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"IT'S BEEN TOO LONG I HAVE STAYED SILENT..."

BY ANGELA RENEE, BSN, RN
6 March 2019
vaccinechoiceprayercommunity.org

DO YOU KNOW WHY we are suddenly, and in such great numbers, stepping out of hiding, bearing the mockery, insults, wishes of death on us and our children?? (Yes, this is happening A LOT!) It's because we can't afford to remain silent any longer, there is TOO much at stake for ALL of us!"

"It's been too long I have stayed silent. It's time to share my story. To speak the truth in love. My adult career as a Registered Nurse has been centered on the NICU, PICU, & Pediatric populations.

Growing up I had all my vaccines, the 11 or so we got back in 1984, seemingly uneffected and happily moving forward in life.

Fast forward to nursing school. I remember watching a short video, the CDC schedule & the importance of our patients receiving the full schedule. The denial of the autism link - and that's it. We did not study ingredients, we were not told about vaccine injury/death, or how to report to VAERS when an injury occurred. One class quickly spoonfed. And we moved on.

Upon graduating and securing my first job in the NICU, I thought nothing of the injections I pushed into the thighs of my screaming newborn patients, nor of the "poor feeding," lethargy, high-pitched screams, & breathing abnormalities that would sometimes follow. This was all normalized as common for the short period after vaccines. I questioned nothing as my own belly grew and grew with my own first child. I was a nurse after all, and this was science.

I drove to my son's 2 month well visit and a voice inside told me,

"I hope that you'll heed my pain and do the diligent research. It takes time. It is painful to uncover. But for every health professional reassuring you vaccines are okay, you now have another rising up and telling you they are unavoidably, unequivocally UNSAFE."

"Don't do it. You need to research first. " And I actually listened to my gut and declined. Me, the nurse who injected other people's babies...I told my pediatrician I just wanted to wait a bit and do some more research. I was made to sign a form acknowledging that I was putting my child at risk. I left feeling shamed, but relieved that there was still time to decide. Shortly after I received a phone call from my nurse manager that upon returning to work from my maternity leave, I would be joining the float pool which would place me returning to work in a brand new orientation to the pediatric and PICU units.

I returned to work reluctant to leave my newborn, also pregnant again with heavy morning sickness, and trying to learn a whole new patient population and 2 new units, with no time or leftover energy to do my vaccine research. And then the voices of my new nurse co-workers started sounding off: "You're crazy to not vaccinate your baby! You are working in a PEDS unit, don't you know how much risk you are putting him?!" They were well-intentioned, taught the same tiny tidbit as I was..

Well, I panicked. I dropped my resolve to research, left after work and called my son's doctor. "I need an appointment as soon as possible for his vaccines, because I work in pediatrics now, I can't put him at any further risk." And I went. And he screamed. Back at home he was colicky, febrile, not feeding well, regurgitating large amounts of milk. I called the pediatricians office. This was normal I was assured. It will pass. Duh, I knew that! And it did. I returned again for more shots at 6 months, 9 months, each time with similar reactions. Each time brushing off that gut instinct that something was wrong, because, after all, the benefit of his protection outweighed the risk.

Time for the one year vaccines, the plethora, the dreaded, accused MMR. This time with a newborn daughter in tow. But this time, was just too much. How I wish I could go back to that day I declined at 2 months and start my research then! How different things would be had I stood firm and learned back then what I know now..The toxic load of aluminum, formaldehyde, human and animal tissues, etc and etc, were too much for my son's neurological system and detoxification system. He lost his words & eye contact altogether, started flapping, spinning, walking on his toes, horrible GI symptoms, food limiting, had no desire for social interaction, etc. He was diagnosed with severe autism. And our world was turned upside down.

I knew beyond a shadow of a doubt, before even starting

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Magda Taylor

Editor's note

FOLLOWING ON FROM my last editorial – the verbal attacks continue on those who dare to question the 'v' word. TV programmes, eg the Victoria Derbyshire show (BBC2; 15/2/19) presented an extremely bias piece and her lack of professionalism was appalling. Derbyshire, instead of remaining an impartial presenter, was dismissive towards the one mother invited on who had concerns about vaccination. The other two guests were 'pro' vaccine and the content and 'discussion' was heavily weighed against the questioning mother. I phoned and emailed a complaint to the BBC, as so did others.

Columnist for The Times, David Aaronovitch, wrote on 27 February 2019: 'It's Time to get Tough with Anti vaxxers; Freedom of choice is important but not when it comes to immunisation against potentially fatal diseases like measles.' In his opening lines he mentions The Informed Parent and myself. He sums up his piece regarding the consideration of mandatory vaccines by stating: 'It's a tricky call, but I end up with the coercers, and not only because people like Ms Taylor drive me nuts. As with introducing seatbelts or banning smoking, the risk of resentment is outweighed by the need both for clarity and results.'

I tried to speak to someone at The Times, the kindly operator was unable to connect me to anyone, and I also emailed - but never heard back. One particularly interesting letter sent in response to Aaronovitch's words read: 'Sir, As a vaccine researcher, I strongly oppose mandatory vaccinations. The vaccines that are in use were only tested for effects on the vaccine-targeted disease and on side-effects in relation to the vaccination. However, there is increasing evidence that vaccines also affect the immune system broadly, reducing or enhancing susceptibility to unrelated diseases. Hence, the vaccine sceptics have a right to point out that we do not know the full effects of vaccines on overall health. It should therefore be a human right to weigh pros, cons and unknowns to make one's own decision. Promoting forced measles vaccination may increase resistance. Those who care for public health should promote measles vaccine with data showing that it protects against measles and improves overall health.'

Christine Stabell Benn, Prof in Global Health, Univ. Sth. Denmark

In March a producer of a BBC Radio 4 programme invited me to participate in his 'The Age of Denial' series. I agreed despite it being pre-recorded as I decided it was better than no voice at all. The piece was about the term 'vaccine denier'. As expected most of my comments were not included – in fact I only appeared briefly compared to Prof Adam Finn, an extremely keen vaccinator. On the same day of the broadcast unbeknown to me Isabel Hardman, the person who had interviewed me, had written an article for The Spectator: 'The way to change anti-vaccine campaigners' minds; They may be dangerous, but anti-vaxxers still just want to protect their children' (14/3/19). I have the full texts for these articles if anyone is interested.

I contacted The Spectator, who were much more accessible than The Times and they invited me to write a letter in response to Isabel's article. Limited to 200 words I sent in a response, however it had to be further edited due to the Letters page format. Here is the final shortened version: 'Sir, Isabel Hardman quoted me in her piece about people sceptical of vaccines, sadly with no mention of the lack of solid scientific evidence for vaccination. Growing numbers of people worldwide are concerned that the ever-increasing vaccines are responsible for the ever-increasing health problems, both mental and physical, that we are now witnessing, particularly in the young. Theories behind vaccination are far from facts and vast amounts of evidence indicate vaccines are ineffective and potentially injurious, even fatal, and not responsible for the huge decline in disease over the last two centuries. Vaccine questioners want proper independent scientific investigation and discussion. Instead we are met with hostile name-calling and the shouting down of our concerns. Bully tactics, censorship and mandatory laws will lead to a medical dictatorship – not to good health.'

As I write this editorial (26/3/19) the BBC are in full swing with a number of one-sided programmes. BBC R2 - Jeremy Vine show, BBC World Service History programme, and World at One all very disappointing but sadly predictable. BBC news also published that the Health and Social Care Secretary Matt Hancock is calling for new legislation to force social media companies to remove content promoting false information about vaccines. The article ends with: 'No wonder the World Health Organisation has declared the anti-vaccine movement to be one of the top global health threats for 2019.' The World Health Organisation – and are they to be trusted with their declarations? An eye-opening documentary recently broadcast entitled 'Trust WHO', including an investigation into the WHO's declaration of a Swine flu pandemic a few years ago. You can view this documentary for a small fee at https://www.journeyman.tv/film/7246/trustwho

The onslaught towards vaccine questioners only indicates to me that more people are waking up. Stay healthy, with hope in your heart, and continue to question and have courage to share your concerns!

Magdalene Taylor, Editor, April 2019

CONTINUED FROM PAGE 1:

my research, that the vaccines had triggered the autism. I had watched it happen before my very eyes. No one could ever convince me otherwise. How sad to have to learn the hard way, when I was SO close to sparing my son a life of difficulty. Yet thankfully, unlike so many others, I still had HIM.

As I researched, I became more and more enlightened to the corruption, the cover-up, the lack of safety studies over 30 years, the politicians in league with the pharmaceutical companies, the secret tax-funded vaccine court with no liability of the manufacturers, following the money-trail as they say, and further down the rabbit hole I went...Finding solace and comfort and support in those parents I met on this new journey who had also learned the hard way. Doctors, lawyers, teachers, educated professionals, now on a journey to try and recover their injured child, if they weren't mourning their loss, only to be met with scorn and mockery from those within their family and professional circle.

I went from fully supporting vaccines and administering them to others and my own children, to fully rejecting them and warning everyone who would listen, including my patients' parents, of the danger! I would even bribe my coworkers with snacks from the vending machine to administer vaccines to my patients that parents had signed for. I did not want any part in it, even if the parents wanted them given!

So my take home message is, I get that you only want to protect your child, just as I did. I really do and I respect you for it! Us pro-vaxxers & Ex-vaxxers are NOT enemies! We all want the same thing - safety for our babies. So I don't want you to take my word for it. I hope that you'll heed my pain and do the diligent research. It takes time. It is painful to uncover. But for every health professional reassuring you vaccines are okay, you now have another rising up and telling you they are unavoidably, unequivocally UNSAFE. Please let that be the red flag to you, even if it is the ONLY red flag that causes you to dig deeper for yourself and your family.

Do you know why we are suddenly, and in such great numbers, stepping out of hiding, bearing the mockery, insults, wishes of death on us and our children?? (Yes, this is happening A LOT!) It's because we can't afford to remain silent any longer, there is TOO much at stake for ALL of us!

29 states currently are pushing legislation, that will ultimately remove ALL exemptions. Your right to choose for your children will first be taken. All 72 doses, including the HPV and flu vaccine mandated, with 270+ currently in the pipeline. Those will follow as soon as you no longer have any say so. Then they will come after us, the Adults.

Oh, you've been skirting around that monstrous flu vaccine each year? You won't be able to if you don't find the will to fight back now. You will be caught up on the same schedule our children are subjected to, and ALL the new ones as well. They just approved the HPV vaccine for adults! Make NO mistake, this IS the agenda. And it is happening rapidly.

So while we still have a chance, let's forget about pro-vaxx and anti-vaxx and stand together and fight for our right to CHOOSE ~ For autonomy over our own bodies and our children. Defend your CHOICE now, research later.

Where there is risk, no matter how small, there MUST be a choice. Please stand and fight with us. We are being censored all over social media platforms and soon our voices will be silenced. We must awaken Now and stop allowing them to pit us against one another. For the sake of our children, grandchildren, our future. Get involved in your state, in any way you can, and fight with us for the right to keep your CHOICE. This is a civil liberties issue, NOT simply a vaccine issue. If we allow this, what's to stop them from force sterilizing or euthanizing, it's been done in the past! Then it will be forcing a chip that tracks everything. God bless you all and empower you with boldness. I am available in my inbox to lovingly answer questions."

~Angela Renee, BSN, RN

TiP Editor: The UK are not that far behind what is happening in the US!

YALE PRESS CONFERENCE AND "SCIENCE OF VACCINE FORUM" FEATURES ROBERT F. KENNEDY, JR.

19/3/19

https://childrenshealthdefense.org/

ROBERT F. KENNEDY, JR. appeared at a press conference and forum today to debate the topic of vaccine mandates at the Connecticut state legislature.

Speaking in a legislative meeting room and by audio to an overflow room—packed with hundreds of parents, vaccine safety advocates, the media, and CT state legislators—Mr. Kennedy educated the crowd on Pharma/government corruption that has led to the unprecedented epidemics now claiming the health of over half of our nation's children.

Surprisingly or perhaps not, the other panelists on the "Science of Vaccines" forum—three Yale professors and one pediatrician—cancelled their appearances at 11:00 p.m. the night before the event. Their absence is very telling of the actual strength and veracity of the "vaccines are safe and effective" mantra. Were they afraid of vaccine facts? If vaccines are so safe and effective, why didn't they want to defend them?

Robert F. Kennedy Jr.

Explaining the lack of true vaccine safety testing and increasing pressure upon parents to fully vaccinate their children despite this, Mr. Kennedy observed that, "The last thing standing between a child and industry corruption is a mom."

You can watch the presentation The Science of Vaccines Forum – Press conference here: https://www.youtube.com/watch?v=8Yf4-P2qbHo&t=2s

'PHARMA-LED CHORUS' DOMINATES THE PUBLIC NARRATIVE ON VACCINATION

BY ELIZABETH M HART

Independent, Adelaide, Australia

06 February 2019

RAPID RESPONSE FOR: MEASLES: TWO U.S. OUTBREAKS ARE BLAMED ON LOW VACCINATION RATES

(Published 21 January 2019)
Cite this as: BMJ 2019;364:l312

MERYL NASS SAYS "Ms Tanne seems to be singing with a Pharma-led chorus this week, orchestrated with the WHO, BMJ, NY Times and other media outlets".[1]

Indeed, with yet another opportunistic 'measles' article, the 'Pharma-led chorus' dominates the public narrative on vaccination, and citizens are kept in the dark about the gross conflicts of interest surrounding vaccination policy, and the burgeoning global vaccine product market, tipped to exceed US$77.5 billion by 2024.[2] A major segment of this market, the United States, provides protection from product liability for vaccine manufacturers via its controversial National Vaccine Injury Compensation Program, which was created in the 1980s. This US protection of vaccine manufacturers from product liability is likely to have had repercussions throughout the world. Citizens questioning vaccination policy and safety are reflexively labelled 'anti-vaxxers' and stifled and marginalised by the NY Times and other corporate and government media, and accused of being a threat to global health by the WHO.[3] Creeping censorship across the media, including social media forums, is crippling citizens' legitimate discussion of international vaccination policy, this is a crisis in our liberal democracies. Meanwhile, the Vaccine Confidence Project, an organisation described by the NY Times as "a London-based academic endeavour that monitors anti-vaccine websites for rumors and conspiracies and addresses them before the messages go viral" [4], is given free rein to deride citizens' concerns about vaccination, and to promote the broad range of Pharma's vaccine products.

Heidi Larson, an anthropologist and professor at the London School of Hygiene and Tropical Medicine, is the Director of the Vaccine Confidence Project [5], although this is not acknowledged in the NY Times article cited by Janice Hopkins Tanne.

In September last year, the co-director of the Vaccine Confidence Project, Dr Pauline Paterson, was given a platform on the biased BBC Newsnight program 'Why the anti-vaccination movement is wrong'.

It was not disclosed on the BBC Newsnight program that the vaccine industry provides funding for the Vaccine Confidence Project. Other organisations such as the Bill and Melinda Gates Foundation, a foremost promoter of vaccine products [6], have also provided funding.

