

# **Vaccination Is Not Immunization: The War On Children**



**Tim O'Shea**

**VACCINATION  
IS NOT  
IMMUNIZATION:  
THE WAR ON CHILDREN**

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Dr. Tim O'Shea

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immuniton ltd  
915.307.1055  
[www.thedoctorwithin.com](http://www.thedoctorwithin.com)

## Foreword

This is not an anti-vaccine textbook. It is in favor of any vaccines that have been independently tested and found to be absolutely effective, with no chance of harm to the recipient.

This book was written for parents, especially those about to make the most important decision they will make in the life of their child: whether or not to vaccinate. Perhaps it would be prudent not to get all the information on that subject from those making a living selling vaccines. Vaccinators rarely seem concerned with educating parents about vaccines, except for slogans and clichés. But in these few pages parents will find the bare minimum they need to know in order make a truly informed decision.

Nothing in the universe is more delicate than the infant's brain and immune system, as they struggle into existence. Vaccines have the undisputed ability to damage both.

Here is a meticulously referenced summary of the most reliable sources which call into question today's vaccine policies. As you will see, resistance to vaccine policy is coming not primarily from the holistic arena, but rather from mainstream science, medicine, and law. This book draws from that data.

It only takes a day or so to read these pages. If you've always suspected there may be issues with vaccines that your doctor and the evening news might not be telling you, we will clear that up. This work can save months of research, summarizing the key issues. The alternative may be blind submission to the unquestioning acquiescence of the flock, consigning your child to the disquieting level of health shared by the majority of children in this country today.

In today's dangerous world, with so many assaults on brain neurology, the newborn certainly needs every possible advantage. Millions of parents learned the score too late: their children are permanently vaccine-damaged. The **\$3.7 billion** paid out in injury compensation does not even begin to square the account. The vast majority of injuries are never reported.

What is the common lament of those horrified parents? 'I wish I'd known.' That's what they all say, once they find out, once it's too late. I wish I'd known...

This is your chance to know.

It is impossible to estimate the true value of Dr O'Shea's work. His review of the history of the vaccination industry is vastly more thorough than that taught in medical schools and decisively more balanced.

Many primary care providers and parents who assume that the vaccine program was built on sound principles will be shocked at the flimsy foundations of immunization science. What every parent and doctor must decide is whether the risks of vaccination are offset by the potential benefits. While the public is rarely exposed to the full extent of vaccine adverse reactions, O'Shea takes the reader through a thorough review of each "vaccine-preventable" disease and the risk/benefit of their vaccine counterpart.

The book will serve as a valuable resource to parents and physicians who wish to gain further understanding of the numerous shots being promoted for the proclaimed benefit of public health. Parents need no longer feel confused about the decision to vaccinate their children. Knowledge is the freedom and power to decide with confidence what is best for their children.

With explosions in chronic illnesses in virtually all subsets of our population, critical thinking is necessary to protect our loved ones and our future. Dr O'Shea has once again blessed us with an up-to-date resource that will allow parents to make an informed choice, and for medical professionals to take pause at what they had been indoctrinated to believe was valid science and good medicine.

David Ayoub, MD  
Clinical Radiologist

## Introduction

The past year has seen an event unprecedented in US history: the triumph of social media over corporate media in producing an outcome. The public has shown they are able to resist the daily barrage of syndicated media.

During the past year, the truth about vaccines is also beginning to emerge:

- The revelations of Wm Thompson, as told in the film *Vaxxed*
- The discussion of RFK Jr as director of a special Vaccine Commission
- Proposed open forum to discuss the scientific integrity behind vaccines
- Online distribution of the video series *Vaccines Revealed*
- RFK's World Mercury Project

During the same time, the global drive towards enforced vaccines has escalated exponentially. Using every possible resource – legislative, journalistic, academic, religious, political – a coordinated attack is well under way against the parent's right to de-select vaccines.

What future do families face? California is the most likely predictor of a family's options for vaccines in the very near future: almost no choice. Outside of homeschool, the only alternative left is the medical exemption. But as insurance companies and medical boards warn individual MDs in practice to stop exemptions, that window is rapidly closing. Thinly veiled threats have always been the best way to enthrone new regimes. This is not in some distant future, but is going on right now, and not only in the US.

In 1974 when world population was at 4 billion, US children were being scheduled for less than **20** vaccines. With world population now at 7 billion, the recommended childhood vaccines in the US have more than tripled, with the current figure at **69**.

Objective investigation finds little scientific justification for this alarming increase. No valid authorities are claiming that the health of American children, by any verifiable index, is anything but appalling, and declining still further. And no matter how they spin it, no one can prove that the increasing number of vaccines has slowed that overall decline one iota.

Making one's way through the research in this field, one is continually struck by the endless errors, inconsistency, outright misrepresentation and

sheer hubris found throughout the most prestigious sources of mainstream science, particularly in the publications and FAQs of the CDC, FDA, and NIH. Their prime objective may not always be presenting the truth, but instead, offering a validation for their own position and power.

No child is born with an intact immune system. During the first 2 years of life the immune system is trying desperately to organize. Despite extravagant claims by the medical community, how that immune system is actually assembled by the body is still largely unknown. What is known for certain is that subjecting the infant's immune environment to an array of manmade pathogens, preservatives, and adjuvants absolutely can have a deleterious effect on the formation of that child's brain and nervous system. All scientists - including the vaccine manufacturers - admit as much.

If Nature itself has gone to such extraordinary lengths to protect the blood of the child from outside invasion, can we presume to do any less?

"Can you explain why a little creature, who can't even understand what's done to her, should beat her little aching heart with her tiny fist in the dark and the cold, and weep her meek, unresentful tears to God to protect her? Do you understand why this infamy is permitted? Without it, man could not have existed on earth, for he could not have known good and evil. Why should he know that diabolical good and evil when it costs so much? Why, the whole world of knowledge is not worth that child's prayer to God! I say nothing of the sufferings of grown-up people - they have eaten the apple, damn them, and the devil take them all! But these little ones!"

- F. Dostoyevski

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to the children of the future

In the past few years vaccines have come to occupy an unreasonable portion of our lives. All too frequently there is a new story about the latest threat that requires some new vaccine, or a story about vaccine exemption protests.

At the same time, one of Medicine's best kept secrets may be that unvaccinated children are actually healthier, by any parameter one cares to employ. If so, the world of vaccines would certainly be a triumph of marketing and media magic. At the very least our suspicions are raised, since this is the only field of scientific endeavor in which even the possibility of a fundamental flaw is blacklisted from mainstream clinical study. This occurs in no other branch of science.

Legitimate science, by definition, must follow wherever the data may lead.

### **PRO SCIENCE, NOT ANTI VAXERS**

Again, this is not an anti-vaccine text. Corporate media has invented the fictitious term **Anti-Vaxers** in order to group together all those who ask the smallest question about vaccines. Suddenly the study of vaccines has become a social crime. Only the compliant herd are safe from being demonized by the twittering mass consciousness.

Most people choose not to vaccinate only after thorough research. They're not against vaccines so much as they are in favor of finding out what vaccines actually do. They could better be described as "**Pro Science.**"

That's the real difference between the two opinions on vaccines today - one side demands total transparency, the other side wants to outlaw open discussion. So it's not Pro Vaxers vs. Anti-Vaxers, like CNN pretends. More accurately

perhaps would be Pro Vaxers vs. Pro Science.

The Vaccinators, represented by everyday media, always talk about science but never cite any - not one source. That's why they have eliminated debate from the equation - they can't possibly win.

Pop media has become little more than a mouthpiece for CDC and FDA. In what other field does the media allow government offices to define the science? [24]

### **SURVIVAL OF THE INFORMED**

When people ask if we're against vaccines, we always say no, we are in favor of any vaccine that has been proven safe and effective by third party research that has no financial stake in the findings. So then they ask if we have found any such vaccines.

What folks are really asking by that second question, what they are really looking for, is permission not to read anything - not to do any research of their own. So our response must be "We never answer that question until someone has read the book."

Pro-Vaxers seem to fear reading more than they fear the possibility vaccines may hold some threat to their children's health. No exaggeration - that's the herd mentality that corporate media have created. For anyone looking for permission to remain ignorant, you came to the wrong shop. In today's world, it's survival of the informed.

New vaccines are being invented every year, all with the same hope - to be included in the Immunization Schedule. With **300** new vaccines in the pipeline, there is no reason to believe we'll stop now at **69 vaccines** mandated before the child is eighteen. But infant mortality rates and the health of our children are horrifying. Both infectious and degenerative

diseases among Americans are skyrocketing.

Declining health among school children is pervasive. Ritalin, insulin, antidepressants, and inhalers are rampant in our schools. Despite the highest intake of antibiotics and vaccines of any group of children in history, our kids are fatter, sicker, and dumber than ever before. (Harvard School [111] [93])

The number of abnormal children is shocking: **43-54%** of US children already have some chronic disease. [54]

**One third** of children are either obese or overweight. [JAMA][40] Other sources report much higher. Quoting CDC figures for **asthma** incidence, asthma more than doubled 1982-1995, and is right on track to double again by 2020. [16, 303]

Most of the increase is in children, who account for more than **12 million** cases. (Borenstein, CDC) [178][41]) More than **10%** of US children have asthma. [39] In some schools, one out of four kids is walking around with an inhaler. Each year **1.8 million** visits to emergency rooms have asthma as the primary diagnosis. [42]

The news usually focuses on what a big mystery asthma is even though we're spending some **\$56 billion** per year to treat it. (CDC Press release [72])

**Over 13%** of American public school children are enrolled in programs for some type of disability. (National Center [124]) The term **learning disabled** has become more of a political term than a scientific one, with roulette numbers spinning. But **82%** of all special ed students are classed with a label that can be directly influenced by vaccines: [Chart p 12, [43]

emotional instability  
speech/language defect

learning disability  
autism

SAT indices have been **re-centered** twice in the past few years in order to make it look as though high school kids aren't as illiterate as they really are. [93, 305]

Exit exams are made easier and easier, following the delusional **Common Core** 'no child left behind' policy. [33] Politically expedient, to hide the truth of dumb and dumber kids, graduating thousands who cannot read or write, rewarding mediocrity and lowest common denominator standards.

### **INFORMED CHOICE**

A growing number of medical researchers and doctors disagree with the **69** vaccines required for our children. [260] More parents each year are opting out by signing exemption forms. They're drawing the line. They're saying, if nothing else is sacred in this world, at least the blood of our children should not be subject to the whims of politics and big money. That bloodstream should only be violated in life-threatening situations. And never with anything experimental or unproven or dangerous.

Most of what is written about vaccines insists they are safe, effective, and necessary. We hear how modern civilization has been saved from the ravages of infectious disease by the intervention of miraculous vaccines. We hear how important it is for children to get their shots so they'll be safe from disease, etc. We keep hearing about new vaccines that are supposedly necessary to defend against new diseases.

How can both viewpoints be right? These are two conflicting views on the nature of biological reality. Both sides often get very shrill, emotional, and unscientific. Such a chasm widens between them that is profoundly disconcerting. But someone is definitely wrong:

Either

vaccines are essential for our children's health

or

vaccines are weakening and poisoning our children.

There is so much false reporting and badly referenced data on both sides of the debate that the concerned parent must eventually ask: What do we really know for certain about any of this?

### **A MODEST PROPOSAL**

It's no metaphor to say that the bloodstream of our children is the future of our civilization. This chapter proposes the following condition - before we put anything into that bloodstream, we should be 100% sure

1. the child's health demands it
2. no chance of harm

Not 90 or 95% sure. 100%. Is that asking too much? Reject this glib "all drugs have risks" cliché. Children are not sick when they get vaccinated. There's no urgency - no need for any risk at all to the fragile biosystem of the newborn.

Such common sense as this comes off as radical to the media-soaked American public, who seem to have lost the ability for rational thought and taking responsibility for their own children's well being.

### **A NEW EVENT IN HUMAN HISTORY**

arrived with the advent of vaccines: mandatory inoculation, enforced by legislation. Government began claiming a right over the bloodstream of its citizens. Unless parents sign

exemption forms, children must be vaccinated before they get into school. Legislation is controlled by lobbying. And the most powerful lobby in Washington is the pharmaceutical industry. [131]

Now that's vexing already - what's the prime criterion going to be: corporate profits or proven health benefits for our children?

### **NOT MY JOB**

Many parents starting to read this will say - Oh I don't need to know any of that. That's my doctor's job to know it.

Two problems with that:

1. Many doctors don't know it.
2. Many doctors who do know don't vaccinate their own children. But they will vaccinate yours. [260]

### **MILKING THE SACRED COW**

Vaccination is a very powerful and emotionally charged issue, with enormous political considerations. To make a responsible decision in the best interests of the child, one must be willing to question a lifetime of conditioning.

But for some reason, resistance to correct information about vaccination often resembles religious fanaticism. Unlike with Coumadin, Lipitor, or antibiotics, people sometimes get violently emotional about vaccinations. Today an officious Social Services may actually take children away from parents who were exercising their legal right to exempt the child from vaccination. [293]

Why the histrionics? Why are vaccines such a Sacred Cow? Why do they expend so much effort

## **PRETENDING EVERYTHING IS FINE?**

As in any area served by billion dollar industries, information is very controlled. Setting out to try and discover the truth about vaccines, one is not prepared for the extent of systematic misdirection, [296] nor for the amount of documentation opposing vaccination, much of it from top medical sources.

After awhile, it's hard to decide whom to believe: either the body can learn its own immunity, or else it is largely inadequate, and requires help from the genius of medical science for survival.

## **MEDSPEAK**

Our programming starts with two simple words: **vaccination** and **immunization**. We're trained to think of them as synonyms, right? That's no accident. What's the difference?

**Immunization** means the body becomes immune to something, all by itself. That only happens after getting a disease, or at least being exposed to it.

**Vaccination**, by contrast, just means to stick a syringe into someone's arm and inject a manmade substance we call vaccine, with unproven immunological effects. Entirely different ballgame. Now that you know the difference, stop saying immunization when you mean vaccination.

Using the word immunization instead of vaccination is pervasive within both medical and popular literature, pretending a semantic equivalence between the two terms. Predictably, it has now become rare to find references to vaccination in medical literature, even though that is the correct term.



## WHAT IS A VACCINE?

“a suspension of attenuated or killed micro-organisms...administered for prevention ...or treatment of disease.”

- *Dorland's Medical Dictionary* p 696 [192]

From a cow - that was the original root of the word itself. We will see if vaccines can prevent or treat anything.

The standard medical belief is that the vaccine will create antibodies to a particular microbe associated with a particular disease, thereby creating immunity. Unfortunately such a premise is scientifically impossible, as we will see.

Here's what vaccines really are:

**manmade mutations of pathogens, cultured in genetic material of both human and animal origin, which are injected directly into the developing immune systems of infants and children.**

## MONEY AND VACCINES

Never forget that the vaccine industry is first, last, and always - a business. Anything you will ever hear from doctors or government agencies will always have one common theme - the recommendation for more vaccines.

Back in 1993, worldwide vaccines were “...about a **\$3 billion** a year industry... dominated by large multinational corporations, such as Merck, Smith-KlineBeecham and Wyeth.”  
- Philip Russell, MD [189]

By 2005, **\$5 billion** [297] By 2013, **\$24 billion.** [297]

The cost of vaccine purchase by the year 2020 following the recommendation of 7 additional vaccines was estimated

to be **\$1225 per child**. (*Am Journal of Pub Health*) [166]

But we're way past that. We've added **29** childhood vaccines since 2002.

Here's a summary of money spent per child on vaccines:

<b>1975</b>	<b>\$10</b>	
<b>2001</b>	<b>\$385</b>	
<b>2004</b>	<b>\$606</b>	
<b>2014</b>	<b>\$2192</b>	[310]

### **TOTAL GLOBAL VACCINE SPENDING: BEST GUESS**

Today it has become perplexing to pinpoint total global vaccine expenditures. This year **\$30 billion** is a fair guess.[8] Ballpark figures offered by HHS:

- **2013: \$24 B**
- **2025: \$100 B** [5]

Most instructive to read the W.H.O.'s 39-page document [297] on Global Vaccines. It reads like an investment syllabus, cover to cover - not a word about health benefits to the child.

The reader may be shocked to learn that at the very apex of this vertically integrated cartel is ... the Centers for Disease Control! Yes, that branch of government charged with safeguarding the health of the American people actually directs the largest for-profit syndicate in the world. Yet on every page of their website is the logo: *CDC 24/7 Saving Lives, Protecting People*.

A well-referenced peek into vaccine economics/collusion is Taylor's investigation into RFK's 2017 claim that the CDC owns **20 patents** for vaccines. [8]

Turns out, it's twice that. And more.

Just a few morsels from that research:

- CDC owns over **50 patents** on vaccines
  - CDC is a *de facto* subsidiary of the vax industry
  - 'Advisory Committees' divert millions to individuals [57]
- CDC buys and sells over **\$4.4B** in vaccines per year [299, 24]

### **THE REAL GREEN**

Vaccines are the foundation of the Well Baby program - the livelihood of the whole pediatric industry. That's many billion\$. If a child doesn't go in for his shots, look at all those missed opportunities to upsell the parents on eartubes, antibiotics, and a host of other drugs and procedures.

Consider how growing up without vaccines is a huge economic threat. The Well Baby Program introduces a human being to a lifetime of dependency on organized medicine. If a child can grow up healthy without doctors and drugs, this posits the dangerous concepts of self-reliance and trust in the body's own natural healing powers. We can't have that.

### **REBATE OR KICKBACK?**

When parents inform their pediatrician that they will be opting out of vaccines for their child, the standard response is to dismiss the patient from the practice, sometimes vehemently. This mercenary posture is understandable: clinics routinely receive **rebates** from the manufacturer for a large percentage of the vaccines they sell each month, often as much as **25%**.

We must remember that pediatricians are in business to sell drugs and vaccines. They tend not to do anything that threatens their bottom line. Hippocratic Oath? Jog my memory a little...

## **RESERVOIRS FOR DISEASE**

Be advised: this Orwellian buzzphrase is the product of some very sophisticated East coast drug industry think-tank ruminations. Reservoirs for disease: the delusion being that the unvaccinated are unprotected from disease and are therefore a collective breeding ground that somehow jeopardizes the vaccinated, etc.

Throughout this book the exact opposite will be proven again and again: it is the vaccinated children in this country whose immune systems are being systematically suppressed, whose inner milieu is made a viable medium for opportunistic organisms. They receive more vaccines than any group of children in the history of the world. And are thereby a true reservoir for disease and a threat to the unvaccinated.

What are people worried about? Aren't their vaccinated kids protected?

## **HISTORY OF VACCINES – PARTS I AND II**

In all previous editions, we went through a thorough history of how vaccines came about, beginning with Edward Jenner.

Because there have been so many recent developments, in the interests of keeping this book to its customary length, those sections may now be found at [thedoctorwithin.com](http://thedoctorwithin.com) under the **Chapters** heading. [49]

This historical background is the minimum data a parent must have in order to make a truly informed decision. No one can pretend to understand vaccines without reviewing the bizarre events surrounding their origins. Prepare to be shocked at the arbitrary and utterly unscientific ways in which early vaccines were formulated. These same principles continue to the present. Just a few excerpts:

## **PASTEUR: CHAMELEON EXTRAORDINAIRE**

Mid 1800s science was struggling with questions like

- **what makes something alive?**
- **where do germs come from?**
- **which comes first, germ or disease?**

Louis Pasteur was well known for his habit of playing both sides of the fence on issues he didn't understand, and then later, to quote only the parts of his early writings that supported the later finding, always with the claim that he had been there first. [187] [Appleton]

Only scientists studied the complexities of these emerging ideas. The royal court and the press just knew that something was going on, and though they didn't know what, were going to act as though they did. Same as now. For them, a chameleon like Pasteur was the perfect frontman.

Once it became clear which way the winds of fortune were blowing. Pasteur saw his way to a new career behind a sizzling new dogma:

## **THE GERM THEORY OF DISEASE**

What exactly was this Germ Theory? Very simply, the Germ Theory holds that there are separate diseases and that each disease is caused by a particular microorganism. It is the job of science, then, to find the right drug or vaccine that will selectively kill off the offending bug without killing the patient.

That would be great, but rarely is nature so black and white about things, ever notice that? For one thing, bacteria and viruses tend to be picky about their environments. That's why some people get colds and others don't. That's why some survived the Bubonic Plague. That's also why some

doctors and nurses seem to be immune to disease even though they're surrounded by it every day.

Deepak Chopra tells us of a study in which the influenza virus was isolated and implanted directly onto the mucous membranes of a group of subjects, with only **12%** of them getting the flu. (230)

Disease occurs when systems of the body become so weak and nutrient-starved that they shut down. What causes that? Low resistance, filth, toxic diet, poor lifestyle, dehydration, weak immune system. Such imbalance renders the body a hospitable medium in which opportunist organisms may take hold. [187]

### **GERMS: THE EVIDENCE OF DISEASE, NOT THE CAUSE**

As far as Pasteur's Germ Theory goes, there was much opposition to it among leading scientists of his own time.

Perhaps the greatest scientist in France during Pasteur's time, was **Antoine Bechamp**, the discoverer of bacteria. University of Lille. Dr Bechamp said: [194], p183

**“Bacteria do not cause disease, and therefore serums and vaccines can neither prevent nor cure disease.”**

The author of the cell theory, Rudolf Virchow himself, agreed:

**“Germs seek their natural habitat - diseased tissue - rather than being the cause of diseased tissue.”**

- *Man the Unknown* [242]

### **SCAVENGERS NOT PREDATORS**

Along with many other scientists then and now, Virchow realized that the presence of germs may identify the tissue as diseased, but did not necessarily **create** the diseased

condition. Weakened or diseased tissue is a target area for microorganisms, a hospitable environment in which opportunists can set up shop. But that's quite different from predatory germs having caused the weakened state. First the patient gets sick; then germs show up.

Authors and doctors enslaved to the Germ Theory today are still playing their only trump card - Alexander Fleming's discovery of penicillin in 1928. They are desperately hoping for a reprise of medicine's greatest triumph. No one would be more embarrassed by their invocations than Fleming himself, who predicted the rise of the superbugs by the reckless overprescription of antibiotics - our wildly unscientific just-in-case policy. [128]

### **A DRUG FOR EVERY BUG**

The militaristic idea that the normal human condition is to live in this hermetically-sealed antiseptic little capsule in which all other life forms must be regarded as invaders and killed off - this notion is scientifically untenable, even though it is the lodestone of modern medicine.

Healthy humans subsist in a biosphere, surrounded by thousands of microbes, both internally and externally, all co-existing in a dynamic equilibrium that is beneficial to all participants.

**Dr Khem Shahani**, premier authority on intestinal probiotics, proved that the normal human colon should contain up to 3 lbs. of microflora, as many as **400** different species. [130] There are species of microscopic spiders who live their entire lifespan on the human eyelash. [60] Dr Alec Burton proved that **tetanus bacillus** is found on the skin and even in the mouths of most healthy individuals, without causing disease. [262]

Legitimate scientists see germ proliferation not as the cause

of disease but rather the **evidence** of disease. The disease came first. This simple concept, which organized medicine / your pediatrician cannot discuss, is really the key premise of this book.

## **TRADECRAFT**

Politics never changes. The same type of thinking that kept Galileo under house arrest for discovering that the earth went around the sun, the rulers' eternal attempt to control the minds of their subjects, these are the forces that cast Pasteur, an ambitious opportunist, into a role he may not have deserved - the imagined Trailblazer in the science of modern biomedicine.

Howard Hencke, in his 1995 book *The Germ Theory: A Deliberate Aberration*, notes that the Germ Theory wanted

“... to indoctrinate the public in the Western world with the belief that the salvation from all, especially physical ailments, lay outside the individual's system and responsibility, because it was caused by external factors... and that chemical remedies will keep him free from disease, independent of his own vigilant responsibility.” [243]

We're talking marketing here, yes?

**“Had it not been for the mass selling of vaccines, Pasteur's germ theory of disease would have collapsed into obscurity.”** - E. Douglas Hume [187]

## **INVIOABLE ENVIRONMENT**

From the beginning, the whole idea of piercing the skin with a needle for any reason was suspect, let alone introducing new proteins and agents into what was supposed to be a sacrosanct environment: the circulatory system. We just **assume** injecting microbes into the infant's blood is safe and



scientific, without giving it a second thought. Popular media and scientific literature always make this unfounded assumption.

But injections are an utter violation of nature. It was nature's design that nothing be introduced into the bloodstream without going through the laboratory of the digestive or respiratory systems. It's never scientific to defy nature, no matter how they may spin it.

Isn't this common sense? Ever think about the abhorrence of infants and children when they see a syringe? Why wouldn't we trust those instincts? If you want to use the 'it's-for-their-own-good' slogan, well then, you better have incontrovertible proof. This is your child we're talking about here.

Among the dozens of scientists opposing inoculation:

**“The most serious disorders may be provoked by the injection of living organisms into the blood... into a medium not intended for them may provoke redoubtable manifestations of the gravest morbid phenomena.”**

- Antoine Bechamp [187]

## **BARBARIC RATIONALE**

Pasteur began the practice of **vivisection** with horrific animal experiments, which have never been proven valid. Would you give your cat your thyroid medicine? Or your antibiotics to your horse? In the natural state, animals have different diseases from humans, and rarely at that. Their physiologies are very different. This one error has led us down a costly, murderous, and ultimately fruitless path. [244] [Appleton]

How can we hope to cure human disease by giving animals diseases they would never have encountered in nature, then pretending that such diseases are the same ones we get, and

then seeing which drugs cover up the animals' symptoms? Then we smugly conclude that those same drugs will have the same effect in humans!

Idiotic as that sounds, it's precisely what we do. **Animal testing** remains the basis for the entire empire of medical research, publication, and the whole approval process for prescription drugs. (Hans Ruesch) [244]

## **WHOLE NEW MARKET**

One concept we should not gloss over, of pivotal importance in understanding how and why vaccines came about: for the first time in history, **doctors would no longer confine themselves to the sick**. With vaccines, doctors are now going to claim that perfectly healthy people need their injections in order to stay healthy.

Selling such an impossibly fanciful concept obviously would require wagging some major dog. As masters of the scientific universe, doctors will pretend they are clever enough to have unlocked the hidden health secrets of the ages, which they will now mercifully share with a grateful humanity. For a price.

## **WHAT'S IN VACCINES?**

Although the complete composition of today's vaccines are secret formulae, protected by law as proprietary intel, many of the ingredients are listed in the *Physicians Desk Reference*. This is the modern version of disclosure.

From this limited viewpoint, we can see some of the main ingredients:

<b>adjuvants</b>	<b>attenuated pathogens</b>	<b>preservatives</b>
	<b>toxoids</b>	<b>excipients</b>

The first vaccines by Jenner and Pasteur, and also most modern ones, are experimental proteins made from rotting, diseased samples of animal tissue (cows, birds, sheep, monkeys, guinea pigs, humans, and horses) carrying some weakened infectious agent.

In accordance with the Germ Theory, the full strength microbe is not used, but rather a weakened, half-killed lab mutation - the **attenuated** version.

A **toxoid** is a poisonous excretion of a pathogen which is claimed to be able to trigger immunity, merely because it came from the original bug.

An **adjuvant** is a poisonous compound like formaldehyde, ethylene glycol, or phenol, which is used to provoke a stronger immune response than would be evoked from the attenuated pathogen alone. (Burnet p. 85) [186]

These **adjuvants**, or helpers, in reality help nothing but the toxicity of the vaccine. That is, how much of an immune kick it sparks. (*PDR* 2010)[110] Following that logic, why not just add Drano to the mix? The strength of immune response has no proven effect on enhancing health, or immunity.

**Formaldehyde** is a cytotoxic, carcinogenic embalming fluid. (*PDR* p1383 [223])

**Aluminum** is a potent neurotoxin, which can cause much more neurologic mischief than just Alzheimer's disease. [173, 227]

**Mercury**, third most toxic substance known to man, is used as a **preservative**, to protect the noxious concoction from extraneous biologicals, safe for decades on the shelf. In the form of **thimerosal**, just trace amounts of mercury can cause permanent nerve damage and autoimmune disorders. [298]

**Excipients** are oil compounds used as carriers to prolong and enhance the immune effect. Unfortunately the refined oils still contain intact proteins, which in children cause epidemic food sensitivity and even anaphylaxis, notably to peanuts. [80]

Vax companies are not required to disclose all the ingredients, protected by mask of intellectual property. Vaccines today are some of the most closely guarded of all industrial secrets. The cold reality is that parents really have no way of knowing exactly what is being injected into their children.

That's a lot of trust to expect, looking at the track record of the vax companies, as we do throughout this book. Not to mention their exemption from liability.

## **FAREWELL PHYSICIANS DESK REFERENCE**

The *Physicians Desk Reference -PDR* - referred to as the bible of the drug industry, is found in every library. For the past 70 years, this enormous annual tome has been the pharmaceutical industry's principal reference source to index the research and biochemistry behind most drugs currently on the market. It is a technical journal written by the scientists who formulate the drugs and vaccines in use today.

The *PDR* has been an invaluable source for all previous editions of this text - detailed background for each vaccine, coming directly from the formulators themselves.

But something just happened this year with the new edition. Policy shifts have effected a major transformation in the style and content of this vital reference work. Suddenly they have decided to disclose as little as possible about the development of the products and have shrunk the book down to a third of its traditional size.

With vaccines specifically, it's as though they have been ordered to slam the door shut and hide as much of the science as possible. Anyone can see it - just compare any previous edition of the PDR with the current volume.

Suddenly the *PDR* went from its traditional 4500 micro-printed pages down to about 1500. With vaccines in particular, previous editions would have 4 or 5 pages about each vaccine, which might be thousands of words. Bur no more. Gone are the entire sections on Clinical Pharmacology, Discussion, clinical trials, Contraindications, full disclosure of Adverse Reactions, etc. From 5 pages down to a few short paragraphs, just like that - across the board. Obviously the order has come down from on high - the end of transparency.

As a result, it's much more difficult for anyone who has decided to take a closer look at the actual science on vaccines from a primary source. Under the guise of protecting intellectual property, or for whatever reason, the net outcome here is to limit transparency for discussion of vaccines. Is it a coincidence, that this radical change has come at the same time when there is a nationwide program to market vaccines by creating new laws ending exemptions? (See below under *Four Horsemen*) [14]

## **VACCINE INGREDIENTS**

Though full disclosure is not required, here are a few of the dozens of vaccine components listed on a 4-page **CDC Fact Sheet** [20] of excipients and media:

- aluminum sulfate      bovine casein
- monkey kidney        ethanol
- detergent                neomycin
- calf serum                yeast protein
- formaldehyde          thimerosal
- human diploid cells (aborted fetus)
- carbolic acid (irritant to skin and eyes)

Parents really have to look at this Fact Sheet to see the ingredients they're injecting into the infants. Or will we pretend it's not happening?

## **CULTURE MEDIA**

The active part of a vaccine is a disease organism which is grown or cultured in a certain medium. Here are some of the culture media for today's vaccines, as listed in the 2011 and 2013 *PDR*, [74, 55] and on CDC's page [56]:

**lung cells of aborted human fetus: diploid** [56]  
**kidneys of African green monkeys**  
**diphtheria cultures**  
**infected human connective tissue**  
**infected animal cells (monkey kidneys** [56]  
**pig** [56], **canary, rabbit, chicken,** [55] **dog** [290]  
**guinea pig,** [56]  
**caterpillar cells (flu vaccine)** [290]  
**insect cells** [55] p 925  
**aborted fetal calf blood** [56]  
**beef hearts** [56]

Why are we not mortified by the above list? Why such a shrill insistence that vaccinations are safe, in the absence of scientific evidence? Maybe it's our primordial, tribal fascination with superstitions involving parts and extracts and entrails from dead animals. These beliefs harken forth from the dawn of humanity, and are cited in the chronicles of most civilizations. They're imprinted on the hard disk of our primitive brain.

