Health Defense Maldives

Bodily sovereignty

– a luta continua

Children have a fundamental right to NOT be vaccine injured.

Prepared by

Shifan Ahmed
Health Defense Maldives

Reviewed by
Dana Thynes, Vaccine Researcher

Health Defense Maldives
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ADDRESSED TO THE DOCTORS OF USA. CANADA. EUROPE

"I arraign the leaders of the medical profession of the following grave charges - the rank and file are but sheep led astray"

... " I charge that they have, by doctorcraft, hoodwinked the legislatures into enacting compulsory vaccination laws, which compel parents to submit the bodies of their children to the beastly, useless, and dangerous rite of vaccination, and to deprive unvaccinated children of the right of education in our public schools and colleges. I hold that every individual should be protected and sustained in his medical opinions, as he is in his religious or political opinions, and any man or set of men who would withhold from his brother man this right would light the fires of the Inquisition if he dared."

Alexander M. Ross, M. D. F. R. S.,
member of many societies of physicians in the United States, Canada and Europe

WRITTEN IN 1895

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> Most of you think we know what our vaccines are doing – we don't."
>
> *Dr Peter Aaby*[1]
>
> *For almost 40 years, Dr Aaby has run the Bandim Health Project (a health and demographic surveillance system site) that he established in Guinea-Bissau. He is credited for the discovery of non-specific effects of vaccines.*

[1] https://www.youtube.com/watch?t=7&v=NPNHYAevTwg&feature=youtu.be

“Everyone has the right to life, liberty and security of person.”

- Constitution of the Republic of Maldives -
- Universal Declaration of Human Rights -

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Foreword

Dear reader,

What you are about to read is of upmost importance. I say this not only because of the current health crisis, but also because of the impact that decisions made today will have on this and the many generations to come. However, the urgency is certainly heightened today because of the world's panic response to COVID. The information herein is vital to understanding the risks and gambles we take with our children's health and their futures at any given time. Those risky decisions are usually based on faulty information which is rarely vetted. Sometimes the data is just ignored.

Children, especially, MUST have a fundamental right to be safe, secure, and NOT injured. This understanding becomes blurred during a purported pandemic and the subsequent response by governments to act quickly to quell a panic. In the middle of this chaotic situation, real people are harmed and a significant number of those people are children.

What Shifan Ahmed has created herein is a compilation of the MOST IMPORTANT points you must consider when evaluating a response to the current health situation. As lawmakers, parliamentarians, presidents, and ministers, you have a difficult and all-important role in the unfolding events. Your roles must be to first advocate for your peoples and to ensure safety and security.

It is truly important that you have all of the information you need to successfully perform your duties. It is with respect that the included information is offered for your acceptance and consideration. I hope that you take your roles as seriously as we do… and that you will listen to what we are offering as evidence to help you to understand our concerns.

It may seem that some of the information presented here is contrary to "what you have heard", but I assure you that Shifan's work is both diligently researched and accurate - medically and scientifically.

As a medical professional, I fully endorse and back the information presented herein. You will likely not find a more honest and accurate reporting of the current situation. This information will arm you to make the right decisions for your people and their futures. Please take heed and listen.

The entire world is watching.

Yours truly,

Dr. Sherri Tenpenny

Preface

Right to one's health and freedom from interference in medical treatment is a fundamental right of every human being.

In Maldives, medical freedom, informed consent, and bodily sovereignty is violated for vaccination but not for other medical interventions (yet).

In a response [on 5 September 2019] to my inquiry about vaccine safety, Ms Maimoona Aboobakuru, Director General of Public Health, Health Protection Agency, responded saying that vaccines undergo required testing and studies and are manufactured after receiving approval from WHO and other international bodies. Further, that safety of vaccines is ensured before releasing it to the international market. Vaccines and medicinal drugs released to the international market are for prevention and treatment of illnesses of all persons. As such, these are not products, where individuals/groups using it, should be testing or questioning it prior to using it.

The human body is sacrosanct, and no-one should be able to perform any medical procedure on a person without their consent. Mandatory or forced vaccination is a gross violation of informed consent and right to life. Internationally recognised right to informed consent affords every individual the right to question and accept/decline these products.

Vaccination causes permanent alterations to the human immune system and has the potential to cause long lasting injury and even death.[2] However, there has been a continuous denial of vaccine-caused injuries and death since the very beginning. While the very real dangers of vaccination have been denied and ignored, the mainstream narrative is designed to demonize and criminalise well-informed and concerned parents who raise genuine safety issues about vaccines.

It is claimed that vaccines are safe but scientific proof is non-existent. Gold standard inert placebo safety testing is not conducted during pre-licensure trials.

> Other issue with vaccines is that they are not simple preparations. They are not like drugs. We have adjuvants, we have preservatives, we have inactivation residues. We have stabilisers. We have manufacturing residuals. They are not pure compounds and so in their interactions, there may be many ways they can cause adverse events. We need to have systems to detect it."
>
> *Dr Walter A. Orenstein (co-author of Vaccine textbook), Professor of Medicine, Paediatrics, Epidemiology, and Global Health. Associate Director, Emory Vaccine Centre. Director, Emory Vaccine Policy and Development. Statement made at the Vaccine Safety Summit, WHO, 2019.*

[2] https://pubmed.ncbi.nlm.nih.gov/15289823/

In February 2019, World Health Organisation included vaccine sceptics (people who are hesitant to vaccinate themselves or their children because of their potential health risks) on their list of "global health threats". The WHO claimed that vaccine hesitancy increases the risk of resurgence in diseases. This was an attempt to stifle free speech and those who question the safety of vaccines by labelling them as unscientific and dangerous.

Highly respected scientists and doctors have been questioning, for years, the vaccine propaganda and are speaking about the potential hazards and dangers of injecting toxins straight into the bloodstream. And this number is increasing day by day. Serious questions have been raised about the long-term safety of vaccination, as well as each vaccine's adjuvants and excipients.

In developed countries, pharmacovigilance systems have been established in some form and, even though mandatory vaccination is not implemented, vaccine injuries are acknowledged, and compensation are also made for vaccine injuries.

It is generally acknowledged that vaccines are not safe for a certain percentage of children. When we vaccinate, we are taking perfectly healthy children and damaging a certain percentage of the children. Our children need to be protected from developmental neurotoxic chemicals that disrupt brain development and from a pharmaceutical industry whose sole objective is to further their business.

It is also known that existing maternal antibodies prevent vaccinations, given shortly after birth, from leading to long-lasting immunization and since the immune system reaches full immunoregulatory and defensive maturity at about 3 years of age. It is also well established that early-life immune responses are weaker and of shorter duration. Consequently, vaccine efficacy in early infancy (particularly in the first 6 months of age) is limited. Simultaneous administration of immune adjuvants and repeated stimulation of the immune system can overcome genetic resistance to autoimmunity.[3]

"Safe and effective" is not consistent with the evidence.

It is the public scrutiny of vaccine safety that is driving the CDC [WHO and others] "to do a better job to monitor serious adverse events" as stated by a CDC official (FDA Pink Sheet).[4] Hence, silencing parents questioning vaccine safety is counter-productive in ensuring safe vaccines.

Given the multiple and significant unknown factors of vaccines, it is unconscionable to prosecute vaccine risk aware parents for refusing a medical procedure with no guarantees to not cause debilitating injury or death.

[3] http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.419.295
[4] https://childrenshealthdefense.org/wp-content/uploads/FDA-Pink-Sheets-99.pdf

Under what premise have we come to accept injecting potentially toxic chemicals into children as their right? How can any mix of chemicals with the potential to cause permanent injury or death be the right of any child?

Vaccine safety evidence is far too poor to warrant overriding the independent judgement of parents and to violate parental rights; let alone prosecution of parents for their informed decision to reject vaccination (one, more or all) where it is necessary to protect their child from injury or death.

It is egregious that parents be prosecuted for vaccine refusal, while iatrogenic injury and death related to vaccination is denied and its perpetrators indemnified.

We advocate and are endorsing the right to informed consent and medical freedom as an overarching ethical principle in the practice of medicine. Particularly so, given that vaccination is a medical intervention, performed on a healthy person, that has the inherent ability to cause injury or death of the otherwise healthy person. No parent should ever be forced to play this game of roulette with their children.

Given that international organisations (such as the World Health Organization & Bill and Melinda Gates Foundation) are conducting vaccine experiments on infants and young children in low-income and developing countries, mandatory vaccination and the health sector corruption exposes our children to grave risks.

The right to informed consent is a human right recognized under international law.

In upholding the fundamental human right to life, liberty and security, the burden to prove detrimental effects of vaccine exposure should not lay with parents. Rather, the burden to prove mandatory vaccination is entirely and only beneficial, ensuring the health and wellbeing of every child, must lay with the State.

> There is no such thing as a 'perfect' vaccine which protects everyone who receives it AND is entirely safe for everyone.
>
> It is not possible to predict every individual who might have a mild or serious reaction to a vaccine, although there are a few contraindications to some vaccines. By following contraindications, the risk of serious adverse effects can be minimized."
>
> *World Health Organization*
> *Adverse events following immunization (AEFI)*[5]

[5] https://www.who.int/initiatives/the-global-vaccine-safety-initiative/adverse-events

1. HUMAN RIGHTS & LAW

The United Nations Human Rights Committee has held that States often interpret the right to life too narrowly and that the right to health contributes to and is part of protecting the right to life.

In its general comment No. 35 (2014), the Human Rights Committee defined security of person as "freedom from injury to the body and mind." In addition, they stated "Liberty and security of person are precious for their own sake, and also because deprivation of liberty and security of person have historically been principal means for impairing the enjoyment of other rights."[6]

Human rights include the right to the highest attainable standard of health and informed consent, as well as civil and political rights including patient's right to liberty, bodily integrity, and security of person. Patient's rights are part of human rights principles established in international law.

Forced medical procedures are an affront to basic human dignity and a violation of the patient's right to informed consent. Legally mandated vaccination is a systemic violation of fundamental rights to bodily autonomy and informed consent and hence, has no place in a democratic society based on respect for human rights and fundamental freedoms. It is the right of every citizen to be able to determine their own health care where basic dignity and freedom are respected, protected, and fostered by the State.

International treaties have been interpreted by human rights bodies to prohibit numerous forms of abuse in health care settings; the rights to bodily integrity and security of the person have been held to prohibit the administration of medicine to a child against parents' wishes.

It is also to be noted that the Maldives has signed and ratified international instruments edifying the paramount importance of informed consent and medical freedom. There is no basic liberty more than the freedom to choose what goes into your own body.

1.1. Constitution of the Republic of Maldives

Article 21*. Everyone has the right to life, liberty, and security of the person.*

Right to Liberty and Security of the Person have been elaborated in the ICCPR[7], CRC[8] and CRPD[9] treaties and whose enforcement bodies have applied this right to the context of patients' rights.

Right to bodily integrity is also specifically guaranteed by the CRC, CRPD and World Medical Association (WMA). This right is closely related to the bioethical principle of autonomy and focuses on self-determination, informed consent, and freedom from unwanted medical intervention. It has also been interpreted to be part of the right to security of the person (Article 9, ICCPR), the right to freedom from torture and cruel, inhuman and degrading treatment (Article 7, ICCPR), the right to privacy (Article 17, ICCPR), and the right to the highest attainable standard of health (Article 12, ICESCR).[10]

Right to life, liberty and security of person are being violated where a healthy child / adult is forced into any medical treatment that cannot guarantee freedom from injury or death.

[6] Human Rights Committee, general comment No. 35 (2014), paragraph 3
[7] International Covenant on Civil and Political Rights
[8] Convention on the Rights of the Child
[9] Convention of the Rights of Persons with Disabilities
[10] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2209796

1.2. Universal Declaration of Human Rights

Article 3. *Everyone has the right to life, liberty and security of the person.*

Article 5. *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

(forced medical interventions are inhumane and degrading)

Article 25.1 *"Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services".*

1.3. International Covenant on Economic, Social and Cultural Rights

Maldives ratified the Covenant in 2006. ICESCR provides the most comprehensive article on the right to health in international human rights law.

Article 12

(1) The States Parties to the Present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Article 12 highlights the government's responsibility to protect right to health and against violations by third parties and fulfil the conditions necessary for the realization of rights.

While the right to health is sometimes understood to focus only on positive guarantees for the progressive realisation of availability, accessibility, acceptability, and quality of health care for all, it also incorporates negative guarantees for the assurance of freedom from abuse and discrimination by the state and third parties within health care service delivery.

Committee on Economic, Social and Cultural Rights was established under EOCOSOC Resolution 1985/17 of 28 May 1985 to carry out the monitoring functions assigned to the United Nations Economic and Social Council (ECOSOC) in Part IV of the Covenant. This expert committee responsible for interpreting the ICESCR observes[11]:

Paragraph 1: *Health is a fundamental human right indispensable for the exercise of other human rights.*

Paragraph 3: *The right to access information is an integral component of the right to health.*

Paragraph 8*: The right to health contains freedoms such as "the right to control one's health and body, … and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation.*

Paragraph 12 (b): *The right of accessibility of health care "includes the right to seek, receive and impart information and ideas concerning health issues."*

[11] http://pfdc.pgr.mpf.mp.br/atuacao-e-conteudos-de-apoio/publicacoes/saude/comentario_14_ingles.pdf

1.4. International Covenant on Civil and Political Rights

Maldives ratified the Covenant (ICCPR) on 19 September 2006.

Article 6 (1), *"Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."*

Article 9 (1) *"Everyone has the right to liberty and security of person."*

Article 19 (2), *"Everyone has the right to seek, receive and impart information. In this regard, the State is obliged to provide information on health care services, and it is a right of the patient to receive information about treatment options, potential risks and benefits of each procedure."*

The UN Human Rights Committee in its General comment No. 35 (16 Dec 2014) on ICCPR noted that the "Liberty and security of person are precious for their own sake, and also because the deprivation of liberty and security of person have historically been principal means for impairing the enjoyment of other rights."

The report further states, "Security of person concerns freedom from injury to the body and the mind, or bodily and mental integrity."

Thus, a medical procedure that has the potential to cause serious long-term injury or death forced upon any person is a violation of human dignity, liberty & security.

1.5. Nuremberg Code

First code : **The voluntary consent of the human subject is absolutely essential**.[12]

The Nuremberg Code is the most important document in the history of ethics of medical research. It ensures that never again (prompted by atrocities committed by Nazi doctors) will people be forced against their will to undergo medical procedures without being fully informed and without their consent. Laying the foundation ethics of the medical profession, Nuremberg Code outlaws all forced medical procedures.

In the trial's exploration of ideas that shaped medical-research ethics, three physicians had central roles: Leo Alexander, an American neuropsychiatrist, Werner Leibbrand, a German psychiatrist and medical historian, and Andrew Ivy, a renowned American physiologist. Ivy explained that the first principle was that a physician would never do anything to a patient or subject before obtaining his or her consent. Ivy also stressed that **the state may not assume the moral responsibility of physicians to their patients or research subjects**.

Many prominent medical researchers in the 19th and 20th centuries conducted experiments on patients without their consent and with little, if any, concern for the patient's well-being. Following World War Two, some of these physicians were tried and convicted in a special tribunal at Nuremberg, Germany. The basis of the judgement known as the Nuremberg Code, has served as one of the foundational documents of modern research ethics. Among the ten principles of this Code is the requirement of voluntary consent if a patient is to serve as a research subject.[13]

[12] https://www.ushmm.org/information/exhibitions/online-exhibitions/special-focus/doctors-trial/nuremberg-code

[13] https://www.wma.net/wp-content/uploads/2016/11/Ethics_manual_3rd_Nov2015_en.pdf

World Medical Association was established in 1947, the same year that the Nuremberg Code was set forth. Conscious of the violations of medical ethics before and during World War Two, the founders of the WMA immediately took steps to ensure that physicians would at least be aware of their obligations. After several years of study, the WMA adopted a set of Principles for Those in Research and Experimentation; eventually adopted as the Declaration of Helsinki (DoH) in 1964. One of the basic principles of ethics is the requirement of an Ethical Review Committee Approval in order to ensure that research subjects will be protected against harm to the greatest extent possible.[14]

While this is the high standard afforded to volunteering research subjects, mandatory vaccination of children disregards protecting them from harm to the greatest extent possible.

In weighing risks and benefits in medical research, a **likely risk of a serious harm would be unacceptable unless the project provided the only hope of treatment** for terminally ill research subjects. **On the contrary, mandatory vaccination enforces a medical procedure that has a likely risk of serious harm and even death on healthy children.**

There is also a concern that if we mandate medical procedures, like vaccination, then we go down the road to fascism. This is why the Nuremberg code was put into place after World War ll. The Nuremberg Code is a set of ethical guidelines regarding human experimentation.

There are no independent scientific studies clearing vaccine excipients, such as aluminum, thimerosal, formaldehyde, and others, to be indisputably safe for use in humans. Lacking such studies vaccination equate to human experimentation.

1.6. Universal Declaration on Bioethics and Human Rights (of UNESCO)

At its 32nd session in October 2003, the General Conference considered that it was "opportune and desirable to set universal standards in the field of bioethics with due regard for human dignity and human rights and freedoms, in the spirit of cultural pluralism inherent in bioethics" (32 C/Res. 24).[15]

Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

[14] Ibid
[15] http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/bioethics-and-human-rights/

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected, and the personal integrity of such individuals respected.

Article 18 – Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity, and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

2. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.[16]

1.7. Convention on the Rights of the Child

Convention on the Rights of the Child emphasises the fundamental right of children to a healthy life and parents (or family) as the fundamental group of society to be afforded the protection and assistance to assume the responsibility of caring for the child. It reads:

"Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community."

"Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding."

Article 3.2

States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

[16] http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 6.1

States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 7

The Child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

Under the Convention on the Rights of the Child, children under the age of 18, are under the protection of their parents who have the right and responsibility to make healthcare decisions for their children.

1.8. Physicians for Human Rights

The International Dual Loyalty Working Group, convened by Physicians for Human Rights in 1993, observed that "limiting or denying medical treatment or information related to treatment of an individual to effectuate the policy or practise of the state or other third party" as a human rights violation.

As *Health and Human Rights: A Reader* explains, "a human rights perspective, which takes individual rights to information, privacy, and bodily integrity seriously and treats all people as equals" transforms "government approaches to the physician-patient relationship.[17]

Human rights in patient care also calls for a pervasive human rights governance based on participation, transparency and accountability concerns.

Mandatory vaccination precludes the patient's right to receive relevant medical information and to give consent/refuse it. Parents are not provided with any information on the risks/benefits of vaccination.

[17] J. Mann, S. Gruskin, M. Grodin, and G. Annas (eds), *Health and human rights: A reader* (New York: Routledge, 1999), p. 281

1.9. Rights that admit no derogation

Certain fundamental rights and freedoms cannot be subject to derogation even during public emergencies.

Public Health Act paves the way for forced vaccination of children and adults during health emergencies. It is a blatant disregard of numerous fundamental human rights and freedoms. Forced vaccination is a cruel and inhuman form of medical intervention (rather an atrocity) committed against vulnerable citizens.

No vaccine can guarantee that it will not maim, injure, or kill a person. In particular, vaccines produced during an emergency period do not have any scientific data to prove their overall effectiveness nor their safety. For example, the Covid vaccine which by-passed animal testing or the Swine Flu vaccine which resulted in narcolepsy.

"**Human Rights – Handbook for Parliamentarians**", published by the United Nations Human Rights Office of the High Commissioner, the rights that admit NO derogation include[18]:

> **"Rights, freedoms and prohibitions that are not subject to derogation even in times of public emergency which threaten the life of the nation**
>
> **Under Article 4 of the ICCPR**
>
> - Right to life
> - Prohibition of torture, or cruel, inhuman, or degrading treatment or punishment
> - Freedom of thought, conscience, religion, and belief"
>
> *Forced vaccination is a violation of the Right to life and is a cruel, inhuman, and degrading treatment.*
>
> *Restrictions placed on practise of religious activities (such as congregational prayers) is a violation of the freedom of conscience, religion and belief ascertained in the International Convention of Civil and Political Rights which Maldives has ratified.*
>
> **"Determining parliament's role in states of emergency.**
>
> When a state of emergency is declared, **the first victim is often the parliament**: its powers may be drastically reduced, or it may even be dissolved. To avoid such an eventuality, the parliament should ensure that:
>
> - Responsibility for declaring and lifting a state of emergency in accordance with international human rights law lies with the parliament;
> - Non-derogable human rights are not subject to derogation;"

As we witnessed during the public health emergency (2020), there was much pressure from the health sector to constrain parliamentary activities.

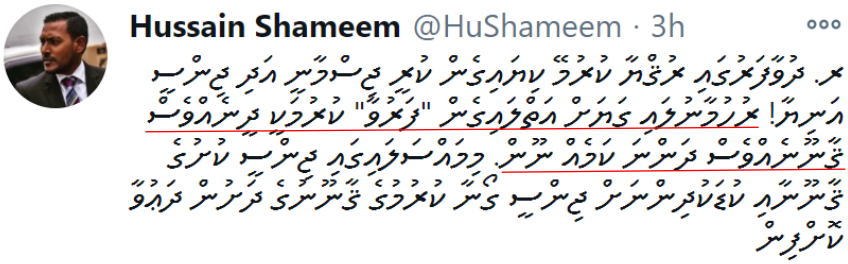
[18] Excerpts are taken from UN Handbook for Parliamentarians

Neither public health officials nor doctors have the right to usurp fundamental rights and freedoms. Their role is only to advice and it is upon the individual persons to accept/decline their medical advice. They have no authority to interfere in the civil rights of the citizenry.

According to the World Health Organization, more than 138 million patients are harmed annually by doctors' errors. The global figure would be higher as this number refers only to medium and low economic status countries. "World Patient Safety Day" is annually marked on 17 September to raise awareness of this iatrogenic tragedy.

Errors in diagnosis, errors in medical prescriptions and treatments, and the inappropriate use of drugs are the three main reasons according to WHO patient-safety coordinator Dr Neelam Dhingra-Kumar. Furthermore, she also said that "these mistakes occur because healthcare systems are not suitably designed to deal with these errors and learn from them."

> The tobacco and the drug industries have much in common. The morally repugnant disregard for human lives is the norm…Tobacco executives know they are peddling death and so do drug company executives. It is no longer possible to hide the fact that tobacco is a major killer, but the drug industry has done surprisingly well in hiding that its drugs are also a major killer…**Drug companies have deliberately hidden lethal harms of their drugs by fraudulent behaviour, both in research and marketing, and by firm denials when confronted with the facts**."
>
> *Dr Peter Gotzsche*[19]
> *Co-founder of Nordic Cochrane Collaboration Centre*



[19] Deadly Medicines and Organised Crime: How Big Pharma has corrupted healthcare

1.10. World Health Organization

The WHO Constitution envisages "… the highest attainable standard of health as a fundamental right of every human being."[20]

"The right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity or any other status. Non-discrimination and equality require states to take steps to redress any discriminatory law, practice, or policy.

The right to health, as with other rights, includes both freedoms and entitlements:

- Freedoms include the **right to control one's health and body** (for example, sexual and reproductive rights) and to be **free from interference** (for example, free from torture and non-consensual medical treatment and experimentation).

- Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.

Another feature of rights-based approaches is meaningful participation. Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations – are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring and evaluation.

Core components of the right to health includes quality of health services which should be ***safe*** (avoiding injuries to people for whom the care is intended); ***effective*** (providing evidence-based healthcare services to those who need them; ***people-centred*** (providing care that responds to individual preferences, needs and values."

> Mandates effectively use schoolchildren as research subjects subjected to unproved medical treatment without informed consent, in violation of the Nuremberg Code. If school administrators and government bureaucrats were subject to that code, they could be prosecuted as war criminals."
>
> *Dr. Jane M. Orient*
>
> *Executive Director*
> *Association of American Physicians and Surgeons, Inc*

[20] https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

2. PARENTAL RIGHTS

Parental rights to make healthcare decisions for their children must be protected by the State.

> Vaccines are a really personal issue and one of my biggest problems is that paediatricians don't feel that parents should even participate in the decision about how or when, let alone if a baby should get all, some or none of the shots at any given office visit. The whole process is inherently flawed because we give immunizations pretending to know a lot more about the immune system than we really know.
>
> - *Dr Jay Gordon, Paediatrician*

There is no guarantee that vaccination will not compromise biological integrity or cause the death of a healthy child/person. Nor is there a guarantee that vaccination will protect a child/person from getting the infection, with or without symptoms and transmitting to others.

Informed consent is one of the central concepts of present-day medical ethics. The right of patients to make decisions about their healthcare has been enshrined in legal and ethical statements throughout the world. The World Medical Association Declaration on the Rights of the Patient states; "**The patient has the right to self-determination, to make free decisions regarding himself/herself.**"[21] Further it also states that the physician's duty is to obtain consent from a legally entitled representative.

When vaccination or medical treatments of children are mandated by law, the legally entitled representative is being deemed as the "Health Protection Agency or Ministry of Health", which determines vaccination or medical treatment according to the National Vaccination Schedule across the board for all children (regardless of the health status of the children) or even an arbitrary medical treatment. Parents are stripped of their parental autonomy and a government institution is given the power to indiscriminately vaccinate/treat all children, without determining the safety of this medical procedure upon any given child with consideration to the individual child's susceptibility to injury or death.

In fact, the Health Protection Agency does not review any science on vaccines nor its ingredients but gives a blanket approval to all "WHO approved" vaccines. In addition, Health Protection Agency does not inform the parents nor the public about contraindications nor possible vaccine risks; thereby preventing parents from taking necessary action to minimise any ensuing vaccine injury.

[21] https://www.wma.net/wp-content/uploads/2016/11/Ethics_manual_3rd_Nov2015_en.pdf

The **principles and procedures of informed consent** includes the physicians or healthcare official providing all relevant information (risks and benefits) regarding a medical procedure and giving due regard for the parent to determine if benefit overrides the risks for a given child. Under parental autonomy, the parents determine the risks & benefits of the medical procedure upon an individual child.

Under mandatory vaccination & medical treatment laws, the risks a child is subjected to, are not informed to the parent and the child is given a medical procedure without any concern about its impact. It not only erodes parental rights but also right to life and informed consent rights.

Mandatory vaccination entails the assumption that every child will die unless vaccinated. Therefore, the injury or death caused by vaccination is justifiable since they will be dead anyways if they do not receive it. Thus, the parents will just have to bear with vaccination that can maim or kill the child. This approach totally disregards the fact that the child is perfectly healthy and with an inherent right not to be subjected to fatal risks.

As such, by disregarding the possibility of vaccine injury, mandatory vaccination is enabling the injury to take its full toll on the child. The child and parents are bereft of any recourse. The physical, emotional, and economic cost of vaccine injury is borne by the child and the parents. The State bears no responsibility for the injury nor death caused.

Informed consent is applicable to vaccination, more than any other medical procedure, as it carries a risk of serious bodily harm and/or death of a **healthy child**, hence it cannot be outlawed. Nor can the execution of parental rights to protect one's minor child from harm or death by informed dissent to vaccination be valid grounds for prosecution of parents.

If risk of injury or death of a child due to vaccination is disregarded today, then the day of forced sterilization or euthanasia of "social undesirables" for the greater good is not far off.

In 2017, following the death and hospitalisation of numerous children, Indian parents filed cases at two Indian High Courts (at Kerala and New Delhi). The High Courts' judgement was that parents can object to vaccination[22] and that the risks have to be revealed and written informed consent taken. The High Courts also ruled that the parents be informed of the risks and benefits.[23] Despite this, it has also been acknowledged by government sources that vaccination campaigns cannot succeed unless parents are kept ignorant and the vaccines forced on the children.[24]

Given this background, it is clear that mandatory vaccination of children, is systemized child abuse and a violation of human dignity that has nonetheless been glorified as a "child's right".

With regard to vaccination and its control of infectious diseases, CDC scientists admit "**Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century … nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available**." [25]

[22] https://timesofindia.indiatimes.com/city/kochi/parents-can-opt-out-of-mr-vaccination-at-school-hc/articleshow/62087376.cms
[23] https://www.thehindu.com/news/cities/Delhi/parents-consent-needed-for-measles-vaccination-high-court-tells-govt/article26064939.ece
[24] https://www.hindustantimes.com/delhi-news/delhi-may-miss-vaccine-target-over-consent-rider/story-L7lED4XjcrQGC68M7I7nAI.html
[25] https://doi.org/10.1542/peds.106.6.1307

This decline in mortality was the consequence of an increasing standard of living, including cleaner water, better sanitation and better nutrition and personal hygiene.

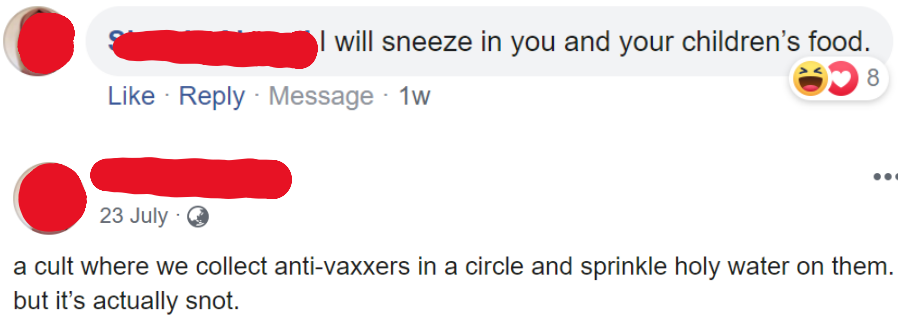
"**The Questionable Contribution of Medical Measures to the Decline in Mortality in the United States in the Twentieth Century**"[26] reports that McKeown, an economic historian, challenged the view that the fall in death rate was attributable to medical interventions. His findings are summarized as follows:

(a) Rising standards of living, of which the most significant feature was a better diet;
(b) Improvements in hygiene; and
(c) A favourable trend in the relationship between micro-organisms and the human host. Therapy made no contributions, and the effect of immunization was restricted to smallpox which accounted for only about one-twentieth of the reduction of the death rate. [McKeown et al, 1975]

While mandatory medical treatments are not truly enforced in the Maldives, mandatory vaccination is. Hence this report will mainly focus on mandatory vaccination.

Nevertheless, parents should be wary of forced medical treatment of their children, as medical freedom has been effectively obliterated. It remains to be seen if doctors or other healthcare personnel would one day claim to be "legally" authorised to perform medical treatments (based on personal opinion and of their choice) on children under the "Child Rights Act" bypassing parental informed consent.

Misinformation and fear mongering by public health authorities and doctors have also led to the society demonizing parents who have genuine concerns for their children with regard to vaccination. Questioning the safety of a pharmaceutical product (a commercial for-profit product) or its suitability for one's child have been perverted and lead to despicable social outcomes as evident below.



[26] http://www.columbia.edu/itc/hs/pubhealth/rosner/g8965/client_edit/readings/week_2/mckinlay.pdf

As noted by the law firm Thomas H. Roberts & Associates in its report "Parental Right to Refuse Medical Treatment", "Nothing could be more harmful to a child than the government ripping that child from his/her parents simply because the government thinks it knows better, labelling a parent as unfit because the parent has the audacity to have a different opinion regarding what is in the child's best interest".[27]

The official doctrine of vaccine safety is based upon blind belief and faith that cannot withstand the scrutiny of science, nor the questioning of parents. Hence, the vehement censorship of parents who question vaccine safety. Medical interventions mandated upon the most vulnerable segment of a nation, its children, must be based on scientific proof of safety and the public health authorities have an obligation to be transparent about it and be held accountable for their decisions.

> Genetics, nutrition, psychological and environmental factors may play a more important role in the mechanism for disease defense than those of sub-clinical infection assumed by vaccination procedures".
>
> *MacFarlane Burnett*
> *Nobel Prize Laureate for Immunology*[28]

According to world's leading drug regulatory authority, the US Food and Drug Administration (FDA), vaccines represent a special category of drugs in that they are generally given to healthy individuals and often to prevent a disease to which an individual may never be exposed.[29]

[27] https://www.robertslaw.org/refuse-medical-treatment.htm#_ftnref6
[28] https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_cb9f1c190ed547198bc085074466aaea.pdf
[29] Food and Drug Administration (FDA). Workshop on Non-clinical Safety Evaluation of Preventative Vaccines: Recent Advances and Regulatory Considerations. 2002. http://www.fda.gov/downloads/biologicsbloodvaccines/newsevents/workshopsmeetingsconferences/transcriptsminutes/ucm054459.pdf , last accessed May 20 2011.

Statement of the Association of American Physicians and Surgeons to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform, US House of Representatives. "AAPS opposes federal mandates for vaccines, on principle, on the grounds that they are[30]:

1. An unconstitutional expansion of the power of the federal government.
2. An unconstitutional delegation of power to a public-private partnership.
3. An unconstitutional and destructive intrusion into the patient-physician and parent-child relationships.
4. A violation of the Nuremberg Code in that they force individuals to have medical treatment against their will, or to participate in the functional equivalent of a vast experiment without fully informed consent.
5. A violation of rights to free speech and to the practice of one's religion (which may require one to keep oaths).

AAPS would specifically oppose the campaign for universal immunization against hepatitis B, even if the above did not apply, because the safety of the vaccine is in question.

Striking increases in chronic illnesses have occurred in temporal association with an increase in vaccination rates. Asthma and insulin-dependent diabetes mellitus, causes of lifelong morbidity and frequent premature death, have nearly doubled in incidence since the introduction of many new, mandatory vaccines. There is no explanation for this increase. There are plausible mechanisms such as molecular mimicry whereby vaccines could have such effects."

> Government, industry, and medicine should embrace the ethical principle of informed consent about possible adverse reactions associated with vaccines."
>
> *Dr Howard H. Urnovitz*
> *Doctorate in Microbiology and Immunology*

[30] https://www.aapsonline.org/testimony/hepbcom.htm

3. VACCINATION IN THE MALDIVES

Right to health is a fundamental right of every human being. Right to life and security entails protection of one's health and bodily autonomy. This renders the right to decline any medical intervention that may (or may not) injure, maim, or kill.

As our Constitution guarantees; *Everyone has the right to life, liberty and security of the person.* Medical freedom and bodily autonomy are fundamental components of these rights.

Child Rights Act enforces mandatory vaccination of children and the Public Health Act permits forced vaccination of children & adults during health emergencies.

The Child Rights Act (permitting mandatory vaccination of children) and the Public Health Act (permitting forced vaccination of children and adults during emergencies) contravenes our Constitution and international laws that the Maldives is party to. Forced medical treatment has no place in a free and democratic society. No party has the right to violate the bodily integrity of another human being.

Individual citizens are entitled to be informed of the government process which affects their health and living. This is the foundation that the democratic government has established itself upon. Public health institutions must be answerable and accountable.

However, Health Protection Agency (HPA) in charge of public health issues fails to inform the public of the true risks of vaccines. In general, information about contraindications, probable vaccine adverse effects and which measures to take should an adverse event occur, are not given. Serious vaccine injuries and death are denied by the Maldivian public health authorities.

It is extremely disturbing and reprehensible that while vaccination of children is mandated by law, Health Protection Agency does not evaluate vaccine safety science, nor does it properly evaluate disease prevalence in the community prior to introducing new vaccines.

It is important to note that in the United States, vaccines are legally considered as "unavoidably unsafe", and a separate federal court has been established with its sole purpose being to hear vaccine injury cases and, up to today, over USD 4.4 billion[31] have been paid as compensation. There are numerous peer-reviewed published scientific studies proving the harms caused by vaccines. Additionally, WHO experts admitted during the Vaccine Safety Summit (December 2019) that much of the safety science is missing, that safety cannot be ensured during pre-licensure clinical trials, that we really don't have very good safety monitoring systems in many countries, that they were not aware of the reactogenicity of aluminum adjuvants nor the reactogenicity of different vaccines with each other.

Yet, HPA refuses to acknowledge that vaccines are not safe and effective for all children and that they have the potential to permanently injure or kill unknown number of children. And this information is being withheld from parents and even politicians, leading to mandating vaccines for all children. In response to a Right to Information request by the writer, Health Protection Agency replied that the **records of vaccine injury cannot be disclosed as it will result in general public losing their trust in vaccination and thereby negatively affect public health.**

[31] https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf

Are vaccine injury cases in Maldives so serious and so numerous that it will result in the public losing faith in vaccination? Is our public health regulatory agency protecting "vaccines" instead of "public health"? Is HPA insisting on a faith-based approach to vaccination rather than evidence-based?

The very definition of "informed consent" means to be informed of both risks and benefits of a medical procedure and then giving one's consent. Concealing the risks is an ethical violation and wilfully subjecting children and adults to a procedure that may be more harmful than beneficial.

In addition, how are the public to trust such a regulatory body to fully inform the public about the dangers of any vaccine (or any other medical intervention) when the institution prioritises or deems the sole objective to be protecting the national vaccination schedule?

Not only do we ignore the potential injury or death that vaccination could cause, but there is no compensation for any injury resulting from mandatory or forced vaccination.

If mandatory vaccination of children was implemented to truly "protect" the children, why are the 2-10% of children who are unable to respond to primary vaccination (referred to as "non-responders" due to genetics, immune status, age, health or nutritional status[32]) not acknowledged?

A Report of GACVS meeting on 5-6 December 2018, published in the WHO Weekly Epidemiological Record on 25 January 2019, states "As of 2010, compensation schemes for vaccine-related injuries had been identified and characterized in only 19 WHO Member States, none of which were low- or middle-income countries."

Maldives continues with a policy of mandatory vaccination in an environment characteristic with:

- Violation of bodily autonomy, security of person and right to life;
- Denial of medical freedom and informed consent;
- Withholding information on risks of vaccination when vaccinating;
- Denial of vaccine injuries;
- Systemic interference in the right to acquire and disseminate information;
- Doctors and health-care personnel being unaware of injuries, and of the toxicity and lack of safety studies of vaccines.

Thus, it is manifestly evident that mandatory or forced vaccination is a medical experiment enforced upon Maldivians with complete disregard for their health-security and where risk-aware parents are prosecuted should they choose to protect their child from this atrocious human rights violation.

Is mandatory vaccination just a misguided display of caring for the health of our children even at the price of eroding fundamental rights such as bodily sovereignty, parental rights & medical freedoms? Despite its inherent injurious nature and the lack of safety studies? In an environment where the pharmaceutical industry is taking every advantage, through corruption and deceit, to sell their products with total impunity to a guaranteed market?

What is undeniable is that we have enforced a policy of mandatory vaccination in a vaccine-safety-science vacuum, as it will be demonstrated in this report.

[32] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962729/

بسم الله الرحمن الرحيم

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"އެކުގައި ދެވޭން ވެކްސިންތަކާއި، ވެކްސިންގެ ޑޯޒުތަކުގެ ދޭދުވަހާއި ހުންނަންވީ ޢުމުރު ކަނޑައަޅަފައިވަނީ ދުނިޔޭގެ ސިއްޙީ ޖަމްޢިއްޔާއިން ޕޮޒިޝަން ޕޭޕަރތަކުގައި ކަނޑައަޅުއްވާފައިވާ ގޮތަށެވެ. އަދި ދިވެހިރާއްޖޭގައި ދޭނީ ވެކްސިންތައް ކަނޑައަޅަނީ ރާއްޖޭގައި ބަލި ފެތުރޭ ނިސްބަތް އޮތް މިންވަރާއި ބަލިތަކުގެ ސަބަބުން ކުރިމަތިވާ ނުރައްކަލަށް ބެލުމަށްފަހުގައެވެ."

8. ކުއްޖާ ވިހެއުމުން ދެވޭ ބީ.ސީ.ޖީ އަދި ހެޕަޓައިޓިސް ބީ ވެކްސިން، އާ ގަޑިތަކުގައި ދިނުމުން އެއްވެސް ގެއްލުމެއް ނުލިބޭނެކަމަށް ހެލްތު ޕްރޮޓެކްޝަން އެޖެންސީ އިން ކަނޑައެޅުއްވުމުން ބައްލަވާފައިވާ ފަންނީ ތަޙުޤީޤު.

"ވިހެއުމާއެކު ބީ.ސީ.ޖީ އަދި ހެޕަޓައިޓިސް ބީ ވެކްސިން ދިނުމަށް ކަނޑައެޅުއްވުމުގައި ރިޢާޔަތްކުރެވިފައިވަނީ އެވެކްސިން ތަކުގެ ޕޮޒިޝަން ޕޭޕަރތަކެވެ."

9. ދުނިޔޭގެ ބައެއް ޤައުމުތަކުގައި ޑީ.ޓީ.ޕީ ވެކްސިން އިން ލިބޭ އަނިޔާތައް ފާހަގަކޮށް ޑީ.ޓީ.އޭ.ޕީ ވެކްސިން އަށް ބަދަލުކޮށްފައިވާ އިރު، ދިވެހިރާއްޖޭގައި ޑީ.ޓީ.ޕީ ވެކްސިން އަދިވެސް ދިނުމުގައި ކަނޑައެޅުއްވުމުން ހެލްތު ޕްރޮޓެކްޝަން އެޖެންސީ އިން ބައްލަވާފައިވާ ފަންނީ ތަޙުޤީޤު އަދި ސަބަބު.

"ޑީ.ޕީ.ޓީ ގެ ހޯލް ސެލް ހިމެނޭ ވެކްސިން، އޭ ސެލިއުލާ ޕާޓުސިސް ހިމެނޭ ވެކްސިންގެ ސަބަބުން ވެކްސިން ޖަހާ ތަނަށް ތަދުވުން އަދި ހުން އަރުން ފަދަ އަލާމާތްތައް އިތުރުވި ކަމުގައިވިޔަސް، އޭގެ ސަބަބުން ސީރިއަސް ގެއްލުންތަކެއް ލިބޭ ކަމަށް ފެނިފައެއް ނުވެއެވެ. ހަމައެހެންމެ އޭސެލިއުލާ ޕާޓުސިސްގެ ސަބަބުންވެސް ރައްކާތެރިކަން ދިފާޢުކުރުން ކުޑަވުމުގެ ސަބަބުން، މި ބާވަތުގެ ވެކްސިން ބޭނުންކުރާ ބައެއް ޤައުމުތަކުގައި ޕާޓުސިސް (ހޫޕިންގ ކަފް) ކޭސްތަކެއް މިންވަރަކަށް އިތުރުވެ، ވެކްސިން ޖަހަން ޖެހޭ އުމުރު (ފުރަތަމަ ޑޯޒް 2 މަހުގައި)އަށް ވުރެ ލަސްކޮށް ދިނުމުން މިބަލި ޖެހޭ މިންވަރު އިތުރުވާ ކަމަށް ފާހަގަކުރެވިފައެވެ. ވީމާ، މިކަންތައްތަކަށް ރިޢާޔަތް ކުރުމަށްފަހު ޤައުމުތަކުގައި އަދިވެސް ޑީ.ޕީ.ޓީ ގެ ހޯލް ސެލް ވެކްސިން ކުރިއަށް ގެންދެވެއެވެ."

10. ރާއްޖޭގައި ވެކްސިން ދިނުމުގައި، ވެކްސިން ދިނުމުގެ ކުރިން ވަކި ވަކި ވެކްސިންތަކާބެހޭ ގޮތުން ވެކްސިން ޖަހާ ވާލިދައިނަށް ދިނުމަށް ކަނޑައެޅިފައިވާ މަޢުލޫމާތު ކަރުދާސްތަކެއް.

"ކަރުދާސް މަޢުލޫމާތު ހިމެނޭ ޕްރޮސީޖަރެއް ދަނީ އަޕްޑޭޓްކުރެވިފައެއްނުވެއެވެ."

11. ފާއިތުވި 10 އަހަރުގައި ވެކްސިން ޖަހައިގެން ގެއްލުމެއް ލިބިފައިވާކަމަށް ބެލެވިފައިވާ އަދަދަކާއި ފިޔަވަޅުތައް އަދި މި ގޮތުން ލިބިފައިވާކަމަށް މަޢުލޫމާތުގެ ތަފްސީލު.

"ވެކްސިން ޖެހުމަށްފަހު ދިމާވާ ހާދިސާތައް، ކަނޑައެޅިފައިވާ އެކަންކަން ބެލުމަށް ފަންނީ ކޮމިޓީއެއް އޮތަސް ހާދިސާތައް ބެލުމަށްފަހު ފަރާތްތަކުގެ ނަތީޖާ ކުރިއަށް ނުފެނެއެވެ. އޮންލައިންގައި ދިމާވާ ހާދިސާތަކަކީ ވެކްސިން ޖެހުމުން ދިމާވި، ބޮޑު ކުރިވެ ހުންނަކަން ފަދަ ކަންކަމެވެ."

12. ވެކްސިން ޖެހުމުން ކުއްޖަކަށް އަނިޔާއެއް ލިބިދާނެ ކަމަށް ބެއްލެވޭ މިންގަނޑު އަދި އިތުރު ވެކްސިން އެއް ނުދެއްވުމަށް މިކަމުގައި ގެންގުޅުއްވާ އުސޫލުތަކާ ތަފްސީލު. އަދި މިކަން ބާރު ކުރައްވާފައިވާ ތަހުލީލާއި ލިޔެކިޔުމެއް.

"ވެކްސިން ޖެހުމަށްފަހު އެއްވެސް އަލާމާތެއް ފެނިއްޖެނަމަ ރިޕޯޓް ކުރުމަށް ނިޒާމެއް ޤާއިމް ކުރަންވާނެއެވެ. ޚާއްޞަކޮށް ދެއްކުމުން، އަލާމާތްތަކާއިބެހޭ މައުލޫމާތު ފުރިހަމަ ކުރުމަށްފަހު ޕޯޓަލް މިއާޖެންސީއަށް ފޮނުވުމަށް ތައްޔާރު ކުރެވިފައިވެއެވެ. ވެކްސިން ޖެހުމަށްފަހު ފެންނަ ހުރިހާ އަލާމާތްތަކަކީ ސީދާ ވެކްސިން އިން ގެނުވި ކަމަކަށް ނުވެދާނެއެވެ.

ވެކްސިން ޖެހުމަށްފަހު ވެކްސިނުން ދިމާވެދާނެ އެލަރޖިކް ރިއެކްޝަނެއް ފެނިއްޖެނަމަ، އަލުން އެކުއްޖަކަށް ވެކްސިން ނުދެވޭނެއެވެ. މިގެ އިތުރުން ވެކްސިން ޖެހުމަށްފަހު ސިވިއަރ ރިއެކްޝަނެއް އައި ނަމަ، އެ ރިއެކްޝަނެއް ބެލުމަށްފަހު ރާއްޖޭގައި ޚާއްޞަ ވެކްސިނާއި ބޭރު ތަފާތު ކޮމިޓީ އާ މަޝްވަރާ ކުރުމަށްފަހު ކޮށް ދެވޭނެއެވެ."

A Century of Vaccination and What it Teaches

By W. Scott Tebb, M.A., M.D. (Cantab.), D.P.H

Surgeon to the Boscombe Hospital

London: Swan Sonnenschein & Co., Lim. 1989

PREFACE.

So long as the practice of vaccination remains established and enforced by law, it will be the duty of every citizen, who is also the father of a family, to form a judgment upon it; unless, indeed, it is to be held that the infallibility of the legislature and of the medical profession, which in this instance directed legislation, is so well assured that enquiry is superfluous, if not culpable. But it is a sounder doctrine that the existence of the law does not relieve parents of responsibility towards their children, and more especially parents (nowadays the majority) who have heard that the efficacy of this operation has been called in question by competent men, while its risks, so long denied, are now on all hands admitted. I am, therefore, not without hopes that among my readers will be included a fair number of the "general public" interested in the subject by the pressure of compulsion, and anxious before they submit a child to vaccination to feel assured that they are doing the right thing, being also resolved to withhold the child from the operation if they cannot be satisfied of this.

But I here address myself more particularly to two classes—to my medical brethren, and to those whose

4. VACCINE SAFETY & ASSOCIATED RISKS

> Most safety studies on childhood vaccines have not been conducted thoroughly enough to tell whether the jabs cause side effects …
>
> There is some good research, but it is overwhelmed by the bad. The public have been let down because the proper studies have not been done. Information available on the safety of vaccines that are routinely given to babies and toddlers was simply inadequate.
>
> *Dr Thomas Jefferson – Head of Vaccine Division, Cochrane Collaboration and Board Member of EUSAFEVAC*

One of the first claims is that "Vaccines are safety tested for years before being introduced". This statement is an acknowledgement that vaccines are a commercial product that might cause harm. However, unlike all other medicinal products, no vaccine undergoes double blind placebo trials.[33] And most vaccine safety trials range for a few days to few weeks; not "long number of years".

> Without a control group in a clinical trial, you are in la-la land.[34]
>
> *Dr Stanley Plotkin "Godfather of Vaccines"*
> *Co-author of medical textbook, Vaccines*

Vaccine "safety" – what does it mean?

The US FDA regulations[35] describe safety as "*relative* freedom from harmful effect to persons affected, directly or indirectly, by a product when *prudently administered*, taking into consideration the character of the product in relation to the condition of the recipient at the time." The Proof of safety comprises "adequate tests by methods reasonably applicable," including reports of "significant human experience" with the product against its benefits.

Thus, **vaccine safety is relative and NOT an absolute measurement**. Further, the above mentioned "human experience" is gauged from VAERS (which does NOT record 99% adverse events) and from vaccine trials which use active comparators (other vaccines).

It is also noteworthy that such well-recognized authorities in the field of vaccines, such as Dr Heidi Larson, Director of Vaccine Confidence Project; Dr Paul Offit, paediatrician, co-inventor of rotavirus vaccine, holder of Maurice R. Hilleman Professor of Vaccinology chair at

[33] https://www.icandecide.org/wp-content/uploads/2019/08/ICAN-Reply-1.pdf
[34] In a 29 March 2017 article, Plotkin affirmed that assessment during January 2018 deposition (in a vaccine trial).
[35] 21 C.F.R. 600.3(p), 6011.25 (d) (1)

CHOP (Children's Hospital of Philadelphia) and Director of Vaccine Education Center, CHOP; and Dr Stanley Plotkin (often referred to as "Godfather of vaccines", consultant to vaccine manufacturers and co-author of the textbook "Vaccines", all failed to provide evidence of thorough safety testing before marketing or the existence of any double-blind placebo safety trials when challenged by two leading medical scientists, Professor Christopher Exley (Professor of Biochemistry) and David Healey (Professor of Psychiatry). This was in an on-line correspondence of the British Medical Journal.[36] [37] [38]

In Maldives, Health Protection Agency adds vaccines to the national schedule (which is now mandatory for all children) with the statement that those are "WHO pre-approved vaccines". No safety studies are reviewed nor is there a proper mechanism for adverse effect monitoring. Adverse effects are conveniently denied with the mantra "vaccines are safe & effective", although that mantra is disproved by the information on "package inserts" itself.

> . . . the immune system remains a black box… It's staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it. . . . That's an awful lot of moving parts. And we don't really know what the vast majority of them do, or should be doing . . ."
>
> *Dr Garry Fathman, professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection*[39]

As rather eloquently detailed by Richard Gale and Dr Gay Null in "Are Vaccines Safe?"[40] An article published in Global Research, vaccine manufacturers do their own "safety, purity & potency" studies and submit them to the FDA for approval. This good-faith relationship that precludes any requirement for independent studies by researchers to verify the results.

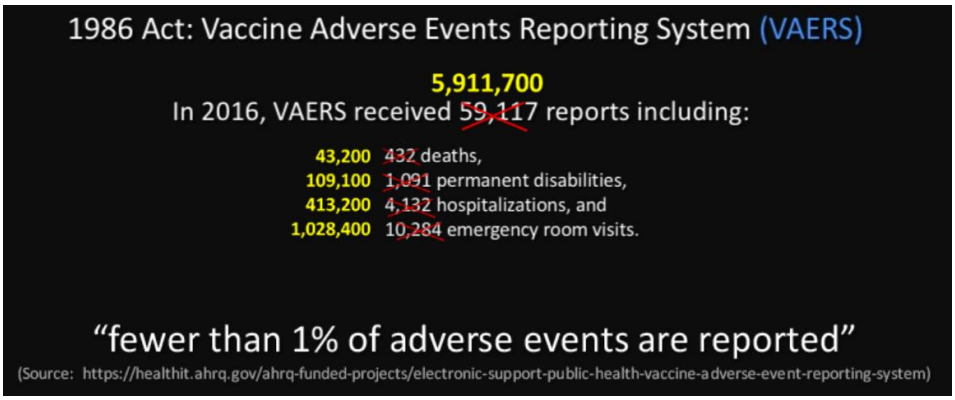
Pre-licensure clinical trials for vaccines cannot detect long-term outcomes since safety review periods following administration are typically 42 days or less. [41] Long-term vaccine safety science relies on post-market surveillance studies using databases such as the US Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC's) Vaccine Adverse Reporting System (VAERS) and the Vaccine Safety Datalink. [VAERS is a passive system that captures less than 1% of vaccine adverse events as noted by former FDA Commissioner David Kessler.][42]

[36] https://www.bmj.com/content/365/bmj.l4291/rr-3
[37] https://www.bmj.com/content/365/bmj.l4291/rr-4
[38] https://www.bmj.com/content/365/bmj.l4291/rr-37
[39] B. Goldman, "The Bodyguard: Tapping the Immune System's Secrets," Stanford Medicine, summer 2011.
[40] https://www.globalresearch.ca/are-vaccines-safe/15669
[41] CDC. Report an Adverse Event to VAERS. 2020. Available online: https://vaers.hhs.gov/reportevent.html (accessed on 15 August 2020).
[42] Kessler et al (1993)

Vaccine safety science, particularly long-term safety science, is inadequate to ensure children's safety or to accurately assess risks for purposes of informed consent.

Claims about serious adverse events to vaccines being rare is not supported by adequate scientific evidence due to shortcomings in clinical trials and long-term surveillance of health outcomes of recipients.

Given the VAERS capturing less than 1%,[43] the true injury rate would reflect something close to the following numbers:



In 1991, the Institute of Medicine stated in their report "**If research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped."**

The IOM made this statement after reviewing literature on 22 conditions related to DTP. For 12 conditions, the literature was inadequate to accept or reject causation. Of the 10 conditions for which there were adequate studies done, **60% of it supported causation**. Literature was not available for demyelinating diseases of the central nervous system, sterility, arthritis, neuropathy, residual seizure disorder, transverse myelitis, sensorineural deafness, optic neuritis, aseptic meningitis, insulin-dependent diabetes mellitus, SIDS. In other words, there were no studies done looking at the possible relationship of vaccines to these conditions.

In 1994, the Institute of Medicine reviewed available studies for Diphtheria Tetanus, Measles & Mumps, Hepatitis B and Hib. Out of the 54 conditions studied, literature was inadequate for 38 conditions. Literature was available for 16 conditions. **75% of the conditions for which literature was available supported causation.**

In 2011, the Institute of Medicine again lamented that "for the majority of cases (134 vaccine-adverse event pairs out of 155), the evidence was inadequate to accept or reject a causal relationship." **For the literature that was available nearly 80% of it proved causation**. Vaccines reviewed were Varicella, Tetanus, Hepatitis B, MMR.

These 134 conditions include: encephalitis, encephalopathy, infantile spasms, afebrile seizures, seizures, cerebellar ataxia, ataxia, autism, acute disseminated encephalomyelitis, transverse myelitis, optic neuritis, neuromyelitis optica, multiple sclerosis, Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy, brachial neuritis, amyotrophic lateral sclerosis, small fiber neuropathy, chronic urticaria, erythema nodosum, systemic lupus erythematosus, polyarteritis

[43] Kessler et al (1993)

nodosa, psoriatic arthritis, reactive arthritis, rheumatoid arthritis, juvenile idiopathic arthritis, arthralgia, autoimmune hepatitis, stroke, chronic headache, fibromyalgia, sudden infant death syndrome (SIDS), hearing loss, thrombocytopenia, immune thrombocytopenic purpura etc.

In 2011, the IOM committee concluded that in 23 of the 30 MMR vaccine related adverse events, evidence was inadequate to support or reject a causal relationship.

For a total of 231 conditions, there is no literature available to determine acceptance or rejection of causality for 80% of the conditions. In conditions for which studies exists, over 70% prove causality.

Review of immunization schedules of 34 countries shows a highly statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates.[44]

"**Conflicts of Interest in Vaccine Safety Research**"[45], Gayle DeLong 2012, details the many layers of profit-motivation that cloud regulators' judgement.

The evidence for vaccine safety simply does NOT exist.

The IOM also stated in 2011 report "it is possible to make this comparison (vaccinated vs unvaccinated children) through analyses of patient information contained in large databases such as VSD (Vaccine Safety Datalink)."

In 2012, the Institute of Medicine convened again to examine scientific evidence on vaccine safety. The committee highlighted 4 research questions:

1) how do child health outcomes compare between fully vaccinated & unvaccinated children;
2) how do child health outcomes compare between fully vaccinated children and children whose parents have refused specific vaccines;
3) do short- and long-term health outcomes differ comparing children vaccinated according to the recommended schedule to those receiving fewer vaccines per visit or receiving vaccines at a later stage; and
4) are some subpopulations of children at increased risk of adverse events following immunization (for example, children with family history of allergic or autoimmune disease).[46]

The Vaccine Safety Datalink (VSD) can, in principle, be used to compare outcomes of vaccines and unvaccinated children.[47] The VSD project represents one of the best resources in the US (perhaps in the world) for conducting such studies.[48] According to Professor Walter Orenstein, "Vaccine Safety Datalink with more than 10 million members which allows us to calculate adverse event rates in vaccinees vs non-vaccinees to see if they are higher in vaccinees which would be compatible with causation. And we could easily look in the same vaccinees incident rates of a given adverse event in a perceived risk interval vs a non-risk interval."[49]

[44] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/
[45] https://pubmed.ncbi.nlm.nih.gov/22375842/
[46] https://www.cdc.gov/vaccinesafety/pdf/whitepapersafety_web.pdf
[47] https://stacks.cdc.gov/view/cdc/77718
[48] https://www.cdc.gov/vaccinesafety/pdf/whitepapersafety_web.pdf
[49] Vaccine Safety Summit, WHO, Geneva, December 201i.

Based on the IOM's recommendation, in 2016 CDC prepared a "White Paper on Studying the Safety of the Childhood Immunization Schedule" Report on how Vaccine Safety Datalink (VSD) could be used to conduct the required research.

Unfortunately, to date, no studies have been published comparing a diversity of outcomes of vaccinated and unvaccinated children using the VSD.[50] This means that the most basic form of research to confirm the long-term safety and efficacy of vaccines has not been done.

> The reason why they didn't want to look for those susceptible groups was because they are afraid that if they found them, however big or small they were, that would scare the public away.
>
> *Dr Bernadine Healy, former Director of the National Institutes of Health, during a 2008 CBS News interview.* [51]

As per WHO Chief Scientist Dr Swaminathan, "I think we cannot over-emphasise the fact that we really don't have very good safety monitoring systems in many countries, and this adds to the miscommunication and the misapprehensions because we're not able to give clear-cut answers when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media."[52]

The World Health Organization Bulletin also published "Vaccine adverse events in the new millennium: is there reason for concern?" which reported that "**relatively little is known about the immunopathogenesis of even the best characterized vaccine-associated adverse events**."[53]

As such, vaccines' true medium or long-term safety cannot be gauged.

The dilemma of vaccinating children is that we want to protect them from infectious diseases because their immune systems are not fully developed. Yet, activating the immune system of a child negatively impacts the child's delicate developing brain.

Kuby's Immunology textbook explains it as:

"the immune system is also much more than an isolated component of the body, merely responsible for search-and-destroy missions. In fact, it interleaves with many of the other body systems, including the endocrine, nervous, and metabolic systems, with more connections undoubtedly to be discovered in time."[54]

[50] https://www.icandecide.org/ican_government/cdc-concedes-it-has-never-conducted-study-of-vaccinated-vs-unvaccinated-children/
[51] https://www.cbsnews.com/news/the-open-question-on-vaccines-and-autism/
[52] https://www.brighteon.com/586a26b0-a18f-4394-912e-45d03450ff01
[53] https://www.ncbi.nlm.nih.gov/pubmed/10743286
[54] Kuby's Immunology – 7th Edition, p.1

> There are unanswered questions about vaccine safety. We need studies on vaccinated populations based on various schedules and doses as well as individual patient susceptibilities that we are continuing to learn about. No one should be threatened by the pursuit of this knowledge. Vaccine policy should be the subject of frank and open debate, with no tolerance for bullying. There are no sides – only people concerned about the well being of our children."
>
> *Dr Bernadine Healy, MD*
> *Former Director, National Institute of Health*

European Forum for Vaccine Vigilance[55] has fully referenced and detailed list of mechanisms for potential neurological and immunological damage caused by vaccines. These are:

1. Predisposing genetics and single nucleotide polymorphisms
2. Environmental toxin background load
3. Allergic reaction to the ingredients
4. Autoimmune reaction
5. Inflammation and cytokine release
6. Toxic ingredients
7. Adjuvant-caused damage
8. Contaminants
9. Cross-peptide reactivity
10. Modification to the microbiome
11. Synergistic effect with other neurotoxic agents.

[55] https://www.efvv.eu/vaccine-information/articles-and-documents/a-scientific-overview-pathways-for-vaccine-damage

Open Letter from International Organisations to the WHO on the Issue of Vaccine Safety

To the World Health Organisation and those attending the meeting of the Global Vaccine Quality Control Laboratories Network (Rome 25th-27th September 2018).

To the European Parliament, the European Medicines Agency and the European Directorate for the Quality of Medicines

Dear members of the World Health Organisation,

By sharing science and joining efforts towards better health, your organisation has improved the lives of millions of people, and we are grateful for this. Providing better nutrition, clean water, improved hygiene, and access to medical care, mortality and infectious disease have been drastically reduced. Your extraordinary communication campaign to detect cases of disease and their contacts, and isolate them, finally led to the eradication of the once devastating smallpox.[1] These are great achievements and these noble goals should be further pursued. Today however, we are facing a new epidemic: chronic disease. In the USA, one in two adults has a chronic disease and one in four has two or more. [2]

Obesity, asthma, cancer, immune and autoimmune diseases, neurological and developmental disorders, are 'lifestyle diseases' mainly caused or aggravated by bad nutrition and toxic load. Vaccines are administered to healthy individuals to prevent targeted infections, but their long-term impact on the immune system and their potential role in chronic disease is not being evaluated. Individual risk of poor outcomes to both infection and vaccination varies widely and mass vaccination without proper discrimination at the individual level has led to injuries, death and unintended consequences. Recently, independent researchers and laboratories have discovered that many vaccines are contaminated with retroviruses[3] and polluted by nanoparticles [4]. High levels of aluminium associated with vaccine adjuvants have been found in the brains of autistic children or in people suffering from neurological disorders such as Alzheimer's disease.[5, 6]

In your previous meeting you advocated for less independent testing, considered 'redundant', in order to speed up the supply of products.[7] The recent administration of 250,000 defective vaccines in China[8], the tragedy of the oral polio campaign in India with over 450,000 cases of paralysis and death[9], the damage caused by the Dengue vaccine in the Philippines[10], reports from all over the world of chronic pain and paralysis after administration of the HPV vaccine[11, 12,] show that vaccine safety and efficacy are being tragically disregarded in this drive for fast-tracking approval and easy certification.

If developing standards and sharing best practice amongst controlling bodies is needed, testing by national and independent laboratories must be maintained, since fraud and technical hazard from storage or transportation can still occur and biases or new findings would not be detected. According to your report, «It was noted that the aims of the network are a good fit with industry's proposal for risk-based testing and networking».[13] But this 'risk-based' approach geared to reducing test requirements for vaccines considered of 'low risk', seems a dangerous pursuit.

Many health authorities complain about vaccine hesitancy, but fail to reassure the public by providing the safety data they request. All over the world, millions of people have signed petitions demanding more safety, transparency and independent research, but decision makers chose fast-tracking instead.

To restore confidence lost, we insist that before any kind of recommendation or authorisation is issued, ALL vaccines pre-qualified or recommended by the WHO will be submitted to:

- Extensive clinical trials conducted by bodies independent from the manufacturers
- Medium- and long-term studies on efficiency and safety, not 'days'.
- Tests for carcinogenic properties
- Tests around fertility issues
- Tests on pregnancy, spontaneous abortion and the developing foetus
- Tests for mutagenic effects (changes induced in the DNA)
- Tests for effects on the neurological system and development of the brain
- Real inert placebo testing, which is almost never conducted on vaccines

We also insist that the WHO should provide studies on:

- Adjuvants and preservatives such as aluminium and mercury and their bioaccumulation
- Other toxic material used, such as polysorbate, Tween 80, formaldehyde etc
- Vaccine safety and the age of vaccine administration
- The impact of full vaccine schedules on the global health of a population

- The comparison of vaccinated versus unvaccinated populations in global health terms
- Viral transmission of people recently vaccinated with live virus vaccine such as measles, mumps, rubella, varicella, influenza or oral polio vaccine for example.

In particular, we ask that the use of combined vaccines and the same-day administration of multiple vaccines be thoroughly investigated. Figures from India show that the number of deaths within three days following vaccination doubled when using a Pentavalent (5-in-one) vaccine rather than a triple DTP vaccine. It is projected that this change will cause between 7,020 and 8,190 deaths each year in infants in India[14]. It further appears that in confidential periodic safety reports of the hexavalent Infanrix polio vaccine submitted to the EMA, the manufacturer GSK had deleted a number of death cases between reports. [15]

Concerning the measles-mumps-rubella vaccine and its link with autism, the only reference mentioned on the autism section of your website is an out-dated French article translating press claims that have been disproven in a decision from the English High Court in 2012. [16, 17] At the same time, William Thompson, an expert from the CDC, confessed in 2014 to having manipulated the data of a key reference study but as of present date, no further investigations have been made.[18]With one in 36 children diagnosed with an Autistic Spectrum Disorder in the USA[19], this study is an absolute priority and independent laboratory testing and new clinical trials must now replace the flow of 'inconclusive' statistics.

Confirming this priority, an Italian Parliamentary Commission recently reported numerous deaths, autoimmune diseases and cancers in military personnel after multiple vaccines had been administered and called for more research and precautionary measures[20]. The long-term effects of vaccines are not studied and the recent revision of the classification of "Adverse Events Following Immunisation" does not allow for accurate reporting of death cases or of side effects not previously declared by the manufacturer.[21] With the alarming rise in chronic diseases, immune, autoimmune and developmental disorders worldwide, immediate responsible action is imperative.

In its recent resolution on vaccine hesitancy, the European Parliament calls for "transparency and declaration of conflicts of interest, including researchers working for the World Health Organisation and the European Medicines Agency". It proposes that "researchers subject to a conflict of interest be excluded from evaluation panels"; further calls for "the confidentiality of the deliberations of the EMA evaluation panel to be lifted" and proposes that "the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, be made public". [22]
It fails however to question biased reports. [23]

When it comes to approving or recommending a new vaccine, we know that:

- Pre-licensure studies are exclusively carried out by the manufacturers who stand to profit.This is a clear conflict of interest.
- Pre-licensure studies do not and cannot capture all adverse events that will occu in real world situations.
- Peer reviewed scientific journals have huge conflicts of interest and most studies are biased or false [24, 25, 26]
- Post-marketing surveillance in all countries is woefully inadequate. Only 1 to 10% of adverse events are being reported. In the USA, the mandatory biennial safety reports from US Health & Human Services to Congress on vaccine safety have simply never been written. [27]

The funding of your organisation relies on important private donations, such as the GAVI alliance, a partnership with banks and industries. The fact alone that this very meeting is funded by a private investor, the Bill and Melinda Gates Foundation[28], is highly questionable. Given this inherent conflict of interest, it is therefore absolutely imperative that independent studies and experts be involved in the approval and recommendation of vaccines and vaccine policies. And if the WHO guarantees the safety of the vaccine it is pre-qualifying, it should also assume liability for adverse events following vaccination.

Promoting mandatory vaccination for entire populations with products that essentially rely on manufacturers' data for their general safety and efficacy is an evident breach of the precautionary principle and as such becomes a forced medical experiment.

Since the health risk of vaccination is entirely borne by individuals, the WHO must ensure that it is minimal, and that fully informed consent is observed.

In order to restore public trust in health authorities and improve public health policies worldwide, we therefore demand actions and answers that meet our requests.
We thank the honorable members of this assembly for their attention and pray they will open their hearts and minds to our message.

Note: List of signatories and study references are given in the link at footnote. [56]

[56] https://www.efvv.eu/vaccine-information/articles-and-documents/open-letter-to-the-who

4.1. Benefits of childhood infections

In fact, **contracting measles can play a beneficial role** in priming and maturing a child's immune system and increasing their well-being in adulthood. There are numerous medical papers that indicate that childhood acute infections (such as measles) do lower the risk of developing brain tumours, cancers, leukaemia and heart disease later in life.

Hence, it is natural for parents to pose the question: By vaccinating our children, are we trading a typically benign illness during childhood for more serious diseases in later life.

Some studies on the benefits of childhood infections:

1. **Measles and mumps, especially in case of both infections, were associated with lower risks of mortality from atherosclerotic cardiovascular disease**. "Association of measles and mumps with cardiovascular disease: The Japan Collaborative Cohort (JACC) study", Yasuhiko Kubota et al, 2015.[57]

2. "…**we found that a positive history of chickenpox was associated with a 21% lower glioma risk, adjusting for age and sex'….Furthermore, the protective effect of chickenpox was stronger for high-grade gliomas. Our study provides additional evidence that the observed protective effect of chickenpox against glioma is unlikely to be coincidental.**"[58] (Gliomas = brain tumour.) "History of chickenpox in glioma risk: a report from the glioma international case-control study (GICC)", Susan Amirian et al, 2016.

3. Measles virus clinical trials are producing **encouraging preliminary results in ovarian cancer, myeloma and cutaneous non-Hodgkin lymphoma, and the outcome of currently open trials in glioblastoma multiforme, mesothelioma and squamous cell carcinoma** are eagerly anticipated. "Measles to the Rescue: A Review of Oncolytic Measles Virus"[59], Sarah Aref et al, 2016

4. "Early life exposure to infections and risk of childhood acute lymphoblastic leukemia", Kevin Urayama et al, 2010.

5. **Measles infection may protect against allergic disease in children**. "Allergic diseases and atopic sensitization in children in relation to measles vaccination and measles infection"[60], Helen Rosenlund et al, 2009.

6. Study found that being exposed to viruses earlier in life improves the immune system later in life. "Early origins of inflammation: microbial exposures in infancy predict lower levels of C-reactive protein in adulthood", Biological sciences, 2009.

[57] https://www.atherosclerosis-journal.com/article/S0021-9150(15)01380-5/fulltext
[58] https://onlinelibrary.wiley.com/doi/full/10.1002/cam4.682
[59] https://www.mdpi.com/1999-4915/8/10/294
[60] https://pubmed.ncbi.nlm.nih.gov/19255001/

7. **Allergic diseases are less frequent in children with a history of measles**. "Frequency of allergic diseases following measles"[61], Kucukosmanoglu et al, 2006.

8. **Lymph cancer is significantly more likely in adults who were not infected with measles, mumps or rubella in childhood**. "Exposure to childhood infections and risk of Epstein-Barr virus-defined Hodgkin's lymphoma in women"[62], Sally Glaser et al, 2005.

9. **Results support the hypothesis that reduced exposure to infection in the first few months of life increases the risk of developing acute lymphoblastic leukaemia.** "Day care in infancy and risk of childhood acute lymphoblastic leukaemia: findings from UK case-control study"[63], Gilham et al, 2005.

10. **"Spontaneous improvement of intractable epileptic seizures following acute viral infections"**[64], Hitoshi Yamamoto et al, 2004.

11. **Adults are significantly protected against genital, prostate, gastrointestinal, skin, lung, ear-nose-throat and other cancers – if they contracted measles, rubella or chickenpox**. "Febrile infectious childhood diseases in the history of cancer patients and matched controls"[65], Albonico et al, 1998.

12. Cytotoxicity of glioblastoma cells mediated ex vivo by varicella- zoster virus-specific T cells; Caniff, Donson et al; Journal Neurovirology, 2011 October; 17(5): 448–454. doi:10.1007/s13365-011-0048-z.

13. "**Chickenpox in childhood is associated with decreased atopic disorders, IgE, allergic sensitization, and leukocyte subsets**"[66], Jonathan Silverberg et al, 2011.

14. "**Our results pointed out a protective role of childhood infectious diseases on the risk of CLL (leukemia) in adults.**"[67]

15. "Do childhood diseases affect NHL and HL risk?" [68], Maurizio Montella et al, (2006) **Infections by most common childhood pathogens may protect against HL (Hodgkin's lymphoma) or, at least, be correlated with some other early exposure, which may lower the risk of HL in adulthood**.

[61] https://pubmed.ncbi.nlm.nih.gov/16854347/
[62] https://onlinelibrary.wiley.com/doi/full/10.1002/ijc.20787
[63] https://www.bmj.com/content/330/7503/1294
[64] https://pubmed.ncbi.nlm.nih.gov/15275699/
[65] https://pubmed.ncbi.nlm.nih.gov/9824838/
[66] https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1399-3038.2011.01224.x
[67] Parodi, Crosignani, Miligi, Nanni et al; Int. J. Cancer: 133, 1892–1899 (2013) VC 2013 UICC
[68] Montella, Maso, Crispo et al; Leuk Res. 2006 Aug;30(8):917-22 (PMID 16406019)

16. **Mumps might protect against ovarian cancer.** "Mumps and ovarian cancer: modern interpretation of an historic association"[69]; Cramer, Vitonis, Pinheiro et al; 2010. Conclusion: Mumps parotitis may lead to expression and immune recognition of a tumor-associated form of MUC1 and create effective immune surveillance of ovarian cancer cells that express this form of MUC1.

17. "Frequency of allergic diseases following measles", E Kucukosmanoglu et al, 2006. Conclusion: The results of this study indicate that findings of allergic disease are less frequent in children with a history of measles.[70]

18. "Atopy in children of families with an anthroposophic lifestyle", J S Alm et al, 1999. Findings: Children who never received MMR vaccine were protected against allergies. [71]

19. A reduced risk of Parkinson's disease was associated with most childhood viral infections. The reduced risk of Parkinson's disease among subjects with a positive history of measles in childhood may reflect an adverse effect of measles in adulthood or of subclinical or atypical measles. "Measles infection and Parkinson's disease"[72], Sasco and Paffenbarger, 1985. (Note: measles vaccination may lead to measles infection during adulthood, subclinical or atypical measles.)

20. "Infantile Hodgkin's disease: remission after measles"[73], Mota, 1973.

> There is no study to prove that unvaccinated children to have ever been proven to start an epidemic."
>
> *Dr Larry Palevsky, Paediatrician*

[69] https://pubmed.ncbi.nlm.nih.gov/20559706/
[70] https://pubmed.ncbi.nlm.nih.gov/16854347/
[71] https://pubmed.ncbi.nlm.nih.gov/10232315/
[72] https://pubmed.ncbi.nlm.nih.gov/4061437/
[73] https://pubmed.ncbi.nlm.nih.gov/4574047/

4.2. Vaccination and its questionable contribution

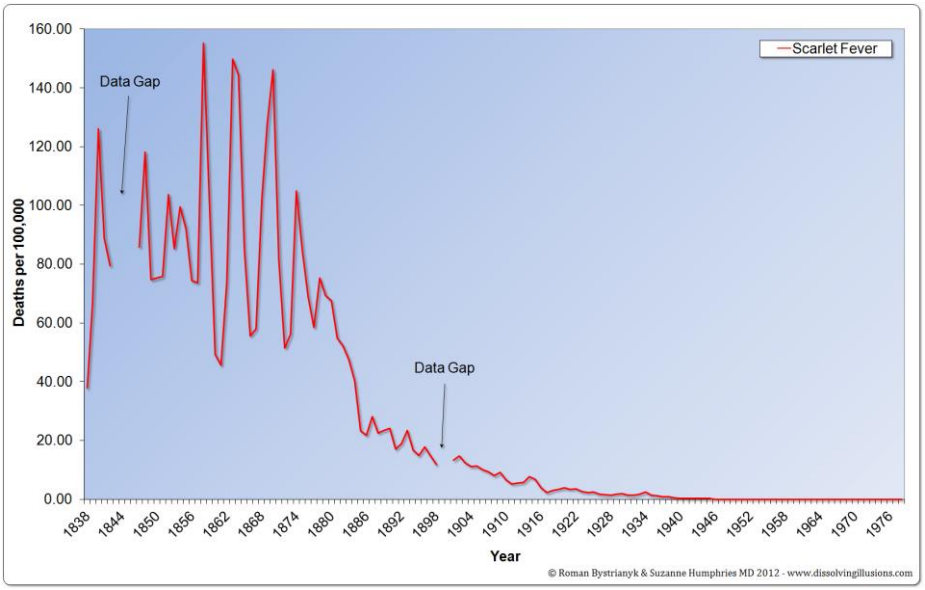
Many people would attribute the decline in infectious disease death to vaccines. However, when historical records are consulted, it is clear that it is a complete fallacy. It is this erroneous belief that has led people to trust vaccination as the sole means to handle infectious diseases when in reality there were other factors such as improved hygiene, sanitation, nutrition, electricity, chlorination, pasteurization, etc. that actually contributed to this decline.[74]

By 1945 the combined death rates (from diphtheria, pertussis, scarlet fever and measles) had declined by 95 percent, before the implementation of mass immunization programs.[75]

In 1953, "The Book of Health – a Medical Encyclopedia for Everyone" (the Advisory Board of which includes Charles W. Mayo of the famous Mayo Clinic and Sir Alexander Fleming) reported that death rate due to **measles & diphtheria had dropped to less than one death per 100,000** and **deaths due to whooping cough had declined during the past 30 years and were exceedingly rare**.

