey of Children's Health had at least one of 20 chronic health conditions (see list of conditions in Table 1), and when the researchers added overweight/obesity and moderate or high risk for developmental/behavioral problems to their analysis, over half of all children (54%) suffered from at least one chronic condition.

Table 1
Chronic health conditions assessed by National Surveys of Children's Health

Type	Conditions
Developmental/neurological*	Developmental delay; learning disability; conduct or behavioral problems; speech problems; attention-deficit hyperactivity disorder; autism spectrum disorder; Tourette syndrome; epilepsy or seizure disorder; migraines
Other brain-related conditions	Brain injury or concussion
Mental health	Anxiety; depression
Autoimmune	Diabetes
Atopic	Food/digestive allergies; environmental allergies; asthma
Other	Chronic ear infections; hearing problems; vision problems; joint or bone problems

*The Centers for Disease Control and Prevention (CDC) defines developmental disabilities as physical, learning, language or behavioral impairments.

The picture and trends for specific chronic conditions are equally bleak:

- **Developmental disabilities:** Overall, more than one in six children (15%) between ages 3 and 17 have at least one developmental disability. The CDC notes that these disabilities "usually last throughout a person's lifetime."
- **Autism spectrum disorder (ASD):** In 2012, the CDC's Autism and Developmental Disabilities Monitoring Network identified ASD in one in 68 children (1.5%); by 2014, the National Health Interview Survey (as reported by a different branch of the CDC) estimated autism prevalence at one in 45 children (2.2%). Parent-reported lifetime prevalence of ASD rose by almost 400% (from 0.5% to 2.0%) from 2003 to 2012.
- **Attention-deficit hyperactivity disorder (ADHD)**: As of 2012, about one in nine 4-17-year-old children (11%) had ever received an ADHD diagnosis, up from 7.8% in 2003.
- **Tourette syndrome (TS):** An estimated one in 162 children (0.6%) have TS (tics); of these, the vast majority (86%) have at least one additional neurobehavioral condition.
- **Epilepsy/seizure disorders:** Roughly 0.7% of children have a seizure disorder. The risk of epilepsy is "strongly associated with increased number of allergic diseases."
- **Food allergies:** Allergies to food, including severe anaphylactic reactions, increased by 50% in children aged 0-17 (1997–2011).
- **Asthma:** In a nationally representative study of kindergarten-age children born in 2001, almost one in six children (17.7%) had asthma, and 6.8% had been either hospitalized or taken to an emergency room for asthma. Another study estimated that the lifetime prevalence of asthma increased by 18% in less than a decade (2003–2012).
- **Diabetes:** Type 1 diabetes in youth (< age 19) increased by 21% from 2001 to 2009, for a 2009 prevalence of 1.93 per 1,000. Over the same time frame, there was a 31% increase in type 2 diabetes in children aged 10-19.
- **Obesity:** Almost one in six children and adolescents (17%) are obese.

Vaccination and chronic illness

American children also are the most highly vaccinated in the world. Since 1990, when the U.S. began substantially expanding its vaccine schedule, the number of vaccines required for school entry has increased by approximately 260%. There also has been a growing push to recommend certain vaccines(especially influenza and the Tdap vaccine for tetanus-diphtheria-acellular pertussis) to mothers-to-be, even though the package inserts for these vaccines openly state that "safety and effectiveness have not been established in pregnant women." Currently, children receive repeated shots for 16 distinct illnesses (antigens). Counting vaccines administered during pregnancy, this adds up to as many as 73 total doses of the 16 antigens by the time children are 18 years old.

> "…over half of all children (54%) suffered from at least one chronic condition…American children also are the most highly vaccinated in the world."

There can be no dodging the observation that chronic illnesses and neurodevelopmental disorders in children have increased in tandem with the burgeoning vaccine schedule. Unfortunately, citing bogus ethical concerns, the CDC has steadfastly refused to carry out a study comparing total health outcomes in vaccinated and unvaccinated children, even though a study of this type would help elucidate the apparent association. Filling this research breach, evidence from other studies has been slowly accumulating, highlighting telling differences between the two groups of children.

Health status: A pilot study published in 2017 by Anthony Mawson and colleagues in the *Journal of Translational Science* compared the health of vaccinated and unvaccinated 6- to 12-year-old homeschool children (N=666) in four states (Florida, Louisiana, Mississippi and Oregon). In the U.S. in general, a higher proportion of homeschool versus public school children are unvaccinated; in this sample, 39% were unvaccinated. Otherwise, homeschool families are generally representative of U.S. families as a whole. For most of the analyses in this comprehensive study, the researchers defined "vaccinated" as either partially or fully vaccinated.

The study furnished a number of revealing results:

- **Chronic illness:** Compared with unvaccinated children, vaccinated children had a more than twofold greater odds of having been diagnosed with any chronic illness and a nearly fourfold greater odds of a diagnosed neurodevelopmental disorder (learning disabilities and/or ADHD and/or ASD). One in 13 vaccinated children (7.5%) had a neurodevelopmental disorder. Vaccinated children also had a greater odds of having a diagnosed atopic condition—allergic rhinitis, other allergies or eczema.
- **Partial versus full vaccination:** Partially vaccinated children had intermediate results (between fully vaccinated and unvaccinated children) for most of the atopic and neurodevelopmental health outcomes.
- **Acute illness:** Vaccinated children were significantly more likely to have had pneumonia and otitis media (middle ear infection). Unvaccinated children were more likely to have had chickenpox or pertussis. There were no meaningful differences for the other illnesses targeted by pediatric vaccines.
- **Preterm birth:** Evidence (expanded on in a separate publication by the same authors) showed a synergistic increase in the odds of neurodevelopmental disorders in children who were preterm and vaccinated, suggesting that vaccination may "precipitate adverse neurodevelopmental outcomes in preterm infants."