Medical thinking is that if the patient gets a minor case of the disease under the controlled conditions of vaccination, he will produce his own antibodies to the vaccine. These in turn will confer lifetime immunity by remembering what the bad bug looks like the next time it shows up, and then neutralizing it.

But there's a little more to it than that. [271] (Benjamini)

### **OVERSIMPLIFICATION: ANTIGEN/ANTIBODY**

First off, there is no general agreement that the vaccine-antibody paradigm is really the whole story of immunity. Researchers like Alan Phillips, director of Citizens for Health Care and Freedom, realize that<sup>219]</sup>

**“natural immunity is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production.”**

Dr. Gerald Edelman won the Nobel prize for his discovery that the immune system doesn't operate solely on the popular antigen-antibody model. Edelman showed that hundreds of antibodies are already present at birth, having evolved within our species over the centuries. ([165] Sylwester, p 17)

Like the Germ Theory of Disease, the antigen-antibody model was a great teaching tool to substantiate the need for a ton of vaccines to be ramjetted into the bloodstream of mankind, from Pasteur till the end of time.

### **NEW VAX RECIPE: GENETIC ROULETTE**

Even though vaccine research is funded largely by government grants from NIH, manufacture is a costly process. Flu vaccines are especially risky, because of the variability in guessing the predominant strains from season to season. If flu vaccine lots are returned unsold, the company's bottom line will be affected.

With less than a third of the population getting flu shots [290], manufacturers are desperate to turn a profit. This explains the perfectly frantic new promotions we see at Safeway markets and at Walgreens, with those large signs for flu shots

at the entrances, and a promise of "10% off" or more, on all purchases if you get the shot...

And it worked. Since pharmacists have been allowed to give shots, Walgreens sales rose to **\$72 billion** per month! [52]

Next marketing breakthrough: optometrists! CA's bill AB443 now wants guys who sell glasses to be giving vaccines.

By 2014, skies were looking even bluer. A new lab protocol had emerged - faster and cheaper. Chief conjurers Tony Fauci and Gary Nabel over at NIH were promoting their newest magic: **genetic harvesting** of a gene common to many flu viruses.

The process does not require the painstaking old egg culturing steps, but simply reproducing a gene in the flu virus, common to many strains, which they're claiming provokes some undefined "strong immune response."

Even though that is impossible, since **single genes** don't elicit immune responses in mammals, they're not going to be put off with bothersome details like biological science. [241]

The adjuvants will provide the immune response. The gene is 'inserted' into a common insect virus, which then proliferates without the traditional culturing process. They're calling it '**gene-based**' vaccines. Much simpler, much cheaper. And utterly theoretical - mixing human and insect DNA.

This single gene "technology" is the new dark art used now to fast track many new vaccines. [290]

Natural immunity is a much more nuanced subject than the vaccine salesmen would have us believe. The whole antigen-antibody paradigm was a massive oversimplification. But as always in marketing, there's the KISS principle. No need to abandon a perfectly good theory just because it isn't true.



## NATURAL IMMUNITY

happens only after recovering from the actual disease. Or at least being exposed to it. For example, on p. 1098 of the *Merck Manual* we find that for measles, “**people born before 1956 are considered immune by virtue of prior infection.**” [234]

Natural immunity - most got the disease. A mild immune-building disease of childhood.

With the actual disease, the organism has to pass through many of the body's natural immune defense systems in the nose, throat, and lungs before it ever gets as far as the bloodstream. It's likely that the organism slowly triggers many unknown biological events, essential in building true natural immunity, before it ever reaches the bloodstream.

Vaccination by direct injection makes the unproven assumption that the mere artificial stimulation of antibody production by the sudden presence of a foreign agent in the bloodstream is the whole story of immunity. Obviously it isn't; the need for booster shots proves that. Many studies have shown low antibody counts in vaccinated people. (Gunn, Fraser) [245, 80]

## FOOLING MOTHER NATURE

**Attenuated** means half-killed. In vaccines the infectious agent is weakened so that it is just below the threshold of being able to trigger an inflammatory response in 99.9% of people. By allowing the implantation of an attenuated virus or bacteria into the body, we have done something nature would never permit. We have violated the sanctity of human blood. We have tricked the immune system into **not** mounting an all-out response to a foreign agent.

If the microorganisms were not attenuated, the powers of the

natural immune system would join together to repel and attack the invader.

Let's not forget - these aren't the original bugs associated with the disease they're using here, but rather manmade, lab versions of the original microbes.

Harvard Medical School's **Dr. Richard Moskowitz** explains that the way vaccines are prepared is to make them weaker and weaker, just to the point where they don't produce an immune response. The problem is, in this form, the altered microbes can penetrate far deeper into our tissues than would naturally have been possible. There they can become latent, hidden allergens, just waiting. Like a **slow virus**.

Then when something triggers them into action, even years later, the stowaway microorganisms can manifest themselves in virtually any location or system of the body, causing dysfunction, chaos, degenerative disease, or even death. But not from the original disease. [132, 188]

That way no one can ever prove the vaccine was the cause of death - it's a beautiful thing.

Vaccination is a **quantum detour** from the path of human evolution. It took Nature a million years to come up with an immune system that would initiate an inflammatory response to these foreign agents. That's a survival mechanism. True Herd Immunity. Selection. Speciation.

Now suddenly in the past century, doctors are going to pretend they know enough to ignore aeons of natural wisdom?

## **VIRAL LOAD**

Below we will see the problems with the noxious ingredients used in the manufacture of vaccines. But we must not forget

that even if all these additives were eliminated from vaccines tomorrow, the biggest danger will remain as long as there are vaccines: viral load. That means the **total accumulation** of foreign virus and microorganisms that are introduced into the human bloodstream via vaccinations.

As you'll remember, a virus has the annoying talent of being able to splice itself into the DNA of a host cell. Taken together, the collective DNA of our race is known as the **human genome**. (Bishop) [200] Continuing to add more and more lab-altered versions of unknown foreign agents into our children's blood year after year is certain to be diluting the human genome. This long-term effect within our species is an entire field that has never been studied.

Looking at the **69** vaccines currently given to American schoolkids, there's no end in sight. Plans are being laid for dozens more vaccines, which will simply be tacked on. As each individual vaccine goes through the FDA approval process, is there any consideration being given to the composite effect of the immense microbial load on a formative immune system? Shockingly, none whatsoever. Not by the CDC, the FDA, or the NIH.

Want to talk about science? Consider the routine procedure when a child misses shot day. What happens? They usually just wait until the next time, and do what? Right, give all the shots for both visits on one day. That could be as many as **15 vaccines** at once! Any safety testing for this flagrantly unscientific practice? None.

### **CELL LINES THAT CANNOT DIE**

The use of continuous cell lines or **immortal strains** to maintain continuity of a vaccine year after year, accepted within the industry since Jenner, has been extensively criticized. (Thya.[254])

A possible correlation is obvious between culturing cells lines that cannot die and the creation of cancerous tumors. (McReardon [152]) Groups of cells that don't die.

## **CANCER IN CHILDREN**

Before 1960, there was no such thing as cancer in US children. Today cancer is the **#1 cause of death by disease among children** in the US. Don't believe it? Look it up: (NCI [44]) In 2013 it was #2.

In his text on vaccines, Tedd Koren [177] points out the sharp increase of childhood cancers that appeared between 1960 and 1980, when US vaccines doubled. Cancer mortality in the US since vaccination began, 1902: [190, 262]

Connection with vaccines? Before 1960, kids got less than **5** vaccines. Today they get **69**, many with manmade experimental viral mutations. Remembering our high school biology, viruses can insert themselves into the host DNA without killing the cell. Connect the dots.

## **TRIPLE THREAT**

Adverse reactions to vaccines can be divided into three types:

**Immediate** - as when the baby dies or else suffers some crisis in the first few hours or days after a shot

**Latent** - as when a toxin in the vaccine lodges itself in the brain causing a defect of brain architecture or a nerve disease that doesn't show up until years later.

**Genome damage** - where a foreign agent in the vaccine alters DNA, thereby causing cancer in a patient, or worse, having a general weakening effect on our collective DNA, the human genome.

The last of these is the worst. Viera uses the xerox analogy: as a billion injections per year access our human DNA, it's like making a copy of a copy of a copy, etc. The human genome is being diluted. The implications of such a trend on our species could hardly be more profound. [225]

### **THE RAT THEORY OF GARBAGE**

The other problem is that the original theory was flawed: the bug attenuated in the vaccine wasn't the real cause of the original disease. Just like rats don't cause garbage, (Jensen, [216]) but are a result of untended garbage, germs don't cause disease. They're just seeking a congenial habitat. (Carrel [242]) They're the clean-up crew. Microbes are the evidence of disease, not the cause. **Scavengers not predators.**

Even Pasteur finally admitted that one, repudiating his own precious Germ Theory in one of the most quoted deathbed comments of all time:

**“The terrain is everything; the germ is nothing.”** [187]

So here's the deal: for the love of money, we're going to legislate the following falsehoods as true:

1. a certain germ causes a certain disease
2. we'll give you immunity to that disease by injecting a weak version of the germ that doesn't cause the disease, directly into your bloodstream

### **NO LONG TERM STUDIES FOR APPROVAL**

Unlike all other classes of drugs, vaccines do not require clinical proof of safety and efficacy before they are approved by FDA and CDC.

Really want to talk about science? In the U.S., there are almost never any long-term studies before a vaccine gets approved for mass use:

**H1N1 vaccine was approved after 6 weeks.** [98]

**Measles vaccine was approved after studies that only lasted 28 days.** (*Through a Glass*[159])

**Chickenpox vaccine was approved after trials which lasted only 42 days.** [147]

**Hepatitis B vaccine was approved after 5 days!** [232]

Neither is follow-up for long-term effectiveness of vaccines required. That's why the vaccines are always being altered and replaced. It's scarcely a metaphor to say our children are the lab rats.

## **IMMUNE RESPONSE VS. IMMUNITY**

The whole shell game of vaccines can last only as long as people remain distracted from one central fact: the ability to produce an immune response does not by itself signify immunity. Any noxious or poisonous stimulus may provoke some sort of immune reaction - some kind of inflammation, or fluxing out. So what? That is wholly separate from adding to the body's cumulative memory of how to defend against disease.

Vaccination is merely the **artificial triggering of temporary responses to manmade pathogens**. Immunity? Well, that's another foxhunt altogether.

Australian scientist Viera Scheibner, PhD states: [225]

**“There is only one immunity, natural immunity, which is achieved by going through the infectious diseases of**

**childhood.”**

In 1888 French scientist **Dr Xavier Raspail** reported:

“any antigen will produce a reaction and, more often than not, the immune system indicates its response in the form of antibodies. But their presence does not prove that they will protect, i.e. immunise.” [259]

### **IMMUNITY: NATURAL VS. ARTIFICIAL**

When a child gets a new disease, his newly forming immune system switches on. He may feel sick for several days, to one degree or another, but in the vast majority of cases, he is going to recover. If the body is allowed to figure out how to fight the disease on its own, without the added confusion and burden of powerful drugs and vaccines, the body will not be susceptible to that disease in the future, **for life**. Now it has an immunity to that disease - a memory of how to fight it.

When the body acquires such memory on its own, with no drugs, that's called **natural immunity**. The body now has a new, permanent weapon to protect itself from specific unfriendlies in the environment.

This is why unvaccinated kids only get chickenpox once in their lives. The more weapons the body is allowed to create on its own, the less susceptible it will be to environmental stressors and diseases as an adult.

Natural immunity can be transferred from a mother to the fetus.

Natural immunity is the only true immunity. It happens only after getting the disease, or being exposed to the disease.

**Artificial immunity**, by contrast, means that the symptoms of the disease were artificially suppressed by means of drug

or vaccines. The nasal sprays and cough suppressants and anti-inflammatories allowed the foreign agent to get much deeper into the body than it otherwise might have gone, because the coughing and runny nose are basic clearing mechanisms to repel invaders.

Doctors who pretend that the cough and the nasal congestion are the disease overlook the underlying cause.

This suppression of symptoms prevents the body from discharging what needs to come out (James, p 42) [184]

With vaccines, a **manmade version** of the presumed disease bug is injected into the bloodstream. The theory is that the body will produce antibodies to this weakened version, and ever after, those antibodies will be able to recognize and overwhelm the disease microbes if they ever show up again.

Such immunity is **artificial**, which really means inexact, because the vaccine is giving the body some sort of immunity - not to the naturally occurring disease, but to a mutant version that chemists created in a lab. A flawed design from the outset.

Vaccines are the same for thousands and millions of doses. But each person's immune system and also the particular way a disease may occur in people - both these are unique.

Artificial immunity cannot be passed from mother to fetus.

Artificial immunity is temporary. This is the reason for the unproven modern concept of booster shots. (Murphy) [193]

Artificial immunity from vaccinations has created today's phenomenon of new **atypical forms** of the original disease appearing during adulthood, which can be much more



serious and dangerous. As in adult measles, chickenpox, and shingles.

Similarly, the 'outbreaks' in child diseases we have seen in recent years - pertussis, measles, chickenpox, etc - are atypical forms. 95% of these cases have been vaccinated. These diseases are **from** the vaccine.

Want to see a blank look on your pediatrician's face? Read the above section aloud.

### **MASS VACCINATION - CREATING NEW DISEASES**

No one ever talks about how these brand new atypical disease forms may be a threat to those who already have natural immunity, having got the original disease.

Before mass vaccinations, the human species was building herd immunity to all the infectious diseases, to one degree or another. But that took a million years.

Those who got measles as a child and who then have lifetime immunity, may not be immune to the **new** manmade atypical adult forms of measles resulting from mass vaccination. Why not? Because the new form has only been around for about 40 years, whereas measles has been around for centuries.

Just like superfluous antibiotics causing super-bugs, vaccination is creating new diseases.

Is that progress?

### **BOOSTERS**

If the original vaccine conferred immunity, then why does the child need another shot 2 months later? What was the first

one for? The fact is, studies showing the efficacy of booster shots have never been done. For any vaccine.

Booster. An E.L. Bernays masterpiece term. [258]

## **EVERYTHING IS YOU**

**Immunity is the body's ability to establish and maintain molecular identity.** (James p105 [184] That means all your cells should look like you. They all came from the same DNA, right? Anything that promotes this uniformity brings health; whatever opposes the body's ability to maintain molecular identity brings disease.

Understanding this simple principle explains why artificial immunity from vaccinations can't be long-term.

The whole process of creating a vaccine is to make some 'disease agent' gradually weaker and weaker, until it is below the threshold of causing a reaction in 99.9% of children.

That is, it's too weak for the body to recognize as foreign, and can penetrate far deeper into the body than nature would ever have allowed. The immune system DOES NOT get triggered the way it would by a foreign protein. We've tricked the body into **not** responding.

Such a process is outside the normal course of biological events; nothing like this ever occurs in nature. [209]

By contrast, the natural disease itself is strong enough to trigger the whole cascade of normal immune responses.

Immunity cannot be forced upon the body. The body must be beset by the challenge of an actual foreign invader, and thus be given the opportunity to put the pieces of the puzzle together all by itself, to figure out what combination of its own immune powers can recognize, surround, and overcome

the foreign agent.

This takes time and effort: gentle, regular stimulation. It may involve sickness - the mild, self-limiting immune-building diseases of childhood. The process is far beyond the understanding of human science. But the result is lasting immunity - the only immunity.

### **THE RISE OF THE BOUTIQUE EPIDEMIC**

Remember SARS? In Feb 2003 suddenly a new infectious disease appeared in China, cause unknown. Worldwide panic ensued, quarantines, etc.

After constant media for almost 3 years, SARS was never proven to exist. No causative agent was ever identified.

SARS eventually faded out as though it never existed. Actually, it didn't.

But SARS carved the template for the future, the program that ushered in anthrax, smallpox, Avian flu, mad cow, swine flu, and Ebola.

What happened to these global threats? Gone with the wind, never to return.

With world media anxiously waiting for the next empty threat, perhaps the alert student could learn to be a little circumspect about what to expect from the corporate press, and to consider the underlying motivators for the sale of any new vaccines.

Today the Boutique Epidemic is firmly entrenched into our culture. Windfall profits of this magnitude are too great to resist when they can be garnered simply by following the same recipe for success demonstrated in the past 5 nonexistent diseases.

## **SWINE FLU & EBOLA: BOUTIQUE PANDEMICS**

The 2014 Ebola story can only be understood in context, beginning with the 2009 swine flu campaign.

A summary of the 2009 H1N1 event may be found in the chapters *Swine Flu: Global Pandemic, Goodbye Swine Flu* [29].

Here are just a few details:

### **SWINE FLU APRIL 2009**

The original Swine Flu Vaccine program of **1976** was the worst vaccine disaster in US history, with some **21 deaths** and almost **600 paralyzed** [99] Eventually the government paid out almost **\$400 million** in claims - for a disease that never existed. [99]

The next mention of swine flu was not until 30 years later, in April 2009. It began with conflicting reports of several hundred Mexicans 'infected' with swine flu, 150 of whom were 'believed to have' died from it.

Suddenly the word **pandemic** appeared in all media stories - a tip-off for the massive promo about to be unleashed.

The hysteria gathered momentum as government officials fell over each other to make the most dire predictions possible.

### **THE CASE OF THE DISAPPEARING THREAT**

They soon changed the name from swine flu to **H1N1**, you may remember. Then after 2 years of emergency headlines about H1N1 pandemic, suddenly all media were struck mute on the subject, and they never brought it up again. As though it never happened. Remember?

When the American public rejected the vaccine, the states

began to return their allotted stocks of vaccine. [276] (*Fox News*). To be burned.

The vaccine was a failure and an embarrassment, and exposed the agenda and credibility of the regulating health agencies, for anyone who cared to put the pieces together.

But again we must ask: once the vaccine vanished from the scene, what happened to the **threat** of H1N1 flu? It was gone too. And not because the vaccine cured it, because people didn't get the vaccine. **The H1N1 epidemic was gone because it never existed in the first place.**

That campaign set the stage for the identical scenario with Ebola. For more detail on the 2009 Swine Flu event, look at the three chapters at the bottom of the Chapter List: [19]

### **EBOLA: BOUTIQUE EPIDEMIC FOR 2014**

The Ebola drama popped up in the Spring of 2014. As we predicted, it was just a matter of time before the next Boutique Epidemic would emerge. What happened to smallpox, SARS, mad cow, Avian flu, Swine flu, etc.? Vanished. And they won't be back.

Decision-makers evoked the classic template from the SARS adventure, which may be followed in order to create a successful biological maguffin, out of thin air:

**Claim a disease threat from a new bug**  
**Instill worldwide panic with unrelenting media**  
**Offer hope of salvation: drugs and vaccines**  
**Spend the money**  
**Watch the threat vaporize**

Never fails. Syndicated media know no bounds when it comes to hyperbole, sensationalism, and disregard for science and common sense. Ebola will kill millions, it will spread

unchecked, we have to come up with a vaccine, etc.

### **EBOLA VACCINE: THE PAYOFF**

In keeping with the requirements for any Boutique Epidemic, there must be a back end - a market angle, a golden goose. That's the contract - we create the villain, you market the hero.

With any new infectious disease, real or imagined, if antibiotics won't work, the next rabbit from the hat will be the promise of a **vaccine**.

And years afterward, that's all we had—the promise. What a great business – they never have to come up with an actual product – just a promise. The “millions of doses” of Ebola vaccine promised by W.H.O. by 2015 never happened. [48]

Nobody remembers 2014 and the Ebola hoax any more. We cite it here just to show once more the tried and true formula for the Boutique Epidemic, and why to expect the next one at any time.

To review more details of the 2014 Ebola pageant: [62].

### **HOW MANY VACCINATIONS?**

The primary source for the US vaccine Schedule is the CDC website. [4] Throughout the 90s, the number of mandated vaccines remained at 40. But after 9/11, the Schedule began to change rapidly, with new vaccines added and old ones removed, in an inexplicable fashion. To add to the confusion, the next trick was to have more than one Schedule, based on age category.

It was always called the Recommended Schedule for Childhood Immunization, from birth to 18 years. Then one day in 2008, the Childhood Schedule, the Adolescent Schedule, the Catch

Up Schedule, and the Adult Schedule suddenly appeared on the CDC site, looking as though they had been there for 20 years.

These charts are very difficult to read, and have many exceptions and overlaps. But their main effect was to obscure the skyrocketing number of total vaccines now being mandated. [4]

Below we have the current schedule of the 69 Recommended Childhood Immunizations from the Centers for Disease Control. [4]

**IMMUNIZATION SCHEDULE 2017**

<b>BIRTH:</b>	<b>hepatitis B</b>	<b>1 vaccine</b>
<b>1-2 MONTHS:</b>	<b>hepatitis B</b>	<b>1 vaccine</b>
<b>2 MONTHS:</b>	<b>Diphtheria-Pertussis-Tetanus Polio HiB PCV Rotateq</b>	<b>7 vaccines</b>
<b>4 MONTHS:</b>	<b>Diphtheria-Pertussis-Tetanus Polio HiB PCV Rotateq</b>	<b>7 vaccines</b>
<b>6 MONTHS:</b>	<b>Diphtheria-Pertussis-Tetanus PCV HiB Rotateq</b>	<b>6 vaccines</b>
<b>6 MONTHS -18 YEARS:</b>	<b>Influenza (yearly)</b>	<b>1 vaccine</b>
<b>6 - 18 MONTHS:</b>	<b>Hepatitis B, Polio</b>	<b>2 vaccines</b>
<b>12-15 MONTHS:</b>	<b>MMR HiB PCV Varicella</b>	<b>6 vaccines</b>
<b>12-23 MONTHS:</b>	<b>Hepatitis A (twice)</b>	<b>2 vaccines</b>
<b>15-18 MONTHS:</b>	<b>Diphtheria-Pertussis-Tetanus</b>	<b>3 vaccines</b>
<b>36 vaccines by 18 months of age</b>		
<b>4 to 6 YEARS:</b>	<b>Diphtheria-Pertussis-Tetanus MMR Polio Varicella</b>	<b>8 vaccines</b>
<b>11-12 YEARS:</b>	<b>Tetanus /diphtheria /pertussis HPV (3 doses) Meningococcal</b>	<b>7 vaccines</b>
<b>16 YEARS</b>	<b>Meningococcal</b>	<b>1 vaccine</b>

**69 TOTAL VACCINES**

Source: Centers for Disease Control [4]



This list makes American children not only the most vaccinated children in the world - they are the most vaccinated group in the history of the world. No other country on earth has such an aggressive program of vaccines.

Again, if a child misses a vaccine day, what happens the next time around? Right. All shots are given on the same day! Could be as many as **15** different vaccines! Any research proving this radical practice is safe? Absolutely none.

### **HOW MANY ARE ENOUGH?**

At **69** vaccines presently given to the most vaccinated children in history, you'd think the manufacturers would be content with the Golden Goose the way it is. They're not.

Legitimate scientific questions such as the overall effect of the total viral load from all these shots, the combinations of vaccines given in one shot, or on the same day - these concerns are never voiced, never funded for study. All we're concerned with is more, more, how much more, and how soon.

Numbers speak. How many are aware of this chart?

<b>1950</b>	<b>4 vaccines</b>
<b>1980</b>	<b>20 vaccines</b>
<b>2003</b>	<b>40 vaccines</b>
<b>2004</b>	<b>53 vaccines</b>
<b>2005</b>	<b>58 vaccines</b>
<b>2006</b>	<b>63 vaccines</b>
<b>2012</b>	<b>68 vaccines</b>
<b>2017</b>	<b>69 vaccines</b>

And that's just the children's vaccines.

## THE ADULT VACCINE SCHEDULE

Just as disconcerting as the above 69 is that suddenly in early 2008 an entire new era of vaccination was ushered in without a whisper of media coverage. In one quiet stroke the CDC just doubled the total number of vaccines recommended to Americans, with the introduction of the Adult Immunization Schedule, which is now recommending as many as **78** additional vaccines after the age of 18. [3]

Suddenly out of the blue, after a century of vaccinating the American public, the CDC and their handlers decided that immunization isn't something that should be confined to childhood. No, no -- that leaves out the best marketing years of all: adulthood.

For the past century, scientists have never claimed that vaccines confer lifetime immunity. Adult immunization was inevitable. Crossover marketing: booster shots for life! Why on earth didn't we think of this before? Double the American market, in one fell swoop.

Adult vaccine recommendation as of 2017:

<b>Tetanus/Diphtheria/Pertussis</b>	<b>5</b>
<b>Human PapillomaVirus</b>	<b>3</b>
<b>Measles/Mumps/Rubella</b>	<b>2</b>
<b>Varicella</b>	<b>2</b>
<b>Influenza</b>	<b>50+</b>
<b>Pevnar</b>	<b>1</b>
<b>Zoster</b>	<b>1</b>
<b>Pneumococcal</b>	<b>3</b>
<b>Hepatitis A</b>	<b>3</b>
<b>Hepatitis B</b>	<b>3</b>
<b>Hib</b>	<b>3</b>
<b>Meningococcal</b>	<b>3</b>

[3]

Ever hear this on the evening news?

No other country on earth has an adult schedule of vaccines. No other country on earth recommends **140 vaccines** for its citizens.

The implications of this new policy cannot easily be apprehended. But it's safe to say that the cumulative detrimental effects from vaccines cited throughout this text essentially doubled for any Americans who take part in the new adult experiment on the live population.

### **INFANTS ARE NOT MINIATURE ADULTS**

Another idea that is never talked about is the size of an infant in comparison to the toxicity of a vaccine. From Dr Boyd Haley:

**“A single vaccine given to a 6 pound newborn is the same as giving a 180-lb adult 30 vaccines on the same day.”** [151]

Treating the infant circulatory system like any other market, cavalierly applying sky's-the-limit corporate positioning principles, no one is asking the most fundamental question:

### **HOW MANY CAN THEY TAKE?**

Hard on the heels of post 9/11 vaccine hysteria, with its provocative godknowswhat terrorist bioweapons about to be unleashed, we saw a peculiar article in the Jan 2002 issue of the journal *Pediatrics*, that offered us a preview of science for the future.

On p 124 the authors reassure parents not to worry that their children are getting too many vaccines. It's OK because they've just found out that an infant can safely withstand **10,000** vaccines! The article was authored by a member of the CDC Advisory Board, Paul Offit, who sounds like he may have stayed too long at the fair.

Offit's promises helped to triple the total number of recommended vaccines since 9/11. [160]

## **INFANT MORTALITY WORLDWIDE**

Do all these vaccines work? Are our children immune to all these diseases?

If vaccines really worked, shouldn't America at the top of the list for infant survival?

Infant mortality is an epidemiological index which compares the percentage of infants who survive to age 1 among the countries of the world.

### **Infant Mortality USA**

<b>1950</b>	<b>#10</b>	
<b>1997</b>	<b>#22</b>	[125]
<b>2007</b>	<b>#39</b>	
<b>2016</b>	<b>#169</b>	[46] CIA

This means that the infants in **168** other countries of the world stood a better chance of survival to age 1 than ours do. It's going in the wrong direction, because in the 50s we were in the top ten.

At least **10,000** American babies mysteriously die each year with the catch-all **Sudden Infant Death Syndrome** (SIDS) diagnosis. That means the baby went to bed fine and woke up dead. Cause is always unknown. Before mass vaccinations, the term didn't exist. (Mendelsohn) [220] The actual number is not being tracked.

Viera Scheibner was the first expert on SIDS. Her life's work shows its unmistakable correlation with vaccines. [218]

## **NEW PROOF THAT VACCINES KILL CHILDREN**

A landmark study linking vaccines and death was the peer-reviewed **Morgensen study** from *EBioMed*, in March 2017.

This study followed over **1000 children**, after Polio and DTP vaccines. The findings were incontrovertible – comparing vaccinated to unvaccinated children: **the vaccinated were dying 5x faster than the unvaccinated.** [1]

**“...mortality was 5 times higher for DTP-vaccinated children.”**

Their statistical methods were impeccable, with a **95%** confidence interval. [1]

## **THE MOST DANGEROUS COUNTRY FOR BABIES**

For newborns, the last place you want to be is the US. Every year **11,300** babies die here on their first day of life. That's **50%** more than the total of all other industrialized nations combined. (*NBC News*, [289])

In 2013, in the US **23,440 infants** died before age 1. [9] Which makes us #169 in the world. [46]

Remember, preemies are routinely vaccinated in the US, against the explicit recommendation of all vaccine manufacturers. And the US is the only place on earth where babies are given the hepatitis B shot on the first day of life.

## **HOW MANY CHILDREN REALLY DIE FROM VACCINES?**

We know that vaccines kill children directly. It's a taboo subject in everyday media, but a little research can offer an approximation of real numbers.

Vaccine injuries and deaths went uncounted before 1991,

when the VAERS system was initiated by Congress: Vaccine Adverse Effects Reporting System.

In 2012 Goldman found a "linear relationship" between death and the number of vaccines, after looking at some **38,000** VAERS cases. [53] No surprise either - the younger the child when vaccinated, the higher the chance of dying.

### **VAERS: THE OFFICIAL DEATH STATS**

In April 2015, **Steve Rubin, PhD** testified at the Senate **SB277 hearing** in Sacramento. [39] Rubin is the scientist who created the search tool for the VAERS system, the only practical method for exploring that virtually indecipherable data base.

From the 2500 page **VAERS** Excel pdf [2], Rubin culls **3437 deaths from vaccines** between 1991 and 2014. These are not estimates, but actual deaths – real children with names and addresses.

Estimates come into play when comparing that figure with the actual number of deaths. NIH and CDC have traditionally used the figure of **10% of injuries** reported, [85] although recently have deleted all attempts at estimating that number.

FDA Commissioner David Kessler (quoted in *JAMA*) [65] stated that **1%** is a reasonable estimate of the number of reported vaccine injuries, compared with the actual number.

Obviously no one knows, but it's entirely possible that as many as **99%** of vaccine injuries and deaths go unreported.

Extrapolating from these figures, it may not be unreasonable to assert that between **34,000** and **340,000 US children** have died as a direct result of vaccines since 1991.

Limitless billions for medical research to market new vaccines, yet we have no idea of this precise figure.

What doctors and parents need to know is that vaccines are proven to kill children, that there is a clear and present danger to the life of any child whose parents submit to whatever vaccines are on the current Schedule. That's not anti-vaccine hysteria – it's undisputed scientific fact.

The vital necessity for something like the Commission that was discussed by President Trump and RFK at the beginning of 2017 – never before has true science and the protection of US children so urgently demanded such an independent forum for the free exchange of opinions, evaluating all current research into childhood vaccines.

## **INFANT HOSPICE**

Back in 2002 a shocking story appeared in the news that drew very little attention: it seems the National Institutes of Health, which is the government agency that funds most medical research in the US, had just put aside **\$2.5 million** to create **end of life care** for infants. Now let's stop and think for a minute what that means.

Like with hospice care for people who are dying of cancer and other terminal illnesses, our government had just determined that so many infants are dying slow deaths from diseases, that it is now necessary to create facilities to help them shuffle loose the mortal coil.