Vaccine proponents have effectively used this fallacious argument - "infectious disease mortality was reduced by vaccination" – at all junctures to keep afloat the false belief of vaccines as the modern-day miracle.

Scarlet fever had shown a similar mortality rate decline to near zero; without any vaccine.



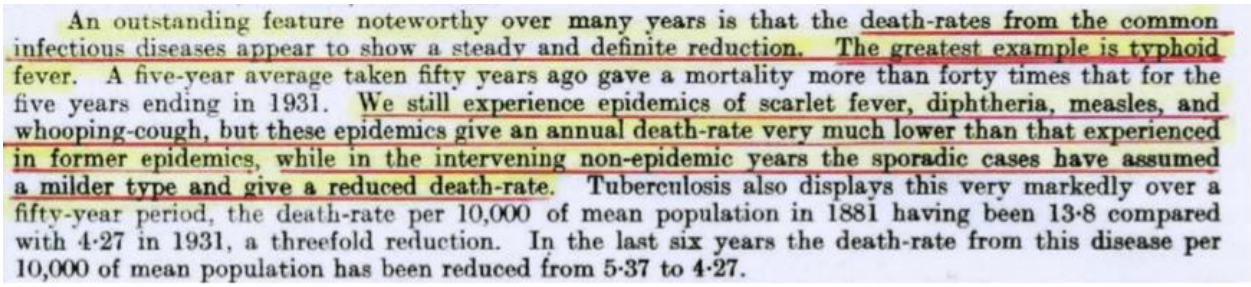
"More specifically, with reference to those five conditions (influenza, pneumonia, diphtheria, whooping cough, and poliomyelitis) for which the decline in mortality appears substantial after the point of intervention—and on the unlikely assumption that all of this decline is attributable to the intervention …it is estimated that at most 3.5 percent of the total decline in mortality since 1900 could be ascribed to medical measures introduced for the diseases considered here." [76]

[74] Biodati CJM. Immunization: History, Ethics Law and Health. Integral Aspects Inc., Windson, Ontario, 1999, pp. 104-106.
[75] Dublin L. Health Progress, 1936-1945. New York, Metropolitan Life Insurance Co., 1948, p. 12.
[76] John B. McKinlay and Sonja M. McKinlay, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century," The Milbank Memorial Fund Quarterly, Health and Society, vol. 55, no. 3, summer 1977, p. 425.

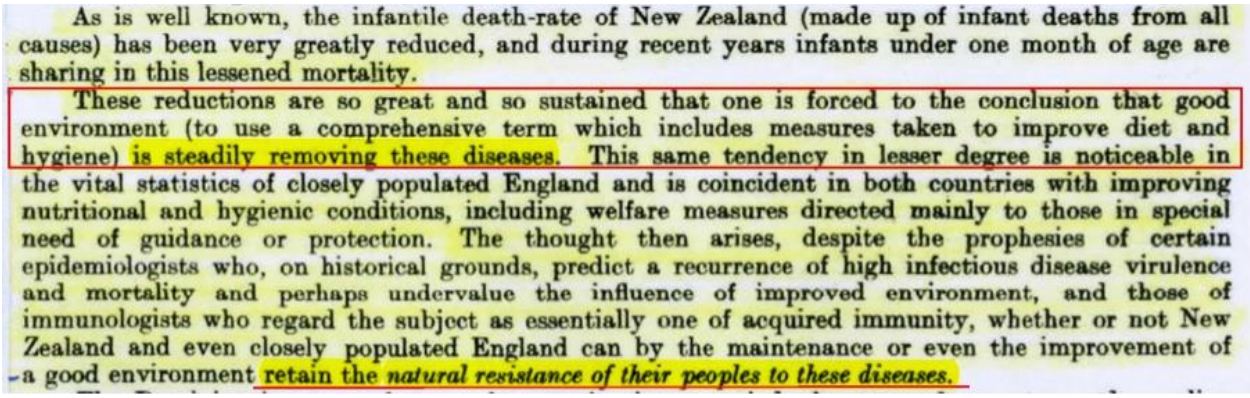
In 1979, Sweden withdrew DTP vaccine on the basis that it was not effective and possibly unsafe. According to a letter from Victoria Romanus, Swedish Institute of Infectious Disease Control, deaths from whooping cough remained near zero despite vaccine withdrawal. With a population of over 8 million, from 1981 to 1993 there were 8 deaths listed with the cause "pertussis". The odds of dying were 1 in 13 million even with no national vaccination programme.[77]

DTP vaccination coverage in England dropped from 78 percent to 30 or 40 percent (lowest rate during 1976-1980) because of concerns over safety. Total deaths during the years 1976 to 1980 (when vaccination rate was the lowest) was 35. The deaths during previous years, 1971 – 1975, were 55.[78]

Director General of Health, New Zealand Parliamentary Journal, 1932[79]



An outstanding feature noteworthy over many years is that the death-rates from the common infectious diseases appear to show a steady and definite reduction. The greatest example is typhoid fever. A five-year average taken fifty years ago gave a mortality more than forty times that for the five years ending in 1931. We still experience epidemics of scarlet fever, diphtheria, measles, and whooping-cough, but these epidemics give an annual death-rate very much lower than that experienced in former epidemics, while in the intervening non-epidemic years the sporadic cases have assumed a milder type and give a reduced death-rate. Tuberculosis also displays this very markedly over a fifty-year period, the death-rate per 10,000 of mean population in 1881 having been 13·8 compared with 4·27 in 1931, a threefold reduction. In the last six years the death-rate from this disease per 10,000 of mean population has been reduced from 5·37 to 4·27.



As is well known, the infantile death-rate of New Zealand (made up of infant deaths from all causes) has been very greatly reduced, and during recent years infants under one month of age are sharing in this lessened mortality.

These reductions are so great and so sustained that one is forced to the conclusion that good environment (to use a comprehensive term which includes measures taken to improve diet and hygiene) is steadily removing these diseases. This same tendency in lesser degree is noticeable in the vital statistics of closely populated England and is coincident in both countries with improving nutritional and hygienic conditions, including welfare measures directed mainly to those in special need of guidance or protection. The thought then arises, despite the prophesies of certain epidemiologists who, on historical grounds, predict a recurrence of high infectious disease virulence and mortality and perhaps undervalue the influence of improved environment, and those of immunologists who regard the subject as essentially one of acquired immunity, whether or not New Zealand and even closely populated England can by the maintenance or even the improvement of a good environment retain the *natural resistance of their peoples to these diseases.*

[77] Letter from Victoria Romanus, MD, PhD, Department of Epidemiology Swedish Institute of Infectious Disease Control, Stockholm Sweden, August 25, 1995. (Dissolving Illusions, Dr Humphries & Bystrianyk)

[78] Record of Mortality in England and Wales for 95 Years as Provided by the Office of National Statistics, 1997; Health Protection Agency Table: Notification of Deaths, England and Wales, 1970–2008. (Dissolving Illusions, Dr Humphries & Bystrianyk)

[79] Dissolving Illusions, Dr Suzanne Humphries & Roman Bystrianyk

Australia

"Infectious diseases in Australia were controlled by 1950. Only diphtheria vaccine was in use at this time and this was in voluntary vaccination campaigns.

Measles, whooping cough and influenza were removed from the national notifiable disease list in 1950 because the deaths and serious illness to these diseases had been significantly reduced for the majority of children." – Dr Judy Wilyman

Australia's Commonwealth director of Health, JHL Cumpston (1914 – 1945), and Australia's Nobel Laureate for Immunology (1960), MacFarlane Burnett, clearly stated that public health reforms such as sanitation, hygiene, nutrition and smaller family sizes from 1850 -1950 were the most important factors in reducing the deaths and illness due to infectious diseases.

"Infectious deaths fell before widespread vaccination was implemented" (ABS 2001, Child Health Since Federation, p.11). stated Professor Fiona Stanley, Director of the Telethon Institute for Children's Health Research in 2001.

> It is not reasonable to assume that manipulation of the immune system through an increasing number of vaccinations during critical periods of brain development will not result in adverse neurodevelopmental outcomes."
>
> *Neurologic Adverse Events Following Vaccination*
> *Study by Polish scientists, Sienkiewicz et al (2012)*[80]

[80] http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.419.295

4.3. Lack of gold standard safety trials & safety science

"Active surveillance studies in developing countries are important with increased vaccine uptake. Vaccines are being introduced earlier or exclusively in developing countries with incomplete safety profiles." – Global Vaccine Safety Initiative, 19-20 November 2013, Delhi

Vaccines are considered "biologics" and exempted from gold standard safety studies which include inert-placebo randomised control trials (RCTs). Thus, the true risk profile of vaccines cannot be evaluated and precludes a risk-benefit analysis.

Additionally, vaccines are tested (against other vaccines or even the same vaccine, instead of inert placebos) during trials with a short period of time which prevents a proper evaluation of the adverse effects of the vaccine.

In addition, vaccine pre-licensure trials are conducted by the manufacturers and their investigators.

Dr. Marc Girard, a drug specialist with more than 30-year experience in safety and often commissioned as a medical expert witness in criminal and civil inquiries in vaccine litigations, wrote that there was a "worrying lack of knowledge of most vaccine experts regarding the basic scientific and regulatory requirements normally applicable to pharmaceutical products – especially, as far as adverse reactions were concerned: this represents a tragic shortcoming for such preventive drugs, targeted towards people in perfect health with problematic aim of protecting them against diseases the occurrence of which in a severe form is often an unlikely event, and for which therefore the risk of side-effects should not go beyond extremely narrow limits". This was in response[81] to Tozzi et al (2013) paper on "Assessment of causality of individual adverse events following immunization (AEFI): a WHO tool for global use".

Dr Girard further stated, "**the primary tool to assess drug safety is not "epidemiological studies" but double-blind investigations versus placebo (a genuine placebo, namely a completely inert product and not another vaccine…) performed during development on a sufficient duration: as everybody knows, vaccine makers have managed the exploit to get exempted of this otherwise inescapable step**."

"As far as "epidemiological studies" are concerned, their main default is of being inextricably polluted by major conflicts of interests, as in most cases, they are performed either by the manufacturers or, even more frequently, by national or international health agencies (or their "experts") whose most obvious interest is to hide the – sometimes tragic – drama they may have triggered by their irresponsible campaigns to promote some vaccines: this is the reason why, amongst a dozen of such studies performed on the neurological risks of hepatitis B vaccination, the only one showing a clear increase was also the sole whose financing was independent of any promoters of this immunization."

Pregnant women – special subgroup:

"Contributions and challenges for worldwide vaccine safety: The Global Advisory Committee on Vaccine Safety at 15 years"[82], Asturias et al, 2016, states that "Furthermore, there remains a paucity of information on vaccine safety for special subgroups such as pregnant women, the elderly, those who are immunocompromised or with chronic disabilities, as vaccine pharmacovigilance systems

[81] https://www.ncbi.nlm.nih.gov/myncbi/marc.girard.1/comments/
[82] https://europepmc.org/article/PMC/5085263

have not focused on these populations and/or have not been well studied during vaccine clinical development".

Despite this lack of safety information, we continue to vaccinate pregnant women, the elderly and those with chronic disabilities.

Congenital malformations of the central nervous system (CNS) consist of a wide range of birth defects. Study by Troisi et al (2019), "Serum metallome in pregnant women and the relationship with congenital malformations of the central nervous system: a case-control study" showed a direct relationship between congenital defects of the CNS and maternal serum concentration of aluminium.[83]

Aluminium is also found in sperm and in the mother's eggs. Due to indiscriminate injection of biopersistent aluminium and other sources, human exposure to aluminium begins at conception. Klein et al (2014) study provided unequivocal evidence of high concentrations of aluminium in human semen and suggested possible implications for spermatogenesis and sperm count.[84]

Leading scholar of reproductive health, Shanna H. Swan, calculated that from 1973 to 2011, the sperm count of average men in Western countries had fallen by 59 percent and infant boys are developing more genital abnormalities, girls are experiencing early puberty and adult women appear to be suffering declining egg quality and more miscarriages. The study "Temporal trends in sperm count: a systematic review and meta-regression analysis".[85]

Study of Kruger et al (2010) measured aluminium in human placenta samples, placenta membranes and umbilical cord.[86] Aluminium was detected in 95% of placenta bodies, 81% of placenta membranes and 46% of umbilical cords.

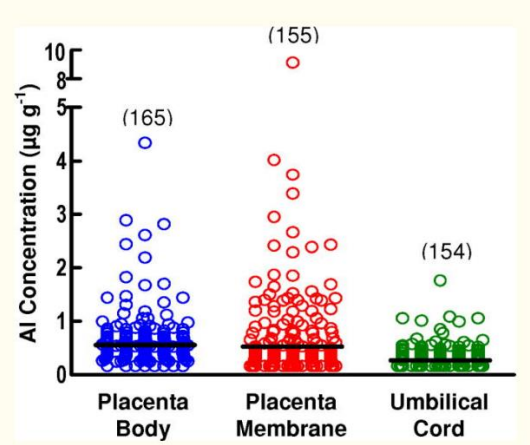


Figure 3

Scatter dot plot showing geometric mean and range for Al (µg g^{-1}) in each placental tissue component. Each data point represents the average Al concentration measured by duplicate analysis of a sample. Black horizontal lines indicate geometric mean concentrations for each sample component. Numbers in parentheses indicate the number of placenta samples analyzed for each component.

In Maldives, pregnant women are given a Diphtheria and Tetanus (DT) vaccine that contains 1250 mcg aluminium and 12.5 mcg mercury.

[83] https://pubmed.ncbi.nlm.nih.gov/31805895/
[84] https://pubmed.ncbi.nlm.nih.gov/25461904/
[85] https://academic.oup.com/humupd/article/23/6/646/4035689?login=true
[86] https://pubmed.ncbi.nlm.nih.gov/21072353/

> The absence of double-blind placebo testing and short-term studies of a chronic disease 'are the indicia of marketing masquerading as science'."
>
> *Dr Harold Sox, Editor of Annals of Internal Medicine, and*
> *Dr Drummon Rennie, Editor of Journal of the American Medical Association*

From Vaccine Safety Summit, WHO, December 2019[87]:

WHO has also admitted that many doctors and nurses are finally starting to question the safety of vaccines and that vaccine clinical trials are insufficient, and vaccines are approved without adequate safety data:

> **Professor Heidi Larson**, Director of the Vaccine Confidence Project – "We have a very wobbly health professional front line that is starting to question vaccines and the safety of vaccines. When the frontline professionals are starting to question, or they don't feel like they have enough confidence about the safety to stand up to it to the person asking them the questions. I mean most medical school curriculums, even nursing curriculums, ***I mean in medical school you're lucky if you have a half-day on vaccines***. Never mind keeping up to date with all this."
>
> **"There's a lot of safety science that's needed**, and without good science, we can't have a good communication. Although I'm talking about all these other contextual issues, and communication issues it absolutely needs the science as the backbone. You can't repurpose the same old science to make it sound better if you don't have the science that's relevant to the new problem. So we need much more investment in safety science."[88]

PRE-LICENSURE CLINICAL TRIALS are not powered enough. Below is an admission that vaccines damage children far more than they damage elderly adults:

> **Dr Marion Gruber**, Director, Office of Vaccine Research and Review Center for Biologics Evaluation and Research, FDA – "And again as you mentioned pre-licensure clinical trials may not be powered enough. It's also the subject population that you administer the adjuvant to because we've seen data presented to us where an adjuvant, a particular adjuvant added to a vaccine antigen did really nothing when administered to a certain population and usually the elderly, you know, compared to administering the same formulation to younger age strata."

[87] https://www.brighteon.com/3dec332d-fd96-4654-a72f-55b702bd9262
[88] https://www.brighteon.com/95e9e838-d082-4148-ac18-2021665ccb48

FROM THE CHIEF SCIENTIST OF WORLD HEALTH ORGANISATION, comes a warning about the lack of vaccine safety monitoring systems around the world and why people are losing trust:

> **Dr Soumya Swaminathan**, MD, Chief Scientist, WHO, Paediatrician – "I think we cannot over-emphasise the fact that **we really don't have very good safety monitoring systems** in many countries, and this adds to the miscommunication and the misapprehensions because **we're not able to give clear-cut answers** when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media. One should be able to give a very factual account of what exactly has happened and what the cause of the deaths are, but in most cases, there is some obfuscation at that level and therefore, there's less and less trust then in the system."
>
> "Putting in the system, whether they are cohort studies or whether they are sentinel surveillance sites to be able to monitor what's going on and to report back and for corrective action to be taken. Because unexpected things could arise after introduction and one has to always be prepared. As we have seen in the history of many drugs, we have learnt about adverse effects only after being licensed and introduced into the population. So I think that risk is always there and the population needs to understand that and need to feel confident that mechanisms are being put into place to study some of those things."
>
> *(Note: Dr Swaminathan presented her diametrically different opinion at the Global Vaccine Safety Summit just 5 days after having made a promo video where she ensures the general public of an effective & robust vaccine safety system.)*[89]

IT IS MANIFESTLY CLEAR that the pre-licensure clinical trials are under powered and relevant safety science does not exist to determine the reactogenicity of vaccines.

In addition, there does not exist proper vaccine safety tracking systems to identify the adverse effects of vaccines on the larger population.

> **Dr Robert Chen**, MD, Scientific Director, Brighton Collaboration – "We are really only in the beginning of the era of large data sets where hopefully you could start to kind of harmonize the databases for multiple studies. And there's actually an initiative underway. Helen there may want to comment on it to try to get more national vaccine safety database linked together so we could start to answer these types of questions that you just raised."

THE NUMBER OF TRIAL PARTICIPANTS is too small to properly detect adverse effects of the trial vaccine that gets licensed.

> **Dr David Kaslow**, MD, Vice President, Essential Medicines, Drug Development Program PATH Center for Vaccine Innovation and Access (CVIA) – "So in our clinical trials, we are actually using relatively small sample sizes, and when we do that we're at risk of tyranny of small numbers…. And it takes years and years to try to figure that out. It's a real conundrum, right? Getting the right size dealing with the tyranny of small numbers, making sure that you can really do it. And so I think one of the things that we really need to invest in are kind of better biomarkers, better mechanistic understanding of how these things work so we can better understand adverse events as they come up."

[89] https://www.brighteon.com/586a26b0-a18f-4394-912e-45d03450ff01

Dr Marion Gruber, Director, Office of Vaccines Research and Review Center for Biologics Evaluation and Research, FDA – "One of the additional issues that complicates safety evaluation is that if you look at, and you struggle with the length of follow-up that should be adequate in a, let's say a pre-licensure or even post-marketing study if that's even possible. And again as you have mentioned **pre-licensure clinical trials may not be powered enough**."

Vaccine cross-reactogenicity is unknown:

Dr Bassey Okposen, Program Manager, National Emergency Routine Immunization Coordination Centre (NERICC), Nigeria – "…in Nigeria where at 6 weeks, 10 weeks, 14 weeks, a child is being given different antigens from different companies, and these vaccines have different adjuvants and different preservatives and so on. Something crosses my mind … is there a possibility of these adjuvants, preservatives, cross-reacting among themselves? Have there ever been a study on the possibility of cross-reactions from the past that you can share the experience with us?"

Dr Robert Chen, MD, Scientific Director, Brighton Collaboration – "This is a very important question. Because in general the clinical trials with any particular new product frequently is done just by itself. … Your question is almost kind of the next step. Because in real practise, frequently there are multiple vaccines from different manufacturers that may be received at different age schedules, etc. And if you take a look at the immunization schedule over the last 15-20 years in high income countries as well as in low resource countries, the schedule has gone more and more complex. So if you take a look at the vaccine exposure, in the typical adverse event report to a spontaneous adverse event reporting system in any country, you will see that increase in heterogenicity of that vaccine exposure. Especially if you take the vaccine manufacturer into account. Now the only way to tease that out is if you have a large population database like the vaccine safety databases that are coming to being worthy. Actual vaccine exposure is trapped down to that level of specificity of who is the manufacturer? What is the lot number? Etc etc. …So that in future when we do these type of studies, we are able to tease that out… **We're really only in the beginning of the era of large data sets where hopefully you could start to kind of harmonize the databases for multiple studies. And there's actually an initiative underway to get more national vaccine safety database linked together so that we can start to answer these type of questions that you raised.**"[90]

A CDC report also found that mixed exposures to chemical substances and other stress factors may produce "increased or unexpected deleterious health effects... exposure to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures."[91]

[90] Vaccine Safety Summit, WHO, December 2019
[91] https://www.cdc.gov/niosh/docs/2005-106/pdfs/2005-106.pdf

The US Childhood Immunization Schedule and Safety

While the following findings by the IOM Committee look at the US childhood immunization schedule, they are equally applicable to the Maldives vaccination schedule.

- Institute of Medicine (IOM) in 2013, issued the report "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence and Future Studies". After a comprehensive review of medical literature to identify studies related to the safety of the recommended vaccine schedule for infants and children under six years old, the IOM Committee was only able to identify fewer than 40 scientific studies published since 2003 and stated that there are significant gaps in scientific knowledge about the safety of the early childhood vaccine schedule. Key elements of the immunization schedule – for example, the number, frequency, timing, order, and age at the time of administration of vaccines – have not been systematically examined in research studies.[92]

- Frequently citing a lack of enough quality scientific studies, the IOM committee was unable to determine whether the numbers of doses and timing of CDC recommended vaccines children receive in the first six years of life are—or are not—associated with health problems in premature infants or the development of chronic brain and immune system disorders in children, including asthma, atopy, allergy, autoimmunity, autism, learning disorders, communication disorders, developmental disorders, intellectual disability, attention deficit disorder, disruptive behavior disorder, tics and Tourette's syndrome, seizures, febrile seizures and epilepsy.

- The IOM Committee also discovered that there is very limited information about subpopulations of vulnerable children, who may be biologically at greater risk for suffering vaccine injury and death.

- A summary of the 2013 IOM Report is at https://www.nvic.org/PDFs/IOM/2013researchgaps-IOMchildhoodimmunizationschedulea.aspx

> Medical journals are an extension of the marketing arm of pharmaceutical companies… Between two-thirds and three-quarters of the trials published in the major journals – Annals of Internal Medicine, JAMA, Lancet, and New England Journal of Medicine – are funded by the industry."
>
> *Richard Smith*
>
> *Editor, British Medical Journal and author, "The Trouble with Medical Journals"*

[92] http://www.ncbi.nlm.nih.gov/books/NBK206948/pdf/Bookshelf_NBK206948.pdf

4.4. Vaccine post-licensure surveillance

Given the limitations of pre-licensure clinical trials (due to small number of trial participants, short duration of trials, trial participants not representative of diversity in population, lot-to-lot variation, etc), much safety data is expected from post-marketing surveillance – after the target population has received the vaccine, in other words.

There are instances where vaccines lacking safety were approved by the Advisory Committee on Immunization Practices (ACIP). One example is that of Heplisav which was approved in spite of the **risk of heart attack**.[93] The "placebo" control group for Heplisav-B received "Engerix-B" (a vaccine that was licensed based on a clinical trial without ANY control group[94]). The serious adverse event rate for Heplisav-B was 6.2% and for Engerix-B was 5.3%; based on this data, Heplisav-B was licensed as a "safe" vaccine. [95]

"Post-marketing surveillance systems for vaccine-related adverse events are critical." – Professor Orenstein[96]

Some of the main incidences of vaccine adverse events post-licensure:

- Cutter incident (refer to the section on Polio)
- SV40 virus in polio vaccine (refer to the section on polio)
- Tennessee Cluster (refer to the section on DPT)
- Circovirus 12 (refer to the section on Corruption and Malfeasance)
- High-titre measles vaccine (refer to the section on World Health Organization)

Once vaccines are licensed, there is much reluctance to acknowledge adverse effects of vaccines.

- Gardasil case of Japan
- MMR high-titre case
- MMR & gastrointestinal disease incidence, UK

It was also noted in the Bulletin of World Health Organization 2000; 78:205-15 - **adverse events or adverse events with delayed onset are not easily detected during the relatively short duration of most preclinical and clinical phase studies, and as proven over the years, safety surveillance in the general population post marketing is essential**.[97]

Furthermore, vaccine schedules are not evaluated on safety but according to immunogenicity. This is clearly admitted to by CDC.

As vaccine safety scientist and infectious disease physician Dr Rebecca Chandler argues, pharmacovigilance needs to be modernised. Vaccine trials are generally not powered to evaluate safety. Phase III trials, which are conducted with a larger number of participants, collect only limited safety data and even then, there is uncertainty about rare or long-term effects after vaccination.[98]

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[93] https://www.youtube.com/watch?v=FyHcaiActqY
[94] https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM224503.pdf
[95] https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM584762.pdf
[96] Professor Orenstein, WHO Vaccine Safety Summit, December 2019, Geneva.
[97] Ward BJ. Vaccine adverse events in the new millennium: is there reason for concern?. Bulletin of the World Health Organization 2000;78:205-15.
[98] https://www.bmj.com/content/365/bmj.l2268.full

WHO defines vaccine pharmacovigilance as "the science and activities relating to the detection, assessment, understanding and communication of adverse events following immunisation and other vaccine or immunisation related issues, and to the prevention of untoward effects of the vaccine or immunisation."

In the paper "Revised World Health Organization (WHO)'s causality assessment of adverse events following immunization – a critique"[99], Dr Jacob Puliyel and Dr Pathik Naik states that the World Health Organization revised how adverse events after immunization (AEFI) are classified where "Only reactions that have previously been acknowledged in epidemiological studies to be caused by the vaccine are classified as a vaccine-product-related-reaction." Otherwise, even deaths observed during post-marketing surveillance are not considered as "consistent with causal association with vaccine." "After licensure, death and all new serious adverse reactions are labelled as 'coincidental deaths/events' or 'unclassifiable', and the association with vaccine is not acknowledged".

"The definition of causal association has also been changed. It is now used only if there is 'no other factor intervening in the processes'. Therefore, if a child with an underlying congenital heart disease (other factor), develops fever and cardiac decompensation after vaccination, the cardiac failure would not be considered causally related to the vaccine. The Global Advisory Committee on Vaccine Safety has documented many deaths in children with pre-existing heart disease after they were administered the pentavalent vaccine."

It is clear that vaccines DO cause injury and death, and this is why there exists a pharmacovigilance activity. Vaccines are not 100% safe and thus, should not be forced upon any child or adult. It is gross disregard to the health and well-being of a child to force a product that may cause injury or death.

[99] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039921/

4.5. Carcinogenesis, mutagenesis, and impairment of fertility

Vaccines are not safety tested for **carcinogenicity** (ability to cause cancer), **mutagenicity** (alter DNA) nor **impairment of fertility**.

This disclaimer is published by vaccine manufacturers on the vaccine package insert as point 13.1.

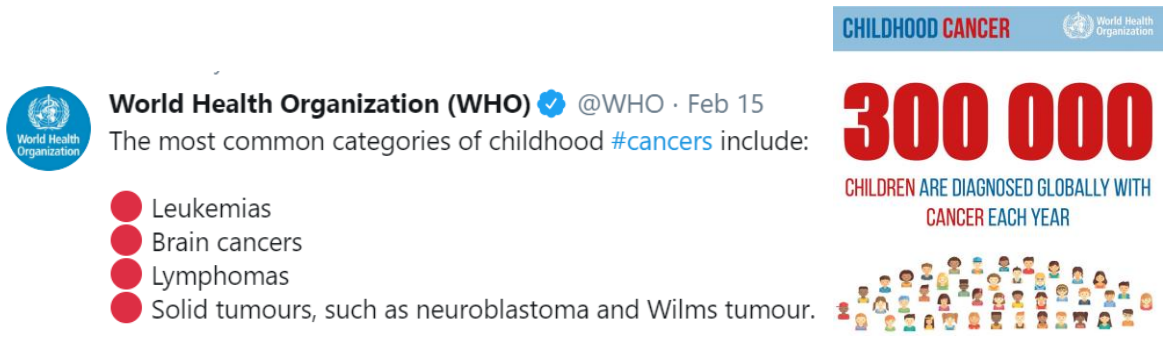
Hence, it is a life-time experiment. Whatever the outcome, it will not be attributed to the vaccines.

Various human and animal cells (i.e. foreign proteins and DNA) are also vaccine ingredients, along with cancer tumour cell-lines. After decades of using human cancer-tumour cells (immortal cells) to cultivate viruses, in August 2020 FDA began "investigation" whether or not a safer method be considered.[100]

In 1999, the FDA convened a non-public regulatory meeting to review the health hazards of undesirable viral DNA fragments and protein contamination in all vaccines relying on animal cell culturing. Concerns were particularly focused upon vaccines using fertilized chicken eggs: the influenza, MMR and yellow fever vaccines. Among the most worrisome contaminants were prions (tiny proteins responsible for incurable diseases in both humans and animals), viral oncogenes capable of causing cancer, viral variants that might cause AIDS, and multiple known and unknown viruses present in the viruses' culture medium. The executive scientists present acknowledged that recombination activity between viral codes and cells in the tissue culture is common and therefore the same can certainly occur in a child's body after vaccination.[101] [102]

In September 2018, the World Health Organization reported that each year 300,000 children (aged 0-19 years) are diagnosed with cancer. While 80% of children with cancer in high-income countries are cured, only about 20% children in low- and middle-income countries are cured. WHO also reports that cancer **begins with genetic changes in a single cell** and then grows out of control.

According to WHO, unlike cancer in adults, the vast majority of childhood cancers do not have a known cause. Many studies have sought to identify the causes of childhood cancer, but very few cancers in children are caused by environmental or lifestyle factors. Current data suggest that approximately 10% of all children with cancer have a predisposition because of genetic factors. Ongoing research is needed to identify factors impacting cancer development in children.[103]



[100] https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-used-make-vaccines-and-evaluating-potential-threat-posed-transmission
[101] https://tlgur.com/d/4x7LnrJg
[102] https://sanevax.org/vaccinations-dilemma-unsafe-dose/
[103] https://www.who.int/news-room/fact-sheets/detail/cancer-in-children

The most common type of cancer in children is Acute Lymphoblastic Leukaemia (ALL)[104]; it occurs when there is an overproduction of immature white blood cells in the bone marrow, which prevents the production of red blood cells. Chronic activation of the immune system could potentially cause it. [105] [106]

The excessive stimulation of humoral immunity results in suppression of cell-mediated immunity. This immune-system imbalance has been shown to play a central role in facilitating tumour growth, invasion, and metastasis.[107] (Cellular immunity of the mucous membranes have been the primary route of entry of disease-causing micro-organisms. Humoral immunity is the inner defenses represented by plasma cells with their antibody production, which normally serve as a secondary defense for the body.)

While a healthy immune system has a "bias" towards the cellular immune system[108] [109], non-live virus vaccines increase the bias towards humoral immunity instead of cellular immunity. Once one of these subsets become dominant, it is difficult to shift the system to the other subset. People with allergies, asthma and autoimmune diseases have humoral-dominant system[110].

Given the increase in childhood cancers, possibly from over-stimulation and even chronic stimulation of the immune system, shouldn't we insist that the main product responsible for charging up the immune response, which is being given to children in increasing numbers, be questioned and tested?

Despite such evidence and even though the WHO "position papers" do NOT address carcinogenicity, mutagenicity nor impairment of fertility, the Health Protection Agency (HPA) reports that they only refer to the "position papers" of the World Health Organization for these issues when introducing vaccines.[111]

Even with such glaring dereliction by the Health Protection Agency, Maldivian parents with genuine concerns regarding these issues are still liable for prosecution should they refuse this biological product which contains carcinogenic, mutagenic and fertility impairing substances. And our children are forced into taking it disregarding the potential injuries.

[104] https://www.stjude.org/disease/acute-lymphoblastic-leukemia-all.html
[105] O'Byrne KJ, Dalgleish AG. Chronic immune activation and inflammation as the cause of malignancy, Brit J Cancer, 2001, 85(4):473-83.
[106] Dalgleish AG, O'Byrne KJ. Chronic immune activation and inflammation in the pathogenesis of AIDS and cancer, Adv Cancer Research, 2002, 84:231-76.
[107] https://pubmed.ncbi.nlm.nih.gov/10741273/
[108] https://www.nejm.org/doi/full/10.1056/NEJM199201303260504
[109] https://pubmed.ncbi.nlm.nih.gov/9039230/
[110] Immunobiology; The Immune System in Health and Disease, Charles Janeway, Paul Travers, Mark Walport. Donald Capra, Fourth Edition, Garland Publishing, New York, 1999:394-395.
[111] Refer to letter in Section 3.

Disclaimer stated on vaccine inserts:

HPV vaccine (Gardasil)

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

GARDASIL has not been evaluated for the potential to cause carcinogenicity or genotoxicity.

Influenza A (H1N1) 2009 Monovalent Vaccine[112]

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Neither Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal nor FluMist have been evaluated for carcinogenic or mutagenic potential or potential to impair fertility.

Hepatitis B vaccine (Recombivax)

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

RECOMBIVAX HB has not been evaluated for its carcinogenic or mutagenic potential, or its potential to impair fertility *[see Use in Specific Populations (8)]*.

[112] https://www.fda.gov/media/77482/download

4.6. Vaccine contamination

Italian scientists conducted studies on all paediatric vaccines and found unexpected contaminants including lead, stainless steel, tungsten, iron, and chromium.[113]

"Given the contaminations we observed in all samples of human-use vaccines, adverse effects after the injection of those vaccines are possible and credible and have the character of randomness, since they depend on where the contaminants are carried by the blood circulation. It is only obvious that similar quantities of these foreign bodies can have more serious impact on very small organisms like those of children…The analyses carried out show that in all samples checked, vaccines contain non biocompatible and bio-persistent foreign bodies which are not declared by the Producers, against which the body reacts in any case…Similar aggregates were already described by other scientists who identified them in the blood e.g. in leukemic patients and cryoglobulinemia patients."

Manufacturers and licensing authorities are also unaware of various viruses that exist in vaccines produced using foreign cell substrates (such as aborted babies, monkey kidney, caterpillar, dog, chicken, pigs, etc). Examples, Rotavirus vaccine contained circovirus type 2 (pig virus), and polio vaccine contained cancer causing SV40 virus.

Corvelva's study[114] [115]on vaccines showed the following:

Priorix Tetra (used for MMR & varicella by GSK) – 1.7 to 3.7 mcg of foreign DNA (20% chicken embryo DNA and 80% human fetal DNA) [100 times more than the WHO limit of 0.1 mcg.] Foreign DNA increases the risk of cancer and can also integrate into the host DNA causing mutation.

Gardasil 9 (by Merck) – 54% of the total DNA of the vaccine was bacterial. There were also human and mouse DNA.

Sanofi's vaccine Hexacima/Hexyon (for diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, and influenza B) – was contaminated with monkey DNA. Tetanus phage (a virus that can replicate with bacteria was also found). If bound to aluminium, it can cause autoimmune diseases. They also failed to find antigens for hepatitis B, Hib or poliovirus but found over 200 chemicals and contaminants, including Viagra![116]

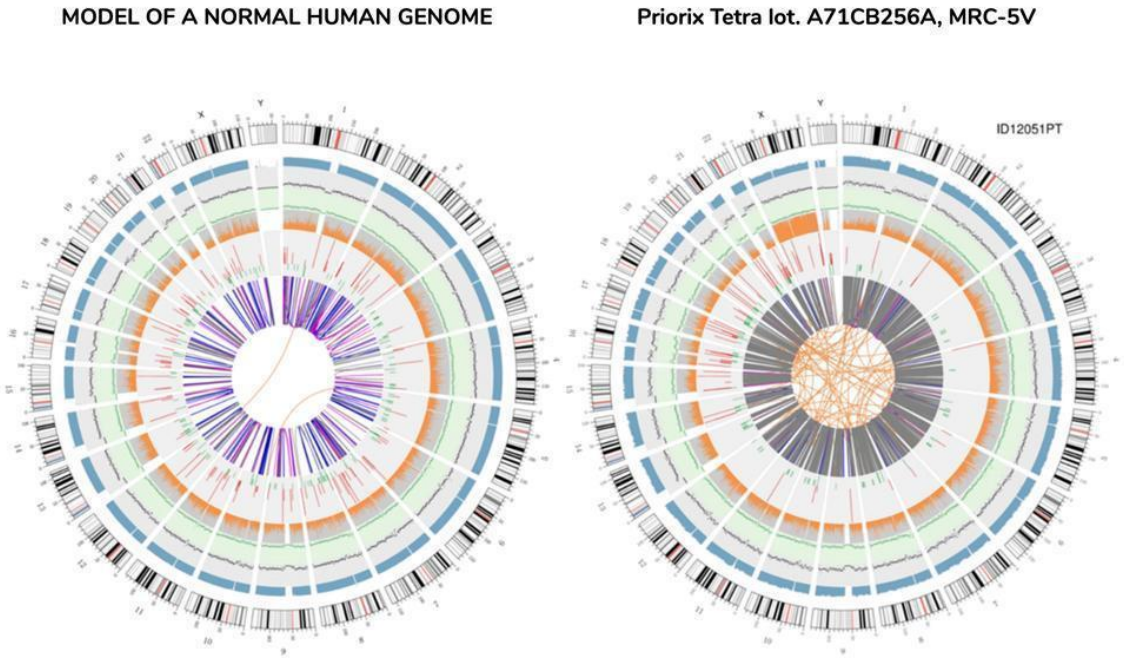
Corvelva also analysed MRC-5, the aborted human male foetal cell-line used in the manufacture of certain vaccines. Their analysis showed that the human genomic DNA was abnormal, and that 560 genes known to be associated with various forms of cancer were tested and all underwent major modifications. There were also variations whose consequences are not even known, not appearing in the literature, but which still affect genes involved in the induction of human cancer.

Corvelva reported that "the DNA contained in the vaccines is potentially tumorigenic and that the guidelines to which the supervisory bodies are appealing are not adequate."

[113] http://medcraveonline.com/IJVV/IJVV-04-00072.pdf
[114] https://www.corvelva.it/speciale-corvelva/vaccinegate-en/vaccinegate-mrc-5-contained-in-priorix-tetra-complete-genome-sequencing.html#
[115] https://www.downtoearth.org.in/news/health/the-vaccinegate-of-italy-63235
[116] https://drive.google.com/file/d/12e3O0cT1hSMGULzvFg3DcoM_XyGZMRur/view

"Our results greatly reinforce the experimental observations of Dr. Theresa Deisher and especially the fact that the contaminant fetal DNA present in all samples analyzed in varying quantities (thus uncontrolled) is up to 300 times higher than the limit imposed by the EMA for carcinogenic DNA (10 ng/dose, corresponding to DNA contained in approximately 1000 tumor cells, derived from a statistical calculation, while the precautionary limit is 10 pg/dose), a limit that must also be applied to MRC-5 fetal DNA which inevitably contaminates Priorix tetra."

"As a consequence, this vaccine should be considered defective and potentially dangerous to human health, in particular to the pediatric population which is much more vulnerable to genetic and autoimmune damage."



"There is no need to be a scientist to understand from the circos, simply at a glance, that the vaccine genome is not a genome that can be defined as "normal". The orange lines intertwined at the center of the circos, not so numerous in the corresponding ring of the "normal" genome, already make sense to the anomaly of this genome."

For more details, please refer to Corvelva study.[117]

Barbara Loe Fisher warns that "because viruses are constantly mutating and recombining with each other and scientists do not understand how viruses and genes interact, it is clear that what is not known about the effects on human health of widespread use of live virus vaccines is far greater than what is known."[118]

[117] https://www.corvelva.it/speciale-corvelva/vaccinegate-en/first-peer-reviewed-publication-on-mmrv-vaccines-priorix-tetra.html

[118] Fisher, BL. "Emerging Risks of Live Virus and Virus Vectored Vaccines," National Vaccination Information Center, 2014

According to US Food and Drug Administration transcript of the 2002 Workshop on "Non-clinical safety evaluation of preventive vaccines: recent advances and regulatory considerations":

> **"Historically, the non-clinical safety assessment for preventive vaccines has often not included toxicity studies in animal models. This is because vaccines have not been viewed as inherently toxic…"**
>
> "…In contrast to most drugs and biological products that are predominantly developed to treat ill patients, vaccines primarily are given to large numbers of healthy people, oftentimes predominantly healthy infants and children. And this places significant emphasis on their safety."

Scientists admit to a witches' brew[119]

When participants met at the "**Vaccine and Related Biological Products Advisory Committee" on 9 November 1998**; they discussed whether or not it would be safe for manufacturers to produce the viruses needed for vaccines from cancer cells.

Dr Arifa Khan (FDA) began the discussion with a disturbing report on the results found after a 2-year investigation into the safety of MMR led by the World Health Organization. She explained this was initiated in 1996 after the discovery (in MMR) of RT, an enzyme whose presence they believed could indicate that retroviruses had contaminated the vaccine. This had greatly alarmed them as some retroviruses are thought to cause cancers – and AIDS.

WHO had then quietly, without telling the public, without withdrawing the vaccine, organised MMR safety studies at various laboratories to see "whether this RT activity was associated with a retroviral particle, and even more importantly, whether this retrovirus particle could infect and replicate in human cells."

What they then discovered confirmed their worst fears. Dr Khan continued: "The RT activity is found to be associated with retroviral particles of two distinct avian endogenous retroviral families designated as Avian Leukosis Virus (ALV) and Equine Arteritis Virus (EAV)." [ALV – Avian Leukosis Virus, associated with leukaemia cancer found in wild birds]. "There was a theoretical possibility that the virus [ALV] could … infect the [human] cell"; thus integrating its genetic code into the human DNA to cause cancer.

Dr Khan then assured that she and her team had watched the vaccine culture for a full "48 hours" and in that time no merger of viral and human DNA was observed. *Should we worry? Do cancers only develop within 48 hours? Anyways, although Dr Khan's team wanted to study longer term, they couldn't watch it for a longer period as the measles virus itself kills the culture in about 3-4 days. This prevented them from studying longer-term consequences of contamination.*

Dr Khan then warned; "this is a possibility that there could also be potential pseudotypes (merging between) … the measles vaccine virus and the retroviral sequences": bird virus combining with the measles virus to create dangerous new mutant viruses.

[119] Fear of the Invisible by Janine Roberts

Dr Andrew Lewis, head of the DNA Virus Laboratory in the Division of Viral Products, then warned "All the egg-based vaccines are contaminated…including influenza, yellow fever and smallpox vaccines."

The latest information that Janine was able to find on MMR vaccine contamination was a 2001 scientific paper from CDC which reported that RT investigative studies for both ALV and EAV viruses were conducted in 100 patients receiving the MMR vaccine. The conclusion **"The finding of RT activity in all measles vaccine lots from different manufacturers tested suggests that this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles."**[120]

However, they had concluded "Despite these reassuring data, the presence of avian retroviral particles in chick embryo fibroblast-derived vaccines [like MMR] raises questions about the suitability of primary chicken cell substrates for vaccine production." And recommended replacing fertilized eggs with "RT-negative cells from different species, such as an immortalized [cancerous] or diploid [laboratory grown] mammalian cells."

Has anything changed since then? Apparently not.

On **7 September 1999, a meeting entitled "Evolving Scientific and Regulatory Perspectives on Cell Substrates for Vaccine Development Workshop"** was attended by representatives from all the largest public health institutions in the West, and was co-chaired by World Health Organization representative, Dr Elwyn Griffiths.

Dr Bill Egan, Acting Director of the Office of Vaccines at the Center for Biologics Research and Evaluation (CBER) opened the meeting with this statement:

"I think we need to remind ourselves that viruses can propagate only in live cells, and this of course holds true for whole viral vaccines. …The primary focus in these discussions on cell substrates have been safety, in particular the potential safety concerns from residual cellular DNA and from adventitious viral agents. As history has shown, the need for concern about cell substrate issues was real. We have only to think back to the finding of SV40 in polio virus vaccines to realise the extent of the risk that any cell substrate may pose, and there is still great need for concern."

The scientists present then told that our vaccines are widely contaminated by viral and DNA genetic code fragments, many viruses and proteins. They openly worried that among these could also be dangerous prions or oncogenes.

BUT IS THE PUBLIC AWARE or concerned about these cancer-causing vaccines being injected into children?

Another scientist who was present there, Dr Adimora, was concerned about how the public would react if they knew.

Dr Andrew Lewis (Center of Biologics and Review, FDA) answered this question, "The general public have a variety of concerns about vaccines but, to my knowledge, the cell substrates in which the vaccines are grown has not been one of their major concerns to date." But "it could conceivably be different in future".

[120] Fear of the Invisible by Janine Roberts

Dr. Goldberg, "There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world – and we can only test for those we have identified. Thus, the vaccine cultures could contain many unknown particles."

Dr Phil Krause stated: "I chaired the committee that licensed the chickenpox vaccine, and it [residual DNA] was actually an issue that we considered at that time. We looked among recipients of the vaccine for evidence of an autoimmune response associated with the DNA included in that vaccine. ... Actually, we didn't look, we asked the company to look and they did not find one."

"The question is what data does one need to know or to have in order to be certain that a given level of residual DNA from a certain cell type is safe…the trouble is that not a lot of information is available on this. The only study that I am aware of where these data come from is that which was published by Marc Israel and Mel Martin's lab some 20 or more years ago I think. And what they did is they looked at simply circularized DNA, and that was more infectious than linearized DNA. And then depending on where you linearized the DNA, you then became more likely to either get infection or tumour".

Can vaccine DNA contamination cause cancer or autoimmune disease? A meeting participant responded: "When you consider that almost every one of these vaccines is injected right into the tissue ... I think you couldn't do much more to get the DNA expressed [to get contaminating DNA taken up by human cells] than to inject it into a muscle in the way it's being done."

The meeting confirmed that a particular cell, "which under many conditions is neoplastic [tumor causing]," has been licensed for the production of both injectible and oral polio vaccines in the US, Thailand, Belgium, and France. Therefore, these vaccines carry the high risk of containing cancer-causing oncogenes.

Perhaps a good summary was provided by UK's leading vaccine expert Dr. Minor, who stated: "So even today then you have to bear in mind that a large amount of vaccine that's made is made on really quite crude materials, from an adventitious agent point of view. It's not a trivial usage. In fact, when considering what vaccines are actually made on these days, they are quite primitive in some respects."

Dr Minor also noted that some cases of polio vaccine was polluted with more monkey virus, SV40, than actual poliovirus. Dr Leonard Hayflick, a virologist at both Stanford and the University of California raised the concern that the common primary culture used for making vaccines with animals and bird embryos has created a situation where it is "apparent that these cells contained many unwanted viruses, some of which are lethal to humans." This is particularly worrisome since polio vaccine is still manufactured using monkey kidney cells.

"In other words, the vaccines we give our children are liquids filled with a host of unknown particles, most of which came from the cells of non-humans: from chickens, monkeys and even from cancer cells. Truly we do not know what we are doing or what are the long-term consequences. All that is known for sure is that vaccines are a very cheap form of public medicine often provided by governments to assure the public that they really do care for the safety of our children." – Janine Roberts, Fear of the Invisible

4.7. Vaccine trials are underpowered

As admitted by **Dr Marion Gruber**, Director, Office of Vaccine Research and Review Center for Biologics Evaluation and Research, FDA at the WHO Vaccine Safety Summit "And again as you mentioned pre-licensure clinical trials may not be powered enough."

Dr John Clemens (an expert in vaccine development and evaluation, former Chief of Epidemiology Branch and Director of the World Health Organisation International Collaborating Center for the clinical Evaluation of Vaccines in Developing Countries, member of multiple WHO expert advisory committees)[121] wrote in the Vaccination Benefits and Risks, Bulletin WHO 2007-78(2) that:

- the Phase 1 trials are not well-suited to finding outside effects that could occur in target population due to too few trial participants,
- Phase 2 trials do not have large enough participants to detect rare vaccine side-effects nor provide assurance of vaccine safety in target populations.
- Phase 3 : Although generally undertaken on a much larger scale than Phase 1 & 2, the number of subjects is usually calculated to evaluate vaccine efficacy rather than to detect rare potential side-effects and may not pertain to all other populations.

"Thus, although a vaccine may have had a considerable number of studies done on it and although the results of these studies may warrant licensure, the data thus obtained may still NOT be sufficient to guarantee that a vaccine will be suitably safe when it is introduced into practice."

Vaccine pre-licensure trials fail to guarantee the safety of vaccines and "post-licensure evaluations of vaccine safety are conducted by using case series of voluntarily reported putative side-effects, or, preferably, by conducting controlled studies which rely on non-randomized observational designs."

Examples of unsafe vaccines passing into public health practice:

1. In the early 1990s, the high-titre Edmonston-Zagreb measles vaccine was licensed and recommended by WHO for infants at 6 months of age. However, there was an increase in mortality which forced withdrawal of the vaccine.
2. In 1998 the rhesus rotavirus vaccine pre-licensure trials noted intussusception (a potentially fatal bowel condition) but it was licensed. And when administered to infants in USA, a large number of cases of intussusception was seen and it was accepted as a side-effect of the rotavirus vaccine.

[121] https://www.huffpost.com/entry/dr-john-clemens-executive-director-icddrb-interview_b_59ca6bdbe4b0f2df5e83b1a2

4.8. Peer-reviewed published studies proving unvaccinated children to be healthier

> Unvaccinated children are the healthiest children I have ever seen.
>
> *Dr Lawrence Palevsky, Paediatrician, NYU School of Medicine*

There have been very few studies undertaken to determine the health outcome of Vaccinated vs Unvaccinated children. There have been many calls by various parties for CDC to conduct a study to compare the health outcomes between children that have received vaccines and children that have never received any vaccines. However, to this day, CDC has not done such a crucial study to determine the health outcome.

Studies showing the health outcome of unvaccinated children against vaccinated children:

- Mawson et al (2016), "**Vaccination and Health Outcomes: A survey of 6- to 12-year-old Vaccinated and Unvaccinated Children based on Mothers' Reports**"[122]. Results: Vaccinated children significantly more likely to have been diagnosed with pneumonia, otitis media, allergies and NDDs (defined as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, and/or a learning disability). Allergies 30x more, ADHD 4.2x more, Autism 4.2x more, Learning Disorders 5.2x more, Chronic Illness 2.4x more.

[122] https://www.oatext.com/pdf/JTS-3-186.pdf

There ground breaking studies were published in 2020 where each team individually approached the same question, from three different perspectives, of overall health outcome of vaccinated vs unvaccinated populations.

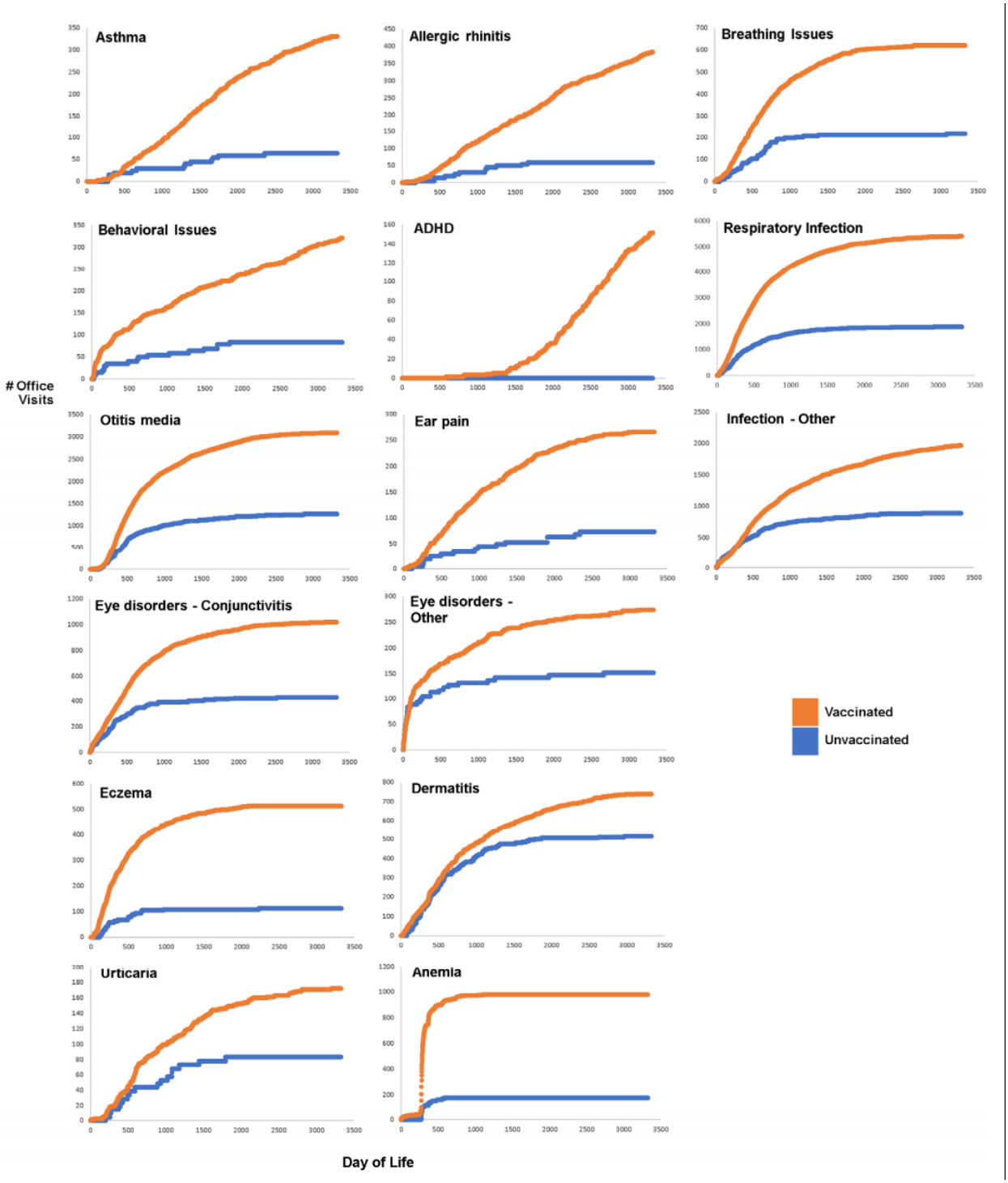
1. Hooker and Miller (2020), "**Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders**"[123] (May 2020). The aim of this study was to compare the health of vaccinated and unvaccinated paediatric populations. Using data from 3 medical practise in the US with children born between November 2005 and June 2015. The finding showed an increase in odds ratio in developmental delay for asthma and ear infection in vaccinated children compared to unvaccinated children.

2. "**Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination**", by Lyons-Weiler and Thomas[124] (November 2020) reviewed records of 3324 patients (2763 variably vaccinated and 561 unvaccinated) based on "Relative Incidence of Office Visits". A retrospective analysis spanning 10 years of paediatric practise focused on patients with variable vaccination born into a practice. There were no ADHD cases in the unvaccinated group. The report also finds:

Condition	Vaxxed	Unvaxxed
Fever	759	17
"Well Child" Visits	32,826	4987
Ear Pain	269	16
Otitis media	3105	216
Conjunctivitis	1018	87
Eye Disorders (Other)	277	31
Asthma	336	13
Allergic Rhinitis	405	12
Sinusitis	107	5
Breathing Issues	621	44
Anemia	979	36
Eczema	512	23
Urticaria	174	17
Dermatitis	742	105
Behavioral Issues	343	17
Gastroenteritis	688	30
Weight/Eating Disorders	1115	90
Seizure	43	8

[123] https://journals.sagepub.com/doi/full/10.1177/2050312120925344
[124] https://pubmed.ncbi.nlm.nih.gov/33266457/

Below figure shows cumulative office visits in the vaccinated (orange) vs unvaccinated (blue) patients: the clarity of the age-specific differences in the health fates of individuals born into the practice over 10 years is most strikingly clear in this comparison of the cumulative number of diagnoses in the two patient groups.



The Control Group Pilot Group

On 30 November 2020, The Control Group (Joy Garner, Founder) published their Pilot Survey of Unvaccinated Americans "Statistical Evaluation of Health Outcomes in the Unvaccinated".[125]

The survey was implemented in April 2019 ending in June 2020. The study measured the health outcomes associated with avoidance of the Vitamin K-shot at birth and/or vaccination during pregnancy, in addition to complete avoidance of post-birth vaccination. This is the first study of this nature and with such a large group of vaccinated and unvaccinated population.

According to their report, 60% of the US adult population is suffering chronic conditions, 48% of them have some form of heart disease, 10% have diabetes, etc.

For ALL ages who reported with at least 1 health condition

2.64%	Fully unvaccinated (no maternal vaccines, no Vitamin K-shot at birth & no post-birth vaccination)
11.71%	Without post-birth vaccination (only Vitamin K-shot at birth and no maternal vaccines)
21.00%	Without post-birth vaccination (100% exposure to maternal vaccines alone, no Vitamin K-shot at birth)
30.00%	Without post-birth vaccination (100% exposure to both maternal vaccines and Vitamin K-shot at birth)
69.32%	Without post-birth vaccination (the total with exposure to the Vitamin K-shot at birth and/or maternal vaccines)

Vitamin K-shot is given to counter the risk of haemorrhaging due to injury during birth. This risk was 0% for the participants of this survey despite not having taken the Vitamin K-shot.

This is also the first study that reports on the health outcome of those who received Vitamin K-shot at birth. It is a vital evaluation since the Vitamin K-shot is known to cause immediate death. Vitamin K-shot is also known to impact the functioning of the liver, leading to jaundice at birth and is associated with childhood leukaemia.[126]

[125] https://informedconsentdefense.files.wordpress.com/2020/12/petitioner-garner-full-report-filed.pdf
[126] https://pubmed.ncbi.nlm.nih.gov/10433349/

Increased risk of at least 2 conditions according to exposures: [89]

a. Increased risk in (post-birth) vaccine-exposed population.....***5,521%***
b. Increased risk with K-shot exposure alone.....***1,992%***
c. Increased risk with K-shot and/or maternal vaccines...***2,625%***
d. Increased risk with 100% maternal vaccine exposure ***6,842%***
e. Increased risk with ***both*** maternal vaccines and K-shot.....***11,392%***

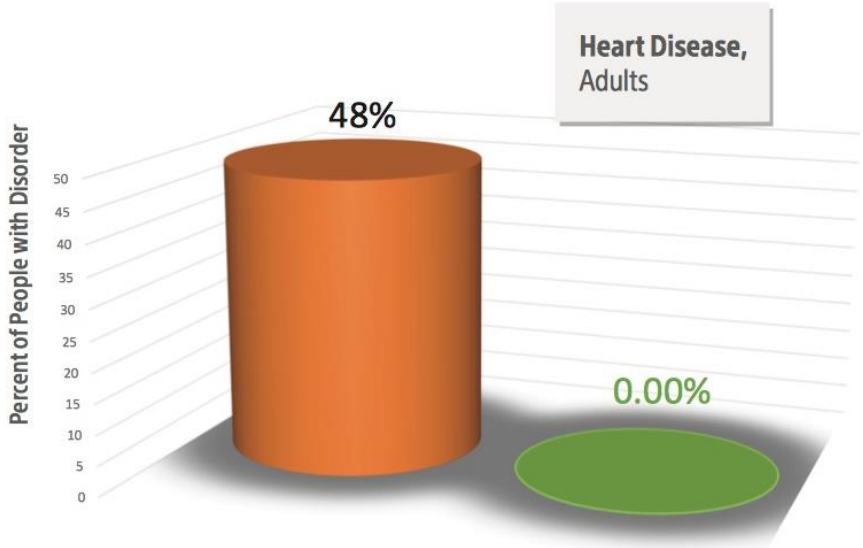
Vitamin K-shot carries a "Black box warning" which reads:

INJECTION
AquaMEPHYTON®
(PHYTONADIONE)
Aqueous Colloidal Solution of Vitamin K_1

WARNING - INTRAVENOUS AND INTRAMUSCULAR USE

Severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of AquaMEPHYTON® (Phytonadione), even when precautions have been taken to dilute the AquaMEPHYTON and to avoid rapid infusion. Severe reactions, including fatalities, have also been reported following INTRAMUSCULAR administration. Typically these severe reactions have resembled hypersensitivity or anaphylaxis, including shock and cardiac and/or respiratory arrest. Some patients have exhibited these severe reactions on receiving AquaMEPHYTON for the first time. Therefore the INTRAVENOUS and INTRAMUSCULAR routes should be restricted to those situations where the subcutaneous route is not feasible and the serious risk involved is considered justified.

Note: Maldivian babies are also given "Vitamin K" shots at birth and parents are generally not informed of this risky prophylactic treatment.



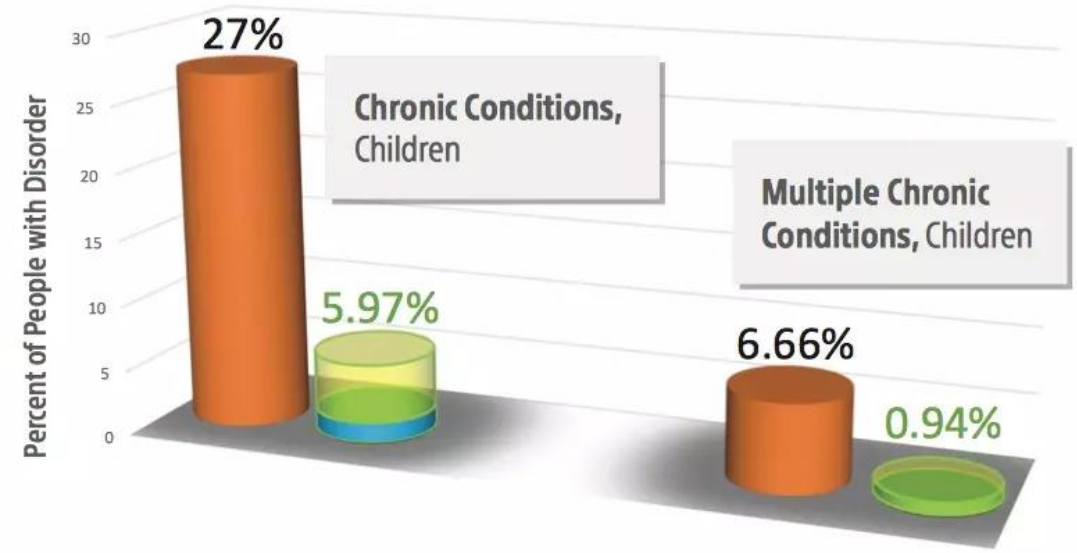
"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

THE CONTROL GROUP
LITIGATION

- U.S. National data for approximately 99%+ Vaccinated Population (AHA, Cardiovascular diseases affect nearly half of American adults, statistics show. https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show)
- Pilot survey data for 100% Unvaccinated Control Group

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



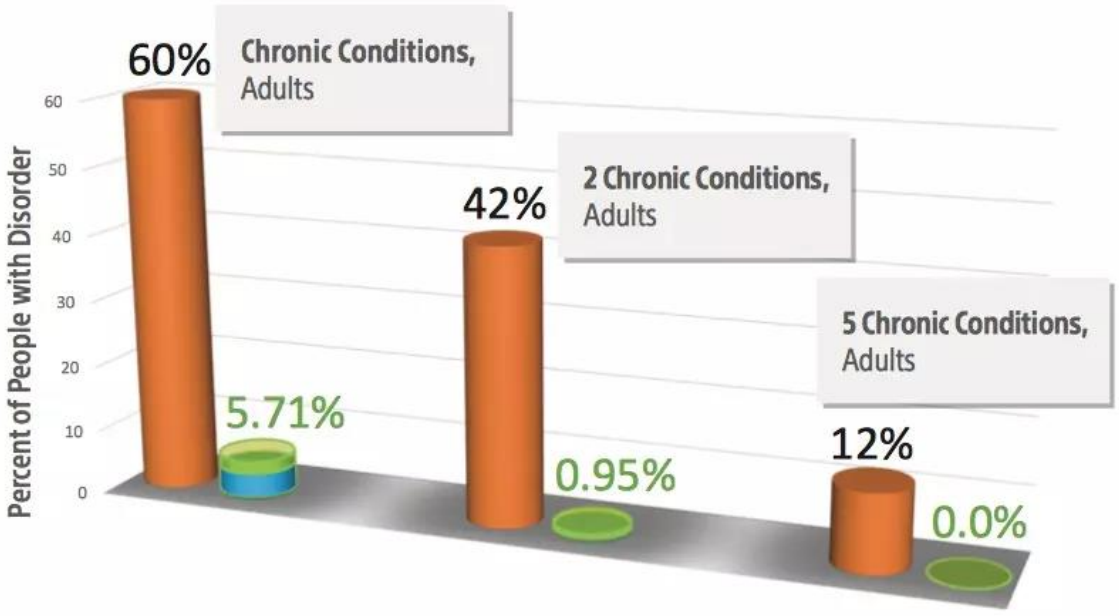
"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Preventing Chronic Disease. https://www.cdc.gov/pcd/issues/2015/14_0397.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



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- **Pilot survey data for 100% Unvaccinated Control Group**
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
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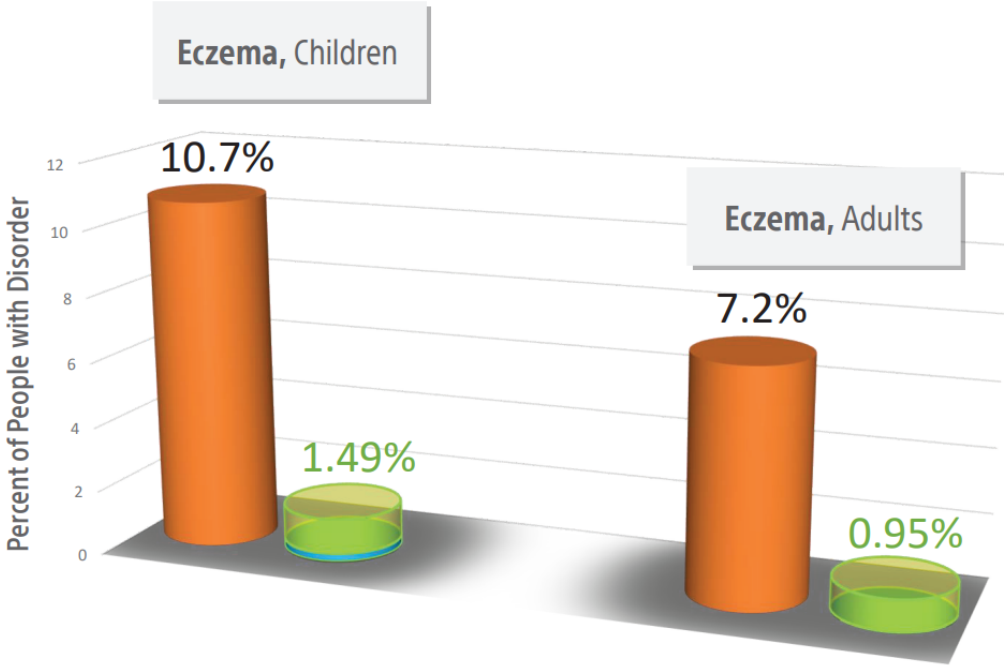
THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



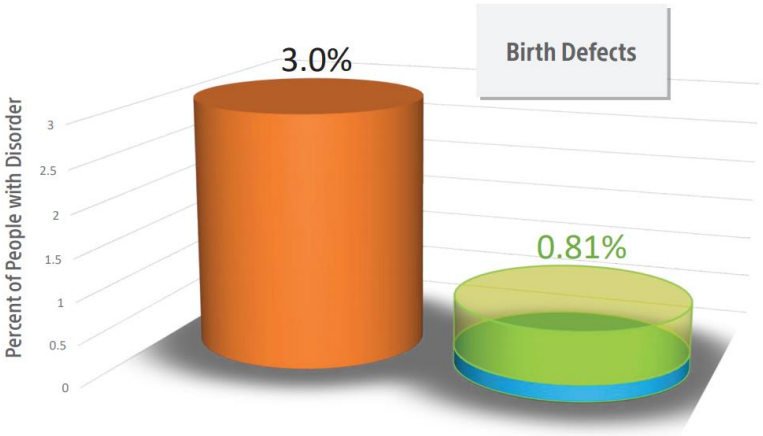
"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (AJMC, Overview of Atopic Dermatitis. https://www.ajmc.com/journals/supplement/2017/atopic-dermatitis-focusing-on-the-patient-care-strategy-in-the-managed-care-setting/overview-of-atopic-dermatitis-article)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Birth Defects. https://www.cdc.gov/ncbddd/birthdefects/index.html)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP LITIGATION

Unvaccinated Population

- **Risk Factor in Total Population = 0.81%***
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diagnosed "birth defects" in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 174,173,338. This calculation is supported by the p-value 5.74E-09. See full report for detailed explanation.

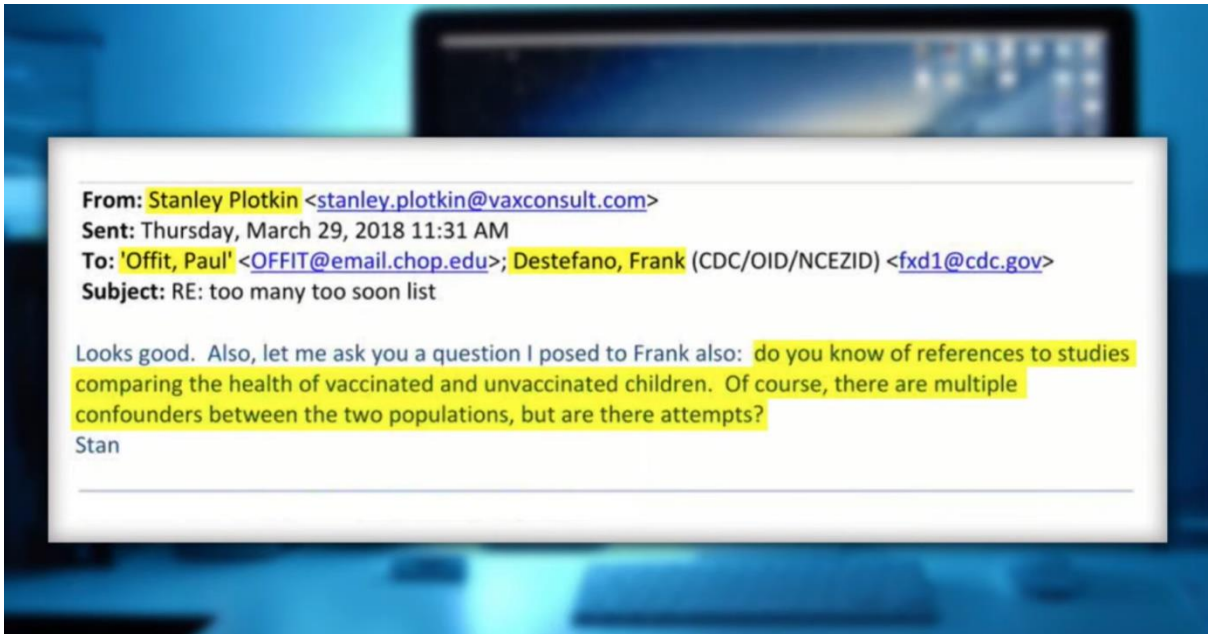
Subsets

- △ **1.96%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.29%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Only 3.31% of the unvaccinated surveyed were exposed to maternal vaccines, and yet they accounted for 43% of the reported birth defects in this pilot survey.

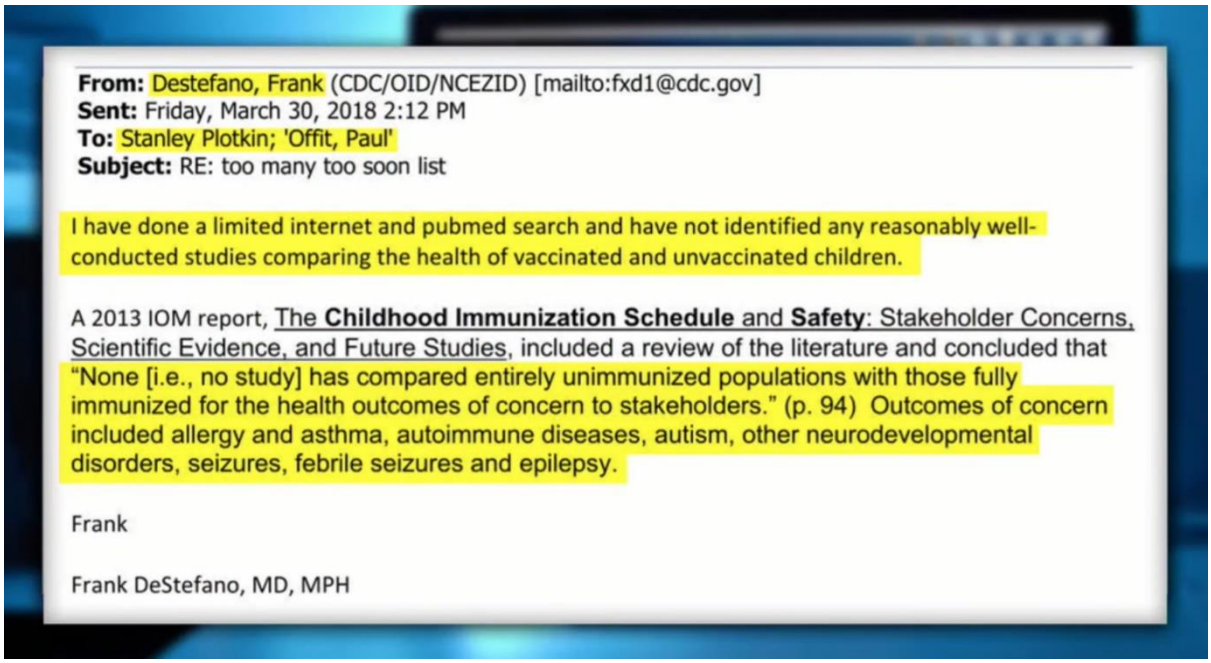
More specifically, this Control Group pilot survey data shows that the risk of being born with birth defects within a maternal vaccine subset group is 6.12%, which correlates almost precisely to national data: the national maternal vaccination rate is 48.8% (https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/maternal-vaccination-coverage.html), and the national birth defect rate is 3% (see chart citation to CDC). As 3% doubled is 6%, and because there is a near absence of birth defects in the control group subset without maternal vaccination, this pilot survey provides corroborating evidence that maternal vaccination is causing a pandemic rate of birth defects in the USA. !!

Dr Stanley Plotkin had approached Dr Paul Offit and Dr Frank Destefano to inquire about vaccinated vs unvaccinated studies.



From: Stanley Plotkin <stanley.plotkin@vaxconsult.com>
Sent: Thursday, March 29, 2018 11:31 AM
To: 'Offit, Paul' <OFFIT@email.chop.edu>; Destefano, Frank (CDC/OID/NCEZID) <fxd1@cdc.gov>
Subject: RE: too many too soon list

Looks good. Also, let me ask you a question I posed to Frank also: do you know of references to studies comparing the health of vaccinated and unvaccinated children. Of course, there are multiple confounders between the two populations, but are there attempts?
Stan



From: Destefano, Frank (CDC/OID/NCEZID) [mailto:fxd1@cdc.gov]
Sent: Friday, March 30, 2018 2:12 PM
To: Stanley Plotkin; 'Offit, Paul'
Subject: RE: too many too soon list

I have done a limited internet and pubmed search and have not identified any reasonably well-conducted studies comparing the health of vaccinated and unvaccinated children.

