


"...in spite of the widespread agreement that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view.

Dr. Lucija Tomijanovic

THE GREAT VACCINE CON



Authors profits
go to non profits
supporting the
Pro Choice
Movement and
to support the
Vaccine injured

A shocking expose on how the vaccine industry has been involved in a large scale vaccine medical fraud. Plus it's desperate attempts to cover up the millions of vaccine injured and the trillions the industry will have to pay out in the future in compensation.

"In a time of universal deceit, telling the truth is a revolutionary act."

George Orwell

"The world will not be destroyed by those who do evil, but by those who watch them without doing anything."

Albert Einstein

"The fact the author challenged the pro vaxx community a \$1 million reward for anyone who can prove Vaccines are safe and effective but still no takers says a lot. Finally someone who puts his money where his mouth is"

BY JAMIE McINTYRE

As an educator and author it's never my duty to tell anyone what to think including what to think about Vaccines.

However it is my duty to challenge you to think and that's what this book is designed to do. It's also designed to challenge politicians journalists and doctors to think.

As humans we can be given the smallest evidence of something by authority and due to our social conditioning and social hypnosis we accept it often without question. Yet we have the audacity to question the over whelming evidence of an opposing view. That doesn't help a society evolve to higher levels but simply allows those with less then worthy intentions to manipulate and deceive the masses at will. It also allows them to enrol those the masses trust to do their dirty work and spread false science.

I challenge you to not live on this planet and fall for such mass deception. You owe it to your family, your children, your country and humanity to seek the truth. And to take a stand against those who wish to suppress the truth.

Jamie McIntyre

"You might as well consult a butcher on the value of vegetarianism as a doctor on the worth of vaccination."

George Bernard Shaw

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it!"

Upton Sinclair

American anti-fascist, anti-imperialist author

"If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection. That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred. Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations."

Russell Blaylock, MD

"By Nov. 1, 2016, \$3.5 billion had been awarded to more than 3,500 vaccine victims through the federal vaccine injury compensation program (VICP) created under the 1986 NCVIA law."

"Official data shows that large scale vaccination has failed to obtain any significant improvement of the diseases against which they were supposed to provide protection"

"When a well-packaged web of lies has been sold gradually to the masses ... the truth will seem utterly preposterous and its speaker, a raving lunatic."

Dresden James

Dr Sabin
Developer of Polio vaccine

The Great Vaccine Con

Historical Evidence That Debunks The Popular Myth That Vaccines Eliminated Childhood Infectious Diseases

How Big Pharma and your Government are lying to you over Vaccines and covering up one of the worlds greatest medical frauds

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This information has been prepared to provide general information only. It is not intended to take the place of professional health advice and you should not take action on specific issues relying solely on this information. In preparing this information, we did not take into account the health objectives, health situation or particular needs of any individual person.

This book does not provide health advice or purport to. It is for educational purposes only and to designed to generate much needed critical debate on this topic. Whether you decide to vaccinate your children or not is an important decision you must make and should be allowed to make not forced to by the Government.

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YEAR FROM AIRBNB

THE GREAT CANCER CON

THE GREAT FINANCIAL CON

EDUCATE - DON'T SELL

Foreword

Why write a book as controversial as this? For several reasons. To paraphrase Albert Einstein, “The world will not be destroyed by those that do evil, but by those who watch them without doing anything.”

Almost everyone alive today on our planet will be dead within 50-100 years time and sadly many sooner than need be thanks to new diseases caused by vaccines.

Childhood cancers and diseases are at epidemic levels already, especially since the number of scheduled vaccines has jumped rapidly in recent decades.

After drug companies, pediatricians and all vaccine providers were shielded from accountability and liability for vaccine injuries and deaths, U.S. health officials tripled the numbers of vaccinations recommended for children – from 23 doses of seven vaccines in 1986 to 33 doses of nine vaccines by 1997, which has escalated currently to 69 doses of 16 vaccines.

Thus, if we don't have the courage to take a stand for the truth no matter how unpopular that stance, then perhaps society will suffer accordingly and millions will continue to be vaccine damaged.

To remain silent while millions suffer from vaccine damages is to be a coward lacking intestinal fortitude to handle the vicious haters. These haters (many paid, others simply uneducated on vaccines) troll the internet looking for anti-vaxxers to attack.

In many cases these people have clear agendas to ensure the Vaccine Con continues to allow billions more in sales and profits to continue to soar annually.

In addition, no doubt to reduce compensation that will be required if the masses ever find out about the significant scale they have been so deceitfully lied to about vaccines.

Firstly I commend you for having an open mind to read such a controversial book and a willingness to read and research into this critically important topic.

Even if you are a staunch pro-vaxxer or perhaps neutral on the debate, but genuinely concerned about the ever increasing side effects and ever increasing number of vaccines being pushed and injected into young babies.

Or you may already know many vaccines are largely a con and not necessary. Perhaps you have recently heard murmurings that they may not actually be safe or effective and are open to knowing more to help make an informed decision?

Or you could be a die hard pro-vaxxer freely supporting Big Pharma to make gigantic profits from selling often faulty and dodgy vaccine products?

Perhaps you are so pro-vaxx you push Big Pharma's interests for no pay because you believe what your government, and mainstream media tell you without question or evidence?

Perhaps you are unable to believe they would ever mislead or lie on such a grand scale? Or be lobbied to by large Pharmaceutical Companies with massive marketing and PR budgets?

Or perhaps you get off on calling anyone questioning vaccines a nutter as it fuels your significance and boosts your ego to attack those who dare have the intelligence to question the safety and effectiveness of vaccines?

Or perhaps you believe Governments never lie, nor do politicians ever mislead - and large companies would never 'guild the lily' to boost profits, or even doctor research to help sell their drugs etc?

If common sense prevails you know of course they do all these things and have done for a long time when it comes to vaccines. If enough of us fail to become educated and educate others the sham will continue causing untold misery to millions more.

You might wonder how and why did I as a best selling author of financial and business education books such as *What I Didn't Learn At School But Wish I Had* and *Think and Grow Rich for the 21st Century* get dragged into the vaccine debate?

Like most of us I too was once a pro-vaxxer. Of course this was before I ever questioned the safety and effectiveness of vaccines and before years of research and reading into the matter.

I also didn't know or realize that what we were being told about vaccines being 'the greatest medical breakthrough of our time' and that they were based on proven medical science was a lie - and a very big lie at that.

Like most of us when I was born I was vaccinated. Not as though I had any choice as a new born to give consent. My parents who lived on a farm 6 hours above Sydney, Australia in a small

town of 6000 people thought they were doing the right thing by following the doctors and government advice.

In those days no one dared question a Doctor let alone the government.

Ask my mum today if she would make the same decision re vaccinating us 6 kids and the answer would be a resounding no.

So what's changed since 1972 when I was vaccinated to now? Not only the elder generations, but even younger ones are now openly and publicly questioning the safety and effectiveness of vaccines.

I dare say the internet has changed our thinking in regard to vaccines as have people's awakening to the fact that, yes governments do lie, and pretty much all the time.

The western medical industry is no longer the holy grail we used to think it was. Especially now since we can access information and consider alternative medicine and alternate solutions a lot more.

We are perhaps more aware of the major shortcomings of the western medical system and it's motive to mainly sell us a pill or give us a vaccine for almost anything whether we need it or not.

Or poison us to death with chemotherapy that causes more deaths than it saves lives (see my book, The Great Cancer Con).

'Snake oil salesmen out of control' some have labelled the industry.

According to PhRMA (the Pharmaceutical Research and Manufacturers of America), the pharmaceutical industry's trade association and powerful lobbying group: **"The 271 vaccines in development span a wide array of diseases, and employ exciting new scientific strategies and technologies. These potential vaccines – all in human clinical trials or under review by the Food and Drug Administration (FDA) – include 137 for infectious diseases, 99 for cancer, 15 for allergies and 10 for neurological disorders."**

The western medical industry has had decades of practice covering up medical fraud and failures so it really shouldn't surprise us that they have been engaged in wide-scale medical fraud re vaccines for a long time.

Your blood will boil once you discover just how badly you and I have been lied to.

In 1972 when I was being vaccinated against my consent I received about 6 vaccines.

I could consider my self lucky as kids being born today will receive about 69 vaccines by the time they turn 18. Plus all the boosters required now for adults because the industry has known for sometime most vaccines don't work for long or at all. So why not boost profits further by selling booster shots of largely useless vaccines?

But useless would be fine if they weren't so dangerous as you will discover in this book just how dangerous they can be.

But Jamie you are not a doctor so how can you write a book about vaccines?

It is because of Doctors that I have written such a controversial book. We will hear from plenty of doctors in this book.

Many doctors are not only against the over use of vaccines but want you to discover the truth about vaccines and the wide scale medical fraud behind them, but risk losing their entire careers if they go public.

They are forced by a medical profession to preach what many know is a lie in regards to vaccines. Many doctors and scientists have asked me to please make this information public.

Plus, many other doctors and scientists have gone public and many have been smeared and careers ruined for daring to share the truth in regard to vaccines.

At the back of this book I have listed just some of the Doctors who have gone public with reference materials as the media will try to suggest few Doctors oppose the current Vaccination schedules.

Many nurses have also seen so many adverse reactions to vaccines and they can no longer accept the lies told by our politicians that they are safe and any adverse reactions are extremely rare.

Nor can they be brainwashed anymore that unvaccinated children are the enemy when most disease outbreaks are amongst the vaccinated.

Vaccination can and does spread diseases, especially new diseases we never had before the heavy vaccination schedules we have had since the 1980's.

Not to mention the ever increasing studies showing vaccinated children suffer poorer health than unvaccinated children.

However, there are many who simply can't fathom they have been, and are still being lied to about vaccines. They don't want to accept the reality and doggedly refuse to consider the facts or even dare question.

They will only do basic research and end up reading biased propaganda stating vaccines are safe and a baby could be safely injected with 100,000 doses such as suggested by Paul Offit, who is a leading Pro Vaxxer.

Perhaps because it has made him millions from Vaccine patents? He just could possibly be biased but apart from the obvious conflict of interest, the Pro-Vaxxers use him as a so called credible source to attack anyone that dare questions the obvious propaganda they push.

As you will discover they and others join the pro-vaxx movement pushing dangerous pseudo science without scientific evidence that vaccines are safe and effective and anyone who doesn't succumb to the Government official line is either a nutter or danger to society or both.

For those questioning what I and others are saying about vaccines please ensure you apply the same level of questioning to everything you have been taught about vaccines by the mainstream media, your governments and Big Pharma.

My goal with this book is to get you to question what you believe about vaccines as I know if you do and dig deep enough you will discover the elaborate con that vaccines largely are.

Now don't get me wrong, some vaccines have some merit and have contributed to reducing the spread of some diseases, so yes vaccines can play a role in public health.

But their contribution, even in the cases that have been effective, has been greatly overstated and the dangerous consequences and adverse effects hidden from the public.

The graphs in this book showing a decline in diseases after the introduction of vaccines indicate they are nothing more than Enron style accounting fraud and trickery. You will learn how they duped you and millions of others.

Yes, this will come as a shock to many! Like most of us once you undertake some research you will no longer remain a staunch provaxxer.

You will have awoken to the con and no will longer be conditioned to remain believing what governments, Big Pharma and the mainstream media so desperately want you to.

Don't dare think for yourself or become a critical thinker as you might just pose a threat to the world.

You will see how they ramp up fear with new diseases. Some such as the "swine flu" to get Governments to stockpile hundreds of millions of expensive doses for diseases that never were going to be an epidemic they claimed.

Fear sells, so watch how they use fear to get you to take your annual flu vaccine, perhaps one of the greatest cons of all vaccines.

Start observing mainstream media as they push story after story of how unvaccinated children may have infected others to scare the uneducated. Notice how they will never present any evidence of such cases.

One of the worst cases occurred in Australia recently when when a mother sadly died from what the family believe was a severe reaction to a vaccination, a story I added in the last chapter of this book.

However, the headline and story was twisted to, "Mother dies after being possibly infected by her unvaccinated baby" in Newscorp papers by journalist Jane Hansen, a renowned allegedly lying Vaccine Spruiker.

This highlights the level of complicity with mainstream media, Big Pharma and the hospitals to cover up the story.

Perhaps the story should have read, "Mother dies after receiving vaccination and immediate investigation is underway to warn the public of the dangers of some vaccines."

However, instead it was made out to be a case of not vaccinating which led to her death."

Such deliberate pre-mediated deception of the public should incur jail sentences for those involved, but won't until enough people take a stand against this powerful, deadly and danger-

ous industry that will stop at nothing to stop you discovering the truth.

It's clever and effective marketing I must admit, to sell billions of dollars worth of mostly useless vaccines. But it's your health that's paying the price for their deceptive advertising.

Hapless naive politicians in the west fall for it, (or have been bought), or from fear push the line that we need to become vaccinated, not once but pretty much now for the rest of our life.

And don't forget your annual flu shot, the ultimate money earner for snake oil salesmen dressed up as medical experts.

Thus we have an epidemic of millions suffering in silence while damaged by vaccines or even killed and sadly forgotten by the government or hidden to keep the lie and con of vaccines going.

Some foolishly state that its for the greater good, so please just keep quite, as to expose such truths can be a public health issue. People will lose faith and trust in the Public Health System, as if they mostly haven't already and what public health system? The sickness system might be more accurate.

Should we join in with the lie and ignore the damages vaccines are causing now en-masse? Should we continue to lie to parents that vaccines are safe and effective when we know millions will have adverse reactions and many will even die unnecessarily.

Then when their child is never the same after vaccination we lie to them even more, stating it's not because of vaccines, it's just a coincidence.

Well if the coincidence is after vaccinations when many babies go into a convulsion and suffer seizures and become effectively disabled for life then that's one coincidence I would want my future children to avoid.

Is this rare? I was in a room recently with 400 people at the Crown Casino in Melbourne. Those who were vaccine injured or had vaccine injuries in their family were asked to stand up.

Close to 50 percent stood up. This occurred night after night in Australia's major cities.

Sure it was a room of people deeply concerned about vaccines, no doubt because many had been injured, but if we continue to delude ourselves that vaccine injury is rare then we will con-

tinue to allow the lives damaged by vaccines to grow.

I was shocked at just how many and how badly people are effected. You can't live in denial when you witness so many severely vaccine injured people.

The interesting thing is the others in the room could be vaccine damaged to but just don't know it yet.

How can you become injected with dangerous poisonous toxins in vaccines that are not rigorously tested and think you won't suffer some long-term damage? Common sense dictates otherwise.

The cost to society already from the amount of vaccine damages could bankrupt most governments health budgets within a decade or so and this matter won't go away.

You don't believe any of this? That's fine as over the next 5-10-15 years when vaccine damages become so widespread even the staunchest pro-vaxxers will have to come out of denial.

Notice how many new diseases we have today that doctors say they don't know what the causes are.

We have an entire medical industry largely bought and owned by Big Pharma who aren't going to allow independent research into links to vaccines and many of these new diseases.

That would never be encouraged for obvious reasons.

Some argue that if that's the price to pay to save millions then we should continue with the vaccine con.

However, there are a few things wrong with that argument.

As you will discover in this book vaccines saving the world from outbreaks of dangerous diseases is largely a lie. Their contribution has been minimal in most cases and non existent in others.

We should in the name of good science and health acknowledge the correct contributors to the reduction of many past diseases we no longer suffer on a major scale.

We should also acknowledge with all the new diseases we now have, many have been linked to vaccines already - and I predict many more will be discovered once studies are allowed to be independently carried out regarding possible connections from vaccines to many current age diseases and symptoms.

The debate over Autism caused by vaccines is somewhat minor to what we will know in the future in regards to how many of us are actually vaccine injured while not even knowing it yet.

Think of the rise of brain cancers and tumors and the massive spike in childhood diseases and cancers in countries such as the US with high vaccination schedules versus countries that schedule a much lower number of vaccines.

Of course the deadly toxins such as mercury in many past and even some current vaccines, much of which remains in the brain as the body struggles to elongate it, could not possibly be connected to the rise of brain tumors?

For a parent not to question vaccine safety before allowing their new born child to be injected with substances that most of us don't even know what they are, including many proven toxins, most which have not been vigorously tested, is recklessly irresponsible parenting.

Not a nutter as some pro-vaxxers like to make out with their back yard bullying techniques to silence anyone asking commonsense intelligent questions.

Then to then discover not only can they cause more diseases than they prevent, but in most cases are completely useless in preventing what they claim.

So as a parent you have every right to question and tell anyone stating otherwise to go to hell.

The aim of this book is to encourage debate and learning. If we seek the truth we have no reason not to want further independent studies and a healthy, impartial debate on such a critical topic.

However, if we have something to hide the last thing we would want is people to discover the truth.

One way to learn the truth is to simply observe which side of the vaccine debate is trying to shut down the debate. Observe the side that name calls, harasses aggressively and alienates and ostracizes anyone who dares even question the safety or effectiveness of vaccines. Then you will soon know which side of the debate has a lot to hide and will do anything to stop the truth

being exposed.

For myself I stand for the truth and science based evidence and an end to the medical fraud behind vaccines. I also stand for vaccines being put in their correct place in regards to their contribution to medical advancement which is still important, but minor to its current standing and the acknowledgment of the things that did eradicate most diseases of the past.

This alone would save so many people in third world countries by providing accurate, science based solutions rather than the profit based, inaccurate pseudo science based solutions vaccines largely are.

I am sorry but even billionaires like Bill Gates can get it wrong. Just ask the Indian Government.

But I guess Big Pharma doesn't make money from the provision of clean drinking water, proper sanitation, proper diet and hygiene and vitamins and so forth?

It is too important of a health issue for the trust of the public to be routinely allowed to be abused by Big Pharma, their paid media representatives and naive or corrupted politicians.

In fact it should be a crime against humanity to peddle lies and deceit to the public that are causing untold damages in the name of keeping the cash registers ringing.

I think some politicians still who are stating in 2017 that vaccines are safe and effective, should perhaps seek legal advice before uttering such nonsense again. I know of many litigation funders preparing major class actions against the dangerous pro-vaxxers who are deceiving the public, especially politicians who have a duty to protect and serve the people, not the bottom line profits of Big Pharma.

Don't worry if you are a lover of vaccines. You will be glad to know apart from the 69 doses recommended for someone growing up today will receive by the age of 18, that there are 271 new vaccines currently being patented and coming to a drug store or friendly local doctor near you soon.

If we haven't seen a vaccine epidemic then don't worry - you soon will. It is very profitable to keep this vaccine con going.

The real question is, are we willing to allow our children to continue to be used as human guinea pigs for the sake of profits?

Whether you choose to vaccinate your children and with what vaccines, if any is ultimately your choice not the government's. It is responsible parenting to research and question and somewhat reckless to accept the official government mandate which is set by Big Pharma.

If it is your child damaged one day by vaccines, where will the politicians be when it comes to asking for help and compensation?

That choice should always remain yours and ideally be based on proven science.

If politicians are so certain vaccines are safe and effective, ask them to give you a written guarantee that in the event they are not you will be adequately compensated. Ask the Health Ministers to put their house on the line if they are wrong.

Are they willing to back up what they are saying or just naive puppets for those who think citizens are too stupid to wake up and discover the truth so they can keep selling vaccines and make billions at the expense of our health? Ask your doctor as well.

Put up or shut up I say!

I put up \$1 million to have anyone be able to independently prove vaccines are safe and effective. If they are so certain of it then put up \$1 million and if they can prove it there is an easy million dollars to be made.

Still no takers. And I'm not holding my breath.

Enjoy reading the The Great Vaccine Con. It will no doubt open the minds of many and enrage others, especially those who are scared of the truth and the consequences of the lie we have all been sold.

However let's encourage a civilized debate, a debate civilized society should welcome. It all starts with questioning.

Are vaccines safe and effective is a good question to start with? Would I vaccinate my future children is another?

Jamie McIntyre PS

All profits from this book will be used for further education on this critical debate and to support the vaccine injured.

Many people are struggling in silence with the inconvenient evidence that vaccines are not safe and effective, and evidence that they do cause untold damage on a grand scale, not the rarity governments want us to believe. These people should not be forgotten or hidden from view, but have their voices heard loud and clear until the governments develop some ethics and stop the abuse of public trust by those profiting from vaccines.

In Australia it will also be used to counteract the \$5 million of taxpayers money set aside each year to brainwash and pedal propaganda to the masses to become vaccinated. I accept mainstream media will continue to try and smear myself and others for speaking the truth on this topic.

However, that's a price I am prepared to pay when I consider how many future parents will be able to avoid having their children damaged from being over vaccinated, often with faulty and dangerous vaccines.

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1 Vaccines Are The New Boom Industry For Big Pharma

It is dangerous to let the public behind the scenes. They are easily disillusioned and then they are angry with you, for it was the illusion they loved.

W. Somerset Maugham

Health Is A New Age Industry

According to Phil Ruthven Founder of IBISWorld who describes himself as “Australia’s most respected strategist and futurist”, everything to do with health is a new age industry which emerged around 1965 and is predicted to remain so at least until the 2040’s.

\$5.7 billion to \$27 billion dollars

A recent report on the global vaccines market notes: “Thanks in part to the adult influenza market and vaccines such as Gardasil and Prevnar, the global vaccines market has enjoyed a decidedly solid

boost in revenue. Ten years ago, the vaccine market sat at \$5.7 billion dollars... now, that market has soared to \$27 billion.”

Is all this vaccination really necessary and beneficial to individuals, or is there some very lucrative over-vaccination going on, with the sanction of governments and the medical/scientific establishment?

A Vaccine Boom And A Critical Path To Growth

Is the ever-increasing list of vaccine products being seen as the savior for pharmaceutical companies facing the patent cliff? The World Health Organization (WHO) has indicated we are experiencing a vaccine boom. A recent article published in New Scientist says: “No longer the unprofitable runt of the pharmaceutical family, vaccines are fast becoming the industry’s breadwinner... While the rest of the pharmaceutical sector struggles to keep afloat as expiring

patents send profits plummeting, the vaccine industry has become remarkably buoyant”.

Associated Press recently reported: “Vaccines now are viewed as a crucial path to growth, as drug companies look for ways to offset a slowing of prescription-medicine sales amid intensifying generic competition and government pressure to restrain prices under the federal health-care overhaul”.

“Vaccines are the booming new market for pharmaceutical companies, it appears the floodgates opened in the 1980s when the United States protected vaccine manufacturers from liability.

“There are forces working very hard to set up a massive international vaccine market in developed and developing countries. Relationships between the vaccine industry and organizations such as the WHO, US Centers for Disease Control and Prevention (CDC), US National Institutes of Health (NIH), the GAVI Alliance, and the Bill & Melinda Gates Foundation etc need to be scrutinized.”

Immunization, according to the Australian Government, is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body’s own immune system to protect the person against subsequent infection or disease.

According to the Australian Government, Immunize Australia Program funds the purchase of vaccinations to protect millions of Australians from vaccine-preventable diseases.

Immunization is a simple, safe and effective way of protecting people against harmful diseases that can cause serious health problems in the community.

Immunization not only protects individuals from life-threatening diseases, but also dramatically reduces community. The more people who are transmission in the vaccinated, the fewer opportunities a disease has to spread.

The Australian Government’s Immunize Australia Program implements the National Immunization Program (NIP) Schedule, which currently includes vaccines against a total of 16 diseases.

These include routine childhood vaccinations against diseases that were once widely fatal, such as measles, diphtheria and whooping cough (pertussis), as well as more recently developed vaccines, such as Human Papillomavirus (HPV) and the meningococcal C vaccine.

In this book we will explore these claims and many others relation to immunization and vaccination and who benefits the most from immunization and vaccination.

Australian Government Immunization Policy

Australia's National Immunization Policy is not designed by the Australian government in response to Australian public health needs.

Australia's immunization policy is based on recommendations provided by public-private partnerships within the Global Alliance for Vaccines and Immunization (GAVI).

This is an alliance that includes pharmaceutical companies, biotechnology companies, the World Bank, the International Monetary Fund, the Rockefeller Foundation and the Bill and Melinda Gates Foundation etc.

All partners have equal input into the recommendations for national vaccination programs. GAVI provides advice to the World Health Organization (WHO) and the recommended vaccines are then presented to the 193 WHO member countries.

Here is information about Australia's National Immunization Program (NIP) and the lack of evidence for its implementation. Over the last two decades parents have become increasingly concerned about the science supporting government immunization policies as the chronic illness in Australian children has increased 5-fold.

Over this time the recommended schedule of vaccines for children has expanded from 7 diseases in the late 1980's to 16 plus diseases in 2014.

This has led many parents and professionals to investigate the science of vaccines and to set up websites presenting information about the risks of this medical intervention to the public. Links to these websites can be accessed on the Pro-Choice In Vaccination website.

Why should the vaccinated fear the unvaccinated? Otherwise, what's the point of vaccination?

Is the Australian government governing for the people or the corporations?

Mandatory medications in genetically diverse populations are harmful to the population yet the Australian government is bringing in mandatory vaccination policies for healthy people.

A policy that includes using 16 vaccines in children (approximately 45 doses). The medical literature states that this is not in the public's best interest.

Currently vaccines are given without informing parents of the ingredients of vaccines or all the known risks of vaccines and yet the Australian government is mandating this medication - for children and employees.

Please ask yourself who is policy?

benefiting from this government

Have you had your Pneumovax? "Pneumoccal pneumonia is a serious lung infection. Have you had your Pneumovax?"

Do you receive a text message from your doctor or Medical Centre around June each year such as this one warning you of the latest bug doing the rounds.

Or when you visit your GP you are offered an influenza vaccination.

Is this really necessary or just a money grab by Big Pharma and the medical profession.

Findings of a 2017 Australian Child Health Poll

- One in three parents still hold concerns about vaccinations
- 74 per cent of parents believe they should be told how many children are not up-to-date with vaccines at schools or childcare centres
- Seven out of 10 parents say knowing the number of undervaccinated children would influence their decision over child care, schools
- Parents are confused about whether to delay vaccines when a child has a minor illness

- One in 10 Australian parents believe that vaccines can cause autism, and another 30 per cent are unsure **Infamous One** enormous flak

Nation Senator Pauline Hanson has copped and criticism over her remarks concerning vaccination, and even been forced to apologize in Parliament for her remarks.

The issue was very much in the spotlight in 2017 when after Senator Hanson described the Government's 'no jab, no pay' policy as a "dictatorship" and said parents should do their own research into vaccinations. But does she have a point?

Website over-vaccination.net wrote, "It is alarming that Senator Pauline Hanson has been so aggressively attacked and bullied by Prime Minister Turnbull and others for representing parents' legitimate concerns about vaccination policy and practice. In our liberal democracy we must be allowed to freely question government mandated medical interventions, i.e. vaccination."

During an exchange with journalist Barrie Cassidy on *Insiders*, Senator Hanson suggested there are tests available to see if children will have an adverse reaction to vaccinations, though it's not clear what kind of test Senator Hanson was referring to.

Bear in mind that a meaningful percentage of the electorate support Senator Hanson's views on a wide range of left-of-centre issues other than vaccinations.

Anthea Rhodes from Melbourne's Royal Children's Hospital said the finding was a concern. "It's been a topic in the US for a long time and it's a complex one about rights to refuse care to unvaccinated kids," Dr Rhodes told ABC News Breakfast.

"At the Royal Children's Hospital we are clear in our position that all children have equal rights to access health care, regardless of their vaccination status.

"It's concerning for us to find that this practice is happening in Australia and it needs some more research now to look at who, how, why and when."

Vaccine and 'Vaccine-Preventable' Disease Research Companies, 2003 - 2012, in billions of US dollars Johnson & Johnson \$105.8

Pfizer \$100.4

Novartis \$83.1

Merck \$59.1

Roche \$73.3

Sanofi-Aventis \$57.7

GlaxoSmithKline \$77.8

Abbott Laboratories \$40.6

AstraZeneca \$58.9

Eli Lilly \$27.7

Bristol-Myers Squibb \$20.0

TOTAL \$711.4 BILLION Lack Of Transparency And Accountability In Vaccination Policy

Children are the major target for the vaccine industry's growth, as indicated by ever-increasing national vaccination schedules. New vaccines continue to be added to vaccination schedules with an alarming lack of transparency of the process, see for example the controversial human papillomavirus (HPV) vaccine.

Children who are already likely to be immune after the first dose of the Measles/Mumps/Rubella (MMR) vaccine are arbitrarily revaccinated with a second dose, often misleadingly termed a 'booster'. In recent times adults are also being urged to have repeated vaccinations, for example annual flu vaccinations of dubious value, and recent calls for questionable 'boosters' with the failing whooping cough/pertussis vaccine.

Are people being properly informed about the risks and benefits of these vaccines? Is legally valid 'informed consent' being obtained before vaccination? With vaccine manufacturers sizing up the potential for lucrative global vaccine markets, industry-funded 'peer-reviewed literature' being used to promote vaccine products, and entrepreneurial scientists lining up for vaccine royalties, there are strong vested interests to consider. There are also questions about the long-term efficacy of some vaccines, inadequately researched possible adverse reactions to vaccination, and the, in effect, limited liability of international vaccine manufacturers.

Debate on vaccination has been polarized between 'pro' and 'anti' vaccination factions, with any questioning of the vaccination status quo being regarded as taboo.

There appears to be little consultation with the general public about additions to vaccination schedules, and there are concerns about potential conflicts of interest of government health advisors in this area.

The lack of transparency and accountability in the promotion of vaccine products is unacceptable. Government bodies are using coercive policies to press vaccines of questionable value on mass populations of children and adults and this must be challenged.

Human Vaccination And Companion Animal Vaccination Lessons To Be Learnt

It is now taken as a given that ‘vaccination is good’, ‘vaccination is safe’, ‘you can’t have too many vaccines’. Paul Offit, Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children’s Hospital of Philadelphia, is famous for his flippant remark that a baby’s immune system could handle as many as 10,000 vaccines, and upping the ante by saying it was probably “closer to 100,000”.

Paediatrician Paul Offit’s cavalier attitude contrasts quite markedly with the more considered opinion of Ronald Schultz, Professor and Chair of the Department of Pathobiological Sciences, University of Wisconsin-Madison, and an expert in companion animal vaccines.

While Professor Schultz acknowledges that “vaccination should be considered an important medical practice” he also cautions on the over-use of vaccines: “I tell practitioners that vaccines are drugs, albeit biological drugs.

“I remind them that they would not consider it good medicine to give an unnecessary pharmaceutical drug on a recurring basis. I think it is even worse to give a vaccine, or biological drug, that isn’t necessary.

“The possible adverse consequences of a vaccine generally far outweigh the adverse consequences of a pharmaceutical drug. A pharmaceutical drug is usually much more restricted in its action.

“However, each time we stimulate an immune response, we have to look at the effect on all body systems – not only on antibody responses or cell-mediated immunity, but also on interactions with the endocrine system and the nervous system.”

There are interesting comparisons to be made between companion animal veterinary

vaccination and human vaccination. For academics and veterinarians have raised instance,

concern possible about over-vaccination of companion animals and its connection with immune-mediated hemolytic anemia,

thrombocytopenia, polyarthritis, atopy, chronic allergies, asthma etc.

Are there lessons here for human vaccination? For example, could there be a possible connection with over-vaccination and allergies, which have been reported to have hit “epidemic proportions” in Australia, and other health problems in humans?

While it may be difficult to prove a connection, surely it would be prudent to reduce unnecessary vaccination to avoid any risk?

While international dog and cat vaccination guidelines warn that we should decrease companion animal vaccination, i.e. “we should aim to reduce the ‘vaccine load’ on individual animals in order to minimize the potential for adverse reactions to vaccine products”, vaccination of humans is increasing at a startling rate.

Professor Schultz is an author of the companion animal vaccination guidelines, which acknowledge that “there is gross under-reporting of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these products”. While these animal vaccination guidelines are compromised in that they are industry-funded, they are nevertheless a groundbreaking initiative, with their concept of categorizing ‘core’, ‘non-core’ and ‘not recommended’ vaccines.

With the increasing number of human vaccines coming onto the market, it’s time to adopt the cautious attitude exhibited by experts in animal vaccination, and critically consider the worth of individual vaccines, and the potentially deleterious consequences of overvaccinating humans with a multitude of vaccine products throughout life.

The Arrogance Of Preventive Medicine

Considering ever-growing vaccination schedules, the thoughts of Professor Emeritus David Sackett, a pioneer of evidence based medicine, on “the arrogance of preventive medicine” should be borne in mind, i.e.:

“But surely the fundamental promise we make when we actively solicit individuals and exhort them to accept preventive interventions must be that, on average, they will be the better for it. Accordingly, the presumption that justifies the aggressive assertiveness with which we go after the unsuspecting healthy must be based on the highest level of randomized evidence that our preventive maneuver will, in fact, do more good than harm.

“Without evidence from positive randomized trials (and, better still, systematic reviews of randomized trials) we cannot justify soliciting the well to accept any personal health intervention.

“There are simply too many examples of the disastrous inadequacy of lesser evidence as a basis for individual interventions among the well: supplemental oxygen for healthy premies (causing retrolental fibroplasia), healthy babies sleeping face down (causing SIDS), thymic irradiation in healthy children, and the list goes on.”

“Also consider Professor Schultz’s warning that: “Vaccines are medical products that should only be given if needed and only as often as is necessary to provide protection from diseases that are a risk to the health of the animal.

“If a vaccine that is not necessary causes an adverse reaction that would be considered an unacceptable medical procedure, thus use only those vaccines that are needed and use them only as often as needed.”

Vaccination Recommendations Must Be Transparently Evidence Based

“Citizens must be allowed to have a rational debate on this important subject to ensure public confidence in vaccination practice. All vaccination recommendations must be transparently evidence-based.

“Aggressive marketing by the pharmaceutical industry and industry-affiliated ‘experts’, including lobbying for compulsory vaccination with vaccines of dubious value (e.g. HPV and annual flu vaccines), is threatening citizens’ autonomy.

“It’s time there was an investigation into the relationships between governments, the vaccine industry, and the industry’s handmaidens in the scientific/medical establishment, but who can we trust to do that? The mainstream media has generally been completely useless on this matter, and incapable of providing critical analysis, merely supporting the status quo.

“Where are the whistleblowers?”

“in spite of the widespread agreement that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view.”

Professor Chris Shaw/Dr Lucija Tomijanovic, (senior post doctoral researchers in vaccine safety, University of British Columbia).

A jab too far? The case for a review of vaccination policy. This is an edited extract from a Submission on Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015), Health Policy Initiative September 2015 written by Baz Bardoe

“Australian citizens are currently being subjected to policy measures aimed at increasing adherence to a vaccination schedule that is at odds with what is considered best practice in a number of other Western nations. I have presented an overview of a range of areas, which taken as a whole, present a strong case for policy change. This is set against proposed legislation in the state of Victoria that will deny childcare to children who do not conform to the current schedule.

“Pharmaceutical companies have positioned themselves so that policy makers often feel constricted in holding them to the same levels of risk minimization as other industries, due to the perception that they may forego important research, or cease delivering other effective products if their operations are subjected to greater scrutiny and bureaucracy.

“Negative effects of pharmaceutical products are often diffused in the wider community, and not always easy to quantify due to inadequate reportage and monitoring. Unlike an airline disaster which has a very immediate consequence, the negative effects of a particular pharmaceutical product may be less discernible, especially if the effects are more long term.

“Most people would agree that if a disease usually has a very low mortality rate, any vaccine intended to prevent it must be unequivocally safe and effective. Proper risk assessments are made difficult by the lack of robust monitoring of adverse events; the suppression of independent science, the withholding of clinical data, and myriad other issues.

“No scientific research has been conducted comparing vaccinated with unvaccinated populations, in terms of overall, long term health outcomes.”

Call for reform and greater transparency

“The dealings of the pharmaceutical industry in Australia appear to be largely exempt from Freedom of Information requests, and there is a lack of transparency surrounding possible

“Conflict of Interest situations on advisory bodies. Dr Whitely has also called for mandatory reporting of serious adverse events, and break out boxes on products warning of possible serious side effects.

“So far calls to bring the industry in line with the expectations of other industries have been largely ignored.”

Issues with the application of ‘informed consent’

“The principle of ‘informed consent’ requires that patients be informed of all risks and benefits associated with any medical procedure, and that a decision be made free from coercion.

“In an environment where pharmaceutical marketing, the media, and various ‘attack’ groups hystericise the general population and vilify critics and independent researchers, the notion of ‘informed consent’ has become problematic. Consumers clearly feel pressurized.

“Linking the decision to vaccinate to the provision of childcare available to everyone else, further complicates this. It can be argued that such policy enters a grey area in terms of informed consent.

“Vaccination providers also seem reluctant to provide consumers with information on possible adverse effects. Many maintain the narrative that vaccines are ‘safe and effective’ in all instances, despite package inserts clearly outlining possible adverse effects. An audit of how vaccination providers approach ‘informed consent’ is urgently needed.”

Unresolved Liability Issues

“As the parents of Saba Button - who was permanently injured by a flu shot - found there is a lack of clarity when it comes to liability.

“Australia is one of only three Western nations that does not have a vaccine injury compensation scheme despite the World Health Organization arguing it is an ‘ethical necessity’. In the case of an injury there is no clear indication of who takes responsibility.

“If the parents of a vaccine injured child feel their decision to vaccinate was prompted by government policy, does the government take responsibility if their child is injured as a result? It would appear not. Pharmaceutical companies and vaccination providers also seem to avoid liability.

“This question requires immediate clarification. Currently there is a policy void surrounding issues of liability and compensation.”

The reasons some parents don't vaccinate their children "Parents may choose to not vaccinate their children, delay vaccination, or adopt a reduced schedule. There may be many reasons for this including but not limited to:

"Previous experience of an adverse reaction. If a child does exhibit an adverse reaction, few could argue that parents would want to expose their child to further adverse reactions.

"Migrants may wish to adhere to the schedules of their countries of origin. There are many examples of western nations that have a much smaller schedule than Australia, but have an excellent record of controlling infectious disease, with little evidence of the widespread neurological disorders affecting Australian children.

"Misgivings based upon independent science. Misgivings based upon the information provided in package inserts. Strongly held religious and ethical positions. These may include issues with the use of animal cell lines, aborted fetal cells, animal testing and so forth. They may also include more generalized objections.

"Belief in less substantiated theories."

Mistrust of Government

"There may be a wide variety of reasons why people make this choice. Some choices may be well considered and based upon research. Some may be quite different.

"There is no single set of reasons, although research suggests that those who question vaccination tend to be highly educated. A policy that has an element of coercion will almost certainly foster greater opposition in people who have made a considered decision."

Divisions in the Medical Community "In many Western nations about half including doctors and nurses refuse of medical professionals routine vaccinations.

A Canadian Nurses' Union representative stated that this was because they had seen how many adverse reactions can occur.

"National Nurses United (Canada) president Karen Higgins said, "nurses, joined by many physician organizations organizations and researchers, reject the notion that vaccination is a fail-safe solution there are health reasons why some elect not to be vaccinated.

“Some vaccine products have been withdrawn, as when Bell’s palsy developed for many recipients. It has just been reported that 800 European children contracted narcolepsy, an incurable sleep disorder, after receiving the swine flu vaccine.”

“The notion that vaccination has the unilateral support of medical professionals is false.”

Unintended Consequences

“If the intention of the legislation is to increase vaccination rates, then it should be noted that the perception of coercive measures has led to a flourishing of contrarian activism. Consumers are wary of coercive measures, and perhaps with some reason given the poor record of pharmaceutical companies.

“Many will question what other measures may be next. Coercive measures will most likely foster greater resistance from those who have made a considered decision, and may also cause those who are generally pro vaccination but reserve the right to choose the schedule they feel most appropriate to adopt a contrarian position.

“The community has been divided by extremist positions, enabled by media campaigns and ‘attack’ groups. A balanced assessment of policy is now very nearly impossible. An environment of fear and intimidation now exists. This is not an appropriate atmosphere for balanced and considered policy.

“The denialism associated with adverse reactions to vaccination, and vaccination products and ingredients which have caused harm, is leading to a trust deficit with consumers, which could negatively impact the provision of health services.”

Australia is in urgent need of a comprehensive review of its vaccination policies

“Vaccination policy in Australia seems to be largely driven by pharmaceutical interests that leverage media campaigns to achieve their objectives. There has been little interest in acknowledging the contamination of the medical evidence base by pharmaceutical companies, and little impetus for reforming how pharmaceutical products are regulated, or more stringently monitoring adverse events.

“Australian policy makers appear to have a ‘she’ll be right’ attitude to issues of liability, and

independent research on the negative aspects of some vaccination products and ingredients.

“Correct risk minimization approaches have been overlooked, and a default position of ostracizing and vilifying critics has been assumed in some instances.

“A balanced discussion on vaccination is now very difficult due to the extreme positions taken by elements of the media and ‘attack’ groups. An environment of fear and intimidation now defines the issue, mitigating against best overall health outcomes.

“In approaching issues of national health no procedure, product, or individual should be considered a ‘sacred cow’. Independent scrutiny of all medical products and procedures should be the norm, and policy makers, media, regulators and consumers need to be properly insulated from pharmaceutical interests.

“Australia is in urgent need of a comprehensive review of its vaccination policies. The government should be focused on this as a priority before it moves to impel the uptake of yet more pharmaceutical products.”

PM Turnbull takes hard stance on vaccinations

According to a Fairfax Media report “Malcolm Turnbull is confident his plan to ban unvaccinated children from childcare centres and pre-schools will be enforced Australia-wide.

“The prime minister has written to state and territory leaders asking them to support a national policy and more consistent laws.

“Parents needed to know if they are sending their children to a place where others haven’t been immunized, Mr Turnbull said.

“It follows his meeting with a mother whose one-month-old baby died from whooping cough, likely contracted from a childcare centre.

“‘This is not a theoretical exercise - this is life and death,’ he told reporters. ‘If a parent says ‘I’m not going to vaccinate my child’, they’re not simply putting their child at risk, they’re putting everybody else’s children at risk too.’”

“Under the proposal, any child who is not vaccinated - except those with a medical exemption

- would not be allowed to attend childcare or pre-school.

“About 93 per cent of children are said to be vaccinated, but Mr Turnbull wants to take that rate above 95 per cent.

“‘The level of public support for vaccination is so strong, I’m confident we will get a concerted national response,’ he said.

“‘We protect all Australian children by ensuring that kids are vaccinated.’

“Opposition Leader Bill Shorten has thrown his support behind the plan and on Sunday applauded Mr Turnbull for standing up to the anti-vaccination brigade.

“But he wants more to be done educating people on the issue.

“‘I think we need to start educating parents ... as opposed to some of the crazier views they can read on the internet,’ Mr Shorten told reporters in Melbourne.

“Senior Labor MP Mark Butler said there had been some very damaging public commentary led by One Nation leader Pauline Hanson and now the major parties had a responsibility to get the issue back on track.

“Health Minister Greg Hunt said government’s tough ‘no jab, no pay’ policy of withholding family payments to parents of unvaccinated children is being supplemented by an ‘equally tough’ policy of ‘no jab, no play’.

“‘We want to work with all of the states and I’m very confident that they’ll come on board,’ he told the Seven Network.

“‘Ultimately it’s about protecting kids against horrendous illnesses that are agonizing and potentially in some cases tragic.’”

Mandatory vaccine push by Big Pharma tied to Australian Prime Minister’s wife

So claimed Ethan Huff on the Natural News website in March 2017. According to Huff, “Vaccines are a touchy subject in Australia, where government officials aggressively push for total

compliance with vaccination mandates by whatever means possible.

“There is even a “No Jab No Pay” law on the books that essentially bars citizens from receiving government welfare unless they and their children are fully vaccinated. And at the root of it all, as usual, is government collusion with big industry, including with Australia’s prime minister – and more specifically, his wife.

“Malcolm Turnbull has repeatedly been exposed for his own ties to multinational corporations. He has large investments in many of them, particularly tech companies, that many say is clouding his judgment on various matters more than just a little bit. At issue with the vaccination debate is his wife Lucy’s ties to pharmaceutical companies, and how this influence is steering public policy to force Aussies to be jabbed against their will in order to function normally within society.

“As explained by The Mind Unleashed, Lucy Turnbull is chairman of the pharmaceutical company Prima Biomed, which is currently trying to release a vaccine for cancer that it knows will generate billions of dollars in profits.

Cancer, of course, is the one thing that bonds the populations of the world in solidarity of fear, so it’s expected that people will flock to the vaccine, should it ever achieve proper standards for safety and effectiveness.

“This is a problem because, as Mr. Turnbull admitted to the media, he and his wife “work very much as a team” to accomplish their various agendas. In the case of vaccinations, this means supporting legislation and mandates that require people to be vaccinated, even against their will, which has the effect of padding both pharmaceutical profits and their personal portfolios.

“Australia’s politicians are deeply tied to pharmaceutical corporations, the British Monarchy, and other corporate and institutional powers which threaten the freedom and prosperity of Australian citizens,” explains The Mind Unleashed.

Forcing people to get vaccinated for personal profit is the epitome of evil

“Besides Mrs. Turnbull’s overt conflicts of interest with the pharmaceutical industry, Mr. Turnbull is mired in his own financial conflicts via his vast array of financial investments. Mr. Turnbull made millions of dollars in the mid-1990s, for instance, by investing \$500,000 in a company called OzEmail, which eventually turned into a hefty dividend of \$60 million.

