

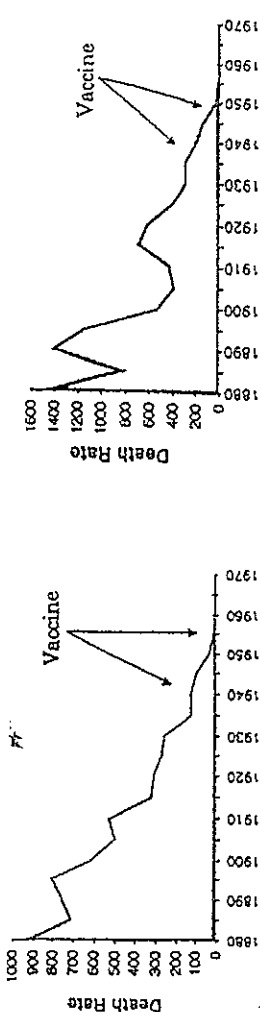


VACCINATION INFORMATION SERVICE

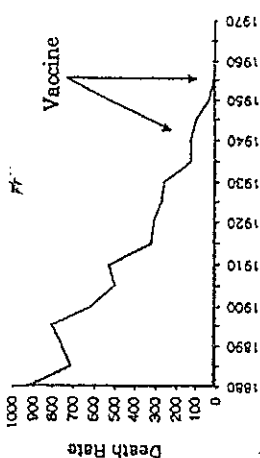
A few items of interest

The following graphs are plotted using figures from the Commonwealth Year Book, the Australian Bureau of Statistics and the Commonwealth Department of Health and Human Services. The arrows indicate where universal routine vaccination programmes began
Source - 'Vaccination: A Parent's Dilemma' by Greg Beattie *Note: Death rates are per million*

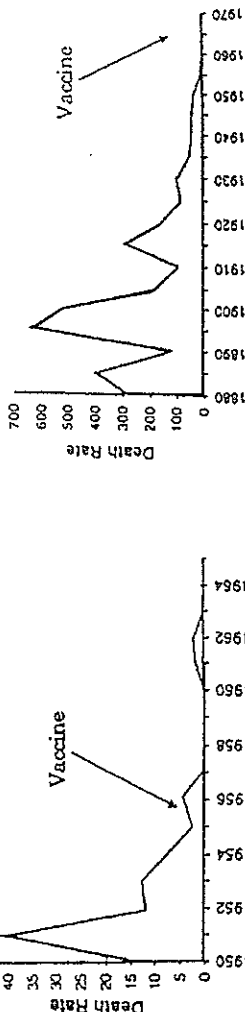
Diphtheria



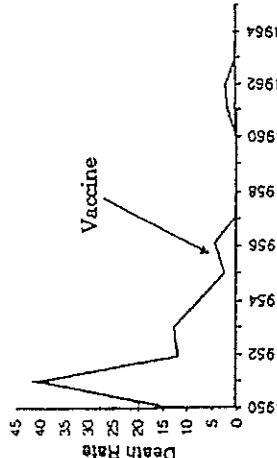
Whooping Cough



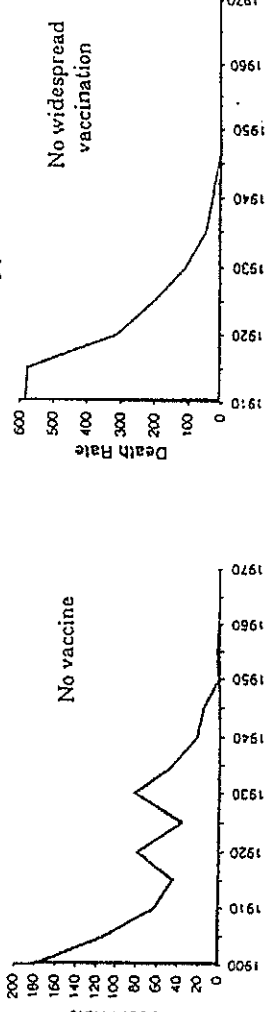
Measles



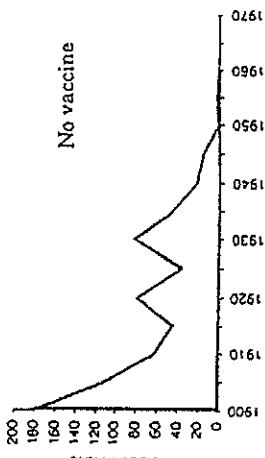
Polio



Typhoid Fever



Scarlet Fever



A POT-POURRI OF COMPLICATIONS FROM VACCINATIONS		
SHORT TERM	MID TERM	LONG TERM
<p>The sickness itself or its atypical forms:</p> <ul style="list-style-type: none"> - whooping cough - paralysis (polio-like) <p>Allergies</p> <ul style="list-style-type: none"> - urticaria (hives) - eczema - exanthemes (rash) - asthma - discomfort and feeling faint - painful inflammations - focal reactions - swollen lymph nodes - anaphylactic shock which can result in death <p>Fever</p> <p>Renal attacks</p> <p>Purpura</p> <p>Edema (swelling)</p> <p>Rheumatism</p> <p>Gastro-intestinal problems</p> <p>Unexpected infant death 1 to 3 weeks after vaccination</p> <p>All acute illnesses of the nervous system:</p> <ul style="list-style-type: none"> - serious to mild encephalitis - par-encephalitis (measles vaccine) - meningitis - irreversible neurological attacks - Guillain-Barre - cerebral paralysis - major cerebral damage <p>"Vaccinal infection" (30- and 40-year-olds)</p> <p>Hepatitis B</p> <p>Change or death of the fetus</p>	<p>Neurological disorders</p> <ol style="list-style-type: none"> 1) Autism 2) Cerebral damage 3) Cerebral palsy <ul style="list-style-type: none"> - convulsions - hyperactive children - incessant crying - appetite problems (anorexia, bulimia) - attack on cranial nerves (blindness/deafness/dumb/dyslexia) - hypoplasia - delayed development - cerebral palsy <ol style="list-style-type: none"> 3) Mental problems - late mental development - behavioral problems - personality problems - intellectual problems - learning problems - hyper-activity - emotional instability - juvenile delinquency - sociopathic personality - criminal behaviour <p>Child leukemias</p> <p>Repetitive infections</p> <p>Numerous allergies</p>	<p>DEFINITE EFFECTS</p> <ol style="list-style-type: none"> 1) Unbalancing of our body (individual ecology) 2) Weakening of our immune system (natural defenses) 3) Upsetting the interior of our cells: permanent alteration of chromosomes (DNA) (malformations) 4) Introduction of foreign proteins transmissible to the genetic code of a species (new mutations) <p>RESULTS</p> <ul style="list-style-type: none"> - multiple sclerosis - leukemia - cancer - AIDS - congenital malformations <p>Sterility</p> <p>Chronic tiredness syndrome</p> <p>Epilepsy</p> <p>Parkinson's Disease</p> <p>Cardio-vascular illnesses</p> <p>Allergies ++++</p> <p>Degenerative illnesses</p> <ul style="list-style-type: none"> - Alzheimer's - Lupus - Arthritis <p>Re-appearance of old illnesses that are resistant to medications and drugs</p> <p>Appearance of new unknown illnesses</p> <ul style="list-style-type: none"> - Congenital malformations - Hereditary genetic defects - Mutations of the human species <p>A threat of extinction for the human race</p>

Complications in the short and medium term are known and documented. Complications in the long term are already evident in certain cases. But we do not yet have living proof for all. But do we want to wait until we see chicken wings appearing on our babies before we begin to ask questions?

How Vaccines Can Damage Your Brain

Vaccines, Depression and Neurodegeneration After Age 50: Another Reason to Avoid the Recommended Vaccines.

By Russell L.
Blaylock, M.D.,
CCN



It has been estimated that 14.8 million Americans suffer from major depressive disorder and of this number 6 million are elderly. If we include anxiety disorders, which commonly accompany depression, the number jumps to 40 million adults.

Depression later in life tends to last longer and be more severe than at younger ages. It is also associated with a high rate of suicide. Previously, it was thought that major depression was secondary to a deficiency in certain neurotransmitters in the brain, particularly the monoamines, which include serotonin, norepinephrine and dopamine.

While alterations in these important mood-related neurotransmitters is found with major depression, growing evidence indicates that the primary culprit is low-grade, chronic brain inflammation.

This exclusive article will review in detail the functions and impact of various agents on depression and neurodegeneration, including:

- The impact of MSG on your brain and mood
- The link between elevated brain glutamate and inflammation
- The connections between pesticides and neurological disorders such as Alzheimer's and Parkinson's disease
- How vaccinations cause brain inflammation
- The impact of an expanding vaccine schedule for the elderly
- The shocking truth, linking brain inflammation to neurodegenerative diseases
- How vaccine additives such as mercury and aluminum impact your brain health
- The real danger of live virus vaccines

Current recommendations by the CDC for adult vaccinations include a total of 14 separate inoculations with infectious agents and powerful immune adjuvants.

According to CDC recommendations, multiple vaccinations for a single disease are separated by no more than 4 weeks, which is close enough together to trigger a smoldering process of brain inflammation and excitotoxicity that can not only result in depression, anxiety and high suicide rates, but can increase your risk of developing one of the neurodegenerative diseases as well.

We have also seen that in many cases a person will be injected with several vaccines during a single office visit and this means that their body is exposed to a very large dose of immune adjuvant. Compelling studies, using many animal species as well as humans, have shown that this overactivates brain inflammatory mechanisms that can last for years.

I urge you to read Dr. Blaylock's full-length article, [Vaccines, Depression and Neurodegeneration After Age 50: Another Reason to Avoid the Recommended Vaccines](#), a Mercola.com exclusive, for a fascinating in-depth look at how neurodegenerative diseases are created, and how to protect yourself from what many consider to be simply side effects of the ravages of time -- but are anything but a natural byproduct of aging.

Better Energy Bar is Finally Here

Why eat fattening, tasteless nutritional bars, when you can sink your teeth into a delicious, nutritious energy bar loaded with rich dark chocolate, shredded coconut and other natural ingredients that are GOOD FOR YOU.

[Find Out More](#)



Dr. Mercola's Comments:

First, I'd like to thank Dr. Russell Blaylock for his highly informative article on this vital issue. He is one of my main contributing editors, and a valued colleague and friend. As a board-certified neurosurgeon who has written over 30 papers published in peer-reviewed scientific journals, Dr. Blaylock is an expert in the field of excitotoxicity. His papers on the connection between excitotoxicity and fluoride neurotoxicity, and autism and the Gulf War Syndrome have received praise from leading authorities in each of these areas of research.

I realize that [the issue of vaccination](#) is quite controversial and is one of the bedrocks of "prevention" in conventional medicine and that anyone who opposes them is viewed as a dangerous quack and threat to the public health. I understand this because this was precisely the view I had when I graduated medical school.

However, after more than two decades of practice, I encountered hundreds of

vaccine casualties that spurred me to carefully review the evidence, and I came to a completely different conclusion.

Those at Greatest Risk are Getting the Most Vaccinations

Both infants and the elderly are high-risk groups when it comes to the destructive impact vaccines can have on their health. And yet, these are the two groups targeted with the most recommended vaccines – often being given multiple shots at a time.

I strongly encourage you to review the evidence before you expose yourself or your children to these potentially dangerous injections. I am convinced that their questionable benefits are far outweighed by their dangerous side effects.

As Dr. Blaylock explained in detail above, vaccinations are highly neurotoxic, and are associated with many neurological disorders, such as:

Degenerative Brain Disorders	ADD	Autism
Epilepsy and convulsions	Mental Retardation	Depression and Anxiety
Central Nervous System Disorders	Paralysis	Guillain-Barre Syndrome
Nerve Deafness	Blindness	SIDS

For example, autism was virtually unheard of before vaccinations; its emergence precisely parallels mass vaccination programs. ADD and learning disorders in children are also now being traced to childhood vaccinations. Brain damage, at any age, is by far the most common adverse reaction associated with vaccinations, although their actual numbers are not often reported correctly.

Don't Trade the Flu for Dementia

Vaccines, ALL vaccines, are immune suppressing, meaning they lower your immune functions. The chemicals and adjuvants in the vaccines depress your immune system; the virus present depresses immune function, and the foreign DNA/RNA from animal tissues depresses immunity -- that is the trade-off you are risking.

The medical thought is that it's okay to trade a small overall immune depression for immunity to one disease. However, this trade is not at all in your favor when you consider the fact that you're trading a TOTAL immune system depression, which is your main defense against ALL known disease -- including millions of pathogens, for a temporary immunity against just one disease. And that's optimistic; many vaccines simply do not work and offer no immunity whatsoever.

There are alternate and vastly safer methods of protecting yourself and your children against disease, and it all begins with a truly healthy diet, as outlined in my eating

plan.

Of course, drug manufacturers and the governments they have purchased don't want you to believe that the foods you consume, and the lifestyle habits you adopt are the PRIMARY SOLUTIONS to establishing immunity to diseases and living longer.

Avoiding vaccinations of all kinds tends to look like the better choice the more you know about the subject, and doing your research could literally mean the difference between life and death.