A 2013 IOM report, The **Childhood Immunization Schedule** and **Safety**: Stakeholder Concerns, Scientific Evidence, and Future Studies, included a review of the literature and concluded that "None [i.e., no study] has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders." (p. 94) Outcomes of concern included allergy and asthma, autoimmune diseases, autism, other neurodevelopmental disorders, seizures, febrile seizures and epilepsy.

Frank

Frank DeStefano, MD, MPH

4.9. Epigenetic changes

Epigenetics describes the study of mitotically and meiotically heritable changes in gene expression without mutating the DNA sequence. Epigenetic regulation of gene expression can be influenced by a variety of environmental toxicants such as toxic metals, and their dysregulations has been implicated in various diseases.[127]

A study in April 2018 found that epigenetic changes can be passed down 14 generations.[128]

> Hepatitis B vaccines have several side effects that are caused by the aluminium adjuvant … We confirmed by quantitative RT-PCT that hepatitis B vaccine changed the expression level of seven genes that were selected biomarkers, which reflected subtoxic/adverse effects of the vaccine, especially liver injury."
>
> *Hamza 2012*[129]

In order to stem the crisis, Dr Pushpa Mittra Bhargava, Indian scientist and founder & director of the Institute of Cellular and Molecular Biology suggests the following:

3. What is the mortality rate from the disease?
4. Is it high enough to justify a vaccine?
5. What is the safety profile of the vaccine?
6. What safety issues are being ignored?
7. What are the alternatives to the vaccine?
8. Can other safer public health measures control the disease better than the vaccine?
9. Is the disease easily treatable at a lesser cost?
10. Is there a cost benefit in using the vaccine or by avoiding it?
11. Who are the children who should receive the vaccine and who should not?
12. What are the contraindications of the vaccine?
13. Must the vaccine be given to all or can it be restricted to regions of high incidence?
14. Is there a mechanism in place to monitor the above process that consists of capable members free from conflict of interest?
15. Is there a system for monitoring adverse effects and addressing them in a transparent manner and free from conflict?
16. Is there pressure from international agencies to introduce the vaccine and influence the process?

"All these are important non-negotiable issues whenever a vaccine is introduced into the country. I protested the oral polio vaccine because it is a hasty decision considering that the vaccine has a

[127] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4395649/
[128] https://www.sciencealert.com/scientists-observe-epigenetic-memories-passed-down-for-14-generations-most-animal
[129] https://pubmed.ncbi.nlm.nih.gov/21691704/

history of causing paralysis. We also do not know how it will affect the gut microbes. Are the cases of encephalitis we are witnessing in regions where intensive drives are on because of the vaccine?"

"I am not opposed to vaccines, but systems and procedures must be in place if we are to behave responsibly. Vaccines cannot be included in any schedule simply because someone somewhere is manufacturing them."

Vaccines can cause enormous genetic and epigenetic disruptions in any human being. This is also evident from MMR vaccination where 10% of people receiving the MMR vaccine generate high levels of measles antibodies following vaccination while another 10% do not respond at all. Dr. Gregory Polland at Mayo's Vaccine Research Group realizes this is undoubtedly due to genetic mutations and an individuals' genetic code.[130]

Macfarlane Burnet, Nobel Prize laureate for Immunology suggested that in years to come society may have to reassess the belief scientists were placing in vaccination. And that genetic deterioration of the population may be a consequence of universal mass vaccination campaigns and he postulated that "some of our modern successes in preventative and curative medicine may, on the longest view, be against the best interests of the state". (Burnet 1952)

One-size-fits-all mandatory vaccination has no rationale nor can it be implemented with the best interest of children.

DPT vaccine's epigenetic modulation effects[131]:

- Genetic disorders
- Cell death
- Gastrointestinal disease
- Developmental disorders
- Metabolism (drug/food)
- Cardiovascular disease
- Immunological disease
- Connective tissue disorders
- Cell signaling
- Energy production

Hepatitis B vaccine's epigenetic modulation effects[132]:

- 144 liver genes changed after one day
  - 52 downregulated, 92 upregulated
  - 7 genes were closely examined
    - 2 inflammation genes upregulated
    - 2 acute phase inflammation proteins upregulated
    - 1 for gluconeogenesis upregulated
    - 2 for bile acid synthesis downregulated

[130] https://www.sciencedaily.com/releases/2011/09/110922134546.htm
[131] https://pubmed.ncbi.nlm.nih.gov/23668887/
[132] https://pubmed.ncbi.nlm.nih.gov/21691704/ (Orntoft, 2013)

After pertussis toxin vaccination, the following genes were activated[133]:

- 33 allergy-related genes activated
- 66 asthma related genes activated
- 67 cancer genes were up-regulated
- 25 immunological disease genes up-regulated

There has never been any study conducted to evaluate the impact of these epigenetic modulation and hence, no parent can be guaranteed that his/her child will be healthier after vaccination.

> …we had accepted some half-truths and had stopped searching for the whole truths. The principal half-truths were that medical research had stamped out the great killers of the past—tuberculosis, diphtheria, pneumonia, puerperal sepsis, etc.—and that medical research and our superior system of medical care were major factors extending life expectancy, thus providing the American people with the highest level of health available in the world. That these are half-truths is known but is perhaps not as well-known as it should be."[134]
>
> Dr *Edward H. Krass*
> *President, Infectious Disease Society of America and*
> *Professor of Medicine at Harvard Medical School*
> *Founding Editor, Journal of Infectious Diseases*

[133] https://pubmed.ncbi.nlm.nih.gov/18336961/ (Lahdenpera, 2008)
[134] http://vaccinesafetycommission.org/pdfs/Kass%201971.pdf

4.10. Non-Specific Effects

In the past 40 years, Danish researchers from Statens Serum Institute and the University of Southern Denmark have shown that the story of vaccines is not quite as simple as the WHO, national health authorities and others portray it.[135] All vaccines have both beneficial and harmful health effects that are unrelated to the diseases the vaccine targets. Some vaccines are associated with excess mortality from unrelated diseases.

Clinical Professor Christine Stabell Benn, Professor in Global Health, says "No vaccines have been studied for their non-specific effects on overall health, and before we have examined these, we cannot actually determine that the vaccines are safe. In addition, our research shows that some vaccines actually increase overall mortality, especially among girls, and this is very worrying."

> Though a vaccine protects children against the target disease it may simultaneously increase susceptibility to unrelated infections."
>
> *Dr Peter Aaby*

Dr Aaby is one of the world's foremost authorities on vaccines, particularly in Africa. For almost 40 years, he has run the Bandim Health Project, a health and demographic surveillance system site that he established in Guinea-Bissau in 1978. He is credited for the discovery of non-specific effects (NSE) of vaccines, leading the WHO to change its measles vaccine programme in the 1990s.

Osman Sankoh et al (2014) stated that the fully protective vaccine can have negative NSE, effects can be different for both genders and also that NSE can have major effects on child mortality patterns (had the HTMV not been withdrawn, a **33% excess mortality** rate between ages 4 and 60 months would have occurred; at least a half-million female deaths annually in Africa alone).

> … beneficial NSEs have been claimed for the non-live diphtheria-tetanus-pertussis and rabies vaccines. However, no non-live vaccine has yet been documented to produce beneficial NSEs."
>
> *Developing the concept of beneficial non-specific effect of live vaccines with epidemiological studies, Aaby & Benn, 2019.*[136]

> The immunological explanation for the non-specific effects of vaccines is not known at present."
>
> *Dr Nikolaj W. Orntoft*[137]

[135] https://www.sciencenews.dk/en/vaccines-an-unresolved-story-in-many-ways
[136] https://pubmed.ncbi.nlm.nih.gov/31449870/
[137] https://pubmed.ncbi.nlm.nih.gov/23668887/

Important studies

17. Kiwako Yamamoto-Hanada et al[138], 2020, [56,277 children; funded by the Ministry of Environment, Japan], "**Cumulative inactivated vaccine exposure and allergy development among children: a birth cohort from Japan**". Conclusion: "Our results, which should be cautiously interpreted, suggest that the **prevalence of asthma, wheeze and eczema among children at 12 months of age might be related to the amount of inactivated vaccine exposure before 6 months of age."**

18. "The non-specific effects of vaccines and other childhood interventions: the contribution of INDEPTH Health and Demographic Surveillance Systems", Osman Sankoh et al, 2014.[139] The researchers explained that majority of vaccination studies being published today attempt to justify whether or not the vaccination in question has an overall positive effect. **However, the population-based effects have been very different from anticipated effects.** WHO's Strategic Advisory Group of Experts (SAGE) on Immunization has recently initiated a review of non-specific effects (NSEs).

19. Kiraly et al, showed that delayed diphtheria, tetanus and acellular pertussis (DTaP) vaccination, defined as giving the first dose after 90 days of age (1 month later than usual), was associated with reduced eczema and use of eczema medication in Australia.

20. Mogensen et al, 2017 study "The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment", with an unvaccinated control group, **study found an increased risk of mortality for children who received DTP. Mortality risk was higher for girls.**

21. "Co-administration of live measles and yellow fever vaccines and inactivated pentavalent vaccines is associated with increased mortality compared with measles and yellow fever vaccines only. An observational study from Guinea-Bissau"; Ane Bærent Fisker et al, 2014. Conclusion: **"In line with previous studies of DTP, the present results indicate that pentavalent vaccine co-administered with MV (measles vaccine) and YF (Yellow Fever vaccine) is associated with increased mortality."**

22. February 2021 study "Systematic review and meta-analysis of the effect of pertussis vaccine in pregnancy on the risk of chorioamnionitis, non-pertussis infectious diseases and other adverse pregnancy outcomes", A.R. Andersen et al (2021) is the most recent study that adds to the growing evidence on negative non-specific effects of non-live vaccines.

[138] https://pubmed.ncbi.nlm.nih.gov/32635895/
[139] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4052142/

5. SUSCEPTIBILITY TO VACCINE INJURY & DEATH

> This is the time when we do have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines plural, or to one particular vaccine, or to a component of vaccine like mercury. So we now, in these times, have to, I think take another look at that hypothesis, not deny it. And I think we have the tools today that we didn't have 10 years ago, that we didn't have 20 years ago, to try and tease that out, and find out if, indeed, there is that susceptible group.
>
> Why is this important? A susceptible group does not mean that vaccines aren't good. What a susceptible group will tell us is that maybe there is a group of individuals, or a group of children, that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule.
>
> It is the job of the public health community, and of physicians to be out there and to say, "Yes, we can make it safer".
>
> I haven't seen major studies that focus on 300 kids who got autistic symptoms within a period of a few weeks of a vaccine. I think that the public health officials have been too quick to dismiss the hypothesis as irrational without sufficient studies of causation.
>
> The government has said in a report by the Institute of Medicine, and by the way, I'm a member of the Institute of Medicine, I love the Institute of Medicine, but a report in 2004, it basically said, do not pursue susceptibility groups, don't look for those patients, those children who may be vulnerable.
>
> The reason why they didn't want to look for those susceptible groups was because they are afraid that if they found them, however big or small they were, that would scare the public away.
>
> *Dr Bernadine Healy*
>
> *former Director of the National Institutes of Health*
>
> *during a 2008 CBS News interview.* [140]

[140] https://www.cbsnews.com/news/the-open-question-on-vaccines-and-autism/

The Institute of Medicine (a federal institution providing objective advice to the US government on health issues) published a series of reports on evidence of adverse effects of vaccines between 1991 – 2013 confirming that:

Vaccines can and do carry risks for complications that can be greater for some individuals than others and may lead to chronic brain and immune system damage or death. IOM published reports in 1991, 1994a, 1994b and 2012 and found the following health problems are causally related to vaccination:

a) Acute encephalopathy (brain inflammation)
b) Chronic Nervous System Dysfunction (brain damage)
c) Anaphylaxis (whole-body allergic reaction)
d) Febrile seizures (convulsions with fever)
e) Guillian-Barre Syndrome (peripheral nerve inflammation)
f) Brachial Neuritis (arm nerve inflammation)
g) Deltoid Bursitis (shoulder inflammation)
h) Acute & Chronic Arthritis (joint inflammation)
i) Syncope (sudden loss of consciousness/fainting)
j) Hypotonic/Hyporesponsive Episodes (shock and unusual shock-like state)
k) Protracted, Inconsolable Crying and Screaming
l) Vaccine Strain Infection (smallpox, live polio, measles, varicella zoster vaccines)
m) DEATH (smallpox, live polio, measles vaccines)

The Institute of Medicine (IOM) confirms that vaccines (similar to infections) can injure and kill people and that very little is known about how vaccines or microbes act at the cellular and molecular level in the human body. The IOM also confirms that an unknown number of children have certain genetic biological and environmental susceptibility that makes them more vulnerable to vaccine injury.

> "Both epidemiologic and mechanistic research suggest that most individuals who experience an adverse reaction to vaccines have a pre-existing susceptibility. These predispositions can exist for a number of reasons—genetic variants (in human or microbiome DNA), environmental exposures, behaviours, intervening illness, or developmental stage, to name just a few—all of which can interact…. Some of these adverse reactions are specific to the particular vaccine, while others may not be. Some of these predispositions may be detectable prior to the administration of vaccine…. Further, much work remains to be done to elucidate and to develop strategies to document the immunologic mechanisms that lead to adverse effects in individual patients." – Institute of Medicine

For 8 routinely used vaccines (MMR, DTap, hepatitis B, hepatitis A, varicella zoster and meningococcal) there were too few scientifically sound studies published to determine whether more than 100 serious brain and immune system problems are or are not caused by vaccines, including multiple sclerosis, arthritis, lupus, stroke, SIDS, autism and asthma.

Clinicals trials use relatively small numbers to be able to identify adverse effects cause by a vaccine and the duration of these trials are short (eg: MMR 42 days, Hepatitis B 4-5 days, Oral Polio Vaccine 48 hours).

In 2013, IOM published a report revealing that the federally recommended vaccine schedule (from birth to 6-year-old children) **had not been fully scientifically evaluated and there was not enough scientific evidence** for physician committees to determine if the childhood vaccine schedule is or is not associated with the development of the following brain and immune system disorders prevalent among children today.

23. Asthma
24. Atopy
25. Allergy
26. Autoimmunity
27. Autism
28. Learning disorders
29. Communication disorders
30. Developmental disorders
31. Intellectual disability
32. Attention deficit disorder
33. Disruptive behaviour disorder
34. Tics and Tourette's Syndrome
35. Seizures
36. Febrile seizures
37. Epilepsy

The human immune system is the most complex system that the body has, and its functioning is not fully understood.

Dr Stanley Plotkin (known as the Godfather of Vaccines and author of the textbook "Vaccines") whose name is engraved on the gavel of the Advisory Committee on Immunization Practices (ACIP, US), acknowledged that modern immunology **does not fully understand the complete sequence of biological events going from vaccination to immunity**.[141] [142]

Not only is the biological sequence of immunity not fully understood, but the very marker of vaccine efficacy "antibodies" as a correlate of protection is questioned by Dr Plotkin.

In a February 2020 paper[143] published in the *Vaccines* journal, Dr Stanley Plotkin says, "**Correlates of Protection (CoPs) are increasingly important in the development and licensure of vaccines. Although the study of CoPs was initially directed at identifying a single immune function that could explain vaccine efficacy, it has become increasingly clear that there are often multiple functions responsible for efficacy.**"

[141] https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2017-10-508.pdf
[142] https://www.youtube.com/watch?v=tiABomhZm5Q&list=PL1YEOqhXrSRdkrPjjyf4InpquMkIZ84n2&index=4
[143] https://pubmed.ncbi.nlm.nih.gov/31767462/

It is not only antibodies that relates to protection from an infection. However, vaccines developed, based simply on this single criteria, are being mandated as guaranteed prevention of disease!

According to Dr Plotkin "so far it has been very difficult to identify so-called predispositions (for vaccine injury)."

These unknown major vaccination related issues do not allow for any claims of "vaccines are safe and effective":

1. Human immune system is NOT fully understood
2. Biological sequence of events from vaccination to immunity is NOT fully understood
3. Antibodies as the sole correlate of protection is NOT correct
4. Individual susceptibility to injury is NOT known

In 1994, the IOM stated that "the Committee was able to identify little information pertaining to why some individuals react adversely to vaccines when most do not. Both epidemiologic and mechanistic research suggests that most individuals who experience an adverse reaction have a pre-existing susceptibility.

These predispositions can exist for a number of reasons – genetic variations in human or microbiome DNA, environmental exposures, behaviours, intervening illness or developmental state, to name just a few – all of which can interact…".

It is also important to note that **until 2015, scientists had not discovered the immune system's connection to the brain by vessels previously thought to not exist, which overturned decades of textbook teaching**.[144] It is now known that macrophages laden with aluminium travel through the lymphatic system and is having direct access to the brain. In addition, vaccines contain ingredients (i.e. polysorbate 80) which allow vaccine ingredients to cross the blood brain barrier.

A 2015 study in the journal Nature Immunology suggested that the appendix may not be a vestige of evolution after all, as has been taught to doctors for decades. The appendix may play a crucial role in our immune systems, serving as a reservoir for maintenance of gut flora.[145] [146]

In January 2020, researchers at the Montpellier Cancer Research Institute discovered that "Blood contains circulating cell-free respiratory competent mitochondria". Mitochondria also play a role in regulating immune and inflammatory responses.

In September 2020, researchers reported in the Radiotherapy and Oncology Journal that they had accidentally discovered new glands and dubbed it the tubarial salivary glands. This discovery is important for cancer treatment as doctors using radiation try to avoid irradiating the salivary glands because damage to these glands can impact quality of life.

[144] https://www.sciencedaily.com/releases/2015/06/150601122445.htm
[145] https://www.nature.com/articles/ni.3332
[146] https://www.sciencefocus.com/the-human-body/what-does-the-appendix-do-a-lot-more-than-we-thought/

In February 2021, scientists at Columbia University published a study[147] reporting that "**Cells used to study the human blood-brain barrier in the lab aren't what they seem, throwing nearly a decade's worth of research into question.**" This finding has serious implications on vaccination as a number of excipients could be easily crossing the blood-brain barrier. Hence, what can and cannot cross the blood-brain barrier is up for reconsideration.

Although, there is such a lack in the understanding of the human body, immune system, and lack of proper screening tools to determine a child's susceptibility to injury from vaccines, and a lack of knowledge on long term effects of vaccines, the reactogenicity of adjuvants, the potential unquantified and unstudied negative effects on health, the dangers of administering multiple vaccines simultaneously – yet we continue to enforce this medical procedure upon children with total disregard to potential injury or death.

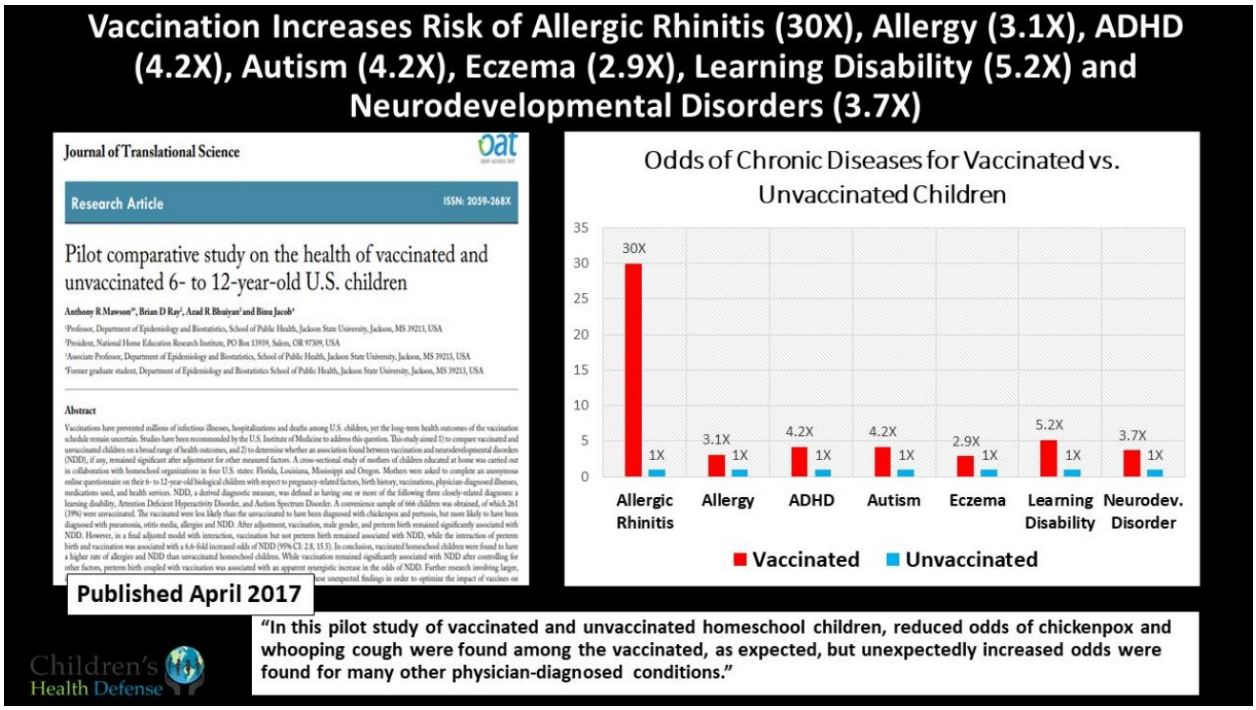
During the Vaccine Safety Summit of WHO (Geneva, December 2019), Dr Alec Walker stated **that known genetic risk factors are NOT incorporated into population-based approaches of vaccination.**

First introduced in 2009, "Adversomics" refers to the application of immunogenomics and systems biology to understand the genetic and non-genetic drivers of vaccine adverse reactions at the molecular level. Researchers at the forefront of adversomics admitted in 2015: "The field of vaccine adversomics is in its infancy. At this time, these technologies are not being used clinically."[148]

> You have a situation in which everyone is being given a disease with no control over that disease, because once you inject a vaccine into a person's body, whether it contains bacteria or viruses or split viruses or whatever--you have no control over the outcome. … Of course, what they want the vaccination to do is initiate the building up of our immune defenses, just like a regular infection would do. The problem is that the medical profession and science do not know, and have never known, what the infecting dose of an infection really is. It's not something that can be measured. So they're really guessing at the amount of antigen and other supplementary chemicals that they put in the vaccine.
>
> Vaccines are portrayed as being indispensable and somehow better at disease protection than what our innate biological defenses and nutritional resources have accomplished for thousands of years. I think it's the height of arrogance for the medical profession to think that they have duplicated a biological process that has taken care of people since the beginning of time. People can deal with infectious diseases without vaccines."
>
> *Jamie Murphy, an investigative journalist on vaccines and author of the book 'What Every Parent Should Know About Childhood Vaccination'*

[147] https://www.pnas.org/content/118/8/e2016950118
[148] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4630804/

Hence, with forced vaccination, our children are being subjected to a medical procedure which does not account for their genetic susceptibility and thus, the potential and unknown risk of injury[149] from vaccination may far exceed any benefit the vaccine may confer.



150

"When you inject a vaccine into the body, you're actually performing an unnatural act because you are injecting directly into the blood system. That is not the natural port of entry for that virus. In fact, the whole immune system in our body is geared to prevent that from happening. What we're doing is giving the virus or the bacteria carte blanche entry into our bloodstream, which is the last place you want it to be. This increases the chance for disease because viral material from the vaccine stays in the cells, and is not completely defeated by the body's own defenses. You overload the body." – Jamie Murphy

149 https://www.globalresearch.ca/comprehensive-list-vaccine-associated-toxic-reactions/5671539
150 https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Parts-I-XII.pdf

5.1. Vaccinating infants

Most vaccines are given to children during the first 2 years of their life; starting from the day of birth. This is a period when infants are most susceptible for injury, as their brain is developing, most organs are not fully functioning (such as liver, kidney, blood brain barrier, etc) and knowledge of their primary immunodeficiencies and allergies are unknown. Thus, the toxicity of vaccine ingredients (such as aluminium, mercury, polysorbate 80, human and animal DNA, etc) is also greater.

In January 2021, Nature Reviews Immunology published **"Innate immunity at the crossroads of healthy brain maturation and neurodevelopmental disorders"**, by Kristine E. Zengeler & John R. Lukens.[151]

> "The immune and nervous systems have unique developmental trajectories that individually build intricate networks of cells with highly specialized functions. These two systems have extensive mechanistic overlap and frequently coordinate to accomplish the proper growth and maturation of an organism. Brain resident innate immune cells — microglia — have the capacity to sculpt neural circuitry and coordinate copious and diverse neurodevelopmental processes. Moreover, many immune cells and immune-related signalling molecules are found in the developing nervous system and contribute to healthy neurodevelopment. In particular, many components of the innate immune system, including Toll-like receptors, cytokines, inflammasomes and phagocytic signals, are critical contributors to healthy brain development. Accordingly, dysfunction in innate immune signalling pathways has been functionally linked to many neurodevelopmental disorders, including autism and schizophrenia. This review discusses the essential roles of microglia and innate immune signalling in the assembly and maintenance of a properly functioning nervous system."

In September 2019, Frontiers in Neuroscience published **"Role of the Immune System in the Development of the Central Nervous System"**, by Keiko Morimoto & Kazunori Nakajima.[152]

> "The central nervous system (CNS) and the immune system are both intricate and highly organized systems that regulate the entire body, with both sharing certain common features in developmental mechanisms and operational modes. It is known that innate immunity-related molecules, such as cytokines, toll-like receptors, the complement family, and acquired immunity-related molecules, such as the major histocompatibility complex and antibody receptors, are also expressed in the brain and play important roles in brain development. Moreover, although the brain has previously been regarded as an immune-privileged site, it is known to contain lymphatic vessels. Not only microglia but also lymphocytes regulate cognition and play a vital role in the formation of neuronal circuits. This review provides an overview of the function of immune cells and immune molecules in the CNS, with particular emphasis on their effect on neural developmental processes."

[151] https://www.nature.com/articles/s41577-020-00487-7
[152] https://pubmed.ncbi.nlm.nih.gov/31551681/

It is known that a newborn's immune system cannot mount an effective response to diseases or to vaccines because it is protecting the baby's brain, which would be damaged by a full-fledged immune reaction. Instead, babies receive immune cells and proteins, through the mother's milk, to combat infections.

The short-lived and immature immune response is the justification for the multiple doses given to babies and why their vaccines contain such high amounts of aluminium adjuvant (as much as 1250 mcg) in a single shot to rev up the immune system.

> "Everyone who studies human immunology knows that the TH1 response doesn't come up until the end of the first year of a human baby's life." – *Dr Heather Zwickey, a Yale-trained scientist, Dean of Research and Graduate Studies, National University of Natural Medicine and Director of the Helfgott Research Institute. Phd in Immunology and microbiology*.

The most recent study, in November 2020, "**Early postnatal injections of whole vaccines compared to placebo controls: Differential behavioural outcomes in mice**", Housam Eidi et al (2020)[153] published in the Journal of Inorganic Biochemistry, showed that "Neurobehavioural abnormalities (NBAs) such as decreased sociability, increased anxiety-like behaviours, and alteration of visual-spatial learning and memory were observed in vaccinated male and female mice compared to controls. The present study also shows a slower acquisition of some neonatal reflexes in vaccinated female mice compared to vaccinated males and controls."

This study was designed to evaluate the possible effects of the paediatric vaccination schedule in the US on the central nervous system in a murine model.

"**Formal training in vaccine safety to address parental concerns not routinely conducted in U.S. pediatric residency programs**"[154], S Elizabeth Williams and Rebecca Swan (2014) paper published in the *Vaccine* journal reports "Most pediatric residency programs surveyed do not include formal training on vaccine safety; yet, such training is supported by pediatric residency program directors as a priority for pediatric residents."

It may be easy for public health officials and doctors to get access to the babies at the time of delivery and during early months to vaccinate them, but it is certainly not what is optimal for our children.

Depriving children of the opportunity to develop their natural immune system is essentially robbing them, at the time of their birth, of their inherent right to a healthy life.

[153] https://pubmed.ncbi.nlm.nih.gov/33039918/
[154] https://pubmed.ncbi.nlm.nih.gov/24731808/

A scientific review[155] published by the Department of Paediatric Rehabilitation, Medical School at the University of Bialystok

The Polish scientists (Sienkiewicz et al) who conducted this study determined that there are a number of neurological adverse events that follow vaccination.

The Th2 pathway predominates in neonates and this is further stimulated by vaccination resulting in an imbalance that may lead to the development of allergic reactions. Proper functioning of the immune system involves a delicate balance between the two arms of the immune equilibrium (Th1/Th2) and its tilt to either side can be harmful to the body.

"Furthermore, it appears that the necessary Th1/Th2 balance is better provided by natural challenges (i.e., in a form of relatively benign childhood diseases such as chickenpox and mumps) rather than vaccination."

"Vaccinations as an important "training" for the immune system lower its threshold of defense responses, which is a measure to prevent the development of infectious diseases. However, a question arises: how will the not fully mature, still developing immune system of a healthy child and the still forming central nervous system respond to such intense stimulation? Is it able to correctly respond with the same protective effect to so many different stimuli? Do the multi-antigen vaccine side effects change compared to the previously used vaccinations and how?"

"Thus far, these questions lack clear answers. Nonetheless, it is important to emphasize that a burgeoning body of evidence shows that immune molecules play integral roles in CNS development, affecting processes such as neurogenesis, neuronal migration, axon guidance, synaptic connectivity and synaptic plasticity. Despite the dogma that peripheral immune responses do not affect CNS function, substantial evidence points exactly to the contrary."

"Thus, it is not reasonable to assume that manipulation of the immune system through an increasing number of vaccinations during critical periods of brain development will not result in adverse neurodevelopmental outcomes."

[155] http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.419.295

5.2. Vaccine adverse effects / injuries

Vaccination has shown a reduction in certain acute illnesses, but we have made a trade-off for an explosion of many chronic illnesses, particularly neurological and auto-immune disorders, all of which are now seen at an epidemic level in our children. These chronic illnesses are stated as possible injuries on each vaccine's manufacturer's insert.

The manufacturer's insert included with the vaccine details numerous possible "a*dverse reactions/injuries*" from the vaccine. Manufacturers are required[156] to include "adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event".
The Institute of Medicine (IOM) has also stated ***"…much work remains to be done to elucidate and to develop strategies to document the immunologic mechanisms that lead to adverse effects*** **[from vaccines]** ***in individual patients.*****"**[157]

Furthermore, Drs. Poland, Whitaker, and Ovsyannikova in their 2015 article that, ***"The precise mechanisms of adverse reactions associated with vaccines are not well understood."***[158] (Dr. Poland is a world renowned expert on vaccines, research scientist for Mayo Clinic, and editor-in-chief of the prestigious journal *Vaccine*.)

While research proves most childhood infectious diseases actually have therapeutic benefits[159] (such as protection from some kinds of cancers), **vaccines have been linked to over 248 diseases and disabilities, and death**, by published scientific studies. [160]

Public health agencies maintain that vaccine injury is extremely rare, just 1 in a million.[161] This estimate was recently revisited, revealing the actual vaccine injury ratio to be 1 in 39. US government-funded Harvard Pilgrim project was designed to evaluate and develop strategies for optimizing the Vaccine Adverse Events Reporting System (VAERS).

A) 2010 US Department of Health and Human Services (HHS) pilot study by the Federal Agency for Health Care Research (AHCR):[162]

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients and 1.4 million doses (of 45 different vaccines) given to 376,452 individuals.

Whilst there are thousands of vaccine injury and vaccine-related death cases reported to VAERS, US government funded 3-year study by Harvard Medical School in 2010 found that **"adverse events from drugs and vaccines are common but underreported. Likewise, fewer than 1% of vaccine adverse events are reported."** These government researchers also found that **2.6% of vaccination resulted in injuries – a ratio of 1 in 39 vaccines** administered.

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[156] https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=201.57
[157] https://www.nap.edu/read/13164/chapter/5#83
[158] https://www.mayo.edu/research/faculty/poland-gregory-a-m-d/bio-00078220
[159] https://www.thedrswolfson.com/do-childhood-infections-prevent-cancer/
[160] Compilation of studies https://www.greenmedinfo.com/anti-therapeutic-action/vaccination-all
[161] https://www.vaccines.gov/basics/safety/side_effects
[162] https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

It is also noteworthy that the findings of AHRC caused CDC to panic and terminate this AI system-wide roll-out and stopped returning phone calls from their sister agency. The report states "Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."

B) 2016, US Department of Health and Human Services' (HHS) Neiss-Cades survey published in JAMA:

This report states that an astonishing **19.5% of children <5** who are admitted to emergency rooms for drug reactions are suffering vaccine injuries. This finding represents an undercount since paediatric hospitals, which treat most serious injuries, were **badly underrepresented** in the database (only 6 of the 63 hospitals surveyed).[163]

"Combining Childhood Vaccines at One Visit Is Not Safe", a study published in Journal of American Physicians and Surgeons, Summer 2015, Neil Z. Miller.

Summary: "Our study showed that infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalised or die when compared with infants who receive fewer vaccines simultaneously. It also showed that reported adverse effects were more likely to lead to hospitalisations or death in younger infants. The **safety of CDC's vaccination schedule was never affirmed** in clinical studies. Vaccines are administered to millions of infants every year, yet health authorities have no scientific data from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive. National vaccination campaigns must be supported by scientific evidence."[164]

Even with majority of infant deaths following same-day vaccination, it is accepted as common and of no concerning pattern![165]

A CDC report found that mixed exposures to chemical substances and other stress factors may produce "increased or unexpected deleterious health effects." Furthermore, that "exposure to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures."

[163] https://pubmed.ncbi.nlm.nih.gov/27893129/
[164] https://www.jpands.org/vol21no2/miller.pdf
[165] https://pubmed.ncbi.nlm.nih.gov/26021988/

"The best-understood vaccine-associated adverse effect is the occurrence of invasive disease (such as meningoencephalitis and arthritis) caused by the vaccine virus itself in individuals with an acquired or genetic immunodeficiency who receive live vaccines such as VZV, MMR, and oral polio vaccine. Although the incidence of such infections may decrease with the introduction of newborn screening for severe combined immunodeficiency, the occurrence of vaccine-related disease can be the trigger that leads to the recognition of immunodeficiency (Galea et al., 2008; Ghaffar et al., 2000; Kramer et al., 2001; Levy et al., 2003)."

"Invasive disease may also occur by viral reactivation in individuals who previously received these vaccines while healthy, but who subsequently become immunocompromised, for example, as a result of chemotherapy should they later develop cancer or leukemia (Chan et al., 2007; Levin et al., 2003). Not all individuals who suffer invasive disease have demonstrated recognized immune deficiencies, even when vaccine virus is recovered from the patient (Iyer et al., 2009; Levin et al., 2008)."

"Yet, one of the renowned organisations to provide evidence-based information on the topic of vaccination admits that the "*best-understood vaccine-associated adverse effect*" leads to two "*hypotheses*": either immunocompetent individuals can acquire invasive disease from vaccine virus, or further evaluation of these patients would reveal previously unrecognized immunodeficiencies. Apparently, little is known about the mechanism or predisposition for harm from vaccines even for this "best-understood vaccine-associated" AE."[166]

Infant death

Infant death following vaccination goes unacknowledged, often simply labelled as "Sudden Infant Death Syndrome". At the same time, it is also acknowledged that "**exhaustive postmortem examinations in presumptive vaccination-related death cases are not systematically performed**." When it is performed, "they may not include in-depth studies of the autonomic nervous system, vital centers of the brainstem or cardiac conduction system on serial sections."[167]

Why are Children Under 5 Dying in Countries Where UNICEF Works?

It would also be prudent to question UNICEF, which likes to present itself as an advocate for children's health. Their track record does not match up to this image they like to project. In a report published in the Lancet in 2004, it was revealed that in the countries where UNICEF was working, deaths of children under the age of 5 actually increased! Is it a coincidence that this is the same age group UNICEF targets with their vaccine programs? The countries that experienced the greatest increase in deaths were all poor countries: India (2·4 million deaths), Nigeria (834 000 deaths), China (784 000 deaths), Pakistan (565 000 deaths), Democratic Republic of Congo (484 000 deaths), and Ethiopia (472 000 deaths).[168] [169]

[166] Adverse Effects of Vaccines: Evidence & Causality, IOM 2012
[167] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5346892/pdf/CroatMedJ_58_0014.pdf
[168] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2804%2917560-0/fulltext
[169] http://healthimpactnews.com/2013/no-polio-in-the-philippines-since-1993-but-mass-polio-vaccination-program-started-among-500000-typhoon-victims/

Children's health in the Maldives

According to National Child Health Strategy – Every Newborn Action Plan (ENAP) Maldives, 2016-2020, Ministry of Health neonatal mortality is 66% of all death in under-five children in 2012. This paper also reported the following.

In under-five deaths, 70% are due to neonatal cases, 10% due to unclassified causes and 11% are due to acute lower respiratory infections.

Within the neonatal deaths, 29% are due to congenital anomalies, 28% preterm birth, 25% birth asphyxia and birth trauma, 10% sepsis and other infections and 8% are unclassified.

The report also notes that the reduction in overall under-five mortality rate in the last decade is largely attributed to the improvements in the health of infants and older children. Further decrease in neonatal deaths has not kept pace.

According to the last systematic survey conducted by Handicap International in 2009, around 4.7% of the total population (range 9-12%) were found to have severe permanent functional limitations or disabilities. The most common types of disabilities are visual and speech impairments, mental illnesses and various degrees of impaired mobility. The findings of the DHS-2009 suggest that around 9% of children in the age group 5-14 had visual impairment, 3% hearing impairment, 5% experienced difficulties in communicating, 7% in remembering, 2% in mobility and around 2% had difficulties in self-care. Overall, around 20% of households with children aged 5-14 reported impairments in at least one function.

Childhood cancer, autism, ADHD and such chronic diseases have increased at an alarming rate in recent years.

Situation in Japan

Japan has the healthiest children and the least vaccinated children of any developed country. In 1994, Japan transitioned away from mandated vaccination in public health centers to voluntary vaccination in doctors' offices, guided by "the concept that it is better that vaccinations are performed by the children's family doctor who is familiar with their health conditions."

Japan has "routine" vaccines that the government covers but does not mandate and no vaccine requirements for children entering preschool or elementary.

Japan also banned the MMR vaccine due to thousands of serious injuries over a four-year period producing an injury rate of one in 900 children. Japan does not vaccinate newborns with hepatitis B vaccine (unless the mother is hepatitis B positive). Japan also does not vaccinate pregnant mothers with Tdap or flu shots. Japan also stopped HPV vaccine in 2013 after serious injuries prompted numerous lawsuits.[170]

[170] https://www.globalresearch.ca/japan-no-vaccine-mandates-no-mmr-vaccine-healthier-children/5675901

Situation in Denmark

Denmark starts recommended vaccination at the age of 3 months, BCG, Hepatitis B and Oral Polio vaccines are not included. A study of AEFI from 1998 – 2007 by the Danish Medicines Agency (DKMA) revealed 16% of total AEFIs to be "nervous system disorders".[171]

Situation in United States

Although US has the highest vaccination rate, it hasn't been able to ensure a healthy life for its children:

38. Since 2017, people with Type 1 Diabetes has increased by nearly 30% according to CDC. The report also shows that diagnoses occurred most frequently between the ages 5-14 year-olds. T1D is a chronic, life-threatening autoimmune disease where the body's immune system destroys cells in the pancreas that produce insulin.[172]

39. "A National and State Profile of Leading Health Problems and Health Care Quality for US Children and Key Insurance Disparities and Across-State"[173] published in 2011 reported that 54% of US children suffer from chronic disorders, 1 in 10 have asthma, 1 in 13 suffers from food allergies, 1 in 8 suffers severe neurological disorders.

40. CDC's report[174] released in April 2019 reveals 1 in 59 children suffer autism. In 2012, the Autism Spectrum Disorder (ASD) rate was 1 in 68 children.

41. Attention-deficit hyperactivity disorder (ADHD): As of 2012, about 1 in 9 children between 4-17 years had ever received an ADHD diagnosis.

42. In the past 8-10 years juvenile diabetes increased by 23%, cancer increased by 29%, ADHD increased by 43%, food allergies increased by 50%, asthma rates rose by almost 50%, autism increased by 150%.[175]

[171] https://pubmed.ncbi.nlm.nih.gov/21079934/
[172] https://www.jdrf.org/press-releases/statement-from-aaron-j-kowalski-ph-d-president-and-ceo-of-jdrf-on-new-cdc-diabetes-data/
[173] https://www.sciencedirect.com/science/article/pii/S1876285910002500
[174] https://gizmodo.com/new-cdc-report-shows-autism-is-still-on-the-rise-1833979444
[175] https://www.healthfreedomidaho.org/chronic

Situation in UK

"Mental Health of Children and Young People in Englad, 2017" report published in November 2018 by NHS Digital. Some highlights of the report:

Rates of mental health disoders were -

a) One in 18 among 2 to 4 year olds
b) One in 10 among 5 to 10 year olds
c) One in 7 among 11 to 16 year olds
d) One in 6 among 17 to 19 year olds

43. Prevalence was higher among boys aged 2 to 10. Also similar among 11 to 16 year olds.

According to the most recent study, the proportion of children experiencing a probable mental disorder has increased over the past three years, from 1 in 9 in 2017 to 1 in 6 in July 2020. 16.7% of boys between 5 to 16 and 15.2% girls have a mental disorder.[176]

What have the British health authorities been discussing and deciding behind closed doors? Below is a summary of Dr Lucija Tomljenovic's paper "The vaccination policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): are they at odds?"[177]. [pdf][178]

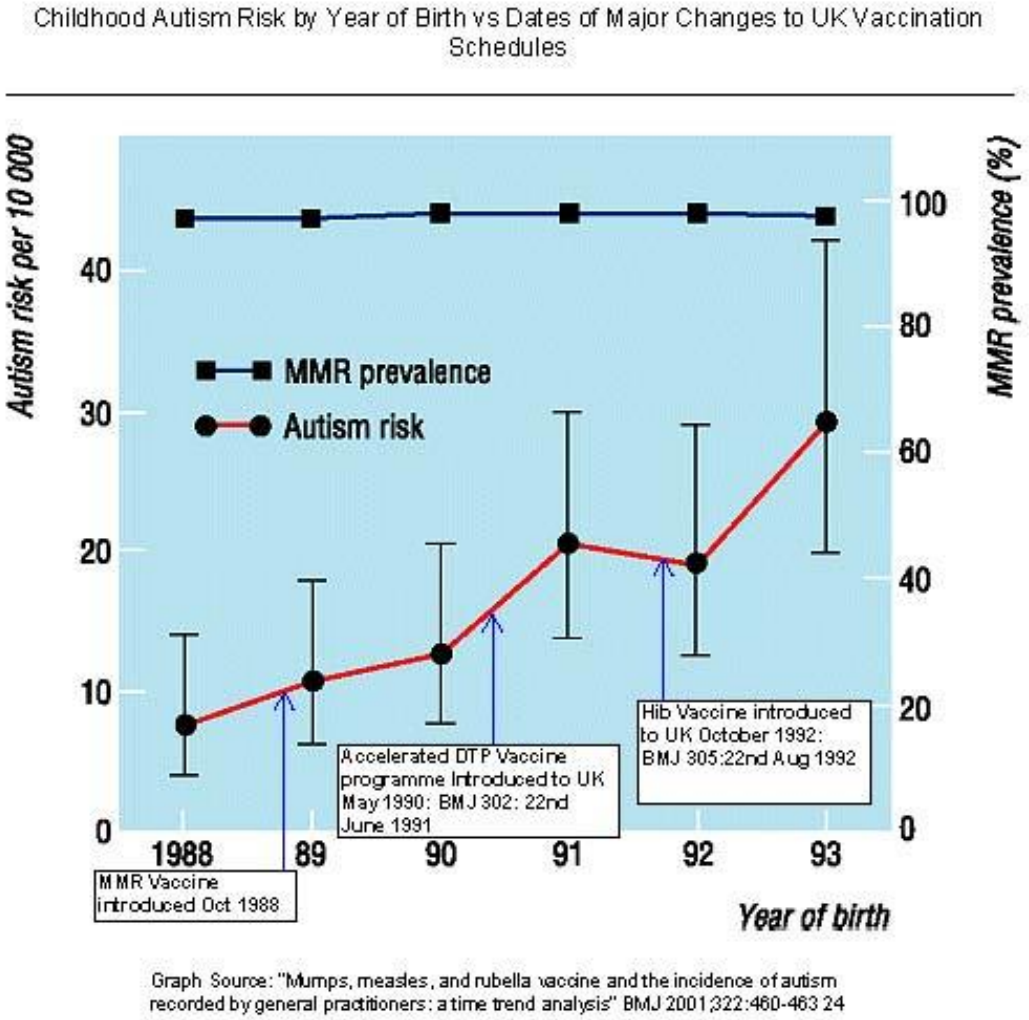
> "Deliberately concealing information from parents for the sole purpose of getting them to comply with an "official" vaccination schedule could be considered as a form of ethical violation or misconduct. Official documents obtain from the UK Department of Health (DH) and the Joint Committee on Vaccination and Immunisation (JCVI) reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program."

Some of the issues that were discovered from JCVI's documents are:

1) JCVI took no action or skewed/selectively removed unfavourable safety data from public reports and made intensive efforts to reassure public and authorities in the safety of vaccines.
2) Significantly restricted contraindication in order to increase vaccination rates despite outstanding and unresolved safety issues.
3) Requested vaccine manufacturers to amend their data sheets to meet official advice on vaccination.
4) Dismissed independent research and relied on dubious studies to promote policies
5) Categorically downplayed safety concerns and over-inflated benefits.
6) Actively discouraged research on vaccine safety issues.

The 45-page paper with detailed evidence was presented at and forms part of the proceedings of the 2011 BSEM Scientific conference, March 2011.

[176] https://digital.nhs.uk/news-and-events/news/survey-conducted-in-july-2020-shows-one-in-six-children-having-a-probable-mental-disorder
[177] http://www.jabs.org.uk/bsem-march-2011---the-healt.html
[178] http://nsnbc.me/wp-content/uploads/2013/05/BSEM-2011.pdf



Graph Source: "Mumps, measles, and rubella vaccine and the incidence of autism recorded by general practitioners: a time trend analysis" BMJ 2001;322:460-463 24

"Information from formal peer reviewed papers including data from the UK's General Practice Research Database shows that with each major change in the UK childhood vaccination programme the rates of childhood autism have increased significantly."[179]

[179] https://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/

5.3. Vaccination and autoimmunity

Renowned British epigenetic researcher Dr Mae-Wan Ho, Institute of Science in Society, observed that "vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines; they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune disease."[180]

"Self-Organized Criticality Theory of Autoimmunity", Ken Tsumiyama et al, 2009.[181]

Study conclusion: **Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host's immune system by repeated immunization with antigen, to levels that surpass system's self-organized criticality.**

Researchers from Kobe University (Japan) conducted the above study by injecting mice that were bred to not develop autoimmune diseases repeatedly with antigens, much like vaccinations are administered to infants and children. After seven injections the mice recovered each time with their immune systems intact. But after the eighth injection, problems with key immunity cells began arising. Damaged cells were observed microscopically and showed signs of early autoimmunity. Their immune systems had started to self-generate antibodies for autoimmune reactions after repeated antigen inoculations.

There are a number of studies concluding that adjuvants are clearly to blame for some autoimmune reactions, and that the need for more studies is urgent. "…efforts to unveil the connection between the triggering of the immune system by adjuvants and the development of autoimmune conditions should be undertaken. Vaccinomics is a field that may bring to light novel, customized, personalized treatment approaches in the future."[182]

Vaccination is not a one-size-fits-all medical procedure; necessary studies as well as testing of individuals prior to vaccination are required in order for medicine to be responsibly practised.

Dr Yehuda Shoenfeld, a highly respected scientist in the field of human immunity, author of multiple papers and textbooks (e.g., The Mosaic of Autoimmunity, Autoantibodies, Diagnostic Criteria in Autoimmune Diseases, Infection and Autoimmunity, Cancer and Autoimmunity, etc) and known as the "Godfather of Autoimmunology" has spent over three decades studying the human immune system and is at the pinnacle of his profession. He is also the editor of three medical journals and author of more than 1,500 research papers across the spectrum of medical journalism and founder of the International Congress on Autoimmunology.

Autoimmunology is the study of how the body's own defense system sometimes turns against itself, resulting in the development of diseases like Multiple Sclerosis, arthritis, Guillian-Barré

[180] Ho M-W. "The vaccines are far more deadly than the swine flu," Institute of Science in Society, July 27, 2009
[181] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0008382
[182] http://www.ncbi.nlm.nih.gov/pubmed/26275795

syndrome[183] [184], kidney failure[185], lupus[186] [187] [188], diabetes[189], thrombocytopenia, vasculitis, eczema, asthma, brain and nervous system disorders and many others.

Almost all types of vaccines have been reported to be associated with the onset of ASIA (Autoimmune/inflammatory Syndrome Induced by Adjuvants) – which first appeared in the Journal of Autoimmunology four years ago. It is an umbrella term for a collection of similar symptoms, including Chronic Fatigue Syndrome, that result after an exposure to an adjuvant.

Autoimmune disease results when the body's immune system, which is meant to attack foreign invaders, instead turns against one's body.[190] Autoantibodies misidentify a component of the human body and launch a sustained attack on it. If they mistakenly target a component of the conductive sheath around neurons, nerve impulses stop conducting properly, muscles go into spasm and coordination fails, multiple sclerosis results. If autoantibodies erroneously focus on joint tissue, rheumatoid arthritis results. If the target is islets of Langerhans in the pancreas, Type 1 diabetes results, and so on.

Dr Shoenfeld's study[191] published in February 2019 noted that adverse effects including autoimmune conditions may occur following vaccinations (autoimmune/inflammatory syndrome induced by adjuvants-ASIA syndrome). And that it has been postulated that **autoimmunity could be triggered or enhanced by the vaccine immunogen contents, as well as by adjuvants**, which are used to increase the immune reaction to the immunogen.

The report says, "Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reaction and developing autoimmune diseases. The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA."

The research team defined potential groups of individuals susceptible to develop vaccination-induced ASIA:

44. Anyone who has a pre-existing autoimmune condition
45. People who have had previous reactions to vaccines
46. Patients with a history of allergic reactions, particularly to eggs; and
47. People prone to developing autoimmunity such as smokers, people with high oestrogen levels (anyone on contraceptive pills or hormone replacement therapy) and people with low vitamin D levels.

[183] https://pubmed.ncbi.nlm.nih.gov/8228822/
[184] https://pubmed.ncbi.nlm.nih.gov/18522505/
[185] https://www.sciencedaily.com/releases/2016/03/160316194409.htm
[186] https://pubmed.ncbi.nlm.nih.gov/20605875/
[187] https://pubmed.ncbi.nlm.nih.gov/28111707/
[188] https://pubmed.ncbi.nlm.nih.gov/28394823/
[189] https://dtc.ucsf.edu/types-of-diabetes/type1/understanding-type-1-diabetes/autoimmunity/
[190] https://pubmed.ncbi.nlm.nih.gov/15289823/
[191] https://pubmed.ncbi.nlm.nih.gov/25277820/

"On vaccine's adjuvants and autoimmunity: current evidence and future perspectives" reviewed the current evidence about the mechanism of action of currently employed adjuvants and discussed the mechanism by which such components may trigger autoimmunity.[192]

Another study by Guimaraes et al (2015) **"Vaccines, adjuvants and autoimmunity"** reviewed "evidence of vaccine-induced autoimmunity and adjuvant-induced autoimmunity in both experimental models as well as human patients."[193]

Research from University of British Columbia has found that aluminium adjuvant can alter the expression of genes associated with autoimmunity. Their recent study, "Host DNA released in response to aluminum adjuvant enhances MHC class II-mediated antigen presentation and prolongs CD4 T-cell interactions with dendritic cells"; Amy S McKee et al, 2013), **found that even host DNA is recruited into the aluminium assault, that it rapidly coats injected alum, triggering effects that scientists have barely scratched the surface of understanding**.

Maria Vadalà et al (2017)[194] study encouraged further research into the direct associations between vaccines and autoimmune conditions, and the biological mechanisms behind them.

Autoimmune diseases reported after vaccination.

Autoimmune disease	Vaccine
Systemic lupus erythematosus	Hepatitis B, tetanus, anthrax
Rheumatoid arthritis	Hepatitis B, tetanus, typhoid/parathypoid, MMR
Multiple sclerosis	Hepatitis B
Reactive arthritis	BCG, typhoid, DPT, MMR, Hepatitis B, influenza
Polymiositis/ dermatomyositis	BCG, smallpox, diphtheria, DPT
Guillain-Barré syndrome	Influenza, polio, tetanus
Diabetes mellitus-type 1	HIB
Idiopathic thrombocytopenia	MMR, Hepatitis B
Hashimoto thyroiditis	Hepatitis B

"Vaccines, viruses, and voodoo" study by Borchers et al (2002) reports that MMR & Hepatitis B vaccination can unmask autoimmune diseases in genetically susceptible individuals.[195]

[192] https://pubmed.ncbi.nlm.nih.gov/26031899/
[193] https://pubmed.ncbi.nlm.nih.gov/26275795/
[194] https://www.ncbi.nlm.nih.gov/pubmed/29021840
[195] https://www.ncbi.nlm.nih.gov/pubmed/12530114

It has been known for decades that vaccines cause autoimmunity.

In 1982, compelling evidence from epidemiological, clinical, and animal research emerged to show that Guillain-Barré syndrome and other demyelinating autoimmune neuropathies (i.e., acute disseminated encephalomyelitis and multiple sclerosis) could occur up to 10 months following vaccination (Poser and Behan, 1982).

In 1994, Stratton and co-workers published a report on causal relationship between several vaccines (e.g., diphtheria, tetanus toxoids, oral polio vaccines) and autoimmune disorders (e.g., Guillain-Barré syndrome, type 1 diabetes, and multiple sclerosis).

Although it has been known for decades that vaccination can cause autoimmunity, there has been much reluctance to acknowledge this debilitating disorder and to find out individuals who are susceptible to it.

Necessary scientific studies have not been conducted to fully understand the etiology and the trigger mechanism of autoimmune diseases.[196] Meanwhile, our children get force-injected with a pharmaceutical product with unknown risks while parents are threatened with prosecution should they interfere.

Heart disease

"…researches in the last three decades have shown that atherosclerosis (AT) is not degenerative or inevitable. It is an autoimmune-inflammatory disease associated with infectious and inflammatory factors, characterized by lipoproteins metabolism alteration that leads to immune system activation with the consequent proliferation of smooth-muscle cells, narrowing arteries and atheroma formation. Both humoral and cellular immune mechanisms have been proposed to participate in the onset and/or progression of atheromatous lesions. In recent years, many reports have been focused on the immunologic background of AT, and it is no longer in doubt that shares several autoimmune pathways. It is not surprising, to find an accelerated AT in quite a lot of Autoimmune Diseases."[197]

Atherosclerosis is a multifactorial, chronic and inflammatory disease that had been traditionally viewed as a lipid-based disorder affecting the vessel walls.

[196] https://www.ncbi.nlm.nih.gov/pubmed/10615080/
[197] https://www.ncbi.nlm.nih.gov/books/NBK459468/

Autoimmune diseases occur when immune system goes haywire attacking healthy tissue[198]:

> For most of these diseases, the concept of remission does not even exist."
>
> *Richard Burt*
> *Professor and Chief*
> *Division of Immunotherapy and Autoimmune Diseases, Chicago, USA*

[198] When the immune system goes on the attack - https://www.ncbi.nlm.nih.gov/pubmed/15289823

5.4. Immunodeficiency and vaccine contraindications

Immunodeficiency is a "weakness in a person's immune system or the failure of a person's immune system" in fighting infection. This inability to form a normal immune response can be due to genetic predisposition (primary immunodeficiencies - PIDS) or it can be acquired (secondary immunodeficiencies) due to many factors, such as "age, pregnancy, acquired illness, metabolic disorders, nutritional defects etc). PIDS are immune disorders resulting from defects in genes involved in the immune regulation process and manifest as increased susceptibility to infections, autoimmunity and cancer.

However, little research has attempted to determine how many individuals receive vaccine they were knowingly contraindicated for; either through being overlooked, or because their condition had not yet been discovered.

> For now, from the standpoint of the practicing clinician the immune system remains a black box…. If a patient were to ask me, 'How's my immune system doing today?' I would have no idea how to answer that, and I'm an immunologist. None of us can answer that. Right now we're still doing the same tests I did when I was a medical student in the late 1960s."
>
> *Garry Fathman, M.D., professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection at Stanford University in 2011.*

For the MMR, vaccine manufacturer has stated in the contraindications section, "**Individuals with a family history of congenital or hereditary immunodeficiency, until the immune competence of the potential vaccine recipient is demonstrated.**" Whilst public health officials do not even ask about contraindications in relation to PIDs, few people are even aware of their family's medical history or an existing genetic predisposition in them.

Vaccine manufacturer Merck's manual states "other signs include skin lesions (eg, eczema, warts, abscesses, pyoderma, alopecia), oral or oesophageal thrush, oral ulcers and periodontitis. Frequent use of antibiotics may mask many of the common symptoms and signs."

Diagnosing anyone is difficult for doctors as shown in a study (Mayo Clinic) where 20% of patients with serious conditions were first misdiagnosed. In more than 70% of cases Mayo Clinic doctors were able to improve upon their first diagnosis, which means that doctors agreed upon the diagnosis in only 12% of cases.[199]

In 2014, the Immune Defense Foundation (IDF) Medical Advisory Committee (MAC) published an article in *The Journal of Allergy and Clinical Immunology* called, "Recommendations for live viral and bacterial vaccines in immunodeficient patients and their close contacts," which addressed the uncertainty regarding which vaccines can be given to patients with primary immunodeficiencies (PIDs).[200]

[199] https://www.sokolovelawfirm.com/blog/mayo-clinic-misdiagnosis/
[200] https://www.jacionline.org/article/S0091-6749(14)00112-2/fulltext

> It's (the immune system) staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and do battle. Within each of those cells sits tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it. That's a lot of moving parts. And we don't really know what the vast majority of them do or should be doing. We can't even be sure how to tell when the immune system's not working right, let alone why not, because we don't have good metrics to what a healthy immune system looks like.
>
> *Dr Mark David, PhD, Bert and Marion Avery Professor, Department of Microbiology and Immunology and Director for the Institute for Immunology, Transplantation and Infection, Stanford University.*[201]

Immunodeficiencies are extremely hard to diagnose. According to Mayo Clinic, "*Some forms of primary immunodeficiency (PID) are so mild they can go unnoticed for years.*"[202] According to a 2007 article in the Journal Science "… *some PIDs remain clinically silent for a long period and first manifest in adulthood* …".[203] Vaccine manufacturer, Merck Manual states: "… *some primary immunodeficiency disorders (such as common variable immunodeficiency) are not recognised until adulthood.*"[204]

In a 2011 study in the European Journal of Pediatrics said that, "*It is not easy to identify potential PID patients among the many children seen in everyday practice by paediatricians; PIDs often present with very common and/or aspecific signs and symptoms.*"[205]

Annals of the New York Academy of Sciences published study "Ten warning signs of primary immunodeficiency: a new paradigm is needed for the 21st century" by Dr Arkwright and Dr Gennery states "**The spectrum of clinical presentations of PID is now recognized to include autoinflammation, autoimmunity, and neoplasia as well as serious, recurrent, or unusual infection.**"[206]

According to a 2013 study in the Archive of Disease in Childhood: Education and Practice Edition, "*Children with primary immune deficiencies (PIDs) are difficult to differentiate from normal children, especially those less than 2 years of age.*"[207]

The study also states "***Eczema occurs not only secondary to rare PIDs such as Wiskott-Aldrich syndrome, Hyper IgE syndrome, and IPEX, but as a primary condition and may well constitute the most common PID.***"

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[201] http://sm.stanford.edu/archive/stanmed/2011summer/article7.html
[202] https://www.mayoclinic.org/diseases-conditions/primary-immunodeficiency/symptoms-causes/syc-20376905
[203] http://science.sciencemag.org/content/317/5838/617.full
[204] https://www.merckmanuals.com/home/immune-disorders/immunodeficiency-disorders/overview-of-immunodeficiency-disorders
[205] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3022152/
[206] https://nyaspubs.onlinelibrary.wiley.com/doi/full/10.1111/j.1749-6632.2011.06206.x
[207] https://www.ncbi.nlm.nih.gov/pubmed/23918706

Vitamin D is just one essential nutrient required for a normal immune response. Undernutrition is a common cause of Secondary Immunodeficiency. Vitamin D inadequacy could impair immune system's response and place them in a state of acquired immunodeficiency. However, serum 25-hydroxyvitamine D [25OHD] levels are not screened in children prior to vaccination.[208]

Vaccine manufacturer Merck also states that "**Immunodeficiency should also be suspected in infants** or young children with chronic diarrhea and failure to thrive, especially when the diarrhea is caused by unusual viruses (eg, adenovirus) or fungi (eg, *Cryptosporidium*). **Other signs include skin lesions (eg, eczema,** warts, abscesses, pyoderma, alopecia), oral or esophageal thrush, oral ulcers, and periodontitis."[209]

Even 13 years ago, it was determined that genetic predisposition for adverse events after vaccination exists.[210] Yet, not much effort is evident in determining the genetic basis for Adverse Effect from Immunization (AEFI).

Dr. Gregory Poland's 2015 seminal article on adversomics in the journal *Expert Review of Vaccines* summarized the science that had been done on this topic, which was only six studies of adverse events specific to vaccination. In one of the studies looking at DTP, IPV, and Hib vaccines, 100% of the cases had genetic or structural causes of the adverse events evaluated. Hence their immunodeficient status was not known at the time of vaccination.

While necessary research and clinical trials are conducted, should we legally force and expose our children to a one-size-fits-all population-based vaccination policy that poses a grave risk to genetically susceptible children? Isn't it more prudent that we err on the side of caution?

Evaluating all these factors and assessing a child's immune sufficiency may not be easy, but the total disregard and denial is preposterous as it is a manifestation of disinterest in a child's life, health and well-being. In addition, how are public health officials/medical professionals able to determine the relative risk of a contraindication and state that the benefit outweighs the risk, while the vaccine manufacturers have not given any specificity to the contraindications? Clearly, the contraindication also implies that any factor that can cause a primary or secondary immunodeficiency must be considered before giving the vaccine.

How can a parent be declared negligent (towards the health of one's child) or even criminal when exercising prudence and declining a vaccine that carries such risks for the child?

[208] https://www.nap.edu/read/13050/chapter/6?term=immune#167
[209] https://www.merckmanuals.com/professional/immunology-allergic-disorders/immunodeficiency-disorders/approach-to-the-patient-with-suspected-immunodeficiency
[210] https://academic.oup.com/jid/article/196/2/176/871050#.XbBXfJRxs_U.twitter

5.5. Some critical studies on vaccine safety & efficacy

1. Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case-Control Study[211], *Frontiers in Psychiatry*, January 2017, Douglas L. Leslie, Robert A. Kobre, Brian J. Richmand

2. New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination[212], *International Journal of Vaccines and Vaccination*, January 2017, Dr. Antonietta M. Gatti, Stefano Montanari

3. Autoimmune/Inflammatory Syndrome Induced by Adjuvants and Sjogren's Syndrome[213], *IMAJ* VOL 18, March-April 2016, Serena Colafrancesco, Carlo Perricone, Yehuda Shoenfeld

4. Combining Childhood Vaccines at One Visit Is Not Safe[214], *Journal of American Physicians and Surgeons*, Summer 2016, Neil Z. Miller

5. Behavioral abnormalities in female mice following administration of aluminum adjuvants and the human papillomavirus (HPV) vaccine Gardasil[215], Immunol Res, July 2016, Rotem Inbar, Ronen Weiss, Lucija Tomljenovic, Maria-Teresa Arango, Yael Deri, Christopher A, Shaw, Joab Chapman, Miri Blank, Yehuda Shoenfeld

6. Aluminum in Childhood Vaccines Is Unsafe[216], *Journal of American Physicians and Surgeons*, Winter 2016, Neil Z. Miller

7. Aluminium in brain tissue in familial Alzheimer's disease[217], *Journal of Trace Elements in Medicine and Biology*, November 2016, Ambreen Mirza, Andrew King, Claire Troakes, Christopher Exley

8. Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy[218], *Journal of Developing Drugs*, 2015, Vinu Arumugham

9. Transcriptomic Analyses of Neurotoxic Effects in Mouse Brain After Intermittent Neonatal Administration of Thimerosal[219], *Toxicological Sciences*, March 2014, Xialong Li, Fengqin Qu, Wenjuan Xe, Fengli Wang, Hongmei Lui

10. A Dose-Response Relationship between Organic Mercury Exposure from Thimerosal Containing Vaccines and Neurodevelopmental Disorders[220], *Int. J. Environ. Res. Public Health*, 2014, David A. Geier, Brian S. Hooker, Janet K. Kern, Paul G. King, Lisa K. Sykes and Mark R. Geier

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[211] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244035/
[212] https://medcraveonline.com/IJVV/IJVV-04-00072.pdf
[213] https://pubmed.ncbi.nlm.nih.gov/27228631/
[214] https://www.jpands.org/vol21no2/miller.pdf
[215] https://pubmed.ncbi.nlm.nih.gov/27421722/
[216] https://www.jpands.org/vol21no4/miller.pdf
[217] https://www.sciencedirect.com/science/article/pii/S0946672X16303777
[218] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073
[219] https://pubmed.ncbi.nlm.nih.gov/24675092/
[220] https://pubmed.ncbi.nlm.nih.gov/25198681/

11. A comparison of temporal trends in United States autism prevalence to trends in suspected environmental factors[221], *Environmental Health*, 2014, Cynthia D Nevison

12. A Population-Based Cohort Study of Undervaccination in 8 Managed Care Organizations Across the United States[222], *JAMA Pediatrics*, January 2013, Jason M. Glanz, PhD; Sophia R. Newcomer, MPH; Komal J. Narwaney, MD, PhD; Simon J. Hambidge, MD, PhD; Matthew F. Daley, MD; Nicole M. Wagner, MPH

13. Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013: Unveiling the pathogenic, clinical and diagnostic aspects[223], *Journal of Autoimmunity*, October 2013, Carlo Perricone, Serena Colafrancesco, Roei D. Mazor, Alessandra Soriano, Yehuda Shoenfeld

14. Study on autoimmunity and susceptible individuals/groups to develop vaccine-induced ASIA. Predicting post-vaccination autoimmunity: who might be at risk?[224] Pharmacological Research, February 2015, Alessandro Soriano, Gideon Nesher, Yehuda Shoenfeld

15. Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity[225] *Immunol Res*, 2013, Chris Shaw, L. Tomljenovic

16. Autoimmune/inflammatory syndrome induced by adjuvants (Shoenfeld's syndrome): clinical and immunological spectrum[226], *Expert Rev. Clin. Immunol.* 2013 Olga Vera-Lastra, Gabriela Medina, Maria Del-Pilar Cruz Dominguez, Luis J Jara

17. Human exposure to aluminium[227], *Environmental Science Processes & Impacts*, 2013, Christopher Exley

18. A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States[228], *Translational Neurodegeneration*, David A. Geier, Brian S. Hooker, Janet K. Kern, Paul G. King, Lisa K. Sykes, Mark R. Geier

19. Human Papilloma Virus Vaccine and Primary Ovarian Failure: Another Facet of the Autoimmune/Inflammatory Syndrome Induced by Adjuvants[229], *American Journal of Reproductive Immunology*, 2013, Selena Colafrancesco, Carlo Perricone, Lucija Tomljenovic, Yehuda Shoenfeld

20. Study shows statistically significant correlation between increasing number of vaccines doses and increasing infant mortality rates. Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010[230], *Human and Experimental Toxicology*, 2012, GS Goldman, NZ Miller

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[221] https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-13-73
[222] https://jamanetwork.com/journals/jamapediatrics/fullarticle/1558057
[223] https://www.sciencedirect.com/science/article/abs/pii/S0896841113001364
[224] https://pubmed.ncbi.nlm.nih.gov/25277820/
[225] https://pubmed.ncbi.nlm.nih.gov/23609067/
[226] https://www.sciencedirect.com/science/article/pii/B9780128143070000517
[227] https://pubs.rsc.org/en/content/articlelanding/2013/em/c3em00374d#!divAbstract
[228] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3878266/
[229] https://pubmed.ncbi.nlm.nih.gov/23902317/
[230] https://journals.sagepub.com/doi/full/10.1177/0960327112440111

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[235] https://pubmed.ncbi.nlm.nih.gov/22099159/
[236] https://pubmed.ncbi.nlm.nih.gov/20153253/
[237] https://pubmed.ncbi.nlm.nih.gov/22015705/
[238] https://pubmed.ncbi.nlm.nih.gov/21058170/
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[245] https://www.tandfonline.com/doi/abs/10.1080/02772240701806501
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[254] https://pubmed.ncbi.nlm.nih.gov/10759242/
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[257] https://pubmed.ncbi.nlm.nih.gov/10714532/
[258] http://vaccinesafetycommission.org/pdfs/48-2000-Proceedings-Mercury.pdf
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[260] https://pubmed.ncbi.nlm.nih.gov/7494055/
[261] https://pubmed.ncbi.nlm.nih.gov/17913903/
[262] https://pubmed.ncbi.nlm.nih.gov/21623535/
[263] https://pubmed.ncbi.nlm.nih.gov/21993250/
[264] https://pubmed.ncbi.nlm.nih.gov/26214839/
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6. VACCINE EXCIPIENTS

As noted in Yehuda Shoenfeld's 2015 medical textbook "Vaccines & Autoimmunity", vaccines contain a long list of reactive ingredients, including formaldehyde, monosodium glutamate (MSG), DNA contaminants from aborted foetus cell lines used to grow the viruses, monkey kidney cells and more.

"Typical vaccine formulation contains all the necessary biochemical components to induce autoimmune manifestations," wrote Shoenfeld.

6.1. Aborted human foetal DNA and animal DNA

For some vaccines, viruses are cultured on foreign cells such as aborted human foetal cells and animal cells (monkey kidney, dog kidney, pig, caterpillar, etc).

FDA allows both human foetal cells and adult human tumour cells in vaccines. **Both types have cancer risks**.[267] However, according to the FDA's industry guidelines on vaccine production, the removal of foreign DNA and protein contamination from vaccines employing human and animal cell lines is a "non-binding recommendation."[268]

Measles and Rubella (MR) vaccine, Measles-Mumps-Rubella (MMR) and Hepatitis B vaccines used in the Maldives contain aborted human foetal DNA. Oral polio vaccine is produced on monkey kidney cells.

Initially regulatory agencies argued for a recommended limit of **10 picograms** contaminating cell substrate DNA per dose. In 1986, WHO study group in Geneva relaxed the residual DNA level to **100 picograms of DNA** per dose. A WHO meeting in 1997 changed it to **10 nanograms** of residual cell-substrate of DNA per dose. **Neither limit was based upon empirical study or data to justify guidance.**[269]

However, MMR contains approximately **150 nanograms** (150,000 picogram) cells substrate double-strand DNA and single-strand DNA per dose purposefully fragmented to approximately 215 base pairs in length. Strands of DNA below 500 base pairs are known to insert themselves into living cells.[270]

Furthermore, Dr Theresa Deisher's team discovered that the foetal DNA levels ranged anywhere from **142-2000 nanogram** per dose.[271]

[267] FDA "The Pink Sheet" – refer page 94
[268] http://blog.garynull.com/wp-content/uploads/2014/03/VaccinesDarkInferno2.pdf
[269] https://soundchoice.org/wp-content/uploads/2021/01/Insertional-Mutagenesis.pdf
[270] Dr Stanley Plotkin's deposition - https://www.youtube.com/watch?v=DFTsd042M3o
[271] http://www.ms.academicjournals.org/%E2%80%A6/article1409245960_Deisher%20e%E2%80%A6

"Excerpt from FDA Briefing Document September 19, 2012 (pg 25): Vaccines and Related Biological Products Advisory Committee Meeting

The value of 100 pg of host cell DNA per vaccine dose remained the recommended standard for a decade. However, the issue was revisited in 1997 for several reasons. First, vaccine manufacturers could not always meet this level of residual cell-substrate DNA for some viral vaccines, such as with certain enveloped viruses. The outcome of the 1997 WHO meeting was that the amount of residual cell-substrate DNA allowed per dose in a vaccine produced in a continuous cell line and one administered by the parenteral route was raised from 100 pg to 10 ng."[272]

During the same meeting it was also recommended to fragment the foetal DNA into 200 base pairs or lower to reduce oncogenic and infectious risk. However, science has demonstrated that in contrast to the integration of large DNA gene lengths, integration of short DNA fragments has been shown to be much more efficient. Integration is maximal when fragments are between 100 and 1000 base pairs in length.[273]

"There are a large number of publications about the presence of HERV (human endogenous retrovirus — the only re-activatable endogenous retrovirus) and its association with childhood lymphoma," noted Dr.Deisher. "The MMR II and chickenpox vaccines and indeed all vaccines that were propagated or manufactured using the fetal cell line WI-38 are contaminated with this retrovirus. And both parents and physicians have a right to know this!"

"Recent evidence has shown that HERVK transcripts are elevated in the brains of patients with schizophrenia or bipolar disorder and in the peripheral blood mono-nuclear leucocytes of patients with autism spectrum disorder. This retrovirus has also been associated with several autoimmune diseases. HERVK is in the same family of retroviruses as the MMLV virus used in a gene therapy trial, in which inappropriate gene insertion led to subsequent additional somatic mutations and cancer in 4 of 9 young boys. The HERVK gene fragment present in vaccines more likely than not codes for the integrase or the envelope protein, thus is active and induces gene insertion or neuroinflammation."[274]

In an interview given by Dr Helen Ratajczak (a former scientist for a pharmaceutical firm) to CBS discussing her article in the Journal of Immunotoxicology "Theoretical aspects of autism: causes – A review", Dr Ratajczak explained: "Because it's human DNA and recipients are humans, there's homologous recombination tinker. That DNA is incorporated into the host DNA. Now its changed, altered self and the body kills it. Where is this most expressed? The neurons in the brain. Now you have the body killing the brain cells and it's an ongoing inflammation. It doesn't stop, it continues through the life of the individual."[275]

Such an ongoing inflammatory process leads to chronic illnesses such as autoimmune diseases and allergies.

Before 1979, lymphoma was unheard of in the western world. Human cell substrates were introduced to vaccine manufacture in 1979. Since then, it has risen seven-hundred-fold and like autism, it is a male-biased disease. Boys are hit 2-3 times more than girls. Since 1979, there are epidemic levels of childhood leukaemia, childhood-onset schizophrenia, bipolar disorder, and

[272] https://soundchoice.org/wp-content/uploads/2021/01/Insertional-Mutagenesis.pdf
[273] ibid
[274] Ibid
[275] https://www.cbsnews.com/news/vaccines-and-autism-a-new-scientific-review/

intellectual disability. What happened in 1979? The vaccine manufacturers changed their manufacturing from using animal-based manufacturing to using cells taken from aborted human fetuses.[276]

In 1965, Dr Michael Innis, an Australian pathologist and haematologist, wrote to the Lancet and outlined how rates of leukaemia in children at Brisbane Children's Hospital between 1958 to 1964 showed a **statistically significant association with DTP vaccination**.[277]

Researchers in 2007 proposed a correlation between childhood leukaemia and the introduction of widespread diphtheria vaccination – "the significant peak-age (2-5 years) first appeared after 1940 in Great Britain. Since then, childhood leukaemia has almost unchangeable incidence. In 1940, the introduction of immunization against diphtheria on a national scale was begun in Great Britain."[278]

"It is well understood scientifically that primitive human DNA fragments when injected into a person could 1) activate the immune system and potentially trigger an autoimmune reaction in genetically susceptible people, and 2) insert into the genome of blood forming stem cells causing mutations. As the DNA in the genes govern the function of the cells, such DNA insertions can seriously disrupt the function of the mutated cell."[279]

> The consequence of the use of fetal tissue from elective abortions is desensitization of beneficiaries to the original illicit act of abortion thereby obscuring the value of all human life and potentially leading to scandal."[280]
>
> *Dr Kyle Christopher McKenna*
>
> *Associate Professor of Biology, Franciscan University of Steubenville, USA*

According to WHO, the risk of residual cellular DNA in vaccines are two[281]:

(i) transmission of latent viruses and other agents; and
(ii) incorporation of cellular DNA into host genetic material.

