

VACCINATE, DON'T VACCINATE

IT'S YOUR FREEDOM, IT'S YOUR CHOICE

All the information presented in this seminar is intended to help you make an informed decision about this vital subject.

We are offering “the other side of the story here,” because vaccine advocates spend millions of dollars defending their position, and they have access to friendly government agencies and the mainstream press.

You deserve to know a quite different assessment of the safety and efficacy of vaccines, and that's what you're getting here.

IT'S YOUR CHOICE. IT'S YOUR DECISION.

Are we saying, “Don't get vaccinated, don't vaccinate your children”?

ABSOLUTELY NOT.

We aren't advising or demanding anything. We aren't medical doctors, either. We're independent researchers. Which means we rely on our own intelligence, experience, skills, and commitment to finding the best truths we can. We consult the best sources we can find.

So none of these statements we make in this seminar are intended to prevent, alleviate, treat, or cure disease.

They are intended as education only. And we happen to believe that education is one of the most powerful forces in the world. Another one is freedom, the freedom to make your own decisions.

Jon Rappoport has worked as an independent investigative reporter for 30 years. Nominated early in his career for a Pulitzer Prize, he has published articles on medical fraud, politics, and health for LA Weekly, CBS Healthwatch, Spin Magazine, Stern, and other newspapers in the US and Europe. The author of AIDS INC., Oklahoma Bombing, The Ownership of All Life, and The Secret Behind Secret Societies, Jon was one of the early bloggers, and has been writing, since 2000 at his site, www.nomorefakenews.com. Jon has hosted radio shows in Las Vegas and Los Angeles, and ran for a Congressional seat, in 1994, in Los Angeles, on a platform of Health Freedom. He has delivered many seminars to audiences around the world

VACCINES BEYOND MEDIA COVERAGE

By Jon Rappoport

The article below only covers years prior to 1988. The historical record shows that much has been lost, forgotten, and misplaced, concerning vaccines.

* * * * *

For years, critics on the fringes of medicine have pointed to problems with vaccines. It is generally acknowledged that, given to people whose immune systems are compromised, they can be immunosuppressive.

And from time to time, stories have surfaced about vaccines which have been dangerously contaminated by extraneous viruses or bacteria, as a result of the manufacturing process.

We are taught to believe that untoward reactions to vaccines are rare, and that there has never been a question about the overwhelming success of all vaccines at all times, wherever they have been used.

The history of vaccines, though, shows a much more spotty record than one might think. In fact, it raises very disturbing questions about what vaccines do and don't do to the human body. Here is simply a series of excerpts from several authors on the subject. It is a quite different slant on vaccines.

"The combined death rate from scarlet fever, diphtheria, whooping cough and measles among children up to fifteen shows that nearly 90 percent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part, this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition." Ivan Illich, *Medical Nemesis*, Bantam Books, 1977

“In a recent British outbreak of whooping cough, for example, even fully immunized children contracted the disease in fairly large numbers; and the rates of serious complications and death were reduced only slightly. In another recent outbreak of pertussis, 46 of the 85 fully immunized children studied eventually contracted the disease.

"In 1977, 34 new cases of measles were reported on the campus of UCLA, in a population that was supposedly 91% immune, according to careful serological testing. Another 20 cases of measles were reported in the Pecos, New Mexico, area within a period of a few months in 1981, and 75% of them had been fully immunized, some of them quite recently. A survey of sixth-graders in a well-immunized urban community revealed that about 15% of this age group are still susceptible to rubella, a figure essentially identical with that of the pre-vaccine era.

"Finally, although the overall incidence of typical acute measles in the U.S. has dropped sharply from about 400,000 cases annually in the early 1960s to about 30,000 cases by 1974-76, the death rate remained exactly the same; and, with the peak incidence now occurring in adolescents and young adults, the risk of pneumonia and demonstrable liver abnormalities has actually increased substantially, according to one recent study, to well over 3% and 2%, respectively." Richard Moskowitz, MD, *The Case Against Immunizations*, 1983, American Institute of Homeopathy.

"Of all reported whooping cough cases between 1979 and 1984 in children over 7 months of age - that is, old enough to have received the primary course of the DPT shots (diphtheria, pertussis, tetanus) - 41% occurred in children who had received three or more shots and 22% in children who had one or two immunizations.

"Among children under 7 months of age who had whooping cough, 34% had been immunized between one and three times...

"... Based on the only U.S. findings on adverse DPT reactions, an FDA-financed study at the University of California, Los Angeles, one out of every 350 children will have a convulsion; one in 180 children will experience high-pitched screaming; and one in 66 will have a fever of 105 degrees or more." Jennifer Hyman, Democrat and Chronicle, Rochester, New York, special supplement on DPT, dated April, 1987.

"A study undertaken in 1979 at the University of California, Los Angeles, under the sponsorship of the Food and Drug Administration, and which has been confirmed by other studies, indicates that in the U.S.A. approximately 1,000 infants die annually as a direct result of DPT vaccinations, and these are classified as SIDS (Sudden Infant Death Syndrome) deaths. These represent about 10 to 15% of the total number of SIDS deaths occurring annually in the U.S.A. (between 8,000 and 10,000 depending on which statistics are used)." Leon Chaitow, Vaccination and Immunization, CW Daniel Company Limited, Saffron Walden, Essex, England, 1987.

"Assistant Secretary of Health Edward Brandt, Jr., MD, testifying before the U.S. Senate Committee on Labor and Human Resources, rounded... figures off to 9,000 cases of convulsions, 9,000 cases of collapse, and 17,000 cases of high-pitched screaming for a total of 35,000 acute neurological reactions occurring within forty-eight hours of a DPT shot among America's children every year." DPT: A Shot in the Dark, by Harris L. Coulter and Barbara Loe Fischer, Harcourt Brace Jovanovich.

"While 70-80% of British children were immunized against pertussis in 1970-71, the rate is now 39%. The committee predicts that the next pertussis epidemic will probably turn out to be more severe than the one in 1974/75. However, they do not explain why, in 1970/71, there were more than 33,000 cases of pertussis with 41 fatal cases among the very well immunized British child population; whereas in 1974/75, with a declining rate of vaccination, a pertussis epidemic caused only 25,000 cases with 25 fatalities." Wolfgang Ehrengut, Lancet, Feb. 18, 1978, p. 370.

"... Barker and Pichichero, in a prospective study of 1232 children in Denver, Colorado, found after DTP that only 7% of those vaccinated were free from untoward reactions, which included pyrexia (53%), acute behavioral changes (82%), prolonged screaming (13%), and listlessness, anorexia and vomiting. 71% of those receiving second injections of DTP experienced two or more of the reactions monitored." *Lancet*, May 28, 1983, p. 1217

"Publications by the World Health Organization show that diphtheria is steadily declining in most European countries, including those in which there has been no immunization. The decline began long before vaccination was developed. There is certainly no guarantee that vaccination will protect a child against the disease; in fact, over 30,000 cases of diphtheria have been recorded in the United Kingdom in fully immunized children." Leon Chaitow, *Vaccination and Immunization*, p. 58.

"Pertussis (whooping cough) immunization is controversial, as the side effects have received a great deal of publicity. The counter claim is that the effectiveness and protection offered by the procedure far outweigh the possible ill effects... annual deaths, per million children, from this disease over the period from 1900 to the mid-nineteen seventies, shows that from a high point of just under 900 deaths per million children (under age 15) in 1905, the decline has been consistent and dramatic. There had been a lowering of mortality rates of approximately 80% by the time immunization was introduced on a mass scale, in the mid-nineteen fifties. The decline has continued, albeit at a slower rate, ever since. No credit can be given to vaccination for the major part of the decline since it was not in use." Chaitow, *Vaccination and Immunization*, p. 63.

"... the swine-flu vaccination program was one of its (CDC) greatest blunders. It all began in 1976 when CDC scientists saw that a virus involved in a flu attack outbreak at Fort Dix, N.J., was similar to the swine-flu virus that killed 500,000 Americans in 1918. Health officials immediately launched a 100-million dollar program to immunize every American. But the expected epidemic never materialized, and the vaccine led to partial paralysis in 532 people. There were 32 deaths."

U.S. News and World Report, Joseph Carey, October 14, 1985, p. 70, "How Medical Sleuths Track Killer Diseases."

"Despite (cases) in which (smallpox) vaccination plainly failed to protect the population, and despite the rampant side-effects of the methods, the proponents of vaccination continued their attempts to justify the methods by claims that the disease had declined in Europe as a whole during the period of its compulsory use. If the decline could be correlated with the use of the vaccination, then all else could be set aside, and the advantage between its current low incidence could be shown to outweigh the periodic failures of the method, and to favour the continued use of vaccination. However, the credit for the decline in the incidence of smallpox could not be given to vaccination. The fact is that its incidence declined in all parts of Europe, whether or not vaccination was employed." Chaitow, Vaccination and Immunization, pp. 6-7.

"Smallpox, like typhus, has been dying out (in England) since 1780. Vaccination in this country has largely fallen into disuse since people began to realize how its value was discredited by the great smallpox epidemic of 1871-2 (which occurred after extensive vaccination)." W. Scott Webb, A Century of Vaccination, Swan Sonnenschein, 1898.

"In this incident (Kyoto, Japan, 1948) - the most serious of its kind - a toxic (vaccine) batch of alum-precipitated toxoid (APT) was responsible for illness in over 600 infants and for no fewer than 68 deaths.

"On 20 and 22 October, 1948, a large number of babies and children in the city of Kyoto received their first injection of APT. On the 4th and 5th of November, 15,561 babies and children aged some months to 13 years received their second dose. One to two days later, 606 of those who had been injected fell ill. Of these, 9 died of acute diphtheritic paralysis in seven to fourteen days, and 59 of late paralysis mainly in four to seven weeks." Sir Graham Wilson, Hazards of Immunization, Athone Press, University of London, 1967.

"Accidents may, however, follow the use of this so-called killed (rabies) vaccine owing to inadequate processing. A very serious occurrence of this sort occurred at Fortaleza, Ceara, Brazil, in 1960. No fewer than 18 out of 66 persons vaccinated with Fermi's carbolized (rabies) vaccine suffered from encephalomyelitis and every one of the eighteen died." Sir Graham Wilson, Hazards of Immunization.

"At a press conference in Washington on 24 July, 1942, the Secretary of War reported that 28,585 cases of jaundice had been observed in the (American) Army between 1 January and 4 July after yellow fever vaccination, and of these 62 proved fatal." Wilson, Hazards of Immunization.

"The world's biggest trial (conducted in south India) to assess the value of BCG tuberculosis vaccine has made the startling revelation that the vaccine 'does not give any protection against bacillary forms of tuberculosis.' The study said to be 'most exhaustive and meticulous,' was launched in 1968 by the Indian Council of Medical Research (ICMR) with assistance from the World Health Organization (WHO) and the U.S. Centers for Disease Control in Atlanta, Georgia.

"The incidence of new cases among the BCG vaccinated group was slightly (but statistically insignificantly) higher than in the control group, a finding that led to the conclusion that BCG's protective effect 'was zero.'" New Scientist, November 15, 1979, as quoted by Hans Ruesch in Naked Empress, Civis Publishers, Switzerland, 1982.