Like BBC Newsnight, the NY Times also fails to disclose the conflicts of interest of the Vaccine Confidence Project in its 'anti-vaxxer' article. Similarly, the Nature journal fails to inform readers of Heidi Larson's and the Vaccine Confidence Project's conflicts of interest in her article 'The biggest pandemic risk? Viral misinformation'[7], referred to in the NY Times article.

I complained to the BBC that its editorial policy and standards had been breached in not disclosing conflicts of interest, and that the Vaccine Confidence Project was not clearly transparent about its funding sources on its website. I received a response from Adam Cumiskey, Newsnight's Chief Programme Producer. He did not accept the BBC had breached its policy or standards but acknowledged that, since the Vaccine Confidence Project began, its research team has received funding from a range of organisations including vaccine manufacturers GlaxoSmithKline and Merck, the Bill & Melinda Gates Foundation, Wellcome Trust, 3ie, Innovative Medicines Initiative and others.[8] In my view, this conflict of interest information should have been clearly disclosed during the BBC Newsnight program.

Mr Cumiskey advised me: "In the interests of transparency the VCP has told us that it's updating its website to include funding sources". Some amendments have been made to the Vaccine Confidence Project website now, but not nearly enough is known about this industry-funded surveillance organisation, and its influence on international vaccination policy and the media. I suggest citizens who pay for the BBC would be better served by the BBC investigating the Vaccine Confidence Project, rather than providing a non-critical promotional platform for the vaccine industry. Likewise journals such as The BMJ should be providing more critical analysis of industry-influenced vaccination policy to properly inform their primary readership, i.e. doctors and other health professionals.

Pharma is all about pushing products, but we are seeing a very sinister development now, with increasing moves towards government-mandated vaccine products around the world, e.g. in Australia, the United States, Italy and elsewhere. Incredibly, there is little or no critical analysis of these mandatory/coercive medical interventions, and the deleterious impact on the right to 'informed consent' before a medical intervention.

Citizens are not being consulted about the growing number of vaccine products and revaccinations being added to vaccination schedules, leading to what appears to be a gross over-use of vaccine products, along with other over-used medical products such as antibiotics, opioids, anti-depressants and proton pump inhibitors etc. Citizens and their children are being set up to be made compliant without question to the ever-increasing number

of lucrative vaccine products and revaccinations coming through the industry pipeline.

As a matter of urgency, there must be an examination of the conflicts of interest of the Vaccine Confidence Project and other groups, committees, boards and organisations influencing international vaccination policy.

This is a major international political and ethical issue. Citizens must have transparency and accountability for vaccination policy.

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5. As noted on the Vaccine Confidence Project 'About' webpage, listing the Research Team: https://www.vaccineconfidence.org/about/

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8. Email from Adam Cumiskey, BBC Newsnight to Elizabeth Hart, 17 January 2019.

Competing interests: No competing interests

MUM CALLS FOR MMR JAB COURT CASE TO BE REOPENED

FROM: WIGAN TODAY
13 Feb 2019

A MOTHER WHOSE SON was severely affected by the MMR jab believes new claims should lead to a legal case involving hundreds of families being reopened. Robert Fletcher, 27, needs 24-hour care as he has the mental age of a 14-month-old, cannot stand unaided, cannot communicate, has epilepsy, autistic traits and other health issues. The Vaccine Damage Payment Unit ruled in 2010 that his severe disabilities were caused by the inoculation. His mother Jackie, from Golborne, has campaigned tirelessly for years and set up national group JABS (Justice, Awareness and Basic Support), which represents families who feel their children have been left with conditions ranging from autism to Crohn's disease by MMR.

Mrs Fletcher says questions have now been raised about the conduct of attorneys involved in proceedings in the USA in 2007 looking at links between vaccines and autism. A world-renowned doctor says he told them during a break in proceedings that jabs could cause autism in certain children and he now disputes statements made in court. Concerns have also been raised about research in the USA looking at whether the jabs and autism are connected, after allegations made by a whistleblower.

Jackie Fletcher and son Robert.

Mrs Fletcher believes these claims undermine the withdrawal of legal aid for a UK multi-party class action which involved 1,400 children, many of whom were suffering from neurological conditions on the autistic spectrum.

The case was to be heard in the High Court, but the Legal Services Commission stopped funding in 2003, saying medical research had failed to provide a conclusive link between the jab and autism. Mrs Fletcher believes that decision should be reconsidered and the case reopened. She said: "The families are still out there, they are still carrying the burden of dealing with the child, but they also have the feeling that justice hasn't been done. "With other cases, like thalidomide, it can take 20, 30 years for cases to come out."

She believes that if the funding had been available, the case would have gone to the High Court and been carefully scrutinised.

"It would have changed the course of the cases on both sides of the Atlantic," she said. Mrs Fletcher also believes that if the doctor's claims that jabs can cause autism in children with an underlying mitochondrial dysfunction are correct, tests should be carried out on youngsters before they are vaccinated.

A Department of Health and Social Care spokesman said: "Over 50 years on from the introduction of the measles vaccine, and over 30 years on from MMR, we have achieved so much to protect the public – potentially averting 20m measles cases and 4,500 deaths since from measles since 1968. "Measles can be fatal and we're committed to protecting as many children and young people from it as possible. The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella, and we would urge any young people who have not yet had their jab to contact their GP."

TiP Editor: How many more times do we have to point out to DoH spokespeople that measles deaths had fallen dramatically BEFORE any measles vaccine. How they continue to get away with claims that the MMR is the 'safest and most effective way to protect…etc' is beyond belief! Check out the MMR info on my website.

New Vaccines for New Purposes by Patrick Quanten MD

THE GOVERNMENT PRESSURE on non-vaccine users or anti-vaxxers is growing exponentially. Rather than it being a worrying trend I personally welcome it as I see the end of an era in sight. When they need this much pressure to ensure the sale of a product, I am convinced that the market, and with it the fake science that supports it, is about to collapse. I predicted this some time ago when the industry was clearly advocating many more vaccinations against different kind of diseases that even professors and leading scientists within the medical profession called far-fetched and unscientific. Authorities ensured they were all silenced quickly and campaigning to convince the population of these medical miracles continued unabated.

Besides the well-documented adverse effects to vaccines contributed by ingredients like thimerosal (mercury) and aluminium - both causing neurological damage to which autism has been linked, to name just one - we keep getting more and more reports such as a triple increase in male neonatal autism and MS caused by the Hepatitis B vaccines and the link between autoimmune diseases and HPV vaccines. It has been well-documented that these seriously damaging effects are caused by so-called adjuvants in the vaccine. Adjuvants are being used to elicit a higher response from the immune system than simple antigens, foreign material, could ever produce. We now know that the most effective adjuvants are oil-based ones, whereby even a few molecules injected into the body will cause disturbances in the immune system. Since the 1930's oil based adjuvants have been restricted to experimentation with animals.

Dr Jules Freund, the creator of the oil based adjuvant warned in 1956 that animals injected with his formula developed terrible, incurable conditions such as stoppage of sperm production,

Patrick Quanten MD

"Don't make any mistake about it, squalene adjuvants are a key ingredient in a whole new generation of vaccines intended for mass immunization around the globe."

allergic encephalomyelitis (the animal version of MS), allergic neuritis (can lead to paralysis) and other severe autoimmune disorders. Adjuvants make the immune system lose the ability to distinguish between what is "self" and what is foreign and starts to attack the body it is supposed to defend.

When Michael Whitehouse and Frances Beck from the UCLA Medical School injected squalene into rats and guinea pigs in the 1970's, few oils were more effective at causing the animal versions of arthritis and multiple sclerosis. Dr Johnny Lorentzen, an immunologist at Sweden's Karolinska Institute proved that on injection, and on injection only, "otherwise benign molecules like squalene can stimulate a self-destructive immune response". Other research institutes have also shown that the immune system makes antibodies to squalene but only after it has been injected. Award winning investigative journalist Gary Matsumoto writes about the secret ingredient, squalene, in experimental anthrax vaccine that caused devastating autoimmune diseases and death in countless Gulf War veterans. An ingredient that continues to be used today (MF59). There is a close match between squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic erythematosus. These three illnesses have been proven to be caused by this oil but there is a long list of autoimmune diseases associated with squalene injections into humans. There are now data from ten different laboratories in the US, Europe, Asia and Australia documenting that squalene-based adjuvants can induce autoimmune diseases in animals. The Polish Academy of Sciences has shown that in animals squalene alone can produce catastrophic injury to the nervous system and the brain. Don't make any mistake about it, squalene adjuvants are a key ingredient in a whole new generation of vaccines intended for mass immunization around the globe.

Besides the anthrax vaccine, where this story started, we already find squalene a key ingredient in Fluad, a flu vaccine that has been licensed in Italy since 1977, containing MF59 as the squalene adjuvant. The tests that "proved" it to be safe were limited to elderly people in nursing homes with an average age of 71.5. Any autoimmune symptoms like joint pain or fatigue would be obscured and reported as normal for their age. Diagnosing an autoimmune disease may take years because the initial symptoms are vague and in this study they only recorded those adverse events that were severe enough to warrant a doctor's visit within seven days of immunization.

On February 9, 2005 a new adjuvant was approved for use in Fendrix, an enhanced Hepatitis B vaccine for use in people with poor immune responses and those at high risk for developing hepatitis B. The adjuvant is called ASO4, which is a derivate of the lipid A molecule. Its full name is

monophosphoryl lipid A (MPL). And guess what? Lipids are oils/fatty acids and there is a whole new generation of "enhanced potency" vaccines coming down the pipeline using this new high potency lipid adjuvant, MPL, which the National Institutes of Health and the Department of Defence fast-tracked into clinical trials in 1998.

VAERS indicated a 2,500% increase in reports in stillbirths and spontaneous abortions in the 2009/10 flu season compared with the 2008/09 season. This was part of the result of a study into adverse effects on pregnant women getting the 2009 H1N1 flu vaccine (GlaxoSmithKline). In that year squalene was introduced as an adjuvant to the vaccine!

Here is a quick reminder of the history of this pandemic and the subsequent vaccine countermeasures.

• On June 11, 2009 the World Health Organization declared the swine flu to be a full scale world epidemic.

• On September 25, 2009 the European Medicines Agency approved Pandemrix and Focetria (swine flu vaccines), ready to be used in October. (What happened to many years of testing efficiency and safety?)

• In Sweden, Finland, Norway and Iceland authorities set out to vaccinate the entire population (The contracts with the manufacturing companies were signed before the flu outbreak had even began!). In contrast, the response within the European Union varied greatly within different countries. Poland, for instance, decided not to buy any because of the too strict agreement conditions asked for by the pharmaceutical companies. Denmark decided to cover only "risk groups".

• The expected and predicted second wave of the influenza never appeared.

• On August 10, 2010 the World Health Organization officially declared the end of the epidemic.

• In Sweden 60% of the population had been vaccinated, in Finland 50%, in Germany 8% and in Poland 0%.

• In August 2010 Finland reported an increased occurrence of narcolepsy (a severe chronic neurological disease). There was a 12.7 times higher incidence compared with the non-vaccinated. Sweden followed soon with similar figures. On September 1, 2010 Finland stopped all Pandemrix vaccinations.

• No European country had a particularly high rate of death due to the pandemic. Germany (8% vaccinated) and Sweden (60% vaccinated) had the same death rates. This indicates that vaccination does not protect you against the flu or changes the worst outcome of the flu.

All of this is in line with how vaccines introduce illnesses and making people totally reliant on more and more medical care as a result of devastating effects of the vaccinations. But there is another issue that might require our attention. In 2010 Bill Gates, the great Maecenas of the health of the population and donor of many millions to "the good cause" of ridding the world of infectious diseases through mass vaccination programmes, stated in the context of the global warming propaganda that one way to accomplish a reduction in greenhouse effect would be to reduce

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Photo by Bonnie Kittle on Unsplash

the global human population. He considers vaccines to be desirable to that end. A wild dream? Think again.

Just as history shows us how the Salk polio vaccine with the SV-40 planted the seed for cancerous growth we should have a serious look at the content of the newer vaccines too. The heavily promoted HPV vaccine (Gardasil, Cervarix) as well as the new influenza A vaccines contain adjudin. And what might that be?

In the US, PZP vaccines are being used to control the fertility in the wild horse population. Porcine zona pellucida (PZP) immunocontraception was investigated for possible use in free-roaming wild horses in the western USA. This is about changing the glycoprotein membrane of the zona pellucida, which surrounds all mammal eggs, whereby the entry of the sperm is prevented. So, contraceptive vaccines are a reality of our time and their use is being promoted as the future in wild life restriction, a "humane" way forward, a vast improvement on hunting and killing. Besides this method they also are developing contraceptive vaccines based on the neutralization of gonadotropin releasing hormones (GnRH) for the inhibition of fertility in various species such as horses, deer, pigs, cats, dogs, etc. Recent studies in the field have identified several potential compounds that exert their effects in the seminiferous epithelium, causing exfoliation of germ cells in the testis. One of these compounds that achieves that is called adjudin. The result is the release of immature spermatids to the Sertoli cells leading to infertility.

Adjudin is similar to its analogue lonidamine and a study in 2013 showed it had similar potential as a drug in cancer treatment because it inhibits cancer growth by targeting mitochondria and by blocking energy metabolism. Lonidamine itself suppresses glycolysis in cancer cells and equally has a capacity to inhibit energy metabolism in cancer cells. A derivative of lonidamine, gamendazole, is being tested as a male contraceptive pill. So it appears as if achieving infertility and cancer inhibition are closely linked by way of these compounds that are being used in drug treatment. Now remember

"In the US, PZP vaccines are being used to control the fertility in the wild horse population. "

that HPV is said to stop cervical and other cancers growing. Officially these cancers are being blamed on a virus but scientifically no link has ever anywhere been established. The vaccine is said to work, not because it contains the virus or a weakened version of the virus, but only because it contains "proteins" that are similar to those found in the human papillomavirus. Injecting these, it is said, creates an immune response that results in your own body destroying everything this virus has created, including the cancers.

1. No link between any of these cancers and the HPV virus was ever found
2. Almost no immune response is elicited when the entire virus is being injected, as vaccination history has taught us
3. Proteins are basic building blocks and "similar" proteins can be found in all living creatures
4. An immune response is only seen when an adjuvant is added to the mix

The official medical reports do state that there is a marked downturn in cervical and other related cancers since the introduction of the HPV vaccine. If we believe them and we put together what we know then either the improved statistics are not directly related to the effect of the vaccination or they are the result of something else than the injected "similar" proteins. What does produce an immune response is the right adjuvant! And best would be one that is known to fight cancer anyway.

In 2014 it was reported that in rural New South Wales, Australia, three young women were diagnosed with premature ovarian insufficiency (infertility) following HPV vaccination. The unrelated girls were aged 16, 16 and 18 at the time of the diagnosis but it had taken several years to reach that stage. Why is this "potential" adverse effect not mentioned in any literature about HPV vaccine? Vaccine research simply does not include enduring ovarian capacity and the duration of its function following vaccination is unresearched in preclinical studies, in clinical and in post-licensure studies. Post-marketing surveillance does not accurately represent diagnoses in adverse event notifications and can neither represent unnotified cases nor can it compare incident statistics with vaccine course administration rates.