In **September 2012, FDA in their meeting "The Vaccines and Related Biological Products Advisory Committee (VRBPAC)"**[282] said the following on how to convince doctors and the public of vaccine safety while they themselves were not convinced.

[276] https://vaccine-injury.info/studies-show-vaccines-spread-disease
[277] Innis MD, Letter to the Editor: Immunization and Childhood Leukaemia, The Lancet, 13th March 1965, i605.
[278] Ivanovski P, Ivanovski I, Childhood acute lymphoblastic leukemia is triggered by the introduction of immunization against diphtheria, Medical Hypothesis, 2007, 68(2): 324-327.
[279] https://soundchoice.org/vaccines/safety-concerns/
[280] https://pubmed.ncbi.nlm.nih.gov/29970932/
[281] https://www.who.int/vaccine_safety/committee/topics/cellular_dna/jan_2005/en/
[282] https://wayback.archive-it.org/7993/20170113080339/http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/UCM326830.pdf

Dr Philip Krause (Acting Deputy Director of the Office of Vaccines) "… because it's a discussion of how one communicates these issues and how the public will perceive them. But I am not completely sure that we have a complete answer on the fundamental scientific question. So how can you communicate a scientific consensus that the product is safe unless we're sure that you, the experts we are asking to advise us, are convinced that its safe?"

Hiding the information was a solution according to Dr Marion Gruber (Director of the Office of Vaccine Research and Review) who proposed "The minute you describe something in the package insert in terms of potential clinical safety concerns, I think that really precludes using these cell substrates."

Dr Robert Daum "I don't know that our charge is to micromanage the package insert today. I think that's a new discussion, with lots of issues that we haven't really aired completely."

Also for Dr Robert Daum it was a live human experiment by subjecting the public to the risk. "So I am not sure that we can give a certainty there's no risk – don't worry about this … It's sort of a brave new world. We are all doing it together. But I think that you are doing a beautiful job."

For Dr Pamela McInnes (National Institute of Health) it was an experiment in that we have to learn the risks as time goes by "… even though there are challenges (risks to humans) to using the new technologies, they have to be embraced and we have to continue to try to learn from them and struggle through that learning curve."

Urged by the leader of the committee, Dr Robert Daum, who said, "I am a vaccine guy", the final decision was made by the committee to take the risk and develop vaccines using human cancer tumours. "They are wonderful to prevent infectious diseases… I hope that I am speaking for everybody when I say that's the answer to your question. If not, please chime in now."

Unfortunately, their actions are proving to be disastrous for children (particularly US children who get 70 vaccines by the age of 18). An estimation suggested that by the end of 2020, potentially 1,806,590 new cases of cancer will be diagnosed in the US and 606,520 people will die. An estimated 16,850 children between 0-19 years of age will be diagnosed with some sort of cancer, and 1,730 of the diagnosed children won't survive.[283]

Cancers such as lymphoma and leukemia are known to be clonal (arising from a single mutated cell). In many people, only 1 or 2 stem cells make up to 90% of the trillions of blood cells.

We are witnessing increasing number of childhood cancer cases in the Maldives as well. Do we follow Dr Daum and pretend the cause of these chronic diseases elude us?

According to FDA's "The Pink Sheet"[284] dated Nov. 29, 1999, **for two decades the agency had been acutely aware of the inherent risks of using immortalized cell lines** for vaccine development.

The FDA CBER Director Dr. Peter Patriarca, M.D. explained that continuous cell lines are used for their ability to self-propagate, making them an ideal substrate on which to grow viruses, **"the worst thing we are concerned about is … malignancy, because some of these continuous cells have the potential for growing tumors in laboratory animals."**

[283] https://www.cancerfreeeconomy.org/wp-content/uploads/2020/09/CFE_ChildhoodCancerPrevention_Report_F2.pdf
[284] https://childrenshealthdefense.org/defender/fda-cancer-cells-in-vaccines/

Dr Patriarca also states that the technology to manufacture has outpaced the technology to determine how the vaccine works and to predict how it will work. Furthermore, FDA is "still" monitoring the use of continuous cell lines which "by definition have abnormal chromosomes either in number or the genetics of the chromosome".

> The consequence of the use of fetal tissue from elective abortions is desensitization of beneficiaries to the original illicit act of abortion thereby obscuring the value of all human life and potentially leading to scandal."[285]
>
> *Dr Kyle Christopher McKenna*
>
> *Associate Professor of Biology, Franciscan University of Steubenville, USA*

What is conveniently not addressed is the fact that it is quite possible that these babies were fully formed human beings that could have been alive at the time of dissection and may have had the capacity of feeling pain. Immunologist, Dr Peter McCullough's book, The Fetus As Transplant Donor the Scientific, Social, and Ethical Perspectives, as reported by Dr Bernard Nathanson about the methods used in harvesting foetal tissue in Sweden where the WI-38 abortion and others were performed:

"For example, he talks about how in Sweden they have been puncturing the sac of a pregnant woman at let us say 14 to 16 weeks, and then they put a clamp on the head of the baby, pull the head down into the neck of the womb, drill a hole into the baby's head, and then put a suction machine into the brain and such out the brain cells. And this is directly from his book. Healthy human foetuses from 7 to 21 weeks from legal abortions were used. …50% of the time the baby would be born alive, but that didn't stop them. They would just simply open up the abdomen of the baby with no anesthesia, and take out the liver and kidneys, etc."[286]

[285] https://pubmed.ncbi.nlm.nih.gov/29970932/

[286] http://www.vidahumana.org/english/family/harvesting.html : Conference on Love, Life and the Family, Irvine, CA, April 6-10-1994

Vaccine Technology Outpacing Ability To Predict Adverse Events, FDAer Says

Advances in vaccine technology may be outpacing researchers' ability to predict potential vaccine-related adverse events, Center for Biologics Evaluation & Research Viral Products Division Director Peter Patriarca, MD, said at a recent forum on immunization issues.

While several of the new approaches to vaccine development are considered "very exciting" by FDA, Patriarca said, that excitement is tempered by the "important new challenges in terms of vaccine safety" that these advances pose.

"One of the important things is that the technology used to make these vaccines actually exceeds the science and technology to understand how these vaccines work and to predict how they will work," the CBER official said. "So this has the potential for ending up in a situation which I call a 'black box' vaccine."

One example of a "black box" vaccine emerged with the recent withdrawal of Wyeth-Lederle's rotavirus vaccine ***RotaShield*** after the product was linked to several cases of intussusception. Because of uncertain host-range restrictions associated with RotaShield, FDA reviewers could not predict how the vaccine would behave when administered to large numbers of children, Patriarca explained.

Patriarca also noted that problems can arise when a vaccine's antigenic determinants are unknown, where neutralizing epitopes are variable or where the virulence genes are not established.

Other challenges in vaccine development include cases where preclinical studies can prove prohibitively expensive, as with the hepatitis C virus, Patriarca indicated.

"The hepatitis C virus has not been able to be cultured in regular tissue culture like many other viruses, and the only means of studying hepatitis C vaccines involves chimpanzees," he explained.

Patriarca noted that chimpanzees cost approximately $250,000 a year to maintain and study. "So what this means is there is the potential for some important vaccines where there will be pressure to put them into humans before they are adequately studied in animals," he said.

Another issue FDA is monitoring is the use of continuous cell lines, which "by definition have abnormal chromosomes either in number or the genetics of the chromosome," Patriarca said.

While continuous cell lines are being used "for many good reasons" including their ability to be propagated and grow viruses to a high titer, Patriarca continued, "the worst thing we're concerned about is... malignancy, because some of these continuous cells even have the potential for growing tumors in laboratory animals."

Emerging challenges in new vaccine technologies underscore the need for a strong science base at FDA, Patriarca said.

The new challenges in the vaccine industry are "especially true" when dealing with live attenuated, vector-based or naked DNA vaccines, Patriarca said.

"There is the potential for these vaccines, many of which have been poorly characterized, to recombine with viruses that may be present within the vaccine," he added. "Some of these viruses are latent and persist for a while, so it's very important to assure that these things are safe before they are given to people."

These new challenges illustrate the need for a strong science base at FDA, Patriarca contended. If reviewers are allowed to conduct research, they will stay up to date on new advances in the field and provide a level of adaptability to emerging concerns, he said.

In addition to building stronger review teams, allowing FDA staff to participate in science will keep those reviewers happier and more satisfied with their jobs, the CBER division director suggested.

"I can tell you from personal experience that the worst job in the world is to be a reviewer," Patriarca said. "You're invisible, you get no credit, you're basically the bad guy. What this allows us to do is put some fun in these people's jobs and allow them to do science at the same time that they do review."

With reviewers actively conducting long-term research projects as well as addressing short-term safety problems, situations like the rotavirus intestinal blockage could be cleared up from within FDA, Patriarca suggested.

FDA: Investigating Viruses in Cells Used to Make Vaccines; and Evaluating the Potential Threat Posed by Transmission of Viruses to Humans[287]

Principal Investigator: Arifa S. Khan, PhD

Statements from the above study published in **August 2020**.

"In some cases the cell lines that are used might be tumorigenic, that is, they form tumors when injected into rodents. **Some of these tumor-forming cell lines may contain cancer-causing viruses** that are not actively reproducing. Such viruses are hard to detect using standard methods. **These latent, or "quiet," viruses pose a potential threat, since they might become active under vaccine manufacturing conditions."**

"We are also evaluating the risk of retrovirus infections in humans. (Retroviruses are RNA viruses that use an enzyme called reverse transcriptase (RT) to replicate; RNA is the de-coded form of DNA). Simian foamy virus (SFV) can be transmitted from nonhuman primates (e.g., monkeys) to humans. Although there is no evidence that SFV causes disease, the virus can remain in a lifelong quiet state in the DNA after infection. Moreover, two individuals in Africa were recently found to be infected with both HIV-1 and SFV. Therefore, it is important to determine if SFV poses a threat to human health and to understand how the virus spreads in order to create strategies for controlling human infections."

[Note: Simian foamy virus SFV is a carcinogen, cancer causing.]

"The use of tumorigenic and tumor-derived cells is a major safety concern due to the potential presence of viruses such as retroviruses and oncogenic DNA viruses that could be associated with tumorigenicity".

Evident from Dr Khan's study is that continual growth cells used in vaccine manufacture are contaminated with hidden viral fragments which are hard to detect and which has the potential to cause cancer. Thus, even without experiencing an immediate adverse effect, the vaccinated person is at risk of developing cancer many, many years later.

It is of much concern and disbelief that the FDA has only now begun to investigate whether a "safer" method of growing viruses for vaccines should be considered, after decades of using human cancer-tumour cells ("immortal" cells) for vaccine manufacture and injecting it into millions of children and adults. The FDA's or any other public health agency's "concern" precludes conveying information about this significant risk to the common people, let alone consider a temporary discontinuation. Vaccination continues while parents are not informed of this potential risk of developing cancer and while childhood cancers increase exponentially.

This FDA study by Dr Khan was preceded by Corvelva's finding of 560 cancer genes in the human gene sequencing of the MRC-5 human diploid cells used in MMR vaccine.

Shouldn't FDA & WHO investigated this earlier? Why are we still continuing to inject millions of children in spite of this finding? Does not this alone negate the "safe & effective" claim made by the medical establishment?

[287] https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-used-make-vaccines-and-evaluating-potential-threat-posed-transmission

6.2. Monosodium Glutamate

Vaccines (eg MMR) also contain monosodium glutamate (MSG) which causes immune response[288] and other injuries.

"**Neonatal excitotoxicity modifies blood-brain barrier properties increasing its susceptibility to hypertonic shock in adulthood**", by Blanca Fabiola Fajardo-Fregoso et al, 2020. Finding: Early responses to a neurological excitotoxic process include blood-brain barrier (BBB) impairment and overexpression of vascular endothelial growth factor (VEGF), but the long-term effects of excitotoxicity on the BBB properties remain unknown. To assess this, we induced an excitotoxic process on male rats by neonatal monosodium glutamate (MSG) treatment.

"**Blood-brain barrier dysfunction in disorders of the developing brain**", by Raffaella Moretti et al, 2015. Summary: Disorders of the developing brain represent a major health problem. The neurological manifestations of brain lesions can range from severe clinical deficits to more subtle neurological signs or behavioural problems and learning disabilities, which often become evident many years after the initial damage. These long-term sequelae are due at least in part to central nervous system immaturity at the time of the insult. The blood-brain barrier (BBB) protects the brain and maintains homeostasis. BBB alterations are observed during both acute and chronic brain insults. After an insult, excitatory amino acid neurotransmitters are released, causing reactive oxygen species (ROS)-dependent changes in BBB permeability that allow immune cells to enter and stimulate an inflammatory response.

"**Excitotoxicity triggered by neonatal monosodium glutamate treatment and blood-brain barrier function**", Graciela Gudinõ-Cabrera et al, 2014 reports: It is likely that monosodium glutamate (MSG) is the excitotoxin that has been most commonly employed to characterize the process of excitotoxicity and to improve understanding of the ways that this process is related to several pathological conditions of the central nervous system. Excitotoxicity triggered by neonatal MSG treatment produces a significant pathophysiological impact in adulthood, which could be due to modifications in the blood-brain barrier (BBB) permeability and vice versa. https://pubmed.ncbi.nlm.nih.gov/25431840/

"**Monosodium glutamate neonatal treatment as a seizure and excitotoxic model**", Silvia Josefina López-Pérez et al, 2010. Monosodium glutamate (MSG) subcutaneously administrated to neonatal rats induces several neurochemical alterations in the brain, which have been associated with an excitotoxic process triggered by an over activation of glutamate receptors. https://pubmed.ncbi.nlm.nih.gov/20043888/

> On a daily basis, aborted babies are harvested and exploited for bio-medical research and the practise continues because we close our eyes to the ethics of vaccines, and when we do that, to people who don't share our moral outlook there is no difference between an abortion done in 1970 and an abortion done yesterday."
>
> *Dr. Theresa Deisher, President & Founder of Sound Choice Pharmaceutical Institute*

[288] Dr. Stanley Plotkin's deposition

6.3. Formaldehyde

Formaldehyde is toxic and is known to cause cancer. The International Agency for Research on Cancer (IARC) classifies formaldehyde as a human carcinogen [International Agency for Research on Cancer (June 2004). IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 88 (2006): Formaldehyde, 2-Butoxyethanol and 1-tert-Butoxypropan-2-ol. Retrieved June 10, 2011, http://monographs.iarc.fr/ENG/Monographs/vol88/index.php

In 2011, the National Toxicology Program, an interagency program of the Department of Health and Human Services, named formaldehyde as a known human carcinogen in its 12th Report on Carcinogens [National Toxicology Program (June 2011). Report on Carcinogens, Twelfth Edition. Department of Health and Human Services, Public Health Service, National Toxicology Program. Retrieved June 10, 2011, http://ntp.niehs.nih.gov/go/roc12

Inhaled, ingested or applied compound of formaldehyde has been studied and recognized as a carcinogen and health hazard. "Ingestion of as little as 30 ml of a 37% solution of formaldehyde (formalin) can result in death" and "Diverse damage to other organ systems including the liver, kidney, spleen, pancreas, brain, and central nervous systems can occur from the acute response to ingestion of formaldehyde."[289]

However, formaldehyde injected with other chemicals in vaccines has not been studied. Yet, public "health" agencies claim it as safe since it's a natural by-product of decomposition and as such is found in most living organisms, from plants, animals to humans.[290]

In the limited quantities involved in natural exposure, the chemical is broken down and is exhaled as CO2 or excreted in urine. It is this natural ability to neutralize that is taken as justification to include formaldehyde in vaccine. However, no studies have been done to determine its safety to inject into day old babies and infants in repeated vaccine doses and challenge the immature immune system.

"Although formaldehyde is considered safe for use in vaccines by the Food and Drug Administration, excessive exposure to this chemical may lead to cancer or other health-related issues."[291]

US FDA also states that multiple exposure to formaldehyde may lead to undesirable immune responses in recipients of the final products (vaccine).[292]

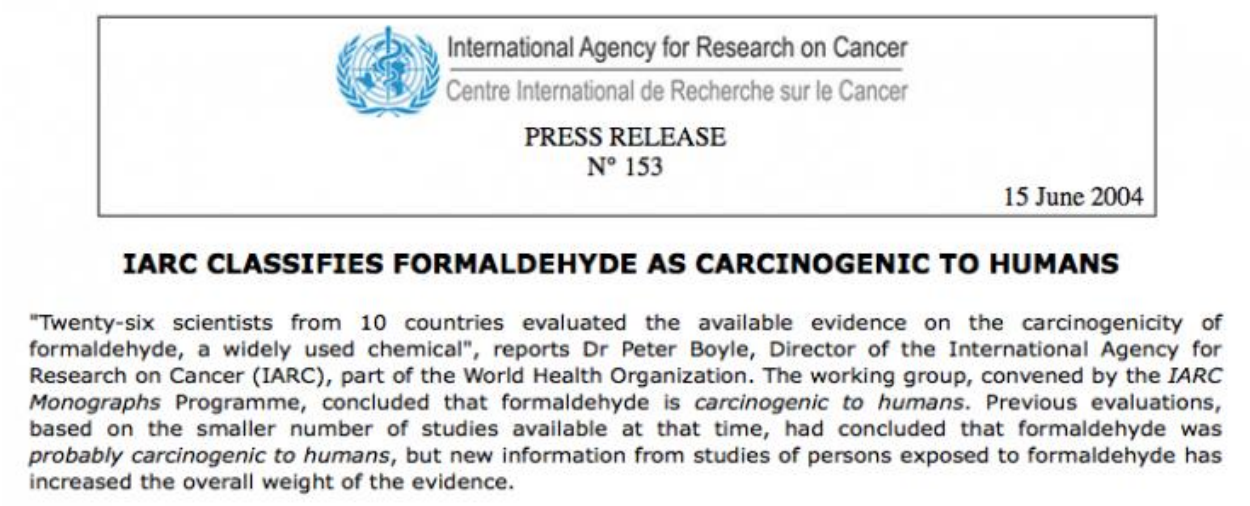
Reproductive toxicity studies were conducted on three bird species. During the avian flu epidemic in 2008–2009, a study was conducted to test the effectiveness of formalin-based avian influenza inactivated vaccines. It was found that vaccine preparations containing 0.81% formalin injected intramuscularly significantly reduced egg production in hens, lowered estradiol and hemaglutination inhibition antibody levels and caused a degenerative change in ovarian follicles and the uterus.

[289] https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10078
[290] http://www.cancer.gov/about-cancer/causes-prevention/risk/substances/formaldehyde/formaldehyde-fact-sheet
[291] https://pubmed.ncbi.nlm.nih.gov/24088580/
[292] https://www.fda.gov/media/116570/download

"Unmetabolized formaldehyde reacts non-enzymatically with sulfhydryl groups or urea, bind to tetrahydrofolate and enters the single-carbon intermediary metabolic pool, reacts with macromolecules to form DNA and protein adducts, or forms crosslinks primarily between protein and single-stranded DNA." (Bolt 1987)

A Finnish cohort study investigated the effect of formaldehyde on female fertility as measured by fecundability density ratio (FDR)[293]. An FDR significantly below 1.0 means delayed conception, an indicator of reduced fertility. Exposure to high levels of formaldehyde (mean = 0.33 ppm) was significantly associated with delayed conception; the adjusted FDR was 0.64 with 95% confidence interval (CI) 0.43–0.92 for the high exposed group compared to the control unexposed group. This cohort study also found an **increased risk of endometriosis**, with an odds ratio (OR) of 4.5 and 95% CI of 1.0–20.0, further suggesting that formaldehyde exposure may have an adverse effect on female reproductive affects.

Reproductive and developmental toxicity of formaldehyde: A systematic review. Formaldehyde, the recently classified carcinogen and ubiquitous environmental contaminant, has long been suspected of causing adverse reproductive and development effect. Potential mechanisms underlying formaldehyde-induced reproductive and developmental toxicities, including chromosome and DNA damage (genotoxicity), oxidative stress, altered level and/or function of enzymes, hormones and proteins, apoptosis, toxicogenomic and epigenomic effects (such as DNA methylation) were identified.[294]



International Agency for Research on Cancer
Centre International de Recherche sur le Cancer

PRESS RELEASE
N° 153

15 June 2004

IARC CLASSIFIES FORMALDEHYDE AS CARCINOGENIC TO HUMANS

"Twenty-six scientists from 10 countries evaluated the available evidence on the carcinogenicity of formaldehyde, a widely used chemical", reports Dr Peter Boyle, Director of the International Agency for Research on Cancer (IARC), part of the World Health Organization. The working group, convened by the *IARC Monographs* Programme, concluded that formaldehyde is *carcinogenic to humans*. Previous evaluations, based on the smaller number of studies available at that time, had concluded that formaldehyde was *probably carcinogenic to humans*, but new information from studies of persons exposed to formaldehyde has increased the overall weight of the evidence.

> One vaccine decreases cell-mediated immunity by 50%, two vaccines by 70%... all triple vaccines (MMR, DTaP) markedly impair cell-mediated immunity, which predisposes to recurrent viral infections, especially otitis media, as well as yeast and fungi infections."
>
> *Dr. Herman Hugh Fudenberg, M.D., Ph.D. (Immunology)*

[293] https://pubmed.ncbi.nlm.nih.gov/10361608/
[294] https://www.sciencedirect.com/science/article/abs/pii/S1383574211000548

6.4. Polysorbate 80

Polysorbate 80 (aka Tween 80) is used as an emulsifier in vaccines. It is also used to enhance the delivery of chemicals/drugs from the blood into the brain across the blood brain barrier (BBB).[295]

Since polysorbate 80 is included in some vaccines, we do not know which vaccine material gets across the BBB and into the brain. Nor what effect it has on the brain, once it gets there. No studies have been done to evaluate it.

It is known to cause cancer in animals. Also linked to infertility and allows other unfiltered chemicals to enter the brain.

According to the National Toxicology Program of the Department of Health and Human Services, the toxicity effects of polysorbate 80 (on laboratory animals) include[296]:

(a) Acute exposure: commercial IV amiodarone and polysorbate 80 caused a 60% drop in mean blood pressure and left ventricular maximum dP/dT for at least 30 minutes in dogs …polysorbate 80 is not an inert substance, but a potent cardiac depressant.

(b) Acute exposure: Tween 80 (2.4 ug/mL perfusion fluid) showed a coronary vasodilatory effect and increased the cardiac output in isolated guinea pig and rabbit hearts.

(c) Chronic exposure or carcinogenicity: whereas only 10% of the rats given IV injections of 106 Walker tumour cells developed metastatic tumours, animals given, with the 1 mL cell suspension, Tween 80 (1%) showed 40% incidence of metastasis.

(d) Chronic exposure or carcinogenicity: there was equivocal evidence of carcinogenicity.

Polysorbate 80 given intravenously caused a slight blood pressure decrease in dogs, cats, rabbits, and monkeys; decreased blood pressure was not seen in these species after oral administration (Krantz et al, 1951). Perfusion of polysorbate 80 into isolated rabbit or guinea pig hearts led to dilation of coronary vessels and increased cardiac output (Correia da Silva and Paiva, 1970).

Polysorbate 80 (10 mg/kg) injected intravenously in human patients produced an increase in cardiac output and a decrease in peripheral vascular resistance (CWA, 1984). Polysorbates have been reported to be histamine releasers (Yamasaki et al, 1969). Intravenous injection of 10 mg/kg polysorbate 80 into dogs produced a marked increase in plasma histamine levels and a severe hypotension that could be prevented by treatment with antihistamines (Masini et al, 1985); in the same study, it was found that polysorbate 80 released histamine from rat peritoneal mast cells in vitro. There was some reduction in growth rate, postnatal survival of pups, lactation and breeding efficiency, and longevity in rats fed the diet containing 20% polysorbate 80.[297]

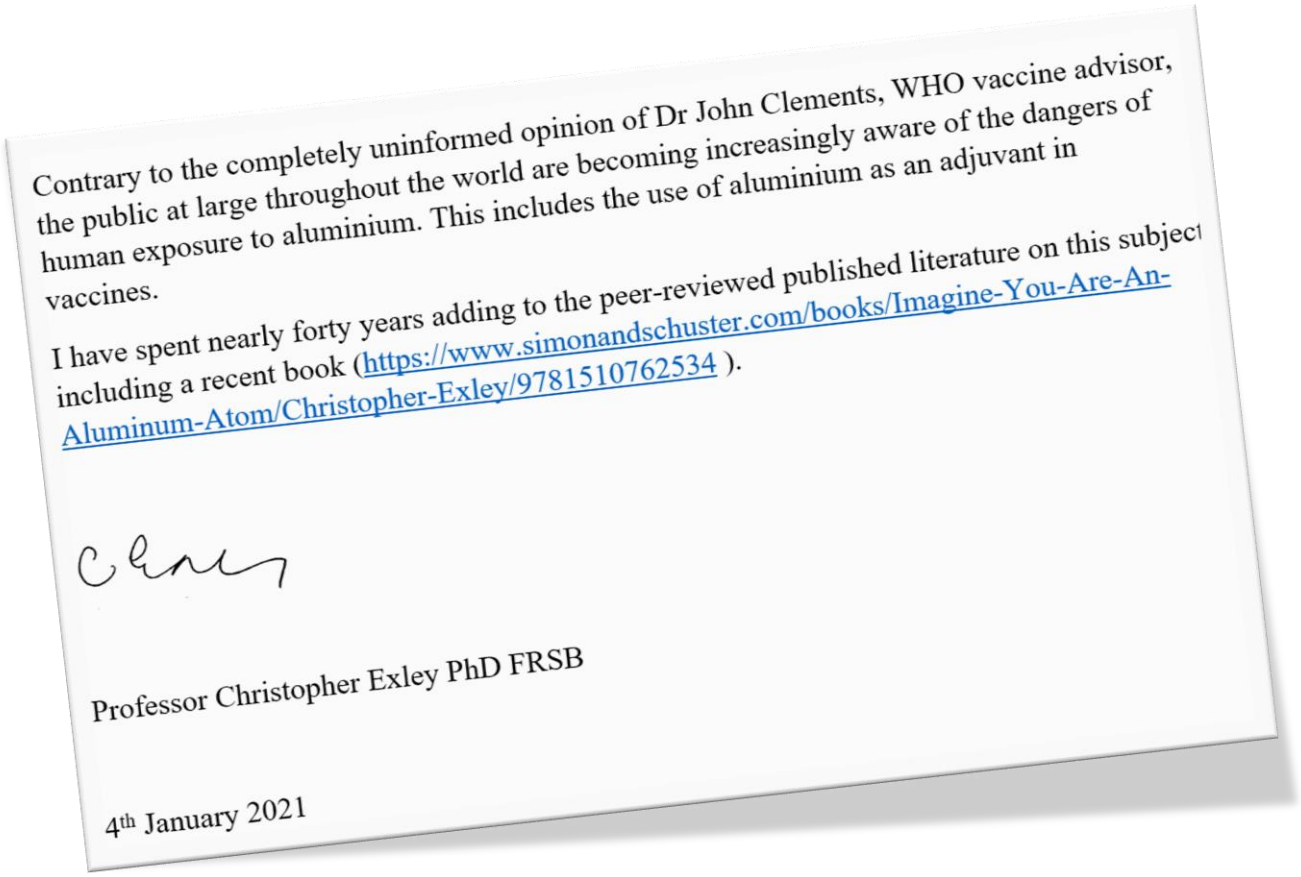
Polysorbate 80 also negatively affects fertility; accelerates maturing, changes vagina and womb lining, hormonal changes, ovary deformities and degenerative follicles (study conducted on rats).[298]

[295] https://pubmed.ncbi.nlm.nih.gov/10886334/
[296] http://tools.niehs.nih.gov/cebs3/ntpviews/index.cfm?action=testarticle.toxicity&cas_number=9005-65-6
[297] http://ntp.niehs.nih.gov/ntp/htdocs/lt_rpts/tr415.pdf
[298] https://pubmed.ncbi.nlm.nih.gov/8473002/

7. ALUMINIUM

Aluminium has never experienced biological testing to consider its safety for being injected into babies.

Professor Exley "Mr Aluminium" gave the following statement to Health Defense Maldives.



Contrary to the completely uninformed opinion of Dr John Clements, WHO vaccine advisor, the public at large throughout the world are becoming increasingly aware of the dangers of human exposure to aluminium. This includes the use of aluminium as an adjuvant in vaccines.

I have spent nearly forty years adding to the peer-reviewed published literature on this subject including a recent book (https://www.simonandschuster.com/books/Imagine-You-Are-An-Aluminum-Atom/Christopher-Exley/9781510762534).

Professor Christopher Exley PhD FRSB

4th January 2021

Professor Christopher Exley, Professor in Bioinorganic Chemistry, at the Aluminium and Silicon Research Group, is one of the world's leading experts on aluminium toxicology. He gave the above statement with reference to the following remarks made by Dr John Clements (WHO). Professor Christopher Exley's medical blog is www.hippocraticpost.com/?s=Exley

> ***"Aluminum is not perceived, I believe, by the public as a dangerous metal. Therefore, we are in a much more comfortable wicket in terms of defending its presence in vaccines."***
> ***—Dr. John Clements, WHO vaccine advisor***

[299]

[299] Clements, J. "Workshop on aluminium in vaccines." Presented by National Vaccine Programme Office, Department of Health and Human Services. San Juan, Puerto Rico (11-12 May 2000)

Aluminum is a known neurotoxin, genotoxin, immunotoxin, pro-oxidant and pro-inflammatory element that inhibits more than 200 biologically important functions and causes various adverse effects (reviewed in ATSDR 2008, Nordic Expert Group 2011, Willhite et al 2012). Reproductive toxicity is a major challenge associated with aluminum exposure.[300] There is no "aluminum homeostasis".[301]

In June 2000, Dr Tom Verstraeten, CDC epidemiologist, made the following comment to a group of "concerned" scientists at the Simpsonwood Retreat[302] which was attended by over 50 experts from CDC, FDA, WHO & vaccine manufacturing companies:

> The results (for aluminium) were almost identical to ethylmercury because the amount of aluminium (in vaccines) goes along almost exactly with the mercury."

Studies in both cell culture models and *in vivo* have clearly established the potential for aluminum to cause significant neurotoxicity.[303] In spite of its long usage, the adjuvanticity mechanism of aluminium salts remains basically unknown despite most active investigation in recent years.[304] [305] [306] [307]

US FDA reports "Aluminum may reach toxic levels with prolonged parenteral administration [this means injected into the body] if kidney function is impaired … Research indicates that patients with impaired kidney function, including premature neonates [babies], who received parenteral levels of aluminum at greater than **4 to 5 micrograms per kilogram** of body weight per day, accumulate aluminum at levels associated with central nervous system and bone toxicity. **Tissue loading may occur at even lower rates of administration."**[308]

The above limit was set following the study done by Bishop et al 1997, "Aluminium Neurotoxicity in Preterm Infants Receiving Intravenous-Feeding Solutions."[309] The study states "Aluminium accumulates in the body when protective gastrointestinal mechanisms are bypassed, renal function is impaired, and exposure is high." The data showed that premature babies injected with aluminium build up toxic levels in the blood, bones and brain and that aluminium toxicity leads to **neurological damage & mental handicaps**. The authors also reported the case of a preterm infant who died unexpectedly and whose brain aluminium concentration was similar to that of adults who died with aluminium intoxication.[310] The baby had died aged 3 months and the average aluminium intake was 14 mcg/day and a total intake of aluminium from intravenous feeding solution was 645 mcg. [Refer to autism section for studies on aluminium in brains of autistic children].

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[300] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5582144/
[301] https://linkinghub.elsevier.com/retrieve/pii/S0968000409001674
[302] Simpsonwood Meeting transcript (received via (FOIA) on 28 June 2006).
[303] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782734/#R384
[304] https://www.sciencedirect.com/science/article/abs/pii/S0306987708004933
[305] https://www.cell.com/trends/immunology/fulltext/S1471-4906(09)00248-8
[306] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782734
[307] https://pubmed.ncbi.nlm.nih.gov/21568886/
[308] https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.323
[309] Aluminum Neurotoxicity in Preterm Infants Receiving Intravenous-Feeding Solutions | NEJM
[310] 1316.full.pdf (bmj.com)

A baby upon birth (approx. 3 kg) may be given (at the risk of tissue loading) a maximum of 15 mcg of aluminium but, through vaccines, a Maldivian baby receives 400 mcg aluminium which is **27 times higher** than the limit. At the age of 2 months, the baby receives 1250 mcg aluminium which is around **79 times higher** than the limit.[311]

If using the ATSDR oral aluminium limit to consider the amount of aluminium that can be safely injected, the amount that can be injected safely is even much lower than the above shown figures. ATSDR's oral limit is 1000 mcg per kg/day body weight and is based on 0.1% absorption into the bloodstream. Since the injected aluminium bypasses the digestive tract and 100% may be absorbed into the bloodstream, the ATSDR-derived bloodstream aluminium limit is 1 mcg (0.1% of 1000 mcg) per kg/day body weight. **As such, an infant at birth can be given a maximum of 2.5-3 mcg** (yet, infants receive 400 mcg **which is 133 times greater**).

Parenteral aluminum bypasses the protective mechanism of the GI tract and aluminum circulates and is deposited in human tissues.[312]

In 2006, the Provisional Tolerable Weekly Intake (PTWI) [for oral intake] was lowered to 1.0 mg/kg body weight citing that aluminium compounds may exert effects on reproductive and developing nervous systems at lower doses than were used in setting the previous guideline (FAO/WHO, 2006).

Infants are more vulnerable to aluminium toxicity than adults for several reasons. Infants' blood-brain barrier is susceptible to disruption from drugs and toxins. The kidneys are functionally immature and unable to filter aluminium. It has to be noted that even in adults with normal renal function, only 30-60% parenteral nutrition aluminium gets excreted in the urine, resulting in tissue accumulation of aluminium.[313]

Not only do infants get assaulted with aluminium in the hepatitis B birth dose, but also in the "Vitamin K" injection given upon birth. Vitamin K (actually a concoction of various chemicals that thickens the blood) is given to babies right after birth. It is also an iatrogenic injury that is NOT informed to parents. **[Vitamin K carries an FDA Black Box warning stating that it could be fatal. Childhood leukaemia and jaundice are associated with this "vaccine".]**

In a recent evaluation, "Systemic review of potential health risks posed by pharmaceutical, occupational and consumer exposures of metallic and nanoscale aluminium, aluminium oxides, aluminium hydroxide and its soluble salts" reported "**Aluminium exposures during neonatal and paediatric parenteral nutrition (PN) can impair bone mineralization and delay neurological development.**" "The scientific literature on the adverse health effects of Aluminium is extensive." The study finds that the justification for routine addition of aluminium to vaccines needs to be reviewed now.[314]

In October 2020, another study[315] showed more direct evidence of aluminium involvement in **Familial Alzheimer's Disease, epilepsy and Parkinson's disease**.[316] Familial Alzheimer's Disease is early onset Alzheimer's Disease typically occurring before the age of 65.

[311] Maldives National Vaccination Schedule
[312] www.fda.gov/ohrms/dockets/98fr/oc0367.pdf
[313] https://pubmed.ncbi.nlm.nih.gov/3292633/
[314] https://pubmed.ncbi.nlm.nih.gov/25233067/
[315] https://pubmed.ncbi.nlm.nih.gov/32925074/
[316] https://pubmed.ncbi.nlm.nih.gov/32925074/ (Mold, 2020)

A more recent study "**Aluminium is intricately associated with the neuropathology of Familial Alzheimer's Disease**",[317] published in April 2021, brought new evidence that aluminium contributes to the pathogenesis of Alzheimer's disease (AD). "Tau and amyloid-beta are known to act in synergy to produce neurotoxicity in AD and our data provide new evidence for a role of aluminum in this process." said Dr Mold.

"AD typically begins with subtle memory failure that becomes more severe and is eventually incapacitating. Other common findings include confusion, poor judgment, language disturbance, agitation, withdrawal, hallucinations, seizures, Parkinsonian features, increased muscle tone, myoclonus, incontinence, and mutism." [318]

"**Exposure to aluminium in laboratory animals results in the development of neurofibrillary tangles and degeneration of cerebral neurons.** Although part of this effect represents direct toxicity of aluminium on neuronal pathways, aluminium ions also possess a **high affinity for cerebral endothelia**. Following exposure, **aluminium-facilitated passage of endogenous, behaviourally active peptides across the BBB** was noted."[319]

Movsas et al 2013 study "Effect of Routine Vaccination on Aluminium and Essential Element Levels in Preterm Infants".[320] The authors had given 1200 mcg aluminium to 2 month old pre-term infants (1250 mcg aluminium is given to 2, 4 and 6 month infants in the Maldives) and their finding was "**no significant change in levels of urinary or serum aluminium were seen after vaccination", proving that it was still in the body and not excreted**.

Aluminium in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. In our opinion, the possibility that vaccine benefits may have been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community.[321]

A number of aluminium loaded macrophages accumulate locally (at the injection site), resulting in the characteristic granuloma formation, while others migrate to the regional lymph nodes (IPCS [International Programme on Chemical Safety] Aluminum Environmental Health Criteria 194. Geneva: World Health Organization; 1997.)

D'Mello et al, 2009, study demonstrated that inflammation outside the CNS triggers microglia (immune cells of the brain) to become activated which attracts macrophages from around the body to travel into the brain.

The growing bone is a particular target for aluminum in infants and young children (Koo & Kaplan, 1988).[322]

[317] https://content.iospress.com/articles/journal-of-alzheimers-disease-reports/adr210011 (Mold, April 2021)
[318] https://pubmed.ncbi.nlm.nih.gov/20301414/
[319] https://pubmed.ncbi.nlm.nih.gov/11778669/ (Zheng, 2001)
[320] https://pubmed.ncbi.nlm.nih.gov/23856981/
[321] https://pubmed.ncbi.nlm.nih.gov/21568886/
[322] https://www.ncbi.nlm.nih.gov/pubmed/3292633

Flarend et al (1997), a preliminary study used by FDA in determining aluminum dosage in vaccines, states that following intramuscular administration of aluminum hydroxide or aluminum phosphate vaccine adjuvants in rabbits, increased levels of aluminum were found in the kidney, spleen, liver, heart, lymph nodes, and brain (in decreasing order of aluminum concentration).

In considering the dose limit of aluminium content in vaccines, FDA has considered 2 theoretical studies; namely, Keith et al (2002) & Mitkus et al (2011) studies based on a single experimental study, Flarend et al, 1997, which was conducted for 28 days. However, these 2 theoretical studies have calculated the No Observed Adverse Effect Level (NOAEL) based on studies of adult mice, using poorly absorbed, ingested aluminium (not the highly-absorbed injected aluminium).

The "**Critical analysis of reference studies on toxicokinetics of aluminium-based adjuvants**" Jean-Daniel Masson et al (2018)[323] reviewed the 3 toxicokinetic reference studies commonly used to suggest aluminium-based adjuvant as innocuous. The studies are Flarend et al (1997), Keith et al (2002) and Mitkus et al (2011).

> Keith et al used a high MRL, an erroneous model of 100% immediate absorption of vaccine aluminium and did not consider renal and blood-brain barrier immaturity.
>
> Mitkus et al only considered solubized aluminium, with erroneous calculations of absorption duration. Systemic aluminium particle diffusion and neuro-inflammatory potential were omitted.
>
> The MRL used by both these studies was both inappropriate (oral vs injected) and still too high regarding recent animal studies. Both paucity and serious weaknesses of reference studies strongly suggest that novel experimental studies of aluminium adjuvants toxicokinetics should be performed on the long-term, including both neonatal and adult exposures, to ensure their safety and restore population confidence in aluminium containing vaccines.

The study "**Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminium**" highlights some of these concerns regarding aluminium levels in vaccines and finds that Minimum Risk Level (MRL) should have been determined to be no more than 10.31-16.01 mcg/kg per day at birth (from all sources).[324]

The Global Advisory Committee on Vaccine Safety [GACVS] (in June 2012) reviewed the US FDA risk assessment model of Mitkus et al study and determined that the body burden of aluminium never exceeds safety thresholds. Whilst at the same time admitting that it was based on "orally ingested aluminium". Finally, the study concluded that this "theoretical study" provided a comprehensive risk assessment and supports safety of aluminium in vaccines![325]

Despite its long use as an adjuvant in vaccines, "**The mechanisms by which aluminium adjuvants selectively enhance the immune response are poorly understood**." As stated in the "Mechanisms of stimulation of the immune response by aluminium adjuvants", study published in journal *Vaccine* 2002.[326]

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[323] https://pubmed.ncbi.nlm.nih.gov/29307441/
[324] https://www.sciencedirect.com/science/article/pii/S0946672X17300950
[325] https://www.who.int/vaccine_safety/committee/topics/thiomersal/wer8730.pdf?ua=1
[326] https://pubmed.ncbi.nlm.nih.gov/12184362/

"The amount of aluminium in vaccine is determined based on enhanced antigenicity and effectiveness of the vaccine but does not include safety considerations. Furthermore, current amounts of aluminium are not adjusted to body weight of infants." [327] [328] [329]

"**An aluminium adjuvant in a vaccine is an acute exposure to aluminium**", Commentary of Christopher Exley (2020)[330] published in the Journal of Trace Elements in Medicine and Biology, states that "aluminium injected into muscle as an adjuvant in a vaccine potentially has uninterrupted access to the infant brain." And that a single dose of aluminium containing vaccine represents a severe acute exposure to systemically available aluminium.

Professor Exley has studied several thousand individual brain tissue samples and reported that the **aluminum content of brain tissue in Alzheimer's disease, autism spectrum disorder and multiple sclerosis is significantly elevated**. It is unequivocal that the aluminum content of brain tissue in neurodegenerative and neurodevelopmental disease is significantly higher than is found in brain tissue in individuals without neurological impairment or associated neuropathology. Several recent studies have provided data on aluminum content in brain tissue in Alzheimer's disease, multiple sclerosis and autism.[331]

In 2017, Metabolic Brain Disease Journal published Morris et al study **"The Putative role of environmental aluminium in the development of chronic neuropathology in adults and children. How strong is the evidence and what could be the mechanisms involved?"[332].** The authors of this study recommended stopping the use of aluminium in aluminium-containing vaccines, due to chronic neuropathy in genetically susceptible children. They stated "The mechanisms whereby environmental aluminium could contribute to the development of the highly specific pattern of neuropathology seen in Alzheimers"

"Accordingly, it is recommended that the use of aluminium salts in immunisations should be discontinued and that adults should take steps to minimise their exposure to environmental aluminium. … Therefore, a strong case can be made for avoiding unnecessary exposure to environmental sources of aluminium salts, especially on the part of children, pregnant mothers and women of child-bearing age who may become pregnant."

Another injury, **macrophagic myofascitis** was identified by Dr RK Gherardi in 1998. Dr Gherardi has collected over 200 proven cases. One third of these developed an autoimmune disease such as multiple sclerosis. His finding also showed that, even in the absence of obvious autoimmune disease, there is evidence of chronic immune stimulation caused by injected aluminium.

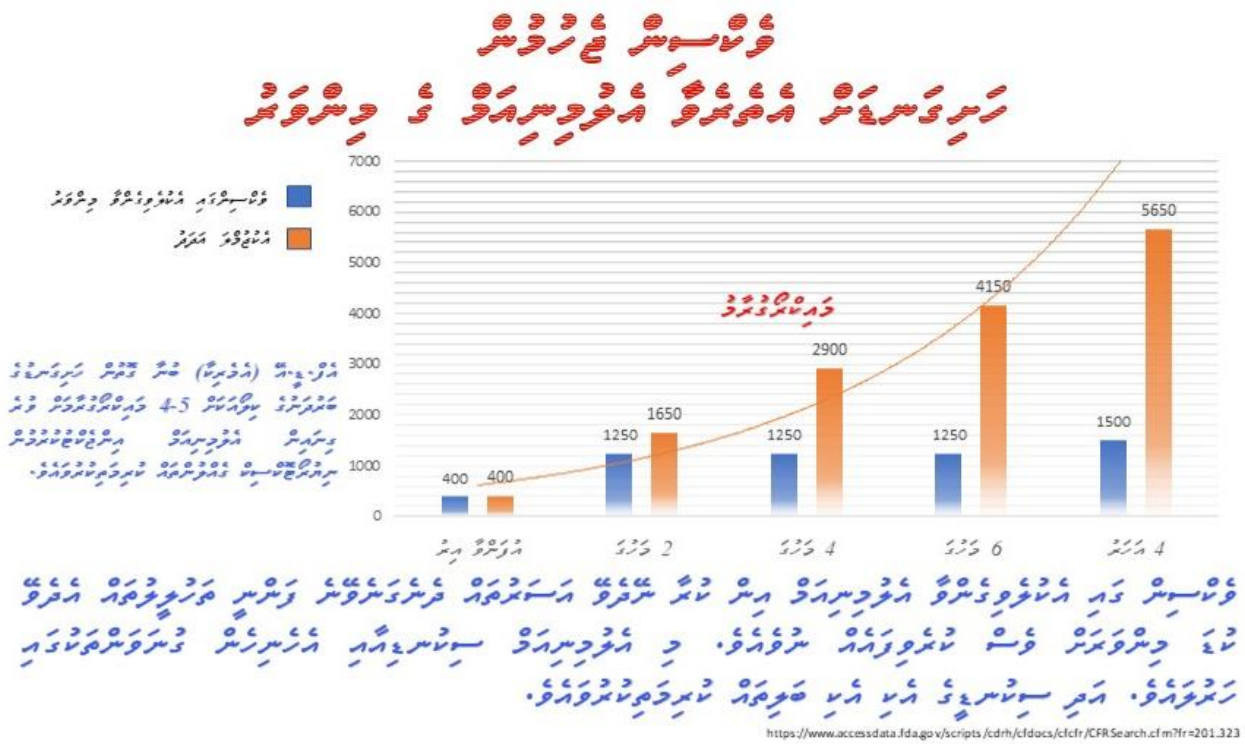
"In ovo toxico-teratological effects of aluminium on embryonic chick heart and vascularization", Reda ElMazoudy and gamal Bekhet (2016)[333] study reports that **aluminium is firmly established as a potent neurotoxicant and that it induces teratogenesis causing foetal and neonatal congenital cardiovascular defects**.

[327] https://www.sciencedirect.com/science/article/pii/S0946672X17300950
[328] https://www.sciencedirect.com/science/article/pii/S0264410X02001664
[329] https://www.sciencedirect.com/science/article/abs/pii/S0092115784800517
[330] https://www.sciencedirect.com/science/article/pii/S0946672X19304201
[331] https://www.nature.com/articles/s41598-020-64734-6
[332] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5596046/
[333] https://pubmed.ncbi.nlm.nih.gov/27535157/

7.1. Aluminium assault on Maldivian children

The brain is extremely sensitive to aluminum. Concentrations of aluminum as low as 10-100 nano-molar can cause inflammation of brain tissue. 10 nano-molar is 270 nano-grams aluminum per litre (nano = 1 billionth).

For a typical brain weight of about 1400 grams, about 380 nano-grams (0.38 micrograms) of aluminum will produce an average concentration of 10 nano-molar. This is extraordinary, because in Maldives a baby at birth receives minimum 400 micrograms (400,000 nano-grams) aluminium and just 0.1% of this amount is enough to cause inflammation of the entire brain (since 400*0.1% = 0.40 micrograms).[334] [335] [336]



Maldivian children receive 400 mcg of aluminium on their day of birth and a total of 5,650 by age 4 years. In addition to aluminium, these vaccines also contain mercury. Safety of injecting aluminium (as part of vaccines) has not been studied. Nor has the synergistic toxicity of these neurotoxins injected at such high amounts and their impact on the developing brain and health been studied.

These amounts of neurotoxins are not injected into infants in any of the developed countries.

"At current time, **there are no known or published studies specifically defining levels of Al in any vaccine product based on safety studies of Al**."[337]

[334] https://pubmed.ncbi.nlm.nih.gov/26265215/ (Alexandrov et al, 2015)
[335] https://pubmed.ncbi.nlm.nih.gov/15961160/ (Lukiw et al, 2005)
[336] http://vaccinepapers.org/vaccine-aluminum-travels-to-the-brain/#papers
[337] https://www.sciencedirect.com/science/article/pii/S0946672X17300950 (Lyons-Weiler, 2018)

7.2. WHO experts on long-term effects from vaccine adjuvants

Vaccine Safety Summit, WHO (Geneva, December 2019) – Dr Stephen Evans, Professor of Pharmacoepidemiology said "It seems to me that adjuvants multiply the immunogenicity of the antigens that they are added to, and that is their intention. It seems to me they multiply the reactogenicity in many instances, and therefore it seems to me that **it is not unexpected if they multiply the incidence of adverse reactions that are associated with the antigen.**

In response, Dr Martin Howell Friede (Chairperson) replied "**You are correct.** As we add adjuvants, especially some of the more recent adjuvants, such as ASO1, saponin derived adjuvants, we do see increased local reactogenicity. The primary concern, though, usually is systemic adverse events rather than local adverse events. …The major health concern which we are seeing are accusations of long term, long term effects."

Safety concerns about adjuvants were also raised by Dr Martin Howell Friede, Coordinator, Initiative for Vaccine Research, WHO – "Every time that there is an association, be it temporal or not temporal, the first accusation is, it is the adjuvant. … We do not add adjuvants to vaccines because we want to do so. But when we add them, it adds to the complexity. I give courses every year on "How do you develop vaccines?", And the first lesson is, while you're making your vaccine, if you can avoid using an adjuvant, please do so."

> Term infants with normal renal function may also be at risk because of their rapidly growing and immature brain and skeleton, and an immature blood-brain barrier. Until they are 1 to 2 years old, infants have lower glomerular filtration rates than adults, which affects their kidney function. The agency is concerned that young children and children with immature renal function are at a higher risk resulting from any exposure to aluminium."
>
> *Federal Register, US Food and Drug Administration (FDA), June 2003*

The U.S. Department of Health and Human Services (HHS) states that aluminium is a neurotoxin and exposure can lead to **significant "alterations in motor function, sensory function, and cognitive function**."[338]

US FDA has set a standard of 850 mcg aluminium as the limit. However Dr Gerber (National Institute of Health) nor Dr Baylor (Acting Deputy Director of the Office of Vaccine Research and Review and Associate Director for Regulatory Policy at the CBER, FDA) are aware how this limit was set. Dr Baylor says, "we have been trying to figure that out as far as going back in the historical records and determining how they came up with that and going back to the preamble to the regulation. We just have been unsuccessful with that but we still trying to figure that out."[339]

[338] Agency for Toxic Substances and Disease Registry (ATSDR). Toxicological profile for aluminium. Washington, D.C.: U.S. Department of Health and Human Services; 2008.3, 13-24, 145, 171-7, 208.
[339] "Workshop on aluminium in vaccines." San Juan, Puerto Rico (11-12 May 2000)

7.3. Workshop on Aluminium in Vaccines

National Vaccine Program Office of the US Department of Health and Human Services sponsored "Workshop on Aluminium in Vaccines" was held from 11-12 May 2000, in San Juan, Puerto Rico. The meeting was attended by scientists, governments, the WHO, pharmaceutical industry representatives and some interested individuals. The transcript of the meeting is available at[340] [341]

This is an important meeting where the issue of aluminium in vaccines was discussed.

One of the most disturbing statements was made by Dr Martin Myers in his opening remarks: **"Perhaps the most important thing that I took away from the last meeting was that those of us who deal with vaccines have really very little applicable background with metals and toxicological research."** [Dr. Martin Myers, Director of the National Vaccine Program Office, Department of Health and Human Services.]

And another statement was that of the WHO representative, Dr John Clement who believed public ignorance of the toxicity of aluminium to be a favourable aspect in including this neurotoxin in vaccines. "**Aluminium is not perceived, I believe, by the public as a dangerous metal and, therefore, we are in a much more comfortable wicket in terms of defending its presence in vaccines.**"

Dr Bruce Fowler, Professor and Director of the Program in Toxicology, University of Maryland, School of Medicine spoke about "Binary Metal Mixtures" and highlighted that "**for many toxic agents, metals in particular, is that of additivity… the response… is much more severe than I would predict from having either one of these agents acting by itself**." Most vaccines contain multiple metal mixtures such as mercury and aluminium. However, its synergistic toxicity has not been studied.

It is also apparent from the meeting's discussion that the aluminium adjuvant in vaccines had basically no benefit in "booster shots" (page 35, 234, 251-254) but they were added because its removal to make "special aluminium-free boosters" would prove too inconvenient for the pharmaceutical industry. Further, it is also convenient to keep aluminium in the vaccine as it also stabilizes the mixture. Hence, convenience over safety.

"**So, in summary, looking at the historical data, there have been few clinical trials in which a given batch of vaccine with or without adjuvant has been tested in a comparable population so that just has not been done**." [Dr Baylor, Acting Deputy Director of the Office of Vaccine Research and Review, and Associate Director for Regulatory Policy at the Center for Biological Evaluation of Research at FDA]

Perhaps it is due to lack of such safety studies that Dr Baylor suggested, at the meeting, separate first dose of vaccines with aluminium and "boosters" without aluminium.

[340] http://www.autismhelpforyou.com/AL%20-%201.pdf – Transcript of meeting on Day One
[341] http://www.autismhelpforyou.com/AL%20-%202.pdf – Transcript of meeting on Day Two

Dr Sam Keith, Environmental Health Scientist with ATSDR in the Division of Toxicology (involve in the development of toxicological profiles of substances such as aluminium) spoke about "Toxicokinetics" and highlighted some vital concerns.

Dr Keith stated (in explaining the Priest study) that "**aluminium transferred from blood to body tissues within 15 minutes in over 99% in two days, indicating there is a rapid transfer to other tissues… Bone seems to be the greatest depot followed by kidney and brain and muscle toward the end.**"

"**We do know that when aluminium binds to the larger proteins it tends to… bind more irreversibly, and it can inhibit the formation of neuronal microtubule. Neurologically, from the studies we have reviewed, neurological seems to be the most sensitive health endpoint that we are considering for aluminium dealing with memory problems, fatigue, depression, behaviour."**

Given that leukemia and brain cancer has increased exponentially in recent years in young children, it is of much concern to note that aluminium (a known gene mutant) was accumulating in the bone and the blood is produced from the bone marrow. According to these transcripts, it is also shown that "**aluminium was known to bind to transferrin – the protein in the blood responsible for carrying iron in the blood**."

In situations where aluminium is binding to transferrin, a blood test can show a child as iron "anemic" or "iron deficient". As evident from information, from Iron Overload Disorders Association and presentation of Roberta Crawford to the NIH in June 2001, "the exact opposite may be true – that the problem may not be too little iron – but rather – too much and hence, to give iron supplements would be a very dangerous thing to do."[342]

As Roberta Crawford states, **"iron is collecting in storage instead of going into haemoglobin"** which could then lead to other problems such as cancer.

"Heme deficiency may be a factor in the mitochondrial and neuronal decay of aging"[343], Atamna et al (2002) Study published in the "Proceedings of the National Academy of Sciences of the United States of America" reported, "**Common causes of heme deficiency include aging, deficiency of iron and vitamin B6, and exposure to toxic metals such as aluminum**. Iron and B6 deficiencies are especially important because they are widespread, but they are also preventable with supplementation. **Thus, heme deficiency or dysregulation may be an important and preventable component of the neurodegenerative process**. Iron deficiency is by far the most studied; **it impairs cognitive function in children, impacts the morphology and the physiology of brain even before changes in hemoglobin appear, damages mitochondria, and causes oxidative stress. Iron deficiency in children is associated with difficulties in performing cognitive tasks and retardation in the development of the CNS**…In addition, brain cells that were heme-deficient failed to differentiate or to complete a successful cell cycle, which suggests a unique function of heme that is beyond the classic perception of heme in cell biology."

[342] http://www.ironoverload.org/anemia.htm
[343] https://pubmed.ncbi.nlm.nih.gov/12417755/

Dr Keith also stated, "It was recognized fairly early, dialysis dementia, that individuals with renal impairment put on dialysis developed a relatively nonresponsive neurological dementia sate. And it was identified that the **very small concentrations of aluminium** was in the drinking water used to make the dialysis solution actually fed aluminium into the body…**and the result was dialysis dementia**."

"Then we have musculoskeletal. Many studies have found developmental problems associated with the skeleton…osteomalacia. Pathological fractures where aluminium replaces or it competes with the phosphorous…"

"…the body burden for aluminium from injection from vaccinations is higher than from dietary intake."

A concerning question about the Minimum Risk Level (MRL) considered by the ATSDR for aluminium being calculated for body burden from vaccination against oral ingestion was asked by Dr Neal Halsey from the Johns Hopkins.

Dr Keith's reply was "…it is a developmental process right now because when the profile was developed, we did not envision vaccinations being a prominent role… during developmental years, of course, aluminium can play a role in childhood toxicology that it may not in adult toxicology".. "we divide by an uncertainty factor to come up with the minimum risk level".

Dr Theodore Eickhoff, University of Colorada, in his summarizing of the meeting discussions, referred to the "uncertainty factors" in calculating the minimal risk level (MRL) and said, "they are.. well, just exactly what the name says. They are uncertainty factors and the fact that one conceivably could have 10^5 since there were five uncertainty factors listed, each one of which has a value of ten, the maximum uncertainty factor, therefore, would be 10 raised to the fifth power or 100,000. ATSDR took a look at that and said that is probably unacceptable and reduced it perhaps somewhat arbitrarily to 10^3 but we are still dealing with 1,000-fold uncertainty factor… it strikes me as a very imprecise science at best …"

As Dr John Wheeler, Toxicologist at the Division of Toxicology at ATSDR, said during his presentation, "We are not doing or we … this is new to us, anything to do with vaccinations except for maybe the thimerosal incident". "The largest we can have since we only use the first three uncertainty factors is 1,000". (Except for 3, all other uncertainty factors are disregarded!)

However, there are more than three uncertainty factors as Dr Verdier, "…we have a limited number of data, for example, regarding the pharmacokinetics of aluminium after intramuscular injection… for all chemical entities given as a pharmaceutical, we need to know absorption, distribution, metabolism and elimination. These kind of data are missing for aluminium or not totally missing but are incomplete for aluminium." … "now the presentations we heard yesterday clearly demonstrated that there are huge gaps in our information about what we know about toxicology of aluminium…"

At the same meeting, Dr Gherardi stated that "… we know that shortly after injection most of the aluminium is inside the cells, into cells … after a few days you have no aluminium outside cells."

Dr Neal Halsey: **"… we do not seem to have the information on the age related toxicity of aluminium especially when we are dealing with very young infants."**

"Aluminum has been exempted from testing for safety by the FDA under a convoluted logic wherein it is classified as GRAS. (Generally Regarded As Safe.) It has never been tested by the FDA on its safety and there are NO restrictions whatever on the amount or use of aluminum." [end of quote, emphasis added: Aluminum Toxicity information compiled and submitted by Frank Hartman and available at the website of Dr. Theodore B. Hoekman, Principal Investigator, Professor of Medical Informatics Basic Science, Faculty of Medicine, Newfoundland and Labrador Centre for Applied Health Research.

7.4. Vaccination at the cost of safety of children

WHO-sponsored review of "Adverse events after immunisation with aluminium-containing DTP vaccines: systemic review of the evidence", Dr Tom Jefferson et al, 2004 (The Lancet) https://www.sciencedirect.com/science/article/abs/pii/S1473309904009272

Assessment of the safety of aluminium in vaccines is important because replacement of aluminium compounds in currently licensed vaccines would necessitate the introduction of a completely new compound that would have to be investigated before licensing. **No obvious candidates to replace aluminium are available, so withdrawal for safety reasons would severely affect the immunogenicity and protective effect** of some currently licensed vaccines and threaten immunization programmes worldwide.

Despite a lack of good-quality evidence we do not recommend that any further research on this topic is undertaken.

Aluminium should now be considered a primary etiological factor in Alzheimer's Disease.

Professor Christopher Exley, Aluminium expert

Professor in Bioinorganic Chemistry

7.5. No study on safety of injecting aluminium into infants and children

In reply to a Freedom of Information Act (FOIA) request made by ICAN to National Institutes of Health (NIH), requesting "**copies of any human or animal studies involving the subcutaneous or intramuscular injection of aluminum adjuvant relied upon by the NIH to establish the safety of injecting infants and children** with aluminum hydroxide, aluminum phosphate or amorphous aluminum hydroxyphosphate sulfate." – NIH said : "**no records responsive to your request were located**".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Freedom of Information Office
Building 31, Room 5B-35
31 Center Drive, MSC 2107
Bethesda, Maryland 20892-2107
phone: (301) 496-5633
fax: (301) 402-4541

Via Email: aaron@sirillp.com

July 19, 2019

Aaron Siri
Siri & Glimstad LLP
200 Park Avenue, 17th Floor
New York, NY 10166

Re: FOIA Case Number: 50822, and HHS Appeal No.: 19-0083-AA

Dear Mr. Siri:

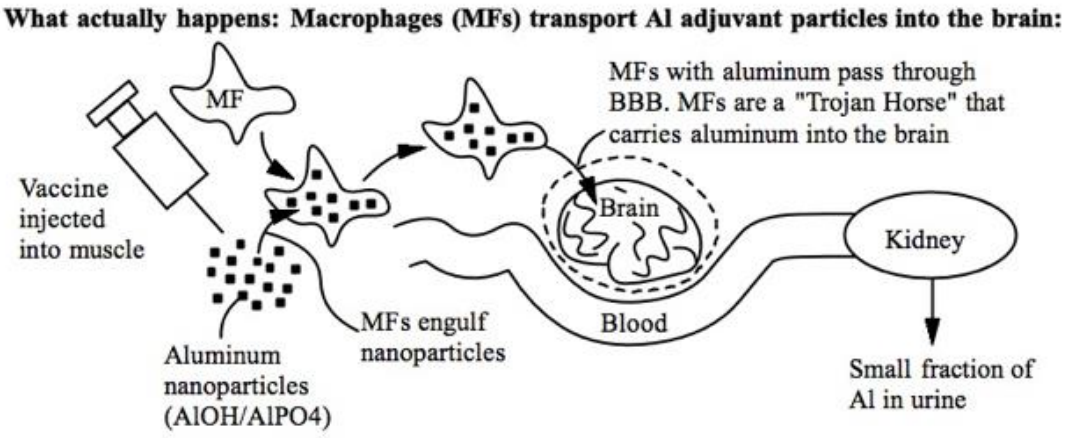
This is our final response to your Freedom of Information Act (FOIA) request addressed to the FOIA Office of the National Institutes of Health (NIH), dated February 19, 2019 and received on February 20, 2019. You requested copies of any human or animal studies involving the subcutaneous or intramuscular injection of aluminum adjuvant relied upon by the NIH to establish the safety of injecting infants and children with aluminum hydroxide, aluminum phosphate or amorphous aluminum hydroxyphosphate sulfate.

The NIH Office of Intramural Research (OIR), National Institute of Allergies and Infectious Diseases (NIAID), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) searched their files and no records responsive to your request were located. The NIH OIR suggests using the following NIH webpages to possibly find publicly available information relevant to your request: https://intramural.nih.gov (annual reports), https://clinicaltrials.gov (human protocols), and https://www.ncbi.nlm.nih.gov/pubmed (published data).

While we believe that an adequate search of appropriate files was conducted for the records you requested, you have the right to appeal this determination that no records exist which would be responsive to your request. Should you wish to do so, your appeal must be sent within ninety (90) days of the date of this letter, following the procedures outlined in Subpart F of the HHS FOIA Regulations (https://www.federalregister.gov/documents/2016/10/28/2016-25684/freedom-of-information-regulations) to:

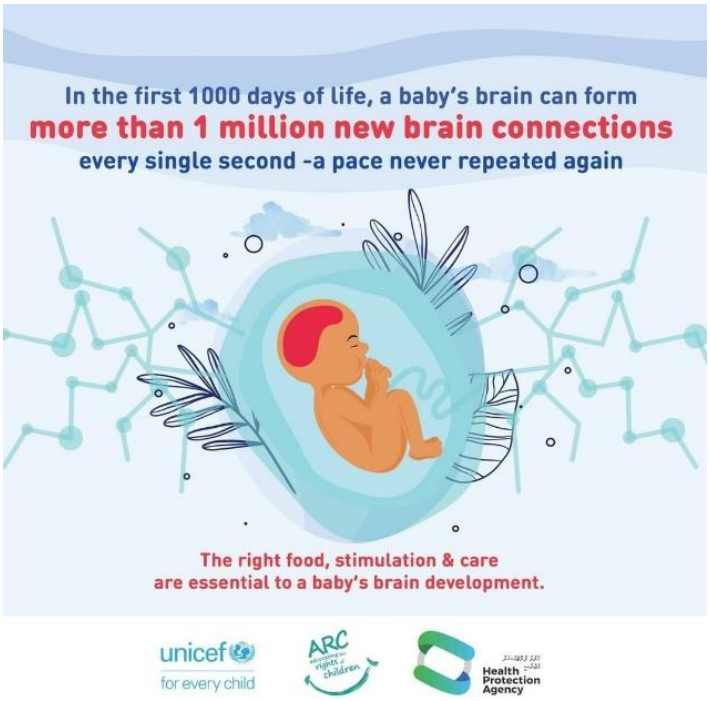
Assistant Secretary for Public Affairs/Agency Chief FOIA Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Public Affairs
Room 729H
200 Independence Avenue, S.W.
Washington, DC 20201
FOIARequest@hhs.gov
FAX: 202-690-8320

7.6. Aluminium's pathway into the brain



[344]

The aluminium adjuvant nanoparticles are eaten ("phagocytosed") by macrophages. The macrophages then carry the aluminium nanoparticles around the body, including into the brain. Macrophages can pass through the blood brain barrier when inflammation is present. Aluminium at very low levels causes inflammation in the brain. Aluminium stimulates elevated production of the cytokine interleukin-6 (IL-6). Elevated IL-6 causes autism.



Vaccine aluminium's route into the brain:

- Macrophages eat aluminium at injection site [Gherardi 2001, Rimaniol 2004, Eisenbarth 2008]
- Travel and cross blood-brain-barrier (BBB) [Khan 2013]
- Aluminium nanoparticles have been photographed in macrophages and detected in the brain [Khan 2013]

[344] http://vaccinepapers.org/vaccine-aluminum-travels-to-the-brain/#papers

7.7. Some critical studies on aluminium

1. "Non-linear dose-response of aluminium hydroxide adjuvant particles: Selective low dose neurotoxicity" by Crépeaux et al, 2017.[345] This paper reported that **a dosage of 200 mcg/kg Al adjuvant caused a 50x increase in brain aluminium content. It also caused long term microglial activation (inflammation) in the brain.**

   (Note: these amounts are injected into Maldivian infants upon birth, 2, 4 & 6 months.)

2. "**Exposure to Mercury and Aluminium in Early Life**: Developmental Vulnerability as a Modifying Factor in Neurologic and Immunologic Effects."[346]; José g. Dórea, 2015. **Rigorous and replicable studies have shown evidence of ethylmercury and aluminium toxicities.** More research attention has been given to ethylmercury and findings have shown a **solid link with neurotoxic effects in humans**; however, the potential **synergistic effect of both toxic agents has not been properly studied.** Therefore, early life exposure to both EtHg and Al deserves due consideration.

3. Autoimmune/Inflammatory Syndrome Induced by Adjuvants and Sjogren's Syndrome, *IMAJ*, Vol 18, March-April 2016. "Aluminium is one of the principal adjuvants used in vaccine formulation and may be responsible for the development of Autoimmune/inflammatory Syndrome Induced by Adjuvants (ASIA). It seems that its ability to behave as an adjuvant might be related to evidence that aluminium salts seem to both induce the activation of dendritic cells and complement components and increase the level of chemokine secretion at the injection site.[347]

4. "Aluminium Hydroxide Adjuvant Induces Macrophage Differentiation towards a Specialized antigen-presenting cell type" by Romaniol et al, 2004. This paper showed that **human macrophages become "loaded" with aluminium when exposed to the aluminium adjuvant**. [348]

5. "Biopersistence and brain translocation of aluminium adjuvants of vaccines", Romain Kroum Gherardi et al, 2015. This paper reviewed the **long-lasting biopersistence of alum within immune cells and its translocation throughout the body and to the brain**.

6. "**Aluminium in brain tissue in autism**", Matthew Mold et al, (2018). [349]

7. "Slow CCL2-dependent translocation of biopersistent particles from muscle to brain", Zakir Khan et al, 2013. Study concludes that **aluminium nanoparticles can be transported by monocytes and may use CCL2-dependent mechanisms to penetrate the brain.**

[345] https://www.sciencedirect.com/science/article/abs/pii/S0300483X16303043
[346] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344667/
[347] https://pubmed.ncbi.nlm.nih.gov/29199390/
[348] http://vaccinepapers.org/wp-content/uploads/Aluminum-hydroxide-adjuvant-induces-macrophage-differentiation-towards-a-specialized-antigen-presenting-cell-type.pdf
[349] https://www.sciencedirect.com/science/article/pii/S0946672X17308763

8. **Breast cancer due to genomic instability induced by aluminium**. Study published in December 2020, "Genomic Instability Is an Early Event in Aluminium-Induced Tumorigenesis", Stefano J. Mandriota et al, 2020. This study showed that aluminium-exposed "transformed" cells also cause tumours in animals with intact immune systems. The results suggest a clear and causal link between aluminium exposure and breast cancer tumours, as well as other cancers, due to direct damage to chromosomes.

9. "Aluminium Chloride promotes tumorigenesis and metasis in normal murine mammary gland epithelial cells", Stefano J. Mandriota et al, 2016.[350] This initial study by Mandriota and his team showed how healthy cells were transformed into cancer-causing cells with the introduction of aluminium.

10. "Crucial role for the Nalp3 inflammasome in the immunostimulatory properties of aluminium adjuvant" by Eisenbarth et al, 2008. This paper describes the inflammatory signals induced by aluminium adjuvants and the phagocytosis of aluminium by macrophages and aluminium adjuvant stimulation of IL-1β and IL-18 production in vitro.[351]

11. "Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle" by Gherardi et al. This study showed aluminium in macrophages located at the intramuscular vaccine injection site 3 months to 8 years after vaccine injection.[352]

12. "Nanomolar aluminium induces expression of the inflammatory systemic biomarker C-reactive protein", by Alexandrov et al. 2015.[353]

13. "Granulomas Following Subcutaneous Injection with Aluminium Adjuvant-Containing Sheep", Asin J et al, 2013. Sheep inoculated with aluminium vaccines showed immediate reactions of lethargy, transient blindness, stupor, prostration, and seizures – "characterized by a severe meningoencephalitis, similar to post-vaccine reactions seen in humans". Most recovered but the ones which did not recover revealed **acute brain inflammation**. Delayed onset "chronic" phase affected 50-70% of flocks. Post-mortem examinations revealed **"severe neuron necrosis" and aluminium in nerve tissue**.

14. "Molecular Signature of Aluminium Hydroxide Adjuvant in Ovine PBMCs by Integrated mRNA and microRNA Transcriptome Sequencing", Endika Varela-Martinez et al, 2018.

15. "Nanomolar aluminium induces pro-inflammatory and pro-apoptotic gene expression in human brain cells in primary culture", by Lukiw et al.[354] Shows **aluminium's role in pro-inflammatory and pro-apoptotic gene expression.**

[350] https://onlinelibrary.wiley.com/doi/full/10.1002/ijc.30393
[351] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804622/
[352] http://vaccinepapers.org/wp-content/uploads/Macrophagic-myofacsiitis-lesions-assesss-long-term-persistence-of-vaccine-derived-aluminum-hydroxide-in-muscle-.pdf
[353] https://www.sciencedirect.com/science/article/pii/S0162013415300416
[354] https://www.sciencedirect.com/science/article/pii/S0162013405001182

16. Aluminium adjuvant linked to Gulf War Illness induces motor neuron death in mice. Petrik et al, 2007. Findings: "The findings suggest a possible role for the aluminium adjuvant in some neurological features associated with GWI and possibly an additional role for the combination of adjuvants.[355]

17. "Aluminium-adjuvanted vaccines transiently increase aluminium levels in mice brain tissue", Redhead et al, 1992. Finding: We show that intraperitoneal injection of aluminium absorbed vaccines into mice causes a transient rise in brain tissue aluminium levels peaking around the second and third day after injection.

18. "**Infants' exposure to aluminium from vaccines and breast milk during the first 6 months**" José G. Dórea & Marques 2009. "This study shows the need to address low-dose exposure to combined Aluminium and Mercury as an issue (infant's neuro-cognitive development) beyond acute events notified as vaccine adverse effects… To date, we have no clue as to the effects of combined ethylmercury and aluminum dose unlikely to be encountered through environmental exposure in breastfed (or even formula fed babies) and as such do not understand its low-dose effect on brain function regarding cognitive and learning impairments occurring later.". https://www.nature.com/articles/jes200964

19. **Aluminium-based Adjuvants and Adverse Reactions** – A review of the properties of aluminium adjuvants, how they work and why they can be responsible for severe adverse events following vaccination. [356]

20. **Cellular update of Vaccine Adjuvants and Antigens**. "Intracellular tracing of amyloid vaccines through direct fluorescent labelling"(2018).[357]

21. Human Health Risk Assessment for Aluminium, Aluminium Oxide and Aluminium Hydroxide.[358]

    We concluded that there is strong evidence that aluminium can cause irritation following exposure via either inhalation or injection. Modest evidence of an effect exists for reproductive toxicity following oral exposure, for neurological toxicity following either oral or injection exposure, and for bone toxicity following injection exposure.

22. "A role for impaired regulatory T cell function in adverse responses to aluminium adjuvant-containing vaccines in genetically susceptible individuals", Terhune and Deth, 2014.[359]

23. Chronic fatigue syndrome and subsequent risk of cancer among elderly US adults.[360]
    This study concludes that **chronic immune activation or an infection associated with chronic fatigue syndrome (CFS) may play a role in explaining the increased risk of blood cancers – non-Hodgkin's lymphoma (NHL).**

[355] https://link.springer.com/article/10.1385%2FNMM%3A9%3A1%3A83
[356] https://aacijournal.biomedcentral.com/track/pdf/10.1186/s13223-018-0305-2.pdf
[357] https://www.nature.com/articles/s41598-018-20845-9
[358] https://www.ncbi.nlm.nih.gov/pubmed/18085482
[359] https://pubmed.ncbi.nlm.nih.gov/25066736/
[360] https://www.ncbi.nlm.nih.gov/pubmed/22648858

24. In vivo absorption of aluminium-containing vaccine adjuvants using 26Al[361]
    Aluminium uptake into brain and other bodily tissue after injection.

25. "**Nanomolar aluminium induces expression of the inflammatory systemic biomarker C-reactive protein (CRP) in human brain microvessel endothelial cells**", Alexandrov at al (2015). Study shows that nanomolar aluminium potently up-regulates C-reactive protein, a highly pathogenic biomarker for systemic inflammation, expression contributing to chronic systemic inflammation of the human vasculature. High CRP levels indicate increased risk of cardiovascular disease, cancer, diabetes and Alzheimer's disease.

26. Total allowable concentrations of monomeric inorganic aluminum and hydrated aluminum silicates in drinking water.[362]

    Signs of Al toxicity in the central nervous system (speech difficulty to total mutism to facial grimacing to multi-facial seizures and dyspraxia) are related to Al accumulation in the brain and these symptoms can progress to frank encephalopathy.

27. Kinetics of the inflammatory response following intramuscular injection of aluminum adjuvant.[363]

    Recent evidence suggests an important role for inflammation in the immune response to aluminum-adjuvanted vaccines. To better understand them, vaccines with aluminum adjuvant were injected into naïve or previously immunized mice and the injection sites were characterized for the corresponding primary and secondary inflammatory response at different time points after immunization.