Related Articles:

- » [Vaccinations Prevent Health](#)
- » [Vaccines and Immune Suppression](#)
- » [The Truth Behind the Vaccine Coverup](#)

Vaccines and Immune Suppression

Vaccines, all vaccines, are immune suppressing; that is they depress our immune functions. The chemicals in the vaccines depress our immune system; the virus present depresses immune function, and the foreign DNA/RNA from animal tissues depresses immunity. Toraldo, et al found that the chemotaxis and metabolic function of PMNs (polymorphonuclear neutrophils) was significantly reduced after vaccinations were given and did not return to normal for months. Other indicators of immune system depression included reduced lymphocyte viability, neutrophil hyper-segmentation,

and a reduced white cell count. All vaccines are immune depressing to some extent and that is the trade-off we are risking. The medical thought is that we trade a small immune depression for an immunity to **one** disease. Now let me **repeat**, we are trading a **total immune** system depression (our **only** defense against all known disease - including **millions of pathogens**) for a **temporary immunity** against **one disease**, usually an innocuous childhood disease. Therefore, the trade is not at all fair. Mullins puts it this way, "Are we trading mumps and measles for cancer and AIDS."

The trade-off is not worth the risk. We are risking getting many more diseases than we are "preventing" from getting. [Later we will see that there is literally no prevention.] Another good example is the ritual of the yearly flu shot. There may be only two or three varieties of flu viruses in each shot, hence the names "Asian-Flu", "Japanese-Flu" "Indian-Flu" or "Swine-Flu". But there are literally thousands, may be millions of flu-causing viruses. Taking one or two does not make sense and many people report getting the flu after taking a flu shot. We do not know which variety of flu will affect us each year and in each locale. Therefore, the best method to avoid the flu is to strengthen our immune system by eating properly and getting all the essential vitamins and minerals that our body needs. Only nutrition can **build** and support a strong immune system, while

vaccines help to **tear** our immunity down. Vaccines have been linked to AIDS and other immuno-deficient disorders as well.

Vaccinations **depress** our body's immune functions and that keeps us open to developing many other diseases. It is very childish to think that we are going to take one flu vaccine and never get sick from the many varieties of flu that exist, especially since viruses can mutate so fast when the conditions arise. Keeping up with these fast mutating viruses can only be done by priming our immune system with good nutrition and keeping the conditions/environment for their growth minimal. In other words, pathogenic viruses will not grow where the conditions will not allow it. It is the terrain which dictates our health and not the germs/viruses themselves. Germs are pleiomorphic, meaning that they can change with their environment; rods become cocci, and vice-versa. Thinking that germs cause disease means that we are **not** responsible for our own health and we place that responsibility in the hands of some one who has the means to **kill** these germs with toxic chemicals (drugs), even if those drugs/vaccines **harm** our body. Vaccines prevent health!

Vaccinations reduce our immunity in many important ways:

- 1) Vaccines contain many chemicals and heavy metals, like mercury and aluminum, which are in-themselves immuno-suppressing. Mercury actually causes changes in the lymphocyte activity and decreases lymphocyte viability.
- 2) Vaccines contain foreign tissues and foreign DNA/RNA which act to suppress the immune system via graft-vs-host rejection phenomena.
- 3) Vaccines alter our t-cell helper/suppressor ratios ... just like those seen with AIDS. This ratio is a key indicator of a proper functioning immune system.
- 4) Vaccines alter the metabolic activity of PMNs and reduce their chemotactic abilities. PMNs are our body's defenses against pathogenic bacteria and viruses.
- 5) Vaccines suppress our immunity merely by over-taxing our immune system with foreign material, heavy metals, pathogens and viruses. The heavy metals slow down our immune system, while the viruses set up shop to grow and divide. It is like being chained and handcuffed before swimming.
- 6) Vaccines clog our lymphatic system and lymph nodes with large protein molecules which have not been adequately broken down by our digestive processes, since vaccines by pass digestion with injections. This is why vaccines are linked to allergies, because they contain large proteins which as circulating immune complexes (CICs) or "klinkers" which cause our body to become allergic.
- 7) Vaccines deplete our body of vital immune-enhancing nutrients, like vitamin C, A and zinc, which are needed for a strong immune system. It is nutrients like these that prime our immune system, feeds the white blood cells and macrophages and allows them to function optimally.

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

4) Links of Vaccines to AIDS -

While the medical profession does not lightly discuss AIDS and vaccines in the same sentence, there is much evidence linking AIDS to vaccines. Buttram and Hoffman state, "Indirect immunofluorescence evaluation of T-lymphocytes from blood samples taken ... after vaccination revealed a temporary drop ... in the helper/suppressor ratio after vaccination." What that means is that immediately after vaccines are given our blood "looks" like the blood of an AIDS patient. AIDS is diagnosed when the T-cell (helper to suppressor) ratios are depressed and vaccines cause that same occurrence. Now is it any coincidence that the countries where AIDS is rampant most, are the same countries which received the most vaccinations? It is no joke when one asks, "Are we trading mumps and measles for cancer and AIDS?"

When we look into vaccine production we see the links of vaccines to monkey viruses, like SV-40, which causes immuno-deficiencies (similar to AIDS) in monkeys. Some scientists feel that SIV and HIV are very similar viruses and may be one in the same. If it is found in monkeys it is called SIV and if it is found in people it is then called HIV. Very likely, it is the foreign nature of SIV which makes it deadly to our immune system and our immune system goes on the blink. Vaccinations and AIDS are clearly related, and the medical literature shows us many links to AIDS. The first Hepatitis vaccines made were notorious for causing AIDS and were made from the blood of the gay populations, who had high levels of hepatitis and AIDS. Links of AIDS to the hepatitis vaccines were numerous in the medical literature at the time (the 1970s) of the first hepatitis vaccines and people were afraid to take them for that reason. Yes, one may fear hepatitis, but we also had a greater fear of AIDS, which was more deadly and serious a condition, although many more people experienced hepatitis each year.

Many other views of how vaccines started the AIDS epidemic are available, but none can be proven with any degree of certainty. Whether HIV is a disease similar to the SIV found in monkey, remains to be seen. Is SIV and HIV the same virus? Is SV-40 involved in immuno-suppression and immunodeficiency? There were reports of the smallpox vaccines delivered to Haiti, Brazil and Africa containing HIV by the London Times in 1987. Some persons have taken conspiratorial views of AIDS, but none have surfaced with any degree of veracity and it misses the point ... all vaccines are immuno-suppressive and compromise the host's immunity. Whether they contain actual HIV viruses may be disputable, they **will** depress the immune system. Today more care is taken in vaccine production and there are better methods of locating and removing contaminant viruses, but vaccines are still dangerous from their humble beginning and set the stage for many other diseases to follow suit many years later.

5) True Immunity: Where Does it Come From? Nutrition!

Science has glossed over the most valuable point of health, ... nutrition. What is it that boosts our immune system and gives one a vibrant healthy life? ... nutrition. What is it that allows one to over -come the most devastating diseases known to mankind? ... Nutrition. What is the key factor for the recovery of disease? ... Nutrition. What is needed for the body to heal itself? ... Nutrition. What key factor prevents disease? ... Nutrition. What is missing from allopathic medicine today? ... Nutrition! It is nutrition and only nutrition which boosts our immune system and helps the body defend itself from foreign pathogens. Herbs, foods, nutrients and vitamin supplements are the tour-de-force of our immunity and it is virtually ignored by medical science in favor of drugs (chemicals).

One can speculate many reasons why medical science has chosen to ignore this most important aspect of our health ... perhaps, because there is no profit in broccoli and carrots. But regardless of profit there is a side of science that altruistically searches for truth. Herbalists and naturopaths for centuries have cured devastating diseases with nature's remedies and proper diet. Medicine has shunned diet and nutrition (and herbs) as not having a place in scientific medicine. But the lowly herb can cure more than an equal share of allopathic man-made (synthetic) drugs which although originally came from many herbs are now toxic according to their dose and must be tightly regulated.

The divergent paths of allopathic medicine and herbal naturopathic remedies is seen in the philosophy of vaccination. Vaccines are the only way modern medicine has to "prevent" disease for they don't believe in or use herbs or nutrition. Therefore, toxic vaccines are their only tool to "promote health". Herbalists and naturopaths, on the other hand, see the person with a totally different point of view and understanding. The person is taught how to live with nature, how to eat naturally and how to not create the environment for pathogens to grow. When the body is periodically cleansed, disease is not a problem. Allopathy desires to force health by giving the body more toxins (vaccines) to deal with in a futile and erroneous attempt at "preventing" disease. Yet, vaccines **cause** illnesses, many diseases, numerous disorders and set the stage for cancerous growth while depressing our body's ability to fight off pathogens. Allopathy **depresses** important body functions, while making the body more toxic. Naturopathy **helps** the body eliminate toxins while supporting the body's immune functions.

Therefore, there are many points in which allopathic medicine and naturopathic medicine diverge and differ. Yet, the laws of our land only allow allopathic methods (vaccinations) of disease "prevention" and not other more effective and less damaging methods of prevention, i.e., homeopathy and naturopathy. Many religions refuse vaccines on religious grounds, because vaccines are contrary to their beliefs and vaccines are blood products grown on aborted fetuses and human and animal tissues. Vaccines grown on animal tissues, aborted fetuses, and cancer cells would be against anyone's fair judgement and common sense, regardless of religious beliefs. Therefore, it is common sense which mandates our opinions against putrid vaccines, as well as religious beliefs.

It is no secret anymore that proper nutrition builds good immunity, when the medical literature is full of studies on the intimate details of our immunity as related to nutrients. The fact that nutrition plays a large role in one's health (and immune functions) can no longer be suppressed by prejudice. The over-whelming science today substantiates nutrition as a key factor in our health. Nutrition boosts our immune system like nothing else can. Field stated, "it is accepted that nutrition is important in the development and function of the immune system." Harbige noted that "Nutrition and nutritional status can have profound effects on immune functions, resistance to infection and auto-immunity in man and other animals." Scrimshaw and SanGiovanni state that "infections, ... have adverse effects on nutritional status. ... Conversely, almost any nutrient deficiency, if sufficiently severe, will impair resistance to infection." Chandra (Am J Clin Nutrition, 1997; 66(2):460s-463s) also noted, "Nutrition is a critical determinant of immune responses and malnutrition is the most common cause of immunodeficiency worldwide." Chandra and Chandra (Prog Food Nutrition Sci, 1986;10(1-2):1-65) stated that "the immune system plays a key role in the body's ability to fight infection and reduce the risk of developing tumors, autoimmune and degenerative disease."

Yet, although this information is new to us now, it is not new to everyone. Many people have always maintained that a strong immune system began with good nutrition. Roger Williams, Linus Pauling, Ewan Cameron, Adelle Davis, John R Christopher, Jethro Kloss, and many other notable nutritionist have claimed nutrition was important to our health for many years, but were ignored. Profit of man-made chemicals came before the health of the patrons, many asked to suffer needlessly in the name of science when they could have been cured by a simple herbal remedy or a food. Nutrition has been down-played in the last 80 years in favor of patent-able drugs (man-made chemicals). Perhaps, the penicillin era was the greatest cause of the downfall of nutrition as a part of our health. The search for the magic bullet began with Paul Erlich's compound 606, and continues to this day. We think that cancer must be cured from without by a man-made chemical, while we ignore the inner terrain and the body's natural innate abilities (to heal) within ... governed, of course, by nutrition. Hopefully within the next decade great strides will be taken in nutrition and health to make up for lost time. Many physicians are learning nutrition and herbology and homeopathy on their own time. Their patients will be the better for it. As more nutritional oriented physicians become available, the people will have a choice and a place to turn to when in need. Nutrition Produces Health and Vitality! Vaccines Prevent Health!

6) Vaccines and Cancer -

"I never saw cancer in an un-vaccinated person."

Dr W B Clarke, circa 1909

We don't usually associate vaccinations with cancer, but there are many citations in the medial literature where vaccines caused cancers. Sometimes cancer occurred at the site of

injection and sometimes a lymphatic type of cancer would occur many years later in locations. Vaccines cause cancer. Yes, not everybody gets cancer after receiving a vaccine, but their body has been seeded with the ingredients for cancer to grow. Picture cancer as a window of opportunity. Once that window is opened, cancer can grow. Dr Vincent's work with Biologic Terrain Assessment (BTA) found that all children were pushed into the cancer "window" after vaccines were given. Now those children who don't develop cancer were (obviously) able to negate that cancer "window" with good nutrition. It is the environment which allows cancer to grow in the first place, and vaccines create that environment. When the cancer is at the site of the vaccine injection, it is hard to deny a causal relationship. Miraculously, doctors tell their patients it is co-incidental or unrelated to the vaccines.

Yet, it was known in the 1800s that vaccines clog our lymphatics and contain toxic materials which could lead to disease, even cancers. Even Jenner himself had trouble with his vaccines causing diseases, and death. He was nearly lynched in one town for his specious concoctions. Our lymphatic system is designed to carry our lymphocytes throughout our body and maintain control over our cellular immunity. Therefore, the injection of large molecular sized proteins (foreign tissues in the vaccines) will clog our lymph-nodes and create problems for the lymphatic system. Therefore, it is no mystery that vaccines and lymphatic diseases, like leukemias and lymphomas, are related.

"Syphilis, phthisis, scrofula, cancer, erysipelas and almost all diseases of the skin, have been conveyed, occasioned, or intensified by vaccination." Dr William Hitchman

"Cancer and other vile diseases are daily inflicted on virtuous families by vaccination."