As far back as 1992, a New Zealand study produced almost identical findings, comparing the prevalence of 11 chronic health conditions in 226 vaccinated (46%) and 269 unvaccinated children (54%). With the exception of diabetes (zero cases in either group), the incidence of the remaining ten conditions (including asthma, tonsillitis, hyperactivity and "slow development of motor skills") was two to ten times higher in vaccinated versus unvaccinated children.

Use of health care services: In the Mawson et al. homeschool study, the vaccinated children were significantly more likely to use medications, to have visited a doctor when sick (past year) or to have had a hospital stay (ever). Echoing this pattern, a large 2013 study of pediatric clients at managed care organizations (MCOs) similarly found that "age-appropriately vaccinated children" used more health services than "undervaccinated" children. The MCO study, which included several hundred thousand children (N=323,247) born between 2004 and 2008, assessed undervaccination at two years of age based on "the difference between when the vaccine dose was administered and when the vaccine dose should have been administered." The researchers also reviewed medical records to ascertain which children were undervaccinated for "nonmedical reasons" (that is, by parental choice). By these measures, half (49%) of the children were undervaccinated for any reason in the first 24 months, and an estimated 13% were undervaccinated due to parental choice. Undervaccinated children in the parental choice subgroup had significantly fewer outpatient and emergency department visits—both overall and for acute illness—compared with children vaccinated according to the standard schedule.

Toxic pathways to chronic illness

Increasingly, experts are studying how epigenetic factors contribute to the development of serious chronic diseases and disorders in children. Epigenetics looks at "de novo" genetic changes that "spontaneously arise within the child and are not present in the parents' genes." These changes control which genes switch on and off (gene expression). Many studies have described how environmental toxins prompt epigenetic changes that lead to developmental abnormalities and diseases. As the National Institutes of Health concedes, these environmental toxins include chemicals and medications.

According to the CDC, vaccines contain an astounding variety of ingredients, including preservatives and antibiotics to prevent contamination, adjuvants to stimulate a stronger immune response, stabilizers to enable transportation and storage, cell culture materials to grow antigens and inactivating ingredients to kill viruses or inactivate toxins. It is disingenuous to deny that these vaccine ingredients—both "chemicals" and "medications"—carry a sizeable toxic load straight into children's bodies. Vaccine-friendly celebrity doctor Robert

Sears acknowledges that parents are right to worry about the developmental impact of the "chemicals and metals and artificial things" harbored in vaccines. To name just four ingredients:

- The neurotoxic ethylmercury-based preservative thimerosal is present in seasonal influenza and Tdap vaccines and can lead to accumulation of inorganic mercury in the brain in vaccine-relevant concentrations.
- Aluminum adjuvants contribute to chronic neuropathology via multiple mechanisms, including through direct and indirect reductions in mitochondrial performance and integrity.
- Formaldehyde, used as an inactivating agent, is both neurotoxic and a known carcinogen.
- As an excitotoxin, monosodium glutamate (MSG) overstimulates nerve cells; neonatal exposure to MSG can produce "a significant pathophysiological impact on adulthood," including increased permeability of the blood-brain barrier.

The ingredients of the Pediarix (DTaP-HepB-IPV) vaccine further illustrate the toxic soup injected into infants. They include formaldehyde; three different types of aluminum adjuvants; bovine, calf and monkey products; the inflammatory emulsifier polysorbate 80; and two different antibiotics. The complete list is as follows: "Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, VERO cells, a continuous line of monkey kidney cells, calf serum and lactalbumin hydrolysate, aluminum hydroxide, aluminum phosphate, aluminum salts, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein."

Neurodevelopmental experts have described a number of biologically plausible mechanisms whereby the heavy metals in vaccines may trigger neurodegenerative processes by prompting chronic microglial activation and excessive immune stimulation; interacting with autoantibodies (which are associated with higher blood mercury levels); impairing detoxification pathways; and causing mitochondrial dysfunction. Both thimerosal and aluminum harm astrocytes, which play an important role in higher neural processing.

Questions that need to be answered

The parallel timing of the increased vaccination schedule in the U.S. and the chronic disease epidemic in children cannot be dismissed as a coincidence. Moreover, there are many additional vaccine-related questions that urgently demand answers. For example, what are the synergistic effects of multiple toxins such as thimerosal and aluminum, and what happens when these toxins build up over time? What is the association between the timing and spacing of vaccination and subsequent health outcomes? Is there a down side to tinkering with the innate immune system so early in life? On this latter point, Dr. Suzanne Humphries comments that aluminum adjuvants "create a red-alert situation forcing the infant's innate immune system to respond in the opposite manner to the way it should function in the first year of life."

> "…millions of children's futures are at stake. It is critically important to honestly assess whether vaccines have had a net negative impact rather than the "enormous" beneficial impact that the public health establishment likes to present as fact."

