THE informed PARENT
ISSUE ONE 2018 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

MASSIVE FLU OUTBREAK? HERE'S THE REAL STORY THE MEDIA WON'T TOUCH. THE LIES, THE HOAX, THE SCANDAL

BY JON RAPPOPORT
thelibertybeacon.com
15 January 2018

IN CASE YOU HAVEN'T been following the uproar over the flu outbreak, you've missed the fact that…

Health authorities admit this year's flu vaccine is only 10% effective.

But of course, they urge you to take the vaccine anyway.

Why is this year's vaccine ineffective? Because it's made using chicken eggs, and researchers have discovered that the flu virus—which is placed in the vaccine—mutates in chicken eggs.

Therefore, by the time a person takes the flu shot, he's not being protected against this year's seasonal flu virus. He's being protected against a mutated virus that isn't causing the flu this year.

This is the conventional explanation. If you think it's the whole story, I have condos for sale on the moon.

You see, vaccines have been made using chicken eggs—not just this year—but for the past 70 years.

Oops.

That would mean the flu vaccine has been ineffective for decades.

Healthline.com: "The majority of flu vaccines are grown in chicken eggs, a method of vaccine development that's been used for 70 years."

But wait. There's more. Much more. I'll break it down into several scandals.

SCANDAL ONE:
(I covered this the other day):
Dr. Peter Doshi, writing in the online BMJ (British Medical Journal), reveals a monstrosity.

As Doshi states, every year, hundreds of thousands of respiratory samples are taken from flu patients in the US and tested in labs. Here is the kicker: only

a small percentage of these samples show the presence of a flu virus.

This means: most of the people in America who are diagnosed by doctors with the flu have no flu virus in their bodies.

So they don't have the flu.

Therefore, even if you assume the flu vaccine is useful and safe, it couldn't possibly prevent all those "flu cases" that aren't flu cases.

The vaccine couldn't possibly work.

The vaccine isn't designed to prevent fake flu, unless pigs can fly.

Here's the exact quote from Peter Doshi's BMJ review, "Influenza: marketing vaccines by marketing disease" (BMJ 2013; 346:f3037):

"…even the ideal influenza vaccine, matched perfectly to circulating strains of wild influenza and capable of stopping all influenza viruses, can only deal with a small part of the 'flu' problem because most 'flu' appears to have nothing to do with influenza. Every year, hundreds of thousands of respiratory specimens are tested across the US. Of those tested, on average 16% are found to be influenza positive."

"…It's no wonder so many people feel that 'flu shots' don't work: for most flus, they can't."

Because most diagnosed cases of the flu aren't the flu.

So even if you're a true believer in mainstream vaccine theory, you're on the short end of the stick here. They're conning your socks off.

The basic flu symptoms—cough, fever, chills, sore throat, muscle aches, weakness—can be caused by a variety of factors that have nothing to do with a flu virus.

SCANDAL TWO:

In December of 2005, the British Medical Journal (online) published another shocking Peter Doshi report, which created tremors through the halls of the Centers for Disease Control (CDC), where "the experts" used to tell the press that 36,000 people in the US die every year from the flu.

Here is a quote from Doshi's report, "Are US flu death figures more PR than science?" (BMJ 2005; 331:1412):

"[According to CDC statistics], 'influenza and pneumonia' took 62,034 lives in 2001—61,777 of which were attributable to pneumonia and 257 to flu, and in only 18 cases was the flu virus positively identified."

Boom.

You see, the CDC has created one overall category that combines both flu and pneumonia deaths. Why do they do this? Because they disingenuously assume that the pneumonia deaths are complications stemming from the flu.

This is an absurd assumption. Pneumonia has a number of causes.

But even worse, in all the flu and pneumonia deaths, only 18 revealed the presence of an influenza virus.

Therefore, the CDC could not say, with assurance, that more than 18 people died of influenza CONT/. PAGE 3 >

Editor's note

Magda Taylor

MORE AND MORE VACCINE HEADLINES… HPV being pushed for boys, another men B vaccine being tested on teenagers and reports of measles outbreaks!

I recently gave a full day Powerpoint presentation at the Contemporary College of Homeopathy in Bristol on vaccination – including an investigation of the history of smallpox vaccination – an eye-opener indeed. There was a wealth of evidence against vaccination back then! If you are interested in organising a talk please get in touch and let's see what can be organised. I will be speaking in London, Norwich, Tunbridge, Brighton in future months and others are in the pipeline. We need to sow seeds as much as possible as there are still a lot of the public who are in the dark. My personal opinion after being involved in this subject since 1991 is that NO vaccine has ever protected anyone and there have NEVER been any health benefits from them either.

FOLLOWING ON FROM the last edition the threat of mandatory vaccines is still looming. A recent article in the BMJ 'MEPs devise strategy to tackle vaccine hesitancy among public' (23/3/18) triggered a number of Rapid Responses, (one is reproduced on p.17) and I, surprisingly, had my response published too. It reads:

I am not sure why MEPs are devising strategies to tackle vaccine hesitancy? It is apparent from the recent emails I, and others have received from a variety of MEPs on this subject, that their knowledge on vaccination is totally inadequate! They simply turn to the 'truth' of authority instead of the authority of truth. The first thing MEPs should do is research the subject thoroughly and from a neutral position.... then it should become clear to them why there is this 'vaccine hesitancy'!

This arrogant labelling and attempted coercion of parents who are using their intelligence, common sense and investigative skills and coming to the conclusion that vaccines are neither safe or effective must stop - it is an absolute disgrace. It seems history is repeating itself except now we have a huge number of vaccines rather than just the smallpox vaccine introduced at the turn of the 19th century. When all the failures, injuries and deaths started to be reported back in the 1800s and parents were refusing the vaccine for their families - the Epidemiological Society and public vaccinators etc, instead of investigating the issue, started to put pressure on parents and then rallied Parliament to introduce the Compulsory Vaccination Act 1853 with further penalties added in 1868. Fines or prison sentences for those parents who refused...when parent's only crime was trying to protect their infants from the vaccine injury or death. There is a WEALTH of essays, data and reports written by highly respected doctors and scientists during those times, who became outspoken critics of vaccination once they embarked on proper independent study - even when they started from a pro-vaccine position. They had nothing to gain by taking that stance - why would they risk their careers and positions? Dr Creighton, Prof Crookshank, Alfred Wallace..to name a few. I would encourage all MEPs and all doctors to read these texts...it should be compulsory reading before they talk about vaccine hesitancy.

Even in the mid 1900s doctors working in public health have published very interesting texts critical of vaccination. Sir Graham Wilson and Prof Gordon Stewart - two fine examples. In Wallace's summary and conclusion (1898) he states: "And all these horrors on account of what Dr. Creighton has well termed a "grotesque superstition," which has never had a rational foundation either of physiological doctrine or carefully tested observations, and is now found to be disproved by a century's dearly bought experience. This disgrace of our much-vaunted scientific age has been throughout supported by concealment of facts telling against it, by misrepresentation, and by untruths." Sadly this statement is still true today - 120 years later! The public, including many well-meaning health professionals have been misled for too long - it is time for a truly independent investigation of this procedure - NOT a time to bring in mandatory laws and take away parents rights. It is apparent that parents and the informed public will have to unite and devise a strategy to tackle 'Vaccine Study Reluctance', 'Vaccine Ineffectiveness Denial', 'Vaccine Injuries & Deaths Disassociation Complex' and 'Obsessive Coincidence Disorder' that are now rife within the medical and science profession!

(Magda Taylor, Rapid Response, 29/3/18).

Stay strong and stay healthy!
Magdalene Taylor, Editor. APRIL 2018.

"PHILOSOPHER: OTHER MEN ARE DETERMINED TO ACT WITHOUT FEELING, WITHOUT KNOWING THE CAUSES THAT MAKE THEM MOVE, WITHOUT EVEN IMAGINING THAT THERE ARE ANY. THE PHILOSOPHER, EVEN IN HIS PASSIONS, ACTS ONLY AFTER REFLECTION; HE WALKS IN THE NIGHT BUT HE IS PRECEDED BY A TORCH. ~ *CÉSAR CHESNEAU DU MARSAIS*"

CONTINUED FROM PAGE 1:

in 2001. Not 36,000 deaths. 18 deaths.

Doshi continued his assessment of published CDC flu-death statistics: "Between 1979 and 2001, [CDC] data show an average of 1348 [flu] deaths per year (range 257 to 3006)." These figures refer to flu separated out from pneumonia.

This death toll is obviously far lower than the old parroted 36,000 figure.

However, when you add the sensible condition that lab tests have to actually find the flu virus in patients, the numbers of flu deaths plummet even further.

In other words, it's all promotion and hype.

"Well, uh, we used to say that 36,000 people die from the flu every year in the US. But actually, all we can prove is about 20 deaths. However, we can't admit that, because if we did, we'd be exposing our gigantic psyop. The whole campaign to scare people into getting a flu shot would have about the same effect as warning people to carry iron umbrellas, in case toasters fall out of upper-storey windows…and, by the way, we'd be put in prison for fraud."

SCANDAL THREE:

The so-called Swine Flu pandemic of 2009. This one is a real eye-opener. The CDC was caught with its pants down.

Swine Flu was hyped to the sky by the CDC. The Agency was calling for all Americans to take the Swine Flu vaccine. Remember?

The problem was, the CDC was concealing a very dirty secret.

At the time, star CBS investigative reporter, Sharyl Attkisson, was working on the Swine Flu story. She discovered that the CDC had secretly stopped counting cases of the illness—while, of course, continuing to warn Americans about its unchecked spread.

"Well, uh, we used to say that 36,000 people die from the flu every year in the US. But actually, all we can prove is about 20 deaths.."

Understand that the CDC's main job is counting cases and reporting the numbers.

What was the Agency up to?

Here is an excerpt from my 2014 interview with Sharyl Attkisson:

Rappoport: *In 2009, you spearheaded coverage of the so-called Swine Flu pandemic. You discovered that, in the summer of 2009, the Centers for Disease Control, ignoring their federal mandate, [secretly] stopped counting Swine Flu cases in America. Yet they continued to stir up fear about the "pandemic," without having any real measure of its impact. Wasn't that another investigation of yours that was shut down? Wasn't there more to find out?*

Attkisson: *The implications of the story were even worse than that. We discovered through our FOI efforts that before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all! The interest in the story from one [CBS] executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it [after it was published on the CBS News website] and, in the end, no [CBS television news] broadcast wanted to touch it. We aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary.*

I'll add a few details. It was routine for doctors all over America to send blood samples from patients they'd diagnosed with Swine Flu, or the "most likely" Swine Flu patients, to labs for testing. And overwhelmingly, those samples were coming back with the result: not Swine Flu, not any kind of flu.

That was the big secret. That's what the CDC was hiding. That's why they stopped reporting Swine Flu case numbers. That's what Attkisson had discovered. That's why she was shut down.

But it gets even worse.

Because about three weeks after Attkisson's findings were published on the CBS News website, the CDC, obviously in a panic, decided to double down. If one lie is exposed, tell an even bigger one. A much bigger one.

Here, from a November 12, 2009, WebMD article is the CDC's response: "Shockingly, 14 million to 34 million U.S. residents — the CDC's best guess is 22 million — came down with H1N1 swine flu by Oct. 17 [2009]." ("22 million cases of Swine Flu in US," by Daniel J. DeNoon).

Are your eyeballs popping? They should be.

In the summer of 2009, the CDC secretly stops counting Swine Flu cases in America, because the overwhelming percentage of lab tests from likely Swine Flu patients shows no sign of Swine Flu or any other kind of flu.

There is no Swine Flu epidemic.

Then, the CDC estimates there are 22 MILLION cases of Swine Flu in the US.

So now…when health officials begin waving red flags and raising alarms about a current viral flu outbreak, it would be more than reasonable to demand they answer questions about their past lies and deceptions.

Unless you just want to take them at their word. If so, good luck.