Dr Edward Haughton, BAMD, MRCS

"Experts say 98 million Americans who took polio shots in the 1950s and 1960s may get a deadly brain cancer from the inoculations ... Researchers at the University of Chicago Medical Center say that a virus contaminated the polio vaccine and they have now found genetic material from the virus in a number of brain cancer victims."

Dr Jacob Rachlin quoted from Weekly World News of Lantana [FL]

Of course, anything which depresses our immunity will eventually lead to cancer, since it is our immune system which cleanses and eliminates mutated (cancerous) cells from our body daily. If this is not done, cancers will grow and develop unchecked by our immune system. Therefore, a healthy immune system is needed to protect us from cancer and Vaccines Prevent Health.

Vaccines and Auto-Immune Disease - [The injection of foreign animal DNA/RNA.]

Auto-immune disease is common-place today, but were very rare just a few years ago. Does anybody wonder why one day we are healthy and the next day our body no longer recognizes our own cells as self? Could the injection of foreign animal DNA/RNA have

anything to do with our epidemic rise in auto-immune disease today? Bart Classen, MD has done some remarkable research on vaccines and auto-immune diseases, especially Diabetes mellitus, which he sees as a marker disease for all auto-immune conditions. His research finds that the more that vaccinations are given the more diabetes (and auto-immune diseases) appears. Dr Classen's research found that this held true for many animal models; after receiving vaccines they experienced increases in diabetes. Then he carried his research to include vaccinated human populations. He found that in retrospective studies of vaccinations in five different human populations, this fact held true also. The more vaccines one received the more was their incidence of diabetes (and auto-immune diseases).

Now it is interesting that the increases in diabetes included Juvenile-onset diabetes, which we are told today is a profoundly "genetic" disease. Yet, Dr Claussen's studies revealed that vaccinations [any vaccination] can cause increases in Juvenile-onset diabetes, too. Now one theory said that the antigenic structure of the measles/mumps virus was similar to the antigenic structure of the beta cells (which produce insulin) in the pancreas. So when our body makes antibodies to fight off measles virus, those antibodies attack the pancreatic beta cells, too. Viola diabetes!

Vaccines create the foundations for auto-immune disease when foreign animal tissues are injected into our blood streams. It alters our genes ("jumping" genes) and creates havoc in our lymphatic system. Auto-immune conditions are more common today than before massive vaccination programs began in the 1940s. Auto-immune conditions such as ALS, MS, RA, and Diabetes are severe diseases and not to be taken lightly. They alter people's lives for ever and cost more than money when we consider the time involved, the stress involved, and eventually death ensues. There is even some speculation that auto-immune conditions may be behind the brain conditions they see in autism and there is some talk in the medical literature of auto-immunity to brain cells. If the body can not even recognize its own cells, then it has been tricked into thinking that those cells are no longer self. Why does this occur? Could AIDS be an auto-immune condition where the lymphocytes are reacting against each other? What about the myriad of neurological disorders, kidney disorders, blood disorders and the many diseases associated with vaccinations? When we are looking for excellent health, we need to avoid auto-immune disorders. One must remember that Vaccines Prevent Health!

[Note: Dr Classen feels that Diabetes is an indicator (marker) disease for auto-immunity.

Preface - Vaccinations prevent health

There is no more heated and vociferous debate today than the topic of vaccinations. Are they safe and effective? Are they dangerous to our health and immune depressing? Do vaccines cause cancer and mutations in our genetic cells? Are vaccines the way we should have health? Are vaccinations only a ploy to keep people sick and users of allopathic medications? Many of these questions will be covered here, but vaccinations are a hot topic and this paper will raise more questions than it answers. The very minimum, we should seek truth with an open mind and a glad heart. We want to do what

is right for our children's health and we want them to grow strong and hearty. Therefore, we should put our trust in the God who made us and seek His truth.

Muddled issues like vaccines only make one miss the point - that we are created by a kind and loving God. David in Psalms 139:14 says that we are "fearfully and wonderfully made" and can rejoice at that fact for He made us and He made the foods that we need for our health and well-being.

Let no one distract you from your search of the truth about vaccinations. Parents need to become educated before vaccinations are given to your love ones. Reading only pro-vaccine literature from our doctor's office and the public health service does not inform one about the adverse effects of vaccinations and the complications that may arise. While the medical literature is full of references to vaccines causing many neurological diseases and depressing the immunity, these facts are often glossed over when vaccinations are discussed. However, one must become informed to these risks so that an educated risk assessment may be made. Is the risk of the disease greater than the risk from the vaccinations? I hope that this publication helps you decide this very important and heated topic today. Seek out the books in the references and check out the web sites for more in depth information and **educate** yourself before first before deciding about vaccinations.

There is a wide gap of truth and honesty between the pro-vaccine groups (most doctors, all vaccine manufacturers, (CDC, FDA, AMA, AAP, PHS and other medical/government complexes) and the anti-vaccine groups (NVIC/DPT, Vaccine Research, Vaccination Alternatives, Concerned Parents for Vaccine Safety (CPVS), Global Vaccine Awareness League (GVAL), Immunization Awareness Society (IAS), and many other interested groups of parents and concerned citizens. The pro-side of the fence is lined with the people who **profit** from the sale of vaccines - the physicians, the vaccine makers, and the government, while the anti-side is lined with parents and people who suffered **damaged** by vaccinations. Yes, both sides are biased.

Read both sides of the arguments for and against vaccinations, then decide with an open mind and without being coerced or forced into a hasty decision at the end of a needle. As you study the vaccine issue, you will see that there are widely differing opinions, and both sides are supported by facts, research and studies. We have the most difficult decision of all ahead of us, deciding **who** we shall believe. By using the references to the citations listed in these sections, one can begin to see that there is a lot of research on vaccine damage and that vaccines - in fact - do cause many problems. Remember this is from the -generally pro-vaccine - medical literature.

I hope that this information helps you with that very important decision and to have a happy and long healthy life!

The Truth Behind the Vaccine Coverup, Part 1 (of 5)

By Russell L. Blaylock, M.D.

I was asked to write a paper on some of the newer mechanisms of vaccine damage to the nervous system, but, in the interim, I came across an incredible document that should blow the lid off the coverup being engineered by the pharmaceutical companies in conjunction with powerful governmental agencies.

It all started when a friend of mine sent me a copy of a letter from Congressman David Weldon (R-Fla.), M.D. to the director of the CDC, Dr Julie L. Gerberding, in which he alludes to a study by a Dr. Thomas Verstraeten, then representing the CDC, on the connection between infant exposure to thimerosal-containing vaccines and neurodevelopmental injury.

In this shocking letter, Weldon refers to Dr. Verstraeten's study which looked at the data from the Vaccine Safety Datalink and **found a significant correlation between thimerosal exposure via vaccines and several neurodevelopmental disorders including tics, speech and language delays and possibly to ADD.**

Weldon questioned the CDC director as to why, following this meeting, Dr. Verstraeten published his results, almost four years later, in the journal Pediatrics to show just the opposite. **That is, there was no correlation to any neurodevelopmental problems related to thimerosal exposure in infants.** In his letter, Weldon refers to a report of the minutes of this meeting held in Georgia, which exposes some incredible statements by the "experts" making up this study group.

The group's purpose was to evaluate and discuss Dr. Verstraeten's results and data and make recommendation that would eventually lead to possible alterations in the existing vaccine policy.

Pulling Teeth

I contacted Weldon's legislative assistant and he kindly sent me a complete copy of this report. Now, as usual in these cases, the government did not give up this report willingly. It required a Freedom of Information Act lawsuit to pry it loose. Having read the report twice and carefully analyzing it, I can see why they did not want any outsiders to look at it. It is a bombshell, as you shall see.

In this analysis, I will not only describe and discuss this report, but also will frequently quote their words directly and supply the exact page number so others can see for themselves.

The official title of the meeting was the "Scientific Review of Vaccine Safety Datalink Information." This conference, held on June 7-8, 2000 at the Simpsonwood Retreat Center, Norcross, Ga., assembled 51 scientists and physicians of which five

represented vaccine manufacturers (Smith Kline Beecham, Merck, Wyeth, North American Vaccine and Aventis Pasteur).

During this conference, these scientists focused on the study of the Datalink material, whose main author was Dr. Thomas Verstraeten who identified himself as working at the National Immunization Program of the CDC.

(It was discovered by Congressman Weldon that Dr. Verstraeten left the CDC shortly after this conference to work for GlaxoSmithKline in Belgium which manufactures vaccines, a recurring pattern that has been given the name a "revolving door." It is also interesting to note that GlaxoSmithKline was involved in several lawsuits over complications secondary to their vaccines.)

To start off the meeting Dr. Roger Bernier, Associate Director for Science in the National Immunization Program (CDC), related some pertinent history. He stated that congressional action in 1977 required that the FDA review mercury being used in drugs and biologics (vaccines). In meeting this order, the FDA called for information from the manufacturers of vaccines and drugs. He notes that a group of European regulators and manufacturers met on April 1999 and noted the situation but made no recommendations of changes.

In other words, it was all for show.

The Lid Blown Off

At this point, Dr. Bernier made an incredible statement (page 12). He said, **"In the United States, there was a growing recognition that cumulative exposure may exceed some of the guidelines."** By guidelines, he is referring to those for mercury exposure safety levels set by several regulatory agencies. The three guidelines were set by the Agency for Toxic Substances and Disease Registry (ATSDR), FDA and EPA. The most consistently violated safety guideline was that set by EPA. He further explains that he is referring to children being exposed to thimerosal in vaccines.

Based on this realization that they were violating safety guidelines he says, this then "resulted in a joint statement of the Public Health Service (PHS) and the American Academy of Pediatrics (AAP) in July of last year (1999), **which stated that as a long term goal, it was desirable to remove mercury from vaccines because it was a potentially preventable source of exposure.**" (Page 12)

As an aside, one has to wonder, where was the Public Health Service and American Academy of Pediatrics during all the years of mercury use in vaccines and why didn't they know that:

- They were exceeding regulatory safety levels.
- Why weren't they aware of the extensive literature showing deleterious

effects on the developing nervous system of babies?

As we shall see even these "experts" seem to be cloudy on the mercury literature.

An Earlier Meeting

Dr. Bernier notes that in August 1999, a public workshop was held in Bethesda, Md., at the Lister Auditorium by the National Vaccine Advisory Group and the Interagency Working Group on Vaccines to consider thimerosal risk in vaccine use. And based on what was discussed in that conference, thimerosal was removed from the hepatitis B vaccine (HepB).

It is interesting to note that the media took very little interest in what was learned at that meeting and it may have been a secret meeting as well. As we shall see, there is a reason why they struggle to keep the contents of all these meetings secret from the public.

Bernier then notes, on page 13, that in October 1999, the Advisory Committee on Immunization Practices (ACIP) **"looked this situation over again and did not express a preference for any of the vaccines that were thimerosal free."** In this discussion, he further notes the ACIP concluded that the thimerosal-containing vaccines could be used but the **"long-term goal is to try to remove thimerosal as soon as possible."**

Now, we need to stop and think about what has transpired here. We have an important group here -- the ACIP -- that essentially plays a role in vaccine policy that affects tens of millions of children every year. And, we have evidence from the thimerosal meeting in 1999 that the potential for serious injury to the infant's brain is so serious that a recommendation for removal becomes policy.

In addition, they are all fully aware that tiny babies are receiving mercury doses that exceed even EPA safety limits, yet all they can say is that we must "try to remove thimerosal as soon as possible?" Do they not worry about the tens of millions of babies that will continue receiving thimerosal-containing vaccines until they can get around to stopping the use of thimerosal?

The Obvious Solution

It should also be noted that it is a misnomer to say "removal of thimerosal" since they are not removing anything. They just plan to stop adding it to future vaccines once they use up existing stocks, which entails millions of doses. And, incredibly, the government allows them to do it.

Even more incredibly, the American Academy of Pediatrics and the American Academy of Family Practice similarly endorse this insane policy. In fact, they specifically state that children should continue to receive the thimerosal-containing

vaccines until new thimerosal-free vaccines can be manufactured at the will of the manufacturers. Are they afraid that there will be a sudden diphtheria epidemic in America or tetanus epidemic?

The most obvious solution was to use only single-dose vials, which requires no preservative. So why don't they use them?

Oh, they exclaim, it would add to the cost of the vaccine. Of course, **we are only talking about a few dollars per vaccine at most, certainly worth the health of your child's brain and future.** They could use some of the hundreds of millions of dollars they waste on vaccine promotion every year to cover these costs for the poor. Then, that would cut into some "fat cat's" budget and we can't have that.

It was disclosed that thimerosal was in all influenza vaccines, DPT (and most DtaP) vaccines and all HepB vaccines.

As they begin to concentrate on the problem at hand we first begin to learn that the greatest problem with the meeting is that, they know virtually nothing about what they are doing. On page 15, for example, they admit that there is very little pharmacokinetic data on ethylmercury, the form of mercury in thimerosal. In fact, they say there is no data on excretion and the data on toxicity is sparse. Yet it is recognized to cause hypersensitivity, neurological problems and even death, and it is known to easily pass the blood-brain and placental barriers.