Finally, it is important to remember that vaccines have been associated not only with morbidity but also with mortality. Infants in the U.S. receive more vaccines in their first year of life than anywhere else in the world, yet the U.S. infant mortality rate is much higher than in other high-income countries. A group of researchers examined reports to the U.S. Vaccine Adverse Event Reporting System (VAERS) following Haemophilus influenzae type b (Hib) vaccination (1990–2013) and found reports of 896 deaths (median age=6 months); 749 records cited a cause of death, and 51% of these (n=384) listed the death as sudden infant death syndrome (SIDS). Although the vague SIDS moniker often has made it difficult to definitively pinpoint a causal role for vaccines, in July 2017, the U.S. Court of Federal Claims handed down a decision ruling that the parent-petitioners put forth "preponderant evidence" that vaccines "actually caused or substantially contributed" to their son's SIDS death. Corroborating a vaccine-mortality association, a study in the African country of Guinea-Bissau found that infant mortality in children who received the diphtheria-tetanus-pertussis and polio vaccines was roughly double (10%-11%) the infant mortality observed in the no-vaccination group (4%-5%).

At this juncture, millions of children's futures are at stake. It is critically important to honestly assess whether vaccines have had a net negative impact rather than the "enormous" beneficial impact that the public health establishment likes to present as fact.

The World Mercury Project is recognizing October 2017, Children's Health Month, by launching a set of videos highlighting the chronic health issues plaguing our children. In our Campaign to Restore Child Health, WMP are also asking for everyone's help to demand vaccine safety science. Our government health leaders who should be protecting children's health are urging parents to vaccinate all children without doing the necessary safety studies. Watch the videos and read about the campaign.

Note: The excellent series of videos is available on the WMP website: worldmercuryproject.org/what-we-do/videos/

—We appreciate World Mercury Project's kind permission to reprint this excellent article that first appeared on the WMP website in October 2017. We wholehearted endorse their Campaign to Restore Child Health. See: https://worldmercuryproject.org/what-we-do/campaign-restore-child-health/

Suffer the Little Children —By Edda West

It used to be that public health was measured by mortality rates

For decades vaccine safety advocates have been calling for studies comparing vaccinated vs. unvaccinated populations to measure overall health outcomes. Public health institutions have refused to do these studies, citing ethical reasons for their refusal. It has long been suspected by many that the increasingly aggressive vaccine schedule, rather than protecting and enhancing children's health, is undermining it on a large scale resulting in myriad non-specific chronic diseases and increased mortality.

The fundamental question is, are children today healthier for being injected with a steady stream of complex biochemical drugs starting in early infancy? Unsurprisingly, the answer is NO. While few statistics are available on the state of children's health in Canada, we find that in the U.S., comprehensive health surveys show that nearly 50% of children suffer from one or more chronic health disorders, and even more if you count obesity. One in 10 Canadian children suffers a life threatening chronic illness requiring they wear 'medic alert' bracelets. Since the Canadian vaccine schedule mostly parallels the US, and both countries share similar socio-economic and cultural similarities, there is no reason to believe our children are better off.

> "In other words, the vaccine had a non-specific negative health effect that put the vaccinated children at higher risk of succumbing to other infections which resulted in their deaths."

Recently, Scandinavian researchers led by Morgensen[1], published a study which found that children in Guinea Bissau, West Africa who received the DTP (diphtheria, tetanus and pertussis) vaccine during the early 1980s had a 5-10 times greater mortality than their unvaccinated peers. While the data suggested that the vaccine protected against infection from those three diseases, at the same time it substantially increased their risk of mortality from other causes. In other words, the vaccine had a non-specific negative health effect that put the vaccinated children at higher risk of succumbing to other infections which resulted in their deaths. The DTP vaccines used in the 80s contained both the mercury containing preservative thimerosal and aluminum, both of which are highly neurotoxic and have synergistically compounding negative health effects. Today, mercury containing vaccines like DTP are still being injected into children all over the developing world.

The Morgensen study is viewed as a "natural experiment" since it was a birthday-based vaccination system which offered vaccines to babies starting at 3 months of age at 'weighing clinics' which were held every 3 months. Since the DPT vaccine and OPV (oral polio) immunizations were offered only to children who were at least three months of age at these weighing sessions, this allowed for analysis of infant deaths between 3 and 5 months of age depending on vaccination status.

The researchers found that the DTP-vaccinated babies had five times greater mortality than the DTP-unvaccinated infants. Deaths in girl babies were almost 10 times greater than among girls in the unvaccinated control group. The mortality in vaccinated boys was almost 4 times greater than the unvaccinated controls.

Surprisingly, the scientists found that children receiving the oral polio vaccine (OPV) simultaneously with DTP fared much better than children who did not. While the OPV vaccine seemed to soften the negative effect of the DTP vaccine, overall, mortalities among vaccinated children were 10 times that of the control group when children received only the DTP vaccine.

The scientists hypothesized that the DTP vaccine might weaken a child's immune system when exposed to non-target infections. They concluded, *"Though protective against the target disease, DTP may increase susceptibility to unrelated infections... DTP was associated with 5-fold higher mortality than being unvaccinated.* ***No prospective study has shown beneficial survival effects of DTP****."*

Earlier studies by Dr. Peter Aaby in rural Guinea-Bissau had already indicated a 2-fold higher mortality among children vaccinated with DTP. Along with several other studies, they all indicated that DTP vaccinated children died at higher rates than those in unvaccinated control groups. The World Health Organization (WHO) has been aware for years that the majority of studies from this region of the world point to the detrimental effect of DTP vaccines due to causing susceptibility to non-specific infections and increased mortality. Their only move is to recommend more research.