The number? **53,000** infants per year, dying of terminal diseases. Not accidental deaths, mind you -- terminal diseases they acquired since birth. This is a staggering figure - nearly the total number of Americans who died in the Vietnam War. Or at Gettysburg. Except it's happening every year. [161] To infants.

## **MOST VACCINES - SICKEST KIDS**

The overall health of American children is abysmal: autoimmune disease, asthma, allergies, cancer, and worse, the very infectious diseases for which they are vaccinated - all are on the rise:

“There is a growing suspicion that immunization against relative harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced: cancer, leukemia, rheumatoid arthritis, MS, Lou Gehrig’s disease, lupus, and Guillain-Barre syndrome.” - p 232, *How To* [220]

Dr. Mendelsohn wrote this 30 years ago. Are these diseases disappearing? How did autoimmune become a household word? What about chronic fatigue, autism, mysterious chronic allergies and arthritic problems that are affecting increasingly younger people in the past few years? Are more or less kids these days walking through school corridors sniffing inhalers?

For spending over **\$3.35 trillion** annually on health care, [32] our health doesn’t seem to reflect it.

## **HERD IMMUNITY**

Let's pause a minute to define this commonly misused term, which we'll need throughout the text.

Herd immunity has become a pop phrase, used incorrectly by everyday media. The pretense is that all these decades of vaccination have bestowed a collective immunity upon the vaccinated, and that the unvaccinated are getting a free ride - an undeserved benefit.

That is a 180 degree distortion of science. True herd



immunity means that a disease has burned itself out within a population, as with plague, smallpox, typhus - every infectious disease in history. The herd has become immune.

The clearest evidence for herd immunity is in Figure 2 below which shows how infectious diseases were already practically gone by the time the vaccines came out.

True herd immunity has nothing to do with vaccines. It is simply Natural Selection at work.

Don't be fooled by the misuse of this term by most pediatricians and copy-and-paste 'journalists.'

### **HERD IMMUNITY: THE TRUE STATISTICS**

Medical statistician Michael Alderson does a thorough job of showing how infectious diseases had run their course through the human race before mass immunizations ever came upon the scene. [196] Looking at the data, it is patently clear that infectious diseases would have largely disappeared without any vaccines. Just as they did all through history.

That's the true definition of **Herd Immunity**.

We always hear about how vaccination has saved us from infectious diseases, etc. Or we hear from the anti-vaccine crowd how infectious diseases have resolved on their own during the last century, without the help of vaccines. But how often does either side offer proof?

So, which is it? Here is the documentation that settles the question once and for all:

**Figure 1. DEATHS PER 100,000, U.S.**

	<b>Diphtheria</b>	<b>Pertussis</b>	<b>Measles</b>	<b>Influenza</b>
<b>1900</b>	<b>40.3</b>	<b>12.2</b>	<b>13.3</b>	<b>202.2</b>
<b>1910</b>	<b>21.1</b>	<b>11.6</b>	<b>12.4</b>	<b>155.9</b>
<b>1920</b>	<b>15.3</b>	<b>12.0</b>	<b>8.8</b>	<b>207.3</b>
<b>1930</b>	<b>4.9</b>	<b>4.8</b>	<b>3.2</b>	<b>102.5</b>
<b>1940</b>	<b>1.1</b>	<b>2.2</b>	<b>.5</b>	<b>70.3</b>
<b>1945</b>	<b>1.2</b>	<b>1.3</b>	<b>.2</b>	<b>51.6</b>
<b>1950</b>	<b>.3</b>	<b>.7</b>	<b>.3</b>	<b>31.3</b>
<b>1955</b>	<b>.1</b>	<b>.3</b>	<b>.2</b>	<b>27.1</b>
<b>1960</b>	<b>0</b>	<b>.1</b>	<b>.2</b>	<b>37.3</b>
<b>1970</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30.9</b>

Source: *Historical Statistics* [190] This government reference can be found in any library.

Below is a chart showing death incidence every 5 years for each disease.

Underlined number in chart below indicates the approximate advent of vaccine. - (*International Mortality Statistics*, pp. 163-189, 313, Alderson [196])

**Figure 2. USA DEATHS**

<b>Year</b>	<b>POLIO</b>	<b>DIPHTHERIA</b>	<b>PERTUSSIS</b>
1901		48,839	33,094
1906-		28,225	26,436
1911-		20,350	20,285
1916-		15,623	21,382
1921-	7229	12,267	14,724
1926-	6038	7074	13,047
1931-	4545	4388	9850
1936-	3666	2189	6809
1941-	3539	1135	4399
1946-	3799	467	1460
1951-	3826	125	558
1956-	1604	45	206
1961-	1076	22	82
1966-	928	15	32
1971-	750	12	122

<b>Year</b>	<b>TETANUS</b>	<b>MEASLES</b>	<b>INFLUENZA</b>
1901-	28,065	11,956	15,496
1906-	16,318	10,837	10,109
1911-	11,503	7615	7086
1916-	8596	7926	54,283
1921-	7818	4919	13,673
1926-	6040	3994	17,602
1931-	4709	2957	11,191
1936-	3275	1238	8449
1941-	2384	1013	4366
1946-	1697	469	1736
1951-	1093	268	1178
1956-	788	203	938
1961-	550	162	553
1966-	282	44	633
1971-75	122	17	491

So, as we see the natural decline of diseases, next we must ask - when did the individual vaccines come in?

Here are the exact years:

**FIGURE 3.**

<b>Disease</b>	<b>Vaccination</b>
<b>polio.....</b>	<b>1954</b>
<b>smallpox.....</b>	<b>1902</b>
<b>diphtheria.....</b>	<b>mid 1940s</b>
<b>pertussis.....</b>	<b>mid 1940s</b>
<b>tetanus.....</b>	<b>mid 1940s</b>
<b>MMR.....</b>	<b>1978</b>
<b>hemophilus B.....</b>	<b>1985</b>
<b>hepatitis B.....</b>	<b>1991</b>
<b>chickenpox .....</b>	<b>1995</b>
<b>PCV .....</b>	<b>2002</b>
<b>influenza .....</b>	<b>2005</b>

Take a minute and go back and look at these last charts, until it dawns on you that these diseases were on their way out long before vaccines took the headlines.

Here’s an independent opinion from a source with no medical axe to grind:

“...the death rate of diphtheria, measles, and whooping cough **declined 95 percent** among children **from 1911 to 1945**, before the mass immunization programs started in the United States.”[231]*Metropolitan Life*

**BIOSTATISTICS: DOING ANYTHING WITH NUMBERS**

The above data are unadorned statistics from valid sources available in any library. Try digging them up online on your own.

What good are they? The next time you hear someone reciting that vaccines saved us from the scourge of infectious diseases, etc - here's your refutation. Don't just stand there!

A favorite trick of op-ed writers and publications touting the dazzling success of vaccines is to make up numbers or charts without citing sources. Such statements are meaningless. Where did the figures come from? A psychic relative? An apparition?

If you can't look something up, never believe anyone's statistics. Especially if the sentence starts out with the words "recent studies have shown..." A stock phrase of junk science.

## **MARKETING 101**

When it comes to the volatile area of Political Immunology, reporting deaths and bad reactions from vaccination has been a very sensitive area, right from the start. Obviously those selling vaccines are not going to want to advertise their failures - that's just business. But creating false data and omitting reports of adverse reactions, that gets into a whole other area of fraud and misrepresentation.

A favorite smokescreen of the pseudo-science of epidemiology is the **Too Much Data** trick. They'll divide the raw data up into so many subgroups, like age, sex, and race, that the main idea gets obscured. In this way, simple facts like the total deaths from vaccines, or the natural decline in deaths from diseases before vaccinations came out - things like this get lost in the shuffle. (Yiamouyiannis, p 78) [197]

Most people don't read medical journals and books; they skim a few puff pieces, look at Yahoo news titles, and form their opinions from a few bytes of what they find there. Pop

media tend to support the agenda of their main advertisers - the drug companies.

In the pediatrics profession, it's much simpler. Adverse reactions simply don't get reported. In fact, they are routinely met with immediate denial. It's just basic economics. Vaccinations are the bread and butter of pediatricians - the Well Baby program. Anything that undermines people's confidence in vaccines threatens the profession's livelihood.

### **REPORTING ADVERSE REACTIONS**

As far as a physician's responsibility for reporting adverse reactions, feature this: mass vaccination programs have been rolling in the US since 1902. But until 1991, there was no central record keeping agency in the U.S. to which physicians could report vaccine reactions. (p 88 [206]) In 1991, the **VAERS** (Vaccine Adverse Effect Reporting System) was set up in the US.

The Vaccine Injury Act was the 1986 law signed by Ronald Reagan to let drug companies off the hook when children died from side effects by decreeing: **no vaccine manufacturer shall be liable ... for damages arising from a vaccine-related injury or death.** ([226], p.499) [24]

Before 1991, any statement about the safety of vaccines was meaningless because there was no central reporting agency keeping track of adverse reactions. Everyone was saying how safe vaccinations were, but how would they know if no one were tracking the reactions?

If a kid dropped dead 5 minutes after a vaccine, no one kept count of it before 1991. So no one really knows the actual numbers. Then as now, the majority of doctors simply don't report vaccines reactions. The FDA estimates that doctors

only report **10%** of adverse reactions to vaccinations. (Orient, Null) [170, 193]

Different studies, different stats, but we get the idea - no one has any idea how many children are really injured or killed from vaccines.

One big reason why only 10% are reported is that no one wants to admit liability. Most doctors have the Orwellian programming to think that if they report a true adverse reaction, it will undermine public confidence in vaccination.

The **10% figure** has been arbitrarily selected and till recently appeared consistently in CDC and FDA literature to estimate the number of reactions that get reported.

A study by NVIC of New York doctors found only **2%** of doctors admit that they report adverse reactions. It's entirely possible that only 1% of adverse reactions to vaccines ever get reported to VICP. [219]

### **VAERS CASES WHO WON**

From 1988 to 2017 there were **18,247** vaccine injury cases filed. Of these, **5482** received compensation, for a total of **\$3.7 billion**. ([5] US Dept of HHS)

That's was your money.

### **HOW MANY REACTIONS REALLY?**

It is almost impossible to decipher the charts appearing on the VICP site and calculate the total number of deaths and reactions from vaccines. [94] Obviously that is the intent.

By 2004, over **200,000** adverse event reports were recorded in the VICP database following more than one billion doses of

more than 30 different types of vaccines administered as part of the U.S. National Immunization Program. (Geier, [148] [94]) If this represents only 10% of actual, that's **2 million** vaccine reactions since 1991.

Now if the true figure is really 1% of actual reactions, as FDA Commissioner Kessler stated, [266], that means that there could have been **20 million** serious adverse reactions to vaccines since 1991, involving either death, permanent injury or hospitalization. Completely possible.

Don't we all know at least one vaccine-injured child?

### **TIME LIMIT**

According to VICP rules, there are very strict criteria for reporting an adverse reaction to vaccines. One of these is the arbitrary time limit for filing:

“In the case of an injury, the claim must be filed within **36 months** after the first symptoms appeared” ([2])

But many reactions don't show up until much later in life: the latent organic type of injury, or defects in the formative brain tissues of the infant. Anything later than 36 months doesn't count, and can never be compensated.

### **RECAP:**

- Some **69** vaccines are mandated in this country for children
- Enforced demand, huge profits, blanket indemnification
- The true number of reactions and deaths is unknown, since there was no reporting agency in place until 1991
- Vax companies are exempt from prosecution
- Less than 10% of actual injuries are reported
- No follow-up on the reported cases, some of which involve death or permanent neurological damage.



- Compensation for injuries borne by the taxpayers
- Exemptions are disappearing
- Many more vaccines will be mandated

## **THE POURCYROUS STUDY: PEER REVIEW PROVES VACCINES CAUSE BRAIN INJURY**

One of the most unassailable sources proving vaccines cause brain injuries in babies is certainly the landmark **Pourcyrous study** on brain inflammation following vaccines. [283]

It was a very thorough University of Tennessee study of **239 premature** infants, measuring injuries from both single and multiple vaccines.

They looked at 2 things: **C-reactive protein** and **cardio-pulmonary function**.

C-reactive protein is a blood value, high levels of which indicate inflammation.

Results: Among preemies getting a single vaccine shot: **70%** had high CRP.

Preemies who got multiple vaccines: **85% had high CRP**.

Fully **16% had cardiopulmonary events** within 48 hours, including apnea and bradycardia. In a preemie, these effects are potentially fatal, of course.

**Brain hemorrhages** occurred in **17%** of those with single vaccines, and in **24% getting multiple vaccines**.

As expected, the most dangerous vaccine was **DTP**. Multiple vaccines included Hepatitis B, polio, DTP, H. influenzae, and Prevnar.

What kind of scientist would it take to even conduct a study like this in the first place on the fragile systems of premature infants?

And if these dangerous results are so high at this age, how much lower results could we expect just a few weeks later when most babies start getting multiple vaccines?

Why is this study hidden? What are we doing? We're this cavalier with the most delicate medium in the universe: the infant's brain neurology? It is not probable that these researchers are experimenting with their own children.

Here's how the conclusion of this study evaluates its own data:

**“In a minority of infants immunized, cardio-respiratory events were associated with presumed need for intervention”**[283]

A minority? 24% is a pretty high minority especially if you're talking about the chances of your own infant dying from slowed heart rate and cessation of breathing! And for what?

The value of vaccines has never been clearly demonstrated, never proven in an independent controlled risk/benefit analysis. In other words, we don't know if they work or not.

But we're positive they can kill. Presumed need for intervention? Like what? Drugs? Intensive care? How about removing the cause itself?

As a parent, wouldn't it be useful to know that your child stands a **16% chance of a breathing crisis** as the result of a vaccine? Or a **24% chance of brain hemorrhage**? Is the pediatrician going to tell the parents about these studies? Isn't this level of danger worth knowing about?

What are we doing to our kids?

### **THE PEANUT ALLERGY EPIDEMIC**

Have you ever wondered why so many kids these days are allergic to peanuts? Where did this allergy come from all of a sudden?

Before 1900, violent reactions to peanuts were unheard of. Today over **a million** children in this country are allergic to peanuts.

What happened? Why is everybody buying EpiPens now?

Even a superficial awareness is enough to raise the suspicion that vaccines have some role in the appearance of any novel allergy among children.

But reactions to peanuts are not just another allergy. Peanut allergy suddenly emerged as the **#1 cause of death from food reactions**, ([80] p 114) being in a category of allergens able to cause **anaphylaxis**. This condition brings the risk of asthma attack, shock, respiratory failure, and even death. Primarily among children.

Heather Fraser's book *The Peanut Allergy Epidemic* [80] defines the vaccine connection much more specifically. We now learn that a class of vaccine ingredients - **excipients** - is more than a likely suspect in what may accurately be termed an epidemic.

But let's back up a little. We have to look at both vaccines and antibiotics in recent history, and the physical changes that the ingredients in these brand new medicines introduced into the blood of children.

## **SHOCK REACTIONS**

Before 1900, **anaphylactic shock** was virtually unknown. The syndrome of sudden collapse, respiratory distress, convulsions, and sometimes death did not exist until smallpox vaccinators switched from the lancet to the hypodermic needle. That transformation was essentially complete by the turn of the century in the western world.

Right at that time a new disease called **Serum Sickness** began to claim thousands of children. A variety of symptoms, including shock and death, could suddenly result following an injection of vaccine.

Instead of covering it up, the connection with vaccine shots was well recognized and documented in the medical literature of the day. Serum Sickness was the first mass allergenic phenomenon in history.

Serum Sickness was a known consequence of vaccinations. Indeed, the entire field of modern allergy has evolved from the early study of Serum Sickness following vaccination.

Mass allergic phenomena first emerged as a side effect of late 19th century technology vaccination with a hypodermic syringe. (Fraser, p 67) [80]

## **ANAPHYLAXIS**

A Nobel laureate of the early 1900s - **Dr Charles Richet** - was the man who coined the term **anaphylaxis**. [275] His specialty was the reactions that some people seemed to have to certain foods. Richet found that with food allergies the reaction came on as the result of intact proteins in the food having bypassed the digestive system, making their way intact into the blood. Leaky Gut.

Foreign protein in the blood, of course, is a universal trigger

for allergic reaction, not just in man but in all animals.

But Richet noted that in the severe cases, food anaphylaxis did not happen just by eating a food. That would simply be food poisoning.

Food anaphylaxis is altogether different. This sudden, violent reaction requires an initial **sensitization** involving injection of some sort, followed by a later ingestion of the reactive food. Get the shot, then later eat the food.

The initial exposure created the hypersensitivity. The second exposure would be the violent, perhaps fatal, physical event.

Richet regarded anaphylaxis as part of Natural Selection, nature's command to keep the proteins of different species separate from each other:

**“Anaphylaxis, perhaps a sorry matter for the individual, is necessary to the species, often to the detriment of the individual. The individual may perish, it does not matter. The species must at any time keep its organic integrity intact.**

**“We can never receive other proteins into the blood than those that have been modified by digestive juices.**

“Every time alien protein penetrates, the organism suffers and becomes resistant. This resistance lies in **increased sensitivity**, a sort of revolt against the second injection, which would be fatal. At the first injection, the organism was taken by surprise and did not resist. At the second injection, the organism mans its defences and answers by the **anaphylactic shock.**”

**“... anaphylaxis is a universal defence mechanism against the penetration of heterogenous substances in the blood, whence they can not be eliminated.”** [275]

Richet's early work around 1900 was primarily with eggs, meat, milk and diphtheria proteins. Not peanuts, and not vaccines. The value of Richet's research with reactive foods was to teach us the pathways of allergic sensitivity to foreign proteins, leading to anaphylaxis, how that had to take place.

Where are today's scientists of Richet's calibre?

## **PENICILLIN AND EXCIPIENTS**

Next up was penicillin, which became popular in the 1940s. It was soon found that additives called **excipients** were necessary to prolong the effect of the injected antibiotic. The excipients would act as **carrier molecules**.

Without excipients, the penicillin would only last about 2 hours. Refined oils worked best, acting as time-release capsules for the antibiotic. **Peanut oil** became the favorite, increasing penicillin's activity to about 48 hours.

As allergy to penicillin became common, it was found to be a sensitivity to the excipient oils. ([80], p 94) To the present day, a standard screening test in all clinics is always to ask a new patient about allergies to antibiotics. That's what antibiotic allergy is - a sensitivity to the excipients.

By 1953 as many as **12%** of the population was allergic to penicillin. There were many fatal reactions once penicillin became widespread. But considering the upside with bacterial infections, it was still considered an acceptable risk.

By 1950 antibiotics were being given out like M&Ms. Soldiers, children, anybody with any illness, not just bacterial. Despite Fleming's severe warnings against prophylactic antibiotics, they were given indiscriminately as the new wonder drug. Just in case anything.

Only then, in the 1950s, did peanut allergy begin to occur,

even though Americans had been eating peanuts for well over a century.

Remember - just eating peanuts cannot cause peanut allergy. Unless they are allowed to become moldy of course, in which case aflatoxins are released. But that's really not a peanut allergy per se.

Even when peanut allergy did appear, the number of cases was very small and it wasn't even considered worthy of study.

### **PEANUT OILS IN VACCINES**

The change came with **vaccines**. Peanut oils were introduced as vaccine excipients in the mid 1960s. By 1980 they had become the preferred excipient.

They were considered adjuvants - substances able to increase reactivity to the vaccine. This reinforced the **Adjuvant Myth**: the illusion that **immune response is the same as immunity**: the pretense being that the stronger the allergic response to the vaccine, the greater the immunity that is conferred.

The first study of peanut allergies was not undertaken until **1973**. It was a study of peanut excipients in vaccines. Soon afterwards, as a result of that study, manufacturers were no longer required to disclose all the ingredients in vaccines.

What is listed in the 2013 *Physicians Desk Reference* [55] and on the CDC culture media page [56] for each vaccine is not the full formula. Suddenly that detailed information was proprietary: the manufacturers must be protected. They only had to describe the formula in general.

Why was peanut allergy so violent? Vaccine avatar Maurice Hilleman found that even the most refined peanut oils still contained some traces of intact peanut proteins. [80] This

was the reason doctors are directed to inject vaccines intramuscular rather than intravenous - a greater chance of absorption of intact proteins, less chance of reaction.

But that obviously wasn't enough to prevent sensitivity. The fundamental law of nature always applies: **no intact proteins** in the body. It took 60 million years of Natural Selection to evolve the mammalian immune system. Put intact proteins, peanut or whatever, for any reason into the human system and the inflammatory response will fire.

### **PEANUT EPIDEMIC BEGINS**

Although peanut allergies became fairly common during the 1980s, it wasn't until the early 1990s that the true epidemic appeared.

The Mandated Schedule of vaccines for children doubled from the 80s to the 90s:

- **1980 20 vaccines**
- **1995 40 vaccines**

It would be capricious enough to feed peanuts to a newborn since their digestive system is largely unformed. But this is much worse - injecting intact proteins directly into the infant's blood. In 36 vaccines before the age of 18 months.

As vaccines doubled between the 1980s and the 1990s, thousands of kids were now exhibiting peanut sensitivities, with many violent reactions, sometimes fatal.

Following the next quantum increase in vaccines on the Mandated Schedule after 9/11, when the total shot up to **68** recommended vaccines, peanut allergy soon reached epidemic proportions: **a million children**: 1.5% of them. [80]

These numbers fit the true definition of epidemic even though



that word may never be used in mainstream literature with respect to peanut allergy, except in Fraser's book.

This is another example of how vaccines specifically suppress the normal immune system. Those children most prone to allergy and hypersensitivity may be those who are the slowest to develop the ability to identify and clear poisons.

Many researchers agree unequivocally with Fraser:

**“The peanut allergy epidemic in children was precipitated by childhood injections.”** ([80], p106)

This is the briefest of summaries on the recent proof for the connection between vaccines and peanut anaphylaxis. The scholar is referred to Fraser's book. A quicker overview would be the online chapter: **Peanut Allergy Epidemic.** [284]

## **NO UNVACCINATED CONTROL GROUPS**

In looking into peanut allergies, and with any new research possibly impugning vaccines, the medical profession will first try to mitigate the effect - bury it. Protect the companies. So no money will be ever allocated from NIH to study a connection between vaccine excipients and peanut allergy.

A truly scientific study of a possible connection between vaccine and peanut allergy would require a **control group** - an unvaccinated population. [70] And until recently that has been the dread Unspoken Forbidden. But two events emerged recently that are making it very difficult to keep the lid on the increasing demand for a side-by-side comparison between the vaccinated and the unvaccinated.

## **UNVACCINATED SOMALIS: MISSED OPPORTUNITY**

When a manufacturer tests a drug, a randomized clinical trial is required in order to prove its safety and effectiveness.

The study must have one group who gets the new drug, and another group who gets a placebo, or nothing at all. If neither the subjects nor the clinicians are allowed to know who got the drug and who didn't, that's called a **double blind study**.

The group who got the placebo (or nothing) is called the **Control Group**.

Obama brought **43,000 Somalis** into this country, most of which were settled in Minnesota. [34]. As with all Third World aliens who enter the US with no vaccine records, these folks were required to receive the full mandated schedule – usually all vaccines at once.

Since then, very high numbers of these Somalis are being diagnosed with autism, much higher than the **1 in 45** rate CDC cites for the entire US. [18] In a very short time the incidence of autism in this small Somali population was a whopping **1 in 32!** [18] That's the **highest rate of autism in the world**.

Keep in mind that autism is unknown in their native country. As are vaccines, generally.

The press succeeded in burying this true autism epidemic behind a specious report about measles.

Here at last on a silver platter was an opportunity to have a real study of **vaccinated vs. unvaccinated**. Almost no such studies have been allowed to be conducted in the United States, ostensibly because it would be “dangerous and unfair” to deprive a group of the ‘benefits’ of the American vaccine schedule.

In this case however, that excuse no longer applied. Vaccines were simply not available in Somalia. And suddenly they were flown over here and forced to be inoculated with

massive numbers of vaccines.

So to finalize such an extremely valuable study, all that would be required is to formally count the autistics among the Somalis and compare the results with the same number of vaccinated Minneapolis kids. That's it.

The clinical work had already been done – the vaccines were given to the one group and not to the Control Group. We'd have a legitimate comparison of vaccinated with unvaccinated, without having to deprive anybody of anything.

But this will never happen – such a study will never be written up.

Why not?

It's obvious: the results would prove that vaccines are clearly linked to autism. There would be no way to dispute the association.

Is this another eclipsing of science in favor of politics, which has traditionally controlled the vaccine industry since its inception? [6] *History of Vaccines*

How false the reasoning that has forbidden studies of unvaccinated children, hiding behind the pretense that it would deprive them of immunization against diseases, etc.

Such a danger is theoretical and presumptive – never proven. And nothing compared to the real danger of administering the full complement of vaccines to un-inoculated immigrants – perhaps three or four times as many vaccines as are ever given on one day to American children.

They can't have it both ways– it can't be absolutely safe both to administer untested combinations of vaccines and also to

withhold untested combinations of vaccines. Both of these scenarios can't be simultaneously true

Here is an opportunity that once missed will not come around again.

### **FINALLY - AN UNVACCINATED CONTROL**

On page 52 above, in the section on vaccine deaths, we cited the 2017 Morgensen study. [1] That was the one that proved that vaccinated children were **dying 5x faster** than the unvaccinated.

Obviously this study could only have reached that conclusion by employing an **unvaccinated control** group, which had been practically nonexistent in peer-reviewed medical literature up until that time.

The Morgensen study was above reproach as far as possible collusion with the vaccine industry. The statistical methods employed in the study were of the highest calibre, leaving little room for doubt with regards to its conclusions. Read the full text here: [1]

The study was a milestone in vaccine research, but it was all but banned from mainstream press and the scientific literature.

### **BREAK ON THROUGH TO THE OTHER SIDE**

After the Morgensen study, it seems that the time-honored barrier against studies comparing vaxed with unvaxed has been shattered. A major incursion into that territory was the 2017 peer reviewed **Mawson** study [10] in which **666** children from 4 states were evaluated for childhood illnesses.

Results showed clearly that vaccinated children were much more likely to experience:

- **otitis media (4x)**
- **pneumonia (4x)**
- **neurodevelopmental disorder (almost 2x)**
- **allergic rhinitis**
- **eczema**

The vaccinated also had much more use for antibiotics, allergy meds, ear tubes (8x) and hospitals.

The otitis media industry is booming: **30 million** visits /year, netting over **\$2.88 B**/year. [10] Theoretically the unvaxed could threaten a quarter of that market, at 1/4 the incidence.

A billion here, a billion there - pretty soon we're talking about real money.

The most significant aspect of this study may be its pioneering position into this hitherto verboten field of inquiry. More studies are sure to follow.

\*\*\*\*\*

Let us now take a brief look at some of the individual vaccines on the Mandated Schedule for American children.

### **POLIOMYELITIS**

Polio no longer exists in the Western world in its wild state. The only cases of poliomyelitis since 1979 have been from the polio vaccine. (*Vaccine Guide* p108 [198]) The risk of acquiring wild polio in the US is zero.

A viral infection of the grey matter of the spinal cord, poliomyelitis in its natural state was never such a killer, even before vaccines came out. 90% of those who carried the polio virus never had any symptoms. (Burnet, p 93) [186] And only a fraction of 1% of cases ended up with long term paralysis. [198], p 108]

The polio vaccine was not responsible for the decline of polio in the U.S. As we saw above in Figure 2 above (p 58) many researchers show how that decline was taking place quite on its own. [196]

### **THE CUTTER INCIDENT**

The original Salk polio vaccine in 1955 caused

**“...one of the worst pharmaceutical disasters in US history”** - admitted by vaccine capo Paul Offit. [307]

The vaccine caused over 40,000 new cases of polio, which resulted in at least **164 cases of permanent paralysis** and at least **10 deaths**.

The disaster, known as the **Cutter Incident**, was widely reported in media at the time. [306, 307]([226],p 487)

The Salk vaccine was taken off the market after only 11 months, to be replaced by the Sabin oral vaccine.

Here's what **Albert Sabin**, MD, the inventor of that vaccine, had to say 30 years later [240] :

“Official data has shown that the large scale vaccinations undertaken in the US have failed to obtain any significant improvement of the diseases for which they were supposed to provide immunization. In essence it was and is a failure.”

The sharp drop-off in polio cases reported on Alderson's statistics chart above is due to the radical change in the way polio cases were reported rather than to the effect of the vaccine. A full explanation can be found on p.109 of Neustaedter's *The Vaccine Guide*, [198] .

To make a long story short, doctors over-reported polio before 1954, and under-reported it afterwards. Their assignment

was to show that the vaccine worked.

From Dr Herbert Shelton, (*Hygienic Care of Children*) [212] :

**“The apparent disappearance of polio was brought about by clever juggling. Before the Salk vaccine was introduced, thousands of cases of polio were diagnosed each year in children who had no polio.**

**“After the introduction of the vaccine, these cases were no longer diagnosed as polio. This appeared to reduce the cases to a near vanishing point.”**

What is certain is that polio virtually disappeared, but not because of the polio vaccine. The inventor of the vaccine, Jonas Salk himself testified in 1977 that the few cases of polio we now see in the U.S. are the result of using the polio vaccine rather than the result of the disease itself. (*Science Abstracts* 4 Apr 1977) [237]

Even the CDC also admits that **all cases of polio in the U.S. after 1979 have been caused by the vaccine**, not the disease! [195] p 568.

Are parents listening? If the only cases of polio in America in the past 40 years are caused by the vaccine itself, why are we still vaccinating? With 4 shots?

Wouldn't be so bad if the vaccine were harmless. But there are two complications of this 'harmless' vaccine:

- the polio vaccine was stabilized with neurotoxins like **mercury and formaldehyde**
- the original polio vaccine contained **SV-40** monkey virus

The first of these is beyond controversy. The manufacturers admitted it. (*Physicians Desk Reference* [223] )

**Mercury**, as we all know, is a metabolic poison, damaging brain, kidneys, and bone marrow. (Widmans, p.691; Bernard [191, 173]) **Formaldehyde**, used in embalming, is a known carcinogen.

The second of these complications, the contamination of polio vaccine with SV-40, bears elaboration.

### **50,000 MONKEYS**

were slaughtered in the 60s in order to make the Salk vaccine for polio. (James, p166) [184] Tens of thousands of rhesus monkeys had been killed to provide kidneys on which to culture the vaccine. (PDR, 1998 p 2131)

Looking at the statistics of polio during the past century (Figure 2 above), many researchers, including the inventor himself, later felt the polio vaccine was unnecessary, because by 1954 the disease was obviously winding itself down throughout our species. Herd immunity.