“Mr. Turnbull is also deeply tied to the tobacco industry, as well as tech giants Apple, Facebook, Microsoft, and Google. In other words, the success of these industries and corporations means personal success for Mr. Turnbull, which in government-speak is the very definition of corporate fascism run amok.

“And yet Mr. Turnbull, despite his amassed wealth, has tried to downplay these holdings as being essentially meaningless, though they are anything but.

“Even before he entered politics. Various sources estimate Mr Turnbulls net worth at between \$180 million and \$200 million. “So what Australians are now dealing with is a classic case of a couple of one-percenters with a whole lot to gain from doing favors for their industry buddies assuming political office and steering public policy towards this end.

“It’s a win-win for the profit-industrial complex, and a lose-lose for the general public, especially when such policies involve forcing dangerous vaccination jabs on people under duress.

“In Australia it doesn’t matter whether you choose to believe in

the Labor Party or Liberal Party, because they both have ties to royal hegemony, industry, and pharma,” adds The Mind Unleashed.”

Vaccinations - Who are the big winners?

The average cost of a single travel vaccine can vary from \$45 to \$85, with the yellow fever vaccine costing \$75 per shot. Malaria pills cost between \$1-\$5 a day and the multi-shot regime for rabies and Japanese B encephalitis can amount to \$300-\$360.²⁰¹⁵

Not surprisingly the big winners are vaccine manufacturers, who supply the immunization and vaccination programs. In the UK for instance most medicines for use in the NHS are bought by individual trusts and GP practices.

In a recent three-month period in the UK the highest paid pharmaceutical company was Sanofi Pasteur MSD, which earned £28million from the UK the government. The next biggest pharmaceutical company payout was to Pfizer, one of the world’s biggest drug manufacturers. It earned £20million in three months from sales of its vaccine for pneumococcal disease, a cause of meningitis, which is also on the childhood immunization schedule. The price of Pfizer’s vaccine will be much higher than the DPT vaccine, because it is new. GlaxoSmithKline (GSK), like

Pfizer, sells vaccines as well as drugs. While most of its profits will be made from medicines sold directly to hospitals and GP practices, it has had two big moneyearning vaccine deals with the UK government, to supply vaccines for flu during the pandemic and for cervical cancer.

The flu vaccine deal was agreed when there were fears that swine flu could be devastating. The government signed a contract for 60million doses, enough to vaccinate the entire population. In the event, swine flu proved milder than had been feared by experts, but the government found it hard to back out of the deal. Eventually GSK agreed to supply only the stock that had already been manufactured, which was 34.8million doses.

Neither GSK nor the government would talk about the price of the vaccine, but the government said at the time it would be spending £155.4million over four years on swine flu vaccine, which would include payments to Baxter Healthcare, which had a 30million-dose contract with the government that proved easier to cancel.

The flu pandemic proved a windfall for drug companies. The prospect of a major health emergency made the UK government decide last September to create a stockpile not just of flu vaccines but of essential medicines.

These would be distributed across the nation in the event of a pandemic or other national disaster. An underlying underlying fear was that an emergency, whether caused by spreading disease or by terrorists, could shut down drug manufacturing plants.

The government went out to tender for more than two billion doses of about 450 essential medicines. These included antibiotics such as penicillin, and painkillers such as morphine, but also many millions of aspirin and paracetamol tablets, insulin, warfarin, which thins the blood, and glucose drips.

The spreadsheet shows a total of £67.9m was spent in three months on “stock essential medicines”. The contracts went to generics companies, who make copies of drugs that have been around for a long time and are thus out of patent.

The prices are much lower than for newly invented medicines, but the sheer quantities needed make these lucrative contracts.

The biggest winner was Iceland-based Actavis, which was paid £12.6m; followed by Wockhardt UK Ltd, an offshoot of an Indian company, which received £7.8m; and Sandoz, set up in Basel in the 1800s but now owned by the drug giant Novartis, which got £7.6m.

One in three nurses 'do not want swine flu vaccine'

A recent UK survey showed that almost a third of nurses will refuse the offer of immunization against swine flu because they have fears about the vaccine's safety.

The initial response from frontline health staff, one of the government's priority groups for vaccination, was dismissed by the Department of Health however, as irresponsible and ill-informed.

The apparent reluctance to be among the first to receive the new vaccine emerged in a survey of 1,500 nurses carried out by the weekly Nursing Times.

Overall, 30% of respondents to the magazine's online questionnaire replied 'no' when asked if they would seek to be immunized when the vaccine became available; only 37% said 'yes', while a further 33% remained answered 'maybe'.

The opinion poll, released less than a week after the health department revealed its timetable for immunization, appears to reflect anxieties about receiving a vaccine not yet licensed for public use.

Of those who said they would not get vaccinated, 60% told Nursing Times that their reluctance was due to concerns about the safety of the vaccine. A further 31% of respondents said they did not consider the risks to their health from swine flu to be great enough; 9% thought they would not be able to take the time out of work to be immunized.

One respondent told the magazine: "I have had the seasonal flu vaccination three times and on each occasion was very poorly for several days afterwards. It can give you flu-like symptoms, which in my case were bad enough to put me in my bed."

But the health department said there were many misconceptions that needed to be addressed. Department of Health's director

Professor David Salisbury, the of immunization, said it was unfortunate that nurses could "knowingly leave themselves at risk".

He added: "They have a duty to themselves, they are at risk. They have a duty to their patients not to infect their patients and they have a duty to their families. I think you solve those responsibilities by being vaccinated. "The evidence that we've had is sufficient to persuade the regula-

tors that these are vaccines that will be licensed.”

Australia's Health Bureaucracy

“Australia's health bureaucracy is growing faster than national employment and now rivals the country's 17,300-strong army and air force reserves, with one administrator for every 3.4 hospital beds nationally,” according to Adam Creighton in a recent article in *The Australian*.

“The number of public sector administrators and managers across the federal and state governments (excluding South Australia) topped 17,000 last financial year and grew at 1.7 per cent nationally — with far larger increases in NSW and Western Australia.

“Meanwhile, the federal Health Department, which costs about \$850 million a year to run, employed almost 3600 staff in June 2016, an increase of more than 3.8 per cent from the previous year, or more than double the rate of national employment growth.

“The federal department administers Medicare and the Pharmaceutical Benefits Schedule, but does not run any hospitals. “Analysis by *The Australian* shows stark differences among the states, with no apparent benchmark for how many bureaucrats are needed to run a health service efficiently.

“The figures follow revelations by *The Australian* of growth in the taxpayer-funded Medicare Benefits Schedule, the cost of which has doubled to \$21 billion over a decade. The number of procedures billed to taxpayers is rising annually at about three times the population growth.

“The number of “corporate services” staff employed by NSW Health rose 3.3 per cent to 4592 over the 2015 financial year, dragging down its beds-to-bureaucrat ratios to 4.4, a little lower than Tasmania's. Victoria, despite having more than twice the population, appeared to employ fewer bureaucrats (3793) than Queensland, but experts warned of the difficulties of such comparisons.

“A spokesman from NSW Health said corporate staff “reduced the administrative workload of clinical staff as well as provided general support for the health system”.

“The health adviser for KPMG, said comparisons among states were fraught with problems of classification and hierarchy. ““People often hold up Victoria as the leanest but it has 86 health services compared to 17 in Queensland, so it has a layer of bureaucracy that can be hidden in

the official department statistics,” he said.”

Why do we believe something?

Is it because everyone else believes it? Is it because our family and community believe it? Is it because we were told to believe it by someone in a position of power and respect? Were we taught to believe it in school? Do we believe it because the idea has existed for a long time?

The notion that vaccination has the unilateral support of medical professionals is false.

At the time of writing immunization and vaccination programs were a topic of great debate across all levels of society, including heating debates in Parliament.

Careful reading of this book will lead the reader to question who is the biggest winner from immunization and vaccination programs.

Big Pharma and the medical profession derive huge amounts of money from immunization and vaccination programs which are forced on the community with dire threats if they are not taken up.

We live in age of conspiracy theories and alternate facts - the ProVaxxer or Anti-Vaxxer issue is one of the debates that seem to be growing and won't go away!

Is this because there is more to the vaccine debate than the average person is aware? Apparently, you are either a Pro-Vaxxer or an Anti-Vaxxer. However, I believe this is just created to defame Anti -Vaxxers.

Like many others, I decided to do my own research and investigate the vaccine issue. I have spent years reading into the subject.

Unlike some, I am not funded by a pharmaceutical company (Big Pharma), so my only interest lies in the truth and exposing those that have ulterior motives for what they are, i.e. stooges for Big Pharma or the brainwashed.

As I researched countless articles and peer-to-peer reviews,

something disturbing started to happen. The more I researched, the more I started to realize that

there is more to this debate than just mere misinformation regarding the safety of vaccinations.

I started to discover that those who are concerned about the safety and side effects of vaccines, particularly parents with new born children, not only have valid concerns, but also every right to question what's in vaccines and whether they are safe and even effective.

Especially, when it's a very profitable industry that makes billions of dollars in profit for the pharmaceutical companies.

Is it possible that this industry is fearful of losing billions in profit and are therefore happy to fund studies and research into vaccines that are biased, deceptive and misleading to cover up one of the greatest potential crimes against humanity?

Unlike many, I am yet to have children, so I haven't had to face a difficult decision regarding whether or not to vaccinate my child.

However, after the depth of research I have done, I can categorically state that there's not a chance I will allow my children to be vaccinated unless the government puts it in writing that vaccines are safe, effective and due compensation will be provided if their declaration is wrong.

I would ask the same of doctors. However, we already know the answer. They would not provide a written guarantee stating vaccines are safe and effective.

If the medical profession is so confident that vaccines are safe and effective, why be concerned about putting it in writing and providing a guarantee regarding compensation?

Unfortunately, it's clear that they are not willing to do this because the facts tell a different story.

Like many others, I am perfectly entitled to question whether vaccines are both safe and effective. Just because we question the safety of vaccines doesn't mean we are necessarily anti-vaxxers. It simply means we deserve to know the truth regarding whether vaccines are in fact effective and safe.

However, there is more than sufficient evidence to prove that vaccines are not currently safe nor completely effective.

So, let's avoid time wasting arguments between those that support dangerous and ineffective vaccines for profits versus the more researched and concerned people who feel it's valid to

question the safety and effectiveness of mandated and compulsory vaccines forced upon young babies without consent in a so-called democracy.

The no jab no pay scheme in Australia is an insult to democracy and shows how easy it is to use ignorant politicians to push such dangerous profit motive agendas that cause more harm than good.

Also, let's not portray those concerned about the safety of vaccinations as anti-vaxxers and nut jobs, because in most cases they are neither.

So, here is my challenge: I think enough is enough regarding this ongoing debate. There is a saying 'put up or shut up'.

My challenge to those who want to defame and call any parent or any concerned individual that questions the safety and effectiveness of vaccinations as crackpot anti-vaxxers and fruit loops:

I challenge the pharmaceutical industry, the western governments, doctors, nurses (and the immense propaganda to mislead the public daily) - if you are so confident and certain that vaccines are both safe and effective, put up \$1 million in cash or property.

I will also put up the same amount and if anyone can prove to me that vaccines are both safe and effective, there's an easy million dollars to be made.

This can soon end the ongoing argument on this critical matter once and for all. If anyone is so confident that vaccines are safe and effective, then put up your million dollars or raise the funds if you think it's a safe bet. Otherwise, the propaganda needs to stop.

I like to consider myself a smart investor. I know it'll actually be a very safe bet, as the facts prove it, and deep down we all know that vaccines are not safe and nor are they always effective.

As so-called intelligent adults, why do we put up with such bullshit propaganda from the pharmaceutical industry that's in bed with our ignorant politicians? Every parent has the right to question the safety of vaccines, especially since it's known that some vaccines contain ingredients that are very toxic to the human body, particularly to new born babies?

In summary, I am all for safe and effective vaccines. Our governments are responsible for ensuring that Big Pharma starts delivering them and pay due compensation for their current and

past faulty vaccines.

However, some would argue that vaccines do more good than harm.

If that's the argument, then be honest and back it up with independent studies proving it.

Currently, the industry is lying to parents about the dangers of vaccines and justifying their actions by stating that even though it will damage and destroy the lives of millions, it will also save the lives of tens of millions.

Even if this were true, is it an acceptable excuse to continue pushing vaccines and covering up their dangers when not only can vaccines be made safer, but the facts of their so called benefits have also been foolishly and deliberately overstated?

Are we talking a medical fraud with the likes of Enron accounting and trickery to deceive the public?

Only independently funded studies will prove the truth. If there is nothing to hide, then no one should object to such detailed and open studies, and debate into the important issue.

Until then parents, should and have every right to question the medical industry's current vaccine practices, just as many doctors and nurses already have. Unfortunately, they are still being forced to push the Government and Big Pharma's deceptive propaganda on vaccines.

My prediction: Many of the large pharmaceutical companies won't exist in 20 years after the immense compensation claims for dangerous and faulty vaccines are forced to be paid.

And it's for this reason we are seeing such aggressive and deceptive propaganda attacks. Big Pharma wants to push this lucratively but dangerous vaccine agenda and stop the inevitable trillions they may have to pay in compensation claims (there is already billions in claims quietly paid out for proven damages).

However, in the future, it will be like a run on the banks. Perhaps this is why the pharmaceutical industry had Congress pass laws to make the government responsible for vaccine damages, and not them?

Historical Evidence That Debunks the Popular Myth That Says That Vaccines Eliminated Childhood Infectious Diseases

“Neither my drug reps nor my professors ever bothered to tell me what ingredients were in the baby shots. They maybe didn’t know themselves. They certainly didn’t tell me that there were intentionally-added metallic neurotoxins in the shots. They never informed me that the carcinogen formaldehyde was in many of the shots.”

Dr Suzanne Humphries

Do Vaccines Actually Prevent Disease?

This important question does not appear to have ever been adequately studied. Vaccines are enormously profitable for drug companies and recent legislation in the U.S. has exempted lawsuits against pharmaceutical firms in the event of adverse reactions to vaccines which are very common.

In 1975 Germany stopped requiring pertussis (whooping cough) vaccination. Today less than 10% of German children are vaccinated against pertussis. The number of cases of pertussis has steadily decreased even though far fewer children are receiving pertussis vaccine.”

Measles outbreaks have occurred in schools with vaccination rates over 98% in all parts of the U.S. including areas that had reported no cases of measles for years. As measles immunization rates rise to high levels measles becomes a disease seen only in vaccinated persons.

An outbreak of measles occurred in a school where 100% of the children had been vaccinated. Measles mortality rates had declined by 97 % in England before measles vaccination was instituted.”

“In 1986 there were 1300 cases of pertussis in Kansas and 90% of these cases occurred in children who had been adequately vaccinated. Similar vaccine failures have been reported from Nova Scotia where pertussis continues to be occurring despite universal vaccination. Pertussis remains endemic in the Netherlands where for more than 20 years 96% of children have received 3 pertussis shots by age 12 months.”

“After institution of diptheria vaccination in England and Wales in 1894 the number of deaths from diptheria rose by 20% in the subsequent 15 years.

Germany had compulsory vaccination in 1939. The rate of diphtheria spiraled to 150,000 cases that year whereas, Norway which did not have compulsory vaccination, had only 50 cases of diphtheria the same year.”

The continued presence of these infectious diseases in children who have received vaccines proves that life long immunity which follows natural infection does not occur in persons receiving vaccines. The injection process places the viral particles into the blood without providing any clear way to eliminate these foreign substances.

Why Do Vaccines Fail To Protect Against Diseases?

“Walene James, author of *Immunization: the Reality Behind The Myth*, states that the full inflammatory response is necessary to create real immunity. Prior to the introduction of measles and mumps vaccines children got measles and mumps and in the great majority of cases these diseases were benign. Vaccines “trick” the body so it does not mount a complete inflammatory response to the injected virus.”

Into The Darkness: Most Medical Science Is Fake

Adding to the complexity surrounding the medical decisions you make for yourself and your children is the fact that much scientific research is manipulated or fraudulent.

Former New England Journal of Medicine editor-in-chief Dr. Marcia Angell has stated, “It is simply no longer possible to believe much of the clinical research that is published.”

Investigative journalist Sharyl Attkisson interviewed Angell on the topic of “fake science.” Angell says, “... Physicians and the public have come to believe that drugs are much better and much safer than they really are.”

If you can’t trust the scientific data, neither can your physician, but most people make health care decisions based on their physician’s likely misguided advice.

In the case of vaccines, for example, many are not aware that the U.S. childhood vaccination schedule is based on convenience, not on safety. While your physician may tell you that giving your child multiple vaccines simultaneously is safe, think about this logically. According to Neil Z. Miller, a medical research journalist and director of the Thinktwice Global Vaccine Institute:

“The CDC’s immunization schedule requires that children receive eight vaccines at 2 months of age, eight vaccines at 4 months of age and eight vaccines at 6 months of age. I ask parents, ‘When did you ever take eight drugs at the same time?’

... If you did take eight drugs at the same time, would you think it was more likely that you would or would not have an adverse reaction?’ Because toxicologists know that the more drugs you take at the same time, the more potential for some kind of a synergistic or additive toxicity

... The CDC has put together a schedule based on convenience. They say ‘give eight vaccines at 2 months, give eight more vaccines at 4 months and give eight more booster shots at 6 months’ because it’s convenient.

They’re afraid that parents will not come to the pediatrician again and again and again if they have to keep coming back for more vaccines, so they get multiple shots all at once.

They said, ‘We’re going to make this schedule based on convenience.’ Not based on evidence. Not based on science. There’s nothing scientific about the CDC’s recommended immunization schedule.”

It’s therefore crucially important to consider multiple sources of vaccine information and use reason, intuition and common sense when making an educated decision about vaccination.

Only when you have all the facts, including those from unbiased, independent sources, and think critically can you make a truly informed decision for yourself or your child that will protect your health.

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Synergistic Toxicity

9 Ways Vaccines Are Reducing Immunity and Inducing Immune Overload In Children

Convincing evidence is finally coming forward from peer reviewed studies which show that the rapid increase in the number of vaccines given to children is creating synergistic toxicity and a state of immune overload in the majority of vaccine recipients manifesting in related health issues including epidemics of obesity, diabetes, and autism.

When there is an exposure to two or more toxins the “synergistic toxicity” refers to the toxicity level which is far greater than the toxicity levels of each individual toxin.

A good example demonstrating ‘synergistic toxicity’ is a 1978 study on mice (Shubert et al. Combined Effects in Toxicology -- A Rapid systematic Testing Procedure: Cadmium, Mercury & Lead. J. of Toxicology & Environmental Health 4:763, 1978).

The study took the amount of mercury salt that kills 1 in 100 mice and 1/20th of the amount of lead salt that kills 1 in 100 mice. When these amounts of mercury salt and lead salt were administered, the synergistic toxicity of these two toxins killed 100 in 100 mice.

A peer reviewed paper published in a recent issue of Molecular and Genetic Medicine (s1:025) (s1:2014) is supporting previous research in synergistic toxicity showing that different toxins are typically synergistic rather than additive in the human body.

However when testing is performed on a toxicity of a substance, the ‘level of harm’ is set based on an assumption that the substance is the only toxin to which the body is being exposed.

“We have been publishing for years that vaccines are causing an epidemic of inflammatory diseases including diabetes, obesity and autism.

However the number of vaccines given to children has continued to rise to a point where we have reached a state of immune overload in roughly the majority of young US children.

The paper reviews the evidence of immune overload and the plethora of different health effects the children are developing because of the immune overload,” says Dr. J. Bart Classen, MD.

Dr. Classen’s research indicates that the large number of vaccines given to patients is leading to an epidemic of chronic inflammation resulting in epidemics of autoimmune diseases, allergies, and a comprehensive inhibitory response manifesting as obesity and metabolic syndrome.

“The best data indicates that vaccine induced chronic disease is now of a magnitude that dwarfs almost all prior poisoning of humans including poisoning from agents like asbestos, low dose radiation, lead and even cigarettes. Most patients don’t even realize that they are suffering from the adverse effects of vaccines.

“Even more concerning patients and or their parents are being harassed, accused of practicing poor dieting and exercise habits leading to development obesity and diabetes when in fact they

suffer from vaccine induced obesity and diabetes,” says Dr. J. Bart Classen.

Infant Mortality Rates (IMR)

The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year--the most in the world--yet 33 nations have lower IMRs. Australia and Canada are a close 2nd and 3rd respectively with 24 vaccine doses. Some countries have IMRs that are less than half the US rate:

Singapore, Sweden, and Japan are examples. According to the Centers for Disease Control and Prevention (CDC),

“The relative position of the United States in comparison to countries with the lowest infant mortality rates appears to be worsening.”

Many nations adhere to an agreed upon International Classification of Diseases (ICD) for grouping infant deaths into 130 categories. Among the 34 nations analyzed, those that require the most vaccines tend to have the worst IMRs.

Thus, we must ask important questions: is it possible that some nations are requiring too many vaccines for their infants and the additional vaccines are a toxic burden on their health?

Are some deaths that are listed within the 130 infant mortality death categories really deaths that are associated with overvaccination? Are some vaccine-related deaths hidden within the death tables?

According to Boyd Haley Ph.D, “A single vaccine given to a sixpound newborn is the equivalent of giving a 180-pound adult 30 vaccinations on the same day. Include in this the toxic effects of high levels of aluminum and formaldehyde contained in some vaccines, and the synergist toxicity could be increased to unknown levels.

Further, it is very well known that infants do not produce significant levels of bile or have adult renal capacity for several months after birth. Biliary transport is the major biochemical route by which mercury is removed from the body, and infants cannot do this very well. They also do not possess the renal (kidney) capacity to remove aluminum. Additionally, mercury is a well-known inhibitor of kidney function. “

Autism Spectrum Disorders (ASDs)

Two lines of evidence suggest that endocrine disruption may be a factor in autism spectrum disorders (ASDs). First, the observation that males may be four times as likely to be diagnosed with ASDs as females suggests hormonal involvement.

Second, adrenal, gonadal, and thyroid hormones play an important role in fetal neurodevelopment, and any chemical that interferes with the actions of these hormones therefore has the potential to disrupt brain development.

By analyzing samples and data from a prospective birth cohort study, a team of U.S. and Canadian researchers have identified a handful of endocrine-disrupting chemicals (EDCs) they believe merit further study as possible contributors to ASDs.

The multi-chemical and multi-outcome approach is innovative and mirrors the real world, where we are all exposed to a mixture of chemicals, and where the neurotoxicants may have different effects that may even depend on the time of exposure," says Philippe Grandjean, an adjunct professor of environmental health at the Harvard School of Public Health, who was not involved with the study.

Nine Ways Vaccines Are Reducing Our Immunity

1. Vaccines contain many chemicals and heavy metals, like mercury and aluminum, which are in-themselves immuno-suppressing. Mercury actually causes changes in the lymphocyte activity and decreases lymphocyte viability.
2. Vaccines contain foreign tissues and foreign DNA/RNA which act to suppress the immune system via graft-vs-host rejection phenomena.
3. Vaccines alter our t-cell helper/suppressor ratios ... just like those seen with AIDS. This ratio is a key indicator of a proper functioning immune system.
4. Vaccines alter the metabolic activity of PMNs and reduce their chemotaxic abilities. PMNs are our body's defenses against pathogenic bacteria and viruses.
5. Vaccines suppress our immunity merely by over-taxing our immune system with foreign material, heavy metals, pathogens and viruses. The heavy metals slow down our immune sys-

tem, while the viruses set up shop to grow and divide. It is like being chained and handcuffed before swimming.

6. Vaccines clog our lymphatic system and lymph nodes with large protein molecules which have not been adequately broken down by our digestive processes, since vaccines by pass digestion with injections. This is why vaccines are linked to allergies, because they contain large proteins which as circulating immune complexes (CICs) or “klinkers” which cause our body to become allergic.

7. Vaccines deplete our body of vital immune-enhancing nutrients, like vitamin C, A and zinc, which are needed for a strong immune system. It is nutrients like these that primes our immune system, feeds the white blood cells and macrophages and allows them to function optimally.

8. Vaccines are neurotoxic and slow the level of nervous transmission, and communications to the brain and other tissues. Now we know that some lymphocytes communicate directly with the brain through a complex set of neurotransmitters. Altering these factors will also depress our immunity.

9. Vaccines suppress cellular immunity which occurs when vaccines are injected. Adjuvants include oil emulsions, mineral compounds (which may contain the heavy metal aluminum), bacterial products and liposomes (which allow delayed release of substances). The side effects of adjuvants themselves include hyperactivity of B cells leading to pathologic levels of antibody production, as well as allergic reaction to the adjuvants themselves

Historical Evidence That Debunks the Popular Myth That Says That Vaccines Eliminated Childhood Infectious Diseases

This is an edited article by Dr Suzanne Humphries, a medical doctor, Internist and Board Certified Nephrologist, with an introduction by Roman Bystryanyk. She is currently conducting her own private practice in Maine and Virginia, USA. and continues to dispel the mythology surrounding vaccination. She co-authored an important book on the history of vaccines with Roman Bystryanyk. It is titled *Dissolving Illusions: Disease, Vaccines, and The Forgotten History*.

“Over the 40 plus years that I was a family practitioner and teacher I have tried to fulfill what I have regarded as my solemn professional duty to warn my patients (and anybody else who would listen) about the multitude of deceptions and myths that all-too-often come from for-profit sociopathic pharmaceutical corporations (and their hangers-on).

“Those pesky entities never seem to give up trying to get patients (and us doctors as well) to desperately want to have the next blockbuster drug or vaccine, no matter what the fine print warnings say. Sadly, those always toxic synthetic substances invariably enriches the corporation more than it helps the duped patient.

“Most of the time I was able to take the time to resist the temptation to blindly prescribe whatever treatment my patient saw on TV the night before, but it did take time.

“As I have often proclaimed, it only takes two minutes to write a prescription, whereas it takes 20 minutes to not write one (a bunch of teaching and some arguing is required). But when time is money and medicine is a for-profit venture, one can predict what the average clinic administrator (and too many physicians) will choose to do. And therein lies one of the biggest problems in the for-profit medical (non-)system in America.

“Being a physician, I had a certain amount of power to influence my patients to view with suspicion the latest fad drug. But more often than I care to admit, I found that I had also been the victim of deceptions and myths that my friendly – and very cunning – pharmaceutical salesperson wanted me to believe.

“One of the most serious myths that I had to unlearn over the decades was the one that my academic (as opposed to clinical) medical professors had taught me about the “fact” that vaccines were entirely safe and entirely effective and were the reasons that measles, mumps, chickenpox and polio had virtually disappeared.

“It was only after I had personally heard the many stories from the parents of vaccine-damaged children that I found the time to search the literature and find out more about the dangers and relative ineffectiveness of the vaccines that I once had prescribed. “I never was led to believe that there was any reason for skepticism. In retrospect, I regard myself as being fortunate that I had already stopped seeing pediatric patients prior to the era when the various Big Pharma and Big Vaccine corporations (and their lapdog lobbying and trade organizations like the AMA, the AAFP and the AAP) were pushing dozens of new vaccines onto an unsuspecting public.

“I was no different than most other healthcare givers in America in being relatively unaware of the dangers behind the escalating numbers of untested-for-safety inoculations that most family docs and pediatricians routinely prescribed for healthy (and even unhealthy!) kids. “It wasn’t until the autism epidemic graph was found to be rising in parallel with the vaccine epidemic graph that I understood the obvious correlation between the two phenomena. “There was no better answer to the question that the medical profession and Big Pharma consistently glossed

over, tried to ignore and then irrationally tried to obfuscate: “what could be causing the astonishing and very sudden rise in the appearance of autism spectrum disordered kids?” “Here is the obvious answer to that question: It was the rapidly increasing numbers and combinations of known-to-be neurotoxic vaccines (as many as 9 antigens at one sitting into 2, 4 and 6 month well-babies!) that were being aggressively formulated, manufactured, aggressively marketed and then cavalierly injected into innocent babies, starting with the Reagan administration’s passage of a law that made it illegal for parents to sue vaccine companies or doctors when their little children suffered vaccinerelated deaths or injuries from the combinations of vaccines that had never been tested for safety or even long-term effectiveness. “What made the connections between the shots and the resultant brain damage and autoimmunity so obvious was the fact that those intramuscularly-injected vaccines contained either:

- 1) live viruses, some of which were known by the manufacturers (but not by the pediatricians or parents) to be capable of causing encephalitis (and therefore permanent brain damage),
- 2) mercury (thimerosal) which is known to cause the death of any cell it comes in contact with, especially liver, brain and nerve cells, and/or,
- 3) aluminum which is known to cause brain damage, hyperimmunity and thus autoimmune disorders (which is now causing the American epidemic of childhood autoimmune disorders, an entirely new phenomenon that has no other logical explanation. Hereditary or genetics has nothing to do with either phenomenon.

“Neither my drug reps nor my professors ever bothered to tell me what ingredients were in the baby shots. They maybe didn’t know themselves. \”They certainly didn’t tell me that there were intentionally-added metallic neurotoxins in the shots. They never informed me that the carcinogen formaldehyde was in many of the shots.

“They never informed me that a cancer-causing monkey virus (SV 40 – simian virus 40) was in one of the early Salk polio vaccines – still causing malignancies decades later!

“They never told me that the mercury and aluminum in the shots were accumulative (and synergistic!) nor that both metals could easily get into the brain and damage our mitochondria and cause brain toxicity, epilepsy, learning disorders, inattention, early deaths – and autism.

“At any rate, in my wide reading and extensive research into the basic neuroscience of vaccines, I have acquired the science that I needed in order to understand exactly what my vaccine-damaged patients, relatives and acquaintances have gone through.

“Although it may be too late for them to benefit from the truth about vaccines, I do wish that I had known about those realities when I was practicing medicine, and I hope that I can belatedly shine some light on this important subject for that similar fates will be avoided for others.

“It might atone for some of the damage that I might have done to patients because of the many medical myths taught to me by my professors.

“So I yield the remainder of this article to an important summary of the history of vaccinations written by a highly esteemed physician colleague of mine – and a fellow whistle-blower, Dr Suzanne Humphries, one of the most knowledgeable physicians on the subject of vaccines that I have ever encountered.”

Vaccines: A Peek Beneath the Hood

“Medical history books, almost uniformly extol the virtues of vaccination. Upon reading these books, one is left with the impression that during the 1800s and into the 1900s, there were rampant plagues that killed countless scores of people and that, because of vaccines, this is no longer the case.

“This is certainly what we believed growing up, and most people we talk to have a similar impression. It generally permeates society as an established fact.

“It is difficult to underestimate the contribution of immunization to our well-being. It has been estimated that, were it not for childhood vaccinations against diphtheria, pertussis, measles, mumps, smallpox, and rubella, as well as protection afforded by vaccines against tetanus, cholera, yellow fever, polio, influenza, hepatitis B, bacterial pneumonia, and rabies, childhood death rates would probably hover in the range of 20 to 50%. Indeed, in countries where vaccination is not practiced, the death rates among infants and young children remain at that level.

“Paul Offit talks in his recent book *Deadly Choices – How the Anti-Vaccine Movement Threatens Us All* about how the whooping cough vaccine has reduced deaths from that disease from 7,000 to only 30.

“Whooping cough (pertussis) is a devastating infection. Before a vaccine was first used in the United States in the 1940s, about three hundred thousand cases of whooping cough caused seven thousand deaths every year, almost all in young children.

“Now, because of the pertussis vaccine, fewer than thirty children die every year from the disease. But times are changing.

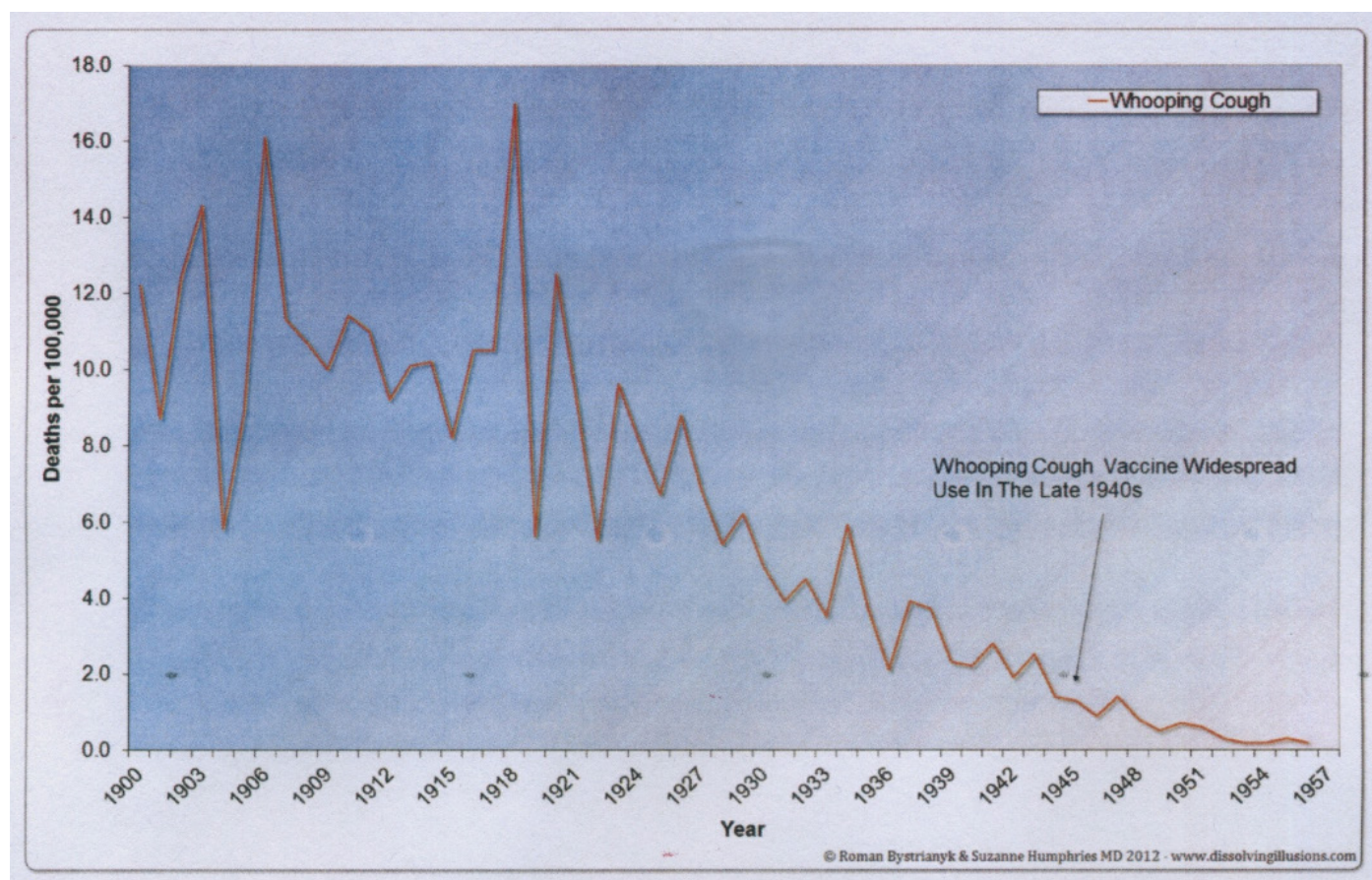
“This type of information can even be found in medical journals. A lengthy study on whooping cough and the whooping cough vaccine was published in 1988 in the journal *Pediatrics*. The first paragraph of the paper states the following:

“In the United States, pertussis has been successfully controlled by routine mass immunization of infants and children. In the prevaccine era, there were 115,000 to 270,000 cases of pertussis and 5,000 to 10,000 deaths due to the disease each year. During the last 10 years, there have been 1,200 to 4,000 cases and five to ten deaths per year.

“That paragraph set the tone for the rest of the article by indicating that thousands of people died each year from whooping cough, but after the DTP vaccine was introduced, very few died. Anyone who believed this statement would, of course, believe in the benefit of the vaccine.

The problem with these statements is that they are not supported by the evidence.

“When we look at the actual data, we see that although many people did die from whooping cough in the early part of the 1900s, by the time the vaccine had been introduced the death rate in the United States had declined by more than 90 percent.



“Using the source that was referenced to make the statement in the Pediatrics paper, we see that the decline in deaths from the peak was approximately 92 percent before the introduction of the DTP vaccine.

“The article in the journal Pediatrics is quite damaging because it would have been read primarily by doctors, leaving many with the impression that vaccines were completely responsible for the decline in deaths. The actual number of deaths by the time of the introduction of the DTP vaccine was approximately 1,200 – not the 5,000 to 10,000 often cited. Again, this faulty thinking that vaccines were responsible for the lion’s share of mortality decline is pervasive in all corners of society.

“An additional important point to notice is that when looking at the graph you can clearly see that each year the trend was that of a decrease in deaths from whooping cough. At the point the vaccine was introduced there was no apparent effect in the downward trend.

“Another data set from England starting at the beginning of the 20th century shows the lack of impact of the vaccines even more dramatically. Here you can see that the death rate had fallen by over 98% before the national use of the DTP vaccine in the 1950s.

“England began keeping statistics in 1838, which was 62 years before official U.S. statistics were gathered. Looking at this data, we can see that the death rate from infectious diseases was high during the 1800s and declined from the mid-1800s to the mid-1900s to almost zero. Looking at the whooping coughs death from England, deaths had decreased by more than 99 percent before any vaccine. In the case of measles, the death rate had declined by almost 100 percent.

“Analysis of the data shows this often-repeated mantra that vaccines were key in the decline of infectious disease deaths is a fallacy. Deaths had decreased by vaccinations. In the case of scarlet massive amounts before fever and other infectious diseases, deaths declined to near zero without any widespread vaccination.

“Unfortunately, this erroneous belief has led people to trust in vaccination as the sole way to handle infectious diseases when there were clearly other factors that caused mortality to decline. Those factors were improved hygiene, sanitation, nutrition, labor laws, electricity, chlorination, refrigeration, pasteurization, and many other facets that we now generally take for granted as part of modern life. Very little of the improvement in the death rate had anything to do with medicine. A 1977 report estimated that, at best, approximately 3 percent of the mortality decline

from infectious disease could be attributed to modern medical care.

“In general, medical measures (both chemotherapeutic and prophylactic) appear to have contributed little to the overall decline in mortality in the United States since about 1900 — having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances.

“More specifically, with reference

(influenza, pneumonia, diphtheria, to those five conditions whooping cough,

and poliomyelitis) for which the decline in mortality appears substantial after the point of intervention — and on the unlikely assumption that all of this decline is attributable to the intervention . . . it is estimated that at most 3.5 percent of the total decline in mortality since 1900 could be ascribed to medical measures introduced for the diseases considered here.

When Government Forces Parents’ Hands On Vaccines: A Response To Paul Offit

If anyone wanted any more proof that vaccine fanatics were becoming even more radicalized and authoritarian they need look no further than Paul Offit’s recent article. Offit’s article does not read so much as an opinion piece as it is a threat almost visibly looking down his nose at parents who do not vaccinate while hinting rather openly that if they continue on their current path the government itself may have to step in and force them to change their ways.

Offit does his best during the course of the article to frighten the reader with visions of dead and dying children from allegedly vaccine-preventable diseases and to make a constitutional case for forced vaccination.

What Offit actually accomplishes is revealing himself and the rest of his clan to be nothing more than hidden (and not-so-hidden in the case of Offit) authoritarian fanatics who will literally tear children away from families at gunpoint if that is the only way he can make an entire population act in accordance with his will and belief.

After all, when logic and reason either failure or are on the side of your opponent the only thing you have left to do is to pull out the guns – literally.

Offit begins his article by citing his typical spiel – hyperventilating over measles cases in a foreign country. Offit blames the anti-vaccine movement for causing this spike in measles cases. This is typical not just of Offit but his fellow quacks who constantly whine in Western media about the anti-vaccine movement causing outbreaks of vaccine-preventable diseases.

Of course, these outbreaks are often actually only one case and many of them in fully vaccinated populations. But Offit didn't let science get in his way during the course of his article so there's no point in debating him on that issue.

Needless to say, Paul Offit's poster child for the German vaccine tragedy is not a child at all, but a 37-year-old woman. Likewise, Offit doesn't mention the fact that allegedly vaccine-preventable diseases are going up in the most heavily vaccinated countries in the world due to lower living standards.

It is a documented fact that lower living standards causes an increase of disease and likewise that the United States and Germany have steadily seen a decline in living standards.

Offit has received so much money from Big Pharma it is perhaps difficult for him to conceive of the fact that others may not have the same quality of life as he does. Nevertheless, Offit also isn't one to let ethics or morality get in his way since not only does he promote authoritarianism, he consistently fails to mention in any of his heavyhanded propaganda pieces that he is set to score big-time if the RotaTeq vaccine - which he invented – is forced upon every child in the country.

It's already recommended for universal use in infants by the CDC. So while Offit may not be a man you trust with your daughter we have to give him credit for being one hell of a businessman. Offit continues by promoting a number of other countries that are suffering from anti-vax induced measles epidemics. France, Italy, Poland, Romania, Switzerland and Ukraine are all on the list. Of course the living standards in all these countries are going down steadily, particularly in war-torn Ukraine. But Offit wouldn't dare acknowledge that lower living standards, population disruption, and war could be the cause of increased disease. No, it's anti-vaxxers handing out anti-vax flyers on the front lines of a proxy war between Russia and the United States that are responsible for Ukraine's "crisis."

But it isn't Offit's brow-beating that is the worst part of his article

– he quickly moves to discuss the role of government enforcing allegedly free people to inject themselves with substances they do not wish to be injected with.

Offit cites a German policy that requires kindergartens to report children who aren't vaccinated and a German health ministry decision to fine parents as much as \$2500 Euros if they do not vaccinate their children.

It's ironic that Offit would be using Germany as an example of the direction in which he would like to see western society go in 2017.

After all, only 80 years ago Germany had a very negative experience with Offit's kind. One would think they would be loathe to march down that road again but unfortunately history does repeat itself.

Offit soon turns his sights to the United States where he attempts to show historical precedent for forced vaccination. He cites an early 1900s Massachusetts case that saw a Supreme Court decision upholding the right to forcibly vaccinate a Lutheran minister.

He cites another case in 1922 which ruled something similar. Clearly, forcibly vaccinating an adult or a child is a violation of an individual's rights. If one does not have the right to make decisions as to what goes into their bodies – what rights do they have?

As important as it is, the Supreme Court is not the ultimate arbiter of human and individual rights. After all, one need only revisit the relationship of the Supreme Court and black America to see that this is the case.

After once determining that blacks were not even human beings the Court's subsequent rulings began according to Lawrence Goldstone, author of *Inherently Unequal*, "a period of du jour racial discrimination that would last almost a century and was virtually as odious as slavery itself."

Obviously, had Paul Offit been alive in the 1800s he would have been telling Dredd Scott to go back to picking cotton or perhaps he would have said nothing at all since humans often do not talk to animals.

In 2017 we find the Court's perspective odious and even alien, but the Paul Offits of the time were leading the pack and having their say. Such simple historical facts as these should serve to remind us of why the Paul Offits of today should never be given any real authority or public responsibility.

Offit then turns to a more recent case that occurred between October 1990 and June 1991, as

follows.

“Two fundamentalist Christian churches—Faith Tabernacle Congregation and First Century Gospel Church—were at the center of the outbreak. Both were faith-healing groups, refusing vaccination as well as medical care.

“When their children became ill, these parents prayed instead of taking them to the hospital to receive intravenous fluids for dehydration or oxygen for pneumonia. “If I go to God and ask him to heal my body,” said church member Gordon Korn, “I can’t go to a doctor for medicine. You either trust God or you trust man.”

“Public-health officials and legislators turned to the courts for help. First, they obtained a court order to examine the churches’ children in their homes, then to admit the children to a hospital for medical care. Finally, they did something that had never been done before or since:

“They got a court order to vaccinate children against their parents’ will. Children were vaccinated, then returned to

briefly made wards of the state, their parents. At the time of the Philadelphia measles outbreak, a religious exemption to vaccination had been the law in Pennsylvania for about a decade. What the parents were doing by refusing to vaccinate their children was perfectly legal.

“The church members reached out to the ACLU to help them protect their civil rights but as is typical of the ACLU they declined to take the case.”

What is hard to believe, however, is that Offit would use this situation as an example of the positive. What about it does Offit think is so wonderful. Was it the fact that government stepped in and violated the 4th amendment? Was it the fact that allegedly free individuals had their personal rights and their parental rights violated and that children were vaccinated against their will.

Perhaps it was the thought of yanking children from a loving home that makes Offit feel so warm and tingly inside. Personally, I don’t think rational people would find the medical equivalent of Waco as anything other than a travesty of justice and a frightening reminder of what life in an authoritarian police state looks like.

Perhaps it was the fact that it was a religious organization that was targeted that makes Offit

write with such glee. After all, anyone who reads Offit's work knows that he lives in a world that is full of scary Christians who believe that vaccines are demons and who want to force the world to die of the mumps for Jesus.

But what is Paul Offit if not an extremist and a religious fanatic? His facts don't add up and he can't use logic or reason – at least not to the point where he could convince his opponents. So what does he do? He wants to pass laws to enforce his beliefs and the rights of those who disagree with him be damned.