28. Systematic review of potential health risks posed by pharmaceutical, occupational and consumer exposures to metallic and nanoscale aluminum, aluminum oxides, aluminum hydroxide and its soluble salts.[364]

    Aluminum exposures during neonatal and paediatric parenteral nutrition (PN) can impair bone mineralization and delay neurological development.

29. "Hepatic response to aluminium toxicity: dyslipidemia and liver diseases", Mailloux et al, 2011.[365]

30. "Aluminium toxicity and astrocyte dysfunction: a metabolic link to neurological disorders", Lemire and Appanna, 2011[366].

31. "**Nanomolar aluminium induces pro-inflammatory and pro-apoptotic gene expression in human brain cells in primary culture**", Lukiw et al (2005) Study shows data that aluminium-affected genes and aluminium-induced genes exhibit expression patterns similar to those observed in Alzheimer's Disease.[367]

[361] https://www.ncbi.nlm.nih.gov/pubmed/9302736/
[362] https://www.ncbi.nlm.nih.gov/pubmed/22512666
[363] https://www.ncbi.nlm.nih.gov/pubmed/23770306
[364] https://www.ncbi.nlm.nih.gov/pubmed/25233067
[365] https://www.sciencedirect.com/science/article/abs/pii/S0014482711002850
[366] https://pubmed.ncbi.nlm.nih.gov/22099161/
[367] https://pubmed.ncbi.nlm.nih.gov/15961160/

32. "A role for the body burden of aluminium in vaccine-associated macrophagic myofasciitis and chronic fatigue syndrome", Exley et al (2009).[368]

33. Aluminum adjuvants of vaccines injected into the muscle: Normal fate, pathology and associated disease.[369]

    "In healthy subjects, only 0.3% of orally administered aluminum is absorbed via the GI tract, and the kidneys effectively eliminate aluminum from the human body. Only when the GI barrier is bypassed, such as by intravenous infusion or in the presence of advanced renal dysfunction, does aluminum have the potential to accumulate. As an example, with intravenously infused aluminum, 40% is retained in adults and up to 75% is retained in neonates."

    "If a significant aluminum load exceeds the body's excretory capacity, the excess is deposited in various tissues, including bone, brain, liver, heart, spleen, and muscle. This accumulation causes morbidity and mortality through various mechanisms.".

> Aluminium adjuvant has never been studied for its safety."
>
> *Dr Judy Mikovits*
> *PhD in Biochemistry & Molecular Biology*
> *Over 35 years experience and more than 50 peer-reviewed publications*

> We have information relating to sporadic and familial Alzheimer's disease, multiple sclerosis, cancer, epilepsy, and autism. If I am honest, I am slightly bemused when, correctly, the question is asked about brain aluminium content in 'control' tissues. Bemused because such a question does suggest that the presence of an established neurotoxin, known to cause dialysis encephalopathy is perhaps 'normal' and not a cause for concern."
>
> *Professor Christopher Exley – Aluminium expert*

Paediatrician Dr. Larry Palevsky's testimony given to Public Health Committee, Connecticut on 19 February 2020. Although this is a doctor's testimony, it has been widely censored by some social media.

https://rumble.com/vcv4px-dr-larry-palevsky-md-.-testimony-connecticut-2020.html

Dr Palevsky discusses aluminium adjuvant at 4.40 minute.

[368] https://www.sciencedirect.com/science/article/abs/pii/S0306987708004933
[369] https://www.ncbi.nlm.nih.gov/pubmed/26948677

8. MERCURY

Thimerosal, added to vaccines as a preservative, is a 49.6% ethylmercury-containing compound - known human carcinogen, mutagen (abnormally affects DNA), teratogen (developmental toxicity), reproductive toxin and immune-system disruptor at levels below 1 ppm.

Mercury has been shown to be genotoxic and can cause damage to neuronal, cardiovascular, and renal systems.[370] [371]

Thimerosal-derived ethylmercury in vaccines is now well-established as a mitochondrial toxin in human brain cells. In the setting of a mitochondrial disorder, a specific mitochondrial toxin could be life altering or life threatening.[372]

Three forms of mercury exist: elemental, inorganic and organic. Each of them has its own toxicity profile. Mercury toxicity depends on the form of mercury, route of entry, dosage, and age at exposure[373]. The body metabolises/degrades thimerosal in vaccines into ethylmercury and thiosalicylate.

It is also recognised as a reproductive and foetal toxin with **no established toxicologically safe level** of exposure for humans (meaning even a nanogram may be toxic). The Environmental Protection Agency (EPA) has stated that methylmercury exposure adversely affects a number of cellular events in the developing brain both in utero and post-natally.

The Reference Dose of EPA US is 0.1 mcg/kg body weight. [374] This limit is based on gradually ingested methylmercury via fish consumption. The limit for *injected* ethylmercury in vaccines, however, which can permeate the blood-brain barrier, has not been established, but is incorrectly assumed to be the same as *ingested* mercury.

As per US Environmental Protection Agency, once elemental mercury crosses these barriers (placental and blood-brain barriers) and is oxidized to the mercuric ion, return to the general circulation is impeded, and mercury can be retained in brain tissue.[375]

Ethyl mercury is a lipophilic cation which can cross the blood-brain-barrier.

A comprehensive list of 165 studies that focus on thimerosal and found it to be harmful.

http://mercury-freedrugs.org/docs/20140329_Kern_JK_ExcelFile_TM_sHarm_ReferenceList_v33.xlsx

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[370] https://www.ncbi.nlm.nih.gov/pubmed/19914681/
[371] https://www.nature.com/articles/jes200964#ref-CR2
[372] https://www.hindawi.com/journals/jt/2012/373678/
[373] https://www.ncbi.nlm.nih.gov/pubmed/9288445/
[374] https://www3.epa.gov/airtoxics/112nmerc/volume1.pdf
[375] https://www3.epa.gov/airtoxics/112nmerc/volume1.pdf

Thomas M Burbacher (2005) study:

As reported in the "**Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal**" study, Burbacher et al, 2005, the initial and terminal half-life of Hg in blood after thimerosal exposure is 2.1 and 8.6 days. "However, given the large difference in blood Hg half-life compared to brain half-life, **blood Hg may not be a good indicator of risk of adverse effects on the brain**. Data support the prediction that although little accumulation of Hg [mercury] in the blood occurs over time with repeated vaccinations, **accumulation of Hg in the brain of infants will occur**. Thus, conclusions regarding the safety of thimerosal drawn from blood Hg clearance data in human infants may not be valid, given the significantly slower half-life of Hg in the brain. A high percentage of the total Hg in the brain is in the form of highly toxic inorganic Hg at 34% when injected with thimerosal (in comparison to methylmercury at 7%).

Persistence of inorganic mercury in the brain was associated with a significant increase in the number of microglia in the brain.

It is important to note that "an active neuroinflammatory process" has been demonstrated in brains of autistic patients, including a marked activation of microglia (Vargas et al. 2005)."

376

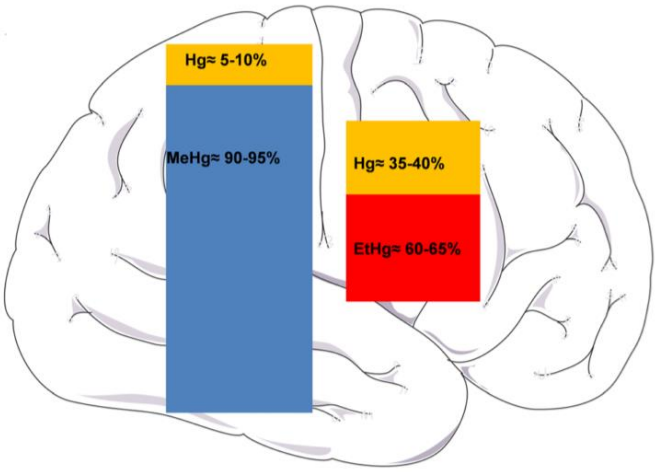


Figure 1. Schematic representation of the conversion of methylmercury (meHg, indicated in blue) and ethylmercury (etHg, indicated in red) to Hg (inorganic Hg, indicated in orange) after the administration of a similar dose of meHg (orally) or etHg (intramuscularly) to monkeys. The percentages are qualitative approximations of the data presented in Burbacher *et al.* (2005) for mercury levels in the brain of *Macaca fascicularis*, which were determined within 1 week of oral (meHg, left rectangle) or intramuscular (etHg, right rectangle) administration. The size of a rectangle represents a rough approximation of the total Hg retained in the brain of the monkey within 1 week of exposure. 377

376 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1280342/
377 https://pubmed.ncbi.nlm.nih.gov/23401210/

Ethylmercury metabolises into inorganic mercury at twice the rate that methylmercury does, which causes neurological damage and neurological death in the brain and is **50 times more toxic** than methylmercury to the brain. "**Effect of thimerosal, methylmercury, and mercuric chloride in Jurkat T Cell Line", Gianpaolo Guzzi et al, 2012.**[378]

Jurkat T cells are human T leukemia cell line. The authors of the above study treated Jurkat T cells with thimerosal which caused a significant decrease in cellular viability than those treated with methylmercury.

According to Dr. Boyd Haley, head of the chemistry department at the University of Kentucky, and an internationally recognized researcher on the toxicity of mercury compounds, says no amount of thimerosal is a safe amount. He says, **"It is well known that infants do not produce significant levels of bile or have adult renal capacity for several months after birth. Bilary transport is the major biochemical route by which mercury is removed from the body, and infants cannot do this very well."** Haley adds that thimerosal is more toxic than methylmercury and that "giving a ten-pound infant a single vaccine in a day is the equivalent of giving a 100-pound adult 40 vaccines in a day." He goes on to say, "We are not talking about causing death; we are talking about causing autism. As a scientist, you have to ask yourself, what's the most obvious neurotoxin that these children are being exposed to that could cause this? Thimerosal."

"**Neurological Effects of Mercury Exposure**" – a Scientific Research Collated and Summarized by Bernard Windham presents various neurological and other effects of mercury exposure. Animal studies of developmental effects of mercury on the brain have found significant effects at extremely low exposure levels, levels commonly seen in those with amalgam fillings or in dental staff working with amalgam. One study found mercury (Hg) vapour exposure at 4 parts per billion at tissue concentration in new-born rat brains to cause decreases in nerve growth factor and other effects.[379]

Chronic mercury exposure has been found to be a significant factor in many neurological conditions including Alzheimer's, Dementia, Parkinson's, MS, etc. Neurological problems are among the most common and serious problems caused by mercury and include memory loss, moodiness, depression, anger and sudden bursts of anger/rage/violence, self-effacement, suicidal thoughts, lack of strength/force to resolve doubts or resist obsessions or compulsions, etc. Many studies of patients with major neurological diseases have found evidence amalgam fillings may play a major role in development of conditions such as depression, schizophrenia, memory problems, and other more serious neurological diseases such as MS, ALS, Parkinson's, and Alzheimer's.[380]

"Evidence from studies point to a **half-life of inorganic mercury in human brains of several years to several decades**. This finding carries important implications for pharmacokinetic modelling of mercury and potentially for the regulatory toxicology of mercury" (Rooney, 2014[381], Magos et al 1985, ATSDR 1999, NAS 2000, Risher 2002, Suzuki et al 1973, Platonow, et al 1985, Brooks et al 1986, Clarkson 2004).

[378] https://pubmed.ncbi.nlm.nih.gov/23554557/
[379] http://www.keytoxins.com/hgbiblio-files/neurological/citations_windham_09_neurotoxicity.pdf
[380] Ibid
[381] https://pubmed.ncbi.nlm.nih.gov/24368178/

Another study, "Thimerosal exposure & increasing trends of premature puberty in the vaccine safety datalink", David Geier et al (2010), conducted using medical records within the Vaccine Safety Datalink (VSD) showed thimerosal exposure and increasing trends of premature puberty.[382]

> I was on the WHO immunology panel for 20 years and continually urged discontinuation of thimerosal in vaccines. The only ones who listened were the Scandinavian countries (esp. Finland, where I hold an honorary Ph.D.).
>
> *Dr Herman Hugh Fudenberg, renowned leading immunologist and founding director of Neuro Immuno Therapeutic Research Foundation. One of the most quoted immunogeneticists with over 850 papers in peer-reviewed publications.*

How much mercury is in vaccines?

0.5 parts per billion (ppb) mercury = kills human neuroblastoma cells (Parran et al, Toxicol Sci 2005; 86: 132-140)

2 ppb mercury = U.S. EPA limit for drinking water

20 ppb mercury = neurite membrane structure destroyed (Leong et al., Neuroreport 2001)

200 ppb mercury = level in liquid the U.S. EPA classifies as hazardous waste

25,000-50,000 ppb mercury = concentration of mercury given to Maldivian infants

[382] https://pubmed.ncbi.nlm.nih.gov/20424300/

8.1. Mercury assault on Maldivian children

There is limited knowledge of toxicokinetics and developmental neurotoxicity of thimerosal. However, Maldivian babies continue to receive huge doses of this neurotoxin from the first day of life!

> The developing mind should NEVER be exposed to any amount of mercury, period."
>
> *Dr. George Lucier – Toxicologist*
> *An advisor to National Institute of Health*
> *Consultant in Toxicology & Senior Adjunct Scientist for Environmental Defense*
> *Editor of scientific journal for 28 years – Environmental Health Perspectives*
> *Former Director, Environmental Toxicology Program, USA*
> *Former Associate Director, National Toxicology Program, NIEHS, USA, 1969-2000.*
> *Authored approximately 250 scientific publications*

8.2. Dr George Lucier's paper on ethylmercury

Dr George W. Lucier's paper has in detail evaluated the risk of injury from ethylmercury in vaccines and the issues surrounding it. Dr Lucier is a Toxicologist and Former Director of the Environmental Toxicology Program at the National Institute of Environmental Health Sciences (NIEHS). Dr. Lucier has coordinated toxicology research and testing for many federal agencies including the U.S. Environmental Protection Agency (EPA), the Food and Drug Protection Agency (FDA), the Occupational Safety and Health Administration (OSHA), and the Centers for Disease Control and Prevention (CDC). It is highly recommended to read the full paper. Below reproduced are just part of it.

Dr George Lucier[383] wrote, "Based on studies that mercury reaches the brain after thimerosal or ethylmercury exposure, the knowledge that the amount of ethylmercury in vaccines exceeds safe levels and the results from a number of health effects and mechanism studies, it is highly probable that the use of thimerosal as a preservative has caused developmental disorders, including autism, in some children….The developing brain is approximately 5-10 times more sensitive to the developmental neurotoxic effects of organic mercury than is the adult brain in humans and experimental animals. The first convincing evidence of the special susceptibility of the developing brain to organic mercury came in the 1950's and 1960's from reports that pregnant women exposed to methylmercury gave birth to infants with severe brain damage.

The processes of cell proliferation, migration, differentiation, synaptogenesis, myelination and apoptosis are all occurring during both prenatal and postnatal development. In addition, the blood brain barrier is not fully formed until the first year of life and there is important development of various neurotransmitter pathways during postnatal development. Therefore, infants are vulnerable to chemical insult during early postnatal development because any disruption in the carefully programmed sequence of neural development can lead to neurological disorders that are not immediately expressed.

Comparison of ethyl and methylmercury: There is a vast amount of scientific evidence, some of it published over 50 years ago, that ethylmercury like methylmercury penetrates the brain and/or is a neurotoxicant (Warkany et al 1953, Hook et al 1954, Dahhan and Orfally 1962, Miller et al 1961, Clarkson 1972, Mukai, 1972, Tryphonas et al 1973, Derban, 1974, Yonaha et al 1975, Cinca et al, 1979,Zhang 1984, Dumitrescu 1979, Fagan et al 1979, Mukhtarova 1977, Magos et al 1985, Winship 1986, Chang and Verity 1995, Lowell et al 1996 ,Ball et al 2001, Eli Lilly 1999, Smith-Kline 1999 and Kramer et al 2004, Ueha-Ishibashi et al 2004).

Furthermore, the U.S EPA has established criteria for determining whether or not high production volume (HPV) chemicals can be grouped together for the purpose of evaluating health hazard data used in risk assessments (EPA HPV program 1999). When those criteria are applied to ethyl and methylmercury, it is clear that they would be grouped together because they have common physiochemical properties (Tan and Parkin 2000) and would be expected to cause a common pattern of toxicity operating through a common mode of action.

Accidental ingestion by children of meat contaminated with ethylmercury led to severe neurological symptoms and autopsy data showed nerve cell loss, glial proliferation in the central cortex, demyelination, granule cell loss in the cerebellum and other pathologies of the central

[383] https://childrenshealthdefense.org/wp-content/uploads/2016/10/George_Lucier.pdf

nervous system (Cinca et al 1979). Similar findings were observed in an accidental case of methylmercury poisoning (Davis et al 1994). Recent studies have demonstrated that Purkinje cell loss is a common neurological abnormality in autism and these cells are vulnerable to mercury exposures (Kern et al 2003; Sorensen et al 2000).

Vaccine manufacturers ignored scientific data on the toxicity of thimerosal for 50years: In 1999, when I was Chair of the White House-directed interagency review of methylmercury toxicity and exposure, it was revealed that ethylmercury was used as a preservative in vaccines injected into infants. It seemed unbelievable to me and many of my colleagues that infants would be deliberately injected with alkylmercury, known for decades to be a developmental neurotoxin. It is very troubling that this practice could continue year after year and that parents had no knowledge that the vaccine program was unnecessarily placing their children at risk.

Based on this information, I conclude that the justification for considering thimerosal or merthiolate as safe was inadequate and flawed, information on alternative preservatives was ignored, the vaccine manufacturers ignored a significant body of knowledge on health effects for at least 50 years and that the vaccine manufacturers did not conduct necessary toxicology studies to establish safety.

In the 1980's numerous publications questioned the safety and efficacy of merthiolate and thimerosal including reports of delayed hypersensitivity and additional studies on neurotoxicity (Forstrom et al 1980, Sheth et al 1983, Rohyans et al 1984, Stetler et al 1985, Winship 1986, Cox and Forsyth 1986, Sunderman 1988).

In 1982 the FDA (Federal Register 1982) in an advance rule-making document proposed to classify mercury-containing drug products for topical antimicrobial use as neither safe nor effective.

In 1989 a European working group reviewed thimerosal and concluded that ethyl and methylmercury were equitoxic and that the use of thimerosal-containing vaccines in infants and toddlers should be discouraged.

In the early 1990's European countries banned the use of thimerosal (Madsen et al 2003, Hviid et al 2003) because it was considered neurotoxic. A strong case against thimerosal use was made in 1991 by Seal et al (1991) who was concerned about both safety and preservative efficacy.

The vaccine manufacturers admitted in 1991 (Merck Exhibits 285 and 286) that the mercury dose in vaccines was 87-fold over the safe value yet they continued to market thimerosal. This information was not made public until FDA was forced to release it because of the FDA Mordernization Act of 1997. Moreover, the VAERS program documented 83 cases of autism related to thimerosal exposure between 1990 and 1999 (Exhibits 171 and 172)

During the last two years numerous studies have been published on the relationship between exposure to thimerosal-containing vaccines and autism (Verstraeten et al 2003, Stehr-Green et al 2003, Hviid et al 2003, Madsen et al 2003, Geier and Geier 2003a, Geier and Geier 2003b, Geier and Geier 2003c, Geier and Geier 2004a, Geier and Geier 2004b, Andrews et al 2004, Heron et al 2004). Many of the results presented in these papers were discussed at the Institute of Medicine (Immunization Safety Review transcript 2004). Each of the papers has serious methodological flaws that limit their use in risk assessment. Flaws identified include inappropriate use of trend data, questionable criteria for exclusions, questionable designation of control populations, questionable characterization of doses, inclusion of doses much lower than experienced in the U.S. population, implied assumptions that all autism cases are caused by thimerosal, use of different

diagnostic criteria in the same study, confusing use of hospital records and inappropriate comparisons across studies. It is important to note that a recent publication (Geier 2004b) prior analyses were updated using the VAERS database and methods developed by the National Immunization Program. This publication found statistically significant effects of thimerosal on the incidences of autism, speech disorders, mental retardation, personality disorders and thinking abnormalities. Taken together, the Geier publications demonstrate that thimerosal causes increased incidences of a number of neurodevelopmental disorders, including autism, in a dose dependent manner. These studies have been published following peer review in five separate scientific journals and they paint a picture consistent with other experimental studies on the neurotoxic actions of ethylmercury and thimerosal.

The IOM 2004 report on thimerosal-containing vaccines was funded by the CDC. The record shows that the IOM was inappropriately influenced by the CDC. Transcripts of an early organizational meeting in (IOM transcript Jan 2001) reveal statements to the effect that the Committee would not conclude that thimerosal caused neurodevelopmental disorders because the CDC did not want the IOM to conclude a causal association.

This kind of prejudicial push to a particular conclusion is totally inappropriate for as funding agency requesting an objective evaluation by an IOM Committee or any Committee for that matter. Moreover, the Committee Chair stated, before any evidence was presented, that the Committee would never determine that autism was a true side effect. Statements like this would not be made if the deliberations were intended to be objective and based on scientific facts. The IOM concluded in 2004 that thimerosal does not cause autism, but this conclusion is tainted because of the prejudicial statements made by the Committee at the onset of deliberations and the undue reliance on research conducted by scientists who did not disclose conflicts of interests in their publications. Inexplicably, the IOM Committee seemingly ignored a vast body of science, including epidemiology studies, indicating that thimerosal causes neurodevelopmental disorders. In fact, Congressman Weldon (Weldon 2004) expressed concern that the committee members were biased and had conflicts of interests and that the IOM report did not constitute an objective evaluation of the facts.

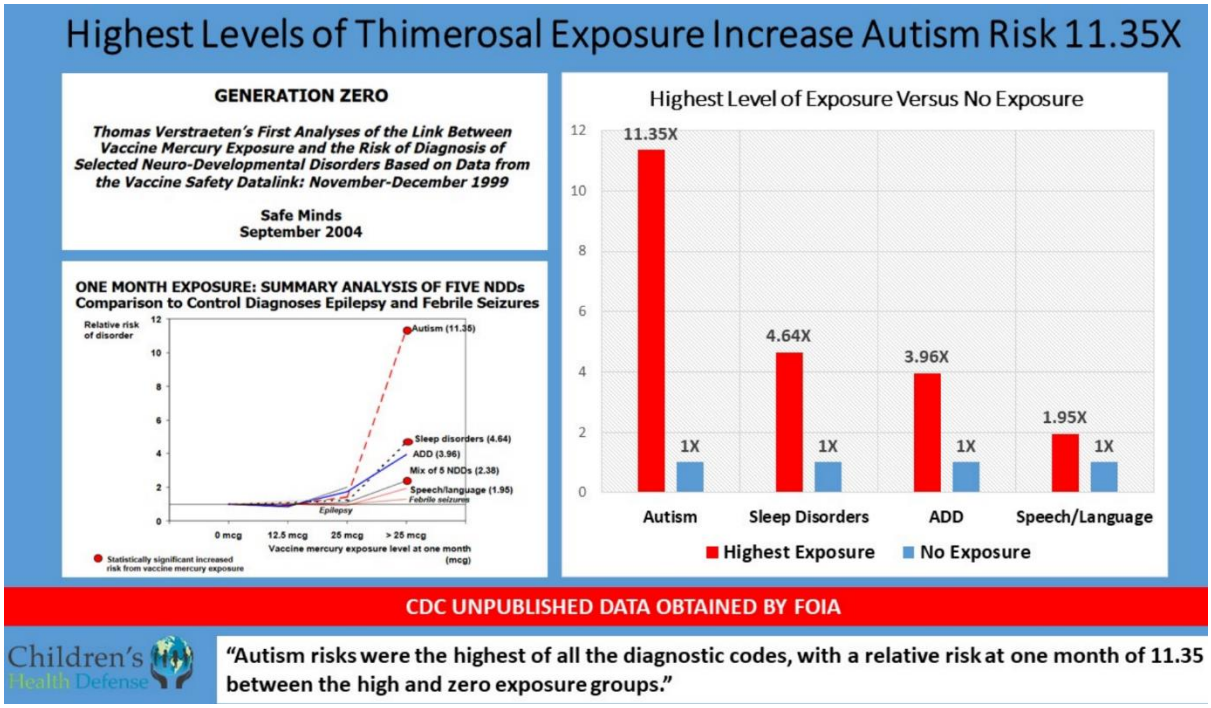
The 2003 Mercury in Medicine Report by the U.S. House of Representatives noted that CDC and the National Immunization Program are conflicted in their ability to monitor the safety of vaccines because they are also trying to increase immunization rates. The report criticized FDA and CDC for being asleep at the switch regarding safety data for thimerosal and for having a misplaced protectionism for the pharmaceutical industry.

The CDC has published (CDC 2005) case definitions for chemical poisoning. They state that laboratory criteria for the diagnosis of organic mercury poisoning is a case in which blood mercury levels exceed 10 ug/L. They do not distinguish between ethyl and methyl mercury in this case definition. A case classification of probable poisoning is defined as "*a clinically compatible case in which a high index of suspicion (credible threat or patient history regarding location and time) exists for organic mercury exposure, or an epidemiologic link exists between this case and a laboratory confirmed case*." Based on these criteria it appears that use of thimerosal in infant vaccines would constitute mercury poisoning as defined by the CDC if consistent with clinical findings.

Conclusions: Companies using thimerosal in their products failed to conduct adequate studies on the toxicity of thimerosal and they did not use or develop safe substitutes for preservatives in vaccines. They failed to warn that thimerosal was unreasonably dangerous because of its neurotoxic properties. The manufacturers failed to heed a vast body of scientific information

indicating that thimerosal was toxic. Therefore, thimerosal was more dangerous than would have been anticipated by pregnant parents bringing their child to the doctor for vaccinations because of the negligence of the manufacturers.

> Babies exposed to 12.5 mcg of mercury during their first month was:
>
> **11.35 times** more likely to be diagnosed with **autism**,
>
> **4 times** more likely to be diagnosed with **ADD**,
>
> **2 times** as likely to have **developmental speech or language** disorders.
>
> *Thomas Verstraeten, "It just won't go away," email to Robert Davis and Frank DeStefano 17 December 1999*
> *Verstraeten Study - CDC*



8.3. Health Protection Agency on mercury

In Maldives, Health Protection Agency has refused to accept the neurological impact of mercury in vaccines, claiming that it is **completely safe** and **effectively excreted**.

In addition, the Health Protection Agency (HPA) is indifferent to the amount of thimerosal in vaccines. For example, Hepatitis B vaccine (given to babies upon their birth) from Biological E Limited (containing 50 mcg thimerosal) is used concurrently in the Maldives with the same vaccine from Serum Institute of India (containing 25 mcg thimerosal).

Furthermore, not only do the multidose vials contain mercury, but also **the single-dose vaccines** used in Maldives contain mercury (thimerosal is usually in multidose vaccine vials due to the need to plunge different needles when giving vaccine to different people from the same vial). There simply is no justification for its use in single-dose vials.

It is astounding that the very institutional body in the Maldives charged with protection of health of all Maldivians has such disregard for the indiscriminate injection of neurotoxic chemicals into babies.

Even though United States, European Union and the more affluents countries phased out use of mercury from their own vaccines by early 2000, the World Health Organization and other related agencies insist that there is "scientific consensus" on mercury's safety in vaccines and continue to push it in developing countries. Health Protection Agency opts to regurgitate what the World Health Organization says without any independent inquiry into it; effectively victimising Maldivian children with their blind faith.

In October 2018, Health Protection Agency published "Mercury Free Policy for Health Care" in Maldives with reference to the Minamata Convention.

Minamata Convention on Mercury

> United Nations Environmental Program (UNEP) announced that 140 nations (including Maldives) reached agreement to begin ratifying the Minamata Convention; which will be an international binding treaty to reduce and eventually eliminate mercury compounds altogether from polluting industries and many common household products.
>
> The vaccine industrial complex (including World Health Organization) which claims to be the champion & protector of human health are resolved to keep vaccines out of this Convention. While the treaty could be accepted as a sort of triumph, the absurdity of the scenario (where child-bearing women, new-borns and small children will be increasingly poisoned by thimerosal containing vaccines) cannot be ignored.
>
> **One may ask, how is it that mercury is not safe for food additives and over the counter drug products, but is completely safe when it gets directly injected through vaccines into the blood stream of day-old babies, infants and pregnant women?**

"Mercury Free Policy for Health Care" report was endorsed by the then Minister of Health, Hon. Abdulla Nazim Ibrahim and in his foreword he wrote that mercury "…can have significant adverse neurological and other health effects including harmful effects to the unborn children and infants based on the exposure levels". Further, "Recognizing the serious health impacts of mercury, Ministry of Health of Maldives realizes the importance of phasing our mercury containing products with safer alternatives in health care facilities."

While the report addressed elemental mercury and methylmercury exposure and hazardousness, it was completely silent on ethylmercury.

However, the report admitted to the hazards of mercury (Article 2.2) where it stated, "**Exposure to either organic or inorganic metals can permanently damage the brain, kidneys, and developing foetus. Harmful effect also occurs to digestive, respiratory, immune system, lungs, kidneys and can be fatal. Adverse health effects that may occur include tremors, impaired vision and hearing, paralysis, insomnia, emotional instability, foetal development issues, attention deficit and childhood developmental delays**."

Although the report specifically notes as a policy objective "To conduct policy advocacy and public education regarding the health and environmental effects of mercury and mercury compounds.", inclusion of ethylmercury and protecting our children from it should not be anticipated.

8.4. Mercury toxicity

In 1990, the California EPA's Office of Environmental Health Hazard Assessment (OEHHA) designated thimerosal as a human reproductive toxin. After a review of federal EPA documents, their report stated:

> "The scientific evidence that demonstrates that thimerosal causes reproductive toxicity is clear and voluminous. Thimerosal (breaks down) in the body into ethylmercury. The evidence for its reproductive toxicity includes severe mental retardation or malformation in human offspring who were poisoned when their mothers were exposed to ethylmercury or thimerosal while pregnant, studies in animals demonstrating developmental toxicity after exposure to either ethylmercury or thimerosal, and data show interconversion to other forms of mercury that also clearly cause reproductive toxicity."

On 24 Sept 2020, FDA issued recommendation for certain high-risk groups (such as pregnant women, nursing women and their new-borns and infants, children younger than 6 years of age, etc) that they may be at greater risk for potential harmful health effects of mercury vapour released from the mercury-containing dental amalgam. **This is an acknowledgement by FDA of the harmful health effects of mercury vapour from dental amalgams**, yet WHO & HPA claims that there are no risks from the mercury directly injected into babies in much higher quantities.

In calling for more stringent action, the International Academy of Oral Medicine and Toxicology said in a statement "In 1985, after mercury vapour release from fillings was established in the scientific literature, the IAOMT issued a declaration that the placement of silver/mercury dental amalgam fillings should cease until evidence of safety could be produced. No evidence of safety was ever produced, and meanwhile, the IAOMT has collected thousands of peer-reviewed scientific research articles to support their position that dental mercury usage should end."

There are over **240 peer-reviewed studies that show the harmful effects of mercury**, from both thimerosal and environmental sources, on brain cells, immune cells and other body systems. These include cellular animal and human studies. There can be no justification for any intentional use of mercury given the extent of this literature.[384]

[384] https://childrenshealthdefense.org/wp-content/uploads/mercury-all-sources-research-combined-chd.pdf

While 2 ppb (parts per billion) is the mandated limit in drinking water and 20 ppb destroys the neurite membrane structure (leong et al., Neuroreport 2001), a Maldivian child receives 25,000 ppb in a single dose vaccine.

"**The Relationship Between the Level of Copper, Lead, Mercury & Autism**" - a review of 18 studies published in various scientific databases was recently (17 October 2020) published which was carried out to determine the relationship between the concentrations of copper, lead and mercury and autism by meta-analysis. The conclusion of this meta-analysis was: "There is, nevertheless, a significant relationship between mercury concentration and autism. **Thus, the concentration of mercury can be listed as a pathogenic cause (disease-causing) for autism.**"[385]

"No Brainer" - a report published in February 2020 by CHEMTrust (a UK based charity working at UK, EU & international level to protect humans and wildlife from harmful chemicals, report authored by Dr Maricel Maffini and peer-reviewed by two of the most eminent scientists Professor Barbara Demeneix and Professor Philippe Grandjean) reports that :

48. "In the US, exposures to mercury, lead and organophosphate pesticides have been associated with the loss of around 40 million IQ points in a population of 25 million children up to 5 years of age."

49. "Mercury, one of the most common and best documented chemicals negatively affecting brain development, interferes with TH (Thyroid Hormone) activation and metabolism. Thyroid Hormone is essential for brain development. TH modulates all the processes implicated in brain development, proliferation, migration, differentiation, myelination, synaptogenesis and plasticity.

Dr Michael Warhurst, Executive Director of CHEM Trust, said:

50. ***"The brain development of future generations is at stake.*** *We need EU regulators to phase out groups of chemicals of concern, rather than slowly restricting one chemical at a time. We cannot continue to gamble with our children's health."*

Prof. Philippe Grandjean (Department of Environmental Medicine, University of Southern Denmark), added:

51. "*The current generation has the responsibility to safeguard the brains of the future*".

"I would insist that the Precautionary Principle must be applied in order to protect the next generation's brains."

Mercury is also known to cause cardiorenal metabolic syndrome (CRS) which consists of a constellation of cardiac, renal, and metabolic disorders that include insulin resistance, obesity, metabolic dyslipidemia, high blood pressure and evidence of early cardiac and renal disease.[386] [387]

[385] https://www.dovepress.com/the-relationship-between-the-level-of-copper-lead-mercury-and-autism-d-peer-reviewed-fulltext-article-PHMT
[386] https://www.ncbi.nlm.nih.gov/pubmed/22258461/
[387] https://www.ncbi.nlm.nih.gov/pubmed/25559775

Infant/childhood leukaemia:

A large percent (around 70%) of infant/childhood with leukaemia carry a specific mutation on MLL gene at chromosome 11q23[388]. It is not heritable. This gene is responsible for blood cell development. An error in blood cell development is at the root of this disease process. Topoisomerase[389] inhibition induces errors in the MLL gene. Thimerosal is a topoisomerase[390] inhibitor that is introduced to the child - at the fetal stage and post-natal stage through vaccines.

> There is plenty of confusion on the topic of vaccination, especially amongst brainwashed doctors who trusted their medical schools. Then the unsuspecting, trusting public trusts them…because the medical establishment must know best, right? And doctors are nice people, trying to do a good thing. True. I was once one of those brainwashed doctors who believed in the benevolence of the medical system and believed that all I learned was the best that modern times had to offer. It is blazingly clear to me now though, that much of what is taught in medical school is enormously limited. **I now see that most doctors are little more than blind slave-technicians who follow the dogma they were taught and were rewarded for repeating, even as the truth unfolds in front of them dictating otherwise.**
>
> Do you know how much doctors learn about vaccines in medical school? When we participate in pediatrics training, we learn that vaccines need to be given on schedule. We learn that smallpox and polio were eliminated by vaccines. We learn that there's no need to know how to treat diphtheria, because we won't see it again anyway. **We are indoctrinated with the mantra that "vaccines are safe and effective"- neither of which is true.**
>
> Doctors are today given extensive training on how to talk to "hesitant" parents – how to frighten them by vastly inflating the risks during natural infection. They are trained on the necessity of twisting parents' arms to conform, or fire them from their practices. **Doctors are trained that NOTHING bad should be said about any vaccine, period.**
>
> Historically it has been commonplace, since the times of the deadly smallpox vaccines – to discourage or silence scholarly, thoughtful and cautious opposition to mass vaccination policies. This is politics, plain and simple, in the environment of cronyism and corporatism that has invaded the supposed health-care industry. The opinions of learned anti-vaccinationist doctors are not permitted on CNN, Fox News, or in mainstream literature."
>
> *Dr Suzanne Humphries, American Board of Internal Medicine certified Nephrologist.*

[388] https://ashpublications.org/blood/article/81/9/2386/170143/Molecular-rearrangements-on-chromosome-11q23
[389] https://academic.oup.com/nar/article/37/3/738/1076151
[390] https://pubs.acs.org/doi/abs/10.1021/tx700341n

Recent evidence based on cellular and animal studies indicates that both thimerosal and aluminium at small concentrations are neurotoxic:

1. Thimerosal-Derived Ethylmercury Is a Mitochondrial Toxin in Human Astrocytes: Possible Role of Fenton Chemistry in the Oxidation and Breakage of mtDNA. Martyn A. Sharpe et al 2012. **The authors noted that finding of this study important as the number of diseases in which mitochondrial dysfunction has been implicated are rapidly increasing**.[391]

   We find that ethylmercury not only inhibits mitochondrial respiration leading to a drop in the steady state membrane potential, but also concurrent with these phenomena increases the formation of superoxide, hydrogen peroxide, and Fenton/Haber-Weiss generated hydroxyl radical. These oxidants increase the levels of cellular aldehyde/ketones. Additionally, we find a five-fold increase in the levels of oxidant damaged mitochondrial DNA bases and increases in the levels of mtDNA nicks and blunt-ended breaks.

2. Thimerosal exposure and increased risk for diagnosed tic disorder in the United States: a case-control study. Finding: **"…the present study associates increasing organic-Hg exposure from TM-HepB and the subsequent risk of a Tic Disorder diagnosis**."[392]

3. Infant/childhood leukaemia: A large percent (around 70%) of infant/childhood with leukaemia carry a specific mutation on MLL gene at chromosome 11q23[393]. It is not heritable. This gene is responsible for blood cell development. An error in blood cell development is at the root of this disease process.

4. Neurotoxic effects of postnatal thimerosal are mouse strain dependent. "**The developing brain is uniquely susceptible to the neurotoxic hazard posed by mercurial**". Hornig et al, 2004.[394]

5. "Cultured lymphocytes from autistic children and non-autistic siblings up-regulate heat shock protein RNA in response to thimerosal challenge", Stephen Walker et al, 2006.[395]

6. "Integrating Experimental (in vitro and in vivo) Neurotoxicity Studies of Low-Dose Thimerosal Relevant to Vaccines", José G Dórea, 2011. Finding: **Thimerosal at concentrations relevant for infants' exposure (in vaccines) is toxic to cultured human-brain cells. The persisting use of TCV (in developing countries) is counterintuitive to global efforts to lower Hg exposure and to ban Hg in medical products**.[396]

7. **Neurological effects of mercury exposure.** Scientific research collated and summarized by Bernard Windham, Biostatistician & Chemical Engineer, Jan 2008.[397]

[391] https://www.hindawi.com/journals/jt/2012/373678/
[392] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4961900/
[393] https://ashpublications.org/blood/article/81/9/2386/170143/Molecular-rearrangements-on-chromosome-11q23
[394] https://www.nature.com/articles/4001529
[395] https://pubmed.ncbi.nlm.nih.gov/16870260/
[396] https://pubmed.ncbi.nlm.nih.gov/21350943/
[397] http://www.keytoxins.com/hgbiblio-files/neurological/citations_windham_09_neurotoxicity.pdf

8. Comparison of Blood Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury in Infant Containing Thimerosal. Finding: **Average brain-to-blood concentration ratio of thimerosal-exposed monkeys was higher than those exposed to methylmercury. A higher percentage of the total Hg (mercury) in the brain was in the form of inorganic Hg for the thimerosal-exposed monkeys** (34% vs 7%).[398]

9. Thimerosal Induces DNA Breaks, Caspase-3 Activation, Membrane Damage, and Cell Death in Cultured Human Neurons and Fibroblasts. Finding: "**First sign of toxicity was an increase in membrane permeability after 2 hours** of incubation with 250 micromolar thimerosal. We demonstrate that thimerosal in micromolar concentrations rapidly induce membrane and DNA damage and initiate caspase-3-dependent apoptosis in human neurons and fibroblasts." Baskin et al, 2003.[399]

10. Effect of thimerosal, a preservative in vaccines, on intracellular Ca2+ concentration of rat cerebellar neurons. Ueha-Ishibashi et al, 2004. Finding: "**Results indicate that thimerosal exerts some cytotoxic actions on cerebellar granule neurons dissociated from 2-week-old rats and its potency is almost similar to that of methylmercury**.[400]

11. "Maternal Thimerosal Exposure Results in Aberrant Cerebellar Oxidative Stress, Thyroid Hormone Metabolism, and Motor Behaviour in Rat Pups; Sex- and Strain-Dependent Effects", Z. L. Sulkowski et al, 2012.[401]

12. **Thimerosal Neurotoxicity is Associated with Glutathione Depletion: Protection with Glutathione Precursors**. James et al, 2005.[402]

13. Effects of Thimerosal on NGF Signal Transduction and Cell Death in Neuroblastoma Cells. Parran et al, 2005. Finding: "With and without Nerve Growth Factor, thimerosal caused elevated levels of fragmented DNA appearing at 0.01 micromolar (apoptosis) to decrease at concentrations >1 micromolar (necrosis). **These data demonstrate that thimerosal could alter Nerve Growth Factor-induced signalling in neurotrophin-treated cells at concentrations lower than those responsible for cell death**.[403]

14. Mitochondrial dysfunction, impaired oxidative-reduction activity, degeneration, and death in human neuronal and fetal cells induced by low-level exposure to thimerosal and other metal compounds. Geier et al 2009. Finding: "Thimerosal at low nanomolar (nM) concentrations induced significant cellular toxicity in human neuronal and fetal cells. **Thimerosal-induced cytoxicity is similar to that observed in Autistic Disorders pathophysiologic studies.** Thimerosal was found to be significantly more toxic than the other metal compounds examined."[404]

[398] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1280342/
[399] https://academic.oup.com/toxsci/article/74/2/361/1716337
[400] https://www.sciencedirect.com/science/article/abs/pii/S0300483X03004104?via%3Dihub
[401] https://pubmed.ncbi.nlm.nih.gov/22015705/
[402] https://www.sciencedirect.com/science/article/abs/pii/S0161813X04001147?via%3Dihub
[403] https://academic.oup.com/toxsci/article/86/1/132/1654176
[404] https://www.tandfonline.com/doi/full/10.1080/02772240802246458

15. **Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing hepatitis B Vaccine: influence of gestational age and birth weight**. Hewitson L., Houser L.A., Stott C., Sackett G., Tomko J.L., Atwood D., Blue L., White E.R., and Wakefield A.J. Neurotoxicology 2009; doi:10.1016/j.neuro.2009.09.008. Hewitson et al, 2009.

16. **Neonatal administration of a vaccine preservative, thimerosal, produces lasting impairment of nociception and apparent activation of opioid system in rats**. Olczak et al, 2009.[405]

17. Dr Fritz Lorscheider, Dr Leong & Dr Naweed Syed from the University of Calgary presented **visual evidence how mercury causes neuro-degeneration**. It is the first direct evidence that low-level mercury exposure as a precipitating factor that can initiate this neuro-degenerative process within the brain. Video is available at: https://www.youtube.com/watch?v=BtFsy0rQsak&feature=youtu.be

18. Study by National Institute of Health found significant correlation between several chronic health conditions (multiple sclerosis, epilepsy, migraines, mental disorders, diseases of the nervous system, thyroid disorders, cancer and infectious diseases) and dental amalgam surfaces (with mercury). U.S. Centers for Disease Control, National Center for Health Statistics NHANES III study (thousands of people's health monitored).

    Mercury has been shown to induce TNFa (tumour necrosis factor-alpha) and deplete glutathione, causing inflammatory effects and cellular apoptosis in neuronal and immune cells. Only a few micrograms of mercury severely disturb cellular function and inhibits nerve growth. Prenatal or neonatal exposures have been found to have life-long effects on nerve function and susceptibility to toxic effects.[406]

[405] https://www.sciencedirect.com/science/article/abs/pii/S0006899309018666?via%3Dihub
[406] www.flcv.com/nhanes3.html and http://www.mercola.com/article/mercury/no_mercury.htm

8.5. Simpsonwood Meeting

CDC conducted a Thimerosal Vaccine Safety Data-link Study (VSD) and presented to the public at Institute of Medicine meeting on "Thimerosal-Containing Vaccines and Neurodevelopmental Outcomes" on 15 July 2001. The study's author was Dr Verstraeten.

Prior to that, CDC held a secret meeting (official title: Scientific Review of Vaccine Safety Datalink Information) popularly known as "Simpsonwood Meeting" which was attended by 51 people including various CDC employees, vaccine industry representatives (from Smith Kline Beecham, Merck, Wyeth, North American Vaccine and Aventis Pasteur) and WHO officials to discuss the Verstraeten Study. The first version of Verstraeten study found a significant association between exposure to thimerosal containing vaccines and autism and neurological developmental delays (NDDs). Various data manipulations were made to reduce the autism association and a final version was reproduced later showing "no significant associations".[407] [408]

"When the VSD study was presented at the July 2001 IOM meeting, the relative risk of autism had been reduced to 1.69. According to Mark Blaxill of SAFEMINDS, all previous versions of the study had used the same dataset. Yet for the version presented at the IOM meeting had an additional 34,334 children added to the database. The majority of the additional children were added by altering the inclusion criteria, as well as by updating the HMO data cycle by adding an additional year, 1998. The additional children were too young to have been diagnosed autistic since they were just turning two at the time the analysis was performed. Autism is diagnosed on average at 44 months.

When Verstraeten, first presented the confidential version for scientific review by a panel of experts at Simpsonwood in June 2000, he said, "One thing that is for sure, there is certainly an under-ascertainment of all these [neurodevelopmental disorders] because some of the children are just not old enough to be diagnosed. So the crude incidence rates are probably much lower than what you would expect because the cohort is still very young."[409]

The documents of the secret Simpsonwood Meeting became "public records" when it became included as such at the Dan Burton's Government Reform vaccination hearings held on 10 December 2002 and these were presented by US Autism Ambassador.

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[407] https://www.autismhelpforyou.com/EXPERT%20PAPER%20-%20Weldon%20To%20CDC%20-%20Internet%20File.pdf
[408] Statement of SafeMinds
[409] http://healing-arts.org/children/cdc.htm

During this meeting, they admit that there is very little pharmacokinetic data on ethylmercury, no data on excretion, the data on toxicity is sparse and recognize it to cause hypersensitivity, neurological problems and even death, and known to easily pass blood-brain barrier and the placenta barrier.

Verstraeten study's finding: **exposure to thimerosal during the first month of life increased the relative risk of autism by 7.6 i.e., 760%**[410] [411]

A major finding of the Verstraeten Study is that there was a **significant risk of ADD with 12.5 mcg exposure** at one month and with exposure at 3 months **a statistically significant increasing risk of neurodevelopmental disorders (including speech disorders) with increasing exposure to thimerosal.**

CDC correspondence between the author Thomas Verstraeten and top-notch scientists revealed **he had manipulated the data at his level from an RR of 11.35** and unable to do so any further sent an SOS for help, "The association will not go away". Consequently, the Simpsonwood meeting was held in secret to bury away the association. During the meeting it was agreed that the results should not reach the public. *Note: a relative risk rate of 2.0 is legally required in a court of law to prove causal link.*

Verstraeten Study was published in the journal Pediatrics reporting no consistent association was found. They were able to do so by adding another HMO to the data. This issue was raised by Congressman Dave Weldon in his letter to the CDC Director.[412]

'The published Verstraeten paper was essentially neutral in its conclusions regarding thimerosal exposure and autism risk. However, the paper must be questioned for several reasons. First, the author presented a draft of his results in 2000 at a meeting in Georgia (Simpsonwood Transcript 2000) which indicated a high risk of neurodevelopmental disorders from thimerosal exposure. However, in subsequent drafts the strength of the association diminished, and the paper eventually published in Pediatrics (Verstraeten 2003) was neutral.

Dr Verstraeten left CDC in 2001 and went to work for a vaccine manufacturer yet his employment with the vaccine manufacturer was not disclosed in the 2003 publication; it appeared as he was still working for CDC. This situation is a serious appearance of conflict and raises the possibility that the data might have been manipulated to make the relationship between autism and thimerosal in the 2000 draft disappear.

Dr Robert Davis, who worked for vaccine companies (Immunization Safety Review 2004), advised Dr Verstraeten on the CDC paper between 2000 and 2002 when many of the changes were made that diminished the relationship between thimerosal and neurodevelopmental disorders. Some of these issues with the CDC study are discussed by Halsey and Geier in their letters to the Editor of Pediatrics (2003)."[413]

In October 2003, US Congressman Dave Weldon also wrote to Dr Julie Gerberding, Director of CDC, raising his concerns in relation to the data manipulation of the Verstraeten study and also the findings of neurological injuries caused by mercury exposure.

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[410] Verstraeten T, Davis RL, Gu D, DeStefano F. Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life. Proceedings of the Epidemic Intelligence Service Annual Conference; 2000; Atlanta, Ga, USA. Centers for Disease Control and Prevention

[411] https://www.safeminds.org/wp-content/uploads/2013/04/GenerationZeroNotes.pdf

[412] Congressman Dave Weldon's letter to CDC Director

[413] https://childrenshealthdefense.org/wp-content/uploads/2016/10/George_Lucier.pdf

Dr Richard Johnson - Chair (Immunologist & Paediatrician, University of Colorado School of Medicine and National Jewish Center for Immunology and Respiratory Medicine) stated: "There is very limited pharmacokinetic data concerning ethylmercury. There is very limited data on its blood levels. There is no data on its excretion. It is recognized to both **cross placenta and the blood-brain barrier**. The data on its toxicity, ethylmercury, is sparse. It is primarily recognized as a cause of hypersensitivity. Acutely it can cause neurologic and renal toxicity, including death, from overdose."

"Because of limited data for ethylmercury and its physical chemical similarities to methylmercury, it was the consensus of the meeting that in the absence of other data, that chronic exposure to methylmercury would need to be used to assess any potential neurodevelopmental risks of ethylmercury, although it was recognized that we needed data specifically on ethylmercury."

"However, we also learned that there is absolutely no data, including animal data, about the potential for synergy, additivity or antagonism, all of which can occur in binary metal mixtures that relate and allow us to draw any conclusions from the simultaneous exposure to these two salts (aluminium & mercury) in vaccines."

"The underlying biologic, toxicologic and pharmacologic data are too weak to offer guidance one way or the other. … Now on the other hand, the data suggests that there is an association between mercury and the endpoints, ADHD, a well-known disability, and speech delay as entered into the database… This association leads me to favour a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available."

"**We agree that it would be desirable to remove mercury from US licensed vaccines, but we did not agree that this was a universal recommendation that we would make because of the issue concerning preservatives for delivering vaccines to other countries**, particularly developing countries, in the absence of hard data that implied that there was in fact a problem."

"My gut feeling? It worries me enough. Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by c-section. Our first male in the line of the next generation, and **I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meantime, I think I want that grandson to only be given thimerosal-free vaccines.** "

(So, it is perfectly acceptable for babies of developing countries to be injected with a known neurotoxin with extensive studies on the deleterious effects on numerous enzymes, mitochondrial energy production, synaptic function, dendritic retraction, neurotubule dissolution and excitotoxicity, while he is not going to give mercury containing vaccines to his own grandchild.)

Dr. John Clements (Expanded Program on Immunization, WHO): "I am really concerned that we have taken off like a boat going down one arm of the mangrove swamp at high speed, when in fact there was not enough discussion really early on about which was the boat should go at all. And I really want to risk offending everyone in the room by saying that **perhaps this study should not have been done at all, because the outcome of it could have, to some extent, been predicted, and we have all reached this point now where we are left hanging,** even though I hear the majority of consultants say to the Board that they are not convinced there is a causality direct link between thimerosal and various neurological outcomes."

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

"So I leave you with the challenge that I am very concerned that this has gotten this far, and that having got this far, how you present in a concerted voice the information to the ACIP in a way they will be able to handle it and not get exposed to the traps which are out there in public relations. What are the potential outcomes and how will you handle it? How will it be presented to a public and media that is hungry for selecting the information they want to use for whatever means they have in store for them?"

"…but I wonder how on earth you are going to handle it from here."

(It is obvious from these statements that Dr Clements is only concerned with the protection of the vaccine programme even if its not safe. This is a shocking admission by a WHO scientist sitting at a meeting discussing a study showing that just 25 mcg of thimerosal exposure would make a child 7.62 times more like to get autism.)

Dr Tom Clarkson: "…animal studies suggested, for example, a suckling animal does not eliminate methylmercury until the end of the suckling period, and there is a mechanism on the study for that. So this is not known for humans. So there could be an age difference in the excretion rates."

Dr Bill Weil (Paediatrician, representing American Academy of Pediatrics): "But from all the other studies of other toxic substances, the earlier you work with the central nervous system, the more likely you are to run into a sensitive period for one of these effects, so that moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity. There are just a host of neurodevelopmental data that would suggest that we've got a serious problem. The earlier we go, the more serious the problem. …being a nephrologist for a long time, **the potential for aluminium and central nervous system toxicity was well established by dialysis data. To think that there isn't some possible problem here is unreal.**"

"**The number of dose related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant.** The positive relationships are those that one might expect from the Faeroe Islands studies. They are also related to those data we do have on experimental animal data and similar to the neurodevelopmental toxic data on other substances, so that I think you can't accept that this is out of the ordinary. It isn't out of the ordinary."

"The rise in the frequency of neurobehavioural disorders whether it is ascertainment or real, is not too bad. It is much too graphic. **We don't see that kind of genetic change in 30 years."**

"I have taken a lot of histories of kids who are in trouble in school. The history is that developmental milestones were normal or advanced and they can't read at second grade, they can't write at third grade, they can't do math in the fourth grade and it has no relationship as far as I can tell to the history we get of the developmental milestones. So I think this is a very crude measure of neurodevelopment."

Dr Loren Koller (Pathologist, Immunotoxicologist, College of Veterinary Medicine): "…we know the developing neurologic system is more sensitive than one that is fully developed…"

Dr Vito Caserta (Chief Medical Officer, Vaccine Injury Compensation Program): "One of the things I learned at the Aluminum Conference in Puerto Rico that was tied into the metal lines in biology and medicine that I never really understood before, is the interactive effect of different metals when they are together in the same organism. It is not the same as when they are alone, and **I think it would be foolish for us not to include aluminum as part of our thinking with this."**

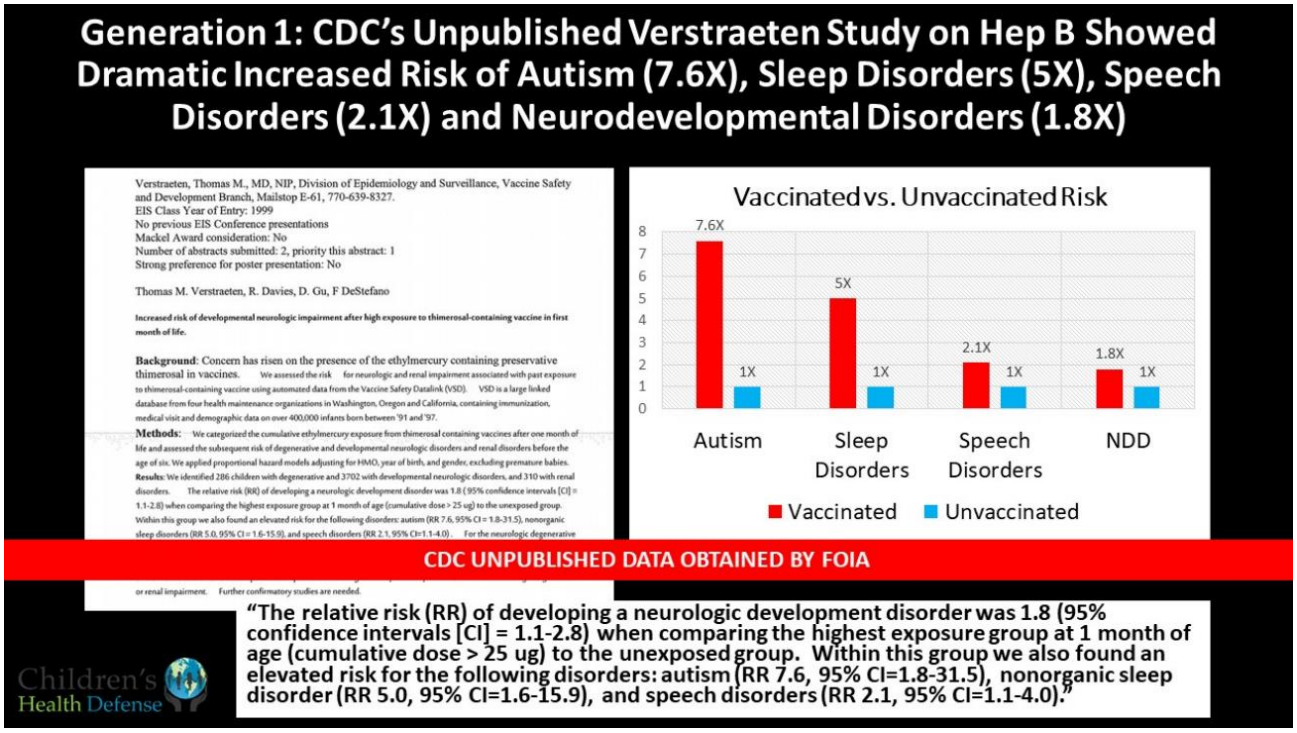
Dr Verstraeten: "…what I will present to you is the study that nobody thought we should do."

"… we have found statistically significant relationships between the exposure and the outcome for these different exposures. First, for two months of age, an unspecified developmental delay, …exposure at three months of age, tics. Exposure at six months of age, an attention deficit disorder. Exposure at one, three and six months of age, the entire category of neurodevelopmental delays, which includes all of these plus a number of other disorders."

"Personally, I have three hypotheses. My first hypothesis is it is parental bias. The children that are more likely to be vaccinated are more likely to be picked and diagnosed. Second hypothesis, I don't know. There is a bias that I have not recognized, and nobody has yet told me about it. Third hypothesis. **It's true, it's thimerosal. Those are my hypotheses."**

"Now, I don't know how much you can extrapolate that from animals to humans, but that tells me **mercury at one month of age is not the same as mercury at three months, at 12 months, prenatal mercury, later mercury. There is a whole range of plausible outcomes from mercury.**"

"In conclusion, the screening analysis suggests a possible association between certain neurologic developmental disorders. Namely, tics, attention deficit disorder, speech and language disorders and exposure to mercury from thimerosal containing vaccines before the age of six months."



414

- In 1974, the FDA convened a panel of experts to evaluate mercury-containing over-the-counter products. In 1980, the FDA panel recommended that thimerosal be banned from topical over-the-counter products. In this same Federal Register, the panel stated that "At the cellular level, thimerosal has been found to be more toxic for human epithelial cells in vitro than mercuric chloride, pheylmercuric nitrate, and merbromin. It was found to be 35.3 times more toxic for embryonic chick heart tissue than for Staphyloccoccus aureus."[415] [416]

  The report cited several studies demonstrating human hypersensitivity to thimerosal and stated that:

  "mercury compounds as a class are of dubious value for anti-microbial use. Mercury inhibits the growth of bacteria, but doe not act swiftly to kill them."

  "The Panel concludes that thimerosal is not safe for OTC topical use because of its potential for cell damage if applied to broken skin, and its allergy potential. It is not effective as a topical antimicrobial because its bacteriostatic action can be reversed."

- In 1998, FDA issues Final Rules on removing all over-the-counter drugs containing mercury (including thimerosal) because it was **not safe & effective**.

[414] www.childrenshealthdefense.org
[415] Federal Register; Docket No. 75N-0183; "Mercury-Containing Drug Products for Topical Antimicrobial Over-the -Counter Human Use;" January 5, 1982, cited by The World Mercury Project, Review of Thimerosal, 2017.
[416] https://childrenshealthdefense.org/wp-content/uploads/2016/10/1982_Federal_Register_Mercury_in_OTC_products_ANPR.pdf

- In 2001, the IOM advised that "full consideration be given to removing thimerosal from any biological or pharmaceutical product to which infants, children, and pregnant women are exposed."[417]

- In May 2003, the Committee on Government Reform of the US Congress found that "the committee, upon a thorough review of the scientific literature and internal documents from government and industry did find evidence that thimerosal did pose a risk" and "our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry."[418]

- In 2004, the Cal/EPA stated, "The scientific evidence that thimerosal causes reproductive toxicity is clear and voluminous … [and] includes severe mental retardation or malformations in human offspring who were poisoned when their mothers were exposed to ethylmercury or thimerosal while pregnant."[419]

- On 8 September 2004, in a hearing of the Congress before the "Committee on Government Reform, House of Representatives, U.S." William Egan, Acting Director, Office of Vaccines Research and Review, Center for Biologics Evaluation and Research, **FDA admitted that thimerosal was never tested since 1929**. (In 1929, thimerosal manufacturer Eli Lily tested it on 27 people dying of meningitis. All of them died of meningitis and Eli Lily said that there was no correlation between their death and the mercury in vaccines.)[420]

- Meta-analysis: "Integrating Experimental (In Vitro and In Vivo) Neurotoxicity Studies of Low-dose Thimerosal Relevant to Vaccines", José G. Dórea (2011)

> For infectious diseases where immunization can offer lifelong protection, a variety of simple models can be used to explain the utility of vaccination as a control method. However, for many diseases, immunity wanes over time…. Here we show how vaccination can have a range of unexpected consequences. We predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination."
>
> *Heffernan JM & Keeling MJ. "Implication of vaccination and waning immunity."*

[417] Immunization Safety Review: Thimerosal-Containing Vaccines and Neurodevelopmental Disorders, 1 Oct 2001
[418] United States. Mercury in medicine report. Congressional Record, Washington: GPO, May 21, 2003: 1011-1030
[419] http://oehha.ca.gov/prop65/CRNR_notices/pdf_zip
[420] https://www.youtube.com/watch?v=tBRwOohhHuA&feature=youtu.be

Thimerosal was removed from all over-the-counter products when the FDA issued final rules in the Federal Register in 1998 acknowledging that thimerosal is not generally recognized as being safe or effective (GRASE).[421]

Issued in Kansas City, Missouri, on April 4, 1998.

chael Gallagher,

anager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–10596 Filed 4–21–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 310

[Docket Nos. 75N–183F, 75N–183D, and 80N–0280]

RIN 0910–AA01

Status of Certain Additional Over-the-Counter Drug Category II and III Active Ingredients

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule.

SUMMARY: The Food and Drug Administration (FDA) is issuing a final rule stating that certain ingredients in over-the-counter (OTC) drug products are not generally recognized as safe and effective or are misbranded. FDA is issuing this final rule after considering he reports and recommendations of arious OTC drug advisory review panels and public comments on proposed agency regulations, which were issued in the form of a tentative final monograph (proposed rule). Based on the absence of substantive comments in opposition to the agency's proposed nonmonograph status for these ingredients, as well as the failure of interested parties to submit new data or information to FDA under the regulation, the agency has determined that the presence of these ingredients in an OTC drug product would result in that drug product not being generally recognized as safe and effective or would result in misbranding. This final rule is part of the ongoing review of OTC drug products conducted by FDA.

DATES: Effective October 19, 1998.

FOR FURTHER INFORMATION CONTACT: Gerald M. Rachanow, Center for Drug Evaluation and Research (HFD–560), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–2307.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of November 7, 1990 (55 FR 46914), FDA published under § 330.10(a)(7)(ii) (21 CFR 330.10(a)(7)(ii)), a final rule on the status of certain OTC drug Category II and III active ingredients. That final rule declared as not generally recognized as safe and effective certain active ingredients that had been proposed as nonmonograph (Category II or Category III) under the agency's OTC drug review. The periods for submission of comments and new data following the publication of a notice of proposed rulemaking (NPRM) had closed and no significant comments or new data had been submitted to upgrade the status of these ingredients. In each instance, a final rule for the class of ingredients involved had not been published to date.

In the **Federal Register** of May 10, 1993 (58 FR 27636), FDA published a final rule establishing that certain additional active ingredients in OTC drug products are not generally recognized as safe and effective or are misbranded. That final rule included active ingredients from a number of OTC drug rulemakings that were not covered by the November 7, 1990, final rule. (See Table I (58 FR 27636 at 27639 to 27641) for a list of OTC drug rulemakings and active ingredients covered by that final rule.)

At that time, there were other OTC drug review rulemakings for which the period for submission of comments and/or new data was still pending. Those periods have now closed, and there are a number of active ingredients for which no significant comments or new data were submitted. In each instance, a final rule for the class of ingredients involved has not been published to date. This final rule addresses some of the Category II and Category III active ingredients in those classes of ingredients, specifically active ingredients considered in the rulemakings for OTC vaginal contraceptive, first aid antiseptic, and antimicrobial diaper rash drug products.

In the advance notice of proposed rulemaking (ANPRM) for OTC vaginal contraceptive drug products (45 FR 82014, December 12, 1980), the Advisory Review Panel on OTC Contraceptives and Other Vaginal Drug Products placed phenylmercuric acetate and phenylmercuric nitrate in Category II for safety and placed dodecaethylene glycol monolaurate (polyethylene glycol 600 monolaurate), laureth 10S, and methoxypolyoxyethyleneglycol 550 laurate in Category III for efficacy. In the tentative final monograph (TFM) for OTC vaginal contraceptive drug products (60 FR 6892, February 3, 1995), the agency proposed that all of these ingredients be nonmonograph. In response to this TFM (NPRM), the agency received no comments or data relating to the safety and effectiveness of these ingredients.

In the ANPRM for mercury-containing drug products for OTC topical antimicrobial use (47 FR 436, January 5, 1982), the Advisory Review Panel on OTC Miscellaneous External Drug Products placed all mercury compounds in Category II for topical antimicrobial use. This included the following ingredients: Ammoniated mercury; calomel (mercurous chloride); merbromin (mercurochrome); mercuric chloride (bichloride of mercury, mercury chloride); mercufenol chloride (ortho-chloromercuriphenol, ortho-hydroxyphenylmercuric chloride); mercuric salicylate; mercuric sulfide (red mercuric sulfide); mercuric oxide, yellow; mercury; mercury chloride; mercury oleate; nitromersol; para-chloromercuriphenol; phenylmercuric nitrate; thimerosal; vitromersol; and zyloxin. In the NPRM for OTC first aid antiseptic drug products (56 FR 33644, July 22, 1991), the agency proposed that all of these ingredients were either Category II or Category III. In response to this NPRM, the agency received no comments or data relating to the safety and effectiveness of these ingredients.

In an amendment to the proposed rulemaking for OTC topical antimicrobial drug products (55 FR 25246, June 20, 1990), the agency proposed that p-chloromercuriphenol and all other ingredients containing mercury were Category II for the treatment and prevention of diaper rash. In response to this NPRM, the agency received no comments or data relating to the safety and effectiveness of these ingredients.

II. Affected Rulemakings and Category II and III Ingredients

Table I of this document lists the titles and docket numbers of the specific rulemakings containing active ingredients that are addressed in this document, together with the publication dates of the ANPRM and the NPRM, as well as the closing dates for comments and submission of new data for each rulemaking. FDA advises that the active ingredients discussed in this document (see Table II of section II of this document) will not be included in the relevant final monographs because they have not been shown to be generally recognized as safe and effective for their intended use. The agency further advises that these ingredients should be eliminated from OTC drug products 6 months after the date of publication in the **Federal Register** of this final rule regardless of whether further testing is undertaken to justify future use.

[421] https://childrenshealthdefense.org/wp-content/uploads/2016/10/Federal_Register_4-22-98_Thimerosal_not_GRASE_and_misbranded.pdf

Email discussion regarding the use of thimerosal-containing influenza vaccines administered to pregnant women, infants and children - Dr. William Egan, acting Director of the Center for Drugs and Biologics (CDER)

FLU THIMEROSAL

Bernier, Roger

From: Strikas, Ray
Sent: Wednesday, September 29, 1999 5:12 PM
To: Strikas, Ray; Fukuda, Keiji; Bridges, Carolyn; Sinks, Tom; Kilbourne, Edwin M., M.D.; Falk, Henry; De Rosa, Christopher (Chris); Mawle, Alison; O'Connor, Dawn E.; Dowell, Scott; Mast, Eric; Margolis, Harold
Cc: Bernier, Roger; Livengood, John; Wharton, Melinda; Cox, Nancy; Breiman, Robert F; Myers, Martin G.
Subject: RE: Please attend conference call to discuss CDC positions on thimerosal containing vaccines

Point of clarification, after some questions arose:

The call will focus on item 4, in an effort to develop interim guidance for CDC staff that can be used to handle public inquiries (but not for publication), as well as see if developing more detailed information later is desirable. This discussion will help us develop suggestions for the ACIP as it ponders the need and content for any possible publication on this issue. We will rely on the ACIP to recommend the final approach to any publication (i.e., Notice to Readers in MMWR), which would be issued under their name. We can also decide if and how, paraphrasing Dbde Snider, a detailed scientific "*deliberative process* [will occur at CDC] *and* [how to] *report the outcome in an appropriate medium.*"

In discussing the influenza matter, general themes and and outstanding issues on thimerosal may come up, which will help us in presenting items 1-3 to ACIP. If time permits next week, we may discuss these in turn briefly.

Thank you.

-----Original Message-----
From: Strikas, Ray
Sent: Wednesday, September 29, 1999 3:29 PM
To: Fukuda, Keiji; Bridges, Carolyn; Sinks, Tom; Kilbourne, Edwin M., M.D.; Falk, Henry; De Rosa, Christopher (Chris); Mawle, Alison; O'Connor, Dawn E.; Dowell, Scott; Mast, Eric; Margolis, Harold
Cc: Bernier, Roger; Livengood, John; Wharton, Melinda; Cox, Nancy; Strikas, Ray; Breiman, Robert F; Myers, Martin G.
Subject: Please attend conference call to discuss CDC positions on thimerosal containing vaccines

In preparation for the October 20-22 ACIP meeting. Roger Bernier requested I set up this call.

Please let me know which of these times DO NOT work for you to attend the call, and if you think others should be invited to it, let me know that as well. We will plan for a one hour call, but can go over if necessary, and I will set up a conference call bridge for those attending.

Tuesday, Oct. 5: 10-12

2-4

Wednesday, Oct. 6 10-12

The specific objectives of the call are to develop a CDC consensus, or a process for consensus on the following issues, ideally to be ready for presentation to the ACIP:

1. Should there be any further changes to the recommendations for hepatitis B vaccination of infants?

2. Should CDC recommend a preference for use of thimerosal-free DTP vaccines?

3. Should CDC recommend a preference for use of thimerosal-free Hib vaccines?

4. Develop language for a draft Notice to Readers on continuing to recommend influenza vaccine, despite presence of thimerosal, for high-risk children, and pregnant women, that could be used for interim guidance by CDC staff, pending ACIP decision on the matter.

Many of you were involved in recent detailed verbal and e-mail discussions on the last issue. To help focus that discussion, I will attempt to summarize the pertinent varying points of view from e-mails, with the author(s) attributed

1

in parentheses. Please correct me or elaborate if the points are not clear, by return e-mail or at the call itself, since I did not quote some entire messages, but what appeared to be the most cogent points. The major question appears to be can or should CDC/ACIP develop a Notice about use of influenza vaccine containing thimerosal that is very brief, with no or very few data, and then shortly thereafter publish a more detailed document with all the relevant data, or are these two concepts inseparable?

If we decide that more time for this discussion and further review of data is necessary, as Dixie Snider and Tom Sinks suggest in the first two notes below, we can schedule that as well, if necessary, but for now we are aiming at the interim guidance I noted above.

General:

I still don't think we are using the data on "permissible" methyl mercury exposure levels to properly assess risk. The whole issue of relating what we're giving in vaccines to their impact on blood and tissue levels of Hg rather than relating them to the chronic exposure standards of ATSDR, EPA, etc. seems to have not been something that we have been able or willing to delve into. Until we do that, I don't think we're analyzing the situation appropriately.

Bottom line - I would like to see NCID, NVPO, NIP, and NCEH develop a deliberative process and report the outcome in an appropriate medium. However, until that is done, it is a fact that CDC, ACIP, and AAP have not changed their recommendations regarding administration of flu vaccine and I think that can be said in several venues without having a special article at this time.
(Snider)

... if there is a need to look specifically at the issue of thimerosol and pregnant women and infants getting influenza, we should do this in such a way that can be referred to. I think Dixie also supported this. If it were me, I would bring together a few knowledgeable people and sorting through the possibilities for using the vaccine versus what we know and don't know re thimerosol. I think a 1/2 day or day to go over the issues, make some calculations, and develop a position paper on this would be the way to go. You could then refer to the process and defend it to anyone who wanted to criticizes it. I would suggest someone from ATSDR, myself and Ed, George Lucier from NTP, and Bern Schwetz from FDA to handle the Hg risk side and some vaccine and influenza people to handle the benefit and situation side. (Sinks)

Suggested partial rewrite and approach by Ed Kilbourne:

"Like many childhood vaccines, Influenza vaccines contain thimerosal as a preservative. Despite the lack of any specific data documenting harm from the very small quantities of preservative present, it has been judged prudent to develop thimerosal-free vaccines, and vaccine companies have already started to do so. Although this year's vaccines do contain thimerosal, the documented, severe health consequences from failure to vaccinate far outweigh any possible risk from thimerosal. Accordingly, the (ACIP) recommendations regarding who should receive influenza vaccination are unmodified."

And that's all I would say. I would not go into a quantitative analysis comparing the exposure with the ATSDR MRL or analogous numbers put forth by other agencies. I would not go into safety margins, which are debatable. I would not go into differences between fetal and adult brains. And I certainly would not center the whole communication around the thimerosal issue. Ultimately, what you hope to address is the overall public health problem. The concern of substance is influenza, not possible ill effects of thimerosal. The article should reflect those priorities in approach.
(Kilbourne)

Notice was [originally] intended to let people know there were no changes in recommendations. It was not to revisit the issue of what is "acceptable" based on what evidence (or lack thereof). (Fukuda)

Influenza vaccination of high risk children:

"The risks of not vaccinating high-risk children far outweigh the unknown and probably much smaller risk, if any, of neurodevelopmental effects posed by exposure to thimerosal-containing vaccines." *How can you say this if it is unknown? While the risks of not immunizing children may be clear, the risks of thimerosal are uncertain - your statement is too strong. (Sinks)*

2

"There are no data or evidence of any harm caused by the level of exposure that some children may have encountered in following the existing immunization schedule." *Nor is there any evidence that it doesn't pose a risk - because nobody has looked - aren't there some studies showing increased exposure to Hg following immunization with Hep B? (Sinks)*

Influenza vaccination of pregnant women:

I would feel much better if you could share the actual numbers that were persuasive to you all in crafting the statement (Dowell)

I think this needs to be more quantitative and should reflect the uncertainty that exists. At least mention that you are basing these conclusions on what is known about oral ingestion of methyl Hg or see the language we worked upon for the last notification on Hep B vaccine. (Sinks)

Perhaps some wording to the effect that the mercury exposure from a flu vaccine would be less than (?a week's dietary intake for a woman who eats fish once a week?) or some such statement at the end of the third paragraph would put the issue in perspective. (Dowell, Walt Orenstein, perhaps others)

"The chronic, daily mercury ingestion reported [in several studies – primarily Seychelles study] greatly exceeds the amount of mercury that a pregnant woman would receive from a single annual dose of thimerosal-containing influenza vaccine." *[This]sentence might well be deleted. I don't think it adds anything and, in some ways is misleading. I am not sure that I would want to argue, for example, that one could take the allowed amount of mercury for a year and administer it as a bolus injection with the same outcome as having has it spaced out evenly over the year; the issue then becomes one of how much of a bolus can one give at one time without harmful effect and this data does not exist (or at least I'm not aware of them). (Egan, FDA)*

In order to prepare such a statement that CDC folks can be comfortable with, we should redraft the notice to readers to contain more information about Hg blood levels that a pregnant woman might experience as a result of flu vaccination and why such levels are judged safe. (Bernier [for NIP].

END

Raymond A. Strikas
tel. 404-639-8749
fax. 404-639-8616
ras8@cdc.gov

CDC's Dr Coleen Boyle suggested manipulating autism diagnosis age in 2000.

6 weeks before the Simpsonwood meeting, Boyle suggested manipulating the data by adding 1 and 2 year olds to the data set; kids too young to have an ASD diagnosis – in order to dilute the danger. Below is her email to Frank DeStefano making her suggestion (point 2)

Graham, Laverne

From: Boyle, Coleen
Sent: Tuesday, April 25, 2000 3:55 PM
To: Destefano, Frank
Cc: Sinks, Tom
Subject: comments of analysis

Frank: Just a few comments from yesterday's presentation:

General comment: Given the complexity of the analysis, it would be helpful to me to have more information on the cohort -- basic descriptive statistics.