"Between 10 December 1929 and 30 April 1930, 251 of 412 infants born in Lubeck received three doses of BCG vaccine by the mouth during the first ten days of life. Of these 251, 72 died of tuberculosis, most of them in two to five months and all but one before the end of the first year. In addition, 135 suffered from clinical tuberculosis but eventually recovered; and 44 became tuberculin-positive but remained well. None of the 161 unvaccinated infants born at the time was affected in this way and none of these died of tuberculosis within the following three years." Hazards of Immunization, Wilson.

"We conducted a randomized double-blind placebo-controlled trial to test the efficacy of the 14-valent pneumococcal capsular polysaccharide vaccine in 2295 high-risk patients... Seventy-one episodes of proved or probable pneumococcal pneumonia or bronchitis occurred among 63 of the patients (27 placebo recipients and 36 vaccine recipients)... We were unable to demonstrate any efficacy of the pneumococcal vaccine in preventing pneumonia or bronchitis in this population."

New England Journal of Medicine, November 20, 1986, p. 1318, Michael Simberkoff et al.

In the spring of 1955, Cutter Labs started selling their standard polio vaccine. The vaccine was infective, and 200 cases of polio resulted among vaccinees. Of these, there were eleven deaths. About 100 cases of paralysis resulted. JR

"But already before Salk developed his vaccine, polio had been constantly regressing; the 39 cases out of every 100,000 inhabitants registered in 1942 had gradually diminished from year to year until they were reduced to only 15 cases in 1952... according to M. Beddow Baylay, the English surgeon and medical historian."

Slaughter of the Innocent, Hans Reusch, Civitas Publishers, Switzerland, and Swain, New York, 1983.

"Many published stories and reports have stated, implied and otherwise led professional people and the public to believe that the sharp reduction of cases (and of deaths) from poliomyelitis in 1955 as compared to 1954 is attributable to the Salk vaccine... That it is a misconception follows from these considerations. The number of children inoculated has been too small to account for the decrease. The sharp decrease was apparent before the inoculations began or could take effect and was of the same order as the decrease following the immediate post-inoculation period."

Dr. Herbert Ratner, *Child and Family*, vol. 20, no. 1, 1987.

"So far it is hardly possible to gain insight into the extent of the immunization catastrophe of 1955 in the United States. It may be considered certain that the officially ascertained 200 cases (of polio) which were caused directly or indirectly by the (polio) vaccination constitute minimum figures... It can hardly be estimated how many of the 1359 (polio) cases among vaccinated persons must be regarded as failures of the vaccine and how many of them were infected by the vaccine. A careful study of the epidemiologic course of polio in the United States yields indications of grave significance. In numerous states of the U.S.A., typical early epidemics developed with the immunizations in the spring of 1955... The vaccination incidents of the year 1955 cannot be exclusively traced back to the failure of one manufacturing firm." Dr. Herbert Ratner, *Child and Family*, 1980, vol. 19, no. 4, "Story of the Salk Vaccine (Part 2)."

"Suffice it to say that most of the large (polio) epidemics that have occurred in this country since the introduction of the Salk vaccine have followed the wide-scale use of the vaccine and have been characterized by an uncommon early seasonal onset. To name a few, there is the Massachusetts epidemic of 1955; the Chicago epidemic of 1956; and the Des Moines epidemic of 1959." Dr. Herbert Ratner, *Child and Family*, 1980 vol. 19, no. 4.

"The live (Sabin) poliovirus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the United States since 1972. To avoid the occurrence of such cases, it would be necessary to discontinue the routine use of live poliovirus vaccine."

Jonas Salk, *Science*, March 4, 1977, p. 845.

"By the (U.S.) government's own admission, there has been a 41% failure rate in persons who were previously vaccinated against the (measles) virus."

[In other words, these persons were vaccinated and then contracted measles.]

Dr. Anthony Morris, John Chriss, BG Young, "Occurrence of Measles in Previously Vaccinated Individuals," 1979; presented at a meeting of the American Society for Microbiology at Fort Detrick, Maryland, April 27, 1979.

"Prior to the time doctors began giving rubella (German Measles) vaccinations, an estimated 85% of adults were naturally immune to the disease (for life). Because of immunization, the vast majority of women never acquire natural immunity (or lifetime protection)." Dr. Robert Mendelsohn, *Let's Live*, December 1983, as quoted by Carolyn Reuben in the *LA WEEKLY*, June 28, 1985.

"Administration of KMV (killed measles vaccine) apparently set in motion an aberrant immunologic response that not only failed to protect children against natural measles, but resulted in heightened susceptibility."

JAMA Aug. 22, 1980, vol. 244, p. 804, Vincent Fulginiti and Ray Helfer. The authors indicate that such falsely protected children can come down with "an often severe, atypical form of measles. Atypical measles is characterized by fever, headache... and a diverse rash (which)... may consist of a mixture of macules, papules, vesicles, and pustules... "

The above quotes reflect only a mere fraction of an available literature which shows there is a need for an extensive review of vaccination. It is certain that undisclosed, unlooked for illness occurs as a result of vaccines, or as a result of infection after protective immunity should have been conferred but wasn't. A certain amount of this sort of illness is immunosuppressive in the widest sense, and some in a narrower sense (depression of T-cell numbers, etc.).

When looking for unusual illness and immune depression, vaccines are one of those areas which remain partially hidden from investigation. That is a mistake. It is not adequate to say, "Vaccines are simple; they stimulate the immune system and confer immunity against specific germ agents." That is the glossy presentation. What vaccines apparently often do is something else. They engage some aspect of the body's immune-response, but to what effect over the long term? Why, for example, do children who have measles vaccine develop a susceptibility to another more severe, atypical measles? Is that virulent form of the disease the result of reactivation of the virus in the vaccine?

Official reports on vaccine reactions are often at odds with unofficial estimates because of the method of analysis used. If vaccine-reaction is defined as a small set of possible effects experienced within 72 hours of an inoculation, then figures will be smaller. But doctors like G.T. Stewart, of the University of Glasgow, have found through meticulous investigation, including visits to hospitals and interviews with parents of vaccinated children, that reactions as severe as brain-damage (e.g., from the DPT vaccine) can be overlooked, go unreported, and can be assumed mistakenly to have come from other causes.

JON RAPPOPORT

PROMOTING SWINE FLU FOR FUN AND PROFIT

By Jon Rappoport

Note: The predicted disaster called Swine Flu or H1N1 never occurred. The final estimate of worldwide deaths was about 20,000—far fewer than the 300,000-500,000 annual figure for ORDINARY SEASONAL FLU DEATHS listed by the World Health Organization (WHO). Huge vaccine stocks ordered by governments (with a no-refund policy) went unused. The whole episode was a calamity for the US Centers for Disease Control and WHO. But with typical aplomb, these public-health agencies pretended they had been vital to global health, and they moved on to new predictions and scare tactics.

During my 35 years of working as a reporter, I have seen public relations efforts gain more and more power over the press.

I've uncovered some simple common denominators when it comes to PR. I'm talking about the kind of PR that provokes reporters into doing pieces that adhere to a planned message.

I'll boil it down.

First, you have a Group. That Group has some combination of prestige, money, and cultivated authority. It has connections.

The Group has a goal. And it wants the public to agree with the goal.

For example: EVERYONE SHOULD GET VACCINATED.

So the Group formulates a PR plan. It doesn't operate randomly.

There are meetings and conferences, and a Group leader lays out the steps of the plan.

The plan will involve telling certain stories to reporters. These stories will feature hooks that evoke feelings in the public consciousness. Fear and sympathy, for instance.

Designated members of the Group will contact a list of reporters with these stories. The list is time-tested: the reporters will be friendly. They won't want to dig deeper or ask embarrassing questions.

Because after all, the stories contain lies.

That's why there is a need for PR.

A PR agency might be hired, or the PR might be run by the Group's specialists, who already have good media contacts.

Now, by and large, mainstream medical reporters are lazy when it comes to discovering facts and details on their own. They spend a lot of time talking to experts who can feed them fully formed stories.

Therefore, to serve the reporters, the Group has to have these experts on tap. The experts can be Group members, or they can be friendly outsiders.

BUT THEY MUST BE RECOGNIZED EXPERTS IN THEIR FIELD.

In this case, professors of medicine, researchers, medical bureaucrats, prestigious doctors.

Experts are absolutely vital to the Group's PR plan. As I say, medical reporters, on the whole, love experts, because then the work is easy. There is no need to question the expert's reliability or look beyond his statements. There is a rarely a need to find an opposing view to "balance out" the piece.

Medical reporters become pets. They open their mouths, and their owners put food in.

The Group anticipates some degree of resistance from less friendly reporters

and from the public. The Group's plan won't be a complete cakewalk. But by inundating the friendly reporters with stories that have the ring of authority and evoke fear and sympathy, the Group believes it will carry the day.

Which brings us to the CDC PR plan for inducing millions of Americans to receive vaccinations for Swine Flu. Or any flu.

A 2006 article in Harper's lays it all out. The author, Peter Doshi, focuses on the 2004 National Influenza Vaccine Summit, a conference at which Glen Nowak (CDC) used slides to present messages the CDC would project to the public through US media outlets.

Doshi writes, "The [CDC] recipe, as Nowak revealed, relies on creating 'concern, anxiety, and worry'---its main ingredient, in other words, is fear."

Doshi continues: "Government officials and health experts following the recipe are instructed to 'predict dire outcomes.'"

This recipe was, in part, based on experience garnered two years earlier. Doshi: "From a 2002 focus group, the CDC determined death statistics in its flu-prevention literature were 'eye catching and motivating.' Participants in the study [focus group] believed '20,000 deaths was compelling, frightening,' and 'should be part of the headline.'"

Doshi continues: "Another way to 'motivate behavior,' the CDC recipe notes...is to describe a flu season as 'very severe,' 'more severe' than previous years, and 'deadly'...Yet that winter's flu season was later ruled typical and 'medium in terms of impact.'"

Then Doshi unleashes a different kind of blockbuster in the article. Speaking to the CDC 'deadly' label, he notes: "After looking at more than three decades of data, scientists at the National Institutes of Health last year [2005] concluded, 'We could not coordinate increasing vaccination coverage after 1980 with declining mortality rates in any age group.'"

The year 2004 was a strange one for the CDC flu-promotion efforts, and it

reveals how disconnected CDC PR can be from the notion of truth. Doshi describes the situation:

“...the [CDC] recipe emphasizes that the public must be made to grasp the ‘seriousness of the illness.’ When 50 million doses of vaccine suddenly became unavailable in 2004, Americans understandably panicked...and medical experts predicted a public-health ‘catastrophe.’ The CDC, with its knowledge of PR, downgraded its scary portrayal of the flu [in general] to ‘an annoying illness’ from which most people ‘will recover just fine.’ It stressed the protective benefits of regular hand washing. And once the alleged crisis abated, the agency [CDC] returned to its strident communications plan. By the next fall, the CDC director was publicly stating that the flu is not ‘a benign illness. Many people don’t appreciate that it can result in hospitalization, various complications. For about 36,000 people every year, death.’”

