the Vaccine Choice Journal

Spring/Summer 2018 Volume 5, No. 1

Immunity and Impunity: Corruption in the State–Pharma Nexus

—By Professor Paddy Rawlinson, PhD, Western Sydney University, Australia

Abstract

Critical criminology repeatedly has drawn attention to the state-corporate nexus as a site of corruption and other forms of criminality, a scenario exacerbated by the intensification of neoliberalism in areas such as health. The state-pharmaceutical relationship, which increasingly influences health policy, is no exception. That is especially so when pharmaceutical products such as vaccines, a burgeoning sector of the industry, are mandated in direct violation of the principle of informed consent. Such policies have provoked suspicion and dissent as critics question the integrity of the state-pharma alliance and its impact on vaccine safety. However, rather than encouraging open debate, draconian modes of governance have been implemented to repress and silence any form of criticism, thereby protecting the activities of the state and pharmaceutical industry from independent scrutiny. The article examines this relationship in the context of recent legislation in Australia to intensify its mandatory regime around vaccines. It argues that attempts to undermine freedom of speech, and to systematically excoriate those who criticise or dissent from mandatory vaccine programs, function as a corrupting process and, by extension, serve to provoke the notion that corruption does indeed exist within the state-pharma alliance.

Introduction

"*…strong control over key processes combined with huge resources and big profits to be made make the pharmaceutical industry particularly vulnerable to corruption*."

–Transparency International 2016

"*Influence is not that easy to measure. But one metric that can point toward relative influence is, simply, money. And in that context, pharmaceuticals have few peers*."

—Fields 2013: 559

The article examines corruption within the state-corporate nexus as it relates to vaccines and the 'pharmaindustry'; that is, the networks of industry, medical and political actors involved in their research, manufacturing, regulation and dissemination. It argues that the structure and conduct of these alliances operate as mechanisms of control, stymieing open debate and independent inquiry around the safety and efficacy of vaccines. This is especially concerning given the mandated status of vaccines in countries such as Australia, and the violation of 'informed consent' by policies that require medical intervention. The article further contends that the neoliberal regime within which these alliances are nurtured facilitates draconian modes of governance through which criticism of mandated vaccination is repressed and silenced, thus protecting the activities of the state and pharmaceutical industry from independent scrutiny. Undermining freedom of speech, freedom of information and freedom of conscience not only becomes a corrupting process in itself, with these cherished societal values deemed increasingly redundant, but also infers the presence of actual corruption within these alliances through the lack of transparency and debate. The article does not focus on vaccine safety and efficacy per se but, rather, in acknowledging that state and corporate bodies are 'key and central agents of power in contemporary societies' (Whyte 2009: 3) seeks to interrogate the nature and impact of this relationship on this contentious area of public health.

Corruption and the pharmaindustry

Broadly understood, corruption is a deviation from the norms of exchange involving the abuse of power for financial or non-financial gain (Bridenthal 2013; Gounev and Ruggiero 2012; Ledeneva 1998; Punch 2009; Wedel 2001, 2003). Transparency International (TI), one of the major watchdogs of corruption worldwide, defines it in general terms as 'abuse of entrusted power' specifically in relation to public, rather than private, office (Transparency International 2016). Others extend the definition to incorporate the private sector, including practices

Continued Page 11

Inside This Issue

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

Your Child • Your Future • Your Choice

VACCINE CHOICE CANADA FORMERLY VRAN

www.vaccinechoicecanada.com

VCC Member News: Brief summary of news and activities, January through July 2018.

Welcome to our New Board Member, Cheryl Yakem

We are thrilled to announce that Cheryl Yakem has joined the board of directors of Vaccine Choice Canada. With a background as a first responder, decades as a first aid instructor, businesswoman and mother of four–all of whom suffered severe vaccine reactions–Cheryl has been an activist for many years and is dedicated to defending our informed consent rights.

She has acted as Chair for the Toronto group meetings, and is involved in the formation of an official VCC Chapter in Toronto. She is also adept at social media and is helping to bring VCC to the next level in that area. Cheryl has boundless energy, enthusiasm, ideas and skills. Welcome Cheryl!

VCC Administrative Automation Update

Work continues on automating VCC administrative functions including memberships, donations and information changes. In the near future you will be receiving an e-mail with directions on how to login to the site which will enable you to update your contact information and to view your membership status. Members with "active" memberships will also have the ability to login and access the Archive of Vaccine Choice Journals and VRAN Newsletters dating back to 1994.

Ted Kuntz Video Series

Special thanks to Robert for filming and editing a powerful series of short videos with VCC Vice President, Ted Kuntz. You can view this series at VCC's YouTube Channel or on the VCC website under *Resources/Video & Audio*.

VCC London Chapter January 17

The London Chapter held their inaugural event at the BMO Centre on January 17, 2018 with special speaker Heather Fraser, author of the book *The Peanut Allergy Epidemic*.


Heather & Mom Sheila

Heather's talk, *Learn the Risks, Know Your Rights*, can be viewed on our website's *Resources/Video & Audio* page. Thanks to Heather, Robert for filming and to all of the London Chapter members who organized and attended this event.

Dr. Stephanie Seneff Presentations in Toronto March 27

Advocates for Human and Environmental Health Protection brought Dr. Stephanie Seneff to Toronto on March 27, 2018. Dr. Seneff gave two lectures. Her first lecture on the effects of glyphosate in our food (followed by an expert panel discussion) is available at https://vimeo.com/262632475

Dr. Seneff also spoke on Vaccines & Glyphosate. You can view her vaccine talk on our VCC YouTube Channel, thanks to Robert. Special thanks to Advocates for Human and Environmental Health Protection, Melody Byblow and VCC members Joel and Margaret Sussman for organizing this event.

Total Health Show in Toronto, May 11-13

Vaccine Choice Canada members and friends were thrilled to hear that Del Bigtree (of *The HighWire* and *Vaxxed* fame) would be appearing at The Total Health Show in 2018.

Del agreed to be interviewed by VCC at the show. This interview can be viewed on VCC's YouTube Channel or on the VCC website under *Resources/Video & Audio*. Special thanks

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

Board of Directors:
Edda West — President
Ted Kuntz — Vice-President
Rita Hoffman — Secretary
Gisele Baribeau–Treasurer
Cheryl Yakem — Director

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.

to Robert, Gisele and Cheryl for all of their hard work to make this great interview happen!

At the show, Heather Fraser's presentation, *Preserving Vaccine Choice in Canada*, was very well received, as always. Thank you Heather! Del Bigtree's presentations were *Understanding Vaccine Safety*, *The Religion of Science–How Science Devolves Into Bias and Orthodoxy*, and a panel discussion: *Health, Healing and Integrity*.

If you would like to order audio or video of the Total Health presentations you can do so at the Total Health website.

Members of Vaccine Choice Canada also met with Del Bigtree and Shawn Buckley, President of the National Health Products Protection Association (NHPPA.org) to discuss vaccine issues.

Special thanks to all of our volunteers who made VCC's presence at the show possible: Skylar, Joel, Margaret, Josephine, Robert, Gisele, Cheryl, Taylor, Nilla, Shannon, Greg, Mary, Barbara, Shanda, Denise, Marie, Rita, John and Martin.

March Against Monsanto Toronto May 19

Thanks so much to Vaccine Choice Canada members who marched, and especially to Margaret and Joel Sussman who addressed the crowd regarding vaccines.

Dr. Deisher Presentation in Ontario June 23

Dr. Theresa Deisher was one of the featured speakers at Alliance for Life Ontario annual conference in Guelph, Ontario on June 23, 2018. Dr. Deisher spoke in the morning on the Ethics and Potential Health Risks of the Use of Human DNA in Childhood Vaccines. A special talk was held in the evening titled *Childhood Vaccines, Cancers and Neurological Disorders: The Full Story*.

Dr. Deisher, with a PhD in Molecular and Cellular Physiology from Stanford University, is the President of non-profit Sound Choice Pharmaceutical Institute. Her research focuses on the health risks of residual DNA contaminants and retroviruses found in pharmaceutical products, including some vaccines. Studies show these contaminants may be implicated in autism, autoimmune disease and cancer. Dr. Deisher continues her research into ethical alternatives to the fetal cells to reduce demand for them. For further information about Dr. Deisher and her research see www.SoundChoice.org.

Thanks to Mary who organized a table at the conference with Vaccine Choice Canada handouts and resources, and to Sandra for manning the table for the whole day with Mary!

Subscribe to our YouTube Channel or follow us on Facebook for release of a special interview with Dr. Deisher, thanks to Robert and Cheryl for making this happen! Watch also for links to video from Dr. Deisher's Guelph presentations when they become available, with thanks to Jakki Jeffs from Alliance for Life Ontario.

Back Row L/R: Jack, Dr. Deisher, Cheryl, Taylor, Rita, Keith, Sandra. Front Row L/R: Gisele, Mary, Shanda

Total Health Show: L/R Josephine, Rita, Shari, Shanda, Margaret, Del, Joel, Gisele, Skylar

International Women's Day Toronto

These three VCC Members—Rosemary Frei, Janet McNeill and Skylar Hill-Jackson—miss no opportunity to share their vaccine messages with new audiences—as they did on March 8 at the IWD celebrations.

Thank you, Women!

Remembering Dorothea (Thea) Nusbaum

October 17,1946 – January 24, 2018

By Edda West

I first met Thea in 1982 when she contacted me to ask if I'd like to join a committee to oppose the new mandatory vaccination law that had just been passed in Ontario – the Immunization of School Pupils Act. Unless you belonged to a religion opposed to vaccination, or had a medical exemption, the new law required all school children to be vaccinated. Only 7 vaccines were required at that time compared to 14-16 vaccines given in multiple doses today.

We called ourselves the Committee Against Compulsory Vaccination and had numerous meetings with government officials to voice our objection to the new law which had been passed as a 'fait accompli' overnight, rammed through without public debate or media coverage. It was sprung on the public like a bomb leaving many families with no option but to home school their children.

Thea inspired us all with her medical background and dedicated leadership. As a nurse, a mother of three children, and student of Rudolf Steiner's Anthroposophic medicine, she had what it took to decipher and interpret government reports on infectious diseases and vaccines as well as a strong philosophical grounding in natural healing that set a positive tone for our group. Thea organized our meetings and outreach and also wrote and published a regular newsletter that went out to a growing membership of vaccine injured families.

In those days, the media was eager to report news about vaccine injuries, and our activities brought many families forward with vaccine injured children. Thea worked tirelessly to help these families organize their own group, the Committee For Vaccine Damaged Children with members across Ontario and eventually formed a group in Winnipeg where Committee members worked hard for 20 years disseminating vaccine risk information. There were many efforts to inspire the government to enact a vaccine injury compensation system, even meetings with a federal health minister. But as happens, governments change and political interest fades, while struggling families' energies are consumed by caring for their vaccine injured children.

Our eloquent 1984 Brief (on our website at About VCC/History) offers a sense of the quality of thought and energy that graced our committee. In December of that year, the government finally passed a conscience clause amendment to the Act. I feel very blessed to have been part of this historic social justice movement and that our work, started long ago continues on today to warn parents of the devastating effects vaccines can have on children and families.

Thea and I worked together for about 10 years until the early 1990s at which point she and her family moved back to the U.S. where she trained to become a hospice nurse, working with the dying for the last 20 years of her life. Thea had 6 grandchildren and was heartbroken that one of them became severely autistic after receiving all her vaccines despite all of Thea's offerings of cautionary information about vaccine risks.

I was blindsided by Thea's passing only a few months after she visited with me last September.. At the time, she was recovering from orthopedic surgery to her knee, but otherwise was in good health. We had a chance to reminisce about the "good old days" working together in Toronto, stirring up public debate about vaccines and organizing press conferences to which the entire Toronto media would show up for – unlike today when we are ostracized and shunned by them.

I will always be grateful for the friendship and the camaraderie we shared working together on the vaccine issue, which Thea always enriched by sharing insights into Steiner philosophy, his Waldorf education and Biodynamic agriculture methods. Thea will be deeply missed by her family and friends and will always be remembered as a deep thinker and co-founder of our vaccine risk awareness movement.

Editorial: Waking Up to Medical Tyranny —By Edda West

"When science serves state power, and the state serves the corporate world, each becomes corrupt and corrupting, and society moves one step closer to a repetition of medicine's darkest time." —Professor Paddy Rawlinson

Professor Rawlinson's feature article reprinted in this issue of the *Vaccine Choice Journa*l provides sobering insight into the unholy alliance between the pharmaceutical industry and government. The shift toward mandatory vaccination policies, the repression of criticism of these policies, the quashing of all debate on vaccine safety, and the trampling of the basic human right to decide what goes into our bodies is made possible by 'neoliberal' modes of government that serve to silence critics, thereby *"protecting the activities of the state and pharmaceutical industry from independent scrutiny."*[1]

The 'neoliberal' alliances between industry and government operate as mechanisms of control, *"stymieing open debate and independent inquiry around the safety and efficacy of vaccines."*[1] Policies are created to *"preserving and enhancing mechanisms of the market"*. [1] In other words, government policies are made based on what's good for industry, rather than what's good for the people.

The vaccine Industry conducts the studies needed to license their products with little to no oversight by government regulators. The industry is embraced by the government as a private sector partner or "stakeholder" wielding enormous influence and power in steering public health policies, sponsoring pro-vaccine 'think tanks', immunization conferences (like this one), and legislation that restricts exemption rights while increasing vaccine uptake.

We the people pay an enormous price for policies driven by corporate interests. The greater the corporate influence, the higher the risk of authoritarian political systems that stifle dissent and marginalize questioning voices, which is where we find ourselves today. Censorship of the vaccine debate has intensified to the point where a strict media blackout prevents all critical news on vaccine risks and the plight of the vaccine injured from reaching the public. Complicit are thought police giants, Google and Facebook, whose newly developed algorithms block ease of access to forbidden dissenting research on vaccines.

Compelling new science on the mechanisms of vaccine injury, the transport of neurotoxic aluminum adjuvant by immune cells into the brains of millions of vulnerable children and the impact of immune system activation on the developing brain is actively suppressed. (See vaccinepapers.org) The collapse of children's health manifesting as epidemics of autoimmune and neurological disorders, the direct result of draconian vaccine policies, doesn't concern the government or medical industry. "Consensus science" has decreed all vaccines are effective and safe—no need to look any further!

> "The pharmaceutical cartel has been very, very adept at erecting vaccines as almost a religious orthodoxy. And they've been able to capture the agencies, the press, these mechanisms that are normally supposed to protect us, including a lot of the advocacy community,"—RFK,Jr.

In a recent interview, Robert F. Kennedy Jr. discussed a law suit that compelled the U.S. Department of Human Health & Services (HHS) to disclose its failure to conduct regular safety monitoring of vaccines as it had been ordered by the U.S. Congress 32 years ago. HHS is the "mothership" that monitors health agencies like the CDC and FDA. This means that since the 1986 passage of the U.S. law protecting the vaccine industry from ALL liability, there has been no government oversight tracking vaccine safety!

"The pharmaceutical cartel has been very, very adept at erecting vaccines as almost a religious orthodoxy. And they've been able to capture the agencies, the press, these mechanisms that are normally supposed to protect us, including a lot of the advocacy community," says Robert F. Kennedy Jr. in the *High Wire* interview with Del Bigtree on July 12, 2018.

Governments' incestuous ties with pharma interests insures that vaccine injury reports are well hidden and almost impossible for the average Canadian to access. It takes a dedicated researcher to ferret out the data and report on what Health Canada and the Public Health Agency of Canada hide from the public, as Nelle Maxey shows in her recently published *Vaccine Safety Report 3* and in previous Safety Reports as well.

Health Canada is infamous for protecting the interests of industry and blocking access to information about drugs, vaccines and other environmental toxins. Whistleblower Shiv Chopra's valiant fight as a Health Canada scientist to prevent the use of bovine growth hormone to force dairy cows to produce more milk, ended in termination of his employment. His book, *Corrupt to the Core*, tells the story of the Canadian government "in cahoots with big pharma". Chopra's heroism was never adequately acknowledged prior to his recent death.

Health Canada's obstructionist policies were recently foiled when American research scientist, Peter Doshi, sued the agency for denying him access to clinical trial data on five drugs on which he is doing a systematic review. Included were three HPV vaccines—Gardasil, Gardasil 9 and Cervarix—and the anti-viral medications Tamiflu and Relenza.

Health Canada refused to hand over the documents, claiming

they are confidential business information and would only release them if he signed a confidentiality agreement. Dr. Doshi refused and sued the federal government. CBC reported that on July 9, a Federal Court judge ruled in favour of Doshi, and ordered Health Canada to release the requested documents, undermining Health Canada's protectionist policy of shielding the drug industry from scrutiny. This was a landmark decision that invoked "Vanessa's Law"—enacted in 2014 to improve transparency of drug trial results and the reporting of adverse reactions by healthcare institutions.