### **MONKEY VIRUS**

A 1963 issue of *Science Digest* shows that in the 1950s a monkey virus named **SV-40** was unwittingly put into hundreds of thousands, if not millions, of doses of Salk vaccine. (Snider) [201] And where did this happen? Africa. The favorite testing ground. (Curtis, p1259) [202]

Some **98 million doses** of the SV contaminated polio vaccine were given to American children between 1955 and 1963. [170]

Horowitz shows why anyone who got polio vaccine prior to 1964 is probably carrying SV-40. ([226] p. 493)

Later research linked SV-40 with **cancer** as well. In Mar 02, scientists at University of Texas and at Baylor independently



found the same high correlation (43%) between SV-40 and **non-Hodgkins lymphoma**, the eighth most common cancer in the US. (ACS) [167]

Leading scientist Michele Carbone MD: "... there are more than **70** papers from 60 different laboratories that have confirmed the association of SV-40 with human ... bone and brain tumors." [145]

### **DISEASE FROM VACCINE**

Polio vaccine is still unsafe. In the Caribbean during 2002 there were **21 cases of polio and 2 deaths** caused by the oral polio vaccine. [159, 156] The vaccine itself has created a new disease, capable of spreading from patient to patient, according to the CDC. [122]

A CDC scientist, Olin Kew tells us that in this case:

**"...the virus, originating in the vaccine ...had undergone a series of genetic mutations ..., had reverted to a virulent form and caused the very disease it was meant to prevent."** [159]

Even the *Wall Street Journal* [159] reported:

"Scientists had long speculated that **the virus contained in the vaccine might re-emerge ... in a virulent form.** But this had never been seen until Kew analyzed the changes in the Hispaniola bug....they saw the alarming manner in which the virus had **'back-mutated.'**"

We should also recall the above-cited **Morgensen study**, from 2017, which demonstrated a much **higher rate of death** among African children who had received the polio vaccine, compared with those who had not. [1]

## **BACKWATER VACCINE DUMPS**

Hostility against US vaccine programs has become more and more evident in Third World places, who grasp the true politics of being the market for the First World's drug throwaways. [141]

In Pakistan during much of 2008, fighting broke out among groups who were resisting mandatory polio shots from UNICEF [108], seeing vaccination as a genocidal effort.

Difficult to justify trying to vaccinate half a million people in an area with only **32 cases** of polio in all of 2007, especially with the vaccine's track record of fatal reactions.

Polio vaccine is clearly perpetuating a disease that would have disappeared completely on its own by now.

## **DPT - THE MOST TOXIC OF ALL**

Next we have the famous DPT triple-shot cocktail - diphtheria, pertussis, and tetanus, all in one shot. Let's briefly look at each disease:

### **DIPHTHERIA**

Diphtheria, which means 'grey membrane,' was an old-time disease in which infection of the tongue and throat formed a grey membrane which in rare cases could actually choke the victim to death.

Like polio and smallpox, diphtheria is a disease of the past, seen in conditions of overcrowding, lack of sanitation, and bad hygiene. It is no longer a risk today; Mendelsohn said there's about as much chance of dying from a cobra bite as from diphtheria. (*How To*, (p.245). [220]

Since 2004, there have been only **2 cases** in the entire US! [73] No reported cases since 2005. And yet we continue to vaccinate every single child with multiple doses for this defunct disease.

Again, Fig. 2 above illustrates how diphtheria was responding to improvements in nutrition, water supply, and sanitation long before the vaccine became popular in the mid 1940s.

Does diphtheria vaccine work? Mendelsohn cites the 1969 Chicago diphtheria epidemic of 16 deaths. Some epidemic.

At least nine of the 16 had been vaccinated. [220] By the time the diphtheria vaccination was common in half the states, there was no difference in incidence between the vaccinated states and the unvaccinated.

Furthermore the vaccine has long been unnecessary because for decades now this rare bacterial disease can be easily treated with **erythromycin**, a common antibiotic. No need for the vaccine.

Although reports of adverse reactions from diphtheria shots have not piled up in the thousands the way they have for pertussis vaccine, the fact remains that no long-term studies of the diphtheria vaccines effects have ever been carried out.

Bottom line: there is no medical reason whatsoever to maintain diphtheria vaccination in this country.

Why is every kid getting 5 doses of it then?

## **PERTUSSIS**

Now we shall learn the meaning of lethal injection.

Pertussis is the medical term for **whooping cough**, a harsh disease that killed many infants in centuries past. The

opportunistic agent was a bacterium, *B. pertussis*, airborne, invading the upper respiratory tract.

With violent coughing so deep that all air was expelled, the desperate inhaling to refill the empty lungs would often make the victim give out the characteristic whooping sound. Some babies fractured ribs from the effort, and others died from exhaustion.

Like other infectious diseases, pertussis favored crowded, unsanitary cities in both Europe and America. Many cities had famous epidemics which killed tens of thousands: Paris in 1578, Rome in 1695, London in the late 1850s. Whooping cough would commonly set up a secondary infection, usually pneumonia, which could then overtake the weakened patient. (p 5 [206])

Whooping cough was a disease of poverty, malnutrition, unsafe water, poor hygiene, and overcrowding. As conditions gradually improved in the cities of Europe and America, infectious diseases declined dramatically, as **Fig. 2 above** shows (page 58).

With pertussis, this chart is critical in understanding the minor role that vaccines really played. Scottish researcher Dr. Gordon Stewart points out that pertussis was **80% resolved** by the time any vaccines appeared. [214] In America, it was closer to **95%**. [89]

Then, why the big push to mandate a vaccine for a disease that was almost gone? The usual reason.

Pertussis is the most controversial of American vaccines.

The only safety testing that has ever been done on the pertussis vaccine is something called the **Mouse Weight Gain Test**. In the 1940s the scientists injected the vaccine to be tested into the stomachs of baby mice.

If the mice continue to gain weight and didn't die right away, it was assumed the vaccine was safe and effective for humans. That's it! Not making this up. (Coulter, p11) [206]  
But this is not a vaccine for mice; it's for mass inoculation into the human population - American children.

The fact that hundreds of children have died and thousands more have reported adverse reactions from the pertussis component has not been cause enough to re-evaluate DPT.

### **WHY IS DPT A TRIPLE?**

With no safety testing, a researcher named Pearl Kendrick in 1942 had the idea that pertussis vaccine could simply be added to the diphtheria and tetanus vaccines, for the doctor's convenience. [217] **Trivalent:** 3 vaccines together.

Sometimes when vaccines are mixed together, one activates the others and makes them more potent. And therefore more dangerous. **Viral interference** is the term. [238] So you'd think the combination of the three vaccines would have to be tested together, right?

The problem is, trivalents are **never tested together** before they are released on the market! Nor have they ever been. (Wakefield) [238]

In the mid-1940s the pertussis vaccine was licensed and DPT became the standard version. The three vaccines were just mixed together, without considering the possible increased risk to infants. This statement is borne out by the history of documented adverse reactions to the DPT cocktail which do not occur with the DT vaccine alone. (Cody) [208]

It is undisputed that the pertussis component of the vaccine is the main cause of adverse reactions.

## THE UNDYING MYTHOLOGY OF TETANUS

This disease is said to be caused by an anaerobic bacillus *Clostridium tetani*. Puncture wounds favor anaerobics - no oxygen in there. Here again, the disease seeks out those with the weakest immune systems: the starving, addicts, those in unhygienic surroundings, etc. (*Merck Manual* p 1176). [234]

Merck puts the death rate at **50%** for those who actually get the disease, although where that figure came from is anybody's guess. Death from tetanus is not that much fun, however - the muscles of the jaw, the back, and the diaphragm may go into unremitting spasm, choking the individual, after a few days.

The thing is, **it's gone**. And not because of the vaccine. Referring again to Figure 2 above (p58), we see the incidence of tetanus had almost completely disappeared by the time vaccines became popular. Tetanus vaccine has been a part of mass inoculation since the 1940s. It's the T of DPT.

Since the 1950s, a child has received DPT shots starting at 18 months old. Ever after that for life, any time anyone steps on a nail or gets a minor cut, tetanus boosters are routinely given.

But what sense does it make to pretend to cure a disease that is caused by a puncture wound which may have the remotest possibility of containing *Clostridium* by giving the patient another puncture wound that definitely contains *Clostridium*, or its byproducts?

## VACCINES AREN'T CURATIVE

It's one thing to claim that the vaccine could confer immunity before the injury happened. But to pretend a shot could immunize someone after the infection has occurred trespasses into the realm of superstition. No manufacturer

has ever claimed curative power for any vaccine. They're preventatives, remember? That's the whole theory of vaccine-based of immunology.

As for tetanus boosters, Mendelsohn doubts the necessity any more often than every 40 years. (*How To*, p 195) [220]

## **BURTON AND TETANUS**

A landmark article was written by disease expert Dr Alec Burton in 1995. [262] Citing all his references, Burton discloses one hidden fact after another about the tetanus mythology:

*Clostridium* is everywhere: in the mouth, GI tract, and skin of healthy people, on clothing, in house dust. And yet tetanus is a rare disease. The bacilli were found in 20% of war wounds without any tetanus resulting. In 50% of actual tetanus cases, **no** bacilli were found.

*Clostridium* was shown to be harmless in pure culture. There is no evidence that tetanus vaccine prevents tetanus, nor has there ever been. But the vaccine has been shown to cause severe reactions, including death. [262]

Again, no scientists claim curative value after an infection with *Clostridium*. Nor do any suggest that a subsequent vaccine would prevent the development of tetanus. Think about it: if you have a disease process already going on, how could adding more of the pathogen or its toxoids to your blood possibly help you? That dog don't hunt. Pure science fiction. Only the clinics who actually give the shots would dare such a pretense. Point-of-sale closing.

We must violate the human bloodstream only when overwhelming proof indicates the necessity, instead of shooting kids up with a vaccine whose value has not been determined. Especially when the very act of vaccination is a

puncture wound!

“Although not in the vaccine itself, this organism is an opportunist in any wound, and tetanus following vaccination is always to be feared.”  
(Thomas) [285]

How did the conventional wisdom of tetanus shots from a dirty rusty nail outdoors where *Clostridium* may be harbored in animal spools - how did that idea get transformed to needing tetanus shots after the slightest most antiseptic nick around the house?

Also, when did doctors start confusing tetanus with rabies? Call Doc In The Box and tell them a dog bit you. What will they say? 10 to 1 you have to come in for a tetanus shot.

Here's a true dog bite story: *A Dog Bit Me* [30].

Ask your doctor about the last case of tetanus he saw.

## **DPT CONTAMINANTS**

Let's not forget that for 80 years DPT was stabilized with **thimerosal** - a mercury compound - and also contains formaldehyde - a carcinogenic embalming fluid, (*PDR*) [110] Mercury causes nerve damage; formaldehyde causes cancer. Can't imagine why there would be so many

## **REACTIONS**

Other reactions to DPT include the following: [208]

<b>death</b>	<b>vomiting</b>
<b>permanent neurological damage</b>	<b>convulsions</b>
<b>high-pitched screaming</b>	<b>anaphylactic shock</b>
<b>encephalopathy [brain fever]</b>	<b>muscle spasms</b>

Know any babies who start screaming soon after a shot? For



decades there have been frequent references to the characteristic high-pitched screaming associated with DPT shots. One comment made by the authors of the UCLA study is highly expressive of the overall IQ often encountered in the field of immunization:

**“Unusual high-pitched screaming has been previously reported after DPT immunization. Several authors feel that this should be categorized as a major reaction; however, the significance of this reaction is unknown.”**  
*Pediatrics* [208]

Unknown? How about that the helpless little being who has just set foot on earth is in intense distress from the toxic attack on its unformed central nervous system and is frightened to death, not knowing if it will survive... how's that for a hypothesis? It's quite far-fetched and could only be verified by controlled scientific study, of course... Till then, let's continue assaulting our defenseless children, disregarding their outcry.

There's no mystery about high-pitched screaming. Coulter (p 32) [206] has a whole section of cited medical studies dating from 1961 correlating the screaming and crying with irritation of the nervous system. It dovetails perfectly with later studies on mercury and autism. (Geier) [148]

How much education do you need to figure this out?

### **NEUROLOGICAL DAMAGE WITH DPT**

Most of the adverse effects of DPT are symptoms of damage to the nervous system. It's no wonder - the concentrated pertussis bacteria is one of the most noxious compounds that exist. The result is a class of vaccine ingredient known as a **toxoid**, which simply means a controlled poison.

**Mercury** continued to be used as a preservative in the DPT

vaccine even though it had been known for decades that mercury poisoning causes brain damage by chemically attacking the nerve cells. (Sacher, Bernard, Cave) [191, 173, 176]

Now consider the formative brain and nervous system in a two-month-old infant. Nerve connections are still being formed; nerve insulation (**myelin**) begins at birth. We all know that babies develop at different rates: some walk and talk sooner than others, etc.

Same with the nervous system. No studies have ever been done to prove that at two months old, the nervous system has developed to a point where it is capable of withstanding an environment containing mercury and formaldehyde. That would be impossible, because of the wide variation in infant development.

That's why most of Europe vaccinates at **two years**, to give the immune system at least a fighting chance at development. But by that time an American baby has already had **36** vaccines!

Dozens of studies since 1933 (Madsen) [213] found significant numbers of nerve-damaged DPT babies, even with the systematic under-reporting cited above. The correlation has been proven over and over, yet we keep vaccinating. And now we're up to **6** separate shots of DPT, the only country in the world requiring that many.

### **DPT or DTaP?**

By 1996, so many adverse reactions were being pinned on the Pertussis component that the marketing department realized it was time for a new and improved version. Enter the **acellular** pertussis vaccine.

Hawked as the safer pertussis vaccine because it contained

no whole bacterial cells, the acellular vaccine contains enough byproducts of the bacteria so that it is supposedly still able to trigger the magical antibody response without causing all those nasty deaths and side effects we got from the old-fashioned DPT. Was any new long-term testing done in combination with DT before the vaccine was released?

There was none.

Don't be taken in by the cell/acellular shell game. In terms of overall toxicity to a newborn infant's blood, the distinction is not worth making. The vaccine is still #1 for vaccine injury cases.

Ever wonder what happened to all those millions of doses of DPT stockpiled in storage when DTaP came out? Answer: nothing. Even though the dangers of DPT supposedly necessitated the development of the new DTaP, doctors are still entitled to use the old mercury-laced DPT vaccine all they want, because it's still a licensed product.

Or the surplus may just be dumped in Third World markets.

## **SIDS AND DPT**

Australian researcher Viera Scheibner PhD stumbled onto the link between Sudden Infant Death syndrome and DPT by accident.

The Scheibners noticed distinct patterns of distress after monitoring hundreds of babies. They discovered a 16-day crisis following DPT shots - the pattern was unmistakable. Then they correlated their findings with many other studies, including the 200 SIDS babies in Tennessee, and found the exact same pattern.[218]

Scheibner's work has been vigorously suppressed in many places, like the USA for example. In Australia however, their

unrelenting efforts put an end to mandatory DPT shots.

In 1983 there was a study done at the Los Angeles County Coroner's Office correlating DPT with SIDS. Researchers were intrigued by a CDC investigation of **200** Tennessee babies who died 24 hours after DPT shots, and wanted to see if there were any correlation. So the Los Angeles group interviewed parents of 145 SIDS victims. Here's what they found:

Of the **145 SIDS deaths**, **53** had been recently DPT-immunized, at the following intervals: (Baraff) [209]

- **51% had been given DPT within 4 weeks of death**
- **32% within 1 week of death**
- **11% within 1 day of death**

### **GLOBAL DPT**

There have been many other formal studies correlating DPT with SIDS. [206] So many problems are seen with the DPT vaccine that few countries in the world still force it. Sweden halted it in 1979. (Trollfors) [210] Even though the incidence of whooping cough then increased slightly, the disease is much milder in form, and no Swedish babies have died from it since.

Similar sequences happened in Japan, West Germany, Britain, and other European countries. When they stopped vaccinating, the disease returned in a milder form, but babies aren't dying from it. The key is: not one country started the vaccine up again after discontinuing it.

Other reactions from pertussis vaccine include: [223]

**anaphylactic shock**  
**death**  
**convulsions**

**encephalopathy**  
**brachial neuritis**  
**Guillain-Barre**

<b>hives</b>	<b>rash</b>
<b>joint pain</b>	<b>low blood pressure</b>
<b>difficulty breathing</b>	<b>swelling of the mouth</b>
<b>infantile spasms</b>	<b>bulging fontanelle</b>

These are the precise symptoms of acute mercury poisoning.  
(Bernard, [173])

### **ONCE BITTEN TWICE SHY**

Since Toomey's article in the 1949 issue of *JAMA* [207], most medical journal articles about DPT agree on one thing: **any child who has had a reaction should not be given the vaccine ever again.**

Same for a child who has any family history of neurological disorders or illness of any kind. This recommendation is very consistent throughout the literature, and since 1975 has been the official stance of the World Health Organization. It has been strictly followed in England, Sweden, and the Netherlands. (p129 [206])

Even the CDC's own reports (*MMWR* vol.36) state that children with a family history of convulsions are **nine times** more likely to have a seizure following a DPT shot. [211]

### **IGNORE THE EXPERTS**

So it is inconceivable that in actual practice in the U.S. there's just no room for such a simple screening procedure. Children are never screened by pediatricians to rule out those who are deemed high risk by the manufacturer itself. Apparently, it doesn't make political sense, and therefore almost no pediatrician would ever track reactions to DPT or reject a child simply because he has a history of central nervous system problems, or of prior reactions to the shot.

Such a decision would single out that doctor as a

troublemaker, who was making waves.

The arrogance of American doctors being able to ignore this worldwide dictum of medical procedure speaks volumes about the political controls mandating vaccination in this country, wouldn't you say?

The American Association of Pediatricians has defied the unified medical opinion of the rest of the world with statements like: **A family history of convulsions or neurological disorders is not a contraindication.** (APA *Red Book*) [224] Pretty cheeky, even for them.

### **DPT: THE ONE TO SKIP**

If you could choose one shot in the whole arsenal to skip, DPT would be the one. Until 2000, **75% of the \$2.2 billion** in vaccine damages paid out by VICP was awarded for reactions from DPT. (Goodwin, [172, 94])

### **DOES THE DPT VACCINE REALLY WORK?**

In the past 8 years, there have been several reported outbreaks of pertussis in many states: NM, CO, CA, WA, OR, and others. Big news. [67] (*ABC News*)

Even with an 85% DPT vaccination rate in the U.S., in 2012 there were still **48,000 cases** of pertussis that year. [7] This is the most reported cases since 1955.

California has been a focus for pertussis [65]:

**“In 2010, 9,477 cases of pertussis (including ten infant deaths) were reported throughout California. This is the most cases reported in 65 years...”** [89]

And the number has been rising steadily since 1980. Here's an enlightening chart from the CDC's own website [15] of

pertussis cases since we have increased from **2 to 6** doses of DPT on the Mandated Schedule:

- **1981     1248**
- **1983     2463**
- **1984     2276**
- **1985     3589**
- **1989     4157**
- **1992     4083**
- **1993     6586**
- **1996     7796**
- **2000     7867**
- **2002     9771**
- **2003     11647**
- **2004     25827**
- **2010     27550**
- **2012     48277**

Some vaccine. The more shots, the more cases.

### **ATYPICAL PERTUSSIS**

Reason: this is no longer the original *pertussis* disease, but the manmade mutation. Scientists refer to these new diseases, created by the vaccine, as **atypical forms**. These are far more serious versions, being brand new to the human species. It took decades to build herd immunity to the original whooping cough. Now we have to start all over again.

Adults with the atypical form may expose it to infants, who are totally unprotected from this new disease.

The other problem is that increasing numbers of **unvaccinated** infants are now being exposed to these brand new atypical forms of pertussis. It will take generations to develop species immunity to the peculiar new forms.

An article in the *NEJM* showed that over **80%** of children

under 5 who got pertussis had been fully vaccinated. The researchers concluded that the vaccine offered **insufficient protection** from the disease. [257]

Penetrating observation.

Now remember, there are presently **6 doses** of pertussis vaccine on the Schedule for all kids. CDC stated they are mystified at the increased 'outbreaks,' with a **30-fold** increase since the 80s. They have no idea why pertussis vaccine is simply not working. But since they're buying over **\$4B** worth of vaccines every year, they're really not disposed to look very hard for an answer. This disease had disappeared completely and now it's coming back.

When a local outbreak occurs in any local community experiencing a pertussis outbreak among children who have already received 6 doses - which could be as few as 3 cases - what is the routine recommendation? Right. You guessed it. One more dose, just to make sure. Parents' compliance with such a ludicrous and antiscientific solution borders on the superstitious.

It is almost impossible to find an unvaccinated child with pertussis.

So here's the picture: not only are children exposed to many possible side effects, but the actual promised benefit itself - immunity - is not delivered. More, more, and more doses of the same vaccine cannot help.

First they said 2 doses were enough, then 4, then 5, then 6. And now 5 more for adults. Medspeak has twisted the concept of immunity. True immunity is for life. It does not come in a syringe.

Newer research from a peer-reviewed study in the *International Journal of Epidemiology*, flatly demonstrates the raw mortality



data among African children from a single dose of DPT vaccine. [92] **Deaths doubled after a single dose, quadrupled** after a second and third dose.

This corroborates with US VICP mortality statistics showing the **DPT is the single most dangerous shot ever created**, harming more children than saving. [68] (*Judicial*)

## **THE QUESTION**

Is it really worth the risk to expose two-month-old infants to a neurotoxin with all the above side effects in order to provide an imaginary temporary immunity, which wears off a few months later, requiring a booster shot? And all this for a disease that was disappearing anyway?

Only the tip of the pertussis vaccine iceberg is presented here; there's so much data, most of it from mainstream medical sources. It's far worse than this section suggests. The reader is directed to the sources cited for a closer look.

## **SHAKEN BABY SYNDROME**

The 1990s brought a new phenomenon: a disease created by media and district attorneys. Suddenly, they told us, people have started killing their own babies by shaking them to death, in mass numbers. For hook value, they came up with a name: Shaken Baby Syndrome.

Many experts, like John Menkes, MD of Cedars Sinai, said at the outset that Shaken Baby Syndrome was often a vehicle for a local DA to get his name in the paper, while in reality the fatal side effects of DPT were being covered up. (Goodwin) [172] [134]

A leading expert on SBS is certainly San Diego attorney Toni Blake. [267] Some astounding figures appear on her website

SBSdefense.com:

- **1500 SBS cases per year**
- **about a 75% conviction rate once charged**
- **once in prison, less than 5% are ever freed**

The neurological picture of the SBS baby can be identical to reactions from the DPT vaccine. The signs are

- **intracranial hemorrhage**
- **cerebral edema**
- **subdural hematoma.**

These 3 symptoms became the famous **triad** widely used by the legal players who have reaped the greatest personal benefit in crafting this imaginary new crimewave.

Expert witnesses, some charging \$10,000 per day, [126] may derive enormous fortunes traveling from town to town, offering their opinions for hire to apply to any and all defendants unlucky enough to have been in proximity to an infant who collapses with one of these triad symptoms, whatever the actual cause. ([126], Tuerkheimer, note 174)

In this strange new criminal arena, many cases have been convicted just by demonstrating even one of the triad, orchestrated by DAs with unlimited coffers for expert witnesses, and judges who guide juries to an opinion.

If all 3 triad findings are present, the term **pathognomonic** was floated: for several years the hired guns have convinced juries that the presence of the infallible triad absolutely proves that the baby had to have been intentionally shaken to death by the nearest human. With no witnesses, no other evidence. Thousands are in jail on that Inquisitorial decision.

In recent years, newer science has shown that the triad does not definitively prove SBS. ([100], note 110) Many other

events can cause the same exact neuronal damage:

- **normal birth** [117]
- **previous injury**
- **short distance fall**
- **non-traumatic injury**
- **pre-existing subdural hematoma** [267]

A study in the journal *Radiology* [117] discovered that **26% of normal births** result in intracranial hemorrhage, visible on MRI, but which never cause any apparent symptoms. It has been known for years in the SBS defense community that at least **75%** of SBS cases already have records of old subdural hematomas by the date of the arrest. [267]

Unfortunately, the SBS industry has become so well funded, with such a foundation of legal decisions, such a juggernaut of social and economic pressure that the new science has not been readily accepted into the body of law. They just haven't kept up. Convictions are still coming down today based solely on obsolete triad symptoms, out of date science.

Focused primarily on self interest, the new industry would see little benefit in keeping current on the true science of neurological injury.

### **MILLION\$ TO FEED A NEW INDUSTRY**

In the broad strokes, the Shaken Baby mythology has hit the motherlode - colossal funding [100] for research that proves its own myopic theories, fosters its own growth, and provides a deep trough to feed all players - researchers, expert witnesses, lawyers - anyone who can add to the monolith of biased evidence, to keep the show rolling along.

If that can only happen by destroying the lives of a steady supply of hapless defendants who were in the wrong place at the wrong time, so be it.

Shocking that children's hospitals have become prime participants in this dark, cozy game. With the funding they receive from the top, they train their staff to be fiercely vigilant for any case that can be made to fit the mold: arrest, prosecution, and conviction.

Today the **#1 risk factor** in being charged with SBS is if the child is taken first to a children's hospital. This means if your child has a true accidental head injury, and you want to avoid being falsely accused of SBS, the last place on earth you want to go for help is a children's hospital. [267] [134]

Remember, we are not talking about child abuse here. No punishment is sufficient for actual perpetrators of that particular crime. Rather, we're talking about set-ups - the systematic framing of innocent people in order to feed a bloated new industry.

### **NOW FOR THE BAD NEWS**

In reviewing the legal literature of SBS cases [126] one fact stands out with glaring intensity: vaccine injury has been systematically eliminated from the entire discussion.

Despite more than \$3.7 billion paid out in vaccine injuries, million dollar settlements for diagnoses like PDD - **Pervasive Developmental Disorder**, etc, the prodigious amount of research documenting neurological damage and death from mercury, aluminum, MMR vaccines, and DPT vaccines cited in this book, the possibility of the triad symptoms resulting from vaccines has simply been banished from legal literature on SBS. Defense attorneys don't even bring it up.

Taking all the medical documentation of brain injury from vaccines, listed in the Reference section below, and with the number of childhood vaccines having tripled since the 1980s, it is likely that the vast majority of cases labeled Shaken

Baby Syndrome have been caused by vaccine injury. More than likely.

### **HEMOPHILUS INFLUENZAE TYPE B MENINGITIS**

Today a meningitis vaccine (HiB) is routinely given to infants at 2, 4, 6, and 12 months of age.

This disease has nothing to do with influenza or flu shots. Confusing *H. influenzae* with flu is a common error, even among pediatricians. In fact, that's a good question for screening them.

*Hemophilus influenzae* bacteria were originally so named because they were thought to be found in people who had the flu. Later, researchers discovered that the bacteria are found in mucous membranes of normal people, but the name stuck.

*H. influenzae* may be found with many mild self-limiting infections of a child's nose and throat. (Neustadter, p.161) [198] On very rare occasions, a certain strain of *H. influenzae* (Type B) can also be seen with meningitis, usually in children. The incidence has actually been increasing since the 1960s, as has the number of vaccines given to children.

The solution? Another vaccine!

Early HiB vaccine research took place in Finland. In a landmark study of **100,000** subjects, HiB was found to have no efficacy at all under 18 months of age. (Peltola – *Pediatrics* vol 60) [221] by which age American children have already had three separate shots! Below 24 months, the vaccine was uncertain.

In 1986, the *New England Journal of Medicine* published a follow-up study of **55** cases of HiB disease, all of whom had

been vaccinated. **39** got meningitis, and **3** died. Six others went deaf. (Granoff) [222]

In a massive study in Norway in 1988 of over **171,000** subjects, the vaccines effect was insufficient to justify a public vaccination programme. (Bjune) [248] The incidence of HiB meningitis dropped from 300 cases per year in 1988 to 200 cases in 1991 on its own, without mandatory vaccination.

The first of the HiB vaccines, which was called **PRP**, didn't work very well. In the usual tradition of testing a vaccine on the live population, by 1988 PRP was actually **causing** more cases of the disease than it was preventing. (*JAMA* [252])

The way this happened was that the child would contract a mild version of *H. influenzae* in the nose or throat, which normally would have self-resolved. But because the child had been vaccinated, the immune system was suppressed, thereby allowing the disease to penetrate deeper into the nervous system, and to set up shop in the meninges (lining of the spinal cord).

After thousands of children were experimentally inoculated, PRP was eventually abandoned.

A well-documented side effect of HiB vaccination is a marked increase in **infant diabetes**. Below are three studies. Bolded year denotes the start of HiB vaccination.

<b>Location</b>	<b>year</b>	<b>infant diabetes/100,000</b>
Finland	1966-75	12
	1981	16
	1984	19
	<b>1988</b>	26
	1991	29

- source: *Inf Dis in Clin Pract* vol 6 1997 p.449

Pittsburgh	1975-84	6
	<b>1985-94</b>	13

- source: *Diabetes Care* [251]

England	1992-93	14
	<b>1994</b>	<b>22</b>

- *Brit Med J* 1997 p.713 [250]

We're talking about diabetes in infants, less than 4 years old! Before the 1960s, it was unknown. Vaccines doubled between 1960 and 1980.

*Hemophilus influenzae* vaccine (HiB) contained **aluminum** and **mercury**, toxins whose effects we have seen above.

Like all vaccines, *H. influenzae* is always being tested - on your children. No one noticed how they dropped down from four doses to three on the Schedule starting in 2006, for no reason. Then in 2007, back up to 4. Politics, not science.

## **INFLUENZA**

No relation to *H. influenzae* vaccine, flu vaccines are a fairly recent development, and also very big business.

A little research in the area of influenza vaccine reveals a wasteland of disinformation and political maneuvering.

Influenza is a virus that has the ability to be constantly reinventing itself throughout the population during a single season. The vaccine supposedly contains some versions of the causative agents, in a weakened form.

With influenza, by the time the virus is isolated, cultured for manufacture, and distributed to the population, the current strain of virus within the population has usually changed to a form completely unaffected by the vaccine!

Michael Decker MD of Aventis, the flu vaccine manufacturer, laments: **“By the time you know what’s the right strain, you can’t do anything about it.”** [142]

How very reassuring.

The sicker the individual, or the greater the number of infected people, the faster the virus mutates. Scientists refer to such a trend as **gene amplification**. (Garrett, p578,580, 614) [205]

This doesn’t even take into account the unique form influenza virus takes within each person, or each city. Yet with flu shots, it’s One Size Fits All - everyone gets the same vaccine. If it really worked, you wouldn’t have to come back next year. Real immunity is for life.

## **SUCCESS FOR FLU VACCINE**

On 7 Feb 05, after 20 years of lobbying, influenza finally made it to the regular Mandated Schedule. Suddenly it was recommended at **6 months** and yearly thereafter until age 18. Super Lotto time.

That raised the total number of mandated vaccines for an American child from 40 to 58 in one fell swoop.

No media covered the event.



## WHY FLU SHOTS DON'T WORK

There are literally **hundreds of strains** of influenza virus present at any given time across the US. During any flu season, the virus mutates several times, not only in any given locale, but even within individuals. This simple fact explains why the flu vaccine has never been effective at reducing either deaths or incidence of influenza in this country during the past 20 years.

Ever notice that people who get flu shots all the time keep getting the flu? Could that have anything to do with not giving the body a chance to put immunity together for itself?

One problem might be that flu vaccine has always contained **mercury**. (PDR, 2010) And also **formaldehyde** and **ethylene glycol**. [110]

With such a composition, it is not surprising that the flu vaccine doesn't prevent the flu. Even the CDC only claims a **44%** 'success rate' for flu vaccine. [102] In truth, it's much lower.

Taking a closer look at the 'research' from which CDC is making its claims, it begins to dawn on you that there are no real clinical trials, no actual risk-to-benefit studies: the 'testing' is done by giving the best-guess vaccine to the live population and then following up with unfounded editorializing from epidemiological data.

Echoing the same sentiments towards flu shots, England's top medical publication *British Medical Journal* found that when it comes to influenza vaccine, [136]

**“Evidence from systematic reviews shows that inactivated vaccines have little or no effect... Most studies are of poor methodological quality ... Little evidence exists on the safety of these vaccines.”**

Such de-evolution of scientific policy makes perfect sense, considering the way flu vaccines are funded and manufactured.