>> Continue to Part 2

The Truth Behind the Vaccine Coverup, Part 2 (of 5)

By Russell L. Blaylock, M.D.

Now this next statement should shock everyone, but especially the poor who in any way think that these "vaccinologists" experts have their best interest in mind. Dr. Johnson says on page 17, "We agree that it would be desirable to remove mercury from U.S. licensed vaccines, but we did not agree that this was a universal recommendation that we would make because of the issue concerning preservatives for delivering vaccines to other countries, particularly developing countries, in the absence of hard data that implied that there was, in fact, a problem."

So, here you have it. The data is convincing enough that the American Academy of Pediatrics and the American Academy of Family Practice, as well as the regulatory agencies and the CDC along with these organization all recommend its removal as quickly as possible because of concerns of adverse effects of mercury on brain development, but not for the children in the developing countries

The Real Purpose of Child Health Programs

I thought the whole idea of child health programs in the United States directed toward the developing world was to give poor children a better chance in an increasingly competitive world. The policy being advocated would increase the neurodevelopmental problems seen in poor children (also in this country) of developing countries, impairing their ability to learn and develop competitive minds.

Remember, there was a representative of the World Health Organization (WHO), Dr. John Clements, serving on this panel of "experts." He never challenged this statement made by Dr. Johnson.

It also needs to be appreciated that children in developing countries are at a much greater risk of complications from vaccinations and from mercury toxicity than children in developed countries. This is because of poor nutrition, concomitant parasitic and bacterial infections and a high incidence of low birth weight in these children.

We are now witnessing a disaster in African countries caused by the use of older live virus polio vaccines that has now produced an epidemic of vaccine-related polio. That is, polio caused by the vaccine itself. In fact, in some African countries, polio was not seen until the vaccine was introduced.

How does the WHO and the "vaccinologist experts" from this country now justify a continued polio vaccination program with this dangerous vaccine? Now that they have created the epidemic of polio, they cannot stop the program.

In a recent article, it was pointed out that this is the most deranged reasoning, since more vaccines will mean more vaccine-related cases of polio. But then, "vaccinologists" have difficulty with these "uncertainties." (Jacob JT. A developing country perspective on vaccine-associated paralytic poliomyelitis. Bulletin WHO 2004; 82: 53-58. See commentary by D.M. Salisbury at the end of the article.)

Then he again emphasizes the philosophy that the health of children is secondary to "the program" when he says, "We saw some compelling data that delaying the birth dose of HepB vaccine would lead to significant disease burden as a consequence of missed opportunity to immunize." This implies our children would be endangered from the risk of hepatitis B should the vaccine program stop vaccinating newborns with the HepB vaccine.

In fact, this statement is not based on any risk to U.S. children at all and he makes that plain when he states, "that the potential impact on countries that have 10 percent to 15 percent newborn hepatitis B exposure risk was very distressing to consider." (page 18)

Scare Tactics

In other words, the risk is not to normal U.S. children but to children in developing

countries. In fact, hepatitis B is not a risk until the teenage years and after in this country. The only at-risk group among children is with children born to drug using parents, mothers infected with hepatitis B or HIV infected parents. The reason for vaccinating the newborns is to capture them before they can escape the "vaccinologist's" vaccine program.

This is a tactic often used to scare mothers into having their children vaccinated. For example, they say that if children are not vaccinated against measles millions of children could die during a measles epidemic.

They know this is nonsense. What they are using is examples taken from developing countries with poor nutrition and immune function in which such epidemic death can occur. In the United States, we would not see this because of better nutrition, health facilities and sanitation. In fact, most deaths seen when measles outbreaks occur in the United States happen in these situations:

- Vaccination was contraindicated.
- The vaccine did not work.
- With children who have chronic, immune-suppressing diseases.

In fact, in most studies, these children catching the measles or other childhood diseases have been either fully immunized or partially immunized. The big secret among "vaccinologists" is that anywhere from 20 to 50 percent of children are not resistant to the diseases for which they have been immunized.

Also on page 18, Dr. Johnson tells the committee that it was Dr. Walt Orenstein who "asked the most provocative question which introduced a great deal of discussion. That was, should we try to seek neurodevelopmental outcomes for children exposed to varying doses of mercury by utilizing the Vaccine Safety Datalink data from one or more sites." (page 18).

I take from this no one had ever even thought of looking at the data that had just been sitting there all these years unreviewed. Children could have been dropping like flies or suffering from terrible neurodevelopmental defects caused by the vaccine program and no one in the government would have known. In fact, that is exactly what the data suggested was happening, at least in regard to neurodevelopmental delays.

We should also appreciate the government sponsored two conferences on the possible role of metals, aluminum and mercury being used in vaccines without any change in vaccine policy occurring after the meetings. These meetings were held a year before this meeting and before any examination of the data which was being held tightly by the CDC, which was denied to other independent, highly qualified researchers. (I will talk more about what was discussed in the aluminum conference later.)

>> Continue to Part 3

The Truth Behind the Vaccine Coverup, Part 3 (of 5)

By Russell L. Blaylock, M.D.

Very Little Knowledge

This conference is concerned with the effects of mercury in the form of thimerosal on infant brain development, yet throughout this conference, our experts, especially the "vaccinologists" seem to know little about mercury except that limited literature shows no toxic effects except at very high levels.

None of the well-known experts were invited, such as Dr. Ascher from Bowman Grey School of Medicine or Dr. Haley Boyd, who has done extensive work on the toxic effects of low concentrations on the CNS. They were not invited because they would be harmful to the true objective of this meeting, and that was to exonerate mercury in vaccines.

Several times throughout this conference, Dr. Brent reminded everyone that the most sensitive period for the developing brain is during the early stages of pregnancy. In fact, he pinpoints the 8-18th weeks as the period of neuromaturation.

In fact, the most rapid period of brain maturation, synaptic development and brain pathway development is during the last three months of pregnancy continuing until two years after birth. This is often referred to as the "brain growth spurt." This is also not mentioned once in this conference, again because if mothers knew that their child's brain was busy developing for up to two years after birth, they would be less likely to accept this safety of mercury nonsense these "vaccinologists" proclaim.

The brain develops over 100 trillion synaptic connections and tens of trillions of dendritic connections during this highly sensitive period. Both dendrites and synapses are very sensitive, even to very low doses of mercury and other toxins. It has also been shown that subtoxic doses of mercury can block the glutamate transport proteins that play such a vital role in protecting the brain against excitotoxicity.

Compelling studies indicate that damage to this protective system plays a major role in most of the neurodegenerative diseases and abnormal brain development as well.

Recent studies have shown that glutamate accumulates in the brains of autistic children, yet these experts seem to be unconcerned about a substance (mercury) that is very powerful in triggering brain excitotoxicity.

It is also interesting to see how many times Dr. Brent emphasizes that we do not know the threshold for mercury toxicity for the developing brain. Again, that is not

true: We do know, and the Journal of Neurotoxicology states, that anything above 10ug is neurotoxic. The WHO, in fact, states that there is no safe level of mercury.

Concrete Thinking

On page 164, Dr. Robert Davis, associate professor of pediatrics and epidemiology at the University of Washington, makes a very important observation. He points out, in a population like the United States, you have individuals with varying levels of mercury from other causes (diet, living near coal burning facilities, etc.). By vaccinating everyone, you raise those with the highest levels even higher and bring those with median levels into a category of higher levels.

The "vaccinologists" with their problem of "concrete thinking" cannot seem to appreciate the fact that not everyone is the same. That is, they fail to see these "uncertainties."

To further emphasize this point let's take a farming family who lives within three miles of a coal-burning electrical plant. Since they also live near the ocean, they eat seafood daily. The fertilizers, pesticides and herbicides used on their crops contain appreciable levels of mercury.

The coal-burning electrical plant emits high levels of mercury in the air the family breathes daily and the seafood they consume has levels of mercury higher than EPA safety standards.

This means any babies born to these people will have very high mercury levels.

Once born, they are given numerous vaccines containing even more mercury, thereby adding significantly to their already high mercury burden. Are these "vaccinologists" trying to convince us these children don't matter and they are to be sacrificed at the altar of the "vaccine policy?"

Recent studies by neurotoxicologists have observed that as our ability to detect subtle toxic effects improves, especially on behavior and other neurological functions, we lower the level of acceptable exposure. In fact, Dr. Sinks brings up that exact point, using lead as an example. He notes that, as our neurobehavioral testing improved, we lowered the acceptable dose considerably and continues to do so.

Dr. Johnson had the audacity to add, "The smarter we get, the lower the threshold." Yet, neither he, nor the other participants seem to be getting any smarter concerning this issue.

Dr. Robert Chen, chief of Vaccine Safety and Development at the National Immunization Program at the CDC, then reveals why they refuse to act on this issue. "The issue is that it is impossible, unethical to leave kids unimmunized, so you will never, ever resolve that issue. So then we have to refer back from that." (page 169)

In essence, immunization of the kids takes precedence over safety concerns with the vaccines themselves.

Genetic Susceptibility

If the problem of vaccine toxicity cannot be solved, he seems to be saying, then we must accept that some kids will be harmed by the vaccines.

Dr. Brent makes the statement that he knows of no known genetic susceptibility data on mercury and, therefore, assumes there is a fixed threshold of toxicity. That is, that everyone is susceptible to the same dose of mercury and there are no genetically hypersensitive groups of people.

In fact, a recent study found just such a genetic susceptibility in mice. In this study, they found mice susceptible to autoimmunity developed neurotoxic effects to their hippocampus, including excitotoxicity, not seen in other strains of mice. They even hypothesize that the same may be true in humans, since familial autoimmunity increases the likelihood of autism in offspring. (Hornig M, Chian D, Lipkin WI. Neurotoxic effects of postnatal thimerosal are mouse strain dependent. *Mol Psychiatry* 2004; (in press).

For the next quotation, you need a little discussion to be able to appreciate the meaning. They are discussing the fact that, in Dr. Verstraeten's study, frightening correlations were found between the higher doses of thimerosal and problems with neurodevelopment, including ADD and autism.

The problem with the study was that there were so few children who had received no thimerosal-containing vaccines, a true control group could not be used. Instead, they had to use children getting 12.5ug of mercury as the control and some even wanted to use the control dose as 37.5ug. So the controls had mercury levels that could indeed cause neurodevelopmental problems.

Even with this basic flaw, a strong positive correlation was found between the dose of mercury given and these neurodevelopmental problems.

>> Continue to Part 4

The Truth Behind the Vaccine Coverup, Part 4 (of 5)

By Russell L. Blaylock, M.D.

Dr. Rapin expressed her concern over public opinion when this information eventually gets out. She says (page 197), they are going to be captured by the public and we had better make sure that "a) We council them carefully and b) that we pursue this because of the very important public health and public implications of the

data." "The stakes are very high ...," Dr. Johnson adds.

From this how can one conclude anything other than the fact that at least these scientists were extremely concerned by what was discovered by this study examining the vaccine safety datalink material? They were obviously terrified the information would leak out to the public. Stamped in bold letters at the top of each page of the study were the words "**DO NOT COPY OR RELEASE**" and "**CONFIDENTIAL**."

This is not the wording one would expect on a clinical study of vaccine safety. Instead, you would expect it on top-secret NSA or CIA files. Why was this information being secreted?

Vaccine Confidential

The answer is obvious: It might endanger the vaccine program and indict the federal regulatory agencies for ignoring this danger for so many years. Our society is littered with millions of children who have been harmed in one degree or another by this vaccine policy. In addition, let us not forget the millions of parents who have had to watch helplessly as their children have been destroyed by this devastating vaccine program.

Dr. Bernier, on page 198, says, "The negative findings need to be pinned down and published." Why was he so insistent that the "negative findings" be published? Because he said, "Other less responsible parties will treat this as a signal." By that he means, a signal of a problem with thimerosal-containing vaccines.

From this, I assume he wants a paper that says only that nothing was found by the study. As we shall see, he gets his wish.

In addition, on page 198, Dr. Rapin notes that a study in California found a 300 percent increase in autism following the introduction of certain vaccines. She quickly attributes this to better physician recognition. Two things are critical to note at this point.

1. Dr. Rapin makes this assertion of better physician recognition without any data at all, just her wishful thinking. If someone pointing out the dangers of vaccines were to do that, she would scream "junk science."
2. Dr. Weil, on page 207, attacks this reasoning when he says, "**The number of dose-related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant.**" In other words, how can you argue with results that show a strong dose/response relationship between the dose of mercury and neurodevelopmental outcomes? The higher the mercury levels in the children, the greater the number of neurological problems.

He continues by saying that the increase in neurobehavioral problems is probably

real. He tells them that he works in a school system with special education programs and "I have to say the number of kids getting help in special education is growing nationally and state by state at a rate not seen before. So there is some kind of increase. We can argue about what it is due to." (page 207)

The "Eureka" Moment

Dr. Johnson seems to be impressed by the findings as well. He says on page 199, **"This association leads me to favor a recommendation that infants up to two-years-old not be immunized with thimerosal containing vaccines if suitable alternative preparations are available."**

Incredibly, he quickly adds, **"I do not believe the diagnosis justified compensation in the Vaccine Compensation Program at this point."** It is interesting to note that one of our experts in attendance is Dr. Vito Caserta, the Chief Officer for the Vaccine Injury Compensation Program.