The Mogensen authors point out that in their study they included only healthy infants who were breastfed and even though the unvaccinated children had slightly worse nutritional status and travelled more—two biases that tended to increase mortality—they concluded that their estimate from this natural experiment may still be conservative. *"Unfortunately, DTP is the most widely used vaccine, and the proportion who receives DTP3 is used globally as an indicator of the performance of national vaccination programs."* This last statement gives us a clue about the criteria used by WHO and other international groups promoting vaccination to measure their success.

It used to be that public health was measured by mortality rates, ie. the lower the mortality, the healthier the population. However, since the advent of public/private partnerships between governments, the pharmaceutical industry and large, pro-vaccine, nongovernmental organizations (NGOs) like

GAVI and WHO, health is now measured by the successful delivery of vaccine programs, regardless of the repercussions of these programs. Here we are provided essential insight into what matters to these large international NGOs mandated to promote more and more vaccines. What really counts is the 'performance' and 'success' of vaccination programs rather than the quantifiable measure of the endpoint of these programs, namely the dramatic increase of non-specific illness and death caused by them.

In their concluding statement, the Morgensen study authors offer a sharp rebuke to public health regulators. *"It should be of concern that the effect of routine vaccinations on all-cause mortality was not tested in randomized trials.* ***All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis.*** *Though a vaccine protects children against the target disease it may simultaneously increase susceptibility to unrelated infections."*

As Robert F. Kenney Jr. stated in his excellent analysis [2] of the Africa study, *"Those words should serve as a cold water wake-up call to the World Health Organization (WHO), the CDC and other public health officials."*

One thing we can be sure of, and which is the central theme of Richard Moskowitz's powerful new book, *Vaccines—A Reappraisal*, is that mass vaccination programs cause non-specific negative health effects that lead to myriad chronic debilitating diseases, widespread suffering and untimely death. It's not just something happening over there in Africa, it has also been happening all along right here in the western world.

References:

1. The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment: http://www.ebiomedicine.com/article/S2352-3964(17)30046-4/pdf

2. Study Finds DTP Vaccine Increases Mortality in Young Infants 5 to 10 Fold compared to Unvaccinated Infants: http://www.collective-evolution.com/2017/04/24/new-study-finds-dtp-vaccine-increases-mortality-in-young-infants-5-to-10-fold-compared-to-unvaccinated-infants/

—Edda West is the esteemed President of Vaccine Choice Canada. She has worked for more than 35 years to protect children from vaccine damage through knowledge-sharing and protection of informed consent. And when damage occurs she has always been their to support the parents and families on their journeys of coping, caretaking and seeking healing.

A Story of Recovery: Kidney Damage Shortly After Vaccination

A Personal Story Posted on the Vaccine Choice Canada FaceBook page in October 2017

My son was diagnosed with FSGS (a type of kidney disease in the nephrotic syndrome family) when he was 2 1/2 shortly after receiving vaccinations. FSGS doesn't go away. Usually once a patient is diagnosed you can expect to be on a transplant list within 8 years of diagnosis. We were young, naive parents who believed everything we are told by our doctors and nephrologists. The more they treated our son with drugs, the worse he got. While prednisone did save his life, he spent more years on high dose than he did off of it. Then they added in a couple of chemo drugs because prednisone wasn't working at stopping relapses.

After 4 months in the hospital he was released and on 16 different medications. We listened to the nephrologists and got flu shots every year for 5 years and every year for 5 years he would relapse, spilling huge amounts of protein in his urine and ultimately end up back on high dose prednisone from a recently reduced dose.

I kept a journal. During the 2nd year after the flu shot, I mentioned his relapsing to his kidney doctor. The nephrologist said it was nothing more than coincidence. He said the same thing the third year, the fourth year and the fifth year. It was then that I clued in. I could see it being coincidence once or twice but 5 years in a row? No. We stopped getting flu shots. We haven't had any flu shots in over 20 years and my son has had no vaccinations since he was 2. My son has had the flu a couple of times over the past 20 years and has not relapsed from the flu itself. He only relapses from the shot.

He also relapsed after VZIG shots (shots given to people on high dose prednisone who come in contact with chicken pox). It is very true that a child on high dose prednisone can die from chicken pox so they give VZIG shots to suppress it. The shots aren't nice. Two large needles plunged into each thigh. We used to have to hold him down. He had more VZIG shots than I care to count and after each one, a relapse and back on high dose prednisone. It was a merry go round we couldn't get off of. We started working with a naturopath while still seeing the nephrologist. With the help of the ND it took over 3 years to taper him off the 15 to 16 meds he was on. The only remaining med was prednisone.

We were able, for the first time since diagnosis, to reduce his prednisone from 70mg down to 2.5 mg every other day. It was thrilling! Our nephrologist called this dose useless and "homeopathic". After being on 2.5 mg of prednisone (which is comparable to the same amount your own body would make) for 8 months he came home from school exposed to chicken pox. Our dilemma was do we get him the VZIG shot and ultimately end up back on high dose prednisone after an additional 2 years of working so hard to get him off of it or do we take the chance and let him get chickenpox.