Offit is the medical equivalent of a jihadist who wants to enforce the hijab by law. Indeed, when a Muslim Brotherhood member once approached the President of Egypt with a demand to pass just such a law, President Nasser laughed him off of the stage.

This is the treatment Offit should receive. Unfortunately, however, as Egypt learned, freedoms are constantly under attack and religious extremists, mentally ill and fringe as they may be, are not simply funny distractions. If given the opportunity, they can cause great damage to society and a country's way of life.

There does come a time when extremists can no longer be laughed at – it must be dealt with in order to prevent them from imposing their will on rational people. Offit has already made it clear that he is an enemy of free choice and individual civil rights.

Perhaps Paul Offit should be less concerned with what happens when parents force the government's hand on vaccines – and more concerned with what happens when the government and people like him force parents' hands on vaccines.

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The emphasis today on more and more vaccines

“The emphasis today on more and more vaccines, is in part built on this ingrained thinking. The fact that deaths from infectious diseases declined so greatly before vaccines and antibiotics, is ignored.

“This lapse in study has created a situation where we could have learned a better way to manage all infections in a more comprehensive way. Yet, to this day, despite such a phenomenal transformation, we have failed to learn the lessons of this history. The solutions that led to a 99

percent decline in death has been ignored, with the entire emphasis on the final 1 percent, which would have occurred anyway even without a vaccine.

“However, in some corners, there is recognition that vaccines were not what caused the major decline in infectious disease mortality. They often erroneously point to antibiotics and improved medical care and grudgingly give some credit to sanitation and other factors.

“There is little curiosity as to how all these factors worked and how they still apply today. The shift on emphasis is now on the incidence of disease after vaccination with a decreased emphasis on mortality. The thinking goes that, by wiping out the disease with vaccines, there is no risk of death. This appears to be a reasonable approach. How well has it worked?

“Let’s take whooping cough as an example. In 1979 Sweden withdrew use of the DTP vaccine on the basis that it was not effective and possibly unsafe. The fear, of course, would be that with lower vaccination rates, the death rate would increase. So what happened in this case?

“A 1995 letter from Victoria Romanus at the Swedish Institute of Infectious Disease Control indicated that deaths from whooping cough remained near zero. Sweden’s population was 8,294,000 in 1979 and 8,831,000 by 1995. From 1981 to 1993, eight children were recorded as dying, with the cause of death listed as pertussis.

“This averaged to be about 0.6 children per year possibly dying from whooping cough. These numbers show that the odds of dying from pertussis in Sweden were about 1 in 13,000,000 even when there was no national vaccination program.

“In another case, DTP vaccination coverage in England dropped from about 78 percent to 30 or 40 percent because of concerns over safety. The assumption was that there would be an increase in deaths due to the decreased coverage.

“The years from 1976 to 1980 were the ones when vaccination rates were at their lowest. Using official statistics, the number of deaths in those years totaled 35. The deaths from the previous five years (1971 to 1975), while vaccination rates were higher, totaled 55, or about 1.5 times greater than when vaccination rates were lower. This was directly opposite what is generally believed should have happened.

Have whooping cough rates really been controlled?

“The sad truth is that whooping cough never really went away and is endemic. Huge numbers of people still cough from *Bordetella pertussis*, the bacteria involved in whooping cough. Because of waning vaccine- immunity, up to one-third of persistent coughs are whooping cough.

“Although pertussis traditionally has been considered a disease of childhood, it was well-documented in adults nearly a century ago and is currently recognized as an important cause of respiratory disease in adolescents and adults, including the elderly. Because of waning immunity, adult and adolescent pertussis can occur even when there is a history of full immunization or natural disease . . .

“Studies from Canada, Denmark, Germany, France, and the United States indicate that between 12 and 32% of adults and adolescents with a coughing illness for at least 1 week are infected with *Bordetella pertussis*.

“Let’s focus on another infectious disease – measles. Keep in mind that by 1963, almost no one died from measles.

During this year, the whole of New England had only five deaths (Maine: 1,

New Hampshire: 0, Vermont: 3,

Massachusetts: 0, Rhode Island: 1,

Connecticut: 0) that were attributed to measles. [9]

Deaths from asthma were actually 56 times greater than from measles during that year.

“But did incidence decline as vaccine proponents emphasize? There are some graphs you can find on the Internet that claim there was little decrease in incidence.

The graph I have seen that shows this only has a few data points and a line between two distant points in time.

“This graph is of poor quality and draws an incorrect conclusion. Looking at more comprehensive incidence data, we can see a drop in incidence in 1963 at the introduction of the measles vaccine.

“Measles incidence did apparently dramatically drop after 1963. But can this drop be completely attributed to the success of the measles vaccine?

“The early measles vaccine that contained “killed” virus was an aluminum-precipitated vaccine produced from formaldehyde-inactivated monkey kidney cell cultures. A study from 1967 revealed that the vaccine could cause pneumonia as well as encephalopathy (inflammation of the brain).

“Pneumonia is a consistent and prominent finding. Fever is severe and persistent and the degree of headache, when present, suggests a central nervous system involvement.

“Indeed one patient in our series who was examined by EEG, evidence of disturbed electrical activity of the brain was found, suggestive of encephalopathy . . .

“These untoward results of inactivated measles virus immunization was unanticipated. The fact that they have occurred should impose a restriction on the use of inactivated measles virus vaccine. We now recommend that inactivated measles virus vaccine should no longer be administered.

The killed vaccines were quickly abandoned

“But there were also significant issues with the live vaccines, which were not highly attenuated and produced a “modified measles” rash in about half of those injected – essentially equivalent to a case of measles. Forty-eight percent of people had rash, and 83 percent had fevers up to 106°F post-injection.

“So how did measles incidence drop so dramatically after the 1963 vaccine? In part, it had to do with a definition. If you had a high fever and you had a vaccine, of course you didn’t have measles even if you were sicker than you would have been if you contracted measles naturally.

“Back in the 1960s, it was expected that a single shot would protect you for life without serious effects, which would later turn out not to be true.

“The United State Public Health Service licensed a new, refined, live-measles vaccine. Although several live vaccines have been licensed since 1963 – all of them one-shot treatments that give life immunity without serious side-effects – the new one is considered by epidemiologists as “the best so far in minimizing the side-effects.”

“Claims were even made in the 1960s that only a certain number of children needed to be vaccinated in order to wipe out measles.

“Measles, the “harmless” childhood disease that can kill, will be nearly eradicated from most areas of the country a year from now, officials of the United States Public Health Service predict . . .

“Although there are still more than 12 million susceptible children, vaccination of the “right” two million to four million youngsters could wipe out the disease, according to Dr. Robert J. Warren of the Communicable Disease Center in Atlanta.

“More than a decade later, the objective of measles elimination was still not achieved. There were repeat epidemics that happened throughout the United States.

“By 1989 the new theory on failure to eradicate was that the earlier vaccines were not as effective as originally believed. Some of the first vaccines mass produced in 1963 contained a killed virus.

In 1989 Dr. Feigin of Texas Children’s Hospital stated that he believed the 1963 vaccine was “not widely effective” and that the 1967 vaccine was unstable and lost its “effectiveness” if not properly refrigerated. It was not until 1980 that a stable live measles vaccine became available. In the same year, after three types of measles vaccines had failed to produce eradication or even predictable herd immunity, vaccine scientists changed course from one shot and stated that, in using the new live vaccine, two doses would be required for reliable protection.

“They also recommended that everyone under the age of 32 be revaccinated because the old vaccines they received were inadequate. The single shot once promised to provide lifelong immunity against measles in the 1960s was never produced.

“And was the measles incidence declining before 1963 anyway? Looking at the measles incidence data, the trend line shows that incidence was on the decline.

“In fact, if that trend line held, measles incidence would have hit zero by around the year 2000. This is actually the year when the CDC declared measles had been eliminated from the United States.

“So were all these vaccines worth the cost, effort, and adverse reactions to tackle what was by 1963 considered a mild childhood illness?”

Believing you understand the immune system

“Believing you understand the immune system because you hear the words “antibodies” and “protection” mentioned together is like thinking you know how a car really works because you see it has wheels. The immune system is a highly complex, still-poorly understood entity, composed of many different cell lines, each producing different chemicals that are released into the blood. These chemicals are used by the body and are affected by age, stress, nutritional status, environment, and a whole host of factors that are barely understood.

“. . . the immune system remains a black box,” says Garry Fathman, MD, a professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection . . .

“It’s staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it. . . .

“That’s an awful lot of moving parts. And we don’t really know what the vast majority of them do, or should be doing . . .

“The immune system is traditionally divided into the humoral immune system that is involved with antibodies and the cellular immune system that does not involve antibodies but entails the activation of various cells such as natural killer cells. What we do know is that, contrary to popular belief, **antibodies are not necessary when it comes to full measles recovery.**

“. . . children with antibody deficiency syndromes have quite unremarkable attacks of measles with the characteristic rash and normal recovery.

“Furthermore, they are not unduly prone to reinfection. It therefore seems that serum antibody, at any rate in any quantity, is not required for the production of the measles rash; nor for the normal recovery from the disease; nor to prevent reinfection.

“Children with a deficit in antibody production, called agammaglobulinemia, recover from measles just as well as normal antibody producers, and this has been known since the late 1960s when vaccines were being developed and advanced.

“But antibody response is really the only thing that is talked about and promoted when it comes

to vaccines. Because this knowledge disturbed the simplistic antibody-protection paradigm, it was considered a “disconcerting” discovery in this 1968 medical paper.

“One of the most disconcerting discoveries in clinical medicine was the finding that children with congenital agammaglobulinaemia, who could make no antibody and had only insignificant traces of immunoglobulin in circulation, contracted measles in normal fashion, showed the usual sequence of symptoms and signs, and were subsequently immune.”

How does nutrition play a role in disease?

“Discovered in the 1920s, vitamin A was dubbed the “anti-infective” vitamin. It alone has a tremendous impact on measles deaths. During the 1990s, mortality reductions of 60 to 90 percent were measured in poor countries using vitamin A in hospitalized measles cases.

“Combined analyses showed that massive doses of vitamin A given to patients hospitalized with measles were associated with an approximately 60% reduction in the risk of death overall, and with an approximate 90% reduction among infants . . .

“Administration of vitamin A to children who developed pneumonia before or during hospital stay reduced mortality by about 70% compared with control children.

“Availability of vitamin C-rich fruits and vegetables was another factor in disease morbidity and mortality reduction. There were improving trends in overall nutrition, as seen by a parallel in the decline in deaths from measles and the vitamin C deficiency disease, scurvy.

“Experiments done in the 1940s showed that vitamin C was effective against measles, especially when used in higher doses.

“During an epidemic of measles vitamin C was used prophylactically and all those who received as much as 1000 mg. every six hours, by vein or muscle, were protected from the virus.

“Given by mouth, 1000 mg. in fruit juice every two hours was not protective unless it was given around the clock. It was further found that 1000 mg. by mouth, four to six times each day, would modify the attack; with the appearance of Koplik’s spots and fever, if the administration was increased to 12 doses each 24 hours, all signs and symptoms would disappear in 48 hours.

“In the early 1900s, other treatments were being successfully used to treat measles. In 1919 Dr.

Drummond commented that cinnamon oil was an effective prophylactic against measles or that it made measles milder.

“It has been my practice, when I meet with a case of measles in a family, to prescribe a course of cinnamon for all unprotected members of the family. In the majority of cases the person so treated with cinnamon escaped the measles disease altogether, or else had it in very mild form.

“Nutrition and other factors have a big impact on measles, so why aren’t we talking about them at all? Because the emphasis is always on a single, highly lucrative medical procedure – vaccination.

“This sole paradigm has swept virtually all other strategies to the wayside.

“Another key factor to consider is that measles vaccine does not create lifelong immunity, whereas natural infection with measles does.

“The only way to remain immune with artificial immunity via vaccines is to be vaccinated several times during a lifetime. We have not yet seen how the vaccine will play out over several generations of exclusively vaccinated people. Epidemics are likely to become more common in the future.

“A 2009 study published in Proceedings of the Royal Society investigated what could happen with waning measles vaccine immunity even with high vaccine coverage among children.

“They predicted that, after a long disease-free period in the population, the introduction of infection will lead to far larger epidemics than predicted by standard models.

“We can foresee that vaccination will have two conflicting effects . . . it will reduce the number of newborn susceptibles and hence should have some of the usual associated public-health benefits reducing the number of cases in young children.

“However, this reduction in cases will lead to a reduction in boosting and therefore a greater susceptibility to infection in older age classes . . .

“When immunity wanes, vaccination has a far more limited impact on the average number of cases. While this observation has clear public-health implications, the dynamic consequences of the interaction between vaccination, waning immunity and boosting are far more striking.

“For high levels of vaccination (greater than 80%) and moderate levels of waning immunity (greater than 30 years), large-scale epidemic cycles can be induced.

“A 1984 study reported that by 2050, the proportion of measles susceptibles may be greater than in the pre-vaccine era. So have we created a ticking time bomb with waning immunity? Will there actually be bigger measles epidemics in the future? If there are, the response will probably be to blame the unvaccinated, which has in fact been done for over 100 years, and then to enforce more vaccinations upon different age groups.

“Because of the zealous pro-vaccine bias that permeates society, the true forces that drove the major decline in deaths from infectious diseases are not acknowledged. At most, there is a slight admission that “sanitation” has some effect, but better medical care and antibiotics are still given the credit.

“Groups of individuals who have anointed themselves as “skeptics” seek to derail anything that questions vaccination.

The definition of skeptic used to be “one who instinctively or habitually doubts, questions, or disagrees with assertions or generally accepted conclusions”, but this definition in its modern usage has been hijacked and transformed to someone that essentially blindly supports any orthodox position as gospel.

“These people will continue on their crusade of supporting vaccines at all costs and to assail anything that might question their myopic view. If those people had a desire to learn the truth, perhaps they would peek beneath the hood of infectious diseases and vaccines, and learn a little more.

“Imagine what could be in the trunk!”

When we hear about vaccines, we are often told a simple story of how they stimulate antibodies. The theory goes that the stimulation of antibodies creates a memory of a disease so the next time you encounter it, your body will quickly defeat the enemy. It's a nice, simple, and easy-to-remember story.

Largest medical fraud takedown in American history as more than 400 doctors, nurses and pharmacists are arrested for healthcare and

opioid scams worth \$1.3B in false billing

In July 2017 U.S. Attorney General Jeff Sessions announced that federal prosecutors charged **more than 400 people** (doctors, nurses and pharmacists) for taking part in medical fraud and opioid scams that totaled \$1.3 billion in fraudulent billing.

In total, 412 individuals will be prosecuted by his office in what's been called the "largest health care fraud takedown operation in American history."

"Among those charged are six Michigan doctors accused of a scheme to prescribe unnecessary opioids. A Florida rehab facility is alleged to have recruited addicts with gift cards and visits to strip clubs, leading to \$58 million in false treatments and tests.

Officials said those charged in the schemes include more than 120 people involved in illegally prescribing and distributing narcotic painkillers."

In 2015, more than 52,000 Americans died of overdoses. In 2016, that number rose to 59,000 Americans.

Thanks to pharmaceutical companies who convinced physicians and other pharmacists that they had created drugs (like Oxycontin and Vicodin) that could treat pain but not be addictive, we are in the middle of a crisis.

And the other half of that crisis falls in the lap of the dishonest and greedy doctors, nurses and pharmacists who took part in the scheme.

By overprescribing medicines to the poor and elderly (and billing the federal government), targeting hospitals in disadvantages areas, and conducting self-seeking research projects in order to distribute inaccurate data to doctors and researchers, thousands of people have died or become addicted. (In West Virginia alone, between the years of 2007 and 2012, **780,000,000 hydrocodone and oxycodone pills were sold.**)

"While there are rules which require drug distributors and pharmacists to report abnormal orders of controlled medications, regulators didn't detect this loophole in their system.

In fact, this opioid scam, which has been in effect for at least ten years, didn't come to light until disadvantaged and middle-class whites began dying in their numbers."

The World Health Organization's Faux Pas About Vaccine Adverse Events And Deaths

Vaccine awards went from \$1,371,761.92 for fiscal year 1989 to \$230,140,251.20 for fiscal year 2016.

According to Catherine J. Frompovich in ANR, "The U.S. Centers for Disease Control and Prevention (CDC) have maintained their VAERS (Vaccine Adverse Event Reporting System) since the late 1980s, almost like a post-marketing survey/analysis, since no one probably pays attention to all the adverse events reported, or actually is doing something to correct what is chemical abuse to children. Is that what consensus vaccine science amounts to?

"Even more importantly, we find confirmation of damages awarded by the Vaccine Court Masters, plus attorneys' fees, which now total \$3.56 billion. What I think readers really ought to understand is vaccine awards went from \$1,371,761.92 for fiscal year 1989 to \$230,140,251.20 for fiscal year 2016.

"What do those 2016 payout figures for "Petitioners' Award Amount" shout out? There's an almost 230 times increase in vaccine damages paid from FY 1989 to FY 2016! So, what's going on?

"It appears more vaccinees are experiencing post-vaccination damage. However, mandatory vaccine reporting may not be submitted to VAERS with subsequent filings to the Vaccine Court.

"However, there is a most significant data bank, which emerges from Page 5 of the HRSA reports, insofar as DEATHS are recorded as filed and attributed to vaccines and their adverse events.

"I encourage readers to check out Page 5 to understand the gravity of what's going on within the World Health Organization stating vaccines cannot cause death! "According to that HRSA report, here are the deaths as reported: Vaccines: DT 9; DTP 696; DTP-HIB 8; DTaP 80; DTap-HepB-IPV 30; DTaP-HIB 1;

DTaP-IPV-HIB 18; Td 3; Tdap 2; Tetanus 2; Hepatitis A 6; Hepatitis B 56;

HIB 3; HPV 14; Influenza 115; IPV 14; OPV 28; Measles 19;

Meningococcal 2;

MMR 58;

Conjugate 9; Rotavirus MMR-Varicella 1; Pertussis 3; Pneumococcal

1; Rubella 4; Varicella 9; Non-qualified 1 9; Unspecified 2 9 for a total of 1,209 deaths and 16,523 injuries.

“But there’s a snake in the woodpile regarding those statistics. Only 5,143 claims were compensated while 10,169 were dismissed! An absolute disgrace since the 1986 law passed by Congress has not been honored in its fullest intent, i.e., everyone harmed by vaccines will be compensated.

“However, the more the Vaccine Court Masters can ‘cheat’ damaged vaccinees out of what’s rightfully due to claimants, the more the U.S. Treasury can deposit and keep from the taxes paid on each vaccine sold!

“I have written about that and even tried shaking it down at

Treasury, only to be totally disregarded. What does that tell you? “Another thing happening with vaccine information and data is

the Internet is being sanitized of incriminating vaccination

information and one is most likely to receive a dead end from

numerous search engines:

“What is totally incomprehensible to me, who has been

researching and studying vaccine damages since they first started

appearing via moms telling doctors I either knew or worked with

that their children were damaged after receiving a vaccination! That

began in the late 1980s. No doctor knows a child better than a mom

who has given birth to and lovingly cared for her child.

“However, the white coats have not been faithful to their

Hippocratic Oath: First, do no harm. Vaccines contain inordinate

amounts of neurotoxic chemicals and heavy metals, plus there have

been no long-term studies proving vaccines—just short term studies for vaccine licensure—only a religious-like belief system of consensus science that vaccines cannot cause harm or even death,

and any adverse vaccine event is a ‘coincidence’.

“The World Health Organization (WHO) has a huge can of

worms to deal with regarding its 2013 pontification and “new

methodology to classify adverse events following immunization

(AEFI) in March 2013.”

“In July, 2017, two Indian medical personnel published a “letter

stating that the methodology was flawed.” It was published in the

Indian Journal of Medical Ethics.

“The critical and flawed issue involved is: According to the two,

WHO’s new classification, in essence, implies that no death can

result from vaccination and, if any death does occur, it is only

coincidental and not due to the vaccine. This, they say, does not

address children’s safety.

“According to Puliye, a pediatrician and member of the National Technical Advisory Group on Immunization and Phadke, an executive member of the All India Drug Action Network, WHO’s new classification, in essence, implies that no death can result from vaccination and, if any death does occur, it is only coincidental and not due to the vaccine.

“Such an outrageously ridiculous statement made by the World Health Organization ought to automatically disqualify the WHO from any further participation in global health politics!

“For such an asinine statement to blatantly emerge from what ought to be considered a prestigious health organization is nothing short of medical malpractice or total public health ineptness, plus a lack of backbone to stand up against what amounts to chemical child abuse. To deny health harms can occur after vaccinations is nothing short of tobacco science taken to a zenith!

“What seems to be happening is a corporate-mandate-and-rulesiege has taken over at every level of society, especially those areas where controllers can enforce vaccines, which has decimated children globally.

their consensus science about more than two generations of “James Lyons Weiler says in his article “Fake Science: When is Medical ‘Science’ Not Science?”

“If Science is to survive in the new Corporatocracy, this practice must be met with strongly worded letters to the deciding Editor by the Editorial Board with threats of mass resignation and counterboycott, if necessary.

“An Editorial Board must stand by the Journal’s peer-review process, and the Journal must stand by the outcome of that process.

To do otherwise is to allow Corporations to sanitize the literature of what they deem to be “problematic” studies, one study at a time. “The Indian medical personnel are correct in taking on the WHO, especially since India experienced 47,500 children being paralyzed in a 2011 Bill Gates Foundation polio vaccination campaign, plus the problems with the HPV vaccine.

“There’s a lot more monkey business going on in vaccine pseudoscience than we apparently know, especially now with new vaccines coming to market. They can contain nanobots, RFID chips and other genetically modified microorganisms, which can be included in mandated vaccines.

“Do you really know what’s in your vaccine? How about those patented ‘corporate secrets’? Also, we must remember vaccines go hand-in-hand with the UN’s Agenda 21!

“Probably nothing can be said more poignantly about the UN’s Agenda 21 than the words of the late Maj. Gen. Bert Stubblebine (US Army, ret.):

“UN Agenda 21 is the linchpin of global depopulation plans.

Defeating Agenda 21 locally requires understanding the Delphi

Technique of manipulated consensus... but the core of this attack on

humanity, through our food, health and property, is The Great Culling – the plan to reduce the human population by ninety-five

percent. This will not happen if we stand our ground!

“There is an extreme and serious medical-legal problem in

deliberately obfuscating medical, scientific and research

information.

“Stating deaths after vaccines is only coincidental and cannot be

due to vaccines must be objected to by the entire medical

community, if it has any scruples left, and the entire global

population. We can’t let them get away with vaccine

pseudoscience!”

3 Has Your Family Been Damaged by Vaccines?

If you do not seek, if you do not knock, if you do not look, if you trust your own understandings,

then (caveat emptor) – buyer beware.

Have You or Your Children Been Damaged by Vaccines? This is what John P. Thomas who holds a B.A. in Psychology from the University of Michigan, and a Master of Science in Public Health (M.S.P.H.) from the School of Public Health, Department of Health Administration, at the University of North Carolina at Chapel Hill, had to say about vaccines in Health Impact News.

I would imagine that everyone has heard the sound of a crying baby. It is usually a simple distress call, “I need a diaper change ... I am hungry ... I need to be burped ... I want to be cuddled and rocked for a while.”

There is another kind of cry that now comes from babies, which is quite different. You may not have heard such a cry or maybe if you have, you didn’t recognize it. This kind of cry is an extremely high pitched scream.

This cry is an ear piercing shrill shriek that sounds like the baby is having its bowels cut with knives or having its skin torn from its body.

This is not a normal cry for the usual forms of parental attention — it is a plea for protection and deliverance from a sinister menace. This shriek is the sound of uncontrolled terror and pain.

The cause is commonly an adverse reaction to a vaccine. Once you have heard this kind of scream your heart will never be the same, because you realize that something is terribly wrong and you can’t fix it by changing a diaper or giving milk.

This article will help you recognize the symptoms of vaccine damage in your children, in yourself, and in friends and family members. Children are at the highest risk for vaccine damage, because they will typically be given 69 doses of vaccines by the time they are 18 years old.

Vaccine Reactions are Not a Normal Part of Life

There are many signs of adverse reactions to vaccines, but unless you have learned to recognize them, it is easy to just overlook them or to assume that it’s just the way kids are today.

In fact this is one of the great myths propagated among parents of childbearing years. Doctors now give the label of “normal” to situations that were once considered to be extremely unusual

or abnormal.

Believe it or not, babies used to be easy to manage with the exception perhaps of when they were sick. Blood curdling screams were very rare. Crying for hour after hour with no apparent cause, being listless, failing to grow and mature on schedule were unusual.

Today when these kinds of symptoms happen, parents are just told that your son or daughter will grow out of it — you don't have to worry.

My heart breaks when I see a 4 year old child who didn't "grow out of it." I have observed many young children who are in the 3 to 5 year range who still can't put words together to speak an intelligible sentence.

Their articulation of words is so indistinct that no one, not even their mothers, can figure out what they are saying.

They are probably somewhere on the Autism spectrum, but they have not been diagnosed. The Autism spectrum prevalence rate used to be 1 out of 10,000 children.

Today it is 1 out of 50 children. Attention deficit disorders (ADD) hyperactivity and specific learning disabilities are so prevalent that most parents just think such conditions are normal.

Conditions such as allergies, asthma, eczema, inability to digest food, and seizures were very unusual 50 years ago. These conditions and many others are not a normal part of child development. But we are being led to believe they are the "new normal."

It hasn't always been this way!

We were healthier without vaccines

Fifty years ago, public schools did not have pharmaceutical drug dispensaries, because children didn't need pharmaceutical drugs. There were cough medicines and antibiotics, but we took those when we were really sick — literally too sick to go to school.

No one needed drugs like Ritalin, because we were able to sit and focus. Yes, there were a small number of children with low IQ, and they needed special education classes, but the rest of us didn't need more than what a single teacher could provide in the regular classroom. We didn't

need pharmaceutical medications in order to learn.

It was an age when there were very few drugs targeted toward children; and there were a very small number of vaccines. It was an age when communicable childhood diseases were part of growing up. It was an age when our immune systems grew stronger every time we experienced a childhood disease.

Vaccine use has become a Way of Life for most Americans. Things have changed a lot since the 1960s. The standard of care in the United States now involves a very aggressive vaccination schedule during the first six years of life.

During the first year, the US Centers for Disease Control (CDC) recommends babies receive 19 doses of vaccines for 9 different diseases. The first vaccine (Hepatitis B) is to be given during the first 12 hours after birth.

Most of the vaccines are given in groupings during the same visit to the doctor. This commonly happens at 2 months, 4 months, 6 months, and shortly after the child's first birthday. A total of 39 doses of vaccines are to be given before age six.

Government Admits Vaccines Cause Harm

There is no debate that vaccines cause harm. In fact they cause so much harm that the pharmaceutical companies threatened to stop producing vaccines unless the United States government indemnified them against being sued for adverse reactions.

In 1986, the US government caved in to the threats of big pharma and passed the National Childhood Vaccine Injury Act. We now have a federal program – a vaccine court – that reviews cases of potential vaccine damage and provides cash damages to people whose injuries fall into certain narrow categories of harm.

The cash settlements that are made come from the US government, funded by a tax on each dose of vaccine. Vaccine manufacturers do not incur any liability, they don't admit having caused harm, and they keep on inventing new vaccines without any concern about being financially responsible for the lives that are destroyed by their products.

Your Child's Condition is Just "Coincidence"

One of the biggest problems associated with vaccine use is the word “coincidence.” If for example, you were to take your 6 month old child to the typical pediatrician for a checkup, you would be told that it is time for certain vaccines. If you agree, then your child will receive several vaccines at the same time, which is the standard practice.

You would be devastated during your drive home if you saw your baby suddenly become very agitated, spike a fever, or suddenly have a seizure. If you turned your car around and immediately returned to the typical doctor’s office, the staff would probably tell you that the symptoms you are witnessing were unrelated to the vaccine that was just given.

You would be told it was coincidence and you should just go home and it will pass. The words “coincidence” or “unrelated event” are the medical systems way of saying “let’s not talk about adverse reactions to vaccines, everything will be OK, just go home and it will pass.”

For thousands of children, the vaccine reactions do not pass. They don’t grow out of it. Their development is arrested and reversed. They lose the ability to speak complete sentences.

Some lose all verbal communication. Some stop walking and need to be returned to diapers. Some have persistent seizures, repetitive behaviors, self-wounding behaviors, violent and angry outbursts, uncontrolled hyperactivity, inability to learn anything new, inability to eat or digest food, etc. Some suddenly die from respiratory failure. Some get progressively more and more damaged until they fall into a coma and then die. The list of adverse reactions is actually much longer as will be explained.

Some Doctors are willing to Say – “Wait a Minute!”

Despite the fact that the Centers for Disease Control and the pharmaceutical industry advocate for universal vaccination, there are a few doctors and researchers who are willing to say, “Wait a minute! These vaccines are dangerous!”

Some are advocating for the use of fewer vaccines. Some advocate for safer vaccines, and some advocate for a different vaccination schedule. Some are so concerned about vaccine damage that they are calling for the elimination of all vaccines.

I will not be making the case in this article to prove that vaccines can produce harm, because that has been well documented and the US government admits this fact.

My goal is to help people recognize adverse reactions to vaccines that are occurring in children and adults. If an adverse reaction does occur, it should be a serious warning to stop and evaluate the situation.

It is possible for children or adults to experience a mild vaccine reaction, and then find that the next vaccination pushes them into a major disability or illness. This can happen, because vaccine damage is cumulative.

Early vaccine damage may not be noticed

It is quite possible that children and adults can be having adverse reactions to vaccines without anyone recognizing the situation as being potentially life threatening. The result is that more and more vaccines are taken until there is a tipping point in their health where infants, children, teens, and adults become disabled or die.

Adverse responses to vaccination can damage the immune system, cause brain damage, cause paralysis, and contribute to the formation of numerous other modern diseases.

The vaccine injured community is composed of people, young and old, who are suffering from a spectrum of chronic illness and disabilities, including learning disabilities and developmental delays, attention deficit hyperactivity disorder (ADHD), autism, seizure disorders, mental retardation, diabetes, asthma, inflammatory bowel disease (IBD) rheumatoid arthritis, multiple sclerosis and other kinds of neuroimmune and autoimmune dysfunction.

We are speaking about the lives of real people – not statistics. Adults continue to suffer from the damage they received from childhood vaccines. Newborn babies have died after getting seven vaccines on one day.

Thousands of US soldiers became disabled after getting one or more anthrax vaccinations. People living in nursing homes can become crippled from flu vaccine or can die from pneumonia that started immediately after they received the flu vaccine. All this represents real suffering and real harm.

The Vaccine Business is a Fear Business

There are dozens of websites designed to tell us all the horrible things that will happen to us if we don't take every vaccine available. The reason for taking each vaccine is carefully explained.

We are kindly told the reason we need each vaccine is that the disease has horrible symptoms and can cause death.

What we are not told is that taking the vaccine can cause horrible symptoms and can cause death, sometimes more frequently than the disease. In some cases the horrible symptoms that people experience after taking vaccines are the symptoms of the disease itself, because they actually develop the disease they were supposedly immunized against.

For other people, the various components of the vaccine such as adjuvants, preservatives, and emulsifiers can do even greater harm than the bacteria or viruses that are in the vaccines. We are also subjected to pressure from the medical system to be sure that we and our children take all vaccines.

We are told that failure to do this will put the whole country in jeopardy. The only way we can all be safe is for everyone to take vaccines. Those who object are called stupid, selfish, reckless, and disrespectful. They say that no one has the right to endanger the safety of others by refusing to take vaccines.

Recognizing Adverse Vaccine Reaction

I realize that many who read this have already discontinued taking vaccines, because you are convinced that the potential harm is much greater than the possible benefit. However, even if you haven't had a vaccine in a while, or you are still taking them, they could be part of what is causing some of your health problems today. The combination of previous vaccine exposure when combined with current challenges to your immune system and nervous system can produce serious illness. If you can spot potential vaccine reactions in your family and in your friends, then you can give them a warning, which just might save their lives. So, let's take a look at some steps that you might wish to take to monitor the health of your children, yourself, and your family and friends.

The National Vaccine Information Center Provides the following information to help us be aware of vaccine reactions. They state: "If you or your child experiences any of the symptoms listed below in the hours, days or weeks following vaccination, it should be reported to the Vaccine Adverse Event Reporting System (VAERS)." Some vaccine reaction symptoms include:

- Pronounced swelling, redness, heat or hardness at the site of the injection;
- Body rash or hives;
- Shock/collapse;

- High pitched screaming or persistent crying for hours;
- Extreme sleepiness or long periods of unresponsiveness;
- Twitching or jerking of the body, arm, leg or head;
- Crossing of eyes;
- Weakness or paralysis of any part of the body;
- Loss of ability to roll over, sit up or stand up;
- Loss of eye contact or awareness or social withdrawal;
- Head banging or onset of repetitive movements (flapping, rubbing, rocking, spinning);
- High fever (over 103 F)
- Vision or hearing loss;
- Restlessness, hyperactivity or inability to concentrate;
- Sleep disturbances that change wake/sleep pattern;
- Joint pain or muscle weakness;
- Disabling fatigue;
- Loss of memory;
- Onset of chronic ear or respiratory infections;
- Violent or persistent diarrhea or chronic constipation;
- Breathing problems (asthma);
- Excessive bleeding (thrombocytopenia) or anemia. There are other symptoms, which may indicate that you or your child has suffered a vaccine reaction. Not all symptoms that occur following vaccination are caused by the vaccine(s) recently received, but it cannot be automatically concluded that symptoms which do occur are NOT related to the vaccine.

Therefore, it is important for your doctor to write down all serious health problems that occur after vaccination in the permanent medical record and to report ALL serious symptoms or dramatic change in physical, mental or emotional behavior that does occur following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

It is also important that re-vaccination does not continue until it has been determined that the serious health developed after vaccination was not causally problem which related to the vaccination(s). Continued vaccination in the presence of serious health deterioration could lead to further vaccine injury or death.

What causes a Vaccine Reaction?

Vaccines are a complex combination of harmful substances that are designed to cause a stress reaction in the body. It is hoped that the reaction will cause modifications to the immune sys-

tem, which will protect the person from becoming infected by a communicable disease. As a result, adverse reactions to vaccines can be caused by any of the components in a vaccine or by a combination of the components.

Some say that adverse reactions are caused by the bacteria or viruses (whether living or inactivated) that are in the vaccine. Some say that it is the mercury preservative (Thimerosal), which produces vaccine damage. Mercury is implicated in a wide number of neurological diseases, immune system suppression, and digestive system impairments.

Others say it is Polysorbate 80, which is used as an emulsifier and an excipient. Polysorbate 80 has been showed to cause infertility and cancer.

Some are convinced that damage is caused by aluminum, which is an adjuvant added to vaccines to stimulate the immune system's response to the bacteria or virus in the vaccine.

Aluminum is a poison that can cause bone, bone marrow, and brain degeneration. Aluminum reduces the negative electrical charge in the blood, which causes blood cells to clump up when they try to pass through the very tiny vessels of the capillary beds.

Formaldehyde (embalming fluid) is used in vaccines to kill live bacteria and viruses. It is a carcinogen. Finally, vaccines are known to contain mycoplasma, which are tiny infectious agents that can invade cells and damage mitochondrial activity. All these factors can cause reactions and produce severe and disabling illness and even death.

Now let's add to this a whole host of other environmental and health related factors, which weaken our health and suppress our immune systems and endocrine systems.

For example, pesticide exposure in air, water, and food, genetically modified materials found in GMO food, all manner of food additives such as synthetic coloring, artificial flavors, excitotoxins, and preservatives can place the human body under great stress and make a vaccine reaction more likely. To this list, we can add various residues found in our water supply from pharmaceutical drugs, aluminum residue from water treatment, chlorine, fluoride, and numerous other chemical toxins.

Let's also consider our general health. Some of us have histories of illness, immune system suppression, cancer, diabetes, or heart disease. Some people take pharmaceutical drugs with various black box health warnings.

When all of the factors that I have listed are combined, the result is that some people will have serious and life threatening reactions when they are exposed to vaccines.

We don't know who will have a reaction or how severe it will be . We also don't know when the reaction will occur. One person may not experience noticeable problems with vaccines, while his next door neighbor may become paralyzed with Guillain-Barré syndrome after taking the same vaccine.

What are Some of the Earliest Warning Signs for Vaccine Damage? There are a set of early warning signs that continue to go unnoticed, because they don't cause dysfunction or pain. These were identified by Dr. Andrew Moulden MD, PhD in the first decade of the twentyfirst century.

Before I discuss these warning signs, I want to mention Dr. Moulden's training. His PhD was Neuropsychology. His clinical work in Clinical-Experimental

was devoted to detecting acquired brain injuries. After his PhD, he pursued a Medical degree to further understand brain and behavioral disorders from a medical frame of reference.

His training during medical school was in Clinical Neurology. His medical residency training was in Psychiatry/Neuropsychiatry.

He devoted himself to studying neurobehavioral changes associated with immune system hyperstimulation, neurodevelopmental disorders, and ultimately to the explanation of how vaccinations can be the common environmental trigger for several brain and behavioral disorders. Dr. Moulden died in November of 2013.

Dr. Moulden observed certain clinical indicators of stroke in children and adults after they received vaccines. Infants that once had perfectly symmetrical facial features suddenly developed asymmetric features, which were the same types of changes that appear when an adult has a stroke. A stroke is caused by impaired blood flow to a part of the brain, which deprives cells of oxygen and causes cells to die.

Dr. Moulden observed that the normal alignment of the eyes would change after vaccination. Suddenly, one of the eyes would turn slightly inward or sometimes outward when compared to the other eye.

He saw that one corner of the mouth would droop downward when the person smiled. He saw that there would be a loss of muscle tone in the area of one of the cheeks where it is nearest the

nose and the upper lip.

Sometimes these changes were temporary and sometimes they were permanent. Because of his training in brain physiology and acquired brain injury, he knew that these visual signs were signs of mini-strokes, which were associated with damage to specific cranial nerves in the brain.

These nerves control the muscles of the face. People may not have been aware of having a mini-stroke, because the brain does not have a pain response to impaired blood flow, nevertheless their brains were being damaged. There are several causes for strokes, which include blood clots, vascular thrombosis, vascular swelling, and the sludging of blood in the capillary beds of the brain. Strokes from blood clots and thrombosis, when they occur in larger blood vessels can be found through imaging technology.

However, the last cause of these mini-strokes, blood sludging, occurs in the smallest blood vessels in the body, which are too small to be viewed by current imaging technology.

When blood sludges, it is unable to flow smoothly through the capillaries. Basically the blood flow stops and the cells in the affected area will begin to die due to lack of oxygen. This happens in areas known as capillary beds, which are the smallest vessels in the vascular system. They are so small that red blood cells have to squeeze through the vessels single file.

There are 12 cranial nerves in the brain. Dr. Moulden found that if the sludging occurs in the area of the seventh cranial nerve in the brain, then that nerve will weaken and there will be a drop in the corner of the mouth when a person smiles. If the sludging is in the area of the third, fourth, or sixth cranial nerve, then the alignment of the eyes will be affected. In some cases one eye will focus in a slight upward direction, which causes a person to tilt the head slightly to bring about a level focus to his vision.

There can also be slight asymmetric movement of the eyelids when a person blinks. The changes in the eyelids can only be seen with ultra-slow video playback. The eyelids normally close and open in perfect harmony. Sometimes when there is a mini-stroke, the eyelids will open and close at slightly different rates. This cannot be seen with the naked eye, because eye blinks are so rapid.

If the impaired blood flow occurs in the region of the brain that controls respiration, then breathing can be impaired, and in some cases can be completely stopped. If this happens, then sudden death from respiratory arrest will occur.

The technical name for these mini-strokes is a transient ischemic attack (TIA). A TIA can actually occur anywhere in the body where the very small capillary blood vessels are located. However, when they occur in the brain, then the evidence of the stroke can be seen in the composition of the face.

I will quote Dr. Moulden as he explained the situation we are facing with vaccine damage. The following remarks were given in a 2009 interview. He stated:

Science is only a manmade truth-seeking tool. It is fallible. It is a statistical, probabilistic mathematical model. It has limitations. Wielded for profit – truth can become lost.

Scientific methods, design, and analyses can just as soon hide the truth as they can discover truth, or create “truth.” ...

Science cannot replace God-given tools of common sense and observation we all have. You do not need statistical probabilistic mathematical models, wielded by experts, to deny what you can see with your very own eyes.

If you place your hand on a hot stove element, you will be burned. If you do not experience pain and you cannot see the burn, then you will not learn that touching hot stove elements is harmful.

All vaccines have been causing “burns” to body and brain. The brain has no pain receptors. You will not feel the pain. You can, however, see the footprints of these “burns” immediate and delayed, from each vaccination. The evidence was before our eyes all along. We simply did not appreciate what these “burns” meant let alone that they were emerging after each vaccination. The “burns” are largely to internal organ systems. We can ALL now see the damaging effects of these “burns” with our own eyes.

As a physician, it is my sworn duty to cause no harm. As a human being, it is my duty to watch over my fellow beings. As an educator, it is my responsibility to teach awareness and understanding. As a scientist, it is my duty to separate cause from coincidence. As a Christian, it is my value to do unto others, as I would have others do unto myself. As a man, it is my responsibility to stand up to power, with truth and understanding, when those that wield power are in error.

My statements are not the words of a zealot. These are the words of integrity, couched with understanding, that has the potential to reside in every one of you.

Seek, and you shall find. Knock and the door shall be opened unto you. I have sought. I have knocked. The door has been opened. I have found the truths I was seeking. The answers have not come from my own understandings. The answers are simply self-evident (*res ipsa loquitur*) the thing speaks for itself.

All vaccinations cause brain damage, disease, chronic illness, aging, and death (*res veritas loquitur*) the truth speaks for itself. If you do not seek, if you do not knock, if you do not look, if you trust your own understandings, then (*caveat emptor*) – buyer beware.

Spotting Early Warning Signs of Vaccine Damage

If you begin to closely examine the faces of children and adults as you go through your daily life, you will begin to see the exact signs that Dr. Moulden described. You don't need to say anything to anyone, just take a close look at the corners of the mouth, the eyes, and the cheeks. You will begin to see the types of asymmetric characteristics that Dr. Moulden described.

For members of your family, you may wish to compare their current appearance with photographs that were taken before they received vaccines. When you see what Dr. Moulden described, you are most likely seeing the results of vaccine damage.

Sometimes this type of damage can be caused by other factors such as infectious diseases which can also cause a TIA in part of the brain. Sometimes exposure to toxic environmental contamination can produce TIAs. The truth is that the chemical soup that is in our air, our water, and in our food is all contributing to the destruction of our health. When we add in vaccines, then many people are pushed into serious degenerative diseases.

Young people are most at risk, because they are typically receiving such high numbers of vaccine doses. But, even with senior adults, the damage is evident. Dementia is at epidemic levels, yet very few are asking why we are seeing this change. It is not aging that causes dementia. Preventing Damage to the Brain and Other Organs

The best way to prevent brain damage from vaccines is to avoid taking vaccines. When this strategy is combined with drinking clean water, breathing clean air, and eating whole food that is not contaminated with pesticides and genetically modified residue, then we are reducing our risks for modern diseases. Healing From Vaccine Damage

Dr. Moulden and many other researchers have been working for many years to bring healing to those who have been injured by vaccines and toxic exposure to environmental agents. Dr.

Moulden was convinced that vaccine damage to the brain could be healed, because even though there has been damage to certain brain structures, the brain has the ability to establish new neurological connections in various ways.

Future articles will examine some of the treatments that are being used to help people with vaccine damage. There is hope and all is not lost when a child or adult experiences vaccine related damage. The road back to health may be long and difficult, but for many people there will be opportunities for restoration of health.

Adjusting Future Medical Priorities

I will close this article with a few final remarks from Dr. Moulden. He stated: We [doctors] are selling you vaccines, for profit, which are causing illnesses and death. We then sell you symptom based pharmaceutical products, for profit, to treat the damages and disorders we have caused. Remarkably, I can now say that the vaccine damages extend to the realm of cancers in addition to varied autoimmune and neurodevelopmental disorders.

All vaccinations are causing “silent” brain and organ damage in exactly the same way that wild polio virus caused paralysis and respiratory failure and how other infectious “plagues” of days gone by, have crippled, maimed, paralyzed, and killed. This is now proven. The damages are additive and summative with each vaccination given. The organ, tissue, and brain damages have been clinically silent – until now.

God heals, and the doctor collects the fee. We have reached a time in history that we must return to paying fees to the master physician. The medical sciences, [with] their dogma and discourse, have clearly led us a stray.

Canadian physician Dr. Andrew Moulden provided clear scientific evidence to prove that every dose of vaccine given to a child or an adult produces harm. The truth that he uncovered was rejected by the conventional medical system and the pharmaceutical industry.

Nevertheless, his warning and his message to America remains as a solid legacy of the man who stood up against big pharma and their program to vaccinate every person on the Earth. Dr. Moulden died unexpectedly in November of 2013 at age 49.

Tetanus Vaccination: Fact and Fiction

One topic that has frequently comes up in the vaccine discussion is Tetanus. It appears that culturally, we are conditioned to fear Tetanus. Many parents express their fears about keeping their children vaccine free because, “what about Tetanus?”