A few final points. The CDC, through one of its departments, the Epidemic Intelligence Service, sometimes nicknamed “the medical CIA,” recruits young doctors who do a period of work in the field, with various health departments, looking into potential disease clusters and possible epidemics.

After this time of service, these doctors, returning to their practices, remain on call. They are trained to remain loyal to the CDC, and it’s likely that, wherever they work---for health agencies, in other government positions, in hospitals---they push the party line. They promote adherence to CDC PR. They are useful PR alumni.

Some years ago, I learned that the CDC sends a certain number of its people to the CIA for training. (I confirmed this with a Health and Human Services employee.) These people return to the CDC with higher security clearances. In 2009, with the PR lines between “epidemics” and bio-terrorism blurring, it’s certain that the CDC-CIA connection has become more solid and unified.

What’s good for the goose is good for the gander. Every (fake) CDC pronouncement of an epidemic or pandemic, by association, becomes a kind of reference point for the CIA, as it promotes (to the Congress) its own need

for greater funding to combat potential bio-terrorism.

Having an ally like the CIA can't be bad for the CDC. When it comes to telling lies and launching propaganda, the CIA has a great deal of experience. And CIA media contacts are legendary.

Jon Rappoport has worked as an independent investigative reporter since 1982. The LA Weekly nominated him for a Pulitzer Prize, for an interview he did with the president of El Salvador University, where the military had taken over the campus and was disappearing students and burning books. He has written for In These Times, Village Voice, LA Weekly, Spin Magazine, CBS Healthwatch, Stern. He is the author of AIDS INC., The Secret Behind Secret Societies, and Oklahoma Bombing: The Suppressed Truth. His website is www.nomorefakenews.com

VACCINE INSANITY IN WASHINGTON

By Jon Rappoport

Many people around the world now know that the modern medical system maims and kills an extraordinary number of human beings every year. The largest cause of those deaths and injuries is pharmaceutical drugs.

These drugs contain toxic substances. But nothing as obvious as what some vaccines still contain: MERCURY.

In preparation for the Swine Flu vaccine, the state of Washington is allowing more mercury in that vaccine.

In case you didn't know it, mercury is a poison.

The federal government claims there is no mercury-autism link. Other researchers dispute this finding. But a point is being missed here.

There are many ways to structure studies so they don't implicate chemicals in disease. For example, you can (falsely) claim that autism must have one and only cause, and many people have autism but haven't been exposed to mercury, and therefore mercury couldn't cause autism. It's basically obfuscation and fancy lying.

Mercury is a recognized poison.

Regardless of how disease labels are applied or not applied, a poison causes damage to the body.

In the case of mercury, there is a primary attack on the nervous system.

The state of Washington is allowing any amount of mercury to be present in Swine Flu vaccine given to pregnant mothers and children under three years old.

Here is the quote from the Seattle Times:

“State lifts limit on mercury preservative in swine-flu shots
In preparation for swine-flu vaccinations next month, the state's Health Department on Thursday temporarily suspended a rule that limits the amount of a mercury preservative in vaccines given to pregnant women and children under the age of 3.”

Here is another revealing quote from the article:

“Thimerosal [a mercury compound] has been eliminated from most vaccines in the United States, but it will be added to the bulk of the swine-flu vaccine being produced to stem a pandemic that health officials estimate could sicken more than a third of the state's residents.

“About 15 percent of the vaccine supply will be mercury-free, but people may have to wait longer for it to become available.”

Why has mercury been eliminated from most vaccines in the US and other wealthy nations? Because it's a poison.

It doesn't matter what disease-name you apply or don't apply to the effects of this poison. It does damage.

Here is an excerpt from the BusinessDictionary.com definition of mercury:

“Heavy metal (liquid at normal temperatures) is a systemic poison that attacks brain, bowels, kidney and other body organs. It most severely affects the central nervous system, and children and elderly are most susceptible to its poisoning...”

Note that state of Washington has erased its limit on mercury in vaccines, in the case of children under three years old.

It's called A CRIME. In full view.

How do health officials get away with it? They simply claim, over and over, there is no link between mercury and autism. And then news outlets repeat the claim, and the public shrugs and forgets about the whole business.

But a funny thing is happening in America and other countries. Through the internet, millions of people are learning all about vaccines and their dangers. They are refusing to be bullied. They are losing confidence in what various health authorities say.

And they should. When those bureaucrats baldly state that a known poison can be injected into babies' bodies, they are forfeiting any right to their position, even if they do escape criminal prosecution.

JON RAPPOPORT

INCREDIBLE VACCINE LIES

By Jon Rappoport

For many years as a reporter covering medical stories, I have taken to task public health agencies, such as WHO and the CDC. I'm used to their lies. But I just came across a mind-boggling CDC quote dug up by Dr. Sheri Tenpenny, who has done terrific work researching vaccine dangers---and I have to confess, this one surprised even me.

The quote comes from the 6th edition of *Epidemiology and Prevention of Vaccine-Preventable Diseases*, published by the CDC. It's an attempt to squelch debate about the DPaT vaccine, which is given to prevent diphtheria, tetanus, and pertussis. Over the years, much has been written about the severe adverse effects of this combination vaccine---e.g., brain damage, seizures, very high fever, death.

The CDC quote asserts that, generally, there is no definable disease "syndrome" caused by vaccines. It then makes several more astonishing claims.

"There is no distinct syndrome from vaccine administration, and therefore, many temporally associated adverse events probably represent background illness rather than illness caused by the vaccine...The DTaP may stimulate or precipitate inevitable symptoms of underlying CNS [Central Nervous System] disorder, such as seizures, infantile spasms, epilepsy or SIDS [Sudden Infant Death Syndrome]. By chance alone, some of these cases will seem to be temporally related to DPaT."

Read the quote several times to absorb the full force of its message. It reminds me of the attempts to shunt aside deaths caused by AZT, the AIDS drug, which viciously attacks the immune system. In that case, the doctor or researcher will say, "The patient didn't die from the effects of AZT. The destructive action of AIDS, by coincidence, simply speeded up after the drug was given."

The CDC is claiming the DTaP vaccine stimulates a PRE-EXISTING CONDITION in a baby: The baby already had a life-threatening central nervous system illness. The illness was temporarily on hold. The vaccine brought it to light, and then the baby died.

Suddenly---with no evidence offered---vaccines have this magical ability to cause underlying illness to jump into action. The vaccine isn't at fault. The baby was already on the road to brain damage or death.

I've seen some pretty wild excuses offered for vaccine-induced destruction, but this one takes the cake. Whoever cooked it up should receive some sort of medical prize for Bald-Faced Lying. Then he can be arrested for contributing to negligent homicide.

Generally speaking, the untested medical assumption is this: "We know vaccines cause no harm. Therefore, if a vaccine recipient becomes ill or dies, the cause must reside in the patient." In the field of logic, this is called assuming what you are trying to prove.

I have written many times about the 100,000 people who die every year, in the US, as a result of correctly administered FDA-approved medicines. Perhaps the CDC or the National Institutes of Health could issue a statement blaming all these deaths on underlying, pre-existing illness that was stimulated by these drugs.

Surgical errors could be accounted for in this way, too. "Yes, we did remove the patient's testicles while we were doing the appendectomy. But you see, we knew he had testicular cancer, so we needed to take care of that while we were in the area. What's that? How did we know he had testicular cancer? Well, we would never remove his balls by mistake. Therefore, we must have known we had a legitimate reason to take them off. Can't you see that?"

JON RAPPOPORT

SWINE FLU TESTS? WHAT TESTS?

By Jon Rappoport

On what grounds are local communities declaring people Swine Flu cases?

If you want to glimpse one way to falsely inflate case numbers, read these quotes from Enid.com, a news service in Oklahoma:

Swine flu so prevalent there is no testing

By Kasey Fowler, Staff Writer

The hysteria surrounding H1N1, also known as swine flu, has subsided to the point most places aren't even testing people who have symptoms, local health officials say.

Stephen Rempe, executive director of Garfield County Health Department, said neither the state or county health departments are testing for H1N1 anymore.

“The state Health Department has not kept up with it because it is so prevalent that it is assumed that if they have flu-like symptoms, they have H1N1,” he said. “The only way to know is to have it lab confirmed. It is up to the individual if they want to have it lab confirmed, but it is like \$300. If you are sick with flu-like symptoms you probably have H1N1.”

St. Mary's Regional Medical Center and Integris Bass Baptist Health Center are not testing for H1N1, but they are testing for influenza A.

...“The ER is not testing for swine flu. The CDC has said that it is not the time of the year for seasonal flu, so if anyone tested positive for influenza A they have swine flu.”

End of Enid.com excerpt

Well, well. If a person has ordinary flu symptoms, it's assumed it's Swine Flu.

This is like saying, If you're at a baseball game, you're watching the Yankees play.

And with all the hysteria being whipped up, more and more people are showing up in emergency rooms with flu symptoms, cold symptoms, GI symptoms, all kinds of symptoms. The easiest thing to do is call them "probable" Swine Flu cases.

So many ways to lie, so much vaccine to sell and inject and sniff.

Remember, the CDC functions like any government agency. It has to justify its \$\$ budget, and it always asks Congress for more money. So it has to be seen doing "important work." What could be more important than a brand-new pandemic? And the CDC has a very influential partner waiting in the wings: pharmaceutical companies. For them, a new vaccine means billions of dollars. These companies will do their bit for the cause. They'll lobby and promote and publicize the "imminent danger."

To grease the rails, the CDC can simply stop tracking Swine Flu cases. They can turn sheer guesses into facts and claim the epidemic is so widespread it's imperative that everyone take the vaccine.

Now you see one way case numbers are inflated. Just stop testing and say that anyone walking around with flu-symptoms should be marked down as a probable Swine Flu case.

It's easy. It doesn't cost anything. People buy into the fear. Drug companies make more money. It's a walk in the park.

Hell, why not say that anyone who can't remember a name or a fact during a given day has very early symptoms of Alzheimer's? No need for a test. Just mark him down. Case numbers inflate. Drug companies sell more drugs.

JON RAPPOPORT

NASAL SPRAY SWINE FLU VACCINE

By Jon Rappoport

It's been confirmed that the first doses of Swine Flu vaccine will be nasal spray.

Here is a clip from the LA Times:

By Thomas H. Maugh IISeptember 19, 2009

At least 3.4 million doses of vaccine against the pandemic H1N1 influenza virus will be available at the beginning of October, and about 20 million doses per week should become available soon after that, federal officials said Friday.

The first vaccine available will be MedImmune's FluMist intranasal vaccine, but injectable vaccines should be distributed a week or two later, Dr. Jay Butler, chief of the Centers for Disease Control and Prevention's 2009 H1N1 vaccine task force, said at a morning news conference. The intranasal vaccine has not been approved for children younger than 2, adults older than 49 or pregnant women, so it may go primarily to healthcare providers.

End of LA Times clip.

Note that the FDA has not approved the nasal spray vaccine for:

Children under 2;

Adults older than 49;

Pregnant women.

Why not?

What's in the vaccine?