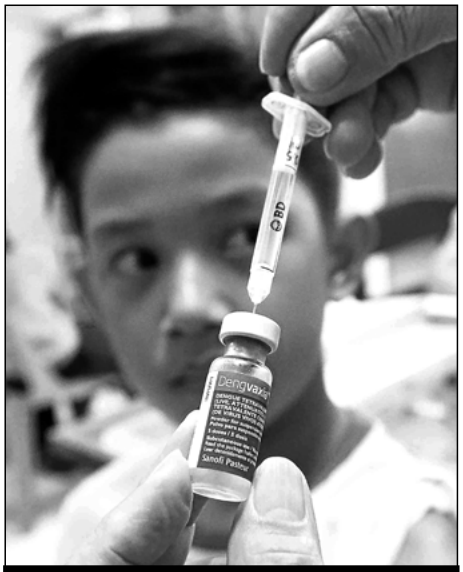
DENGVAXIA VACCINE CONTROVERSY IN PHILIPPINES

AGE OF AUTISM: 20 Dec 2017
http://www.ageofautism.com/2017/12/dengvaxia-vaccine-controversy-in-philippines-.html

Note: Thank you to AHRP for this report on the controversial Dengue fever vaccination program in the Philippines. Even if you are fully pro-vaccination, this story should make you pause for a moment or several. Children ages 2 - 5 ran a risk of contracting Dengue fever post vaccination. This reminds us of the MMR data that showed a higher autism risk in African American males under the age of 3 - data that was scrubbed clean.

This is a developing news story focusing on the corruption of industry-initiated government vaccination policies. The case involves Sanofi and the launching of its Dengvaxia vaccine in a massive school-based Dengvaxia vaccination campaign in 830,000 Philippino school children.

The World Health Organization reports that dengue, a virus transmitted by mosquitoes, is endemic in 100 countries, and the number of reported dengue cases has skyrocketed. In 1996, less than half a million (0.4); in 2005, 1.3 million; in 2010, 2.2 million; and in 2015, there were 3.2 million reported cases.



Pic: Marianne Bermudez

Sanofi Pasteur tested its vaccine Dengvaxia (CYD-TDV) in two parallel Phase 3 randomized trials (June 2011 – March 2012). CYD14 was tested in 5 Asian countries (Indonesia, Malaysia, Philippines, Thailand, and Viet Nam), in 10,275 children aged 2–14 years. CYD15 was conducted in 5 Latin American countries (Brazil, Colombia, Honduras, Mexico, and Puerto Rico, in 20,869 children aged 9–16 years.

But Sanofi failed to examine the reason that young children aged 2 to 5 were at increased risk of severe dengue infection; the company encouraged the Philippine government to initiate a massive, school-based Dengvaxia vaccination program. One year after 830,000 children in the Philippines were vaccinated, and a major scandal erupted in the Philippines, the World Health Organization changed its initial equivocating recommendation (by the same Global Advisory Committee on Vaccine Safety) regarding Sanofi's dengue vaccine, Dengvaxia.

FLU HYSTERIA: Alberta Claims 2,800 Hospitalized, 86 Dead 'Lower Vaccines Not The Problem'

BY DR SHERI TENPENNY
vaxxter.com 04.04.18

FLU HYSTERIA continues to lead local headlines all over the world. This time, the focal point is Alberta, Canada, who's health officials claim that this season's influenza season has placed 2,800 in the hospital and claimed the lives of 86 persons. But here's the kicker: those same health officials have admitted that the increased flu cases have not been the result of fewer flu vaccines.

ACCORDING TO CTVNEWS
The increase in **deaths is not the result of fewer vaccinations** as AHS confirms that **roughly 100,000 more vaccinations were administered this season than the previous flu season** provincewide (1,224,702 in 2017-2018 compared to 1,171,825 in 2016-2017).

This is an important admission as it shows that health officials realize that the flu shot has been largely ineffective. Typically, flu hysteria media reporting leads to the advice that more people need flu shots. However, in this case, it is fairly obvious that health officials know better. What's more? They confirm that MORE vaccinations were given this year than the prior year (+100k).

So more flu shots and more flu deaths and hospitalizations?

Either the flu shot is spawning worse flu cases, or the shot instills a false sense of safety in people who take it and they end up not utilizing typical flu prevention methods.

> THE MORE IT (VACCINATION) IS SUPPORTED BY PUBLIC AUTHORITIES, THE MORE WILL ITS DANGERS AND DISADVANTAGES BE CONCEALED OR DENIED. ~ *M. BEDDOW BAYLY*

AUSTRALIAN ANTI-VAXXERS PROVIDE NEW MODEL FOR THE WORLD

BY JON RAPPOPORT
March 4, 2018
acitivistpost.com

OUT OF THE ASHES of government tyranny comes a solution. In the Australian state of Queensland, childcare facilities can refuse to allow unvaccinated children to attend, so…

Parents there have formed their own community, which has already grown to 800 members. As ABC (Australia) reports: "Sunshine Coast vaccine refuser and leader of the Natural Immunity Community, Allona Lahn, said her anti-vaccine network had grown to 800 members and was becoming stronger since the regulations were introduced."

"'Out of sheer necessity we've created a community base to support families — we've had no choice other than to start our own social services'."

"Ms Lahn said the network with like-minded families included their own childcare, schools and health services away from the mainstream."

"'We organise group childcare arrangements and we're now devising our own combined homeschooling system,' she said."

"'We use health practitioners within the anti-vaccine networks around Australia and 'anti-vaccination-friendly' doctors in the community'."

"Ms Lahn said network members were turning away from mainstream health services because they faced intimidation and coercion."

This is decentralization par excellence. If like-minded parents in other countries take notice and launch their own communities, who knows how strong this movement could become? Islands of resistance—but more than that. New answers, new strategies, new victories. And ongoing proof that parents can raise healthy children without vaccinations.

That proof is the dagger to the incessant lies about vaccines being absolutely necessary. Mainstream media promote those lies day and night—but the truth is, parents can and do raise unvaccinated children with strong immune systems, which is the natural defense against harm from disease.

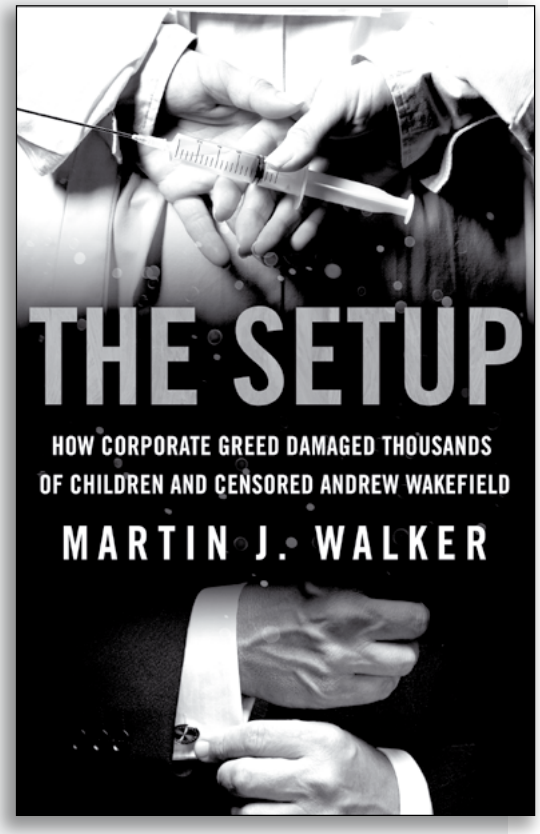
The medical establishment has done NO proper, long-term studies comparing vaccinated and unvaccinated children's health outcomes. And the real reason is: they don't want to face the results of such studies. They rightly fear the facts that would emerge.

I'm sure Allona Lahn, the leader of the Queensland network, doesn't think of herself as a hero. She's just doing what she knows is right, and she and her compatriot parents are, above all, protecting their children from the well-established toxic effects of vaccines. But she is a hero. Every aware parent should salute her.

BOOK NEWS:

THE SETUP – How corporate greed damaged thousands of children and censored Andrew Wakefield

By Martin J Walker



IN 1988, the British government launched the Measles, Mumps and Rubella (MMR) vaccine, even though central figures knew that the vaccine could cause brain damage, autism, and other problems.

The Setup traces the extended efforts made by drug companies, with help from the British government, to cover up their responsibility for putting a vaccine known to be damaging on the market. It details the way public relations companies, social media, legal teams, judges, and reporters all utilized covert media tactics and public statements to deceive, ultimately leading to the British General Medical Council (GMC) initiating the famous trial against Andrew Wakefield, Professor Walker-Smith, and Dr. Simon Murch. The vaccine was on the market for over four years, but the parents of the nearly 1,600 affected were not only excluded from that trial but are still awaiting their day in court. Instead, they have all had to shoulder an immense financial burden and many have become the subject of court actions over spurious charges. The trial also destroyed Wakefield's reputation despite the fact that within months, a high court judge declared Walker-Smith innocent on the grounds that the GMC panel, acting as jury, had misunderstood the evidence.

Any parent whose child has become sick after a vaccine will appreciate the dedication of investigator Martin J. Walker, and his exposure of a cover-up the British government and pharmaceutical companies hoped to hide forever.

The Quanten Theory

AUTHORITIES AND I

by Patrick Quanten MD

www.pqliar.net

SWEDEN BANS MANDATORY VACCINATIONS! This comes at a time when most other European countries and the USA are pressing for more obligatory vaccinations. My guess is that it is not fair to dismiss the Swedes as simply being dumb, stupid or insane. My guess is that they have given due consideration to various options before parliament voted in favour of a ban. They justified their decision by giving three main reasons:

1. It would be a violation of the citizens right to choose their own healthcare.

2. There is a massive resistance amongst Swedes against all forms of coercion.

3. There are known serious health concerns about the effects of vaccinations.

Reason number three is well known in the entire western world and the list is growing day by day. There is an enormous number of substantiated stories directly relating to a wide variety of diseases, malfunctions and deaths to vaccination programmes. A lot of these detrimental effects to our health are even mentioned by the pharmaceutical industry itself and others are implicated by the number of compensation payouts made every year throughout the entire western world.

Reason number two is a manifestation of people power. Ultimately all power is in the hands of the people. The only thing that is required to establish a major change is for people not to cooperate with the authority. From the moment we no longer allow ourselves to be coerced into something we are in control. Remember that this attitude works both ways. We don't want to be told we have to vaccinate, so be sure not to tell anyone they are not allowed to vaccinate either. Leave it as a choice. In the end, if hardly anybody wants a certain product anymore they will stop producing it. It is that simple!

Patrick Quanten MD

Reason number one is the main consideration we should turn our attention to because this is why we have lost so much of our freedom over the last few decades. We have allowed authorities, mostly under the banner of "protection", to take away our right to have a free choice. They tell us we are so lucky we live in a free country and then it turns out they deny us the right to make our own mind up. And don't tell me it would even be worse somewhere else! I don't live anywhere else. I live in a country where the authority keeps repeating that I am free whilst at the same time restricting that freedom everywhere, even in my personal space. I know nothing about any other country, but I do know the authority I bow to lies to me and forces me out of the choices they say I have.

Now the question is: Do I have a citizens right to make my own choices? We discussed this question to a large extent in a previous article "Freedom of Choice". Can we clarify our position a little more? We keep our focus on vaccinations.