When you think about it, using Tetanus to encourage vaccination is a great tactic. Everyone generally knows that Tetanus is ‘caught’ by a wound. And how many times does a child get a scrape, a puncture, a cut? Every child is bound to step on something or get poked by something. So the pressure to vaccinate is strong, right?

As with all of these issues, getting down to the facts will blow the smoke away. And with Tetanus, the facts are quite damning.

What is Tetanus?

Tetanus is the name of a sickness you get when the bacterium *Clostridium tetani* enters your body and flourishes (with a life cycle). The emphasis should be on ‘flourishes’ because *Clostridium tetani* requires an anaerobic environment. What does this mean? It means for the bacterium to survive, it must be in an environment free of oxygen.

In other words, to get sick with Tetanus, you must get the *Clostridium tetani* into your body, such as through the infamous example of stepping on a nail.

Then you must ensure that the wound does not get oxygenated (does not bleed and is not exposed to air) and you must ensure the bacterium multiplies enough to start a life cycle, because the toxins released when they die is what causes Tetanus symptoms.. In summary, Tetanus requires a wound that is deep enough and neglected enough to create an anaerobic environment so that the bacteria can flourish, die off and spread a toxin in the body. The incubation period is 3-21 days, the average being 8 days.

What does it mean to ‘oxygenate’? It means to bleed. Blood is oxygenated by passing through the lungs and then flowing through the body to oxygenate all the tissues. That is how we live. We are oxygenated creatures. So if you step on a nail and you bleed, the *Clostridium tetani* cannot live. In other words, Tetanus is impossible to get if you are alive, pumping blood normally through your body and taking care of the wound.

But the truth is, people do report cases of Tetanus. Why is this? There are two main reasons:

Improper wound care. This is particularly seen around the world. For example, in Africa after the baby is born they pack dirt into the belly button after cutting the umbilical cord.

Diabetes or other circulatory disorders. Diabetes is a leading factor in the development of Tetanus because those with diabetes are more likely to have poor blood circulation and increased inflammation that prevents healthy wound healing.

Combine this with the complications of suppressed immune systems in elderly populations and you have a double whammy. This is more about chronic illness in the elderly because it takes years for the body to break down capillaries to the point that a puncture wound in the foot or finger will not be oxygenated.

The CDC admits this here: “Reported tetanus is about 3 times more common in people with diabetes and fatalities are about 4 times more common.”

Is the vaccine the only way to protect my child?

Think about your feelings on this subject. Think about the messages you have received. What is a key point about Tetanus in our culture? The lack of choice. Whenever something is “your only option” it’s a pretty good indication that someone is lying to you.

The parents I talk to feel that getting the vaccine is the ONLY option to protect their child from Tetanus. When a care provider tells you there are no options, this is a red flag and I encourage you to think about what it means when someone does this to you.

What are ways you can immediately protect your child? Proper wound care. That’s it. Seems ridiculously simple doesn’t it? Looking for adequate blood flow, cleansing the wound, applying an antiseptic and keeping the wound clean are basic steps to preventing ANY disease, including Tetanus.

But I know there’s a question hanging in the back of your mind because you are a parent. “But what if?”

If for some reason you and your child’s doctor assess a risk for Tetanus, you have the option of choosing a vaccine shot called Tetanus Immunoglobulin or TiG for short.

If you suspect Tetanus, make sure your child gets the TiG shot! Many doctors and nurses sadly

are not informed on this issue. They will pressure you to give your child the vaccine instead.

Even if you ask for the immunoglobulin, some medical employees might not know what this is or think you are mistaken and assume you want the vaccine. Sometimes they claim to have a “T” only vaccine, which is untrue.

This creates a dangerous situation because the vaccine will not take effect soon enough if your child was exposed to Tetanus, and even if the vaccine did take effect soon enough, vaccines don’t work for everyone. Make sure you see the packaging and/or insert of the immunoglobulin shot to ensure it is the right medication.

Additionally, smaller hospitals and doctor offices might not stock the immunoglobulin, so it might be more efficient to call larger hospitals/pharmacies to make sure they have the shot available before driving around town.

The bottom line? Tetanus is difficult to contract and easy to cure. No vaccine required. Pretty sad isn’t it?

I often hear parents say that they took their child to the emergency room because they stepped on a rusty nail or scraped his hand on a rusty piece of metal. Doctors readily push this misconception as well and use the descriptive term “rusty” when talking about Tetanus or promoting the vaccine.

After learning about how the illness is contracted, can you see the contradiction? Rust is the visible symptom of oxygenation. The tetani bacterium requires an anaerobic environment. I’m not saying there is absolutely no chance of contamination, but am just pointing out how people are conditioned to fear based on unscientific concepts about this topic. Whooping Cough Study May Offer Clue on Surge

When you’re newly vaccinated you are an asymptomatic carrier, which is good for you, but not for the population according to a recent article in Proceedings of the National Academy of Sciences by Sabrina Taverise. “Baboons vaccinated against whooping cough could still carry the illness in their throats and spread it, research published in a science journal on Monday has found. The surprising new finding has not been replicated in McIntyre, Jamie. The Great Vaccine Con . UNKNOWN. Kindle Edition. Doctors readily push this misconception as well and use the descriptive term “rusty” when talking about Tetanus or promoting the vaccine.

After learning about how the illness is contracted, can you see the contradiction? Rust is the

visible symptom of oxygenation. The tetani bacterium requires an anaerobic environment. I'm not saying there is absolutely no chance of contamination, but am just pointing out how people are conditioned to fear based on unscientific concepts about this topic.

Whooping Cough Study May Offer Clue on Surge

When you're newly vaccinated you are an asymptomatic carrier, which is good for you, but not for the population according to a recent article in Proceedings of the National Academy of Sciences by Sabrina Taverise. "Baboons vaccinated against whooping cough could still carry the illness in their throats and spread it, research published in a science journal on Monday has found. The surprising new finding has not been replicated in people, but scientists say it may provide an important clue to a puzzling spike in the incidence of whooping cough across the country, which reached a 50-year high last year.

"The whooping cough vaccines now in use were introduced in the 1990s after an older version, which offered longer-lasting protection, was found to have side effects. But over the years, scientists have determined that the new vaccines began to lose effectiveness after about five years, a significant problem that many researchers believe has contributed to the significant rise in whooping cough cases."

The study offers another explanation. Using baboons, the researchers found that recently vaccinated animals continued to carry the infection in their throats. Even though those baboons did not get sick from it, they spread the infection to others that were not vaccinated.

"When you're newly vaccinated you are an asymptomatic carrier, which is good for you, but not for the population," said Tod J. Merkel, the lead author of the study, who is a researcher in the Office of Vaccines Research and Review in the Food and Drug Administration. An older vaccine with longer-lasting protection was found to have side effects.

Scientists said the finding was surprising, and could be a signpost for investigators as they try to improve the vaccines for people.

"If Dr. Merkel is correct, then we need to develop better acellular vaccines," said Dr. Stanley Plotkin, an emeritus professor of pediatrics at the University of Pennsylvania.

The new vaccines are known as acellular, as they contain purified proteins, instead of complete bacteria that have been killed. "A great deal of thought and discussion is being devoted to that at the moment," he said.

The current vaccines, usually administered in infancy, preschool and adolescence, protect well in early childhood.

But by adolescence, the protective effects wane quickly. Doctors often recommend boosters. Death from whooping cough can occur in infants, but is unusual in adults.

The current whooping cough vaccines were developed after a surge in concerns from parents that their children were getting fevers and having seizures after receiving the old vaccine. Those worries added fuel to general skepticism about vaccines that had led some parents to choose not to have their children vaccinated.

But scientists say the problem of surging whooping cough cases has more to do with flaws in the current vaccines than with parents' resistance.

The new finding suggests yet another weakness of the vaccine — that even people recently vaccinated may be continuing to spread the infection without getting sick.

“The baboon model has provided an illuminating insight into the epidemic as we are coping with it today,” said Dr. William Schaffner, a professor of preventive medicine at Vanderbilt University, who was not involved in the study. Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model. Pertussis is a highly contagious respiratory illness caused by the bacterial pathogen *Bordetella pertussis*. Pertussis rates in the United States have been rising and reached a 50-y high of 42,000 cases in 2012.

Although pertussis resurgence is not completely understood, we hypothesize that current acellular pertussis (aP) vaccines fail to prevent colonization and transmission. To test our hypothesis, infant baboons were vaccinated at 2, 4, and 6 mo of age with aP or wholecell pertussis (wP) vaccines and challenged with *B. pertussis* at 7 mo. Infection was followed by quantifying colonization in nasopharyngeal washes and monitoring leukocytosis and symptoms.

Baboons vaccinated with aP were protected from severe pertussis-associated symptoms but not from colonization, did not clear the infection faster than naïve animals, and readily transmitted *B. pertussis* to unvaccinated contacts. Vaccination with wP induced a more rapid clearance compared with naïve and aP-vaccinated animals.

By comparison, previously infected animals were not colonized upon secondary infection. Although all vaccinated and previously infected animals had robust serum antibody responses, we found key differences in T-cell immunity.

Previously infected animals and wP-vaccinated animals possess strong B. pertussis-specific T helper 17 (Th17) memory and Th1 memory, whereas aP vaccination induced a Th1/Th2 response instead. The observation that aP, which induces an immune response mismatched to that induced by natural infection, fails to prevent colonization or transmission provides a plausible explanation for the resurgence of pertussis and suggests that optimal control of pertussis will require the development of improved vaccines.

4 Vaccination and The Herd Mentality

The theory of herd immunity was never meant to be applied to a vaccinated population, but rather was co-opted later in the 20th century to help justify mass, mandatory vaccination campaigns to eliminate infectious diseases for the so-called “greater good.”

The Deadly Impossibility of Herd Immunity Through Vaccination The True Facts of Herd Immunity

According to U.S. doctor Russell L. Blaylock, M.D., “Those who are observant have noticed a dangerous trend in the United States, as well as worldwide, and that is the resorting of various governments at different levels to mandating forced vaccination upon the public at large.

“My State of Mississippi has one of the most-restrictive vaccine exemption laws in the United States, where exemptions are allowed only upon medical recommendation.

“Ironically, this is only on paper, as many have had as many as three physicians, some experts in neurological damage caused by vaccines, provide written calls for exemption, only to be turned down by the State’s public-health officer.

“Worse are the States, such as Massachusetts, New Jersey and Maryland, where forced vaccinations have either been mandated by the courts, the state legislature, or have such legislation pending. All of such policies strongly resemble those policies found in National Socialist empires, Stalinist countries, or Communist China.

“When public-health officers are asked for the legal justification for such draconian measures as forcing people to accept vaccines that they deem either a clear and present danger to themselves and their loved ones or have had personal experience with serious adverse reactions to such vaccines, they usually resort to the need to protect the public.

“One quickly concludes that if the vaccines are as effective as being touted by the public-health officials, then why should one fear the unvaccinated?

“Obviously the vaccinated would have at least 95% protection. This question puts them in a very difficult position. Their usual response is that a “small” percentage of the vaccinated will not have sufficient protection and would still be at risk.

“Now, if they admit what the literature shows, that vaccine failure rates are much higher than the 5% they claim, they must face the next obvious question – then why should anyone take the vaccine if there is a significant chance it will not protect?

“When pressed further, they then resort to their favorite justification, the Holy Grail of the vaccine proponents – herd immunity. This concept is based upon the idea that 95% (and some now say 100%) of the population must be vaccinated to prevent an epidemic.

“The percentages needing vaccination grows progressively. I pondered this question for some time before the answer hit me. Herd immunity is mostly a myth and applies only to natural immunity – that is, contracting the infection itself.”

Is Herd Immunity Real?

In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime.

The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem – vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity.

This is why they began, silently, to suggest boosters for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella.

Then they discovered an even greater problem, the boosters were lasting for only 2 years or less. This is why we are now seeing mandates that youth entering colleges have multiple vaccines, even those which they insisted gave lifelong immunity, such as the MMR.

The same is being suggested for full-grown adults. Ironically, no one in the media or medical

field is asking what is going on. They just accept that it must be done.

That vaccine-induced herd immunity is mostly myth can be proven quite simply. When I was in medical school, we were taught that all of the childhood vaccines lasted a lifetime. This thinking existed for over 70 years. It was not until relatively recently that it was discovered that most of these vaccines lost their effectiveness 2 to 10 years after being given.

What this means is that at least half the population, that is the baby boomers, have had no vaccine-induced immunity against any of these diseases for which they had been vaccinated very early in life. In essence, at least 50% or more of the population was unprotected for decades.

If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection.

That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred. Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations.

When we examine the scientific literature, we find that for many of the vaccines protective immunity was 30 to 40%, meaning that 70% to 60% of the public has been without vaccine protection.

Again, this would mean that with a 30% to 40% vaccine-effectiveness rate combined with the fact that most people lost their immune protection within 2 to 10 year of being vaccinated, most of us were without the magical 95% number needed for herd immunity. This is why vaccine defenders insist the vaccines have 95% effectiveness rates.

Without the mantra of herd immunity, these public-health officials would not be able to justify forced mass vaccinations. I usually give the physicians who question my statement that herd immunity is a myth a simple example. Around 40-years ago medical students were taught that the tetanus vaccine would last a lifetime. Then 30 years after it had been mandated, we discovered that its protection lasted no more than 10 years.

Then, I ask my doubting physician if he or she has ever seen a case of tetanus? Most have not. I then tell them to look at the yearly data on tetanus infections – one sees no rise in tetanus cases. The same can be said for measles, mumps, and other childhood infections. It was, and still is, all a myth.

The entire case for forced mass vaccination rest upon this myth and it is important that we demonstrate the falsity of this idea.

Vaccinating the ‘herd’

According to an article by Lawrence Solomon, research director of US Consumer Policy Institute, in Junk Science Week, “Mass vaccination advocates rely on ‘herd immunity’ to make their case. But it doesn’t exist.

“When vaccination rates are very high, as they still are in the nation as a whole, everyone is protected,” explained USA Today in a recent editorial entitled “Vaccine opt-outs put public health at risk.”

“This ‘herd immunity’ protects the most vulnerable, including those who can’t be vaccinated for medical reasons, infants too young to get vaccinated and people on whom the vaccine doesn’t work. But herd immunity works only when nearly the whole herd joins in. When some refuse vaccinations and seek a free ride, immunity breaks down and everyone is more vulnerable.”

The concept of “herd immunity” first materialized in the 1930s, when Johns Hopkins University’s Arthur Hedrich discovered that, after 55% of Baltimore’s population acquired measles (and thus immunity to measles), the rest of the population, or “herd,” became protected. This concept provides today’s rationale for insisting that everyone be vaccinated. “Measles outbreaks occur even when the vaccinated population exceeds 95%

“If you only risked your own health by not getting vaccinated, that would be your business,” mass vaccination advocates state. “But when your failure to get vaccinated endangers me or my child, that becomes my business.” It’s a powerful argument, except for one thing — herd immunity in vaccinated populations has been repeatedly disproven.

“In November 1966, in announcing a mass vaccination program for measles that would exceed the 55% level reached in Baltimore, the U.S. Public Health Service confidently announced that “Effective use of these vaccines during the coming winter and spring should insure the eradication of measles from the United States in 1967.”

“When measles failed to be eradicated, public health experts decided that a 70% or 75% vaccination rate would secure herd immunity. When that proved wrong, the magic number rose to 80%, 83%, 85%, and then it became 90%, according to a 2001 Health Services Research report. Later health experts commonly cited 95%.

“But that too was insufficient — measles outbreaks occur even when the vaccinated population exceeds 95%, leading some to say a 98% or 99% vaccination rate is needed to protect the remaining 1% or 2% of the herd. But even that may fall short, since outbreaks occur in fully vaccinated populations.

“The target would be to have 100% of the population vaccinated,” Dr. Gregory Taylor of the Public Health Agency of Canada recently told CBC, voicing an increasingly common perspective among public health professionals. At that point, the balance of the herd that would be protected through mass vaccination would be precisely 0.

“But even vaccinating 100% of the population wouldn’t be enough, say scientists at the Mayo Clinic’s Vaccine Research Group, because the measles vaccine is a dud with some people, offering no protection at all, and its effectiveness wanes with others, even if they get boosters.

“According to Tetyana Obukhanych of Stanford University’s School of Medicine, the measles vaccine works as planned with only 25% of the population, leaving the majority of adults who have been vaccinated as children with little or no protection. Up to half of today’s cases involve adults.

“Unlike childhood measles, adult measles is dangerous: 25% of cases require hospitalization. Measles is especially dangerous when contracted by expectant mothers — studies of hospital outcomes in Los Angeles and Houston found that most suffered serious complications, some died, and their babies often died in the womb.

“The dangers extend to infants who, as USA Today points out, are too young to be vaccinated. These entirely helpless members of “the herd” depend on antibodies inherited from their mothers. Yet previously vaccinated mothers have few antibodies to pass on, depriving their babies of protection.

“The only tried-and-true way for mothers to safeguard their infants — those most at risk of death from measles — remains nature’s way: by ensuring that the mother had previously contracted natural measles.

“In fact, herd immunity — so elusive today — fully existed prior to the vaccine’s introduction. Virtually 100% of the population then contracted measles, typically as children, giving everyone lifelong immunity — and future mothers the means to protect their offspring.

“In mass vaccinating us, scientists of the 1960s didn’t realize that infecting us with the measles

vaccine — a weak version of the natural measles virus — would give us a weak version of the defenses our bodies develop to the real thing.

“Ironically, the Public Health Service generally benign in the pre-vaccine era. considered measles “Complications are infrequent and, with adequate medical care, fatality is rare.... Immunity following recovery is solid and lifelong in duration,” its chief of epidemiology, Alexander Langmuir, acknowledged in “Epidemiologic basis for eradication of measles in 1967.”

“Why, then, did he decide to eradicate this generally harmless and beneficial disease? “To those who ask me, ‘Why do you wish to eradicate measles,’ I reply with the same answer that Hilary used when asked why he wished to climb Mt. Everest. He said, ‘Because it is there.’ To this may be added, ‘...and it can be done.’”

“Herd immunity sounds fine in theory. But as Stanford’s Dr. Obukhanych concluded, “As with any garbage in-garbage out type of theory, the expectations of the herd-immunity theory are bound to fail in the real world.”

4 The Big Pharma Conspiracy Theory

Mandatory vaccination is basically a mandatory requirement to accept risk on behalf of Big Pharma and the medical establishment.

How Independent Are Vaccine Defenders?

For years some parents and scientists have raised concerns about vaccine safety, including a possible link to autism and ADD. Many independent experts have sided with government officials and other scientists who say there’s no possible connection. But how “independent” are they? CBS News investigative correspondent Sharyl Attkisson shares here’s what she found.

“They are some of the most trusted voices in the defense of vaccine safety: the American Academy of Pediatrics, Every Child By Two, and pediatrician Dr. Paul Offit.

“But CBS News has found these three have something more in common - strong financial ties to the industry whose products they promote and defend.

“The vaccine industry gives millions to the Academy of Pediatrics for conferences, grants, medical education classes and even helped build their headquarters. The totals are kept secret, but

public documents reveal bits and pieces.

“A \$342,000 payment from Wyeth, maker of the pneumococcal vaccine - which makes \$2 billion a year in sales.

“A \$433,000 contribution from Merck, the same year the academy endorsed Merck’s HPV vaccine - which made \$1.5 billion a year in sales.

“Another top donor: Sanofi Aventis, maker of 17 vaccines and a new five-in-one combo shot just added to the childhood vaccine schedule last month.

“Every Child By Two, a group that promotes early immunization for all children, admits the group takes money from the vaccine industry, too - but wouldn’t tell us how much.

“A spokesman told CBS News: “There are simply no conflicts to be unearthed.” But guess who’s listed as the group’s treasurers? Officials from Wyeth and a paid advisor to big pharmaceutical clients.

“Then there’s Paul Offit, perhaps the most widely-quoted defender of vaccine safety. He’s gone so far as to say babies can tolerate “10,000 vaccines at once.”

“This is how Offit described himself in a previous interview: “I’m the chief of infectious disease at Children’s Hospital of Philadelphia and a professor of pediatrics at Penn’s medical school,” he said.

“Offit was not willing to be interviewed on this subject but like others in this CBS News investigation, he has strong industry ties. In fact, he’s a vaccine industry insider.

“Offit holds in a \$1.5 million dollar research chair at Children’s Hospital, funded by Merck. He holds the patent on an anti-diarrhea vaccine he developed with Merck, Rotateq, which has prevented thousands of hospitalizations.

“And future royalties for the vaccine were just sold for \$182 million cash. Dr. Offit’s share of vaccine profits? Unknown.

“There’s nothing illegal about the financial relationships, but to critics, they pose a serious risk for conflicts of interest.

“As one member of Congress put it, money from the pharmaceutical industry can shape the practices of those who hold themselves out to be “independent.”

“The American Academy of Pediatrics, Every Child By Two and Dr. Offit would not agree to interviews, but all told us they’re up front about the money they receive, and it doesn’t sway their opinions.

“Today’s immunization schedule now calls for kids to get 55 doses of vaccines by age 6. Ideally, it makes for a healthier society. But critics worry that industry ties could impact the advice given to the public about all those vaccines.”

The Big Pharma conspiracy theory According to the Big Pharma establishment in general, and conspiracy theory the medical pharmaceutical companies in particular, operate for sinister purposes and against the public good.

The term Big Pharma is used to refer collectively to the global pharmaceutical industry. According to Steve Novella the term has come to connote a demonized form of the pharmaceutical industry. Professor of writing Robert Blaskiewicz has written that conspiracy theorists use the term Big Pharma as “shorthand for an abstract entity comprising corporations, regulators, NGOs, politicians, and often physicians, all with a finger in the trillion-dollar prescription pharmaceutical pie”.

According to Blaskiewicz, the Big Pharma conspiracy theory has four classic traits: first, the assumption that the conspiracy is perpetrated by a small malevolent cadre; secondly, belief that the public at large is ignorant of the truth; thirdly, that its believers treat lack of evidence as evidence; and finally, that the arguments deployed in support of the theory are irrational, misconceived or otherwise mistaken.

The conspiracy theory has a variety of different specific manifestations. Each has different narratives, but they always cast “Big Pharma” as the villain of the piece.

Making sure pills go down, and money flows.

According to Adele Ferguson and Eric Johnston in Fairfax Media, “When drugs maker Wyeth Australia wanted its arthritis drug Enbrel listed on the pharmaceutical benefits scheme (PBS) it hired political lobby group Parker & Partners to wheel out sick kids in it’s meetings with politicians. “The image of arthritic 10-year-olds, together with the threat of a bleeding heart media campaign, was so potent that Enbrel was rushed on to the PBS under the watch of then federal

health minister Kay Patterson, at a cost to Australian taxpayers of \$100 million a year. Getting a government subsidy for a drug through a listing on the PBS is the Holy Grail for big pharmaceutical companies.

Companies spend an average \$1.2 billion getting a product to market, so making that pay off is the name of the game.

In the case of Enbrel, the cost of a yearly prescription was estimated at a prohibitive \$25,000 back in 2003. Throw it on the PBS list - 600 drugs subsidized by the government - and the cost falls to \$5.30 per prescription for healthcare cardholders and \$32.90 for other patients.

If doctors are “educated” to prescribe the drug and the pharmacy chains stock the pill, then sales go up and up.

“Welcome to the \$100 billion health sector, one of the most powerful and complex industries in the country. It represents more than 10 per cent of gross domestic product, employs hundreds of thousands of people, and as the population lives longer, its tentacles grow stronger.

“Pharmaceutical companies are among the biggest in the world, with annual turnovers in the tens of billions of dollars and lucrative recurring revenue streams.

“While pharmaceutical companies outlay millions of dollars a year on grants and sponsorships to doctors and health groups, the industry spends far more on political donations in an attempt to influence health policy and get their drugs on to the PBS.”

Big Pharma, Politics and Money

Adele Ferguson and Eric Johnston went further in another Fairfax Media article. “While doctors and health groups receive millions of dollars a year from pharmaceutical companies in grants and sponsorships, the industry spends far more on political donations in an attempt to influence health policy and get drugs on the PBS. “Australia’s PBS system is world-renowned for giving consumers access to the cheapest drugs for serious illness. But the system which costs \$7.7 billion annually and the process by which drugs are listed have become increasingly vulnerable to commercial and political pressures.

“While the PBS scheme is overseen by an independent gatekeeper, the Pharmaceutical Benefits Advisory Committee, strong lobbying efforts by the global giant GlaxoSmithKline and the

homegrown drug manufacturer CSL, particularly during the later years of the Howard government, have been successful in securing listings of drugs on the PBS which had been initially rejected.

“This followed in the case of CSL’s anti-cervical cancer drug, Gardasil. GSK’s version of the drug was approved for a governmentbacked vaccination program in 2008.

“An investigation by Weekend Business has revealed that the health industry, which spans everything from pharmaceutical companies, hospitals, pharmacy chains, general practitioners and health insurance companies, spends millions of dollars a year buying political access and influence, through lobbying, hiring former government staffers both internally and externally, issuing ads and making grassroots campaign contributions.

“More than any other industry, drug companies take advantage of the revolving door between politics and other branches of the federal government and the industry. A search of where former political staffers go revealed a disproportionate number move to the lucrative health sector.

“Jerrold Cripps, QC, who recently ended his five-year term at the Independent Commission Against Corruption, made a parting shot that political donations and lobbying by former MPs and ministers “are activities that are unmistakably conducive to corrupt conduct”.

“Dozens of former government staffers and former politicians are employed as lobbyists for drug companies and health associations or work on the health accounts for PR firms.

“For instance, Kate Carnell, the former ACT chief minister mostly under the Howard government, left politics and became the chief executive of the powerful doctors’ lobby group GP Network.

“During her time in politics Carnell lobbied for an ACT branch of the pharmacy chain lobby group Pharmacy Guild of Australia, and then became the first woman national vice-president.

“However, Carnell, a powerful figure in the medical drug distribution lobby, was then poached as the chief executive of the Australian Food and Grocery Council, which represents Woolworths and Coles. Her move is not so much a sea change; rather the nation’s supermarkets are stepping up efforts to change legislation which would enable them to sell drugs in their stores.

“Then there is Michael Armitage, the former South Australian health minister, who now runs Australian Health Insurance Association, the private health industry’s peak representative

body that works for 26 health funds and collectively covers more than 94 per cent of the private health insurance industry. “AHIA member funds provide healthcare benefits for about 11 million Australians.

“The power of this organization became apparent when it revealed it had received a letter from Kevin Rudd four days out from the November 2007 election stating certain policy commitments to the industry, including retaining the private health insurance rebate.

“While there was later focus on the backflip by Rudd on the health rebate, the real story was the ability of this lobby group to extract a letter from a political leader days before an election, detailing policy.

“As Richard Denniss, the executive director of the independent think tank The Australia Institute, said: “For me the most interesting question is why the then opposition leader was making these private promises to the health insurance industry.

““It’s obviously a pretty powerful organization than can demand such promises be made in the days before an election. I haven’t seen the environment groups waving secret letters around in which the ALP makes them promises about how [it] will tackle climate change.

““I haven’t seen welfare groups waving letters around reminding the government of promises made. It’s pretty obvious that not all groups are powerful enough to get such pre-election reassurance, but what’s not obvious is why the health insurers are so special.”

“There is no doubt that the drug industry lobbyists are wellconnected, on both sides of government.

“Wyeth’s spin doctor is Peter Poggioli, the former Victorian state director of the Liberal Party under Jeff Kennett, who also worked for the former Howard government minister David Kemp.

“Poggioli is married to Rowena Cowan, who worked for the Liberal senator Nick Minchin and former senator Richard Alston and now is with the pharmaceutical giant Sanofi Aventis as a government relations manager.

“Others who moved into lobbying include Kieran Schneemann, a former chief of staff of Minchin and the former Coalition minister Peter McGauran. After politics, Schneemann went to the drug manufacturer peak body Medicines Australia as chief executive and then moved across to the Pharmacy Guild as chief executive from 2006 until July 2008.”

Boosting Revenue By Extending Patents

Global pharmaceutical giants are boosting revenues by unnecessarily extending patents in Australia, which is also slowing access to cheaper drugs.

The Productivity Commission revealed, in a recent report, that patent extensions by pharmaceutical companies cost Australian taxpayers more than \$250 million through an incentive that had failed to increase research and development.

The commission also warned of “pay for delay” practices, where big pharmaceuticals were paying generic companies to stall cheaper drug alternatives. Commissioner Karen Chester called on the corporate watchdog to investigate the practice.

The findings were revealed in the Productivity Commission’s draft report into intellectual property arrangements, which also called for action to rebalance Australia’s IP system.

The commission argued that the system had swung too far in favor of vocal rights holders and influential IP exporting nations.

“Most of the profits from excessive IP rights flow offshore, while Australian consumers and taxpayers are left to pick up the tab,” Ms Chester said.

“Only genuine innovations should be granted patent protection and patent fees need to be higher to discourage rights holders from hanging on to patents longer than they need to.”

The pharmaceutical industry is a prominent user of the patent system, ranking among the top patented technology areas in Australia. But only 4.3 per cent of applications filed between 2001 and 2014 were made by Australian residents, with the rest filed by foreign applicants.

In Australia, pharmaceutical companies can apply for a five-year extension on the standard 20-year patent term. The commission’s report said the extension was compensating firms for being slow to introduce drugs to the Australian market.

“The companies are in control of when the clock starts ticking on the extension and they use it strategically,” Ms Chester said.

“The government did the five-year extension to try and get more R&D investment in pharma-

ceuticals in Australia, but we found it has not resulted in an increase.”

Australia represents 2 per cent of the global pharmaceutical market but only 0.3 per cent of global pharmaceutical R&D. The report recommended the government reform extensions of the patent term for pharmaceuticals and calculate it on the time taken for regulatory approval. It said strategies used by pharmaceutical companies to extend the commercial life of their product included “ever-greening”, where they seek multiple patents on one product, and “pay for delay”.

While there is no evidence of pay-for-delay settlements in Australia, the report said that could simply reflect the lack of monitoring arrangements, rather than the absence of such activity. “Paying generics not to bring a drug to market is cartel-like behavior,” Ms Chester said. “They pay for the delay and are dividing up the pie of the government subsidy, the PBS ... Taxpayers are ... underwriting a cosy little arrangement.” Good Medicine After Life In Politics “A search heavyweight staffers.

of any of the health associations reveals

some appointments from former politicians or political

“A former staffer with Senator Bill Heffernan, Nick Campbell, is executive director of corporate and government affairs for Johnson & Johnson; Mark Elliott, a former adviser to the Liberals Philip Ruddock and Ian Macdonald, works at Pfizer, while David Miles, a former adviser in John Howard’s office is the communications boss at Pfizer.

“The head of Medicines Australia, Brendan Shaw, worked with the Small Business and Consumer Affairs Minister, Craig Emerson, when Labor was in opposition.

“Catherine McGovern, a former staffer in Minchin’s office works for GlaxoSmithKline. Nicole Feely, a former senior adviser in Howard’s office went to the tobacco giant Phillip Morris in 2001, then became chief executive at St Vincent’s Hospital in Melbourne before moving to Western Australia as the boss of Southern Metropolitan Area Health. There has been much controversy over her appointment, which includes running Royal Perth Hospital, Fremantle Hospital and the state’s future flagship health facility, the Fiona Stanley Hospital.

“As Denniss says: ““There appears to be a tight knit group of expoliticians and ex-political advisers with experience in health who seem to circulate around the different health lobby groups.

““They seem to get quite well paid for whatever it is they do, so obviously the big pharmaceu-

tical companies and the other big health lobby groups think they get good value for money out of employing people with their knowledge of government processes.”

“It is a concern shared by a number of former and current politicians, academics and commentators.

“John Warhurst, a professor in the school of political sciences at Australia National University, said these “incestuous” relationship were detrimental to the democratic process. “There should be some form of control over this cosy lobbying network and government,” he said.

Toby Ralph, a marketing strategist for a number of blue-chip boards who has worked on more than 40 election campaigns, is well aware of the attraction of lobbying and the pharmaceutical industry. “The pharmaceutical industry is awash with cash, much of it siphoned from the taxpayer. Approved medicines share \$6 billion or \$7 billion, so dipping the corporate bucket into that deep well is always a priority,” he says.

“The starting point is to prove medical efficacy and social and economic benefit, but that just secures a seat at the roulette table. Next they hire people with strong connections to the decision makers. There’s no shortage of willing employees as the rewards can far exceed the pittance of political stipends.”

“These extend to a former chief minister, a health minister, spin doctors, a political party state director, a prime ministerial chief of staff and a legion of political minders employed to plead the case for support.

The specialist advertising agencies and PR consultancies “Then there are the specialist advertising agencies and PR consultancies that put together compelling cases for subsidy. “This transcends the factual; they can bring in sufferers to meet the decision makers, humanizing the decision,” Ralph says.

According to him, while decision makers are obliged to look for the most cost-efficient health outcome and there are complex evidence-based review systems, it’s tough to say no to funding a high-priced cancer drug when you’ve been confronted by an eighty-year-old who may die if she doesn’t get it.

“Drug pushing is a high-risk game, but if a company secures a government subsidy, it is potentially a long-term license to suck on the teat of the taxpayer for a quarter of a century until patents evaporate,” he said.

“The pharmaceutical industry spends a fortune on marketing and promotion - nearly twice as much as it spends on research and development. Pfizer is estimated to spend well north of \$17 billion to maintain and increase its 10 per cent market share.

“In the United States, a recent investigation for the Centre for Public Integrity found that the pharmaceutical and health products industry had spent more than \$800 million in federal lobbying and campaign donations over the past seven years.

“Using children in campaigns to influence governments is one of the oldest tricks in the lobbyists’ book. Add in the threat of a media campaign with the poor suffering kids pleading for help, and the pressure becomes real. So is hard cash.

“The Greens MP Lee Rhiannon said the big pharmaceutical companies also emerged as some of the biggest financial backers to the major parties.

“Pfizer has donated \$572,560 and Medicines Australia has donated \$392,386 to the major parties. What did they seek in return?” she asked.

“Rhiannon said political donations from the health industry to federal Labor shot up and then overtook those to the Liberal party after the 2007 election. These shifting fortunes suggests that the donors from the private health sector have an interest in backing the party in government.

“There’s a real risk good public policy-making is distorted as a result of these industry donations to government. “It’s time governments swallowed the bitter pill and put an end to corporate donations so they can no longer be used to buy influence,” she said.

“Pfizer Australia, one of the country’s largest drug firms, which bought Wyeth recently, has a gaggle of former government advisers working in its lobbying, media and marketing division.

“The powerful Pharmacy Guild of Australia, is a big donor in its own right, handing out donations in the past decade totaling \$1 million to both parties. In total it has donated \$447,000 to Labor and \$528,000 to the Coalition over the past decade. However its donations to Labor have steadily outpaced those to the Liberal Party since 2007.

“Dinners can be great fund-raisers. A search of the NSW ALP returns reveal that two dinners hosted by Rudd in the lead-up to the 2007 federal election raised more than \$750,000. Attendees included representatives from the Pharmacy Guild of Australia, Symbion Health, Novartis, Health Services Union and Wyeth.

“GSK recently announced a new global policy to voluntarily stop all corporate political contributions - the move was aimed at reducing appearances it was seeking to buy political influence.

However, GSK continues to use external and its own lobbyists while the drug firm’s executives are free to provide personal donations.



New campaign to encourage further childhood vaccination Government to brainwash the spend \$5.5 million on vaccine propaganda to less educated that Vaccines are both safe and effective without any scientific evidence to back up such claims .

In April 2017 the Turnbull Government announced it was rolling out a new \$5.5 million immunization awareness campaign to encourage Australian parents and carers to get their kids vaccinated.

The press release claimed, “While Australia’s immunization rates are already high, the Government wants all Australian children fully vaccinated before they start school.

“Research shows that when people are fully informed about the benefits of vaccination, they are more likely to vaccinate.

“The three-year campaign will specifically target areas of low vaccination rates by addressing

myths and misconceptions, while explaining the benefits of childhood vaccinations for both the individual and the community.

“A range of advertising platforms combined with direct engagement at over 11,000 child care centres will be utilized to target parents of children aged under 5 years.

“The campaign will use trusted third party advocates such as doctors and other medical experts to sell the message with social media playing a significant role in highlighting evidence based information from highly credible sources.

“The campaign will cost \$5.5 million over the three years from 2016–17 to 2018–19.

“Vaccination works and the Turnbull Government fully supports it as an effective and safe tool to prevent the spread of many diseases that cause hospitalization, serious ongoing health conditions and sometimes death.

“Public support for immunization is high, but some parents continue to have concerns about the safety of vaccines.

“While Australia’s national coverage is 93 per cent, there are still some areas where it is as low as 64 per cent. These pockets of low coverage pose risks to the community, especially people who cannot be immunized because they are too young or for medical reasons.

“Providing clear, coherent and evidence-based information to pregnant women, parents and carers, particularly through early childhood settings, will support the Government’s broader commitment to pursue a nationally consistent approach that gives parents confidence that their children will be safe in child care and pre-school settings.

“This campaign will build on our incredibly successful ‘No Jab No Pay’ policy – which has seen around 200,000 extra kids vaccinated since the start of last year.

“And as part of our ‘No Jab No Play’ policy, the Prime Minister is calling on states and territories to ban unvaccinated kids from attending child care or pre-school services, and child care centres and pre-schools will be required to publish their vaccination coverage rates.

“The only allowable exemption from vaccination will be for medical reasons.”

\$12.5 million on nurses over four years

\$10,000 to send one nurse to a five-day event

Drug companies splashed more than \$650,000 sending nurses to conferences in a recent six month period and are targeting highly respected specialists, spending as much as \$10,000 to send one nurse to a five-day event. But nurses and their pharmaceutical sponsorship, employers have defended the saying companies do not exert influence and it creates opportunities for professional development. They say this in turn benefits patients. “There’s no requirement of any sort, there’s no feeling that I’m beholden to anybody,” said a senior nurse among the most courted by companies.

Researchers are concerned the support is aimed at increasing prescriptions and will drive up the costs of medication. “These companies currently market some of the highest-cost drugs on the market for diseases such as cancer and hepatitis C,” said Dr Quinn Grundy, a nurse and researcher at the University of Sydney.

Dr Grundy’s research companies had spent \$12.5 million on nurses over four years and that even though most can’t prescribe, nurses attended twice as many sponsored medical events as doctors.

A Fairfax Media analysis of transparency reports to industry group Medicines Australia shows 27 pharmaceutical companies disclosed spending more than \$650,000 across 663 nurses in the six months to April 30. But the actual amounts could be much higher as 45 per cent of total contributions to health professionals were not identified in the data.

About \$565,000 of that was used to send nurses to educational meetings and conferences and a further \$73,000 paid for the services of nurses who sit on their advisory boards.

For example Bristol-Myers Squibb paid \$46,703 for about 70 nurses from around Australia to attend an educational meeting in March at the luxurious Langham Hotel on Melbourne’s Southbank.

The purpose of the meeting was to learn about its hepatitis C drug Daklinza, which had just been added to the pharmaceutical benefits scheme.

Overall, Bristol-Myers Squibb spent at least \$120,000 on nurses over the period, the most amount disclosed of all companies, followed by Novartis (\$82,642), Gilead (\$72,899), and Pfizer (\$53,767).

A responsibility to make sure their drugs were used safely A Bristol-Myers Squibb spokes-

woman said the company had a responsibility to make sure their drugs were used safely.

“Our support for educating nurses about our medicines contributes to the quality use of those medicines and to improving patient care and health outcomes,” she said.

The three nurses who pharmaceutical companies spent the most on all operate in specialty fields, two in hepatology, which concerns illness of the liver and related organs.

The nurses are regarded highly and their employers have no commercial dealings with the companies involved. Each employer expressed full support for the nurses, and their interactions with companies.

Over the six months, three companies made payments totaling \$15,427 to cover the travel and advisory fees of nurse Sherryne Warner, a consultant with the Monash Medical Centre, and research manager at Monash University’s Liver/Gut Inflammation and Fibrosis Research Group. She manages clinical trials.

Ms Warner sits on advisory boards for several companies, which involves giving feedback on what level of education patients and doctors need about particular drugs and areas that could be improved, she said.

“I don’t have any ability to be able to influence what drugs my patients actually get or to influence the consultants that I work with to write those prescriptions,” Ms Warner said.

Ms Warner said she did not know why drug companies paid for nurses’ travel to conferences, which included \$10,000 Bristol-Myers Squibb spent to send her to a five-day International Liver Congress in Barcelona, but said nurses cannot afford to go to educational meetings otherwise.

“In Australia within the field that I work in we abide by the Australian guidelines which come out of a lot of the clinical trials, but we also work to many of the international standards and guidelines and that’s where they’re also presented and developed,” she said.

Companies also disclosed spending a combined \$14,651 on Tracey Jones, a nurse practitioner for hepatitis C at John Hunter Hospital in NSW, and \$14,411 on Michael Brown, a nurse consultant at Royal Melbourne Hospital.

John Hunter Hospital general manager Debbie Bradley said as long as staff abided by NSW Health and the hospital’s policies, and there are no conflicts, the hospital was “supportive of

staff participating in these types of arrangements”.

She said Ms Jones provided advice widely as one of the most senior clinical nurses in her field and “sponsorship arrangements with pharmaceutical companies offer opportunities for our staff to receive ongoing training and education.”

Pfizer paid \$13,011 for Mr Brown to attend a conference at a medical centre in Jerusalem that specializes in a rare condition, a trip his employer supported. “Gaucher disease is an ultra-rare condition, and opportunities to learn from staff at an experienced treatment centre are uncommon and extremely valuable for improving patient care,” an RMH spokeswoman said.

Dr Grundy said sponsorship of nurses needed to be scrutinized as studies had shown these practices with doctors was linked to rising prices.

“Sponsorship of events and payments to doctors and physicians are associated with increased prescription of promoted drugs,” she said. “Heavily promoted new drugs tend to be higher cost and have less of a track record for safety than drugs already on the market, which can drive up healthcare costs and create threats to public health.”

Alternative treatments

In Natural Cures “They” Don’t Want You to Know About, Kevin Trudeau proposes that there are all-natural cures for serious illnesses including cancer, herpes, arthritis, AIDS, acid reflux disease, various phobias, depression, obesity, diabetes, multiple sclerosis, lupus, chronic fatigue syndrome, attention deficit disorder, muscular dystrophy, and that these are all being deliberately hidden and suppressed from the public by the Food and Drug Administration, the Federal Trade Commission, and the major food and drug companies.

Big Pharma’s highly profitable revenues and absolute economic and political power in the United States and world are unprecedented Every year a handful of the biggest pharmaceutical corporations are a well-represented fixture amongst the most powerful Fortune 500 companies of the world.

The twelve largest drug manufacturers and the eight largest drug delivery companies (or otherwise known as the drug channels companies) that include drug wholesalers, chain pharmacies and pharmacy benefit managers (so called PBM’s) consist in total only 20 of the top 500 global corporations in the world.

Thus, despite making up only 4% of the total Fortune 500 companies in 2014, both Big Pharma's highly profitable revenues and absolute economic and political power in the United States and world are unprecedented.

Big Pharma's top eleven corporations generated net profits in just one decade from 2003 to 2012 of nearly three quarters of a trillion dollars – that's just net profit alone.

The net profit for 2012 amongst those top eleven amounted to \$85 billion in just that one year. The majority of these largest pharmaceuticals are headquartered in the US – including the top four, Johnson & Johnson (#39 on Fortune 500 list), Pfizer (#51), Merck (#65) and Eli Lilly (#129) along with Abbott (#152) and Bristol Myers Squibb (#176).

The healthcare research company IMS Health projects worldwide sales of Pharma drugs to exceed one trillion dollars by around the time of writing this book. With that kind of obscenely powerful money to throw around, what Big Pharma wants, Big Pharma nearly always gets.

Because natural healing substances cannot be patented, Big Pharma has done its sinister best to squelch any and all knowledge and information that come from the far more affordable means of alternative health sources that explore ancient traditional cultures' medicinal use of hemp along with thousands of other plants and roots that could threaten drug profits and power of Big Pharma and modern medicine as they are currently practiced and monopolized.

Then look at what we are now learning about Big Pharma vaccines and the wanton reckless endangerment of children and pregnant mothers with toxic levels of mercury causing increased rates of autism, brain damage and even death.

The criminal cover-up by Big Government and Big Pharma is egregious. Flu vaccines have recently been exposed that are totally ineffective along with the horrific damage being done to humans worldwide.

Instead of preventing and decreasing illness, vaccines too often have had the opposite effect, exponentially causing irreversible damage and even death increasing illness, to thousands of unsuspecting victims mostly living in Third World nations. India's Supreme Court is currently looking into charging Bill Gates with criminal harm to many of its citizens especially children injured or killed by his global vaccine program.

The drug companies control the global healthcare empire Joachim Hagopian a West Point graduate and former US Army officer with a masters degree in Clinical Psychology and 25-years

experience working as a licensed therapist in the mental health field has very strong views on Big Pharma.