At the time, chickenpox vaccine has just been introduced into Canada so our nephrologist wanted us to give him the shot as soon as he was off the 'homeopathic' dose of prednisone. If we get him the shot, will that send him back into a relapse? We had worked so hard and we knew all other shots caused a relapse and back to high dose. The naturopath felt that his immune system was as strong as that of a "healthy" child. We opted to let him get the chicken pox. He got the chicken pox. He did not relapse.

He is a grown adult now and on no medications whatsoever. His adult nephrologist cannot figure out how or why his kidneys are functioning normally but is quite happy he is doing so well. So are we.

I don't recommend anyone on high dose prednisone do what we did, but I do recommend researching what is best for your child and implementing alternative health care as well.

—We are most grateful to this brave Mother for allowing us to share her story.

Additional information: Suzanne Humphries MD addresses the safety of vaccinating acutely ill kidney patients: https://www.youtube.com/watch?v=xJ-t9nCD2yE&feature=youtu.be

Moskowitz Interview (continued from page 1)

try to help people to heal themselves wherever possible, before forcing their bodies to behave in the absence of any natural inclination to do so.

Vaccination is a perfect example. I still fondly remember coming down with the measles as a child and enjoying a week off from school, lovingly nursed and fussed over by my mother. Mounting a vigorous, acute response to infection is a crucial function of a healthy immune system; its main purpose and end result is to expel the measles virus or any other offending organism from the blood. Real natural immunity like that is usually absolute and lifelong. It means, first of all, that I'll never get the measles again, no matter how many epidemics are raging all around me. But it also means that my entire immune system has been mobilized and thus primed to respond with equal vigor and efficiency to whatever else may come down the pike in the future. This is a huge net gain for me, for the community, and indeed for the human race as a whole.

> "…kids who come down with and recover from these common febrile diseases, like measles, mumps, rubella, chickenpox, and "the flu," for example, are much less likely to come down with various chronic diseases later in life than those who were vaccinated against them…"

This is shown very clearly by research that proves that kids who come down with and recover from these common febrile diseases, like measles, mumps, rubella, chickenpox, and "the flu," for example, are much less likely to come down with various chronic diseases later in life than those who were vaccinated against them instead.

So the measles vaccine "succeeded" in the sense that we went from 400,000 cases a year to less than 10,000; yes, that's very impressive. But instead of expelling the virus from the blood, the vaccinated kids now carry it within their immune systems for life. That's a very high price to pay for those precious antibodies that we tend to lose sight of, because the so-called "immunity" that they substitute for the real thing is phony, is indeed the polar opposite of good health. When you multiply that vaccine by 75, that's what we're giving to every 18-year-old who plays by the rules; by age 65, the figure is closer to 150. And that's a good example of what is likely to happen whenever you try to force the issue, to force the body to do what it has no natural inclination to do.

What can you say about the health of unvaccinated children in your practice?

It's a little hard to say, because most of the kids I see carry a much lighter vaccine load than most; a lot of them still get the DT and the polio, and they don't get them from me. I haven't given any vaccines for at least 45 years. But the research on vaccinated vs. unvaccinated is finally beginning to be done; and I can say from my own experience that the kids I see are much less prone to chronic diseases of every kind than the national average, and perhaps also more likely to get the usual acute diseases with fever, which reassure me that their immune systems are developing normally, as they should. I worry much more about the kids who don't develop fevers, which I take to be a possible early warning sign of some chronic disease cooking on the back burner.

Why do doctors not recognize the growing population of chronically ill and disabled children that simply weren't there 25 years ago? What are they telling themselves when a child suffers a reaction after vaccination?

I think the reason is a subconscious fear that that elephant in the room would require them to seriously rethink their ingrained article of quasi-religious faith that our medical system is the best in the world, that our kids are the healthiest, and that the exceptions are either from poor or immigrant families who already have too many strikes against them, or else those with some weird genetic abnormality that at present nothing can be done about.

Our present vaccination policy, for example, makes no sense from the viewpoint of science, ethics, politics, or simple

common sense. We believe that vaccines are safe and effective, yet we require them of everyone with or without their consent, with no public health emergency anywhere in sight, even though the Supreme Court says they're "unavoidably unsafe," so the manufacturers can't be held liable for their deaths and disabilities, as they are for every other drug. The only way this makes sense is as a baptismal sacrament of our essentially religious faith in the medical enterprise.

So we've limited our definition of what counts as an adverse reaction to something really drastic that happens within a few hours or days after the shot; by definition that excludes the entire chronic dimension, of things happening slowly and beneath the surface for weeks, months, or years. Even when the child dies within a few hours or days, we still tend to dismiss it as a rare genetic hypersensitivity reaction, or in any case a "coincidence," with the implication that parents who link it to the vaccine or vaccines are either lying, or ignorant, or simply deluded by their misfortune.

How are your views treated by doctors in mainstream medicine?

Very few things I've written have ever been published in mainstream media or scientific journals, both of which generally tend to censor themselves from airing or taking seriously almost anything that overtly or by implication criticizes or casts doubt on the view that vaccines are safe and effective. In short, I've been preaching to the choir almost the whole time.