At this point, Dr. Johnson tells the group about his concerns for his own grandchild. On page 200, he says, "Forgive this personal comment, but I got called out at 8:00 for an emergency call and my daughter-in-law delivered a son by c-section. Our first male in the line of the next generation and **I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on.** It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given Thimerosal-free vaccines."

So, we have a scientist sitting on this panel who will eventually make policy concerning all of the children in this country, as well as other countries, who is terrified about his new grandson getting a thimerosal-containing vaccine, but is not concerned enough about your children to speak out and try to stop this insanity. He allows a cover up to take place after this meeting adjourns and remains silent.

It is also interesting to note, although he feels the answers will be a long time coming, in the meantime, his grandson will be protected.

Nevertheless, the American Academy of Pediatrics, American Academy of Family Practice, AMA, CDC and every other organization **will endorse these vaccines and proclaim them to be safe as spring water, but Dr. Johnson and some of the others will keep their silence.**

>> Continue to Part 5

The Truth Behind the Vaccine Coverup, Part 5 (of 5)

By Russell L. Blaylock, M.D.

The Devastating Effects of Mercury

For example, mercury, even in low concentrations, is known to impair energy production by mitochondrial enzymes. The brain has one of the highest metabolic rates of any organ and impairment of its energy supply, especially during development, can have devastating consequences. In addition, mercury, even in lower concentrations, is known to damage DNA and impair DNA repair enzymes, which again, plays a vital role in brain development.

Mercury is known to impair neurotubule stability, even in very low concentrations. Neurotubules are absolutely essential to normal brain cell function. Mercury activates microglial cells, which increases excitotoxicity and brain free radical production as well as lipid peroxidation, central mechanisms in brain injury.

In addition, even in doses below that which can cause obvious cell injury, mercury impairs the glutamate transport system, which in turn triggers excitotoxicity, a central mechanism in autism and other neurological disorders. Ironically, aluminum also paralyzes this system.

On page 228, we see another admission that the government has had no interest in demonstrating the safety of thimerosal-containing vaccines despite more than 2,000 articles showing harmful effects of mercury. Here we see a reference to the fact that the FDA "has a wonderful facility in Arkansas with hundreds of thousands of animals" available for any study needed to supply these answers on safety.

The big question to be asked: Why has the government ignored the need for research to answer these questions concerning thimerosal safety? You will recall, in the beginning, the participants of this conference complained that there were just so few studies or no studies concerning this "problem."

Junk Scientists

Again, on page 229, Dr. Brent rails about the lawsuit problem. He tells the others he has been involved in three lawsuits related to vaccine injuries leading to birth defects and concluded, "If you want to see junk science, look at those cases" He then complains about the type of scientists testifying in these cases. He adds, "But the fact is those scientists are out there in the United States." In essence, he labels anyone who opposes the "official policy" on vaccines as a junk scientist.

We have seen previously in the discussion just who the "junk scientists" really are.

Knowing what they have found can cause them a great deal of problems he adds, "The medical/legal findings in this study, causal or not, are horrendous If an allegation was made that a child's neurobehavioral findings were caused by thimerosal-containing vaccines, you could readily find a junk scientist who will

support the claim with 'a reasonable degree of certainty'."

On page 229, Dr. Brent then admits they are in a bad position because they have no data for their defense. Now, who really are the junk scientists?

- Are "real scientists" ones who have no data, just wishful thinking and a "feeling" that everything will be all right?
- Are "real scientists" the ones who omit recognized experts on the problem in question during a conference because it might endanger the "program"?
- Or are they the ones who make statements that they don't want their grandsons to get thimerosal-containing vaccines until the problem is worked out, but then tell millions of parents that the vaccines are perfectly safe for their children and grandchildren?

Dr. Meyers, on page 231, put it this way: "My own concern, and a couple of you said it, there is an association between vaccines and outcomes that worries both parents and pediatricians." He cites other possible connections to vaccine-related neurobehavioral and neurodevelopmental problems including the number of vaccines being given, the types of antigens being used and other vaccine additives.

Dr. Caserta tells the group he attended the aluminum conference the previous years and learned that often metals could act differently in biological systems than as an ion. This is interesting in the face of the finding that fluoride when combined to aluminum forms a compound that can destroy numerous hippocampal neurons at a concentration of 0.5 ppm in drinking water. It seems that aluminum readily combines with fluoride to form this toxic compound.

With more than 60 percent of communities having fluoridated, drinking water, this becomes a major concern.

It has also been learned that fluoroaluminum compounds mimic the phosphate compound and can activate G-proteins. G-proteins play a major role in numerous biological systems, including endocrine, neurotransmitters and as cellular second messengers. Some of the glutamate receptors are operated by a G-protein mechanism.

Can You Keep a Secret?

Over the next 10-15 pages, they discuss how to control this information so that it will not get out and, if it does, how to control the damage. On page 248, Dr. Clements has this to say:

"But there is now the point at which the research results have to be handled, and even if this committee decides that there is no association and that information gets out, the work has been done and through the freedom of information that will be taken by others and will be used in other ways beyond the control of this group. And

I am very concerned about that as I suspect that it is already too late to do anything regardless of any professional body and what they say."

In other words, he wants this information kept not only from the public but also from other scientists and pediatricians until they can be properly counseled. In the next statement, Dr. Clements spills the beans as to why he is determined that no outsider get hold of this damaging information.

"My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with thimerosal-containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."

This is one of the most shocking statements I have ever heard. In essence, he is saying, "I don't care if the vaccines are found to be harmful and destroying the development of children's brains, these vaccines will be given now and forever." His only concern by his own admission is to protect the vaccine program even if it is not safe. Dr. Brent refers to this as an "eloquent statement."

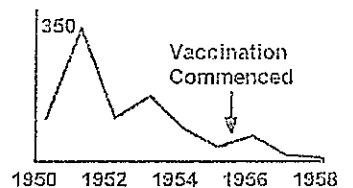
...but what about polio?

Frequently asked questions about polio:

(This is a brief summary. A longer article with over 30 references is also available.)

- 1) **Isn't the polio virus very dangerous?** The polio virus rarely makes you sick, and in the rare cases you get sick it is usually just like having a cold.
- 2) **If the polio virus is not normally dangerous, what causes the paralysis?** Epidemics of polio, in which there were cases of paralytic polio, were not recorded to occur until 1887. This is why polio is called a "20th century disease", even though the polio virus itself has been around for a very long time. What made it start to occur? This is because what provokes it is intramuscular injections, particularly vaccinations, and before the late 1800s (when mass smallpox vaccination began), intramuscular injections were never given on mass. Terms such as "provocation poliomyelitis" and "vaccine-associated poliomyelitis" are used when referring to it in medical research for this reason. Polio epidemics have always followed on from intensified vaccination programs.
- 3) **Didn't vaccination eliminate polio?** Polio had declined from its peak in 1950 by 80-90% by the time the polio vaccine was introduced in 1956, so the vaccine was not responsible for its decline. Indeed after the vaccine was introduced, the incidence and deaths from polio increased, which was a major problem.
- 4) **So what did eliminate polio?** This is where it gets interesting. In 1958 the definition of polio was changed to make the diagnostic criteria so restrictive that it became almost impossible to call an illness polio even when the person suffers paralysis and the polio virus is present. Immediately this change occurred the number of cases of "polio" crashed, and the number of cases skyrocketed of "other" diseases, such as "viral meningitis" and "cerebral palsy" (up to 75% of these cases are actually polio). All the vaccines – for DPT, MMR, Hib, polio etc are still provoking polio to this day, but the word "polio" is very rarely used. When paralysis occurs it rarely lasts more than 2 days and usually no diagnosis is given.
- 5) **What about all those children that were in hospital wards in iron lungs?** Iron lungs were found to be counterproductive for the treatment of polio so use of them discontinued. It's as simple as that.

"POLIO" Deaths (Australia)
(Now usually called cerebral palsy, viral meningitis, etc, since vaccine introduced)





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Vitamin K

The reason given for administration of Vitamin K is to prevent haemorrhagic disease in newborns. However consider the following points:

The form of Vitamin K injected

- The body does not readily utilise synthetic vitamins and minerals. The vitamin K administered by hospitals to newborns is the synthetic phytonadione. The natural forms of vitamin K that are found in many foods, particularly in vegetables such as collard greens, spinach, broccoli, asparagus, brussels sprouts and salad greens, are a different form – they are called phyloquinone or menaquinone. Certain bacteria in the intestinal tract also produce menaquinones.
- Apart from its synthetic nature, it is based on plant Vitamin K and injected. The body utilises vitamins and minerals that are found in plants and creates the human form it needs, but this is after they go through the digestion process, which obviously does not occur with injections.
- "Little is known about the metabolic fate of vitamin K. Almost no free unmetabolised vitamin K appears in bile or urine," states both the 1988 and 1998 Physician's Desk Reference (PDR). "This is especially important due to the fact that it is a fat-soluble vitamin and therefore can accumulate in the body," wrote Vitamin K Resources (VKR) in the extremely well-documented and footnoted 1999 article, Intramuscular Vitamin K Injection: Is K OK?

Toxic ingredients accompanying the Vitamin K

- The vitamin K injections administered by hospitals and manufactured by Merck and Roche and Abbott also contain benzyl alcohol as a preservative. The 1989 PDR states that, "there is no evidence to suggest that the small amount of benzyl alcohol contained in AquaMEPHYTON (Merck's vitamin K injection product), when used as recommended, is associated with toxicity." Interestingly, in November 1988, the French medical journal, Dev Pharmacol Ther, published a paper regarding benzyl alcohol metabolism and elimination in babies. The report stated that "...we cannot directly answer the issue of safety of 'low doses' of benzyl alcohol as found in some medications administered to neonates. This study confirms the immaturity of the benzoic acid detoxification process in premature newborns."
- Roche's vitamin K product KONAKION contains ingredients such as phenol (carbolic acid-a poisonous substance distilled from coal tar), propylene glycol (derived from petroleum and used as an antifreeze and in hydraulic brake fluid) and acetic acid (an astringent antimicrobial agent that may drastically reduce the amount of natural vitamin K that would have otherwise been produced in the digestive tract). As reported in the PDR and as published in the IM vitamin K packet inserts for Merck, Roche and Abbott, "Studies of carcinogenicity, mutagenesis or impairment of fertility have not been conducted with Vitamin K1 Injection (Phytonadione Injection, USP)."
- The Vitamin K injection can be in a base of polyethoxylated castor oil.
- Vitamin K injections manufactured as recently as 1995 contain hydrochloric acid "for pH adjustment."

Effects of Vitamin K administration

- The manufacturers warn on the product insert: "Severe reactions, including fatalities, have occurred during and immediately after intravenous injection of phytonadione even when precautions have been taken to dilute the vitamin and avoid rapid infusion..."
- The Vitamin K shot has been linked to leukaemia, including acute lymphoblastic leukaemia, which is characterized by an increased number of white corpuscles in the blood, and accounts for about 85 percent of childhood leukaemia. Research carried out by Dr. Louise Parker, of the Sir James Spence Institute of Child Health in Newcastle upon Tyne, produced the most startling results. Dr. Louise Parker was quoted in the British Medical Journal in 1998 as stating, "It is not possible, on the basis of currently published evidence, to refute the suggestion that neonatal IM vitamin K administration increases the risk of early childhood leukemia."

The British Journal of Cancer published "Factors associated with childhood cancer" by J. Golding, et al, in 1990. The report indicated that universally administered IM vitamin K injections significantly increase our children's chances of developing childhood cancer. A follow-up study published two years later in the British Medical Journal (Golding J, Paterson K, Greenwood R, Mott M. Intramuscular vitamin K and childhood cancer. *BMJ* 1992; 305:341-346.) reinforced the findings of the previous study. The authors' comments, in keeping with scientific style, are conservatively stated, but parents who are concerned about the health of their babies will read "danger" between the following lines: "The only two studies so far to have examined the relation between childhood cancer and intramuscular vitamin K have shown similar results and the relation is biologically plausible. The prophylactic benefits against haemorrhagic disease are unlikely to exceed the potential adverse effects from intramuscular vitamin K..."

The chance of your child developing leukaemia from the Vitamin K shot is estimated to be about one in 500 (MIDIRS Midwifery Digest, Vol 2 #3, September 1992)

- Animal studies have linked large doses of vitamin K to a variety of conditions that include anaemia, liver damage, kidney damage and death.
- According to the product insert, adverse reactions include haemolytic anaemia, hyperbilirubinemia (too much bilirubin in blood) and jaundice (yellow skin and eyes resulting from hyperbilirubinemia), and allergic reactions include face flushing, gastrointestinal upset, rash, redness, pain or swelling at injection site and itching skin. It also warns that large enough doses can cause brain damage in infants and/or impairment to liver function. Hypoxia has also been published as having occurred in infants after Vitamin K administration.