As more and more people are seeing the vaccinated come down with the flu, there's a declining confidence in flu shots.

Unsold doses of flu vaccine:

<b>2006</b>	<b>18 million of 121 million doses</b>	
<b>2007</b>	<b>27 million of 140 million doses</b>	[85]

Such figures did not bode well for venture capital.

In 2007 only 5 companies in the world made flu vaccine. They didn't want to be can't be taking the same risks as the recipients of its vaccine...

This was the dejected economic climate in the flu vaccine business when swine flu popped up out of nowhere in 2009. To appreciate the power of CDC marketing, review the story [29] for a look at that desperate fiasco.

## **FETAL DEATHS FROM FLU SHOTS**

An astonishing study of the VAERS data (vaccine injury) came out in late 2012 [288] that revealed two facts:

1. the new practice of talking mothers into ***in utero* flu vaccines** for the unborn child
2. the subsequent **4,250% increase in fetal deaths**

The study, from the *Journal of Human Environmental Toxicology*, compared fetal deaths over 3 consecutive flu seasons. Not surprising when you realize that a flu shot contains **25 mcg of thimerosal**, which is **30x** the EPA safe dose for an adult. [151]

## FLU SHOTS AND ALZHEIMER'S

Does it seem like Alzheimer's is getting more common in recent decades? Almost **15%** of the US population can expect it.

By 2017 Alzheimer's was the **6th** leading cause of death, with over **5.5 million** cases in the US. [17]

Hugh Fudenburg, MD a leading immunogeneticist, with some 850 papers peer-reviewed, connects the dots: [255]

**“If an individual had 5 consecutive flu shots between 1970 and 1980, the chances of Alzheimer's Disease was 10 times greater than for those getting... no shots.”**

Think that might have anything to do with the aluminum?

The new Adult Schedule recommends yearly flu shots until 60. [3]

## HAWKING ADULT SHOTS

Panic among the vaccine sales force may help to explain the magical appearance of the Adult Immunization Schedule suddenly in early 2008 in which every adult was now to be scheduled for 45 flu shots after the age of 18! [3] Ad mavens successfully targeted the elderly, who now get **72%** of all flu shots even though they are most susceptible to aluminum. [103]

A standard hook now in the vaccine marketing lexicon is '**pandemic**,' starting with the nonexistent Avian flu of 2005. As that chimera faded off into the boneyard of plague hysteria memorabilia, [101] the sales team next scored a sterling success with the 2009 swine flu outbreak. Venture capital prospects were never brighter.

## **THE FORMATIVE INFANT IMMUNE SYSTEM**

One final flu shot comment from NIH's Tony Fauci:

**“Younger children simply don't have as mature an immune system,” Fauci explained. “So a first dose of vaccine against a flu strain they've never experienced acts as an introduction for their immune system, and a booster shortly thereafter revs up that immune response.”** [97] (NIH)

Wow. Let's all take a breath here. For the first time in history we have the director of the National Institutes of Health enunciating in a worldwide forum one of the principal reasons why young children might not be vaccinated at all: they don't have a mature immune system. Absolutely true. No child is born with a developed immune system.

Much more disconcerting is the end of the comment -"revs up the immune response..." ?? We're not working on hotrods here, Tony. The flu vaccine is not a boost but rather a massive neurotoxic suppression of a formative immune system.

That complex biological symphony of interrelated allergic responses, antibodies, antigens, self recognition, cell response, etc - about which we still have only the vaguest knowledge - struggles its way into existence during the early years of the child's life. The immune system needs no help, no interference, no enormous experimental toxic load, especially one so politically contrived, in its fight to survive.

## **HEPATITIS A**

After years of maneuvering, GlaxoSmithKline finally got their new vaccine for Hepatitis A tacked onto the mandated schedule in Jan 2002, with no public fanfare. [174] The

vaccine was called **Havrix**, and is delineated on p. 982 of the 2013 *PDR*. [55]

Hepatitis A is an acute viral disease of the liver. Hepatitis A virus (HAV) has supposedly been isolated. [236, *AAP*]

How serious is this disease? Hepatitis A is a mild, self limiting disease, resolving on its own with **no treatment** in 4-8 weeks. Most infections are subclinical, meaning that the people who get the disease never even know it because they never manifest symptoms. (*Merck* p 377) [234]

Most hepatitis A doesn't require treatment. Even the National Institutes of Health states that: "Most people who have Hepatitis A get well on their own after a few weeks." [235] *NIH Manual*

Almost all cases of hepatitis A are found in Third World areas. So then why are we the only country in the world who recommends the vaccine on a mass scale, now forcing **4 doses** on our children?

### **SYMPTOMS OF HEPATITIS A**

According to the *Merck Manual* (p 382 [234]) the chief symptoms of hepatitis A are:

**loss of appetite    NVD    hives    joint pain    dark urine**

Hardly life-threatening situations. By the time these symptoms appear, the disease is no longer infectious.

Unlike hepatitis B, Type A hepatitis disappears completely after acute infection, and does not contribute to chronic liver disease or to cirrhosis. After the patient recovers, he has lifetime immunity. True immunity.

Hepatitis A is a disease of poor personal hygiene, bad sanitation, poverty, overcrowding - Third World scenario. Hepatitis A is not common in the United States.

### **OTHER CAUSES**

It's shocking to discover that hepatitis can be caused by both **hepatitis B and hepatitis C vaccines!** This fact is found in a disclaimer that GlaxoSmithKlein makes about Havrix, that it can't cure the hepatitis caused by these other 2 vaccines.

So can we infer from this that Havrix itself also causes hepatitis? We don't need to infer it. The manufacturer states it on p 983 of the 2013 *PDR*: **a possible side effect of Havrix is hepatitis!** [223]

### **SO THEN WHAT'S THE VACCINE FOR?**

The obvious question then - did we really need another vaccine beyond those already mandated for schoolkids, for a rare disease that resolves by itself in a few weeks?

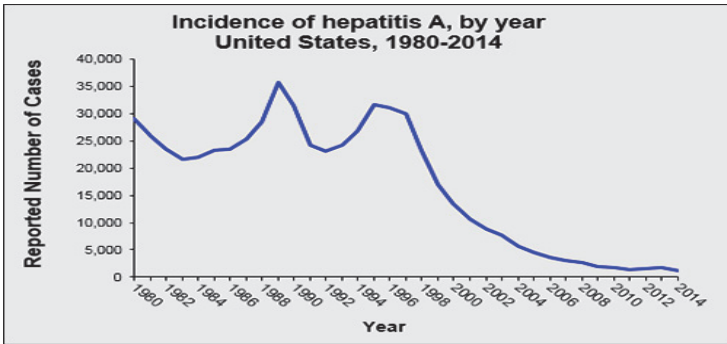
Were there any studies done which prove that the new vaccine is safe when Havrix is added to the other mandated vaccines? No, there are none. The concept of cumulative viral load and its effect on the newborn is discussed above.

### **HOW MANY CASES REALLY?**

Finding the true incidence of the Hepatitis A in the US is a daunting task indeed. A standard government reference for epidemiology is *Statistical Abstracts of the US*. On p 137 of the 2000 edition, we find that the overall incidence of Hepatitis A had been declining for the past two decades:

**1980 --- 29,100 cases** [US Census, [9]

**2000 --- 13,400 cases** [47], (CDC statistics)



This decline of course has nothing to do with the vaccine. The vaccine came in 2002. But the figures still seem a little high, don't they? On closer inspection, reading the microprint footnote on that same page, we read:[9]

**“Includes cases imported from outside the US”**

Huh? ‘Cases imported from outside the United States’? We’re not talking Beaujolais here. No one doubts that the vast majority of hepatitis A cases are foreign. A disease of poverty, filth, and malnutrition, the trick here is that **global** incidence of this disease was used to calculate the necessity for the vaccine in the US.

Blind speculation seems to be the standard for determining incidence. CDC makes the unreferenced claim "The best way to prevent Hepatitis A is by getting vaccinated." [174]

**THE VACCINE ITSELF**

Hepatitis A vaccine is made from infected human connective tissue cells. Not from just one guy, mind you, but rather each batch of vaccine is made from an infected mass of cells which had 1000 donors. (*Pediatrics*) [236] The cells are infected with hepatitis A virus, the agent presumed to be present in every case of hep A.

The agents are filtered, and attenuated with aluminum, formalin, and neomycin. (2013 *PDR*, p984) [55]

### **ALUMINUM AND FORMALDEHYDE**

It is not just its connection with Alzheimer's that makes aluminum such a threat to human physiology. Aluminum can interfere with the formation and integrity of virtually any human neurology, in a fully unpredictable fashion. [227, 199]

As for **formaldehyde**, exactly how much danger of cancer is an acceptable risk in the pure, perfect blood of a newborn? Cancer occurs first in just one cell. It's entirely possible that this "trace" of formaldehyde or antifreeze will be sufficient to cause that first cell mutation that develops into cancer. No vaccines are tested for carcinogenicity. None of them. ([110][55] *PDR*)

### **THE DISEASE IS SAFER THAN THE VACCINE**

Was it really necessary to introduce an infectious virus into the entire population of children in order to pretend to prevent a disease which is virtually nonexistent in the United States?

If the disease itself is mild and self limiting and confers true lasting immunity, wouldn't it be better for that very low number of people just to get the disease and forego the addition of carcinogens and neurotoxins into the common bloodstream?

Read the full Hepatitis A chapter: [thedoctorwithin.com](http://thedoctorwithin.com) [174]

### **HEPATITIS B**

Hepatitis B is an inflammatory liver disease, found most often among drug addicts. Most victims recover on their own



within a few months, with no chronic liver disease. In 1991, however, the CDC and the AAP began including Hepatitis B vaccine for all infants. (p 172 [198]) Why?

Before 1991, hepatitis B vaccine was only given to high risk groups - health workers, drug users, those with multiple sex partners, and those with a history of the disease.

The disease is transmissible from mother to infant, but if the mother tests negative, it seems unlikely that the infant will have multiple sex partners or be an IV drug abuser, know what I'm saying?

Especially within the first day of life. This is the type of common sense notion that gets overlooked when fortunes are to be made.

Efficacy? No long-term studies had been done before the vaccine was forced on the general population. (p125) [198] The insert itself says that the vaccine was only monitored for **5 days** before it was released on the market! [90]

Merck had been developing the Hep B vaccine since the early 1970s, and testing it on live populations of monkeys and humans. (p.244) [226] **Formaldehyde**, a carcinogenic inactivator used in many vaccines, supposedly tones down the Hep B virus so that the vaccine hopefully doesn't give the patient hepatitis.

But the real perfidy of Hepatitis B vaccine comes into focus when you find out that this mercury-laden vaccine is given on the **first day of life**. The EPA safe level of mercury is **.1 micrograms** per kilogram per day. For an adult, that is.

As of 2004, one hepatitis B shot had **30 times** that amount! - FDA Hepatitis Control, [239]

Side effects? The CDC failed to mention any side effects in 8 million people who received the vaccine before 1991. (p 175) [198] But a number of studies have documented the following adverse reactions to the Hepatitis B vaccine:

<b>Guillain-Barre</b>	<b>enlarged spleen</b>	
<b>demyelinating disease</b>	<b>anaphylactic shock</b>	
<b>autoimmune reactions</b>	<b>jaundice</b>	[90]

In a statement to Congress, Director of the Association of American Physicians and Surgeons Jane Orient, MD said that deaths and adverse reactions to hepatitis B vaccines are

“...vastly underreported, as formal long-term studies of vaccine safety have not been completed. [180]

“...for most children the risk of a serious vaccine reaction may be **100 times** greater than the risk of Hepatitis B.”

By 1999, the number of reported severe adverse reactions to the Hep B vaccine became higher than the actual number of cases of the disease itself! (*Townsend Letter*, Sep 2000) [175]

Hepatitis B vaccination was dropped from the mandatory school program in France in Oct. 1998 after 15,000 citizens filed a class action suit against the government. The reason: hundreds of neurological and auto-immune disorders. (Belkin) [228]

### **CHEERLEADING FOR HEPATITIS B VACCINE**

There were at least 6 articles in the *New York Times* in 2008 in which the conclusion, always by some junior 'health writer,' was that unvaccinated children pose a risk to the community at large, because they perpetuate disease.

On 1 Oct 08 the *NYT* ran a story titled “Study Links Hepatitis B and Cancer of Pancreas.” [87]

There was no actual study, nor did the article definitely link anything to anything. In a cursory review of data with cancer patients, they noticed a higher than normal history of hepatitis B among one group of cancer patients. The authors themselves claim no definite causality between the two conditions. [105] Only the headline did that.

This was an epidemiological study, which means it's not a study at all, just a first-draft data comparison. It's an idea for a study; that's all.

This confused essay made the unfounded statements:

“chronic hepatitis B ... globally, is a major cause of liver cancer...”

“... A vaccine can prevent the infection and the cancer. But when an unvaccinated person develops a chronic infection, it cannot be cured, though antiviral drugs may help control it.”

First of all hepatitis B may only become chronic **5%** of the time. [234] (*Merck* p 382) It is chronic hepatitis that is associated with liver cancer, not the mild self-limiting variety, which is **90%** of the cases with hep B. ([106] Marks)

Secondly, there is **no proof of efficacy** for a hepatitis B vaccine for any infection, as we have already seen above. Nor can any vaccine prevent cancer. Or any infection! Even the manufacturers of Hep B vaccine would never claim that it can prevent cancer - that is impossible. How then does a feature writer get away with making such a baroque claim in a mass publication?

Third, when the unvaccinated contract any infection, they stand just as much chance of cure as anyone else. Being unvaccinated does not lower the immune system; in fact it's just the opposite.

The vaccinated, especially infants, have a much more difficult time fighting off infections, because of the immunosuppressive nature of experimental attenuated agents and toxic adjuvants. Remember, vaccines are not given for infections. They never were, and no scientist ever made such an absurd claim.

Never a bastion of fourth estate ethics or responsible reporting, it seems apparent in recent years that the *NYT* has become a repository for increasingly sensationalistic copy, with a decreasing level of accountability, if not an outright mouthpiece for the drug industry. A quick look at the ads in any issue will showcase their allegiance.

In the business of casting aspersions and innuendo, things like reliability and fact checking tend to go quietly by the wayside.

Confident that readers are getting dumber all the time, editors figure they don't really have to be accountable or verify what they say, since it's only about creating an impression, an instant impression as people speedscan the article on their way to wherever.

When the topic of hepatitis B vaccine comes up, just remember this: **it's not a childhood disease**. Never was.

## **ROAD TO DAMASCUS**

Still looking for your epiphany moment with the politics of vaccines? Try this: in 2011 the CIA engineered a **fake** Hepatitis B inoculation program in a Pakistani village where Bin Laden was 'expected'. [300] ([301] *New York Times*)

Now the vaccine program was a sham, but the vaccines were real. Hundreds were given the Hepatitis B vaccine unnecessarily. Of course the ruse didn't work - mainly because BL wasn't even there.

But even if he were, would he really take time away from his busy terrorist day planner to get in line for a Hep B shot? And just how would they be getting DNA from a vaccination?

All good questions, Grasshopper. Just a small illustration of the overall IQ of decision makers.

## **PARENTS RESPONSIBLE FOR HEP B REACTIONS**

There's a related story every parent should read, especially those who think they're doing the right thing to vaccinate a newborn with the Hepatitis B shot on his first day of life. If the baby has a reaction, the parents are now the prime target for accusations of Shaken Baby! Not kidding - this happens all the time. Look at [71] (Elber)

## **ROTAVIRUS**

Rotavirus is a poorly understood illness of infants, usually involving a mild, self-limiting case of diarrhea. The biggest danger to the child is dehydration, but that occurs only in rare cases.

The old name was **colic**, which for the majority of infants usually passes in a short time without complication. The few cases of death that result worldwide happen in the poorest locations on earth, where starvation and disease are common:

**"90% of all deaths from rotavirus occur in the poorest parts of Africa and Asia" [118]**

In the US there may be as few as 20 deaths per year, taking into account the most unhygienic environments, and including adults. [104]

Using global statistics to sell domestic vaccines is a routine sales technique. How the rotavirus vaccine became added to

the schedule back in 1998 was more a matter of politics than of science.

In the *Merck Manual* rotavirus infection is not described as a serious disease. Rotavirus is often found in asymptomatic infants. ([234], p 2173) It is so trivial a disease that the only recommended treatment before the vaccine came out was re-hydrating the infant. [234]

RotaShield vaccine was added to the mandated schedule in 1998. Then after 20 complaints of a sometimes fatal disorder of the infant's bowel called **intussusception**, and other injuries following vaccination, the CDC quietly took RotaShield off the market in after only 11 months. (*Newsweek*, 13 Sep 99) [215] [297]

Two spokesmen for CDC made statements:

**"No one should now be giving rotavirus vaccine to anyone"** - B. Reynolds

"The vaccine is still licensed by the FDA...It is a highly effective vaccine, and we don't want to take this disease prevention tool away from practitioners" - Melinda Wharton

Typical CDC left hand / right hand.

Paul Offit, from the CDC Board of Advisors that approved rotavirus vaccine, admitted in Congressional hearing that he not only received benefits from the vaccines manufacturer, Merck, but that he actually **owned the patent!** Asked if he thought that could be a conflict of interest, Offit made the supercilious reply:

"I am a co-holder of a patent for a (rotavirus) vaccine. If this vaccine were to become a routinely recommended vaccine, I would make money off of that. ... am I biased? That answer is really easy: absolutely not."

“Is there an unholy alliance between the people who make recommendations about vaccines and the vaccine manufacturers? The answer is no.” [268]

Six years later that patent sold for **\$186 million**. [24] For just a suggestion of the millions available to Paul Offit, read Atkisson's shocking CBS report. [308]

Offit has been receiving funding from Merck for the past 17 years for promoting rotavirus vaccines.

It's just business. Representative Dan Burton puts it like this:

**“CDC routinely allows scientists with blatant conflicts of interest to serve on influential advisory committees that make recommendations on new vaccines,”** Burton told UPI.

**“... these same scientists have financial ties, academic affiliations, and vested interests in the products and companies for which they are supposed to be providing unbiased oversight.”** [268]

## **ROTATEQ STEPS UP**

After the 1999 RotaShield fiasco, it was almost inconceivable that they would try again. Yet in a fit of post-9/11 power politics, a new version of the vaccine was trotted back out in early 2007, with whirlwind approval by the FDA and introduction right back into the Mandated Schedule. Only it had a new name: Rotateq.

Rotateq's debut came with new reports of the same major side effect that occasioned the earlier vaccine being pulled 9 years before: - **intussusception**. This condition is sometimes fatal, and usually requires surgery. It was not even associated with the original disease, but only with the vaccines.

vaccines.

Other side effects of Rotateq: NVD, otitis media, pharyngitis, and bronchospasm.

The primary study of the clinical trials cited by Rotateq's manufacturer - Merck - was published in the *New England Journal of Medicine* in Jan 2006. [121]

This study was funded by Merck, used Merck trial protocols, and was co-authored by the owner of the patent of both the original vaccine and the current version. The majority of the authors were listed at the bottom as being given financial perks from Merck.

Rotateq wasn't much different from the old RotaShield, except for one additional viral strain and the fact that the testing was done on human infants, not monkeys. [223]

The vaccine made little difference:

Among the 9605 subjects in the detailed study (4806 in the vaccine group and 4799 in the placebo group), the rates of fever, vomiting, and flux within 42 days after any dose were similar among vaccine recipients and placebo recipients.

Serious adverse events were reported in **803** of 34,035 vaccine recipients (2.4 percent), with **24 deaths** in the vaccinated group.

The most common cause of death was Sudden Infant Death syndrome, which occurred in seven vaccine recipients.

Over and over the new sales pitch keeps talking about how the incidence of **intussusception** was nothing out of the ordinary, how the vaccine does not cause intussusception, etc. [121] With intussusception as the main reason the old vaccine was pulled 10 years before, the authors thought they



had to pacify and reassure the new market.

So it was astounding then that less than a month after being added back to the Schedule, the FDA began warning the public of the exact same side effect from the new Rotateq, citing **28** new cases! [104]

“The condition, called **intussusception**, is the same that led to the withdrawal of the first rotavirus vaccine eight years ago.”

### **NEW PRODUCT, OLD MARKETING**

RotaShield was probably the only vaccine in history that was not included in the *PDR*. With today's google-wiki revisionist policy, it's virtually impossible to find any evidence that RotaShield ever existed.

RotaShield was slightly different from the new Rotateq. RotaShield was from human and monkey sources, whereas the newer Rotateq is from human and bovine sources.

Outside of that, the song is pretty much the same with Rotateq - claims of 95% efficacy, completely safe, very necessary.

Infant colic is a mild, immune-building disease, normal in infants, as they develop their gut flora. It is not something for which any vaccine is needed, let alone one as risky and immunosuppressive as Rotateq.

### **MEASLES**

Before we begin our discussion of Autism, let us take a quick look at the controversial MMR vaccine.

Measles is another mild, self-limiting, immune-building viral disease of childhood. Symptoms are red spots on the skin

and mouth, fever, and fatigue. Commonly resolves in a week. Most of those who grew up in the 1950s remember getting measles. Not a big deal. And they got lifetime immunity in the bargain. Natural immunity. (*Merck*, p 1098) [234]

Looking at the **Figure 2** above, p 58, we see the disease almost completely disappeared by itself before mass vaccinations became popular in the 1970s.

Measles vaccine was part of the MMR (measles-mumps-rubella) vaccine package developed in the early 1970s. Once again, it wouldn't be so bad if the vaccine were simply unnecessary. But an entire array of side effects can result from the MMR vaccine:

<b>loss of muscle control</b>	<b>meningitis</b>	<b>seizures</b>
<b>mental retardation</b>	<b>Reyes Syndrome</b>	<b>diabetes</b>
<b>paralysis</b>	<b>anaphylactic shock</b>	<b>MS</b>
<b>Guillain-Barre</b>	<b>blood clot</b>	<b>encephalitis</b>

But the reason the MMR vaccine was sold to the public in the first place was to protect against **encephalitis**. Now here it's listed as a side effect of the vaccine..? Measles itself doesn't cause all these illnesses. Even pediatricians know that the vaccine contains a slow virus that can hide in tissues for years, and then manifest later in life.

This is why so many doctors in Los Angeles refused to use the MMR vaccine on their own children. - [220]p 237)

A 1996 report stated that the measles vaccine

“produces immune suppression which contributes to an increased susceptibility to other infections.”

- *Clinical Immunology and Pathology*, (Auwerter) [182]

Let me get this right: Not only does the measles vaccine not prevent measles; it also increases the chances of getting

other infections?

Looks like the vaccine's worse than the disease. And we have mandated such a vaccine for the general population based on undocumented claims of possible encephalitis?

With measles specifically, the absence of antibodies after vaccination has been known for decades:

**“Antibody production is therefore not necessary either for recovery from or for the development of immunity to measles.”** - Nobel laureate, Sir MacFarlane Burnet [186]

This flies in the face of the classical vaccine paradigm.

## **DOES IT WORK?**

Let's trace the vaccine's effectiveness for preventing measles.

By 1978, half the cases of measles were found in vaccinated children.

And the W.H.O. stated that those vaccinated have a **15 times** greater chance of catching measles than those not vaccinated! ([220], p 238)

Between 1983 and 1989, incidence of measles increased **10-fold**. In the next year, incidence increased another **50%**! 1990 saw **27,000 cases** and **100 deaths** reported in the U.S. [205] (p 511)

Furthermore the CDC itself reports measles outbreaks in populations with 100% vaccination rates! Their explanation: ...the apparent paradox is that **measles... becomes a disease of immunized persons**. (*MMWR*, Oct 1984) [249]

What about the value of childhood measles as an immune-building experience? From Viera Scheibner PhD: [311]

**“It is well known that measles is an important milestone in the maturing process of children. Why would anybody want to delay the maturation process of children and their immune systems?”**

The real horror surrounding the measles vaccine, however, didn't explode into public awareness till the House of Representatives hearings on autism, convened by Dan Burton on 6 April 2000. [179] Legitimate research done in England and Ireland began to show the measles vaccine as one of the two most likely contributors to autism. [293]

### **MUMPS**

Another benign, self-limiting disease of childhood, involving swollen salivary glands, fever and headache. Almost always gone in a week with no complications. Natural immunity for life.

Very simply, “mumps does not require treatment” (p234 [220])

The big sell for mumps was that supposedly if mumps came on in adulthood - which it almost never did - it was a more serious disease which could cause temporary swelling of the testicles. Not sterility now. Just temporary swelling of the testicles, in extremely rare cases.

So the first question is, why vaccinate girls?

The second question is - why vaccinate anyone for mumps when the mild childhood disease confers lifetime immunity? Oh, they might not get it as children? Oh, so we're just making sure, right? So they don't get the more serious version when they grow up, is that it?

But there's absolutely **no evidence** that the vaccine prevents the adult version. It was never even studied, much less proven.

Mendelsohn says that at the very most, mumps vaccine should only be given to boys at puberty who never got natural immunity by getting the disease as a child.

Logic is rarely driving the bus it seems when it comes to Vaccination Policy. So line up, boys and girls.

## **RUBELLA**

German measles (three-day measles) is an even milder disease, in most cases. Fever, rash, and sore throat are the usual symptoms.

The big sell with rubella, and why it's the R in MMR, is the remote possibility of fetal damage if the mother gets rubella in the first four months of pregnancy. (*Merck Manual* [234])

But children don't get pregnant, and those are the ones who get vaccinated. Any "immunity" will have worn off long before adulthood rolls around.

Yes, I know, they say - well, we have to be careful that children don't get it so they don't infect the mothers...

That would be nice, except for the **side effects** of the vaccine:

- **arthritis**
- **polyneuritis**
- **numbness**

The worst news of all for mothers is that the vaccination in their own childhood prevents them from ever having a natural immunity to the disease, which they actually could have passed on to the fetus.

So check it out:

We used to have a harmless non-threatening immune-

building disease of childhood when there was no vaccine. If you got the disease, you got lifetime immunity. If you became a mother, no worries for you or the baby.

Now enter rubella vaccine in the late 60s, at a time when an estimated **85%** of the population already had a natural immunity to the disease. [220] p 240

Moskowitz points out how vaccines for harmless childhood diseases like rubella, chicken pox, and measles have created new **atypical** disease versions which occur later in adult life, in a much more serious form. [132] Adult versions have far higher rates of complication, and death.

### **BACKWATER VACCINE DUMPS**

The US is frequently accused of using the Third World to unload expired or unsafe batches of vaccines. Big politics. One small example:

“In the Ukraine, a 2008 measles and rubella vaccination campaign was suspended due to public mistrust of the vaccine. The campaign, targeting **7.5 million** people, ended up only reaching **116,000** people.” [302]

### **AUTISM: THE SECRET EPIDEMIC**

The 1990s brought a new disease phenomenon - regressive autism - which suddenly showed up in hundreds of thousands of normal 2 year olds. Usually after vaccination. The child stopped developing, stopped responding, stopped learning and withdrew into a condition of cognitive arrest, often permanent. Most of them never speak and 75% of them are unable to ever live independently. The family is socially and financially devastated. The overall loss from the epidemic is measured in **trillions**.

Never before in history has a demographic of totally normal

kids suddenly regressed. [24]

Since the early 1990s autism has certainly met every definition of an epidemic, although both medical and popular literature can never use the words 'epidemic' and 'autism' in the same sentence.

In 1978, there were less than 1 in 10,000 autistics. By Apr 2006, the CDC admitted to over **half a million** autistics. [59]

A better guess could be extrapolated from US Dept of Education statistics on child disability. [119] According to their charts, autism rose geometrically in all 50 states from **1993 - 2006**. The chart shows average state increases of **1700%** looking at only 15% of total cases.

In **2003** Congress cited autism at **1 child in 250**. CDC now estimates **1 child in 45**. [18] This estimate is deduced from school and medical records, and is regarded by other researchers as very low. Newer research from South Carolina documents how **1 child in 28** is a more accurate figure. [313]

No one knows for sure. What is certain is that autism is increasing logarithmically, and is right on schedule to be **1 child in 2** by 2035. Consider the ramifications - schools implode, work force decimated, tax base mortally injured... This entire discussion is banned from corporate media.

Autism is a true pandemic, found in every vaccinated country. Some are beginning to count their cases: in South Korea **1 child in 38** is autistic. [50] And on p. 71 above we saw the Minnesota Somalis at **1 in 32**. [35]

Though detox [26] may help the injured child, there is no guarantee. American medicine refuses to acknowledge autism as an epidemic, and refuses to look for a cause.

The connection between vaccines and autism is clear:

“Vaccines provoke an immune response to an antigen derived from a virus or bacteria. They also contain adjuvants which augment the antibody response and provoke inflammation throughout the body, as well as preservatives such as mercury.

“Aluminum and mercury can enter the brain and remain for years, where they provoke neuro-inflammation. Inflammation during childhood can interfere with the normal mechanisms, leading to neurodevelopmental disorders such as autism.” [82], (Deth)

With autism, one causative mechanism stems from **myelin defects. No child is born myelinated.** Vaccines are known to interfere with normal myelination. The pattern is unpredictable, and therefore: [293], p 188]

**"damage caused by vaccines is a potentially vast continuum, ranging widely in degree and disability."**

### **DANISH STUDY: MILLIONS FOR MISDIRECTION**

A research project carried out in Denmark in 2003 and published in *Pediatrics* [272] - the ill-fated Madsen study - for years assured the world of the usual mantra with respect to thimerosal and vaccines: no possible connection. Since that time a thorough explosion of the fatally flawed study has been available on Scudamore's definitive site [91].

Nevertheless, up until recently the Danish study still served as a pivotal defense source for those clinging to the hope that the autism/mercury connection could be kept hidden.

No more. One of the principal co-authors of that study, **Poul Thorsen**, has been indicted on a host of charges, including falsification of data, fraudulent publication, money laundering, etc. stemming from that original study. He was on the run from Interpol. No need to cite a particular reference here - just google the phrase 'Poul Thorsen indicted' and over 200,000 references will come up.



The research was funded by the CDC, and they want their money back. Only the least informed are still citing this ill-fated study in defense of mercury. [273]

The unflinching refusal by FDA, CDC, US Dept of Health, NIH to fund legitimate clinical trials on a possible autism/vaccine connection has left it to independent researchers to try and find the true cause. What they have come up with, both in Congressional committees and independent research is overwhelming and incontrovertible evidence that the autism epidemic, though multifactorial, has

### **THREE VACCINE-RELATED CONTRIBUTORS:**

**Aluminum**

**Mercury**

**MMR vaccine**

[154, 138]

Aluminum kills brain cells. That's not even controversial. It's the principal adjuvant in today's vaccines. ([293] p188) [281]

Mercury in vaccines is in the form of **thimerosal**.

MMR vaccine does not contain mercury.

All 3 causes have been widely explored. But never together by mainstream science. The subject is verboten.

### **THE MERCURY CONNECTION**

What is mercury? An elemental metal, liquid in its natural form, historically mercury was called quicksilver. Mercury is the third most toxic substance known to man. It is the most toxic nonradioactive metal. (Bernard) [173]

Scientists have known for decades that mercury is poison. But most study has been of mercury contamination of fish and from toxic spills. The mercury in vaccines, as we saw

above, is in the form of **thimerosal** which is **49.5%** mercury.