"*Regulators shouldn't have a monopoly on judging the risks and benefits of medicines or hinder others from doing the same via confidentiality agreements*," said Doshi, assistant professor at the University of Maryland School of Pharmacy and an associate editor at the *BMJ* (formerly known as the *British Medical Journal*). He said, "*I hope my case sets a precedent and allows researchers, clinicians, and the public easy access to clinical trial data*."

"The injustice of funneling our tax dollars to a fantastically wealthy multinational corporation whose drugs have caused untold damage to present and future generations, brings us face to face with the collusion between government and industry that borders on criminality."

Subsidizing the vaccine industry

Lest we forget, the Canadian government pours hundreds of millions of dollars into vaccine purchases for distribution across the country each year. It also gives handsome subsidies to the vaccine industry. Just recently, Ontario promised vaccine giant Sanofi Pasteur, up to $50 million to help build a new state of the art vaccine manufacturing facility in Toronto. Another $20 million was kicked in by the Feds—huge payouts extracted from our tax dollars to bolster pharma's profits.

Simultaneously, exhausted families trapped in the autism crisis, endure long wait times hoping for desperately needed services. But there are never enough resources or money to meet their needs.

Every year, more and more children succumb to autism, with no answers from health agencies as to what's causing it, or how to prevent it. As far as the medical industry and government are concerned, it remains a mystery! Many of these children are aging out of school, condemning families and their disabled children to isolation and despair.

In a CBC story, we hear the pleas of a desperate mother of a severely autistic, 16 year old teenage boy. He cannot speak and still wears diapers. His frustration at not being able to express his needs leads to aggression issues which have excluded him from school. How will our society function if the predicted number of 1 in every 2 children being at risk of developing autism by 2032 is accurate and comes to pass?

How far would those millions squandered on Sanofi have gone to help the tens of thousands of suffering families with autistic children, many of whom are vaccine injured? The injustice of funneling our tax dollars to a fantastically wealthy multinational corporation whose drugs have caused untold damage to present and future generations, brings us face to face with the collusion between government and industry that borders on criminality.

The salt in the wound is that our governments continue to subsidize the rich and powerful vaccine industry whose complex biochemical drugs have never been honestly evaluated for the REAL risks posed to health and life. This, while at the same time compelling parents to inject their children with toxic ingredients that cause brain and immune system injuries that neither pharma nor government is held accountable for. Twisting the knife of corporate malfeasance is the rank injustice of the additional massive profits reaped by pharma for the drugs then needed to treat the vaccine damaged children as we watch the decimation of this generation of children unfold before our eyes.

Of the 40,000 Ontario children with autism, it's not known how many were born normal, then suffered a vaccine injury that resulted in an autism diagnosis later in childhood. We do know however, from a recent study analyzed by Brian Hooker, Ph.D that,

"Out of a sampling of 230 children followed for the first three years of their lives, fully 88% of those who were diagnosed with autism started at average and above average social engagement scores, and then regressed prior to ultimately being diagnosed with autism. In other words, nearly all of the children followed in the study who developed autism had regressive autism. ***They were not born with it.****"*

The pharmaceutical industry is the wealthiest corporate sector on the planet. It's resources outstrip the combined profits of the top Fortune 500 companies. It is basically liability free when it comes to vaccines and cannot be sued in the U.S. for disabilities or death caused by their products. Only a tiny fraction of vaccine adverse events are ever reported—estimated at 1-10%. An even smaller percentage are compensated in the U.S. In Canada vaccine injury victims are abandoned and on their own, except for the province of Quebec where only a few have been modestly compensated. The legal bar is set so high that no court adjudicated damages have ever been paid to a vaccine injury victim in Canada.

Shutting down the debate

At this point in history, the "neoliberal" cabal has shut down the debate on this issue. Parents' voices of concern are

drowned by vicious pro-vaccine rhetoric, our vaccine injury stories are silenced, and the basic human right to decide what goes into the bodies of ourselves and our children is threatened and under attack.

We heard the deafening silence that greeted Dr. Christopher Exley's recent discovery of record amounts of aluminum in the brains of deceased autistics.

Over a decade ago, a comprehensive neuroscience literature review by neurosurgeon Russell Blaylock revealed that the brain has its own immune system which is vulnerable to injury if subjected to ongoing inflammation in the early years of life. Prolonged brain inflammation triggered by the intensive vaccine schedule is at the root of the crisis afflicting children today. A robust science base affirms this knowledge, yet it languishes in obscurity due to the suppression of emerging research on vaccines.

The escalating epidemic of neurologically injured children with learning disabilities, ADHD, autism and autoimmune disorders is directly linked to immune activation provoked by multiple vaccines injected during critical periods of brain and immune system growth in infancy and early childhood. Alongside the biochemical agents and nerve poisons children get in vaccines, are the multitude of external environmental chemical contaminants they are exposed to that contribute to brain injuries and declining IQs.

Emerging science over the last decade reveals how neurotoxic aluminum adjuvants in vaccines, when injected into muscle, are picked up by immune cells and are transported across the blood brain barrier and cause ongoing inflammation that damages the developing brain.

Not a peep in mainstream on the profound discovery that aluminum vaccine adjuvant is picked up by immune cells and transported into the brain where it provokes inflammation in the brain's own immune cells and leads to brain injuries and autism.

This knowledge, key to understanding the role of immune system inflammation in brain injuries, has never made it through the censors, thus ensuring the public remains in the dark, unable to make informed health care decisions for their children—essential to protecting children's health from medical malfeasance.

More vaccines targeting pregnant mothers

Completely ignoring the published science on the impact of immune activation on the developing fetus, Canada's National Advisory Committee on Immunization (NACI) advocates that all pregnant women be injected with Tdap and influenza vaccines in each pregnancy. Historically, it's been understood that pregnancy can be a risky time for mother and baby and many will recall the thalidomide tragedy in the 1960s. Considered by many a "pharmaceutical outrage", the devastating sight of children born with severe deformities caused by a drug prescribed for nausea during pregnancy, is indelibly embedded in our collective memory.

The NACI committee knows full well that an episode of the flu during pregnancy can trigger inflammation that may injure the fetus and increase the risk of the child developing autism or schizophrenia later in life. But somehow, magically, vaccine induced inflammation during pregnancy is exempt from such outcomes? Nevertheless, the NACI is recommending that pregnant mothers submit to these toxic exposures without any credible science demonstrating the safety of these procedures.

There is well researched and explicit science on the impact to the baby of maternal immune activation during pregnancy. The science on the hazards to the fetus of chemically induced maternal immune activation is extensive.

The suppression of the basic science about the intimate relationship between the immune system and the brain prevents parents from making well-informed and independent health care decisions for their children, thereby increasing the risk of injuries and death.

Consensus Science – an oxymoron

Mainstream media, including CBC, in lock step with the "neoliberal" agenda, blocks any science that raises concerns about vaccines. A strict journalistic code called the "false equivalency" or "false balance" doctrine blacklists any news deemed contrary to "consensus science". Promulgated by the pro-vaccine think tank, Voices for Vaccines, the 'false balance' doctrine now rules all media.

The CBC ombudsman's defense of articles that denigrate homeopathy is a perfect example of how our 'public broadcaster' treats modalities not approved by "consensus science".

The CBC ombudsman writes, *"Reporters have a responsibility to avoid giving weight to ideas that are generally held to be untrue, or unproven. There is a strong consensus in the medical and scientific community that the claims of homeopathy, and its basic assumptions, have not passed the scrutiny of rigorous science. To provide equal weight to information generally held to be incorrect as a balance to the views of most scientists, physicians, and regulatory bodies would create false equivalence."*

Any ideas, scientific constructs or alternative modalities that challenge the accepted status quo are suppressed. This includes prohibition on questions around vaccine safety or any research that shows vaccinated children have more health issues than the unvaccinated. Suppressed as well are alternative or natural health care modalities.

Media witch hunts are launched against chiropractors, homeopaths and naturopaths, such as recently targeted Dr. Anke Zimmermann, especially if they express concern about vaccines, or their therapies can help the vaccine injured. Dr. Zimmermann has been treating vaccine injured children with homeopathy for many years with excellent results.

Stifling freedom of thought in science

"Consensus science", now held up as the only valid parameter by which to evaluate a particular paradigm, is itself a false

construct as science is an ongoing process of discovery. Science is never "settled". When science becomes static and only one viewpoint is allowed, it morphs into dogma. Censorship has always been the primary tool used by authoritarian political systems to suppress all reasonable inquiry and debate. When the voices of millions of concerned parents around the world are muzzled, and our medical and political systems deny that what we see is real—that vaccines are destroying children's health—you know we are in big trouble.

Freedom of thought in science and medicine has been stifled by the industries and governments that benefit both financially and politically from the manipulated 'science' they impose on the public as 'consensus science'. First and foremost, it is a creature of scientific fundamentalism that serves to restrict freedom of thought and is a useful tool to protect the status quo.

"Contrary to the beliefs of some, science is not an impenetrable body of settled fact that must be defended at all costs in the name of truth. It is not a means by which to determine truth or to achieve absolute certainty. Neither is science a worldview. When science becomes a worldview—a philosophy of life, a metaphysical framework that explains existence—it is no longer science; it is scientism", says Larry Malerba in an article on the rise of scientific fundamentalism.

With scientism comes religious zealotry imposing its absolutist version of scientific dogma on the general public while at the same time prohibiting new and 'heretical' ideas from being heard. 'Consensus science' is THE tool used by powerful interest groups to shut down ideas, research and any scientists who challenge established beliefs.

Nowhere is it more stringently applied than to those who challenge belief in the archaic vaccine paradigm, devised when nothing was known about bacteria, or viruses, hygiene and antiseptic procedures or the immune system. Captured by 'consensus science' and beholden to it are government health regulators, politicians, doctors, the media and by extension, the majority of the public who still unquestioningly accept that "vaccines are safe and effective".

Lessons from history

Over 30 years ago, Dr. Robert Mendelsohn warned against the 'Religion of Modern Medicine" and its medical 'priesthood' that injects our children with the 'holy waters' of vaccination, thus indoctrinating them into a lifetime of dependency on the pharmaceutical industry. We are there now, looking into the maw of a hydra-headed monster that is consuming the health and lives of our children with religious fervour.

Vera Shara, Holocaust survivor and founder of the Alliance for Human Research Protection continues to focus her analysis and work on THE untouchable subject, the largely corrupted vaccine information base, *"which has been fashioned by eradicating inconvenient historical facts."* She asks, *"Are children's right to a normal life being sacrificed as collateral damage to protect high utilization of vaccines?…It is chilling to bear witness how an educated class of professionals have abandoned their moral compass and discarded intellectual integrity, by accepting, as they do, the dogma dictated by collaborating vaccine stakeholders, who declare themselves to be "authorities"*.

We are at the same place Ignaz Semmelweis found himself 150 years ago when he advocated that doctors wash their hands before attending to birthing women straight out of dissecting corpses in autopsy. He was shouted down and driven out of medicine trying to save the lives of mothers dying in droves from child bed fever caused by ignorant doctors refusing to wash their hands.

In an earlier era, between the 15th and 18th centuries, tens of thousands of lay healers, midwives, herbalists and neighbourhood grannies were persecuted and hunted down by the Inquisition. Accused of witchcraft they were burned at the stake, hanged or beheaded for ministering to birthing women and caring for the sick or dying. That 400-year reign of terror destroyed women's ancient knowledge of the healing arts and ushered in today's patriarchal drug-oriented medicine.

Today, it is our children that are hunted down mercilessly by the pharmaceutical inquisition, determined to inject every child with boluses of biochemical poisons that inflame the brain and skew immune function, that has resulted in a global epidemic of complex neuroimmune diseases, lifelong disabilities and shortened lifespans.

This is a clarion call to stop the slide into medical tyranny looming as the darkest time in our collective history when thought leaders are willing to sacrifice large segments of several generations of children to uphold a flawed and deadly paradigm. It is the 11th hour and we need to marshal all our creative energies and determination to expose the lies, deception and criminality of the entrenched vaccine paradigm and its promulgators.

We need to find innovative pathways through which the new science can emerge alongside new models of health care that align with nature's intent to create wholeness and health in our children. We need to muster the courage and determination to take back our rights, our freedom, our children, our health. The biological integrity of future generations depends on it..

Reference:
1. Professor Paddy Rawlinson, *Immunity and Impunity in the State-Pharma Nexus*, International Journal for Crime, Justice and Social Democracy, Vol. 6, No. 4 (2017) https://www.crimejusticejournal.com/article/view/447/330

CDC: You're Fired. Autism Coverup Exposed

—by Kelly Brogan, MD

The dam is leaking, and the flood is coming. Are you ready to stand strong?

Fraud

A powerful accusation, sensational, provocative. When we think of fraud, what comes to mind? Images of avarice-driven men putting their greed before the best interest of a larger population. Does it feel different when it is a woman behind the mask? What about a woman charged with "Saving Lives. Protecting People." as is the CDC's claim? What if that larger population put at risk is our infants, babies, and children?

> "There is no free lunch, no slaughter of bugs, no offensive attack that does not also undermine our own health."

Today, I am calling all women, to hear this news, let it permeate deep down to the core of their primal instincts, and say, enough is enough.

As citizens of this capitalist nation, we cannot rely on corporate-sponsored news media for the truth. We must source it from trusted independent outlets, informed experts, and even by going to the available science ourselves. It is time to reclaim our health, and that of our families, once and for all. When we outsource our native wisdom, our belief in the fundamental strength of our minds and bodies, to corporations whose primary fiduciary responsibility is to their shareholders, we are sacrificing ourselves, and our children. Women and children are the sheep being led off the ledge. I have written about a known 4250% increase in fetal demise during the 2009/10 flu season, about evidence-based inefficacy and risks of the pertussis vaccine pushed on pregnant women, about Gardasil killing healthy girls across the globe, fear mongering about SIDS that is actually caused by a visit to the pediatrician, and of the corruption of an infant's birthday by the Hepatitis B vaccine. In rejecting the paradigm of vaccination, it is important to grasp the nature of the political beast that is pushing vaccines into the arms (legs and buttocks) of every American.

This week, devotees to the shrine of conventional medicine that is vaccination, are called to the floor.

After Dr. Brian Hooker's requests through the Freedom of Information Act for original MMR study documentation, a CDC Immunization Safety Researcher, Dr. William Thompson has buckled under the pressure of his conscience, and come forth as a whistleblower. These documents demonstrated a 3.4 fold increase in the incidence of autism in African American boys, expunged from the final study results in a violent act of scientific fraud. Dr. Thompson has since corroborated the CDC's retroactive alteration of the data to eliminate the signal of harm. In light of a 2004 letter confirming CDC awareness and suppression of these findings, CDC head, Dr. Julie Gerberding committed perjury before moving onto her position at Merck in the Vaccine Division. Dr. Hooker has published the unadulterated finding here.

As parents around the world have known for 7 decades, and basic science has supported, **vaccines do cause autism**. Despite the defiance of the CDC in its refusal to conduct that most basic of studies, a retrospective case-control investigation of autism rates in vaccinated versus unvaccinated children, science has been supporting the connection for years. In a transparent effort to paralyze the conversation, the Institute of Medicine has handily dismissed a causal relationship between vaccination and autism, referencing 4 studies, including the very study in question, and another by now fugitive Paul Thorsen, and one that actually did demonstrate over 50% regression after MMR. Analyses that have been done, outside of Pharma's pocket book, have demonstrated statistically significant correlations between vaccination and autism and suggested that prevention involves less-to-no vaccination.

It is time for us to acknowledge the heinous nature of this one-size-fits-all pharmaceutical assault. There are no green vaccines, no room for a "slowed or alternate schedule" because vaccination itself is predicated on an antiquated misapprehension of individualized immunity. Metals, antibiotics, chemical preservatives, and manipulated animal and human tissues have no place in human ecology. This mismatch is particularly egregious in our current state as a species, hovering on the brink of devolution, in an age of profound transgenerational compromise of mitochondrial dysfunction, detox capacity, and microbiota-supported immunity.

Are We Surprised?

A veritable body-bomb, the MMR contains recombinant human albumin, fetal bovine serum, and chick embryo fibroblasts, and the potential for interspecies activation of unknown retroviruses, molecular mimicry, and reactivation of the virulence of the infectious virus itself—a completely unstudied and medically unacknowledged risk. Conventional medicine, particularly the field of infectious disease, has yet to adopt the new science, which has demonstrated the imperative of individualized risk assessment. There is no effort to screen for, identify, or personalize this intervention based on genetics, lifestyle, or markers of altered immunity. This is the equivalent of hammering a one-sized-helmet on to each child's head, in full knowledge that some fraction of those children will be injured or even killed in this barbaric process. Add to this co-exposures

such as nutrient depleted maternal diets, surgical births, formula feeding, ultrasound, pesticides, and pharmaceuticals like Tylenol, and there is only so long we can defend a model of toxicology that ignores the synergy of these risks.