1. how consistent were the findings by various subgroups -- e.g. between HMOs, race groups, gender, etc.

2. Since most of the dx's are generally not picked up until the 2nd or 3rd year of life had you considered eligibility criteria of at least 18 months or 2 years?? What happens if you do this?

3. Show analyses with and without perinatal/congenital conditions deleted (by eliminating the premature kids you have already excluded those at greatest risk of a DD.)

4. Early dx of these disorders is strongly associated with SES -- can you control for your marker variable of SES (Not sure if SES is related to thimerosal, but surely compliance with vaccination schedule.)

5. For me the big issue is the missed cases -- and how this relates to exposure. Clearly there is gross underreporting -- 1.4% of the kids dx'ed with a speech and language problem vs. 4-5% from reported in national surveys; <1% with ADHD vs 3-10% reported previously; etc.

6. There seem to be small numbers in the none and low exposure groups -- how do the characteristics of these groups differ from the higher exposure groups

7. Just a note: your case definition slide does not match what are presented in the tables.

Hope this is helpful -- let me know if there is anything else I can do.

thx

Coleen A. Boyle, PH.D.
Acting Assistant Director for Science
Division of Birth Defects, Child Development, and Disabilitiy and Health
National Center for Environmental Health
Centers for Disease Control and Prevention
4770 Buford Hwy
Mailstop F-15
Atlanta, GA 30341
cab3@cdc.gov
770/488-7366
FX 770/488-7361

Verstraeten study (original unpublished study):[422]

Verstraeten, Thomas M., MD, NIP, Division of Epidemiology and Surveillance, Vaccine Safety and Development Branch, Mailstop E-61, 770-639-8327.
EIS Class Year of Entry: 1999
No previous EIS Conference presentations
Mackel Award consideration: No
Number of abstracts submitted: 2, priority this abstract: 1
Strong preference for poster presentation: No

Thomas M. Verstraeten, R. Davies, D. Gu, F DeStefano

Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life.

Background: Concern has risen on the presence of the ethylmercury containing preservative thimerosal in vaccines. We assessed the risk for neurologic and renal impairment associated with past exposure to thimerosal-containing vaccine using automated data from the Vaccine Safety Datalink (VSD). VSD is a large linked database from four health maintenance organizations in Washington, Oregon and California, containing immunization, medical visit and demographic data on over 400,000 infants born between '91 and '97.

Methods: We categorized the cumulative ethylmercury exposure from thimerosal containing vaccines after one month of life and assessed the subsequent risk of degenerative and developmental neurologic disorders and renal disorders before the age of six. We applied proportional hazard models adjusting for HMO, year of birth, and gender, excluding premature babies.

Results: We identified 286 children with degenerative and 3702 with developmental neurologic disorders, and 310 with renal disorders. The relative risk (RR) of developing a neurologic development disorder was 1.8 (95% confidence intervals [CI] = 1.1-2.8) when comparing the highest exposure group at 1 month of age (cumulative dose > 25 ug) to the unexposed group. Within this group we also found an elevated risk for the following disorders: autism (RR 7.6, 95% CI = 1.8-31.5), nonorganic sleep disorders (RR 5.0, 95% CI = 1.6-15.9), and speech disorders (RR 2.1, 95% CI=1.1-4.0) . For the neurologic degenerative and renal disorders group we found no significantly increased risk or a decreased risk.

Conclusion: This analysis suggests that high exposure to ethylmercury from thimerosal-containing vaccines in the first month of life increases the risk of subsequent development of neurologic development impairment, but not of neurologic degenerative or renal impairment. Further confirmatory studies are needed.

[422] http://vaccinesafetycommission.org/pdfs/48-2000-Proceedings-Mercury.pdf

Email subject: "It just won't go away"

Verstraeten's finding of thimerosal and neurological developmental conditions isn't "just going away" despite data manipulation.

Graham, Laverne

From: Verstraeten, Thomas
Sent: Friday, December 17, 1999 4:40 PM
To: 'Robert Davis'
Cc: Destefano, Frank
Subject: It just won't go away...

Hi,
Attach please find four tables with RRs and three SAS programs:
Sumstat_alldia_sort (created by TH_anal_nonbob_expl3.txt) has the RRs after PH models adjusted for gender, site and birthyear for all diagnoses included.
Sumstat_alldia_sort2 has the RR for the conditions that came out to be relevant from the first list.
Sumstat_alldia_strat (created by TH_anal_bob_str) has the same after stratification for site, year and month of birth, adjusting for gender and leaving out the kids that got HepB immunoglobulines. It differs very little from the previous, except for the coordination disorders.
Sumstat_bob (created by TH_anal_bob_expl3.txt) has the RRs for the categories of diagnoses, adjusted, not stratified (I did it for one and got basically the same result).
In the lists you'll also see the sample size for each category and the referent category, some of which are quite small when making 4 categories, reason for using 3 slightly different categories with similar results (Hg3cat1 vs. hg4cat1 and hg3cat3 vs. hg4cat3).
I added another exposure variable (addcat) in one llist that looks at the increase of mercury each month for the first three months, divided by the average bodyweight in the first, second and third month and takes the maximum value of this. This does not show much, to which I would conclude that, except for epilepsy, all the harm is done in the first month.

As these neurologic developmental conditions are very much related (odds of having one when also having the other go from 20 to 100!), I added the first five (called mix) and checked what happened to the RRs. (You get some sort of average.) I will explore the possibility of some sort of factor analysis to replace the conditions by one variable.

As you'll see some of the RRs increase over the categories and I haven't yet found an alternative explanation... Please let me know if you can think of one. Frank proposes we discuss this on a call after NewYear.

Also attached my EIS abstract to get your input.

Happy holidays!

Thomas Verstraeten, M.D.
Epidemic Intelligence Service Officer
Vaccine Safety and Development Branch
National Immunization Program
Centers for Disease Control and Prevention
1600, Clifton Road, NE
Atlanta, GA 30333 MS-E61
Tel. (404) 639-8327
Fax (404) 639-8834
e-mail tbv2@cdc.gov

Dr Peter Patriarca - Director, Division of Viral Products, FDA, wrote the below email.

Brockner Ryan, Beth

From: Patriarca, Peter
Sent: Friday, July 02, 1999 10:24 AM
To: BACHORIK, LAWRENCE
Cc: Baylor, Norman; Esber, Elaine; Goldenthal, Karen; Ball, Leslie; Deal, Carolyn D.
Subject: RE: Q and As

Sensitivity: Confidential

Larry: I also have a few suggestions and some "heads-up's" which you may wish to consider ... they represent my own personal views, and, in the interest of time, have not been cleared by my superiors.

You may wish to point out that (1) FDA continuously examines safety, potency, and purity issues for all vaccines and works closely with manufacturers to improve every product wherever and whenever possible [i.e., the thimerosal issue is part of larger, global effort to make vaccines even more safe and efficacious than they currently are]; (2) FDA began the process of encouraging thimerosal-free preparations before FDAMA through the IND and pre-PLA processes [I'm not sure if we can compile specific examples rapidly ... Karen Goldenthal may know]; and (3) thimerosal has potential benefits as well as potential risks -- it's not simply a matter of "thimerosal is a totally inert, unnecessary ingredient, and is potentially bad ... so let's get rid of it". Thimerosal has been an important component in the manufacturing of certain vaccines, and the addition of thimerosal to the final (multi-dose) container provides additional assurances that the product will not become contaminated with bacteria once the vial is entered by the practitioner. In addition, removal of thimerosal -- if and whenever possible [and FDA is now actively pursuing this, as you probably know] -- could have other important "non-medical" downsides, including the potential elimination of multi-dose presentations for certain vaccines, which will (i) increased the cost of vaccines; and (ii) increase storage [space] requirements in the clinic setting. You should also be aware that if the U.S. (and perhaps the EU) adopts a position that the theoretical risk of ethyl mercury exposure outweigh its potential benefits to the point where no vaccines used in the US or Europe will contain thimerosal [which is where things appear to be headed], this could also have a severe impact on global ("third world") vaccination programs, particularly for hepatitis B and whole-cell DTP vaccines, which, for various reasons, will almost certainly have to have thimerosal as an ingredient for potentially many years to come. WHO has already made a plea to the Academy of Pediatrics to "tread lightly" and "consider the global ramifications" of their evolving policy.

Finally, in my own personal opinion -- and as a heads-up because I believe it could come up -- the greatest point of vulnerability on this issue is that the systematic review of thimerosal in vaccines by the FDA could have been done years ago and on an ongoing basis as the childhood immunization schedule became more complex. The calculations done by FDA are not complex. I'm not sure if there will be an easy way out of the potential perception that the FDA, CDC and immunization policy bodies may have been "asleep at the switch" re: thimerosal until now.

-----Original Message-----
From: Ball, Leslie
Sent: Thursday, July 01, 1999 11:08 PM
To: BACHORIK, LAWRENCE
Cc: Baylor, Norman; Esber, Elaine; Patriarca, Peter; Goldenthal, Karen
Subject: Q and As
Sensitivity: Confidential

Larry:

Attached are my suggested revisions to the Q and As. Regarding the literature review, we found several reports of acute toxicity at high doses, as well as hypersensitivity reactions at low doses, especially from topical exposure. Regarding the VAERS search, there were 45 reports in the VAERS database from 1990 to 1998 for thimerosal. Most reports involved allergic reactions (hypersensitivity), although a cause-and-effect relationship could not be established.

I hope this helps.

<< File: thimerosalQA1.doc >>

CDC alters FDA calculations on mercury.

Brockner Ryan, Beth

From: Ball, Leslie
Sent: Tuesday, July 06, 1999 3:53 PM
To: Baylor, Norman
Cc: 'Pless, Robert'; Ball, Robert; Pratt, Douglas R.; Goldenthal, Karen; Geber, Antonia; BOLGER, PHILIP
Subject: RE: CDC Q and A's

Importance: High
Sensitivity: Confidential

Regarding the FDA calculations for Hg exposure from thimerosal, presented to the IAG on 6/28/99 and AAP on 6/30/99:

Above all, it is important to emphasize the original intent of the FDA calculations. The purpose of these calculations was to determine whether infant exposure to ethyl mercury exceeds established guidelines for exposure to methyl mercury. They were not intended to serve as maximum exposure limits, the manner in which the CDC is now using them.

These were meant to be preliminary calculations based on the most conservative assumptions (meaning maximum possible exposure to thimerosal in the first 6 months of life). We appreciated that there would be alternate (and perhaps better) approaches.

The differences between the CDC and FDA numbers appear to be based on the following:

1) 5% weight at 6 months (FDA: 4.1 kg; CDC 5.6 kg). Our number was based on growth curves for premature infants found in the Harriet Lane Handbook. The CDC numbers probably have a firmer basis (NHANES data?) In addition, the FDA weight was based on averaging male/female weights. CDC calculates these separately. The weight difference alone appears to allow an extra 14 ug exposure for the CDC calculations.

2) Time period of exposure: The FDA used 26 weeks (6 months); the CDC uses 30 weeks (7 months). This difference accounts for an extra 11 ug for the CDC calculations.

3) Average weight over 6 months: The CDC uses a weighted average month by month, the FDA used average weight between birth and 6 months. This different assumption does not contribute much to the difference between the CDC and FDA calculations.

If the CDC is planning to use these calculations as dosing guidelines, there are two important considerations:

1) These calculations do not account for other sources of Hg in the environment. Even infants can have additional exposures, e.g., breast milk.

2) Has the application of these calculations as exposure guidelines received the sign off by toxicologists? In prior discussions, the toxicologists seemed reluctant to state any Hg level was "safe". This approach leaves open the criticism that the PHS is arbitrarily designating a certain level as acceptable when there continues to be so much uncertainty about the science in this area.

I hope this information is helpful.

Leslie

—Original Message—
From: Pless, Robert [SMTP:rkp2@cdc.gov]
Sent: Tuesday, July 06, 1999 12:25 PM
To: Ball, Leslie K. (FDA)
Subject: RE: CDC Q and A's

They were "taken over" by Barbara Reynolds et al.
Hopefully drafts are being circulated to your area as well.

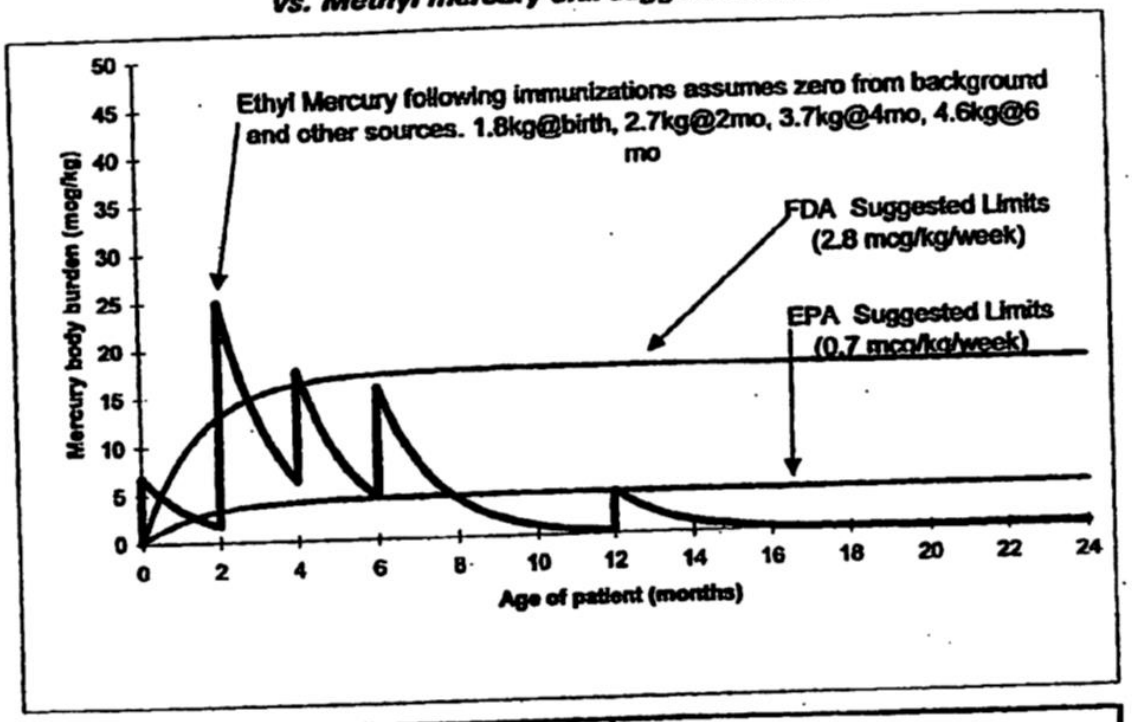
By the way, I would like to touch base regarding your calculations for the maximum allowable "dose" in the first 6 months.
You have a birth weight of 2.5kg and a weight of 4.1kg at 6 months. I cannot locate the 6 month weight. The text I have says 5.6

(see attached)

Rob.

MeHg PK.02a burden New 30 day weight corrected.xls

Ethyl mercury body burden after Thiomersal injections vs. Methyl mercury oral suggested limits



Immunization Model: D = Do [exp(-Ke t)]

Oral Environmental model: Do = Dss (1-exp(-Ke*t))

Dose History/kg	
Dose (mcg)	Time (months)
6.9	0
23.2	2
13.5	4
13.6	6*
0.0	7*
5.0	12
0.0	18*

* Excludes 12.5 mcg influenza

50.2	6 month total/kg
55.2	2 year total/kg

Dmax (at 6+mo) = 16

Model Parameters	
Telim (days)	30
Telim (weeks)	4.29
Telim (months)	1.00
Ke (/month)	0.693

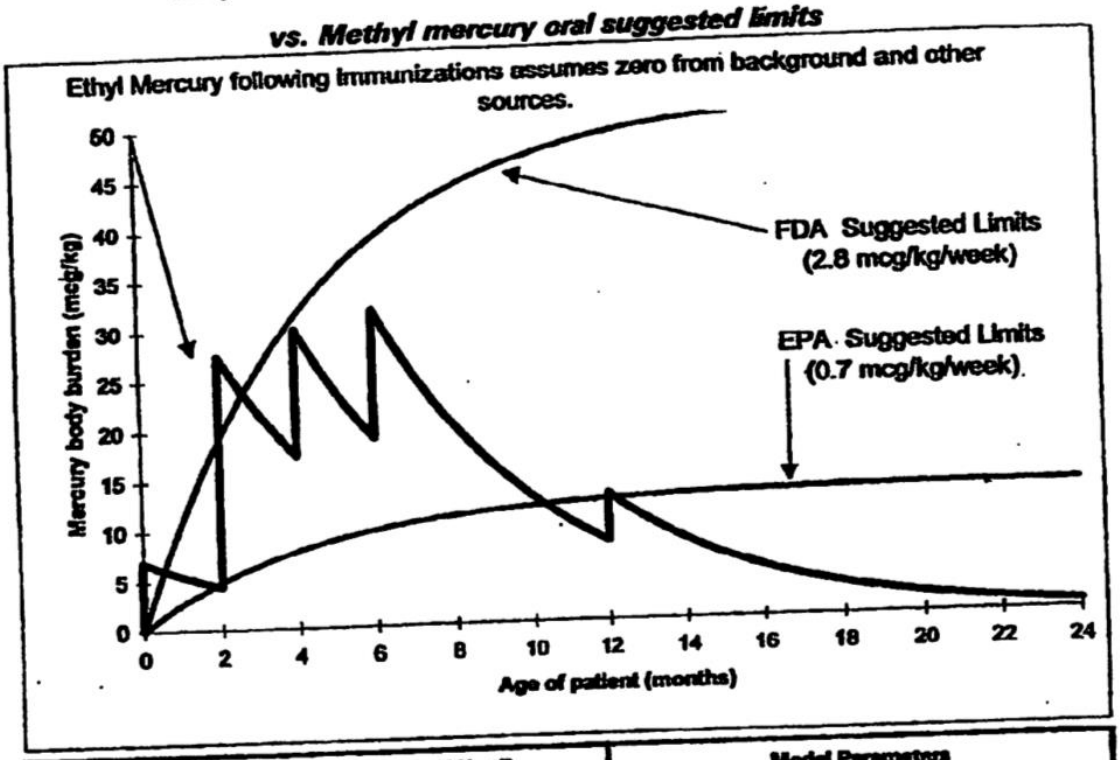
Dss corrected for Ke	
Ke (/week)	0.16
EPA (0.7 mcg/kg/week)	4.33
FDA (2.8 mcg/kg/week)	17.3
	Telim (days)
95%-tile half-life	90
Nominal half-life	52
5%-tile half-life	30

2:12 PM, 6/28/99

MeHg PK.02a burden New 90 day weight corrected.xls

Propert
SafeM

Ethyl mercury body burden after Thiomersal injections vs. Methyl mercury oral suggested limits



Immunization Model: D = Do [exp(-Ke t)]	
Oral Environmental model: Do = Dss (1-exp(-Ke*t))	

Dose History/kg	
Dose (mcg)	Time (months)
6.9	0
23.2	2
13.5	4
13.6	6*
0.0	7*
5.0	12
0.0	18*

* Excludes 12.5 mcg influenza

Model Parameters	
Telim (days)	90
Telim (weeks)	12.86
Telim (months)	3.00
Ke (/month)	0.231

Dss corrected for Ke	
Ke (/week)	0.05
EPA (0.7 mcg/kg/week)	12.98
FDA (2.8 mcg/kg/week)	51.9
	Telim (days)

50.2	6 month total/kg
55.2	2 year total/kg

Dmax (at 6+mo) = 32

95%-tile half-life	90
Nominal half-life	52
5%-tile half-life	30

2:13 PM, 6/28/99

9. MEASLES, MUMPS & RUBELLA

> Measles is a self-limiting infection of short duration, moderate severity, and low fatality..."
>
> Dr Alexander Langmuir - Former Head of the CDC

Maldives mandates measles & rubella (MR) vaccination at 9 months and measles, mumps and rubella (MMR) vaccination at 18 months. Both these vaccines are manufactured using aborted human foetal cells and thus, both vaccines contain human foetal DNA.

Before measles vaccine was introduced in 1963 in the US, the chances of dying from measles was 0.01%[423]. The population was 189,241,798 and the percentage of the entire US population that died from measles was 0.000237%.

Currently this rate would be much lower given the nutritional level and health of children. Three treatments are available for rare severe complications from measles: vitamin A, immune globulin and antiviral medication Ribavarin.[424] [425]

Although MMR is the main vaccine that faith-based vaccine proponents chant as "safe & effective", evidence of MMR vaccine-induced infection manifestly undermines their protective rationale for its indiscriminate and mandatory enforcement.

Since the clinical safety trials for the measles vaccine did not include the numbers of people that would be required to have enough statistical power to detect rare harms, the further logical corollary is that "the risk of permanent injury and death from the measles vaccine has not been proven to be less than that of measles."[426] [427]

Study published in January 2021, "Adverse events following measles-mumps-rubella-varicella vaccine: an independent perspective on Italian pharmacovigilance data"[428], Paolo Bellavite and Alberto Donzelli, reported that **11% of 462 adverse effects per 1000 doses were rated serious** and that the **data suggest that passive pharmacovigilance is utterly inadequate to document the real incidence of serious AEFIs and that current methods of assessing causality assessment may be questioned.**

Informed Consent Action Network (ICAN)'s Freedom of Information Act disclosure from FDA revealed that the MMR vaccine was licensed based on clinical trials that had **less than 1000 participants and that only 342 children received the MMR vaccine**. The safety review period only tracked the "adverse events" for 42 days. More than half or a significant percent of all participants developed gastrointestinal symptoms and upper respiratory infections. All adverse reactions were generically described as "other viruses" and not considered in safety profile of licensure. Instead of a true inert placebo, control groups received other vaccines (rubella / measles & rubella) as a comparator.[429]

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[423] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/
[424] https://pubmed.ncbi.nlm.nih.gov/22480102/
[425] https://pubmed.ncbi.nlm.nih.gov/7008941/
[426] https://physiciansforinformedconsent.org/measles/dis/
[427] https://physiciansforinformedconsent.org/news/physicians-for-informed-consent-publishes-scientific-finding-on-the-mmr-vaccine/
[428] https://f1000research.com/articles/9-1176
[429] https://www.prnewswire.com/news-releases/mmr-vaccine-licensing-called-into-question-following-icans-latest-foia-exposure-of-fda-coverup-300842503.html

9.1. MMR vaccination in the Maldives

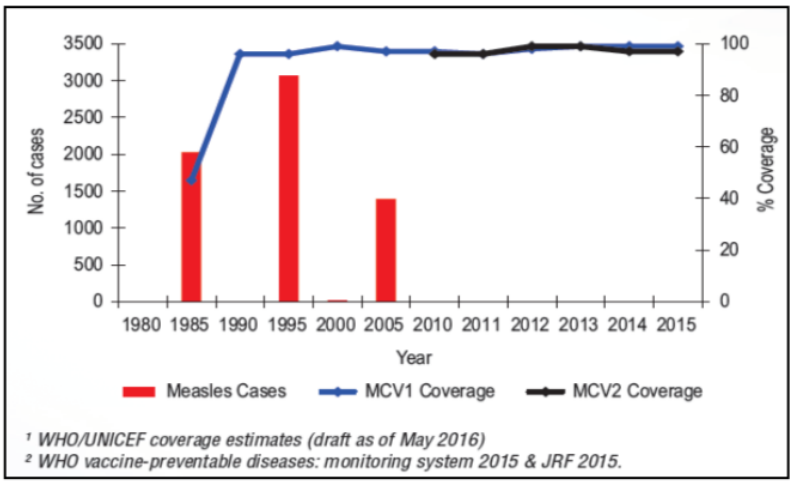
MMR vaccine was introduced in 2007. MCV1 was replaced with MR at 9 months in 2017. Maldives has maintained high vaccination rate, above 96% coverage from 1990-2011 and above 99% coverage since 2012. In spite of maintaining a vaccination rate above the "herd immunity" threshold of 95%, Maldives has witnessed numerous measles outbreaks from 2002-2009 and most recently in 2020. High vaccination rate and vaccine immunity have not provided the promised protection.

Even with a coverage of 97% in 2005, there were a total of 1,395 measles cases. Another classic example that vaccination does not provide herd immunity.

	Measles	Mumps	Rubella
1994	706*		
1995	3070*		
2002	819*		No data
2003	77*		81
2004	37*		No data
2005	1395*		3
2006	47		0
2007	20		No data
2008	2		
2009	6		
2013		17	
2015			3
2017	1	6	1
2018	1		

Source: Measles, Rubella and Congenital Rubella Syndrome Surveillance, 2016
* Maldives celebrates measles elimination

Figure 2- Coverage of two doses of measles containing vaccine in Maldives 1980-2015



Measles vaccine is unable to protect the community from measles infection due to vaccine-virus shedding,[430] [431] [432] [433] vaccine-derived-virus measles, primary and secondary failure (primary failure is where the vaccine does not create any immune reaction and secondary failure is the waning of vaccine-immunity after some period in time). This is confirmed from the experience of many other countries and according to numerous scientific studies.

In addition, Maldivian children are being subjected to a mandatory second dose of measles vaccine, calling it a "booster dose", although it is known that the second dose is given primarily to induce immunity in the small percentage of persons who do not seroconvert after a single dose. US Advisory Committee on Immunization Practise (ACIP) admits to this in their report on MMR vaccination (June 2013).[434] According to this information, not only are over 90% of children being over-vaccinated with a second dose (disregarding the MMR second-dose risks) but they are also being deprived of education for not getting a second dose and parents are subject to prosecution.

Gregory Poland (1998)[435] reports that due to an individual's immune-genetic profile, "poor responders" to the first dose develop a poor response or low-level antibody response only to lose it in 2-5 years.

Itoh et al (2002)[436] study demonstrated that although the booster dose reached a peak in a month, serum titres fell to pre-booster levels in 6 months and then continued to decline gradually over the next 5-10 years. Only about a top quarter of children were able to maintain appropriate titre level 10 years following the booster dose. The least efficient (bottom 5%) had their titre level drop below the required 120 units within 5-10 years after the second booster dose. These children are susceptible to full-blown clinically identifiable measles. Even the majority of vaccinated children, with titres between 120-1000 can acquire measles and be potentially contagious although it's a modified course of disease and not labelled as measles cases for the purpose of reporting (eg Boston University outbreak).

Damien et al – estimated susceptibility to asymptomatic secondary immune response to measles in children to be 22.2 and 33.2%.

Ohsaki et al (1993)[437] observed that the average titres in cord blood has been gradually decreasing over the past few decades due to decreased opportunity for mothers-to-be for recurrent exposure to natural measles which is necessary to maintain a high antibody level.

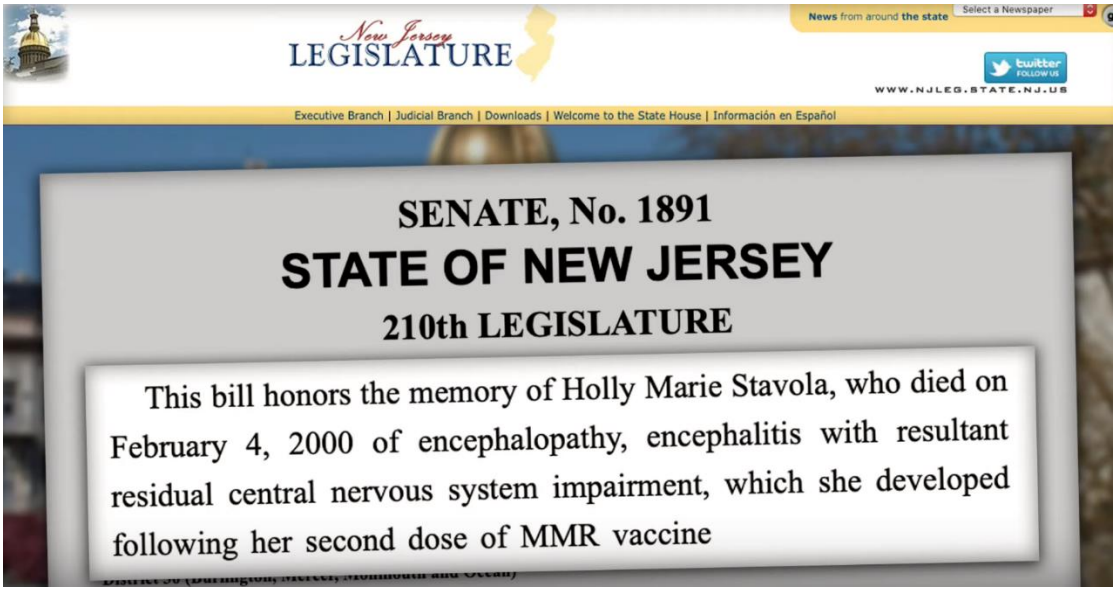
The Antibody Titre Law (Holly's Law) was enacted in response to the death of 5-year-old Holly Marie Stavola who died of encephalopathy which she developed 7 days after receiving her second dose of MMR vaccine. This law allows US parents to seek testing to determine a child's immunity to measles, mumps and rubella before receiving a second dose of MMR vaccine. However, such

[430] https://www.ncbi.nlm.nih.gov/pubmed/7494055
[431] https://pubmed.ncbi.nlm.nih.gov/20822734/
[432] https://pubmed.ncbi.nlm.nih.gov/11858860/
[433] https://www.nvic.org/vaccine-strain-virus-shedding-and-transmission.aspx
[434] Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. Summary Recommendation of the Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Vol. 62, No. 4. June 14, 2013 https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf (see page 3)
[435] http://europepmc.org/article/PMC/1376909
[436] https://pubmed.ncbi.nlm.nih.gov/11980952/
[437] https://pubmed.ncbi.nlm.nih.gov/10381212/

information or concession is not provided in the Maldives and it is a serious infringement of citizens' right to "informed consent" before this medical intervention.[438] [439]

Holly's reaction to the first dose were **fever, lethargy, no appetite, crying, ear pain and lasting cough** – which were initially dismissed as **normal reactions** by the paediatrician.[440]

Would it cost the life of a Maldivian child to enact such a law or acknowledge the reality of over-vaccinating 90% of children? Or would such a death even be acknowledged?



> … how purified are live viral vaccines [like MMR] – [the answer is] minimally purified."
>
> Dr Becky Sheets, Center for Biologics Evaluation and Research, FDA

[438] https://www.state.nj.us/health/cd/documents/antibody_titre_law.pdf
[439] http://www.hopefromholly.com/hollys-story/
[440] https://vactruth.com/2015/09/24/hollys-law/

9.2. MMR vaccine related issues

In 2012, Cochrane Collaboration conducted a review "**Vaccines for measles, mumps and rubella in children**"[441] of 5 randomised controlled trials (RCTs), 1 controlled clinical trial, 27 cohort studies, 17 case-control studies, five time-series trials, one case cross-over trial, 2 ecological studies, 6 self-controlled case series studies involving a total of nearly 15 million children to assess effectiveness and safety of MMR vaccine. Conclusion: "**The design and safety outcomes in MMR vaccine studies both pre- and post-marketing, are largely inadequate. The evidence of adverse events following immunisation with the MMR vaccine cannot be separated from its role in preventing the target diseases.**"

It is also ironic that in this expansive review, Cochrane Collaboration stated, "We did not identify any studies assessing the effectiveness of MMR in preventing rubella".

Eliminating measles has also increased cancer rates. International Agency for Research on Cancer found that individuals who never had measles had a 66% increased rate of Non-Hodgkin Lymphoma and a 233% increased rate of Hodgkin Lymphoma. Furthermore, individuals who never had measles, mumps or rubella had a 50% increased rate of ovarian cancer.[442] [443]

A 22-year prospective study of over 100,000 individuals in Japan revealed that "measles and mumps, especially in case of both infections, were associated with lower risks of mortality from atherosclerotic Cardiovascular Disease (CVD).[444]

Vaccination has also led to more infants contracting measles. Vaccinated mothers are unable to protect their infants (through antibody transfer) as much as mothers who contracted measles naturally. This is admitted to by CDC:

> "In addition, measles susceptibility of infants younger than 1 year of age may have increased. During the 1989–1991 measles resurgence, incidence rates for infants were more than twice as high as those in any other age group. The mothers of many infants who developed measles were young, and their measles immunity was most often due to vaccination rather than infection with wild virus. As a result, a smaller amount of antibody was transferred across the placenta to the fetus, compared with antibody transfer from mothers who had higher antibody titers resulting from wild-virus infection. The lower quantity of antibody resulted in immunity that waned more rapidly, making infants susceptible at a younger age than in the past."[445]

[441] https://www.ncbi.nlm.nih.gov/pubmed/22336803
[442] https://www.ncbi.nlm.nih.gov/pubmed/16406019
[443] https://www.ncbi.nlm.nih.gov/pubmed/16490323
[444] https://pubmed.ncbi.nlm.nih.gov/26122188/
[445] https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html#complications

Aseptic meningitis / immune thrombocytopenic purpura / vaccine-associated:

In 2018, WHO conducted "Enhancing global vaccine pharmacovigilance: Proof-of-concept study on aseptic meningitis and immune thrombocytopenic purpura (ITP) following measles-mumps containing vaccination"[446] study in 16 countries. The strain-specific analyses showed a significantly elevated ITP risk with incidence rate ratio (IRR) of 11.1 for Edmonston-Zagreb measles strain to cause ITP and an IRR of 10.8 for Leningrad-Zagreb mumps strain to cause aseptic meningitis (AM). Risk period was taken as days 8-35.

The above study states "**the study has confirmed increased risks of AM following first dose of mumps-containing vaccines, and of ITP following first dose of measles-containing vaccines.** It has also shown potential risk differences between vaccine strains for both associations. The elevated risk estimates found for the Leningrad-Zagreb mumps strain are consistent with previous studies (Claudio Marcos da Silveira et al, 2002 & Sérgio Souza da Cunha et al, 2002)."

Few data are available on the risk of aseptic meningitis following Leningrad-Zagreb strain of the mumps vaccine. Risk was estimated as 2.9 cases per 10,000 doses. The overall risk of aseptic meningitis following the mass vaccination campaign was increased by 12.2 fold [Claudio Marcos da Silveira et al, 2002][447]

"Outbreak of aseptic meningitis and mumps after mass vaccination with MMR vaccine using the Leningrad-Zagreb mumps strain"[448], Sérgio Souza da Cunha et al, 2002, study finds that during two mass immunisation campaigns of MMR vaccine using Leningrad-Zagreb mumps strain, there was a case of vaccine-related meningitis with every 6,199 doses or every 19,247 doses (difference due to diagnostic criteria) and a case of vaccine-related mumps was 1 case per 300 doses.

Both strains are used in the Maldives. However, "Immunization Handbook for Health Care Professionals" by HPA, does NOT state the risk of aseptic meningitis nor mumps. However, both conditions are mentioned in the MMR related leaflet. The risk for ITP is stated, in the Handbook, as a rare reaction at the rate of 33 per million doses and only for the onset interval of days 15-35.

> As unpopular as this observation might be, my unvaccinated children are by far the healthiest."
>
> Dr Paul Thomas, a paediatrician with over 15,000 children in his practice in Portland, Oregon, USA

[446] https://pubmed.ncbi.nlm.nih.gov/28558983/
[447] https://pubmed.ncbi.nlm.nih.gov/12435771/
[448] https://www.sciencedirect.com/science/article/pii/S0264410X01004388

9.3. MMR vaccine questions

The weakened vaccine strain virus can **mutate and regain virulence, including neurovirulence**, which significantly raises risks of serious complications from vaccine strain virus infection.[449] As such, **the vaccinated individual poses a threat to others**.

Symptoms of infection may occur many months after immunization and in the absence of an effective host immune response, persistent infection with vaccine strain can lead to fatal disease.

In 2019, another significant admission of vaccination related doubts were made by Dr Stanley Plotkin, "Godfather of Vaccines" and the author of reference textbook "Vaccines". A pillar of the vaccine world is admitting that they do not know if the vaccine-derived antibody level is protective or not. Dr Plotkin writes in his article "Is There a Correlate of Protection for Measles Vaccination?"[450]

1. "The full protective level of neutralizing antibodies is unknown".

   So how do we determine the effectiveness of the vaccine when one cannot rely on the antibody titre levels that ought to confer immunity?

2. "The vaccine generates attenuated infection, and it does not happen that the antibodies remain permanently elevated in the vaccinated. This situation is responsible for re-evaluating the long-term effectiveness of the measles vaccine."

   Not only are we in the dark about immunity conferring antibody level but the vaccine-induced immunity is also transient. Do we then keep on vaccinating throughout our lives and what would the resulting consequences be?

3. "To define a correlate of protection by a vaccine is not easy, as I have learnt over the years…Subsequently I realised that nothing is simply, as has been noted from time immemorial. The reasons for this lack of simplicity are manifold, including lack of standardization of critical immunologic tests, the multiplicity of antibody and cellular immune functions, and the many ways in which those functions interact. In addition, challenge dose and number of challenges also figure into estimates of correlates."

4. "Antibodies have multiple functions, including neutralization, prevent of attachment to the organism, and enhancement of natural killer cell activity. In addition, cellular responses to measles virus are ill-defined…"

   Dr Plotkin admits that they are not certain about the exact benefit, or the purpose of detected antibody level means while vaccine "efficiency" is solely based on antibody titre!

5. "Cherry and Zahn study showed **11% of measles cases in California occurred in vaccinees who had received 2 vaccine doses**. A study done in Spain observed that, between 2003 - 2014, **132 measles cases were observed in 2-dose vaccine** recipients.

[449] Altered Virulence of Vaccine Strains of Measles Virus after Prolonged Replication in Human Tissue. Valsamakis et al, 1999. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC112900/
[450] https://academic.oup.com/jid/article/221/10/1571/5610905

In a psychiatric unit for adolescents, a case of measles in an unvaccinated individual resulted in a **7% rate of measles in vaccinated contacts**. An outbreak in Dutch medical staff suggested that low levels of neutralizing antibodies in vaccinees correlated with failure of protection. **Unfortunately, the full protective level of neutralizing antibodies is not known."**

6. "The measles outbreaks that are taking place in Europe and the United States could be useful if samples were obtained from those who expose themselves to contact before it is or is not infected. The scientific community should take advantage of the current situation brought about by vaccine resistance and vaccine ignorance to better define the correlates of measles immunity. "

   Above is Dr Plotkin's conclusion where he brilliantly says that they have no idea if vaccinations are effective, nor do they know how the immune system reacts in a vaccinated person to that of a non-vaccinated person. Once again, its studying the unvaccinated persons that will perhaps impart more knowledge about the immune system reactions.

Early 2019, FDA and Mayo Clinic Vaccine Research Group scientists also reported in a study published in the journal *Vaccine* that mumps and measles vaccine immunity wanes approximately 7 and 17 years after two-dose MMR vaccination, suggesting that "specific immune outcomes may wane at different rates and highlight our currently incomplete understanding of protective immune responses to mumps and measles."[451]

According to the Institute of Medicine, the best-understood vaccine-associated adverse effect is the occurrence of invasive disease (such as **meningoencephalitis and arthritis**) caused by the vaccine virus itself due to viral reactivation or due to pre-existing susceptibility (some of which could be detectable prior to the administration of vaccine).

While the clinical presentations of Primary Immune Deficiency (PID) is now recognized to include autoinflammation and autoimmunity, several autoimmune disorders are commonly reported as vaccine injuries from the MMR vaccine. In 2011, the Institute of Medicine (IOM) conducted a formal assessment regarding vaccine safety. With respect to the M-M-R II vaccine, the IOM found that the **available scientific literature was inadequate to accept or reject** a causal relationship with M-M-R II and several commonly reported vaccine injuries, such as: optic neuritis, neuromyelitis optic, fibromyalgia, multiple sclerosis, Guillain-Barré syndrome, and chronic inflammatory disseminated polyneuropathy, which all happen to be autoimmune diseases.[452]

A 2012 study conducted in France showed that French practitioners considered the risk of complications low among young children and young adults without co-morbidity. Potential barriers for a second dose showed that 80% of parents believed measles to be harmless, 50% of parents feared vaccine side effects and 25% of general practitioners also doubted the severity of measles and therefore the usefulness of the vaccine.[453]

[451] https://pubmed.ncbi.nlm.nih.gov/30797639/
[452] https://www.nap.edu/read/13164/chapter/2#8
[453] https://pubmed.ncbi.nlm.nih.gov/23517454/

9.4. Measles prior to vaccine introduction

Significant reduction in the severity of measles occurred long before the vaccine was introduced. In 1900 there were 13.3 measles deaths in US per 100,000 people. By 1955 (8 years before the first measles vaccine became available) the death rate had declined on its own by 97.7% to 0.03 deaths per 100,000.[454] Data published in International Mortality Statistics shows that from 1915 to 1958 the measles death rate in the US and UK declined by 98%.[455]

Measles was initially supposed to be eradicated in 1967,[456] [457] but failing that date, the next target was elimination by 1982.[458] That did not occur and in 1994, health authorities targeted elimination by 2000 in the western hemisphere. CDC did declare measles elimination in the year 2000 in spite of continuous outbreaks.

Measles was already in decline when measles vaccine was introduced. Measles was not perceived as a serious illness at that time as evident from the statements of Dr Alexander Langmuir (former Head of CDC)[459] and many published literature. Prior to measles vaccine (around 1962), almost every child had measles by age 15 and 99.99% fully recovered.[460]

Dangers of measles, mumps and rubella were grossly exaggerated after the introduction of MMR vaccine and created an unrealistic fear among the general public.

Due to primary and secondary[461] vaccine failure, some vaccinees are susceptible to measles virus by both wild-virus and vaccine-virus. Fully protected individuals were also found to be more prone to asymptomatic secondary immune response than those with natural infection and most likely to support subclinical MV transmission. To prevent an outbreak, 95% of the population, according to very broad theoretical estimates, has to be **truly immune** – that is, resistant to *viral infection*, not just protected from developing the full range of symptoms. Hence, the "herd immunity" threshold of 95% is impossible to achieve.

In 1933, the level of natural **herd immunity** (not vaccine "immunity") needed to prevent epidemics was determined by A.W. Hedrich to be at 68% of the population. In 1991, CDC concluded that measles outbreaks can also be avoided with 70-80% vaccination. Authorities conceded that herd immunity cannot be achieved with vaccination even at that rate, and then proposed it should be more than 90%.

Two doses of vaccination of over 90% of the target population is also insufficient to achieve the elusive herd immunity. Now, it's said that it should be over 96%. Today, there are measles outbreaks occurring in countries with even 99% vaccination. This has forced scientists to admit that measles vaccination no longer works.

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[454] Mendelsohn R. How to Raise a Healthy Child...In Spite of Your Doctor. (Ballantine Books, 1987): 237.
[455] Alderson M. International Mortality Statistics (Washington, DC: Facts on File, 1981): 182-83.
[456] Morbidity and Mortality Weekly Report, August 12, 1967, vol. 16, no. 32, p. 269.
[457] David J. Sencer, MD; H. Bruce Dull, MD; and Alexander D. Langmuir, MD, "Epidemiologic Basis for Eradication of Measles in 1967," Public Health Reports, vol. 82, no. 3, March 1967, p. 256.
[458] Goal to Eliminate Measles from the United States, Morbidity and Mortality Weekly Report, October 13, 1978, vol. 27, no. 41, p. 391.
[459] PMID: 14462171 & PMC: 1992477 (BMJ 1959)
[460] https://physiciansforinformedconsent.org/measles/dis/
[461] https://pubmed.ncbi.nlm.nih.gov/9181657/

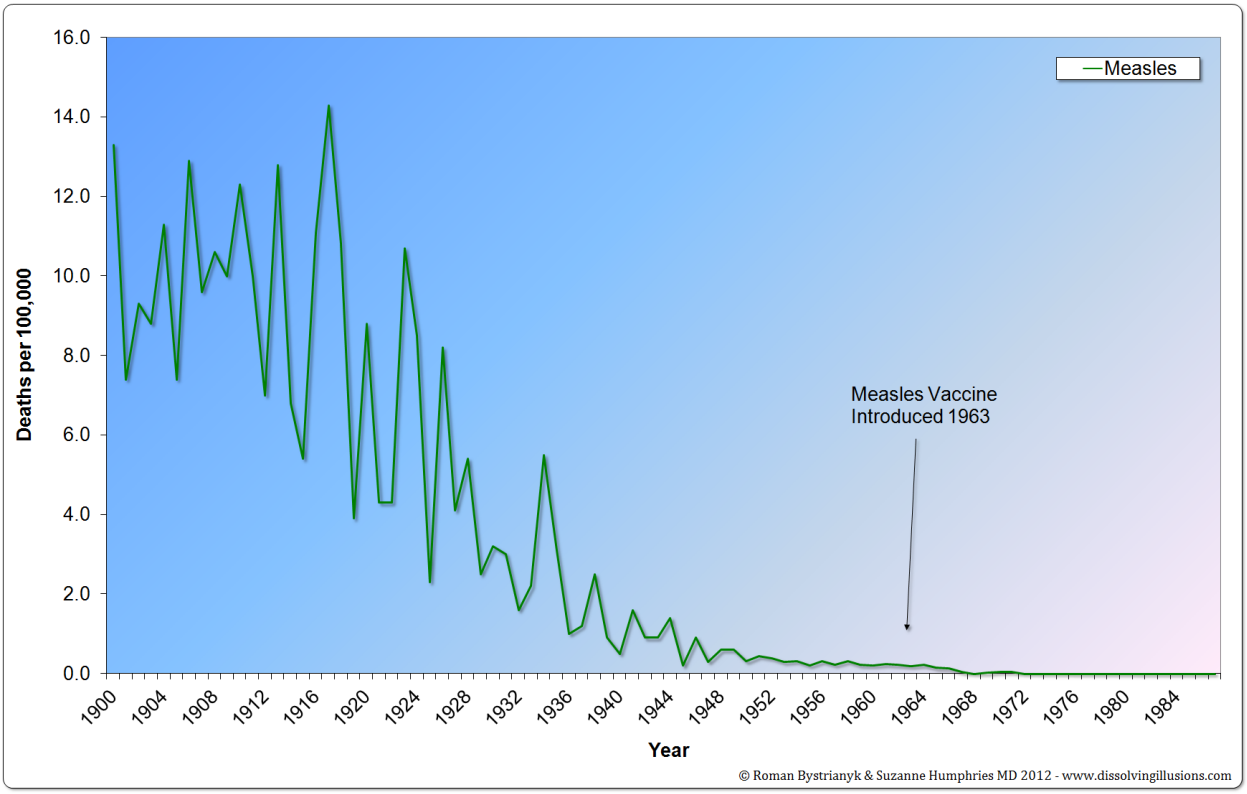
In 2020, WHO is also redefining "herd immunity" to exclude natural herd immunity. According to current WHO definition herd immunity is referred to the "vaccine immunity" only!

In 1964, prior to introduction of measles vaccine in 1968, deaths were recorded at 1/5000 notifications.[462] By 1983, measles were still recorded at the same level with a vaccine uptake rate of 50%.[463]

Meanwhile, France also licensed measles vaccine in 1968, but had an uptake rate of 20% in 1983, and experienced a measles death rate of only 0.56/million.[464]

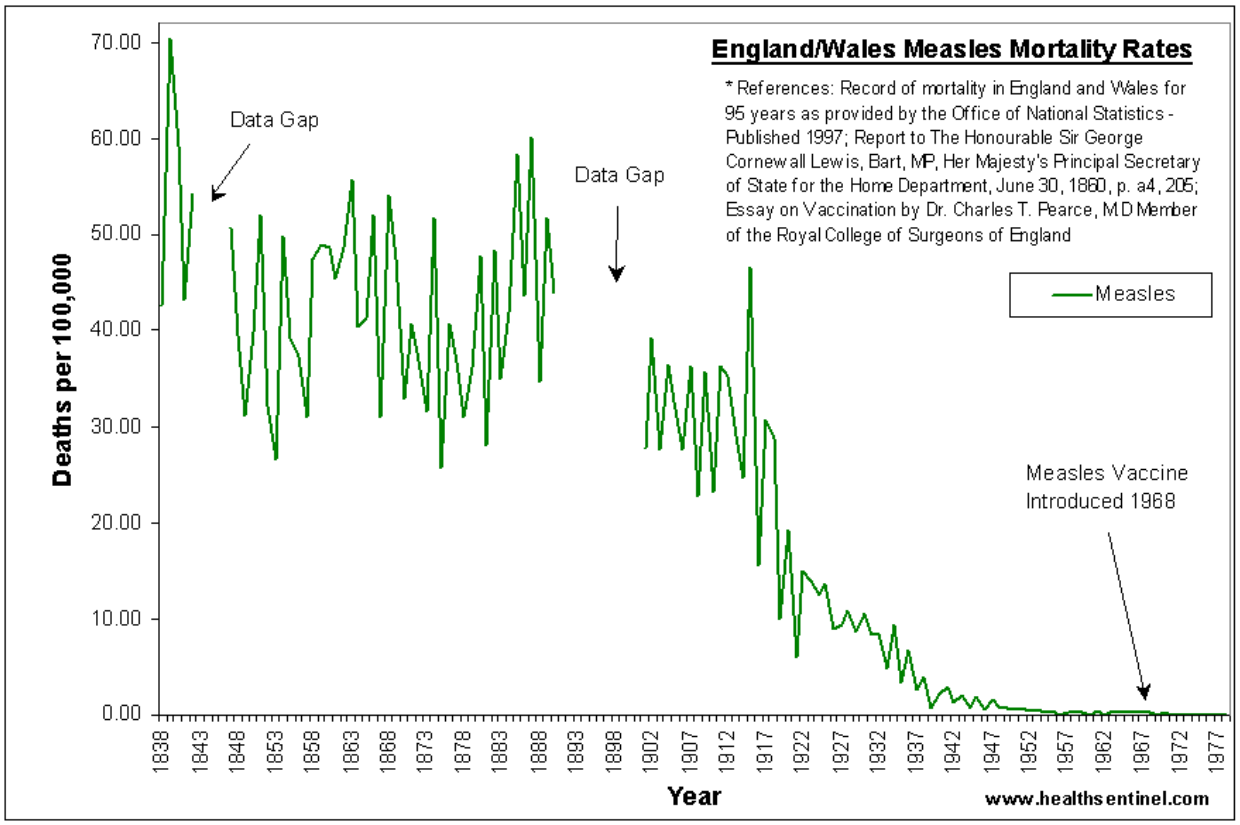
The first measles vaccine (KMV) was introduced in the US in 1963, when the death rate from measles had already dropped by approximately 98%.

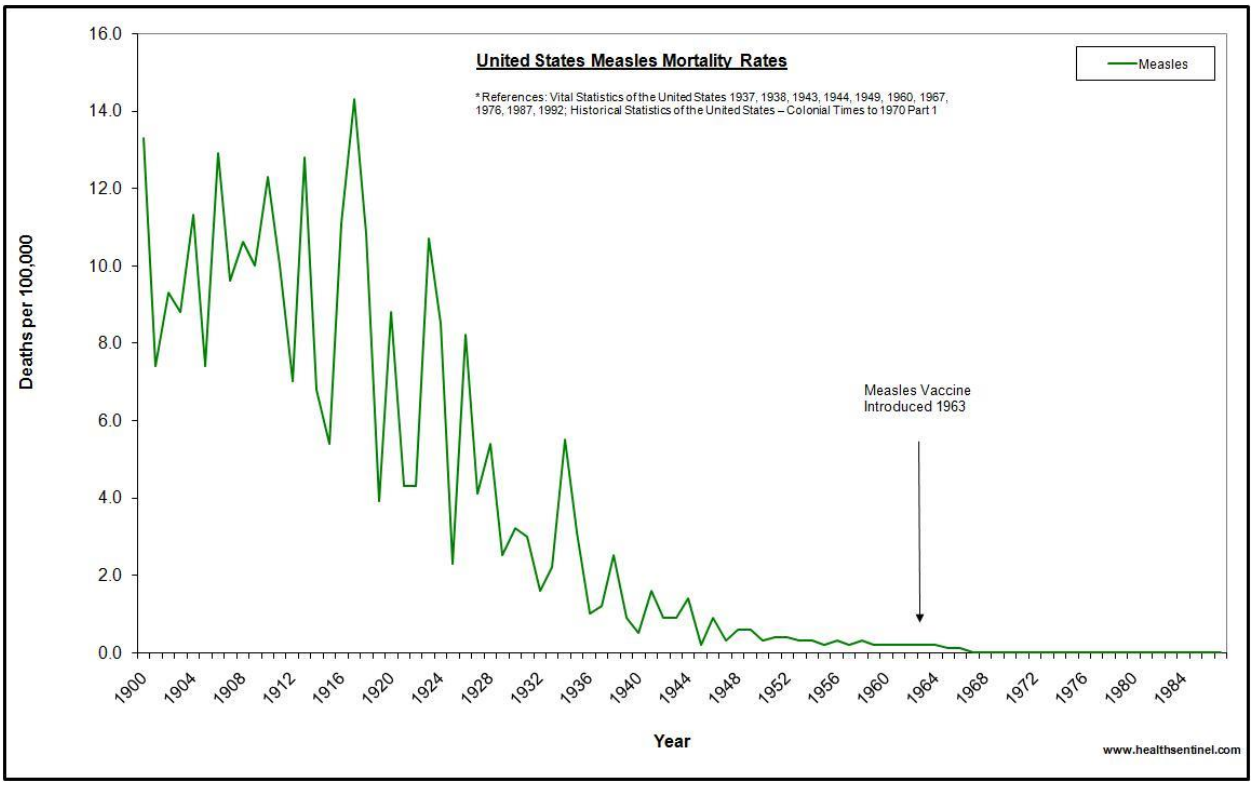
Vaccine proponents would be quick to say that the downward trend in infection mortality rate was due to the vaccine. However, during the epidemic days, more than 50 percent of measles cases were in the fully vaccinated children. If vaccine herd immunity is achieved with a 95% vaccine rate using 2 doses of an effective vaccine, why is it that the infection rate drop in 1968 in the US is being attributed to the vaccine, when the vaccine was only given to 50-60 percent of children with an ineffective vaccine?[465]



[462] Miller DL. Frequency of complications of measles. BMJ 1964;2:75-78
[463] Miller CL. Current Impact of measles in the UK. Rev Infect Dis 1983;5:427-38
[464] Rey M, Celeres J, Mouton Y & Netter R, Impact of measles in France. Rev Infect Dis 1983;5:433-438
[465] Dissolving Illusions by Dr Humphries and Bystrianyk (pg 370)

Measles vaccine was introduced in the UK while the infection was in a decline.





9.5. MMR vaccine failure & shedding

Natural measles infection during childhood provide solid lifelong protection, and recurrence is rare. However, vaccine-induced immunity that wanes with time combined with lower natural disease boosting creates substantial numbers of measles-susceptible people in highly-vaccinated populations.

"... waning of vaccine-induced immunity can have a significant impact, primarily because the available data makes higher values plausible for this rate of waning. The rate is still quite small, but by acting on so many individuals in a highly vaccinated community it can render a significant number susceptible to infection."[466]

"When immunity wanes, vaccination has a far more limited impact on the average number of cases. While this observation has clear public-health implications, the dynamic consequences of the interaction between vaccination, waning immunity and boosting are far more striking. For high levels of vaccination (greater than 80%) and moderate levels of waning immunity (greater than 30 years), large-scale epidemic cycles can be induced."[467]

In the article "Is there a Correlate of Protection for Measles Vaccine?" published in The Journal of Infectious Diseases in November 2019, Dr Stanley Plotkin (the inventor of Rubella vaccine and author of medical textbook "Vaccines") admits that "**To define a correlate of protection by a vaccine is not easy, as I have learned over the years…The fully protective level of neutralizing antibodies is not known**".[468]

Dr Plotkin also admits that cellular responses are additive to protection by antibodies, but it is ill-defined for measles. Nor are the vaccine genotype (genotype A) antibodies effective for circulating B3 and D8 genotypes.

A 1984 study reported that by 2050, the proportion of measles susceptibles may be greater than in the pre-vaccine era.[469] Mandating vaccination and prosecuting parents is likely to be a significant contribution towards ensuring future epidemics.

Dr Gregory Poland, Editor-in-Chief, Vaccine journal and Professor Robert M. Jacobson, Professor of Paediatrics stated in their study "The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?".

> Large measles outbreaks are also occurring in many other developed countries. Thirty-three European countries have reported outbreaks of measles this year with more than 30,000 known cases. The UK has declared measles once again endemic. In the first seven months of 2011, France alone suffered 14,025 cases of measles, and Spain has reported 1,777 cases. In none of these countries are vaccine access, nor health care infrastructure, serious issues. Where data exist such outbreaks result from both failure to vaccinate, and vaccine failure.

[466] Waning Immunity and Its Effects on Vaccination Schedule, Mathematical Biosciences, 1194, pp. 79-80.
[467] J. M. Heffernan and M. J. Keeling, "Implications of Vaccination and Waning Immunity," Proceedings of the Royal Society B, vol. 276, 2009.
[468] https://academic.oup.com/jid/article/221/10/1571/5610905
[469] D. L. Levy, "The Future of Measles in Highly Immunized Populations: A Modeling Approach," American Journal of Epidemiology, vol. 120, no. 1, July 1984, pp. 39–48.

> Receiving less attention, however, is the issue of vaccine failure. While the current vaccine is acknowledged as a good vaccine, we and others have demonstrated that the immune response to measles vaccine varies substantially in actual field use. Multiple studies demonstrate that 2–10% of those immunized with two doses of measles vaccine fail to develop protective antibody levels, and that immunity can wane over time and result in infection (so-called secondary vaccine failure) when the individual is exposed to measles. For example, during the 1989–1991 U.S. measles outbreaks 20–40% of the individuals affected had been previously immunized with one to two doses of vaccine. In an October 2011 outbreak in Canada, over 50% of the 98 individuals had received two doses of measles vaccine.
>
> **This leads to a paradoxical situation whereby measles in highly immunized societies occurs primarily among those previously immunized.**
>
> However, even with two documented doses of measles vaccine, our laboratory demonstrated that 8.9% of 763 healthy children immunized a mean of 7.4 years earlier, lacked protective levels of circulating measles-specific neutralizing antibodies.

Poland & Jacobson (1994) report 18 different measles outbreaks in North America occurring in schools with very high vaccination coverage (99.8%) where vaccinated children constituted 30-100% of measles cases.

People born before 1956 were immune because they attained life-long immunity from the natural virus. From 1957-1980, the vaccine failed to provide immunity as it was not effective. With vaccination, the vaccinated, asymptomatic carriers with subclinical infections (without clinical signs or symptoms) are the means of transmission in highly vaccinated populations.

"Dr. Ralph D. Feigin, physician in chief of Texas Children's Hospital in Houston and an expert in infectious diseases, said people born before 1956 are assumed to be immune to measles, because nearly every child was exposed to the disease. The vaccine was first developed in 1963, but it was made from a killed virus and was not widely effective. In 1967 a live vaccine was introduced, but it was an unstable solution and lost its effectiveness if it was not properly refrigerated. It was not until 1980 that a stable live vaccine became available. As a result, people vaccinated before 1980 may not be immune. That is one reason measles is breaking out on college campuses."[470]

Similar to smallpox, inventors of measles vaccine **claimed one-shot life-long immunity** and then later claimed the latest measles vaccine would be "the best so far in minimizing the side-effects".[471] [472] But this never came true.

In 2007, CDC conducted a study on **waning immunity after 2 doses of MMR**, "Persistence of measles antibodies after 2 doses of measles vaccine in a post-elimination environment"[473]:

52. About 35% of vaccinated 7 year olds are susceptible to subclinical measles,
53. About 60% of vaccinated 15 year olds are susceptible to subclinical measles,
54. By age 24-26, a projected 33% of vaccinated adults are susceptible to clinical measles.

[470] Lisa Belkin, "Measles, Not Yet a Thing of the Past, Reveals the Limits of an Old Vaccine," New York Times, February 25, 1989.
[471][471] Morbidity and Mortality Weekly Report, March 25, 1967, vol. 16, no. 12, p. 100.
[472] "Thaler to Hold State Senate Hearing to Find Fastest Way to Expedite Plan," New York Times, February 24, 1965.
[473] https://pubmed.ncbi.nlm.nih.gov/17339511/

In 2016, CDC conducted another study on a 3rd dose to boost waning MMR immunity. **Third dose derived immunity was short-lived**, lasted only a year, even for the small percent who showed an increase in neutralizing antibodies.[474]

In 2017, measles elimination was verified in Bhutan. With a high vaccination rate, Bhutan conducted a sero-survey to find if any hidden immunity gaps existed. They found only 41% of those aged 5-17 years with documented 2-doses of vaccination to be seropositive for measles.[475]

Asymptomatic infection of vaccinated persons

In addition to measles virus shedding by vaccinated persons, they are also the primary source of new transmissions of measles in a highly vaccinated society. It is not the unvaccinated child that is the primary source, as often said.

When vaccinated children/persons contract subclinical measles (also called "asymptomatic infection", where there are no clinical symptoms), **they become the driving force of new infections**. Thus, in a highly vaccinated population, measles can spread from the vaccinated to the unvaccinated minority or to those with secondary failure. Since the vaccinated have subclinical measles, it is not apparent and thus, measles cases are only "exposed" by the unvaccinated children. Hence, the immunocompromised child is put at higher risk by the vaccinated child/person carrying subclinical measles.

1. Nonclassic measles infections in an immune population exposed to measles during a college bus trip", Helfand et al (1998)[476]: "*Mild or asymptomatic measles infections are probably very common among measles-immune persons exposed to measles cases and may be the most common manifestation of measles during outbreaks in highly immune populations.*"

2. "Current status of measles in Japan", Nakayama T et al (2003)[477]: Study states that subclinical infection has been demonstrated by sero conversion, but the isolation or detection of the measles virus genome was rarely demonstrated…". "Potential impediments to eradication include… waning immunity and the possibility of transmission from subclinical cases

3. "Protective titres of measles neutralizing antibody", Lee et al (2000)[478]: Study showed 9 vaccinees to have developed asymptomatic infection & 12 vaccinees developed symptomatic measles.

4. "Effect of subclinical infection on maintaining immunity against measles in vaccinated children in West Africa", Whittle et al (1999)[479]: Study showed that subclinical measles occurred in 45% of vaccinated children.

[474] https://pubmed.ncbi.nlm.nih.gov/26597262/
[475] https://pubmed.ncbi.nlm.nih.gov/31500970/
[476] https://pubmed.ncbi.nlm.nih.gov/9829639/
[477] https://pubmed.ncbi.nlm.nih.gov/12673398/
[478] https://pubmed.ncbi.nlm.nih.gov/11074481/
[479] https://pubmed.ncbi.nlm.nih.gov/10023894/

5. "Subclinical measles infection in vaccinated seropositive individuals in artic Greenland", Pedersen et al (1989)[480]: Study showed an "inapparent measles infection in a population considered highly immune after vaccination" and that "measles can spread from a majority of vaccinated, to a minority of unvaccinated people, causing overt disease".

6. "Measles eradication: is it in our future?", Orenstein et al (2000)[481]: Authors state "waning immunity and the possibility of transmission from subclinical cases" as a potential impediment to eradication.

7. "The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-General Measles Vaccines?", Poland et al (2014)[482]

8. "Risk analysis for measles reintroduction post global certification of eradition", Dr Sanders (2010)[483], World Health Organisation. Study states "Mild or asymptomatic measles infections are probably very common among measles-immune persons exposed to measles cases, but transmission from asymptomatic cases is likely to be very rare. If it occurs it is unlikely to be efficient enough to sustain transmission, especially in the highly vaccinated populations expected in the years immediately following global certification of eradication. However, the potential role of asymptomatic infections in maintaining transmission requires further investigation."

Vaccine failure – outbreaks often occur among highly or fully vaccinated populations:

55. "Measles outbreak investigation in Guji zone of Oromia Region, Ethiopia", Ketema Belda, 2017. During the outbreak, 30% who contracted measles were vaccinated. Study also reports a relatively large proportion of cases <9 months (11%) were affected due low maternal antibody; a long standing problem of measles vaccination.

56. Outbreak among soldiers who all had 2 or 3 doses of the MMR vaccine, "the high IgG avidity suggests secondary vaccine failure". The primary patient had 3 documented doses of measles vaccine. Israel, 2017.[484]

57. December 2015 Disneyland (US) outbreak[485] was evidence of measles vaccine secondary failure with 18% cases between 5-19 year olds, 61% cases >20 year olds.

58. "Outbreak of measles among persons with prior evidence of immunity", New York city, 2011. The index patient had 2-doses of measles-containing vaccine and 4 contacts who tested positive either had 2-doses of measles-containing vaccine or past positive IgG antibody.[486]

[480] https://www.sciencedirect.com/science/article/pii/0264410X89901990
[481] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446359/
[482] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/
[483] https://www.who.int/immunization/sage/7._Measles_post_eradication_risk_analysis.pdf
[484] https://www.cdc.gov/mmwr/volumes/67/wr/mm6742a4.htm
[485] https://web.archive.org/web/20150128202420/http:/www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx
[486] https://pubmed.ncbi.nlm.nih.gov/24585562/

59. "Largest measles epidemic in North America in a decade – Quebec, Canada, 2011: contribution of susceptibility, serendipity, and superspreading events", Gaston De Serres et al, 2013. Vaccine coverage among children 3 years of age were 95-97% for 1 dose and 90% for 2 doses, unvaccinated accounted for 3-5%. Among 12-17 year olds, 22% had 2 vaccine doses (accounted for 56% of case patients).[487]

60. "Measles cases in highly vaccinated population of Novosibirsk, Russia, 2000-2005". Some of the measles cases were vaccine-derived virus.[488]

61. Largest measles outbreak to occur in a school in the US since 1998[489], occurred in a Pennsylvania boarding school with a total of 98.8% vaccine coverage (94.9% had received 2 doses and 3.9% had received 1 dose). There were 9 laboratory confirmed cases, where 7 cases had received measles containing vaccine (6 of them had received 2 doses, 1 received 1 dose) and only 2 were unvaccinated.

62. "Major measles epidemic in the region of Quebec despite a 99% vaccine coverage". During the Quebec 1989 outbreak, vaccine coverage among cases was at least 84.5%. Vaccine coverage for the total population was 99%. Authors stated that "incomplete vaccination coverage is not a valid explanation".[490]

63. In 1988, 69% of all school-aged children in the U.S. who contracted measles were adequately vaccinated.[491] In 1995, 56% of all measles cases in the U.S. occurred in people who were previously vaccinated.[492]

64. Outbreak among a full immunized secondary school population in Texas, 1985. 99% of kids had vaccination records against measles, and only 4.1% of students lacked detectable antibodies. Study authors concluded "We conclude that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune.[493]

65. In 1992, measles epidemic in Cape Town revealed a change in epidemiological pattern with an increase in the number of cases occurring in older previously vaccinated children (>5 years). Immunization coverage was 91% and monovalent measles vaccine was noted as significantly effective than the trivalent MMR vaccine.[494]

66. An outbreak of measles occurred in 1987 in a high school with documented vaccination level of 98%. "Vaccine failures among apparently adequately vaccinated individuals were sources of infection for at least 48% of the cases in the outbreak. There was no evidence to suggest that waning immunity was a contributing factor among the vaccine failures."[495]

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[487] https://pubmed.ncbi.nlm.nih.gov/23264672/
[488] https://pubmed.ncbi.nlm.nih.gov/18343536/
[489] https://pubmed.ncbi.nlm.nih.gov/16322148/
[490] https://pubmed.ncbi.nlm.nih.gov/1884314/
[491] CDC. Measles. MMWR 1989; 38: 329-30.
[492] Gold E. Current progress in measles eradication in the U.S. Infect Med 1997; 14(4): 297-310.
[493] https://www.ncbi.nlm.nih.gov/pubmed/3821823
[494] https://pubmed.ncbi.nlm.nih.gov/7740350/
[495] https://pubmed.ncbi.nlm.nih.gov/3826461/

Vaccine-associated measles in vaccinees & others:

Measles virus causes measles in the vaccinees as well as in contacts. However, vaccine-associated measles in vaccinees is not considered "measles".

67. A two-year-old girl from British Columbia, Canada, in October 2013, received her first dose of measles-containing vaccine 37 days prior to onset of prodromal symptoms (early sign or symptom indicating the onset of a disease before more specific signs develop). This is the first reported case of MMR vaccine-associated measles 37 days post-immunisation. Previously it has been reported after 14 and 16 days post-immunisation.[496]

68. "During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccinees. Of the 194 measles virus sequences obtained in the US in 2015, **73 were identified as vaccine sequences**"; R. J. McNall, unpublished CDC data. This crucial information was never disclosed to the public but was known to CDC. It was finally published in the 2017 in the Journal of Clinical Microbiology by co-author of the report, Rebecca McNall, a CDC official in the Division of Viral Diseases.[497]

    11% of measles infection from the vaccine sequence occurred in persons who had received 2 doses. This information was never disclosed by CDC until it was published in an article in Journal of Clinical Microbiology in 2017. Rebecall McNall is a CDC official in the Division of Viral Diseases who had the data proving that the measles outbreak was in part caused by the vaccine. It is evidence of the vaccine's failure to provide immunity.

69. Vaccinated child gets vaccine strain measles but since it is vaccine strain, it is not considered a case of measles.[498]

70. Brother-to-sister transmission of measles after measles, mumps, and rubella immunisation. Lancet, 1989.[499]

71. Local public health response to vaccine-associated measles: case report. BMC Public Health, 2013.[500]

[496] https://www.eurosurveillance.org/content/10.2807/1560-7917.ES2013.18.49.20649
[497] https://jcm.asm.org/content/55/3/735
[498] https://thejewishnews.com/2019/04/12/no-measles-outbreak-in-ann-arbor-after-all/
[499] http://dx.doi.org/10.1016/S0140-6736(89)91274-9
[500] http://dx.doi.org/10.1186/1471-2458-13-269

Measles vaccine genotype and mutation[501]:

Eight clades or branches of the measles virus family tree have been defined and 24 genotypes. The assumption is that vaccine virus will always cover all strains. However, this does not explain high rates of measles in countries with high vaccination rate, such as China with 99% vaccine uptake.

In Finsterbusch study[502], it was described how strains evaded the vaccine-induced antibodies in laboratory tests. While the article states that certain strains are not recognized by measles antibodies derived from vaccines, they contradict this statement by saying that they are still effectively neutralized by vaccine-induced polyclonal human sera.

This study further states "The implications of the (mutant) L397 variant is not easy to assess, but results obtained from other viruses point at a certain risk potential regarding escape from antibodies provided by vaccination or previous infection." The H1 virus, with the L397 replacement, is the one predominantly circulating in heavily vaccinated China that has over 100,000 cases of measles per year.

Since the sera of those vaccinated do not always neutralize the wild virus, it gives the virus an advantage to mutate in the vaccinated person; similar to how antibiotics cause bacterial mutation.

Study by Klingele et al (2000)[503] showed considerable difference between vaccinated children's sera to neutralize wild type virus vs. vaccine virus, compared to those naturally immune. Additionally, the results "suggest that qualitative differences in neutralizing antibodies may reduce further protection of infants by passively acquired immunity against wild-type viruses when vaccinated girls become mothers."

Schrag et al (1999)[504] documented a different point of mutation on an H gene that prevented monoclonal antibody from binding to the H protein. Report also stated "In the context of measles virus elimination efforts, evidence for a high mutation rate suggests that the possibility of strains that may escape neutralization by vaccine must be considered."

Kweder et al (2014)[505] showed that mutation in H, F and M proteins could facilitate resistance of measles virus. Mutation is also found in the laboratory strain of measles virus variants that escape neutralization. It is also stated "If vaccinated individuals nominally protected by anti-measles virus antibody are susceptible to wild-type measles virus strains, this raise concerns not only for neurological complications of measles virus but also for its global eradication. That wild-type measles virus can also accept mutations that do not compromise reception recognition, but all immune escape underlines the importance of maintaining the monitoring of new emerging stains of the virus."

[501] Referenced from Dr Suzanne Humphries, www.drsuzanne.net
[502] Finsterbusch 2009
[503] https://pubmed.ncbi.nlm.nih.gov/10935994/
[504] https://pubmed.ncbi.nlm.nih.gov/9847306/
[505] https://www.hindawi.com/journals/av/2014/205617/

Shi et al (2011)[506] investigated the antigenic drift in highly vaccinated populations due to immune pressure and asymptomatic infection.

Shi found that infants who were recently vaccinated had a four-fold lower ability to neutralize wild type viruses compared to vaccine viruses. In addition, he documented the genetic drift as significant in the H and N genes between vaccine and wild viruses, and suggested that the drift is one reason for the increase in number of measles cases reported in China. The paper also stated, "These data suggest that the 16 patients from whom the 16 measles strains were isolated were susceptible to wild-type measles virus infection, perhaps resulting from the mutations of the wild-type measles virus."

Circulating wild strains were only 16-36% related to the approved vaccine strains, which included the Edmonston strain.

"The genetic alterations in genotype H1 MV isolates and the resulting antigenic changes may have contributed to an increase in the incidence of measles cases observed during this outbreak in a highly vaccinated population. . . mounting evidence indicates that genetic variability occurs in wild-type strains, and existing vaccines may not be able to effectively protect populations from measles variants. . . antigenic variation may lead to the escape from immune protection elicited by existing vaccines."

According to Huiss et al (1997)[507] the asymptomatically infected persons are likely shedding the virus (without knowing it) and are likely candidates for transmission.

Damien et al (1998)[508] "In a fully vaccinated population asymptomatic secondary immune response was found to be as high as 66%". "Susceptibility to secondary subclinical immune response is 5 to 8-times higher after vaccination than after natural infection."

Since measles continues to circulate among vaccinated people, vaccination has created a new environment for wild measles virus where vaccine escape mutation is more probable.

[506] https://link.springer.com/article/10.1007/s11262-011-0638-0
[507] https://pubmed.ncbi.nlm.nih.gov/9328115/
[508] https://pubmed.ncbi.nlm.nih.gov/9700638/

9.6. Vaccine adverse effects

Numerous vaccine adverse effects have been reported in medical literature and media as well. These include various injuries from chronic diseases to death.

An increase in death after MMR vaccination has been reported from India. 6 deaths in 2002, 13 in 2003, 111 in 2008 and 116 deaths in 2009.[509]

"Adverse events following 12 and 18 month vaccinations: a population-based, self-controlled case series analysis", Kumanan Wilson et al, 2011. Conclusion: There are significantly elevated risks of primarily emergency room visits approximately one to two weeks following vaccination. 20 febrile seizures for every 100,000 vaccinated at 12 months.[510]

"MMR vaccination and febrile seizures: evaluation of susceptible subgroups and long-term prognosis", Mogens Vestergaard et al, 2004. **Increased rate of febrile seizures following MMR vaccination.** 4% children developed febrile seizures at least once within 2 weeks of MMR vaccination.[511]

The risk of seizure after MMR vaccine occurs in about 1 in 640 children, 1 in 50 children with a history of seizures, and 1 in 250 in siblings of children with a history of febrile seizures (and 5% of them would develop epilepsy).[512] [513] Even though these research findings were published 15 years ago, how many of our doctors or politicians are aware of this risk? And how many parents do get informed about it?