But slowly and still mostly under the radar, with the addition of more and more vaccines and the increasing pressure to make them compulsory, that smugness is unraveling, and the faith on which it rests is coming apart. So now, beginning with Andy Wakefield, and continuing with well-meaning pediatricians like Bob Sears, those who dissent from the increasingly rigid orthodoxy are being attacked as heretics, and the battle lines are being drawn. If my new book succeeds in blurring those boundaries, I'll probably be in for it as well.

What do you hope your book will do for parents faced with questions about vaccinating their child?

Parents have always been my main audience, just as helping them sort through their questions and doubts and make their own decisions have always been an important part of my regular pediatric practice. I'm primarily a clinician, not a research scientist; and ultimately my book is an attempt to make sense of what I've actually witnessed. What I'm offering is not final answers, but a way to ask the right questions, and hopefully to stimulate debate and encourage some of the further research that still needs to be done. So my hope is that it will help parents to make the choice that best suits them. A lot of the parents I see eventually give their kids the tetanus and polio [vaccine], for example, even though I've certainly made the case that even these are unnecessary. My position is and has always been simply pro-choice, pro informed consent, that is, to reaffirm the parents' moral and legal authority to make health-care decisions for their kids, as enshrined in the Nuremberg Code and the Helsinki Declaration, adopted by almost all nations after the Nazi atrocities of World War II, including the US, universal human rights which we still profess to hold dear.

> "I believe that we're headed down a slippery slope towards an even greater crisis of death, brain damage, and serious autoimmune disease that in the not-distant future will precipitate a major political, scientific, legal, and moral meltdown…"

Where is all this headed? How long can we just accommodate a growing population of disabled children as normal and acceptable?

I believe that we're headed down a slippery slope towards an even greater crisis of death, brain damage, and serious autoimmune disease that in the not-distant future will precipitate a major political, scientific, legal, and moral meltdown and, just possibly, a basic rethinking of our entire medical and scientific enterprise, which will hopefully reaffirm health care as a human right rather than a commodity for sale to the few who can afford it, and a more humane, wholesome, and restrained application of technology as a result. I guess I'm still a guarded optimist in that sense, in the face of the death-throes of runaway, Robber Baron-style capitalism at this point.

—Richard Moskowitz, MD, is a family physician who received his BA from Harvard, Phi Beta Kappa, his MD from New York University, and a US Steel Fellowship in Philosophy at the University of Colorado. He has been in private practice since 1967. After studying herbs, Japanese acupuncture, and other holistic modalities, he has specialized in homeopathic medicine since 1974, and has written four previous books and over a hundred articles on homeopathy, midwifery, natural healing, and the philosophy of medicine. He resides in Boston, Massachusetts. His new book, *Vaccines: A Reappraisal* is available from Skyhorse Publishing and Amazon or ask your local bookseller.

—We appreciate the opportunity to reprint Anne Dachel's fine interview with Dr. Moskowitz. This interview originally appeared on Age of Autism (www.ageofautism.com). For many years, Anne has been reporting on the coverup of vaccine injuries and autism. She is the author of *The Big Autism Cover-Up: How and Why the Media Is Lying to the American Public*, available on Amazon.

Hiding Vaccine-Related Deaths With Semantic Sleight-of-Hand

—By Robert F. Kennedy, Jr.

WHO develops a "simpler" algorithm, one more readily "applicable" to vaccines

Vaccine scientists and the public health community cautiously and occasionally will admit that vaccines can cause adverse reactions just like "any other medication or biological product." Although experts are less willing to openly disclose the fact that adverse reactions can and do include death, one has only to look at reports to the U.S. Vaccine Adverse Event Reporting System (VAERS) to see that mortality is a possible outcome. From 1990 through 2010, for example, VAERS received 1,881 reports of infant deaths following vaccination, representing 4.8% of the adverse events reported for infants over the 20-year period. Moreover, analysts acknowledge that VAERS, as a passive surveillance system, is subject to substantial underreporting. A federal government report from 2010 affirms that VAERS captures only about 1% of vaccine adverse reports.

On the international frontier, the public health community—with the World Health Organization (WHO) in the vanguard—previously used a six-category framework to investigate and categorize serious adverse events following immunization (AEFI), including death. Guided by this tool, public health teams examined temporal criteria and possible alternative explanations to determine whether the relationship of an AEFI to vaccine administration was "very likely/certain," "probable," "possible," "unlikely," "unrelated," or "unclassifiable."

In 2013, the WHO's Global Advisory Committee on Vaccine Safety discarded the prior tool, ostensibly because users "sometimes [found it] difficult to differentiate between 'probable,' 'possible,' and 'unlikely' categories." The WHO enlisted vaccine experts to develop a "simpler" algorithm that would be more readily "applicable" to vaccines. The resulting four-category system now invites public health teams to classify an AEFI as either "consistent," "inconsistent," or "indeterminate" with a vaccine-related causal association or as "unclassifiable."

Despite the patina of logic suggested by the use of an algorithm, "**the final outcome of the case investigation depends on the personal judgment of the assessor**" [emphasis added], especially (according to the tool's proponents) when the process "yields answers that are both consistent and inconsistent with a causal association to immunization."