He claims, "... the drug companies control the global healthcare empire. Since 1990 Big Pharma has been pumping at least \$150 million that we know about (and no doubt lots more we don't know about) buying off politicians who no longer represent the interests of their voting public.

"Campaign financing laws permit unlimited, carte blanche bribery power for America's most wealthy and powerful to fill the pockets of corrupt politicians with absolutely no oversight. Though the corporate buy-off of other nations around the globe may not appear quite so extreme and blatantly criminal as in the United States, international drug companies make certain that every national government allows full access and flow of their prescription drugs into each nation, including rubber stamped approval by each nation's regulatory body to ensure global maximization of record setting profit.

"Big Pharma also invests more dollars into advertising than any other industry in America, transmitting its seductively deceptive message direct to its consumers, explicitly giving them marching orders to request specific drugs from their doctors. In one recent year, pharmaceutical corporations paid nearly \$3.5 billion to market their drugs on television, radio, internet and magazines, saturating every media outlet.

"Much of Big Pharma's success over the last couple decades has been the result of specifically targeting special new populations to con and win over, resorting to creating new diseases and maladies to entice troubled, stressed out, gullible individuals into believing there's something abnormally wrong with them, that they are among always a growing segment of our population who quietly suffer from whatever discomforting symptoms, deficits, dysfunctions, ailments, syndromes and disorders that enterprising Big Pharma connives to slyly invent, promote, package and sell.

"This unethical practice has been called "disease mongering." Drug companies today operate no different from the snake oil salesmen of yesteryear. Saturating the market with their alluring, promising ads, check out any half hour of national network news on television targeting the baby boomer and geriatric crowd and you'll notice 95% of the commercials are all brought to you by none other than Big Pharma.

"In recent years Big Pharma has become deceitfully masterful at repackaging and rebranding old medicines at higher prices ever in search of expanded consumers.

“As sinister as any aspect of the drug business is how Big Pharma has completely taken over the FDA. A recent Harvard study slammed the FDA making the accusation that it simply “cannot be trusted” because it’s owned and operated by Big Pharma.

“With complete autonomy and control, now pharmaceutical companies knowingly market drugs that carry high risk dangers for consumers.

“Hundreds of Big Pharma drugs are recalled every year. Many FDA approved drugs like Fen-Phen, Vioxx, Zohydro and Celebrex kill hundreds before they’re finally removed from the shelf.

“This withholding the truth from the professionals and public consumers is yet more evidence that Big Pharma protects its profits more than people.

“This evil practice that keeps repeating itself is proof that Big Pharma is a criminal racket. It no longer needs outside independent research demonstrating a drug’s efficacy to be FDA approved.

“Currently research is conducted and compiled by the pharmaceutical industry itself to fraudulently show positive results from methodologically flawed drug trials when in reality a drug proves either ill effective at doing what it’s purported to do or downright harmful.

“Research outcomes only need to show that the drug outperforms a placebo, not other older drugs already available on the market that have proven to be effective at lower cost.

“Because Big Pharma sometimes outright owns and largely controls today’s most prominent medical journals, spreading false propaganda, disinformation and lies about the so called miracle effects of a given drug is yet another common practice that is malevolent to the core.

“98% of the advertising revenue of medical journals is paid for by the pharmaceutical industry. Shoddy and false claims based on shoddy and false research all controlled by Big Pharma often get published in so called reputable journals giving the green light to questionable drugs that are either ineffective or worse yet even harmful. Yet they regularly pass peer and FDA muster with rave reviews.

“Around eight years ago the US Justice Department filed and won a huge criminal lawsuit against Pfizer, one of the largest pharmaceutical corporations in the world employing 116,000 employees and boasting an annual revenue of more than \$50 billion (\$53.8 in 2013).

“Fined \$2.3 billion to pay off civil and criminal charges for illegally promoting the use of four of its drugs, the unprecedented settlement became the largest case of healthcare fraud in history.

“The crux of the case centered on Pfizer’s illegal practice of marketing drugs for purposes other than what the FDA originally approved. While the law permits a wide leeway for physicians to prescribe drugs for multiple purposes, Pharma manufacturers are restricted to selling their drugs only for the expressed purposes given them by FDA approval.

“With drug profits so obscenely high, even with a slap on the hand penalty fee of \$2.3 billion, Big Pharma’s net profit for just one quarter easily can pay it off.

“Three years later in July 2012 the Justice Department handed down yet an even bigger fine of \$3 billion to UK’s global healthcare giant GlaxoSmithKline for the same exact crimes.

“As long as Big Pharma continues raking in such enormous profits, fines into the billions mean nothing since they’re paid off in a few months’ time.

“Not until CEO’s and top executives of Big Banks, Big Wall Street and Big Pharma start going to jail to serve long term sentences for their crimes, it will conveniently remain business as usual.

“And as long as Big Pharma owns Big Gov. Corp., just like the oligarchs own everything there is to earthly own, nothing will ever change for the better unless we as citizens of the world demand accountability and justice that punishment rightly fit the corporate crime.”

Doctors concerned about independence

The Australian Medical Association opposes generic default prescribing.

Only 58 per cent of all scripts dispensed in Australia are for generic drugs, compared to 84 per cent in the United States, 83 per cent in the United Kingdom, 77 per cent in New Zealand and 70 per cent in Canada.

The Australian Medical Association opposes prescribing.

“Independent clinical decision making and generic default

prescribing is something that the AMA holds very dear and very true to our hearts,” AMA

vice-president Tony Bartone recently told ABC TV.

“Forcing a default option to a generic, when we come to prescribing for our patients, would not be in the patient’s interests.

“It’s about understanding our patients and making a decision that’s in the patient’s best interests, as well as one that’s guided by years of clinical expertise and experience.

“We understand our patients, we know what works for them and we know the peculiarities and the idiosyncrasies about what works for them.”

Pharmaceutical companies spent \$290 million wining and dining doctors

In July 2017, Sue Dunlevy, National Health Reporter, News Corp Australia Network, wrote: “Doctors are getting their morning teas, lunches and dinners funded by drug companies who spent \$290 million in four years trying to build a cosy relationship with medicos so they could influence prescribing habits.

“A University of Sydney study has found doctors might never have to pay for a meal with drug companies hosting 116,000 “educational” events for them in the four years between 2011 and 2015.

“On average, each week over the four years between 2011 and 2015 there were 608 drug company funded events that ranged from breakfasts, to journal club morning teas and lunches.

“Nearly two-thirds of the events (74,998) were held in a clinical setting, such as hospitals, clinics or doctors’ offices.

“A recent US study found these meetings are enough to influence a doctors prescribing habits and generate an increase in prescriptions for expensive brand name drugs even when they include a lunch that costs just \$12.”

Drug companies spent \$287 million in four years on ‘educational’ events for doctors

The drug industry is spending \$72 million a year “educating” doctors, with one company

splashing \$750,000 on a weekend conference.

A new database of pharmaceutical company-funded events created by Sydney University researchers shows 42 companies shelled out \$286 million on 117,000 events for doctors and nurses over a four-year period. The average cost of an event was \$2500.

From a gym at a mental hospital to studies involving millions of subjects, this scientist is out to prove that the best medicine for mental illness might not be a drug after all.

“This suggests an epidemic of drug company influence that is extremely unhealthy and extremely worrying,” said Dr Ray Moynihan, an over-diagnosis expert at Bond University.

Swiss giant Roche organized the most expensive event each year, spending an average \$750,000 on the two-day event (plus welcome dinner), the “Annual Haematology & Oncology Targeted (HOTT) symposium” for about 300 doctors.

Industry data shows 42 drug companies spent \$286 million on 117,000 events over four years.

The data shows about half the money covered meals, five-star accommodation, airfares and transfers. How the rest was spent (apart from speaking fees and general event costs) is a mystery.

Dr Quinn Grundy, one of the researchers, said the sheer scale of generosity was worrying because it could lead to doctors prescribing more expensive medicines.

“In the industry, the doctor is the middleman, so in order to access and market to them, these companies are sponsoring events, with some of the money I suspect coming from their marketing budgets,” she said.

Roche spent an average \$750,000 a year holding a two-day event for oncologists and haematologists.

It’s understood Roche invited select cancer and haematology specialists and advanced trainees to register for its symposium, held either at Hilton Sydney or Grand Hyatt Melbourne.

Dr Moynihan said Roche wouldn’t be spending \$750,000 on a single event if the investment didn’t translate into increased sales.

“The danger here is that cancer drugs have very high price tags but sometimes have very small benefits and in the context of this debate and growing healthcare costs, why are our cancer specialists getting their education from drug companies?” he asked.

The data, collected by industry peak body Medicines Australia, also shows more than 90 per cent of events included food and beverages.

The researchers said the industry’s decision to stop reporting on how much companies spend on food and beverages was a big concern. “A large extent of industry-sponsored activities will likely disappear from public view,” said Dr Grundy.

She said studies showed the provision of a \$20 meal was associated with an increase in the prescribing of costly, promoted drugs.

“With Roche, there’s a big spend on a large number of people, but I’m also shocked by the fact there are 600 events a week, where sandwiches and sushi are served, which can still influence decisionmaking,” she said.

The data reveals Roche paid about \$110 a head for the welcome dinner ahead of each HOTT symposium.

A Roche spokesman said HOTT facilitated the “exchange of knowledge” to “maximize the potential for positive patient outcomes and the quality use of medicines”.

He said Roche held HOTT in 2016 and 2017, attracting 270 and 172 delegates respectively. This year it spent \$461,000.

Haematology Society of Australia & New Zealand and Medical Oncology Group of Australia said they weren’t involved in HOTT and declined to provide further comments.

Milton Catelin, chief executive of Medicines Australia, said the events were educational and any hospitality was “incidental” and no more than what was seen as appropriate.

“The assertion that provision of food is enough to influence the prescribing practices of a highly educated medical professional is both incorrect and unfairly disparaging,” he said.

Royal North Shore Hospital tops list of Sydney hospitals hosting

drug company events

According to Esther Han, in a Fairfax Media article in July 2017, “Two-thirds of all drug company-sponsored events for health professionals occur in clinical settings such as hospitals and doctors’ offices, new research shows.

“Researchers from The University of Sydney who created a database of 117,000 pharmaceutical company-funded events held over a four year period said it was alarming to discover 64 per cent occurred in clinical settings.

“A new study shows two-thirds of drug company-sponsored events were held in a clinical setting, such as hospitals, clinics or doctors’ offices.

““While the wining and dining in flashy restaurants have captured the public’s imagination and drawn outrage, these routine flows of influence within hospitals may well be far more insidious,”” said one of the researchers Dr Ray Moynihan from Bond University.

““I don’t think many patients would appreciate how often their hospital doctors and nurses are being educated courtesy of drug company money.””

“Fairfax Media’s analysis of the data found that among Sydney’s major hospitals, Royal North Shore Hospital (RNSH) in St Leonards was the setting for the greatest number of events, playing host to nearly 2400 drug company-funded functions between October 2011 and September 2015.

“The data shows more than 55,000 health professionals, whether doctors, nurses or trainees, attended 2399 events held by drug companies at RNSH that cost nearly \$844,000 to run.

RNSH was followed by Westmead Hospital, which hosted 1878 events that cost the companies nearly \$630,000, and Royal Prince Alfred in Camperdown, which hosted 1700 functions worth nearly \$700,000.

“The researchers said the data suggested drug companies had a pervasive presence in everyday clinical practice and drug company promotion was endemic within the health system.

“Royal North Shore Hospital hosted the highest number of drug company-funded events, compared to its Sydney counterparts.

“They said studies showed sponsored events were largely a marketing strategy and even the provision of a \$20 meal was associated with an increase in the prescribing of costly, promoted drugs.

““There’s a real commercial presence in the spaces where healthcare is being delivered and it would be beneficial to set a clearer boundary between promotion and education,”” said coauthor Dr Quinn Grundy from Sydney University.

“The researchers say drug company promotion is endemic within the health system.

““There should be independence, meaning the industry shouldn’t have control over the choice of speaker or the content of the event.”

“Milton Catelin, chief executive of Medicines Australia (MA), which collected the data, said companies had an important role in educating doctors, making sure they knew about the latest developments in medicines and how to use them safely.

““Doctors and other healthcare professionals work in incredibly demanding circumstances, are extremely time poor and are still, despite these demands, expected to grow their professional knowledge about the latest innovations in medicine,”” he said.

““It is appropriate that the innovative medicines industry works within the time constraints of our front-line medical professionals and provide or support the education that they need in a clinical setting and at an appropriate time.””

“A spokesperson for Northern Sydney Local Health District, which oversees RNSH, said the hospital held many clinical and research meetings and food and beverages served at events were “modest” and followed MA’s code of conduct.

“/“Any specific, personally directed subsidies [for example, conference attendance] are subject to specific probity rules and attract high levels of scrutiny,”” she said.

““Procurement of medications is at arm’s length from industry, and has a number of checks and balances,”” she continued.

““The provision of new drugs requires approval by the RNSH Drug Committee, which has procedures to exclude staff with a potential conflict of interest.””

US Congressman Says CDC Should Be Investigated For Incestuous Ties With Vaccine Makers

In a recent interview on AutismOne's A Conversation of Hope radio show, Congressman Bill Posey's strong resolve and demands for transparency were evident as he discussed the Center for Disease Control (CDC)'s handling of vaccine safety studies which affect "our most precious resource in our nation – our children."

The 30-minute interview, conducted by vaccine industry watchdog, PhD biochemist Brian Hooker, delves into what Posey called "the incestuous relationship between the public health community and the vaccine makers and public officials."

The Florida legislator, known as "Mr. Accountability," did not mince words when criticizing current and past CDC officials including indicted fraudster Dr. Poul Thorsen; CDC director turned Merck Vaccine President Dr. Julie Gerberding; and the agency's current spokesperson regarding autism and vaccines, Dr. Coleen Boyle.

On Thorsen, Posey said "If you read through the emails and learned about the meetings and the financial arrangement this crook had with the CDC, it will make you absolutely sick to your stomach. This was no casual researcher way down the line.

This is the CDC's key man in Denmark. He was closely tied to the CDC's top vaccine safety researchers... as long as Thorsen was cooking the books to produce the results they wanted, they didn't care whether the studies were valid or how much money was being siphoned off the top...It's like Commission and Bernie Madoff.

But it's worse because we're the Security and Exchange talking about someone who

basically stole money that was supposed to be used to improve the health and safety of our most vulnerable in our society – our young babies."

Dr. Hooker remarked that Thorsen had collaborated with the CDC on 36 papers, not just one paper as claimed by Dr. Boyle, and that the agency refused to investigate studies exonerating vaccines' role in causing autism following his indictment on wire fraud and money laundering.

Posey described Boyle as "intentionally evasive," in his questioning of her at a Congressional hearing. "I asked her a very direct question. 'Have you done a study comparing autism rates in vaccinated vs. unvaccinated children?...' She started telling us about everything she's done...

After she wasted three minutes, I cut her off and I demanded that she answer the question. And then, only then, did she admit that the federal government has never done that very simple, fundamental, basic study.”

About Boyle’s denial of a true increase in autism, Posey said, “I know we have an autism epidemic. You know it. She knows it. She knows we know it. But for some reason they refuse to acknowledge it publicly.”

Regarding Boyle’s assertion that the increase is due to better diagnosing, Posey said, “I don’t think anybody that’s intellectually honest with this issue can begin to fathom that lame excuse that she uses.”

He also described an orchestrated campaign on behalf of the CDC and vaccine industry: “people who do all the blogging and shredding anyone who dares question the unaccountable bureaucrats.”

He spoke of “their little media network [that will] twist the truth to disparage, to malign, to vilify, to denigrate anybody who wants any kind of accountability....”

Posey then discussed his co-sponsorship with Rep. Carolyn Maloney of the Vaccine Safety Study Act. He said the proposed legislation would compel the government to conduct a retrospective vaccinated vs. unvaccinated study of health outcomes. He felt it could be done with “accountability and direct oversight of the government”

In his closing remarks, Posey said, “The CDC can’t be trusted regarding investigating vaccine safety. Huge conflict of interest. I think the CDC should be investigated.”

Barry Hooker’s changer.”

Segal, founder of Focus Autism, which sponsors Dr. investigative research called the interview “a game

CDC’s Vaccine Safety Research is Exposed as Flawed and Falsified in Peer-Reviewed Scientific Journal Substantial Scientific Evidence Exists that Vaccine Ingredient is a Developmental Neurotoxin

Just months after U.S. Congressman Bill Posey compared the Center for Disease Control (CDC)'s vaccine safety studies to the SEC's Bernie Madoff scandal, malfeasance in the CDC's studies of thimerosal-containing vaccines has, for the first time, been documented in peer-reviewed scientific literature.

While the CDC states on its website that "low doses of thimerosal in vaccines do not cause harm, and are only associated with minor local injection site reactions like redness and swelling at the injection site," the journal *BioMed Research International* now provides direct evidence that the CDC's safety assurances about the mercury-containing preservative are not fact-based, according to the article's lead author, Brian Hooker, PhD.

The paper opens by citing over 165 studies that have found Thimerosal to be harmful, including 16 studies that had reported outcomes in human infants and children of death, acrodynia, poisoning, allergic reaction, malformations, auto-immune reaction, Well's syndrome, developmental delay and neurodevelopmental disorders including tics, speech delay, language delay, ADHD and autism.

These findings by multiple independent research groups over the past 75+ years have consistently found thimerosal to be harmful. "Substantial scientific evidence exists and has existed for many years that the vaccine ingredient thimerosal is a developmental neurotoxin" says George Lucier, former Associate Director of the National Toxicology Program.

Studies showing harm from thimerosal sharply contradict published outcomes of six CDC co-authored and sponsored papers – the very studies that CDC relies upon to declare that thimerosal is "safe" for use in infant and maternal vaccines.

Dr. Hooker, biochemist and vaccine industry watchdog, said of the six CDC studies, "Each of these papers is fatally flawed from a statistics standpoint and several of the papers represent issues of scientific malfeasance. For example, important data showing a relationship between thimerosal exposure and autism are withheld from three of the publications (Price et al. 2010, Verstraeten et al. 2003 and Madsen et al. 2003).

This type of cherry-picking of data by the CDC in order to change the results of important research studies to support flawed and dangerous vaccination policies should not be tolerated."

Dr. Boyd Haley, international expert in mercury toxicity and a co-author of the recently published paper said "There is no doubt that authorities in the CDC have initiated and participated in a cover-up of vaccine-induced damage from thimerosal to our children----and this I consider

criminal.”

The paper, “Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines is Safe,” was published on June 6 and contains eight pages of evidence that the CDC has had knowledge of the vaccine preservative’s neurological risks, yet continues to cover them up.

The paper concludes, “five of the publications examined in this review were directly commissioned by the CDC, raising the possible issue of conflict of interests or research bias, since vaccine promotion is a central mission of the CDC. Conceivably, if serious neurological disorders are found to be related to Thimerosal in vaccines, such findings could possibly be viewed as damaging to the vaccine program.”

Dr. Hooker has submitted over 100 FOIA requests to the CDC over the past 10 years and has amassed thousands of pages of documents showing malfeasance in the CDC’s vaccine safety program. Hooker revealed that one CDC document quoted a top official instructing CDC employees to “Review all correspondences and documents to see if there is ‘foreseeable harm’ to the agency if they were released” so the documents could be redacted by CDC attorneys prior to release.

Barry Segal, founder of the Focus Autism Foundation and former entrepreneur whose company sales peaked near \$2 billion said, “We are in the process of exposing what may be the biggest federal scandal ever with immense damage to our economy and our people, especially our children who are the future of our country. Their health has been compromised by mercury in vaccines. We need Congress to take action now. Thimerosal must be banned.”

A more effective vaccine preservative “2PE” has replaced thimerosal in many other vaccines and possesses a much better safety profile according to Dr. Hooker.

The Focus Autism Foundation is dedicated to providing information to the public that exposes the cause or causes of the autism epidemic and the rise of chronic specifically on the role of vaccinations.

illnesses

– focusing

Proof Surfaces Insurance Company Pays Doctors For Babies

Massive Bonuses To

Alex Pietrowski recently wrote in Natural Blaze, “Here is a perfect example of the tactics that Big Pharma uses to incentivize doctors to push vaccines on the public.

“U.S. Insurance company Blue Cross Blue Shield (BCBS) pays pediatricians \$400 for EACH fully vaccinated child under the age of 2. This means that for every 100 vaccinated patients, the doctor gets a \$40,000 bonus!

“BCBS outlines the incentive program for vaccinating babies in the BCBS doctor incentives booklet. The program specifies that patients under the age of 2 must receive 24 inoculations for the doctor to receive the \$400 per-patient payout. The list includes the flu vaccine, even though evidence suggests that the flu vaccine actually weakens the immune system long-term.

“Furthermore, during a recent flu season the flu vaccine’s effectiveness was found to be just 56 percent across all age groups reviewed by the CDC.”

Exorbitant Payouts for Vaccinating Babies

“How much money can a doctor make by pushing vaccines on trusting parents? Here’s the breakdown:

The average American pediatrician has 1546 patients, though some pediatricians see many more. The vast majority of those patients are very young, perhaps because children transition to a family physician or stop visiting the doctor at all as they grow up.

“Blue Cross Blue Shield pays pediatricians \$400 per fully vaccinated child. If your pediatrician has just 100 fullyvaccinated patients turning 2 this year, that’s \$40,000.

“Yes, Blue Cross Blue Shield pays your doctor a \$40,000 bonus for fully vaccinating 100 patients under the age of 2. If your doctor manages to fully vaccinate 200 patients, that bonus jumps to \$80,000.

Doctors Receive Bribes for More Than Vaccinations

“The complete BCBS doctor incentives booklet shows that payouts aren’t available just for vaccines. Doctors receive bonuses for making sure that patients “adhere to their prescribed drug therapy.” This falls under BCBS category of “disease management” and includes statins, drugs for hypertension,

medications. Doctors also receive bonuses

and oral diabetes

for helping patients manage depression...but only if they do so using drugs.

“These types of practices by the medical establishment give rise to many questions. First, are doctors more concerned about earning their bonus than about children’s health? That would explain why so many doctors are no longer taking families that do not vaccinate. Further, do doctors even care if the one-size-fits-all approach to vaccination is safe?

“Finally, if doctors receive payouts for disease management, then why would they want to cure their patients? This approach definitely illustrates the biggest problem of our medical establishment. Let’s face it, the establishment is creating long-term customers instead of curing patients!”

6 Educate Before You Vaccinate

Two pilot studies led by Anthony Mawson reveal vaccinated children have more health problems than unvaccinated children.

The Road to Hell is Paved with Good Intentions

“Those pushing mandatory vaccination for an ever-growing list of diseases are a mixed bag. Some are quite sincere and truly want to improve the health of the United States.

“They believe the vaccine-induced herd immunity myth and likewise believe that vaccines are basically effective and safe. These are not the evil people.

“A growing number are made of those with a collectivist worldview and see themselves as a core of elite wise men and women who should tell the rest of us what we should do in all aspects of our lives.

“They see us as ignorant cattle, who are unable to understand the virtues of their plan for America and the World. Like children, we must be made to take our medicine – since, in their view, we have no concept of the true benefit of the bad-tasting medicine we are to be fed.

“I have also found that a small number of people in the regulatory agencies and public health departments would like to speak out but are so intimidated and threatened with dismissal or destruction of their careers, that they remain silent. As for the media, they are absolutely clueless.

“I have found that “reporters” (we have few real journalists these days) rarely understand what they are reporting on and always trust and rely upon people in positions of official power, even if those people are unqualified to speak on the subject.

“Most of the time they run to the Centers for Disease Control or medical university to seek answers. I cannot count the number of times I have seen university department heads interviewed when it was obvious they had no clue as to the subject being discussed. Few such professors will pass up an opportunity to appear on camera or be quoted in a newspaper.

“One must also appreciate that such reporters and editors are under an enormous economic strain, as vaccine manufacturers are major advertisers in all media outlets and for an obvious reason – it controls content. A number of excellent stories on such medical subjects are spiked every day.

“That means we will always be relegated to the “fringe media” as our media outlets are called. Despite the high quality of the journalism in many of the “fringe” outlets, they have a much smaller audience. And despite this we are having an enormous effect on the debate.”

As the Public Awakens, the Collectivist Becomes Desperate “John Jewkes, in his book *Ordeal by Planning*, observed that as the British collectivists began to see opposition rise to their grandiose plans, they became more desperate and aggressive in their reaction.

“They then initiated a campaign of smearing their opponents and blaming every failure on the unwillingness of the people to accept the planner’s dictates without question. We certainly have seen this in this debate –opponents to forced vaccinations are referred to as fringe scientists, kooks, uneducated, confused, and enemies of public safety – reminiscent of Stalin’s favorite phrase, “enemy of the people.”

“This desperation is based upon their fear that the public might soon catch on to the fact that the

entire vaccine program is based upon nonsense, fear, and concocted fairy tales.

“One special fear of theirs is that the public might discover the fact that most vaccines are contaminated with a number of known and yet-to-be discovered viruses, bacteria, viral fragments, and DNA/RNA fragments.

“And, further, that our science demonstrates that these contaminants could lead to a number of slowly-developing degenerative diseases, including degenerative diseases of the brain.

This is rarely discussed but is of major importance in this debate. The fact is all those studies are biased and fraudulent and/or they omit very revealing data. pharmaceutical industry. Those studies are paid for by the

The studies that have real truthful information are the independent ones that have no connection with the CDC FDA NIH or Pharmaceutical companies.

Autism does not begin in the womb unless a mother has received a vaccine during her pregnancy. The plain and simple facts are that thimerosal or “ethylmercury” binds to the myelin sheath of the nerve cells, eating away and damaging neurons.

Also the only way it could look like a genetic disorder is because the man made lab mutation of these viruses being injected can splice themselves into the hosts DNA of the hosts cells.

Therefore mutating or becoming part of the the child’s DNA altering the gene. Yes this is a possibility of why Autism “looks” like a genetic disorder. Yes vaccines can and do create genetic disorders and degenerative diseases.

Autism is not “hereditary” ..as these Autistic Children are the first in their families to have the disorder.

Did you know?

The number of vaccines on the CDC’s recommended vaccination schedule for children under the age of 2 increased from 10 to 36 after the US Congress passed a law in 1986 preventing vaccineinjured citizens from suing the vaccine manufacturer responsible for the production of the vaccine.

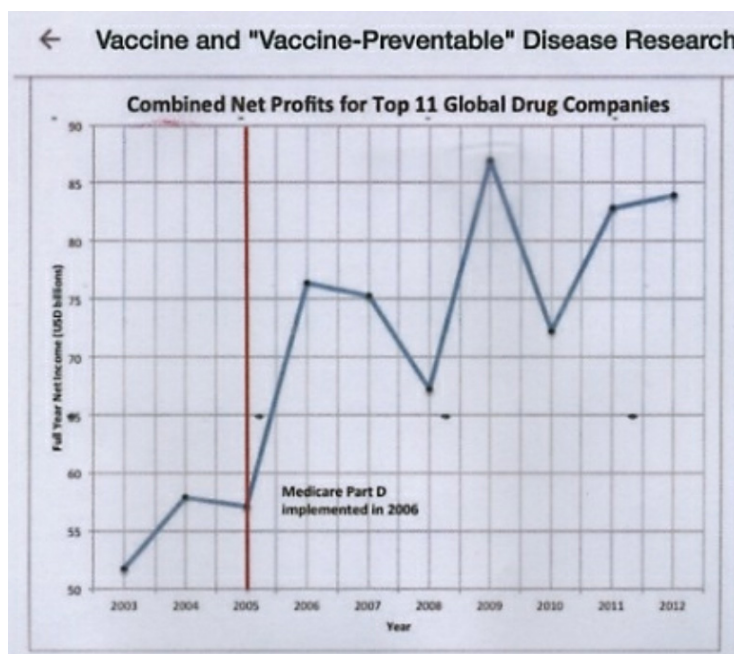
By 2010, the U.S. Court of Claims had awarded over \$3.5 billion dollars to vaccine victims for their catastrophic vaccine injuries including autism , although two out of three applicants have been denied compensation. (source)

Meanwhile, the global pharmaceuticals market is worth \$300 billion a year, a figure expected to rise to \$400 billion within three years. Companies currently spend one-third of all sales revenue on marketing their products - roughly twice what they spend on research and development.

The US and New Zealand are the only countries in the world who allow pharmaceutical companies to advertise their products on TV.

Government agencies (CDC, FDA, & AMA) have monetary ties to drug companies and blatant conflicts of interest. For example, GlaxoSmithKline and Pfizer are owned by the same financial institutions and groups that own Time Warner (CNN, HBO etc.) and General Electric (NBC, Comcast, Universal Pictures etc.).

This is seen throughout all of the major vaccine manufacturers and all of the six corporations that control the mainstream media in the US.



Illogical Fear Drives the Vaccine Blame Game

“Why should the vaccinated fear the unvaccinated? Otherwise, what’s the point of vaccination?” Marco Cáceres asked in an article published June, 2017

“The idea that unvaccinated people are to blame for certain infectious disease outbreaks has

become a common refrain in the media – mainly due to ignorance and fears fueled by that ignorance.

“The idea that people who get vaccinated with ineffective or live virus vaccines are playing a role in such outbreaks is much less popular – or well known.

“Many of those, who like to point fingers at anyone concerned about the safety of vaccines seem to have this vague notion that, unlike vaccinated people, unvaccinated people carry dangerous hidden microbes that can magically appear at anytime and infect vaccinated people, thus spreading disease. In other words, that unvaccinated unvaccinated people are contaminated, while vaccinated people are not.

“Then, there is the obvious fuzzy logic of (supposedly) protected people being infected by unprotected people. That makes no sense. Why should the vaccinated fear the unvaccinated? Otherwise, what’s the point of vaccination?

“It appears that vaccines fail to prevent infection and transmission much more often than health officials are willing to admit. As Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center (NVIC), wrote in her 2016 referenced report on the evolution of pertussis bacteria to evade DPT and DTaP vaccines: “Both the reactive whole cell DPT vaccine licensed 1949 and the less toxic acellular DTaP vaccine licensed in 1996 do not prevent infection or transmission, and only provide two to five years of temporary immunity at best. Millions of vaccinated children and adults are silently infected with pertussis in the U.S. every year and show few or no symptoms but spread whooping cough to vaccinated and unvaccinated children – without doctors identifying or reporting cases to the government.”

“In addition to inactivated and live virus vaccines sometimes failing to prevent infection and transmission of infections, live virus vaccines are additionally capable of causing both symptomatic and asymptomatic vaccine strain viral infections in vaccinated persons, who then can transmit those vaccine strain viral infections to other vaccinated and unvaccinated persons.

“It is not commonly understood, people who are injected with live virus vaccines can “shed and transmit vaccine strain live attenuated virus,” wrote Fisher in a 2014 referenced report on live virus and virus vectored vaccines published by NVIC.

“She explained: “Like wild-type virus, vaccine strain live virus can be shed in body fluids, such as saliva, nasal and throat secretions, breast milk, urine and blood, stool, and skin lesions. Shedding after vaccination with live virus vaccines may continue for days, weeks or months,

depending upon the vaccine and the health or other individual host factors of the vaccinated person.”

“This phenomenon of “shedding” vaccine strain viruses is seldom talked about by doctors and public health officials. The media almost never reports on it. There are repeated references to the theory of “herd immunity.”

“But shedding? No so much. Which is strange, because in the case of shedding you know for sure that you have carriers of infectious microbes that can spread disease. Is there any scientific evidence that unvaccinated people pose a risk to anyone?

“Public health officials confirm that vaccine-strain influenza virus is shed by those who inhale the live influenza nasal spray vaccine and that it is possible to pass vaccine strain influenza viruses to unvaccinated people,” wrote Fisher, citing the following warning by the Centers for Disease Control and Prevention (CDC):

“Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV (live attenuated influenza vaccine), or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.

“The blame game employed by vaccine apologists to condemn and, in some cases, call for the execution of people, who express concern about the safety of vaccines and who dare to insist on making their own informed vaccine decisions, is so blatantly ironic and irrational that it’s hard to see how the sport attracts any fans at all.

“The (supposedly) protected fearing the unprotected. It defies reason.”

2016 CDC Vaccine Schedule Birth to 18 Years of Age

“Here’s further proof of what I say about multi-valent vaccines.

“Each of the vaccines given— say there are 9 vaccines injected at one time—by approved “science-based medicine” is giving a less than 25-pound-infant, 9 diseases to have his/her immature immune system deal with—all at the very same time!

“That should be considered cruel and unusual medical practice, since medicine’s creed suppos-

edly is “First, do no harm!” Or, does medicine have a Frankenstein-like approach to practicing medicine when it comes to children?

“Or, is it a “religious belief” system forced on to parents and their children?

“Think about that, please. It is totally impossible for anyone to be exposed to and contract 9 different diseases at the same time, and yet that’s what ‘science-based medicine’ is mandating infants’ tiny bodies and immature immune systems deal with and try to overcome, which they call establishing ‘community immunity’ – the former “herd immunity”!

“That should be classified legally as child abuse: subjecting such young infants to that many diseases at one time – making them vaccine virus “shedders”, and, undoubtedly, for those infants/children whose body chemistry can’t handle all the toxins, health damages occur.

“Such ‘medical practice’ is nothing short of scientific BS, in my opinion! Everyone involved in such ‘science-based consensus- medicine’ should know better than to pull off such pseudoscience for as long as they have gotten a free ride on that hypothesis, which never has been proven scientifically!

“Where’s the science? We can’t allow them to get away with such medical-legal-pseudoscience BS any longer!

“However, the legal tide seems to be turning, as foreign governments, their courts and health departments are taking another look – almost a jaundiced-look – at vaccine science; assessing it differently; making legal corrections; and finally realizing what vaccines truly are: vested interest pseudoscience, not “science-based medicine,” and what some probably would label “a pig in a poke.”

Australia wants to ban unvaccinated children from preschools No jab, no play, says Prime Minister, Malcolm Turnbull, who announced in early 2017 a proposal to bar unvaccinated children from attending preschools and daycare centres.

Currently, 93 per cent of Australian children receive the standard childhood vaccinations, including those for measles, mumps and rubella, but the government wants to lift this to 95 per cent.

This is the level required to stop the spread of infectious disease and to protect children who are too young to be immunized or cannot be vaccinated for medical reasons.

Federal childcare subsidies have been unavailable to the families of unvaccinated children since January 2016, and a version of the new “no jab, no play” policy is already in place in Victoria, New South Wales and Queensland. Other states and territories only exclude unvaccinated children from preschools during infectious disease outbreaks.

The proposed policy is based on Victoria’s model, which is the strictest. It requires all children attending childcare to be fully immunized, unless they have a medical exemption, such as a vaccine allergy.

Nesha Hutchinson from the Australian Childcare Alliance – an advocacy group for childhood education – says that a nationwide “no jab, no play” policy would be likely to raise immunization rates. However, she is concerned that children of parents who object to vaccination would miss out on quality early childhood education.

The policy may also affect children from disadvantaged families, who are less likely to be immunized, and risk becoming further marginalized if they lose access to education.

Punitive measures may also galvanize the anti-vaccination movement, warns Julie Leask at the University of Sydney.

“People without any previous interest in vaccination may defend anti-vaccination activists and join their cause because they are concerned about the threat to civil liberties,” she says.

Leask prefers the New South Wales model, which makes it procedurally complex but not impossible to send unvaccinated kids to childcare, and also ensures that children’s immunization records are checked.

This policy has increased child immunization rates by the same amount as the harsher approach in Victoria, she says. Leask also believes that campaigns and reminders are good ways to improve vaccination rates without inciting opposition.

Get Involved and Help Stop Mandatory Vaccination!

In order to stop mandatory vaccination from happening in your state or territory, there are three things you must do:

- 1) Educate yourself about the topic (this book is a great starting point),

2) Educate your friends and others about the topic so they will get

involved (send them to this book / website), and

3) Educate your Members of Parliament about this topic in such a

way that they will vote no on any and all bills that would

mandate vaccination for the community.

7 Vaccination In The Real World

“The image of arthritic 10-year-olds, together with the threat of a bleeding heart media campaign, was so potent that Enbrel was rushed on to the PBS under the watch of then federal health minister Kay Patterson, at a cost to Australian taxpayers of \$100 million a year.

£120,000 award triggered by the swine flu vaccine

In the UK a 12-year-old boy was awarded £120,000 by a court that agreed he had been left severely disabled by narcolepsy triggered by the swine flu vaccine, following a three-year battle in which the government had claimed that his illness was not serious enough to merit payment.

The ruling was expected to lead to as many as 100 other families of people affected by the sleeping disorder after receiving the vaccine bringing fresh compensation claims, in a dispute where the government’s initial hostility was described by the family’s legal team as offensive.

“They felt quite insulted to have their condition basically dismissed as something quite trivial. They are incredibly needy. Some have lost their jobs, dropped out of university or seen their marriages break down as a result [of narcolepsy],” said Peter Todd, the solicitor for the family of the 12-year-old, a partner with the London firm Hodge Jones & Allen.

The youngster, whose parents have asked he remain anonymous, has become disruptive at school due to extreme tiredness brought about by the illness, triggered after he took the vaccine in 2009, the court heard. He has only one friend because the sleep disorder makes socializing difficult.

The upper tribunal court that heard the case, also heard that the boy is unable to shower unat-

tended or take a bus alone and needs to take several naps during the school day. He is unlikely to be allowed to drive as an adult.

Others were expected to bring fresh claims against the government, include the parents of a 17-year-old whose life was permanently altered by the condition, and an eight-year-old whose family relocated to California to seek better medical care.

The narcolepsy was triggered by the Pandemrix vaccine, made by

GlaxoSmithKline, which was given to around 6 million people in Britain as part of a national vaccination scheme rolled out during the 2009-10 swine flu pandemic. While the swine flu outbreak never reached the proportions that had been feared, scientists now believe the vaccine caused narcolepsy in a small number of patients.

The government now acknowledges the link, but had previously argued those affected by narcolepsy do not meet the threshold for the Department for Work and Pensions's compensation scheme, which automatically awards a £120,000 lump sum to anyone with "severe" and permanent disabilities as a result of certain vaccines.

Anthony O'Mahony, whose 17-year-old daughter, Ciara, developed narcolepsy after being given the vaccine in 2009, said that the government's suggestion that illness was not "severe" was offensive to victims. "To say that it's not that impactful just makes me mad," he said. "Narcolepsy affects everything that Ciara does and always will do."

His daughter received the vaccine in 2009 and in the months afterwards began showing symptoms of the sleep disorder, such as lethargy and sudden loss of muscle control. Twice, her mother has found her asleep in the bath and on several occasions she has fallen suddenly after losing consciousness.

Ciara is one of 74 others represented by Todd who are seeking to challenge similar compensation rejections by the DWP, and the group is pursuing a separate civil action against GSK. The costs of any financial settlement are likely to be met by the taxpayer because of an indemnity signed between the government and the pharmaceutical giant.

Narcolepsy is a rare but serious neurological disorder that affects about 31,000 people in Britain. It can cause sleep disruptions, including night terrors and hallucinations, and extreme drowsiness during the daytime. Some narcoleptics also suffer from cataplexy, where a sudden burst of emotion such as shock or happiness causes total loss of muscle control.

The Australian Vaccination-skeptics Network Inc. (AVN) President, Tasha Dāvid's vaccine injury story and why we all need to protect our fundamental human right to informed choice.

Tasha has 6 vaccine injured kids and 2 healthy vaccine free kids. Her 6 vaccine injured kids include diagnoses of Autism, ADHD, severe mood swings, severe language disorders, gastrointestinal issues, eczema, chronic ear infections, asthma, chemical sensitivities, and many other health issues.

However, her vaccine free kids are very healthy and disorder free. Tasha advocates that parents have complete choice over whether or not to vaccinate and suggests that parents do their own research into vaccines and vaccination.

The Australian Vaccination-skeptics Network Inc. (AVN) According to their website, "The Australian Vaccination-skeptics Network Inc. (AVN) exists to further a pro-choice position with regard to vaccination and other health decisions. "The AVN is NOT anti-vaccination, nor are we pro-vaccination, we are PRO-CHOICE.

"Vaccination is often a contentious and emotionally heated issue. We all want to do the best for our children and to maximize their level of health; we all want to contribute to a healthier community – but the choice to vaccinate is often made without access to all of the facts (either because we feel 'it's just the done thing' or because we feel pressured to do so).

"We often forget that vaccination is a medical procedure; there ARE risks involved and seeking further information is a RESPONSIBILITY for everyone, but particularly for parents faced with this decision.

"The AVN provides a forum with information for you to consider while developing an informed choice. The choice you make after fully investigating the issue should be honored and respected. Your choices include:

1. to vaccinate fully
2. to vaccinate selectively or to a modified schedule of your own choosing, or
3. to not vaccinate at all

"There should be no intimidation, coercion or ridicule when it comes to decisions about your health, or that of your family. The AVN does not provide health advice. If questions arise for you after reading material that the AVN publishes, you should seek advice or clarification from your chosen healthcare provider.

“The AVN advocates for choice in vaccination and shares information and facilitates discussion amongst its membership around the central position that the risk/benefit arguments FOR vaccination are NOT as clear-cut as we are routinely told by governments and medical authorities.

“These authorities have an obligation to demonstrate the benefits of vaccination (beyond reasonable doubt) and protect the public from harm. Information shared on this site argues that such authorities have repeatedly failed to DO the NECESSARY research, free from bias, to support their public claims (particularly relating to safety and efficacy).

“The AVN is one of many organizations here in Australia and around the world that campaign for:

- informed choice,
- better research,
- better safety,
- truthful, fair and open debate,
- clear and accurate acknowledgement of the known risks and
- support for people who have been negatively affected by vaccine use.

“In the past the AVN acted to provide whatever support and advice we could for people (often parents and children) who sadly, were injured or otherwise negatively affected by vaccine use.

“The AVN however is NOT a health-service provider and so our direct support functions extend only to directing people toward other safe support networks such as private Facebook pages and other groups.

“In addition, you may choose to directly report a reaction to the Therapeutic Goods Administration (TGA) – the body that oversees and monitors vaccines in Australia.”

VaxXed: from Cover-up to Catastrophe

Governments globally are recommending the use of multiple vaccines in infants to prevent infectious diseases yet the long-term health effects of the combined schedule of vaccines has never been tested for safety.

Further, evidence has surfaced that shows the US Centers for Disease Control and Prevention (CDC), the body that is responsible for protecting public health, was involved in covering up

data that showed a causal link between vaccines and autism.

This cover-up by CDC researchers has been revealed in the movie “VaxXed: from Cover-up to Catastrophe” that has been shown in Australia.

Vaccines: A Critical Analysis by Dr. Judy Wilyman

Dr. Wilyman, wrote this critical analysis of the Australian government’s rationale for its vaccination policy, for her Doctor of Philosophy thesis, at the School of Humanities and Social Inquiry, University of Wollongong, in 2015.

“Vaccination policies in Australia need to be scrutinized because the use of a medical intervention in the prevention of infectious disease has serious health and social implications.

“Deaths and illnesses to infectious diseases were significantly reduced due to environmental and lifestyle reforms prior to the widespread use of most vaccines in the mid-20th century. Mass vaccination campaigns were adopted after this time as the central management strategy for preventing infectious diseases, with many new vaccines being recommended in the National Immunization Program (NIP).

“The implementation of mass vaccination programs occurred simultaneously with the development of partnerships between academic institutions and industry. The Australian government’s NIP, like all member countries of the World Health Organization (WHO), is recommended by the Global Alliance for Vaccines and Immunization (GAVI).

“This is a partnership with the WHO and UNICEF that includes the World Bank, the International Monetary Fund, the International Federation of Pharmaceutical (IFPMA), the Bill and Rockefeller Foundation, Melinda Manufacturers and Associations

Gates Foundation (BMGF), the the United Nations Development Fund (UNDF) and other private research institutions. All members of this public-private partnership influence the development of WHO global health policies.

“It is important that independent research is carried out to assess whether all the vaccines being recommended today are safe, effective and necessary for the protection of the community.

“It is also important to have comprehensive evidence that it is safe to combine multiple vaccines

in the developing bodies of infants. The framework for undone science is used to analyze the Australian government's claim that the benefits of vaccines far outweigh the risks.

"Whilst the government claims serious adverse events to vaccines are rare this is not supported by adequate scientific evidence due to the shortcomings in clinical trials and longterm surveillance of health outcomes of recipients.

"A close examination of the 'Swine Flu' 2009 vaccine and the vaccine for human papillomavirus (HPV), intended to prevent cervical cancer, shows shortcomings in the evidence base and rationale for the vaccines.

"This investigation demonstrates that not all vaccines have been demonstrated to be safe, effective or necessary. It also concludes that the government's claim that the benefits of vaccines far outweigh the risks cannot be sustained due to the gaps in the scientific knowledge resulting from unfunded research and the inadequate monitoring of adverse events after vaccination.

"The Australian government is using a lack of evidence and industry funded surveillance of vaccine adverse events to claim that vaccines are 'safe and effective'. This 'science' is now the basis for mandatory vaccination in Australian Social Welfare policies.

"Yet there is no public health legislation in any health act in Australia to support this measure. Conscientious and religious objection to vaccines has also been removed for families who depend upon social welfare benefits.

"The concerns of doctors and other professionals about the safety and efficacy of vaccines are being presented by the International Medical Council on Vaccination and the World Association for Vaccine Education (WAVE).