Dr. Sherri Tenpenny points out that putting a vaccine into the body through the nasal cavity brings the contents of the vaccine dangerously close to the brain.

Although this vaccine is supposed to contain inactivated H1N1 virus, there have been instances in which inactivation was botched in the manufacturing process of other vaccines. Therefore, the virus was able to cause infection and illness.

And here is another explosive issue---

The Times article mentions that health workers will likely be the first people to receive this nasal-spray vaccine.

Dr. Tenpenny states that the package-insert for past FluMist vaccines warns, "FluMist recipients should avoid close contact with immunocompromised individuals for at least 21 days."

Where would health workers be likely to encounter such individuals? IN THE HOSPITAL.

So this nasal spray will be shedding and spreading virus among debilitated and immune-system-weakened patients in hospitals.

And of course, there are millions of people everywhere whose immune systems are weak.

Finally, why would the manufacturer of this vaccine want people who take the vaccine to avoid contact with immunocompromised individuals, IF THE VIRUS IN THE VACCINE IS INACTIVATED AND HARMLESS.

Think about that.

One doctor I've spoken to said, "No. The virus in the vaccine won't spread to people with weak immune systems. But the virus could stimulate their immune systems, which are already weak, and therefore overload them, causing serious problems."

Really?

Well, even in that case, the conclusion would be: ANYONE WHO HAS A WEAK IMMUNE SYSTEM shouldn't take the vaccine in the first place. And public health agencies aren't issuing broad warnings about that.

No matter how you look at it, the FluMist vaccine is set to cause some major problems as it rolls out from the manufacturer.

Those health workers who are protesting against mandatory Swine Flu vaccination in New York for themselves should understand these issues.

JON RAPPOPORT

SWINE FLU SANITY

By Jon Rappoport

I want to highlight two very brief excerpts from a British Medical Journal article (online, Sept. 3, 2009) by Peter Doshi. The title of the article is “Calibrated response to emerging infections.”

Here is the first quote: “WHO (World Health Organization), for example, for years defined pandemics as outbreaks causing ‘enormous numbers of deaths and illness,’ but in early May, removed this phrase from the definition.”

So WHO has successfully maintained the emotional punch of a “pandemic” while cutting the heart out of its essential meaning. The fear is still there, but the logic is gone. Suddenly, a dreaded pandemic doesn’t have to have lots of deaths.

Quite a clever ruse. George Orwell vindicated once again.

By declaring Swine Flu a “global pandemic,” and at the same time redefining and diluting the understood meaning of the word “pandemic,” WHO manages to assume bureaucratic power over the actions of nations, even if the death rate is very small. WHO stays in charge. Debate about the actual severity of the health threat is derailed because, well, it’s already been declared a pandemic. And the level of public fear is maintained.

That is how propaganda works.

From this WHO ruse (and from statistics), we can infer that pandemic Swine Flu as a concept is being propped up by failing to disclose that the “disease” isn’t killing people left and right. Otherwise, why remove “enormous numbers of deaths” from the definition of “pandemic?”

Here is the second quote from Doshi’s article: “On 26 April, with 20 cases [of Swine Flu] and no deaths in the US, the Department of Health and Human Services declared a nationwide public health emergency.”

“Our doctor says our son’s hangnail may be infected.”

“Yes?”

“They’ve closed down his school and buses aren’t running anymore in that part of town.”

What we’re looking at here is institutional ambition. How does a government agency earn its keep? How does an agency like the Department of Health and Human Services go up on the Hill and extract big-time funding from Congress?

“This year, it’s been fairly quiet. No epidemics. No outbreaks. But we’d like six billion dollars more from you people for next year.”

I don’t think so.

So, with 20, TWENTY, cases of so-called Swine Flu, and NO deaths, an effect less than the number of people killed in New York by toasters falling out of apartment windows, the Department of Health and Human Services declares a national emergency.

And the media comply. No questions are asked. Headlines trumpet the news. A new round of fear begins.

The latest US death figure from the CDC for Swine Flu I’ve been able to find is 593. That covers 2009, April through August. Extrapolating that out for a whole year, the death toll would come to 1423.

The CDC claims that every year, roughly 36,000 people die of ordinary regular flu in the US. For this, no emergency is declared. No schools are closed. No plane service is shut down. No threats of mandatory vaccines are made. No preparations are undertaken for “pandemic response.”

Think about these things.

JON RAPPOPORT

VACCINE NATION

by Jon Rappoport

MAY 17, 2011. Well, it's actually vaccine world.

I've written many articles about the so-called outbreaks, epidemics, and pandemics of the last 25 years—SARS, bird flu, West Nile, Swine Flu... The stats show these illnesses, at best, were duds. They never spread to a fraction of the extent predicted.

And was there ever prediction! Everybody and his cousin got in on the act. Doctors, public health agencies, political leaders, conspiracy researchers. Franky, to blow my own horn a little, I was one of the people who put this crap to bed. I raked the fear mongers over the coals and showed, from a number of angles, why the predictions were based on no firm evidence at all.

But the mainstream epidemic mongers did accomplish one goal. They took the opportunity to hammer the global population over the head with the idea that WE ALL MUST GET VACCINATED.

In some countries, alas for them, it didn't work. People caught on the to the basic scam.

However, the PR never stops. In one small example, the governor of Washington state, last week, signed into a law a measure that makes it necessary for parents (who want to opt out of vaccinating their kids) to first visit a health practitioner, who is now duty bound to provide information about vaccines. This appointment has to precede even the action of claiming a religious or philosophical exemption for children.

The medical strategy is to keep up relentless repetition about the need for and value of vaccination—*and these fake epidemics provide the opportunity in spades.*

You should know that.

The mindless PR campaign also provides citizen fools, who think they're quasi-doctors and scientific elitists, with the chance to spout off about vaccination as a duty of every responsible parent. Typical boomer nonsense.

However, it does work, because peer pressure is a strong force—and so parents who are on the outside looking in, and don't want to vaccinate their kids, are thought of as crazies. Dangerous crazies, who are exposing their own children, and other children in the community, to illness.

Many PR campaigns have this component. They may not succeed in all their goals, but they do define two basic groups—the normals and the nuts.

The normals (android types) look at the nuts and build up resentment toward them. And the nuts feel oppressed.

It's called a squeeze play.

During the centuries of Roman Church domination, it was called excommunication.

From a purely political angle, it's quite ingenious, this vaccine promotion...because it pretends that, without all the shots, whole

populations will fall under the gun of communicable disease and we will all revert back to darker times.

I've spent many hours writing and talking about this false premise—how the decline of infectious disease in the West was the result of non-medical factors: basic sanitation, elimination of overcrowding, the rise of the middle class, and improved nutrition.

The vaccination PR campaign has the objective of making everyone into a Group. One big group. All of humanity. Interdependent. The Global Village. That's the vector of attack against our freedom to choose, to vaccinate or not:

“No, you can't do that. You're part of everyone else, and if you don't follow our vaccine directives, you're endangering the collective.”

It works beautifully, once you accept the basic fallacious medical view of disease—one germ, one cause, one remedy, one method of prevention.

This is why, for the last 23 years, I've been educating people on the fact that medical propaganda and enforcement is the very best method for attaining long-range political control. The propaganda has no apparent partisan slant. It seems to favor no political cause at all. It has a neutral concerned scientific attitude. Along with, of course, the notion that the experts know everything and we, the children, know nothing.

And since we know nothing, we have no right to exercise our freedom to choose. That freedom stops at the door of “science.”

If you believe that one, you're cooked. They've got you.

Look up the road into the future. Use a little common sense and a little imagination, and you'll be able to see where this is heading. Unless it's derailed.

I'm betting it's not a place you want to be.

That's why freedom matters.

I know, freedom is now a dirty word. Well, that's the result of a whole other propaganda op.

They're connected, believe me. The medical cartel and collectivism. They're on an elite chessboard.

Two streams coming together.

Here are the best statistics I could find for the phony epidemics I've been talking about. These are global, and cumulative:

SARS: 774 deaths.

WEST NILE: 1,088 deaths

BIRD FLU: 262 deaths

SWINE FLU (H1N1): 25,000 deaths.

Keep in mind that the CDC claims ordinary seasonal flu in the US kills 36,000 people *a year*, and the World Health Organization states that ordinary seasonal flu kills between 300,000 and 500,000 people *a year*, globally. None of this is called an epidemic.

JON RAPPOPORT

www.nomorefakenews.com
qjrconsulting@gmail.com

Visit the site, sign up for the email list and free receive free articles, and order a copy of my e-book, THE OWNERSHIP OF ALL LIFE, in pdf or Kindle format.

These vaccines are made in a culture of human cells from HUMAN FETUSES that have been aborted—or they have genetic material, proteins, or debris obtained from bio-cultures created from such fetuses. Source: Sound Choice Pharmaceutical Institute.

Polio	PolioVax, Pentacel, DT Polio Absorbed, Quadracel (Sanofi)
Measles, Mumps, Rubella	MMR II, Meruvax II, MRVax, Biovax, ProQuad, MMR-V (Merck) Priorix, Erolalix (GlaxoSmithKline)
Varicella (Chickenpox and Shingles)	Varivax, ProQuad, MMR-V, Zostavax (Merck) Varilix (GlaxoSmithKline) Vaqta (Merck)
Hepatitis A	Havrix, Twinrix (GlaxoSmithKline) Avaxim, Vivaxim (Sanofi) Epaxal (Crucell/Berna)
Rabies	Imovax (Sanofi)

WHEN THE BLOOD BOILS

VACCINES AND AUTISM

by Jon Rappoport

Lies passed around like conjured pieces of gold. Medical liars speaking their messages with straight faces, from their pulpits of influence.

We've watched them work. We've experienced the inner sensation of blood boiling; outrage.

Who are these people? Where did they come from? How did they attain their positions of power? Are they a different species?

And like you, I have watched the passive faces of audiences as they take in these lies, as they know something is wrong, as they refuse to act.

If you control the meaning of words like “evidence,” “cause,” “relationship between,” you own the playing field. You can manipulate outcomes and conclusions, and you can define science itself.

Your power derives from ownership of those simple words.

Suppose a healthy baby with all his faculties intact receives a barrage of vaccines at 15 months. Then, three days later, his temperature soars to 105, he has seizures, he screams, and then he goes silent. He withdraws from the world, from his parents. In the ensuing months, he doesn't speak. He doesn't laugh. He shows no interest in life around him. He doesn't recover from this. He doesn't regain his former health.

In what sense can it be said that the vaccines caused his condition? That may seem like an absurd question to be asking, but scientists claim it is important. So do judges and government officials. So do drug companies who make and sell vaccines.

They claim it's very important, because they want to maintain control over the concept of “cause.” It's their protection in the racket they are running.

Can we track the path, step by step, of these vaccine ingredients as they are injected into a baby and make their way through his system? Can we observe every reaction they produce, in sequence, all the way into and through the recesses of the nervous system and the brain?

Of course not.

By such an impossible standard, everyone falls short.

If perverse officials and scientists suddenly invoke that standard, can anyone fulfill it? No.

But make sure you understand that scientists and bureaucrats judge their own work by far looser principles.