All this needs further investigation and highlights the fact that the population should be informed about what isn't researched, rather than being bombarded with the fantastic work research produces. Omission is far more important than inclusion as far as vaccination and drug research is concerned. The population is entitled to know what is not included in any research as far as the testing of drugs and vaccines is concerned.

Saying there is no evidence of any serious adverse effects only means something when you know how they evaluate the seriousness of the effects and what period of time they are not accepting as being relevant. Before being handed a license, drugs and vaccines are being tested on safety but they use very strict rules on what will be included and what will not. No long-term safety of any sort is tested in this way for any drug or vaccine.

Let us for a moment assume they have been following strict testing and application procedures, although we know that over the last thirty years very few of them have completed this pathway. For those that have – and again, the population is not being told which have been fully tested and which haven't been! – no research

at all has been done on any of them about the long-term safety. This knowledge and scientific information is gathered in a very different way. The industry is given a license to distribute a product for a specific disease or condition and for a specific dosage.

The public is now being treated with this product and if any serious adverse effects are showing up and the medical profession is forced to admit there is a link between the effect and the drug/vaccine it gradually becomes part of the scientific knowledge about the product. In effect, when they start treating people with the product nobody has any idea what effects it will have on those lives. It is the human guinea pig that will tell them.

Furthermore, the drugs and vaccines receive a license for a specific reason and a specific dosage. Once the product is being used by the medical profession they simply change the amount you take or what you take it for. Nobody knows what effect it will have on those people either but the human guinea pig will tell them, once again. That is how a failed heart medication became a multimillion selling sexual performance drug (Viagra). That is how a failed anti-cancer drug became the number one selling anti-AIDS treatment (AZT). That is how an anti-inflammatory to be used carefully in adults became a baby drug (Ibuprofen).

If you believe that there are stringent safety measures built into the system of product licensing and that these are being adhered to, it might serve you to know the following. On January 28, 2003 President Bush (USA) started Project Bioshield and the bill was passed by Congress and signed into law (Public Law 108-276) on 21 July 2004. Soon the Western world followed America's lead on how to protect the population against chemical weapons.

Project BioShield is a comprehensive effort involving the US Department of Health and Human Services (HHS), its component agencies, and other partner federal agencies to speed the research, development, acquisition, and availability of medical countermeasures to improve the government's preparedness for and ability to counter chemical, biological, radiological, and nuclear threat agents.

"Pharmaceutical corporations are now protected from all accountability unless "criminal intent to do harm" can be proven by the injured party. "

This appropriation is intended to provide an economic incentive to the pharmaceutical industry to develop medical countermeasures for which the government, and its projects, is the only significant market. Furthermore, the Pandemic and All-Hazards Preparedness Act (Public Law 109-417) provides the Secretary of the Department of Health with new authorities to improve the implementation of Project BioShield.

So, the Department of Health has the authority to speed up the approval of drugs and vaccines, fast tracking their development (and paying for it!) without regular course of safety testing. The Permanent Secretary can make a determination that a disease, health condition or threat constitutes a public health emergency (like President Trump currently about the situation at the southern border). He or she may then recommend the manufacturing, testing, development, administration or use of one or more vaccines or drugs. This is called "covered countermeasures". Not only will the government pay the industry for this work but it also provides complete liability protection for all drugs, vaccines or biological products deemed a covered countermeasure and used for an outbreak of any kind. Maybe you do remember the severe government warnings about, for instance, a coming deadly flu epidemic. On the basis of such a believed threat the industry can be ordered to develop "new" vaccines. Maybe you also remember that such a deadly flu epidemic never occurred. Certainly one example was the Swine Flu.

Pharmaceutical corporations are now protected from all accountability unless "criminal intent to do harm" can be proven by the injured party. They are protected from liability even if they know the drug will be harmful. Now you may understand a bit better why it is almost impossible to get anybody, the industry or the medical profession, to admit guilt and to accept the link between the effect and the causal use of the drug or vaccine.

An individual has no protection or recourse at all from a government who stands to profit from vaccinations, from a government who gains more power over their subjects and who create more dependency on help and support provided by them via the industry. They both serve a similar purpose and they hold each other up.

In this light, developing and using vaccinations that kill people and/or sterilise them becomes not a utopia but a scary reality. And the way it is being done makes use of the population as human guinea pigs and targets at the same time. The outcome does not even have to be well defined or very specific as the individual has no power to respond or to fight back, or even to expose the plan or working methods.

Either this makes you think. Makes you ask questions. Makes you cynical about anything authority tells you.

Or you simply stick with, "they wouldn't do that to us".

It is entirely your choice.

March 2019.

"THE IDEA THAT VACCINES ARE A PRIMARY CAUSE OF AUTISM IS NOT AS CRACKPOT AS SOME MIGHT WISH. AUTISM'S 60-FOLD RISE IN 30 YEARS MATCHES A TRIPLING OF THE U.S. VACCINE SCHEDULE. ~ *JENNY MCCARTHY*"

MEASLES MADNESS: DR. BRIAN HOOKER'S STATEMENT TO WA LEGISLATORS

BY BRIAN S. HOOKER.
Science Advisor, Focus for Health and Board Member, Children's Health Defense. February 19, 2019
https://childrenshealthdefense.org/

This article was originally published by Focus for Health.

DR. HOOKER PROVIDED TESTIMONY last Friday, February 8, 2019, for the Washington State House Health Committee regarding the vaccines and the Personal Belief Exemption (PBE) bill that was introduced.

Recent outbreaks of measles, especially in Rockland County, New York and Clark County, Washington have created quite a furor in the public health infrastructure of the U.S. and now within state legislatures. Industry front groups like the American Academy of Pediatrics (AAP) and the National Association of County and City Health Officials (NACCHO) have seized the opportunity to introduce legislation to remove personal belief exemptions and religious exemptions for vaccinations required for school attendance. Nationwide, over 70 different bills have been introduced or are expected to be introduced in state legislatures to limit these types of exemptions.

I recently had the privilege to testify in the Health Committee in the House of Representatives for Washington State and wanted to share some excerpts of my testimony. In Washington State, legislators have introduced a bill to remove the personal belief exemption specifically for the Measles Mumps Rubella (MMR) vaccine. I want to thank Karl Kanthak and Bernadette Pajer who both contributed important information for my testimony. The following is taken from my testimony:

"As I have already remarked, vaccination does not guarantee immunization and infectious diseases routinely break out in highly vaccinated communities."

There is a problem with measles in Washington State, but it's not low vaccination rates, it's actually high vaccination rates with a vaccine product unable to provide lifetime immunity or vigorous passive maternal protection to infants during the first year of life.

When the measles vaccine was first introduced, most people over the age of 15 who had wild measles had lifetime immunity. In developed nations, like other communicable infections, measles was no longer dangerous except in rare circumstances because of inadequate nutrition, poor sanitation, and / or lack of healthcare. Because having the measles was a routine part of childhood, teens, adults, parents, and grandparents were immune. And because of maternal passive immunity, infants were protected. The death rate due to measles in Washington State in the four years prior to the introduction of the measles vaccine was 1.4 in 10,000 cases and approximately 2 in 1,000,000 in the general population.

Legislators are being told that use of personal and religious belief exemptions are putting the public's health in danger. They are told that two infants were recently exposed to measles and the babies are in danger. But in fact, if the mothers of the children had wild measles when they were children and they are nursing, the babies may be protected. If the mothers were vaccinated, even if they are nursing, they may not be. Additionally, maternal antibodies transported across the placenta can provide vital immunity against measles for infants.

Pushing vaccination rates up even higher with an ineffective product is not the answer. As the editor of the journal Vaccine Dr. Gregory Poland of The Mayo Clinic stated in 1994, "…as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons." An MMR vaccination rate of 75% has been reported for the recent measles cluster in Rockland County, New York.

It was reported in the news and provided to legislators that in Clark County, WA there is a 22% exemption rate, but this is based on the voluntary Immunization Information Survey (IIS) which does not accurately reflect the vaccination status of all children enrolled in Washington schools. When compared to the more accurate CDC statistics for the state of Washington for MMR coverage among 19 to 35 month olds, it is 95.3% +/- 2.6%. The IIS erroneously reports this number at 81.8% and cannot be relied upon.

The current personal belief exemption rate for K-12 for the MMR vaccine in Washington State is only 2.9% (WA DOH School Survey). Vaccination rates for kindergarteners for at least one MMR vaccine are at least 93% (WA DOH School Survey). Washington State has achieved the public health goal of very high vaccination rates.

As I have already remarked, vaccination does not guarantee immunization and infectious diseases routinely break out in highly vaccinated communities. An example of this is pertussis outbreaks, which occur

due to problems with the acellular pertussis portion of the DTaP and Tdap vaccine, creating asymptomatic carriers. An asymptomatic carrier is a person that has become infected with a pathogen, but who display no signs nor symptoms. Although unaffected by the pathogen themselves, carriers can transmit it to others or develop symptoms in later stages of disease.

The SB277 experience in California, where personal belief exemptions were struck down in 2016, has not led to 100% vaccine compliance even within the school system. Removal of personal belief exemptions has served to alienate parents leading to an exodus from the school system (1.2%), as well as from the state, and placing the school districts in the untenable role of "vaccination enforcers." An additional 1.4% within the school district are still unvaccinated due to Federal Individualized Education Programs, medical and other exemptions. SB277 did not change the minds of non-vaccinating parents. Instead, it pushed families out of school and created lost income to school districts.

Regarding the Australian experience with vaccine mandates, one official stated that, "Parents reported a greater commitment to their decision not to vaccinate and an increased desire to maintain control over health choices for their children including an unprecedented willingness to become involved in protest action." (J. Public Health Policy 2018 39:156, Helps et al.) With the removal of the PBE for the MMR vaccine, 2.9% of the children in WA State, which is 15,000 to 20,000 students, will be excluded from school. If the PBE is removed for all vaccines required for school attendance, 37,000 children will be removed from school. For small school districts, this will cause a financial crisis. Mandates do not encourage vaccination, they push exemption-using families out of schools.

The Supreme Court in the Bruesewitz vs. Wyeth case called vaccinations "unavoidably unsafe," and the scientific literature shows an incidence of vaccine adverse events that is dangerous in light of the proposed mandate. Over the past ten years in the U.S., there has been one reported death from the measles, and it is unclear based on the medical history of the patient whether and how measles played a role in their death. During the same time period (based on Vaccine Adverse Event Reporting System (VAERS) reports), there have been 105 reported deaths associated with the MMR or MMRV vaccinations.

From 2006 to 2011, the CDC funded a project by Harvard Pilgrim Health Care, Inc. for the automation of the VAERS database. VAERS up to this point has been a passive surveillance system based on voluntary reporting of vaccine adverse events (AEs) and CDC officials were concerned about underreporting of such events. The team from Harvard Pilgrim set up a monitoring system of a large health care provider (with 35 clinics) and monitoring the outcomes of 1.4 million vaccines received. Using chart abstraction, 35,570 potential adverse events were reported within a window of 30 days post-vaccination. In other words, the rate of potential adverse events was 2.6%. As legislators, you are feeling pressure to protect infants and others susceptible to poor infection outcome, but taking away the personal belief exemption for an ineffective product is not the answer.

You must not only protect those who are susceptible to poor infection outcome, but protect those who are susceptible to poor vaccination outcome, and to consider the unintended consequences of a fully vaccinated population that does not have lifetime immunity.

OFFICIALS DENY LACK OF VACCINATIONS CAUSED WHOOPING COUGH OUTBREAK IN LOS ANGELES

By Chris Mills Rodrigo
02/27/19
https://thehill.com/

OFFICIALS AT A LOS ANGELES high school said Tuesday that a lack of vaccinations does not explain an outbreak of whooping cough. "We have a really high vaccination rate in our community, which is something we're very grateful for," Harvard-Westlake spokesperson Ari Engelberg said, according to the Los Angeles Times.

Thirty students at the private school have reportedly been diagnosed with whooping cough, also known as pertussis, recently.

Engelberg also told reporters that only 18 of Harvard-Westlake's roughly 1,600 students have medical exemptions allowing them to opt out of immunizations. **He added that none of those students have contracted the disease.**

Los Angeles County officials warned area doctors in an email last week about three clusters in the county, according to the Times.

"The number of reported clusters of pertussis cases has risen in 11- to 18-year-olds who share classrooms, carpools/ transportation, or extracurricular activities," the Feb. 19 advisory said.

The highly contagious disease is spread by coughing, sneezing or simply breathing air around an infected person. Young children are vaccinated against whooping cough and then given a booster dose around age 11 or 12.

"HOW IS IT THAT MERCURY IS NOT SAFE FOR FOOD ADDITIVES AND OVER THE COUNTER DRUG PRODUCTS, BUT IT IS SAFE IN OUR VACCINES AND DENTAL AMALGAMS? ~ *DAN BURTON*"

THE GREATEST TYRANNY OF OUR TIME

THE ABOVE HEADLINE WAS FROM JOHN STONE'S COMMENT PUBLISHED IN AGE OF AUTISM ON 21 FEBRUARY 2019. I HAVE ALSO INCLUDED ONE OF THE RESPONSES FEATURED ON AOA WEBSITE AND PUBLISHED ON THE SAME DAY BY ELIZABETH HART WHICH MAKES INTERESTING READING.

BY JOHN STONE

Age of Autism, February 21, 2019

ONCE YOU CEDE to the government the right to inject whatever a group of government officials deems appropriate into your body, where are you?

A blatantly corrupt agency led by a pharmaceutical industry insider, Scott Gottlieb, is pretending that the United States is in crisis over a few cases of measles. But the real point is that by extending the grip of government mandates it is using measles as a pretext to submit a subject population to an ever longer list of products which that population has to pay for through its taxes, and ultimately through its health.

If they wanted to target measles they would just step up vaccination in the locality of the outbreaks, but this is not what this is about, it is about enslaving a population to an industry, which only concerns itself with profit, and has no liability for its products. The health crisis in America today and in many other developed countries is not about infectious disease, it is about neuro-developmental disorders and chronic ill-health. Our governments have no explanation of this phenomenon but they just go on vaccinating with a longer list of products against diseases which in most cases are not that dangerous, or that you are relatively unlikely to get, while being actively hostile to reports of harm. And the FDA has hundreds of more products in the pipeline which it is itching to license, and which the ACIP will no doubt nod through to the schedule.

This is becoming the greatest tyranny of our time.

RESPONSE BY ELIZABETH HART:

RECENTLY I'VE COME ACROSS the explanation for where we are now with the sinister imposition of more and more vaccine products. This is the 'missing link' that has been a revelation to me in understanding the current oppressive status quo of a rampant vaccine industry supported by academia, doctors, 'regulators', politicians, lobby groups, the journal industry and a biased mainstream media which refuses to critically analyse vaccination policy.

A presentation by Dr Suzanne Humphries alerted me to the Children's Vaccine Initiative (CVI), particularly The CVI Strategic Plan – Managing Opportunity and Change: A Vision of Vaccination for the 21st Century, published in 1998 by the CVI's co-sponsoring agencies i.e. the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank, the World Health Organization (WHO) and the Rockefeller Foundation.