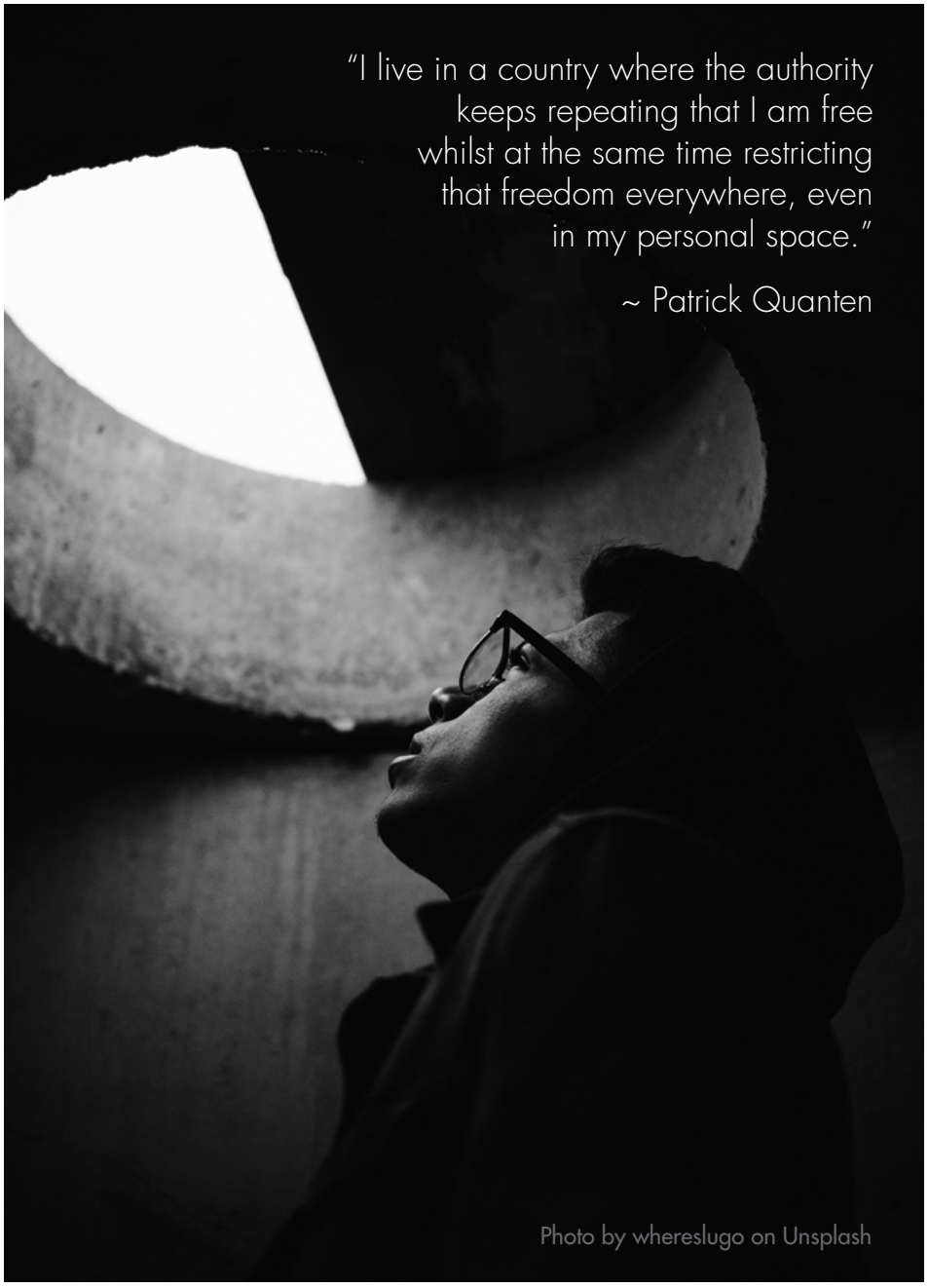
First, there are consumer rights. Buying products and services gives you rights as a consumer. This indeed also applies, to the letter of the law, to buying products such as vaccinations and/or the services that provide us with the information on the product and procedures. Misrepresentation about the product and services is a breech of your rights as a consumer and could be challenged in court. Yes, you would win but who has got the time, money and energy to spend. Not mentioning the hassle you as person has to endure for daring to do something so outrageous.

Secondly, there is the widely referred to Human Rights Bill. When you do a search on human rights it becomes obvious straightaway that you are not given a clear picture, a list of rights you have as a human being. Instead it all remains a bit vague like the right to life, or the right to respect for private and family life, or the right to freedom of religion and belief. Lots of information on what to do when you think your human rights have been breeched but very little information on what exactly these human rights are. Human rights can only be broken by public authorities, of which the NHS and all that is affiliated to it is one.

The right to life means public authorities have a duty not to end your life except in very limited situations.

The right to respect for private and family life, your home and correspondence means you have the right to live your life with privacy and without interference by the state. It covers your sexuality, your body, personal identity and how to look and dress, forming and maintaining relationships with other people (spouse, children, siblings), and how your personal information is held and protected.

The right not to be deprived of your liberty or freedom unless it's in accordance with the law means you mustn't be imprisoned or detained unless there's a law which allows it and



the correct procedure is followed.

All well and good. But what happens to these rights when we are not talking about adults but we are looking at children, as most vaccination programmes are aimed at babies and very young children? A minor has no legal rights. The legal age is the age at which a person acquires full legal rights and responsibilities. Until such time, that life is someone else's responsibility; to all intents and purposes it "belongs" to someone else. Parental responsibilities are to provide a home for the child and to protect and maintain the child. A parent is responsible for disciplining the child, for choosing and providing for the child's education, for agreeing to the child's medical treatment, for naming the child and agreeing to any change of name, and for looking after the child's property.

So it is your responsibility as a parent to agree on the medical treatment. Here is your first important obstacle. In a world where divorce is more common than lasting marriage, chances are that there is also going to be a disagreement on which course to follow for the medical treatment for a child. In a judicial state we solve such disagreements by asking a third person to decide. Unfortunately, as far as health and healthcare is concerned judges are totally ignorant and incompetent. However, they have been given the power to "know". They will base their judgement, not on what is the best for the child - simply because they do not know this - but on the opinion of the experts, who will tell the court what is the best for the child. And they do know because they are the appointed experts. Appointed by whom, you may ask. By the themselves is the cheery answer! This, in fact, means that the parent who is the closest to the child and who may understand the child's needs the best can easily be overruled by the herd needs represented by the expert, the god-like doctor, who has, whether he is aware of it or not, many other considerations at heart besides the welfare of the child.

This problem is complicated by the most recent practice entertained if parents separate - with each one deciding they have the right to determine the fate of their baby, expressed in the phenomenon called "co-parenting". For most of you in that situation, how can you co-parent with someone you don't agree with and someone who is not living the life you lead? You have so many differences in opinions and so many arguments about what life should look like, but you believe that "wanting the best for my child" means exactly the same thing to both of you. If you really have the best interest of the child at heart then agree that one parent should have the sole custody over the child and should take care of the day to day needs of the child, should make the necessary decisions and should give the child one steady line to hold on to when growing up. Clarity above all, instead of showing the child from a very young age that life is nothing but a big fight. Parents are unable to agree when they have no time for one another, no respect for another and no empathy for one another, and the medical authority exploits that situation to the full.

However, that is not the only problem parents have with the authority with regards to the medical treatment of the child. Even when parents do agree on the medical treatment they run the risk of their child being removed from them by the courts on the insistence of the medical authority, operating in the interest of the child. The law says you have, as a parent, the duty to agree upon the treatment.

The law does not prescribe which treatment that should be, in the same way it doesn't do that with regards to your choice of religion. Remember, you are free to choose whichever belief system you want to. So why do the courts support the authority in their endeavour to remove the parents from the children whenever the parents are choosing a different approach to how to maintain the health of their child than the medical authority deems fit?

We find the answer in the power authorities invest in authorities. There is no point in having an authority if it has no power. Medical authorities have been handed the power to "know" everything there is to know about health and what the best advice and course of action should be. Above and beyond, all other opinions. So, in order to be able to execute that power in all its might, it is important to show it frequently. Once an authority has decided a certain plan is "the right one" it would be good if it could show its strength to the masses. It means what it says! An authority has decided what are "proper" living conditions for a child, which means that it is now going to act on this decision in order to show its strength.

Children are better off, so we are told, away from mother or father because they are not looking after them properly, because the living conditions are now being deemed unsuitable or their parenting is questionable. Who defines properly? What is unsuitable? Who has the right to such definitions? Authorities use these preset rules as a standard to which they believe everyone should adhere. But we ignore the fact that it is a civil right to have any belief you like and live a life based on that belief. So, if I believe that shoes are no good, that schools are deforming the minds of children, that God is the best physician in the world, why do authorities interfere with that and most disturbingly why does the court deny me my civil right? Why is my right to live my life the way I choose to, and by the authority vested in me as a parent the life of my child, being denied?

Because the courts are afraid of upsetting the authority. They must be seen to support the authority, otherwise it is no longer an authority. And without authority there will be chaos. And nobody wants chaos, do we? Hence, we adhere to the structure we have, even if it is not doing us any good, because of the fear for what we perceive to be the alternative.

"Don't wait for the world to suddenly become insightful and change for the better. The world is made up of people, a gathering of persons, and it is these people, all together, that make the changes."

Judging someone else's belief is denying him/her a fundamental human right. But when it comes to healthcare the emotional trump card is drawn with great display of strength. The authority, confirmed and empowered by the courts, takes it upon itself to be above the law and to act in the interest of a life for which they do not hold any responsibility by law. It is, by law, the parents responsibility. They are being removed from their position as if it were a contractual job from which they can be dismissed. And why are we allowing this to happen in front of our eyes?

One reason is because we are afraid of authority and we don't want to get into trouble ourselves. So we do not speak. We blend in with the furniture and we do not make a move. The other reason is that we are being presented a picture of horror and emotional deprivation that we are afraid to go and stand out by ourselves, to be made a fool of in front of the community, to be mocked and spat at if we even dare to open our mouth to say anything else than what is proper. How can principles be held up in the face of so much emotional blackmail? Surely your heart bleeds too for this poor child. Surely you want to help that poor child too. Poor innocent thing, helpless and deprived. It deserves better. And we all weep. We all sit silently while authorities not only interfere in that particular situation, but then proceed, being given a standing ovation by us, to decree new laws and to implement these laws that tie us all up, laws that take away, by law, your right to make a free choice. Chains rattle and your life can go as far as the end of the rope. You have been reeled in!

We receive what we have asked for: less freedom. So the answer to the earlier question, Why does the court deny me my human rights, is simply this: because I want them to.

Wanting to ban mandatory vaccination programmes requires people to stop being afraid of authority and to stop cooperating, actively and silently, with unjust laws and freedom restrictive rules and procedures. Are you ready to do this?

Don't wait for the world to suddenly become insightful and change for the better. The world is made up of people, a gathering of persons, and it is these people, all together, that make the changes. You can choose to huddle all together trembling in fear of the unknown, or you can be the individual who walks up to the unknown and learns about it, so it no longer remains the unknown.

Nobody steals your freedom of choice.

Nobody can steal your freedom of choice.

You lose your freedom of choice only by giving it away.

Patrick Quanten. March 2018

THERE IS NO SUCH THING AS FREEDOM OF CHOICE UNLESS THERE IS FREEDOM TO REFUSE. ~ *DAVID HUME*

INITIATION TO SCIENCE BASED MEDICINE


Photo by Martin Sattler on Unsplash

MANY CENTURIES of scientific research has paid dividends. We now have a framework of knowledge which forms the basis for further truth seeking. Unfortunately not all authorities use this scientific framework to construct the foundations of our lives. Other considerations than the truth may play a significant role in this. However, if we as individuals would like to conduct our lives facing the truth we will have to work at exposing and expelling these ulterior considerations. As far as healthcare is concerned we will endeavour to present you with a clear picture of what scientifically cannot be true. This may help you in realising in which direction you need to search in order to find the truthful answers you are looking for. Let's start with a brief outline of scientific truths that should form the framework around our medical thinking and conduct.

1. All matter is a manifestation of energy. All functioning of living matter is a result of energetic interactions. Matter alters as a result of changes in the energetic field of that matter.

2. There are no objective observations or measurements. The observer is part of the observed and the result of the observation is an interaction between the object observed (the outside world) and the observer (the inside world).

3. All processes have causes and effects. Everything is at all times in balance, the balance of all the energetic interactions at that moment in time. Everything changes in time: things get better and they get worse, just like the weather.

This has significant impacts on the biology of who and what we are, and how we can learn about who and what we are.

1. How valuable are our diagnostic tools? The images we produce are only snapshots in time and have little or no value outside that moment because everything changes all the time and in spite of what we are made to believe these changes can happen quickly, given the right circumstances. The same is true for our blood tests. On top of that, the reason for any investigation, the method used, the result we are looking for and the interpretation of the result are all having an enormous impact on the "value" of the test. No test has an absolute value!