This is **ethylmercury**, a manmade neurotoxin (nerve killer) that is **50x** more toxic than inorganic mercury. [298] [248]

Introduced into a newborn's bloodstream on the very first day of life as part of the Hepatitis B vaccine, thimerosal is allowed to be in direct contact with brand new unformed tissues:

<b>intestine lining</b>	<b>liver</b>
<b>nervous system</b>	<b>brain</b>

Since 1997, the official mantra has been: there is no proof that thimerosal causes autism, or any other disease. But change just one word and it all shifts: there is abundant scientific proof that thimerosal **can** cause autism, and virtually any other neurological disorder as well.

### **WHAT DO THE MANUFACTURERS SAY?**

Two manufacturers of thimerosal are Eli Lilly and EMD Chemicals. Here's what their own Safety Data Sheets state:

Eli Lilly: **“Effects of Exposure: .. allergic dermatitis... mercury poisoning can occur.... Signs ... in adults are nervous system effects, including narrowing of the visual field and numbness in extremities. Exposure in utero and in children can cause mild to severe mental retardation and mild to severe motor coordination impairment.”** [150]

EMD Chemicals: **“DANGER! POISON! MAY BE FATAL IF INHALED, ABSORBED THROUGH SKIN OR SWALLOWED. EYE AND SKIN IRRITATION. ... MAY CAUSE DAMAGE TO THE FOLLOWING ORGANS: KIDNEYS, RESPIRATORY TRACT, SKIN, EYES, CENTRAL NERVOUS SYSTEM, EYE, LENS OR CORNEA. HARMFUL TO ENVIRONMENT IF RELEASED IN LARGE AMOUNTS. WARNING: This**

**product contains a chemical known to the State of California to cause birth defects or other reproductive harm.” [265]**

So then, thimerosal clearly **can** cause autism. The carefully scripted studies and news releases always deftly sidestep this glaring admission by the manufacturers. Puts your pediatrician's condescending mantra 'not enough to hurt 'em" in its proper context.

### **WHAT DOES MERCURY DO?**

In her landmark monograph - *Autism: A Unique Type of Mercury Poisoning* - Sally Bernard traces the history of mercury to its origins. Providing a riveting comparison of 2 conditions: mercury poisoning and autism, she notes that both diseases affect the same 6 systems:

<b>gut</b>	<b>muscle control</b>
<b>brain</b>	<b>immune system</b>
<b>eyes</b>	<b>speech</b>

Bernard then shows a virtual one-to-one correspondence between the symptoms of autism and those of mercury poisoning. [173]

### **CENTRAL NERVOUS SYSTEM**

The most tragic physical effect of vaccinations seems to be the assault on the central nervous system. It is easy to understand why in the case of children. No matter what presumptions we may be told, **children are not miniature adults**. Their nervous systems are not near complete. Nerve tissue is the most delicate and sensitive substance, arguably in the entire universe.

The insulation around nerves - **myelin** - is not yet formed at birth. During its development, nerve tissue is exquisitely

sensitive to minute changes in its biological environment. The presence of mercury in the blood will prevent normal nerve formation. (University of Calgary video [153])

Even minute traces. There is **no safe level**.

Inflammation and oxidative stress within the child's brain resulting from mercury can cause autism, or virtually any neurologic disease. [82], Deth] [283, Blaylock]

Theo Colborn clearly explains that a substance that may have been harmless to a two year old may effect a devastating, permanent glitch in the carefully orchestrated configuration of the central nervous system, if experienced at two months, or six months, or at one day. (p.113) [199]

## **BLOOD BRAIN BARRIER**

The same blood that flows everywhere in the body also goes to the brain. Because of its unique requirements, however, brain tissue cannot be freely exposed to everything in the blood. So during adolescence, we develop a mechanism for survival whereby only certain compounds are allowed to come into contact with the brain. This process of **selective absorption** is called the blood-brain barrier. (Guyton) [185]

As for the harmful molecules kept out of the brain, doctors call such substances neurotoxins. That means they kill brain cells.

Here is a partial list:

- **aluminum**
- **mercury**
- **aspartame**
- **monosodium glutamate**
- **formaldehyde**

- *Excitotoxins* [227], The Crazy Makers

Unfortunately, babies are not born with a blood-brain barrier. (Blaylock, p.71) [227] It isn't complete until maturity. With direct access to the brain, such toxins have two effects:

- **kill existing brain cells**
- **prevent myelin and brain interconnections from forming**

Interconnections: now we're talking about the ability to learn. Association. Programming the new hard drive.

Certain areas of the brain, like the ones that allow a baby to walk, or to speak, or to learn - if these are damaged in the unprotected environment of the infant brain, the defect may go unnoticed for years. Later on, when an impairment is noticed, doctors will be running around looking for some recent event. Too late. It's already over.

## **ORGANIC VS. INORGANIC MERCURY**

Bernard shows that the reason thimerosal is a much more toxic form of mercury than one would get from eating open-sea fish has to do with the difficulty of clearing thimerosal from the blood.

Again, thimerosal is **ethylmercury**, a manmade, organic form which is **50x** more toxic to nerve cells, compared with the **methylmercury** found in fish and in thermometers.

In living things, mercury is **bioaccumulative**. In man it is stored in fat cells and nerve cells, and persists year after year. Beyond death. It can seep out any time, causing permanent degeneration of brain cells, in an unpredictable fashion. [173]

And this is how thimerosal can be the original and unidentifiable cause of virtually any neurological disease that mysteriously pops up later in life, with no way to prove it.

## **SAFETY TESTS AND DOGS**

Congressman Dan Burton got sort of miffed when he found out from government officials about their carelessness in monitoring mercury safety during the past 8 decades:

**“You mean to tell me since 1929 we’ve been using thimerosal and the only test that you know of is the one that was done in 1929, and every one of those people got meningitis and they all died?”** - Burton, 19 Jun 02 [162]

Eli Lilly, the inventor of thimerosal, did that test and hid the results, since they were getting the first thimerosal vaccines approved that year. [129, RFK]

Surrealistically, in 80 years there has never been another human clinical test on thimerosal! - V. Williams [162]

Would anyone like to take a shot at explaining why in 1992 the FDA found it necessary to take thimerosal out of dog vaccines but to leave it in children's? [162]

## **HOW MUCH MERCURY DO BABIES REALLY GET?**

In an article in *Journal of the American Medical Association*, the EPA quotes **.1mcg/kg/day** as a maximum “safe” level of exposure to mercury. [183] (Halsey) For adults. That’s point-one micrograms per kilogram per day.

Let’s look at an FDA citation that interprets those safety levels in light of what an American child actually received by 2005: [239]

**Day of birth: hep B - 12 mcg - 30x EPA safe level**

**At 4 months: DPT and HiB - 50 mcg - 60x EPA safe level**

**At 6 months: HepB, Polio - 62.5 mcg - 78x EPA safe level**

Now, EPA levels were talking about methylmercury, (above). And they were also talking about safety levels **for adults**.

But vaccines are given to infants.

Here's one reason why it's more toxic. From the *AAPS Journal*:

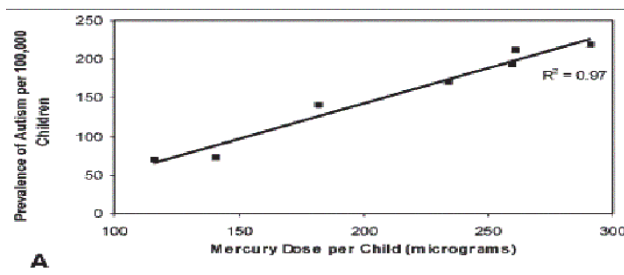
“...mercury in vaccines is given by injection rather than by oral ingestion only makes the exposure levels worse because ...the distribution reached **several logs** higher concentration in organs following ...injections than via oral ingestion.” [143]

Several logs? You mean exponentially by powers of 10?

A valuable review of thimerosal literature is certainly Dr Edward Yazbak's very thorough 2011 lit search. [79] Any physicians still laboring under the illusion that only harmless traces of mercury can be found in childhood vaccines today will be disabused of their profound error by Yazbak's work.

## DATA CORRELATING MERCURY WITH AUTISM

Authors who state there is no evidence of a connection between mercury and autism are talking nonsense. Here is a line graph from the *Journal of American Physicians and Surgeons* which correlates mercury with autism: [143]



How much education do you need to read this chart? The more mercury, the more autism.

Research by Bradstreet et al. presented to the Institutes of Medicine hearings shows a

“direct association between increasing mercury from thimerosal-containing childhood vaccines and neuro-development disorders in children.” [139]

Because of overwhelming evidence, the study concluded that

**“mercury should be removed immediately from all biologic products.”**

That’s exactly what the FDA said back in 1999 when it “asked” vaccine manufacturers to leave thimerosal out. Asked. CDC and APA joined the recommendation. [148]

But thimerosal was never banned, nor can it ever be. As above, settlements. Class action. Banning it would be confirming its toxicity in vaccines. No hint of that must see the light of day.

## **FOREIGN MERCURY**

[129]

Other countries are not quite so blasé with their children’s health: thimerosal was banned from vaccines 20 years ago in Russia, Denmark, Austria, Britain, Japan, and Scandinavia.

## **DR. HALEY ON THIMEROSAL**

One of the world’s foremost experts on thimerosal toxicity is certainly Boyd Haley, PhD, chairman of UK’s chemistry department. Here are just a few conclusions from this man who has spent decades of study on the topic:



“... the case against thimerosal is so dramatically overwhelming that only a very foolish or a very dishonest person with the credentials to understand their research would say that thimerosal wasn't the most likely cause of autism.

“You couldn't even construct a study that shows that thimerosal is safe. It's just too toxic... If you inject thimerosal into an animal its brain will sicken. If you apply it to living tissue, the cells die. If you put it in a Petri dish, the culture dies. ... it would be shocking if one could inject it into an infant without causing damage. “ [151]

**“A single vaccine given to a 6 pound newborn is the same as giving a 180-lb adult 30 vaccines on the same day.”**

### **WHY THIMEROSAL IS HERE TO STAY**

On 2 Apr 04 a bill was introduced into Congress to ban all mercury from vaccines by 2006: HR 4169. [149] Nice gesture, but only a footnote now.

Then in 2005, the manufacturers voluntarily moved toward reduction of thimerosal. There was getting to be too much criticism, too much attention, too much science that could no longer be ignored, even by the bovine mentality of the American public, that mercury is a poison and therefore cannot be a preservative. (Baskin [158])

After 80 years of overwhelming evidence proving its deadly effects and how it could cause autism, vaccine makers were now going to begin limiting or omitting thimerosal in vaccines. So they created a new illusion - don't worry, we're phasing thimerosal out.

Pediatricians, as well as the popular press, have been misleading parents for years, telling them that thimerosal

was already gone from vaccines. And that's why most people think that thimerosal is no longer something they have to be concerned about.

### **HOW MUCH MERCURY IN VACCINES TODAY?**

Despite the endless doubletalk we still read in everyday media about the decreases in vaccine thimerosal, here are the actual figures of allowable mercury in today's vaccines, hidden in a chart at the very bottom of the FDA's own 2017 webpage on thimerosal: [107]

<b>DTaP</b>	<b>.3 mcg</b>
<b>DT</b>	<b>25 mcg</b>
<b>Td</b>	<b>8.3 mcg</b>
<b>TT</b>	<b>25 mcg</b>
<b>Hep B</b>	<b>1 mcg</b>
<b>Hep A</b>	<b>1 mcg</b>
<b>Influenza</b>	<b>25 mcg</b>

A report to the state of California admitted that trace levels of mercury are expected in **all** vaccines: [274], Schechter]

“After analyzing autism client data from the California Department of Developmental Services, researchers concluded that the data “do not show any recent decrease in autism in California despite the exclusion of more than **trace levels of thimerosal from nearly all childhood vaccines.**”

Why on earth would they phase it out? Thimerosal has never been made illegal, nor will it ever be. That would be like the American Dental Association outlawing amalgam fillings. These poisons betoken the very essence of the respective professions. The FDA never forced the issue, never banned mercury.

Since 1930, the FDA has never done its job, has never protected people from this neurotoxin. Infiltrated as it is with

top lawyers and execs from the industry it pretends to regulate, the FDA cannot end thimerosal.

But even if thimerosal were prohibited from new vaccines today, it wouldn't make much difference in our lifetime. Stockpiles persist for decades. Stockpiled vaccines are almost never discarded. Any clinic may administer as many mercury-laced vaccines to as many infants as it wishes. That can never change.

### **THE KENNEDY REPORT**

So in 80 years the FDA never protected the public from thimerosal. Since the early 90s the FDA has known that over **8000 children** every day were being exposed to levels of mercury that far exceeded Federal guidelines. [157] But thimerosal is still legal.

Many became fearful with the 2005 report on mercury by Robert F. Kennedy Jr: ***Deadly Immunity***. [129] The reader is directed to the entire report, which was banned from media but accessible online. Kennedy reveals a few of the more egregious industry misdeeds of the past 15 years:

- the secret 2000 meeting of scientists, regulators and vaccine reps in **Simpsonwood, Georgia** to discuss overwhelming new research proving a link between mercury and autism

- the bad judgment in suddenly adding 3 mercury vaccines for infants in 1991: hep B, hemophilus B, and DPT.

- the 15-fold increase in autism which directly followed

- the incontrovertible evidence from the world's leading toxicologists that thimerosal in the mid 90s created the epidemic of autism

- after the research was presented, instead of discussing the best ways to alert the public to the new dangers, the group spent the remaining time figuring out ways to cover it up. [129]

One concrete result of the meeting: the CDC commissioned a cover study from the IOM, which was completed in 2004. That study deliberately withheld all the shocking new research they had just uncovered, and actually turned it over to a private company, AHIP, in order to sidestep Freedom of Information accessibility. Worked fine, until *Vaxxed*. [296]

### **INSTITUTES OF MEDICINE LOOKS AT THIMEROSAL**

On 9 Feb 04, the IOM, a branch of the National Academy of Sciences, at the behest of CDC, convened in order to lay to rest once and for all the thimerosal controversy. They invited 13 of the world's leading scientists on neurotoxicology to come to Washington and present data about an association between autism and thimerosal.

Reviewing audio files of that meeting, available on the IOM's website [138] the listener gets a first-hand view of government. As one scientist after another brilliantly summarized years of research in his allotted 20 minutes, leaving little doubt of the causal association between mercury in vaccines and brain injury, the contradiction could not be ignored: with all this scientific evidence, how can the mantra that we kept reading about no proof, no proof, continue to be evoked?

Here is a preponderance of evidence linking thimerosal with virtually any neurological disorder, not just autism.

### **OVER THE TOP**

Even with the outcome pre-ordained by CDC, [138] it was a shocking surprise that in defiance of the deluge of evidence

presented that day proving the contrary, IOM's formal conclusion was that there was still no proven link between autism and thimerosal. [312]

Where they really went off the reservation, however, was when IOM declared the case closed and, in a startling position for a scientific body, recommended that **no further research** be conducted (!)

Summarizing the day's testimony, perhaps the most cogent statement came from Mark Geier, MD PhD, a leading authority on genetics:

"This is about as proven an issue as you're going to see ... what is occurring here is a cover-up under the guise of protecting the vaccine program. If we're not convinced thimerosal isn't causing autism, I recommend that we spend \$10 or \$20 billion to find out what is causing it. Nobody's doing that." [133]

## **RFK AND THE WORLD MERCURY PROJECT**

Bobby Jr. has announced his life commitment to bringing an awareness of the dangers of mercury to the world. To that end he has set up an invaluable online resource - the World Mercury Project. [11] You will find a trove of past and current science, as well as commentary on the politics of Hg.

Probably the most valuable feature of the site is the download with more than **80** peer reviewed studies that show a clear connection between thimerosal and autism.[11] This science has been well known for more than 2 decades by anyone who cares to look one level deeper than the daily fare served up in pop press. Makes one realize how untenable is the tired old trope about how there is "no proof Hg causes autism..."

## **MEASLES - MUMPS - RUBELLA VACCINE**

In the US, the MMR vaccine was added to the mandated schedule in 1978, approved after studies lasting only **28 days**. [159] We saw the sales pitch above. To this day, no medium or long-term safety studies of MMR have ever been done.

### **ATYPICAL MEASLES**

As we were led down the garden path of MMR vaccination, 2000 centuries of herd immunity - natural immunity - were cavalierly tossed out the window. Before the vaccine, whoever got one of these mild diseases thereby got lifetime immunity. No longer. Instead, after a couple of decades of vaccination, we now see **atypical versions** of the original diseases: brand new adult disease forms. Manmade.

Adults who get measles, mumps, or rubella for the first time have a much greater chance of death or serious complications. (*Merck*) [234]

MMR vaccine may actually work to delay the onset past childhood. As a result, the adult versions are mutated forms of the original diseases. Which means that someone who got the disease as a child and who was thereby immune for life, may not now be immune to the new atypical forms created by mass vaccines.

### **MMR AND AUTISM**

One's opinion of **Andrew Wakefield** has come to be a sort of IQ test for an overall awareness of the vaccine issue.

Forget everything you have read about Andrew Wakefield. Unless he (or we) wrote it. [75] [238] [292] Best to start with *Waging War On the Autistic Child*. [293] Otherwise, likely you know nothing about him. Leader of the anti-vax movement?

Hardly. Just part of the global scapegoating of a man who dared to follow pure science instead of the dictates of politics.

About 1996, Wakefield, renowned London surgeon / gastroenterologist, noticed that autistic children had a unique new bowel disorder.

Wakefield began to do something that other doctors hadn't done - examine the children, starting with abdominal palpation, to feel for an obvious obstruction.

After a colonoscopy on each child, Wakefield noticed a pathology: large nodular bleeding masses within the colon.

The condition - **lymphoid nodular hyperplasia** - was unimaginably painful for the infant because these bleeding, swollen, infected nodules blocked the colon. The body would interpret the nodules as waste and attempt to pass them through. But since they were attached to the lining of the colon, a pathological folding up or telescoping of the colon would occur, which doctors call **intussusception**. Usually surgical, often fatal.

Wakefield began to call the new bowel disease **autistic enterocolitis**. This was quite a different thing from your average infant colic. The autistic colon had some unique features that appeared in virtually every case:

**inner lining of intestine blocked and inflamed**  
**lymphoid nodular hyperplasia**  
**specific viral infection**  
**autoimmune characteristics**

What could make a two year old's colon attack itself?

## **VIRAL CONNECTION**

Good question. A molecular biologist, John O'Leary PhD,

was asking the same thing. O'Leary's contribution was a sophisticated sequencing technology (TAQMAN) that can distinguish one virus from another. In almost every autistic gut, they found measles virus - the virus from the measles vaccine component of the MMR shot. (Uhlmann) [163]

### **CAREER SUICIDE**

At this point Wakefield made a career-defining statement. He merely suggested that perhaps a connection between autism and MMR vaccine **deserved further study**. [238] That was it.

Suddenly he found himself the target for censure from the worldwide medical community. Too late he discovered his mortal sin: he had unintentionally maligned the Sacred Cow of medicine - vaccines. He then watched his brilliant practice career take that long slow swan dive, from which it never recovered.

A lesser man would have apologized and backed off, like his co-authors did. Yet Wakefield, seeing a reasonable hypothesis that was being ignored by science, was undeterred. He saw the vital importance of such a discovery if it turned out he were correct.

### **PLAUSIBILITY: FIRST PIECE OF THE PUZZLE**

Wakefield first asked: is it plausible for a viral agent like measles vaccine to be the cause of a neurological disorder like autism? Is there a recognized link between the gut and the brain?

Nothing controversial here. Aspirin is absorbed into the bloodstream through the stomach, and cures headaches. Beer is absorbed through the bloodstream and alters mood. Prozac is taken into the digestive system and alters mood. Poisons we eat may damage parts of the brain which are necessary for survival.



Years ago, Chopra spoke of the brain chemicals that were found all through the digestive tract, sending constant information back and forth. [230] Psycho-neuroimmunology, a huge field today, studies the sophisticated feedback mechanisms linking the immune system, the gut, and the brain. [293]

### **ANOTHER PIECE OF THE PUZZLE**

Another of the world's leading autism research scientists Jeff Bradstreet, MD:

“... we propose a subset of genetically vulnerable children who lack the ability to clear the vaccine strain of the virus and that this is ... a direct cause of their symptoms.” [140]

He never proved that connection, nor was he really studying the possibility. Bradstreet was anything but anti-vaccine. After a lifetime of the most dedicated medical research, this doctor found himself floating in a river face down, GSW through the chest. Mainstream conspiracy ruling: suicide. [304]

Beginning to wonder why NIH isn't funding such an important hypothesis?

### **VIRAL INTERFERENCE**

Doctors have a name for triple shot vaccines: **trivalents**. Wakefield wonders at the lack of science behind mixing 3 viral agents together in one triple shot vaccine cocktail like MMR without testing the mix.

Viral agents have unpredictable effects upon each other. The random result of mixing together viral agents is called viral interference. It is discussed in more than 2000 journal articles. [159]

1+1+1 does not necessarily equal 3. [75]

With measles/mumps/rubella vaccine - we have manmade strains of three infectious viruses thrown together. Not the naturally occurring disease strains, mind you, but manmade forms. Early researchers pointed out the necessity for safety study of the trivalent. (Buynak, 1969 [233], Minayama - 1974) It was never done.

Later researchers reaffirmed that these viral interactions should be thoroughly studied with **all** triple shot vaccines. (Halsey [183]) Neither has that work has ever been done. Looking at the current Schedule of vaccines we see no less than **seven** triple shot injections mandated for every American child. [4]

### **THE AUTOIMMUNE MEASLES VACCINE**

V. Singh, PhD, a specialist who studied hundreds of cases of autism, found that these children experienced an autoimmune episode, in which their own body began to attack the lining of the nervous system - **myelin** - analogous to the insulation of electronic wire in your computer.

Singh: "...hyper-immune response to the measles virus."

Such damage is a well-known effect of the mercury used in vaccines, as well as of the measles vaccine. **No child is born myelinated.** Flawed architecture in the formative infant brain can result in virtually any childhood or adult neurologic disorder. [155]

Despite the massive denial and coverup from mainstream media and organized medicine in the past decade, thanks to Wakefield, Singh, Dan Burton, and others, here's what most autistics have in common:

- **normal early development**
- **regression to autism after vaccine**
- **a new GI pathology not found in normal children**
- **recurrent infections**
- **neurological symptoms of brain toxicity**
- **LN hyperplasia in the colon: as a response to virus**
- **immune deficiency/autoimmune characteristics**

## **PROVE THEM WRONG**

With all the billions available from the NIH for medical research, where are the parallel studies being done to disprove Wakefield? If his methods are wrong, duplicate them and discredit him once and for all. What about when it turns out Wakefield is right? Wasn't an epidemic that strikes one infant in 50 worth studying?

Although endless sums were spent demonizing him, NIH didn't want to spend one dime testing Wakefield's hypothesis. Why not? Because every scientist knows what they will find: Wakefield would be found correct. There is an unarguable causal connection between MMR and autism.

Fortunately Wakefield was finally unmuzzled, and in his shocking book *Callous Disregard* [292] we learn the true story behind the story. Though meticulously absent from the pop press, Wakefield has been exonerated and validated - scientifically, legally, and ethically. Since 2012.

Perhaps the best summary of that vindication is Engdahl's article of Aug 2016. [38]

In 2007, UK's General Medical Council had brought a case against Andrew Wakefield and John Walker Smith because of the initial study written up in 1998 *Lancet* suggesting further investigation into a possible MMR/ autism connection.

After 5 years, they dropped all charges:

'...the conclusions of the GMC board that stripped both Walker-Smith and Wakefield of their licenses to practice medicine in the UK were based on "inadequate and superficial reasoning and, in a number of instances, a wrong conclusion... The end result is that the finding of serious professional misconduct and the sanction of erasure are both quashed." ' [38] [8]

But nobody knows this; the ruling was all but banned from corporate media. They continue to attack and misdirect based on the original false charges. And that's the public perception of Andrew Wakefield to the present day.

To pay the price he paid for standing up to the world medical profession, exposing their systematic negligence - that's something supremely scarce in today's world. Moral fiber, professional integrity, uncompromising scientific ethics - rare as hens' teeth in today's world. It's an honor to belong to the same species as Andrew Wakefield.

Studies linking autism with vaccines? The mid-1990s class action payouts by the tobacco industry - over \$250 billion - would pale by comparison to settlements that would result from even a scintilla of an admission about a link between autism and vaccines, especially from their most toxic sources - aluminum, thimerosal and MMR.

### **CONGRESS LOOKS AT AUTISM - FOR A MINUTE**

Back when it was only **1 child in 250**, the House Committee on Government Reform looked at autism, 2000-2003. Under the leadership of Dan Burton, it wasn't the usual whitewash. Burton's grandson is autistic.

From Burton's opening statement in the hearings:

"Through a Congressional mandate to review thimerosal in medicines, the FDA learned that childhood vaccines, when

given according to the CDC's recommendations exposed over **8,000 children a day** in the United States to levels of mercury that **exceeded Federal guidelines**. Is there a connection between this toxic exposure to mercury and the autism epidemic?" [157]

That was 15 years ago. What progress has Congress made since in acknowledging the prodigious amount of research that implicates today's Vaccine Schedule?

### **VAXXED: THE MOVIE**

In June 2016, a controversial film was released.

For weeks before the movie came out, it was attacked by 'reviewers' from virtually every global media source - none of whom had ever seen it. The clincher was when the movie was thrown out of DeNiro's prestigious Tribeca film festival, forever thereafter impugning its credibility as a forum for free expression.

*Vaxxed* received so much negative press that it backfired - the filmmakers couldn't have bought that kind of advertising for any price. No such thing as bad press, etc.

Nothing like all this had ever happened before. Just what was so dangerous about this movie that they were so afraid of?

Briefly, it was about a cover-up at the upper levels of CDC research, complete with whistleblower. In 2003, new research from some of the world's best scientists revealed a causal connection between MMR and autism. But instead of warning the public about the dangers of the vaccine, CDC's top researchers decided to destroy the evidence. Yes - they destroyed the evidence.

Then about 12 years later, one of those CDC scientists,

William Thompson, felt remorseful and turned an original of that research over to Congress, demanding that he be subpoenaed, to get the evidence on record.

Thus far, Congress has been silent as the grave on the issue. Whether it was complicity with their constituents at Big Pharma, with the #1 lobby machine in Washington, or for some other political reason, Congress has refused to take any steps to protect the public welfare on this issue. And that's the substance of the movie.

This full-length film is still being shown all over the world: *Vaxxed: From Coverup to Catastrophe*. [31] There has never been another movie on vaccines that even approaches its level of authority, unimpeachable science, and production quality. It is essential for anyone trying to discover the day-to-day operating ethics of the top branch of the government charged with the protection of our children's health.

For a better review, see [28]. Above all, don't miss the movie.

## **THE NEW SMOKESCREEN OF GENETICS**

Watch how the word 'genetics' pops up when mainstream press or 'science' is talking about a disease for which no drug or procedure has yet been marketed. Since money can't be made by claiming to cure the disease, it is said to be 'genetic,' meaning that the disease comes from unpredictable, uncontrollable sources for which the patient is not responsible. **Genetic predisposition** - that's the new mantra.

Autism is in this category. Since they don't have a drug cure yet, autism must be genetic.

V. Singh, PhD from the Utah State University explains why genetics is an impossible rationale for the autism epidemic: most kids were normal until two years old. Then they regressed into the permanent brainfog of autism. That's

simply not the way a genetic event manifests itself in a population. [155]

Secondly, noting the meteoric rise between 1993 and 2007 - autism happened entirely too fast. [152] Mass genetic defects appear in a population over a much longer period of time than 9 years. A fast genetic shift is a **1% increase over 100 years**, not **1700%** in 14 years. [112]

Thirdly, **there's no such thing as a genetic epidemic.** (Yazbak [146])

Autism came out of nowhere in the last 20 years. If you think it can be explained away as a genetic condition, perhaps we could interest you in some prime real estate in south Florida...

### **PERMANENT DISABILITY**

Even if the cause of autism were proven tomorrow and stopped dead in its tracks, autism would plague this country for decades to come. Like Burton says, these autistics aren't just going to die.

They are going to live on for years and years as a huge drain on parents and on our society - trillion\$. And not just fiscally. As big money continues to do everything it can to prevent the cause of autism from being studied, thousands of new defectives are created year after year.

The government agencies responsible for monitoring and controlling diseases and medicine are the FDA, the NIH, and the CDC. Like most alphabet soup departments, in everyday operation, health often takes a back seat to politics and money concerns. All three agencies have shown a concerted effort in preventing the real cause of autism from being studied.

HHS is no better. Here's Dan Burton's opinion of them, from Congress 10 Dec 02: [153]

“Officials at HHS have aggressively denied any possible connection between vaccines and autism. They have waged an information campaign endorsing one conclusion on an issue where the science is still out. This has significantly undermined public confidence in the career public service professionals who are charged with ... assuring the safety of vaccines and increasing immunization rates.”

In HHS' own archives in their *Statement on Thimerosal* we read: **...among the symptoms of exposure include mental retardation in children, loss of coordination in speech, writing, gait, stupor, and irritability and bad temper progressing to mania.** [169]

Sound anything like autism?

These agencies have consistently attacked the few researchers who are struggling unaided to uncover the etiology of this epidemic. Historically, organized medicine has rarely sought the true causes of disease. It seems to focus rather on marketing cures for disease, especially if they don't work.

Just imagine - what if it's really true that the prime cause of autism turns out to be vaccines? Who would tell us? Vaccines are the Golden Calf of medicine. CDC buys and sells **\$4.4B** worth per year. As the introduction to a lifetime of dependence upon medicines, vaccines are above reproach. How could vaccines - the crowning achievement of scientific medicine - be the cause of disease? This is the question that cannot be asked, the thought which cannot be entertained.

## **MAKING AUTISM AN INDUSTRY**

The race to market autism as a cottage industry has



attracted every MLM, health supplement, magic bullet, and fringe modality known to man, each one claiming to “cure” autism. Most of the seminal autism awareness groups metamorphosed into MLMs marketing cures. Since the money’s in the cure, they’ve stopped asking where the epidemic came from. Don’t worry - our doctor's protocols work, they hawk. Some of the contenders include

<b>DMSA</b>	<b>EDTA</b>
<b>taurine</b>	<b>carnosine</b>
<b>herbal chelation</b>	<b>alpha lipoic acid</b>
<b>hyperbaric therapy</b>	<b>transfer factor</b>

A few of these remedies have actually shown improved cognition or improvement on some scale or other. Some, like oral chelation, actually may remove mercury from an infant’s delicate physiology. [88] But isn’t that the wrong question? Shouldn’t we be asking how to stop subjecting infants to these neurotoxins, and a lifetime of disability?

Autism will never be acknowledged as an epidemic until a pharmaceutical drug or procedure is claimed as a cure.

A creditable summary of autism research today can be found at [ageofautism.com](http://ageofautism.com) [144] For the autism detox protocol: [88].

## **GOING DOWN**

No amount of creative writing can make the prospects for the future of autism in America look bright. As of 2014, the rates were still going up. [63] CDC] Even with CDC admitting to one child in 45, the truth is no one really knows how many autistics there actually are.

Autism is usually permanent, no matter what the MLMers say. Although there are some effective programs, rarely will a vaccine damaged child recover and be 100% normal again.