The CVI Strategic Plan is essential reading for anyone trying to understand the current hostile situation relevant to vaccination policy, with citizens who dare to question ever-increasing vaccine schedules and vaccine safety and effectiveness being reflexively labelled 'anti-vaxxers' and marginalised and shut down. The CVI Strategic Plan is the blueprint for the manipulation of the entire international community by a coalition of organisations from the public, non-government and private sectors, apparently working in the best interests of the vaccine industry. This is a massive international political scandal, with more and more governments moving towards mandating lucrative vaccine products, e.g. Australia, the United States and Italy, and actively denying citizens the right to question burgeoning vaccine schedules and coercive vaccination policy.

Suzanne Humphries summarises the situation in this video on facebook: https://www.facebook.com/HealthNutNews/videos/317815328766484/ (How long will we have the freedom to share this information on facebook, before faceless 'panels of reviewers' deem dissent about vaccines as 'fake news' and censor discussion?).

TiP Editor: The text below can also be found in the video: Part 1 - Manufactured Consent MD Suzanne Humphries (https://www.youtube.com/watch?v=IXK-Dr7Kjp4).

I've transcribed the Suzanne Humphries' video from 0.32, see below:

QUOTE:

'In 1997 the World Health Organisation formulated a strategy which was put into a book called The Strategic Plan, which laid out a map to completely change the way people thought about vaccines.

The plan had key points, which were using the media to structure messages that shaped public opinion to co-opt or persuade key opinion people in all levels of society – medical, lay and entertainment, to get pro-vaccine spokespeople at every level conveying one message and one message only.

This plan emphasised private/public partnership and philanthropy, with the aim to make vaccines a core topic in society. Anyone who reads this book can clearly see that this was a plan which would result in what I would call a 'slow cooking' of human frogs from cold water, hopefully that we wouldn't even notice what was happening, to get us all to a point where we could see nothing else other than the dogma.

Part of that plan came to fruition in a big way when Bill Gates stepped up to take his place in the World Health Organisation plan. People who are part

"WHEN THE GOVERNMENT FEARS THE PEOPLE, THERE IS LIBERTY. WHEN THE PEOPLE FEAR THE GOVERNMENT, THERE IS TYRANNY. ~ *THOMAS JEFFERSON*"

of this plan are called stakeholders, not just by me, but it's an acceptable term. Private stakeholders existed for the last 20 years but never more obviously than in 2015. The whole public face of vaccination has changed, and a large part of that change has been due to the involvement of private individuals.

In 2010, the Bill and Melinda Gates Foundation donated $10 Billion, with a 'B', to make 2010 to 2020 the Decade of Vaccines. The vaccine stakeholders have planted flags everywhere, with some startling results. In 2015 the focus in the United States was on making vaccines mandatory for all people, and they were successful in some places, making vaccines a lifestyle event for all people, from cradle to grave. The World Health Organisation's strategic plan was printed first in 1993, and then it was updated in 1997, and it morphed into the global immunisation vision and strategy which Bill Gates often makes reference to in his publicity, and you can see it right here in that last paragraph, the Global Alliance. Today we have a computer software billionaire, the pharmaceutical industry, academia, and the US Department of Homeland Security* and the World Health Organisation all speaking and working in unison towards the same goals. These alliances should have anyone who listens and watches asking lots of questions because the goals are to restrict our health freedom, to censor what we read and can say, and remove our ability to choose what goes into our bodies.'

(*Should this be US Department of Health and Human Services?).

END OF QUOTE

Suzanne Humphries refers to the involvement of private individuals such as Bill Gates, who is exerting enormous influence over international vaccination policy via the Bill and Melinda Gates Foundation, as described in the report Philanthropic Power and Development: Who shapes the agenda?[1]

The Gates Foundation's tentacles are spreading everywhere, even to funding the supposedly 'independent' and 'unbiased' Cochrane group.[2] And now Microsoft, of which Bill Gates remains a director and advisor on key development projects[3], has formed a strategic alliance with Walgreens to develop 'new healthcare models'.[4] Walgreens promotes vaccine products too.[5] Who is examining Bill Gates' conflicts of interest in influencing international vaccination policy and promoting vaccine products?

Again, the Children's Vaccine Initiative Strategic Plan is the blueprint for the manipulation and exploitation of the global community with an ever-increasing load of vaccine products, without adequate transparency and accountability.

The impact of this strategic plan must be examined in the current context, this is a massive international scandal that must be analysed and exposed.

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Posted by: Elizabeth Hart | February 21, 2019 at 08:04 AM

INFANT IN NEPAL DIES HOURS AFTER GETTING DPT VACCINE

BY TVR STAFF
www.thevaccinereaction.org
February 20, 2019.
Vaccination, Risk & Failure Reports.

SIX-MONTH-OLD Binod Ale Magar died on Feb. 3, 2019 within hours after receiving the DPT (diphtheria, pertussis, tetanus) vaccine at a health care station in the Kailali district of Nepal [1]. The baby's uncle said the child was in normal health when he was administered the vaccination around noon. The child was crying after the vaccination. We were thinking he was crying in pain because of the vaccination. He died at night."[1]

An autopsy of the child was conducted at a hospital in the city of Tikapur to determine the cause of death. It is unclear if the results of that examination have been made public.[1]

Two other children, three-year-old Mihika Chaudhary and two-month-old Dipika Chaudhary, also received the DPT vaccine that day and became ill and developed rashes throughout their bodies. They were taken for treatment at Tikapur Hospital, where the autopsy is being performed on the baby who died after DPT vaccination.[1]

The United States no longer uses DPT vaccine, which contains whole cell pertussis vaccine, one of the most reactive childhood vaccines. In 1996, a purified acellular pertussis (DTaP) vaccine was licensed for infants in the U.S. and, although DTaP can still cause serious reactions like brain inflammation, numerous studies have demonstrated that acellular pertussis vaccine is far less reactive than DPT.[2]

According to the National Vaccine Information Center (NVIC), reactions to both whole cell pertussis vaccine in DPT and acellular pertussis vaccine in DTaP usually occur within 72 hours or a week of vaccination, including high fever, severe swelling and pain at the injection site, convulsions, high pitched screaming, collapse/shock (hypotonic/hyporesponsive episodes) and body rashes.[3]

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1 Chaudhary G. Six-month-old dies, two others fall ill after 'vaccination'. The Kathmandu Post Feb. 5, 2019.

2 Fisher BL. The Pertussis Vaccine Blame Game. NVIC Newsletter Sept. 12, 2018.

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THE IMPACT OF VACCINES ON MORTALITY DECLINE SINCE 1900 - ACCORDING TO PUBLISHED SCIENCE

BY JB HANDLEY
Children's Health Defense Director and Co-Founder of Generation Rescue.
March 12, 2019.

SINCE 1900, *there's been a 74% decline in mortality rates in developed countries, largely due to a marked decrease in deaths from infectious diseases. How much of this decline was due to vaccines? The history and data provide clear answers that matter greatly in today's vitriolic debate about vaccines.*

CHICAGO, Illinois—Since 1900, the mortality rate in America and other first-world countries has declined by roughly 74%, creating a dramatic improvement in quality of life and life expectancy for Americans.

The simple question: "How did this happen?"

Why did the mortality rate decline so precipitously? If you listen to vaccine promoters, the answer is simple: vaccines saved us. What's crazy about this narrative is how easy it is to disprove, the data is hiding in plain sight. The fact that this easily-proven-false narrative persists, however, tells us a lot about the world we live in, and I hope will encourage parents to reconsider the veracity of many of the narratives they've been fed about vaccines, and do their own primary research.

1970, DR. EDWARD H. KASS

Standing before his colleagues on October 19, 1970, Harvard's Dr. Edward H. Kass gave a speech to the annual meeting of the Infectious Diseases Society of America that would likely get him run out of this same profession today. At the time, Dr. Kass was actually the President of the organization, which made the things he had to say about vaccines and their impact on the reduction in American mortality rates even more shocking, at least by today's standards. Forty-eight years after Dr. Kass' speech, vaccines have taken on a mythological status in many corners of our world, hyped up by the people who benefit the most from their use. Of course vaccines saved the world. Of course every child should get every vaccine. If you don't vaccinate, you will enable the return of deadly childhood diseases. If you don't vaccinate, your child will die. If you question vaccines, even a little, you're an "anti-vaxxer" who should be shunned and dismissed!

But what if most of the history about the role vaccines played in declining mortality isn't even true?

In his famous speech, Dr. Kass took his infectious disease colleagues to task, warning them that drawing false conclusions about WHY mortality rates had declined so much could cause them to focus on the wrong things. As he explained:

"…we had accepted some half truths and had stopped searching for the whole truths. The principal half truths were that medical research had stamped out the great killers of the past—tuberculosis, diphtheria, pneumonia, puerperal sepsis, etc.—and that medical research and our superior system of medical care were major factors extending life expectancy, thus providing the American people with the highest level of health available in the world. That these are half truths is known but is perhaps not as well known as it should be."

Dr. Kass then shared some eye-opening charts with his colleagues. I'm trying to imagine a President of the Infectious Diseases Society of America sharing one of these charts today at a meeting of public health officials. I picture someone turning the power off for the room where he's presenting and then he gets tackled and carried off the stage… here's the first example of a chart Dr. Kass shared in 1970: **See FIG 1.**

But wait a minute, Dr. Kass' chart doesn't even include the measles vaccine…what gives? Well, in 1970, the measles vaccine was just beginning to be rolled out, and as you can clearly see, measles had long since experienced a dramatic decline in mortality.

With Pertussis (Whooping Cough), he produced a similar chart: **See FIG 2.**

In this case, you can actually see when the Pertussis vaccine was introduced. He also showed a chart for Scarlet Fever, which furthers the confusion about the role of vaccines, because there's never been a Scarlet Fever vaccine, and yet the chart of

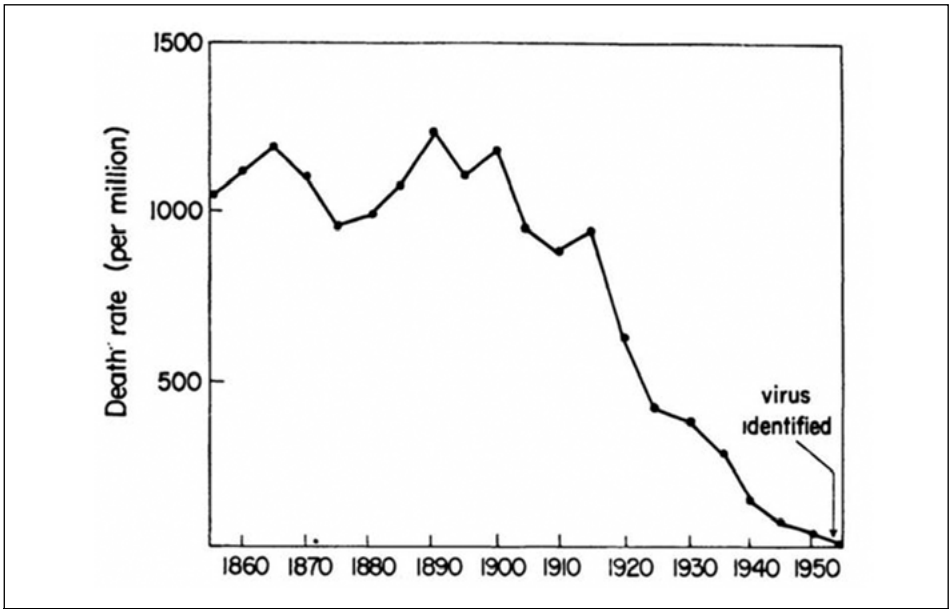


FIG 1. Mean annual death rate from measles in children under 15 years of age, England and Wales.

a huge decline in mortality from Scarlet Fever looks very similar to measles and pertussis: see **FIG 3.**

WHAT'S THE POINT?

Dr. Kass was trying to make a simple point to his colleagues, but one with profound implications for public health. His point was so important, I'm going to quote him in really big font to try and drive it home:

"This decline in rates of certain disorders, correlated roughly with socioeconomic circumstances, is merely the most important happening in the history of the health of man, yet we have only the vaguest and most general notions about how it happened and by what mechanisms socioeconomic improvement and decreased rates of certain diseases run in parallel."

Dr. Kass pled with his colleagues to be open to understanding WHY infectious diseases had declined so dramatically in the U.S. (as well as other first world countries). Was it nutrition? Sanitary methods?

A reduction in home crowding? (We've since learned the answer to all three questions is, "Yes.") He encouraged his colleagues to be careful not to jump to conclusions prematurely and to maintain objectivity and "devote ourselves to new possibilities."

Luckily for us, Dr. Kass' speech that day has been saved for posterity, as it was printed in its entirety in a medical journal. In fact, it's a journal that Dr. Kass himself founded, The Journal of Infectious Diseases, and his speech is called, "Infectious Disease and Social Change." There are a number of things about Dr. Kass' speech that I found breathtaking, especially given that he was the President of the Infectious Diseases Society of America. Namely:

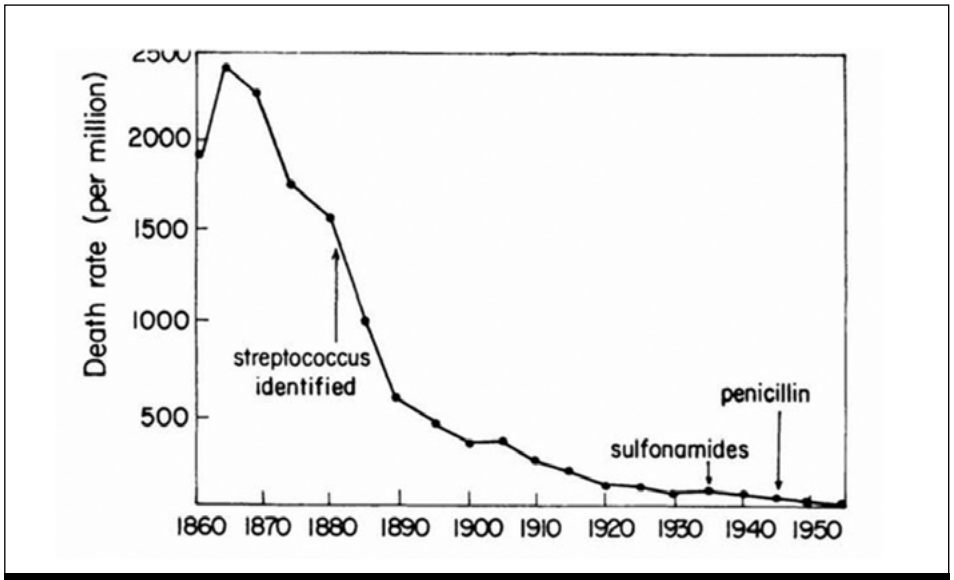


FIG 3: Mean annual death rate from scarlet fever in children under 15 years of age, England and Wales.

1. He never referred to vaccines as "mankind's greatest invention" or one of the other many hyperbolic ways vaccines are described all the time by vaccine promoters in the press today. Vaccines weren't responsible for saving "millions of lives" in the United States, as Dr. Kass well knew.