2. New Biology confirms the working of a cell as a complete unit, fed and guided by the surrounding energies. The body, and every part of it, does not operate as a sack of chemicals but as an energetic radio station. This has grave consequences for the stories explaining the reasons for the malfunctioning of the body. The value of our food intake, the function of our glands and the disease process itself will be reviewed.

3. To maintain a balance requires from time to time measures that cause discomfort. Spontaneous inflammation occurs as a result of internal causes, seeking an effect the system requires. What is its purpose? Infections are inflammations with the addition of germs. Science proved these germs do not come from outside or from any other place than where they are found. What is their role? What to do with antibiotics, steroids and analgesics? What use is there for vaccinations?

4. A direct consequence of the realisation that we are energetic beings and that our lives are expressions of energy flows is that the reasons for the material malfunctioning - us becoming ill - can only be found in the energetic interactions. The individual balance is disturbed by some interactions between the inner energy of the person and the energy of the person's environment. What is real health truly about?

It is these basic principle impacts of allowing scientific knowledge into our understanding of disease and health that we want to explore. Starting from scientific truth we identify very clearly obvious mistakes the medical authorities want us to continue to subscribe to. If you want to be woken out of your dream you are in need of the truth. Finding the truth is the beginning of your flight of independence, of taking responsibility for your own health, your own life.

FORMAT

A basic package of knowledge is presented to encourage people to think about what they are being told. Critically evaluating anything you are being told allows you to identify non-truths a lot quicker and prevents you being pushed down the wrong alley. This can be presented in various ways:

- **a 5 hour educational afternoon**
- **a 5 hour educational lecture, split over lunch**
- **two 3 hour daytime educational lectures over a weekend**
- **two 3 hour evening lectures on two consecutive days**

The burden of putting the event on can be shared. Local knowledge and local contacts will help to pick the right venue and to get people interested, to spread the news. Costs involved will be taken care of by myself. The organiser is also entitled to a share of the revenue without carrying a financial burden for the event.

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EUROPEAN COUNTRIES MOVE TO EXPAND, ENFORCE VACCINE MANDATES

BY ARIANA RAWLS FINE AND BARBARA LOE FISHER

Published February 6, 2018

thevaccinereaction.org

A NUMBER OF COUNTRIES- namely Italy, France and Romania—have passed legislation to expand vaccine mandates and punish families refusing to comply. Others, such as the U.K., do not have compulsory vaccination laws but parents are facing more pressure and disapproval from physicians and government health officials for questioning or declining to use every recommended vaccine. Mandatory use of more vaccines and stricter enforcement of vaccine laws in European countries is coinciding with growing public distrust of vaccine safety as governments move to enforce recommendations by the World Health Organization, medical and vaccine trade organizations and national health care plans.[1 2 3 4 5]

Compulsory vaccination was abandoned in Britain in the Victorian era after smallpox vaccine mandates, which included fines and imprisonment for parents who refused to comply, were met with massive public protests.[6] The subject of mandating vaccines resurfaced and created a contentious debate in June 2017 at a British Medical Association's annual representatives conference that resulted in a motion to examine the pros and cons of making childhood immunizations mandatory and how it could be achieved in the U.K.[7]

VOLUNTARY VACCINATION PROGRAMS IN EUROPE YIELD HIGH VACCINE UPTAKE

Historically, most European countries have preferred to strongly recommend vaccination rather than instituting mass, mandatory vaccination programs for their populations. A 2012 Eurosurveillancereport analyzed vaccination programs in 27 E.U. countries plus Norway and Iceland found that more than half had no compulsory vaccination laws, while 14 mandated at least one vaccine. A key finding was that "compliance with many [vaccination] programmes in Europe is high using only recommendations."[8]

A 2016 ASSET analysis published by Science in Society and co-funded by the European Union, once again did not find evidence of a relationship between national mandatory vaccination policies and increased vaccine uptake in European countries. The analysis found that, "countries where a vaccination is mandatory do not usually reach better coverage than neighbor or similar countries where there is no legal obligation."[9] A Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases proposal is scheduled to be adopted in mid-2018 and reportedly public comment will be taken until March 2018.

WANING CONFIDENCE IN VACCINATION

A global survey of people living in 67 countries was published in July 2016 and offered further insight into public confidence about vaccination.[10] The report, which was authored by doctors in the U.K., France and Singapore, looked at the perceptions of more than 65,000 people across the world on the importance, safety, and effectiveness of vaccines and whether vaccination was compatible with personal religious beliefs. They found that seven of the 10 least confident nations were in Europe, including France, Bosnia and Herzegovina.

An earlier 2015 study published by the European Centre for Disease Prevention and Control revealed that there is growing vaccine hesitancy and concern about vaccine safety among healthcare workers and their patients in Europe. Researchers reported that healthcare workers had "significant mistrust of pharmaceutical companies who not only had financial interests but also did not communicate sufficient information about side effects and tried to exert pressure on doctors."

ITALY MANDATES 10 VACCINES DESPITE MASSIVE PUBLIC PROTESTS

In the summer of 2017, the biggest public demonstrations against forced vaccination held in Europe since the mid-1800s were held in Italy.[11] Tens of thousands of Italians of all ages marched in Rome, Florence, Milan, Bologna, Turin, Cagliani and other cities protesting in opposition.[12] They marched in opposition to a May 19 decree endorsed by the government's Health Minister and President mandating that school children receive multiple doses of 12 vaccines or be prohibited from attending school.

Despite public opposition, Italy's parliament voted on July 28, 2017 to make 10 vaccinations mandatory for children under the age of 16.[13] Parents are required to show proof of vaccination for the child to go to school or they must pay a noncompliance fine of approximately $600 USD. Philosophical exemptions are not allowed under the new law. In addition, a government operated vaccine tracking system with a national digital registry will merge the databases of 19 regions and two provinces.

There continues to be strong public opposition and advocates for voluntary vaccination hope for change with the upcoming March 2018 elections. Two Italian political parties have pledged to get rid of the mandatory vaccination law.[14]

ROMANIA AND SLOVENIA TAKE HARDLINE POSITION

A mandatory vaccination law was proposed in Romania in the fall of 2017, which sparked large public protests and debates. One proposal that was particularly alarming was that parents, who refuse vaccinations for their children, could be charged with child abuse and possibly murder if their child experiences injury, health damage

"We want freedom" A permanent protest against mandatory vaccination near Italian Parliament.

or death from a disease for which there is a vaccine available.[15] Under legislation adopted in August 2017 by one legislative branch of government, Romanian parents would be required to show vaccination records in order for their children to go to school. Proposed fines for vaccine refusal, which were attached to the October 2017 version of the bill, can be up to nearly $3,000 USD. In addition, it is assumed that informed consent is given when compulsory vaccinations are administered to children. However, the proposed law's implementation date has not yet been set, and Romania's Chamber of Deputies still needs to vote on the bill.

Another country with strict mandatory vaccination policies is Slovenia, which requires children to receive nine vaccinations and strongly recommends pneumococcal and HPV vaccinations. Although medical exemptions are allowed, philosophical and religious exemptions are not allowed and failure to comply will result in a fine. All medical exemption applications need to be approved by a Ministry of Health commission and then by the health minister; however, a child's vaccination status is considered private and schools cannot require a child be vaccinated to attend.

FRANCE ADDS EIGHT VACCINES OVER PUBLIC OPPOSITION

In France, eight more childhood vaccines where added last year to the previous mandatory list of three (polio, tetanus and diphtheria) for children born on or after January 1, 2018.[16] Entry to preschool, schools and children's camps will be dependent on being up-to-date with the mandated vaccinations and booster shots.

But there has been an increasing amount of public resistance from citizens and physicians in France, who have increasingly lost trust in the safety of vaccines.[17] On June 21, 2017, the Court of Justice of the European Union ruled in a compensation case involving a French man who sued Sanofi Pasteur for design defect after a hepatitis B vaccine left him with multiple sclerosis.

The court ruled that E.U. laws do not stop courts from considering "serious, specific and consistent" circumstantial evidence along with "scientific" evidence and that lawsuit will proceed.[18] There was public opposition to hepatitis B vaccine mandates in France in the 1990s and, additionally, there have been lawsuits against Merck for Gardasil vaccine injuries suffered by young girls in France.[19]

GERMANY REQUIRES KINDERGARTEN REPORTING

In June 2017, Germany instituted a requirement that kindergartens notify government health authorities if parents do not present proof they have participated in "vaccination counseling" with their physician. Non-compliance can result in expulsion of their children from school. The policy for the previous three years had required parents to submit proof of counseling but had not requested schools to report parents for non-compliance. Although the law required more strict enforcement of physician counseling on vaccination, legislators did not make vaccination compulsory in Germany last year.

FINLAND TARGETS HEALTH CARE WORKERS

Meanwhile, in Finland, disease control has been more front and center as a new law will go into effect in March 2018 requiring employees working in the social and health fields be vaccinated against influenza, measles, varicella and pertussis. This includes those working with vulnerable populations, including young children, the elderly and medically high-risk people. The employee can be

terminated for vaccine refusal if the employer is unable to offer another non-public contact position.[20] A new parliamentary group has been solely created to advertise and legislatively promote vaccination.[21] Finland already has a high vaccination rate despite no mandatory vaccination laws for children and the general population.

VACCINE LAWS VARY FROM COUNTRY TO COUNTRY

Elsewhere in Europe, only those working in state institutions and those administering vaccines are required to be vaccinated in Latvia. That being said, individuals need to attend an education session with a health care provider and sign a refusal form if they choose not to get the recommended doses. The country has a high rate of vaccination at well over 90 percent.

• **Belgium** has implemented a mandatory polio vaccine law since 1966 but the country is divided when it comes to vaccination policies and requirements. The Belgian National Bureau for Childbirth and Childhood requires not only polio vaccine, but also proof of diphtheria and pertussis vaccinations for attendance at French-speaking preschools and childcare centers.

• **The Ukraine** government requires that parents provide a certificate of immunization for their children to attend school. Yet, the country is experiencing a high level of distrust with a 2012 UNICEF survey showing that close to 30 percent of parents were against vaccinations.

• **Sweden** is experiencing resistance from citizens similar to other European countries. There was public opposition to a Swedish Parliament Social Committee Report that was presented in May 2017 with several motions related to compulsory vaccinations.[22] In addition to calling for the country's vaccine program to be made compulsory, the report called for adding influenza and HPV vaccines to the childhood vaccine schedule. The committee and the parliament both rejected the proposals. Looking beyond Europe's borders, Australia's "no jab, no play" and "no jab, no pay" policies have taken a hard line against parents with children, who have not received all government recommended vaccines. Not only are unvaccinated children not allowed to attend daycare or preschools, but the directors of daycare and preschool facilities are fined more than $4,000 USD if unvaccinated children are enrolled. In addition, the parents are deemed ineligible for government payment benefits for child care.

"Not only are unvaccinated children not allowed to attend daycare or preschools, but the directors of daycare and preschool facilities are fined more than $4,000 USD if unvaccinated children are enrolled."

Vaccine requirements, exemptions, severity of fines and repercussions for vaccine refusal are as varied across Europe as the countries themselves. With the objective of increasing childhood vaccination rates by compelling parents to give their children multiple vaccines recommended and promoted by public health officials, as well as multi-national medical and vaccine trade organizations, it is expected that other countries in Europe and around the world will introduce more vaccine mandates even as public confidence in vaccine safety declines and public protests opposing forced vaccination laws continue.

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SORTING THE WHEAT FROM THE CHAFF: VACCINE-ASSOCIATED RASH ILLNESS OCCURRING AMIDST A LARGE MEASLES OUTBREAK - MINNESOTA, 2017

KAREN MARTIN, MPH, RAJAL MODY, MD, MPH, MALINI DESILVA, MD, MPH, EMILY BANERJEE, MPH, ANNA STRAIN, PHD, STACY HOLZBAUER, DVM, MPH, DACVPM, CYNTHIA KENYON, ET AL.

OPEN FORUM • INFECTIOUS DISEASES 4 OCT 2017
PMCID: PMC5631265

BACKGROUND

During April–June 2017, Minnesota experienced the state's largest measles outbreak in 27 years. A vaccination campaign was implemented. Numerous vaccine-associated rash illnesses (VARI) were detected. VARI is non-contagious, but difficult to distinguish from measles clinically.