They assert, for example, with psychotic arrogance that the underlying cause of autism is in the genes, although their research has only given them the foggiest of reasons for even beginning to crawl out on that limb—where they crow and lie and ask for more research money.

They say ADHD is created by certain brain abnormalities, even though their scans produce on-again off-again evidence—which, finally, is no evidence at all.

In fact, for every one of the 297 so-called mental disorders that are named and defined and described in the official bible of psychiatric literature, there is not one, not one lucid diagnostic test to back up, biologically, their disease labels and descriptions and definitions.

It's a game. “We may hold you to an impossible standard. We hold ourselves to no standard at all.”

So you should be aware that, if you choose to enter this game, for whatever reasons, you are playing against a monumentally stacked deck.

The powers-that-be will do everything they can to subvert, deny, and destroy THE STORY OF ONE PARENT ABOUT ONE CHILD.

Why? Because the story is too convincing. It's too obvious. It's too real. It's too DEVASTATING. It's too dangerous.

“My child was healthy. He was vaccinated. Then he collapsed. He never recovered.”

With that, you are setting dynamite on the rails of the medical princes.

And you are also waking up other parents whose stories are essentially the same. You are igniting a fire in their heads.

Can you imagine what would happen if you said, “Look, my child was hit by a cluster of vaccines delivered when he was fifteen months old, and he was never the same after that, and THAT is what I'm seeking compensation for, and that is ALL I'm seeking compensation for. I don't care what you call it, what name you give to it.”

And the government said, “Well, all right.”

The ensuing flood would drown them. And would drown the vaccine manufacturers, too.

You must be stopped.

And the way they will stop you is by manipulating the word “cause.” That's all. That's their entire policy and program. They execute it on an arcane and pseudo-technical level, employing models and constructs and numbers in their private little universe, while they polish their credentials.

They don't want YOUR STORY to stand naked in front of the public.

Of course it is obvious that, when health turns to tragedy, the vaccines were at fault, just as when a blow to the head causes memory loss. Of course everyone concerned knows the truth.

But they say: science is not done this way. We must have “evidence of causation.” They occasionally throw a few crumbs to parents whose child was brain-damaged by a vaccine. But in the main, they conjure up a version of pseudo-science and use it to obfuscate the otherwise unpardonable reality of what the vaccine has done.

And how does this conjured and manufactured science work?

It starts with the owned and operated definition of a disease or disorder. In the case of autism, the old behavioral criteria are dragged out. Here they are. I'm sorry for loading the full display on you, but I want you to see it in print. This is what they say autism is:

The following is from Diagnostic and Statistical Manual of Mental Disorders: DSM IV]

(I) A total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

(A) qualitative impairment in social interaction, as manifested by at least two of the following:

1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
2. failure to develop peer relationships appropriate to developmental level
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)

4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids)

(B) qualitative impairments in communication as manifested by at least one of the following:

1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
3. stereotyped and repetitive use of language or idiosyncratic language
4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
2. apparently inflexible adherence to specific, nonfunctional routines or rituals
3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)
4. persistent preoccupation with parts of objects

(II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

(A) social interaction

(B) language as used in social communication

(C) symbolic or imaginative play

(III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

And now you have the full and complete definition of autism from the official manual. There is no other definition. There are no physical tests or blood tests or brain scans. There is only this menu of behaviors.

And there are many so-called related disorders, and each one has its similar complex behavioral definition. These depictions overlap. But no matter. As far as the psychiatrists and pediatricians and medical bureaucrats are concerned, autism is defined. Engraved on tablets.

Does, in the judgment of a doctor, your child fit the definition or doesn't he? The word is given from on high. The decision is rendered. And we are then one step removed from the reality of the simple and brutal destroying effects of the vaccines. This is good for them. They are now in familiar territory. Protected land.

Now they can say, "Your child, who at fifteen months collapsed, has autism."

This is the bridge to the next giant step. Which is:

"We have determined that vaccines are not the cause of autism."

"We know this."

"We have proved this."

Therefore, you're trapped. Your child has been painted with the label "autism"--and perhaps you were actually hoping for that, because you knew something was terribly wrong, and the designation confirms you were correct. But as far as making a link to the vaccines, you're suddenly at their mercy.

If they decide to compensate you through the federal vaccine compensation system, they will say, "Well, your child actually is suffering from encephalopathy and has autism-like symptoms." But far more frequently, they will fall back on their pronouncement that vaccines and autism are unconnected, and you will get nothing.

How did these medical experts and their bureaucratic partners determine that vaccines are not the cause of autism?

They examined studies. And the studies “found no link.” In particular, there is the key Verstraeten study, published in two phases. Three HMOs' records of babies were considered by Verstraeten and his colleagues.

I'm going to quote from the study and then comment:

“Results. In phase I at HMO A, cumulative exposure at 3 months resulted in a significant positive association with tics (relative risk [RR]: 1.89; 95% confidence interval [CI]: 1.05–3.38). At HMO B, increased risks of language delay were found for cumulative exposure at 3 months (RR: 1.13; 95% CI: 1.01–1.27) and 7 months (RR: 1.07; 95% CI: 1.01–1.13). In phase II at HMO C, no significant associations were found. In no analyses were significant increased risks found for autism or attention-deficit disorder.”

“Conclusions. No consistent significant associations were found between TCVs and neurodevelopmental outcomes. Conflicting results were found at different HMOs for certain outcomes. For resolving the conflicting findings, studies with uniform neurodevelopmental assessments of children with a range of cumulative thimerosal exposures are needed.”

First of all, notice how far away we are from that basic fact that vaccines were delivered to your child and your child collapsed and never recovered. We are miles from that. We're now discussing correlations between vaccines containing mercury (thimerosal) and various indicators and labels: tics, language delay, autism, attention-deficit disorder, neurodevelopmental outcomes.

We now have a complex situation. First of all, in order to conclude that mercury-containing vaccines are correlated with autism or attention-deficit disorder, the researchers would have to have observed, in these children's medical records, reports detailing all the behavioral criteria THE RESEARCHERS ASSUME add up to a positive diagnosis of these two INVENTED disorders—neither of which even exists on the basis of actual biological or chemical tests of any kind.

So essentially, if we make the translation from psychiatric-speak to basic English, we have this: “There is no convincing correlation between mercury-containing vaccines and those disorders we invented by slicing and dicing human behavior into compartments and giving them disease-labels.”

This is staggering when you think about it.

Continuing: In the first HMO records, Verstraeten and his colleagues found a significant correlation between the vaccines and tics. As in facial tics. Why is that important? Because tics can be a sign of motor brain damage. They have a name for that: tardive dyskinesia. But it means brain damage.

However, if you look at the concocted definitions of the concocted disorders called autism and ADD, you'll find no mention of tics or tardive dyskinesia. Therefore, an increased risk of tics doesn't bring the researchers any closer to connecting vaccines and autism—simply because autism wasn't defined that way. It wasn't invented that way.

Perusing the records at the second HMO, Verstraeten found an increased risk of language delay. The babies didn't start speaking when normally expected to. This is one of the listed criteria for a diagnosis of autism, but of course it is not enough, by the concocted rules of the game, to rate a placing of the invented label, autism, on any of those children.

At the third HMO, which was investigated as a separate phase 2 of the study, researchers found no significant associations—meaning no tics, no language delay...nothing that would rate a diagnosis of autism or suggest the presence of any of the invented symptoms of autism.

All in all, Verstraeten and his colleagues found no reason to conclude that mercury-containing vaccines were correlated with autism or other signals of neurological problems.

He played off one HMO against another: “In this one, we found X. But in the other one, we didn't. We found Y instead. And in the third one, we found neither X nor Y.” Why didn't he simply use all three HMOs as one reservoir?

Possibly because he was trying to guard against the possibility of biased records at one HMO. Who knows?

And why didn't he conclude, "All in all, we discovered some evidence of harm from the vaccines."

Again, notice how far we are from the actual event of vaccines causing brain damage in a child.

The study decides that there is no increased risk, from vaccines, for autism or ADD. And that's that. "Further research" is needed.

A child harmed by vaccines could have a tiny brain lesion or severe immune deficiency or a rewired connection somewhere deep in the recesses of the brain—undetected—but none of this matches up to the invented criteria for a diagnosis of autism.

Millions of people actually believe that autism is a distinct entity which was "discovered," like a pre-set embedded pattern of errant pathways in the brain. And when those people are told, by experts, that vaccines don't cause it, the PR value is enormous. For doctors who give the vaccines, for drug companies, for public-health agencies.

This is all a ruse. It's a fabrication, and the studies that follow from it serve to mask the facts of vaccine damage.

They invent define the disorder, they have no definitive diagnostic tests for it, they conclude that vaccines don't cause it. It's one fantasy after another.

It's as if you drew a map of a gold mine that doesn't exist, and then you passed a law forbidding people from searching for it.

There are various degrees and events of tragic and lasting impact-damage that are laid upon children by vaccines. That's TRUTH. There is no such thing as autism. It is a construct ultimately designed to get certain people off the hook. And to make profit. And to engender money for research.

They will never find a cure for autism, because it doesn't exist, except as a menu of behaviors wrapped inside their fantasy. Of course, if they were in the world, the world you live in, they would acknowledge that vaccines do cause brain and neurological damage, and they would compensate for that. They would act in a straightforward and honest fashion.

I spoke to one psychiatrist off the record, who said, “A genetic cause for autism? Are you serious? Autism is an artifact to begin with. So how do you find a gene that causes a fairy tale?”

JON RAPPOPORT

INTERVIEW WITH AN EX-VACCINE RESEARCHER

by Jon Rappoport

About 10 years ago, I was contacted by a friend who put me in touch with an ex-vaccine researcher, who called himself Mark Randall, a pseudonym. Mark and I met a few times, and mostly he talked and spelled out conditions under which he might submit to an interview.

He was very protective of his family, and he told me people just didn't understand the difference between a reporter uncovering unpleasant facts about a crime, and a person from within "the Club" doing the same thing.

"You see," he said, "the Club is committing the crime. If one of their own steps out of line and blows the whistle, the punishment can be much more severe."

And in his case, since he had a career in vaccines, he would be speaking with authority.

So Mark made all sorts of provisions about this possible interview, and he emphasized that, once the interview was done, he would never talk to anyone about vaccines again. Nor would he give in to requests from me to go public.

I told him I had to confirm he was who he said he was. I had to confirm his background in vaccine research. He understood this, and he was prepared for it. So we worked through some fairly delicate procedures by which I could satisfy myself about his identity and experience, without alerting anyone to the fact that he was about to do an off-the-record interview.

At the end of it, I was satisfied.

Still, he wasn't ready to be interviewed. We continued to talk, and it was obvious he was looking to see whether he could trust me.

During these conversations, he told me many things about what I—and then he—was calling the Medical Cartel. He had dug deep, far beyond the vaccine issue. He had run down some previous articles of mine, and had satisfied himself that, indeed, the medical cartel had a covert political agenda, and was part of wide-ranging operation, run from above, to weaken populations and make them into cradle-to-grave patients...and thus easier to control.