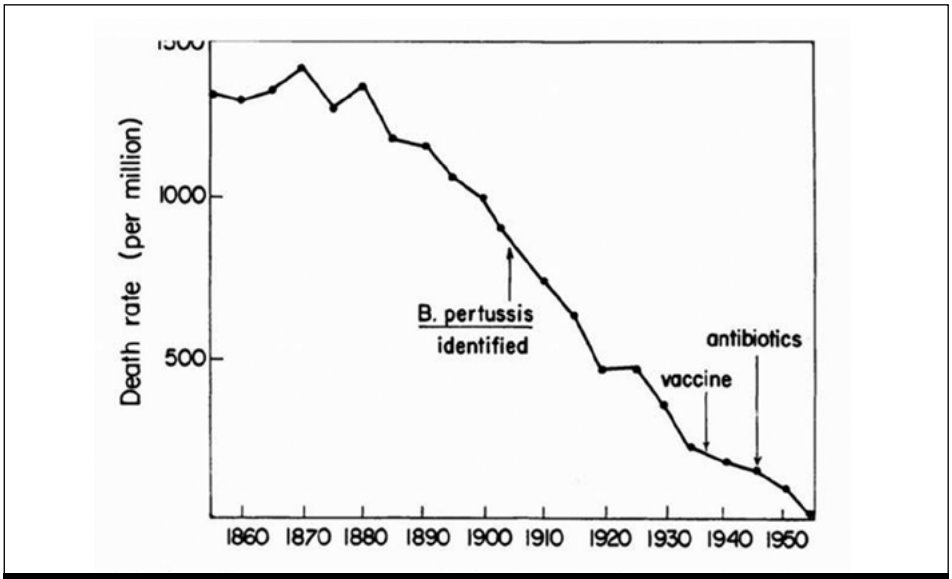


FIG 2: Mean annual death rate from whooping cough in children under 15 years of age, England and Wales.

2. In fact, he never gave vaccines much credit AT ALL for the developed world's dramatic mortality decline. Which makes sense, because none of the data he had would have supported that view. Which made me wonder, "has anyone tried to put the contribution of vaccines to the decline in human mortality in the 20th century in context?" Said differently, is there any data that measures exactly how much impact vaccines had in saving humanity? Yes, indeed there is. Read on.

1977: MCKINLAY & MCKINLAY: THE MOST FAMOUS STUDY YOU'VE NEVER HEARD OF

It won't be the world's easiest read, but I hope you take the time to read every word. In 1977, Boston University epidemiologists (and husband and wife) John and Sonja McKinlay published the seminal work on the role vaccines (and other medical interventions) played in the massive decline in mortality seen in the twentieth century, that 74% number I talked about in my opening paragraph. Not only that, but their study warned against the very behavior we are now seeing in the world of vaccines.

Namely, they warned that a group of profiteers might take more credit for the results of an intervention (vaccines) than the intervention deserves, and then use those fake results to create a world where their product must be used by everyone. Seriously, they predicted that this would happen. (It's

worth noting that the McKinlay Study used to be required reading at every medical school.)

Published in 1977 in The Millbank Memorial Fund Quarterly, the McKinlay's study was titled, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century." The study clearly proved, with data, something that the McKinlay's acknowledged might be viewed by some as medical "heresy." Namely:

"that the introduction of specific medical measures and/or the expansion of medical services are generally not responsible for most of the modern decline in mortality."

By "medical measures," the McKinlay's really meant ANYTHING modern medicine had come up with, whether that was antibiotics, vaccines, new prescription drugs, whatever. The McKinlay's 23-page study really should be read cover to cover, but in a nutshell the McKinlay's sought to analyze how much of an impact medical interventions (antibiotics, surgery, vaccines) had on this massive decline in mortality rates between 1900 and 1970: **See FIG 4.**

Here are some of the major points their paper made:

• 92.3% of the mortality rate decline happened between 1900 and 1950 [before most vaccines existed]

• Medical measures "appear to have contributed little to the overall decline in mortality in the United States since about 1900–having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances."

And, here's the two doozies…

The paper makes two points that I really want to highlight, because they are so important. The first one concerns vaccines. They write:

"Even if it were assumed that this change was entirely due to the vaccines, then only about one percent of the decline following interventions for the diseases considered here could be attributed to medical measures. Rather more conservatively, if we attribute some of the subsequent fall in the death rates for pneumonia, influenza, whooping cough, and diphtheria to medical measures, then perhaps 3.5 percent of the fall in the overall death rate can be explained through medical intervention in the major infectious diseases considered here. Indeed, given that it is precisely for these diseases that medicine claims most success in lowering mortality, 3.5 percent probably represents a reasonable upper-limit estimate of the total contribution of medical measures to the decline in mortality in the United States since 1900."

In plain English: of the total decline in mortality since 1900, that 74% number I keep mentioning, vaccines (and other medical interventions like antibiotics) were responsible for somewhere between 1% and 3.5% of that decline. Said differently, at least 96.5% of the decline (and likely more than that since their numbers included ALL medical interventions, not ONLY vaccines) had nothing to do with vaccines.

You don't get to say you saved humanity if, at most, you were responsible for 3.5% of the decline in mortality rates since 1900 (and probably closer to 1%).

And then the McKinlay's wrote something that made me laugh out loud, because it's the thing we are seeing every day in today's vaccine-hyped world:

"It is not uncommon today for biotechnological knowledge and specific medical interventions to be invoked as the major reason for most of the modern (twentieth century) decline in mortality. Responsibility for this decline is often claimed by, or ascribed to, the present-day major beneficiaries of this prevailing explanation."

Sound familiar?

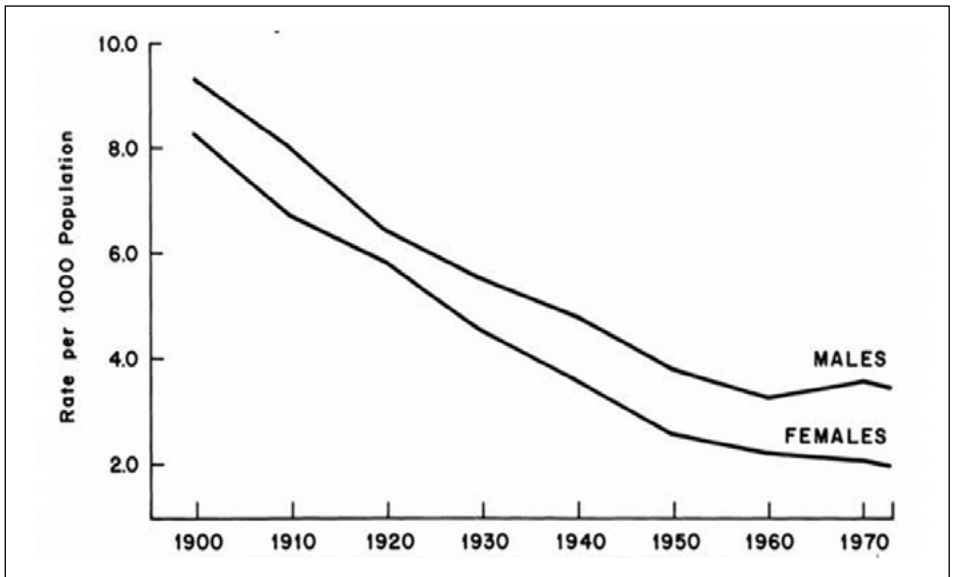


FIG 4: The trend in Mortality rates for Males and Females Separately (Using Age-Adjusted Rates) for the United States. 1900-1973.

2000: THE CDC PUTS THE FINAL NAIL IN THE COFFIN

In 1970, Dr. Kass raised the idea that public health officials need to be careful to not give the wrong things credit for the twentieth century's massive mortality rate decline in the developed world. In 1977, Drs. McKinlay & McKinlay put data around Dr. Kass' ideas, and showed that vaccines (and other medical interventions) were responsible for between 1-3.5% of the total decline in mortality since 1900. In 2000, CDC scientists reconfirmed all this data, but also provided more insight into the things that actually have led to declines in mortality.

Published in September 2000 in the journal Pediatrics and titled, "Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century," epidemiologists from both Johns Hopkins and the Centers for Disease Control reaffirmed what we had already learned from McKinlay and McKinlay:

"Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century…

nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccine were available."

The study went on to explain the things that actually were responsible for a massive decline in mortality:

"water treatment, food safety, organized solid waste disposal, and public education about hygienic practices." Also, "improvements in crowding in US cities" played a major role. Clean water. Safe food. Nutrition. Plumbing. Hygiene. These were the primary reasons mortality declined so precipitously. At least according to the data and published science.

RECENT HISTORY

I get really strong reactions when I share this chart, compiled from CDC data: **see FIG 5**.

This chart is compiled from this dataset provided by the CDC. You can see that nine vaccines we give children today didn't even exist in the mid-1980s. Moreover, the vaccination rates for the three vaccines that did exist were hovering near 60% or less as late as the mid-1980s. Today, vaccination rates are all well north of 90% for American children. I think it's fair to ask, "why so much panic"? If you think about this chart for long enough, it makes you realize how silly the oft-invoked notion of "herd immunity" really is, since we obviously couldn't have been anywhere near vaccine-induced herd immunity in the mid-1980s. In fact, we're really no closer today, because adult vaccination rates remain so low, and vaccines wane over time.

WHY THE TRUTH MATTERS

As McKinlay and McKinlay warned, if the wrong intervention (like vaccines) is singled out as the reason Americans and the rest of the first world experienced such a dramatic decrease in mortality in the 20th century, that misinformation can be abused to do things like:

- Rapidly expanding the number of vaccines given to children
- Browbeating parents who chose to follow a different vaccine schedule and making them feel guilty
- Making vaccines mandatory
- Speaking about vaccines in such reverential terms that even questioning them (like I'm doing in this article) is viewed as sacreligious and irresponsible.
- And, denying that vaccines injuries happen at high rates, to keep the whole machine moving in the right direction. (By the way, the best guess of vaccine injury rate is about 2% of people who receive vaccines, according to this study commissioned and paid for by the CDC when they actually automated the tracking of vaccine injuries. The "one in a million" figure thrown around by vaccine promoters is simply an unsupportable lie.)

AFRICA, AND OTHER THIRD WORLD COUNTRIES

Vaccine promoters will often quote statistics about present-day deaths from infectious diseases that sound deeply alarming. Using examples of a disease like measles, they might explain how many children still die from measles every year, and therefore its gravely important that EVERY American parent vaccinate their child for measles. Of course, what they don't mention is that these infectious disease deaths are happening in places that still have quality of life conditions akin to American children of the early 1900s. Poor nutrition. No plumbing or refrigeration. Bad hygiene practices. Crowded living conditions. All the things that ACTUALLY impacted the mortality rate the most haven't yet been addressed in certain parts of Africa and other third world countries, and JUST implementing vaccines won't change the facts. This was Dr. Kass' point in the first place: know what actually led to the mortality rate decline, and do more of that!

In fact, we now have some data that shows vaccinating children living in situations where they have poor nutrition and lack of sanitation can actually do more harm than good:

THE "AABY STUDY"

Published in the peer-reviewed journal EBioMedicine in 2017, the study is titled, "The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment." Researchers from the Research Center for Vitamins and Vaccines, Statens Serum Institut (Denmark), and Bandim Health Project looked closely at data from the West African nation of Guinea-Bissau. The scientists in this study closely explored the concept of NSEs, "nonspecific effects" of vaccines, which is a fancy way of saying vaccines may make a child more susceptible to other infections. They found that the data for African children who had been vaccinated with the DTP vaccine:

"was associated with 5-fold higher mortality than being unvaccinated. No prospective study has shown beneficial survival effects of DTP. . . . DTP is the most widely used vaccine. . . . All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus, or pertussis. Though a vaccine

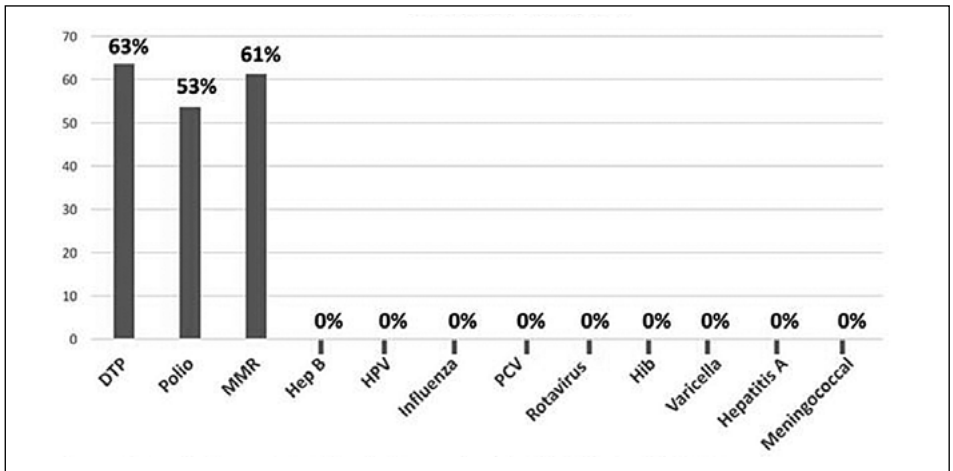


FIG 5: Vaccination Rates, 1985 United States. Source: Centres For Disease Control, Vaccine Coverage Levels - United States, 1962-2009.

protects children against the target disease, it may simultaneously increase susceptibility to unrelated infections."

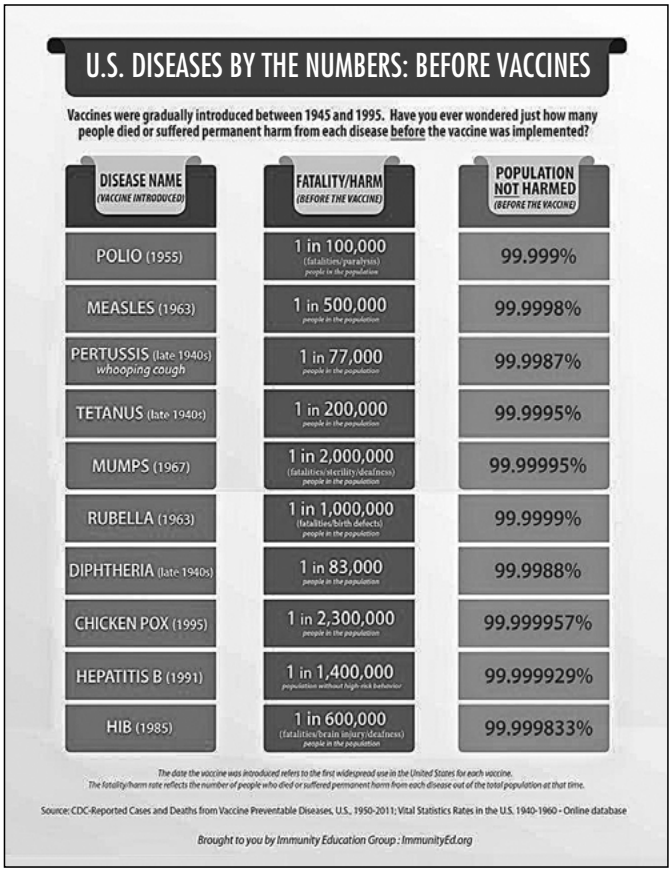
In lay terms, this means that giving an African child the DTP vaccine may make the child sick from other infections. It appears that in Africa, the living conditions are more important than the vaccine (as you would very much expect from Dr. Kass' and the Drs. McKinlay's work), and the DTP vaccine did indeed do more harm than good. (It's worth noting that Dr. Aaby was a highly regarded vaccine researcher until he published this study in 2017. It's my understanding that he has since lost his funding sources. Welcome to today's world of vaccine "science.")