The necessity (or lack of necessity) for administration of Vitamin K

- The bleeding condition the Vitamin K shot is supposed to prevent occurs at a rate that is far lower (in a non-Vitamin K injected child) than the rate of occurrence of leukaemia. The haemorrhaging condition may occur in approximately 1 in 10,000 live births
- The condition also will not necessarily be prevented by Vitamin K because it can be caused by other factors than a lack of Vitamin K (e.g. See *Arch Dis Child* 1999; 81:278 (September)). In fact vaccination is a major cause of haemorrhaging.
- The bacteria that should quickly colonise the gut (in a baby who is breastfed and not given antibiotics directly or as one of the ingredients in vaccines, including most likely the Hepatitis B vaccine) produces Vitamin K anyway, as mentioned above.
- As early as April 17, 1977, an article in one of the world's most esteemed medical journals, the *Lancet*, discredited the policy of routine vitamin K injections. "We conclude that healthy babies, contrary to current beliefs, are not likely to have a vitamin K deficiency... the administration of vitamin K is not supported by our findings..." Van Doorn et al stated in the *Lancet* article. VKR cited 21 peer-reviewed reports that had been published in prominent medical journals. All of them concur that policies that mandate the universal injection of newborn babies are not based on sound science. There has been much peer-reviewed evidence generated which questions the efficacy of routine vitamin K injections as sound public health policy.
- Naturopathic physicians and others who successfully adhere to a more natural approach to healthcare advocate that high-risk mothers should increase the amount of vitamin K available to the foetus, and then the breastfeeding infant, by eating adequate amounts of green leafy vegetables and other foods high in Vitamin K, such as alfalfa, brussels sprouts, cabbage, cauliflower, spinach, turnip greens, asparagus, oats and green tea.
- Commonsensically, VKR poses the question, "...how could God (or nature) have erred so badly as to give all newborn babies only an infinitesimal fraction of their required vitamin K? Surely the human race could not have survived to this point if all newborns were born with this deficiency and none being administered at birth until very recently." So ironically, when a Vitamin K deficiency does occur the probable cause(s) would be some other artificial, unnecessary interference, which just so happens to be something that one might say is fairly characteristic of modern medical treatments.

New pneumococcal vaccine – an even worse betrayal of trust?

Bronwyn Hancock April 2005

Hayley Graves was 9 months old and described by her father Ray Graves as "perfectly healthy, happy" until she received her second dose of Prevenar. 30 hours later, she was in hospital having seizures that could not be stopped and continued almost the entire next 45 days with her slipping in and out of a coma until she died.¹

Starting from the 1st of January 2005, due to a move that was facilitated last year by a political jostle between the major parties that no doubt pleased both parties' big business sponsors no end, newborn Australians from six weeks old are now subjected to yet another vaccine that for some is fatal.

So are tax payers getting any benefit for risking losing their children's lives?

You would like to think so. Totalling over \$240 per child including all 3 scheduled doses, this is one of the most expensive vaccines in history.

So let us examine the purpose of this vaccine, whether it is effective at achieving it, what the adverse effects are and what the real reason is for its provision.

The purpose of this vaccine

Like many parents, Ray and Lisa Graves were told by their paediatrician that Prevenar would help to prevent "otitis media" - ear infections. Parents are officially being told this by government, and in doctors' continuing education the so-called "correct" answer to: "Which type of pneumococcal disease is the Prevenar vaccine effective in preventing?" is "all of the above", including "acute otitis media."

Yet Prevenar was never licensed to prevent ear infections, and in fact, clinical trials have not demonstrated any ability of it to do so,² as the control group is always given another, sometimes even experimental vaccine, the best result being only 7% less ear infections than the experimental vaccine group. It is claimed to reduce the number of ear infections from some bacteria, but admitted to increase the number caused by others.³

Prevenar was actually approved officially to fight some strains of pneumococcal meningitis, pneumonia, and bacteraemia. Critics say there's not enough threat to frighten parents into getting the vaccine, but because ear infections are (now) so common (4 cases for every 3 children born), recommending Prevenar for that purpose can generate much more interest.

So what is the risk of developing these diseases?

According to studies quoted by Prevenar's manufacturer, if your child is over two years old, he or she has about a 1 in 5,000 chance of being diagnosed with a pneumococcal disease. If your child is under two, the risk is 7.5 in 5,000. The mortality rate, though, is much lower, at approximately 1 in 178,571 children from pneumococcal meningitis which is 3 Australian children every 2 years.

However even these figures misleadingly exaggerate the risk for most children, particularly those unvaccinated. To explain why this is, the cause of such diseases must be understood.

Like meningococcus, up to 30% of people host this gram-positive bacteria, *Streptococcus pneumoniae*, at any given time without illness. Apart from questions as to the ambitiousness and practicality of trying to contain such a common bacteria, a fundamental question is what provokes these common bacteria on such relatively infrequent occasions to cause severe illness (particularly rare in the case of meningitis)?

Louis Pasteur answered this with the words he is said to have uttered on his death bed:

Nor is there any reason why Prevenar would not, like other vaccines are documented to, cause damage that can result in such serious conditions as asthma, allergies, ADD, autism, arthritis, paralysis, disabilities, genetic damage, cot death, cancer, diabetes and MS. Many of these conditions are now epidemic with the vaccination schedule having expanded in the last 40 years from 12 to 60 vaccines by school age. Immunologist Dr J. Bart Classen fears Prevenar will cause diabetes at 7 times the rate the Hib vaccine does and that 1% of recipients will develop an autoimmune disease.¹²

Dr Cantekin believes "the FDA approval of this vaccine is an act of irresponsibility... the FDA is following their regular course."

So how did this vaccine get approved?

Many have long expressed concern about the number of direct and indirect ways by which the very powerful pharmaceutical industry is able to influence the process of vaccine approval, including heads of advisory panels being allowed to own shares in pharmaceutical companies.

Out of 12 committee members on the US CDC (Centers of Disease Control) Vaccine Advisory Committee that drafted the Prevenar recommendation, 4 had financial ties to the manufacturer. 3 out of 12 FDA committee members voting on Prevenar's license received waivers for conflicts of interest. "These committees have become the rubber stamp committees for the drug companies to push their product," said Dr. Cantekin.

Summary

As with all the vaccines before it, the evaluation of safety and efficacy, federal approval and promotion of Prevenar is laden with false and misleading advertising and conflicts of interest. There has been no true efficacy or safety testing, particularly for the few at significant risk of developing the disease, and with other vaccines already well documented to cause acute and chronic, debilitating and life threatening diseases the risk from this vaccine appears to be even higher.

An immune system does not thrive on immune-sensitising poisons, rather on sufficient nutrition and minimum exposure to poisons. We need look no further than the exceptionally robust, vibrant health of unvaccinated children in our developed (well nourished) world to see this glaring truth in practice.

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"The seed is nothing, the soil is everything", meaning that the cause of illness, or "dis-ease", is not the microbe itself but the condition of the host. Bacteria are opportunistic. In a healthy, well nourished, oxygen-rich environment in the body, the bacteria that thrive are aerobic and do not produce highly toxic waste products. The immune system will also of course be functioning optimally. Where there is any dead, waste or foreign matter to be cleaned up and eliminated from the body, bacteria will change into a form that is appropriate for that purpose and such bacteria will tend more to be anaerobic than in turn produce their own toxins. However in a healthy body there will be little material that provokes the multiplication of such bacteria, which are also kept in check by a properly functioning immune system.

So what causes the unhealthy environment? Needless to say malnourishment will, but what is a more direct factor in our modern, developed world is the poisons to which we are constantly exposed. They cause our systems to function less effectively, which also increases our need for various nutrients, particularly for the restoration of good health.

Stress, cooked, particularly microwaved, food and lack of sleep will cause an internally produced toxic load, and environmental poisons can include antibiotics, hormones, pollution, drugs, etc. However, there is little awareness of what is demonstrably the most dominant source of poisons we now encounter and which, without further exposure, tends to subtly or severely affect us permanently (though it can be somewhat countered afterwards).

Provocation by vaccination

This source is vaccines – their contents and damaging invasive delivery, which is repeated many times over. The toxic contents, whose amounts vary unpredictably between batches (hence the industry term "hot lots"), include among many chemicals, formaldehyde, mercury (found to be still in vaccines, contrary to manufacturers' claims³), aluminium compounds and phenol, all of which even individually are well known immune system sensitisers, meaning they increase susceptibility to infection – the exact opposite of an immunising effect as claimed. The direct injection of foreign material is also known to have an immune sensitising, also called "anaphylactic", effect.

The non-specific immunosuppressive effect of vaccines has been observed and documented for more than 100 years. Dr Wright (1901)⁴, a British army surgeon, wrote about "The changes effected by antityphoid inoculation on the bactericidal power of the blood", which can last months or more after vaccination.

Craighead (1975)⁴ revealed the sensitising effect of vaccines resulting in an accentuated pattern of disease upon natural or experimental exposure.

Vogel et al. (1983)⁴ described inhibition of the primary antibody response by pertussis (whooping cough) toxin injected in the PT (part of DPT) vaccine.

There are dozens more such articles, DTP and Hib being the best researched vaccines.

Tomasz (1994)⁴ wrote that "During the past decade gram-positive bacteria have gradually emerged as the most frequent causes of nosocomial (hospital-related) disease." That was when vaccination was greatly intensified.

Does Prevenar work at all?

Apart from saccharides of 7 serotypes of the bacteria, this vaccine contains aluminium compounds, diphtheria toxoid and latex. It is made using bovine (cow) tissue, which the manufacturer claims is not in the final product, however given the difficulty of complete removal, the falsity of the usual 'mercury-free' claim and an allegation of corner-cutting in the production⁵, it is safer to assume that some may remain, along with contaminant

bovine viruses. Like all vaccines, this material is directly injected, bypassing critical defences which are also vital for developing immunity, hence vaccines make the recipient more, not less, vulnerable to infections – "sensitised", not "immunised" as claimed. (Note that vaccine-induced antibodies have never been shown to bring immunity. Outbreaks, indeed deaths⁶, have occurred in people with high levels of vaccine-induced antibodies.)

The vaccine may also provoke the bacteria to change to other more virulent serotypes, as occurred in the UK with the meningococcal C vaccine – a 25% increase in meningococcal B⁷.

The studies claiming effectiveness described on the product insert have been provided by the manufacturer, with close ties to the researchers, and the "control" group was not unvaccinated but given an alternative vaccine. In the principle study this was an experimental meningococcal vaccine. It is only recommended for healthy (low risk) children, yet it has still been reported to have failed in such children.⁸

Dr. Erdem Canteekin, PhD Professor of Otolaryngology at the University of Pittsburgh, lecturing on Prevenar at the 2nd International Vaccine Information Center Conference Sep 9 2000, Washington DC, stated "It is an ineffective and toxic vaccine."

Misrepresentation of the effectiveness of vaccination began when vaccination did. The virtual wipe out of diseases occurred before the vaccines were introduced, yet vaccines were given the credit. As each vaccine has failed, the "authorities" have made stricter the disease diagnostic guidelines and/or criteria, which then feign success, a classic example being polio.⁹

Adverse effects

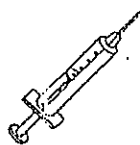
According to the American Academy of Pediatrics,¹⁰ Prevenar is one of the most reactogenic of vaccines, causing excessive numbers of local reactions. It is also too new for any long term studies.

The product insert admits safety tests were done only on healthy infants and cautions about giving it those at higher risk of infection.

It also admits that each of the following adverse effects: injection site reactions, fever (>38°C), irritability, nervous system disorders (drowsiness, restless sleep) and gastrointestinal disorders (decreased appetite, vomiting, diarrhoea), occur in more than 10%, and seizures in 0.01-0.1% of recipients, within 2-3 days after vaccination. It neglects to mention that most of these are symptoms, and may be the only symptoms, of encephalitis or meningitis, in which the body is trying to protect the brain from this unnaturally deep invasion. These symptoms do not have to last for damage to the brain to last, ranging from an unnoticeable lowering of IQ right through to mental retardation. Also the follow up did not continue after 3 days, despite the fact that the most serious effects do not usually appear that soon. Other effects that have been reported include asthma, ear infections(!), invasive pneumococcal infections(!), rash, hypersensitivity reactions, angioneurotic oedema, erythema multiforme, urticaria, pruritis, lymphadenopathy, immune-mediated events, thrombocytopenia and serum sickness.¹¹ Prevenar has not been evaluated for carcinogenicity, mutagenicity or impairment of fertility.

In one trial, of 17,066 subjects, there were 162 visits to the emergency room within 3 days of a dose, and 12 deaths (5 "SIDS" and 7 "with clear alternative cause").¹⁰

Dr. Canteekin said that a study by the vaccine's own manufacturer shows seizures happened 4 times more often in infants given Prevenar than in the "control" group. Further, a team of investigative journalists in Dallas (News 8 Investigates) reviewed nearly 800 adverse reaction reports filed with the FDA (US Food and Drug Administration) in the previous 9 months and found that 1 in 10 children with suspected side effects suffered a seizure.



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Meningococcal C Vaccination

Would you be happy for your child to be part of a medical experiment,
that's already going badly?

Bronwyn Hancock October 2004

The Australian Federal Government is currently in the process (2004) of administering the meningococcal C vaccine to children in schools right around the country. The high schools were mostly covered last year (2003), and now the teams are gradually working their way around all the primary schools. Then they'll move onto lower age groups right down to only 1 year of age.