"The website, Vaccination Decisions, scientific information about the lack of is also presenting the safety and efficacy of

vaccines (and combination of vaccines used in infants) that is not being presented by governments and mainstream media globally.

"The Australian government makes policy decisions on behalf of the community and it is important that all the available evidence is used in decisions regarding preventative health. Vaccination is a medical procedure for healthy individuals, not sick individuals yet vaccines are classified as "biological products" not medicines, and this allows them to be approved without

the rigorous safety testing that applies to other drugs.

“A public health policy that uses a medical product to prevent disease should be demonstrated to result in more good than harm before it is implemented in the population.

“Yet this has not been done with government vaccination policies. As a major stakeholder in immunization policy, the public has the right to be fully informed about vaccines and to participate in the decision-making process.

“The government must also obtain the consent of the community before implementing policies that affect their wellbeing.

Indoctrination or Debate?

“A policy that is not open for debate by the public is indoctrination and not a policy that is based on evidence-based medicine that has been properly scrutinized. “A description of how the medical literature is being selected for vaccination policies in Australia was given in a presentation at the University of Technology Sydney (UTS), 15 October 2015. This was a vaccination forum organized to discuss the public’s concerns about the government’s new mandatory vaccination legislation that was implemented on 1 January 2016.

“The video names the 45 government representatives and public health officials that declined to attend this forum to present the case for mandating vaccines in social welfare legislation. The forum was titled Questions and Answers: No Jab No Pay/Play Policy.

“The presentation explained how this policy is a danger to human health and how it breaches fundamental human rights. It also showed how government’s have reversed the precautionary principle to protect industry interests, and not the public interest, in government vaccination policies.

“Infectious diseases are an environmental health problem and as such there are many environmental, genetic and lifestyle factors which need to be considered in the reduction of risk from these diseases.”

Do you know what’s in a vaccine?

Our quality of life is dependent upon our health. In a world where we are increasingly exposed

to toxins and where our experts are increasingly depending upon industry funding, it is important to know that the information you are receiving is balanced, non-biased and evidence-based. The ingredients of vaccines are not listed on the Immunize Australia Program (IAP) website where they should be easily found. Instead, they are found in the Appendix 3 of the Australian Immunization Handbook (10th Ed).

Thiomerosal (a 49% mercury compound) has been listed in some vaccines until 2013 Handbook, 9th Ed).

This is significant (Appendix 4, Australian Immunization

because the government claimed that

thimerosal had been removed from all childhood vaccines by 2000 yet it was still listed in the Hepatitis B vaccine given to infants at birth and the Flud and Fluarix influenza vaccines until 2013.

It was also listed in the Infanrix-hexa vaccine – the new 6 shots in one vaccine in 2010 (Austin et al 2010). Here are some of the other ingredients that are commonly found in vaccines.

Vaccine components

Vaccines contain an active component (the antigen) which induces the immune response. They may also contain additional components such as preservatives, additives, adjuvants and traces of other components.

What are the individual components in vaccines and why are they present?

1. Active components
2. Adjuvants
3. Diluents
4. Stabilizers
5. Preservatives
6. Trace components

1. Active components

The active component of a vaccine is known as the vaccine 'antigen'. This is a modified or partial form of the virus, bacteria or the toxin that causes the disease against which the vaccine protects. The vaccine antigen is altered from its original form so it no longer causes disease but it can produce an immune response. There are a number of ways this is achieved:

Attenuated live viruses

Natural or 'wild type' viruses cause disease by reproducing themselves many millions of times in the body's cells. In some vaccines where live virus is used, the virus has been treated and weakened (attenuated) in such a way that, when it is introduced to the body in the form of a vaccine, it induces an immune response without causing severe disease. The advantage of live, attenuated vaccines is that one or two doses usually provide lifelong immunity. Examples of attenuated live viral vaccines are the varicella, rotavirus and measles-mumps-rubella (MMR) vaccines.

Inactivated viruses

Some viruses or parts of viruses in vaccines are killed (inactivated) with a chemical such as formaldehyde.

The killed virus cannot possibly reproduce itself or cause disease. The advantage of vaccines produced in this way is that the body still recognizes the virus and produces an immune response.

Because no viral replication occurs, these vaccines can be given to people with weakened immunity. The only disadvantage of these types of vaccines is that, generally, several doses must be given to achieve long-term immunity, but persons with weakened immunity may not respond to even multiple doses.

Examples of inactivated vaccines are the inactivated poliomyelitis, influenza and hepatitis A vaccines.

Use part of the virus or bacterium

The hepatitis B, *Haemophilus influenzae* type b (Hib), and human papillomavirus (HPV) vaccines are examples of vaccines where only part of the virus or bacterium is used. The part of the virus or bacterium required to 'induce immunity' is identified and separated from the part

which causes disease symptoms.

In the case of hepatitis B, the vaccine is composed of a protein that resides on the surface of the virus. In the case of the *Haemophilus influenzae* type b (Hib) vaccine, only the outer coat, or polysaccharide, is used, joined on (conjugated) to a protein so that the immune system responds to it.

These vaccines can be administered to people with weakened immunity, although, if the person's immune system is too weak, they may not develop a satisfactory immune response.

Use a toxin produced by the bacteria

Some vaccines are manufactured by chemically inactivating specific bacterial toxins. The inactivated toxin is then referred to as a toxoid and used to produce a vaccine, for example, diphtheria and tetanus-containing vaccines.

In the case of tetanus infection, exposure to very little tetanus toxin is sufficient to cause disease, whereas only a small amount of the tetanus toxoid in the vaccine will induce a good immune response and cannot cause disease.

Having tetanus infection does not induce a long-term immune response and non-immune individuals who contract tetanus must be fully vaccinated to protect against future exposure. The only way to be protected against tetanus and diphtheria is to be vaccinated using several doses of the appropriate vaccine.

2. Adjuvants

Adjuvants are used to enhance the immune response to a vaccine. They include various aluminum salts such as aluminum hydroxide, aluminum phosphate and potassium aluminum sulphate (alum).

One way adjuvants are thought to improve the immune response is by keeping the antigen(s) near the injection site so that they can be readily accessed by cells of the immune system.

The use of aluminum adjuvants in vaccines generally means that less antigen per dose of vaccine is required, and, in some cases, fewer vaccine doses are needed. The presence of adjuvants in vaccines can often be associated with the local reactions that occur at the injection site after

vaccination.

Aluminum salts, in small amounts, have been added to certain vaccines for about 60 years and a recent review of all the available studies of aluminum-containing diphtheria, tetanus and pertussis vaccines (either alone or in combination) found that there was no evidence that aluminum salts in vaccines cause any serious or long-term adverse events.

The exposure to aluminum from vaccines is far less than that received from diet or medications, such as some antacids. Although aluminum-containing vaccines have been associated with local reactions and, less often, with the development of subcutaneous nodules at the injection site, other studies have reported fewer reactions with aluminum-containing vaccines than those without aluminum.

3. Diluents

A diluent is a liquid provided separately and used to dilute a vaccine to the proper concentration prior to administration. This is usually sterile saline or sterile water.

4. Stabilizers

Additives are used as stabilizers and help maintain a vaccine's effectiveness by keeping the antigen and other vaccine components stable during storage. Stabilizers prevent the vaccine components adhering to the side of the vaccine vial.

Examples of additives include lactose and sucrose (both sugars), glycine and monosodium glutamate (both of which are amino acids or salts of amino acids), and human or bovine (cow) serum albumin (both proteins). Gelatin, which is partially hydrolysed collagen, usually of bovine (cow) or porcine (pig) origin, is added to some vaccines as a stabilizer.

Some members of the Islamic and Jewish faiths object to vaccination on the basis that some vaccines contain porcine

-derived products. However, these concerns have been addressed by religious scholars (see 'Which vaccines contain animal -derived products and are there any alternatives?' below). An anaphylactic allergy to gelatin is a contraindication to vaccination with certain vaccines (see 'Do allergies to vaccines or vaccine components occur?' below).

5. Preservatives

Preservatives are used to prevent fungal and/or bacterial contamination of vaccines, and are present in some but not all vaccines. Originally, preservatives were introduced to prevent bacterial contamination of multi-dose vials.

However, multi-dose vials are no longer used routinely in Australia. The preservatives used include thiomersal, phenoxyethanol and phenol. Thiomersal (also known as thimerosal) is a mercury-containing compound that is discussed in detail in the National Centre for Immunization Research and Surveillance (NCIRS).

Phenoxyethanol is an aromatic ether alcohol and is also used as a preservative in many cosmetics. There has been one case report suggesting that this preservative may be associated with eczema. However, this link has not been supported in other studies.

Phenol is an aromatic alcohol used as a preservative in very few vaccines. Preservatives have been used worldwide there have been very few in many vaccines and serious adverse

events associated with the use of these preservatives.

6. Trace components

Trace components are the remaining minute quantities of substances that have been used in the early stages of the production process of individual vaccines.

Depending on Vaccine components the manufacturing process used this may include trace amounts of cell culture fluids, egg proteins, yeast, antibiotics or inactivating agents. Usually, only minute traces of these substances are detected in the final vaccine product.

Antibiotics are sometimes used during the manufacturing process to ensure that bacterial contamination does not occur during the manufacturing process. Neomycin and/or polymyxin B are used in the manufacture of vaccines such as varicella (chickenpox) vaccines, some influenza vaccines, DTPa-combination vaccines and measlesmumps-rubella vaccine. Gentamicin is used in the manufacture of some influenza vaccines. No β -lactam or cephalosporin antibiotics are used in the manufacture of any vaccines currently used in Australia. Any individual with a severe allergy to any antibiotic or chemical who presents for vaccination should be appropriately assessed by the immunization provider.

The product information relating to each vaccine must be scrutinized for specific vaccine components before administering any vaccine to these individuals. Inactivating agents are used during the manufacture of killed and toxoid vaccines.

The bacteria, virus or toxin is inactivated during the manufacturing process but the antigenic components remain intact. The residual amount of these inactivating agents, for example formaldehyde or glutaraldehyde, in the final vaccine is very small.

Certain vaccines, such as influenza vaccines, may contain traces of egg proteins as the virus to be used for the vaccine is grown in actual chicken eggs before it is inactivated. Measles and mumps (but not rubella or varicella) vaccine viruses are grown in chick embryo tissue cultures and it is now recognized that MMR (and MMRV) vaccines contain negligible amounts of egg protein and can be safely given to children with egg allergy, even anaphylactic egg allergy.

Other vaccines, such as the hepatitis B vaccines, hepatitis B combination vaccines and human papillomavirus (HPV) vaccines, are manufactured using yeast. Production steps such as filtering and centrifugation greatly reduce the amounts of all of these products in the final vaccine; however, trace amounts may still be present.

Do allergies to vaccines or vaccine components occur? Vaccines rarely produce allergy or anaphylaxis (a rapid and serious form of allergic reaction). Overall, the total risk of anaphylaxis in children and adolescents after one vaccination has been reported as <1 case per one million doses.

Antibiotics, gelatin and egg proteins are the components most often implicated in these allergic reactions. Yeast has only rarely been associated with vaccine-related allergic reaction. In addition, people allergic to latex are potentially at risk, not from the vaccine itself but the presence of latex in the equipment used to hold the vaccine such as vaccine vial stoppers (bungs) and syringe plungers. Very few vaccine bungs contain natural latex. The product information sheet should be consulted to check for the presence of latex.

It is important that immunization providers assess each individual for a history of allergies and previous reactions to vaccines prior to giving any dose of vaccine. However, depending on the allergy identified, there may often NOT be a contraindication to vaccination.

For example, a history of an allergy to antibiotics most commonly relates to β -lactam or related antibiotics, and is not a contraindication to vaccines that contain neomycin, polymyxin B or gentamicin (see 'Trace components' above).

Previous reactions to neomycin that just involved the skin are not considered a risk factor for anaphylaxis to vaccines manufactured with neomycin since there are only trace amounts of this antibiotic in the final product.

Similarly, the measles and mumps components of MMR vaccine do not contain sufficient amounts of egg ovalbumin to contraindicate MMR vaccination of people with egg allergy (even anaphylaxis).

Many of the toxins in vaccines are classified as neurotoxins or poisons but government denial allows this practice to continue.

Which vaccines contain animal-derived products and are there any alternatives?

Community concerns around animal products in vaccines generally fall into two categories:

1) religious or faith-based concerns about the use of animal-derived products, and 2) concern about the possibility of animal diseases ‘crossing over’ to humans through use of vaccines. Some vaccines utilize porcine (pork) products in the manufacturing

Some vaccines utilize porcine (pork) products in the manufacturing process. This concern has been raised by some religious groups that have faithbased concerns about the consumption of pork. Scholars of these religions have various exceptions or rulings which allow the ‘ingestion’ of porcine or porcine -derived products in this context:

- For Muslims: Shariah law includes the principle of transformation in which unclean products can be made clean by extensive processing, thus making it permissible for observant Muslims to receive vaccines, even if the vaccines contain porcine gelatin (see ‘Stabilizers’ above)

- Judaism permits the use of non-edible forms of porcine products .
- Seventh-Day Adventists are not forbidden to use pork-derived medical products.

2) Bovine serum albumin or fetal calf serum is used in some vaccines and there were theoretical concerns that vaccines could be contaminated with variant Creutzfeldt -Jakob disease (vCJD).

These theoretical concerns arose because the United Kingdom has documented rare cases of vCJD in humans following the ingestion of products from animals infected with bovine spongi-

form encephalopathy (BSE, also known as 'mad cow disease').

This question about vaccines and the use of bovine serum albumin has been addressed by the Australian Therapeutic

Goods Administration manufacturers adhere to (TGA), which requires that vaccine strict standards and provide detailed information on the source of all materials used in the manufacturing process. These requirements include control on the source country of the animals used, the nature of the tissue used, and details of the manufacturing processes.

In Australia, no case of vCJD from vaccines has been demonstrated and the TGA (after reports to the NHMRC Special Expert Committee on Transmissible Spongiform Encephalopathies) concluded that the vaccines used in Australia meet high safety standards and that any risk of transmission is theoretical only. Internationally, advisory bodies also consistently state that the potential risk to vaccine recipients is essentially non-existent.

Which vaccines have used human tissue sources in their production?

Certain viruses grown for use in vaccines require the use of 'cell lines'. These cell lines (called human diploid cell lines- WI-38 and MRC-5) were originally derived from human fetal tissue. The vaccines manufactured using cell lines originally derived from fetal tissue include: rubella vaccine and MMR vaccine, hepatitis A vaccines, varicella vaccines, rabies vaccine, and oral polio (Sabin) vaccine (no longer available in Australia).

Swine flu vaccine can trigger narcolepsy, UK government concedes In 2013, a major study by the Health Protection Agency found that around one in every 55,000 swine flu jabs led to narcolepsy, but the exact biological causes for the link are not clear.

To qualify for the DWP's Vaccine Damage Payment Scheme, a victim has to be classed as at least 60% disabled, which is described as equivalent to the loss of one hand.

Matt O'Neill, chairman of the charity Narcolepsy UK, said: "The problem is that it is often hidden condition, but there are so many things that people with narcolepsy can't do that you would be able to do with a physical disability. To suggest that narcolepsy is not severe is absolutely ridiculous."

The government now has 21 days to appeal the ruling. A spokesman for the Department of Work and Pensions said the government would not comment on individual cases, adding: “The Vaccine Damage Payments Scheme provides support in very rare cases where someone has become severely disabled as a result of immunization against certain diseases. Decisions on claims take into account the individual circumstances of each case and the latest available medical evidence.”

A GSK spokesman said: “We are actively researching the observed association between Pandemrix and narcolepsy and the interaction this vaccine might have had with other risk factors in those affected.

“We’re also continuing to support ongoing work from other experts and organizations investigating reported cases of this condition and we hope these efforts will enable us to provide more answers in the future. We take the safety of patients who entrust their health in our vaccines and medicines very seriously.”

The Kennedy-De Niro Vaccine Challenge

Robert Kennedy Jr. and Robert De Niro convened a news conference in February 2017 at the National Press Club to announce a \$100,000 cash reward for anyone who identifies a peer-reviewed scientific study demonstrating that the mercury in vaccines is safe.

Though the challenge was perhaps something of a stunt, the significance of the appearance was underscored by Kennedy’s confirming that President Trump may ask him to lead a commission on autism.

The consequences of such a commission could extend beyond the narrow vaccine/autism debate. More significantly, the commission could expose the incentives driving vaccination policy, which, in the current political climate, could move mainstream opinion against vaccines and also bolster doubts about the integrity of the health-care system.

Governments must use independent research if they are enforcing coercive and mandatory medical interventions and they are not. The Australian government is breaching many human rights codes by using non-independent science to develop discriminatory social welfare policies.

Vaccinations and Enron Style Accounting

Polio wasn't vanquished, it was redefined by Enron style accounting

- in other words: medical fraud..

Perhaps the most egregious example of clever sleight of hand (... not to mention the outright, blatant rewriting of history) on the part of public health officials in the United States occurred in 1954 when the U.S. government changed the diagnostic criteria for polio.¹ It was the year that medical researcher and virologist Jonas Salk produced his inactivated injectable polio vaccine (IPV). The vaccine was licensed in 1955 and began to be used to inoculate millions of children against polio.

The Salk vaccine has been widely hailed as the vanquisher of polio, and it is commonly used as the shining example of how vaccines are the miracle drugs for combating infectious diseases... and now even against diseases that are not infectious. Pick any disease, illness or disorder you want. You got cancer, cholera, peanut allergies, stress, obesity... we'll develop a vaccine for it.

What the apologists for the Salk vaccine regurgitate from a common script (... some might say scripture) is that before the vaccine was introduced and tested on one million children—the so-called “Polio Pioneers”—in 1954 more than 50,000 people in the U.S. were contracting polio each year, and that by the end of the 1950s the numbers were down to less than 10,000. Ergo, the Salk vaccine saved the U.S. from polio. Open and shut case.

Not so fast. What is conveniently omitted from this heroic story is that the reason the number of polio cases in the U.S. dropped so precipitously following the mass introduction of the Salk vaccine in 1955 was not medical, but rather administrative.

Yes it's true, in 1952 there were 52,879 reported cases of polio in the U.S. And yes, in 1955 the number went down to 28,985, and by 1959 it had dropped to 8,425.³ But first of all, it's important to note that the numbers were already declining significantly prior to the initial use of the Salk vaccine.

In 1953, there were 35,592 cases of polio in the U.S. So there were other things going on in the U.S. at the time totally unrelated to the Salk vaccine.

More importantly, though, in 1954 the U.S. government simply redefined polio. Yes, the government can do that. It does this kind of stuff occasionally in order to help it meet its public

policy objectives when it is unable to actually achieve them.

How often have you heard of Congress playing smoke and mirrors, gimmicks with the national budget deficit, or on the issue of the unemployment rate? Exactly.

When it comes to government and public policy, the truth is seldom absolute. That's just the nature of the beast.

According to Dr. Bernard Greenberg, head of the Department of Biostatistics of the University of North Carolina School of Public Health: 'In order to qualify for classification as paralytic poliomyelitis, the patient had to exhibit paralytic symptoms for at least 60 days after the onset of the disease.

Prior to 1954, the patient had to exhibit paralytic symptoms for only 24 hours. Laboratory confirmation and the presence of residual paralysis were not required.

After 1954, residual paralysis was determined 10 to 20 days and again 50 to 70 days after the onset of the disease. This change in definition meant that in 1955 we started reporting a new disease, namely, paralytic poliomyelitis with a longer lasting paralysis.

Under the new definition of polio, thousands of cases which would have previously been counted as polio would no longer be counted as polio. The change in the definition laid the groundwork for creating the impression that the Salk vaccine was effective.

So now you know the rest of the story."

A Vaccination Letter to US Legislators

Re: VACCINE LEGISLATION

Dear Legislator:

My name is Tetyana Obukhanych. I hold a PhD in Immunology. I am writing this letter in the hope that it will correct several common misperceptions about vaccines in order to help you formulate a fair and balanced understanding that is supported by accepted vaccine theory and new scientific findings.

Do unvaccinated children pose a higher threat to the public than the vaccinated?

It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide.

You should be aware that the nature of protection afforded by many modern vaccines – and that includes most of the vaccines recommended by the CDC for children – is not consistent with such a statement. I have outlined below the recommended vaccines that cannot prevent transmission of disease either because they are not designed to prevent the transmission of infection (rather, they are intended to prevent disease symptoms), or because they are for noncommunicable diseases.

People who have not received the vaccines mentioned below pose no higher threat to the general public than those who have, implying that discrimination against non-immunized children in a public school setting may not be warranted.

IPV (inactivated poliovirus vaccine) cannot prevent transmission of poliovirus.

Wild poliovirus has been non-existent in the USA for at least two decades. Even if wild poliovirus were to be imported by travel, vaccinating for polio with IPV cannot affect the safety of public spaces.

Please note that wild poliovirus eradication is attributed to the use of a different vaccine, OPV or oral poliovirus vaccine. Despite being capable of preventing wild poliovirus transmission, use of OPV was phased out long ago in the USA and replaced with IPV due to safety concerns.

- Tetanus is not a contagious disease, but rather acquired from deep-puncture wounds contaminated with *C. tetani* spores. Vaccinating for tetanus (via the DTaP combination vaccine) cannot alter the safety of public spaces; it is intended to render personal protection only.

- While intended to prevent the disease-causing effects of the diphtheria toxin, the diphtheria toxoid vaccine (also contained in the DTaP vaccine) is not designed to prevent colonization and transmission of *C. diphtheriae*. Vaccinating for diphtheria cannot alter the safety of public spaces; it is likewise intended for personal protection only.

- The acellular pertussis (aP) vaccine (the final element of the DTaP combined vaccine), now in use in the USA, replaced the whole cell pertussis vaccine in the late 1990s, which was followed

by an unprecedented resurgence of whooping cough.

- An experiment with deliberate pertussis infection in primates revealed that the aP vaccine is not capable of preventing colonization and transmission of *B. pertussis*. The FDA has issued a warning regarding this crucial finding.
- Furthermore, the 2013 meeting of the Board of Scientific Counselors at the CDC revealed additional alarming data that pertussis variants (PRN-negative strains) currently circulating in the USA acquired a selective advantage to infect those who are up-to-date for their DTaP boosters, meaning that people who are up-to-date are more likely to be infected, and thus contagious, than people who are not vaccinated.
- Among numerous types of *H. influenzae*, the Hib vaccine covers only type b. Despite its sole intention to reduce symptomatic and asymptomatic (disease-less) Hib carriage, the introduction of the Hib vaccine has inadvertently shifted strain dominance towards other types of *H. influenzae* (types a through f). These types have been causing invasive disease of high severity and increasing incidence in adults in the era of Hib vaccination of children. The general population is more vulnerable to the invasive disease now than it was prior to the start of the Hib vaccination campaign. Discriminating against children who are not vaccinated for Hib does not make any scientific sense in the era of non-type b *H. influenzae* disease.
- Hepatitis B is a blood-borne virus. It does not spread in a community setting, especially among children who are unlikely to engage in high-risk behaviors, such as needle sharing or sex. Vaccinating children for hepatitis B cannot significantly alter the safety of public spaces. Further, school admission is not prohibited for children who are chronic hepatitis B carriers. To prohibit school admission for those who are simply unvaccinated – and do not even carry hepatitis B – would constitute unreasonable and illogical discrimination. In summary, a person who is not vaccinated with IPV, DTaP, HepB, and Hib vaccines due to reasons of conscience poses no extra danger to the public than a person who is. No discrimination is warranted.

If chemicals in tobacco products are being equated with “chemical assault” and effectively “child abuse,” then what’s the definitive exception for vaccines?



8 Are you Vaccine injured and don't even know it?

In 2011, the U.S. Supreme Court effectively ruled that federally licensed vaccines are “unavoidably unsafe”.

“According to Hippocratic tradition, the safety level of a preventive medicine must be very high, as it is aimed at protecting people against diseases that they may not contract.” ~ Marc Girard, Autoimmune hazards of hepatitis B vaccine.

The Unsubstantiated Medical-Science Proofs About Vaccines Allopathic medicine likes to crow about its scientific prowess; they call it “science-based medicine” according to a recent article by Catherine J. Frompovich on Activist Post.

“Well, that self-proclaimed, and rather dubious accolade, falls flat on its face, and even comes

up with either egg or slimy pond scum mud on the faces of all those who salute, promote and mandate neurotoxic vaccines and their malevolent pseudoscience.

“The most accurate case in point—actually there are two I will talk about—is the implicit fact that the practice of multi-valent vaccines given to infants as young as 2 months of age (and also at 4 and 6 months) are not, have not, and probably never will be tested for what’s commonly understood and known as “cumulative effects.”

“Is there some sort of scientific disconnect when it comes to testing vaccines for cumulative effects? I wonder why, as that is the most scientifically logical verification of actually proving one’s selfaggrandizement as “science-based medicine.”

“The other case in point is comparative studies: vaccinated versus non-vaccinated children’s health and wellbeing studies, either retrospective or prospective, which the U.S. CDC/FDA and Big Pharma vaccine makers actually refuse to do!

“That fact, alone, should prevent vaccines from being declared “science-based medicine”! What is science, if not always searching and learning for the facts of how things work, and then sharing found information to make certain others can benefit from the knowledge, especially to prevent harms?

“Another poignant example of vaccinology not being “sciencebased medicine” is the fact of how many adverse events are reported to the CDC’s VAERS reporting system, which seemingly acts like a post-marketing data research system no one takes seriously.

“Then, there’s the over \$3.7 Billion the U.S. HHS HRSA paid to damaged vaccinees and for attorneys’ fees!

“The above examples are scientifically-legal, unadulterated examples of supposed “science-based medicine” malpractice, as too much fraud has been ginned up regarding vaccine ‘science’ within Big Pharma, including Pharma’s other products, and at the U.S. CDC.

“Let’s add misfeasance, a form of wrongdoing, especially the doing of something lawful in an unlawful way so that the rights of others are infringed. Farlex Free Dictionary, specifically when one

and its minions as “science-based medicine” promotes oneself practitioners!

“Nothing can be – nor is – further from the factual facts!

Personally, as a researcher of scientific literature since the late 1970s, I find such obfuscation on the part of all who practice supposed “science-based medicine” an oxymoron!

Today's Corporatocracy

“However, such practice is not cornered only by medicine; it's rampant in today's Corporatocracy which dominates law, the media and the memes corporations, businesses and industries create. One such example is the microwave industry about which I research and write.

“The amount of neurotoxins, heavy metals, and other toxic chemicals injected into less than 25 pound infants is nothing short of chemical child abuse!

“It is my unvarnished opinion members of Congress, HHS, CDC/ FDA and Big Pharma must be held accountable for the loss of two generations of children to Autism, not only in the USA but globally!

“The U.S. erroneous “science-based medicine” is looked up to globally as the ‘gold standard’ and disseminator of ‘science-based vaccine’ information, thereby infecting, affecting and afflicting other health systems and agencies with pseudoscience, especially unproven vaccine data, e.g., NO cumulative effects studies of up to nine multi-valent vaccines given at one time!

Swine study suggests flu vaccination may sometimes backfire Researchers have found that some piglets vaccinated against H1N2 flu got severe pneumonia and lung damage after they were infected with the 2009 H1N1 virus, suggesting that cross-reactive antibodies triggered by the vaccine made symptoms worse.

During the 2009 H1N1 pandemic, Canadian researchers identified a greater risk of infection in those who had been vaccinated against seasonal flu, a puzzling finding that researchers are still unraveling, including a group yesterday that revealed more about a mechanism for the process through experiments on pigs.

The heightened risk identified during the 2009 pandemic threatened to disrupt vaccination efforts in Canada, and the findings raised tough issues for policymakers, especially when studies in the United States and other countries contradicted the Canadian findings. However, in 2010 a large study by a Canadian team put an exclamation point on the earlier findings, reporting

that the risk of needing treatment for pandemic flu was 1.4 to 2.4 times greater in those who had been vaccinated against seasonal flu in the previous year.

In the new study, researchers explored the phenomenon in pigs that were infected with the 2009 H1N1 virus after receiving a vaccine against H1N2 influenza. The team, headed by scientists from the US Food and Drug Administration (FDA) and the US Department of Agriculture (USDA), published its findings yesterday in *Science Translational Medicine*.

The results raise concerns about an approach eyed for developing next-generation vaccines, including a “universal” version targeting multiple strains.

The interaction between the vaccine and respiratory disease, called vaccine-associated enhanced respiratory disease (VAERD), has been seen before, for example with formaldehyde-inactivated respiratory syncytial virus (RSV) vaccination followed by wild-type RSV infection.

The researchers vaccinated piglets that were younger than 6 months old and hadn’t been exposed to flu before against H1N2 to explore whether vaccine-induced antibodies might play a role in exacerbating respiratory symptoms. They found some of the piglets got sick with severe pneumonia and had severe lung damage after they were infected with the 2009 H1N1 virus, suggesting that crossreactive antibodies triggered by the flu vaccine made symptoms worse after infection with a different flu strain.

The part of the experiments that focused on the mechanism responsible for the effect found that H1N2 antibodies in the sick pigs bound to the hemagglutinin (HA) stem rather than the HA head of the 2009 H1N1 virus, and thus weren’t able to block the virus from attaching to cells. Instead, the strong cross-reactive antibodies helped the pandemic virus fuse to cell membranes, which appeared to worsen respiratory problems in the vaccinated pigs.

In the search for a new flu vaccine approach, the HA stem is a compelling target, because it is conserved across a range of flu viruses and could be part of strategy to target many flu strains with one vaccine.

The authors cautioned that the pig model might not extrapolate to human flu scenarios, but that in the past, pig experiments have been a good model for studying human flu and conducting vaccine studies. They noted that the use of young pigs, which generate limited antibody profiles like those seen in young infants, might hint at different outcomes in adults. However, they noted that the study may be relevant at the population or risk-group level when a markedly different flu virus emerges to spark a pandemic.

Health officials should keep the proposed VAERD mechanism in mind when monitoring human vaccination during the response to new influenza viruses that have low cross-reactivity with seasonal flu strains, the researchers concluded. They added that the antibodies should be analyzed in the immune response during the development of universal flu vaccines that target the HA stem.

In an editorial on the new findings, published in the same issue, James Crowe Jr, MD, wrote that the new findings show why health leaders should consider the principle “First, do no harm” when pursuing new ways to battle flu epidemics and pandemics. Crowe is a microbiologist and professor of pediatrics at Vanderbilt University and is director of the Vanderbilt Vaccine Center.

He noted that achieving a flu vaccine that would provoke lasting protection across a range of virus subtypes would be a major medical achievement, but eagerness to move forward with next-generation flu vaccines should be tempered with a focus on safety and minimizing risk.

The need to understand the molecular forces that direct antibody-enhanced virus replication or altered immune response isn’t limited to vaccine effects, given that antibody-enhanced disease can occur in nature, Crowe wrote. He added that studies during the 2009 H1N1 pandemic suggested that cross-reactive antibodies may have played a role in severe disease seen in otherwise healthy young adults.

More experiments to help detail the molecular basis of how antibodies neutralize or enhance influenza infection are the next step, and several mechanisms are possible, including one that is commonly studied in dengue virus experiments, according to Crowe. He noted that work on universal flu vaccines should continue, especially given the emergence of new techniques that can help chart the balance within diverse antibody populations.

Nick Kelley, PhD, coauthored a comprehensive CIDRAP analysis of flu vaccines in 2012 that pointed out the shortcomings of current vaccines and noted that vaccines targeting the HA stalk could be a path to designing better, more effective ones.

“There’s a lot we don’t understand about influenza, influenza vaccines, VAERD, and influenza immunology,” he said. “This is exactly the type of studies that help move the field forward.”

The new findings raise several questions that need to be explored, such as the balance between neutralizing and nonneutralizing antibodies,” said Kelley, who is currently a research associate for CIDRAP’s BioWatch program. “That’s an issue that will need to be fleshed out more as novel non-HA-head antigens are developed, particularly for the HA stem.”

Waning Protection after Fifth Dose of Acellular Pertussis Vaccine in Children

In the United States, children receive five doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine before 7 years of age. The duration of protection after five doses of DTaP is unknown.

A recent survey reported in *The New England Journal of Medicine* assessed the risk of pertussis in children in California relative to the time since the fifth dose of DTaP from 2006 to 2011.

This period included a large outbreak in 2010. The researchers conducted a case-control study involving members of Kaiser Permanente Northern California who were vaccinated with DTaP at 47 to 84 months of age.

They compared children with pertussis confirmed by a positive polymerase-chain-reaction (PCR) assay with two sets of controls: those who were PCR-negative for pertussis and closely matched controls from the general population of health-plan members.

The researchers used logistic regression to examine the risk of pertussis in relation to the duration of time since the fifth DTaP dose. Children who received whole-cell pertussis vaccine during infancy or who received any pertussis-containing vaccine after their fifth dose of DTaP were excluded.

They compared 277 children, 4 to 12 years of age, who were PCR-positive for pertussis with 3318 PCR-negative controls and 6086 matched controls. PCR-positive children were more likely to have received the fifth DTaP dose earlier than PCR-negative controls ($P < 0.001$) or matched controls ($P = 0.005$).

Comparison with PCR-negative controls yielded an odds ratio of 1.42 (95% confidence interval, 1.21 to 1.66), indicating that after the fifth dose of DTaP, the odds of acquiring pertussis increased by an average of 42% per year.

The survey conclusions were that protection against pertussis waned during the 5 years after the fifth dose of DTaP.

Mercury in vaccines from the Australian childhood immunization program schedule

Despite the removal of the mercury (Hg)-based preservative thimerosal from vaccines listed on the Australian Immunization Program Schedule for children, concerns remain among some researchers and parents for the safety of the present schedule, in part due to a fear of residual trace levels of Hg.

The purpose of a study by Austin DW, et al. *J Toxicol Environ Health*, was to independently assess childhood vaccines for the presence of Hg.

Eight vaccines administered to children under the age of 5 year were assessed for Hg content via a DMA-80 direct mercury analyzer. Seven of the 8 vaccines contained no detectable levels of Hg (less than 1 ppb); however, 1 vaccine (Infanrix hexa) tested positive for Hg at 10 ppb.

The result was confirmed and validated by retesting the original sample. Follow-up testing was conducted on three additional samples of Infanrix hexa (one from the same production lot and two from a different lot).

All three tested positive for Hg (average of 9.7 ppb). Although the levels of Hg detected are substantially lower than any established exposure safety limits, the results of this study reveal that inaccuracies exist in public health messages, professional communications, and official documentation regarding Hg content in at least one childhood vaccine.

According to the researchers, “In the interests of public health, it is incumbent on vaccine manufacturers and responsible agencies such as the Therapeutic Goods Administration and the Federal Department of Health and Ageing to address this issue as a matter of urgency.”

The Unsubstantiated Medical-Science Proofs About Vaccines Allopathic medicine likes to crow about its scientific prowess; they call it “science-based medicine” according to a recent article by Catherine J. Frompovich on *Activist Post*.

“Well, that self-proclaimed, and rather dubious accolade, falls flat on its face, and even comes up with either egg or slimy pond scum mud on the faces of all those who salute, promote and mandate neurotoxic vaccines and their malevolent pseudoscience.

“The most accurate case in point—actually there are two I will talk about—is the implicit fact that the practice of multi-valent vaccines given to infants as young as 2 months of age (and also at 4 and 6 months) are not, have not, and probably never will be tested for what’s commonly understood and known as “cumulative effects.”

“Is there some sort of scientific disconnect when it comes to testing vaccines for cumulative effects? I wonder why, as that is the most scientifically logical verification of actually proving one’s selfaggrandizement as “science-based medicine.”

“The other case in point is comparative studies: vaccinated versus non-vaccinated children’s health and wellbeing studies, either retrospective or prospective, which the U.S. CDC/FDA and Big Pharma vaccine makers actually refuse to do!

“That fact, alone, should prevent vaccines from being declared “science-based medicine”! What is science, if not always searching and learning for the facts of how things work, and then sharing found information to make certain others can benefit from the knowledge, especially to prevent harms?

“Another poignant example of vaccinology not being “sciencebased medicine” is the fact of how many adverse events are reported to the CDC’s VAERS reporting system, which seemingly acts like a post-marketing data research system no one takes seriously.

“Then, there’s the over \$3.7 Billion the U.S. HHS HRSA paid to damaged vaccinees and for attorneys’ fees!

“The above examples are scientifically-legal, unadulterated examples of supposed “science-based medicine” malpractice, as too much fraud has been ginned up regarding vaccine ‘science’ within Big Pharma, including Pharma’s other products, and at the U.S. CDC.

“Let’s add misfeasance, a form of wrongdoing, especially the doing of something lawful in an unlawful way so that the rights of others are infringed. Farlex Free Dictionary, specifically when one

and its minions as “science-based medicine” promotes oneself practitioners!

“Nothing can be – nor is – further from the factual facts!

Personally, as a researcher of scientific literature since the late 1970s, I find such obfuscation on the part of all who practice supposed “science-based medicine” an oxymoron!

Polio

It was hoped that following polio eradication, immunization could be stopped. However the synthesis of polio virus in 2002, made eradication impossible. It is argued that getting poor countries to expend their scarce resources on an impossible dream over the last 10 years was unethical.

Furthermore, while India has been polio-free for a year, there has been a huge increase in non-polio acute flaccid paralysis (NPAFP).

In 2011, there were an extra 47,500 new cases of NPAFP. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received.

Though this data was collected within the polio surveillance system, it was not investigated. The principle of *primum-non-nocere* was violated. The author suggests that the huge bill of US\$8 billion spent on the program, is a small sum to pay if the world learns to be wary of such vertical programs in the future.

Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received. Though this data was collected within the polio surveillance system, it was not investigated.”

More Polio Spread by Vaccine

Another issue often disregarded in discussions of vaccine safety is the spread of vaccine-strain virus infections, including polio. Wild type polio was declared eradicated in the US in 1979 and in the western hemisphere in 1994.

But despite widespread annual polio vaccine campaigns targeting children in Asia, Africa and the Middle East, the wild type poliovirus is still circulating.

The Global Polio Eradication Initiative slated 2018 as the year polio would be eradicated from the Earth, but the virus is proving to be harder to outwit than officials would have you believe. Not only are strains of wild poliovirus still circulating in the world, but mutated vaccine-strain polio viruses also circulate. A large part of the problem is the polio vaccine itself, specifically the live oral polio vaccine (OPV).

In 2017, there have been 21 reported cases of vaccine-derived polio, compared to six cases of

wild polio — marking the first time more cases of polio have been caused by vaccine-derived strains than wild or naturally occurring strains. In Syria alone, 15 children have been paralyzed by vaccine-derived polio, according to the World Health Organization (WHO).

Research published in the journal *Cell* also revealed that the live virus used in the oral polio vaccine can easily mutate and spread through a community. NPR reported:

“After a child is vaccinated with live polio virus, the virus replicates inside the child’s intestine and eventually is excreted. In places with poor sanitation, fecal matter can enter the drinking water supply and the virus is able to start spreading from person to person.

‘We discovered there’s only a few [mutations] that have to happen and they happen rather quickly in the first month or two post-vaccination,” [lead study author Raul] Andino says. ‘As the virus starts circulating in the community, it acquires further mutations that make it basically indistinguishable from the wild-type virus. It’s polio in terms of virulence and in terms of how the virus spreads.’”

While news that the oral polio vaccine is causing vaccine-strain polio cases may be surprising to you, it is not surprising at all to WHO, whose director of polio eradication Michel Zaffran called the vaccine-derived virus outbreaks an expected “hiccup.”

He told NPR: “We knew that we were going to have such outbreaks. We’ve had them in the past. We continue to have them now. We know how to find them, and we know how to interrupt them ... So it’s a hiccup ... a very regrettable hiccup for the poor children that have been paralyzed, of course. But with regards to the whole initiative, you know it’s not something that is unexpected.”

15 Things You Don’t Know About Polio

Canadian health writer Jason Christoff has written over 1000 health articles and been interviewed on US radio and television. Here he explains 15 things you don’t know about polio.

1. A pesticide common in the 1800’s was called Paris Green. A green liquid because it was a combination of copper and arsenic or lead and arsenic. Some of the most toxic substances known to humankind. This super toxin was also used as a dye, in many items, including wall paper and paint. It was the sole focus of murder mystery novels at the time, as arsenic was known to be a very efficient way to stage a murder “for unknown reasons”, as arsenic kills but is hard to detect after the victim succumbs to the poison.

2. This pesticide worked by causing neurological damage in the bugs, causing organ failure.
3. Polio consists of symptoms synonymous with neurological damage, causing organ failure.
4. Heavy metal poisoning from lead, mercury and other similar heavy metals manifest lesions on neurological tissues, meaning the toxin destroys the nerve/communication pathways connecting the brain to the organs in the body.
5. Polio victims present lesions on neurological tissue, that cause the organs to malfunction all around the body. (lungs, heart, nerves that control walking etc)
6. Polio outbreaks hit throughout the summer, only during pesticide spraying times. (not the sunless and damp winter/spring seasons regarding other disease outbreaks)
7. Polio had and has NO ability to spread from infected victims to the uninfected. Polio infected clusters of people in the exact same areas, suddenly and swiftly.
8. Parents report finding their children paralyzed in and around apple orchards. One of the most heavily pesticide sprayed crops of the time (with lead arsenate or copper arsenate) were apple orchards.

9. President Roosevelt

summer retreat, which

became paralyzed overnight while at a

contained many crops, including apple orchards. He also swam the day prior in a bay that was heavily polluted by industrial agricultural run off.

Summer again is when these paralysis based outbreaks would occur, as spraying of crops with extremely toxic chemicals would intensify as the crops hit a fully mature state. The pesticides we're talking about were designed to terminate nervous system function in the bugs, which is "polio" which is and always has been complicit poisoning of the population by industry, government, science and medicine.

10. Dr. Ralph Scobey and Dr. Mortind Biskind testified in front of the U.S Congress in 1951 that

the paralysis around the country known as polio was being caused by industrial poisons and that a virus theory was purposely fabricated by the chemical industry and the government to deflect litigation away from both parties.

11. In 1956 the AMA (The American Medical Association) instructed each licensed medical doctor that they could no longer classify polio as polio, or their license to practice would be terminated. Any paralysis was now to be diagnosed as AFP (acute flaccid paralysis) MS, MD, Bell's Palsy, cerebral palsy, ALS (Lou Gehrig's Disease), Guillian-Barre, meningitis etc etc.

This was orchestrated purposely to make the public believe polio was eradicated by the polio vaccine campaign but because the polio vaccine contained toxic ingredients directly linked to paralysis, polio cases (not identified as polio) were skyrocketing...but only in vaccinated areas.

Today most vaccine inserts declare paralysis as a potential side effect but "reframe it" as Guillian Barre or simply "paralysis". This is purposely designed to obfuscate the public's understanding of what causes paralysis, which is heavy metal poisoning plus vaccine induced autoimmunity that ends with the body attacking and destroying its' own nervous system pathways, in an rabid attempt to clean itself of the injected toxins.

Guillian Barre and paralysis, as listed vaccine side effects, are also a way to get the public running east looking for a sunset, keeping them as far away as possible from connecting the dots around this medical polio con job.

Aluminum and mercury are ingredients in most (if not all) vaccines today and both are proven to cause paralysis and motor neuron destruction known as many different names, depending on just how much the science/medical authority figure in the room wants to take advantage of you that day.

12. The first polio vaccine was worked on by Dr. Jonas Salk and human experiments using this vaccine were conducted purposely on orphans in government/church run institutions because they were vulnerable and didn't require any parental consent signatures, as they had no parents.

The vaccine was "declared safe" by "medicine" (as they always are even though that vaccine was killing and paralyzing monkeys in test trials) and that vaccine gave 40,000 orphans polio, permanently paralyzed hundreds and killed at least 10 children.

All injuries and deaths were under-reported of course by the same authorities who orchestrated

the atrocity. This was called The Cutter Incident. A focused attack on defenseless children, by people charged with their care. A poisoning of innocent children and then the excuses and apologies, regarding how it won't happen again. Is this pattern still occurring today? The answer is obvious.

13. The next "improved" polio vaccine, given to hundreds of millions, carried both the SV 40 cancer virus as well as the AIDS virus. Every step of the way, medicine declaring they know for sure, that this time, they have everything straightened out. Same story then, same story now.

The only thing larger than the pile of broken medical and government promises, is the pile of broken and dead bodies. Cancerous tumors, still being pulled out of people today, are riddled with SV40 cancer viruses from the government's "safe and effective" and "approved" polio vaccine.

14. In the book *Virus Mania*, top scientists in the field declare that polio doesn't and has never qualified as a viral disease because it fails to spread from person to person or animal to animal. If it's not a viral disease, then what is it? The answer is heavy metal and other forms of toxic poisoning that causes partial or full paralysis. (destruction of the nervous system). Connect the dots.

15. The polio con job, ranked as 1 of the top 10 medical con jobs of all time, is clearly described in this selected chapter of the book *Dissolving Illusions* by leading medical doctor, Dr. Suzanne Humphries. The reason so much effort is placed into medical con jobs like this is to continually infuse the public with false fear regarding viruses that don't exist, and also to provide false hope and blind faith belief in toxic vaccines and poisonous medications, which only worsen a population's overall health status. The end result is the same, regardless of medical con.