EVERY SECOND CHILD

We have another real world example of this phenomenon from the late 1970s. Dr. Archie Kalokerinos made a simple discovery, as he explains:

"At first it was just a simple clinical observation. I observed that many infants, after they received routine vaccines like tetanus, diphtheria, polio, whooping cough or whatever, became ill. Some became extremely ill, and in fact some died. It was an observation, It was not a theory. So my first reaction was to look at the reasons why this happened. Of course I found it was more likely to happen in infants who were ill at the time of receiving a vaccine, or infants who had been ill recently, or infants who were incubating an infection. Of course in the early stages of incubation there is no way whatsoever that anyone can detect the disease. They turn up later on. Furthermore, some of the reactions to the vaccines were not those that were listed in the standard literature.

They were very strange reactions indeed. A third observation was that with some of these reactions which normally resulted in death I found that I could reverse them by giving large amounts of vitamin C intramuscularly or intravenously. One would have expected, of course, that the authorities would take an interest in these observations that resulted in a dramatic drop in the death rate of infants in the area under my control, a very dramatic drop. But instead of taking an interest their reaction was one of extreme hostility. This forced me to look into the question of vaccination further, and the further I looked into it the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instance of these diseases you will realise that this is not so."



Dr Kalokerinos also said something in 1995 that it appears Dr. Aaby's study was able to corroborate in 2017:

"And if you want to see what harm vaccines do, don't come to Australia or New Zealand or any place, go to Africa and you will see it there."

We actually knew the truth in the early 1900s, even before the rapid decline in mortality Well ahead of his time, Englishman John Thomas Biggs was the sanitary engineer for his town of Leicester and had to actively respond to outbreaks of smallpox. He quickly learned that the public health outcomes from sanitation vastly outweighed the impact of vaccination (where he saw dramatic vaccine injury and ineffectiveness). He wrote a definitive work in 1912, Leicester: Sanitation versus Vaccination. More than one hundred years ago, Mr. Biggs discovered what the CDC reaffirmed in 2000: Nothing protects from infectious disease like proper sanitation. He explained:

"Leicester has furnished, both by precept and example, irrefutable proof of the capability and influence of Sanitation, not only in combating and controlling, but also in practically banishing infectious diseases from its midst. . . . A town newly planned on the most up-to-date principles of space and air, and adopting the "Leicester Method" of Sanitation, could bid defiance not to small-pox only, but to other infectious, if not to nearly all zymotic, diseases."

Dr. Andrew Weil, the oft-quoted celebrity doctor, re-enforces the point, explaining that "medicine has taken credit it does not deserve for some advances in health. Most people believe that victory over the infectious diseases of the last century came with the invention of immunizations. In fact, cholera, typhoid, tetanus, diphtheria, and whooping cough, and the others were in decline before vaccines for them became available — the result of better methods of sanitation, sewage disposal, and distribution of food and water."

FINALLY

Vaccines didn't save humanity. Their impact was somewhere between 1-3.5% of the total decline in mortality rates. Improvement in sanitation and standards of living really did (nutrition, living conditions, etc.). Did vaccines contribute to a small decrease of certain acute illnesses? Yes, but their relative benefit is often exaggerated to an extreme, and then used to browbeat, guilt, and scare parents.

So am I saying no one should

vaccinate? No, I'm not. Vaccines provide temporary protection from certain acute illnesses. Some matter more than others. I personally think we give way too many vaccines, and I think the risk/benefit equation of each vaccine is often obscured. Worse, the lie that vaccines saved humanity in the twentieth century has turned many vaccine promoters into zealots, even though their narratives are simply not supported by the facts. But, by all means, get as many vaccines as you want, I respect your right to make your own medical care choices.

In late 2017, it was reported that Emory University scientists were developing a common cold vaccine. Professor Martin Moore bragged that his research "takes 50 strains of the common cold and puts it into one shot" and that the monkeys who served as test subjects "responded very well." You should expect to see this vaccine at your pediatrician's office in the next five years, which will likely be rolled out soon after the stories start to appear in the media about the common cold causing childhood deaths, and that millions of lives will be saved, much as vaccines saved the world in the twentieth century…parents beware, and do your own research!

Author's note: There are two excellent resources that I would recommend if you are interested in diving down the rabbit hole of the true history of infectious disease. The first is the amazing book, Dissolving Illusions, by Suzanne Humphries. The second is a comprehensive article by Roman Bystriany titled, Measles: The New Red Scare. (If you read it, you will be deeply disillusioned by the media hype—don't say I didn't warn you!)

Journalist Lawrence Solomon has also written two excellent articles about measles:
1) Lawrence Solomon: The untold story of measles, and
2) Lawrence Solomon: Vaccines can't prevent measles outbreaks.

THE MONTGOMERY RULING

BY NOEL THOMAS.
Retired/part time GP, Bronygarn, Maesteg, Wales CF34 9AL
Published 28 February 2019

BMJ RAPID RESPONSE

Re-published here is one Rapid Response to the BMJ article: 'Philippines measles outbreak is deadliest yet as vaccine scepticism spurs disease comeback' by Owen Dyer (364:doi 10.1136/bmj.l739)

STEPHEN O'DEA' S observations about an association between MMR vaccination and Guillain Barre syndrome (GBS), based on personal experience, will add to the concern felt by many observers of the UK vaccination scene that the implications of this association have been insufficiently discussed.

The Patient Information Leaflet (PIL) for the MMR vaccine states that the GBS can be a side effect of the MMR vaccine, albeit of unknown frequency. The PIL identifies numerous other side effects with potentially serious outcomes.

The Montgomery decision in the UK Supreme Court, in 2015, regarding informed consent, " .replaces the previous tests founded in Bolam..." and means that doctors have a duty to ensure that patients are aware of "material risks ." The Medical Defence Union guidance further explains that whether a risk is material " ..doesn't only depend on how frequently it occurs." [1]

Does this not suggest that the parents of every child should be advised of the risk of GBS, (and the other serious side effects) before they can give valid informed consent to the MMR ?

The UK Green Book (Immunisation against infectious disease) was last updated by Public Health England in 2014. The chapter on consent still quotes the Bolam case - which was replaced, four years ago, as a legal precedent, by the Montgomery decision .[2]

This is a remarkable oversight, considering that the Green Book is considered an authoritative guide to immunisation practice, for professionals in primary care.

A BMJ Analysis article, in 2017, on the effects of the Montgomery decision, pointed out that " the legal and ethical position is clear: doctors must not withhold information simply because they disagree with the decision the patient is likely to make if given that information." [3]

The BMJ Analysis suggested that litigation decisions were already mentioning the influence of the Supreme Court ruling.

Last year the High Court ruled that although a surgeon had used reasonable care and skill in carrying out an operation which resulted in serious harm to a patient, because the patient had not been informed, when giving consent, about the rare complication subsequently suffered, valid consent had not been obtained. The patient was awarded £4.4 million. [4]

Although the media, including the BMJ, make much of patients' and parents' alleged "vaccination hesitancy", should we not be concentrating on providing comprehensive factual information on benefits and risks, " from the perspective of a reasonable person in the patient's position," [1] as UK law dictates ?

Only then, as UK law makes clear, can people give valid informed consent.

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2. https://www.gov.uk/government/collections/immunisation-against-infectiou...
3. https://www.bmj.com/content/357/bmj.j2224
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Competing interests: No competing interests.

FOCUSING ON MUMPS & MEASLES

BY Dr JAYNE LM DONEGAN,
MBBS DRCOG DFFP DCH MRCGP
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FOLLOWING ON FROM Dr Donegan's article in the previous newsletter (Issue 3-2018) covering the basics and general management of acute illness and fever, this second part focuses on mumps and measles.

In the next edition Dr Donegan will look at rubella and chicken pox.

DR Jayne L.M.Donegan

MUMPS – EPIDEMIC PAROTITIS

Normal course of the disease
Incubation Period: 14-28 days, usually 18 days.
'Infectious': 1 day before symptoms to 10 days after all swelling gone (minimum 14 days)
Symptoms:
25% of cases – none (subclinical)
75% of cases - 10-14 days:
Pain in gland in front of ear, hurts to open/close mouth. Fever. Swollen neck glands.

After 4-5 days the other side may start with the swelling on the first side going down. In more severe cases there may be high fever, dirty tongue and mouth and pain on opening mouth. In more severe cases the child may appear to be more ill with a high fever, dirty tongue and able only to drink fluids. In most patients the chief complaints refer to difficulty in eating, swallowing and talking. The illness usually resolves in 10 to 14 days and there is complete recovery as a rule.

WHAT DO YOU DO?

• General Measures and Fluids, Fluids, Fluids (*See article in Issue 3 2018)
• Simple Homeopathic Treatment of Fever (*)
• Specifics:
Drinking straw – it hurts less to drink through a straw when the jaw is sore.

Pineapple Ice cubes – pineapple is a meat tenderiser and it takes the sometimes unpleasant dirty lining off the inside of the mouth making it feel clean and fresh again
Homeopathic Specifics:
Parotidinum 30c the nosode can be given when you first think it may be mumps. One dose 3 times over one day.
Jaborandi 30c has lots of saliva, lots of perspiration and swollen glands including mammary glands, testicles. Useful in most cases.
Mercurius Solubilis 30c has smelly breath, lots of foul smelling saliva, very sensitve to changes in room temperature, flabby, coated tongue with tooth marks on it, everything worse at night. Very thirsty for cold drinks
Apis 30c Swellings are watery and very sensitive to touch and pressure. Child is hot and feels better for cold. No thirst. There are stinging pains on swallowing. If the mumps is going the wrong way – in – there can be a high pitched mewling cry known as "criencephalique". Get medical advice.

MUMPS is an RNA Paramyxovirus disease, as is measles, of the genus Rubivirus. One episode of clinical or subclinical mumps confers lasting immunity and second attacks are most unusual.
Spread is by direct contact with mucus from people's noses or coughs or via the respiratory route from breathing in droplets in the air from coughs, splutters and sneezes. When your child has mumps the parotid salivary glands in front of the ears become swollen, giving the characteristic hamster cheek appearance.

COMPLICATIONS

Complications occur when the normal course of the disease – externalisation – is blocked so invasive disease occurs.
Meningo-encephalitis – headache/ vomiting/ neck stiffness.

Mumps meningo-encephalitis is uncommon but is the most important complication seen in childhood. Headache, vomiting and sometimes convulsions are accompanied by neck stiffness and occasionally focal signs of paralysis. Mumps meningitis requires no specific treatment. The outcome is usually excellent. Rarely, deafness can occur.

Make sure you attend to THE BASICS (TiP, Issue 3 -2018) to stop this happening.

Orchitis (swollen testicles) – is rare before puberty.
Will mumps make your child sterile?
Patterson's Sick Children 9th Ed 1971 textbook states:

"*In schools, complete isolation of contacts for the optimal period of 28 days is usually impracticable, and not altogether desirable, as it is* ***preferable for a boy to contract the disease before, rather than after puberty, owing to the small risk of orchitis.***"

The Public Health England Website said in 2014:

"Despite common belief there is **no firm evidence** that orchitis causes sterility."

The Advisory Committee on Immunization Practices USA 2013 states:

"In the prevaccine era, orchitis was reported in 12%–66% of postpubertal males infected with mumps, compared with U.S. outbreaks in 2006 and 2009 through 2010 in the vaccine era, during which the range of rates of orchitis among postpubertal males was 3%–10%. In 60%–83% of males with mumps orchitis, only one testis is affected. Sterility from mumps orchitis, even bilateral orchitis, occurs infrequently." [4b]

IS MUMPS A DANGEROUS DISEASE?

It seems not. In 1986, two years before the MMR vaccine was introduced in the UK, the British National Formulary, a joint publication of the British Medical Association and the Pharmaceutical Society of Great Britain, Issue Number 11 (and previous issues) stated:

"**Since mumps and its**

complications are very rarely serious there is little indication for the routine use of mumps vaccine."

This comment disappeared in the 1987 BNF and mumps is now described as dangerous.

What actually is dangerous, is incorrect management of fever.

ADVANTAGES OF GETTING MUMPS

A carefully designed study by Dr Raymond West published in 1966 [5], concluded that having clinical mumps with recognisable parotid swelling had a protective value against getting ovarian cancer in later years. Subsequent studies which are cited as disproving this finding have used only people with laboratory (antibody) evidence of mumps infection rather than clinical mumps with recognisable parotid swelling.

In 2010 Daniel W. Cramer, Professor of Epidemiology, Obstetrics & Gynaecology at Harvard Medical School and his team published an investigation of the mechanism for these findings [6]. They showed only clinical infection produced the anti-MUC1 antibody that acted as an ovarian tumour 'policeman'

"...the anti-MUC1 antibody response was most robust in younger women suggesting that childhood infection, as would have occurred in the past, might have been the optimum time for engendering immunity against ovarian cancer."

"Prior to vaccination, mumps was generally a mild illness but could have serious sequelae including orchitis and sterility, meningitis and deafness, and pancreatitis. Nevertheless, our study suggests there could also have been unanticipated long-term anticancer benefits of a mumps infection." (anticipated 46 year earlier)

"Clearly, mumps vaccination only creates anti-viral antibodies and would not lead to anti-MUC1 antibodies, which we show here require an active parotitis."

A reduced incidence of ovarian cancer is clearly desirable, not least, because ovarian malignancies generally have a very poor prognosis due to their being diagnosed so late.

MEASLES- MORBILLI - RUBEOLA

Normal course of the disease

Incubation Period: 7-21 days, usually 10 days.

'Infectious': 4 days before rash appears to 10 days after this.

Symptoms: The four D's:

Two sets of 4 days – 4 days prodrome (early stage symptoms) then 4 days rash

1st Stage: Prodrome – The four C's:

Cough.. Coryza...Conjunctivitis .. Cranky!

Feverish cold, sneezes, runny eyes & nose, cough, puffy face

Koplik spots, white spots on the palate are rare to see,

Fever then drops and rises again to produce the rash.

2nd Stage: Rash:

Starts behind ears and on forehead

Blotchy pink mulberry coloured. Sore throat, bronchitic cough, swollen glands.

After 4-5 days the temperature falls, the rash fades and then flakes off like bran.

WHAT DO YOU DO?

- General Measures and Fluids, Fluids, Fluids (*See article in Issue 3 2018)
- Simple Homeopathic Treatment of Fever (*)
- Specifics:

For **itching** - a lukewarm bath with a cup of bicarbonate of soda – pat dry+/- run bath water through oats in nylon stocking and a pot of chamomile tea poured in the water (also good for drinking)

Cod liver oil, fermented or cold extracted cold liver oil drop under tongue or

Vitamin A supplement drops. (see Vit. A text further on).

Homeopathic Specifics:

Morbillinum 30c the nosode can be given when you first think it may be measles. One dose three times over one day.