In a 2017 letter in the Indian Journal of Medical Ethics, Drs. Jacob Puliyel (an India-based pediatrician and member of India's National Technical Advisory Group on Immunization) and Anant Phadke (an executive member of the All India Drug Action Network) raise important questions about the revised tool. They describe an Orwellian Catch-22 situation wherein it is nearly impossible to categorize post-vaccine deaths as vaccine-related. This is because the revised algorithm does not allow users to classify an AEFI as "consistent with causal association with vaccine" unless there is evidence showing that the vaccine caused a statistically significant increase in deaths during Phase III clinical trials. By definition, however, any vaccine not found to "retain safety" in Phase III trials cannot proceed to Phase IV (licensure and post-marketing surveillance). The result of the algorithm's convoluted requirements is that any deaths that occur post-licensure become "coincidental" or "unclassifiable."

Drs. Puliyel and Phadke describe what happened in India when the country's National AEFI committee assessed 132 serious AEFI cases reported between 2012 and 2016, including 54 infant deaths that followed administration of a pentavalent all-in-one vaccine intended to protect recipients against diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenzae type b infections. For babies who survived hospitalization, the committee classified three-fifths (47/78) of the AEFI as causally related to vaccines (with 47% of the incidents viewed as "product-related" and 13% as "error-related"), but they rated nearly all (52/54) of the deaths as either coincidental (54%) or unclassifiable (43%) despite mounting evidence that pentavalent and hexavalent vaccines are increasing the risk of sudden unexpected death in infants.

The absurdity and negligence inherent in the ultimately subjective WHO checklist have not escaped the attention of others in India and beyond. In a series of comments published in the journal *Vaccine* in response to the 2013 publication of the revised tool, commenters issued the following scathing remarks:

- "Even if a healthy child dies within minutes following vaccination and there is no alternate explanation for the AEFI, even then the powers that be could easily declare that death as coincidental and not due to the vaccine, thanks to the new AEFI. This is dangerous 'science'."
- "Amongst the 20 items of their checklist, no less than 15 (75%) are devoted to *refute* a vaccine-induced causality [emphasis in original]…After all and as the authors confess with an astonishing ingenuousness, the main point is to 'maintain public confidence in immunization programs.'"
- "People understand that there are no true coincidences—only events that have been made to appear to be coincidental by either a genuine lack of understand[ing] of the overall facts leading to the 'coincidence' reported or by the deliberate suppression of the facts, including when...AEFIs that result in death are made to 'disappear.'"

Continued Page 27

Letters from our members & Internet Comments of Note

Re: Anti-vax Vexations: Reply to Globe & Mail, Oct 24, 2017

Instead of lumping all opponents together as "anti-vaxxers," it might be better to accept that different people have different reasons, many science-based, to be reluctant, hesitant, or resistant. To engage them in dialogue, and to recognize the valid questions of the hesitant/reluctant/resistant heterogeneous group making these queries, perhaps we can start by ensuring that full, unbiased knowledge about each vaccine is available in plain language, written by those with absolutely no ties to the pharmaceutical industry.

The information itself should come from researchers and commentators who have absolutely no declared or other financial ties to the pharma industries or other competing/conflicts of interest.

Those who vehemently oppose "anti-vaxxers" (as well as those who express some resistance, hesitance, or reluctance) should stop treating all who question childhood vaccinations as empty vessels to be filled with expert information so they will then accept all that's on offer. Better to listen carefully to what those in, perhaps, some potential "choir" say about why they are reluctant to sing along and let their children (or themselves) get the "recommended"—often coerced—shots and address their questions. Even church choirs contain many different voices.

—Abby Lippman, professor emerita, epidemiology, biostatistics, and occupational health, McGill University

Source: https://www.theglobeandmail.com/opinion/letters/oct-24-anti-vax-vexations-plus-other-letters-to-the-editor/article36696435/?service=amp

From the VCC FB page: Oct 15, 2017

The only time we ever had the influenza in our house was when I went against my mommy instincts and got the vaccine for my most respiratory compromised child. She had been in and out of the hospital with pneumonia, bronchitis and severe allergic reactions. As an ex-vaccinating parent, I was not going to get her another vaccine. After she had been well for a month, I kept thinking what if this will help her stay out of the hospital one more time this year? I really didn't want to give her the vaccine, nor did I want her to suffer from influenza.

Starting the day she was vaccinated, she was sick in bed in pull-ups at 7!! when she was fully pottey trained at 15 months old. Then, two months later, she got influenza, the strain she was vaccinated for, gave it to her immune compromised siblings and spent 2 more weeks in bed. Never again!!

As an adult, she still reminds me that gut instincts must be followed. If it feels wrong, don't do it. She isn't angry at me. She is angry at the industry that lies and says vaccines are safe and effective, when they are neither safe or effective.

Source: www.facebook.com/VaccineChoiceCanada

Pediatrician Paul Thomas MD commented on an article at Age of Autism: Aug. 24, 2017

I had a grandma in my office yesterday with her daughter who was pregnant and interviewing me to be her pediatrician. Grandma had just retired from teaching. She started teaching in the 1960's. I love talking to teachers who were in the schools before the 1980's and I asked my usual question:

"How much autism did you see back in the 1960's and 1970's?"

"None" was the response.

"How much did you see last year?" She was teaching 4th grade in a local school in the Portland, Oregon area.

Her response: "We had at least 5 in my class of 25 and one so severe they needed a full time aide."

"So you just were missing all those kids back in the 1970's and 1980's?" I asked with a smile.

We both laughed at the complete absurdity of that thought.

AUTISM is a new MEDICAL DISASTER—and it is just the tip of the iceberg. These kids are our canary in the coal mine. Wake up. Pay attention. It does NOT need to be this way.