"Use of the Australian Childhood Immunisation Register for vaccine safety data linkage", Michael Gold et al, 2010. An increase in febrile convulsions 6-11 days post-MMR vaccination (1 convulsion per 6753 vaccines).[514]

"Risk of febrile convulsions after MMRV vaccination in comparison to MMR or MMR+V vaccination", Tania Schink et al, 2013. Finding: MMRV significantly increases the risk of being hospitalized for febrile convulsions.[515]

"MMR vaccine and idiopathic thrombocytopaenic purpura", Corri Black et al, 2003. Conclusion: This study confirms the increased risk of ITP within 6 weeks after MMR vaccination.[516]

"Immune thrombocytopaenic purpura: an autoimmune cross-link between infections and vaccines", M Rinaldi et al, 2014. **An acute and life-threatening event with 52% pediatric patients recovering spontaneously or after treatment. MMR 5x more likely to cause ITP.**[517]

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[509] https://timesofindia.indiatimes.com/blogs/staying-alive/26-measles-vaccine-deaths-in-3-years-no-investigative-report-yet1/
[510] https://pubmed.ncbi.nlm.nih.gov/22174753/
[511] https://pubmed.ncbi.nlm.nih.gov/15265850/
[512] https://pubmed.ncbi.nlm.nih.gov/15265850/
[513] https://pubmed.ncbi.nlm.nih.gov/17267419/
[514] https://pubmed.ncbi.nlm.nih.gov/20430123/
[515] https://pubmed.ncbi.nlm.nih.gov/24374498/
[516] https://pubmed.ncbi.nlm.nih.gov/12534647/
[517] https://pubmed.ncbi.nlm.nih.gov/24763539/

"Encephalitis after administration of live measles", F Jagdis et al, 1975. Fatal encephalitis developed 10 days after measles vaccine.[518]

"Guillain-Barré syndrome following administration of live measles vaccine", Charles Grose and Ilya Spigland, 1976.[519]

There are also measles vaccine-induced disorders which are not typically associated with the measles infection. While wild measles exposure occurs through contact with the human respiratory tract, the measles vaccine introduces a lab altered, live-virus through an unnatural route of exposure. This man-made virus can bury deep in the body and create a slow infection in any part of the body, including the gastrointestinal tract and central nervous system. The consequences of which can show us months or years later. A vaccine induced form of Subacute Sclerosing Panencephalitis (SSPE) known as Measles Inclusion-Body Encephalitis (MIBE) has been documented in children months to years following measles vaccination.[520]

Measles and MMR vaccine & sensory impairments:

72. Kazarian, E.L, et al. "Optic neuritis complicating measles, mumps, and rubella vaccination." American Journal of Ophthalmology 1978; 86:544-47.

73. Marshall, G.S. et al. "Diffuse retinopathy following measles, mumps, and rubella vaccination." Pediatrics 1985; 76:989-991

74. Brodsky, L., et al. "Sensorineural hearing loss following live measles virus vaccination". International Journal of Pediatric Otorhinolaryngology 1985; 10:159-63

75. 7-year-old girl developed unilateral total loss of hearing 13 days following MMR vaccination. Nabe-Nielsen, J., et al. "Unilateral deafness as a complication of the mumps, measles, and rubella vaccination." British Medical Journal 1988; 297:489.

76. Reports of sensorineural deafness after measles, mumps, and rubella immunization", B J Stewart & P U Prabhu, 1993.[521]

77. Hulbert, T.V., et al. "Bilateral hearing loss after measles and rubella vaccination in an adult." New England Journal of Medicine 1991; 325:134.

78. Stewart, B.J.A., et al. "Reports of sensorineural deafness after measles, mumps and rubella immunization." Archives of Diseases of Childhood 1993; 69: 153-54

[518] https://pubmed.ncbi.nlm.nih.gov/236821/
[519] https://www.amjmed.com/article/0002-9343(76)90762-2/fulltext
[520] http://cid.oxfordjournals.org/content/29/4/855.full.pdf
[521] https://pubmed.ncbi.nlm.nih.gov/8024302/

Vaccines have also destroyed the natural lifelong herd immunity that came from the immune response produced by wild measles infection. This has led to a change in the demographic profile of people who get measles, away from 4- to 12-year-olds (pre-vaccine)—in whom the illness is mildest—toward infants and adults (post-vaccine)—the very populations in whom measles cause the most complications.

> "One of the remarkable observations about measles is that immunity induced by natural infection appears to remain strong for life: thus, Panum observed that individuals exposed to measles in 1781 in the Faroe Islands were still immune when the virus was next introduced, 65 years later in 1846."[522]

Measles, mumps & rubella during infancy

Measles in infancy is a problem that has increased. This is a problem that has been significantly created by the measles vaccination.[523] [524] [525] [526] [527] [528]

During pre-vaccine era, infants were entirely immune for the first 8 or 10 months of life, and those under two years of age were only slightly susceptible to mumps infection.[529]

Women with vaccine-induced immunity have low levels of antibody (if at all) to transfer across the placenta and through breast feeding. This has consequently led to babies who start life without any natural protection and susceptible to infection at very young ages when measles can be more dangerous.[530] South Korea with a heavy vaccination rate is facing this same dire situation. Measles occurs mainly in infants <12 months of age. ("An increasing, potentially measles-susceptible population over time after vaccination in Korea", Hae Ji Kang et al, 2017[531]) This study also notes measles-specific antibodies wane in the absence of boosting by the wild-type virus and that vaccine-induced immunity is less effective than naturally acquired immunity.

Even as early as 1977, it was noted that the measles vaccine shifts the susceptible age group from younger children to adolescents.[532]

> The Institute of Medicine (2011) concluded "the evidence convincingly supports a causal relationship between MMR vaccine and measles inclusion body encephalitis in individuals with demonstrated immunodeficiencies." It was noted that the latencies between vaccination and the development of MIBE were 4 and 9 months. This conclusion was based on the following studies:

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[522] Vaccines, 6th Edition, p. 1403.
[523] https://doi.org/10.4269/ajtmh.2008.79.787
[524] https://doi.org/10.1093/infdis/jit143
[525] https://doi.org/10.1093/infdis/jit144
[526] https://doi.org/10.1093/infdis/jit144
[527] https://doi.org/10.1017/S0950268813001532
[528] https://www.researchgate.net/publication/12754418_Increased_Susceptibility_to_Measles_in_Infants_in_the_United_States
[529] The Book of Health, A Medical Encyclopedia for Everyone, 1953.
[530] Clin Perinatol 1988;15:259
[531] https://www.sciencedirect.com/science/article/pii/S0264410X17308551
[532] Measles Outbreak Control, Morbidity and Mortality Weekly Report, September 9, 1977, vol. 26, no. 36, pp. 294-299.

Bitnun et al (1999) study reported "… a case of **measles inclusion-body encephalitis (MIBE) occurring in an apparently healthy 21-month-old boy 8.5 months after MMR vaccination**. He had no prior evidence of immune deficiency and no history of measles exposure or clinical disease. During hospitalisation, a primary immunodeficiency characterized by a profoundly depressed CD8 cells count and dysgammaglobulinemia was demonstrated."[533]

Baram et al (1994) study Subacute Sclerosing Panencephalitis (SSPE) in an Infant: Diagnostic Role of Viral Genome Analysis which reported the case of an immunocompetent, vaccinated 22-month-old girl, with onset of symptoms in parainfluenza virus.

Dyken et al (1989) reports an increase in SSPE incidence cases following measles vaccination.

The Institute of Medicine (2011) concludes "**the evidence convincingly supports a causal relationship between MMR vaccine and febrile seizures**."

Vaccine manufacturers state that vaccines are contraindicated for those in "Primary and acquired immunodeficiency states."

When children are not screened for their immune status prior to giving a vaccine, it can lead to death.[534]

MMR clinical trials showed that upper respiratory and gastrointestinal infections were reported in about 55% and 40% of vaccinees respectively. Some of these participants suffered these symptoms for 6 weeks, perhaps longer but the study monitored the vaccinees only for 42 days.[535]

Cumulative raw count of reported adverse events from measles, mumps and rubella vaccines alone in the VAERS (from 1 January 1978 – 1 March 2019) shows 424,770 adverse events, 7,935 disabilities, 32,675 hospitalisations and 1,640 deaths (after applying a correction factor to assume 10% of AE are reported and 50% are related to the vaccine).

As of May 31, 2019, there have been more than 94,972 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 468 related deaths, 7,127 hospitalizations, and 1,820 related disabilities. However, the numbers of vaccine-related injuries and deaths reported to VAERS may not reflect the **true** number of serious health problems that occur after MMR vaccination.[536]

In 1998, public health officials and attorneys associated with the federal Vaccine Injury Compensation Program published a review in *Pediatrics* regarding the medical records of 48 children ages 10 to 49 months, who received a measles vaccine or combination MMR vaccine between 1970 and 1993 and developed encephalopathy after vaccination. The children either died or were left with permanent brain dysfunction, including developmental regression and delays, chronic seizures, motor and sensory deficits and movement disorders.

[533] http://cid.oxfordjournals.org/content/29/4/855.full.pdf
[534] https://pubmed.ncbi.nlm.nih.gov/8301437/
[535] https://icandecide.org/government/FDA-Production-FOIA.pdf
[536] https://www.nvic.org/vaccines-and-diseases/Measles/measles-vaccine-injury-death.aspx

The study authors concluded that:

"The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9. No cases were identified after the administration of monovalent mumps or rubella vaccine. This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles vaccination."[537]

Serious complications reported by Merck in the MMRII product insert during vaccine post-marketing surveillance include:

- brain inflammation (encephalitis) & encephalopathy (chronic brain dysfunction);
- panniculitis (inflammation of the fat layer under the skin);
- atypical measles;
- syncope (sudden loss of consciousness, fainting);
- vasculitis (inflammation of the blood vessels);
- pancreatitis (inflammation of the pancreas);
- diabetes mellitus;
- thrombocytopenia purpura (blood disorder);
- Henoch-Schönlein purpura (inflammation and bleeding in the small blood vessels);
- acute hemorrhagic edema of infancy (rare vasculitis of the skin's small vessels occurring in infants);
- leukocytosis (high white blood cell count);
- anaphylaxis (shock);
- bronchial spasms;
- pneumonia;
- pneumonitis (inflammation of the lung tissues);
- arthritis and arthralgia (joint pain);
- myalgia (muscle pain);
- polyneuritis (inflammation of several nerves simultaneously);
- measles inclusion body encephalitis (disease affecting the brain of immunocompromised persons);
- subacute sclerosing panencephalitis (fatal progressive brain disorder caused by exposure to the measles virus);
- Guillain-Barre Syndrome (GBS)(disease where the body's immune system attacks the nerves);
- acute disseminated encephalomyelitis (ADEM) (inflammation that affects the brain and spinal cord where it damages the coating that protects nerve fibers, called myelin);
- transverse myelitis (inflammation of the spinal cord);
- aseptic meningitis;
- erythema multiforme (skin disorder from an allergic reaction or infection);
- urticarial rash (hives, itching from an allergic reaction);
- measles-like rash;

[537] https://pediatrics.aappublications.org/content/101/3/383

- Stevens-Johnson syndrome (severe reaction causing the skin and mucous membranes to blister, die, and shed);
- nerve deafness (hearing loss from damage to the inner ear);
- otitis media (ear infection);
- retinitis (inflammation of the retina of the eye);
- optic neuritis (inflammation of the optic nerve);
- conjunctivitis (pink eye);
- ocular palsies (dysfunction of the ocular nerve);
- epididymitis (inflammation of the epididymis);
- paresthesia (burning or prickling of the skin);
- death.

A CDC study published in *Pediatrics* journal reported that "previous receipt of vaccines with trace amounts of gelatin was responsible for the sensitization (to cause anaphylactic reactions) and concluded that "Almost one fourth of patients with reported anaphylaxis after MMR seem to have hypersensitivity to gelatin in the vaccine. They may be at higher risk of developing anaphylaxis to subsequent doses of other gelatin-containing vaccines. These people should seek an allergy evaluation before such immunization."[538]

"Atypical measles was characterized by a higher and more prolonged fever, unusual skin lesions and sever pneumonitis compared to measles in previously unvaccinated persons. The rash was often accompanied by evidence of haemorrhage and vesiculation. The pneumonitis included distinct nodular parenchymal lesions and hilar adenopathy. Abdominal pain, hepatic dysfunction, headache, eosinophilia, pleural effusions and edema were also described."[539]

"I was infected naturally with measles. Is it true that after being naturally infected with measles that I probably have higher frequencies of memory, immune cells, b and t cells, than does someone who was vaccinated? Yes I do, it is true. The virus reproduced 1000 of times in me, not the 10 or 20 times when you get the vaccine, so I have a much greater immune response its true."

– Dr Paul Offit (Developer of RotaTeq vaccine and a strong vaccine proponent. https://www.youtube.com/watch?v=c9txqfadfd0

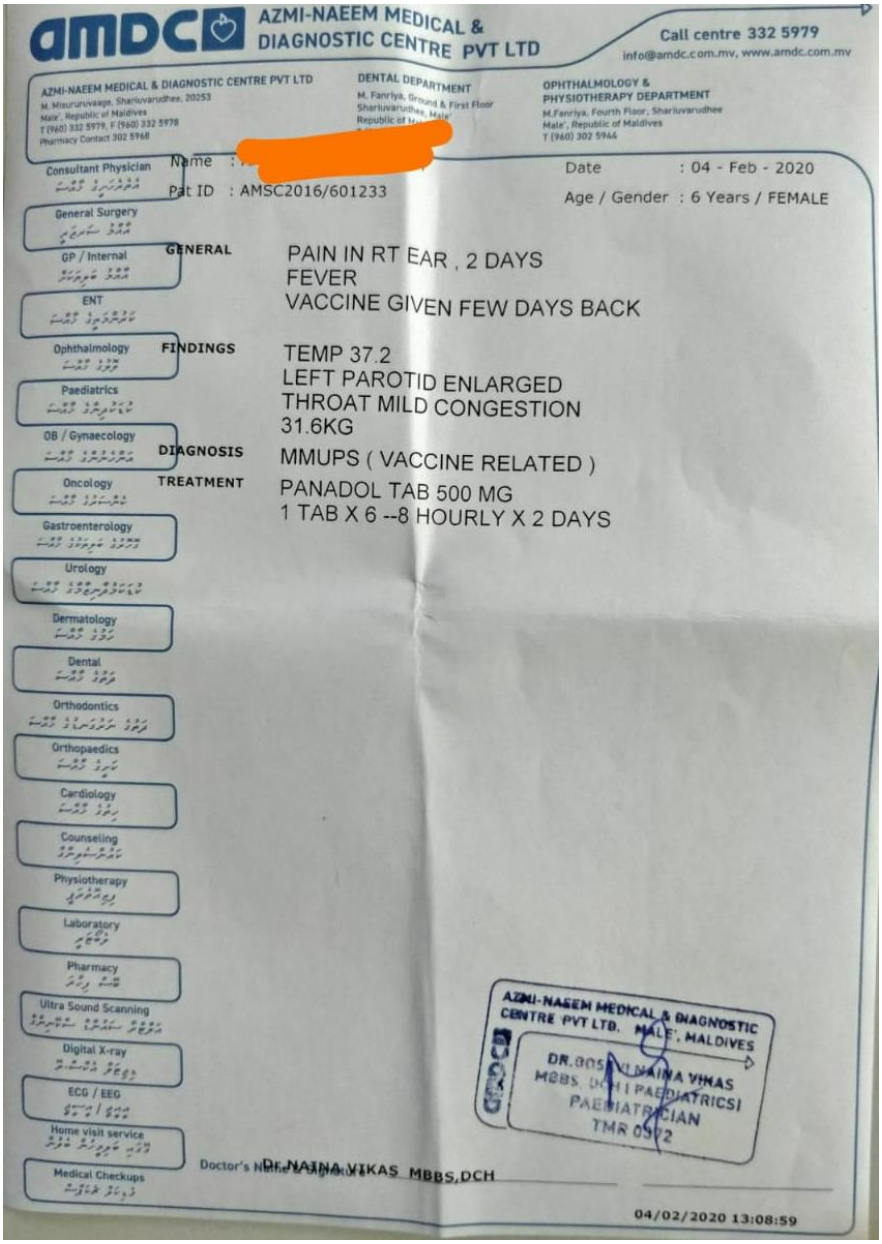
Here Dr Offit is also admitting to the greater immune response received from measles wild-virus and that the vaccine-derived immunity is inferior to it.

Consider this far greater life-long immunity received from measles naturally vs measles vaccination which can give you measles, lower immune response and a host of other complications.

[538] https://pubmed.ncbi.nlm.nih.gov/12456938/
[539] D. Griffin et al., "Measles Vaccines," Frontiers in Bioscience, vol. 13, January 2008, pp. 1352-1370.

Mumps

A case of mumps occurred in a Maldivian child after vaccination, 4 February 2020.



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Orthopaedics
Cardiology
Counseling
Physiotherapy
Laboratory
Pharmacy
Ultra Sound Scanning
Digital X-ray
ECG / EEG
Home visit service
Medical Checkups

Name : [redacted]
Pat ID : AMSC2016/601233
Date : 04 - Feb - 2020
Age / Gender : 6 Years / FEMALE

GENERAL: PAIN IN RT EAR , 2 DAYS
FEVER
VACCINE GIVEN FEW DAYS BACK

FINDINGS: TEMP 37.2
LEFT PAROTID ENLARGED
THROAT MILD CONGESTION
31.6KG

DIAGNOSIS: MMUPS (VACCINE RELATED)

TREATMENT: PANADOL TAB 500 MG
1 TAB X 6 --8 HOURLY X 2 DAYS

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MBBS, DCH | PAEDIATRICS|
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@MoHmv

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8:09 PM · Feb 5, 2020 · Twitter for iPhone

Waning immunity of mumps vaccine is a known problem acknowledged in medical literature. As reported in a study published in March 2018, in the Science Translational Medicine, outbreaks are occurring in communities with high vaccination rates and has "prompted concerns about the effectiveness". The authors estimated the antibody protection conferred by the vaccine wanes on average by 27 years (25% may lose protection within 7.9 years, 50% within 19 years and 75% within 38 years). However, they also noted that "the estimated susceptibility at ages 10-14 years peaked in 1991 when 45.8% of children in this age group were at risk of infection, together with 43% of adolescents ages 15-19 years. These estimates reflect 2.85 fold increases in age-specific susceptibility, respectively, compared to the prevaccine era."

The authors also reported that mumps was very common during pre-vaccine era and that 90% children contracted mumps by the time they reached adulthood. However, with vaccination, the risk burden has been shifted away from young children onto adolescents and adults. The authors remarked that "An older age of infection (ages 18 – 29 years, compared to the prevaccine average of 5 – 9 years) has been a defining feature of these outbreaks, similar to recent occurrences in Canada, western Europe, and Asian countries with routine MMR vaccination".

The study also notes that this is troubling because as many as 10% of mumps infections acquired after puberty may cause severe complications (including orchitis, meningitis, and deafness) in contrast to a milder clinical course in children that typically involves fever and parotid gland swelling. A second troubling issue is that mumps cases in recent outbreaks have been reported in young adults who had received 2 vaccine doses as recommended.[540]

In 2019, 186 children and adults contracted mumps at migration detention facilities across Texas. According to spokeswoman for the Department of State Health Services "the state doesn't know the vaccination status of detained migrant adults or the children who entered the US with them but that **all unaccompanied minors are vaccinated when they are detained.**"[541] The outbreaks are occurring after vaccination.

According to the CDC, since 2006 there has been an increase in mumps cases and outbreaks with many occurring among fully vaccinated (2 doses) persons.[542]

[540] https://doi.org/10.1126/scitranslmed.aao5945
[541] https://www.texastribune.org/2019/03/01/nearly-200-immigrant-detainees-have-mumps-texas/
[542] https://www.cdc.gov/vaccines/pubs/pinkbook/mumps.html

Rubella

Rubella symptoms are often mild, and up to 50% of infections may be subclinical or inapparent. In young children and adults, there may be 1-5 days of low-grade fever, malaise and upper respiratory symptoms before the rash. Complications are rare.[543]

In young children, a rash is usually the first symptom. Rubella, where the B-cell memory is known to last a maximum of 20 years, if the infection occurs during adulthood it not only can produce arthritis (as can the vaccine), purpura (skin discoloration), and other severe systemic disorders but "congenital rubella syndrome" (damage to the developing embryo during the first trimester of pregnancy), the very disease the vaccine was designed to prevent in the first place.

According to the vaccine product insert, excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination. Rubella vaccine virus can also be transmitted to infants via breast milk.

A person can acquire vaccine-strain rubella disease after MMR vaccination.[544]

To achieve Rubella herd immunity, elementary school children were vaccinated en mass in Casper, Wyoming. However, a Rubella outbreak a few months later spread in the town infecting thousands of residents and herd immunity did not materialize. The study authors reporting the incident wrote "The concept that a highly immune group of pre-pubertal children will prevent spread of rubella in the rest of the community was shown by this epidemic not always to be valid."[545]

Emily A Voight et al (2018) study[546] showed that up to 5% of individuals do not achieve or maintain long-term protective immunity to rubella after MMR II vaccination. While this study demonstrated polymorphisms associated with rubella virus-specific cellular immunity for subjects of European ancestry, it raises the question for other ethnic groups.

[543] https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/rubella.pdf
[544] https://pubmed.ncbi.nlm.nih.gov/32530771/
[545] Klock LE & Rachelefsky GS. "Failure of rubella herd immunity during an epidemic." N Engl J Med 288, 69-72 (1973)
[546] https://pubmed.ncbi.nlm.nih.gov/29253144/

Critical studies

1. "Measles, mumps, rubella vaccine induced subacute sclerosing panencephalitis", Belgamwar et al (1997) study reports the case of a 15-yr old girl from India who developed SSPE (a progressive and fatal neurodegenerative disease as a result from her MMR vaccine at 9 months of age. She was diagnosed with a 2-month history of behavioural disturbances, a deterioration in school performance, forgetfulness, silly smiling, handwriting changes, social withdrawal and ataxia.[547]

2. Measles Vaccine Virus RNA in Children More than 100 Days after vaccination. McMahon et al, 2019; (even upto 800 days)[548]

3. Secondary measles vaccine failures identified by measure of IgG avidity: high occurrence among teenagers vaccinated at a young age. Paunio et al, 2000. Finding: Secondary measles-vaccine failures are more common than was more previously thought, particularly among individuals vaccinated in early life, long ago, and among re-vaccinees. Waning immunity even among individuals vaccinated after 15 months of age, without the boosting effect of natural infections should be considered a relevant possibility in future planning of vaccination against measles.[549]

4. Mayo Clinic study showing that Somalis' antibody response to the rubella component of the MMR vaccine is twice as high as among Caucasians. This finding may support parental reports of regression of Somali children into autism after vaccination.[550]

5. Detection of measles virus RNA in urine specimens from vaccine recipients. Rota PA et al 1995.[551]

6. Spotlight on measles 2010: excretion of vaccine strain measles virus in urine and pharyngeal secretions of a child with vaccine associated febrile rash illness, Croatia, March 2010[552]. Kaic B, et al, 2010

7. Detection of measles vaccine in the throat of a vaccinated child.[553] Florence Morfin et al, 2002

[547] https://pubmed.ncbi.nlm.nih.gov/9567594/
[548] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6669751/
[549] https://pubmed.ncbi.nlm.nih.gov/10813152/
[550] http://ncbi.nlm.nih.gov/pmc/articles/PMC3980440/pdf/nihms.568323.pdf
[551] https://pubmed.ncbi.nlm.nih.gov/7494055/
[552] https://pubmed.ncbi.nlm.nih.gov/20822734/
[553] https://pubmed.ncbi.nlm.nih.gov/11858860/

THE FUTURE OF MEASLES IN HIGHLY IMMUNIZED POPULATIONS A MODELING APPROACH

DAVID L. LEVY ✉

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https://doi.org/10.1093/oxfordjournals.aje.a113872
Published: 01 July 1984 **Article history** ▾

Abstract

Little is known about how an intensive measles elimination program changes the overall immune status of the population. A computer model was created to study the effect of the measles elimination program in the United States on the number of susceptibles in the population. The simulation reveals that in the prevaccine era, approximately 10.6% of the population was susceptible to measles, most of whom were children less than 10 years of age. With the institution of the measles immunlzation program, the proportion of susceptibles in the population fell to 3.1% from 1978 through 1981, but then began to rise by approximately 0.1% per year to reach about 10.9% in the year 2050. The susceptibies at this time were distributed evenly throughout all age groups. The model did not consider the potential effect of waning immunity. The results of this study suggest that measles elimination in the United States has been achieved by an effective immunization program aimed at young susceptibles combined with a highly, naturally immunized adult population. However, despite short-term success in eliminating the disease, long-range projections demonstrate that the proportion of susceptibies in the year 2050 may be greater than in the prevaccine era. Present vaccine technology and public health policy must be altered to deal with this eventuallty.

THE IMPORTANCE OF MEASLES AS A HEALTH PROBLEM

Alexander D. Langmuir, M.D., F.A.P.H.A.; Donald A. Henderson, M.D., F.A.P.H.A.; Robert E. Serfling, Ph.D., F.A.P.H.A.; and Ida L. Sherman, M.S.

Langmuir 1962
PMID: 14462171

DURING the past 40 years the ecological approach to disease has become a basic concept of epidemiology. Among all diseases measles has stood as the classic example of successful parasitism. This self-limiting infection of short duration, moderate severity, and low fatality has maintained a remarkably stable biological balance over the centuries. Those epidemiologists, and there are many, who tend to revere the biological balance have long argued that the ecological equilibrium of measles is solidly based, that it cannot readily be disrupted and that therefore we must learn to live with this parasite rather than hope to eradicate it. This speaker, not so long ago, was counted among this group and waxed eloquent on this subject in print.[1]

Happily, this era is ending. New and potent tools that promise effective control of measles are at hand. If properly developed and wisely used, it should be possible to disrupt the biological balance of measles. Its eradication from large continental land masses such as North America and many other parts of the world can be anticipated soon.

The importance of any disease as a public health problem must be gauged from many angles. For example, using mortality as a criterion heart disease becomes most important. Short-term morbidity makes the common cold rank high. For chronic disability arthritis and mental disease dominate. For public interest and parental concern, in spite of relatively low incidence, nothing has equaled poliomyelitis.

According to these criteria, the importance of measles cannot be compared with any of the diseases mentioned so far, but it should still be classed as an important health problem on two main counts. First, any parent who has seen his small child suffer even for a few days with persistent fever of 105°, with hacking cough and delirium wants to see this prevented, if it can be done safely. Second, at last there is promise that something can be accomplished by organized health action.

As a contribution to this symposium, we of the Communicable Disease Center have brought together some of the basic descriptive statistics concerning measles in the United States. We hope this may serve as a simple frame of reference broadly defining our problem.

Figure 1 presents annual morbidity and mortality for the expanding reporting areas from 1912 to 1959. Note the stability of the morbidity rate and the steady downward trend in the mortality rate. Also, there is the somewhat ominous suggestion of a cessation of this downward trend since 1955 similar to the leveling off of the infant death rates during the past six years. The morbidity figures testify to the stability of the biological balance of measles during the period. The decline in mortality demonstrates the degree to which we have adapted to this balance and have learned to live with this parasite.

Figure 2 presents the familiar curves of cumulative frequency of a history of measles by age. Two large studies published by Collins in 1929[2] and 1942[3] are compared with a recent survey conducted by Epidemic Intelligence Service

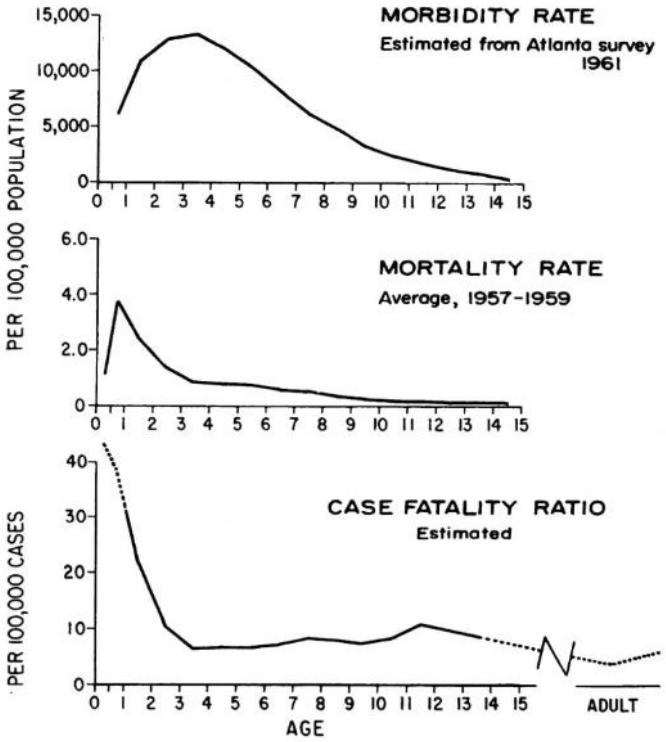

Figure 3—Measles Rates by Age

Whose human values?

In the lower panel of Figure 3, the data in the upper two panels have been combined to provide approximate case fatality ratios. These cannot be separated for infants under six months and for those 6 to 11 months of age because the survey data do not permit estimates of the low incidence in early months of life. Clearly the greatest risk of death from measles exists during the first and second years of life. The slight but apparent rise in the ratio at age 11 years is probably an artifact in the morbidity estimate. There is, however, a small but finite mortality from measles among elderly persons revealing that even in this modern age of extensive communication some persons still may escape infection in childhood.

Thus, in the United States measles is a disease whose importance is not to be measured by total days disability or number of deaths, but rather by human values and by the fact that tools are becoming available which promise effective control and early eradication.

To those who ask me, "Why do you wish to eradicate measles?," I reply with the same answer that Hillary used when asked why he wished to climb Mt. Everest. He said, "Because it is there." To this may be added, ". . . and it can be done."

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/

BMJ 1959

Mild Ailment

PMC: 1992477

Dr. John Fry (Beckenham, Kent) writes: The expected biennial epidemic of measles appeared in this region in early December, 1958, just in time to put many youngsters to bed over Christmas. To date there have been close on 150 cases in the practice, and the numbers are now steadily decreasing. Like previous epidemics, the primary cases have been chiefly in the 5- and 6-year-olds, with secondary cases in their younger siblings. No special features have been noted in this relatively mild epidemic. It has been mild because complications have occurred in only four children. One little girl aged 2 suffered from a lobular pneumonia, and three others developed acute otitis media following their measles. In the majority of children the whole episode has been well and truly over in a week, from the prodromal phase to the disappearance of the rash, and many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles.

A family doctor's approach to the management of measles is essentially a personal and individual matter, based on the personal experiences of the doctor and the individual character and background of the child and the family. In this practice measles is considered as a relatively mild and inevitable childhood ailment that is best encountered any time from 3 to 7 years of age. Over the past 10 years there have been few serious complications at any age, and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious.

Treatment.—In the acute phase non-specific symptomatic measures such as aspirin and linctus have been the basis of treatment, and without the routine use of antibiotics or sulphonamides the rate of complications has not exceeded 3%. Even in the possibly susceptible "catarrhal children" with previous histories of recurrent ear and chest infections antibiotics have not been used in attempting to prevent complications; if and when these did occur they were treated on their merits. The few complications that did arise—namely, otitis media and chest infections—were either allowed to settle naturally on non-specific treatment,

or, when severe enough, were treated with intramuscular injections of penicillin. In the present epidemic the one child with pneumonia and two of the children with acute otitis media were the only ones who required specific antibiotics. In all the others the disease followed a relatively uneventful course with complete and spontaneous resolution.

I would like to express my thanks to Dr. G. E. H. Callebaut, who has worked with me during this time.

No Permanent Disabilities

Dr. R. M. McGregor (Hawick, Roxburghshire) writes: In Scotland measles is not a notifiable disease except in the case of certain ports. Information concerning incidence, therefore, is known only to the family doctor and to a lesser extent the school authorities. In this area since 1948 serious outbreaks have occurred in the autumn of 1950, in March and April of 1953, and in June and July of 1955. In the intervening periods, and since the last serious outbreak, sporadic cases have occurred without causing an epidemic. At present we enjoy a complete freedom from this disease, and it is hoped that the act of writing on the subject will not incur the penalty of a visitation.

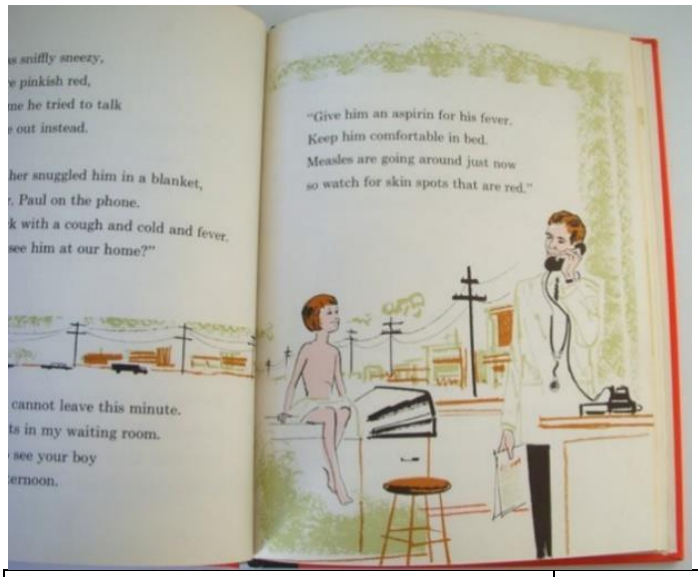
Scanning the notes of the previous epidemics, it is evident that the 1955 episode was one of low virulence. Indeed, many of the cases were sufficiently mild as to make diagnosis difficult. The follow-up of all the epidemics reveals that the patients have not suffered any permanent disabilities. This could be due to the treatment given being satisfactory or to the excellent recuperative powers of a sturdy population.

It is conspicuous that the 5–15-years age group contained the vast majority of the cases. No effort was made to prevent the spread of the disease, except the ordinary precaution of not permitting juvenile visitors. Gamma globulin to thwart the onset of the disease was never used, since the few cases seen affecting the adults have always been severe. It is felt advisable to get the infection over in childhood and thus avoid this hazard in later life.

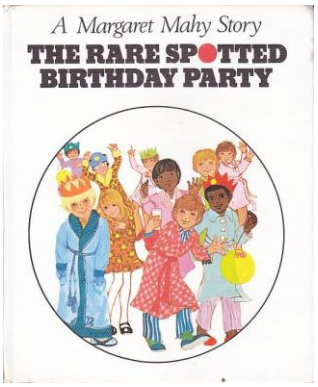
In these epidemics no serious complications were encountered. A troublesome cough for a few weeks after the infection was fairly frequent. In the 1955 episode only two cases of concomitant otitis media were seen, and in both cases it was a recrudescence of a previous attack. Contrariwise three of the cases had otitis media a few months before, and did not have a flare-up during the measles infection. In one case, as the rash of measles was fading, typical spots of chicken-pox were seen to develop. This superimposed infection did not prolong the convalescence.

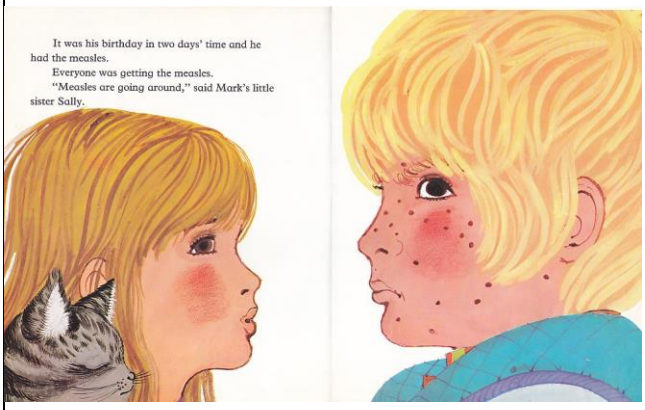
The treatment given in all cases was sulphadimidine. In the older children it was dispensed in the form of tablets. In the younger children and in those that complained of difficulty in swallowing, the suspension was used. When the sulphadimidine was stopped, a sedative mixture was given to those who complained of a troublesome cough.

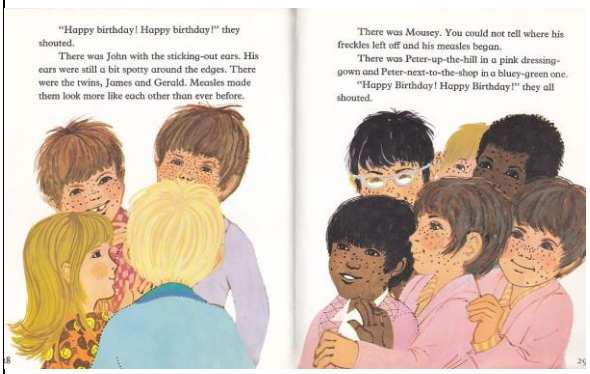
Measles was perceived as a mild illness until the introduction of the vaccine and the pharmaceutical companies' drive to spread fear to sell vaccines.

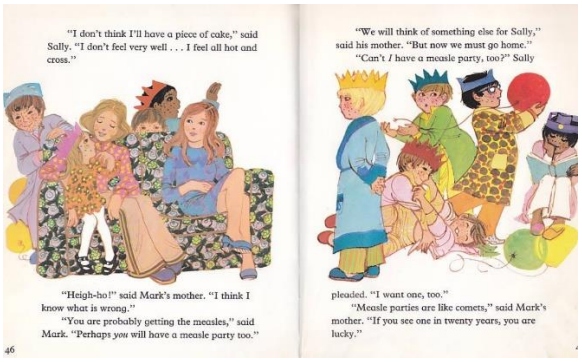


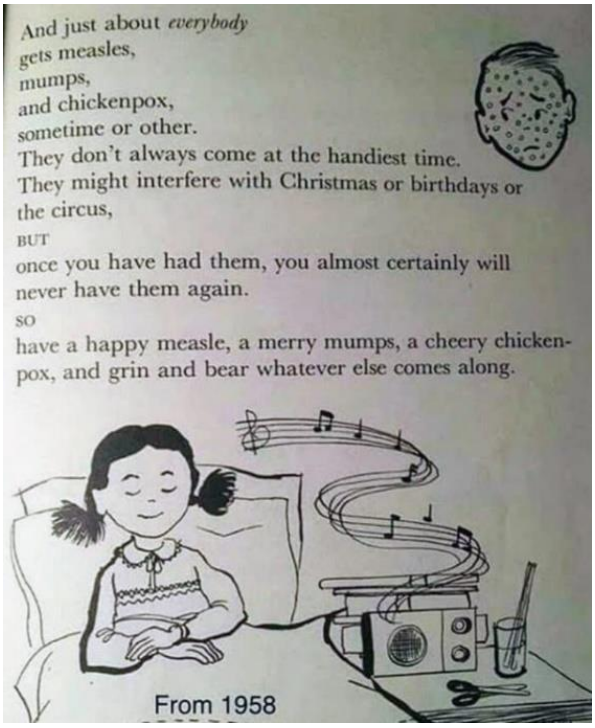
Michael Gets the Measles is about a 4-year old boy who gets the measles and is off from school for a few days then recovers from the measles. The book is part of a series that includes **Dear Little Mumps Child** and **Peter Gets the Chickenpox**.











MEASLES WILL KEEP DICKENS' CHILDREN FROM CIGAR BOWL TILT

There's considerable weeping and wailing around the hotel rooms of Coach Phil Dickens, of Wofford, and his family, these days.

The Wofford coach brought his attractive wife, and their two children, Phil, Jr., and Peggy with him to the Cigar Bowl game, scheduled here Monday afternoon against Florida State University.

Friday the children complained of slight illness.

Yesterday their illness was diagnosed as measles, and they'll miss Monday's big game.

The Chamber of Commerce plans to send a nurse to the hotel to take care of the kids while Mrs. Dickens attends the football battle.

Had Measles So Missed Concert

Harris, Sask.

Dear Pals: I had a very merry Christmas and a happy New Year. We had turkey for Christmas and chicken for New Year's. Now I am sick of it.

Our Christmas concert was on the 21st and I couldn't go because I had the measles and had to stay in bed.

Most of the school children had the measles too.

I got a pair of skis and a picture projector from Santa Claus. I got a caterpillar and so did my cousin. We are supposed to race but we haven't yet. I got a very nice fountain pen off the Christmas tree at the concert.

Well I better say goodbye.

A Pal,

Dale Skelton.

Royal Heir Has Measles

LONDON (Reuters) — Prince Charles, 12-year-old heir to the throne, has measles, it was announced today.

The prince is in the clinic at Cheam school, his exclusive board school west of London, and is being looked after by the school doctor.

The rash appeared Tuesday and it is expected the illness will run its usual course.

No further bulletins are expected.

THURSDAY EVENING, JANUARY 5, 1961

WALTER C. ALVAREZ, M.D.

German Measles Fear In Pregnancy Quieted

Dr. Alvarez is emeritus consultant in medicine of the Mayo Clinic and emeritus professor of medicine of the Mayo Foundation.

Back in 1940, a physician in Australia named Gregg reported that a high percentage of women who had German measles in the first month or two of pregnancy had defective children. As years passed, more and more physicians in America have come to the conclusion that the situation here is nowhere near as bad as it was in Australia. Also, as I pointed out in a recent column, in those years in which German measles is not epidemic the virus seems to be so mild in its effects that most women who have the disease shortly after they become pregnant give birth to normal children.

At a recent meeting of the Central Assn. of Obstetricians and Gynecologists at Kansas City, two Texas obstetricians pointed out that during an epidemic of German measles in Dallas and Ft. Worth in 1958, a total of 85 per cent of the babies born to mothers who had measles in the first three months of their pregnancy were normal. This is certainly cheering.

Drs. Herman I. Kantor and W. K. Strother of Dallas reported having seen 72 women who had had German measles early in pregnancy. Therapeutic abortion was induced in the cases of 11 women who were too frightened to go ahead with their pregnancy. Abortion occurred spontaneously in the cases of six other women. Among the children who were delivered at term, 47 were normal, 2 were stillborn, 2 had cataracts in their eyes, 3 had heart defects and 1 was deaf. This experience should now cheer thousands of women who get badly frightened when they get German measles early during pregnancy. Getting it late in the pregnancy usually means nothing; the child is already formed. Not a one of the babies born to 20 women who had German measles after the first three months of pregnancy was injured.

Dr Walter Alvarez's earlier statements contradict his statements made 10 years later after the introduction of vaccine (shown on the next page). This is a typical example of how fear mongering is put in place once a vaccine is introduced.

The Family Doctor

New Year May Bring an Epidemic of Measles

By WALTER C. ALVAREZ, M.D.

I read that the 1964-65 epidemic of rubella (German measles) in pregnant women resulted in 30,000 natal deaths or still births, and 20,000 children born with severe birth defects. The disease seems to go in six or seven-year cycles, which means there is likely to be another bad epidemic in 1971-72.

For many years, we thought of German measles as a minor childhood disease and it generally is — the child usually has only a rash and slight fever. But when a woman who has recently become pregnant gets German measles, her child may have major and often multiple birth defects, such as blindness, heart disease, deafness and mental retardation.

Now, in a release from the Atthritis Foundation, I read that evidence has recently been found which strongly suggests that German measles is related to arthritis. Drs. P. L. Ogra and J. K. Herd of the Children's Hospital in Buffalo, N.Y., have reported that German measles virus may play an important role in juvenile rheumatoid arthritis (the crippling, deforming type of the disease), that affects a quarter of a million American youngsters. I will doubtless be writing about this again as more evidence comes in.

IN ORDER TO avoid these bad effects of the German measles virus, American health officers have made a tremendous effort to immunize all children against the disease. If children don't get the disease, they won't be able to transmit it to susceptible pregnant women. Unfortunaately, many women, such as those in very poor areas, have no newspapers to inform them, or they cannot afford to go to a doctor. As a result, their children often are not immunized, and the disease continues to apread.

Also, there are several blood tests to show whether or not a woman is immune to German measles. In a year, measles can supporting the 1964-65 children born with serious defects is estimated by the Center for Disease Control to be about $110,000 for each child over his lifetime.

SURELY EVERY WOMAN, especially if she thinks she might become pregnant in the next two years, should have the test to see if she is susceptible to rubella, and if so, she should be vaccinated.

Today, every mother who loves her children will get them vaccinated both againt rubella and against orginary measles, which also can sometimes cause an encephalitis (inflammation of the brain) that can leave permanent damage. In a year, measles can given to 715 children in one city, and has been found to be safe. kill 400 children in the United States.

In the Journal of the American Medical Association, there is an enthusiastic report of a new triple vaccine — for German measles, regular measles, and mumps, another "mild" childhood disease that can sometimes have serious consequences. Mumps is dangerous when it attacks an adult man, because it can injure or almost completely destroy his testes.

This new vaccine has been It is hoped that these three "childhood" diseases can now be wiped off the face of the earth.

WHAT CAUSES arthritis? What should you know before you start trying to get help for your arthritis? What treatments are effective for the various forms of arthritis and rheumatism? Dr. Alvarez answers these and other questions in his booklet "Arthritis and Rheumatism." For your booklet send 25 cents and a stamped, self-addressed envelope with your request to Dr. Walter C. Alvarez, Dept. MS, Box 957, Des Moines, Iowa 50304.

Arrives in Africa

U.S. First Lady Begins Unique Diplomatic Mission

By FRANCES LEWINE
Associated Press Writer

MONROVIA, Liberia (AP) — The White House has described Mrs. Nixon's trip as di- chanting, gave a traditional Af rican salute.

M-M-R® II
(MEASLES, MUMPS, and RUBELLA VIRUS VACCINE LIVE)

DESCRIPTION

M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live) is a live virus vaccine for vaccination against measles (rubeola), mumps, and rubella (German measles).

M-M-R II is a sterile lyophilized preparation of (1) ATTENUVAX® (Measles Virus Vaccine Live), a more attenuated line of measles virus, derived from Enders' attenuated Edmonston strain and propagated in chick embryo cell culture; (2) MUMPSVAX® (Mumps Virus Vaccine Live), the Jeryl Lynn™ (B level) strain of mumps virus propagated in chick embryo cell culture; and (3) MERUVAX® II (Rubella Virus Vaccine Live), the Wistar RA 27/3 strain of live attenuated rubella virus propagated in WI-38 human diploid lung fibroblasts.{1,2}

The growth medium for measles and mumps is Medium 199 (a buffered salt solution containing vitamins and amino acids and supplemented with fetal bovine serum) containing SPGA (sucrose, phosphate, glutamate, and recombinant human albumin) as stabilizer and neomycin.

The growth medium for rubella is Minimum Essential Medium (MEM) [a buffered salt solution containing vitamins and amino acids and supplemented with fetal bovine serum] containing recombinant human albumin and neomycin. Sorbitol and hydrolyzed gelatin stabilizer are added to the individual virus harvests.

The cells, virus pools, and fetal bovine serum are all screened for the absence of adventitious agents.

The reconstituted vaccine is for subcutaneous administration. Each 0.5 mL dose contains not less than 1,000 $TCID_{50}$ (tissue culture infectious doses) of measles virus; 12,500 $TCID_{50}$ of mumps virus; and 1,000 $TCID_{50}$ of rubella virus. Each dose of the vaccine is calculated to contain sorbitol (14.5 mg), sodium phosphate, sucrose (1.9 mg), sodium chloride, hydrolyzed gelatin (14.5 mg), recombinant human albumin (≤0.3 mg), fetal bovine serum (<1 ppm), other buffer and media ingredients and approximately 25 mcg of neomycin. The product contains no preservative.

Before reconstitution, the lyophilized vaccine is a light yellow compact crystalline plug. M-M-R II, when reconstituted as directed, is clear yellow.

CLINICAL PHARMACOLOGY

Measles, mumps, and rubella are three common childhood diseases, caused by measles virus, mumps virus (paramyxoviruses), and rubella virus (togavirus), respectively, that may be associated with serious complications and/or death. For example, pneumonia and encephalitis are caused by measles. Mumps is associated with aseptic meningitis, deafness and orchitis; and rubella during pregnancy may cause congenital rubella syndrome in the infants of infected mothers.

The impact of measles, mumps, and rubella vaccination on the natural history of each disease in the United States can be quantified by comparing the maximum number of measles, mumps, and rubella cases reported in a given year prior to vaccine use to the number of cases of each disease reported in 1995. For measles, 894,134 cases reported in 1941 compared to 288 cases reported in 1995 resulted in a 99.97% decrease in reported cases; for mumps, 152,209 cases reported in 1968 compared to 840 cases reported in 1995 resulted in a 99.45% decrease in reported cases; and for rubella, 57,686 cases reported in 1969 compared to 200 cases reported in 1995 resulted in a 99.65% decrease.{3}

Clinical studies of 284 triple seronegative children, 11 months to 7 years of age, demonstrated that M-M-R II is highly immunogenic and generally well tolerated. In these studies, a single injection of the vaccine induced measles hemagglutination-inhibition (HI) antibodies in 95%, mumps neutralizing antibodies in 96%, and rubella HI antibodies in 99% of susceptible persons. However, a small percentage (1-5%) of vaccinees may fail to seroconvert after the primary dose (see also INDICATIONS AND USAGE, *Recommended Vaccination Schedule*).

A study{4} of 6-month-old and 15-month-old infants born to vaccine-immunized mothers demonstrated that, following vaccination with ATTENUVAX, 74% of the 6-month-old infants developed detectable neutralizing antibody (NT) titers while 100% of the 15-month-old infants developed NT. This rate of seroconversion is higher than that previously reported for 6-month-old infants born to naturally immune mothers tested by HI assay. When the 6-month-old infants of immunized mothers were revaccinated at 15

months, they developed antibody titers equivalent to the 15-month-old vaccinees. The lower seroconversion rate in 6-month-olds has two possible explanations: 1) Due to the limit of the detection level of the assays (NT and enzyme immunoassay [EIA]), the presence of trace amounts of undetectable maternal antibody might interfere with the seroconversion of infants; or 2) The immune system of 6-month-olds is not always capable of mounting a response to measles vaccine as measured by the two antibody assays.

There is some evidence to suggest that infants who are born to mothers who had wild-type measles and who are vaccinated at less than one year of age may not develop sustained antibody levels when later revaccinated. The advantage of early protection must be weighed against the chance for failure to respond adequately on reimmunization.{5,6}

Efficacy of measles, mumps, and rubella vaccines was established in a series of double-blind controlled field trials which demonstrated a high degree of protective efficacy afforded by the individual vaccine components.{7-12} These studies also established that seroconversion in response to vaccination against measles, mumps, and rubella paralleled protection from these diseases.{13-15}

Following vaccination, antibodies associated with protection can be measured by neutralization assays, HI, or ELISA (enzyme linked immunosorbent assay) tests. Neutralizing and ELISA antibodies to measles, mumps, and rubella viruses are still detectable in most individuals 11 to 13 years after primary vaccination.{16-18} See INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, for Rubella Susceptibility Testing.

The RA 27/3 rubella strain in M-M-R II elicits higher immediate post-vaccination HI, complement-fixing and neutralizing antibody levels than other strains of rubella vaccine{19-25} and has been shown to induce a broader profile of circulating antibodies including anti-theta and anti-iota precipitating antibodies.{26,27} The RA 27/3 rubella strain immunologically simulates natural infection more closely than other rubella vaccine viruses.{27-29} The increased levels and broader profile of antibodies produced by RA 27/3 strain rubella virus vaccine appear to correlate with greater resistance to subclinical reinfection with the wild virus,{27,29-31} and provide greater confidence for lasting immunity.

INDICATIONS AND USAGE

Recommended Vaccination Schedule

M-M-R II is indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older.

Individuals first vaccinated at 12 months of age or older should be revaccinated prior to elementary school entry. Revaccination is intended to seroconvert those who do not respond to the first dose. The Advisory Committee on Immunization Practices (ACIP) recommends administration of the first dose of M-M-R II at 12 to 15 months of age and administration of the second dose of M-M-R II at 4 to 6 years of age.{32} In addition, some public health jurisdictions mandate the age for revaccination. Consult the complete text of applicable guidelines regarding routine revaccination including that of high-risk adult populations.

Measles Outbreak Schedule

Infants Between 6 to 12 Months of Age

Local health authorities may recommend measles vaccination of infants between 6 to 12 months of age in outbreak situations. This population may fail to respond to the components of the vaccine. Safety and effectiveness of mumps and rubella vaccine in infants less than 12 months of age have not been established. The younger the infant, the lower the likelihood of seroconversion (see CLINICAL PHARMACOLOGY). Such infants should receive a second dose of M-M-R II between 12 to 15 months of age followed by revaccination at elementary school entry.{32}

Unnecessary doses of a vaccine are best avoided by ensuring that written documentation of vaccination is preserved and a copy given to each vaccinee's parent or guardian.

Other Vaccination Considerations

Non-Pregnant Adolescent and Adult Females

Immunization of susceptible non-pregnant adolescent and adult females of childbearing age with live attenuated rubella virus vaccine is indicated if certain precautions are observed (see below and PRECAUTIONS). Vaccinating susceptible postpubertal females confers individual protection against subsequently acquiring rubella infection during pregnancy, which in turn prevents infection of the fetus and consequent congenital rubella injury.{33}

Women of childbearing age should be advised not to become pregnant for 3 months after vaccination and should be informed of the reasons for this precaution.

The ACIP has stated "If it is practical and if reliable laboratory services are available, women of childbearing age who are potential candidates for vaccination can have serologic tests to determine susceptibility to rubella. However, with the exception of premarital and prenatal screening, routinely performing serologic tests for all women of childbearing age to determine susceptibility (so that vaccine is given only to proven susceptible women) can be effective but is expensive. Also, 2 visits to the health-care provider would be necessary — one for screening and one for vaccination. Accordingly, rubella vaccination of a woman who is not known to be pregnant and has no history of vaccination is justifiable without serologic testing — and may be preferable, particularly when costs of serology are high and follow-up of identified susceptible women for vaccination is not assured."{33}

Postpubertal females should be informed of the frequent occurrence of generally self-limited arthralgia and/or arthritis beginning 2 to 4 weeks after vaccination (see ADVERSE REACTIONS).

Postpartum Women

It has been found convenient in many instances to vaccinate rubella-susceptible women in the immediate postpartum period (see PRECAUTIONS, *Nursing Mothers*).

Other Populations

Previously unvaccinated children older than 12 months who are in contact with susceptible pregnant women should receive live attenuated rubella vaccine (such as that contained in monovalent rubella vaccine or in M-M-R II) to reduce the risk of exposure of the pregnant woman.

Individuals planning travel outside the United States, if not immune, can acquire measles, mumps, or rubella and import these diseases into the United States. Therefore, prior to international travel, individuals known to be susceptible to one or more of these diseases can either receive the indicated monovalent vaccine (measles, mumps, or rubella), or a combination vaccine as appropriate. However, M-M-R II is preferred for persons likely to be susceptible to mumps and rubella; and if monovalent measles vaccine is not readily available, travelers should receive M-M-R II regardless of their immune status to mumps or rubella.{34-36}

Vaccination is recommended for susceptible individuals in high-risk groups such as college students, health-care workers, and military personnel.{33,34,37}

According to ACIP recommendations, most persons born in 1956 or earlier are likely to have been infected with measles naturally and generally need not be considered susceptible. All children, adolescents, and adults born after 1956 are considered susceptible and should be vaccinated, if there are no contraindications. This includes persons who may be immune to measles but who lack adequate documentation of immunity such as: (1) physician-diagnosed measles, (2) laboratory evidence of measles immunity, or (3) adequate immunization with live measles vaccine on or after the first birthday.{34}

The ACIP recommends that "Persons vaccinated with inactivated vaccine followed within 3 months by live vaccine should be revaccinated with two doses of live vaccine. Revaccination is particularly important when the risk of exposure to wild-type measles virus is increased, as may occur during international travel."{34}

Post-Exposure Vaccination

Vaccination of individuals exposed to wild-type measles may provide some protection if the vaccine can be administered within 72 hours of exposure. If, however, vaccine is given a few days before exposure, substantial protection may be afforded.{34,38,39} There is no conclusive evidence that vaccination of individuals recently exposed to wild-type mumps or wild-type rubella will provide protection.{33,37}

Use With Other Vaccines

See DOSAGE AND ADMINISTRATION, *Use With Other Vaccines*.

CONTRAINDICATIONS

Hypersensitivity to any component of the vaccine, including gelatin.{40}

Do not give M-M-R II to pregnant females; the possible effects of the vaccine on fetal development are unknown at this time. If vaccination of postpubertal females is undertaken, pregnancy should be avoided for three months following vaccination (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females* and PRECAUTIONS, *Pregnancy*).

Anaphylactic or anaphylactoid reactions to neomycin (each dose of reconstituted vaccine contains approximately 25 mcg of neomycin).

Febrile respiratory illness or other active febrile infection. However, the ACIP has recommended that all vaccines can be administered to persons with minor illnesses such as diarrhea, mild upper respiratory infection with or without low-grade fever, or other low-grade febrile illness.{41}

Patients receiving immunosuppressive therapy. This contraindication does not apply to patients who are receiving corticosteroids as replacement therapy, e.g., for Addison's disease.

Individuals with blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.

Primary and acquired immunodeficiency states, including patients who are immunosuppressed in association with AIDS or other clinical manifestations of infection with human immunodeficiency viruses;{41-43} cellular immune deficiencies; and hypogammaglobulinemic and dysgammaglobulinemic states. Measles inclusion body encephalitis{44} (MIBE), pneumonitis{45} and death as a direct consequence of disseminated measles vaccine virus infection have been reported in immunocompromised individuals inadvertently vaccinated with measles-containing vaccine.

Individuals with a family history of congenital or hereditary immunodeficiency, until the immune competence of the potential vaccine recipient is demonstrated.

WARNINGS

Due caution should be employed in administration of M-M-R II to persons with a history of cerebral injury, individual or family histories of convulsions, or any other condition in which stress due to fever should be avoided. The physician should be alert to the temperature elevation which may occur following vaccination (see ADVERSE REACTIONS).

Hypersensitivity to Eggs

Live measles vaccine and live mumps vaccine are produced in chick embryo cell culture. Persons with a history of anaphylactic, anaphylactoid, or other immediate reactions (e.g., hives, swelling of the mouth and throat, difficulty breathing, hypotension, or shock) subsequent to egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after receiving vaccines containing traces of chick embryo antigen. The potential risk to benefit ratio should be carefully evaluated before considering vaccination in such cases. Such individuals may be vaccinated with extreme caution, having adequate treatment on hand should a reaction occur (see PRECAUTIONS).{46}

However, the AAP has stated, "Most children with a history of anaphylactic reactions to eggs have no untoward reactions to measles or MMR vaccine. Persons are not at increased risk if they have egg allergies that are not anaphylactic, and they should be vaccinated in the usual manner. In addition, skin testing of egg-allergic children with vaccine has not been predictive of which children will have an immediate hypersensitivity reaction...Persons with allergies to chickens or chicken feathers are not at increased risk of reaction to the vaccine."{47}

Hypersensitivity to Neomycin

The AAP states, "Persons who have experienced anaphylactic reactions to topically or systemically administered neomycin should not receive measles vaccine. Most often, however, neomycin allergy manifests as a contact dermatitis, which is a delayed-type (cell-mediated) immune response rather than anaphylaxis. In such persons, an adverse reaction to neomycin in the vaccine would be an erythematous, pruritic nodule or papule, 48 to 96 hours after vaccination. A history of contact dermatitis to neomycin is not a contraindication to receiving measles vaccine."{47}

Thrombocytopenia

Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination. In addition, individuals who experienced thrombocytopenia with the first dose of M-M-R II (or its component vaccines) may develop thrombocytopenia with repeat doses. Serologic status may be evaluated to determine whether or not additional doses of vaccine are needed. The potential risk to benefit ratio should be carefully evaluated before considering vaccination in such cases (see ADVERSE REACTIONS).

PRECAUTIONS

General

Adequate treatment provisions, including epinephrine injection (1:1000), should be available for immediate use should an anaphylactic or anaphylactoid reaction occur.

Special care should be taken to ensure that the injection does not enter a blood vessel.

Children and young adults who are known to be infected with human immunodeficiency viruses and are not immunosuppressed may be vaccinated. However, vaccinees who are infected with HIV should be monitored closely for vaccine-preventable diseases because immunization may be less effective than for uninfected persons (see CONTRAINDICATIONS).{42,43}

Vaccination should be deferred for 3 months or longer following blood or plasma transfusions, or administration of immune globulin (human).{47}

Excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination. There is no confirmed evidence to indicate that such virus is transmitted to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission through close personal contact, while accepted as a theoretical possibility, is not regarded as a significant risk.{33} However, transmission of the rubella vaccine virus to infants via breast milk has been documented (see *Nursing Mothers*).

There are no reports of transmission of live attenuated measles or mumps viruses from vaccinees to susceptible contacts.

It has been reported that live attenuated measles, mumps and rubella virus vaccines given individually may result in a temporary depression of tuberculin skin sensitivity. Therefore, if a tuberculin test is to be done, it should be administered either before or simultaneously with M-M-R II.

Children under treatment for tuberculosis have not experienced exacerbation of the disease when immunized with live measles virus vaccine;{48} no studies have been reported to date of the effect of measles virus vaccines on untreated tuberculous children. However, individuals with active untreated tuberculosis should not be vaccinated.

As for any vaccine, vaccination with M-M-R II may not result in protection in 100% of vaccinees.

The health-care provider should determine the current health status and previous vaccination history of the vaccinee.

The health-care provider should question the patient, parent, or guardian about reactions to a previous dose of M-M-R II or other measles-, mumps-, or rubella-containing vaccines.

Information for Patients

The health-care provider should provide the vaccine information required to be given with each vaccination to the patient, parent, or guardian.

The health-care provider should inform the patient, parent, or guardian of the benefits and risks associated with vaccination. For risks associated with vaccination see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS.

Patients, parents, or guardians should be instructed to report any serious adverse reactions to their health-care provider who in turn should report such events to the U.S. Department of Health and Human Services through the Vaccine Adverse Event Reporting System (VAERS), 1-800-822-7967.{49}

Pregnancy should be avoided for 3 months following vaccination, and patients should be informed of the reasons for this precaution (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, CONTRAINDICATIONS, and PRECAUTIONS, *Pregnancy*).

Laboratory Tests

See INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, for Rubella Susceptibility Testing, and CLINICAL PHARMACOLOGY.

Drug Interactions

See DOSAGE AND ADMINISTRATION, *Use With Other Vaccines*.

Immunosuppressive Therapy

The immune status of patients about to undergo immunosuppressive therapy should be evaluated so that the physician can consider whether vaccination prior to the initiation of treatment is indicated (see CONTRAINDICATIONS and PRECAUTIONS).

The ACIP has stated that "patients with leukemia in remission who have not received chemotherapy for at least 3 months may receive live virus vaccines. Short-term (<2 weeks), low- to moderate-dose systemic corticosteroid therapy, topical steroid therapy (e.g. nasal, skin), long-term alternate-day treatment with low to moderate doses of short-acting systemic steroid, and intra-articular, bursal, or tendon injection of corticosteroids are not immunosuppressive in their usual doses and do not contraindicate the administration of [measles, mumps, or rubella vaccine]."{33,34,37}

Immune Globulin

Administration of immune globulins concurrently with M-M-R II may interfere with the expected immune response.{33,34,47}

See also PRECAUTIONS, *General*.

Carcinogenesis, Mutagenesis, Impairment of Fertility

M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility.

Pregnancy

Animal reproduction studies have not been conducted with M-M-R II. It is also not known whether M-M-R II can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Therefore, the vaccine should not be administered to pregnant females; furthermore, pregnancy should be avoided for 3 months following vaccination (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females* and CONTRAINDICATIONS).

In counseling women who are inadvertently vaccinated when pregnant or who become pregnant within 3 months of vaccination, the physician should be aware of the following: (1) In a 10-year survey involving over 700 pregnant women who received rubella vaccine within 3 months before or after conception (of whom 189 received the Wistar RA 27/3 strain), none of the newborns had abnormalities compatible with congenital rubella syndrome;{50} (2) Mumps infection during the first trimester of pregnancy may increase the rate of spontaneous abortion. Although mumps vaccine virus has been shown to infect the placenta and fetus, there is no evidence that it causes congenital malformations in humans;{37} and (3) Reports have indicated that contracting wild-type measles during pregnancy enhances fetal risk. Increased rates of spontaneous abortion, stillbirth, congenital defects and prematurity have been observed subsequent to infection with wild-type measles during pregnancy.{51,52} There are no adequate studies of the attenuated (vaccine) strain of measles virus in pregnancy. However, it would be prudent to assume that the vaccine strain of virus is also capable of inducing adverse fetal effects.

Nursing Mothers

It is not known whether measles or mumps vaccine virus is secreted in human milk. Recent studies have shown that lactating postpartum women immunized with live attenuated rubella vaccine may secrete the virus in breast milk and transmit it to breast-fed infants.{53} In the infants with serological evidence of rubella infection, none exhibited severe disease; however, one exhibited mild clinical illness typical of acquired rubella.{54,55} Caution should be exercised when M-M-R II is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of measles vaccine in infants below the age of 6 months have not been established (see also CLINICAL PHARMACOLOGY). Safety and effectiveness of mumps and rubella vaccine in infants less than 12 months of age have not been established.

Geriatric Use

Clinical studies of M-M-R II did not include sufficient numbers of seronegative subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger subjects.

ADVERSE REACTIONS

The following adverse reactions are listed in decreasing order of severity, without regard to causality, within each body system category and have been reported during clinical trials, with use of the marketed vaccine, or with use of monovalent or bivalent vaccine containing measles, mumps, or rubella:

Body as a Whole

Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

Cardiovascular System

Vasculitis.

Digestive System

Pancreatitis; diarrhea; vomiting; parotitis; nausea.

Endocrine System

Diabetes mellitus.

Hemic and Lymphatic System

Thrombocytopenia (see WARNINGS, *Thrombocytopenia*); purpura; regional lymphadenopathy; leukocytosis.

Immune System

Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

Musculoskeletal System

Arthritis; arthralgia; myalgia.

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. This type of involvement as well as myalgia and paresthesia, have also been reported following administration of MERUVAX II.

Chronic arthritis has been associated with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms.

Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%),{17,56,57} and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities.

Nervous System

Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines.

The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases).{58,59}

In severely immunocompromised individuals who have been inadvertently vaccinated with measles-containing vaccine; measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported (see CONTRAINDICATIONS). In this population, disseminated mumps and rubella vaccine virus infection have also been reported.

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centers for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE.{60}

Cases of aseptic meningitis have been reported to VAERS following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl Lynn™ mumps vaccine to aseptic meningitis.

Respiratory System

Pneumonia; pneumonitis (see CONTRAINDICATIONS); sore throat; cough; rhinitis.

Skin

Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis.

Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site; Henoch-Schönlein purpura; acute hemorrhagic edema of infancy.

Special Senses — Ear

Nerve deafness; otitis media.

Special Senses — Eye

Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.

Urogenital System

Epididymitis; orchitis.

Other

Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see CONTRAINDICATIONS). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993.{61}

Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS) which will accept all reports of suspected events.{49} A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967.

DOSAGE AND ADMINISTRATION

FOR SUBCUTANEOUS ADMINISTRATION

Do not inject intravascularly.

The dose for any age is 0.5 mL administered subcutaneously, preferably into the outer aspect of the upper arm.

The recommended age for primary vaccination is 12 to 15 months.

Revaccination with M-M-R II is recommended prior to elementary school entry. See also INDICATIONS AND USAGE, *Recommended Vaccination Schedule*.

Children first vaccinated when younger than 12 months of age should receive another dose between 12 to 15 months of age followed by revaccination prior to elementary school entry.{32} See also INDICATIONS AND USAGE, *Measles Outbreak Schedule*.

Immune Globulin (IG) is not to be given concurrently with M-M-R II (see PRECAUTIONS, *General* and PRECAUTIONS, *Drug Interactions*).

CAUTION: A sterile syringe free of preservatives, antiseptics, and detergents should be used for each injection and/or reconstitution of the vaccine because these substances may inactivate the live virus vaccine. A 25 gauge, 5/8" needle is recommended.

To reconstitute, use only the diluent supplied, since it is free of preservatives or other antiviral substances which might inactivate the vaccine.

Single Dose Vial — First withdraw the entire volume of diluent into the syringe to be used for reconstitution. Inject all the diluent in the syringe into the vial of lyophilized vaccine, and agitate to mix thoroughly. If the lyophilized vaccine cannot be dissolved, discard. Withdraw the entire contents into a syringe and inject the total volume of restored vaccine subcutaneously.

It is important to use a separate sterile syringe and needle for each individual patient to prevent transmission of hepatitis B and other infectious agents from one person to another.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. M-M-R II, when reconstituted, is clear yellow.

Use With Other Vaccines

M-M-R II should be given one month before or after administration of other live viral vaccines.

M-M-R II has been administered concurrently with VARIVAX® [Varicella Virus Vaccine Live (Oka/Merck)], and PedvaxHIB® [*Haemophilus b* Conjugate Vaccine (Meningococcal Protein Conjugate)] using separate injection sites and syringes. No impairment of immune response to individually tested vaccine antigens was demonstrated. The type, frequency, and severity of adverse experiences observed with M-M-R II were similar to those seen when each vaccine was given alone.

Routine administration of DTP (diphtheria, tetanus, pertussis) and/or OPV (oral poliovirus vaccine) concurrently with measles, mumps and rubella vaccines is not recommended because there are limited data relating to the simultaneous administration of these antigens.

However, other schedules have been used. The ACIP has stated "Although data are limited concerning the simultaneous administration of the entire recommended vaccine series (i.e., DTaP [or DTwP], IPV [or OPV], Hib with or without Hepatitis B vaccine, and varicella vaccine), data from numerous studies have

10. HEPATITIS B

Maldivian children get 4 doses of hepatitis B vaccine, upon birth, 2, 4 and 6 months. This vaccine contains 400 mcg aluminium and 12.5 mcg mercury (another brand with 25 mcg mercury is also used). Hepatitis B vaccine was introduced in 1993. Vaccine given at 2, 4 and 6 months includes 1250 mcg aluminium.

Approximately 16% of persons vaccinated at age <1 year have antibody levels 18 years following vaccination, compared to 74% for those vaccinated at ≥1 year.[554] Immunologic memory remains intact for at least 9 years. Although required seroprotection (≥10 mIU/ml) is achieved by some vaccinees even with a single dose, prevaccination testing for susceptibility (to determine non-responders) is not done due to low rate of HBV infection and the "relatively low cost of vaccine".[555] Thus, a child is subjected to additional vaccination (and its included toxic chemicals) even where not required. The cost and convenience is preferred over the safety of the child.

95% of hepatitis B cases resolve completely and with most patients not requiring hospital care. Hepatitis B has a very low fatality rate of 0.1 percent of those who do not recover completely. Those recovering acquire lifelong immunity to the disease. Of the five percent who do not recover completely, fewer than 5% become chronic carriers of the disease.

Hepatitis B virus (HBV) is primarily transmitted sexually or through sharing of needles among drug users and it was produced for them as the target group, so a parent would wonder what could be the necessity of injecting babies with such a vaccine on the first day of life.

Hepatitis B virus can also be transmitted to infants at birth if the mother is a carrier, but screening pregnant mothers to identify infection is possible, and an alternative effective treatment has long been available for infants born to carriers.

> "For most children, the risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B". Association of American Physicians and Surgeons in its 1999 testimony to the US Congress[556]

Dr Thomas Verstraeten and 3 CDC colleagues examined the evidence documented in CDC's Vaccine Safety Datalink (VSD). They analysed the medical records of 400,000 infants born between 1991 and 1997. This study provided solid scientific evidence that:

Exposure to thimerosal during the first month of life increased the relative risk of autism by 7.6 i.e., 760%

[554] https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm
[555] https://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm
[556] https://www.aapsonline.org/testimony/hepbcom.htm

10.1. How effective is hepatitis B vaccine?

New England Journal of Medicine published a study showing that after just 5 years, antibody levels declined sharply or no longer existed in 42% of the vaccine recipients. Other studies show that more than 60% of the vaccine recipients no longer had protective antibody levels after 5 years and that half of the vaccinated people had inadequate antibody levels after just 4 years.[557]

The first Hepatitis vaccine produced by GlaxoSmithKline, Engerix, had a pre-licensure safety review period of 4 days and the second hepatitis B vaccine produced by Merck, Recombivax, had a pre-licensure safety review period of 5 days.

Whilst there is no scientific evidence that the vaccine will not compromise the immune and neurological systems of children, Merck & Co. warns in the 1996 product insert that " As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials" and SmithKline Beecham (1993) has a similar warning that "it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions."

10.2. Hepatitis B vaccine safety concerns

IOM Report Reveals Lack of Adequate Scientific Studies - In Adverse Events Associated with Childhood Vaccines published in 1994 by the Institute of Medicine, National Academy of Sciences, observations about the limitations of hepatitis B vaccine studies included the statements that "it is important to note that individual trials usually involved a few hundred subjects for study...when larger vaccination programs were monitored, observations of adverse events were necessarily less detailed and less accurately reported" and "the studies were not designed to assess serious, rare adverse events; the total number of recipients is too small and the follow-up generally too short to detect rare or delayed serious adverse reactions."

"Lack of adequate data regarding many adverse events under study was of major concern to the committee...the committee encountered many gaps and limitations in knowledge bearing directly or indirectly on the safety of vaccines. These include inadequate understanding of the biologic mechanisms underlying adverse events following natural infection or immunization, insufficient or inconsistent information from case reports and case series...and inadequate size or length of follow-up of many population-based epidemiologic studies…."

Study published in Paediatrics states "Thimerosal, a derivative of mercury, is used as a preservative in hepatitis B vaccines. We measured total mercury levels before and after the administration of this vaccine in 15 preterm and 5 term infants. Comparison of pre- and post-vaccination mercury levels showed a significant increase in both preterm and term infants after vaccination. Additionally, post-vaccination mercury levels were significantly higher in preterm infants as compared with term infants. Because mercury is known to be a potential neurotoxin to infants, further study of its pharmacodynamics is warranted."[558]

[557] NEJM, 315:209-14, Infection Control and Hospital Epidemiology, 1990; 11:525-30.
[558] https://vaccinesafetycommission.org/pdfs/46-2000-Mercury-in-Blood.pdf

"Pharmaceutical companies usually perform safety testing of vaccines, but all requirements of the World Health Organization and drug pharmacopoeias depend on general toxicity testing, and the gene expression study of hepatitis B vaccine is not done routinely to test vaccine quality…144 genes in the liver was significantly changed after 1 day of vaccination. Seven of these genes, which were related to inflammation and metabolism."[559]

Hence, in spite of the possible injury & death from the vaccine, babies have become a shield to reduce the few fatal outcomes in adults who engage in risky behaviour.

"Hepatitis B virus S gene escape mutants", a study by CDC scientist Michael Purdy, reports on escape mutants: "These mutations create public health concerns as they can be responsible for reactivation of hepatitis B and occult hepatitis B infection. The inability to detect occult infections means that these individuals may become blood donors." (Occult infection is characterized by presence of HBV infection without detectable HBsAg)

Escape Mutants

As stated above, vaccination with HBsAg has been efficacious in the pre-exposure setting; however, occult infections began to be noted in the late 1980's[55,56] and the first case of a vaccine-induced escape mutant, in a child in southern Italy, who received passive-active post-exposure immunization, was described in 1990.[57] Mutations within the S gene are known to be responsible for occult hepatitis B infections, reactivation of hepatitis B,[58,59] diagnostic assay failure[58,60–63] and reinfection in HBV-infected recipients of orthotopic liver transplantations.[17,64] Occult infections create public health concerns because asymptomatic carriers can be blood donors.[65–67] These mutations are stable and can be transmitted horizontally and vertically.[56,68–71]

HBV replicates to high titers in infected individuals. Because it replicates through an RNA intermediate synthesized by reverse transcriptase, mutant viral genomes[59,72] and quasi-species[71–77] are generated. This results in the production of viral mutants during naturally occurring infections.[78,79] Vaccination and the administration of HBIG and anti-viral drugs like lumavidine exert evolutionary pressures to select mutants.[70,80]

Research with childhood vaccinations shows that mutations accumulate with higher frequency in vaccinated than unvaccinated children, with more mutations emerging in children vaccinated with plasma-derived vaccine than recombinant vaccine.[80] Vaccinated children generated a preferential accumulation of mutations in the second loop of the MHR, while unvaccinated children generated random mutations.[81] The prevalence of mutations increases over time[80,82] and the frequency of amino acid variation per site increases with age.[73] There is also an accumulation of S gene mutations in HBV related end-stage liver disease.[83]

In yet another study on virus mutants, "**Diagnostic and Clinical Relevance of HBV Mutations**", Rebecca Horvat (2011) reports HBV mutations leading to vaccine failure, loss of HBV detection, increased viral replication and resistance to antiviral agents.