1st stage – Prodrome

Pulsatilla 30c bland discharge eyes/ snot, cough, wants cuddles, clingy.

Euphrasia 30c tablets and mother tincture, one drop in glass of clean or cooled previously boiled water with a pinch of salt. Use water to bath eyes. Eyes burn, snot does not.

2nd stage - Rash

Belladonna 30c red, dry skin, dilated pupils, high fever

Apis 30c very sensitive to touch and pressure. Child is hot and feels better for cold. No thirst. Stops passing urine, swellings look watery. If measles is going the wrong way – in – there can be a high pitched mewling cry known as "cri encephalique". Get medical advice.

Extras for Cough

Arsenicum 30c bland eyes, burning snot, restless, freezing. Burning pains are better for warmth.

For both stages for cough:

Bryonia 30c hurts to move, dry mucus membranes, thirst for large amounts of cold water.

Kali bichromatum 30c Stringy lumpy mucus, hot blooded restless, pain in spots

MEASLES- MORBILLI - RUBEOLA is an RNA Paramyxovirus disease, as is mumps, of the genus Rubivirus, genus MORBILLIVIRUS, from the same family as Distemper in dogs. One episode of measles almost always confers immunity. It is estimated that 90% of non-immune people exposed to an infective individual will contract the disease.

Spread is by direct contact with mucus from people's noses or coughs or via the respiratory route from breathing in droplets in the air from coughs, splutters and sneezes.

Transplacental Antibodies and Breast Feeding

Babies whose mothers have had real, as opposed to vaccine antibodies are protected by these antibodies until they are 12 to15 months of age. In the vaccine era, their vaccinated mother's measles antibodies only protect them for 6-9 months, one of the unfortunate consequences of the measles vaccination programme. However, breast feeding prolongs the protection even if you have not had real measles. This is just one of the many reasons why breast feeding is so important for your child's health.

VITAMIN A

Measles grows in the cells that line the back of the throat and lungs. Vitamin A is essential for the maintenance of this lining and others throughout the body. It is important to ensure your child had enough in their diet. If they get measles, ›

their vitamin A stores will be used up very quickly so it is then even more important to make sure they get enough.

Sources of Vitamin A

Animal: Vitamin A is found abundantly (preformed) in dairy products: butterfat, cream and cheeses from cows eating green grass; eggs from free range hens; liver; fish, shellfish, cod liver oil.

Plant: The best plant sources of Pro-vitamin A - beta-carotene are yellow/orange vegetables and fruits like carrots, sweet potatoes, pumpkins, apricots, nectarines, peaches cantaloupes, papayas, mangoes, sour cherries, prunes, plums; and dark green leafy vegetables: spinach, broccoli, endive, kale, chicory, watercress and beet leaves, turnips, mustard, dandelion, asparagus and peas.

In order to be absorbed, these vegetable sources require fat, so serve them with butter, coconut or olive oil. Chopping and pûréeing also enhance their bioavailability. [8]

You may want to temporarily supplement with vitamin A. Cod liver oil has vitamins A & D and other unquantifiable cofactors.

If you do not want to use cod liver oil, the purest synthetic version I have found is BioCare VitasorbA drops which contain Vitamin A in the form of retinyl palmitate formulated with extra virgin olive oil and vitamin E as an antioxidant. 1 drop = 2,500IU

United States Upper Limits for Retinol/Retinyl Palmitate Vitamin A [9]

Age	Vitamin A
0-12 months	2,000 IU
1-3 years	2,000 IU
4-8 years	3,000 IU
9-13 years	5,600 IU
14-18 years	9,300 IU
>19 years	10,000 IU

In developing countries

Vitamin A deficiency is a recognized risk factor for severe measles and since 1987 the WHO and UNICEF have recommended vitamin A treatment of children with measles; two doses of 200 000 IU for children over one year and 100 000 IU for infants, was found to **reduce measles mortality by 62%** [10] in poorer countries.

Measles can also lower serum concentrations of vitamin A in well-nourished children to less than those observed in non-infected malnourished children. When a child with marginal vitamin A stores gets measles, available vitamin A is quickly used up, reducing the ability to resist secondary infections or their consequences, or both. [11]

The doses above are not recommended in countries where there is not known to be severe deficiency.

COMPLICATIONS

Complications occur when the normal course of the disease – externalisation – is blocked so invasive disease occurs.

Ear Infection, Conjunctivitis, Pneumonia

Meningo-encephalitis – headache/ vomiting/ neck stiffness

This requires no specific treatment. Fluids are of paramount importance.

Consult the **NICE traffic light** on your fridge for signs of serious disease to help you to know when to get help.

Late complication

Subacute sclerosing panencephalitis – this can occur after measles infection and measles vaccine. It is said to be more common after the disease. Is due to persistence of measles virus in the body as not cleared/ externalised completely at the time of acute infection.

Make sure you attend to THE BASICS to stop this happening. (*See article in Issue 3 2018)

WHAT HAPPENS, THEN, WHEN UNVACCINATED CHILDREN GET MEASLES?

Measles outbreaks in unimmunised people tend to be mild in those who do not have underlying medical conditions. In communities which generally do not immunise, the attack rate in infants less than one year of age is low because of protection by the superior maternal antibodies derived from natural infection compared to those derived from vaccination. [12] Almost without exception, deaths occur in those with underlying medical conditions or poor nutrition or in those religious groups who refuse timely medical care when complications occur. [13] Those most at risk of complications from the disease are also those least likely to produce a good antibody response from being given the vaccine.

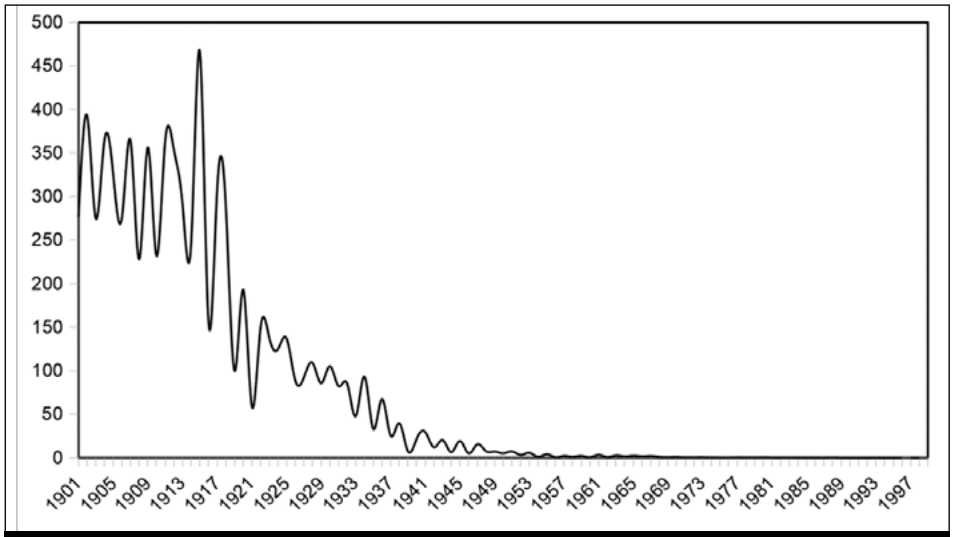
WHAT IS HAPPENING NOW?

In France, from having had fewer than 50 reported cases of measles per year, there was an increase to 600 in 2008; 1500 in 2009; 5000 in 2010 and 10,000 cases up to the end of April 2011. Having measles is not a problem in itself. The problem is the cases of pneumonia and encephalitis with two deaths in 2010 (1 death /2500 notified cases) and six deaths so far in 2011 (1 death / 1666 notified cases). There haven't been case fatality levels like this in the UK since the 1950s! In terms of health outcomes, we seem to be going backwards! Looking closely at the French cases shows that many of them were adults who had not had chicken pox as children and that one third of cases of measles were admitted to hospital, even though the majority, two thirds of these cases, were uncomplicated cases of measles. If you have measles disease or measles the vaccine, they both lower your cell mediated immune system and make you less able to cope with other microorganisms, so the last place you should be is in hospital.

Do French parents not know and did French doctors and nurses not explain to them how to nurse someone through a simple case of measles? It seems not. This, however, does not stop the fatalities being blamed on the disease.

In the UK, measles vaccination started in 1968, MMR vaccination in 1988 with a second dose added in 1996. Nevertheless, measles cases have continued to rise. With 990 confirmed cases in 2007, 2030 in 2012, 1843 in 2013. In **September 2017 the World Health Organization declared measles 'eliminated' from the United Kingdom** based on the 2016 figures (547 confirmed cases). This was immediately followed by an outbreak in the west of England. As the NHS website points out:

"Elimination" is the official term used once a country has reduced the number of cases of a disease



Measles – Death rate per million children under 15 years of age
Measles Deaths England & Wales 1850–1970
Source:The Role of Medicine 1979, Princeton University Press p103

to a low enough level to stop it spreading through the general population for at least three years."

"It doesn't mean that measles has been wiped out or eradicated in the UK. **In 2016 there were more than 500 cases** in England and Wales. However, the disease wasn't able to spread more widely." [14]

And up to September 2018 there have been 876 confirmed cases in the UK. Which just confirms what wise doctors said in England in 1963 in an editorial in the British Medical Journal discussing the 'new' live virus vaccine then recently licensed in the USA. It concluded:

"No doubt better nutrition and living standards play a part in determining the mildness of measles in Britain to-day, but it is probable that, Sir Graham Wilson has suggested, there is some natural immunity to the disease in this country. This has little effect in preventing attack but appears to protect against death. If herd immunity were not preserved by clinical attack or by vaccination, the population would be subject to epidemics. Thus if measles was eradicated by vaccination a high rate of vaccination in future generations would be essential to maintain herd immunity.

If herd immunity were allowed to wane at a later date – and it is notoriously difficult to maintain a high rate of vaccination against a non-existent disease – then the reintroduction of measles from another country might result in epidemics in both children and adults much more severe than are seen in Britain to-day. These are problems that need further thought." [15]

This type of thought does not seem to play much part in structuring public health policy in the 21st century as can be seen by the fact that, in the 2018 outbreaks in Europe - Serbia, Ukraine, Georgia, Greece, Romania, Italy, and France.
"Around 95% of cases have been in babies and children under 1 year of age who were not yet vaccinated."

Of course they were not vaccinated. Babies do not need to be vaccinated. If their mother has had measles the disease, as opposed to the vaccine, her baby is protected until he is 12-15 months of age by her transplacental antibodies. Measles is more serious in children under the age of one year. That is now the age at which they are contracting measles. The current vaccination policy has turned a normal childhood disease which had already stopped being a great cause of death because of social improvements (see graph) into a disease which affects adults and babies. In addition to the loss of the beneficial aspects of having measles and being nursed through it.

IS MEASLES STILL A KILLER?

In the UK, measles used to occur in epidemics about every two years starting in the autumn with the peak being in April and then waning for another two years. [16] In the nineteenth century when social conditions – malnutrition, poor housing, drinking water contaminated with sewage – were similar to those in poorer countries today, it used to be a feared killer here also. But all that changed long ago. In England & Wales the death rate declined from over 1 100 per million population under the age of 15 years in the mid nineteenth century to a level of virtually zero by the mid 1960.
1968 Measles Vaccination introduced (UK)
1988 MMR Vaccine introduced (UK)
1996 MMR booster introduced (UK)

It can be seen that 99% of the reduction in deaths due to measles in England & Wales occurred before the introduction of the measles vaccine in 1968 and has continued to fall. Looking at the graph of deaths in under 15 year olds, from the book by Professor Thomas McKeown Emeritas Professor of Social Medicine Birmingham University, and Past Chair World Health Organization Advisory Group Health Research Strategies, shows that the death rate had declined by almost 100% before vaccination was introduced in 1968.
Was this due to vaccination? No.

99% of the reduction in deaths due to measles in England & Wales occurred before the introduction of the measles vaccine in 1968 and has continued to fall. As Dr David Miller, Deputy Director of the Epidemiological Research Laboratory in Colindale, Middlesex, stated in 1964

"In this country at least, measles is now usually regarded as a minor childhood illness through which we all must pass rather than as a public health problem." [17]

The incidence of measles cases also declined. Great credit was given to the introduction of measles vaccine in 1968 for the lowering of measles notifications in the UK, however, the uptake was only 33% in that year. The level that did not get above 55% until 1980 [18] when incidence was already well down.
What did GPs think in those days?

1959 Dr John Fry, GP, Beckenham, Kent in Measles Reports from GPs, British Medical Journal,1959, 07 Feb p381,1959 says:
"Many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles."

And even now?

1997/8 Dr Erica Duffell in Outbreak in a Steiner community, Gloucester, England. "Most parents reported a strengthening and maturing of their child both mentally and physically afterwards, supporting the notion that measles is not a severe illness in most children." although Dr Duffell pointed out that the cases were in, "fit, well nourished children from a community that advocates a healthy lifestyle." [19]

Nourishing your children well and advocating a healthy lifestyle is something we can all do for our children and many of you reading this newsletter will be doing it already.

In 2009, the World Health Organisation (WHO) stated, regarding the 170,000 measles deaths per years world wide (2008 figures) [20] :

"The overwhelming majority (more than 95%) of measles deaths occur in countries with low per capita incomes and weak health infrastructures...Most measles deaths are caused by complications associated with the disease"

"Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases.... As high as 10% of measles cases result in death among populations with high levels of malnutrition and lack of adequate health care"

"Severe complications from measles can be avoided through supportive care that ensures good nutrition, adequate fluid intake and treatment of dehydration with WHO-recommended oral rehydration solution. This solution replaces fluids and other essential elements that are lost through diarrhoea or vomiting. Antibiotics should be prescribed to treat eye and ear infections, and pneumonia."

As you can see there is no recommendation by the WHO to give paracetamol and ibuprofen to avoid complications, unlike the NHS website which advises 'controlling fever' and 'reducing a temperature' in children with measles. [21] Then a long list of complications parents can expect, precisely because of the wrong advice in the paragraph above. This would be laughable if it were not children's lives and wellbeing we are talking about.

"Access to clean, uncontaminated water would reduce death from many more infectious causes than any vaccination campaign. Spending billions on vaccination in these countries diverts money from far more beneficial health measures."

REMEMBER: No child dies of the normal course of an infectious disease, measles included. They die of complications of the disease which are all invasive.

When a child dies of measles in a country with social conditions as described above, that is why they die. If they did not die of measles they would die of pneumonia or diarrhoea or from some other cause – but it would not be called measles so the vaccination campaign can be called a success.

Access to clean, uncontaminated water by every person in the world should be an inalienable human right, but how many people in the 21st century do not have this?

Access to clean, uncontaminated water would reduce death from many more infectious causes than any vaccination campaign. Spending billions on vaccination in these countries diverts money from far more beneficial health measures.

When a healthy child in a developed country dies of measles it is due to medical mismanagement ie, 'standard medical treatment' (above) of fevers, which as we now know, is no longer even the standard.