**Risk / benefit studies have never been done for any vaccines.** Realizing this one simple fact, blindly accepting the dictates of the Mandated Schedule of vaccines puts the child in harm's way. Until parents start doing their homework on vaccines, it's inevitable we'll continue to mass produce thousands of permanently defective citizens year after year, for decades to come. [M. Lahey MD] [286]

### **BERNAYS' WORD GAME**

Always remember: **Autism** is just a word. It is not a clearly defined clinical entity backed by proven causes from extensive randomized studies. Rather, it's more of a descriptive term, used more by media than by science, since mainstream science steadfastly refuses to study autism. Many parents' groups today use the more accurate term '**vaccine injured**' to describe the new demographic.

While a wide variety of causes are certainly contributing factors to the new epidemic, independent researchers have now presented incontrovertible proof over the past 15 years that vaccines are a primary, if not the principal precipitating event in creating this novel class of neurologically damaged children. [293] Ever see an unvaccinated autistic?

### **THE DEATH OF A CHILD**

Before we overintellectualize the minutiae of the autism phenomenon here, let's step back a minute and consider what these parents actually experience.

At some point, most of us have watched an infant develop into a toddler and become a little human being. One of our highest joys is to see the various stages and milestones the child reaches, about the details of which we have probably bored our friends senseless. To play with a little one every day and watch the miracle of their discovery as their light grows daily brighter is not just one of our greatest delights,

but is it not one of the main purposes of human life?

Got the set-up here? OK, so now imagine that after 2 years of carefully nurturing a child all day every day, with all the rewards and sacrifices that entails, suddenly all at once - click - the light goes out, the child stops responding, stops smiling, stops learning, and soon doesn't even recognize you.

And he's not just sick - it's permanent. Forever. Can't unboil a hardboiled egg, and all that.

Now the whole contract changes - now it's a one-way street. You still have to care for the child, but now there's nothing coming back your way - no response, no interaction, no love, no promise for the future. And after a long time you have to try your best to keep telling yourself it's not just some lab experiment. This is your child.

Take a second and imagine your child like that.

So that's what this book is, then - a chance to know. Beforehand. But why would anyone study something until they need to? And there we have the worst tragedy of all - we need to know **before** we vaccinate.

### **RFK: VACCINE COMMISSION PROPOSED 2017**

As mentioned above, in early 2017 it was announced that President Trump and Bobby Kennedy Jr were talking about setting up a Vaccine Commission in order to have a forum to discuss vaccine safety with scientific integrity. Just the idea was a breakthrough event in vaccine awareness. [22]

The new Commission would be a first step in creating an unaffiliated scientific arena to discuss the controversial vaccine issue. This has never been possible in the history of

media, as well as vaccine science, whose constituency is dominated exclusively by pharmaceutical interests.

There are few in the public or private sector with Kennedy's level of altruism and social responsibility. He has nothing to gain personally from such an endeavor. Just a glance at the enormous body of work offered on his website reflects his insistence on government transparency.

In a recent video - Episode 3 of Gentempo's series **Vaccines Revealed** [24] Kennedy offers a nonstop articulation of the best science that exists today on Hg toxicity, and the politics of vaccines. No proponent of vaccines anywhere on earth would dare to meet this man in open debate – RFK is a fountain of vital facts, a true scientific expert, who has been carefully ostracized from corporate media for the past decade.

A Commission on Vaccine Safety comes at precisely the right moment, when we're seeing an aggressive surge in imposing vaccines by restrictive new laws, cited below. This philistine policy of Legislate Don't Educate is ushering in a new era in vaccine politics.

Battle lines have been drawn. The players:

- **those who want to explore the science**
- **those who want to cover it up**

One of today's most overused vaccine slogans is “The Science Is Clear.” Everybody uses it - such a cliché'.

“The science is clear” (Hillary)

“The science is, you know, pretty indisputable.” (Obama)

What science? The paradox is that those using the slogan will never cite any specific studies or allow free and open dialog among legitimate scientists in the field.

It's easy to stop such a speaker dead in his tracks, with one question: “Really? Name 3 studies.”

By definition, scientific inquiry into any area is never finished. Vaccine research is the only area of biochemical science that has ever demanded an end to the discovery process.

Once the free exchange of ideas becomes outlawed, science has been replaced by the State religion of vaccine orthodoxy.

Kennedy's overall objective has never changed – it's simply to create a dialog, indeed to demand one – a professional environment in which the science relating to the safety, necessity, and manufacture of vaccines is publicly presented in a fully transparent setting, irrespective of special interest and for-profit control.

Like this text, RFK's position is not anti-vaccine. He's in favor of any vaccines that have been proven safe, effective, and necessary by legitimate science that is wholly independent of vaccine economics and politics. There's never been a forum for that open discussion to take place.

## **W.H.O. - BUSINESS AGENDA FOR 2025**

An eye-opening promo from the W.H.O. [23] shows a cold-blooded investment syllabus on the economics of global vaccines - the players, the money, the agenda, the future. At a glance, the reader can see why it has been so difficult for any science that challenges vaccine orthodoxy to ever see the light of day.

For example, **5** corporations own **80%** of the global vaccine industry: **Merck, GSK, Sanofi Pasteur, Novartis, and Pfizer**. Normal costs of doing business include millions for

- **lobbying**
- **media influence**
- **creating markets for some 200 new vaccines**
- **advertising**

The syllabus also shows their specific plans for increasing vaccine sales throughout the world, to ensure they'll reach their 2025 target of **\$100 Billion annually**. [23]

What can stop it? This blueprint is the end of naiveté.

Not surprisingly, there is not one word in the projection about health benefits or strengthening the immune system of the vaccinated child. Lest there be any illusions, the vaccine industry is first, last, and always - a business.

## **SB18: NEWEST ASSAULT ON PARENTS' RIGHTS**

Last year's SB277, abolishing the decades-old Vaccine Exemption in California, was a trial balloon. The objective was to see how much squawking there would be if they took

away parents' rightful control over whether or not to vaccinate their own children.

When that shocking law sailed through virtually unopposed last year, the pharmaceutical industry was emboldened. The next question was: How much can we take away? How little value does the California electorate really place on personal freedom? Let's find out.

Enter SB18.

This Orwellian "**Bill of Rights For Children**" would reinforce the state's ownership of children – no longer Your Child – but now Our Child.

The proposed law sports some extremely sophisticated language, carefully crafted phrases about "protecting the child from threats to their health...."

The danger is in **defining** those "threats" – it might be any situation where parents disagree with government about how to raise their children. Specifically with drugs and vaccines.

If voters won't look at the bill hard enough to see the economics behind it, its passage will be another tool to force experimental vaccines on every single child, under the pretense that vaccines are safe, necessary, and scientifically tested. Which they most certainly are not.

The proposed SB18 would obviate the need for scientific dialog. Knowing they can never win the scientific debate, legislators are now making it irrelevant. We don't have to prove vaccines are safe. We'll just create laws forcing children to be vaccinated....

No more Educate Before You Vaccinate. Instead now it's **Legislate, Don't Educate.**

Anyone who wants to debate the issue will be considered as “endangering the child,” and we the State will have the right to take the child away, because the child is now protected by the new Child’s Bill of Rights.

This law - SB18 - is actually on the roster in Sacramento. It's intended to insert the State between parents and the child by clever suggestions about the "child's rights." For example:

"The right to form healthy attachments with adults responsible for their care and well-being."

If any judge felt that an unvaccinated child doesn't seem “safe and healthy,” he could simply pronounce the parents in violation of the new law and send Child Services to take the child away and vaccinate him.

That kind of scenario is completely possible – in fact it's already happening. But with the passage of the new laws, California will be the test monkey.

For the full text of SB18: [22]

The ultimate agenda of the whole new juggernaut: threaten parents not to object to any course of drugs or vaccines deemed “appropriate”.

Who will be the arbiter of what is ‘appropriate’? What standard will apply? Medical orthodoxy – the same belief



system that has made the US the sickest of all industrialized nations on earth, and presides over the sharpest increase in childhood diseases in US history.

Do children really need the government to suddenly give them rights – new rights that Americans have never before needed to have enumerated?

Ideologically, politically, and morally, this new law is a game changer.

### **CHICKENPOX**

Varicella (chicken pox) has traditionally been a mild, self-limiting immune-building disease of childhood. Merck admits that. [234]

Many of those reading this book, and more of their parents, probably experienced chickenpox as children, and are none the worse for the wear. A few days of Calamine lotion, sponge baths, and hot tea and the kids are back to their normal routine.

Then suddenly in 1995, chicken pox vaccine was added to the Mandated Schedule for school children.

How did that happen? Why do we suddenly need a vaccine for a disease that has been a common part of prosaic American childhood for the past two centuries without drawing the slightest attention?

A standard websearch for *Varicella* will turn up about 200 websites all proclaiming the same false message: that the vaccine was necessary to protect children from dying of chickenpox complications. The pervasiveness of such disinformation is appalling - the truth is easily uncovered

with a little research, demanding answers to 4 simple questions:

- **Does the vaccine really work?**
- **What is it made from?**
- **What are the side effects?**
- **What clinical trials were done before the vaccine was mandated for public use?**

Let's start with the first one. **Does it work?** That depends. If you mean does the vaccine confer lifetime immunity from chickenpox, the answer is no. Merck, the manufacturer, only claims immunity for 5 years.

As with measles, the problem with this scenario is the vaccine promotes the adult version of this once-common childhood disease. Such **atypical** versions are much more serious, with much higher rates of complication and fatality. A consequence of artificial immunity.

From the *Physicians Desk Reference* p1783, [55] we find:

“There are **insufficient data** to assess the rate of protection against the complications of chickenpox (e.g., encephalitis, hepatitis, pneumonia) in children.”

Insufficient data about the complications? Then why are we using the vaccine?

The only value of the vaccine is this supposed protection from the complications. Remember? Besides the complications, chickenpox itself is “generally a benign, self limiting disease,” as the *PDR* states earlier on that same page.

**What is the vaccine made from?** Introduced in March of 1995, the chickenpox vaccine has an intriguing derivation:

It's cultured from lung cells from **aborted human fetus**. Don't believe it? Check p 1783 of the 2013 *Physicians Desk Reference* - the bible of the drug industry. [55]

Sound a bit medieval? Well, maybe we can tell ourselves that hey, we're not all PhDs in biochemistry, so maybe there is some obscure scientific magic that happens when you culture virus on aborted fetal cells that will make infants healthier if you then inject it into their bloodstream, thereby offering them protection against a dread disease...

Seems logical.

There are a few problems inherent in this blind faith in the patriarchal benevolence of the FDA, however. Like the original studies that supposedly proved the necessity for the vaccine - those three kids who died of chicken pox.

You feel sort of played when you realize that the infants in those CDC studies didn't really die of chickenpox at all, but rather of the toxic effects of powerful antibiotics, antipyretics, and steroid anti-inflammatories that were shotgunned in quick succession into their formative immune systems, after the vaccine. (*MMWR*, vol 47, 1998 [287])

Any likely side effects for the millions of children unnecessarily vaccinated every year for chickenpox? Here are those listed in the 2013 *PDR*: [55]p 1786]

<b>herpes zoster</b>	<b>meningitis</b>	<b>pneumonia</b>
<b>impetigo</b>	<b>pharyngitis</b>	<b>swollen glands</b>
<b>NVD</b>	<b>allergic rxs</b>	<b>encephalitis</b>
<b>respiratory illness</b>	<b>Guillain Barre</b>	<b>paresthesia</b>
<b>CVA</b>	<b>eczema</b>	<b>fever</b>
<b>Bell's palsy</b>	<b>otitis</b>	<b>rash</b>
<b>abdominal pain</b>	<b>thrombocytopenia</b>	<b>cough</b>
<b>pain at injection site</b>	<b>myelitis</b>	<b>chills</b>

Most of these reactions are deleted from the *PDR* after 2016. Same vaccine. [12]

Finally, let's be really pesky here and ask whether any long-term tests for efficacy were done before this vaccine was legislated into the bloodstreams of our children. None. It never happened. From the 2013 *PDR*, p 1783, the follow ups were never longer than **8 weeks**. [5]

Most of the cited references for Varivax development are from the 1980s. [55] (p1786) Once approved and added to the Schedule, there's no need for new research. It's carved in stone.

Like all other vaccines, the testing takes place on the live population, after the vaccine is mandated. The drug cartels realize how few are paying any attention. Did the chickenpox vaccine just appear one day in the Mandated Schedule with no public fanfare, after the FDA got the high sign from Merck?

Seems like it did.

Overdramatization? Then tell us - where is the long-term clinical proof for this vaccine? Ask your pediatrician, ask the school nurse, ask the CDC why we're using untested vaccine on our children.

For no apparent reason, the 2002 Mandated Schedule dropped from two shots of *Varicella* vaccine to one. Then in 2007, back up to two again. Same vaccine - no new studies, no science. Just politics.

### **PREVNAR**

Do you even know what Prevnar is? Does your pediatrician? Try asking. Since its addition to the Schedule in 2002, the Prevnar (Pneumovax) vaccine has been surrounded by

controversy. Prevnar contains elements of *Strep pneumoniae* and diphtheria bacteria, and is marketed as protection for otitis media and bacterial meningitis. [55]

The newer versions of Prevnar include Prevnar 13 (PCV 13), Pneumovax 23, and PPSV23. [55] [12]

The first and most striking problem with Prevnar is the claim that it protects against *otitis media*, which is usually a simple earache. Practically all babies get temporary earaches, which are mild and self-limiting and resolve in a day or two. Even the *PDR* cites **90%** as the figure for infant earaches. [223]

It may be surprising to review the definition of otitis media: "**a visually abnormal tympanic membrane suggesting effusion**" [223] (p 3468) That means looking in the baby's ear, the ear drum appears red. This can happen after crying. There's no culture, no blood test, nothing besides looking in the ear necessary to diagnose the commonplace otitis. It's inflammation, not infection.

So why would violating a child's bloodstream with a vaccine be necessary to prevent such a mild condition?

Are there any side effects from such a marginally important vaccine? Here's a partial list, according to the manufacturer:

<b>fever</b>	<b>anaphylaxis</b>	<b>otitis media</b>
<b>seizure</b>	<b>pneumonia</b>	<b>hives</b>
<b>heart failure</b>	<b>choking</b>	<b>gastroenteritis</b>
<b>conjunctivitis</b>	<b>asthma</b>	<b>thrush</b> [223]

Wait a minute. Otitis media as a side effect of the vaccine? Wasn't that what the vaccine was for? And pneumonia? Is it a surprise that injecting healthy kids with *Strep pneumoniae* might cause pneumonia? And look at all the other serious side effects.

As we read through the manufacturer's description of the original clinical trials, he states that the subjects were receiving all other standard vaccines at the same time. So how many of these other vaccines list otitis media as a side effect? Answer: **5**.

Does that mean we needed this new vaccine to take care of a side effect from other vaccines? Looks like it. The only way this study would have been legitimate would have been if the control group were unvaccinated.

By the way, there were **12 deaths** among the original test subjects. [223]

The next amazing part of the sales job for Prevnar is the claim of protection against **bacterial meningitis** - an extremely rare disease in the US. ([55] p1664)

### **PROVEN EFFICACY**

Does the pneumococcal vaccine work? This subject is addressed head-on by a very thoroughly researched article entitled *Prevnar: a critical review of a new childhood vaccine*, by British educator Michael Horwin. [168] The original clinical trials on Prevnar resulted in **only a 7% reduction in earaches from the vaccine**.

That's the highest benefit they could claim for Prevnar - a vaccine for simple childhood earache, with all the above dangerous side effects, may only work 7% of the time.

### **QUID PRO QUO**

Horwin also goes into a detailed analysis of the financial entanglements between FDA advisory committees who approved Prevnar and WyethAyerst, the manufacturer. He shows how the most visible proponents of Prevnar, the doctors who do the world lecture tours and have colossal

research funding and get coverage in medical publications - the specifics of the financial incentives they reap.

A few minutes reading those sweetheart deals, and the overall picture comes into focus quite nicely. [168]

## **CANCER AND INFERTILITY**

The standard disclaimer appeared in the manufacturer's 2007 documentation for Prevnar: "**has not been evaluated for carcinogenic potential or impairment of fertility**" ([223] p 3467). Meaning that they don't even know whether or not this unnecessary vaccine causes cancer or may render the child sterile or infertile in adulthood.

But then, that same sentence occurs at the bottom of almost every *PDR* entry for every vaccine. This caveat is omitted in *PDR*'s later than 2016. [12] Same vaccines.

## **MUSICAL CHAIRS: NEW AD CAMPAIGN**

Ten years after Prevnar was added to the Schedule, the *PDR* dropped *otitis media* from the sales pitch. Suddenly the main indications for the vaccine were **blood infection, lung infection, and meningitis**. ([55] p1664) No new research is cited - same old references from the 1970s and 80s. But after all these years, the marketing department decided that the ear infection thing was pretty thin, although it worked fine for a decade. Now it's like it never existed.

It is astounding that when Prevnar was first introduced into the Mandated Schedule, they started with 4 doses: at 2, 4, 6 and 12 months. And the two month dose is given on the same day along with 5 other vaccines! That remains the current Mandated Schedule dose.

Japanese are apparently a little less blasé' about Prevnar

than we are. In Mar 2011, both Prevnar and *H. influenzae* vaccines were banned in the entire country after 6 children died. [46] That story was barred from American media and only carried in Europe, Asia and Canada.

Try asking any American parent what either of those vaccines is for. Go ahead. Both are still on our Schedule: 7 shots.

### **THE BIRTH OF THE THEORETICAL DISEASE**

The Prevnar vaccine marked a departure in the philosophy of vaccine mandating: now we have shots for **theoretical** diseases. In the past, vaccines were claimed to be necessary to prevent traditional infectious diseases which were associated with known pathogens: MMR, DPT, hepatitis, smallpox, etc. But in the post 9/11 world, diseases no longer had to be real to require a vaccine. All that was necessary was to label and then market a threat. Any threat.

Like temporary redness of the eardrum.

### **H P V: THE FIRST CANCER VACCINE**

It was inevitable. After 2001, in the marketing frenzy questing for more and more bugs and diseases to make vaccines against, what could be a more promising candidate than the second highest cause of death in the US?

Cancer of the cervix has been on a gradual upswing during the past 3 decades, now affecting some 12,000 American women, 4,000 of whom die each year. (CDC, [87])

In the 1970s, **herpes simplex** virus was proposed as a possible cause, but that hypothesis was soon abandoned after epidemiological studies proved inconclusive. In the 1980s the next candidate suggested as the missing link was **human papilloma virus**. [291]



Before we continue, a word here about epidemiological studies.

## **EPIDEMIOLOGICAL STUDIES**

also called population studies, are the poor cousin of true clinical trials. They are not controlled studies done under set scientific conditions, but rather attempts at verifying a hypothesis by counting the incidence of a certain disease within a certain population. The problem is that results from epidemiological studies are open to widespread interpretation, depending on who's doing the counting, who decides the criteria for what gets counted, who publishes the results, etc. For this reason, epidemiological studies can be used to prove two opposite hypotheses. Simply put,

**“Epidemiological studies are intrinsically unable to uncover causal mechanisms”** [82], Deth]

In today's exploding vaccine industry, epidemiological studies are quickly becoming the standard to validate our need for more vaccines, because they're faster, cheaper, and capable of supporting practically any required outcome.

So anyway, once herpes was ruled out, the new population studies then proposed human papilloma virus as a cause of cervical cancer, since that vaccine was in development.

The first problem is that there are over **100 strains** of HPV, only a few of which are even theoretically linked with cervical cancer. [269] In addition, HPV is present in at least **half the normal population**, (CDC) [269] almost never causing any disease or problems whatsoever. Indeed, HPV has never been conclusively proven as the sole pathogen for **any** disease.

## **HPV AND CANCER**

Now in any cancer, we're talking about a normal cell that

mutated and then began to make copies of itself, unchecked.

The creators of the HPV/cancer mythology pretend that the HPV came along, attacked some normal cells, mutated those cells and caused them to begin replicating themselves out of control. And that this is happening on a mass scale even though we just discovered it. And worse, that a vaccine can neutralize that type of attack on normal cervix cells.

Scientifically, what they're proposing is impossible.

Few scientists have a better grasp of the proposed virus/cancer model than Berkeley's Peter Duesberg PhD. In tracing the history of the HPV story, Duesberg explains why HPV is such an unlikely cause of any cancer:

**"...no set of viral genes is consistently present or expressed in human cervical cancers. [270] ... HPV does not replicate in the cancer cells."**

So if the cervical cancer cells are not mutating because of abnormal viral genes being spliced into a normal cell, how could HPV be causing this cancer? Duesberg again:

**"the "hit-and-run" mechanism of viral carcinogenesis was proposed. It holds that neither the complete [virus], nor even a part of it, needs to be present in the tumor. Obviously, this is an unfalsifiable, but also an unprovable, hypothesis." [270]**

All that has ever been shown is that HPV is sometimes present in cervical cancer tissue. But it's also present in half the normal population. The causality has never been demonstrated, a hollow claim.

There is a total lack of evidence that cervical cancer appears in women with HPV more often than in women without it.

[291] And yet this will be the focus of the vaccine: to pretend to eliminate this ubiquitous virus from the body.

### **THE NEW HPV VACCINE**

The original phrase used by Merck to link HPV with cervical cancer was there is a 'strong connection.' ([234] p 1964)

How that phrase got transformed to 'is the cause of' in two years time is more a matter of marketing than of science.

The HPV vaccine had been in the Merck pipeline for years, finally getting FDA approval in 2006. [115] Merck's HPV vaccine is called **Gardasil**.

What's in it? According to Merck's own data, the vaccine is made from **virus-like particles** from four strains of HPV. ([223], p 1984.) With no clinical studies proving it, HPV is cited by Merck in the *Physicians Desk Reference* as the cause of over 70% of cervical cancer cases.

The theory is that these virus-like particles will trigger the body to make antibodies that will be able to prevent the full-on natural strains of HPV from getting a foothold. For a year, anyway.

The Merck insert for Gardasil makes this unequivocal statement: "HPV causes squamous cell cervical cancer."

We've already learned above that such is not the case.

The market that Merck decided on was **12 year old girls**, with the ridiculous and unfounded pretext that HPV is sexually transmissible. We might as well get it at the start, went the ruse.

And since 2014, the vaccine is given to 9 year olds. [269]

## **EXTRAVAGANT DEMANDS ON CREDIBILITY**

With other vaccines for viral diseases, such as MMR, hepatitis B, and polio, what has never made sense scientifically is that the vaccines do not contain the original wild virus that occurs in nature and supposedly causes the disease. Instead the vaccine contains a **manmade mutation** of the natural virus that is claimed to be able to confer immunity by triggering the body to produce antibodies to the original disease.

Now that was bad enough, since the vaccines are lab versions of the original microbes. But what they're asking us to believe about HPV - this particle theory - is simply a flight of fancy. [122] [96] [137]

All traditional physiology and immunology textbooks describe the triggering of immunoglobulin production as an extremely specific sequence, resulting in specific antibodies. [185] [271] They don't talk about cousins of viruses or particles from viruses being able to trigger the precise antibodies to the virus itself. Such a claim is brand new.

How could any real immunity come from vaccines like these, even if the viruses were the causative agents of disease?

The second monster impediment to credibility is that the average age for cervical cancer is **50 years**. (*Merck Manual* p 1964 [234]) But the schedule mandates Gardasil to **12 year olds**. And the manufacturer is only claiming efficacy for a year or two.

So using their own statistics, this makes the vaccine worthless in the long run, because by the time most females need immunity, it will have worn off long ago.

A risk factor in cervical cancer that has been clearly established is the lifetime number of sexual partners: the

more partners, the more likely the disease. ([234] p 1964)

So who has more, 12 year olds or 50 year olds? Even if the vaccine worked, statistically it should be given to women in their late 40s.

Why don't they do that? Here's the reason:

"The vaccine's safety and efficacy not been evaluated over 27 years of age." (2013 *PDR* [55] p 1498)

Oh, OK. Well, guess we better give it to the young girls then, even though they don't get the disease...

### **HPV VACCINE FOR BOYS**

Anybody want to take a shot at why the vaccine is routinely given also to boys? For the first five years the FDA didn't recommend the vaccine for boys, despite the millions in research Merck had spent:

"The ACIP stopped short of recommending HPV vaccination of adolescent boys" (Kim [77])

But most clinics never caught the distinction and vaccinated both boys and girls. Nobody ever asked why.

Finally in Feb 2011 they came up with an unproven, untested dogma out of thin air, which began to appear in pop media - that the HPV vaccine should be given to boys in order to prevent genital warts.

What a serendipitous windfall - this vaccine that we have been claiming all this time will prevent cancer of the cervix in 12 year old girls, suddenly now this vaccine has the added value of preventing genital warts in 12 year old boys. And we just found out. How convenient then that they can both get the same vaccine on shot day!

This is the level of logic that the undiscerning public accepts as sensible - except there's nothing coincidental about it. Even though there had been no studies of the vaccine and genital warts in boys, suddenly they're claiming its efficacy.

### **SLIP OF THE TONGUE**

The *NEJM* took up the bit in 2011 with 2 new articles to prove the connection. The tone for the study is set in the second paragraph: [78], (Giuliano) on p 401:

**“The primary objective was to show that the HPV vaccine reduced the incidence of external genital lesions related to HPV”**

Excuse us, but isn't the objective of any new clinical study to test a hypothesis? At least pretend like you're not merely providing the required evidence for your employers. Of course studies are being done by the manufacturers who are attempting to prove a vaccine's effectiveness, but most have the good sense to at least simulate to be finding out whether it works or not.

Not surprising is the conflict of interest disclosure section [56] in which almost all of the authors admit that they are either employees of Merck or have received financial rewards for doing the study.

### **SIDE EFFECTS OF HPV VACCINE**

Let's start with the ones cited by Merck:

<b>fever</b>	<b>nausea</b>	<b>pharyngitis</b>
<b>dizziness</b>	<b>NVD</b>	<b>bronchospasm</b>
<b>gastroenteritis</b>	<b>appendicitis</b>	<b>PID</b>
<b>upper respiratory infection</b>		

- 2007 *Physicians Desk Reference* [223] p 1987

Additional side effects discovered later include **loss of consciousness, loss of vision, and seizures.** (Lopes, [14]) And oh yes, **paralysis.**

Then the British media began to report still other effects of Gardasil, like the **deaths** of 30 young girls, which American media never mentioned. [120]

Another frequent consequence of the HPV shot is **Guillain Barre** syndrome, an autoimmune condition possibly resulting in paralysis.

There have been several such cases both in the UK and the US, including a high profile case in Oct 2008 of a 12 year old British girl who collapsed 2 days after the HPV shot and was subsequently paralyzed from the waist down. [120] Her first symptoms came on within 30 minutes. Again, no US media.

## **26 AMERICAN GIRLS DEAD FROM GARDASIL**

2012 intel from the **VAERS** database - the government tracking system for vaccine injuries since 1991 - this data makes public the 26 American girls who died from the Gardasil shot in 2011. [68] The story has never been in any mainstream media source. But you can easily find these government documents [68], although scrolling through them to find the 26 deaths will require that you do a search for the word **death.**[68]

Diligent research came from Judicial Watch, a group that recently unearthed the data through Freedom of Information.

In the US and UK combined, more than 100 girls died from the HPV vaccine between 2010 and 2012. See that anywhere on FOX?

## **CARCINOGENICITY**

Can the vaccine itself cause cancer? That's a fair question -

we're talking about a vaccine that they're claiming prevents cancer by imitating a pathogen that itself causes cancer, right? So wouldn't we want to be fairly secure that this vaccine wouldn't cause cancer? Here's what the manufacturer states:

**"Gardasil ... not been evaluated for carcinogenicity or genotoxicity."** (*PDR* 2013 [55] p1499)

Wonderful. They want to vaccinate all American 12 year olds with a new vaccine for cancer and they don't even know whether or not it causes cancer, or makes the recipients infertile.

Yes, sign my kids up for that one, both boys and girls.

### **PREMATURE MENOPAUSE, OVARIAN DYSFUNCTION**

In 2016 The American College of Pediatricians expressed concern that Gardasil may put young girls in harm's way::

"Many adolescent females are vaccinated with influenza, meningococcal, and tetanus vaccines without getting Gardasil, and yet only **5.6%** of reports related to ovarian dysfunction since 2006 are associated with such vaccines in the absence of simultaneous Gardasil® administration."

"The overwhelming majority (**76%**) of VAERS reports since 2006 with **ovarian failure, premature menopause...** are associated **solely with Gardasil.**"[104]

### **PROJECTED PROFITS**

Gardasil is a 3 shot series at \$360. [113]

"The vaccine is expected to reach **\$1 billion** in sales next year, ... could make Gardasil ...within five years, sales of more than \$4 billion, according to Wall Street analysts." [115]



Right on target - in 2007 Gardasil hit **\$1.5 billion**, and in 2012 clocked in at **\$1.6 billion**. [291] 2016 was **\$2.1 billion**. [13]

Feeling more confident, Merck cut back on its advertising budget for Gardasil:

**2008: \$93 million**

**2012: \$44 million** (*Forbes* [291])

That's for advertising. Advertising a vaccine. Especially necessary for this one, where the science they're asking people to believe is so implausible. If you still have any illusions that the vaccine business has anything to do with science or health, or anything besides the bottom line, read the rest of the *Forbes* article. Ad budgets for vaccines have become standard in the past decade -- just the cost of doing business. Convince the public their children need more, more, and more vaccines.

## **THE REAL QUESTION**

Again, the whole story of HPV vaccine is much more invidious than we're representing here. For those readers seeking the real extent of the science behind the HPV vaccine industry, the **IARC Monographs** is your ticket. [96] The vigilant parent is also invited to follow up these sources: [132] [68] [76] [114]

Rarely has such a calculated, systematic misrepresentation of fact been attempted in which data is so obviously manipulated, issues so deliberately obscured, and financial interests so obsequiously served.

With the uncertainty about the safety and efficacy of the HPV vaccine, the certainty of the side effects, the prodigious economic upside to global dissemination irrespective of its scientific merits, the absence of long-term studies, and the ludicrous religious/ethical media controversy smokescreen

designed to distract us from the underlying scientific issues, is this really a vaccine you want to try out on your innocent little 9 yr old?

### **FOX GUARDING THE CHICKEN COOP**

With a staff of 8000, the FDA exerts control over anything that is sold as a food or a drug in this country. This covers one out of every four dollars spent in the US. (Kessler [160]) Are we talking power and influence here? Or the potential for gifts and favors?

The words of FDA Commissioner **Dr. Herbert Ley** echo today:

**“People think the FDA is protecting them. It isn’t. What the FDA is doing and what the people think it’s doing are as ... night and day. [256]**

**“First, it is providing a means whereby key individuals on its payroll are able to obtain both power and wealth through granting special favors to certain groups that are subject to its regulation...For a price one can induce FDA administrators to provide protection from the FDA itself.**

**“Secondly, ...cartel-oriented companies in the food and drug industry are able to use the police powers of government to harass or destroy their free-market competitors.”**

*USA Today* ran a series that took a hard look at the FDA. A few of their findings: [277]

- there are over **300** advisors on 18 advisory committees making decisions on the approval of drugs and vaccines

- at least **54%** of them are being paid by the drug manufacturers
- since 1998, more than **800 conflict of interest waivers** have been issued to the various experts
- examples of conflicts: stock ownership, consulting fees, research grants, spouses' employment and payments for speeches, travel

### **POP QUIZ**

How many drugs does the FDA test per year? Go ahead, guess. 10,000? 500? Give it your best shot. Ready for the answer? **None.** The FDA tests no drugs and no vaccines. They're a regulating agency, not a testing agency.

So where do they get all their information about the testing that has been done on a new drug or vaccine? From the drug manufacturer! It's true. The FDA relies solely on the research data provided to it by the entities in line to make the most profit from the approval of the drug.