The elite groups who organize such fraud based operations increase tyrannical control over a diseased, die-empowered, depressed, dis-satisfied, dis-oriented and dumbed down population. Such a population is easier to control, steal from, manipulate and govern. It's not really about polio or viruses, it's about poisoning the population into a chemical lobotomized state that ends with increasing elite domination and iron fist control.

When someone talks of any disease, in this day and age, they're often just repeating what they were told by the government, media or medicine. When someone today repeats anything about polio and polio elimination based on vaccination, they're repeating known lies, told by known liars.

Repeating what you're told and intelligence aren't the same thing. Repeating or intelligence? The choice is yours. Repeaters are firm in their beliefs yet have never researched beyond what they were told to believe. Such firm belief, with zero research, is illogical and irrational. Research the hidden history of polio, the disease that never was.

We have over 100 medical doctors and PhD scientists on record explaining with statistics and research that, 1) vaccines aren't safe, 2) vaccines aren't effective, 3) vaccines don't improve immunity or resistance to disease and, 4) vaccines injure, permanently cripple or kill each and every person they're injected into.

The darkness and deceit around the polio vaccine doesn't just stop there. The entire history of vaccination, from inception to this very day, is rampant with corruption, eugenics, stealth euthanasia and for lack of a better phrase, evil intent.

Cancer, Simian Virus 40 (SV40), and Polio Vaccines -The Facts SV40 is a virus found in some species of monkey.

SV40 was discovered in 1960. Soon afterward, the virus was found in polio vaccine.

More than 98 million Americans received one or more doses of polio vaccine from 1955 to 1963 when a proportion of vaccine was contaminated with SV40; it has been estimated that 10-30 million Americans could have received an SV40 contaminated dose of vaccine. SV40 virus has been found in certain types of cancer in humans, but it has not been determined that SV40 causes these cancers.

The majority of scientific contaminated vaccine did not evidence suggests that that cause cancer; however, some research results are conflicting and more studies are needed. Polio vaccines being used today do not contain SV40. All of the current evidence indicates that polio vaccines have been free of SV40 since 1963.

In the 1950s, rhesus monkey kidney cells, which contain SV40 if the animal is infected, were used in preparing polio vaccines. Because SV40 was not discovered until 1960, no one was aware in the 1950s that polio vaccine could be contaminated. SV40 was found in the injected form of the polio vaccine (IPV), not the kind given by mouth (OPV). Not all doses of IPV were contaminated. It has been estimated that 10-30 million people actually received a vaccine that contained SV40.

Some evidence suggests that receipt of SV40-contaminated polio vaccine may increase risk of

cancer. However, the majority of studies done in the U.S. and Europe which compare persons who received SV40-contaminated polio vaccine with those who did not have shown no causal relationship between receipt of contaminated polio vaccine and cancer.

Vaccine-related mumps infections in Thailand and the identification of a novel mutation in the mumps fusion protein. According to The International Alliance for Biological Standardization, an outbreak of nine cases of mumps was reported from a total of 97 vaccinated nursing students at two medical colleges in Thailand in 2010, 16-26 days after administration of MMR vaccine containing the L-Zagreb mumps strain.

Symptoms ranged in severity from fever and parotid swelling to orchitis. Clinical samples were obtained from seven patients and three were suitable for further study. Sequencing confirmed that the SH gene of the mumps virus in the unpassaged clinical specimens was identical to the L-Zagreb SH gene in the vaccine.

Further analysis of the viral genome identified nucleotide position 5170 as a novel mutation which corresponds to an amino acid change in the fusion protein. This study provides another virologically confirmed example of mumps resulting from the LZagreb vaccine strain.

One of the most medicine was the disconcerting discoveries finding that children with in clinical congenital

agamma-globulinaemia, who could make no antibody and had only insignificant traces of immunoglobulin in circulation, contracted measles in normal fashion, showed the usual sequence of symptoms and signs, and were subsequently immune.

Elevated Risk of Autism

When the results of the Verstraeten study were first reported outside the CDC in 2005, there was no evidence that anyone but Dr. Verstraeten within the CDC had known of the very high 7.6-fold elevated relative risk of autism from exposure to Thimerosal during infancy.

But now, clear evidence exists. An abstract titled, "Increased risk of developmental neurologic impairment after high exposure to Thimerosal containing vaccine in first month of life" required the approval of top CDC officials prior to its presentation at the Epidemic Intelligence

Service (EIS) conference.

Thimerosal, which is 50% mercury by weight, was used in most childhood vaccines and in the RhoGAM shot for pregnant women prior to the early 2000s.

The CDC maintains there is “no relationship between Thimerosal-containing vaccines and autism rates in children,” even though the data from the CDC’s own Vaccine Safety Datalink (VSD) database shows a very high risk.

There are a number of public records to back this up, including a Congressional Record. The CDC’s refusal to acknowledge thimerosal’s risks is exemplified by a leaked statement from Dr. Marie McCormick, chair of the CDC/ NIH-sponsored Immunization Safety Review at IOM.

Regarding vaccination, she said in 2001, “...we are not ever going to come down that it [autism] is a true side effect...”

Also of note, the former director of the CDC, which purchases \$4 billion worth of vaccines annually, is now president of Merck’s vaccine division.

Toxic Effects of Thimerosal No Longer Disputed by Scientific Study Thimerosal-Derived Ethylmercury in vaccines is now well established as a mitochondrial toxin in human brain cells.

There are dozens of scientific inquiries and studies on the adverse effects of thimerosal, including gastrointestinal abnormalities and immune system irregularities.

Thimerosal, is metabolized (converted) into the toxic and “harmful” methylmercury. And then in turn, the harmful methylmercury is metabolized (converted) into the most harmful, long-term-toxic, “inorganic” mercury that is retained in bodily tissue.

“Inorganic” mercury is the end product of mercury metabolism. Methylmercury subject groups confirm that the metabolic pathway for mercury in the human and animal body consists in the reduction/ conversion of the harmful methylmercury into a more harmful “inorganic” mercury which is tissue-bound, and long-term-toxic. Hence, both the originating substance (methylmercury) and its conversion/reduction, inorganic mercury are found.

Based on published findings by Dr Paul King, pathway for organic mercury involves the the metabolic

conversion of Ethylmercury (Thimerosal) into “methylmercury” and then the further reduction of “methylmercury” into inorganic mercury.

States ending free parent whooping vaccine

Parents across Australia will no longer receive free whooping cough vaccinations because it is not effective in protecting newborns from the potentially deadly illness, a parliamentary committee has heard.

Since 2009 all states and territories except Tasmania have at some stage introduced the free parental vaccination program in an effort to shield infants from the illness.

Whooping cough, a highly infectious airborne bacterial disease, can kill if complications cause lack of oxygen to the brain.

It is most serious in babies under a year old, with newborns susceptible as they are unable to be vaccinated until they are at least four months old.

But at a Victorian Parliamentary Accounts and Estimates Committee hearing on Tuesday, Department of Health divisional executive director Chris Brook said states were abandoning the “cocooning” program.

He said the national Pharmaceutical Benefits Advisory Committee (PBAC) had determined vaccinating parents was not effective in protecting newborns, after two pharmaceutical manufacturers made submissions to the PBAC.

“The PBAC, which is totally independent and very expert, has determined that there is no clinical effectiveness of this strategy,” Professor Brook said. He said this had made it clear the cocooning strategy should not be continued.

“So all jurisdictions who have been in this program will be effectively ceasing the cocooning strategy as of the end of June this year.”

In the same hearing, Victorian Health Minister David Davis said the initial decision to fund free parental vaccination was made “in light of the best evidence that we had at that time”.

But asked by Labor MP Jill Hennessy if the government was “taking a massive gamble” with-

drawing the free parental vaccine, given that whooping cough can kill babies, Mr Davis supported the decision to now withdraw it.

“I make decisions of this type on the basis of the evidence that’s put to me by the department and by clinical experts,” Mr Davis said.

“There has been a national committee meet to look at this and to make decisions on the basis of the best scientific evidence available ... the evidence is that the strategy has not been effective.”

Death by Measles Vaccines

What about deaths due to the measles vaccine during the same time period?

A search for a ten-year period for deaths due to all measles vaccines, including a few that are no longer in production showed 108 deaths over this period, resulting from four different measles vaccines sold in the United States during the past 10 years.

Today, one can only purchase a measles vaccine in combination with the mumps and rubella vaccines (MMR Vaccine).

When searching for just the MMR vaccine during the past 10 years, 96 deaths were reported:

This database reflects only deaths that were reported during the time frame, and therefore probably reflects a much lower number than actual deaths, since most doctors and health authorities believe vaccines are safe, and would not normally attribute a death to a vaccine and actually report it.

Zero U.S. Measles Deaths in 10 Years, but Over 100 Measles Vaccine Deaths Reported

According to Brian Shilhavy, Health Impact News Editor. “With the measles and measles vaccine debate reaching a near frenzy on the Internet, it is always nice to throw some cold hard facts on the firestorm currently raging in the measles debate.

“So here are some easily verifiable facts regarding deaths due to measles in the United States for the past 10 years, and deaths due to measles vaccines during the same 10 year period.

The Centers for Disease Control and Prevention (CDC) keeps a weekly tally of disease outbreaks, including deaths.

According to a recent statement made by Dr. Anne Schuchat, the director of CDC's National Center for Immunization and Respiratory Diseases, in an Associated Press story picked up by Fox News: There has been no measles deaths reported in the U.S. since 2003.

The weekly CDC Morbidity and Mortality Weekly Reports (MMWR) since that date have not revealed any measles deaths either.

And while health authorities are blaming measles outbreaks in recent years on unvaccinated children, when you mention the fact that nobody is dying from measles in the U.S., they are quick to turn around and claim vaccines have eliminated measles deaths (even though they cannot eliminate the disease itself apparently.)

Besides the obvious contradiction in reasoning with such a claim, the historical evidence just does not support it either.

The U.S. Government Settlements on Measles Vaccine Injuries The other place to find facts regarding injuries and deaths due to the measles vaccine is to look at U.S. Government settlements for MMR vaccine injuries and deaths. The U.S. public is largely unaware that manufacturers of vaccines have been given legal immunity from being prosecuted in civil court for vaccine injuries and deaths, since 1986. If someone is injured or killed by a vaccine, they have to sue the U.S. Government in a special "vaccine court."

The Department of Justice issues quarterly reports on claims and settlements, and one can search for specific vaccines settlements at the United States Federal Courts website.

A search for "measles" returned a result of 111 claims settled for the MMR vaccine since 2004. Some of them are for settlements due to deaths related to the MMR vaccine, as determined by the judge.

It takes many years to win a case in this vaccine court, so this probably represents only a tiny fraction of actual injuries and deaths due to the MMR vaccine.

We fully realize that those who believe in the value of vaccines will probably not be persuaded by these facts, which anyone with a computer and Internet access can verify from U.S. Government sources.

Having now published a few stories on the measles issue, and having received many hundreds of comments, it has become very clear to us that those who have strong opinions on the measles vaccine are based more on fear and beliefs, than they are on facts or science. Any attempt by these vaccine proponents to force their beliefs on the rest of the U.S. public should be vigorously opposed.

Measles. Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons. Measles is the most transmissible disease known to man. During the 1980s, the number of measles cases in the United States rose dramatically. Surprisingly, 20% to 40% of these cases occurred in persons who had been appropriately immunized against measles. In response, the United States adopted a two-dose universal measles immunization program.

We critically examine the effect of vaccine failure in measles occurring in immunized persons and performed a computerized bibliographic literature search (National Library of Medicine) for all English-language articles dealing with measles outbreaks. We limited our search to reports of US and Canadian school-based outbreaks of measles, and we spoke with experts to get estimates of vaccine failure rates. In addition, we devised a hypothetical model of a school where measles immunization rates could be varied, vaccine failure rates could be calculated, and the percentage of measles cases occurring determined.

We found 18 reports in immunized students could be

of measles outbreaks in very highly immunized school populations where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% (mean, 77%) of all measles cases in these outbreaks occurred in previously immunized students.

In our hypothetical school model, after more than 95% of schoolchildren are immunized against measles, the majority of measles cases occur in appropriately immunized children.

The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons.

Because of the failure rate of the vaccine and the unique transmissibility of the measles virus, the currently available measles vaccine, used in a single-dose strategy, is unlikely to completely eliminate measles. The long-term success of a two-dose strategy to eliminate measles remains to be determined.

Vaccine Industry Worried About Accountability

Many people are unaware that in 1986 Congress gave the U.S. vaccine industry a shield from product liability that is unlike any other in existence. In most cases, if a pharmaceutical product injures or kills a person, the manufacturer of that product can be held financially accountable in a civil court of law. With vaccines, however, this is not the case.

In the U.S., there is a federally operated Vaccine Injury Compensation Program (VICP) that Congress created under the National Childhood Vaccine Injury Act.

The VICP was created 30 years ago as an administrative alternative to

recommended

a lawsuit when federally

for children cause injury

licensed vaccines or death. Federal

compensation was supposed to be awarded when there was no other biologically plausible explanation for the vaccine-related injury or death, and plaintiffs denied federal compensation or offered too little were supposed to be able to access civil courts.

However, in 2011, the U.S. Supreme Court effectively ruled that federally licensed vaccines are “unavoidably unsafe” and completely removed liability from the vaccine industry — even if it could be proven that a manufacturer had the ability to make the vaccine less reactive.

The U.S. Court of Federal Claims in Washington handles vaccine injury and death cases contested by the U.S. Department of Health and Human Services and Department of Justice in what has become known as “vaccine court.”

The federal VICP compensates vaccine victims through a federal trust fund that collects a surcharge on purchased and administered, which every dose of vaccine

means that vaccine manufacturers pay nothing into the vaccine injury trust fund even though they have no product liability.

To add insult to injury, government agencies and the U.S. Court of Claims deny federal compensation to the majority of vaccineinjured plaintiffs.

As noted by the National Vaccine Information Center's Barbara Loe Fisher: "The \$3.6 billion in federal vaccine injury compensation that has been awarded to more than 5,000 vaccine victims since 1988 doesn't begin to pay for the damage done; not when two out of three claims are denied."

A recent ruling by the highest court of the European Union, however, could change the vaccine injury compensation landscape — in Europe, at least — and the ruling has the vaccine industry up in arms over potentially being held European civil courts for illnesses financially accountable in

and injuries caused by government recommended and mandated vaccines.

EU Court Rules Circumstantial Evidence Should Be Considered in Vaccine Injury Cases

In many vaccine injury cases, it can be difficult if not impossible to prove cause and effect and directly link a related injury with the vaccine, in part because such injuries may occur days, weeks or months later and also because the quality and quantity of vaccine safety studies is extremely poor.

Vaccine companies and government health agencies have refused to conduct methodologically sound research into how and why vaccines cause harm and who is biologically at greater risk for being harmed.

In 2012, the Institute of Medicine (IOM), recently renamed Health and Medicine Division of the National Academy of Sciences (NAS), appointed a physician committee to review over 1,000 vaccine studies on eight vaccines routinely administered to children.

For more than 100 adverse health outcomes reported following vaccination, IOM was unable to determine whether or not the vaccines caused a commonly reported brain or immune system disorder.

In short, the quality and quantity of the scientific evidence related to a wide range of brain and immune system disorders was insufficient to make a conclusion about whether or not a vaccine

causes those disorders in a previously healthy person or a person biologically susceptible to vaccine harm.

So the IOM committee was unable to confirm or deny causation for most reported poor health outcomes, such as multiple sclerosis, rheumatoid arthritis, lupus, learning disabilities and autism, following receipt of certain vaccines.

This does not exonerate vaccines as being safe, but rather highlights the challenges faced when a person attempts to prove a causative link between a vaccine they've received and a related illness or injury.

It makes common sense that the circumstances surrounding a vaccine-related illness — such as how soon reaction symptoms began following vaccine administration, or whether the person had suffered a previous vaccine reaction or was sick at the time of vaccination and so on — would be essential pieces of evidence to consider in determining probable cause.

However, few civil courts have taken this kind of clinical and circumstantial evidence seriously in vaccine injury lawsuits. This was the case with a man living in France, whose vaccine injury case is still ongoing.

The man developed multiple sclerosis after receiving three doses of hepatitis B vaccine, and he and his family believe the debilitating chronic disease was caused by the vaccination.

Much of the case was based on circumstantial evidence including the timing of the onset of disease in relation to vaccination.

A lower French court ruled that the hepatitis B vaccination was the probable cause of the man's multiple sclerosis, but that lower court decision was subsequently overturned because of a lack of scientific consensus that hepatitis B vaccine causes multiple

Eventually, the courts needed to decide what types of evidence were admissible in the case, which brought it before the European Court of Justice (ECJ), the highest court of the Court of Justice of the European Union (CJEU).

Flu Vaccine Falsely Advertised as Good Match Completely Useless for Seniors

It's incredibly important for vaccine makers to be held accountable for dangerous or ineffective products in civil court.

As we continue to see, there are more questions than answers when it comes to vaccine safety and repercussions to human immunity and overall health. The case of federally recommended annual flu shots is one such example in which reactive and often ineffective vaccines continue to be foisted on a vulnerable population, in this case the elderly.

As recently as February 2017, U.S health officials boasted that this season's influenza vaccine was a "good match," even though the U.S. Centers for Disease Control and Prevention (CDC) described the vaccine as having a 48 percent effectiveness rate, which means the vaccine was effective in preventing disease only 48 percent of the time.

For the past decade, the seasonal influenza vaccine's effectiveness has been only 50 percent to 60 percent effective. The news that this year's influenza vaccine was a "good match" probably prompted more seniors to get one of the 145 million doses of flu vaccine shipped to doctors' offices and public health clinics.

By June 2017, however, the CDC's tune had changed. The vaccine actually did a poor job of protecting the elderly, with a low 42 percent effectiveness rate overall in preventing illness severe enough to cause someone to visit a doctor. Meanwhile, among the 65 and over crowd — who are at higher risk for influenza complications — as well as those aged 18 to 49, the flu shot "had no clear effect." In other words, it was useless.

Every vaccine carries a risk of injury or death that can be greater for some people, and the potential risk of suffering flu vaccine complications that result in a permanent disability such as paralysis from Guillain-Barre Syndrome (GBS) is a risk you need to take into account each time you get a flu shot.

While death and complete disability from influenza vaccine complications may be rare, severe complications and death from seasonal influenza itself are also relatively rare, especially for individuals with healthy immune systems.

So it is wise to weigh the risk of suffering a debilitating side effect from a flu shot relative to the more likely potential of spending a week in bed recovering from a bout with influenza. Most of the deaths attributed to influenza are actually due to complications leading to bacterial pneumonia and, unlike in past centuries, bacterial pneumonia today can be effectively treated with advanced medical care.

Fluzone - it fails 40 percent of the time

In the U.S. in July 1917, Sanofi Pasteur planned to celebrate their 120th anniversary by inundating the market with flu vaccines. The 70 million doses for the 2017-2018 flu season has been blessed by the FDA.

The specific type of vaccine is called Fluzone high-dose vaccine. It claims a 60 percent success rate in the elderly (which means it fails 40 percent of the time). Other doses include Fluzone Intradermal Quadrivalent and Quadrivalent.

Hepatitis B Vaccine Damages The Liver

It Is Supposed To Protect Startling new research published in the journal Apoptosis by Sayer Ji, the founder of Greenmedinfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, Co-founder and CEO of Systome Biomed, Vice Chairman of the Board of the National Health Federation, Steering Committee Member of the Global Non-GMO Foundation, indicates that hepatitis B vaccine, which is designed to prevent Hepatitis B virus-induced damage to the liver, actually causes liver cell destruction.

In the study titled "Hepatitis B vaccine induces apoptotic death in Hepa1-6 cells," researchers set out to "...establish an in vitro model system amenable to mechanistic investigations of cytotoxicity induced by hepatitis B vaccine, and to investigate the mechanisms of vaccine-induced cell death."¹

They found the hepatitis B vaccine induced a "loss of

mitochondrial integrity, apoptosis induction, and cell death" in liver cells exposed to a low dose of adjuvanted hepatitis B vaccine. The adjuvant used was aluminum hydroxide, which is increasingly being identified as a contributing cause of autoimmune disease in immunized populations.

The discovery that the hepatitis B vaccine damages the liver (hepatotoxicity) confirms earlier findings (1999) that the vaccine increases the incidence of liver problems in U.S. children less than 6 years old by up to 294% versus unvaccinated controls.

Another study published in the journal Hepatogastroenterology in 2002, observed that Hepatitis B vaccination was statistically associated with gastrointestinal

gastrointestinal disease and liver

reactions function

including: hepatitis, test abnormalities in

comparison to other vaccine control groups.

This, however, is only the tip of the iceberg. In a revealing study published in June 2011 in the journal *Molecular Biology Reports*, researchers demonstrated that hepatitis B vaccine alters the expression of 144 genes in the mouse liver within 1 day of vaccination, 7 of which are related to inflammation and metabolism. The authors noted: "Pharmaceutical companies usually perform safety testing of vaccines, but all requirements of the World Health Organization and drug pharmacopoeias depend on general toxicity testing, and the gene expression study of hepatitis B vaccine is not done routinely to test vaccine quality."

Could the gene-expression altering affects of hepatitis B vaccine be one reason why there are over 60 serious detrimental health effects associated with the vaccine as documented in the peerreviewed and published biomedical literature, including sudden infant death?

Other potential mechanisms of action behind hepatitis B vaccine's dangerous side effects, are as follows:

Hepatitis B vaccines may contain Hepatitis B Virus polymerase as a contaminant, which may trigger an auto-immune process against the myelin (protective coating on the nerves) in some vaccinated subjects.

Hepatitis B vaccine may induced autoimmune demyelinating disease through the molecular mimicry that exists between the vaccine antigen, Epstein-Barr virus and human myelin.

Why Are They Vaccinating Infants For Hepatitis B Virus?

The real danger here is that universal vaccination against Hepatitis B virus may be causing far more harm than good. It is actually our youngest -- infants -- who are most at risk of being irreparably harmed, as the CDC's vaccine schedule requires Hepatitis B vaccination at birth, 1-2 months, and then again at 3-6 months of age.

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991, despite contradictory safety findings. Perhaps not coincidentally, the prevalence of autism today is 1500% higher than that occurring in the period immediately before their introduction.

While there is no such thing as a “genetic epidemic,” in the traditional inheritable sense of the word “genetic,” there is such a thing as environmentally induced gene-expression changes, as described above. In other words, vaccine adjuvants (e.g. mercury and aluminum) and vaccine antigens are capable of profoundly affecting the stability of the genetic infrastructure upon which our health depends.

According to one review published in the Journal of Toxicology and Environmental Health in 2010, male newborns vaccinated with hepatitis B prior to 1999 had a 3-fold higher risk for parentally reported autism.

Why before 1999? On 8/27/99 the CDC, in tacit acknowledgment of the profound neurotoxicity associated with the use of thimerosal (organomercury), approved the first thimerosal-free hepatitis B vaccine.

Sadly, even after the removal of mercury (which was replaced by another neurotoxic agent aluminum hydroxide), autism prevalence is still several orders of magnitude higher than it was before the CDC’s increasingly overwhelming vaccine schedule (60+ by age 6) reached its present-day proportions.

Another glaring problem with Hep. B vaccine in infants is that Hepatitis B virus is only transmitted through blood or semen by those who are infected, which are two routes of exposure an infant

-- certainly not one born in a hospital -- should ever be exposed to; unless, of course, the mother is a carrier, and therefore can transmit it vertically to her offspring.

But hospitals can and should screen mothers for Hepatitis B preemptively, therefore making it unnecessary to vaccinate every infant blindly. In addition, there are no randomized controlled trials that have assessed the effects

pregnancy for preventing infant of hepatitis B vaccine during infection, despite the fact that pregnant women are being given the vaccine for exactly this reason. There is also research indicating that immunization for Hepatitis

B does not guarantee protection against becoming infected with it;

i.e. it may not truly fall within the category of a vaccine-preventable

disease.

Multiple Sclerosis-Like Symptoms and Paralysis Not Unusual After HPV Vaccination

Unfortunately, stories like Naomi's are all too common in relation to Gardasil.

One of the vaccine injury cases featured in the movie *The Greater Good* is that of Gabi Swank, a 15-year-old honor student who decided to get the Gardasil vaccine after seeing a "Be One Less" Gardasil vaccine advertisement on TV.

Like so many young girls, she wasn't warned about any possible side effects when she got the shots, which are given as a series of three injections.

At the time the documentary was filmed, she had already suffered two strokes and experienced partial paralysis. She also lost part of her vision and today suffers frequent seizures. When she was in high school, many days she had to use a wheelchair to get around school due to muscle pain and chronic fatigue.

A similar reaction happened to 13-year old Jenny Tetlock who began seeing signs vaccinated against of trouble just one month after she was the HPV virus. Fifteen months later, a degenerative muscle disease left her nearly completely paralyzed.

Neurological symptoms such as these were also reported in a recent study by neurologist Dr. Ian Sutton. He reported five cases of multiple sclerosis-like symptoms emerging shortly after women received the Gardasil vaccine, noting :

"We report five patients who presented with multifocal or atypical demyelinating syndromes within 21 days of immunization with the quadrivalent human papilloma virus (HPV) vaccine, Gardasil. Although the target population for vaccination, young females, has an inherently high risk for MS, the temporal association with demyelinating events in these cases may be explained by the potent immuno-stimulatory properties of HPV virus-like particles which comprise the vaccine."

Further, Judicial Watch, a public interest group that investigates and prosecutes government corruption, recently issued an update on adverse reaction reports relating to Gardasil.

The documents obtained from the U.S. Food and Drug Administration (FDA) under the provisions of the Freedom of Information Act (FOIA) detail 26 new deaths reported to the government following HPV vaccination between September 1, 2010 and September 15, 2011.

That's 26 reported deaths of young, previously healthy, girls after Gardasil vaccination in just one year.

Other serious side effects reported during that time frame included: Seizures, Paralysis, Blindness, Pancreatitis, Speech problems, Short term memory loss, Guillain-Barre syndrome and Ovarian cysts.

Between May 2009 and September 2010, 16 deaths after Gardasil vaccination were reported. For that timeframe, there were also 789 reports of "serious" Gardasil adverse reactions, including 213 cases of permanent disability and 25 diagnosed cases of Guillain Barre Syndrome.

Evolution of multiple sclerosis in France since the beginning of hepatitis B vaccination

Since the implementation of the mass vaccination campaign against hepatitis B in France, the appearance of multiple sclerosis, sometimes occurring in the aftermath of vaccinations, led to the publication of epidemiological international studies.

This was also justified by the sharp increase in the annual incidence of multiple sclerosis reported to the French health insurance in the mid-1990s. Almost 20 years later, a retrospective reflection can be sketched from these official data and also from the national pharmacovigilance agency.

Statistical data from significant correlation these latter sources seem to show a between the number of hepatitis B

v a c c i n a t i o n s p e r f o r m e d a n d t h e d e c l a r a t i o n t o t h e pharmacovigilance of multiple sclerosis occurring between 1 and 2 years later. The application of the Hill's criteria to these data indicates that the correlation between hepatitis B vaccine and multiple sclerosis may be causal.

EU Court Ruling May Hold More Vaccine Makers Accountable

The ECJ ruled that “serious, specific and consistent” circumstantial evidence may be considered in vaccine injury cases, prompting a barrage of criticism from the pharmaceutical industry, doctors, public health officials and the media that it would “open the floodgates” for frivolous vaccine injury lawsuits.

In *Nature* magazine, however, Alex Stein, a law expert at the Brooklyn Law School in New York says this is not the case:

“The court emphasized that liability claims for vaccine harm must be considered on a case-by-case basis. It also ruled that the burden of proof remained on plaintiffs (the man’s family, in this case) and that courts must consider relevant evidence from medical research.

These caveats are important, says ... Stein ... ‘Under this framework, credible medical evidence showing that the vaccine is safe will win the case,’ he says. ‘Those who say that the ECJ decision has opened a floodgate for multiple vaccine liability suits are therefore mistaken.’”

Stein continued that the ruling may, in fact, allow for justice to be fairly served, noting, “If courts were to use scientific methods of proof in all cases in which they must determine disputed facts, they would hardly be able to make decisions and to deliver timely justice to people.

Justice is generally best served when courts are free to admit whatever relevant evidence they wish and judge it on its own merits along with the rest.”

Indeed, the EU ruling will allow for important and pertinent evidence to be considered in vaccine injury cases to conclude “the administering of the vaccine is the most plausible explanation,” including the following:

- The time between a vaccine’s administration and the onset of a disease
- An individual’s previous state of health
- A lack of any family history of the disease

- A significant number of reported cases of the disease occurring

following vaccination

Gardasil

213 Women Who Took Gardasil Suffered Permanent Disability

- A class-action lawsuit was filed in Australia against drug maker Merck by a young woman who suffered autoimmune and neurological health problems following injections with the HPV vaccine, Gardasil
- Multiple-sclerosis-like symptoms and neurological complications, including seizures, paralysis and speech problems, are being reported by increasing numbers of girls and women following Gardasil vaccination
- Between May 2009 and September 2010, 16 deaths occurred after Gardasil vaccination, along with 789 reports of “serious” adverse reactions; 213 cases of permanent disability; and 25 cases of Guillain Barre Syndrome. Between September 1, 2010 and September 15, 2011, another 26 deaths were reported
- There are more than 100 types of human papillomaviruses (HPVs) and Gardasil protects against only 4 types but 90 percent of women naturally clear HPV from their bodies within two years, at which point cervical cells return to normal
- The cervical cancer death rate is very low in the United States (3 per 100,000), as this cancer is usually entirely curable when detected early enough through PAP screenings, which have reduced cervical cancer rates by 70 percent in the U.S. since PAP screens have become a routine part of women’s health care

Naomi Snell, a 28-year-old woman in Melbourne, Australia, is leading a class-action civil lawsuit against drug maker Merck after suffering autoimmune and neurological complications following injections with the HPV vaccine, Gardasil.

After receiving the first of three doses of the vaccine, Naomi suffered convulsions, severe back and neck pain, and lost her ability to walk.

Doctors actually diagnosed her with multiple sclerosis, which was later retracted and labeled a neurological reaction to the vaccine.

Seven other women, who say they have suffered various physical problems, including anaphylaxis and miscarriage, after receiving Gardasil may also join the civil lawsuit, and this is likely only the beginning, as Gardasil is being implicated in a growing number of serious, permanent and sometimes deadly adverse reactions.

Gardasil Protects Against Just Four of the 100 Types of HPV Viruses There are more than 100 types of human papillomaviruses (HPVs). Of them, about 40 types of HPV are sexually transmitted and 15 of these types are most associated with cervical cancers and genital warts in women and men.

HPV infections that remain unidentified and untreated for a long time are also associated with development of vaginal, vulvar, penile, anal and oropharyngeal cancers.

Some HPV infections can cause minor skin infections and common warts on your hands and feet.

Certain types of chronic HPV infections, which are not identified or treated for a long time, can lead to cervical cancer. It is only when the HPV virus lingers for many years that abnormal cervical cells could turn into cancer.

This is why PAP smears identify cervical changes and can prevent cervical cancer deaths far more effectively than the HPV vaccine ever will, because there's a sufficient amount of time to find and treat any cervical abnormalities if you're getting regular PAP smears.

It is important to know, however, that over 90 percent of women infected with HPV clear the infection naturally within two years, at which point cervical cells go back to normal.

The death rate from cervical cancer in the United States is 3 per 100,000 and it is estimated that, in 2011, about 12,000 women were diagnosed with cervical cancer and 4,000 died.

In 2009, there were about 34,000 deaths from car accidents in the U.S. for a death rate of 11 per 100,000.

Women have a much higher risk of dying in a car accident than dying from cervical cancer!

Cervical cancer rates are even lower in some European countries. The reason why the mortality rate is so low is because -- for the vast majority of healthy women living in developed countries like Europe and the U.S. -- their immune systems are usually strong enough to naturally clear HPV infection within two years. Again, this happens in more than 90 percent of all cases!

Serious Vaccine Reactions, Deaths, Often Labeled “Coincidence”

While it is not clear exactly what is causing so many adverse reactions, it is known that Gardasil contains genetically engineered virus-like protein particles as well as aluminum, which can affect immune function.

Further, according to the vaccine manufacturer product information insert, the vaccine has not been evaluated for the potential to cause cancer or to be toxic to genes.

In fact, Merck only studied the Gardasil vaccine in fewer than 1,200 girls under 16 prior to it being released to the market under a fast-tracked road to licensure. To date, most of the serious side effects, including deaths, that occurred during the pre-licensure clinical trials and post marketing surveillance have been written off as a “coincidence” by Merck researchers and government health officials.

On the National Vaccine Information Center’s (NVIC) Web site, you can read about Gabi Swank’s Gardasil reaction and other descriptions of women and girls who have suffered serious health deterioration after Gardasil shots and, in some cases, have died shortly after receiving this vaccine. The growing Gardasil vaccine injury toll has become too large to ignore:

- Christina Tarsell, a 21-year-old college student majoring in studio arts at Bard College, who died suddenly and without explanation shortly after receiving the third Gardasil shot in June 2008.
- Megan, a 20-year-old college student who died suddenly, without explanation, about one month after receiving her third Gardasil shot. No cause of death was found.
- Ashley, a 16-year-old who became chronically ill after receiving Gardasil, and now suffers regular life-threatening threatening episodes of seizure-like activity, difficulty breathing, back spasms, paralysis, dehydration, memory loss and tremors.

Thimerosal In Vaccines Increase Neurologic Disorders

PhD Scientist and Biochemist Reveals Hidden CDC Documents Showing Thimerosal In Vaccines Increase Neurologic Disorders according to a recent article by Dave Mihalovic.

The CDC has been shunning the correlations between thimerosal and neurological disorders for a very long time. Although the FDA gave a two year deadline to remove the mercury based preservative from vaccines after the neurotoxin was banned in 1999, it still remains to this day in 60 percent of flu vaccines.

A vaccine industry watchdog has now obtained CDC documents that show statistically significant risks of autism associated with the vaccine preservative, something the CDC denies even when confronted with their own data.

For nearly ten years, Brian Hooker has been requesting documents that are kept under tight wraps by the Centers for Disease Control and Prevention (CDC). His more than 100 Freedom of Information Act (FOIA) requests have resulted in copious evidence that the vaccine preservative Thimerosal, which is still used in the flu shot that is administered to pregnant women and infants, can cause autism and other neurodevelopmental disorders.

Dr. Hooker, a PhD scientist, worked with two members of Congress to craft the letter to the CDC that recently resulted in his obtaining long-awaited data from the CDC, the significance of which is historic.

According to Hooker, the data on over 400,000 infants born between 1991 and 1997, which was analyzed by CDC epidemiologist Thomas Verstraeten, MD, “proves unequivocally that in 2000, CDC officials were informed internally of the very high risk of autism, non-organic sleep disorder and speech disorder associated with Thimerosal exposure.”

Factually, thimerosal is a mercury-containing compound that is a known human carcinogen, mutagen, teratogen and immune-system disruptor at levels below 1 part-per-million, and a compound to which some humans can have an anaphylactic shock reaction.

It is also a recognized reproductive and fetal toxin with no established toxicologically safe level of exposure for humans.

In November, 1997, the U.S. Congress passed the Food and Drug Administration Modernization Act, requiring the study of mercury content in FDA-approved products. The review disclosed the hitherto-unrecognized levels of ethylmercury in vaccines.

In July 1999, public-health officials announced that thimerosal would be phased out of vaccines. The CDC, American Academy of Pediatrics, and FDA insisted that the measure was purely precautionary. They requested of all vaccine manufacturers to eliminate mercury from vaccines.

The requests were denied by vaccine manufacturers and continued every year thereafter.

The FDA does not require ingredients that comprise less than 1 percent of a product to be divulged on the label, so a lot more products may have thimerosal and consumers will never know.

9 The Only Safe Vaccine Is One Never Taken

“Vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time.”

Mahatma Gandhi 1921 What Gandhi had to say about vaccination in 1921

A quote widely attributed to James Shannon, former director of the NIH, is that “the only safe vaccine is one never taken.”

Mahatma Gandhi said that “vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time.”

Although Big Pharma and its medial mouthpieces love to repeat the mantra that vaccines are “safe and effective”, the evidence shows there are neither, but rather, experimental tools whose effects can be devastating: procurement of the disease itself (that is supposedly being vaccinated against), sterilization, ASD (Autism Spectrum Disorder), paralysis, cancer and death.

You may want to think twice – or better yet, at least 10 times – before taking that shot.

Vaccines and the media

Following the birth of his second child, Eleanor, John Petrak should have been celebrating with his wife Imogen, aged 35. Instead, just hours after their daughter’s birth, Imogen tragically passed away and their lives were forever changed. It is hard to believe this tragedy could have

been made any worse, yet thanks to the reprehensible reporting of Jane Hansen and the resultant media circus, their grief was soon amplified.

On the 4th of July, 2017 at approximately 34 weeks' gestation, a pregnant Imogen went off to the doctor to have the Tdap vaccine, a 3 in 1 shot containing tetanus, diphtheria and whooping cough (pertussis).

Despite the manufacturer's product stating "...adequate human data on use in pregnancy are not available" and no scientific evidence proving either safety or effectiveness during pregnancy, expectant mothers are advised by their physicians that this shot will protect their babies from whooping cough for the first six weeks of life. That is, before their child is old enough to have their first set of vaccines.

According to a screen shot taken from John's Facebook profile, just two days after receiving this experimental vaccine, Imogen "...started to get sick with a sore throat and really runny nose". This was followed by a fever and an earache and progressively, her symptoms became worse.

Blood tests and a physical examination provided no answers and by the 14th, just 10 days after receiving the vaccine, Imogen was rushed off to hospital where, John states, "we were in emergency waiting area for about 40mins and that was the last time she spoke to me or anyone. That whole time we thought it was just a bad ear ache. The rest.... was terrifying to watch".

When asked if she felt the vaccine may have played a part in Imogen's death, Dr. Suzanne Humphries, a twice board certified, licensed, internal medicine doctor and nephrologist said it was "... highly plausible".

According to the manufacturer side effects of the vaccine include upper respiratory tract infections, fever, (inflammation of the pharynx causing a fainting, pharyngitis

sore throat), Syncope (fainting), lymphadenopathy (inflammation of the lymph nodes), headache, dizziness, and cough to name just a few. Post marketing surveillance also states "collapse...and convulsions within 2 to 3 days of vaccination have been reported".

While side effects from vaccines are of concern, according to Dr. Humphries, there is also a well documented non-specific effect which demonstrates the Tdap vaccine "makes people more susceptible to non Tdap infections". This effect is scientifically echoed with other vaccines also.

Shockingly, the vaccine also boasts 300mcg of aluminium hydroxide, 200mcg aluminium phos-

phate as well as formaldehyde and polysorbate 80.

Research shows that "...aluminium adjuvants have the potential to induce serious immunological disorders in humans. [including]... risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences". (own emphasis)

An article by paediatrician Dr Lawrence Palevsky also suggests that polysorbate 80 in vaccines may allow vaccine ingredients to enter the brain. He states, "Polysorbate-80 is used in pharmacology to assist in the delivery of certain drugs or chemotherapeutic agents across the blood-brain-barrier."

Furthermore, "Clinical studies have shown [polysorbate 80] to increase the risk of serious side effects (e.g., blood clots, stroke, heart attack, heart failure) and death in some cases.

Polysorbate 80 may also cause hypersensitivity reactions and anaphylaxis and when used as a vaccine emulsifier, numerous studies confirm that polysorbate 80 can increase cell permeability, damage and bursting".

Despite this evidence, one must ask, how did such a vaccine come to be recommended for use in pregnancy?

Journalist and author, Christina England reveals that in 2008, a report by the Centres for Disease Control and Prevention (CDC) stated, "Available evidence does not address the safety of Tdap for pregnant women, their foetuses, or pregnancy outcomes sufficiently.

Available data also do not indicate whether Tdap-induced transplacental maternal antibodies provide early protection against pertussis to infants or interfere with an infant's immune responses to routinely administered paediatric vaccines."

The CDC further emphasizes that "The safety and efficacy of using Tdap in pregnant women has not been demonstrated, and Tdap is not recommended for use in pregnant women in any country".

Despite this, just three years later, the CDC, whose recommendations inform Australian drug and vaccine policies, began to recommend the Tdap vaccine for all women in all pregnancies, even if those pregnancies were only one year apart.

This recommendation came about largely because the CDC noted that the majority of resultant hospitalisations and deaths from whooping cough are in children aged under two months and who are too young to be vaccinated.

While conceding that, “In pre-licensure evaluations, the safety of administering a booster dose of Tdap to pregnant women was not studied.”, the CDC went on to reassure women by stating “Because information on use of Tdap in pregnant women was lacking, both manufacturers of Tdap established pregnancy registries to collect information and pregnancy outcomes from pregnant women vaccinated...”.

They also collected data from VAERS (vaccine adverse events reporting system) and small studies. The CDC concluded that “... available data from these studies did not suggest any elevated frequency or women...[and] unusual patterns the few serious of adverse events in pregnant adverse events reported were unlikely to have been caused by the vaccine.” (own emphasis)

Just as is occurring now, pregnant women who were administered vaccines over the last few years have unknowingly been the test subjects in a max vaccine trial.

Their details are entered into a pregnancy register were, without any sufficient follow up process to determine outcomes in either mother or child following administration of the vaccine, medicos and government bodies will use this data to claim vaccines are safe and effective.

It is unknown if Imogen was advised that adequate safety testing had not been established in pregnant women, or if the administering doctor provided proper informed consent however this potentially opens up the door for a major lawsuit for wrongful death.

“Simply telling people a vaccine is “safe and effective” does not even come close to discharging the Doctor’s duty to obtain informed consent form the patient” said Dean Spanner, a Queensland Law Society Accredited Specialist in injury law from Kennedy Spanner Lawyers with 29 years’ experience.

“Many GP’s are not disclosing the possible adverse reactions listed in vaccine inserts that come with the product. If a GP fails to [do this], in my opinion that GP is at serious risk of being sued if the patient suffers an injury”.

While the CDC claims there is no evidence of harm to mother or baby, an overwhelming amount of anecdotal evidence is surfacing highlighting a correlation between vaccine administration and miscarriage or stillbirth as evidenced from online forum netmums.

Marcella Piper-Terry, Founder of VaxTruth has also had recent communications with an insurance billing company representative. The whistle-blower provides damning proof showing foetal demise in many instances, some of which occurred the same day as the vaccine was given.

While many would find it hard to digest that our government, and the media would deliberately deceive us, nothing can be more telling than the reporting of this case. Just two weeks after Imogen's death, Hansen who is well known for her callous, unsubstantiated articles, released a story titled "Dead mum Imogen Petrak may have caught pneumococcal disease from her child". In what can only be seen as an attempt to muddy the waters, Hansen claimed that Imogen died following exposure to pneumococcal strain 19F which she likely acquired from her unvaccinated 18mo son JB.

In response to Hansens article, a furious Fatih Tarasenko, who is believed to be the sister of John's mother, wrote "I am their Aunt and this is sensationalism at its best. Imogen's son had a cold nothing more. This is irresponsible reporting...JANE HANSEN...has much to answer for the added pain she is causing this family. False reporting should be a crime. Shame shame shame!!!!!!".

According to Dr Humphries, "The clear intent is to stigmatise unvaccinated children even though there is no evidence this mother caught pneumococcal strain 19F meningitis from her child. Where is the proof the child even had mild pneumococcal infection and if a child can get pneumococcal infection and pass it on, why can't an adult?".

Based on some of Hansen's writing portfolio, there is little doubt her primary goal is to stigmatise the non-vaccinating community and that is precisely what she achieved. Many took to Facebook to express their anger at the Petrak family, based on their sons unknown vaccination status, some even celebrating Imogen's death.

Sharing Hansen's article, Emma Dalmayne wrote "Why wasn't her son vaccinated?? Now look what that has caused!". A Tasmanian based first aider Catalina Gamble, wrote "I might sound like insensitive but I honestly don't feel sorry... this is what they know can happen but prefer to believe in stupid conspiracies....". Suzanne Rohead also wrote "Poor choices come back to bite antivaxxer on the ass. I am finding it difficult to rustle up any sympathy".

A more level-headed Dr. Kerry Thornbury, a GP from New Zealand responded to such comments by stating "Sorry but this mother did not 'deserve' to die...Immunization against this is only very recent...You can get the infection walking through the corridors of a hospital. Making this an anti vac issue is a very long shot..... And celebrating her death and saying she deserves

it because she didn't vaccinate a toddler is outrageous...

"The article says the child was 'unwell' not that he had pneumococcal disease. I think is it mischievous reporting. Also, mischievous to use another stupid anti-vaxxer story. I am a physician, I am pro vaccination. I am not pro manipulation". It is understood that the Petrak family where not aware Imogen tested positive to strain 19F pneumococcal prior to the release of Hansen's article. It is still unknown how Hansen was even privy to such information.

It is also not understand how Hansen became aware of JB's vaccination status or if JB was indeed unvaccinated. It seems hardly plausible however, that a mother who choose not to vaccinate her children would consider an experimental vaccine for herself while pregnant.