ADVANTAGES OF GETTING MEASLES

A study conducted by the Danish epidemiologist Tove Rønne and published in the Lancet in 1985, found that having measles with a typical rash was associated with a lower incidence of developing immunoreactive diseases, sebaceous skin diseases, diseases of bone, cartilage and certain tumours in adult life [22], unlike the 'atypical' variety with suppressed rash that occurs in people with immune disorders and after vaccination. A study in Guinea-Bissau in 1996 found having measles was associated with a reduction in risk of skin testing positive to house dust mite at age 14-21 years. [23]

A study in Scotland published in 2000 found early exposure to measles and family size may be associated with a lower risk of adult onset doctor diagnosed asthma. [24]

A Turkish study published 2006 found sensitivity to house dust mite was less frequent in children with a history of measles than in those without. A history of nebulized salbutamol use in A&E in the previous 12 months was less frequent in the measles group. Inhaled corticosteroid use was more common in the group without measles (these all indicate lower incidence of asthma). [25]

A joint Swedish, German, Austrian, Nederlands study in 2009 found: "We observed a statistically significant positive association between measles vaccination and rhinoconjunctivitis (runny nose and eye symptoms)." [26]

"Measles infection was inversely associated with any allergic symptom or physician's diagnosis of allergy, whereas there were no associations with measles vaccination."(meaning those with measles had less allergy).

Having measles the disease, rather than no measles disease or the vaccine, seems to be associated with fewer symptoms of asthma and allergy, two conditions which have been increasing markedly in developed countries. In 2016 in England, 1237 people died of asthma, 13 of them under 15 years of age. The last time that many people died of measles was 1941 – 1,145.
END OF PART 2.

References available on request.

Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom.

REBUTTING VACCINE SAFETY CLAIMS MADE BY DR. HOTEZ IN NATURE PEDIATRIC RESEARCH

BY VINU ARUMUGHAM
March 2019 vinucubeacc@gmail.com
https://www.researchgate.net/

THIS IS REGARDING THE ARTICLE ON VACCINE PREVENTABLE DISEASES BY DR. HOTEZ [1].

TRUST MUST BE EARNED AND CANNOT BE DICTATED

The medical establishment (ME) admits after billions and decades wasted, it has no answers for the root cause of food allergies, asthma, autism or autoimmune diseases such as type 1 diabetes. Anyone who does not know the root cause of food allergies [2,3], autism [4,5], asthma [6,7] and type 1 diabetes [8–10], is unqualified to make claims about vaccine safety. Since the ME admits they don't know the root cause of all these diseases, they are definitely unqualified to make claims about vaccine safety.

Drs. Pulendran and Ahmed of the Emory Vaccine Center admit that vaccines are based on empirical trial and error approaches with no understanding of the immunological mechanisms [11]. Mojsilovic admits that we have no understanding about how vaccine adjuvants work [12].

Professors of medicine, medical journal editors and cardiologists point out that most medical research findings are false, of poor quality and are affected by flagrant conflicts of interest. [13–20]

The US Institute of Medicine committee in their 2011 report [21] on Adverse Effects of Vaccines: Evidence and Causality wrote: "The committee concluded the evidence convincingly supports 14 specific vaccine–adverse event relationships. In all but one of these relationships, the conclusion was based on strong mechanistic evidence with the epidemiologic evidence rated as either limited confidence or insufficient."

So in an overwhelming 93% [13 of 14] cases, mechanistic studies provided convincing evidence and epidemiological studies failed to do so. At best, epidemiological studies are weak, have numerous sources of confounding and offer little value. At worst, they mislead, sicken millions and setback science by decades [22,23]. Epidemiological study results are misinterpreted leading to type II errors [24]. The vast majority of vaccine safety claims however, are based on such broken epidemiological studies.

Do you want to show that the rotavirus vaccine protects against type 1 diabetes? There's an epidemiological study for that [25].

Do you want to show that the rotavirus vaccine increases risk of type 1 diabetes? There's an epidemiological study for that too [26].

There is no science here. This is fraud. You torture an epidemiological study enough, it will confess to anything. That is why they are so popular. Vaccine regulators and pharmaceutical companies can get whatever conclusions they like.

Unlike other sciences, doctors don't need to understand the mechanism behind anything. It is all about associations. This is junk science. No one in their right mind would trust such ridiculous material. Medical science is becoming an oxymoron.

The abject failure of the medical establishment in ensuring product safety, is responsible for the rise of measles. 200 years after Jenner, parents are still being forced to choose between vaccine preventable diseases and vaccine induced diseases.

You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time. - Abraham Lincoln.

THE VACCINE SAFETY MOVEMENT

Hotez claims "antivaccine" groups are "well-organized" and "well-funded". The vaccine safety movement, mostly consisting of vaccine injury victims, is as "well-organized" and "well-funded" as the child that exclaimed, the emperor has no clothes.

Humans have co-evolved with measles, chicken pox etc. as with our gut microbiome. Natural chicken pox infection prevents glioma [27] and protects adults against shingles [28].

The ME has absolutely failed to understand this larger picture. We certainly don't want kids to die of measles complications but it makes no sense to deprive them of the advantages of infections that we have evolved to depend on for health either.

The jab and "eradicate" approach is an oversimplification that has not only failed to eradicate but that also fuels the epidemic of chronic diseases. The focus must be on avoiding measles complications while simultaneously getting the full advantage of a natural infection. The MMR vaccine is an utter failure in that regard.

THE INSANITY OF INJECTING LIVE VIRUSES

We teach kids that a wound must be kept clean to avoid infections. The Flumist vaccine administers live attenuated virus via the same route as a natural influenza infection. In contrast, the route of administration of the MMR vaccine does not match the route of natural infection.

The MMR vaccine creates a wound (injection) and infects it with live virus. While an infection is desired to develop immunity, the choice of the route is insane. It injures nerves, destroys natural nerve protection and provides the virus with direct access to the nerves.

The result is encephalitis [29], an injury listed on the vaccine injury table of the National Vaccine Injury Compensation Program (VICP). For every case of encephalitis that is dismissed as rare, how many thousands suffer subclinical nerve/brain damage due to this insanity? Why after 50 years since the introduction of the measles vaccine, are we still injuring our children with this horrible vaccine? Where are the safety improvements as required by law? [30] .

TYPE 1 DIABETES

In the ~50 year history of the measles, mumps, rubella (MMR) vaccine, with no safety improvements, I was the first to point out the mechanism by which this GAD65 protein contaminated

chick embryo cell culture derived vaccine causes the development of type 1 diabetes (T1D). [8–10,24]
Role of MMR II vaccine contamination with GAD65 containing chick embryo cell culture in the etiology of type 1 diabetes. (www.researchgate.net).

My technical report above with more than 20,000 reads is among the most read articles on ResearchGate. It was recommended by 3 diabetes experts and another diabetes expert, Dr. Joseph Cantor of the University of California San Diego added a comment in support.

INFLUENZA

Discussing influenza vaccines, Hotez makes no mention of influenza vaccines causing the development of allergy to the influenza proteins themselves (IgE mediated sensitization) [31–34].

This can result in increased severity of influenza disease due to a concurrent allergic reaction to the influenza viral proteins. This is similar to a secondary dengue infection and therefore, similar to dengue shock syndrome (DSS), we have influenza shock syndrome (ISS) [35,36].

"Similarly the overwhelming majority of the children who died in the 2018 US flu epidemic were not vaccinated." Interestingly, Hotez does not offer a citation for that claim.

In contrast, we find that the vaccinated had a higher probability of severe disease as expected for reasons previously explained (vaccine induced influenza allergy, which results in influenza shock syndrome just like dengue shock syndrome). [36,37]

Increasing influenza severity, therefore has an iatrogenic basis. Doctors are making the problem worse, not better [38].

HPV

Hotez writes: "eliminating cervical cancer". What is the point of eliminating cervical cancer only to replace it with autoimmune diseases that kill just as many? [39]

AUTISM

"inject fear into parents that vaccines cause autism"

And for good reason because vaccine do in fact cause autism. [4]
Public discussion is always on the MMR/autism controversy. But we show with strong mechanistic evidence that cow's milk protein containing vaccines (DTaP, Prevnar 13, ActHib, not MMR) cause the vast majority of autism cases [4].

"vast cover-up by the CDC and other federal agencies."

The US Department of Health and Human Services (HHS) is required by law to continuously improve vaccine safety and provide a report of such improvements to Congress, every two years. The HHS admitted providing no such report and thus repeatedly breaking the law for 30 years. [30]

Just a few days ago, Dr. Fauci of the National Institutes of Health was caught lying at a Congressional hearing on vaccines. Dr. Fauci claimed that vaccines do not cause encephalitis. The lay audience protested. Dr. Fauci backtracked and changed his response to "rare". So yes, it is most certainly a cover-up. There can be no doubt.

"We have identified at least 99 genes associated with autism"

The vast majority of ASD cases (75%) test positive for folate receptor alpha antibodies (FRAA). These FRAA bind with higher affinity to the bovine folate receptor than human folate receptor. There is no way genes can cause that type of adaptive immune response. Dr. Hotez ignores such inconvenient facts to still mislead the world about the role of genes in ASD. Hughes et al. write that only 10-20% of ASD can be explained by genetic causes [40]. Cow's milk protein containing vaccines induce FRAA mediated autism [4].
"the changes in the brains of kids with autism actually begin prenatally, meaning well before a child ever becomes immunized"

It is a misconception that only the child's immunization matters. Mothers are vaccinated with cow's milk containing vaccines as well. So of course they make FRAA too. Majority of FRAA are of the IgG4 subclass that crosses the placenta [41] and damages the fetal brain. So it is of course possible to have prenatal vaccine induced autism. Doctors are taught that when they hear hoofbeats, they should think horses, not zebras. But Hotez and his genetic autism researcher friends are not even chasing zebras, they are chasing unicorns. That is why after billions and decades wasted, they have nothing to show for it, while tragically, even more children are sickened with dirty vaccines. The vast majority of autism is simply a special case of milk allergy induced by injecting milk protein containing vaccines. This basic immunological concept is a hundred year old Nobel winning discovery[42].
Incompetent doctors are ignoring such a basic concept and are continuing to not only sicken our children but attempting to hide the damage they have inflicted. This is the biggest scandal in the history of medicine. Vaccine victims will fight to expose it.

"Incompetent doctors are ignoring such a basic concept and are continuing to not only sicken our children but attempting to hide the damage they have inflicted. This is the biggest scandal in the history of medicine.."

CONCLUSION

Institutions such as the FDA/CDC/NIH/HHS/AAP are not trusted by a growing number of people. With vaccines sickening more and more people, this will only increase the number of people who don't trust these institutions. The only way to control these vaccine preventable diseases is to immediately clean up the vaccines and approach these diseases with a view of the big picture. The spectacular failure of the Dengvaxia vaccine demonstrates that irrational vaccine development with no clue of the immunological mechanisms will backfire with devastating effect. [37]

Vaccines are too important to be left to a bunch of tinkerers. They need to be **engineered** for safety.

TiP Editor: I found the author's last sentence rather odd given the rest of his text or was he being PC? Please email TiP for full list of references.

ANALYSIS OF A MENINGOCOCCAL MENINGITIS OUTBREAK IN NIGER – POTENTIAL EFFECTIVENESS OF REACTIVE PROPHYLAXIS

HITCHINGS MDT, COLDIRON ME, GRAIS RF, LIPSITCH M.
PLOS NEGL TROP DIS.
Mar 11 2019; 13(3):e0007077. doi: 10.1371/journal.pntd.0007077.
PMID: 30856166

ABSTRACT

BACKGROUND:
Seasonal epidemics of bacterial meningitis in the African Meningitis Belt carry a high burden of disease and mortality. Reactive mass vaccination is used as a control measure during epidemics, but the time taken to gain immunity from the vaccine reduces the flexibility and effectiveness of these campaigns.

Targeted reactive antibiotic prophylaxis could be used to supplement reactive mass vaccination and further reduce the incidence of meningitis, and the potential effectiveness and efficiency of these strategies should be explored.

METHODS AND FINDINGS:
Data from an outbreak of meningococcal meningitis in Niger, caused primarily by Neisseria meningitidis serogroup C, is used to estimate clustering of meningitis cases at the household and village level. In addition, reactive antibiotic prophylaxis and reactive vaccination strategies are simulated to estimate their potential effectiveness and efficiency, with a focus on the threshold and spatial unit used to declare an epidemic and initiate the intervention.

There is village-level clustering of suspected meningitis cases after an epidemic has been declared in a health area. Risk of suspected meningitis among household contacts of a suspected meningitis case is no higher than among members of the same village. Village-wide antibiotic prophylaxis can target subsequent cases in villages: across of range of parameters pertaining to how the intervention is performed, up to 220/672 suspected cases during the season are potentially preventable. On the other hand, household prophylaxis targets very few cases. In general, the village-wide strategy is not very sensitive to the method used to declare an epidemic. Finally, village-wide antibiotic prophylaxis is potentially more efficient than mass vaccination of all individuals at the beginning of the season, than the equivalent reactive vaccination strategy.

CONCLUSIONS:
Village-wide antibiotic prophylaxis should be considered and tested further as a response against outbreaks of meningococcal meningitis in the Meningitis Belt, as a supplement to reactive mass vaccination.

TiP Editor: Bacterial meningitis is a disease of a compromised immune system. What is causing a clustering of these cases.. …could it be all the other vaccines they are receiving, lowering their health and making them compromised and increasing their chances of developing bacterial meningitis??

THE 112-YEAR ODYSSEY OF PERTUSSIS AND PERTUSSIS VACCINES – MISTAKES MADE AND IMPLICATIONS FOR THE FUTURE

BY JAMES D CHERRY
Journal of the Ped. Infectious Dis. Society
22 Feb 2019

ABSTRACT
Effective diphtheria, tetanus toxoids, whole-cell pertussis (DTwP) vaccines became available in the 1930s, and they were put into routine use in the United States in the 1940s. Their use reduced the average rate of reported pertussis cases from 157 in 100 000 in the prevaccine era to <1 in 100 000 in the 1970s. Because of alleged reactions (encephalopathy and death), several countries discontinued (Sweden) or markedly decreased (United Kingdom, Germany, Japan) use of the vaccine. During the 20th century, Bordetella pertussis was studied extensively in animal model systems, and many "toxins" and protective antigens were described. A leader in B pertussis research was Margaret Pittman of the National Institutes of Health/US Food and Drug Administration. She published 2 articles suggesting that pertussis was a pertussis toxin (PT)-mediated disease. Dr Pittman's views led to the idea that less-reactogenic acellular vaccines could be produced. The first diphtheria, tetanus, pertussis (DTaP) vaccines were developed in Japan and put into routine use there. Afterward, DTaP vaccines were developed in the Western world, and definitive efficacy trials were carried out in the 1990s. These vaccines were all less reactogenic than DTwP vaccines, and despite the fact that their efficacy was less than that of DTwP vaccines, they were approved in the United States and many other countries. DTaP vaccines replaced DTwP vaccines in the United States in 1997. In the last 13 years, major pertussis epidemics have occurred in the United States, and numerous studies have shown the deficiencies of DTaP vaccines, including the small number of antigens that the vaccines contain and the type of cellular immune response that they elicit. The type of cellular response a predominantly, T2 response results in less efficacy and shorter duration of protection. Because of the small number of antigens (3–5 in DTaP vaccines vs >3000 in DTwP vaccines), linked-epitope suppression occurs. **Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility. (TiP emphasis).**

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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