A novel diagnosis, Measles-Induced Neuroautistic Encephalopathy (MINE) appears to be a variant of the most severe complication of measles, Subacute Sclerosing Panencephalitis, which develops when the body is unable to clear the measles virus. MINE has only been reported in children who have received MMR vaccines. An immature or otherwise compromised immune system appears to be a necessary risk factor for the development of MINE and SSPE. Who is assessing vaccine recipients for this risk factor? Do we even know how?

"**Today, our charge is to access a fearlessness. To** shed a "medicate it, kill it, suppress it!" reflex, and to adopt a deep respect for our coevolution with the natural world, and a powerful rejection of a broken healthcare model that is making us sicker by the minute. If we stand together, our feminine wisdom will cast a shadow so dark that Pharma will run scared."

Autism is the emblem for modern human health. These children are the canaries in the coal mine. Those whose buckets were full-to-overflowing until the final uninvited drops spill over the edge. They suffer from oxidative damage, mitochondrial dysfunction, dysbiosis, and brain-based inflammation and autoimmunity. In the era of vaccine design, it was not even known that the brain had immune function, let alone that our gut microbiome is the mastermind of our immune response, and that we must cooperate with the bacteria and viruses in our midst. There is no free lunch, no slaughter of bugs, no offensive attack that does not also undermine our own health.

The Flood

Parents are taking back the truth. It is my expectation that this crack in the dam will serve to sound an alarm. To wake women up. To show them that they have relinquished their maternal wisdom, and that it is time to wrest it back. As Dan Olmsted states:

More broadly, these "leaks" in the bulwark of conventional wisdom have been coming for a long time, and not just from people on the inside with information to share.

I'm talking about leaks like all the parents of children on the other side of the elevated-risk stats – MMR shots at 12 months, illness, regression, autism.

Leaks like parents who saw it with other vaccines, at other times — parents who were willing to share what happened to try to keep it from happening again.

Leaks like the original Verstraeten study at the CDC that found a high risk of autism for infants who got the most ethyl mercury by the first month of life, as opposed to the least.

Leaks like the CDC coverup of the soaring autism rate in Brick Township, N.J.

Leaks like all the evidence from low-and-no-vaccine populations with low-to-no autism. Leaks like the unwillingness of the public health authorities to even study the issue.

Leaks like the Hannah Poling case, which the government conceded was triggered by autism, but buried by obfuscation. Leaks like the Unanswered Questions study showing autism all over the place in unacknowledged vaccine "court" rulings.

Leaks like the SafeMinds parents identifying autism as a "novel form of mercury poisoning" more than a decade ago.

Leaks like the Merck scientists who came forward to say the company faked data to make its mumps vaccine look effective.

Leaks like the connection between the first cases of autism reported in the medical literature, in 1943, and the families' exposure to the new ethyl mercury vaccines and fungicides.

Leaks like the whole catastrophic half-a-millennium love affair between the medical industry and mercury, one that should have ended long before the autism tidal wave started carrying away America's children.

Leaks like the most obvious one of all – the explosion of autism and the vaccine schedule at the same time Congress gave the nation's corrupt drug makers a free ride in court, a ride on the backs of America's vaccine-injured children and their stumbling families.

These leaks are becoming a flood, and the flood a tidal wave, just like the autism tidal wave, and the wave is washing away the whole wall of denial built by the same people who just about now are running out of fingers and toes to plug them with.

Deeply ingrained in our most primitive impulses, mothers are wired to protect their children. This protection no longer takes the form of sheltering them from wild animals, warming their bodies from the elements, and procuring foraged food. Today, our charge is to access a fearlessness. To shed a "medicate it, kill it, suppress it!" reflex, and to adopt a deep respect for our coevolution with the natural world, and a powerful rejection of a broken healthcare model that is making us sicker by the minute. If we stand together, our feminine wisdom will cast a shadow so dark that Pharma will run scared. Dig deep for that fearlessness, and let emerging truths like Thompson's support your journey back to self.

—We are deeply appreciative of Dr. Brogan's permission to reprint this article that originally appeared on her website in 2014. It is a veritable compendium of valid, but ignored, science regarding vaccinations. We also particularly appreciate her call for fearlessness in the face of medical harm. Many more articles and videos at www.kellybroganmd.com/

worldwide, defines it in general terms as 'abuse of entrusted power' specifically in relation to public, rather than private, office (Transparency International 2016). Others extend the definition to incorporate the private sector, including practices that are not necessarily illegal (Naylor 2004; Sutherland 1983). TI's cautious approach to corruption as a perception reflects the cultural, political and social ambiguity of the term, making a consensus around definition especially challenging. Holmes suggests that the morass of variables encompassing a definition of corruption 'should not blind us to the fact that some actions are seen as corrupt in most if not all societies' (Holmes 1993: 63). Nonetheless, the ideological context within which corruption occurs, and the extent to which it becomes instrumental in maintaining the status quo, plays a crucial role in how it is understood and responded to, making the distinction, for example, between political donations and bribery, normative rather than ontological.

> "…corporations are intrinsically criminal, pathological entities whose harmful behaviours are given impetus through 'the permission of governments, or even at the behest of governments'."

The pharmaceutical industry (pharmaindustry) is no stranger to corruption. Bribery, compromised drug quality, conflict of interest, fraud and price-fixing constitute part of a litany of its illegal practices and unethical behaviour, making it, historically, one of the most frequent corporate violators of the law, alongside the oil and auto industries (Braithwaite 1984; Clinard and Yeager 1980; Dukes, Braithwaite and Moloney 2014). Recent scandals, in which pharmaceutical giants such as GlaxoSmithKline, Pfizer and Merck, have faced fines running into millions of US dollars for serious lawbreaking, are indicative of the level of harm their behaviour poses, and the pattern of recidivism that has branded the industry 'recalcitrant' and willing to employ 'illegal inducements as a core business strategy for selling its prescription drugs' (Kelton 2013).

The ubiquity of criminal behaviour in the phamaindustry was the subject of John Braithwaite's 1984 seminal text, *Corporate Crime in the Pharmaceutical Industry*, which uncovered a culture of bribery, conflict of interest and almost derisory ineffective punitive responses to crimes and harmful practices that cost—as they continue to do—the lives of thousands. Despite his optimistic conclusion that the pharmaindustry was at an ethical turning point, Braithwaite, with his co-authors, was forced to conclude in the 2014 publication *Pharmaceuticals, Corporate Crime and Public Health* that: 'Corporate crime within the pharmaceutical industry appears to be on the rise' (Dukes, Braithwaite and Moloney 2014: 281). Still hopeful of the possibility of encouraging a form of ethical capitalism, they propose a number of innovative regulatory strategies in the belief that corporations, given the right environment, will self-regulate or respond to bespoke applications of a regulatory carrot and stick. But, as Tombs and Whyte claim, and as evinced by the constant infractions of law by pharmaceutical companies, corporations are intrinsically criminal, pathological entities whose harmful behaviours are given impetus through 'the permission of governments, or even at the behest of governments' (Tombs and Whyte 2015: 18). The oxymoronic notion of 'ethical capitalism', as in 'corporate social responsibility', is a convenient, if unintended, distraction away from the cold reality that corporations cannot behave with integrity if they wish to survive in any form of capitalist society, duty bound as they are (and legally so under US law) to profit maximisation in the interests of shareholders rather than those of consumers, irrespective of whether their business is health or war.

From sinner to saint

Tainted by a history of corrupt practices, the pharmaindustry, nonetheless, continues to wield influence and expand the reach of its commercial activities, buoyed by the increasing 'phamamedicalisation'[1] of health delivery. A crucial aspect of this expansion is the industry's growing influence in public health, in particular, primary prevention: that is, the promotion of health and prevention of disease by reducing susceptibility to disease. One of the most common forms of primary prevention is vaccination. While vaccines have become a symbol of hope in the fight against disease, they have also sparked controversy, deeply dividing opinions as to their efficacy, safety and even necessity (SBS 2015).

Despite this history, attempts to question the integrity of the pharmaindustry in regard to vaccines, whether by the medical profession or the lay public, are consistently met with hostile responses. Framed within a simplistic and misleading dichotomy between the pro-vaccine lobby and so-called 'anti-vaxxers', thus leaving no room for more nuanced voices which support some vaccines but are concerned about issues such as over-vaccination (Hart 2017), or caution over the levels of toxicity in adjuvants[2], any form of criticism is labelled as emotional, dangerous, hysterical and unscientific (Jaret 2016). Individuals voicing their concerns have found themselves vilified in the media, shunned by members of the public and excluded from

1 By 'pharmamedicalisation', I am referring to the increasing conceptualisation and administration of health as relying on drug-based responses. 'Medicalisation' is a term used to describe the societal trend for constructing circumstances and conditions as medical problems. 'Pharma' emphasises the increasing employment of medication to offer a cure for the growing list of illnesses.

2 Adjuvants are added to vaccines to augment the immune response to the antigens by stimulating higher levels of antibody resistance. The most common type of adjuvants are aluminium salts and emulsions (oil in water, or vice versa). Preservatives, around which there has been the most controversy, include thimerosal (though no longer used in many vaccines for young children because of safety concerns), formaldehyde and human serum albumin.

areas of social life, including the workplace (Bertrand 2015). This stands in stark contrast to the concerns expressed over the safety issues of prescription drugs such as Vioxx and Paxil, which have led to investigations into and successful lawsuits against irregularities by the pharmaindustry (Goldacre 2012; Griffin and Miller 2011), and the ineffectiveness and overuse of many anti-depressants (Gotzsche 2013; Healy 2012).

No medical intervention is 100 per cent safe, vaccines included. In 1988 the US government set up the National Vaccine Injury Compensation Program (VICP), which has paid out approximately US$3.6 billion to claimants since its inception and up until 2015 (Health Resources and Services Administration 2017). The UK's Vaccine Damage Payment Scheme, created in 1979, provides compensation to vaccine-harmed victims and their families, amounting to £3.5 million pounds between 1997 to 2005 (BBC 2005) (to date, Australia does not have a compensation scheme, although discussions are underway regarding its eventual establishment). The very presence of such schemes confirms that vaccines carry risk, yet the rhetoric and actions of the pharmaindustry not only vilify those who point out the risks but, in some instances, respond punitively to those producing data or expressing opinions that challenge vaccine safety (Yerman 2011). One example is the removal of research papers, without any accompanying explanation, that produce negative data on vaccine safety from medical journals after review and publication (Grant 2016).

Thus, the pharmaceutical industry, in similar vein to the arms industry, has now become a major provider for national security. And, in an equally similar vein, national security issues often trump human rights.

Any mandated public health policy must be open to constant scrutiny, independent scientific inquiry and open debate. Transparency is particularly crucial when policies involve the close collaboration between the state as regulator, and the industry being regulated, not least when the industry in question is tainted by a history of corrupt practices. However, as critical criminologists have shown, the state-corporate nexus is itself a site of constant harm production, not only where 'ruling elites label, reify, and punish as criminal those interactions that counter their interests' (Bridenthal 2013: 4) but, conversely, as a means to legitimise, through diverse means of obfuscation, harmful actions and dubious relationships that serve their mutual interests (Chambliss 1988; Green and Ward 2004; Kramer et al. 2002; Sutherland 1983). Buoyed by the favourable conditions of neoliberalism and the erosion of a clear-cut dichotomy between the public and private spheres, the state-pharma collaboration is thus able to operate with greater levels of immunity from accountability and impunity for its harmful activities. Thus the pharmaceutical industry, as a partner of the state, is more able to divest itself of its tainted past, and function as a putative champion of citizens rather than an exploiter.

The Australia connection

In 2015 Australian states began their rollout of the federal government's 'No Jab, No Play' policy, a scheme to encourage the optimum take-up of childhood vaccines including the Measles, Mumps and Rubella (MMR) and Diphtheria, Tetanus and Pertussis (dTpa) vaccines. While a similar scheme, which withheld access to a number of government rebates and financial assistance schemes from parents and carers who refuse to vaccinate their children, had been in place since 1999, this latest policy removed exemptions on the grounds of conscientious objection, thus impacting on a larger cohort of dissenters. A similar change to vaccine policy was also occurring in the United States. Both countries have faced opposition to mandatory vaccines from parents, doctors and researchers, with one of the major objections being that such a policy violates human rights. They point to contraventions of international instruments such as Article 6 of the UNESCO Universal Declaration on Bioethics and Human Rights (UDBHR) (2005) which states, '[a]ny preventative, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information'. Further, policies where children, as the majority demographic for vaccines, are denied access to education unless they have been immunised, violate Article 28 of the United Nations Convention on the Rights of the Child (CRC) (1989), which provides for access to education being available to all. Even those openly pro-vaccine are uncomfortable with the rights implications raised by mandatory medical intervention, and see it as a form of intimidation and discrimination (Gerber 2013; Leask 2015).

In a statement issued by Victoria Health and Human Services (Australia has ratified both the UDBHR and the CRC) the justification for mandated vaccination is based on a safety and security agenda: '[t]he rights in the [Victorian] charter may be subject to reasonable limitation. Reasonable limitation involves balancing the rights of the individual with the need for government to protect the broader public interest especially in relation to public safety, health and order' (State of Victoria, Health and Human Services 2016). Thus, the pharmaceutical industry, in similar vein to the arms industry, has now become a major provider for national security. And, in an equally similar vein, national security issues often trump human rights.

Further objections to vaccine mandates are based on safety. Citing cases of vaccine-damaged children and reports of adverse reactions to either the prepared virus and/or the adjuvants (used

inter alia to enhance a particular immunity response), some opt to shoulder the risk of disease to their children rather than receive the vaccines (DeNoon 2011). In a study conducted in New South Wales by Catherine Helps, parents voiced concerns about vaccine safety, qualifying their anxieties as a lack of trust in the priorities of vaccine manufacturers: 'They're not sure that the motivation necessarily comes from the best intentions for their child. There is some concern about there being profit motive' (ABC News 2016). Many of these parents, like their US counterparts (Saad et al. 2009), come from higher income and tertiary level educational backgrounds. Their concerns about the integrity of the industry echo Transparency International's report of 'abundant examples globally that display how corruption in the pharmaceutical sector endangers positive health outcomes' (2016: 1) Further, when prestigious journals such as the New Scientist write that vaccines, having been 'the unprofitable runt of the pharmaceutical family', have now become the boom sector of an increasingly monopolistic industry 'unusually concentrated, with 80 per cent of vaccines supplied by just five big companies' (Mackenzie 2011), parents' claims that 'best intentions' might not be a main priority appear entirely rational and justified.

If the potentially contaminating influence of money in policy-making serves to provoke suspicion of the integrity of the state-pharma relationship, the 'revolving door' practice in which personnel cross over from government to industry and—though less often—vice versa, will further exacerbate distrust.

Other concerns around the state-pharma nexus centre on the issue of political donations from industry. Donations by pharmaceuticals in both Australia and the US have seen a steady increase over the past decade or so. According to Senator Lee Rhiannon from the Australian Greens political party, contributions in her country are rising annually (Ferguson and Johnston 2010). As an example, the Pharmacy Guild, a powerful lobby group for the Australia-wide pharmacists' network, increased its total donations to political parties across the board from AU$153,245 in 2013–14 to AU$177,971 the following tax year (Australian Electoral Commission n.d.). Australia also has one of the most lax regulatory systems in the world for scrutinising political donations (McGhee 2017), with a series of loopholes enabling activities such as splitting donations via the various branches of political parties at state and federal level, so that they come under the compulsory declaration threshold of AU$13,000. This allows corporate contributions to remain hidden and, consequently, their influence on policy decisions more difficult to detect and measure. Lessig notes it is the impact of donations to political parties by large corporations, 'dependency corruption', that can have the most corrupting impact on public trust in institutions and organisations (Lessig 2012). The motivation for industry donations is rarely altruistic but, rather, seeks to influence political decision-making with the ultimate aim of strengthening the relevant market, irrespective of the nature of the marketable goods.

If the potentially contaminating influence of money in policy-making serves to provoke suspicion of the integrity of the state-pharma relationship, the 'revolving door' practice in which personnel cross over from government to industry and—though less often—vice versa (Jasso-Aguilar and Waitzkin 2011), will further exacerbate distrust. In their investigation into lobbying, Ferguson and Johnston provided a roll call of some of those involved in the merry-go-round of pharma-politics in Australia:

> A former staffer with NSW senator Bill Heffernan, Nick Campbell, is executive director of corporate and governments affairs for Johnson & Johnson … David Miles, a former advisor in John Howard's office, is the communications boss at Pfizer. Brendan Shaw, head of Medicines Australia, the peak group for drug manufacturer, previously worked with the then minister for small business and consumer affairs Craig Emmerson. Then there is Catherine McGovern, a former staffer in SA Liberal senator Nick Minchin's office, who now works for GlaxoSmithKline … . (Ferguson and Johnston 2010: online)

This creates an environment ripe not only for conflict of interest, nepotism, turning a blind eye, and other practices associated with corruption, but is itself a corrupted relationship which strengthens the hand both of industry and the state to deter independent scrutiny of their activities. This, in turn, threatens the integrity not only of politics but also, in the case of pharma, exacerbates suspicion in critical minds of the underlying motivation behind the rhetoric of health and healing.