Apart from what is common to all vaccines – the noxious nature of the ingredients, the sensitisation (= opposite of immunisation) effect of injecting these and indeed any other foreign substances into the body, and the other information on the general information brochures, articles, videos and books that have been published about vaccination based on a study of over 100,000 pages of published medical research, the following points are the most important relating to this specific vaccine. Most of this information, despite being well established, is not passed to parents, contrary to the legal duty of care obligations (Rogers vs Whitaker 1992 175 CLR 479) of all those in Australia responsible for the vaccine's administration:

Vaccine's protective effectiveness undemonstrated, and your rights

The manufacturer states on the insert that comes with the vaccine that there have been no protective efficacy studies conducted with this vaccine. So from a scientific perspective it cannot currently be confidently stated that the vaccine is effective. The government's reply when queried about this point has been that it is too soon and it is claimed that at least a 95% coverage in the population is required to reach the theoretical "herd immunity" level from which it can be determined whether or not the vaccine works. However only under 1 to 19 year olds (a far smaller percentage of the population) are being targeted for the vaccine.

Most importantly, it is a violation of the Nuremberg Code (rulings that came out of the Nuremberg Trials that dealt with the atrocities committed by Nazi doctors during WWII) and the World Medical Association Declaration of Helsinki to perform a medical experiment on people without their (or their parent/guardian's) informed consent. Not only is no information given in relation to the experimental nature of this vaccine but neither is information provided about adverse effects already observed, listed below.

It could be stated that the administration of this vaccine is not an experiment because an experiment is performed for the purpose of discovering or testing something, and no indications have been apparent of an intention to learn anything from the administration of the vaccine, but this of course in no way exonerates the vaccine's administration – rather, it means its use is simply common assault, particularly since it has not been scientifically demonstrated to be effective by the manufacturer's own admission.

Vaccine contents

The ingredients in this vaccine can include, but are not limited to: thiomersal (mercury compound), meningococcal oligosaccharide, diphtheria protein or tetanus toxoid, aluminium hydroxide, phenol, mannitol, sodium phosphate monohydrate, sodium phosphate dibasic heptahydrate and sodium chloride. The product insert states that the vaccine is contraindicated for anyone who may be hypersensitive to any component.

The vaccine's target - the meningococcus bacteria, the risk and what causes infections

The meningococcus bacteria exists in 5-20% of the population at any given time, and yet meningococcal infections, particularly the C strain that is being targeted by this vaccine, are very rare. The risk of infection by the C strain is approximately 1 in 135,000. Bacteria of many kinds inhabit the body prolifically, and indeed many, including perhaps meningococcus itself, have an important role in maintaining our survival. Clearly then, it is not simply the presence of the bacteria that causes meningitis.

So what does cause meningococcal meningitis? Bacteria have been described as "pleomorphic", meaning "many forms". This is because they are very adaptive to their environment – they change into different forms ranging from protective to pathogenic, depending on the environment that they are inhabiting in the body. An unhealthy environment in the body provokes bacteria to change into more virulent forms.

Vaccines of all types contain highly noxious substances and have been well documented to provoke severe invasive bacterial infections, including meningococcal meningitis. Indeed there is even a term, "window of opportunity", that refers to the 90 day period after vaccination in which there is an acknowledged increase in susceptibility to such infections (though in reality the "window" lasts indefinitely). Healthy unvaccinated (totally unvaccinated, that is) children do not contract severe bacterial infections such as these.

It is also important to note that even once a person contracts meningitis their fate is not sealed, because bacterial meningitis has been treated effectively, bringing people back from death's door, using such support to the immune system as significant doses of intravenous Vitamin C. Be aware, though, that a hospital will only administer Vitamin C when specifically instructed to by you (even then you must be firm) - otherwise regimens that weaken the immune system are employed, particularly antibiotics, and the consequences can be fatal.

Vaccine adverse effects

- to "increase meningococcal carriage rates", i.e. the opposite of its purpose

Not surprisingly in light of the above, one of the adverse effects listed on the product insert itself is that the meningococcal C vaccine actually "may increase meningococcal carriage rates, especially for meningococcal groups not included in the vaccine". This means that the phenomenon occurs for the groups that are included in the vaccine, however the statement is reflecting past experience of the vaccine provoking meningococcal B meningitis (The Lancet Vol 359 May 25, 2002). The B strain is involved in 50-55% of cases (twice as many as the C strain) and this meningitis seems to be more deadly amongst the younger age group, accounting for at least 2/3 of all deaths in this age group.

Interestingly a mother who rang recently said her child was hospitalised with meningococcal meningitis within a week or two of having the vaccine. The hospital to date would not reveal what strain of meningococcus is involved.

A recent Australian documentary (Catalyst, ABC TV) stated that the mass vaccination campaign for the C group conducted in the UK in 1999 was an experiment to "see what would happen" to the incidence of the B group. The result was referred to in CDI (Vol. 25, No.3, Aug 2001 p128): "A recent study has shown a 25% increase in serogroup B disease across all age groups in the United Kingdom since the vaccination campaign."

- other adverse effects

Other than the above, other adverse effects listed on product inserts for this vaccine include:-

General disorders and administration site conditions: local reactions, fever, fatigue, restlessness, URTI disease, malaise, headache, myalgia, irritability, light headedness, anorexia, gastrointestinal upset, vesicles, dermatitis, hypersensitivity including urticaria, induration, inflammation, mass or pruritus at injection site

Immune system disorders: lymphadenopathy, anaphylactic/anaphylactoid reactions including shock; hypersensitivity reactions including bronchospasm, facial oedema, and angioedema.

Nervous system disorders: dizziness, convulsions including febrile convulsions and seizures in patients with pre-existing stable seizure disorder; hypoaesthesia; paraesthesia; hypotonia

Musculoskeletal, connective tissue and bone disorders: arthralgia

Skin & subcutaneous tissue disorders: rash, pruritus, erythema multiforme, Stevens-Johnson syndrome.

Other effects have also been observed, e.g. haemorrhoids, varicose veins, dizziness, leukopenia, low blood pressure, low insulin levels, low iron levels, severe memory problems, disturbed muscle co-ordination, periarthropathy, lateral epicondylopathy, tendon destruction, cramps and night sweats. This last group of effects and several in the previous list all occurred in one woman, who had had three doses of this vaccine, and became progressively worse after each dose. (She was a student at a university in the UK where 3 doses are given.)

16,527 adverse effects (including 12 deaths) were reported from the vaccine in 10 months of use in the UK, which is more than the number reported in more than 37 years of use of the DPT vaccine, which itself is said to be one of the most reactive vaccines. Since it is known that less than 10% of reactions are reported, with some estimates as low as 1%, the total number of adverse effects is very much greater.

IMPORTANT UPDATE: We have heard of at least three children who have died directly from receiving this vaccine, at least two of which as part of the Australian government meningococcal C vaccination program currently being implemented in schools. At least one (possibly each) of them was quite healthy before receiving the vaccine.

So you have **already** allowed a lot of vaccinations and your child seems fine?

Many parents do not get warned about the ineffectiveness and toxic, harmful nature of vaccines until after they have already allowed their children to receive some vaccine doses.

A minority of vaccinated children have no noticeable signs of any current health problem. On being warned of vaccine dangers, their parents, having not researched the subject at this stage enough to realise that the vaccines do not even work, can reason "Well he/she has had several/a lot of vaccines up to now and is fine so I can't see there could be a danger to him/her, or my younger children, to have any more." If you are in this position and are tempted to feel this way, the reasoning may seem logical on the surface but there are some important facts (apart from the ineffectiveness of vaccines) of which you are not aware or mindful and which you need to consider:

1) You surely would not want to play **Russian Roulette** with your child(ren)'s health and life. You may have been fortunate with the vaccine batches from which your child(ren) received vaccines up to this point. **HOWEVER, there is a lack of level of control over the level of the various toxic ingredients in vaccines from one batch to the next.** This problem is well acknowledged by manufacturers to the point that they have a term for batches that have been identified to be more highly toxic than others and as a result causing a higher level of damage among recipients – they call them "**hot lots**". That identification only happens of course after the batch is released to the public and a lot of children just like yours receive vaccinations from it and are damaged.

Further to this, you would like to think that when a "hot lot" is identified that batch would be immediately recalled. Hopefully that happens at least some of the time(?), BUT we know that it certainly does not happen all the time: In a recent Irish case (Best v Wellcome Foundation) the judge ruled that it was a bad batch of the whooping cough vaccine that caused the victim to develop permanent brain damage. The victim's mother, Mrs Best, located and presented to court the pharmaceutical company's internal memo stating that one particular batch of the three in one vaccine given to her son was a particularly reactogenic batch with a directive not to send all

of it to the same area but disperse it so that there is no clustering of deaths and other serious side effects. This happens also in Australia:

Would you feel comfortable with putting your child(ren)'s life into the hands of an industry that you discover does not care about the health of your children, but only about its profit margins? Your doctor may be mean well, BUT guess who sponsors his/her training, AND whenever doctors strike, the death rate drops (<http://www.vaccination.inoz.com/doctordeathrate.html>)

2) **You cannot be sure that your child is not already affected.** Can you possibly know what he/she would have been like had he/she not been vaccinated? Of course not. The vaccines could have easily caused a slight lowering of his/her IQ, for example (as a lasting effect of encephalitis of which the outward sign may only have been irritability for a short period after vaccination), and you wouldn't even know.

3) **Your child is still young.** Vaccination involves the injection of viruses – both the human ones and animal contaminants, deep into the system past the outer levels of defence. The damage they can then cause may slowly develop over a long period, or alternatively the viruses can remain dormant for many years and then cause, say a brain tumour (in the case of the SV40 monkey virus) even decades later. This knowledge may be frightening, but isn't it better to know this now than after a later vaccine that could have caused that exact problem? It is only where ignorance is bliss that it is folly to be wise. This is obviously not a situation in which ignorance would necessarily be bliss, quite the contrary.

4) **Each vaccine increasingly sensitises the recipient to future doses.** So a child typically may have no reaction to the first dose, a mild one to the next, and severe damage from the next (or go from no reaction to severe next time).

5) **Each child is different** so is inherently more or less susceptible to vaccines generally and/more or less susceptible to different vaccines. In some families the older children have been OK and the younger ones vaccine-damaged – you cannot make any assumptions based on how well your other children have coped.

THINK: Risks vs "Benefits": WHO benefits - your child, or company shareholders, for whom all, including pharmaceutical, companies exist?

Recommended Reading List

<i>Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault On The Immune System</i> Viera Scheibner, PhD	<i>The Hot Zone</i> Richard Preston
<i>But Doctor, About That Shot: The Risks of Immunisations and How to Avoid Them</i> Robert Mendelsohn, M.D.	<i>The Medical Mafia</i> Guylaine Lancelot, M.D.
<i>Deadly Deceptions</i> Robert E. Willner, M.D., PhD	<i>The Poisoned Needle-Suppressed Facts About Vaccination</i> Eleanor McBean
<i>Don't Get Sick! The Case Against Vaccinations & Infections</i> Hannah Allen	<i>The Serpent on the Staff</i> Howard Wolinsky & Tom Brune
<i>DPT: A Shot In The Dark</i> Harris L. Coulter & Barbara Loe Fisher	<i>There is Always an Alternative</i> Dr Peter Baratosy M.B., B.S.
<i>Every Second Child</i> Archie Kalokerinos, M.D.	<i>Vaccination & Immune Malfunction</i> Harold E. Bultram, M.D.
<i>Health the Only Immunity</i> Ian Sinclair	<i>Vaccination Condemned</i> Eleanor McBean
<i>How to Raise a Healthy Child In Spite of Your Doctor</i> Robert Mendelsohn, M.D.	<i>Vaccinations Do Not Protect</i> Eleanor McBean
<i>Immunization Decision: A Guide for Parents</i> Randall Neustaedter	<i>Adverse Events Associated With Childhood Vaccines & Adverse Effects of Pertussis & Rubella Vaccines</i> Institute of Medicine
<i>Immunization: Reality Behind the Myth</i> Walene James	<i>Vaccination & Immunisation: Dangers, Delusions & Alternatives</i> Leon Chaitow
<i>Vaccination: The Hidden Facts</i> Ian Sinclair	<i>Vaccination: Social Violence and Criminality</i> Harris L. Coulter
<i>Immunization Related Syndromes (Video)</i> Eva Sneed, M.D.	<i>Vaccinations: The Rest Of The Story</i> Mothering Magazine
<i>Immunization Theory vs Reality</i> Neil Z. Miller	<i>What Every Parent Should Know About Childhood Immunizations</i> Jannie Murphy
<i>Mass Vaccination: A Point in Question</i> Trevor Gunn	<i>Vaccinations, The Untold Truth</i> Yves De Latte, edited by Eva Sneed, M.D.
<i>Pasteur Exposed</i> Ethel Douglas Hume	<i>Some Call it AIDS: I Call it Murder - The Connection Between Cancer, AIDS, Immunizations, and Genocide</i> Eva Lee Sneed, M.D.
<i>Murder by Injection</i> Eustace Mullins	<i>Vaccines Are Dangerous</i> Curtis Cost
<i>Vaccines: Are They Really Safe and Effective?</i> Neil Z. Miller	<i>What About Immunizations? Exposing the Vaccine Philosophy</i> Cynthia Courmoyer
<i>Vaccination: A Parent's Dilemma</i> Greg Beattie	<i>Vaccination: The Hidden Truth (Video)</i> (multiple speakers, including several of above)

...then it becomes apparent that the vaccines are not only ineffective, but counterproductive. Immunological research further supports this, medical journals even openly using the word “sensitisation”, which means the OPPOSITE of “immunisation”, in referring to their effect.