In the years since the single interview I (finally) did with Mark, he has remained true to his promise. He has not gone public. He has not spoken to anyone else about vaccines. In fact, several years ago, I lost touch with him, and I have no idea where he is. The connection between us had always been tenuous, and then it became non-existent.

Here is an excerpt from the interview:

Q: You were once certain that vaccines were the hallmark of good medicine.

A: Yes I was. I helped develop a few vaccines. I won't say which ones.

Q: Why not?

A: I want to preserve my privacy.

Q: So you think you could have problems if you came out into the open?

A: I believe I could lose my pension.

Q: On what grounds?

A: The grounds don't matter. These people have ways of causing you problems, when you were once part of the Club. I know one or two people who were put under surveillance, who were harassed.

Q: Harassed by whom?

A: The FBI.

Q: Really?

A: Sure. The FBI used other pretexts. And the IRS can come calling too.

Q: So much for free speech.

A: I was "part of the inner circle." If now I began to name names and make specific accusations against researchers, I could be in a world of trouble.

Q: What is at the bottom of these efforts at harassment?

A: Vaccines are the last defense of modern medicine. Vaccines are the ultimate justification for the overall "brilliance" of modern medicine.

Q: Do you believe that people should be allowed to choose whether they should get vaccines?

A: On a political level, yes. On a scientific level, people need information, so that they can choose well. It's one thing to say choice is good. But if the atmosphere is full of lies, how can you choose? Also, if the FDA were run by honorable people, these vaccines would not be granted licenses. They would be investigated to within an inch of their lives.

Q: There are medical historians who state that the overall decline of illnesses was not due to vaccines.

A: I know. For a long time, I ignored their work.

Q: Why?

A: Because I was afraid of what I would find out. I was in the business of developing vaccines. My livelihood depended on continuing that work.

Q: And then?

A: I did my own investigation.

Q: What conclusions did you come to?

A: The decline of disease is due to improved living conditions.

Q: What conditions?

A: Cleaner water. Advanced sewage systems. Nutrition. Fresher food. A decrease in poverty. Germs may be everywhere, but when you are healthy, you don't contract the diseases as easily.

Q: What did you feel when you completed your own investigation?

A: Despair. I realized I was working a sector based on a collection of lies.

Q: Are some vaccines more dangerous than others?

A: Yes. The DPT shot, for example. The MMR. But some lots of a vaccine are more dangerous than other lots of the same vaccine. As far as I'm concerned, all vaccines are dangerous.

Q: Why?

A: Several reasons. They involve the human immune system in a process that tends to compromise immunity. They can actually cause the disease they are supposed to prevent. They can cause other diseases than the ones they are supposed to prevent.

Q: Why are we quoted statistics which seem to prove that vaccines have been tremendously successful at wiping out diseases?

A: Why? To give the illusion that these vaccines are useful. If a vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a success. But, under the surface, the vaccine can harm the immune system itself. And if it causes other diseases -- say, meningitis -- that fact is masked, because no one believes that the vaccine can do that. The connection is overlooked.

Q: It is said that the smallpox vaccine wiped out smallpox in England.

A: Yes. But when you study the available statistics, you get another picture.

Q: Which is?

A: There were cities in England where people who were not vaccinated did not get smallpox. There were places where people who were vaccinated experienced smallpox epidemics. And smallpox was already on the decline before the vaccine was introduced.

Q: So you're saying that we have been treated to a false history.

A: Yes. That's exactly what I'm saying. This is a history that has been cooked up to convince people that vaccines are invariably safe and effective.

Q: Now, you worked in labs. Where purity was an issue.

A: The public believes that these labs, these manufacturing facilities are the cleanest places in the world. That is not true. Contamination occurs all the time. You get all sorts of debris introduced into vaccines.

Q: For example, the SV40 monkey virus slips into the polio vaccine.

A: Well yes, that happened. But that's not what I mean. The SV40 got into the polio vaccine because the vaccine was made by using monkey kidneys. But I'm talking about something else. The actual lab conditions. The mistakes. The careless errors. SV40, which was later found in cancer tumors -- that was what I would call a structural problem. It was an accepted part of the manufacturing process. If you use monkey kidneys [to culture vaccines], you open the door to germs which you don't know are in those kidneys.

Q: Okay, but let's ignore that distinction between different types of contaminants for a moment. What contaminants did you find in your many years of work with vaccines?

A: All right. I'll give you some of what I came across, and I'll also give you what colleagues of mine found. Here's a partial list. In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called "brain-eating" amoeba.

Simian cytomegalovirus in polio vaccine. Simian foamy virus in the rotavirus vaccine. Bird-cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I've found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog, and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine.

Q: Let me get this straight. These are all contaminants which don't belong in the vaccines.

A: That's right. And if you try to calculate what damage these contaminants can cause, well, we don't really know, because no testing has been done, or very little testing. It's a game of roulette. You take your chances. Also, most people don't know that some polio vaccines, adenovirus vaccines, rubella and hep A and measles vaccines have been made with aborted human fetal tissue. I have found what I believed were bacterial fragments and poliovirus in these vaccines from time to time -- which may have come from that fetal tissue. When you look for contaminants in vaccines, you can [also] come up with material that IS puzzling. You know it shouldn't be there, but you don't know exactly what you've got. I have found what I believed was a very small "fragment" of human hair and also human mucus. I have found what can only be called "foreign protein," which could mean almost anything. It could mean protein from viruses.

Q: Alarm bells are ringing all over the place.

A: How do you think I felt? Remember, this material is going into the bloodstream without passing through some of the ordinary immune defenses.

Q: How were your findings received?

A: Basically, it was, don't worry, this can't be helped. In making vaccines, you use various animals' tissue, and that's where this kind of contamination enters in. Of course, I'm not even mentioning the standard chemicals like formaldehyde, mercury, and aluminum which are purposely put into vaccines.

Q: This information is pretty staggering.

A: Yes. And I'm just mentioning some of the biological contaminants. Who knows how many others there are? Others we don't find because we don't think to look for them. If tissue from, say, a bird is used to make a vaccine, how many possible germs can be in that tissue? We have no idea. We have no idea what they might be, or what effects they could have on humans.

Q: And beyond the purity issue?

A: You are dealing with the basic faulty premise about vaccines. That they intricately stimulate the immune system to create the conditions for immunity from disease. That is the bad premise. It doesn't work that way. A vaccine is supposed to "create" antibodies which, indirectly, offer protection against disease. However, the immune system is much larger and more involved than antibodies and their related "killer cells."

Q: The immune system is?

A: The entire body, really. Plus the mind. It's all immune system, you might say. That is why you can have, in the middle of an epidemic, those individuals who remain healthy.

Q: So the level of general health is important.

A: More than important. Vital.

Q: How are vaccine statistics falsely presented?

A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then, you've concealed the root cause of the problem.

Q: And that happens?

A: All the time. It HAS to happen, if the doctors automatically assume that people who get vaccines DO NOT come down with the diseases they are now supposed to be protected from. And that is exactly what doctors assume. You see, it's circular reasoning. It's a closed system. It admits no fault. No possible fault. If a person who gets a vaccine against hepatitis gets hepatitis, or gets some other disease, the automatic assumption is, this had nothing to do with the vaccine.

Q: In your years working in the vaccine establishment, how many doctors did you encounter who admitted that vaccines were a problem?

A: None. There were a few who privately questioned what they were doing. But they would never go public, even within their companies.

Q: What was the turning point for you?

A: I had a friend whose baby died after a DPT shot.

Q: Did you investigate?

A: Yes, informally. I found that this baby was completely healthy before the vaccination. There was no reason for his death, except the vaccine. That started my doubts. Of course, I wanted to believe that the baby had gotten a bad shot from a bad lot. But as I looked into this further, I found that was not the case in this instance. I was being drawn into a spiral of doubt that increased over time. I continued to investigate. I found that, contrary to what I thought, vaccines are not tested in a scientific way.

Q: What do you mean?

A: For example, no long-term studies are done on any vaccines. Long-term follow-up is not done in any careful way. Why? Because, again, the assumption is made that vaccines do not cause problems. So why should anyone check? On top of that, a vaccine reaction is defined so that all bad reactions are said to occur very soon after the shot is given. But that does not make sense.

Q: Why doesn't it make sense?

A: Because the vaccine obviously acts in the body for a long period of time after it is given. A reaction can be gradual. Deterioration can be gradual. Neurological problems can develop over time. They do in various conditions, even according to a conventional analysis. So why couldn't that be the case with vaccines? If chemical poisoning can occur gradually, why couldn't that be the case with a vaccine which contains mercury?

Q: And that is what you found?

A: Yes. You are dealing with correlations, most of the time. Correlations are not perfect. But if you get 500 parents whose children have suffered neurological damage during a one-year period after having a vaccine, this should be sufficient to spark off an intense investigation.

Q: Has it been enough?

A: No. Never. This tells you something right away.

Q: Which is?

A: The people doing the investigation are not really interested in looking at the facts. They assume that the vaccines are safe. So, when they do investigate, they invariably come up with exonerations of the vaccines. They say, "This vaccine is safe." But what do they base those judgments on? They base them on definitions and ideas which automatically rule out a

condemnation of the vaccine.

Q: There are numerous cases where a vaccine campaign has failed. Where people have come down with the disease against which they were vaccinated.

A: Yes, there are many such instances. And there the evidence is simply ignored. It's discounted. The experts say, if they say anything at all, that this is just an isolated situation, but overall the vaccine has been shown to be safe. But if you add up all the vaccine campaigns where damage and disease have occurred, you realize that these are NOT isolated situations.

Q: Did you ever discuss what we are talking about here with colleagues, when you were still working in the vaccine establishment?

A: Yes I did.

Q: What happened?

A: Several times I was told to keep quiet. It was made clear that I should go back to work and forget my misgivings. On a few occasions, I encountered fear. Colleagues tried to avoid me. They felt they could be labeled with "guilt by association." All in all, though, I behaved myself. I made sure I didn't create problems for myself.

Q: If vaccines actually do harm, why are they given?

A: First of all, there is no "if." They do harm. It becomes a more difficult question to decide when they do harm in those people who seem to show no harm. Then you are dealing with the kind of research which should be done, but isn't. Researchers should be probing to discover a kind of map, or flow chart, which shows exactly what vaccines do in the body from the moment they enter. This research has not been done. As to why they are given, we could sit here for two days and discuss all the reasons. As you've said many times, at different layers of the system people have their motives. Money, fear of losing a job, the desire to win brownie points, prestige, awards, promotion, misguided idealism, unthinking habit, and so on.

Q: The furor over the hepatitis B vaccine...

A: To say that babies must have the vaccine--and then in the next breath, admitting that a person gets hep B from sexual contacts and shared needles -- is a ridiculous juxtaposition. Medical authorities try to cover themselves by saying that 20,000 or so children in the US get hep B every year from "unknown causes," and that's why every baby must have the vaccine. I dispute that 20,00 figure and the so-called studies that back it up.

Q: Andrew Wakefield, the British MD who uncovered the link between the MMR vaccine and autism, has just been fired from his job in a London hospital.