Often, public health control measures need to be implemented before wild-type measles can be differentiated from VARI by viral genotyping. We compared clinical characteristics of VARI and confirmed measles cases to inform testing practices.

METHODS

We defined measles cases per the Council of State and Territorial Epidemiologists. VARI was defined as a rash occurring in a person within 21 days after receipt of measles, mumps, and rubella (MMR) vaccine, and in whom a measles vaccine strain (genotype A) was detected in naso/oro- pharyngeal swab or urine samples. Minnesota's immunization information system monitored MMR doses administered. We collected clinical information through routine case investigation.

RESULTS

Over 42,000 MMR doses above expected were administered during the outbreak. We identified 71 measles cases and 30 VARI. The median age of VARI patients was 1.2 years (range 10 months–48 years) and for measles cases 2.8 years (range 3 months–57 years). VARI diagnosis increased with rising MMR administration (figure); rash onset occurred a median of 11 (range 7–18) days after MMR receipt. Most VARI (97%) occurred following first MMR dose. The presence of fever was similar among VARI and measles cases (97% of VARI vs. 100% of measles cases; $P = 0.12$), but differences were seen in the proportion with cough (30% vs. 96%; $P < 0.001$), coryza (47% vs. 85%; $P < 0.001$), conjunctivitis (23% vs. 68%; $P < 0.001$), and exposure to infectious measles cases (0% vs. 96%).

CONCLUSIONS

Surges in MMR administration and heightened community awareness during a measles outbreak can result in a large number of VARI, consuming considerable public health resources. When evaluating the need to suspect measles among patients with febrile rash, clinicians should consider time since MMR administration, clinical presentation, and history of measles exposure. Collecting appropriate specimens for timely virus genotyping could inform appropriate public health action.

> THERE ARE FEW MATTERS AMONG EDUCATED PEOPLE UPON WHICH OPINION IS SO ABSOLUTE AND SO ILL-INFORMED AS VACCINATION. THEY WILL TELL YOU IT HAS STOPPED SMALLPOX AND DOES NO HARM, AND IF YOU VENTURE TO QUESTION EITHER ASSERTION YOU ARE SET DOWN AS AN ABETTOR OF "THOSE IGNORANT AND FANATICAL ANTI-VACCINATORS."
>
> *~ WILLIAM WHITE, THE STORY OF A GREAT DELUSION, INTRODUCTION, 1885.*

VACCINE SAFETY CLAIMS DO NOT STAND UP TO SCRUTINY

BMJ, RAPID RESPONSE,
VINU ARUMUGHAM
ENGINEER, SAN JOSE, CA, USA

27 March 2018


Photo by Lucas Vasques on Unsplash

LICENSED VACCINES, the resolution states, are safe, being rigorously tested through multiple phases of trials before being approved and then regularly reassessed once publicly available."

For decades, vaccinologists have been reluctant to understand the immunological mechanism of how vaccines work, fail or hurt the body. Pulendran et al.[1] write:

"Despite their success, one of the great ironies of vaccinology is that the vast majority of vaccines have been developed empirically, with little or no understanding of the immunological mechanisms by which they induce protective immunity. However, the failure to develop vaccines against global pandemics such as infection with human immunodeficiency virus (HIV) despite decades of effort has underscored the need to understand the immunological mechanisms by which vaccines confer protective immunity."

So vaccines are NOT safe by design. Safety by testing ALONE, is an unacceptable strategy for such a safety critical product. And it is too late when the safety problems are detected in the general public, as is the case now and as clearly demonstrated by the Pandemrix induced narcolepsy[2] disaster.

The Institute of Medicine (IOM) lamented in 2012 that "for the majority of cases (135 vaccine-adverse event pairs), the evidence was inadequate to accept or reject a causal relationship."[3]

The evidence for vaccine safety claims simply does NOT exist.

Many epidemiological vaccine safety studies make the basic mistake of declaring "lack of association" because the confidence interval of the odds ratio does not span the null value. These conclusions are simply wrong.

Mechanistic evidence clearly demonstrates vaccines cause food allergies[4,5], asthma[6], autism[7,8] and many autoimmune diseases including type 1 diabetes[9,10].

Cancer research has demonstrated that immunization with homologous xenogeneic proteins (such as vaccines contaminated with numerous animal proteins that resemble human proteins) results in autoimmunity.[9]

These vaccine safety problem simply CANNOT be ignored any more.

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The Italian Situation: Update

SUMMARY TAKEN FROM VIDEOCAST BY FRANCESCA ALESSE, ASSOCIATE PRODUCER/DIRECTOR OF PHOTOGRAPHY FOR VAXXED 24/3/18

BACK IN 2014 there was a closed door meeting in Washington DC on the Global Agenda for Health. Italian prime minister Matteo Renzi (of that time, he no longer is the prime minister)and health minister Beatrice Lorenzin (the author and main promoter of the new mandatory vaccination law that passed last July) attended the meeting and the next day it was announced by the Italian Medicines Agency AIFA that they were proud that Italy had been chosen to be the leader in vaccination policies in Europe. This was precisely the future of Italy!

Coincidentally at that time Glaxo Smith Kline only had a presence in Italy but was considering moving their plants to Eastern Europe however after this meeting they decided to stay and greatly expand their industry in Italy….along with the promise of more jobs etc.

Moving forward to the present…in the recent Italian elections with voters supporting the more anti-establishment parties resulted in a new situation. The two major political parties, although their ideologies are very different, both have promised to abolish the vaccination law - called the 'Lorenzin Law'. This is good, however due to the fact the no party and no alliance has reached the majority in the parliament, it is possible that another election will take place in the near future.

Also in early March an international event took place in Italy - organised by The National Association of Biologists. Leading scientists attended and some spoke strongly that money interests and politics must be removed from the scientific world. Gatti, one of the scientists involved in the discovery of nanoparticles found in vaccines spoke at the meeting. A government funded commission had been set up in 2003 until 2018 to establish why military personnel were developing a spectrum of diseases and cancers. The conclusion was that soldiers who were given more than 5 vaccines at the same time had an increased risk of ill health and it has been decided that they must NOT be given more than 5 vaccines simultaneously. The commission also recommends that every soldier MUST go through pre-vaccine tests before receiving any vaccines to test for sensitivities/allergic reactions etc.

Francesca pointed out that there was not one mention of the health problems within the Italian military in the media, and yet just one case of measles and the media are immediately spreading scaremongering articles to the Italian public.

This also begs the question why is it deemed unsafe for adults to receive over 5 vaccines at once and yet perfectly acceptable for young babies to receive multiple doses on one visit to the medical centre?

VACCINATION A DELUSION

By A R WALLACE

1898 Summary & Conclusions, page 91

"For refusing to allow their children's health, or even their lives, to be endangered by the inoculation into their system of disease-produced matter, miscalled "lymph" **hundreds** and probably **thousands** of English parents have been fined or imprisoned and treated as criminals, while certainly **thousands** of infants have been officially done to death, and other **thousands** injured for life."

IMMUNITY AND IMPUNITY: CORRUPTION IN THE STATE-PHARMA NEXUS INTERNATIONAL JOURNAL FOR CRIME, JUSTICE AND SOCIAL DEMOCRACY

BY PADDY RAWLINSON

14 November 2017

EXTRACTS

ABSTRACT

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

INTRODUCTION

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

"Recent scandals, in which pharmaceutical giants such as GlaxoSmithKline, Pfizer and Merck, have faced fines running into millions of US dollars for serious lawbreaking."

CORRUPTION AND THE PHARMAINDUSTRY

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

FROM SINNER TO SAINT

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

Despite this history, attempts to question the integrity of the pharmaindustry in regard to vaccines, whether by the medical profession or the lay public, are consistently met with hostile responses. Framed within a simplistic and misleading dichotomy between the pro-vaccine

Photo by Stefano Pollio on Unsplash

lobby and so-called 'anti-vaxxers', thus leaving no room for more nuanced voices which support some vaccines but are concerned about issues such as over-vaccination (Hart 2017), or caution over the levels of toxicity in adjuvants, any form of criticism is labelled as emotional, dangerous, hysterical and unscientific (Jaret 2016). Individuals voicing their concerns have found themselves vilified in the media, shunned by members of the public and excluded from areas of social life, including the workplace (Bertrand 2015). This stands in stark contrast to the concerns expressed over the safety issues of prescription drugs such as Vioxx and Paxil, which have led to investigations into and successful lawsuits against irregularities by the pharmaindustry (Goldacre 2012; Griffin and Miller 2011), and the ineffectiveness and overuse of many anti-depressants (Gotzsche 2013; Healy 2012).

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

Any mandated public health policy must be open to constant scrutiny, independent scientific inquiry and open debate. Transparency is particularly crucial when policies involve the close collaboration between the state as regulator, and the industry being regulated, not least when the industry in question is tainted by a history of corrupt practices…

THE AUSTRALIA CONNECTION

In 2015 Australian states began their rollout of the federal government's 'No Jab, No Play' policy, a scheme to encourage the optimum take-up of childhood vaccines including the Measles, Mumps and Rubella (MMR) and Diphtheria, Tetanus and Pertussis (dTpa) vaccines. While a similar scheme, which withheld access to a number of government rebates and financial assistance schemes from parents and carers who refuse to vaccinate their children, had been in place since 1999, this latest policy removed exemptions on the grounds of conscientious objection, thus impacting on a larger cohort of dissenters. A similar change to vaccine policy was also occurring in the United States. Both countries have faced opposition to mandatory vaccines from parents, doctors and researchers, with one of the major objections being that such a policy violates human rights. They

point to contraventions of international instruments such as Article 6 of the UNESCO Universal Declaration on Bioethics and Human Rights (UDBHR) (2005) which states, '[a]ny preventative, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information'. Further, policies where children, as the majority demographic for vaccines, are denied access to education unless they have been immunised, violate Article 28 of the United Nations Convention on the Rights of the Child (CRC) (1989), which provides for access to education being available to all. Even those openly pro-vaccine are uncomfortable with the rights implications raised by mandatory violate medical intervention, and see it as a form of intimidation and discrimination (Gerber 2013; Leask 2015).

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

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

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

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

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

CENSORSHIP BY ANY OTHER NAME

…The draconian response to vaccine criticism or dissent in Australia, through a number of actions that repress free speech, is sliding into the realm of Giroux's dystopian fears, as Wilman's experience shows.

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

'bizarre conspiracy theories to explain vaccination policy' while not providing any detailed evidence of what he considered 'grossly flawed' aspects of her thesis (Cunningham 2016). He went on to describe the university's defence of academic freedom as 'corporate narcissism'. (Wollongong University stood by Wilyman, asserting its adherence to protocol during the examination process, and refused to retract the award).

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

"It is a device used by the powerful 'to control and influence content in the interests of the state and corporations, attempts in which money talks."

HOW INFORMED IS INFORMED CONSENT?

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

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

In the fast-moving and competitive world of medical publishing, journals rely on advertising revenue to survive and thus must avoid biting the hand that feeds. Editorial boards are frequently staffed by individuals who have formed ties with industry either through business-sponsored grants received for past research or from former consultancies. In 2010, a rigorous study on the impact of industry funding of medical journals found that clinical trials conducted by industry were more likely to be published as having positive results than those conducted independently.

A 2003 survey of clinical trial results published in a leading medical journal showed that, on publication, in the two-thirds to three-quarters of those which are industry-funded, 'the conclusions in negative trials are often presented in such a way that they appear to be more positive than they actually are' (Lundh et al. 2013:3). So swayed is the medical publishing world by its ties to industry that Richard Horton, editor-in-chief of The Lancet, has declared '[j]ournals have devolved into information laundering operations for the pharmaceutical industry' (cited in Smith 2005: 0364). Similarly, quality control from independent regulators in the interest of public safety has been compromised by the state-pharma relationship. As Healy points out, controls over the quality and safety of pharmaceutical products are largely conducted in-house, where 'often the only studies are those of the drug companies themselves, and these studies, as one might expect, all seem to point to the benefits of an ongoing use of the very chemicals that may in fact be causing the problem' (Healy 2012: 119). Yet, where the state could act to remedy bias, it takes a passive stance.…… The British Medical Journal recently revealed that the Centers for Disease Control and Prevention (CDC), the US's 'independent' health advisory

board, has been in receipt of regular donations, approved by Congress, from corporations including Merck Sanofi-Aventis and Abbott Laboratories. CDC has consequently been making 'controversial recommendations for screening tests and drugs', while 'currently overseeing several equally controversial studies. Some of these are associated with "conditional" industry funding' (Lenzer 2015: 1-2)...