The corrupt relationship between state and industry and its impact on vaccine safety constituted the focus of Judy Wilyman's PhD thesis at Wollongong University. It is not the content of what, by accepted academic standards, was a rigorously researched piece of scholarship that concerns us here but, rather, the unprecedented hostile response to her work from outside the academy, in what was clearly a deliberate campaign to discredit her findings.

Censorship by any other name

Countering the popular notion that it constitutes a rolling back of the state, neoliberalism is seen as a reconstitution of state power (Harvey 2005) whose political role has not been diminished but, rather, redirected towards preserving and enhancing the mechanisms of the market. In other words, '[o]ne must govern for the market, rather than because of the market' (Foucault 2008: 121). Henry Giroux argues that neoliberalism has laid the foundations for a 'growing authoritarianism that encourages profit-hungry monopolies, the ideology of faith-based certainty and the undermining of any vestige of critical

Continued Page 17

Vaccine Boom, Population Bust —by Celeste McGovern

Study queries the link between HPV vaccine and soaring infertility

A plague is spreading silently across the globe. The young generation in America, the United Kingdom, France, Italy, Japan, Australia—in virtually every western country—is afflicted by rapidly increasing rates of infertility.

This spring, the United States reported its lowest birth rate in 30 years, despite an economic boom. Finland's birth rate plummeted to a low not seen in 150 years. Russian President Vladimir Putin recently introduced a string of reforms aimed at stemming the country's "deep demographic declines." The government of Denmark introduced an ad campaign to encourage couples to "Do it for Denmark" and conceive on vacations, and Poland produced a campaign urging its citizens to "breed like rabbits."

The "population bomb" we were all endlessly warned about by environmentalists failed to blow, and instead, demographers have been trying to raise the alarm about the population implosion crisis unfolding across the West—the graying of societies facing an unprecedented aging demographic in which there will be too few young to support the old. Most often, they blame social factors: young women embracing careers instead of motherhood, men shunning marriage and fatherhood, rising consumerism or couples choosing to delay raising a family until the economy settles. But there is another phenomenon that is rarely mentioned—the growing numbers of young people who are not childless by choice but who are *incapable* of bearing children.

The Centers for Disease Control reports that more than 12 percent of American women—one in eight—have trouble conceiving and bearing a child. Male fertility is plunging too, and the trend is global. *Something*—or things—are robbing young women and men of their capacity to procreate and public health admits it doesn't have a clue where to start to fix the emerging priority. Besides bantering about expanding access to costly and risky artificial reproductive technologies, very little is being done to discern the cause of the rising infertility crisis.

So, earlier this month [June 2018], when an unprecedented study was released that looked at a database of more than eight million American women and singled out a whopping 25 percent increase in childlessness associated with one ubiquitous drug that young women have been taking for only a decade—in tandem with a marked decline in fecundity—you would have thought there would be significant interest from public health, the medical profession and the media, wouldn't you?

A Common Denominator Behind Growing Infertility Rates

Instead, all three of these behemoths remain stone silent. The reason? Because the study, published in the current Journal of Toxicology and Environmental Health, examines the childbearing capacity of women who received the human papilloma virus (HPV) vaccine – compared to those who didn't -- and the results are chilling. No one in public health, medicine or mainstream media, which are tangled up in the money-making machine of this vaccine, dare to publicly question the "safe and effective" mantra they've promulgated about Merck and GSK pharmaceuticals' "blockbuster" commodity worth billions.

The study is by Gayle DeLong, associate professor of economics and finance, at Baruch College at City University of New York. She observed that the declining birth rate had plunged in America in recent year—from 118 per 1,000 in 2007 to 105 in 2015 for the cohort aged 25 to 29.

The HPV vaccine was approved by the Food and Drug Administration for use in the US in 2006 to prevent cervical cancer—an illness women face a 0.6% lifetime risk of being diagnosed with. Although it is diagnosed most frequently at age 47 in the United States, it was rolled out en masse, initially targeting girls aged 11 to 26 (and has since been marketed to boys as young as nine to prevent rare anal and penile cancers—a disease that afflicts 0.2 % of men in their lifetime.).

DeLong had read a case study in the British Medical Journal by Australian physicians Deirdre Little and Harvey Ward, who described a 16-year-old girl whose regular menstruation ceased after receiving HPV vaccinations and she was diagnosed with premature ovarian failure.

In 2014, the doctors published a case series of more teens who had entered premature menopause—a phenomenon Little and Ward described as ordinarily "so rare as to be almost unknown." They raised troubling questions about some vaccine ingredients' documented impact on reproduction, cited serious deficiencies (some would say criminal negligence) in preliminary vaccine trials and concluded that further research was "urgently required….for the purposes of population health and public vaccine confidence."

As well, between 2006 and 2014, the Vaccine Adverse Event Reporting System (VAERS) cited 48 cases of ovarian damage associated with autoimmune reactions in HPV vaccine recipients. Between 2006 and May, 2018, VAERS catalogued other reproductive issues: spontaneous abortion (256 cases), amenorrhea (172 cases), and irregular menstruation (172 cases), all of which are likely under-reported symptoms.

All of this intrigued DeLong, who has followed the vaccine debate for years and makes no secret of the fact that she has two daughters, 18 and 21, both having been diagnosed on the autism spectrum, whom she saw regress developmentally and withdraw following vaccinations early in life. "I am sceptical

of vaccine science and the safety studies that are done, or not done," she says.

She set out to analyze information gathered in the National Health and Nutrition Examination Survey (NHANES), which represented 8 million 25-to-29-year-old women living in the United States between 2007 and 2014. Using logistic regression, she matched the young women for other variables, including age, and compared pregnancy as an outcome in those who received an HPV vaccine compared with those who did not get any of the shots.

"I just wanted to see if there was an issue," says DeLong. "I certainly didn't expect to find such a strong association." Approximately 60% of women who did not receive the HPV vaccine had been pregnant at least once compared to just 35% of women who had had an HPV shot had ever conceived. For married women, the gap was also about 25%: 75% who did not receive the shot were found to have conceived, while only 50% who received the vaccine had ever been pregnant. "Results suggest that females who received the HPV shot were less likely to have ever been pregnant than women in the same age group who did not receive the shot," the study says. It concludes, as all studies like this do, that the data points to an association, not causation, between the new vaccine and reduced fertility but that further study is warranted.

> "…the study examines the childbearing capacity of women who received the human papilloma virus (HPV) vaccine—compared to those who didn't—and the results are chilling. No one in public health, medicine or mainstream media, which are tangled up in the money-making machine of this vaccine, dare to publicly question the "safe and effective" mantra…about [this] "blockbuster" commodity worth billions."

If the association is causation, however, DeLong's math suggests that if all the females in this study had received the HPV vaccine, the number of women having ever conceived would have fallen by two million. That's not two million missing children. That's two million women who can't conceive one, two, or any children. It is millions of American children missing from a single cohort. The implication, considering the sweeping breadth of the global HPV vaccine campaign targeted now at both males and females aged nine years old and up, is staggering.

The Skeptic Response

Skeptics are reliable vaccine industry defenders. Armchair scientists who frequently hide behind pseudonyms, they have sort of schizophrenia about vaccines. They insist vaccines are powerfully immune-modulating drugs capable of altering the immune system's response to infectious exposure. But they can't accept that, like all drugs, vaccines can and do have thousands of documented long-term adverse reactions—especially because they are designed to induce the delayed manufacture of antibodies by the adaptive immune system. Because these responses are mediated by the immune system, they are diverse, unpredictable and profound. As expected, the Skeptics welcomed DeLong's research with snide and personal (read unscientific) attacks. They slammed her failure to include data on contraceptive use. As a result, DeLong intends to attach that data to an addendum on the study, but what she found and reported on Age of Autism's website only bolsters the study's findings. Among married women in the survey, 36.6 % of those who had received the HPV shot told the NHANES that they were using contraception (condoms at least half the time, birth control or injectables otherwise) compared to more than half (51.5%) of those who didn't get the shot—a difference of almost 15%. Less contraceptive use should translate to more babies among the vaccinated. But, it seems that the vaccinated women in the study were actually trying harder to conceive (or at least not so worried about it) but still having less luck—not good for the Skeptic argument.

DeLong "isn't even an epidemiologist" the Skeptics howled. (In other words, shoot the messenger if you don't like the message.) To which she replies, "No. I'm not. I am a statistician, however. I would be grateful if epidemiologists would do their job and conduct this research thoroughly." This is precisely what her study called for. If they did, mothers of vaccine injured children would not be required to.

Infertile Women Excluded From Study on Infertility

DeLong cites another study, from Boston University's Schools of Public Health and Medicine and the Research Triangle Institute (RTI) in North Carolina, which found no such association between HPV vaccination and impaired fertility. Interestingly, Boston University has been the recipient of tens of millions from globalist vaccine promoters Bill and Melinda Gates Foundation, as has RTI, an organization that has received more than $47 million dollars in grant funds in recent years. RTI has published a number of recent studies on HPV vaccine, including one jointly-funded with GSK (a vaccine manufacturer) on the safety of the company's HPV vaccine, and another cautioning public health agencies to "take special measures to ensure their messages are not perceived as sponsored by drug companies" lest they incite "reduced liking and trust" by parents who will be less likely to give the HPV vaccine to their sons. Other RTI publications describe "Promising alternative settings for HPV vaccination of US adolescents," changing "provider behavior" to enhance HPV uptake and more.

The RTI study about HPV vaccine's impact on fertility was based on patients' own recall of vaccines received. (Remember how the Skeptics howled at self-reporting before?) But the study did not control for a far more important factor in fertility—age.

Age in this context affects not just the possible effect of the vaccine itself on fertility, but fertility is skewed dramatically in favor of the young and the study lumps 18 year-olds in with 30-year-olds. As well, at the outset, it excludes 881 women from a pool of 5,020 because they were already trying—without luck—to conceive a baby for more than six months. This has the effect of shrinking the infertility finding overall. "These could be the women with 'hard core' issues of fecundity," says DeLong, "but they are precisely the women who should be included."

Environmental Concerns

To be sure, many environmental factors could be affecting female fertility. Plunging male fertility is one of them. Male sperm counts have nosedived in recent decades—scientists published data last year showing that globally, they have dropped 50 percent in just the past 40 years—signalling serious unidentified environmental hazards.

Environmental scientists have pointed to everything from GMOs and toxic aluminum (more on this later) to Wi-Fi and birth control excreted by women into the drinking water, as possible causes of vanishing sperm and lowered fertility generally.

But in DeLong's study, these environmental factors influence the whole group of women equally. There is no reason why women who vaccinate would choose men with lower sperm counts, for example.

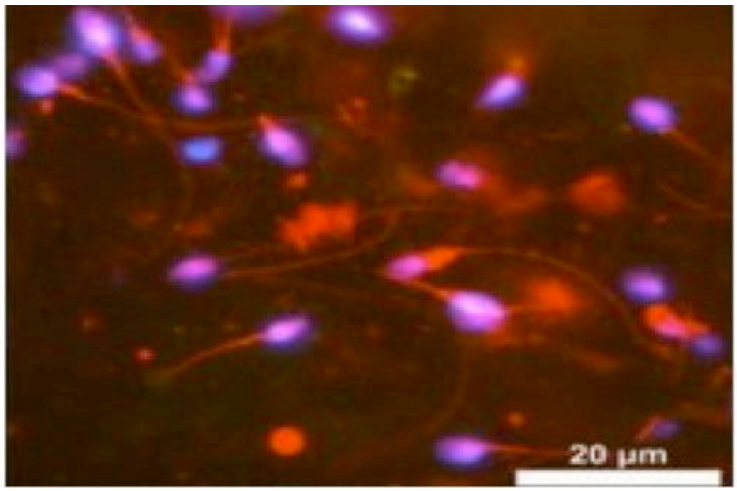
What's in the HPV Vaccine?

So, what is it about a vaccine targeting a virus associated with cancer of the human reproductive tract that could go so wrong? DeLong notes that both HPV vaccines contain aluminum, a toxic metal with documented potential to induce autoimmune self-attack, including on reproductive organs. HPV vaccines are loaded with aluminum: Merck's original Gardasil vaccine contained 225 micrograms of nanoparticlized aluminum in each of three shots, totalling 675 micrograms; the "new improved" Gardasil 9 shots contain a total of 1500 micrograms—a wallop of stimulant for the immune system that DeLong thinks might just be "a tipping point" for youths who have had so many previous injections of aluminum in the schedule of 50 vaccines before school age.

Perhaps this is why HPV shots have such a high number of reported adverse events: 45,277 from its introduction in 2006 to May, 2018 (and these are considered to be vastly under-reported). The CDC states that all these reactions are normal and that HPV vaccines are safe without any adverse impact on maternal or fetal outcome in pregnancy.

A recent paper from Texas Tech University Health Sciences Center cautions that this CDC assurance is based on incomplete data. It points out biases in reporting and gaps in data. "Certain adverse effects of the vaccine against HPV that have not been well studied as they are not well defined," add the researchers who describe a host of documented, diverse autoimmune, neurological and cardiovascular disease in the wake of the vaccine. The most frequent reported symptoms after HPV vaccination are poorly understood—fainting, chronic pain with tingling or burning sensations, headaches, fatigue, and dizziness, nausea and other symptoms that are worsened on standing upright, for example.

HPV vaccination—as well as tetanus vaccination—has been linked in medical literature to a condition called anti-phospholipid syndrome which is a poorly defined disease caused when the immune system erroneously manufactures antibodies against certain lipid proteins found in membranes that are in a host of tissues—eyes, heart, brain, nerves, skin and the reproductive system. One 2012 study by Serbian researchers at the Institute for Virology, Vaccines and Sera "Torlak" found that "hyperimmunisation" of the immune system with different adjuvants, including aluminum, in mice, resulted in induction of antiphospholipid syndrome and the tandem lowering of fertility.



The aluminum in DNA-rich sperm heads is stained blue by lumogallion.

Other research has implicated aluminum in conception problems. French infertility researcher Jean-Philippe Klein and his colleagues at the University of Lyon published the results of their 2014 study of the sperm of men seeking assistance at a French infertility clinic. They dispatched semen samples from 62 men who were having infertility issues to Christopher Exley's aluminum research laboratory at Keele University in England where they were fluorescently stained to show the aluminum content as a luminescent blue. "Unequivocal evidence" of high concentrations of the metal were found, especially in the semen of men with low sperm counts. Clearly fluorescing and concentrated aluminum in the DNA-rich heads of the sperm led the researchers to speculate about what impact this may have on the ability to procreate and on the development of newly formed embryos.

Deirdre Little, the Australian GP who documented primary ovarian failure following HPV vaccination, has also criticized the fact that Merck's product information was misleading about what sort of "saline" placebo was used in trials of the Gardasil vaccine—it failed to mention that the "placebos" contained both the high doses of aluminium as well as another scary ingredient, polysorbate 80. This chemical has exhibited delayed ovarian toxicity to rat ovaries at all injected doses tested over a tenfold range.

None of the trials accurately assessed the long-term impact of the vaccine on the reproductive health of girls, Deirdre and Ward said, adding that drug damage to reproductive health may take years or decades to manifest.

Urgent and Unanswered Questions

The elephant in the room that no one wants to talk about is why the HPV vaccine is so heavily marketed to begin with? Why make a vaccine for a disease that afflicts less than 0.3% of people in their lifetime? And why include ingredients that are toxic, especially high doses of ingredients that scientists have objected to, and with documented toxicity to reproductive organs? Why not use a true control in the trials? What kind of scientist would do that kind of science? What kind of public health agency brushes off 45,277 reports of adverse events—including neurological and reproductive symptoms—among young women of childbearing age?

Answering these questions turns out to be a lot more awkward than it seems at first. There are chilling facts that are hard to set aside. There are, as recently as 2015, the charges by Catholic bishops and human rights activists that public health agencies had deliberately tainted tetanus vaccines given only to women of reproductive age in Kenya. Public health organizations denied they had laced tetanus vaccines with miscarriage-inducing Beta human chorionic gonadotropin (b-HCG—a key sterilizing ingredient described in the extensive medical literature about the quest for a contraceptive vaccine to control population growth. The Kenyan bishops insisted they had laboratory evidence that was ignored and the issue was ignored like DeLong's study.

Another inconvenient truth is that the very people funding the HPV vaccine juggernaut are the same people most interested in reducing birth rates. When Melinda Gates launched her Family Planning Summit in 2012 with the objective of bringing contraceptives to the world's poor, it was clear she had one measure for that goal in mind: "If you see what's happened in other countries that have had contraceptives, they use them first of all and the birth rates go down," she said at the time. "The question is could it have come down even more quickly?"