A: Yes. Wakefield performed a great service. His correlations between the vaccine and autism are stunning. Perhaps you know that Tony Blair's wife is involved with alternative health. There is the possibility that their child has not been given the MMR. Blair recently side-stepped the question in press interviews, and made it seem that he was simply objecting to invasive questioning of his "personal and family life." In any event, I believe his wife has been muzzled. I think, if given the chance, she would at least say she is sympathetic to all the families who have come forward and stated that their children were severely damaged by the MMR.

Q: British reporters should try to get through to her.

A: They have been trying. But I think she has made a deal with her husband to keep quiet, no matter what. She could do a great deal of good if she breaks her promise. I have been told she is under pressure, and not just from her husband. At the level she occupies, MI6 and British health authorities get into the act. It is thought of as a matter of national security.

Q: Well, it is national security, once you understand the medical cartel.

A: It is global security. The cartel operates in every nation. It zealously guards the sanctity of vaccines. Questioning these vaccines is on the same level as a Vatican bishop questioning the sanctity of the sacrament of the Eucharist in the Catholic Church.

Q: I know that a Hollywood celebrity stating publicly that he will not take a vaccine [might be] committing career suicide.

A: Hollywood is linked very powerfully to the medical cartel. There are several reasons, but one of them is simply that an actor who is famous can draw a huge amount of publicity if he says ANYTHING. In 1992, I was present at your demonstration against the FDA in downtown Los Angeles. One or two actors spoke against the FDA. Since that time, you would be hard pressed to find an actor who has spoken out in any way against the medical cartel.

Q: Within the National Institutes of Health, what is the mood, what is the basic frame of mind?

A: People are competing for research monies. The last thing they think about is challenging the status quo. They are already in an intramural war for that money. They don't need more trouble. This is a very insulated system. It depends on the idea that, by and large, modern medicine is very successful on every frontier. To admit systemic problems in any area is to cast doubt on the whole enterprise.

Q: What about the combined destructive power of a number of vaccines given to babies these days?

A: It is a travesty and a crime. There are no real studies of any depth which have been done on that. Again, the assumption is made that vaccines are safe, and therefore any number of vaccines given together are safe as well. But the truth is, vaccines are not safe. Therefore the potential damage increases when you give many of them in a short time period.

Q: Then we have the fall flu season.

A: Yes. As if only in the autumn do these germs float in to the US from Asia. The public swallows that premise. If it happens in April, it is a bad cold. If it happens in October, it is the flu.

Q: Do you regret having worked all those years in the vaccine field?

A: Yes. But after this interview, I'll regret it a little less. And I work in other ways. I give out information to certain people, when I think they will use it well.

Q: What is one thing you want the public to understand?

A: That the burden of proof in establishing the safety and efficacy of vaccines is on the people who manufacture and license them for public use. Just that. The burden of proof is not on you or me. And for proof you need well-designed long-term studies. You need extensive follow-up. You need to interview mothers and pay attention to what mothers say about their babies and what happens to them after vaccination. You need all these things. The things that are not there.

Q: The things that are not there.

A: Yes.

Q: To avoid any confusion, I'd like you to review, once more, the disease problems that vaccines can cause. Which diseases, how that happens.

A: We are basically talking about two potential harmful outcomes. One, the person gets the disease from the vaccine. He gets the disease which the vaccine is supposed to protect him from. Because, some version of the disease is in the vaccine to begin with. Or two, he doesn't get THAT disease, but at some later time, maybe right away, maybe not, he develops another condition which is caused by the vaccine. That condition could be autism,

what's called autism, or it could be some other disease like meningitis. He could become mentally disabled.

Q: Is there any way to compare the relative frequency of these different outcomes?

A: No. Because the follow-up is poor. We can only guess. If you ask, out of a population of a hundred thousand children who get a measles vaccine, how many get the measles, and how many develop other problems from the vaccine, there is a no reliable answer. That is what I'm saying. Vaccines are superstitions. And with superstitions, you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition. But, from many vaccine campaigns, we can piece together a narrative that does reveal some very disturbing things. People have been harmed. The harm is real, and it can be deep and it can mean death. The harm is NOT limited to a few cases, as we have been led to believe. In the US, there are groups of mothers who are testifying about autism and childhood vaccines. They are coming forward and standing up at meetings. They are essentially trying to fill in the gap that has been created by the researchers and doctors who turn their backs on the whole thing.

Q: Let me ask you this. If you took a child in, say, Boston and you raised that child with good nutritious food and he exercised every day and he was loved by his parents, and he didn't get the measles vaccine, what would be his health status compared with the average child in Boston who eats poorly and watches five hours of TV a day and gets the measles vaccine?

A: Of course there are many factors involved, but I would bet on the better health status for the first child. If he gets measles, if he gets it when he is nine, the chances are it will be much lighter than the measles the second child might get. I would bet on the first child every time.

Q: How long did you work with vaccines?

A: A long time. Longer than ten years.

Q: Looking back now, can you recall any good reason to say that vaccines are successful?

A: No, I can't. If I had a child now, the last thing I would allow is vaccination. I would move out of the state if I had to. I would change the family name. I would disappear. With my family. I'm not saying it would come to that. There are ways to sidestep the system with grace, if you know how to act. There are exemptions you can declare, in every state, based on religious and/or philosophic views. But if push came to shove, I would go on the move.

Q: And yet there are children everywhere who do get vaccines and appear to be healthy.

A: The operative word is "appear." What about all the children who can't focus on their studies? What about the children who have tantrums from time to time? What about the children who are not quite in possession of all their mental faculties? I know there are many causes for these things, but vaccines are one cause. I would not take the chance. I see no reason to take the chance. And frankly, I see no reason to allow the government to have the last word. Government medicine is, from my experience, often a contradiction in terms. You get one or the other, but not both.

Q: So we come to the level playing field.

A: Yes. Allow those who want the vaccines to take them. Allow the dissidents to decline to take them. But, as I said earlier, there is no level playing field if the field is strewn with lies. And when babies are involved, you have parents making all the decisions. Those parents need a heavy dose of truth. What about the child I spoke of who died from the DPT shot? What information did his parents act on? I can tell you it was heavily weighted. It was not real information.

Q: Medical PR people, in concert with the press, scare the hell out of parents with dire scenarios about what will happen if their kids don't get shots.

A: They make it seem a crime to refuse the vaccine. They equate it with bad parenting. You fight that with better information. It is always a challenge to buck the authorities. And only you can decide whether to do it. It is every person's responsibility to make up his mind. The medical cartel likes that bet. It is betting that the fear will win.

END

JON RAPPOPORT

THE DEEPER TRUTH ABOUT VACCINES

by Jon Rappoport

After years of research on vaccines, I have stepped back and thought about some very basic issues, and I'm going to present that information to you now.

First of all, we are told that, as a result of widespread vaccination against various diseases, those diseases have been wiped out.

Well, do we really know that? Ivan Illich, a masterful writer on medical subjects, blew this myth wide open by indicating, in his landmark book, *Medical Nemesis*, that the curtailment of infectious diseases in the West really occurred because of improvements in sanitation, less overcrowding in cities, and better nutrition.

Other insightful commentators, like Leon Chaitow, have remarked that traditional diseases were already on the wane before vaccines were ever introduced.

However, for example, in the case of measles, it appears there were perhaps half a million cases of the illness before the vaccine was invented—and then a rapid shrinking of case reports did occur.

The situation isn't crystal clear.

In the 1970s, the World Health Organization (WHO) announced their massive vaccination campaign in Africa eliminated smallpox.

But during this period, at a meeting in Geneva, WHO officials decided they would put the vaccine on the shelf and never use it

again. Why? Because it CAUSED cases of smallpox.

During the Bush administration, you might recall there was a smallpox scare promoted by the government. We were warned a terrorist attack with the smallpox virus as a weapon was imminent. So vaccination centers were set up all over the US. Then, from many doctors, word began to leak out that the vaccine was dangerous. It could CREATE the disease in people whose immune systems were weak. The whole vaccination program collapsed, and it was ended.

How could the World Health Organization say it had wiped out smallpox in Africa, if the vaccine it was using to do the job was capable of creating many, many new cases of smallpox? Remember, millions of people stuck with the needle did, in fact, have very, very weak immune systems.

These contradictions aren't easy to resolve.

I saw a glint of light back in the late 1980s, while I was writing my first book, AIDS INC. I had several conversations about vaccines with Richard Moskowitz, Harvard MD, homeopath. What emerged from our talks was this:

A vaccine can put a damper on the VISIBLE SYMPTOMS of a disease. For example, a child might receive a measles vaccine, and then later, when the real disease (measles) comes along, you see none of the red rashes and bumps. Therefore, it's assumed the child doesn't have measles.

What do the rashes and bumps of measles actually mean? What story do they tell? Are those rashes the disease itself? No. They are

evidence that the body is undertaking A FULL INFLAMMATORY RESPONSE to the virus. The body's immune system is throwing off the virus, which is also why the child has a fever. This is how the body's immune system works when it is strong. The rashes and bumps (swelling) are the body's “inflamed effort” to get rid of the illness.

Before the measles vaccine was invented, most kids with measles would get sick for a short time, their fever would spike, the rashes would appear, and then the whole business would subside and go away. The body had staged an acute and powerful push-back, and it worked.

And then, forever after, the child would be immune to measles. This is called natural immunity.

So then, what is happening to a vaccinated child when measles comes along, and there are no signs of the illness? No rashes, no fever. If the rashes and the fever are good things, signs the immune system is working, then should we say the vaccine is causing immunity to measles—or should we say the vaccine is somehow repressing the immune system and its full inflammatory response? If the latter, then this would be a bad thing.

Dr. Moskowitz postulated that the vaccine initiated a kind of LOW-LEVEL CHRONIC WAR between the immune system and the measles virus in the vaccine...and this, over time, weakened the immune system and “distracted” it...so that when the real disease (measles) came along later, the immune system WAS NOT ABLE to respond effectively.

The whole apparatus of immune-response had changed in the child.

Changed for the worse.

As a very loose analogy, think of it this way: an army invades a king's castle and enters it. You're standing outside across the moat. You expect to hear signs of battle from inside the high castle walls...but you hear nothing. Should you assume the king's forces are so formidable and overwhelming that the invaders are laying down their arms right away? Or should you infer that the king's soldiers are so weak it is **THEY** who are surrendering to the invaders?

If the body of a vaccinated child can no longer mount a full immune response, with all the signs of inflammation, the usual rashes and bumps, this would be a bad thing, not evidence of immunity.

To put it still another way, when a child becomes ill, we expect to see the fever and the rashes. That tells us the child is strong. This is the acute phase of illness, which passes. If we **DON'T** see these signs, we have to wonder what is going on, what went wrong.

So, to take this to a macro level, if a huge population is vaccinated against disease X, and years later, the reported cases of X have plummeted, rather than celebrating, we should be alarmed because the visible symptoms of X are no longer present in the population. We no longer have evidence that the immune systems of all these people can mount a full inflammatory response against X.

And if the immune systems of all these people are weakened by the vaccine, then they can fall ill in various ways, across time—and when they do, it will seem as if they are contracting new diseases, when in fact they are becoming ill because their immune systems can no longer fight off outside invaders of all kinds.