BIOPOWER AS CORRUPTION

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

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

"In the tyranny that was Nazi Germany, no-one could give such consent to medical agents of the State: everyone lived in fear and acted under duress' (Taylor 1946). In other words, these were not medical crimes conducted by rogue physicians but, rather, state violations of an individual's will through coercion and fear."

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

CONCLUSION

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

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GOVERNMENT DOCUMENT CONFIRMS VACCINE LINK TO MICROCEPHALY

BY ETHAN HUFF

January 19, 2017

Natural news.com

ADVERSE EVENT-DENIERS who insist that vaccines are 100 percent safe and never cause any problems in children clearly missed a little-known 1991 study published by the United States Government. This paper reveals a clear link between the popular Tdap vaccine for tetanus, diphtheria, and pertussis (whooping cough), and microcephaly, a neurological birth defect that in recent years authorities have been erroneously blaming on the Zika virus.

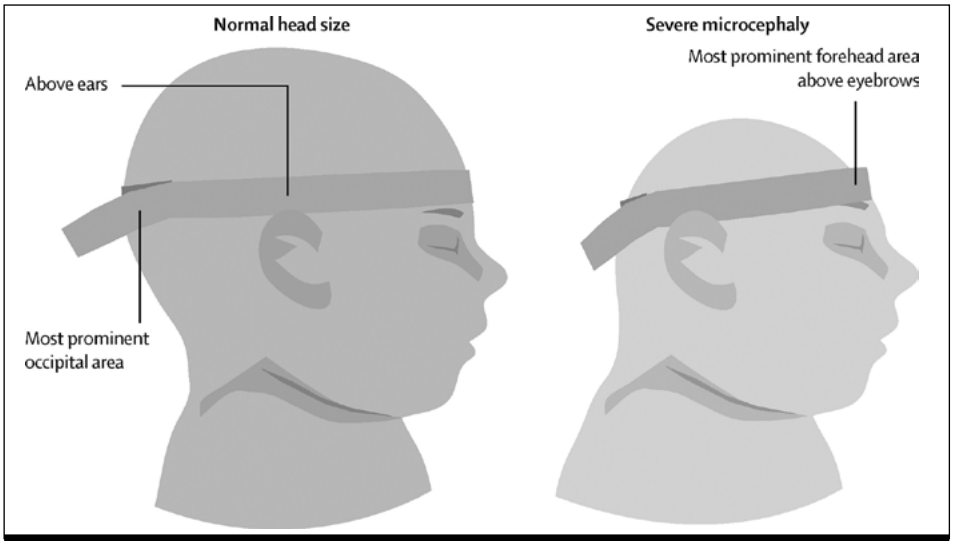
The National Center for Biotechnology Information (NCBI) offered up clear evidence at the time showing that the combination jab can cause not only brain damage in young children, but also heart problems, meningitis, and epilepsy. Epidemiological evidence from human case studies showed that within weeks or even days of getting the Tdap shot, children developed infantile spasms and other common symptoms of microcephaly directly related to the vaccine.

(Editor: This is discussed in the book entitled, "Adverse Effects of Pertussis and Rubella Vaccines," concerning the section subtitled, "Evidence Concerning Pertussis Vaccines and Central Nervous System Disorders, Including Infantile Spasms, Hypsarrhythmia, Aseptic Meningitis, and Encephalopathy." As expected the authors conclude: 'The evidence does not indicate a causal relation between DPT vaccine and infantile spasms.' Perhaps that has something to do with the lack of research, as they state: 'there is no data bearing on mechanisms or biologic plausibility' p77)

Earlier research cited in this same government report from 1987 pinpoint what scientists described as infantile spasms immediately following pertussis immunization. Six children evaluated as part of this earlier research all developed seizures and other problems in conjunction with getting the pertussis vaccination, which the authors described as being caused by one of the following:

• A direct neurotoxic effect (from the vaccine)

• An immediate immune reaction (from the vaccine)



Microcephaly comparison. Pic credit: The Lancet.

"Epidemiological evidence from human case studies showed that within weeks or even days of getting the Tdap shot, children developed infantile spasms and other common symptoms of microcephaly directly related to the vaccine."

• A delayed cellular hypersensitivity reaction (from the vaccine)

• A vaccine-induced activation of a latent neurotropic virus infection (obviously from the vaccine)

Each of these effects is directly related to the vaccine itself, illustrating an abysmal safety record that isn't all puppies and roses as popular opinion often dictates. Numerous studies published between the 1950s and the 1970s also cited in the government report demonstrate clear cause-and-effect damage resulting from both the pertussis and Tdap vaccines, with only a very small percentage of cases of damage possibly resulting from prenatal factors.

"Among symptomatic cases, presumed causes are frequently grouped according to the timing of the suspected insult as occurring pre-, peri-, or postnatally," the study explains. "Prenatal factors are thought to account for 20 to 30 percent of cases. This category includes cerebral anomalies, chromosomal disorders, neurocutaneous syndromes such as tuberous sclerosis, inherited metabolic disorders, intrauterine infections, family history of seizures, and microcephaly."

Are microcephaly outbreaks caused by Zika as the media claims, or by vaccines and other sources of chemical exposure?

This thorough review of vaccine safety by the U.S. government isn't some conspiracy theory; it's a repository of evidence compiled from all the available evidence at the time as to post-vaccine outcomes of children, and the results were disastrous. Many children appear to suffer major neurological abnormalities following vaccination with pertussis and/or Dtap, but you'd be hard-pressed to hear a peep about this today from the likes of the U.S. Centers for Disease Control and Prevention (CDC).

The paper is even so bold as to proclaim that the various case reports of children who develop infantile seizures following vaccination for pertussis specifically "prompt concern" as to the vaccine's safety. The many case reports, case series, and controlled observational epidemiological studies summarized in the paper all point to a direct relationship between the Dtap vaccine and infantile seizures.Interestingly enough, the microcephalic impact of both the Dtap and pertussis vaccines is far more evident than with the Zika virus, which the media has been going nuts over as the cause of various observed microcephaly outbreaks in recent months.

HUMAN PAPILLOMA VIRUS VACCINE & FERTILITY • PART 01

BY Dr JAYNE LM DONEGAN,
MBBS DRCOG DFFP DCH MRCGP
MFHOM GP & HOMEOPATH

HPV VACCINE AND FERTILITY - BACKGROUND

Infection with human papilloma virus (HPV) can produce warts, verrucas, flat warts, papillomas on the vocal cords, genital warts and is associated with cervical cancer. There are more than one hundred types so far identified . Thirty to forty of these infect the genital area of men and women. Cervical cancer is a sexually transmitted disease and deaths from cervical cancer have been decreasing in a linear fashion since the 1970s thanks to the excellence of the cervical screening programme in the United Kingdom and other countries which have one, even though the incidence of genital warts has been going up over the same period in both men and women, meaning that the cervical cancer rate is not decreasing because of less circulating virus or people have been having less unprotected sex.

The same effect as been seen in the United States of America although more black and Hispanic women continue to die from HPV-associated cervical cancer than women of other races or ethnicities, it is thought this might be due to decreased access to cervical smear testing or follow-up treatment. The majority of HPV infections are transient and cause no clinical problems. HPV infection in the genital tract is common in young sexually active individuals, the majority of whom clear the infection without any clinical symptoms. The UK Department of Health Immunisation Against Infectious Diseases Handbook states that approximately 70% of new cervical infections will clear within one year with approximately 90% clearing within two years; and that persistent infection by a high-risk HPV type is regarded as the most important causal factor for the development of cervical epithelial changes.

Other factors, however, need to be taken into consideration

1. In a virus which is present on so

DR Jayne L.M.Donegan

many people, when HPV virus in found in cervical cancer tissue, is the fact of the virus being there the cause of the cancer or is it not rather a marker of poor host immunity which allows invasive disease or cancer to occur.

2. People who develop warts or clinical lesions generally clear them by mounting an effective cell mediated immune (CMI) response making the lesions regress. CMI does not use antibodies, and that is why a person can be infected with and successfully clear HPV infection and have no antibodies at the end of the process, as antibodies are not required to deal with the disease.

3. Failure to develop effective CMI to clear or control infection is what results in persistent infection and an increased probability of progression to cervical intraepithelial neoplasia grade 3 (CIN) and invasive carcinoma (see point number 1.)

4.The prolonged duration of infection associated with HPV seems to be associated with effective evasion of innate immunity thus delaying the activation of adaptive immunity. (see point number 1. above).

Risk factors that are associated with HPV carriage and disease as opposed to in women are: early age at first sexual intercourse, multiple partners, partners having multiple partners, smoking, inconsistent condom use, the use of hormonal contraceptives like the pill, and immune factors which are never specified. Risk factors for men are mostly the same along with lack of circumcision. Bacterial vaginosis - having lots of vaginal bacteria - is inversely associated with the risk of progression to more serious disease - another reason for not assuming that all bacteria found on a swab need to be killed with antibiotics, and for avoiding overuse of alkalinising toiletries.

5. Cervical abnormalities when they occur can be detected by the cervical screening programme and treated.

Professor Diane Harper who was the lead researcher in the development of the HPV vaccines in the USA, states candidly in her 2010 Review that physicians must ask, *"Is there good evidence that this new vaccine is likely to make my patient live longer or better compared with*

Fig.1 Deaths from Cervical Cancer UK – 1971 to 2014

the available alternatives?" and questions whether we need to rely on an HPV vaccine of unknown effectiveness in preventing women getting or dying from cervical cancer, along with the additional cost of the vaccine, in countries that have cervical screening programs where early detection and treatment of abnormalities have had proven success.

HPV VACCINE AND FERTILITY - VACCINES AGAINST HPV – ARE POWERFUL MODULATORS OF THE IMMUNE SYSTEM THE MOST LOGICAL WAY TO PROCEED?

Having read the above it is very hard to imagine how a vaccine designed to stimulate antibody production will successfully tackle disease that is generally dealt with by the cell medicated immune system. Antibody levels are not reliable markers of past infection or of immunity. Current infection can only be diagnosed by finding viral DNA, not HPV viral particles.

When evaluating whether a vaccine will be beneficial for ourselves or our children, we must always keep at the front of our mind the fact that the vaccine is being administered to stop a theoretical event which might never occur, namely, a possible infection with an organism that might be associated with a bad outcome. It is therefore of paramount importance to ensure we do not unintentionally initiate a chain reaction of immunological events which go out of control.

For most people it is not a subject with which they feel the need to overly concern ourselves, there are teams of fine scientists and regulatory bodies to do that for them. They are confident that even if unexpected events were to occur after the vaccine has been licensed there are robust mechanisms to detect them and to protect the public.

If only it were that simple.