Although she swore her campaign was "not about population control," Gates' goals are the same as those who conducted the mass sterilizations of Indian men on railway platforms in the 70s and who continue to sterilize Indian women today en masse to get the birth rate down. For Gates, success is not measured in access to clean water or energy or in the development of infrastructure or political freedom, it is measured in access to drugs—drugs she and her husband hold stock in: contraceptives and vaccines. Their success is measured by exporting what most western countries are facing as social catastrophe: demographic decline.

So long as there is no satisfactory answer as to why the West is facing an infertility crisis, questions about the long-term impact of the HPV vaccine on human fertility are not only fair and reasonable, but the future is very bleak if we do not answer them.

–This article originally appeared in July, 2018 on CMSRI. We greatly appreciate the author's kind permission to reprint this excellent article.

Immunity and Impunity: Corruption in the State-Pharma Nexus (cont'd from page 13)

education, dissent, and dialog [emphasis added]' (2005: 151). Authoritarianism is the condition of absolute state power, with censorship as one of its most powerful tools. The draconian response to vaccine criticism or dissent in Australia, through a number of actions that repress free speech, is sliding into the realm of Giroux's dystopian fears, as Wilyman's experience shows.

Wilyman's thesis, entitled 'A critical analysis of the Australian government's rationale for its vaccination policy', became the target of an orchestrated character assassination amid calls for Wollongong University to retract her PhD. Her research comprised a social scientific study on the impact of various international partnerships on the mass vaccination policy adopted in Australia and how this might affect the safety, efficacy and necessity of certain vaccines. The thesis provides a detailed analysis of the relationships between various policy groups with industry, possible financial influences on decision-making, and non-disclosure by advisors of links with vaccine manufacturers that might skew their guidance and opinion. She further emphasised the lack of transparency in Australia's vaccine program, including the withholding of information about the price of vaccines funded by public money. On the granting of her thesis, the media, not known for their interest in PhD monographs, subjected her to hostile criticism through a number of the medical profession, paradoxically granting the oxygen of publicity to a study deemed by them to be scientifically unreliable. In The Australian newspaper, Dr John Cunningham, a surgeon rather than immunologist by specialisation but a spokesman for the pro-vaccine group Stop the Australian Vaccine Network (SAVN), launched a vituperative attack against Wilyman and her supervisor, describing the thesis as based on 'bizarre conspiracy theories to explain vaccination policy' while not providing any detailed evidence of what he considered 'grossly flawed' aspects of her thesis (Cunningham

2016). He went on to describe the university's defence of academic freedom as 'corporate narcissism'. (Wollongong University stood by Wilyman, asserting its adherence to protocol during the examination process, and refused to retract the award).

Meanwhile, Wilyman's primary supervisor, Professor Brian Martin, described by The Australian as someone 'with a long history of supporting controversial PhD candidates' (Louissikian 2016), was drawn into the controversy. The attack on Martin was ironic given that his specialist area of research is intellectual freedom, whistleblowing and the suppression of dissent. In a response to a particularly vindictive blog about his own academic credentials, he summed up the motivation behind the attacks as based on the assumption that any 'findings contrary to what they [the mainstream] believe is correct must be wrong or dangerous or both' (Martin 2017: 1). A proposed visit to Australia by another vaccine critic, US physician Dr Sherri Tenpenny, once again saw John Cunningham engaged in a personalised verbal assault, claiming that 'Sherri is one of the highest-profile anti-vaccine liars in the USA, and we should be sending a strong message to these loons that in Australia we rely on facts, science, and rational and considered opinion by people with expertise' (Medew 2015), hardly a rational and considered opinion. Social media, one of the most virulent sources of personal attacks, has spawned a practice known as 'astroturfing', the creation of 'fake views' that are supposed to represent the opinions of the grassroots majority. It is a device, as Monbiot explains, used by the powerful 'to control and influence content in the interests of the state and corporations, attempts in which money talks' (Monbiot 2010). Astroturfing typically involves 'use of inflammatory language' such as 'crank', 'pseudo' and 'conspiracy' against those holding counterviews in which astroturfers claim to be debunking myths when what is being debunked is an exposed reality. Tactics involve personal attacks on the persons and organisations challenging mainstream narratives by focusing on those exposing wrongdoing rather than on the wrongdoing being exposed (Atkinsson 2015). In a more recent development, verbal attacks are being replaced by substantive punitive measures against those doctors in Australia, concerned about contraindications in vaccines, who have supported parents' refusal to vaccinate. Now facing 'the toughest penalties possible' from the government, John Piesse, one of the doctors under investigation opines: '[t]here's no freedom of speech about vaccines. Anyone who takes a contrary view is attacked' (Percy and Norman 2017).

The attack on Martin was ironic given that his specialist area of research is intellectual freedom, whistleblowing and the suppression of dissent. In a response to a particularly vindictive blog about his own academic credentials, he summed up the motivation behind the attacks as based on the assumption that any 'findings contrary to what they [the mainstream] believe is correct must be wrong or dangerous or both'.

Self-censorship by a market-determined media has further embedded the dominant vaccine narrative as an unchallengeable reality to such an extent that censorship is able to subtly metamorphose into rationality. This has enabled experts themselves to undermine the scientific objectivity and integrity they claim as fundamental to their discipline by condemning balanced opinion and advocating the very 'ideology of faith-based certainty' against which Giroux warns. Consequently, the lead spokesperson for vaccine programs in the US, Dr. Paul Offit, is able to comment on the media as being 'far more responsible about covering this [vaccine] story. If you look at the way it was covered fifteen years ago, it was always this false mantra of balance [emphasis added], which is to tell two sides of the story when only one side is supported by the science' (Beyerstein 2015), without provoking accusations that his position implicitly supports authoritarian-style reporting.

Thus, censorship is transformed into artificial consent, through the construction of a social norm that does not yet exist, invisibly inculcated into social consciousness as if it were a consensus. Critical voices are reduced to irrational ravings (a tactic successfully used to discredit dissent in the Soviet Union), labelled dangerous 'conspiracy theorists', thereby eradicating any notion that the state and pharma may indeed conspire to cover up harmful acts. Yet, as Jane and Fleming argue, where asymmetric power structures exist, the 'hermeneutics of suspicion' which underpinned many of the theories posited by Marx, Nietzsche and Freud, recognised that 'the lust for power and wealth lurk behind the ostensible social manifestations of beneficence and that powerful people will conspire with each other to serve these jealous gods' (Jane and Fleming 2014: 58). The ability to criticise the status quo, to scrutinise the structures of power without fear of redress, and articulate a scepticism towards their intentions, is a fundamental principle of liberal democracies, an expression of those principles that respect informed consent as a human right. So too is access to objective data upon which genuinely informed consent rests, a feature of free society. However, here also the state-corporate collaboration in neoliberal health delivery imprints its ideological slant on so-called scientifically informed facts.

How informed is informed consent?

A number of leading voices within the medical profession have spoken of their disquiet around the activities of, and relationships that make up, the pharmaindustry and taint the

content of medical research. Marcia Angell former editor-in-chief of the New England Journal of Medicine (2005), Richard Horton, editor-in-chief of The Lancet (2004), David Healy, a practising psychiatrist and author of Pharmageddon (2012) and one of the most popular writers on the subject of pharmaceuticals and the medical profession, Ben Goldacre (Bad Pharma 2012), constitute a growing number of well-placed insiders prepared to speak out against the abuses in their profession. Peter Gotzsche, co-founder of the Nordic branch of Cochrane, an independent, non-governmental organisation for the systematic review of clinical research, has been especially active in the public excoriation of his profession and its industry partners as the latter increasingly influences the role of knowledge production:

"When robust research has shown that a product is dangerous, [and] numerous substandard studies are produced saying the opposite…This doubt industry is very effective at distracting people into ignoring the harms…the industry buy time while people continue to die. This is corruption." (Gotzsche 2013: 1-2)

"When robust research has shown that a product is dangerous, [and] numerous substandard studies are produced saying the opposite…This doubt industry is very effective at distracting people into ignoring the harms…the industry buy time while people continue to die. This is corruption."

Industry funding of medical research has been steadily increasing in most Western democracies (Ehrhardt et al. 2015), driven by the neoliberal model of outsourcing from the public to the private domain. The increasing influence wielded by private funders has resulted in the manipulation of clinical trial data; the employment of ghost writers for medical journals operating under the putative authorship of an influential clinician with only tenuous links to the actual research undertaken; payments to 'key opinion' speakers; individuals with prestige and clout in medicine to give lectures on new 'medical discoveries'; and so on. This is particularly evident in the dissemination of data.

In the fast-moving and competitive world of medical publishing, journals rely on advertising revenue to survive and thus must avoid biting the hand that feeds. Editorial boards are frequently staffed by individuals who have formed ties with industry either through business-sponsored grants received for past research or from former consultancies. In 2010, a rigorous study on the impact of industry funding of medical journals found that clinical trials conducted by industry were more likely to be published as having positive results than those conducted independently. A 2003 survey of clinical trial results published in a leading medical journal showed that, on publication, in the two-thirds to three-quarters of those which are industry-funded, 'the conclusions in negative trials are often presented in such a way that they appear to be more positive than they actually are' (Lundh et al. 2013: 3). So swayed is the medical publishing world by its ties to industry that Richard Horton, editor-in-chief of The Lancet, has declared '[j]ournals have devolved into information laundering operations for the pharmaceutical industry' (cited in Smith 2005: 0364).

Similarly, quality control from independent regulators in the interest of public safety has been compromised by the state-pharma relationship. As Healy points out, controls over the quality and safety of pharmaceutical products are largely conducted in-house, where 'often the only studies are those of the drug companies themselves, and these studies, as one might expect, all seem to point to the benefits of an ongoing use of the very chemicals that may in fact be causing the problem' (Healy 2012: 119). Yet, where the state could act to remedy bias, it takes a passive stance. Griffin and Miller identified 'regulation deficiency' as a crucial factor in allowing the manufacturer, Purdue Pharma, to mislead and defraud clinicians through an aggressive advertising campaign for a drug. Regulation deficiency 'occurs when the government fails to protect individuals from societal harm despite good intentions' (Griffin and Miller 2011: 223). This presupposes that good intentions underpin advisory boards as a matter of course. But the reduction of regulatory oversight of corporations has also extended to the reduction of regulatory oversight over the regulation bodies themselves. The British Medical Journal recently revealed that the Centers for Disease Control and Prevention (CDC), the US's 'independent' health advisory board, has been in receipt of regular donations, approved by Congress, from corporations including Merck Sanofi-Aventis and Abbott Laboratories. CDC has consequently been making 'controversial recommendations for screening tests and drugs', while 'currently overseeing several equally controversial studies. Some of these are associated with "conditional" industry funding' (Lenzer 2015: 1-2).

Conflict of interest is thus built into the very mechanism set up to oversee quality and safety, leaving the exposure of ineffective and harmful products increasingly in the hands of the lay population. However, the current hegemonic status of science has legitimised its authority to dismiss out-of-hand critiques that do not conform with its designated parameters of scientific thinking, an epistemology which, as discussed above, is itself vulnerable to expedient subjectivity. In contrast, voices outside the compliant scientific community are denied the power to challenge the origins and flaws of medical knowledge insofar as their external location, which should legitimise their independence as a scrutinising body, is deemed to lack authority because of its externality. In other words, only by being on the inside, which is systemically tied to the interests of the state-pharma nexus, can one claim a legitimate voice which, by definition, must be devoid of criticism of the status quo. Hence, we see the emergence of a state-corporate science shaped by and responsive to a neoliberal ideology, sustained by the absence of transparency and critique while demanding

loyalty and compliance from the masses.

…in the current climate of neoliberal governance, the state is programmed to protect profits rather than people and, in doing so, is potentially subjecting its citizens to widespread harms.

Biopower as corruption

Mandatory vaccines epitomise what Foucault termed biopolitics; that is, the exertion of 'power over life' through technologies of control over somatic citizenries (2007). As Emily Martin claims: '[a]ccepting vaccinations means accepting the state's power to impose a particular view about the body and its immune system—the view developed by medical science' (Martin 1994: 194). Therefore, to negatively critique or dissent from some, or all, of vaccination policy is to reject not only medical orthodoxy but also the power of the state. Exercising the right to informed consent by refusing to either vaccinate or be vaccinated—or, in the case of children, to refuse on their behalf—is to incur punitive action by the state for defiance of its will. Medicine that is phamaceuticalised preventative health is thus politicised.

The Nuremberg Code of 1947 establishes informed consent as an international norm for conducting experiments on humans. Subsequent international instruments extended the right to have control over one's body in regards to medical intervention. During the Nuremberg trial, which gave birth to the eponymous code, Telford Taylor, the principal prosecutor, commented: '[i]n the tyranny that was Nazi Germany, no one could give such consent to medical agents of the State: everyone lived in fear and acted under duress' (Taylor 1946). In other words, these were not medical crimes conducted by rogue physicians but, rather, state violations of an individual's will through coercion and fear. The relevance of Taylor's comment clearly extends beyond the totalitarian state. Pressure to impose a citizen-wide policy that violates its own principles raises questions concerning the viability of rights, the notion of informed consent and the ideological basis upon which the willingness to undermine these principles occurs. This is evident in the current climate in Australia in which doctors supporting the right of their patients to refuse vaccines are subject to investigation; dissenters are excluded from areas of social life, vilified as pariahs; and vaccine critics from abroad are refused entry into Australian jurisdiction (as occurred with Tenpenny) or threatened with a refusal to issue future visas as in the case of Polly Tommey, producer of the highly controversial film *Vaxxed: From Cover Up to Catastrophe* (Cunningham 2017).

That the hardline approach to vaccine compliance has emerged from an environment driven by state-corporate collaboration, which is riddled with conflicts of interest and underscored by a lack of transparency and open debate, suggests worrying levels of compromise and collusion between the state and pharma. There are few, if any, situations in which the state has been able to exert such expansive control over the bodies of its population or where an industry has its product mandated for such a wide range of consumers. For these reasons, the erosion of mechanisms employed to check concentrations of power—such as a freedom of speech, freedom of information and freedom of conscience—becomes a corrupting process, irrespective of whether what is being concealed is actually corrupt. It confirms what many have asserted; that, in the current climate of neoliberal governance, the state is programmed to protect profits rather than people and, in doing so, is potentially subjecting its citizens to widespread harms. Public health is no exception.

Conclusion

If state power is about controlling populations, and corporate power about profit maximisation, the vaccine industry feeds both. As such, more than any other area of public health, it demands a respect for human rights, for independent scientific inquiry, and the presence of an effective form of surveillance to ensure that abuses of power are minimised and harms avoided. Indeed, the very premise upon which claims for vaccines is made—that is, their contribution to the betterment of humankind—assumes the presence of these conditions of rights and respect rather than repression and disdain. The editor of *The Lance*t, Richard Horton, states the obvious, that '[i]t would seem within the spirit of scientific inquiry to pose questions that challenge received orthodoxies' (2015). On this supposition, Edward Jenner, the father of vaccines, was able to pursue what was then regarded as unorthodox, controversial and dangerous thinking. He was afforded the freedom to debate with his peers, to present his findings, to develop his ideas, however contentious they might have been. Whether Jenner's science was right or wrong is not the issue here. Rather, the fact that he could and did pursue what he genuinely believed would make a contribution to modern medicine is a testament to the spirit of free inquiry that drives scientific advancement. So too, the ability to choose how and when medical intervention can be applied to an individual's body, without fear of demonisation, is a testament to the spirit of freedom of choice and conscience. When science serves state power, and the state serves the corporate world, each becomes corrupt and corrupting, and society moves one step closer to a repetition of medicine's darkest time.

Note: All References to noted studies are found in the original article: Rawlinson P (2017) Immunity and impunity: Corruption in the state-pharma nexus. *International Journal for Crime, Justice and Social Democracy* 6(4): 86-99. DOI: 10.5204/ijcjsd.v6i4.447.

Maternal Immune Activation and Autism

—By the World Mercury Project Team

Prenatal Vaccination as a Risk Factor for ASD

The prevalence of autism spectrum disorders (ASDs) in the U.S. has exhibited a strong upward trend for several decades. In the most recent Centers for Disease Control and Prevention (CDC) report for 2014, the estimated prevalence of autism in New Jersey—the state with the longest-running and most comprehensive surveillance—was 1 in 22 boys, up an alarming 32% since 2008. The CDC report concluded, "With prevalence of ASD reaching nearly 3% in some communities and representing an increase of 150% since 2000, ASD is an urgent public health concern that could benefit from enhanced strategies…to determine possible risk factors."

> "…universal vaccination of pregnant women could get us into a whole new set of problems."