That would explain why the smallpox vaccine and the measles vaccine SEEMED to put an end to measles and smallpox.

If this were the end of the story, we could all go over this material and understand it and come to a new awareness about vaccines, and leave it at that.

But the story has another twist.

And the vaccine-autism connection shows this. Some children, after vaccination, develop very serious encephalopathy—which includes swelling of the brain—and then the children retreat from the world.

In these tragic instances, we are seeing an OVERREACTION of the immune system. It is mounting an inflammatory response (swelling) in a location (the brain) where the body would never normally take these risks...because when the brain swells, all sorts of terrible things can go wrong.

So this is the other side of the coin: an immune system that is out of control, that is doing too much, and in the wrong place.

Can we blame the immune system, though? Of course not. Something in the vaccine that perhaps penetrates the blood-brain barrier and enters the brain has raised a red flag. And the immune system rushes troops to the brain and stages a defense. Thus, the swelling. But the inflammatory response is too sudden and too powerful, and the processes of the brain are impaired.

The same sort of thing can happen in the gut, when a child is given a vaccine. This is what Dr. Andrew Wakefield and his colleagues

discovered in the mid-1990s in England. When given the MMR vaccine (measles, mumps, rubella), a small group of autistic children developed gastrointestinal inflammation. But this wasn't the usual strong, acute, temporary kind of inflammatory response. It was chronic and debilitating.

There is a medical category called “atypical measles,” which occurs in previously vaccinated children, and in this case the swelling develops into leaking sores on the body. Obviously, not your expected or normal or beneficial inflammatory defense.

Conclusion? Vaccinations can cause the immune system to weaken and become flaccid, or vaccinations can cause the opposite reaction—an over-response by the immune system. Both are dangerous.

Let's move on to an even more basic issue. Why give vaccines? What is the theory behind their use?

Conventional wisdom has it that a vaccine is a “rehearsal” for the real thing. A “mini-case” of a disease is injected into the body. The immune system responds positively—and therefore, in later years, when the real disease comes along, the immune system will “remember the rehearsal” and soundly defeat the intruder.

Questions arise. Why does the immune system need rehearsal? It is built to ward off invaders. That's its nature. We know, from countless examples, that when a healthy person, with an intact and proper-functioning immune system, encounters a germ, the healthy person wins. So a vaccine was unnecessary.

This, in fact, is a secret conventional medical practitioners,

researchers, and bureaucrats try to conceal. They are not in the business of building the immune system. They don't know how. Furthermore, they don't usually see people who have very strong immune systems. This isn't their territory. And to admit that a healthy immune system doesn't really need vaccines would crash their whole vaccine system overnight.

So they propagate this myth about the rehearsal and its benefits.

And of course, they point to the fact that vaccines have drastically reduced the reported cases of many diseases. But we have already covered that issue. Just because the outward signs of inflammatory response are no longer there—which results in far fewer diagnoses of disease—doesn't mean that all is well. Quite the opposite.

There is a further point to make here. What allows the body to respond positively to the “mini-case” of disease imparted by a vaccine? The answer is obvious. The immune system has a built-in function designed for that very purpose. And since that is so, what makes physicians think that, without the rehearsal, without the vaccines, the body wouldn't be able to ward off the real thing, the real disease?

No, I'm afraid we have a major defect in the whole theory of vaccines. These medicines were developed, in the first place, to serve populations who—because of overcrowding, terrible sanitation, poor nutrition, and contaminated water—were prone to catching ANY disease floating around. **IN OTHER WORDS, THESE PEOPLE ALREADY HAD SEVERELY COMPROMISED IMMUNE SYSTEMS.**

And the answer to that was always there. It wasn't vaccines. It was:

clean up the water, build good sewage systems, eliminate overcrowding, and improve nutrition. In other words, strengthen immune systems.

If you do that, you have the best possible protection against disease.

And now for the final point of this article.

In every instance of testing a new medicine, the conventional medical system has one and only one gold standard. The so-called double-blind placebo study.

Without such studies, no new medicine can be approved for public consumption.

In a double-blind study, volunteers are divided up into two groups. One group will get the medicine, and the other group will get a placebo (sugar pill). The people running the study and the volunteers aren't told which group will get the medicine and which will get the placebo.

The idea is to see whether the medicine performs better, in curing or alleviating a disease, than the sugar pill. It is known that a certain percentage of volunteers (about 25%) will get better no matter what you give them—that is “the placebo effect.” So the medicine has to do better than that, better than the placebo.

Well, it may interest you to know that, when it comes to vaccines, all and any vaccines, there has never been a correct double-blind study done. NEVER.

And to make sure we understand each other, THIS would a correct

study for a vaccine:

The volunteer total should be large. At least 2000 people. They should be evenly matched, with similar medical histories and nutritional levels and immune-system indicators.

After the vaccine (and the placebo injection) is given, both groups should be carefully tracked for at least seven years.

Researchers will note which people from which group got the disease against which they were vaccinated, and which didn't.

Then they will have an idea about how effective the vaccine was in preventing the disease, versus no-vaccine.

It is unthinkable that such a study has never been done.

It means the medical powers-that-be are defending the use of vaccines by citing the overall benefits “everybody knows about”—and in this article I've shown those benefits are easy to challenge on several grounds.

JON RAPPOPORT

HERE ARE INFORMATIVE LINKS YOU CAN USE TO LEARN MORE ABOUT VACCINES:

<http://www.thedoctorwithin.com/smallpox/Smallpox-Bringing-a-Dead-Disease-Back-to-Life/>

-evidence that the story about how vaccines were discovered was a scientific fraud-

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

-CDC childhood and adolescent vaccine schedule-

<http://www.ebcala.org>

<http://www.ageofautism.com>

-Presentation of stunning evidence that the US government has quietly paid out \$\$ compensation to children with autism caused by vaccines, despite the government's claims that there is absolutely no connection between vaccines and autism-

<http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx>

-State by state regulations on how to obtain exemptions from vaccination for your child-

-Ingredients in vaccines-

<http://www.vaccination.inoz.com/ingredie.html>

<http://www.informedchoice.info/cocktail.html>

<http://www.novaccine.com/vaccine-ingredients/>

THE VACCINE DETOX PACKAGE

THE IMMUNE-SYSTEM STRENGTHENING PACKAGE

The following three powerful products are offered as a single package, specially discounted 20% for seminar attendees.

These unique products work synergistically as a Total Detoxification System to aid in the detox of prior vaccines, environmental and food toxins. They also assist in overall strengthening of the immune system, whether or not a person has had vaccines.

ISO-SHIELD: This cream delivers the powerhouse antioxidant, Glutathione, transdermally (through the skin) and assists in: detoxing heavy metals, repairing damaged tissue after toxin damage, preventing future tissue damage, and minimizing inflammation. Glutathione delivers in the body more readily transdermally rather than orally.

DETOXINOL: This cream helps remove toxins from organs of the body and also assists in their elimination from the body. It delivers, transdermally, glutamine, tyrosine, EDTA, calcium, magnesium, and alpha lipoic acid (which helps support and detoxify the liver.) The cream is applied directly to the area of skin over the liver.

ULTRA-D: This capsule product contains EDTA, which is a heavy metal remover, and provides support for proper liver function. The capsules also help cleanse and open bowel paths along which toxins are eliminated from the body. Ultra-D is formulated to bind and eliminate toxins unloaded in the intestines.

The immune system, freed from toxins (such as heavy metals in vaccines or toxins accumulated from other sources), operates more naturally and with greater power.

To order this package:

<http://tinyurl.com/3tx7jui>

www.scicn.com

Children's Cough Relief

Indications for use: For temporary relief from dry, barking, spasmodic, croupy, tickling, mucousy, continuous coughs due to the common cold or inhaled irritants. (Note: A persistent cough may be a sign of a serious condition. If cough persists for more than one week, tends to recur, or is accompanied by fever, rash or persistent headache, consult a health care professional.)

HPUS Ingredients: Aconitum napellus, Bromium, Coccus cacti, Corallium rubrum, Cuprum metallicum, Drosera rotundifolia, Hepar sulphuris calcareum, Iodium, Mephitis mephitica, Spongia tosta. Each in equal volumes of 10X, 30X, and LM1.

FAMILY WELLNESS KIT (and vaccine detox)

Children's Fever Reliever

Indications for use: For temporary relief of fever, sweats, chills, shakes, aches, vomiting, rheumatic pains, muscular soreness, nausea, faintness, lethargy, fears, irritability, and oversensitivity.

HPUS Ingredients: Aceticum acidum, Aconitum napellus, Agaricus muscarius, Baptisia tinctoria, Belladonna, Bryonia, Chamomilla, Eupatorium perfoliatum, Ferrum phosphoricum, Gelsemium sempervirens, Pulsatilla, Rhus toxicodendron, Sambucus nigra, Sulphur, Veratrum viride.

HPUS Flower Remedies: Aesculus hippocastanum, flos. Each in equal volumes of 10X, 30X, and LM1.

VaccinoPlex

Indications for use: For temporary, natural relief of ill effects from vaccinations: inflammations, irritations, reactions to puncture, fever, oversensitivity, fear, and anxiety.

HPUS Ingredients: Aconitum napellus, Apis mellifica, Chamomilla, Hypericum perforatum, Ledum palustre, Pulsatilla, Silicea, Thuja occidentalis. Each in equal volumes of 10X, 30X, and LM1.

Multi-Strain Flu Relief

Indications for use: For temporary relief of flu-like symptoms including: fever, chills, night sweats, nausea, vomiting, headache, sneezing, runny nose, nasal congestion, sore throat, swollen tonsils, cough, diarrhea, body aches, and fatigue.

HPUS Ingredients: Anas barbariae, hepatis et cordis extractum, Arsenicum album, Baptisia tinctoria, Bryonia, Causticum, Cinchona officinalis, Echinacea purpurea, Eucalyptus globulus, Eupatorium perfoliatum, Gelsemium sempervirens, Influenzinum, Phytolacca decandra, Rhus toxicodendron, Sarcocollum acidum, Sulphur, Wyethia helenioides, Zincum aceticum, Zincum muriaticum, Zincum oxydatum. Equal volumes of each in 10X, 30X, LM1 except Influenzinum in 30X, LM1, Anas barbariae in 35C, 50C, 100C, 200C.

Chicken Pox Symptom Relief

Indications for use: For temporary relief of multiple symptoms including intense itching from skin rash and vesicles (blisters), headache, fever, swollen glands, cough, sore throat, tummy ache, irritability, restlessness, fatigue, and loss of appetite.

HPUS Ingredients: Aconitum napellus, Antimonium tartaricum, Apis mellifica, Belladonna, Croton tiglium, Echinacea, Graphites, Hepar sulphuris calcareum, Mentha piperita, Mezereum, Pulsatilla, Ranunculus bulbosus, Rhus toxicodendron, Silicea, Sulphur. Each in equal volumes of 10X, 30X, and LM1.

Order from King Bio at 1-800-543-3245 or here:

<http://www.kingbio.com/store/product.php?productid=16388>