HPV VACCINE AND FERTILITY - THE MAIN HPV VACCINES:

Gardasil containing 4 HPV types: 6,11,16,18; licensed in the USA 2006, **Cervarix** with 2 HPV types: 16,18; licensed in the UK in 2008 and the USA in 2009 (removed in 2012) and **Gardasil 9** with 9 HPV types: 6,11,16,18,31,33,45,52,58; approved in the USA in 2014

All these vaccines contain aluminium adjuvants. Adjuvants (Latin: adjuvare - to help) used in vaccines to stimulate the immune system and increase the immune response of the body to the antigen, in this case, the virus-like particles of HPV types (VLPs) you are trying to make antibodies against. All three HPV vaccines contain an aluminium adjuvant. In the case of Cervarix, it is aluminium hydroxide, hydrated (Al(OH)3, equivalent to 500 micrograms (μg) of Aluminium(Al)3+ . In the case of Gardasil and Gardasil 9 it is amorphous aluminium hydroxyphosphate sulphate (AAHS), equivalent to 225 μg of Al3+ in Gardasil. In an effort to keep the immunogenic/ antibody response for HPV Types 6, 11, 16, and 18 non-inferior to that induced by Gardasil vaccine, the adjuvant content has been increased in Gardasil 9 to 500 μg aluminium per dose. Both Gardasil and Gardasil 9 contain Polysorbate 80 (Tween 80)

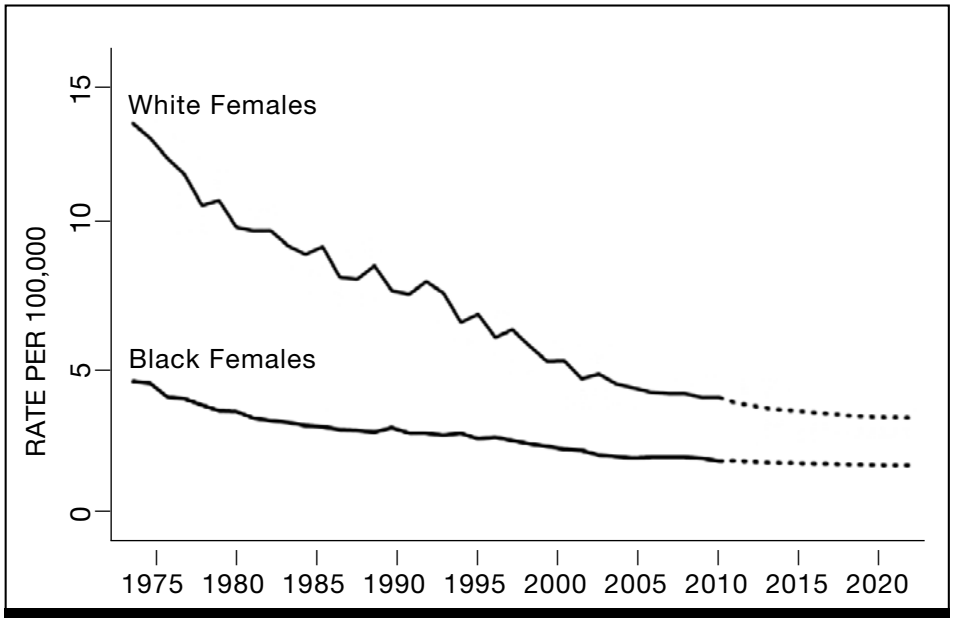


Fig.2 Deaths from Cervical Cancer USA - 1975 projected to 2020

HPV VACCINE AND FERTILITY - WHAT EFFECT DOES THE HPV VACCINE HAVE ON FERTILITY?

As vaccines are given as a preventative measure to healthy people to prevent something that may never happen. It is of course axiomatic that they must be safe. The impact of all vaccines on fertility is an important aspect of vaccine safety. However vaccine manufacturers appear to regard this as a problem only for vaccines that are targeted at women in their 'child bearing' years. For vaccines that are part of the child immunisation program the fertility aspect is usually dismissed as 'not relevant to that age group'. Ignoring the fact that vaccines developed for children are now given to teenagers as part of national programs, to pregnant women and as boosters throughout life. For example the MMR vaccine which is recommended for teenage 'catch-up' programs and for women who need a rubella booster has not been evaluated in fertility studies.

UK Summary of Product Characteristics are available for all current drugs and vaccines currently available in the UK. They have a standard format. Section 4.6 deals with fertility, pregnancy and lactation and Section 5.3 with preclinical safety data, meaning test on animals before being trialled in human beings. www.medicines.org.uk/emc

The European Medicines Agency (EMA) 2006 public assessment report of Gardasil states: *"The reproductive and developmental toxicity was assessed in a study in female Sprague-Dawley rats addressing all phases of reproduction and foetal development."* The Cervarix summary of product characteristics (SPC) of 2007 says explicitly, (section 4.6): *"No fertility data are available."* Only in 2015 three years after the first published reports describing girls and women experiencing premature menopause/ primary ovarian insufficiency after HPV vaccine, does the The EMA public assessment report of Gardasil 9 say,

"Reproductive and developmental toxicity evaluation is an important part of the overall safety assessment for this vaccine because the 9vHPV vaccine is indicated for use in women of childbearing potential."

Despite saying this they required no new pre-clinical animal tests to be carried out on Gardasil 9, their reasoning being, *"Of much more importance for the safety assessment [of Gardasil 9] is the* ***large safety database available for the 4-valent vaccine (Gardasil).*** *Based on the similarities between the vaccines, no important difference in safety is anticipated."* Is this a reasonable assumption? Without analysing whether the 'large safety base' for Gardasil is valid, Gardasil 9 has more that twice the aluminium content of Gardasil as well as five more HPV types. The Gardasil SPC (section 4.6) states:

"Fertility ***Animal studies*** *do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). No effects on male fertility were observed in* ***rats*** *(see section 5.3)".*

Fertility in male rats is specifically mentioned, but nothing about female fertility which is surprising, given that HPV vaccines were originally marketed as 'Cervical Cancer' vaccines, and were therefore obviously expected to be used in women and girls.

Section 5.3 of the Gardasil SPC states: "There were no treatment-related effects on developmental signs, behaviour, reproductive performance, or fertility of the offspring."

This means that the fertility of the female rat given the vaccine is not tested, only the fertility of her offspring.

Tests carried out on male rats were more thorough:

"Gardasil … no effect on fertility, sperm count, and sperm motility as well as no vaccine-related gross or histomorphologic (when looked at under a microscope) changes on the testes and no effects on testes weights."

Why are there no equivalent results of tests on the ovaries, ovulation and ovulatory capacity/ ovarian follicular function in female rats. The only further investigation of the ovary was counting of corpora lutea present on the ovary at caesarian section, . (these develop from the follicle that produced the egg and produce the hormnes necessary for the early stages of pregnancy). This is not a misprint or slight omission. Since Dr Deirdre Little and her obstetric colleague Harvey Ward in Australia published the first case of premature ovarian failure in a 16 year-old girl occurring after Gardasil vaccine in 2012, no-one has been able to get this information.. It is not in the SPCs, the package inserts, the product monographs, the regulatory documents that are published by the Food & Drug Administration (FDA) USA, the Medicines and Healthcare Products Regulatory Agency (MHRA) UK, the European Medicines Agency (EMA) Europe or the Therapeutic Goods Administration (TGA) Australia. It has not been made available by freedom of information requests to these agencies nor directly from the Manufacturer, MSD in Europe and Merck, Sharpe & Dohme, Inc.,USA.

Having spent more than a month fruitlessly trying to get this information myself, I finally resorted to asking MSD/Merck, Sharpe & Dohme, Inc., the FDA and MHRA if they would just confirm that they either did not do the equivalent tests on female rat ovaries that they had done on male rat testes after vaccination with Gardasil or that they had done them but were not prepared to disclose the results. My questions have not been answered.

This clearly shows that Gardsil/ Gardasil 9 vaccines have not been demonstrated in preclinical testing using animal studies to be safe in terms of female fertility or ovarian function.

HPV VACCINE AND FERTILITY - CLINICAL (HUMAN) TRIALS OF GARDASIL

Once vaccines are considered to be safe in animal studies, they are trialled in humans. Gardasil Food and Drug Administration (FDA USA) prescribing information states that Gardasil was studied in girls and women from nine to 45 years-of-age and boys and men from nine to 26 years-of age in seven clinical trials, six with a placebo, one with no placebo. The total number of subjects in the study (objects really) were 18,083 administered either Gardasil (10,088 individuals) or a placebo (7,995 individuals). This sounds like an impressive number until you realise that out of the 7,995 individuals receiving

Adverse Reaction (1 to 5 Days Postvaccination)	GARDASIL (N = 5088) %	AAHS Control (N = 3470) % with aluminium	**Percentage of Gardasil reactions**	Saline Placebo (N = 320) % with Polysorbate 80	**Percentage of Gardasil reactions**	**Saline 'Placebo' reactions as a percentage of Aluminium 'control' reactions**
Injection Site Pain	83.9	75.4	**90%**	48.6	**58%**	**64%**
Swelling	25.4	15.8	**62%**	7.3	**29%**	**47%**
Erythema	24.7	18.4	**75%**	12.1	**49%**	**65%**
Pruritis	3.2	2.8	**88%**	0.6	**19%**	**22%**
Bruising	2.8	3.2	**114%**	1.6	**57%**	**50%**

*Table 1: Injection-Site Adverse Reactions in Girls and Women 9 Through 26 Years of Age** copied from Gardasil FDA UCM111263 prescribing information, calculations in bold columns added by the write of this article. ****The injection-site adverse reactions that were observed among recipients of GARDASIL were at a frequency of at least 1.0% and also at a greater frequency than that observed among AAHS control or saline placebo recipients.*

† AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

'placebo', only 7.5%: 320 females and 274 males, received a 'placebo' that did not contain an aluminium adjuvant and even that 7.5%, did not receive a real placebo. Although described as 'saline placebo' it, in fact, contained Polysorbate 80 (Tween 80).

The gold standard for causality – showing what the patient received really caused the reaction – whether the desired reaction or non-desired one (adverse event) – is the double blind randomised placebo controlled trial. A placebo is defined as, *"an inactive substance administered to a patient usually to compare its effects with those of a real drug or treatment."* Yet 92.5% of participants received a 'placebo' that contained the same aluminium adjuvant used in the vaccine, to increase the immune response. A substance that increases immune response, is obviously not a placebo. Does this matter? Well, of course it does, it entirely compromises the premise of the studies: that they are placebo controlled trials. As for the 7.5% receiving a 'placebo' that did not contain aluminium, it contained Polysorbate 80 (Tween 80), a compound present in Gardasil and Gardasil 9 vaccine which has been shown to cause ovarian disruption in rats.

The summary follows of the combined results of the trials in nine to 26 year-old males and females. The results of local injection reactions are displayed in Table 1. Local injection reactions are defined as pain, redness, swelling, itching, bruising. Table 1. clearly shows the high percentage of reactions to the aluminium adjuvant containing 'placebo', now called 'control'. I have added columns in bold to show the aluminium and non aluminium containing 'placebo/control, as a percentage of the reactions reported by the recipients of the full vaccine and then compared to each other.

The 'saline placebo' even though it contains biologically active substances has an adverse reaction rate of 22-65% the rate of the aluminium containing one.

Unpleasant as local reactions might be, they are not nearly so serious as what are called 'systemic' reactions. When it came to assessing these: fever, nausea, dizziness, diarrhoea, vomiting, cough, blocked nose, sore throat, mouth pain, toothache, feeling weak and off colour (malaise), sore joints and muscles, insomnia, headache and abdominal pain, there is now no separation of the aluminium and non aluminium containing 'placebo/control', so it is not possible to see what the real difference would be between a vaccinated and a non vaccinated person. The reactions of the 'placebo/control' group are not very different from the Gardasil reactions. These results are used to claim that Gardasil vaccine has been tested in placebo controlled trials and shown to be safe. However we can see from Table 1. that this is not the case.

Despite these unscientific manipulations, when reported autoimmune disorders such as: Arthralgia/Arthritis/Arthropathy/ Reactive Arthritis/Rheumatoid Arthritis (joint pain and disorders), Autoimmune Thyroiditis/Hyperthyroidism/ Hypothyroidism, Coeliac Disease/ Inflammatory Bowel Disease, Systemic Lupus Erythematosus/Erythema Nodosum/ Scleroderma/Raynaud's Phenomenon/ Nephritis/Proteinuria, Stevens-Johnson Syndrome, Diabetes Mellitus Insulin-dependent type 1, Multiple Sclerosis/Optic Neuritis, Pigmentation Disorder/Vitiligo, Psoriasis, Autoimmune Thrombocytopenia (platelets not functioning), Myocarditis (inflamed heart muscle) and additionally in men, Alopecia Areata (autoimmune baldness), Ankylosing Spondylitis, were compared, the Gardasil group *still* had more cases of joint pain and joint disorders recorded than the aluminium containing 'placebo/control' group. What would have been the result if a true placebo had been used?