In light of the urgent need to address modifiable risk factors, it makes sense to pay attention to some of the environmental exposures acknowledged to play a large role in autism causation, including exposures during pregnancy. Evidence suggests that prenatal environmental exposures "can exert causal influences on developmental disorders" by adversely affecting emerging brain connectivity and neural networks. A key model buttressing this branch of research, described as maternal immune activation (MIA), posits that activation of a pregnant woman's immune system "can alter the growth of cells in the fetal brain." The sex-specific neurochemical and behavioral abnormalities that result in offspring are the hallmarks of prevalent disorders such as schizophrenia and autism.

What activates the maternal immune system?

Studies of MIA have repeatedly indicated that it is the "reaction to infection" (the maternal immune response) "rather than infection itself" (in the fetus) that is responsible for the observed autism-related symptoms. This is because MIA increases the presence of certain proinflammatory molecules called cytokines in the fetal environment and fetal brain. (Cytokines are cell-signaling proteins that regulate a range of biological functions, including immune and inflammatory responses.) When this happens, "MIA sets in motion a self-perpetuating cycle of subacute inflammation in the brain that not only affects neural development, but also acutely influences ongoing postnatal behavior."

Granting that maternal immune dysfunction in the prenatal period is a "viable" and widespread risk factor contributing to the neurodevelopmental deficits observed in ASD, a logical next step involves considering what may be skewing the maternal immune response to begin with. Researchers have identified several factors capable of prompting maternal immune activation. The initial and formative research on MIA and autism focused primarily on prenatal exposure to viral or bacterial pathogens such as influenza or pneumonia. In animal studies of MIA, researchers typically challenge maternal immune systems by injecting pregnant rats or other animals with an "immunogenic" substance that simulates viral or bacterial infection. The response in animals to the injected immune-activating chemicals is identical to the human immune response to actual infection. In animal models, MIA has been shown to induce dysregulation of both the placental and blood-brain barriers.

Other research suggests that maternal autoimmune conditions may increase the risk of ASD in offspring. For example, a study published in the Journal of the American Medical Association (JAMA) reported elevated ASD risks in the offspring of mothers with either type 1 diabetes, type 2 diabetes or gestational diabetes (compared with no diabetes), if diagnosed by 26 weeks' gestation. The authors linked the heightened ASD risk to "the severity of maternal diabetes and the timing of exposure (early vs late in pregnancy)." In addition, MIA may serve as a "disease primer" that increases ASD risks in offspring where maternal autoimmune disorders already are present.

A recent Harvard commentary, titled "Beyond infection: maternal immune activation by environmental factors," summarizes a third strand of research focused on environmental toxins. Although the Harvard authors do not say so, vaccination during pregnancy is a key environmental factor that must be examined. Public health researchers admitted this in 2016 when they stated:

"Vaccines contain carriers and adjuvants (e.g., aluminum), each of which could possibly cause toxicity, and the active ingredient is an *immune trigger* that, itself, may be deleterious for the developing nervous system" [emphasis added].

As pointed out in an article by World Mercury Project board member JB Handley, the researcher who fleshed out the hypothesis linking MIA to autism (Dr. Paul Patterson) considered the immune activation risks of prenatal vaccination back in 2006—the same year that the CDC began to more aggressively promote influenza vaccination in pregnant women. At the time, Dr. Patterson observed that because the very "point" of vaccination is to activate the immune system, "universal vaccination of pregnant women could get us into a whole new set of problems." Two years later, in 2008, Dr. Patterson warned, "If you…vaccinate everybody, then what is going to happen? Researchers cannot yet predict how often a

prenatal immune response might lead to fetal brain damage, but even if it happens less than 1% of the time, vaccinating an entire population of pregnant women could affect thousands of children." Patterson also remarked that the CDC had not considered these risks.

In 2017, a study in JAMA Pediatrics tied the two sets of results together, showing an elevated risk of birth defects and autism in the offspring of mothers who received influenza vaccines during pregnancy.

Dr. Patterson's warnings were accurate, if not prophetic, given that ensuing studies have begun connecting the dots between vaccination, MIA and autism. For example, a 2011 study measured an increase in two inflammatory markers—C-reactive protein (CRP) and tumor necrosis factor-alpha (one of the proinflammatory cytokines associated, in some studies, with MIA)—in pregnant women within two days of receiving a seasonal flu vaccine. Although the researchers dismissed the vaccination-induced inflammatory response as "mild," there is actually good reason to be alarmed by their findings. A 2014 study of 1.2 million pregnant women found that elevations in CRP (one of the markers of inflammation that increased after influenza vaccination) were associated with a 43% greater risk of having a child with autism. Another study in the same year showed a similar relationship between elevated CRP and schizophrenia. In 2017, a study in JAMA Pediatrics tied the two sets of results together, showing an elevated risk of birth defects and autism in the offspring of mothers who received influenza vaccines during pregnancy.

Glossing over the connections

Ironically, pharmaceutical companies appear quite willing to acknowledge infection-induced maternal immune activation. This is likely because maternal infection risks furnish a tidy rationale for maintaining existing vaccine recommendations for pregnant women as well as developing additional vaccines and drugs. Thus, when employees of Roche (the Swiss pharmaceutical giant) published a review of "maternal immune activation and abnormal brain development across [central nervous system] disorders" in 2014, they complacently noted that "vaccination against influenza is already recommended… owing to the risks associated with infection during pregnancy." Although the authors then tried to dismiss the notion of vaccination-induced MIA, they showed (perhaps inadvertently) that the available data are inadequate to assess this question:

"The existing safety data regarding maternal vaccination during pregnancy mainly focuses on maternal outcomes, and on early fetal and infant development; long-term follow-up data on the incidence of neurodevelopmental disorders in the offspring of mothers vaccinated during pregnancy is scant. **At issue…is whether the mother's immune response to vaccination might cause an MIA response of its own accord…**" [emphasis added].

In the U.S., the CDC appears equally unlikely to explore prenatal vaccination as a potentially critical trigger for MIA and subsequent neurodevelopmental disorders, even though federal agencies once took the position that it was important to thoroughly assess reproductive and developmental toxicity before licensing a vaccine for use during pregnancy. Now—without having conducted any of the studies necessary for a rigorous assessment—the CDC simply states that "risk to a developing fetus from vaccination of the mother during pregnancy is theoretical." In fact, in addition to its promotion of the influenza vaccine during pregnancy, the CDC recommends that all pregnant women get the Tdap (tetanus-diphtheria-acellular pertussis) vaccine (for each pregnancy) and also leaves the door open for up to six additional prenatal vaccines (see table below).

Pregnant women cannot trust pharmaceutical companies and regulators with such important decisions. With the accumulated research on the developmental neurotoxicity of heavy metals, there can be little doubt that ingredients such as thimerosal in flu shots and aluminum in the Tdap vaccine will never be a good thing for a growing fetus. But toxins aside, the maternal immune activation caused by the vaccines themselves can cause devastating consequences for babies, both in utero and after birth. As neuroscientists at the University of California-Davis have pointed out, central nervous system disorders in offspring "often do not appear for many years after birth and appear to be influenced by postnatal risk factors that synergize with genetic and prenatal risk to act as 'second hits.'" They add that even "subthreshold MIA" can increase the likelihood that environmental risk factors will adversely affect offspring. It behooves women, therefore, to exercise extreme caution about incurring any initial vaccination-related "hits" during pregnancy.

—This article first appeared in July of 2018 at The World Mercury Project www.worldmercuryproject.org
We greatly appreciate their permission to publish this excellent article.

CDC vaccine recommendations for pregnant women

All pregnant women	-Influenza (inactivated) -Tdap
Some pregnant women	
"Base decision on risk vs. benefit"	-Hepatitis A -Meningococcal (B)
"May be used if needed/indicated"	-Meningococcal (ACWY) -Polio
"Recommended in some circumstances"	-Hepatitis B
"Inadequate data for specific recommendation"	-PPSV23 (pneumococcal)

Summary: Vaccine Safety Report 3 —By Nelle Maxey

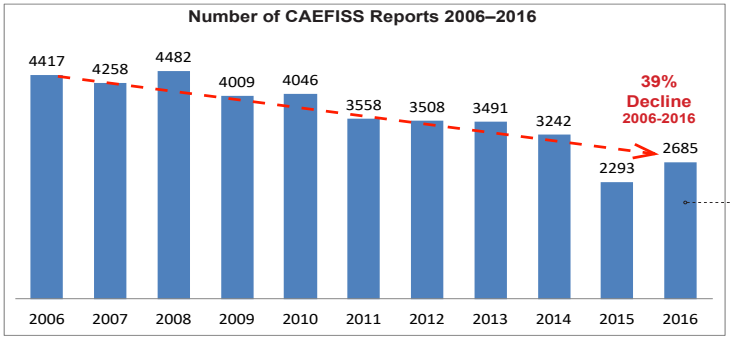
An on-line Introduction, this 2-page summary and the full report are available on the VCC website at About Vaccines/General Issues/Reports.

The *VCC Vaccine Safety Report 3*, released in June of 2018, examines the two Canadian post-market surveillance systems reports of Adverse Events Following Immunization (AEFIs) for 2016. We again find the **quality and quantity of data declining**.

As an editorial comment, we ask, "Is the decline in quality and quantity of AEFI reported data a reflection of the desire to quell public hesitancy to submit to vaccination programs?"

Part 1: CAEFISS

The Canadian Adverse Events Following Immunization Surveillance System or CAEFISS continues to show a decline in the number of AEFI reports. From 2006 to 2016 the decline is 39%.



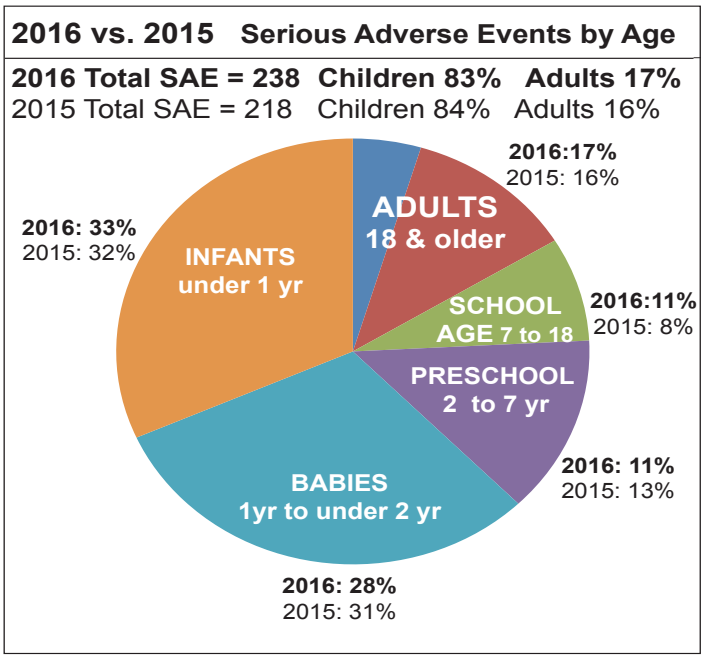
This is compounded by the fact that an unquantified amount of AEFI data was dumped into the last Quarterly Report for 2016. It covered a 4-year period and inflated the number of 2016 reports. Even though the adverse events actually occurred in 2013 through 2016, the reports were not sorted into the data for those years with a concomitant revaluation of annual data. As the fourth quarter CAEFISS report states, "the ability to compare and interpret patterns is limited," by this data dump.

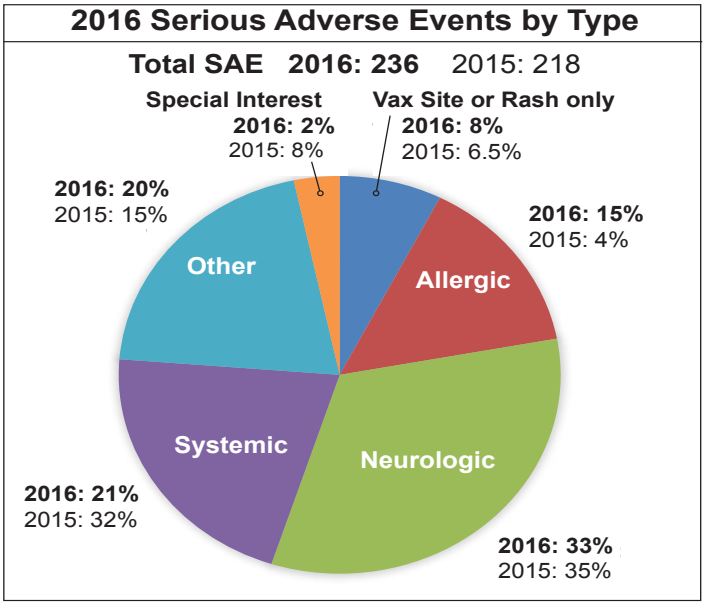
Serious adverse event reports (SAE) are those that result in Death, a Life Threatening event, Hospitalization (or Extended Hospitalization), Disability or Congenital Deformity. Children continue to experience the greatest number of Serious AEFI reports. **Children up to 18 years old experienced 83% of all SAE reported in 2016. Adults experienced only 17%.**

- Infants less than 1 year old experienced 33% of SAE
- Babies between 1 and 2 years old experienced 38%
- Preschool & School Age Children experienced 11% each.

The **Type of Adverse Event** reported is also shown. See pie charts for both of these to the right. The suspect vaccines in each report are also tabulated and charted in this section of the full report.

As reporting rates continue to decline, we suspect only 1% of events are being reported. This means that reports of 238 Serious Adverse Events (SAEs) in 2016 would represent 100 times that in the population or 23,800 actual SAEs. We also discuss reporting rates by population and by number of doses distributed in this section. In 1995 CAEFFIS reported a high of 40 AEFI reports per 100,000 vaccine doses distributed. In 2011 and 2012 they reported 15 AEFI per doses distributed. **By population, the reporting rate in 2005 was 14.8 per 100,000 population. By 2016 this had declined to 8.4 per 100,000 population.**

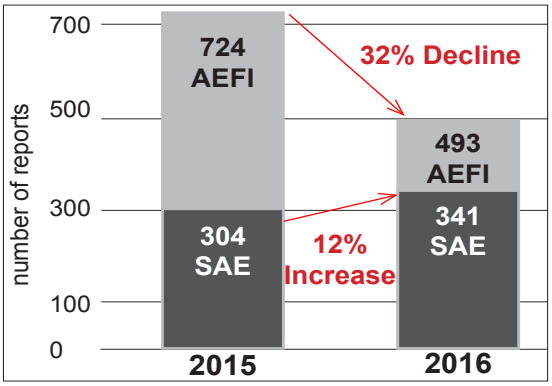




Part 2: Canada Vigilance (CV) System

This is the database representing manufacturer submissions of AEFI reports they received in a given year. They are required by law to report all Serious Adverse Reaction reports. There was a 32% decline in the number of total AEFI reports from 2015 numbers. And an increase of 12% in SAE reports in 2016.

2016 & 2015 Comparison: All Reports vs SAE



Influenza, Zostavax (shingles) and Pneumococcal vaccines continue to be the most reported, accounting for 60% to 77% of reports in any given quarter. We estimate the number of vaccines given for each of these based on government coverage data and population data, arriving at 13 million annual Influenza vaccines, 4.2 million annual pneumococcal vaccines and 200 thousand Zostavax vaccines.

Vaccine Failure

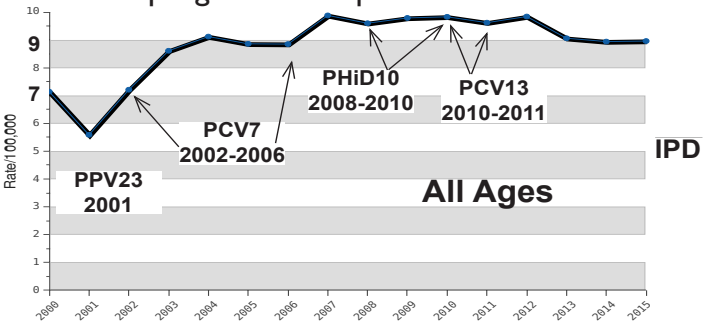
A troubling trend in the number of reports for **vaccine failure/drug ineffective** is noted in the CV Vaccine Safety quarterly summaries. This prompted us to do our own searches of the on-line CV database. We found 37 reports (31%) indicating vaccine failure for Zostavax, 49 reports **(50%)** for pneumococcal vaccines, 9 reports (8%) for Influenza vaccines.

Pages 9–11 of the Report discusses why vaccines fail, including the devolvement from actual clinical trials to immunogenicity studies that measure the amount of antigen serotypes produced in the blood of vaccinated persons and why these are not particularly valid markers of protection against disease. We also look at noninferiorty testing including historical references to licensing of adult and childhood pneumococcal vaccines.

Part 3: Deeper Look at Pneumococcal Vaccines

Due to the high rate of vaccine failure (50%) in pneumococcal vaccines reports, we look at Canadian data on Invasive Pneumococcal Disease (IPD), which is what the vaccines are meant to control.