* the fact that ONLY since vaccination was mandated for school entry in the U.S. (1978) has there been a recorded (and further a sustained) increase in whooping cough in the U.S.

* the fact that ONLY the vaccinated contract the new, more dangerous, atypical forms of the illnesses, e.g atypical measles, occurring in up to 50% of measles cases in the vaccinated, and

* the fact that the age distribution has changed so that in highly vaccinated populations these traditionally childhood diseases are now occurring at the highest rates in the more vulnerable very young infants, instead of not until childhood - a well acknowledged effect of vaccines having been given to the mothers a generation earlier, weakening the temporary passive immunity that they are supposed to pass onto their infants,

* the fact that (as is also well-documented) doctors are less likely to correctly diagnose these diseases when they occur in vaccinated children - partly because they are taught that the vaccinated won't get the diseases, partly because the diagnostic guidelines they are given also assume this, partly because the derailing effect of vaccines on the immune system (yes, this is documented!) can alter the symptoms,...

Consequently vaccination does not appear to decrease at all the chance of contracting the infection, and further, when we consider various documented effects of vaccine introduction, for example:

* These rates, which are similar to, in fact some higher than, the rates of coverage recorded in the states as a whole, have been obtained from Greg Beattie, who himself obtained them directly from the various states' health departments. Most are in his book “Vaccination - A Parent's Dilemma”. The book also has many other figures from other countries. This includes the U.S. where vaccination is mandatory for school entry, and recorded vaccination rates amongst cases are 96%, 99%, even 100%, amongst groups that are 95%-100% vaccinated.

Western Sydney outbreak 1993 78% (MLA 1995)

Infection	State	Period	% cases fully vaccinated
Whooping Cough	S.A.	1990 - 1996	87%
“	Vic	1995	76%
Measles	S.A.	1993 - 1996	50%
“	Vic	1995	79%
“	Vic	1996	74%
“	W.A.	1996	67%

Here are the known vaccination rates (according to questionnaires returned by parents) amongst the cases of measles and whooping cough in recent years in the states in Australia which have collected the data (Note that the measles figures apply only to those old enough to have been vaccinated - the first measles vaccine is not given until 12-15 mths of age.) :

Vaccination effectiveness - the figures Bronwyn Hancock 23/12/98

HOW long afterwards could a reaction occur?

The first sign of an adverse effect can happen anywhere from immediately to weeks, months, even years later (for example some cancers, infertility and autoimmune diseases).



WHAT should you do if you vaccinate and your child has a reaction?

Unlike naturally occurring infectious diseases, there is a limit as to what can be done about effects of vaccines, as vaccination involves injecting poisons past important defences in the body. However, unless death has occurred (as it can without warning, i.e. cot death) steps can be taken to minimise the damage and help recovery.

Large doses of Vitamin C have saved lives. Homoeopathy and other alternative treatments have also been effective. (Seek professional help with this.) Overall, the younger the person and the sooner steps are taken, the better the response, but individuals can vary greatly.

Most orthodox responses have been unhelpful. Paracetamol is often advised, but this is toxic to the liver and interferes with the body's effort to defend itself against these poisons. This increases the risk of complications. Antibiotics also weaken the immune system.

HOW do you protect your child from diseases?

The immune system is fully able to do the job provided it receives:-

no - ☒ **harmful substances**, e.g. vaccines and other drugs (ideally the parents have not received them either), and plenty of -

☒ **clean water and good nutrition**, i.e. ideally breastmilk for babies, and sufficient fresh fruit and vegetables,

☒ **rest, exercise, sunshine and fresh air**; and

☒ **a loving and secure family environment**, which builds a positive mental outlook.

There is **no substitute** if these needs are not met. When they are met, then it is normal for children to have vibrant health and alertness.

In healthy children, infections are dealt with easily, so are rarely seen. *Polio was not a problem UNTIL 1887*, which was soon after the start of mass vaccination (initially for smallpox), which provokes it.

If handled **CORRECTLY**, i.e. with support, not paracetamol or other interference, *childhood diseases are treatable, indeed BENEFICIAL*. They prime and mature the immune system, protecting against asthma, cancer and other serious diseases (Lancet 1985/1996/1999 and others).

HOW can your child go to school if unvaccinated?

Enrolment in school and childcare *cannot legally be refused* on the basis of vaccination status. Parents who submit a "conscientious objection" form also receive the full childcare & maternity allowances.

BY WHEN do you have to make up your mind?

The vaccination schedule varies greatly among countries (it is not based on immune system development but on times historically set for check ups), so do not feel that a child will suddenly become susceptible to diseases if he/she is "overdue". There is no deadline - take as long as it takes to research the issue and learn about all the documented adverse effects, including increased susceptibility to the diseases. To make a fully informed decision may take some time.

HOW do you tell your GP what you've decided?

If you choose to say 'no', be firm. Otherwise your GP is likely to pressure you to change. Remember: you're the boss, not your GP! If your GP is still difficult we can help you find a supportive doctor.



For the sake of your child,

**ACT ON TRUTH,
NOT ON PRESSURE,
NOR FEAR, NOR HEARSAY.**

WHERE can you get more information?

Many well-referenced books and videos are available. Also ask us about the Vitamin K given at birth - is this safe and necessary?

Contact: Vaccination Information Service

P.O. Box 4, Turramurra 2074 NSW Australia

Ph: +61 (0) 2 9144 6625 or 9440 9096

Fax: +61 (0) 2 9440 3001 or 9440 9096

Web: www.vaccination.inoz.com



We work independently of the medical and pharmaceutical industries to meet their Australian legal requirement to inform you of all documented harmful effects of this procedure, as this decision is your responsibility. We also educate on the causes and appropriate management of illness.

All information we provide on this procedure and its associated diseases is derived from the study of over 100,000 pages of medical research. References are available. (Few can be accommodated here.)

Most of this information also applies to *adult and animal vaccines*.

VACCINATION

CONFUSION!



40 years ago 12 doses were given.

You are now pressured to allow *your child* to be directly injected with **over 60 doses** of what are actually combinations of these poisons:

- **formaldehyde**, mercury and aluminium compounds,
- **phenol** (carbolic acid), borax (ant killer), methanol, dye,
- **acetone** (solvent, polish remover), disinfectant, glycerine,
- **antifreeze**, MSG and several other poisons,

plus, also toxic when injected,

- **animal organ tissue** and blood

(e.g. monkey, cow, chicken, pig, sheep, dog, etc),

- **contaminant animal viruses**

(e.g. SV40, which causes cancer in humans),

- **aborted human foetus cells**, large foreign proteins,

- **mutated (more virulent) human viruses** in high doses (Note: "Killed" viruses can reactivate after being injected),

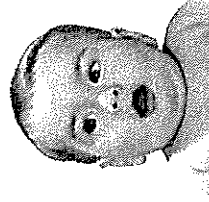
- **bacterial endotoxins**, antibiotics, bacteria,

- **genetically modified yeast**, latex, and

- **animal, bacterial and viral DNA**, which, when injected, can be incorporated into the recipient's DNA.



Injectons bypass important defences in the skin and mucous membranes.



Is this what nature intended for your baby??

ARE YOU CONCERNED ABOUT VACCINATION?

As a responsible parent(s) you are wise to question and gather more information about the effectiveness and safety of vaccination prior to making the right decision for your child!

Remember - no-one else loves your child as much as YOU do.

WHAT are your responsibilities as a parent?

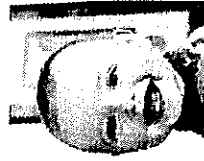
You are responsible for raising your children in a safe, healthy, caring and supportive environment to enable them to reach their best potential as balanced, healthy, responsible adults ready to contribute to the world.



WHAT are the options available to you?

You have quite a few options available. Remember that it is your responsibility to make an informed choice on behalf of your child.

1. Take the risk of **fully vaccinating** without more research and be prepared to live with the consequences.
2. **Partially vaccinate**, however do not assume this will be safe. Mortality/morbidity has occurred even from one dose, and you cannot predict which vaccine(s) will harm your child.
3. **Separate combined vaccines**. This has not been shown to be safer, and if the total poison intake is higher, it may be worse.
4. **Delay vaccination** until the immune system is more mature. Mortality/morbidity is still a risk. It has occurred even in adults.
5. **Research** published information about adverse effects and vaccine ineffectiveness before you decide. **Seek any chance to see how healthy unvaccinated children are.**



An unvaccinated child

Consider these questions when weighing up your options:

- * If you do vaccinate will your doctor give you a **guarantee** that you can avoid permanent damage, disability or death from the vaccine?
- * Do you have any **scientific evidence** that vaccinating will lessen the likelihood or severity of an infectious disease? **Have you seen how severe these diseases can be in vaccinated children?**
- * Can you be sure that children who are properly nourished and free of injections of these substances cannot cope with infectious diseases? Have you seen how well they do deal with them?

WHAT will be the effect if you vaccinate?

To become immune requires processes that do not occur on demand and happen in the outer levels of defence, bypassed by injections, so "**immunisations**" *don't immunise*. Rather, when foreign substances are injected, particularly these ones, *the immune system is derailed*.

As a result, *only* in the vaccinated, *new, more serious forms* of the diseases can occur, such as *atypical measles*, where the rash moves in the wrong direction, and pneumonia, encephalitis or meningitis can result (see a medical dictionary). Vaccination often even prevents immunity from developing, resulting in repeated illness. The presence of antibodies does **NOT** show immunity, only past exposure (e.g. HIV).

Vaccines also increase susceptibility to unrelated, normally harmless viruses and bacteria (e.g. *meningococcus*), and to other substances, i.e. *allergies*, manifesting as eczema, hay fever, etc, but most notably as *asthma*. This occurs in about 30% of vaccinated children (only in 0-1% of those unvaccinated), and kills about 1% of asthma sufferers.

Other effects, many of which are on the accompanying inserts, include:

- **encephalitis or meningitis**. Irritability, high-pitched screaming, inconsolable crying, sleepiness and convulsions, are all signs. Brain damage can be very mild (slightly lower IQ) to severe,
- **recurring colds**, tonsillitis, ear, respiratory or other infections,
- **bowel problems**, coeliac disease,
- **autism**, (1% risk), ADD (10% risk), other learning, speech and behavioural problems,
- **paralysis**, provocation poliomyelitis (polio today is usually called "viral meningitis", "cerebral palsy" or another name),
- **epilepsy** and other neurological problems, mental illness, anorexia,
- **autoimmune diseases** such as lupus, diabetes, arthritis, and MS,
- **organ damage** or failure, blindness, deafness and other disabilities,
- **chronic fatigue syndrome**, blood disorders, hormone imbalances,
- **leukaemia** and other cancers (which can appear many years later),
- **cot death** (0.3% risk), so-called "shaken baby" syndrome injuries,
- **destruction of transplacental immunity** to pass to own offspring,
- **altered genes**, infertility, weaknesses or defects in offspring and other signs of a **disoriented or disabled immune system**.



WHAT if you have already started vaccinating?

This does **not** lock you in - you can stop at any time. The more vaccines that are given, the greater is the risk of a lasting problem.

HOW many parents choose not to vaccinate?

Vaccination promoters themselves report a growing trend against vaccination by more educated parents with, they say, "too much IQ".

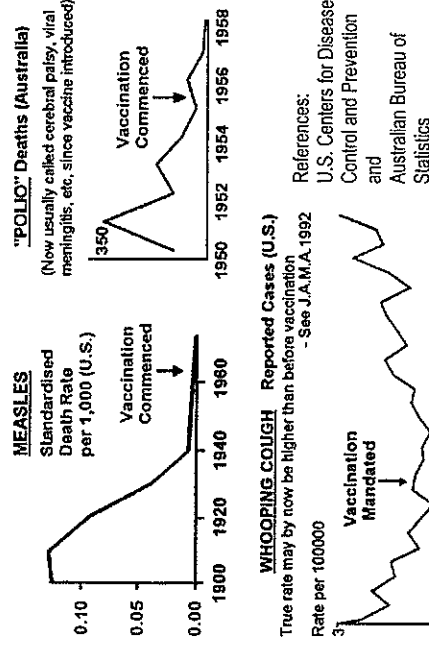
WHY are the public pressured to vaccinate?

Vaccines a \$multi-billion industry. Powerful interests fund medical education and research and enjoy support from the government, media and other organisations.

The result is that neither doctors, nor politicians nor lay people are taught about the ineffectiveness and adverse effects of vaccines. Few doctors do in-depth study of medical research on this subject.

Doctors are also heavily pressured by the medical legal system and the overseeing authorities, which can push for deregistration of a doctor who advises against vaccination. In addition, there are high bonuses and other financial incentives to vaccinate. Many conforming doctors admit to not vaccinating their own children.

WHAT caused the decline in the diseases?



The repeated crediting of this to vaccines does **not** make it true. The government's own statistics show that even smallpox and polio vaccination only came **after** the dramatic decline in the diseases. It was attributable to *better nutrition, cleaner water, sanitation*, less overcrowding and other factors. Indeed this trend has reversed with increased vaccination, e.g. see the last graph above.

Note also the 3-4 year natural disease cycle. Often such cycles plus changes and biases in diagnostic guidelines and vaccination status classifications can lead to a false impression of vaccine effectiveness.