There is no mention of menstrual abnormalities/ ovarian failure/ infertility in these studies. This is because the investigators were not looking for menstrual abnormalities, the time period they were monitoring was 14 days after each injection of Gardasil, AAHS/ aluminium 'control' or 'saline placebo'. After 14 days, only what the investigators considered to be relevant was recorded as an adverse reaction. The trial protocol stated:

"Investigators were instructed to assign causality to AEs [adverse reactions] on the basis of exposure, time course, likely cause, and consistency with the test vaccine's known profile. Vaccine-related AEs [adverse reactions] were those that were ***determined by the investigator to be possibly, probably, or definitely vaccine related."***

Question: How can the vaccine have a 'known' profile when the purpose of the clinical studies is to find out what the profile is?

How can the investigator know whether the adverse reactions to the vaccine are, *"possibly, probably, or definitely vaccine related"?* This is what clinical pre-licensing studies are supposed to find out.

Other factors reducing the likelihood of detecting a problem with ovulation in girls and women given the HPV vaccine are well documented by Little and Ward:

- Age – does the age of trial participants reflect the age of those children for whom the vaccine is recommended
- Menstrual history – have the periods started? Are they regular? Giving the HPV vaccine to girls before they have started their periods means that there will be no history of normal periods by which to judge any change after administration of the vaccine.
- Oral contraceptive 'pill' (OCP). Is the participant taking it? When using the pill a bleed occurs at the end of each 28 days which is not caused by ovulation, as the pill stops ovulation. It is merely an oestrogen withdrawal bleed. Stopping ovulation is how the pill works as a contraceptive. Someone can have regular 'periods' for years while on the pill, only to find that there is a problem with their cycle when they stop it and ovulation does not re-start.
- Method of collecting adverse reactions – if only 'serious' events requiring for example hospitalisation are counted, a change in the menstrual cycle or loss of periods will be missed as they will not be reported as life-threatening.

Looking at age in particular it is important to bear in mind that HPV vaccine is given to girls of 11-12 years-of-age in the USA and 12-13 years-of-age in the UK, yet of the 10,088 individuals receiving Gardasil in the clinical trials, only 11% (1123), were girls below the age of 16 years. These girls were in the two trials of Keith Reisinger MD, Primary Physicians Research, Pennsylvania et al, of Merck Study Protocol V501-016 and

Stan Block MD, Kentucky Pediatric Research, Inc, et al, of Merck Study Protocol V501-018. The Reisinger group were followed up for 18 months, the Block group for only 12 months, and in that group 52% of girls were lost to follow up by the time the trial ended one year later. An even higher number of boys (60%) were not followed up to the end of the trial.

POST MARKETING STUDIES OF HPV VACCINE

The post marketing studies for Gardasil continued to be plagued by similar problems as the clinical pre-marketing trials. The million woman cohort study in Denmark and Sweden, reported by Lisen Arnheim-Dahlström of the Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, and colleagues followed up girls aged ten to 17 years-of-age for four years. Again only recorded adverse events for 14 days post each dose of vaccine. Outside of that time, only hospital diagnosed autoimmune, neurological, and venous thromboembolic events were recorded for six months after each vaccine dose. Again only adverse events determined by the investigator to be possibly, probably, or definitely vaccine related were recorded. Any other history, if recorded at all, was relegated to one line under 'New Medical History', with no further investigation or follow up.

A recent (2017), extensive, eight-month investigation by investigative journalist Frederik Joelving of Slate (an online politics, news, business and technology analysis publication) revealed the same findings. Joelving interviewed five of the participants in the study, who are now chronically sick, and obtained medical records and trial data through freedom of information (FOI) requests. This confirmed that a 33 year-old woman who has been unwell since the second Gardasil vaccination in 2002, with symptoms strikingly similar to those described in the ASIA syndrome (see in Part 2), who became so incapacitating she had to dropout of school, were not recorded at all. She did not have a single report of these problems recorded in the Merck investigator's notes. She recalls telling the investigator that her illness was so bad she had been forced to leave school and about overwhelming, unexplained fatigue, but was not taken seriously. She remembers being told, *"This is not the kind of side effect we see with the vaccine."*

One of the definitions of the 'serious adverse experiences, section of the record form that investigators had to fill in at each visit following vaccination and throughout the four years of the study included "persistent or significant disability/ incapacity," meaning a "substantial disruption of a person's ability to conduct normal life functions." Each visit had the box, 'None' ticked.

WHY?

Is it because the symptoms started more than 14 days after the vaccine was given?

This is the standard follow up in the FDA reported trials in the prescribing information (above). The European Medicines Agency (EMA) Committee For Medicinal Products For Human Use (CHMP), Guideline On Clinical Evaluation Of New Vaccines (2006) states explicitly,

"Since most adverse reactions to vaccines occur within the first few days after each dose, it is common and generally acceptable practise that special attention is paid to collecting information on any adverse event that occurs within approximately 5-7 days (longer for live vaccines), whereas recording of later events (e.g. up to 14 days post-dose or up to the time of the next dose in multiple dose schedules) is elicited by telephone contact."

With such a short interval how can adverse reactions to vaccines ever be collected and recognised. In this guidance, 14 days post vaccine is regarded as a 'later event'.

Why would a pharmaceutical company do more than the regulators require? Every extra day costs money – and a higher likelihood of finding something wrong with their product.

Is it because it was not a hospital diagnosis – one of the stated criteria for recorded events?

Dr. Rebecca Chandler, of the Swedish Medical Products Agency (Sweden was a 'Rapporteur' for the study) was one of the many regulatory officials interviewed by Joelving. She described how disturbed she had been by the reports of a girl from Columbia having neurological problems after the HPV vaccine. Dr Chandler decided to comb through the trial reports and realised it was not designed to pick up such problems. None the less she asked Merck to look up data from the 'New Medical History' single line entries. This uncovered cases of adverse events not reported by Merck as adverse events.

The Rapporteurs' Day 150 Joint Response Assessment Report of the European Medicines Agency (EMA) of 2014 for the application for Gardasil 9 (acquired through FOI) flagged this up as a cause for concern, calling the design 'suboptimal.'

"This is an unconventional and suboptimal study procedure.

The reporting procedure for AEs (adverse events) in this trial was complicated by the fact that as per protocol there was only specific, short, AE reporting periods in connection to each vaccination. In between, any new symptoms were only to be reported as "new medical events"… The information available about new medical events was however limited, as only symptoms were collected and no further medical assessments were made and no outcome was recorded. The reporting of SAEs (serious adverse events) was also not required during the full course of the trial."

Dr Chandler told Joevling that she argued with her EMA colleagues that the Merck 'new history' data she had analysed should be looked at seriously, to no avail. The EMA did not publish these concerns in the final approval document. There is no mention of 'suboptimal' in the entire 128 page document. Dr Chandler left the EMA and now works at the Uppsala Monitoring Centre, World Health Organization Collaborating Centre for International Drug Monitoring.

REFERENCES*: Due to limited space please email me via the website if you would like a full copy of references for Dr Donegan's article. Alternatively send a SAE and request - and I will post a copy out to you.*

Part Two in next edition

GOVERNMENT VACCINE COURT CONCEDES DEATH BY GARDASIL VACCINE CASE AFTER 8 YEARS

BY BRIAN SHILHAVY
Editor, Health Impact News
http://healthimpactnews.com/
4/4/2018

AFTER A LONG 8-YEAR LEGAL BATTLE with the government-run vaccine court, the U.S. Government has just conceded that the Gardasil vaccine killed 21-year old Christina Richelle Tarsell. The National Vaccine Injury Compensation Program, a special "Vaccine Court" set up in 1988 as part of the National Childhood Vaccine Injury Act of 1986 which gave legal immunity to pharmaceutical companies for injuries and deaths due to vaccines, will compensate the family of Christina from funds collected from taxes on vaccines sold, and the company who produces Gardasil, Merck, will suffer no consequences as a result.

The National Vaccine Injury Compensation Program is largely unknown to the public according to a 2014 report published by the Government Accountability Office, so there is no way to know how many other young women have been killed by the Gardasil vaccine. Christina Tarsell is believed to be the first victim of the Gardasil vaccine that the U.S. Government has conceded was a death resulting from the HPV vaccine.

The Vaccine Court originally denied the claim that Gardasil killed Christina Tarsell, but it was overturned on appeal.

Emily Tarsell alleges that the human papillomavirus ("HPV") vaccine caused her daughter, Christina, to die unexpectedly. Ms. Tarsell, acting as the executrix of Christina's estate, is seeking compensation pursuant to the National Childhood Vaccine Injury Compensation Program, codified at 42 U.S.C. § 300aa-10 through 34 (2012).

The undersigned previously found that Ms. Tarsell had not met her burden of proof. Decision, 2016 WL 880223 (Fed. Cl. Spec. Mstr. Feb. 16, 2016).

However, the Court of Federal Claims vacated the decision and remanded for additional consideration under different legal standards. Opinion and Order, 2017 WL 3837363 (Fed. Cl. June 30, 2017).

Under the Court-directed legal standards, the undersigned finds that Ms. Tarsell is entitled to compensation.

As part of their case, Emily Tarsell, the mother of Christina, used the testimony of two medical doctors, one an immunologist, and the other one a cardiologist, in support of the fact that the Gardasil vaccine caused her daughter's death. The U.S. government attorneys provided their own medical doctors to refute this testimony.

This fact alone shows how the issue of vaccine injuries and deaths are routinely censored by both the corporate "mainstream" media which is largely funded by pharmaceutical company advertisements, and the U.S. government, who try to convince the public that all vaccines are safe and effective, and that all medical doctors are in agreement to this "science" which they claim is "settled."

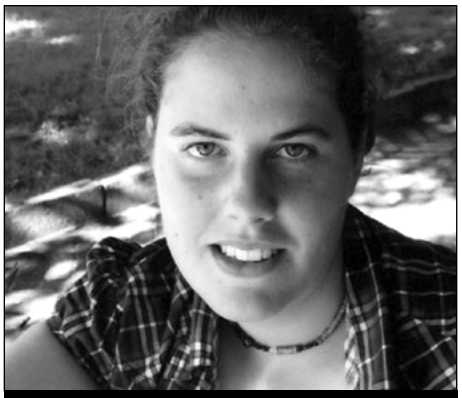
This is patently not true, especially in regards to the Gardasil HPV vaccine, where many doctors and scientists have spoken out against the vaccine, especially outside of the U.S.

In France, Dr. Dalbergue, a former pharmaceutical industry physician with Gardasil manufacturer Merck, has stated: I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.

THE CONTROVERSIAL GARDASIL VACCINE'S HISTORY OF FRAUD AND CORRUPTION

Here are some more facts about Gardasil that you will probably never read in the U.S. corporate media, but that those of us in the alternative media have been publishing for years.

The U.S. Centers for Disease Control (CDC) is tasked with vaccine safety, and yet it is also the largest purchaser



Christina Richelle Tarsell

of vaccines, spending over $4 billion annually to purchase vaccines.

Julie Gerberding was in charge of the CDC from 2002 to 2009, which includes the years the FDA approved the Merck Gardasil vaccine.

Soon after she took over the CDC, she reportedly completely overhauled the agency's organizational structure, and many of the CDC's senior scientists and leaders either left or announced plans to leave. Some have claimed that almost all of the replacements Julie Gerberding appointed had ties to the vaccine industry.

Gerberding resigned from the CDC on January 20, 2009, and took over as the president of Merck's Vaccine division, a 5 billion dollar a year operation, and the supplier of the largest number of vaccines the CDC recommends.

It was reported in 2015 that Dr. Gerberding, now the executive vice president of pharmaceutical giant Merck, sold 38,368 of her shares in Merck stock for $2,340,064.32. She still holds 31,985 shares of the company's stock, valued at about $2 million.

Besides examples like this showing a clear conflict of interest between government agencies tasked with overseeing public health and vaccine safety and pharmaceutical companies, the National Institute of Health also holds patents on vaccines such as Gardasil, and earns royalties from the sale of vaccines.

Dr. Eric Suba tried to use the Freedom of Information Act to find out how much money the National Institute of Health (NIH) earned from the sale of Gardasil, but they refused to report the amount of revenue the government earns from this vaccine (although not denying they do earn royalties).

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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