First we look at incidence rates on the Canadian Notifiable Diseases database, only to discover that rates of IPD for all ages in Canada have **increased** since the introduction of pneumococcal vaccines. Vaccine introduction dates are added to the chart. PPV23 is the adult vaccine in continued use in routine vaccination programs. The other 3 are childhood vaccines. Only PCV13 is now in use in Canada in routine childhood vaccination programs in all provinces/territories.



We also look at charts for the number of cases on the database only to discover that incidence has been reduced in the targeted age group for childhood vaccines, but increased in all other age groups, especially in seniors.

We explore the international medical literature on the effectiveness of these vaccines and found that it is well known (sometimes for many years) that they do not control pneumococcal pneumonia—the most common clinical manifestation of this bacteria—although they may reduce other manifestations in some populations.

We then look at the IPD surveillance conducted by the Canadian National Laboratory. This information concerns the serotypes found in 88% of the cases of IPD on the Notifiable Diseases Database. We discuss serotype replacement and resurgence, both of which lead to less effectiveness of vaccination programs.

Our discussion includes data from both the 2015 and 2016 National Laboratory IPD Surveillance Reports. We note that neither of these reports is available on-line, although all previous years are. This is one more restriction of available vaccine data for Canadian citizens.

We look at serotypes most prevalent in Canadian IPD cases as well as in European cases (26 countries included) and New Zealand cases. We also discuss vaccine-targeted serotypes (VTs) and non-vaccine targeted serotypes (NVTs) in Canada. NVTs are on the rise, which means new vaccines will be developed to combat IPD caused by them.

Finally in the last part of this section, we review various medical literature and discuss the implications of bacterial vaccination programs and their inherent limitation to control bacterial infections like IPD.

The Courts & Vaccine Safety —By Nelle Maxey

Two recent court cases crack open the American & Canadian Vaccine Safety Regulators

Apparently it takes dedicated lawyers, researchers and activists to appeal to the courts to force vaccine safety regulators to follow the laws they are charged to uphold.

Case Against the US Department of Health and Human Services (HHS)

In October 2017, a Freedom of Information Act Notice was presented to HHS by the private, non-profit group Informed Consent Action Network (ICAN), which was started by Del Bigtree (of *Vaxxed* fame) to "stop manmade diseases." The FOIA Notice begins:

> "**Americans, including the over 55 organizations listed below, whose members exceed 5 million Americans, are concerned about vaccine safety.** The National Childhood Vaccine Injury Act of 1986 (the 1986 Act) made nearly every aspect of vaccine safety the exclusive responsibility of the Department of Health & Human Services (HHS). As the Secretary of HHS (the Secretary), this means you shoulder virtually all responsibility for assuring the safety of vaccines administered to America's 78 million children.
>
> This notice respectfully requests confirmation that certain obligations regarding vaccine safety required under the 1986 Act have been fulfilled or will forthwith be fulfilled."

Because the 1986 Act removed all liability for vaccine injuries and death from the manufacturers, it placed responsibilites for vaccine safety on HHS as follows:

> "...promote the development of childhood vaccines that result in fewer and less serious adverse reactions than those vaccines on the market…" and to "make or assure improvements in…the manufacturing, testing, warning, field surveillance, adverse reaction reporting and researching on vaccines in order to reduce the risk of adverse reactions to vaccines."

Further the Act stated that HHS would report regularly to Congress on the activities described above. The FOIA Notice requests copies of these required reports for the 32 years since the bill was enacted.

When HHS did not responded to the FOI Notice, ICAN filed a civil suit against them as the Act allowed. On June 27, 2018, this forced HHS to place in writing before the Court the fact that they could not find any reports "responsive to" the request. In other words, they were forced to admit in writing that they had not fulfilled their obligations under the law.

You can watch Del's 25-minute discussion and interview video and read a transcript of much of the interview in this Vaccine Impact News article. **Excerpt: Del Bigtree's Interview with Robert Kennedy, Jr.**

KENNEDY: The White House, almost a year ago, cut off all communication with me and with our community.

So Donald Trump during the election said things that were very encouraging and that inspired a lot of hope…but I think immediately he got blow-back from the pharmaceutical industry…

BIGTREE: Why are we getting shut out on all sides?
KENNEDY: Well, that's a good question and the answer is the pharmaceutical cartel has been very, very adept at erecting vaccines as an almost religious orthodoxy…But we have a lot of other mechanisms…And this is the first in a barrage of… legal strategies that we believe will ultimately bring support to the parents, protect these children finally, and bring justice to the families of those who have been injured.

Case Against Health Canada under Vanessa's Law

In Canada we have had our own recent victory in forcing transparency from our vaccine safety regulators.

An American researcher, Peter Doshi—of the University of Maryland School of Pharmacy and an Assisant Editor of the BMJ, one of the oldest, peer-reviwed, international medical journals—was working on a systematic review in 2016 of HPV vaccines when he requested from Health Canada clinical trial data on those vaccines and on two pharmaceutical medications for treatment of influenza for another review.

Health Canada insisted that clinical trial data was "confidential business information" and that Doshi would have to sign a confidentiality agreement to view the documents. Of course, had he signed such an agreement, he would have been unable to use or refer to the clinical trial data in his reaserch work. So, instead Doshi requested a judicial review of Health Canada"s decision, citing the provisions in Vanessa's Law (*Protecting Canadians from Unsafe Drugs Act*) that say Health Ministers can disclose this information to those who work in public health or safety.

As reported in the Globe and Mail on July 13, 2018:

"A federal court judge ruled this week that Health Canada cannot withhold clinical-trial data from a researcher who refused to sign a confidentiality agreement, a decision that could pave the way for greater transparency at the department."

Justice Grammond's ruling states:

"Health Canada exercised the discretionary power…in a manner that contradicts the purpose of Vanessa's Law, which is to improve clinical trial transparency. Health Canada also fettered its discretion by adopting a rigid policy requiring a confidentiality undertaking before disclosing information under section 21.1(3). Lastly, I find that Health Canada failed to assess the effects of its decision on Dr. Doshi's freedom of expression, guaranteed by section 2(b) of the Canadian Charter of Rights and Freedoms [Charter]."

Health Canada is currently drafting regulations mandated in Vanessa's Law in 2014 that may clarify this issue further.

Vaccines and the Liberal Mind

—By Robert F. Kennedy, Jr., Chairman, World Mercury Project

The core of liberalism is a healthy skepticism toward government and business.

Late last year, *Slate* published an investigative report detailing how pharmaceutical giant, Merck, used "flawed" and "unreliable" pre-licensing safety studies to push through approval of its multi-billion-dollar bonanza, the HPV vaccine. For veteran safe vaccine advocates, like myself, the most shocking aspect of the expose was that Slate published it at all. Slate and other liberal online publications including Salon, Huffington Post and The Daily Beast customarily block articles that critique vaccine safety in order, they argue, to encourage vaccination and protect public health. Motivated by this noble purpose, the liberal media—the supposed antidote to corporate and government power—has helped insulate from scrutiny the burgeoning vaccine industry and its two regulators, the U.S. Food and Drug Administration (FDA) and Center for Disease Control and Prevention (CDC). Both agencies have pervasive and potentially corrupting financial entanglements with the vaccine manufacturers, according to extensive congressional investigations.

Merck's Hep B vaccine…underwent, not five years, but a mere five days of safety testing. If the babies in these studies had a seizure—or died—on day six, Merck was under no obligation to disclose those facts.

Ironically, liberals routinely lambaste Pharma, and its FDA enablers, for putting profits over people. Recent examples include Vioxx (100,000 injured—Merck paid more than $5 billion in fines and settlements), Abilify (Bristol Meyers Squibb paid $515 million for marketing the drug to nursing homes, knowing it can be fatal to seniors), Celebrex and Bextra (Pfizer paid $894 million for bribing public officials and false advertising about safety and effectiveness) and, of course, the opioid crisis, which in 2016 killed more Americans than the 20-year Vietnam War. What then, makes liberals think that these same companies are immune from similar temptations when it comes to vaccines? There is plenty of evidence that they are not. Merck, the world's largest vaccine maker, is currently fighting multiple lawsuits, brought by its own scientists, claiming that the company forced them to falsify efficacy data for its MMR vaccine.

The *Slate* article nowhere discloses that FDA licenses virtually all vaccines using the same mawing safety science deficiencies that brought us Gardasil. FDA claims that "vaccines undergo rigorous safety testing to determine their safety." But that's not true. FDA's choice to classify vaccine[s…] as "biologics" rather than "drugs" opened a regulatory loophole that allows vaccines to evade any meaningful safety testing. Instead of the multi-year double-blind inert placebo studies—the gold standard of safety science—that the FDA requires prior to licensing other medications, most vaccines now on the CDC's recommended childhood vaccine schedule were safety tested for only a few days or weeks. For example, the manufacturer's package insert discloses that Merck's Hep B vaccine (almost every American infant receives a Hep B shot on the day of birth) underwent, not five years, but a mere five days of safety testing. If the babies in these studies had a seizure—or died—on day six, Merck was under no obligation to disclose those facts.

Furthermore, many vaccines contain dangerous amounts of known neuro-toxins like mercury and aluminum and carcinogens like formaldehyde, that are associated with neurodevelopmental disorders, autoimmune problems, food allergies and cancers that might not be diagnosed for many years. A five-day study has no way of spotting such associations. Equally shocking, FDA does not require vaccine manufacturers to measure proposed vaccines against true inert placebos, further obscuring researchers' capacity to see adverse health effects and virtually guaranteeing that more subtle injuries, such as impaired immune response, loss of IQ or depression, will never be detected—no matter how widespread. Furthermore, the CDC has never studied the impacts on children's health of combining 50 plus vaccines.

These lax testing requirements can save vaccine manufacturers tens of millions of dollars. That's one of the reasons for the "gold rush" that has multiplied vaccines from three, when I was a boy, to the 50 plus vaccines that children typically receive today.

There are other compelling reasons why vaccines have become Pharma's irresistible new profit and growth vehicle. For example, manufacturers of the 50 plus vaccines on CDC's childhood schedule enjoy what has become a trapped audience of 74 million child consumers who are effectively compelled to purchase an expensive product, sparing vaccine makers additional millions in advertising and marketing costs.

But the biggest economic boon to vaccine makers has been the National Childhood Vaccine Injury Act (NCVIA). In 1986, Congress awash in pharmaceutical dollars—Big Pharma is, by far, the top Capitol Hill lobbying group—passed NCVIA giving pharmaceutical companies what amounts to blanket immunity from liability for any injury caused by vaccines. No matter how toxic the ingredients, how negligent the manufacturer or how grievous the harm, vaccine-injured children cannot sue a vaccine company. That extraordinary law eliminated a principal cost associated with making other drugs and left the industry with little economic incentive to make vaccines safe. It also removed lawyers, judges and courts from their

traditional roles as guardians of vaccine safety. Since the law's passage, industry revenues have sky-rocketed from $1 billion to $44 billion.

The absence of critical attention to this exploding industry by liberal online sites is particularly troubling since pharma, using strategic investments, has effectively sidelined, not just Congress, lawyers and courts, but virtually all of our democracy's usual public health sentinels. Pervasive financial entanglements with vaccine makers and the other alchemies of agency capture have transformed the FDA and CDC into industry sock puppets.

"The absence of critical attention to this exploding industry by liberal online sites is particularly troubling since pharma, using strategic investments, has effectively sidelined, not just Congress, lawyers and courts, but virtually all of our democracy's usual public health sentinels."

Strong economic drivers—pharmaceutical companies are the biggest network advertisers—discourage mainstream media outlets from criticizing vaccine manufacturers. A network president once told me he would fire any of his news show hosts who allowed me to talk about vaccine safety on air. "Our news division," he explained, "gets up to 70% of ad revenues from pharma in non-election years." Furthermore, liberal activists including environmental, human rights, public health and children's advocates also steer clear of vaccine safety discussions. On other core issues like toxics, guns and cigarettes, the CDC has a long record of friendly collaboration with these advocates who have thereby acquired a knee-jerk impulse to protect the agency from outside criticism.

In this vacuum, online liberal news sites are the last remaining barrier to protect children from corporate greed, yet they have become self-appointed arbiters against exposing the public to negative information about vaccine manufacturers and regulators. Liberal voices are not just sidelined, they are subsumed in the orthodoxy that all vaccines are always good for all people—and the more the better. Working with Pharma reps and their tame politicians, liberal news reporters and columnists across America are laboring in nearly every state to make the CDC vaccine schedule compulsory for children and to eliminate religious, philosophical and even medical exemptions.

As a result, the government/Big Pharma combination has gained unprecedented power to override parental consent and force otherwise healthy children, and other unwilling consumers, to undergo compulsory vaccinations, a shocking advance along the road to a corporate totalitarianism which seeks absolute control, even of our bodies. Keep in mind that there is no authentic dispute that vaccination is a risky medical intervention. It was the wave of lawsuits arising from injuries suffered from the Diphtheria/Tetanus/Pertussis (DTP) vaccine in the 1980s, that caused Congress to pass the NCVIA bestowing immunity on the pharmaceutical industry, which threatened, otherwise, to stop making vaccines. In upholding that law, the Supreme Court declared NCVIA justified because "vaccines are unavoidably unsafe." Since then, the Federal Vaccine Court, created by NCVIA, has paid out $3.8 billion to vaccine-injured individuals. That number dramatically understates the true gravity of the harm. A Department of Health and Human Services funded report acknowledges that "fewer than 1% of vaccine adverse events are reported."

Supporting a law that forces Americans to relinquish control of their bodies to a corporate/state behemoth is an odd posture for liberals, who once championed the precept of "informed consent," as the mainstay of the Nuremberg Code and the declarations of Helsinki and Geneva which protect individuals against all coerced medical interventions.

Science suggests that we might have made a big mistake by not aggressively safety testing our mandatory vaccines. Chronic diseases like ADHD, asthma, autoimmune diseases and allergies now affect 54 percent of our children, up from 12.6 percent in 1988, the year NCVIA took effect. And those data measure only the injuries characterized in digital medical records. Health advocates warn that we may be missing subtler injuries like widespread losses in reading and IQ and in executive and behavioral functions.

The suspicion that the neurotoxins in vaccines may be negatively affecting a generation is not wild speculation. Numerous studies point to the once ubiquitous use of leaded gasoline as the cause of widespread IQ loss and violence that bedeviled the generations from the 1960s-1980s. Is it not possible that dramatically increased infant exposures to aluminum and ethyl mercury—a far more potent neurotoxin than lead—might be significantly debilitating the post NCVIA generation?

The CDC claims that the cause of the sudden explosion in neurodevelopmental disorders, autoimmune illnesses and food allergies that began in the late 1980s, is a mystery. However, vaccine court awards, manufacturers' package inserts and reams of peer-reviewed science all recognize that many of the chronic diseases that suddenly became epidemic in our children following the passage of NCVIA can be caused by vaccines or their ingredients.

The Institute of Medicine (now the National Academy of Medicine), the ultimate arbiter of federal vaccine safety science, has listed 155 diseases potentially associated with vaccination and scolded the CDC for failing to study 134 of them. School nurses who have spent decades in their jobs say they are seeing the sickest generation in history. The epidemic has not proven a problem for the vaccine industry. On the back end of the chronic disease explosion, vaccine companies like Merck are making a killing on the EpiPens, antidepressants, stimulants, asthma inhalers and anti-seizure drugs.

Continued Page 30

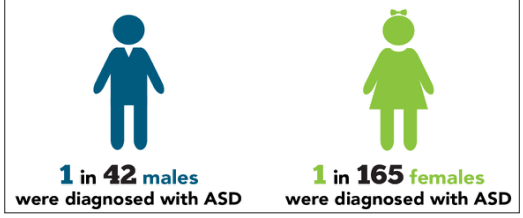
Report on Autism Prevalence in Canada Mirrors Vaccination Coverage Rates in Different Provinces —Dr. Dr. Anke Zimmermann, ND, FCAH

Canada's first official report on Autism Prevelance reveals interesting data

In Brief

First report on autism prevalence in Canada shows Newfoundland and Labrador have highest numbers of kids with autism. They also have the highest vaccine coverage rates. The Yukon had the lowest autism rates and the lowest vaccine coverage.

Figure 4 - ASD prevalence by sex, 2015



NASS Report

The National Autism Spectrum Disorder Surveillance System (NASS) just released its first report ever: *Autism Spectrum Disorder Amoung Children and Youth in Canada 2018*. This surveillance report is "Made in Canada" and provides a first reporting of national data and information to improve our understanding of Autism Spectrum Disorder (ASD) in Canada. It is based on data collected in 2015.