According to Hansen's article, JB was "unwell in the days leading up to [Imogen's] death. If in fact the hospital breeched privacy by leaking Imogen's medical info to her, Hansen would have also been well aware that Imogen presented with flu-like symptoms 2 days after receiving the Tdap vaccine and well before JB showed any signs of illness. It is implausible for her to have concluded that JB was therefore the source of infection. A more rational conclusion would have been that Imogen contracted pneumococcal while in the hospital following a possible reaction to the Tdap vaccine.

We have seen the media manipulate the truth about the nonvaccinating community before, including last year's attempt by Victorian Health Minister Jill Hennessy to lead people to believe she was the victim of online bullying. Despite concrete evidence Hennessy fabricated the story, the damage was done.

According to Robert Kennedy Jrn, the pharmaceutical industry spends up to \$5 billion annually on advertising and "many of the mainstream press outlets are very reluctant to criticize their biggest advertisers". Does this excuse the media's blatant lies?

The Petrak family have been through enough tragedy to last a lifetime. They did not need the added burden of worrying that their son may one day grow up to believe he was responsible for his mothers death, nor the resultant public backlash they have received. Despically, it appears Hansen has attempted to use this tragedy to further her vaccine agenda and to demonize this family so that when the truth came out, many would have already formed their opinions of this innocent family.

If you feel Hansen and the Daily Telegraph were complicit in reporting his story, you can lodge a complaint with the Australian Press Council by filling in this form. If you'd like to donate to

the Petrak family, please visit their Go Fund Me campaign.

Why My Wife and I Decided Not To Vaccinate Our Daughter

Canadian health writer Jason Christoff has written over 1000 health articles and been interviewed on US radio and television. Here he explains why he is against vaccinations.

“When my wife was pregnant we knew the vaccine issue was coming our way and we put it off as long as possible. As the day fast approached, I started to investigate and compile some information for my wife because she trusted that I would make sure she understood what the main issues were regarding vaccination.

“We had heard vaccinations were potentially dangerous but we didn’t know if that applied to all children or just some. We weren’t aware if vaccination was beneficial for some babies and maybe not for others. We were new to being parents and we didn’t want to make any mistakes.

“We certainly didn’t want our baby getting sick if we could do something about it proactively. We wanted our baby to have the most comfortable journey through life possible and if that meant giving our new born vaccines, so she could avoid disease now and in the future, then that’s what we were going to do.

“After researching for a couple of days, we were more than shocked at what we were uncovering.

1. Vaccines Have Never Been Confirmed To Increase Immunity or Resistance To Disease – this fact baffled us and how could it not? We were completely shocked at this discovery, within a research period that had us reeling from one perplexing discovery after another, regarding what we thought we knew about about vaccinations.

“Vaccines are advertised to be safe and effective at preventing disease but the only standard that vaccines are held to during their testing trials is if the vaccine injection primes the metabolism to produce antibodies in the vaccinated research subjects.

“Vaccines are deemed successful ONLY when they promote antibody production in the blood stream, specific to the vaccine material that was injected but we found out there’s one big problem. The presence of antibodies doesn’t mean a person is immune to disease because we have several occurrences and research that indicates that vaccination doesn’t produce antibodies

each and every time.

“There is also lots of ignored research that indicates antibodies produced through unnatural means (like vaccination) DO NOT equate to increased immunity or resistance to disease.

“In vaccine research the test subjects are not followed into the real world to see if they get sick or not, yet the vaccine is deemed successful anyway when antibodies are produced even though antibody production doesn’t mean increased immunity or resistance to disease. It’s only a theory and an untested one at that plus a theory is only valid in science until an exception to that theory is found. If only one exception is found, the proposed theory is no longer valid and there are many exceptions to the antibody production = increased immunity theory. These are the vaccines they wanted our daughter to take, 24 in the first year of life within Canada, 26 in the US.”

2. Vaccine Manufacturers Refuse To Conduct Any Research To Prove Vaccines Increase Resistance to Disease or Immunity and The Government OKs This Entire Process – so after we learned that vaccines were never proven to make a person more immune to disease in the real world (because vaccine research only tests antibody response, which doesn’t relate to increased immunity), we asked why this research isn’t being done.

“At that point we discovered that the government themselves along with both science and medicine all block this research from being done because they deem such research unethical.

“‘Come again?’”, said myself and my wife, as the contradictions in logic started to pile skyward. How is injecting unproven vaccines into my child considered ethical yet testing if those vaccines really improve immunity or resistance to disease...unethical?

“At that point, we didn’t understand the entire vaccine debate but we clearly understood that something wasn’t adding up with what was being said verbally and what research was being conducted or being blocked behind the scenes. The top US government official for vaccination admitted inside a Congressional Hearing that there is no research between vaccinated and unvaccinated groups, to prove vaccinated groups are more immune or more resistant to disease.

“So as my wife and I would repeatedly hear from government medical officials that vaccines were safe and effective, we always asked that official “‘Compared to what?...safe and effective compared to what other factor?’”, given there are no comparative studies between vaccinated and unvaccinated populations?

“In most cases the doctor had no answer and ended up with a complete look of bewilderment on their face that such research wasn’t conducted because they assumed it was.....but they were wrong and they never bothered to look themselves. That of course was shocking all on its’ own, that the doctor pushing the vaccines as “safe and effective” didn’t know this.

“Vaccinating parents should also be aware that it’s very obvious there’s no follow up calls, surveys or questionnaires after their child is vaccinated, to document the health of the child in general or the diseases the child obtains in their early years of life. This should raise many red flags for any parent believing that there’s no way to safely study if vaccines are effective or not.”

3. Babies Don’t Have Fully Developed Immune Systems Until 1-4 Years After Birth – infants do not have fully developed (or even close to developed) immune systems until between 1-4 years of age, depending on what research is being reviewed.

“Regardless, all research is firm that no fully active immune system is available inside an infant less than 1 year of age. When we asked our doctor why vaccines were required for newborns, our doctor responded that vaccines were used to increase function of the immune system to help with greater disease resistance. I asked, “how can a vaccine stimulate an infant’s immune system when no immune system is fully present to stimulate?”

“There was no answer from the doctor, so not only was very little making sense, it was quite clear that the doctor wasn’t used to fielding logical questions about vaccination from her patients. After only a couple of questions, it was more than obvious that we were being lied to, whether our doctor knew she was lying to us or not. Just how much we were being lied to, we only found out later, but such blatant contradictions got our guard up immediately.

“If there’s no fully formed immune system in an infant under one year of age, why are 1 year old infants recommended 26 vaccines in the US and 24 in Canada? Why is the vaccine schedule most heavily weighted in the first year when 1) there’s no fully formed immune system available to stimulate 2) no research follows infants after vaccination to see if they are more immune to disease in the months or years after vaccination and 3) antibody production doesn’t equal immunity anyway.

“It was becoming obvious to us why so many were having issues with the pro vaccine science, which was turning out to be more belief and blind faith than anything else.”

4. Infants Acquire Immunity Boosts from Their Mother’s Breast Milk – it is proven of course that an infant acquires boosts of their immune system from their mothers breast milk, inheriting

the immune strength found in the mother.

“This may not seem like a completely relevant point but it certainly struck me as odd that there was very little breast feeding promotion coming from the medical institutions, the government or science in general, in comparison to the tsunami of vaccine propaganda we were drowning in. If a child’s health and immunity were the #1 priority of this “health system” and breast milk was proven to be a major factor for an infant’s immune strength, why was there so much pressure to vaccinate and very little pressure in comparison to breast feed, let alone any pressure on the mother to eat properly, to ensure her immune based chemistry was at peak levels before it was transferred over to the infant?

“There was too much vaccine promotion (which is unproven let us not forget) and too little in other areas regarding care of the infant. To claim care of a child’s health but to only push unproven vaccination mythology, within the system, really started to bring things together for us as new parents.”

5. We Actually Read A Vaccine Insert – under the international medical law of informed consent, each patient exposed to a procedure that could kill or permanently injure them, must be given the related documents legally warning of that risk.

“We weren’t even aware at the time that each vaccine insert legally declares that each and every vaccine can either kill our child (directly or indirectly) or that our new born daughter could be crippled for life from the vaccine, which has never been proven to increase immunity in the real world. We also must remember that government, medicine and science block the research that would clarify if vaccinated people are actually more immune to disease compared to non vaccinated people.

“So no research exists to prove if the vaccine will increase immunity or resistance to disease in my daughter plus the vaccine is legally documented to have the potential to kill or permanently injure my daughter. This decision was becoming clear for my wife and I, as we were both more than a little shocked at what we were discovering. In the end we had to ask for the vaccine insert and that request was delayed as much as possible.

“When we received a vaccine insert it was more than obvious why the international medical law of informed consent was being broken in regards to providing one. If all parents were forced to read one of these inserts, very few would move ahead with vaccination of themselves or their children.

“Basically, we were now stepping out of discovering that vaccination was unscientific, immoral and unethical but we were also stepping into an area where not forwarding the vaccine insert was in contravention of a well documented international medical law.”

6. A Blatant Disregard for the Most Basic of Scientific Protocol – it was beyond obvious that pro vaccine science was flying in the face of the most basic and most accepted conventional protocols.

“For example, in high school we all learned the scientific

scientific method. The scientific method revolves around forming a hypothesis and then testing that hypothesis. Pro-vaccine science proposes the hypothesis that vaccinating increases someone’s immunity and resistance to disease compared to doing nothing, (not taking the vaccine) There is only problem though. As stated earlier, that research has never been done. How does this pass as science where I’m supposed to inject my child with an untested vaccine that comes with the side effects death and/or permanent injury?

“I guess it can pass as science when you don’t question your role as patient and your commands from the top of the government or science pyramid but where I’m originally from, that sort of behavior gets you into a whole wack of trouble. As a kid from a rough neighborhood, where the people in power were caught regularly abusing children, I got used to questioning things, especially when government and authority were involved.

“Science is also supposed to be an unbiased quest for truth but all the negative data on vaccines is being ignored by everyone selling or pushing the vaccines and the appropriate research that should have been done decades ago, is being blocked for reasons that sound official but make little sense.

“Would it be so hard to study the vaccinated vs the unvaccinated for disease incidence, when people walk in sick every day to hospitals around the world? If someone has the flu at a hospital, how hard would it be to ask, “Did you get the flu shot this year?” Are we really to believe that this sort of research can’t be done?

“I know nurses and they have told me that when there is a flu outbreak declared at the hospital it’s well known that every single person in that hospital who has the flu, has taken their flu shot in that current year.

“Also regarding pro-vaccine research, which takes longer to read over in its’ entirety, the com-

panies conducting the research always were vaccine makers and the government never questioned or reviewed their findings.

“Claims of research involving ‘unvaccinated control groups’ often documented that the unvaccinated groups were also injected with highly toxic material. It is not scientific on any grounds to allow parties with a vested interest in the research outcomes to conduct the research and of course injecting people with known poisons and calling them the “unvaccinated control group” isn’t scientific either. It’s corruption.

“There were red flags all over the place and when it comes to the health of a child, it was starting to become clear that the public were not being told anywhere near the truth regarding vaccination.”

7. Vaccines and Autism – like everything else along the way, the research showed the opposite of what we were being told was true. The amount of evidence that vaccines do cause Autism is massive.

“What was also odd is that when I talked to doctors about the vaccine and Autism link, they told me it was unproven. I then asked them if Autism was a form of brain damage and they agreed it was. Then I showed them the vaccine insert I carried with me regarding the side effects of the very common MMR vaccine and I circled every side effect that I believed could cause brain damage.

“I asked the doctor if the side effects I circled could cause brain damage in a vaccinated child, as a direct side effect of vaccination and they admitted yes it could. If a vaccine can cause brain damage and Autism is brain damage, how can vaccines be proven not to cause Autism just because a doctor calls the damage a different name?

“After very little research it became obvious that no one selling, producing or administering the vaccines wanted anything to do with our logical questions and wanted to hurry us out of the doctor’s office and hurry in the next parent, who would take the vaccinations without question or resistance.

“The non questioning patient who did exactly as they were told was always welcome. We were not.”

8. Medical Doctors and PhD Scientists That Warn About The Dangers of Vaccination – I came across a long list of medical doctors and PhD scientists who openly try to warn the public about

the dangers of vaccination regarding the same exact points I reviewed above plus much more.

“What is also odd is that no doctor I ran into, who was in favor of vaccination, could do anything but verbally declare that vaccines were safe and effective, that vaccines prevent disease, that vaccines were the greatest invention in the history of health care and that vaccines don’t cause Autism.

“Behind the advertised slogans and catch phrases of conventional vaccine mythology there was no real science to back these claims. So we have people who just utter these magic pro vaccine phrases without scientific validation and then we have this very long list of medical doctors and PhD scientists who take their time to explain exactly how vaccination isn’t safe or effective.

“So there was the bullying and pressure packed approach of the system that manufacturers, sell and administer the vaccines compared to medical doctors (with nothing to gain and everything to lose) taking their time to explain clearly that the public is being lied to about vaccination, on all levels.

“I may not know everything about vaccination but I know enough to tell the difference between a self serving bully and someone who truly cares about children. That I know for sure.”

9. The Place Where They Give The Most Vaccines To Infants Has The Greatest Rate of Infant Deaths In The World – the United States has the most numerous vaccine schedule before the age of 1 in the world, suggesting 26 separate vaccinations.

“The US has one of the highest infant mortality rates out of all developed nations, despite the highest health budget expenditure on the planet. Inside the US is the state of Mississippi, where vaccines are mandatory save very few exemptions, Mississippi has the highest infant mortality rates inside the U.S.

“I took statistics in University and although this isn’t conclusive regarding the conclusion that it’s only the vaccines that are killing infants, it definitely means there is a significant correlation. Taken by itself, these statistics raise a massive red flag. Combine these statistics with everything else I discovered and the big picture comes into focus.”

10. Like a Bad Infomercial, Wait, There’s More – there could be an entire book written regarding what I found and none of it is good.

“I documented much of it above but there were many more red flags, contradictions and bla-

tant examples of corruption. This information IS NOT FOR PEOPLE who just want to do as their told, march their child in for their vaccines and get on with their day. This is for the parent who takes things seriously and has the strength to move against the herd when necessary, if their child is going to be safer and healthier for it. Not thinking is easier. Name calling toward someone who doesn't vaccinate is easier.

“Doing what you're told, inside a culture that punishes people for not complying, is easier. Getting dog treats of positive reenforcement from the people who manufacture, sell and distribute vaccines is easier. The newspaper, the radio and the government verbally declare that all vaccines are safe and effective but a little investigation proves these verbal declarations are in contradiction to the documented research.

“Do the right thing at the right time, not the right thing at the wrong time. Don't wait until a child is killed or injured to investigate. Investigate vaccines before the needle is in your infant's arm because once that material is injected under the skin, there's no taking it back out.

The Top 10 Reasons To Never Take A Vaccine

According to Makia Freeman in a recent edited article published by Natural Blaze, “There are many, many good reasons to never take a vaccine. Whether you want to protect yourself against carcinogenic hidden ingredients, disallow toxic adjuvants into your body, defend your immune system against a chemical onslaught or refuse to be part of any sinister schemes of sterilization-depopulation agenda, this information is vitally important.

“More and more, we are learning the truth about vaccines, what they are really composed of and what they really do to the human body – and the more we learn about them, the more we see just how dangerous and harmful they are.

“Whatever they may have been or could be, as it stands, they are a weapon of medical destruction that makes billions of dollars for the Rockefeller Medicine Big Pharma cartel.

“Here is my list of the top 10 reasons for an ordinary person to never take a vaccine, unless they were in a life-threatening situation where somehow the benefit outweighed the risk.”

Reason #1 Toxic Ingredients – Formaldehyde, MSG, Antibiotics, GMOs, Polysorbate, Mercury, Squalene and More

It's still hard to believe in this day and age that vaccines are being touted as "medicine" while being composed of such a veritable concoction of chemicals. There are still several vaccines that contain highly toxic mercury (thimerosal) and squalene.

However, even if you avoid those vaccines, you are still likely to get hit with the standard ingredients, which are hardly less toxic: formaldehyde (a preservative and a foul-smelling chemical categorized as a class 1 definite carcinogen by the IARC), MSG (a proven excito-toxin), antibiotics, GMOs and polysorbate.

Never take a vaccine: some vaccines still contain mercury (above), and almost all still contain aluminum.

Reason #2 Toxic Adjuvants – Aluminum Aluminum (or vaccines. It is aluminium in British English) is added to most rare to find a vaccine that does NOT contain

aluminum or some kind of aluminum product such as aluminum salts (aluminum hydroxide, aluminum phosphate and aluminum potassium sulfate).

In this respect, it is defined as an adjuvant since it ramps up and augments the body's immune response to the vaccine. Unfortunately, aluminum is also ramps up your chances of getting muscle weakness, osteoporosis, anemia, impaired immunity, seizures, dementia and cancer.

The CDC, intertwined with Big Pharma and a staunch defender of vaccines, tries to defend the fact that aluminum is present in vaccines by claiming that aluminum is an abundant Earth element is present in the air, water and food.

This is technically true but an attempt at fooling you, since it all depends on what form the aluminum is in. Zeolite is a wondrous natural supplement which is basically composed of aluminum and silicon, bound tightly together in an alumino-silicate crystalline structure. The aluminum in zeolite enters and exits your body without remaining there. However, aluminum from other sources such as vaccines does get deposited in your body and leads to neurotoxicity.

Another reason to never take a vaccine: some holistic doctors (presumably murdered) speculated that nagalesse, which destroys GcMAF and immunity, was introduced by stealth into the body via vaccines.

Reason #3 Hidden Ingredients – Immunity-Destroying Nagalese

sprung into the headlines of Natural Health and Alternative Media websites in 2015 during the spate of dead holistic doctors who were (almost certainly) taken out. The story of nagalese is closely connected to that of GcMAF (Globulin component Macrophage Activating Factor), which is a molecule that numerous holistic doctors were investigating and beginning to use as a treatment for various diseases.

GcMAF becomes the GC protein after it combines with vitamin D, and has the potential to be a universal cure for cancer, as well as to reverse autism, HIV, liver/kidney disease and diabetes. Some of the holistic doctors who were killed for their research into GcMAF were having an incredible 85% efficacy rate with it – a number so high it is almost unheard of.

Nagalese is an enzyme which prevents GcMAF from forming the GC protein, thus compromising the entire immune system.

Reason #4 Injection of Human and Animal Cells

Vaccines use animal DNA to grow and culture the bacterium or virus being vaccinated against. Today's vaccines have been made from a variety of animal cells, including but not limited to DNA from birds (chicken cells are very common), cows, pigs, dogs, monkeys, worms and other insects.

This in and of itself is a red flag, since the injection of foreign DNA into the bloodstream can lead to all sorts of problems and trigger all sorts of allergies.

What we do know for sure – since it's a historical fact – is that vaccines in the 1950s were contaminated with SV 40 (SV-40 or Simian Virus 40).

Reason #5 Blood Sludge, Hypoxia, Ischemia and Localized “Strokes” in Your Body

Dr. Andrew Moulden was a knowledgeable doctor who died mysteriously in 2013 aged 49. He had done extensive research on the subject of vaccine damage and vaccine injuries.

He wrote on the topic as well as producing a DVD series entitled

Tolerance Lost, where he explains in great detail (with numerous examples) exactly how vaccines are destroying our health.

Specifically, he reveals how vaccines enter the bloodstream and cause blood sludge. This is due to aluminum, which is present in basically all vaccines. When used in water treatment plants, aluminum causes particles to flocculate (come together) and sludge to the bottom of tanks or containers. Your blood is around 92% water. The vaccines have the same effect on your blood.

Reason #6 The Herd Immunity Myth Busted

If you think that you are doing yourself and your community a favor by getting vaccinated, think again. The idea of herd immunity is a pseudo-scientific myth. Herd immunity is based on numerous assumptions which don't hold their weight under a closer scrutiny.

The first assumption of vaccine efficacy. If vaccines are truly effective at protecting you against a disease, why worry that if those around you get that disease? If you're protected, you're protected, right?

The second assumption of supposed lifelong immunity. If herd immunity is really so important to protect a community, that would presuppose that the vaccinated could fight off the disease – whenever it struck. But what happens after 5 years go by after you get your shot? 10 years? 20? 30?

The very existence of booster shots shows that vaccine-induced immunity wears off after time. The third assumption is that the vaccinated cannot transmit the disease.

However, as reported by Mercola in 2013, a FDA study concluded that those vaccinated against pertussis or whooping cough could still carry and transmit the disease, even if they got no symptoms. They're called an asymptomatic carrier.

Lastly, it's important to make the distinction between acquired immunity (i.e. vaccine-induced immunity) vs. natural immunity. There is a world of difference between artificial vaccine-induced immunity and naturally-acquired immunity which is attained through contracting and successfully fighting off a disease.

The human immune system is vastly more complex and sophisticated than we understand, and is made up of specific and non-specific parts.

A vaccine does not closely resemble natural immunity in many ways, including only engendering a specific response, having a completely different point of entry, not conferring lifelong immunity, etc. Immunity is far more mysterious than just a measure of antibody titers.

Reason #7 Viral Shedding

As mentioned above, viral shedding is a big but un-talked about problem with vaccines. It explains why groups of vaccinated people contract the disease they are supposedly vaccinated against, while the unvaccinated remain unaffected.

Viral vaccines are vaccines containing live viruses, even if they are weak or attenuated strains.

These live viruses shed for varying amounts of time in the body fluids of a vaccinated individual – and can be transmitted to others.

You can absolutely catch the virus (or bacterium) from someone who has just been vaccinated against that disease. Not only that, but viral shedding from vaccines is leading to viral and bacterial mutations, helping to create a phenomenon of new and dangerous strains of disease which can evade treatment by becoming accustomed to whatever drugs get thrown at them.

I quoted Barbara Loe-Fisher, co-founder and president of the National Vaccine Information Center (NVIC) in this article:

“The live polio vaccine, the Sabin vaccine, which followed the inactivated Salk vaccine, was given orally [and] contains live attenuated polioviruses. Those polioviruses, when you take that [live] vaccine, you shed them in your body fluids – your saliva, urine, and stool.

“Vaccine-strain viruses like disease viruses or infections can be found also sometimes in tears and vomit. This is true for the Ebola virus as well.

“Whether you have the viral infection or you get the live attenuated vaccine, you shed live virus in your body fluids and you are able to transmit the virus to other people who come in contact with your body fluids [my emphasis]. I think this is a very important thing for people to understand.”

Reason #8 Possible Side Effects of Paralysis and Death

People have suffered horrendous side effects from vaccines, including but not limited to allergic reactions, nerve disorders, autism, partial or full paralysis (e.g. Desiree Jennings who contracted Guillain-Barré Syndrome from the flu shot) and even death.

This is provable fact. Have you thought your decision through? Have you fully weighed the risks and the benefits?

Reason #9 Insufficient Legal Recourse

Big Pharma has long overtaken the FDA and CDC. It has twisted the arm of the US Government. It has managed to get Congress to grant it sweeping legal immunity from ever being brought before a real court to face its victims.

Instead, we have a special court set up outside of the bounds of constitutional courts to hear cases.

If Big Pharma's vaccines are so safe and effective (cue the mantra), why does Big Pharma require such legal protection?

Why would you put yourself in such a position when you willingly accept to get injected? If you could choose it, would you willingly put yourself at a massive legal disadvantage in any other sphere of your life?

Reason #10 The Vaccine-Sterilization-Depopulation Connection

Lastly, consider this: vaccines have been used as delivery systems for sterilizing agents. Not all vaccines are used for this purpose, however the fact that some have – usually against women from poorer countries such as the Philippines and Kenya – cements the connection between vaccines, depopulation and eugenics.

Remember that Bill Gates himself, point man for the NWO agenda, has slipped up and admitted there is a vaccinedepopulation link on at least 2 occasions:

“...if we do a really great job on new vaccines ... we could lower that (i.e. population growth) perhaps by 10-15% ...”

“... the benefits (of vaccines) are there in terms of reducing sickness, reducing population growth

..."

In 2015, a Catholic whistle blower in Kenya exposed that vaccines were used as tools to conduct sterilization programs. This priest discovered that a tetanus vaccination program (sponsored by the WHO and UNICEF) contained vaccines laced with HCG or Human Chorionic Gonadotropin.

This is a hormone that the human embryo produces after conception to enable it to be implanted in the womb. However, when the body takes in HCG via a tetanus vaccine, it treats the HCG as an antigen (a foreign substance) and makes antibodies to the HCG. Those antibodies cause the woman's body to reject future embryos, effectively sterilizing her.

What I hope this book will help achieve in the future

1. Governments to enforce strict rigorous testing of vaccines.
2. Further Independent studies of the health of vaccinated versus unvaccinated children and Governments to base their vaccine schedules on such independent studies.
3. Apologies to the new forgotten generation of Vaccine suffering children and their parents with adequate financial compensation paid.
4. Legal action and compensation against Vaccine manufacturers who are shown to have supplied dangerous and damaging vaccines and been involved in doctored research and false and misleading advertising.
5. A reduction in the number of vaccines recommended, to only those considered to have benefits that far outweigh the risks based on evidence based science and accurate education on the risks no longer hidden.
6. In Australia the "no jab no pay and no jab no play" nazi like policies removed.
7. Removal of the mandate Doctors and medical professionals have to push the current dangerous and deceptive Government vaccine policy.
8. A Royal Commission into the medical fraud behind vaccines and Pharmaceutical Company's influence on Government Vaccine Policy.

9. Government funding for independent studies into how many other diseases may in fact be linked to vaccines to identify the actual size of the Vaccine epidemic and suitable compensation to be paid to vaccine victims.

10. An independent media complicity

Government Investigation into mainstream regarding Vaccines and Pharmaceutical Companies influence over them and penalties for their deliberate premeditated deception of the public.

11. Medical history to be adjusted to correctly state vaccines real contribution, not its overstated role, and a focus on the major contributors to better fight the spread of diseases.

12. Parents to become informed decision makers of whether they will vaccinate their children, as opposed to blindly believe the Pharmaceutical Industry Propaganda.

Conclusion

How to know if the Pro-Vaccine movement is both ignorant and or deliberately hiding the truth? These are the sure fire signs to look for: **1. They become overly aggressive and resort to personal attacks on those who simply question vaccine safety and effectiveness.**

Has this happened to you already? If not consider testing it by raising the topic. Watch and see. Part of the Pro-Vaxx movement is very predictable and pre mediated.

Why? If the truth was on their side they could and would remain calm and simply provide facts to show vaccines are safe and effective.

However, they have no independent studies to show this. I offered a \$1 million reward for anyone that could show that vaccines are both safe and effective - something I mentioned earlier in this book. At this stage, still no one has taken up my challenge.

2. The Pro-Vaccine movement will push out the myth vaccines eradicated diseases such as polio and others.

This simply highlights you are dealing with someone that is not very well researched.

It is well known that vaccines did not eradicate such diseases and played a very small part, 1-3%

in most cases to 0%, in eradicating many diseases.

3. The Pro-Vaccine movement will be scared of unvaccinated kids near there kids.

If this wasn't such a deadly serious topic this would be laughable.

Perhaps the Pro-Vaccine movement have never pondered that if vaccines were safe and effective, then their child if vaccinated, would be safe from catching the diseases and unvaccinated kids would pose no issues.

4. The Pro-Vaccine movement will try and push the myth of herd immunity - that is why everyone has to be vaccinated.

Once again this just shows their research into the vaccine debate has not been particularly in-depth if they still believe this dangerous myth.

At the end of the day it is not my job or yours to convince people about the dangers of vaccines and the con that's been played upon the masses.

Everyone is ultimately responsible for what they inject into their body or child's body.

The fact is many people will allow the injection of dangerous drugs (vaccines) into their own or their child's body without knowing what's in them or even questioning what is in them.

Or question if they are even safe and independently regulated for quality control. Yet these same people warn their teenage kids to not to take drugs.

You can tell which side of the vaccine debate has the truth on it.

It's the side that doesn't want to shut down debate, but open it. It's the side that doesn't want to stop questioning, but poses valid questions and wants more and more independent research and testing.

If there is nothing to hide then there would be no reason to aggressively and cowardly attack parents or anyone with the commonsense to ask and question the safety and effectiveness of vaccines.

If there is nothing to hide such questions and concerns should be welcomed calmly. But as we know they are not.

Let's do a test shall we? Simply watch the mainstream media attack books such as this.

Will it be evenly balanced or one sided, will it provide independent scientific evidence to refute and calmly debate and welcome this conversation?

We all know the answer to that already.

They will act aggressively and attack myself and others. They will engage in smear campaigns and write fake allegations about myself and others.

They will have government agencies investigate my companies and make sham allegations. That's how it works.

Why do I proceed to ensure the truth about vaccines is exposed at such great personal cost?

Because let's face it, as I wrote at the start of this book almost all of us on the planet today will be dead with 50-100 years.

Ironically thanks to vaccines, many of us will be dead much sooner than if we were unvaccinated due to the ever increasing number of diseases being linked to vaccines.

Do you notice how few people die from natural causes, yet how most die from new epidemic diseases, many only created since mass vaccinations started?

If we don't have the courage to take a stand for the truth, then who are we as people?

Gutless cowards to leave the defenseless to suffer in silence with their kids damaged or killed from vaccines that they should never have been given if the truth prevailed!

I would hope more of us have the courage to take a stand for what's right even when it creates such fierce opposition.

My motives are clear and I hate corruption.

I detest greed and I hate seeing people left undefended against bullies with large amounts of money with gutless journos on their payroll willing to attack any parent or anyone who dares questions the safety and effectiveness of vaccines.

The Australian newspapers are some of the worst at pushing blatant, dangerous propaganda.

Moreover I have had so many doctors and scientists from around the world send in information imploring that I and others please publish this information about vaccines being an utter con.

For those doctors and scientists to do it would mean the loss of their career and serious harassment.

As for myself, I am not a doctor so they can't destroy my medical career, although they will try to destroy my other careers.

Bring it on I say - the truth shall set you free!

Don't be intimidated by those who refuse to see the obvious or can't handle the fact that most of the things they have believed their entire life are a lie - in fact one giant con!

That is unsettling while humans have numerous needs, one being certainty. To accept the truth creates massive uncertainty and is uncomfortable.

Another human need is external validation, unless people are evolved enough to not care what others think.

Therefore, from fear of being embarrassed or intimidated, if they even raise a question about vaccines they may be quickly targeted. Then they will scurry back to their shell and never dare investigate the con behind vaccines as the need for external validation dictates their life. So best they fall back in line and keep swallowing the propaganda.

It is for this reason Big Pharma can easily recruit many of the masses to be pro-vaxxers and become dangerous vaccine spruikers for absolutely free. What a bargain!

Many who start to question vaccine safety do some quick research and come across the well crafted vaccine online propaganda funded by Big Pharma and reinforced by mainstream media.

These people quickly decide that everything is okay, while ignoring the information highlighting the issues of vaccine safety and effectiveness.

A little bit of research is dangerous. I implore you to study vaccines in depth, as the more you learn the more you will awaken to the gigantic con, which is exactly what I found while writing this book. If you are not sure about whether you should vaccinate your children it just means you need to do more research until you become certain.

Then there is another group, those who have good intent but genuinely believe the vaccine industry provides a greater good to society, while ignoring the millions of people damaged while selectively ignoring anything contrary to their view. Good honest people, sadly abused and manipulated by high spending Big Pharma, PR firms and the Government. Many ignorant politicians fall into this.

The question though is, how will most people react if they ever discover the truth about the Great Vaccine Con and that they have been routinely lied to and misled. You and I both know the answer.

They will be mad as hell and demand change. They will refuse to be silenced. Some will even risk their career, possibly even their lives to join a David and Goliath battle against Big Pharma.

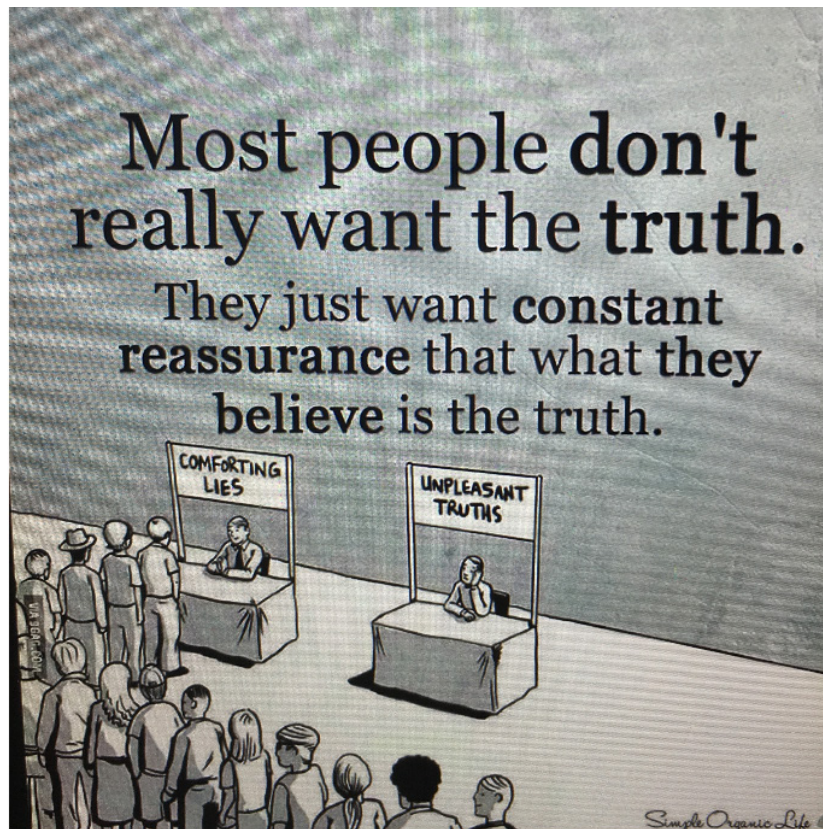
My predictions

Smart investors will start short-selling pharmaceutical stocks in the future. The medical fraud behind vaccines is bubbling dangerously close to the surface. It's a ticking time bomb!

Whether it's 5-years, 10-years or 20-years from now I feel sure the vaccine industry will be exposed and made to compensate trillions of dollars in damages for faulty, dangerous vaccines and the deliberate deception that has, and will continue to lead to the damage and deaths of millions of people.

For that there is a price to pay and thus that is why Big Pharma are so aggressive in stopping the truth from surfacing.

As Albert Einstein said, "The world will not be destroyed by those that do evil, but by those who watch them without doing anything."



Some links to medical doctors and PhD scientists who explain clearly why vaccines are not safe or effective.

1. Dr. Nancy Banks - <http://bit.ly/1Ip0aIm>
2. Dr. Russell Blaylock - <http://bit.ly/1BXxQZL>
3. Dr. Shiv Chopra - <http://bit.ly/1gdgh1s>
4. Dr. Sherri Tenpenny - <http://bit.ly/1MPVbjx>
5. Dr. Suzanne Humphries - <http://bit.ly/17sKDbf>
6. Dr. Larry Palevsky - <http://bit.ly/1LLEjf6>
7. Dr. Toni Bark - <http://bit.ly/1CYM9RB>
8. Dr. Andrew Wakefield - <http://bit.ly/1MuyNzo>
9. Dr. Meryl Nass - <http://bit.ly/1DGzJsc>
10. Dr. Raymond Obomsawin - <http://bit.ly/1G9ZXYI>
11. Dr. Ghislaine Lanctot - <http://bit.ly/1MrVeUL>
12. Dr. Robert Rowen - <http://bit.ly/1SIELeF>
13. Dr. David Ayoub - <http://bit.ly/1SIELve>
14. Dr. Boyd Haley PhD - <http://bit.ly/1KsdVby>
15. Dr. Rashid Buttar - <http://bit.ly/1gWOkL6>
16. Dr. Roby Mitchell - <http://bit.ly/1gdgEzU>
17. Dr. Ken Stoller - <http://bit.ly/1MPVqLI>

18. Dr. Mayer Eisenstein - <http://bit.ly/1LLEqHH>
19. Dr. Frank Engley, PhD - <http://bit.ly/1OHbLDI>
20. Dr. David Davis - <http://bit.ly/1gdgJwo>
21. Dr Tetyana Obukhanych - <http://bit.ly/16Z7k6J>
22. Dr. Harold E Buttram - <http://bit.ly/1Kru6Df>
23. Dr. Kelly Brogan - <http://bit.ly/1D31pfQ>
24. Dr. RC Tent - <http://bit.ly/1MPVwmu>
25. Dr. Rebecca Carley - <http://bit.ly/K49F4d>
26. Dr. Andrew Moulden - <http://bit.ly/1fwzKJu>
27. Dr. Jack Wolfson - <http://bit.ly/1wtPHRA>
28. Dr. Michael Elice - <http://bit.ly/1KsdpKA>
29. Dr. Terry Wahls - <http://bit.ly/1gWOBhd>
30. Dr. Stephanie Seneff - <http://bit.ly/1OtWxAY>
31. Dr. Paul Thomas - <http://bit.ly/1DpeXPf>
32. Many doctors talking at once - <http://bit.ly/1MPVHOv>
33. Dr. Richard Moskowitz - <http://bit.ly/1OtWG7D>
34. Dr. Jane Orient - <http://bit.ly/1MXX7pb>
35. Dr. Richard Deth - <http://bit.ly/1GQDL10>
36. Dr. Lucija Tomljenovic - <http://bit.ly/1eqiPr5>
37. Dr Chris Shaw - <http://bit.ly/1IlGiBp>
38. Dr. Susan McCreadie - <http://bit.ly/1CqqN83>
39. Dr. Mary Ann Block - <http://bit.ly/1OHcyUX>
40. Dr. David Brownstein - <http://bit.ly/1EaHl9A>
41. Dr. Jayne Donegan - <http://bit.ly/1wOk4Zz>
42. Dr. Troy Ross - <http://bit.ly/1IlGlnH>
43. Dr. Philip Incao - <http://bit.ly/1ghE7sS>
44. Dr. Joseph Mercola - <http://bit.ly/18dE38I>
45. Dr. Jeff Bradstreet - <http://bit.ly/1MaX0cC>
46. Dr. Robert Mendelson - <http://bit.ly/1JpAEQr>
47. Dr. Garth Nicolson - <http://bit.ly/1O-QVJsF>
48. Dr. Marc Girard - <http://bit.ly/1iw0smT>
49. Dr. Charles Richet - <http://bit.ly/1G5GG7j>
50. Dr. Zac Bush - <http://bit.ly/1LS19OZ>
51. Dr. Lawrence Wilson - <http://bit.ly/1kcdirf>
52. Dr. James Howenstine - <http://bit.ly/1iNyFOy>
53. Dr Burton A. Waisbren, Sr., M.D. - <http://bit.ly/1Nj8LRe>
54. Dr. Sam Eggertsen - <http://bit.ly/1Mww9XV>
55. Dr. Bonnie Dunbar - <http://bit.ly/1N5DXNi>

- 56. Dr. Judy Mikovits - <http://bit.ly/1QIzmHU>
- 57. Dr. John Bergan - <http://bit.ly/1KYv1yY>
- 58. Dr. Rima E. Laibow - bit.ly/1RmW73C
- 59. Dr. Lee Hieb - <http://bit.ly/1VEIDUv>
- 60. Dr. Daniel Kalb - <http://bit.ly/22FPmxv>
- 61. Dr. Rachel Ross - <http://bit.ly/1r7Doik>
- 62. Dr. Kathryn H Hale - <http://bit.ly/2erDoW9>

Some links to doctors testifying that vaccines are not safe or effective, in these documentaries

- 1. Vaccination - The Silent Epidemic - <http://bit.ly/1vvQJ2W>
- 2. The Greater Good - <http://bit.ly/1icxh8j>
- 3. Shots In The Dark - <http://bit.ly/1ObtC8h>
- 4. Vaccination The Hidden Truth - <http://bit.ly/KEYDUh>
- 5. Vaccine Nation - <http://bit.ly/1iKNvpU>
- 6. Vaccination - The Truth About Vaccines - <http://bit.ly/1vlpwvU>
- 7. Lethal Injection - <http://bit.ly/1URN7BJ>
- 8. Bought - <http://bit.ly/1M7YSlr>
- 9. Deadly Immunity - <http://bit.ly/1KUg64Z>
- 10. Autism - Made in the USA - <http://bit.ly/1J8WQN5>
- 11. Beyond Treason - <http://bit.ly/1B7kmvt>
- 12. Trace Amounts - <http://bit.ly/1vAH3Hv>
- 13. Why We Don't Vaccinate - <http://bit.ly/1KbXhuf>
- 14. Autism Yesterday - <http://bit.ly/1URU2A7>
- 15. Denmark Documentary on HPV Vaccine - <http://bit.ly/1AJI0dx>
- 16. Vaxxed - bit.ly/1qack-PC
- 17. Man Made Epidemic - <http://bit.ly/1XsOi0R>
- 18. 50 Cents A Dose - <http://bit.ly/2c0h07P>
- 19. Direct Orders - <http://bit.ly/1ivShHg>

"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunisation.....There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease."

Dr Robert Mendelsohn, MD

"No batch of vaccine can be proved safe before it is given to children."

Dr Leonard Scheele
Surgeon General of the United States

"It is pathetic and ludicrous to say we ever vanquished smallpox with vaccines, when only 10% of the population was ever vaccinated."

Dr Glen Dettman

"The decline in infectious diseases in developed countries had nothing to do with vaccinations, but with the decline in poverty and hunger."

Dr Buchwald, MD

"There is a great deal of evidence to prove that immunisation of children does more harm than good."

Dr. J. Anthony Morris
Formerly Chief Vaccine Control Officer
at the US Federal Drug Admin

"I think that no person would permit anybody to get close to them with an inoculation if they would really know how they are made, what they carry, what has been lied to them about and what the real percent of danger is of contracting such a disease which is minimal."

Dr Eva Snead

"There is insufficient evidence to support routine vaccination of healthy persons of any age."

Paul Frame, MD
Journal of Family Practice

"The evidence for indicting immunisations for SIDS is circumstantial, but compelling. However, the keepers of the keys to medical-research funds are not interested in searching this very important lead to the cause of an ongoing, and possibly preventable, tragedy. Anything that implies that immunisations are not the greatest medical advance in the history of public health is ignored or ridiculed. Can you imagine the economic and political import of discovering that immunisations are killing thousands of babies?"

Dr William C. Douglass, MD
Honored twice as America's 'Doctor of the Year'

"Sudden Infant Death Syndrome has been reported following the administration of DPT. The significance is unclear. 85% of SIDS cases occur in the period 1 through 6 months of age, with the peak incidence at age 2 to 4 months." (From the accompanying insert to Connaught Labs' DPT vaccine)

Jane Orient, MD
Executive director of the Association of American Physicians and Surgeons (AAPS)

"No vaccine manufacturer shall be liable... for damages arising from a vaccine-related injury or death."

President Ronald Wilson Reagan

"The only safe vaccine is one that is never used."

Dr. James A. Shannon
National Institutes of Health

"This book pulls no punches and shares why many have a hard time accepting the lie of vacancies. Well and easy to read.

This book will make many Pro Vaxxers change their position instantly. It's hard to argue against the Vaccine Con offer reading this book. Perhaps a game changer."

Editor
Australian National Review

Is corporate greed, biased science and coercive Governments combined with naive politicians and complicit mainstream media up to now pulling off one of the greatest medical frauds of all time?

"The Great Vaccine Con" shows without a shadow of doubt once and for all what many of us have suspect and others already knew that vaccines are neither safe nor effective. The claim they are the greatest medical breakthrough of our time is nothing but a total Con that's been covered up for decades on a public that is becoming less and less gullible and harder to convince.

So much so that Governments such as in Australia have introduced Nazi style policies such as "NO Jab no pay and even no jab no play" to coerce and bribe lower economic families to take money to risk their child's health and vaccinate them with dangerous and unproven vaccines.

It takes courage to expose an industry with powerful friends in both Government and the media but the Author like millions of others is fed up with the lies, propaganda and pseudoscience pushed by greedy Pharmaceutical Companies who won't hesitate to lie and deceive to sell their faulty vaccines. They do this by abusing the public trust for the sake of profits and to cover up a lie that gets bigger every year and requires more and more lies to contain its exposure.

Whether a pro Vaxxer or anti Vaxxer this is a book that has to be read.
Our children's health and the future of humanity is at stake if we allow the medical fraud and lies behind the aggressive vaccine industry to continue any longer.

An inconvenient truth that, the Governments can no longer hide as childhood diseases and cancers now hit epidemic levels in countries such as the United States that has had a rapid increase in its vaccine schedule in recent decades versus countries that decided long ago to not buy in to the Great Vaccine Con.

This book will open the minds of many and enrage others but the Author is someone who has put his money where his mouth is and no one yet has dared take on his \$1 million challenge to prove vaccines are safe and effective.

And after reading the book no one is ever likely to. Are we about to see a tipping point and finally the Pharmaceutical Companies and politicians be held to account for the "Great Vaccine Con."

"We as a species have the choice to continue to develop our bodies and brains in a healthy upward trajectory, or we can follow the Western example of recent decades and intentionally poison our population with generically altered food, pharmaceuticals, vaccinations, and fast food that should be classified as a dangerous, addictive drug."

Vladimir Putin
Russian President