### **REVOLVING DOOR: FDA, CDC AND VACCINE INDUSTRY**

Is CDC any more trustworthy? On 21 Dec 09 Julie Geberding, former CDC Director was named president of Merck, one of the world's largest vaccine manufacturers. [51]

Or Klaus Stohr, head of WHO epidemiological all through Avian flu days, now a top exec with flu vax maker Novartis...

On and on. More than half of regulatory personnel become executives in the industry they're supposed to be regulating.

### **EXEMPTIONS: MANDATED VS. MANDATORY**

An imposing system of disinformation is in place for

‘educating’ parents about school vaccinations. All they hear is that unless their child gets his shots, he will not be allowed to go to school. This is simply not true.

**Mandated** means that there are laws about something. **Mandatory** means you have to do something or other. Two entirely different concepts. Vaccines are mandated, but they are not mandatory, as schools often pretend.

Why doesn't the government simply pass a law making all vaccines mandatory? The vaccine industry, the AMA, and most of the uneducated population would certainly be happy about that. The answer is simple: **liability**. If vaccines were truly mandatory, there would be no question about liability for vaccine deaths and injuries.

With the exemption laws, the fiction that there is a choice involved can be maintained. Exemption laws have nothing to do with medical freedom or patient's rights, and everything to do with liability.

No matter what you may read in newspapers and blog-zines, or what the school nurse may say, in most states your child can get into school without being vaccinated. There are exemptions from vaccination, in every state. Legally there must be exemptions; otherwise every claim of vaccine injury would be an open and shut case.

It's simple liability, and exemptions are their loophole - it's how they can say that people don't have to be vaccinated.

There are **3 types** of exemptions:

1. All states have a **medical** exemption. You must find a doctor who will write a note saying that your child is in danger from vaccines. That signature will be sufficient for lifetime exemption from vaccination.

2. **Religious** exemption. Several states have religious exemption from vaccination. Some require proof of membership in a formal religion. Others don't require that you specify.

3. **Philosophical** exemption. About 15 states presently offer this type of exemption. You just have to sign a waiver stating that you have some unspecified philosophical objection to vaccination, and the kid is off the hook.

For some states, the exemption form is printed on the other side of the immunization records form, and often they deliberately make copies of just the front side. So you have to know about it to ask for it.

People always say, But they told me they won't let my child into school without his shots. Funny thing - even though required by law, it's almost unheard of for the school to inform parents about exemptions, available in every state. You must know about your state's exemption form before you go in. Then all you have to do is present it. In most cases, once they see that someone is informed, they back down.

Why is this system of lying by omission in place? \$30 billion.

### **EXEMPTION LAWS FOR ALL 50 STATES**

Information about individual state exemptions from vaccines can be found at the government health office in the state capital, or at these websites:

**<http://www.vaccinesafety.edu/cc-exem.htm>**

**<http://vaccines.procon.org/view.resource.php?resourceID=003597>**

## **AFFIDAVIT OF EXEMPTION**

There are now many other situations besides grade school and high school where vaccines are being arbitrarily required:

- colleges
- government jobs
- day care centers
- health care workers
- private businesses

to name just a few. Usually notification is simply given that vaccination is required, period. The problem is, these organizations do not have the right to require adult vaccines.

If just declining the shot doesn't work, there is another way out that is successful most of the time, by following these simple steps:

1. Type "Affidavit of Exemption" on a sheet of paper
2. Then type: **"I hereby claim exemption to vaccinations because they may be harmful to my health or damaging to my immune system."**
3. Go to a notary. Sign and date affidavit. Make copies.
4. Send a copy to the entity requiring the shots.
5. Send original by certified mail to the Legal Department of the entity requiring the shots
6. Keep your copy

To oppose your affidavit will now require a response, taking some action. Most will just let it slide; it will be the end of it. Those who would oppose you may miss the concept that by forcing you to undergo a medical procedure which you have already informed them may be harmful - this places liability for any adverse reaction on them. Putting it in writing would provide you with *prima facie* evidence that they are liable for any injury you might incur.

A bureaucrat might miss this subtlety, but the legal department won't. Try it - it works in most cases.

With the recent vaccine fever and all the new untried vaccines appearing on the schedule, never before have the exemption forms been so important. Today, even parents who believe in vaccines are well advised to sign the exemption form, because then they can select the ones they want, instead of just leaving it up to this week's politics.

Exemption forms put the power to choose back where it belongs - with the parent.

### **THE END OF EXEMPTIONS**

Ever since vaccines have been mandated in the US, it is the parents who have always had the right to decide whether or not their child will participate. It takes months of agonizing research in most cases to de-program oneself from a lifetime of conditioning, and then a modest amount of moral fibre to actually take the initiative to sign the exemption form.

And now legislators say no, parents no longer have that right. It is the government who should have total jurisdiction over the bloodstream of its citizens. Even though vaccine decisions are made by bureaucrats, not doctors.

The nationwide juggernaut to end vaccines is no accident. A 'workshop' held in Philadelphia in 2007 laid out a carefully orchestrated agenda, which has been wildly successful. [282]

That conference, attended by Paul Offit and others in the regulatory and vax manufacturing community, proposed ways and means to end legal exemptions to vaccines, available in almost every state. Other suggestions: steps for criminal prosecution of the unvaccinated, public posting of lists of unvaccinated, eliminating the unvaccinated from hospital care and health insurance coverage.

These are not idle threats. The crusade to end vaccine exemption is well under way.

### **CALIFORNIA: TEST STATE FOR ENDING EXEMPTIONS**

Although trial balloons were sent up in WA, AZ, NM, and VT introducing legislation to end vaccine exemptions, the state that has been the most devastated is California.

Four bills introduced into the California legislature represent a concerted attack on the fundamental medical freedom enjoyed by Californians since 1848. An integral, perfectly choreographed new paradigm, denying parents freedom of choice over health choices for the family.

A full summary of that history appears in ***The Four Horsemen of the Vaccine Apocalypse*** [14].

#### **FIRST HORSEMAN**

Back in 2013 a new CA law called **AB2109** suddenly required an MD's co-signature in order to authorize a parent's right to exempt his own child. The parents referred to the new law as "freedom with permission."

#### **SECOND HORSEMAN - SB277**

AB2109 was followed in 2016 by a second law in which all philosophical exemptions to vaccines were simply abolished. The draconian SB277 - the most repressive health bill in US history, breezed right through the CA legislature. The philosophical exemption to vaccines was simply abolished altogether, like it never existed.

For the past 60 years, CA parents who didn't want their children vaccinated simply signed an exemption form, and that was that. One form, no shots for grade school or high school.



Now that was over. Since 2016 the only way to exempt a CA schoolchild from vaccines is with a medical exemption.

Medical exemptions still exist in California, but are getting increasingly more difficult to obtain. [25] The only other way out of vaccines at this point is homeschool - taking the child out of the schools, for which parents have been paying taxes all these years.

### **THIRD HORSEMAN - LEGALIZING CHILD ABUSE?**

Hard on the heels of California's SB277 is a law that will further separate children from their parents and give the state even more rights over them. **SB18**, or **The Child's Bill of Rights**, is a cleverly worded document that will give any judge and jury the right to take a child away if they arbitrarily decide that the child is not being afforded his new legal rights:

The dark side of the new legislation lies in its vague, undefined terms: i.e., the right to

"a safe and healthy environment"

"the right to appropriate health care"

to cite just two.

These words are arbitrary. They might seem innocuous, but it would be the prerogative of a judge and jury to define them in each particular case.

And that could force not only vaccines on any child, but any course of drug or surgical treatment recommended by any medical tests, no matter how ill-suited or erroneous.

Anyone who wants to debate the issue may be considered as “endangering the child,” and the State will have the right to take the child away, because the child is now protected by the new Child’s Bill of Rights.

The full text of SB18 is only 2 pages long. Read it! [22]

Is there any downside to SB18 worse than forcing 69 neurotoxic injectables on 100% of our children?

Actually there is. What it sets the stage for.

#### **FOURTH HORSEMAN**

The legal basis for breaking into people’s homes. That’s the plan for the final item in this diabolical quartet: **SB426**.

Though still on the drawing board, this bill is the last nail in the coffin of medical freedom in California. For anyone found to be in violation of the “Child’s Bill of Rights” this proposed SB426 would allow law enforcement to break into your house in order to capture the child in question and forcefully administer the mandated “treatment.” [14]

#### **THE REAL ISSUE**

The new California laws had some immediate effects:

- parents moving their children from schools to homeschool
- many families leaving the state
- decline in federal and state funding to schools as their numbers drop
- previously vaccine-injured kids being forced to vaccinate

The root issue here is not exemptions but **medical freedom**.

Who has the right to make medical choices for the child - the parent or the state? [14] California voters have made that choice abundantly clear. If medical freedom is important to you, the last place where you'd want to raise your family is California.

Other states are following suit, although not as aggressively. At present there are some 150 proposals nationwide to amend current vaccine exemption laws.

### **GOVERNMENT AS MEDICINE/MEDICINE AS GOVERNMENT**

In one fell swoop, we entered a whole new era in government intervention. If the state can come in and say that suddenly after all these decades parents now need **permission** to have a personal belief about a medical procedure for their own children, what other doors does that open? Permission to opt out of a controversial, unproven medical procedure. What's next? Permission not to euthanize? Permission not to get chemotherapy if one is diagnosed with cancer?

A slippery slope indeed.

### **ATTENDANCE-BASED FUNDING**

Why would the school nurse care whether or not your kids are vaccinated? Why would she lie about exemptions? Ever wonder that? Just following orders. The more kids get vaccinated, the more money that state gets from the fed:

“In an effort to improve state performance in reaching national immunization goals, the Senate Appropriations Committee in 1993 set aside **\$32 million** annually from the state infrastructure awards for incentive grants.

“These funds are distributed to the grantees [states] according to their levels of immunization coverage.” [264]

**Incentive grants** comprise at least **24 percent** of the total grant awards to the states from the fed. [264]

**“The federal government pays the state a bonus of \$100 for every fully vaccinated child.”** - *U.S. Newswire* [263] [264]

In the 2011 House bill in California to enforce vaccines among 7th graders, the author of the bill came right out and stated the reason for enforcing the shots:

“...bill author Sen. Christine Kehoe, D-San Diego, said the loss in attendance-based funding could amount to **\$100,000** for some schools.” [280]

**Attendance-based funding** - that’s the phrase. Parents, you got that? Schools get federal money based on the percent of vaccinated children they can prove. That’s why all the laws and monitoring. Not about health or the well-being of the child. This is business

And let’s not forget the **rebates** given to the pediatric clinics for vaccine sales, as we saw above. Sign exemption forms? Why on earth would doctors want to do that?

## **DOCTORS WHO DON’T VACCINATE**

Many MDs do not vaccinate their kids, but cannot say anything in public without threatening their licenses. [260]

Jane Orient MD is the Director of the American Association of Physicians and Surgeons. This group has gone on record:

“vaccines... use school children as research subjects... without informed consent, in violation of Nuremberg” [180]

Mendelsohn, Phillips, Scheibner, Hay, Null, Blaylock, and

others like them conclude that vaccinations generally should be avoided:

**“The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization. Much of what you have been led to believe about immunization simply isn’t true. If I were to follow my deeper convictions, I would urge you to reject all inoculations for your child.**

**“There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease. If immunizations were responsible for the disappearance of these diseases in the U.S., one must ask why they disappeared simultaneously in Europe, where mass immunizations did not take place.**

[220] -Robert Mendelsohn, MD

Viera Scheibner, PhD, after researching more than 60,000 pages of medical literature on vaccination:

**“Immunizations, not only did not prevent any infectious diseases; they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed. All vaccinations should cease forthwith and all victims of their side effects should be appropriately compensated. [218]**

Francoise Berthoud, MD from Switzerland:

**“As a concerned pediatrician, I can arrive at only one conclusion. Unvaccinated children have by far the best chance of enjoying marvelous health. Any vaccination at all works to cripple the chances of this end.”**

From Nobel Prize winner Alexis Carrel, MD:

**“The body is permanently modified by each injection or vaccine, each invasion of the tissues by bacteria, viruses or foreign chemicals. These events determine allergic states.”** [242] *Man, The Unknown*

From 100 years ago, Dr Raspail:

**“Are we not poisoning humanity in small doses? It is diabolical that we are inflicting all these infections that have assaulted human beings at one time or another. It is stupefying, this arrogant introduction into the blood of a cocktail of germs when for the slightest surgical operation we wage unremitting war against them.”** [259]

Pre-eminent French scientist Dr Antoine Bechamp, 1875:

**“Bacteria and viruses do not cause disease and therefore serums and vaccines can neither prevent nor cure disease.”** [164]

From DD Palmer: **“Compulsory vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom.”**

Suzanne Humphries MD: **“Every patient should be informed about the potential risks of vaccination and the lack of evidence that vaccines will not harm them over the long-term.”**

There are dozens of other doctors who don't recommend vaccines for their own children or their patients. An extensive list is located at [www.whale.to](http://www.whale.to) [91]. Tens of

thousands of US parents today don't vaccinate their children.

### **WHO PAYS FOR NEW VACCINES?**

With federal grant programs from NIH, the majority of the \$300 million - \$1 billion price tags for "researching" a new vaccine and bringing it to market are siphoned out of the public trough.

So, to recap today's US vaccine business model:

- 1. Manufacturers don't risk their own capital in researching new vaccines; they receive NIH grants**
- 2. If a vaccine is approved, the manufacturer gets the patent and reaps profits of \$1 billion/year or more**
- 3. No manufacturer is liable for vaccine deaths or injuries** [83] [293]
- 4. The approval body - The FDA Advisory Committee - ACIP - is primarily drug industry personnel**

A dream come true, it took years for this present arrangement to materialize. It is now entrenched in an unassailable position: a fortress of government bureaucracy, corporate manufacture, and legal status. Science comes in a poor fourth.

Health wasn't even in the running.

### **ANIMAL VACCINES**

Love your dog, cat, or horse? Do you blindly subject them to every new vaccination that comes along? After reading this book, could you imagine there's an entirely separate vertical integration of research, sales, marketing, and politics

involved with the preparation and sales of animal vaccines? And that this industry has totally loftier ethics from that of the human vaccine cartels?

No surprise - it's the same game, top to bottom. Research coming from Purdue University [81], (O'Driscoll) found out that vaccines cause **auto-immune response in dogs**. In other words, vaccines are causing dogs to attack their own DNA, as well as to their own collagen. Read the study!

The reader is also directed to the predictably horrifying *How To Protect Your Dog From a Vaccine* [278] as well as Dr Mason's *They Shoot Horses*. [279]

### **WHY DO WE VACCINATE?**

Most folks vaccinate their kids because their doctor told them to. They don't know what vaccines are or what they're supposed to do. They've never read one book or one article on the subject – why should they? They believe in vaccines – just like people believe in anything that doesn't look for proof, that doesn't rely on scientific research.

Ask any parent what HPV vaccine is. Or HiB. Or Prevnar – the vaccines given to every child. They don't know and they don't care. They'll put their own child in harm's way rather than do the slightest bit of reading that challenges their belief system.

The tragedy here is that we often have essentially good people, and “educated” people being caught up in the same unthinking State religion.

Ignorance is certainly a right guaranteed by our Constitution. But a new wind is blowing- we have found a way to force an



opinion based on ignorance upon everyone – 100%.

The new dogma -**Legislate Don't Educate.**

### **THE NEW STATE RELIGION**

Without accountability, without an open forum for scientific debate, belief in vaccines is just another religion.

As with any religion, those who believe in vaccines certainly have the right to as many vaccines as they wish, for themselves and their children. However, the whole point of the First Amendment, is that they have absolutely no right to impose that religious belief on everyone else. Once that happens, both medical freedom and religious freedom are finished – in one fell swoop.

### **SHOW THEM YOUR CHILDREN**

Find someone whose kids were never vaccinated. I don't know, just do it. Now ask if their kids get colds, allergies, infections, asthma... Just ask them. Ask them how their children's health compares to other kids. Try 10, 20, 30.

Right, anecdotal. [253]

The superior health of the unvaccinated - this may be one of the best kept secrets in American culture, a dazzling tribute to a century of masterful programming.

Show them your kids. Why do they look so healthy?

### **WORST CASE SCENARIO?**

We saw above that standard estimates for the percentage of vaccine injuries reported run from 1-10% of actual. [229] [116] [266] But since the real number was 0% before 1991,

and since no studies have ever been done to verify the 1-10% figure, no one really knows.

Seems like it might be a good idea to propose a worst case scenario, just to get a realistic feel for what the situation might actually be.

Let's say the 10% figure is really 5% or even 1%. The NVIC did a survey of New York pediatric offices and found out that only **1 doctor in 40** reports a death or an injury following vaccination. (*DPT Vaccine Reports*) [204]

This means that in those areas **97.5% of deaths from vaccines** don't get reported. That could be the true nationwide figure.

So what if 97% of all adverse reactions to vaccines are never reported? Remember, vaccines can carry a **slow virus** which can hide out for years somewhere in the body. This suggests many of these adverse reactions haven't even shown up yet.

Someone who 'gets' a disease in 2017, cause unknown, may really be having a reaction to a vaccine given in the 1980s. Very likely that this is happening on a mass scale.

Looking at the epidemic incidence of both degenerative and infectious disease in this country, it seems all out of proportion to our medical budget. Why? Drug shortage? Vaccine shortage? Hardly. Our downward spiral of health could be largely due to vaccine reactions and we wouldn't even know it. Who would tell us? Yahoo and CNN? Wiki/google? The doctors?

Considering the amount of xenobiotic environmental poisons we're exposed to, and the cytotoxic diet that is chosen by most of us, it is unlikely that the entire blame for our poor health can be chalked up to vaccines. But the point is, **it's possible**. At the very least, vaccines are a prime suspect in the recent

increases in the following conditions:

heart disease	allergies	digestive disease
arthritis	apnea	tuberculosis
AIDS	asthma	autoimmune disease
cancer	diabetes	nerve disorders
thyroid disease	poor vision	chronic fatigue
infertility	autism	learning disorders

The skyrocketing of all these diseases never happened until we started down the road to Runaway Vaccination.

Grim prospect? Sure. Just trying to figure out why we're so sick. Just look around - are kids healthier or sicker today than they were 20 years ago? Smarter or dumber? More or less inhalers in school?

Mark Lappe talks about natural selection, survival of the fittest, and how vaccines have produced an artificial detour in our ability to evolve as a race, to refine our DNA. If that's true, the long-term survivors will be

**the unvaccinated  
those who are immune to vaccines** [58]

### **300 NEW VACCINES IN THE BULLPEN**

Since the time of Pasteur and Jenner, the sale of vaccines has been the real motherlode for the pharmaceutical cartels.

With the absurd Offit article [160] proclaiming that babies could handle **10,000 vaccines** at a time, some 300 new vaccines are now in development. [61] The focus is on the brass ring: APPROVAL.

Here are a just few of those in pre-game warm-up:

<b>Cytomegalovirus</b>	<b>Chlamydia</b>	<b>tobacco addiction</b>
<b>Hepatitis C</b>	<b>obesity</b>	<b>AIDS</b>
<b>Herpes simplex II</b>	<b>gonorrhea</b>	<b>pneumonia</b>
<b>asthma</b>	<b>dengue</b>	<b>longevity</b>
<b>RSV</b>	<b>Strep B</b>	<b>Staphylococcus</b>
		[47] [127] [247]

Malaria, MERS, TB, Lassa, Alzheimer's, allergies, hay fever, diabetes, and tonsillitis vaccines are also in the pipeline. These vaccines are not theories. Hundreds of millions have already been spent on their development. We will be seeing them shortly. [95]

For an itemized list of almost **300 vaccines** currently in the developmental pipeline look at this little pdf: [61] (Phrma.org) Also W.H.O.'s [23] Edward Jenner is pleased in his grave.

### **FORM IS EVERYTHING**

This is the legacy of Pasteurian dogma, the Germ Theory. We have identified thousands of bacteria, viruses, and microbes. For modern medicine, theoretically they're all candidates for vaccine development.

**“We don't need to be finding vaccines for every organism out there.”** - Stephanie Cave, MD [176]

### **THE SURVIVAL OF THE INFORMED**

Are people becoming more or less aware of vaccine problems? With the billions spent annually to advertise and promote vaccines, it would seem that all parents would be absolutely sold by now. They're not. Which parents are they - the ones who read or the ones who do not?

As more and more parents are distrusting the conventional wisdom of mass conditioning, and actually informing themselves, the percentage of unvaccinated children in the

US is increasing very slightly every year, [282] despite

- **incessant media endorsement**
- **school requirements**
- **the course of least resistance**
- **criminalizing the unvaccinated**

The increase is astounding when one considers that to resist vaccination requires self-education - enormous personal effort, following up the spark of a new perception that hey, there might really be something to all this noise about vaccines, and I as a parent will do whatever is necessary to protect my child. Even if it means actually reading something.

The struggle to step off the common treadmill thus becomes a war of attrition. A brick by brick proposition.

A true awareness of vaccines can never be mainstream - not with the never-ending attacks on self reliance, self education, medical freedom, and allowing the child's natural immune system to develop unmodified.

The point of view expressed in this book can never be endorsed in popular media. It can never be the conventional outlook on vaccines, no matter how many children are damaged. Vaccines are here to stay. The majority of the children in the US will always be vaccinated. And the amount of vaccine damage will continue to increase.

### **FATTER, SICKER, DUMBER**

Any upside to this dismal landscape?

Well, the human species is subject to the same laws of natural selection as all other life on earth. Those with the weakest immune systems drop out. The immuno-suppressive effect of the immense viral load being forced onto the young

through vaccines over long periods of time will certainly cause their line to have the least chance of replication of a viable progeny. It will dilute their DNA forever.

In the US during the past 50 years, where the vaccine load has been increased by more than **2500%**, look at what is already clearly observable in the health and intelligence of our children: fatter, sicker, dumber. Play that pattern forward another 50 years, 100, 200. Nature will take its course.

Anyone who studies the social and epistemological dynamics of the vaccine issue long enough will eventually be confronted with the ultimate fruitlessness of direct confrontation on this issue. The uneducated, and the militantly uneducated will always, always vaccinate their children. And thereby over time may be selected out of the species. It's neither good nor bad: it's simple genetics. Darwinism and vaccines.

### **MESSAGE FROM THE PAST**

To those who would leave the decision about whether or not to vaccinate up to their doctor, because it's too scientific and technical for the layman to understand, Dr Hadwen speaks from the 1800s:

**“...the very moment you take a medical prescription and you incorporate it in an Act of Parliament, and you enforce it against the wills and consciences of intelligent people by fines and imprisonments, it passes beyond the confines of a purely medical question...becomes essentially a social and political one.”** [181]

Still rings true today, a century later. The whole vaccine question is no longer just an issue of science, to be left to the “experts.” Once politics and big money took over, anyone who takes the time to document the source of funding behind the laws and clinical research and medical publication about

vaccines in this country, anyone can get the Big Picture. One doesn't have to grasp all the scientific details of the immune system in order to make a decision about whether vaccines are dangerous or not.

Vaccines are not dangerous just because scientists don't know enough about the human immune system. They are dangerous because scientists don't know enough about the human immune system and yet vaccines are administered and required anyway.

### **SOMEWHERE MACHIAVELLI SMILES**

Perhaps the darkest consequence of all the foregoing is that most of us have lost confidence in the inner curative power of Nature - the body's inborn wisdom. A hundred media snippets a day, week after week, year after year, have undermined our ability to even consider the notion that 99.9% of infants may be perfect as they are. Or that their pure blood is the most sacred medium in the universe, the crucible in which the human genome itself was meant to be safeguarded and passed on from age to age. Or that the immune system can only develop to its full potential if left to its own devices, largely unknown to human science.

Such natural, vital postulates as these sound foreign to our ears, even fanatical, cultist. Clear, rational, independent thinking has become so rare, so unwelcome, so feared in our world, where Conventional Wisdom on all topics of consequence is locked down tight, top to bottom.

Adrift in this gallery of manufactured illusion, no effort is spared to keep one idea from surfacing: that we have all but lost the ability to trust our own instincts, to find the truth, and then to act on it.

### **CLARENCE DARROW**

The appended reference list is just a cursory look at the

immense body of evidence that is at odds with current vaccination policies. If vaccinations are so safe and valuable, then why does the government have to pass laws to force people to get vaccines that aren't required in other free countries of the world, countries who have better health than we do?

Why are there laws describing how people should be quarantined and deprived of their children and their property for refusing shots?

Clarence Darrow, the famous lawyer at the beginning of the 20th century, asked: if vaccinations really work, then those vaccinated will be immune to disease, right? So what does it matter if some people choose to go unvaccinated? What do the vaccinated have to worry about? Aren't they protected?

Is it really this obvious? "It's the Money, Stupid!" (Null) [203]

### **UNAVOIDABLY UNSAFE**

A new phrase entered the vaccine lexicon in a 2011 Supreme Court decision, which ruled that vaccines are "unavoidably unsafe" by their very nature. But instead of that being a sensible reason for exempting a child from vaccines, it was the closing argument the Supreme Court used to indemnify vaccine manufacturers from being sued for deaths and injuries:

**"In *Bruesewitz v. Wyeth* the Supreme Court ruled that Americans do not have a right to sue vaccine manufacturers for injuries that are the result of defective design. No other product is shielded from lawsuits based on design defects." [85] [293], p189]**

How much clearer does it have to be? 69 vaccines are mandated for every child in this country. The Supreme Court



says vaccines are dangerous by their very nature. And no parent can now sue the manufacturer if the child dies or is injured by the vaccine. [83] ([293] p 189)

The Court is protecting the manufacturers here. So who is protecting the children?

When you were a child, who protected you? ♦

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## EPILOGUE

Who could have predicted that the next war would be the **War on Children**? With vaccine injuries increasing over 3000% in the past 20 years, and again for the next 20, and with CDC's steadfast refusal to study the autism epidemic, it's terrifying that the worst of it all is likely decades away. The gradual degradation of the human genome, a proven consequence of vaccines, will be evident in the lives of today's children, but much more so in the lives of their children. And on and on.

The radical cultural shift occurring today is not primarily about vaccines, but about ownership. Who owns the land, the soil, the atmosphere, the water, the DNA of plants, and of animals, the DNA of humans, and now finally, who owns the people and their children. Policymakers along the Potomac have made it clear that the State knows better than parents how children should be raised, how they should think, and what manmade chemicals should be mandated into their bloodstreams. The trick is to get everyone to comply.

The vaccine issue is just the first skirmish. If the majority of people will support the State's takeover of personal vaccine choices that parents should be making for their children, where will they draw the line?

The execution of this new agenda is nothing short of brilliant – a Machiavellian triumph. Enlisting the blinding power of misdirection in daily media, the power of abstract thought is lost. Without accurate science data, rational discourse is no longer possible. Slogans, clichés, and soundbytes now replace thoughtful reflection about life and death issues. Wiki and google are the new technocracy for fashioning reality itself in a mind no longer capable of independent judgment.

Virtual life replaces real life.

The rest is easy. With an electorate of this calibre, any assigned opinion can be installed onto the public hard drive. [258]

It's not that vaccines don't work, or that vaccines don't do anything.

Vaccines certainly do have an effect on the immune system. And they might temporarily delay the onset of some diseases. But why would we want to delay traditional, mild childhood diseases that have always been part of human immune development?

As for vaccine effects, these occur in a random, unpredictable, haphazard, inconsistent fashion. Vaccines simply do not do what they are said to do.

Experimental as they are, loaded with adjuvants and attenuated pathogens, the primary effect of vaccines on the immune system must be described as immunomodulatory or immuno-suppressive.

This has little to do with conferring immunity or improving the child's health.

Maybe you're asking how can doctors, drug companies, and the government allow a vaccine program to continue that is without a doubt killing children, causing permanent injuries, and offering no proof of effectiveness?

That is a much larger question. To have any hope of its being answered we have to somehow come to the realization, without hysteria or paranoia, through much study and research, of one unpleasant fact: man's enormous capacity for evil. And we have to confront some uncomfortable demons about human nature, the power of money, and the extent to which those in power will go in order to keep this river of gold flowing.

Jim Turner said it best: to force vaccines on an entire population of children, when it is known that some of them will be killed and some of them will be injured by doing so, but insisting that it's still good for the whole group - is a bad moral policy. [92]

Maybe we human beings have a Higher Self, a divine spark, the part of human nature that is noble and spiritual and altruistic and sympathetic to human suffering - the angel half of the strange species *homo sapiens*.

Unfortunately, the demonic half of human nature is just as real and just as powerful. And historically, benevolent leadership and humanitarian

regimes have been the rare exception. Brute force, domination of the weak, intimidation, and the science of lying - these are what runs the powerful nations, and what fashions a people's value system, never more so than today. Turning away from identifying malevolence in the world just because it's unpleasant ultimately assures its triumph.

What do the purveyors of sickness and death look like? Monsters and devils, horror and darkness? Hardly. These people are often gracious, well spoken, with social aplomb. They have perfected the packaging of sickness, degeneration and death by wrapping it in hope, health, youth, and vitality. This well-crafted illusion is designed to steal our money, steal our time, burn away our precious life, and give us unnatural values.

What we seem to have forgotten today is that we don't need anyone's permission to live our lives, or instructions on how to live it. We still have the ability to do our own research and reach our own decisions, irrespective of media conditioning. This challenge is truly the final frontier. What lies in the balance could hardly be of greater import: the uninterrupted evolution of a child's immune system.

Some readers may have noticed the look of the pure child during that first few weeks of life, when the infant looks at you with that What are you? - those big eyes. The parents are the first representatives of a species never before beheld. The child so new, so innocent - still hearing the echoes of angels - is now suddenly cast into this alien place with these strange beings.

With an utter purity of spirit, so recently differentiated from the infinite pool: this is the unmodified natural child.

But it seems that parents of vaccinated children rarely understand the above, because they never got to observe it. In their child, that universal connection was rudely and abruptly severed by the full rush of a neurotoxic assault from vaccines.

After absorbing the research in this book, you may not feel quite so smug about ignoring your child's instinctive revulsion toward needles, or turning

a deaf ear to their screams, dismissing it with the quixotic mantra ‘for their own good.’ When is it ever a good idea to ignore our instincts?

Ultimately the defense of a child’s bloodstream resides with the parent - protecting the child from the cold realities of the world, for a little while at least. Knowing what the reader now knows about the decision process which mandates vaccines into children’s bloodstreams - what can we reasonably expect from a body of legislators controlled by the biggest of the special interest lobbies? Do we rely on them for sound judgment about what is to be injected into that most delicate and sublime medium in the universe - the formative human circulatory system?

Confronted with the above evidence about payoffs, deals, conflicts of interest rife within the regulatory agencies, do we really want to grant access to the bloodstream to such as these?

Real protection has to begin with information - sound information, not propaganda. And the information must come not only from those making their living selling vaccines.

Human health does not come from a drug or a vaccine or an insurance company. A healthy baby needs no outside assistance, no tampering with the blood. The mysteries of health lie within the body, not within the medical texts, or the writs of law.

Pure, uncontaminated human blood is indeed a sacred commodity. We will arrive at a position of profound gratitude when we finally come to appreciate the identity, the oneness, the nobility of an inviolate bloodstream. ♦

Without the information to start a public debate, we're lost.  
– Edward Snowden

Your time is limited. So don't waste it living someone else's life.  
Don't be trapped by dogma – which is living the results of other people's thinking.  
- Steve Jobs