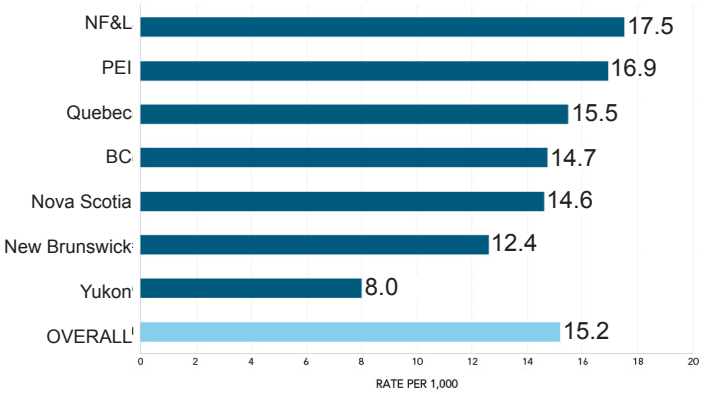
NASS compiles administrative data from the health, education and social services sectors for children and youth (aged 5-17 years) who have a confirmed ASD diagnosis.

Overall incidence rate of autism was one in 68 children, with the age group of 1-4 having grown the most. The report found that boys were 4.1 times more likely to be affected as girls.

Seven of Canada's 13 provinces and territories provided information for 2015, including six provinces (British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Quebec) and one territory (Yukon). As the figure below shows, ASD prevalence in 2015 varied among the seven regions, with the highest prevalence noted in the three provinces of Newfoundland and Labrador (1 in 57), Prince Edward Island (1 in 59) and Quebec (1 in 65). In comparison, prevalence was substantially lower in the Yukon territory (1 in 125).

Autism Rates in the Different Provinces

Figure 8 - ASD prevalence per 1,000



Note: Overall prevalence includes the 7 participating P/T

Why are the numbers in Newfoundland and Labrador the highest?

Well, there is another interesting Canadian report available on vaccination coverage rates in the different provinces in Canada, called *Vaccine Coverage in Canadian Children*, published in 2013 by the very same Public Health Agency of Canada.

Guess who had the highest vaccination rates? Newfoundland and Labrador. And the lowest? The Yukon. A very close mirror to the autism rate statistics. Please see below a rendering of their table for MMR vaccine uptake. You can read the whole report at the link above.

TABLE 7: Estimated vaccination coverage for measles, mumps, and rubella by 2 years of age across provinces and territories

Measles, Mumps Rubella, % vaccinated	Measles 1-2 doses	Mumps 1-2 doses	Rubella 1-2 doses
NF&L	95.1	95.1	95.1
PEI	90.2	90.2	90.2
NS	85.8	85.5	85.5
NB	92.3	92.3	92.3
Québec	90.6	90.6	90.6
Ontario	92.6	92.0	92.0
BC	86.9	86.9	87.6
Yukon	85.2	85.2	85.2
Canada overall	89.6	89.2	89.2

Other Vaccines

Vaccine coverage for other vaccines was very similar, with highest vaccination coverage for all vaccines in Newfoundland and Labrador and lowest in the Yukon, with the other provinces in between. [The table on the next page comparing 4 regions shows this as well.]

Correlation and Causation

This is a very interesting finding with as yet unknown repercussions. Although we all know that correlation does not equal causation, a plausible association between two variables is generally an important clue worth investigating.

The substantially lower ASD prevalence in a region that happens to have markedly lower vaccine coverage is one such clue.

It would behoove Canada's public health officials to take a closer look at their own data and start taking

Vaccine coverage* in two-year-olds in four Canadian provinces/territories, 2013

TYPE OF VACCINE	PROVINCE/TERRITORY (% coverage)			
	Newfoundland & Labrador	Quebec	Prince Edward Island	Yukon
Diphtheria	84.5	79.3	75.8	69.9
Pertussis	84.2	79.5	74.7	68.0
Tetanus	83.9	79.3	74.3	68.0
Polio	95.3	91.8	90.3	87.3
H. influenzae type b (Hib)	83.2	72.3	68.8	65.7
Measles/mumps/rubella	95.1	90.6	90.2	85.2
Meningococcal C	91.6	89.1	88.5	89.9
Pneumococcal	90.1	82.0	83.8	81.3
Varicella	89.7	53.9	66.1	73.2
Hepatitis B	—	—	74.7	68.1
Influenza	31.8	35.5	49.8	54.0

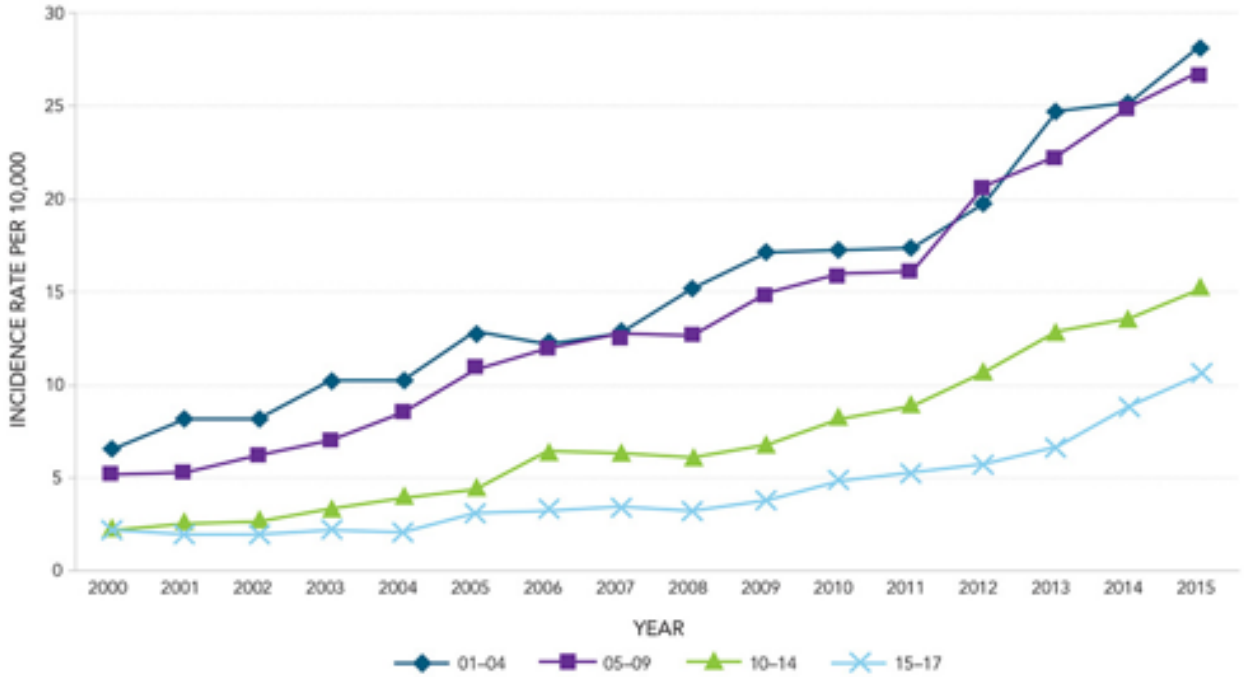
*Depending on the vaccine, "coverage" means receiving anywhere from one to four (or more) doses of a given vaccine by age two.

meaningful steps to study vaccinated versus unvaccinated children in order to shed more light on these concerning issues.

— This article first appeared on Dr. Zimmerman's website in March of 2018. We greatly appreciate her permission to reprint the article. She welcomes interaction with parents of vaccine-damaged children. See her informative website for contact information: www.drzimmermann.org

For our readers information, VCC adds the following. Quebec has kept detailed data on autism incidence since 2000. While the NASS report presented ASD data for 5–17 year olds only, it did present Figure 11 (below) from Quebec, which shows the incidence of ASD is highest in children from 1-4 years old. Further, Figure 12 (not shown here) shows that for the 15 years covered by the chart below anywhere fron 30%–38% of diagnosed cases were in the 1–4 year age group. So the NASS report is likely only covering between 60–70% of diagonsed ASD cases and in only 6 Canadian provinces/territories. The absence of Ontario, the province with the largest population, greatly reduces the percent of cases reported on. Perhaps the next report will have more complete data.

Figure 11 - ASD incidence rate by year and age group per 10,000 in Quebec, 2000-2015



"As noted in Figure 11 the incidence rate of ASD is increasing for all age groups. The age group with the greatest increases in incidence rates are with 1–4 year olds, followed by the 5–9 years old age group. Those whose age group is greater than 10 years old continue to increase, although not as dramatically as the younger age groups over time."

Altering Human Genetics Through Vaccination

—by Jon Rappoport

This is genetic roulette with a loaded gun.

The National Institute of Allergy and Infectious Diseases (NIAID) has launched efforts to create a vaccine that would protect people from most flu strains, all at once, with a single shot.

Over the years, I've written many articles refuting claims that vaccines are safe and effective, but we'll put all that aside for the moment and follow the bouncing ball.

Massachusetts Senator and big spender, Ed Markey, has introduced a bill that would shovel no less than a billion dollars toward the universal flu-vaccine project.

Here is a sentence from an NIAID press release that mentions one of several research approaches:

"NIAID Vaccine Research Center scientists have initiated Phase 1/2 studies of a universal flu vaccine strategy that includes an investigational DNA-based vaccine (called a DNA 'prime')…"

This is quite troubling, if you know what the phrase "DNA vaccine" means. It refers to what the experts are touting as the next generation of immunizations.

Instead of injecting a piece of a virus into a person, in order to stimulate the immune system, synthesized genes would be shot into the body. This isn't traditional vaccination anymore. It's gene therapy.

In any such method, where genes are edited, deleted, added, no matter what the pros say, there are always "unintended consequences," to use their polite phrase. The ripple effects scramble the genetic structure in numerous unknown ways.

Here is the inconvenient truth about DNA vaccines—

They will permanently alter your DNA

The reference is the New York Times, 3/15/15, "Protection Without a Vaccine." It describes the frontier of research—the use of synthetic genes to "protect against disease," while changing the genetic makeup of humans. This is not science fiction:

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

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

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

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

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

Read that again: "the synthetic gene is incorporated into the recipient's own DNA."

Alteration of the human genetic makeup.

Not just a "visit." Permanent residence. And once a person's DNA is changed, he will live with that change—and all the ripple effects in his genetic makeup—for the rest of his life.

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

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

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

This is genetic roulette with a loaded gun. Anyone and everyone on Earth injected with a DNA vaccine will undergo permanent and unknown genetic changes…

And the further implications are clear. Vaccines can be used as a cover for the injections of any and all genes, whose actual purpose is re-engineering humans in far-reaching ways.

The emergence of this Frankenstein technology is paralleled by a shrill push to mandate vaccines, across the board, for both children and adults. The pressure and propaganda are planet-wide.

The freedom and the right to refuse vaccines has always been vital. It is more vital than ever now.

It means the right to preserve your inherent DNA.

—This article first appeared on Jon Rappoport's Blog in June of 2018. We greatly appreciate his kind permission to reprint here.

Vaccines & the Liberal Mind (continued from page 27)

Instead of demanding blue-ribbon safety science and encouraging honest, open and responsible debate on the science, liberal blogs shut down discussion on this key public health and civil rights issue, and silence critics, treating faith in vaccines as a religion; the heresy of questioning dogma meets with anathema and excommunication.

The core of liberalism is a healthy skepticism toward government and business. So why do vaccines get a mulligan?

WHO's New Guidelines Put Children's Health At Risk

—by Dr. Jacob Puliyel

Defining Away Adverse Events and Deaths Following Vaccinations

Two leading pediatricians in India have urged the World Health Organization (WHO) to urgently revise its manual on classification of "Adverse Events Following Immunization (AEFI)," warning that the new guidelines put children's life at risk.

This needs to be done "urgently in the interest of child safety," doctors Jacob Puliyel at St Stephen's Hospital in Delhi, and Pathik Naik of Children Hospital in Surat, say in a report published in the prestigious journal F1000Research.

Under WHO's revised manual on AEFI, only those adverse reactions observed during clinical trials of a vaccine, should be classified as vaccine related. All new serious adverse reactions including deaths seen during post-marketing of the vaccine should be considered as 'coincidental' or 'unclassifiable', and the vaccine should not be blamed.

The WHO has also changed the definition of "causal association," the authors say. Under the revised guidelines, if there is an alternate explanation for the adverse event, or another factor is involved, causative association with vaccine should not be made. "In other words, if after vaccination, a child with an underlying congenital heart disease develops cardiac failure, it would not be considered causally related to the vaccine."

The revised classification by WHO "is a major step backward for patient safety," the authors say. "This could embolden vaccine manufacturers to be more reckless with regard to adverse reactions," they warn.

Puliyel and Naik note that the Global Advisory Committee on Vaccine Safety has documented many deaths in children with pre-existing heart disease after they were administered the pentavalent vaccine (combined diphtheria, tetanus, pertussis, Hib, and hepatitis-B vaccine). "Under WHO's new definition of causal association, these deaths would not be acknowledged as related to vaccination."

Both Sri Lanka and Vietnam governments withdrew the pentavalent vaccine following the deaths of five children in Sri Lanka and 12 in Vietnam soon after vaccination. But WHO investigating teams declared that the deaths were 'unlikely' to be related to vaccination, the report says.

The authors point out that a new study in India, showed that the switch from DPT (diphtheria, tetanus, pertussis) to pentavalent vaccine almost doubled the deaths following vaccination. "A large number of these deaths could have been avoided had the AEFI manual not been revised."

> "This could embolden vaccine manufacturers to be more reckless with regard to adverse reactions,"

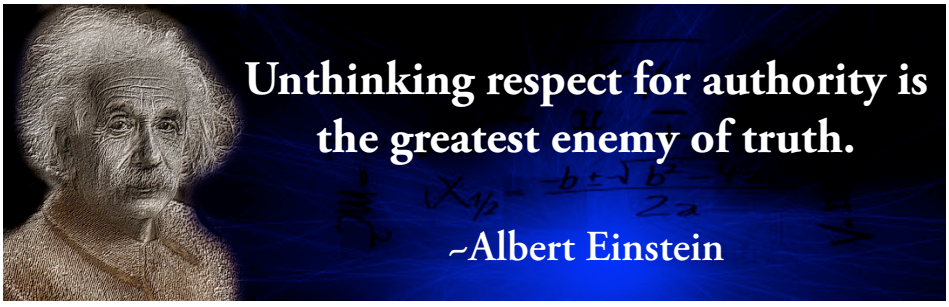
According to their report, the consequence of India adopting WHO's new classification can be seen from the causality assessment of 132 serious AEFI cases uploaded on the website of the Ministry of Health and Family Welfare. Of the total AEFI cases, 54 babies died and 78 survived, "but not even one death was classified as vaccine-related. Nearly all the deaths were simply classified as unclassifiable or coincidental."

Vaccines are drugs used as a preventive measure, given to healthy persons. Adverse events following immunization must be monitored more carefully than other drugs, the authors note. "A credible immunization safety evaluation and monitoring system is essential for the success of immunization programmes."

According to the authors, WHO's new AEFI classification scheme "that allows for an outright denial of any new causative association with vaccination" could fall foul of Article 2 of the *European Convention on Human Rights*. Adverse reactions and deaths may not show up as significantly increased in small safety studies. However, records of all deaths and serious adverse events following vaccinations should be maintained and periodically reviewed for safety signals.

"Paradoxically, the AEFI algorithm is said to be for vaccine safety," says Puliyel. "Perhaps we need a scheme for public safety rather than vaccine safety."

— Published in May of 2018, Dr Puliyel's peer-reviewed report on this critical issue is available on-line: Puliyel J and Naik P. Revised World Health Organization (WHO)'s causality assessment of adverse events following immunization—a critique. F1000Research2018, 7:243 (doi: 10.12688/f1000research.13694.2)



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

Why not Join Us and Support our Work!

VACCINE CHOICE CANADA
FORMERLY VRAN

Suggested Annual Membership Donation: $40 individual/family or $85 professionals

- **New Members receive a comprehensive information package totaling over 65 pages as well as privileged access to our newsletter archive reaching back to 1994.**
- **Members receive *The Journal* twice a year as well as other member-only information & alerts.**
- **To keep receiving *The Journal*, remember to Renew your Membership Annually at the beginning of each calendar year.**
- **You may renew your membership or join online with PayPal. Just go to www.vaccinechoicecanada.com/Join. Or mail a cheque or money order to the address below.**

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

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

Our website is the most comprehensive in Canada on the subjects of Vaccine Safety and Effectiveness and the right to Informed Consent. It represents a 35 year collection of information to raise awareness in the public, health professionals, lawmakers and regulators.

See page 2 for our Mandate and Statement of Purpose.

VACCINE CHOICE CANADA
FORMERLY VRAN

P.O. Box 169, Winlaw, BC, V0G 2J0
Phone: 250-355-2525
e-mail: info@vaccinechoicecanada.com
website: www.vaccinechoicecanada.com

Your Child • Your Future • Your Choice

Donations

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

1) **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.