Source:http://www.ageofautism.com/2017/08/the-really-big-lies-about-autism.html#more

Vitamin C Success: Letter to Dr. Suzanne Humphries From LOF in Ireland, Nov 2017

I have just recently come across your work. My 5 week old baby girl and 3 year old little girl both got whooping cough 7 weeks ago. They are not vaccinated and I treat them homeopathically. But with this cough the homeopathic treatment was only palliating and the cough was quite severe and very distressing for us all. I was absolutely terrified especially for my 5 wk old baby. I was sent your article on the Vitamin C treatment of whooping cough.

Once we started treatment as per your protocol we turned a corner. Thank God, I could breath a sigh of relief. My baby is now 12 weeks and she is doing brilliantly. Neither girls lost any weight and both girls stayed strong once we started the treatment. Both are at the tail end of the cough now.

I don't know what we would have done without the Vitamin C and your protocol. I will be eternally grateful for it. The terror subsided once we started treatment, and saw results within 24 hours. Thank you so so much for your much important work. This knowledge I will pass on to many people as it takes the fear away and gives people power and knowledge of what to use for health instead of vaccinating. The feeling of powerlessness disappears.

Source: http://drsuzanne.net/suzanne-humphries-md-testimonials/

Note to readers: See page 12 for a link to Dr. Humphries' Vitamin C Treatment for Whooping Cough, updated 2017 (pdf).

Reply to *British Medical Journal* article: July 24, 2017
UK doctors re-examine case for mandatory vaccination

How, and why, are UK doctors able to re-examine the case for mandatory vaccination when they have not properly, and independently, examined the case for vaccination in the first place?

The science has never been settled on this subject, right from its inception back in the days of Jenner's smallpox vaccination. Numerous books and papers by medical and scientific professionals were published during the 1800s opposing and exposing the practice of vaccination, especially when the 1853 Vaccination Act was introduced, and then toughened in 1867. (1) The Anti-Vaccination movement involved numerous highly educated doctors—who tirelessly spoke out and published their findings eventually leading to the abolishment of the compulsory smallpox vaccination Act. Even *The Lancet*, when the first Compulsory Vaccination bill was before Parliament, on the 21st May 1853, expressed: *"In the public mind, extensively, and in the profession itself, doubts are known to exist as to the efficacy and eligibility of vaccination – the failures of the operation have been numerous and discouraging."*

There is a wealth of literature spanning over a century and a half on this subject that throws this procedure into question and yet it seems to fall on the deaf ears of the medical hierarchy?

The vaccine industry has grown enormously since the smallpox vaccine and it is one of most heavily 'protected' areas in medicine. A no-go area for any critical discussion, examination and independent analysis. Doctors and scientists who dare to indicate any concerns are met with hostility, ridicule, censorship, and sometimes dismissal from their profession. This does not encourage others to voice concerns for fear of repercussion, and sadly they remain silent. Additionally the vast majority of doctors do very little study on vaccination and just simply follow guidelines and are quite often unaware of the history of vaccination and the epidemiology of infectious disease over the last two centuries.

Do we now witness extremely healthy children, mentally and physically, within the developed and highly vaccinated areas of the world? It seems not!

However, instead of initiating a proper public debate on this matter, and investigating the mounting concerns, where do we find ourselves in 2017? Strict mandatory laws and fines are being introduced in Italy and in Germany fines and possible expulsion from daycare centres if the parents fail to seek vaccination advice. The French government will be mandating vaccines from 2018 moving towards a similar initiative to Italy. Now here in the UK the British Medical Association are being asked to consider the case for mandatory vaccination!'

This is medical tyranny at its extreme and I am horrified that in this day and age such measures are even being considered let alone implemented!

—Magda Taylor, Editor of *The Informed Parent*, UK

Source: http://www.bmj.com/content/358/bmj.j3414/rr-7

Hiding Vaccine Related Deaths (continued)

• "It seems that huge business in [the] vaccine industry is affecting [the] science of vaccines and we are developing various ways to promote the business at the cost of human lives…Going for a less sensitive tool for safety concerns is not only illogical but risky for the children of the world."

Unfortunately, many vaccine proponents appear to be more concerned with forestalling "misconceptions" and "erroneous conclusions about cause and effect" than they are about preventing and identifying adverse events following vaccination. The result, as Dr. Puliyel argues, is that doctors who "naïvely" accept biased reports on vaccine safety "are losing the trust of the public and in the process...endangering public health."

—We greatly appreciate WMP's kind permission to reprint this fine article that first appeared on the WMP website in July of 2017. https://worldmercuryproject.org/what-we-do/hiding-vaccine-related-deaths-semantic-sleight-hand/ See linked references at source article.

This poster with VCC's logo is from a global campaign to expose vaccine damage. VCC is one of 35 international organizations who endorsed the campaign hosted by Italy's Corvelva association.

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See page 2 for our Mandate and Statement of Purpose.

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Your Child • Your Future • Your Choice

Donations

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

1) **Vaccines—A Reappraisal**, by Dr. Richard Moskowitz, MD. A masterpiece that explores every major issue of the vaccine paradigm and provides scientific evidence that supports Dr. Moskowitz's 50 years of clinical observations that the vaccination process imposes substantial risks of disease, injury and death.

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

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

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

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