[559] https://pubmed.ncbi.nlm.nih.gov/21691704/

10.3. Targeting children for Hepatitis B vaccine

Regardless of risk factors, hepatitis B vaccination of infants was first proposed by Margolis and his co-worker of the hepatitis branch (CDC) and the concept was endorsed by vaccine manufacturer Merck.[560] [561] [562]

In 1991, this vaccine was introduced to babies not with the primary concern for the health of the babies but **to achieve a high vaccination rate of adult risk groups**, although most adults completely recover from acute infection and come away with lasting immunity, and **only 1-2% of acute cases** result in fulminant disease.[563]

ACIP 1991 statement establishing the official vaccination policy **"Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination** ..." "In the United States, most infections occur among adults and adolescents ... The recommended strategy for preventing these infections has been the selective vaccination of persons with identified risk factors ... However, this strategy has not lowered the incidence of Hepatitis B, primarily because vaccinating persons engaged in high-risk behaviors, life-styles, or occupations before they become infected generally has not been feasible ... Efforts to vaccinate persons in the major risk groups have had limited success. ... In the long term, universal infant vaccination would eliminate the need for vaccinating adolescents and high-risk adults ... Hepatitis B vaccination is recommended for all infants, regardless of the HBsAg status of the mother ... The first dose can be administered during the newborn period, preferably before the infant is discharged from the hospital, but no later than when the infant is 2 months of age ..."

Health officials acknowledged that the new strategy (recommendation for universal infant vaccination) was necessary "because vaccinating persons engaged in high-risk behaviours, life-styles or occupations …has not been feasible" and because many infected people had "no identifiable source for their infections".[564]

A CDC official told Boston Globe, "We do not feel that targeting adults for vaccination has worked. **This will be the first time, that a vaccine is recommended for children to prevent a disease that primarily occurs in adults**."[565]

On 4 September 2020, Informed Consent Action Network (ICAN) lawyers, Sri & Glimstad LLC, filed an official petition[566] (to the US Department of Health and Human Services and Food and Drug Administration) for administrative action to require clinical trial of hepatitis B vaccine. The petition requests the FDA Commissioner to withdraw or suspend the approval of Hepatitis B vaccines for infants and toddlers until a properly controlled and adequately powered double-blind trial of sufficient duration is conducted to assess the safety. This petition was submitted due to the hepatitis B vaccine having been approved only after 4-5 days of clinical trial.

[560] Kane, MA, Alter MJ, Hadler SC, Margolis HS. Hepatitis B infection in the United States. Recent trends and future strategies for control. Am J Med 1989; 87:11S-13S.
[561] Shaprio CN, Margolis HS. Hepatitis B epidemiology and prevention. Epidemiol Rev 1990; 12:221-7.
[562] West DJ, Margolis HS. Prevention of hepatitis B virus infection in the U.S.: A pediatric perspective. Pediatr Infect Dis J 1992; 11:866-74.
[563] https://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html
[564] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3092064/pdf/10912_2010_Article_9132.pdf
[565] D. Kong, "U.S. To Urge All Children Be Vaccinated for Hepatitis B," Boston Globe, 11 June 1991.
[566] https://www.icandecide.org/wp-content/uploads/2020/09/Petition-Hep-B-FINAL.pdf

10.4. Hepatitis B vaccine affects brain development

Hepatitis B affects brain development by immune activation.

> Early-life immune activation has been well-established to regulate the programming of brain development and influence behaviour in later life …"
>
> *Dr Zhibin Yao, 2016, Sun Yat-Sen University*

"Neonatal vaccination with bacillus Calmette-Guérin and hepatitis B vaccines modulates hippocampal synaptic plasticity in rats", Qingqing Li et al, 2015[567]

This is the first study showing effects of immune activation by vaccination on brain development. Other studies of immune activation use non-vaccine immune activators. Li et al (2015) proves that vaccines can affect brain development via immune activation (via increased IL-6 in the hippocampus). These authors brought further evidence to confirm their findings with two more studies (given below). The delayed effects seen proves that immune activation in the foetus can cause schizophrenia 20-30 years later.

"**Neonatal hepatitis B vaccination impaired the behaviour and neurogenesis of mice transiently in early adulthood**", Junhua Yang et al, 2016 (Zhibin Yao study)[568]. Summary**:** The immune system plays a vital role in brain development. Whether this neonatal vaccination affects brain development is unknown (previously not studied). Negatively impacted the behaviour. Significant increase in cytokine IL-6 (a known biomarker for autism). Results in neurobehavioural impairments in early adulthood (follows the HBV-induced systemic Th2 bias). This work reveals for the first time that early HBV vaccination induces impairments in behaviour and hippocampal neurogenesis. This work provides innovative data supporting the long suspected potential association of HBV with certain neuropsychiatric disorders such as autism and multiple sclerosis. Therefore, these findings suggest that there may be similar effects of neonatal HBV vaccination on brain development and behaviour in humans.

"IL-4 mediates the delayed neurobehavioural impairments induced by neonatal hepatitis B vaccination that involves the down-regulation of the IL-4 receptor in the hippocampus"; Xiao Wang et al, 2018[569]. Summary**:** "In brief, these experiments showed that IL-4 mediates the delayed neurobehavioural impairments induced by neonatal hepatitis B vaccination which involves the permeability of neonatal blood-brain barrier and the down-regulation of IL-4 receptor. This finding suggests that clinical events concerning neonatal IL-4 over-exposure, including neonatal hepatitis B vaccination and allergic asthma in human infants, may have adverse implications for brain development and cognition…These findings suggest that clinical events involving neonatal IL-4 over-exposure, including neonatal hepatitis B vaccination and asthma in human infants, may have adverse effects on neurobehavioral development."

[567] https://pubmed.ncbi.nlm.nih.gov/26531688/
[568] https://www.sciencedirect.com/science/article/abs/pii/S0306453016305145
[569] https://www.sciencedirect.com/science/article/abs/pii/S104346661830190X

"Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002"; Gallagher CM et al, 2010"[570] US male white neonates vaccinated with hepatitis B vaccine had a threefold higher risk for parental report of autism diagnosis. Non-white boys bore a greater risk.

Yale scientists find **strong association between hepatitis B vaccinations and anorexia, meningitis and chronic tic disorder**. "Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case-Control Study", Douglas L. Leslie et al (2017).[571]

Professor Stabell Benn (from Denmark - which recommends vaccination after 3 months and does not give BCG, Hepatitis B nor Oral Polio vaccine) says:

> I would not voluntarily give my newborn the hepatitis B vaccine let alone want to be forced to do it. Vaccination this early only makes sense if the mother is chronically infected with hepatitis B, for which there is a test, and only a few percent have it. So the vast majority of infants who get the vaccine at birth do not need it, and no one has tested what the vaccine means for overall morbidity and mortality. The only study to investigate this is our study, showing that hepatitis B is associated with higher female than male mortality, which is a serious danger signal given our results for other non-live vaccines.
>
> *Professor Christine Stabell Benn*

When discussing the impact of thimerosal in hepatitis B vaccine and neurological injury (at the Simpsonwood Meeting), Dr Marty Stein (on the faculty of Paediatrics, University of California) stated "Another aspect with regard to the introduction of Hepatitis-B is that when it was initially recommended by the bodies at the CDC and the American Academy of Paediatrics, many paediatricians around the country were uncomfortable with the diagnosis because they had never seen a case of Hepatitis B and wonder whether that was really an appropriate vaccine."

Dr George Peter, Chairman of the American Academy of Paediatrics (AAP), National Paediatric Infectious Disease Seminar, 12 June 1992, Washington DC (NVIC Newsletter, August 1992), gave the reason to vaccinate all infants: **High risk groups have not accepted vaccination or have been difficult to reach, children are accessible & cost of vaccinating infants is less as a smaller dose is required.**

There is also concern that vaccination could lead to lack of passive immunity being passed from mother to babies in the early years, leading to a paradoxical increase in hepatitis B related chronic liver disease and hepatocellular carcinoma (HCC) in children.[572]

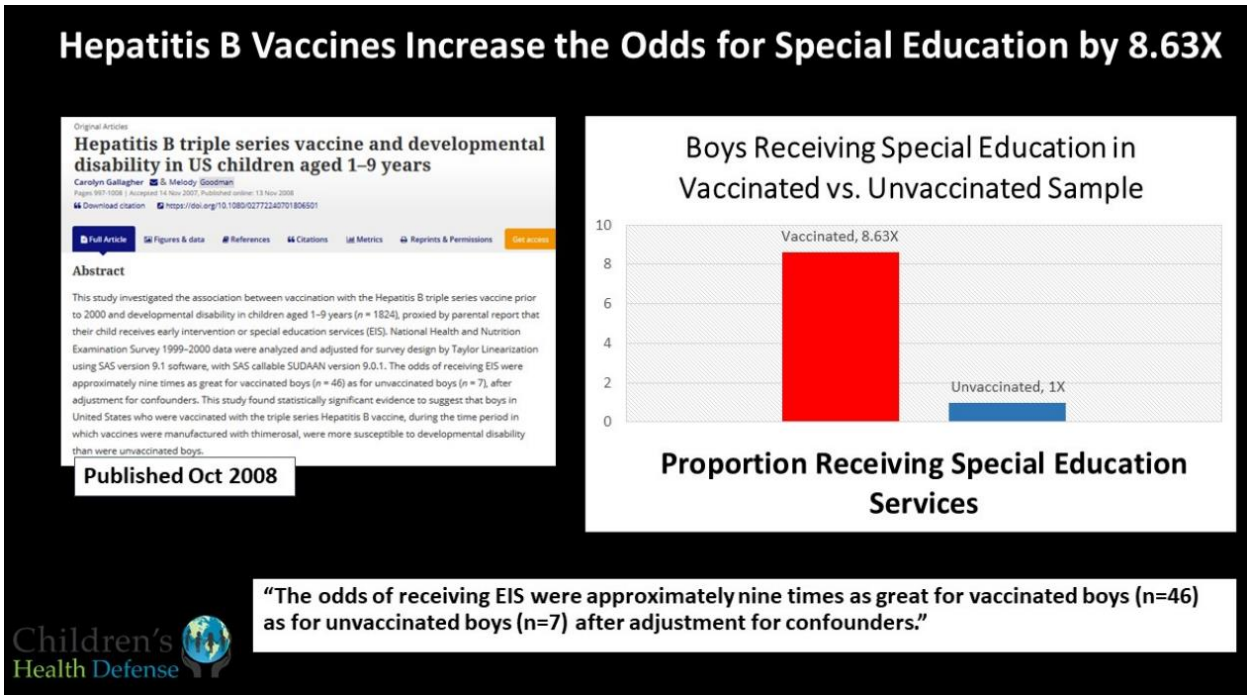
Medical Literature Cites Immune System/Brain Damage - There have been many reports in the medical literature that **hepatitis B vaccination is causing chronic immune and neurological disease in children and adults**, including lupus: Tudela & Bonal (1992); Mamoux & Dumont (1994); Guiserix (1996); Agmon-Levin (2009); arthritis, including polyarthritis and rheumatoid arthritis: Geier (2002); Christan & Helin (1987); Hachulla et al (1990); Rogerson & Nye (1990); Biasi et al (1993),(1994); Vautier & Carty (1994); Hassan & Oldham (1994); Rheumatic

[570] https://pubmed.ncbi.nlm.nih.gov/21058170/
[571] https://pubmed.ncbi.nlm.nih.gov/28154539/
[572] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039921/

Review (1994); Gross et al (1995); Pope et al (1998); Cathebras et al (1996); Soubrier et al (1997); Guillain Barré Syndrome GBS): Shaw et al (1988), Tuohy (1989); demyelinating disorders such as optic neuritis, Bell's Palsy, demyelinating neuropathy, transverse myelitis and multiple sclerosis: Shaw et al (1988); WHO (1990); Reutens et al (1990); Herroelen et al (1991); Nadler (1993); Brezin et al (1993); Mahassin et al (1993); Kaplanski et al (1995); Baglivo et al (1996); Marsaudon & Barrault (1996); Berkman et al (1996); Waisbren (1997); diabetes mellitus: Poutasi (1996); Classen (1996); chronic fatigue: Salit (1993); Delage et al (1993); vascular disorders: Fried et al (1987); Goolsby (1989); Cockwell et al (1990); Poullin & Gabriel (1994); Mathieu et al (1996); Graniel et al (1997); Bogdanos (2005), Poiriez (2004), Faure (2005) and others.

Two papers from Dr Marc Girard discusses information of Hepatitis B vaccine safety to be biased. Dr Girard also reports (in his 2007 paper) that the "criticism directed by national (French Agency, US CDC) and international health agencies (WHO) towards investigations supporting a neurological risk after hepatitis B vaccination ranges from nonsense to documented forgery.

> *Autoimmune hazards of hepatitis B vaccine*: Marc Girard (2005)[573].
>
> *When evidence-based medicine (EBM) fuels confusion: multiple sclerosis after hepatitis B vaccine as a case in point*. Marc Girard (2007)[574]



[575] (EIS= Early intervention services)

[573] https://pubmed.ncbi.nlm.nih.gov/15722255/
[574] http://medicalveritas.com/manGirard.pdf
[575] https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Parts-I-XII.pdf

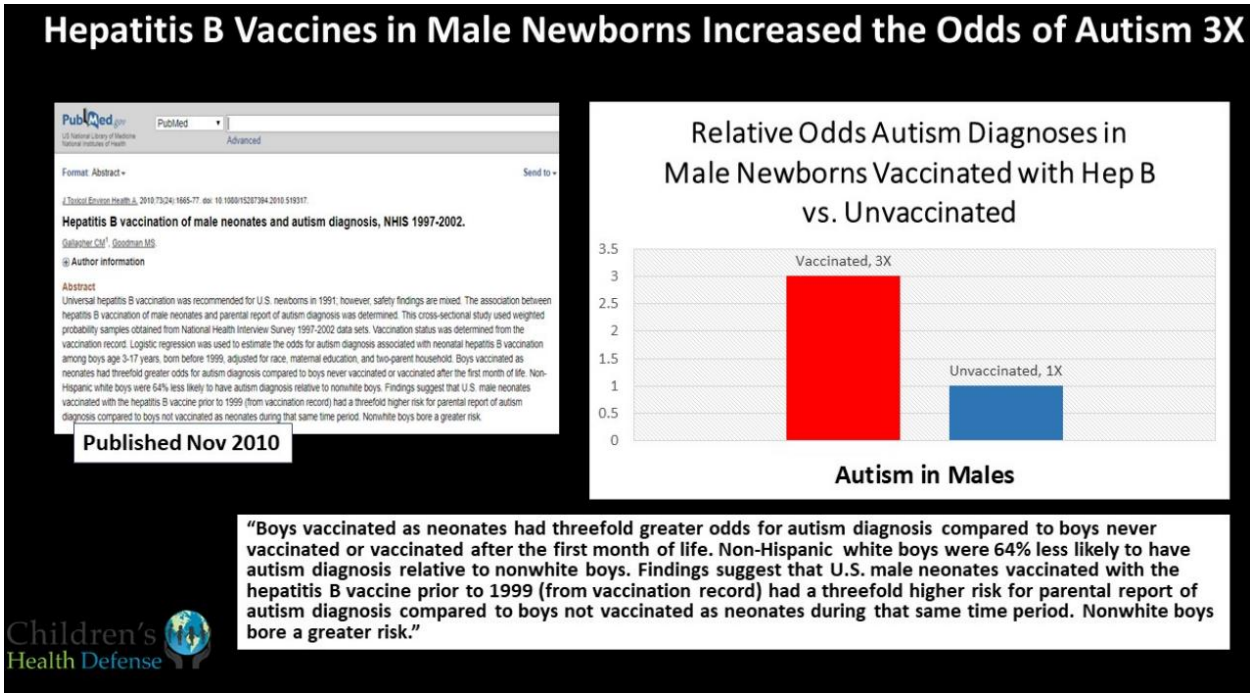
Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years

Carolyn Gallagher* and Melody Goodman

Graduate Program in Public Health, Stony Brook University Medical Center, Health Sciences Center, State University of New York at Stony Brook, Stony Brook, New York, USA

(Final version received 14 November 2007)

This study investigated the association between vaccination with the Hepatitis B triple series vaccine prior to 2000 and developmental disability in children aged 1–9 years ($n = 1824$), proxied by parental report that their child receives early intervention or special education services (EIS). National Health and Nutrition Examination Survey 1999–2000 data were analyzed and adjusted for survey design by Taylor Linearization using SAS version 9.1 software, with SAS callable SUDAAN version 9.0.1. The odds of receiving EIS were approximately nine times as great for vaccinated boys ($n = 46$) as for unvaccinated boys ($n = 7$), after adjustment for confounders. This study found statistically significant evidence to suggest that boys in United States who were vaccinated with the triple series Hepatitis B vaccine, during the time period in which vaccines were manufactured with thimerosal, were more susceptible to developmental disability than were unvaccinated boys.



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[576] https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Parts-I-XII.pdf

J Toxicol Environ Health A. 2010;73(24):1665-77. doi: 10.1080/15287394.2010.519317.

Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002

Carolyn M Gallagher [1], Melody S Goodman

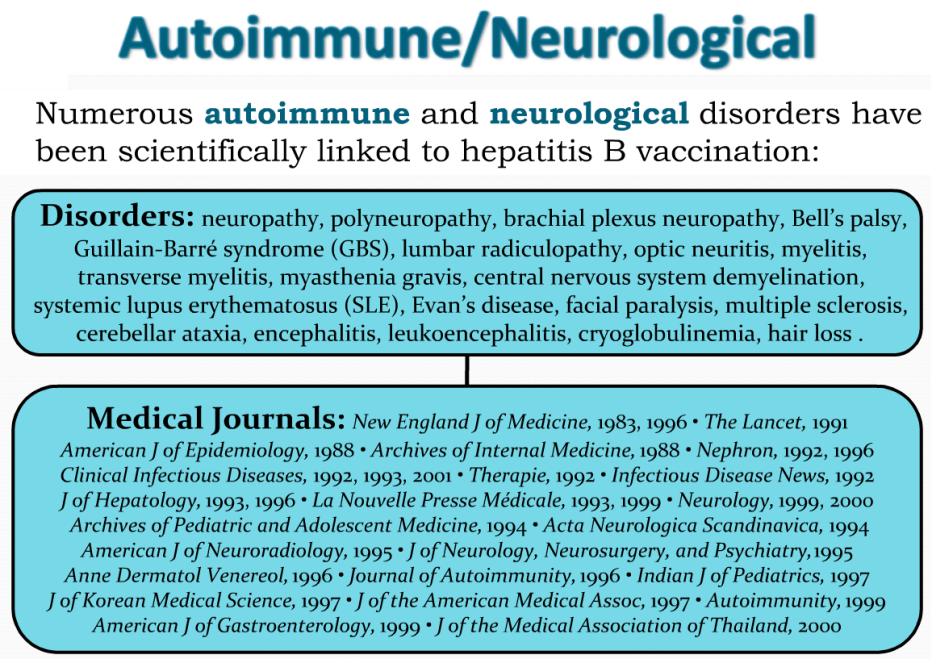
Affiliations + expand

PMID: 21058170 DOI: 10.1080/15287394.2010.519317

Cite

Abstract

Universal hepatitis B vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. This cross-sectional study used weighted probability samples obtained from National Health Interview Survey 1997-2002 data sets. Vaccination status was determined from the vaccination record. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household. Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life. Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk.



Sensory Impairments

Numerous **vision** and **hearing** disorders have been scientifically linked to hepatitis B vaccination:

Disorders: optic neuritis, loss of visual acuity, vision loss, hearing loss, bilateral white dot syndrome, epitheliopathy, neuropapillitis, inflammation and deterioration of the optic nerve, occlusion of the central retinal vein, papilledema, uveitis.

Medical Journals: *The Lancet,* 1987, 1993, 1996 • *Auris, Nasus, Larynx,* 1997 *Optometry and Vision Science,* 1994 • *Archives of Ophthalmology,* 1995 *American J of Opthalmology,* 1996 • *La Nouvelle Presse Médicale,* 1996, 1997 *Annales D Oto-Laryngologie Et De Chirurgie Cervico-Faciale,* 1996 *Nephrology Dialysis Transplantation,* 1997 • *International Ophthalmology,* 1997 *Annals of the New York Academy of Sciences,*1997 *J of French Ophthalmology,* 1998 • *British Journal of Ophthalmology,* 1999 *Acta Ophthalmologica Scandinavica,* 1999 • *Klin Mon atsbl Augenheilkd,* 2001

Blood Disorders

Several **blood** disorders have been scientifically linked to hepatitis B vaccination:

Disorders: thrombocytopenia (internal bleeding), vasculitis (inflammation of the blood vessels), pancytopenia (a dangerous reduction in blood cells), clotting problems, erythermalgia (vascular spasms with burning pain), eosinophilia (abnormal increase in white blood cells), Takayasu's arteritis, polyarteritis nodosa (cell-damaging vasculitis).

Medical Journals: *British Medical Journal,* 1990 • *Thorax,* 1993 *The Lancet,* 1993, 1994, 1995 • *Scandinavian J of Infectious Diseases,* 1998 *Archives of Disease in Children,* 1998 • *European J of Pediatrics,* 1999 *J of Rheumatology,* 1993, 1999, 2001 • *British J of Haematology,* 2000 *Clinical and Experimental Rheumatology,* 2000 • *Haematologica,* 2001

Skin Disorders

Several **skin** disorders have been scientifically linked to hepatitis B vaccination:

Disorders: skin atrophy, itchy painful wheals, painful skin inflammation, anetoderma, erythema nodosum, erythema multiforme, patchy skin eruptions, lichen ruber planus, lichenoid reactions, urticaria, angioedema, wrinkles/loss of elasticity.

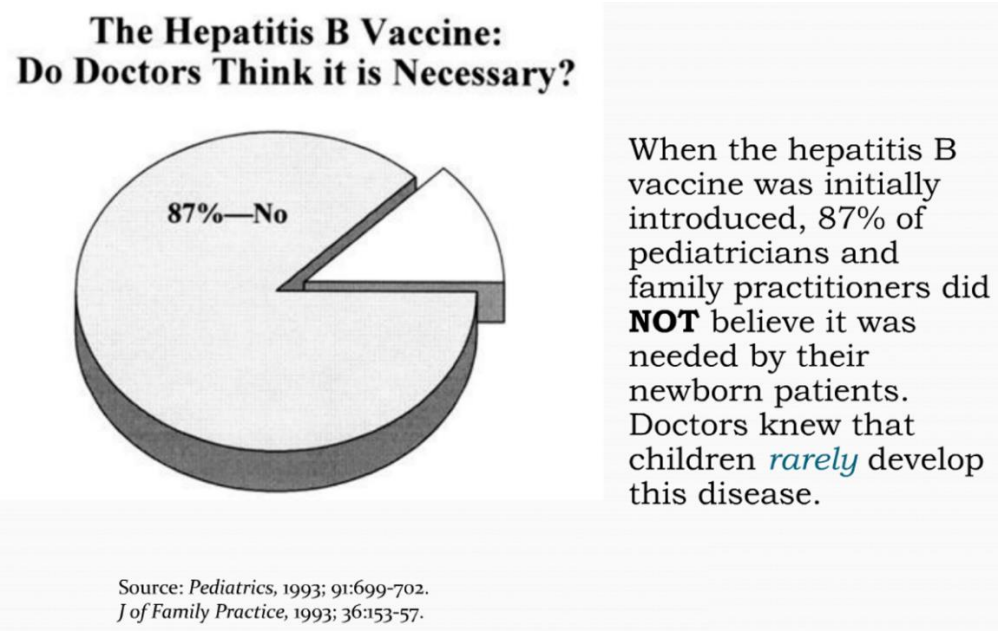
Medical Journals: *New England J of Medicine*, 1989
J of Rheumatology, 1993 • *Acta Dermato-Venereologica*, 1993
Archives of Dermatology, 1994 • *Pediatric Dermatology*, 1994, 2001
Australian J of Dermatology, 1997 • *J Amer Acad of Dermatology*, 1997, 2001
British J of Dermatology, 1998 • *International J of Dermatology*, 1999
Clinical and Exper Dermatology, 2000

Diabetes, Liver & Kidney Disorders

Epidemics of **diabetes,** plus **liver** and **kidney** disorders have been scientifically linked to hepatitis B vaccination:

Disorders: insulin-dependent diabetes mellitus (IDDM), liver dysfunction, nephrotic syndrome (kidney damage).

Medical Journals: *The Lancet*, 1994 • *Clinical Nephrology*, 1995
New Zealand Medical Journal, 1996
Intensive Care Medicine, 1997
Pediatric Nephrology, 2000



Do the benefits of administering the vaccine to infants outweigh the risks?

Dr Bonnie S. Dunbar, Molecular Biologist, Baylor College of Medicine,Testimony to Congress, 18 May 1999. Dr Dunbar is a research scientist who has worked in the areas of autoimmunity and vaccine development for over 25 years. Honoured by the National Institutes of Health as the first Margaret Pittman lecturer for her pioneering work in vaccine development.

> "To date my studies have concentrated on the adult population. Sadly, even less is known about immunological reactions in infants, especially since they cannot communicate, as can older children or adults, their severe pain, fatigue, or other neurological or physical disturbances. In the event of deaths following vaccination, there is generally inadequate information collected by pathologists to adequately evaluate these reactions.
>
> **I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human new-born immune system.** It is well established in studies in animal models that the new-born immune system is very distinct from the adolescent or adult. In fact, **the immune system of new-borns in animal models can easily be perturbed to ensure that it cannot respond properly later in life**.
>
> In contrast, it is highly improbable in the US that a new-born has any significant risk of contracting Hepatitis B as a child because the disease is caused by a blood-borne virus. New-borns are not likely to engage in intravenous drug use or promiscuous sex. Nor are they likely to suffer an accidental needle stick, as might a medical worker. About the only way they are likely to be exposed to the disease is by being born to an already infected mother.
>
> In view of this lack of scientific and medical information of neonatal immunology, it is remarkable to me that new-born infants, especially those not at risk for the Hepatitis B disease itself are being administrated multiple injections of this vaccine and that there have been few, if any, clinical trials to adequately evaluate the potential long-term effects of neonatal immunization especially as it relates to genetic diversity."

"Any peptide (a limited sequence of amino acids of a protein) or a full length or truncated protein (produced by purification from a biological source or using recombinant cDNA technology) when introduced into the body will be processed by the immune system and, depending on the nature of that protein, could result in long term autoimmune reactions."

Dr Dunbar also stated on Hepatitis B vaccine research that:

- It is well documented … that committee members advising the CDC and members of organizations (such as the American Academy of Pediatrics and the World Health Organization) obtain substantial funding from pharmaceutical companies.

- Furthermore, it is well documented that investigators who have carried out clinical trials on this vaccine also benefit personally and obtain laboratory funding as consultants promoting the vaccine and as expert witnesses in legal conflicts.

- It is also documented that lobbyists who consult for pharmaceutical companies are the same lobbyists for medical health care providers. I leave it up to this distinguished committee to investigate and evaluate the seriousness of these apparent conflicts of interest.

- However, it is also apparent to me that the lack of government funding specified for independent scientists to evaluate adverse vaccine reactions is a major reason for scientists to seek funding for experiments dictated by pharmaceutical companies.

- …adequate long term follow-up information was not collected in clinical trials for this vaccine.

Hepatitis B vaccines' safety studies are definitely winners when it comes to malpractice, negligence and terrible methodology. Compared to them, some other vaccine safety studies look almost decent. I have said this before, but it holds even more true in the case of hepatitis B vaccines: institutions that granted them marketing authorization should be sued for malpractice. Safety studies, used in the process, are truly catastrophic."

Dr Mateja Cernic, "Ideological Constructs of Vaccination"

https://www.nytimes.com/1991/03/01/us/us-panel-urges-that-all-children-be-vaccinated-for-hepatitis-b.html

U.S. Panel Urges That All Children Be Vaccinated for Hepatitis B

U.S. Panel Urges That All Childre

By GINA KOLATA

Frustrated by the widespread reluctance of adults to be vaccinated against hepatitis B, a leading cause of serious illness and death, a Federal panel has recommended that all children be vaccinated instead.

It is the first time that the Immunization Practices Advisory Committee of the Public Health Service has recommended vaccinating children for a disease whose victims are almost always adults.

Although the committee cannot compel parents to have their children vaccinated, state health officials normally require schoolchildren to be immunized according to its guidelines.

A New Approach

A vaccine for hepatitis B was licensed a decade ago, but it has found little use, even among health workers, drug users, the sexually promiscuous and others at high risk of developing the disease. Since most Americans who get hepatitis B are infected as teenagers or adults, the benefits of a hepatitis vaccine program will not be apparent for about 20 years.

"This approach to immunize children to prevent a serious chronic adult disease has never been tried before," said Dr. Harold Margolis, the chief of the hepatitis branch at the Federal Centers for Disease Control.

He and other hepatitis experts said they thought it was an important step, and pediatricians said they believed the vaccination of children would be accepted by doctors in their field.

If children are required to have hepatitis vaccinations, it would be sixth childhood vaccine introduced since the late 1940's. The first was the single vaccine for diphtheria, pertussis and tetanus.

The hepatitis virus, like the AIDS virus, is spread by contact through sexual intercourse and by contact with contaminated blood. About 300,000 Americans become infected with the hepatitis B virus each year.

Most victims get better on their own, but one in 10 develops a chronic infection where the virus smolders in the liver, often leading to cirrhosis or liver cancer. About 1.25 million Americans have chronic infections, and many do not know it because they may have few or no symptoms with their initial infection.

If adults won't go for the shots, then give them to babies.

Despite the advent of the hepatitis vaccine, which Dr. Jules Dienstag, a specialist in the disease at the Massachusetts General Hospital in Boston, calls "one of the triumphs of medicine," the incidence of hepatitis B has soared in the past decade, increasing by more than 60 percent, according to the Centers for Disease Control.

Lack of Predictability

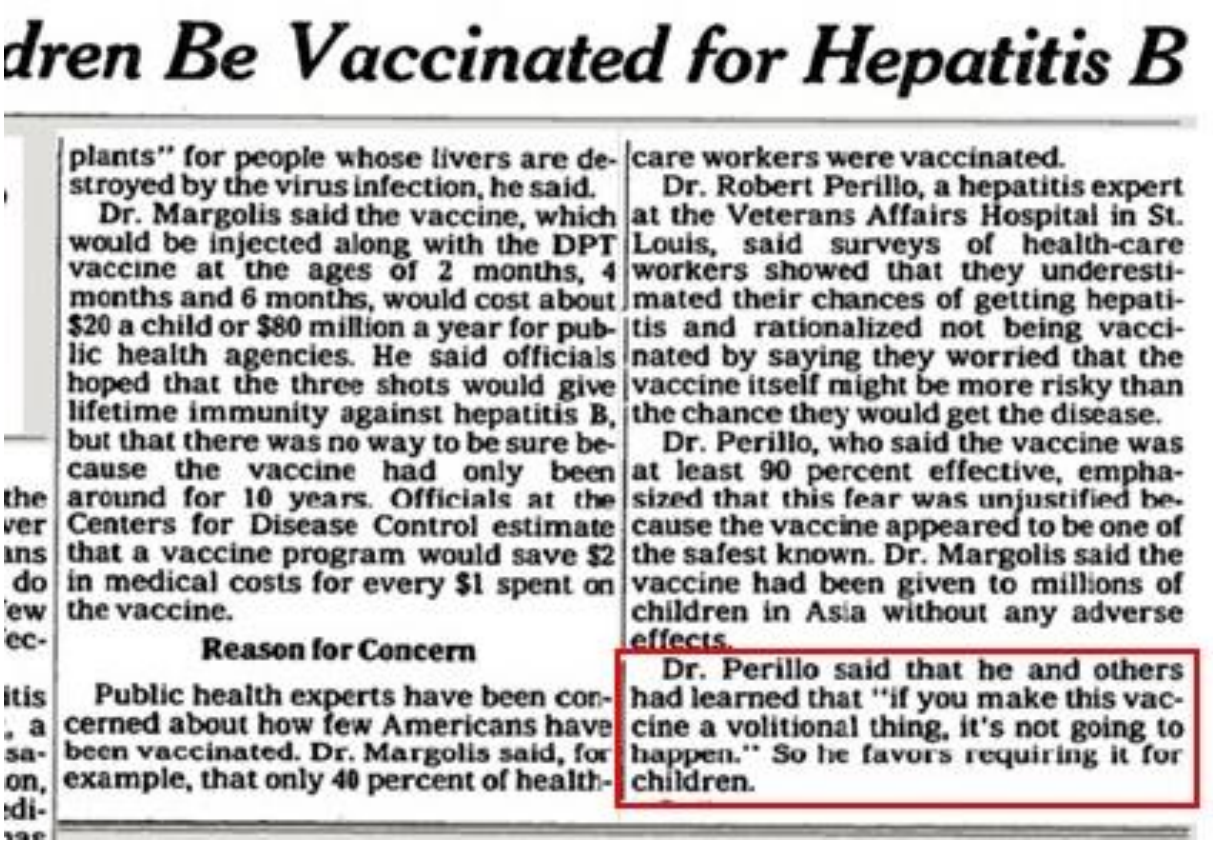
As many as half the cases of hepatitis B occur in people who are not in high risk groups. "We just don't know how it is occurring, but we suspect a lot of it is sexually," Dr. Dienstag said.

Dr. Richard Aach, a hepatitis expert at Mount Sinai Medical Center in Cleveland, said he favored the strategy of vaccinating children because the vaccine "has not been well received" among adults. "Our strategies just have not worked," he said.

And Dr. Carol Phillips, a pediatrician at the University of Vermont who is a member of the American Academy of Pediatrics' committee on infectious diseases, said pediatricians would endorse hepatitis B vaccinations.

Hope for Lifetime Immunity

Americans spend $700 million a year on the direct costs of hepatitis B infections, Dr. Margolis said. "And that does not even include the cost of liver trans-



dren Be Vaccinated for Hepatitis B

plants" for people whose livers are destroyed by the virus infection, he said.

Dr. Margolis said the vaccine, which would be injected along with the DPT vaccine at the ages of 2 months, 4 months and 6 months, would cost about $20 a child or $80 million a year for public health agencies. He said officials hoped that the three shots would give lifetime immunity against hepatitis B, but that there was no way to be sure because the vaccine had only been around for 10 years. Officials at the Centers for Disease Control estimate that a vaccine program would save $2 in medical costs for every $1 spent on the vaccine.

Reason for Concern

Public health experts have been concerned about how few Americans have been vaccinated. Dr. Margolis said, for example, that only 40 percent of health-care workers were vaccinated.

Dr. Robert Perillo, a hepatitis expert at the Veterans Affairs Hospital in St. Louis, said surveys of health-care workers showed that they underestimated their chances of getting hepatitis and rationalized not being vaccinated by saying they worried that the vaccine itself might be more risky than the chance they would get the disease.

Dr. Perillo, who said the vaccine was at least 90 percent effective, emphasized that this fear was unjustified because the vaccine appeared to be one of the safest known. Dr. Margolis said the vaccine had been given to millions of children in Asia without any adverse effects.

Dr. Perillo said that he and others had learned that "if you make this vaccine a volitional thing, it's not going to happen." So he favors requiring it for children.

CDC Centers for Disease Control and Prevention

- Hepatitis B Vaccination of Infants, Children, and Adolescents (ACIP Recommendations)

Vaccination Schedules

Vaccine schedules are determined on the basis of immunogenicity data, and, for infants and children, the need to integrate HepB vaccine into a harmonized immunization schedule (Tables 3 and 4). Primary vaccination generally

visit. Among these, the percentage classified as serious (i.e., if one or more of the following is reported: death, life-threatening illness, hospitalization or prolongation of existing hospitalization, or permanent disability)† was 16.7%, including 402 deaths, of which 388 were among infants aged 6 weeks–23 months (*138*). The most frequently reported adverse events for vaccines given in combination were fever

vaccine doses (*125*). In 2011, the Institute of Medicine concluded that the evidence convincingly supports a causal relationship between HepB vaccine and anaphylaxis in yeast-sensitive persons, and that the evidence is inadequate to accept or reject a causal relation between HepB vaccine and several neurologic, chronic, and autoimmune diseases (*126*).

World Health Organization
Global Vaccine Safety,
Immunization, Vaccines and Biologicals
20, avenue Appia, Ch-1211 Geneva 27

INFORMATION SHEET
OBSERVED RATE OF VACCINE REACTIONS
HEPATITIS B VACCINE

June 2012

The Vaccines

Monovalent hepatitis B vaccine
Hepatitis B vaccines (HBV) are composed of highly purified preparations of hepatitis B "s" antigen (HBsAg). This glycoprotein is a component of the outer envelope of the hepatitis B virus, and is also found as 22-nm spheres and tubular forms in the serum of people with acute and chronic infection. Early vaccines were prepared by harvesting HBsAg from the plasma of people with chronic infection (plasma derived vaccine) while more recent ones are obtained by expressing plasmids containing the corresponding gene in yeast or mammalian cells (recombinant DNA vaccine). An adjuvant, aluminium phosphate or aluminium hydroxide, is added to the vaccines that are also preserved with thiomersal when used in multi-dose vials. The concentration of HBsAg varies from 2.5 to 40 µg per dose, depending on the manufacturer (CDC, 1996; Mahoney et al., 1999). More than half a billion people have been immunized in the world since the beginning of the implementation of universal programmes, with very effective vaccine products, which are considered extremely safe.

Combination hepatitis B vaccine
Hepatitis A and B combinations - This combines hepatitis B and A antigens in formulations that are suitable for paediatric or adult use.

Hepatitis B combined with DTP, Hib and/or IPV - Hepatitis B has been combined with acellular or whole cell pertussis antigens diphtheria, tetanus, Haemophilus influenzae type b (Hib) and/or inactivated poliomyelitis (IPV) in multiple vaccine preparations with four to six diseases diseases being prevented from a single vaccine product.

Adverse events

Mild adverse events
In general, there are minimal reactions, such as local pain, myalgia and transient fever, mostly within 24 hours (see Table 1). Mild reactions tend to be less common in children than in adults (<10% vs. 30%). Several studies have compared reactions after different vaccines (Greenberg, 1996), different concentrations of the same vaccine (Pooverawan, 1993; Tan, 1990) and different schedules (Goldfard, 1994; Giammanco, 1998). Some studies described reactions of a single vaccine (Soulie, 1991; McMahon, 1992; Leroux-Roels, 1997) or a novel adjuvant system (Thoelen, 1998). All report mild local and general reactions, lasting less than 48 hours.

Severe adverse events
Anaphylactic reactions - The estimated incidence of anaphylaxis among vaccine recipients is 1.1 per million vaccine doses (95% CI 0.1-3.9) (Bohkle et al., 2003).

Other safety issues
Despite numerous long-term studies, there is no evidence of serious adverse events that have been causally linked to hepatitis B vaccination. Several conditions that have been considered in the scientific literature are discussed below.

Neurological disease - There have been a number of severe neurological adverse events reported after hepatitis B vaccines and these primarily have included Guillain-Barré syndrome and multiple sclerosis (Shaw, 1988; Herroelen, 1991; Mahassin, 1993; Trevisani, 1993; Nadler, 1993; Tartaglino, 1995, Mahoney et al., 1999). Establishing a causal relationship between these diseases and hepatitis B vaccination is difficult because these conditions are rare, have a poorly understood pathogenesis, occur in the absence of hepatitis B vaccination and the onset of symptoms maybe reported weeks to months after vaccination has occurred.

Guillain–Barré Syndrome (GBS) – The pathogenesis of GBS is poorly understood but it seems that GBS may be triggered by infection such as flu-like illness or with *Campylobacter jejuni*. Rarely, GBS has been reported to follow hepatitis B infection. Following the introduction of plasma-derived hepatitis B vaccine in the US, the possible association between GBS and a receipt of the first dose of vaccine was suggested (CDC, 1991). In 1991, GBS was reported at a very low rate (0.5 per 100 000 vaccine recipients). A review of case reports of adverse events and positive re-challenge of symptoms after hepatitis B vaccination has been interpreted as suggesting that vaccination could cause or trigger GBS in certain susceptible vaccine recipients (Geier et al., 2004). However, on the basis of a careful review of all available evidence and advice from the Global Advisory Committee on Vaccine Safety (GACVS), WHO considers that the complete data do not indicate a causal relationship between hepatitis B vaccine and GBS (WHO, 2009).

Multiple sclerosis (MS) - In France and the UK concern was raised in the communities that hepatitis B immunization might be linked with new cases or flare-ups of MS or other demyelinating diseases (Duclos, 2003). GACVS considers that data from spontaneous reports and epidemiological studies do not support a causal relationship between MS and hepatitis B vaccine. (Wkly Epidem Rec, 1997 and 2004). Compared to the background rate of MS in France, which is 1 to 3 cases per 100 000 persons, the notification rate of demyelinating diseases in temporal association with hepatitis B vaccination was 0.6 per 100 000 during the period from

December 1994 and December 1996. Observations in other countries show similar patterns to that observed in France; that is 0.1 to 0.8 cases of demyelinating disease per 100 000 vaccine recipients (Australia, Belgium, Canada, Germany, India, United Kingdom, United States) which corresponds to the usual background rate of disease occurrence. A number of studies have examined the association between MS and hepatitis B vaccination and the majority do not support an association (Zipp F et al., 1999, Sandovnick AD et al., 2000, Ascherio A et al., 2001,Touze et al., 2002, De Stefano et al., 2003) including a re-analysis using a new design that compares cases only (Hocine et al., 2007).

However, these findings have also been challenged. In a nested case-control study within the General Practice Research Database (GPRD) in the United Kingdom patients who had a first MS diagnosis recorded were compared with controls. The analyses include 163 cases of MS and 1,604 controls and the OR of MS for vaccination within 3 years before the index date compared to no vaccination was 3.1 (95% CI 1.5, 6.3). No increased risk of MS was associated with other vaccines which included tetanus and influenza vaccinations. The authors concluded that immunization with the recombinant hepatitis B vaccine is associated with an increased risk of MS (Hernan et al., 2004). The recent review by the U.S. institute of Medicine included that study, three other epidemiological studies and one mechanistic study on the association of MS with hepatitis B. They concluded that the evidence is inadequate to accept or reject a causal relationship between hepatitis B vaccine and onset of MS in adults (IOM 2011).
No similar neurological adverse events have been reported in infants (Levy-Bruhl et al., 1999, Mikaeloff Y et al., 2007).

The Global Advisory Committee on Vaccine Safety has concluded that analysis of data from spontaneous reports and epidemiological studies does not support a causal relationship between MS and hepatitis B vaccine. The most likely explanation is a coincidental association. The WHO recommendations, are that all countries should have universal infant and/or adolescent immunization programmes, and continue to immunize adults who may have an increased risk of hepatitis B (Hall et al., 1999; Halsey et al., 1999).

Diabetes mellitus (DM) - Claims have been made that administration of vaccines including hepatitis B vaccine can cause type I diabetes (juvenile or insulin-dependent diabetes mellitus – IDDM) in rats (Classen JB, 1996) and children (Classen JB et al., 1997). There is no evidence to support this claim (Karvonene M et al., 1999; Jefferson T et al., 1998). In Finland, elimination of mumps by immunization has coincided with a decrease in IDDM (Hyoty, 1993). Studies in Sweden failed to find a decrease in diabetes after stopping BCG (Dahlquist, 1995) or pertussis immunization (Heijbel, 1997). Similar studies and results have been documented in Sweden (Blom, 1991) and Canada (Parent, 1997). However, evidence from ecological studies of this type are very weak in determining the presence or absence of causality. A panel review of all the evidence to date was held in the United States and this found no association (Institute of Medicine, 1999; Institute of Medicine, 2011).

Chronic fatigue syndrome (CFS) - In Canada, during 1993–94, CFS was reported after hepatitis B vaccination (Delage et al., 1993). However, the Global Advisory Committee on Vaccine Safety Committee has concluded that, based on the evidence available, there are no grounds to support the association between CFS and Hepatitis B vaccination (http://www.who.int/vaccine_safety/topics/hepatitisb/CFS/en/index.html).

Hair loss - Hair loss has been reported after routine immunization, especially followinhg hepatitis B vaccine (Wise B et al., 1997). Hair loss is a common event and it is extremely difficult to confirm a causal association with hepatitis B vaccine administration.

Other auto-immune conditions – A vaccine safety data linkage study has not demonstrated an increased risk of Graves disease or auto-immune thyroiditis following hepatitis B vaccination nor any association between the time interval since receipt of the vaccine and development of these conditions (Yu O et al., 2007).

Hepatitis B in neonates and infants - A recent review by the Food and Drug Administration (FDA) of case reports in the Vaccine Adverse Events Reporting System for the years 1991 to 1994 concluded that there were no unexpected adverse events in neonates and infants given hepatitis B vaccine. This was despite the use of at least 12 million doses of vaccine in these age groups (Mahoney FJ et al., 1999). Fever is reported to occur in 0.6 to 3.7% of neonates.

Allergy to yeast – An immune mediated allergy to yeast is considered a contraindication to immunisation with plasmid derived hepatitis B vaccine. One study suggested that *hepatitis B vaccination is associated with onset of wheezing episodes (Mullooly JP, et al.).*

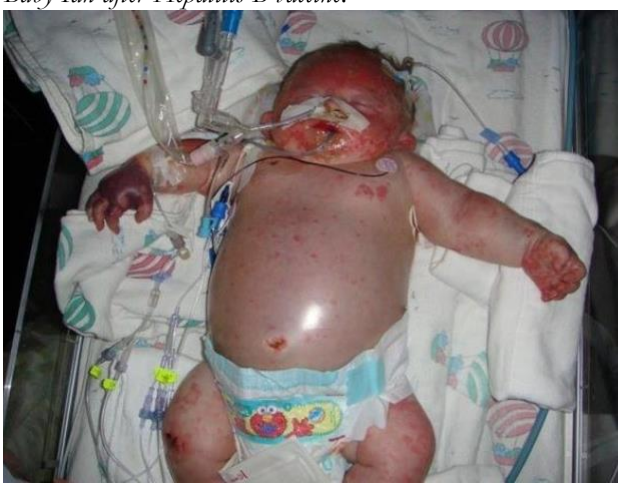
It has been 9 years since the World Health Organization had last updated its Hepatitis B vaccine information sheet. There are numerous chronic disorders associated with Hepatitis B vaccine, however WHO has failed to address these with relevant scientific studies to disprove causation. As Dr Larson said during the Vaccine Safety Summit of the WHO (December 2019), WHO cannot keep on "repurposing the same old science to make it sound better, if you don't have the science that's relevant to the new problem. So we need much more investment in safety science."

Independent researchers have, on the other hand, published numerous scientific studies on Hepatitis B associated disorders and detrimental effects on children.

Between 1991-2019, 665 infants (<1 yr) died from the Hep B vaccine as per VAERS.

Recombinant Hep B vaccine: According to the Australian Adverse Drug Reactions (ADRAC) Bulletin, August 1990, some of the 203 reports of adverse reactions to Hep B recombinant vaccine listed neurological and psychological effects. Of the 203 reported cases, 28 patients were subjected to re-challenge and their symptoms recurred.[577]

Baby Ian after Hepatitis B vaccine:



[577] Viera Scheibner Pg 4 100 yrs

11. DIPHTHERIA, TETANUS & PERTUSSIS

DTP or Diphtheria-Tetanus-Pertussis vaccine is given to Maldivian infants as part of the Pentavalent vaccine at 2, 4 and 6 months and separately at 4 years.

DTP vaccine has not been subjected to a randomized placebo-controlled trial to study its *safety*. Nor have the Diphtheria-toxoid and tetanus-toxoid *efficacy* to prevent disease been studied in a randomized controlled clinical trial.

Furthermore, studies show that DTP vaccination increases all-cause mortality of children by 10-fold and it has been known for nearly 2 decades.[578]

Refer to section "4.1 Epigenetic changes" for information on DTP vaccine related epigenetic alterations.

DTP has a long history of vaccine associated injury and death[579]. DTP was the main reason why many parents sued the vaccine manufacturers in the US which lead to the enactment of Vaccine Injury Act 1986.

The Institute of Medicine (IOM) concluded that evidence favoured acceptance of a **causal relation between paediatric DTP use and acute encephalopathy** (a damage of the brain, serious health problem that can cause temporary or permanent brain damage) **and brachial neuritis** (severe pain in the upper arm or shoulder, pain transitions to weakness or paralysis, with symptoms typically resolving slowly over the course of a few months or a few years).

Guillain-Barré syndrome occurring <6 weeks from receipt of a tetanus-toxoid containing vaccine is a possibility and ACIP recommends precaution for subsequent administration (52)

According to Morbidity and Mortality Weekly Report (CDC) of 27 April 2018, because **of safety concerns DTP was replaced with DTaP** in 1997. Between 1981 and 2008, all developed countries discontinued DTP. Years that some of these developed nations discontinued using DTP are:

79. Japan in 1981
80. South Korea in 1989
81. New Zealand in 1994
82. Sweden in 1996
83. Australia in 1996
84. United Stated in 1997
85. Canada in 1998
86. China in 2008

Torch (1986) studied case reports of **150 infant deaths after DPT** immunization by 37 authors in 12 countries; 50% occurred within 24 hours, 75% within 72 hours and 90% within 1 week.

McDonald et al, 2008, **delay in Diphtheria, Pertussis, Tetanus vaccination is associated with a reduced risk of childhood asthma**.

[578] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/
[579] https://pubmed.ncbi.nlm.nih.gov/6835859/

11.1. Aaby reports – this vaccine is killing children

Dr Peter Aaby is renowned for studying and promoting vaccine in Africa with over 300 published studies. In a 2017 study Dr Aaby and his team published their findings that the **DTP vaccine was killing more children than it was saving**.

The study Mogensen et al, 2017[580] "The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment", with a unvaccinated control group, study found an **increased risk of mortality for children who received DTP**.

The study's finding reported the negative "Non-Specific Effect" of **DTP-only vaccination of mortality hazard ratio of 10.0** while DTP (±OPV) was associated with a mortality hazard ratio of 5.00. While the increase in overall mortality were for both genders, **girls had a higher rate**. Vaccinated children were dying at higher rates than unvaccinated children, but from unrelated illnesses.

Mogensen 2017 study was followed up with another one in 2018, "Evidence of Increase in Mortality After the Introduction of Diphtheria-Tetanus-Pertussis Vaccine to Children Aged 6-35 Months in Guinea-Bissau: A Time for Reflection?"[581]; Peter Aaby et al, 2018. Conclusion: **Although having better nutritional status and being protected against three infections, 6-35 months old DTP-vaccinated children tended to have higher mortality than DTP-unvaccinated children. All studies of the introduction of DTP have found increased overall mortality.** Mortality rate was higher for girls.

In June 2019, Professor Peter Gotzsche published an Expert Report "Effect of DTP Vaccines on Mortality in Children in Low-Income Countries" evaluating the studies done by Dr Aaby and the World Health Organization. Professor Gotzsche found major problems with the WHO report.[582]

In December 2017, findings of Dr Aaby's study on increased overall mortality of children (particularly higher for girls) were communicated to UNICEF by Informed Consent Action Network (ICAN)[583] (letter copied to Maldivian Permanent Mission to the UN). UNICEF responded in February 2018 but ignored Dr Aaby's study. In response, ICAN again wrote to UNICEF in March 2018 demanding UNICEF "cease distribution of DTP vaccine or at least confirm that parents of children receiving this vaccine are advised of Dr Aaby's findings…"[584].

ICAN's letter of March 2018 was also copied to the Maldives Permanent Mission to the UN urging to take domestic action based on the 2017 and 2018 studies "to protect our babies from a for-profit product that all developed countries have long ago ceased using due its serious adverse reactions". **Regrettably, Health Protection Agency has taken no action to this day.**

[580] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/
[581] https://pubmed.ncbi.nlm.nih.gov/29616207/
[582] https://vaccinescience.org/wp-content/uploads/2019/07/Expert-Report-Effect-of-DTP-Vaccines-on-Mortality-in-Children-in-Low-Income-Countries.pdf
[583] http://icandecide.org/government/Unicef-DTP.pdf
[584] https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Response-UNICEF-March-2018-1.pdf

In July 2020, ICAN once again urged UNICEF to cease using DTP and threatened UNICEF with referral to the International Criminal Court for crimes against humanity[585].

In July 2020, ICAN lawyers "Siri & Glimstad LLP" submitted an introductory letter requesting the International Criminal Court to investigate the issues submitted in their letter.[586]

It is frightening to note that the death of children from other causes due to DTP vaccination was first raised 20 years ago but to this day, this issue has not been properly addressed by public health authorities. This poses a serious question to the Maldives, a country without any surveillance system, mandating vaccination of all children. What unknown risks are we subjecting our children to? Who is responsible, in the Maldives, for this crime committed against our children?

> All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis."
>
> *From the conclusion of the study "The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment", Mogensen et al (2017)*[587]

11.2. Tetanus

Maldives had not seen maternal and neonatal tetanus even before 2000.[588]

In Maldives, Tetanus Toxoid vaccine was replaced with Tetanus-Diphtheria vaccine in 2015.

According to CDC, there never was a randomized controlled clinical trial of efficacy of tetanus toxoid in preventing disease and evidence of its effectiveness is only based on "observational studies". In other words, there is no scientific basis for effectiveness claims made regarding tetanus toxoid vaccines. There were only about 4 cases of tetanus when the vaccine was introduced.[589]

Tetanus vaccine given at the time of a tetanus-prone injury may not boost immunity early enough to give additional protection within the incubation period of tetanus (Perter et al, 1992). A February 2020 published study, "Incidence of Tetanus and Diphtheria in Relation to Adult Vaccination Schedules"[590] concludes that a review >11 billion person-years of incidence data revealed no benefit associated with performing adult booster vaccinations against tetanus/diphtheria. This brings into question the benefit of safety-undetermined vaccination of pregnant women with TD vaccines.

[585] https://www.icandecide.org/wp-content/uploads/2020/08/Second-Response-Letter-to-UNICEF-w-Exhibits.pdf
[586] https://www.icandecide.org/wp-content/uploads/2020/08/Referral-to-the-ICC-Final-DTP.pdf
[587] https://www.ncbi.nlm.nih.gov/pubmed/28188123
[588] National Child Health Strategy – Every Newborn Action Plan, Maldives, 2016-2020, pg 9
[589] Dr Stanley Plotkin's deposition 2018
[590] https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciaa017/5741633

In 1993, the Institute of Medicine released a report entitled "Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality."

The Committee found that the evidence favoured acceptance of a causal relation between diphtheria and tetanus toxoids and **Guillain-Barré syndrome, anaphylaxis and brachial neuritis**.

Published case reports of tetanus occurring in immunized individuals with high antitoxin titres:

[1] **Fatal tetanus in a drug abuser with "protective" anti-tetanus antibodies.** Abrahamian FM, Pollack CV Jr, LoVecchio F, Nanda R, Carlson RW. J Emerg Med. 2000 Feb;18(2):189-93.[591]

[2] **A case of clinical tetanus in a patient with protective anti-tetanus antibody level.** Beltran A, Go E, Haq M, Clarke HB, Zaman M, Recco RA. South Med J. 2007 Jan;100(1):83.[592]

[3] **Tetanus despite preexisting anti-tetanus antibody.** Berger SA, Cherubin CE, Nelson S, Levine L. JAMA. 1978 Aug 25;240(8):769-70.[593]

[4] **Severe tetanus in immunized patients with high anti-tetanus titers.** Crone NE, Reder AT. Neurology. 1992 Apr;42(4):761-4.[594]

[5] **An unexpected tetanus case.** Ergonul O, Egeli D, Kahyaoglu B, Bahar M, Etienne M, Bleck T. Lancet Infect Dis. 2016 Jun;16(6):746-752.[595]

[6] **Clinical tetanus despite a protective level of toxin-neutralizing antibody.** Passen EL, Andersen BR. JAMA. 1986 Mar 7;255(9):1171-3.[596]

[7] **Elevated antitoxin titers in a man with generalized tetanus.** Pryor T, Onarecker C, Coniglione T. J Fam Pract. 1997 Mar;44(3):299-303.[597]

[8] **Neonatal tetanus despite protective serum antitoxin concentration**. S.Y. Maselle, R Matre, R. Mbise, T. Hofstad. FEMS Microbiology Letters, Volume 76, Issue 3, Pages 171-176. Federation of European Microbiological Societies. 7 Neonates with clinical tetanus having antibody levels 4-13 times higher than the presumed minimum protective level. One of the mothers was not vaccinated. In 2 other neonates, whose mother had received multiple booster doses of toxoid during pregnancy, the anti-toxin levels were 100- and 400- times the presumed protective level.

[9] **Severe tetanus in immunized patients with high anti-tetanus titers.** Crone NE, Reder AT. Department of Neurology, University of Chicago, IL 60637, Neurology 1992 Apr.

[591] https://www.ncbi.nlm.nih.gov/pubmed/10699520
[592] https://www.ncbi.nlm.nih.gov/pubmed/17269536
[593] https://www.ncbi.nlm.nih.gov/pubmed/671711
[594] https://www.ncbi.nlm.nih.gov/pubmed/1565228
[595] https://www.ncbi.nlm.nih.gov/pubmed/27301930
[596] https://www.ncbi.nlm.nih.gov/pubmed/2868135
[597] https://www.ncbi.nlm.nih.gov/pubmed/9071251

11.3. Diphtheria

Diphtheria disease is caused by the diphtheria toxin produced by toxigenic C. diphtheriae bacteria. An inactivated form of the toxin, called "toxoid", is found in the DTP vaccine. There is no evidence and no biologically plausible mechanism that vaccination with the diphtheria toxoid reduces transmission. **The vaccine can only prevent toxin-related symptoms but does not prevent infection/colonization** of the throat by toxigenic C. diphtheriae in the vaccinated.[598] No level of circulating diphtheria antitoxin confers absolute protection (although most reports indicate that infection in previously vaccinated persons are milder and less likely to be fatal).[599]

No randomized controlled clinical trial of the efficacy of diphtheria in preventing disease has ever been conducted. There is "strong evidence from observational studies" that support effectiveness of vaccination.[600]

In the US, from 1900 to 1930, years before the diphtheria vaccine was introduced, a greater than 90% decline in reported deaths from diphtheria had already occurred.[601]

The disease is generally conveyed by direct contact with the diphtheria germ. Thus, diphtheria is readily controlled through simple sanitary measures. And some researchers attribute the diphtheria decline to increased nutritional and sanitary awareness. [602] [603]

According to CDC's Disease Surveillance Manual on Diphtheria:

> "Persons with suspected diphtheria should also receive antibiotics to eradicate carriage of C. diphtheriae, to limit transmission, and to halt further production of diphtheria toxin. Treatment with erythromycin or penicillin is administered as a 14-day course."
>
> "Other pathogens can cause a membrane in the throat and over the tonsils, including Streptococcus spp., Epstein-Barr virus and cytomegalovirus (both of which cause infectious mononucleosis syndrome), Arcanobacter hemolyticum, Candida albicans, fusiform bacteria (which can cause Vincent's angina), and some viruses."

Meaning, a doctor can see the symptoms of diphtheria and not know if it's any of the above other pathogens, treat it with antibiotics; which will resolve without anyone knowing or any data capture.

"These outbreaks, the known importance of carriers in the spread of diphtheria, and the demonstrated failure of toxoid to prevent the carrier state led us to conclude that the concept of herd immunity is not applicable in the prevention of diphtheria. A high level of community immunization will not stop the transmission of diphtheria…" (Miller et al., American Journal of Diseases of Children 1972).

[598] https://pubmed.ncbi.nlm.nih.gov/5026197/
[599] MMWR, CDC, 27 April 2018
[600] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5919600/pdf/rr6702a1.pdf
[601] Micheal Alderson, International Mortality Statistics (Washington, D.C. : Facts on File, 1981), p. 161-162.
[602] Richard Moskowitz, M.D., Immunizations: The Other Side, Mothering (Spring 1984), p. 35.
[603] Patrica Savage, A Mother's Research on Immunizations, Mothering (Fall 1979), p. 76.

CDC's Diphtheria Disease Surveillance Manual[604] with such statements as:

> "A small percentage of the population may be carriers of non-toxin-producing or toxin-producing strains of C. diphtheriae, but population carriage rates in the current era of high vaccine coverage are unknown."
>
> "Because diphtheria has occurred only rarely in the United States in recent years, many clinicians may not include diphtheria in their differential diagnoses. Clinicians are reminded to consider the diagnosis of respiratory diphtheria in patients with membranous pharyngitis and who are not up-to-date with vaccination against diphtheria."

As such, physicians' testing and diagnosis criteria has changed and is influenced by a patient's vaccination status. So, a child going into the hospital with symptoms identical to that of another child, will likely get different tests ordered based on their vaccination status, which creates an unequal and biased testing and reporting framework with which to compare risk of a vaccinated vs unvaccinated patient. This is exemplified clearly in the CDC's Diphtheria Disease Surveillance Manual.

> Vaccines produce disease or infection in an otherwise healthy person... And so, in order to allegedly produce something good, one has to do something bad to the human body, that is, induce an infection or a disease in an otherwise healthy person that may or may not have ever happened."
>
> *Jamie Murphy, an investigative journalist on vaccines and author of the book 'What Every Parent Should Know About Childhood Vaccination'*

".

[604] https://www.cdc.gov/vacc.../pubs/surv-manual/chpt01-dip.html

11.4. Pertussis (whooping cough)

DTP vaccine was discontinued in US and other developed countries in the 1990s due to unacceptably high rates of severe neurological complications and was replaced with DTaP/Tdap (the acellular pertussis vaccine). Despite the developed nations having opted for acellular-pertussis instead of whole-cell pertussis vaccine due to latter's serious reactogenicity, Health Protection Agency of the Maldives reports that they continue with the whole-cell pertussis vaccine as they have not come across adverse events other than injection-site pain and fever, plus considering the better immunogenicity of the whole-cell pertussis vaccine.

This is an extremely worrying situation for parents since Health Protection Agency has relied upon its very poor monitoring system instead of the evidence collected by developed nations with comparably far outstanding pharmacovigilance systems.

According to WHO position paper, "certainty of relative importance of the desirable and undesirable outcomes" is answered with "**No evidence available thought it is assumed that in general there is no important uncertainty or variability**." "Values and preferences of the target population: Are the desirable effects large relative to undesirable effects?" is answered with "**It is presumed that the desirable effects (reduced number of health care visits/injects) are large relative to undesirable effects (uncertainty of overall duration of protection)**."

Hence, it is manifestly clear that parents declining this unsafe medical intervention are being prosecuted based on "**No evidence**", "**assumptions**" and "**presumptions**".

An Advisory Committee Statement (ACS), National Advisory Committee on Immunization (NACI) statement on pertussis vaccine[605]

> "... There is no known direct correlation between levels of specific pertussis antibodies and protection against pertussis. For whole-cell pertussis vaccines, vaccine potency and efficacy correlate with a minimum of four international units (IUs) in the intracerebral mouse-protection assay. Susceptibility of a population to pertussis correlates best with agglutinin antibodies but these do not adequately predict protection in an individual..."

The estimated efficacy of DTP vaccine is about 80% for pertussis in recipients who have had at least 3 doses.[606] Pertussis vaccine has been infrequently associated with serious or major adverse events such as temperature of 105F and greater, anaphylaxis, arthritis/arthralgia, seizures, encephalitis/encephalopathy, Guillian-Barré syndrome, Reye's syndrome, paralysis, screaming episodes, hypotonic hyporesponsive episodes, other neurological symptoms, and death. [607]

Our understanding of how bacteria cause whooping cough and host-response to vaccination remains incomplete even today, as discussed in a 2019 U.S. FDA study.[608]

"In 1986, a Maryland (US) state regulation required public and private health care providers to report major vaccine reactions occurring within 7 days following pertussis vaccination. An analysis of adverse effects following DTP vaccination within the following year, 1987, showed that a total

[605] http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23sup/acs3.html
[606] Report of the Committee on Infectious Disease (Red Book), Pertussis: American Academy of Pediatrics 1986; Ed 20: 266-75
[607] Maryland Medical Journal, Vol 38 No 7
[608] https://pubmed.ncbi.nlm.nih.gov/31078081/

of 184 children (ages 0 to 7 years) with adverse events cases were reported. This was a 104% increase over the preceding 4-year mean of 90 reports per year. Yet, underreporting by private sector was still noted. The reporting rate of ONE Maryland county was 27.7% of all vaccine reactions in the state, a rate 18 times the public sector median. The county that reported a significantly higher number of adverse events following vaccination was investigated and the high rate of reactions was found not to be due to different vaccine lots but due to increased surveillance or more active parent education about pertussis side effects and, thus, better reporting of adverse events by parents."

"The reaction rate was as high as 2206.6/100,000 doses. 54% of the reports were classified as serious or major adverse events. Of the reported serious events, screaming episodes were 35%, seizures 10%, hypotonic hyporesponsive episodes (HHE) 9%, fever of 105F or above 8%, and one case of arthalgia/arthritis. Screaming episodes & HHE that were reported were approximately 10 times lower than those reported in prospective DTP vaccine studies. Other states can expect more than a doubling of reports, if our experience with DTP is repeated."[609]

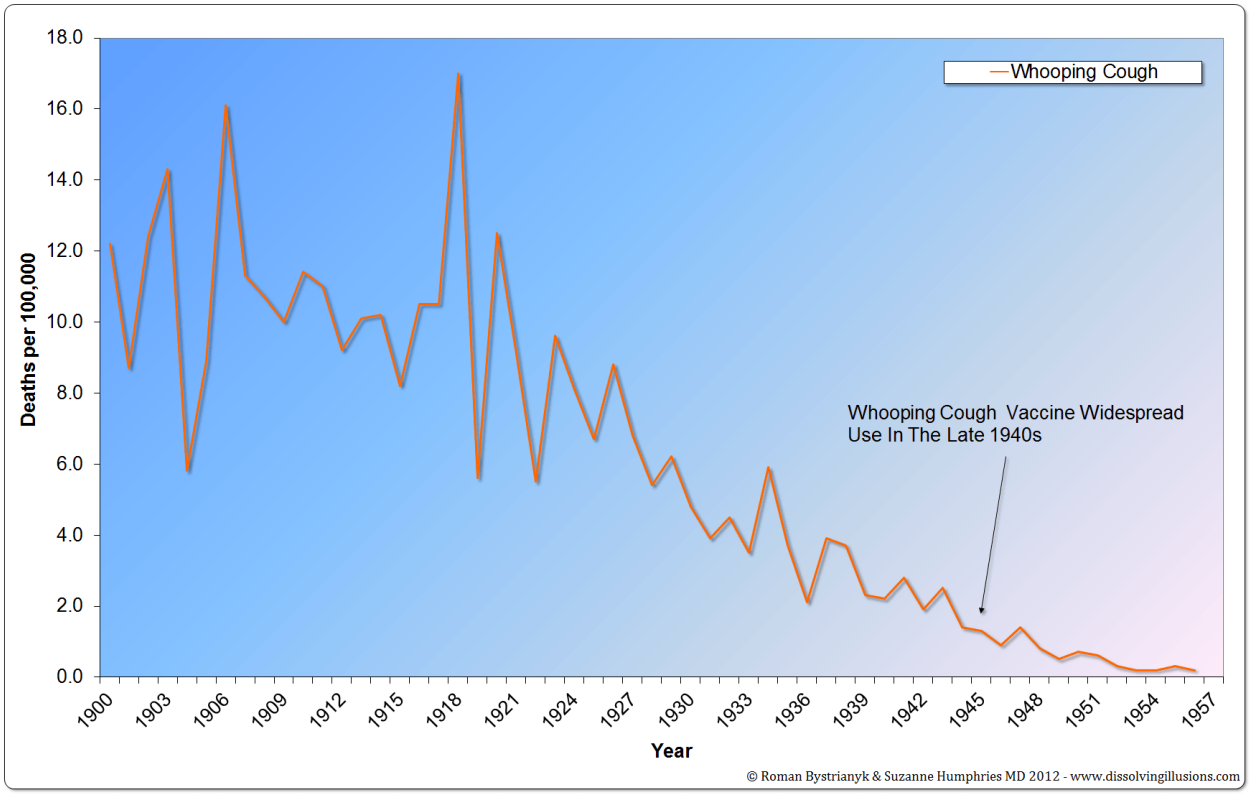
In a 2013 study "Complex Correlates of Protection After Vaccination", Dr Stanley Plotkin questions the immunological functions induced by vaccination that correlates with protection. **Dr Plotkin states that antibodies are not the whole story and the cause of resurgent outbreaks of pertussis is unknown** but high on the list of suspects is waning antibody (Dr Plotkin does NOT attribute it to a lack of vaccination). Hence, he further says "new vaccines may be needed."

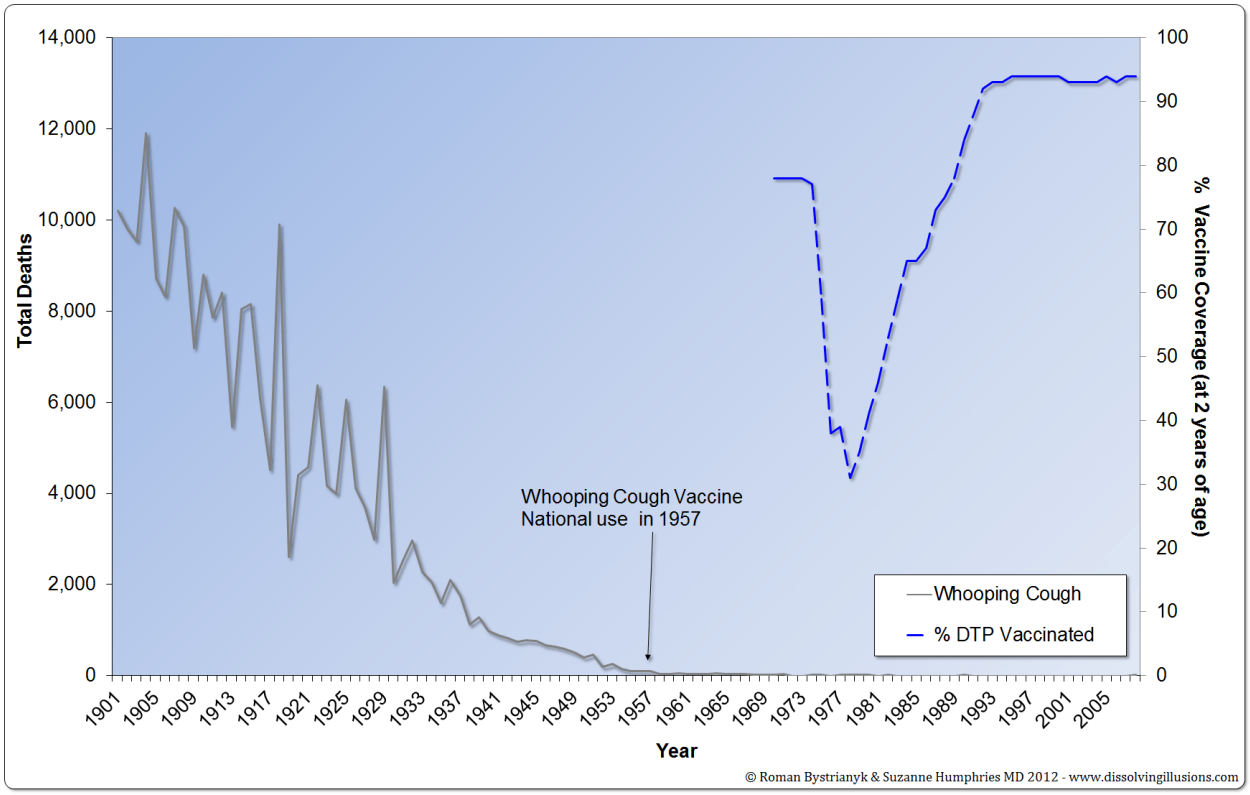
Pertussis occurs in 3–5 years cycles, and mass vaccination, even with DTP, has only increased the inter-epidemic intervals by 1–2 years. Thus, even DTP has had only a minimal herd immunity effect, not sufficient to interrupt the circulation of the organism in the human population. In fact, a recent mathematical modeling study concluded that asymptomatic transmission is the most parsimonious explanation for the resurgence of pertussis in countries with high-vaccination coverage…" (Locht, Vaccine 2017).

Pertussis immunization was significantly associated with subsequent atopic disorders (asthma, eczema and hay fever). "Early childhood infection and atopic disorder"[610], Farooqi and Hopkin, 1998.

In the US, whooping cough mortality had already gone down by 92% when the vaccine was introduced and in UK it had gone down by over 98%. Thus, it is evident that the pertussis vaccine had no role to play in the decline of mortality.

[609] Maryland Medical Journal, Vol 38 No 7
[610] https://pubmed.ncbi.nlm.nih.gov/10193389/


Whooping Cough
Deaths per 100,000
Year
Whooping Cough Vaccine Widespread
Use In The Late 1940s
© Roman Bystrianyk & Suzanne Humphries MD 2012 - www.dissolvingillusions.com

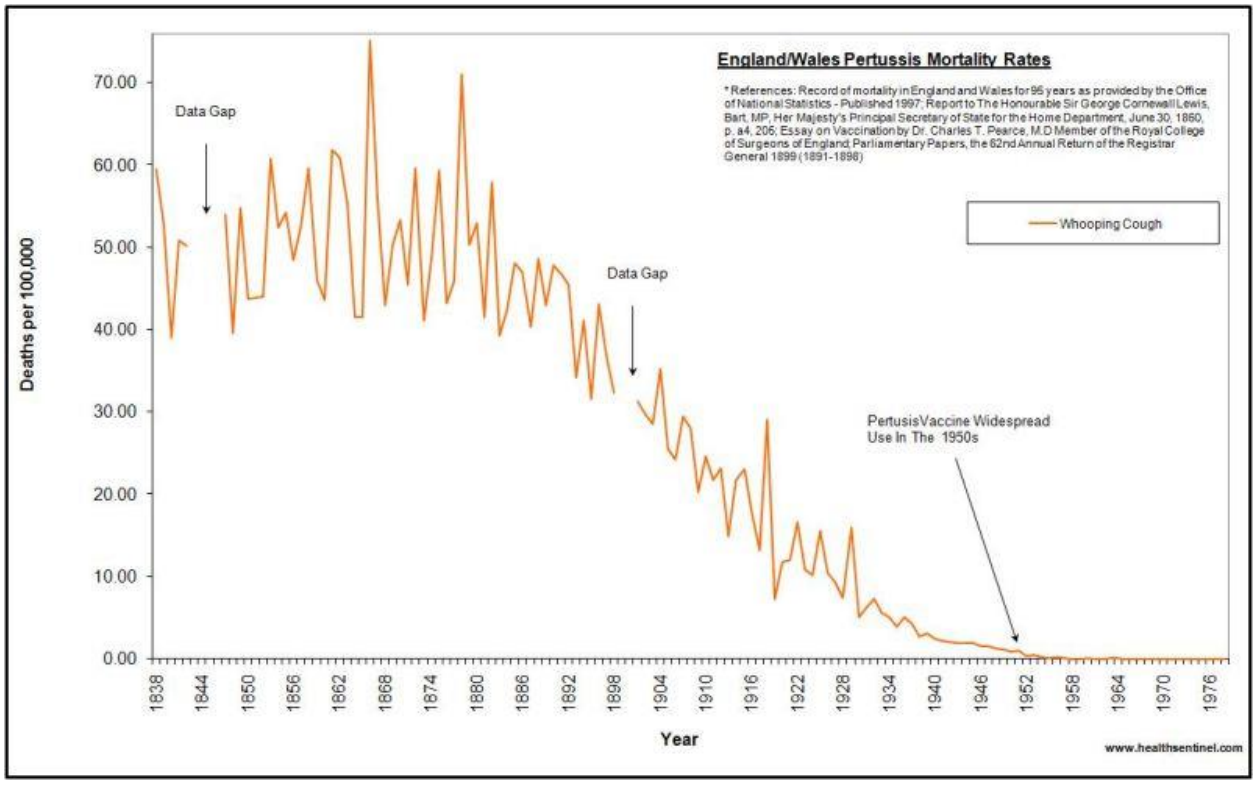

Total Deaths
% Vaccine Coverage (at 2 years of age)
Year
Whooping Cough Vaccine
National use in 1957
Whooping Cough
% DTP Vaccinated
© Roman Bystrianyk & Suzanne Humphries MD 2012 - www.dissolvingillusions.com

11.5. DTP – Autism & other injuries

After the Institute of Medicine (IOM) looked at the studies to find a causal association with DTP and autism, IOM found that the science was "inadequate to accept or reject a causal relationship". However, they did find one study which found that DTP does cause autism. IOM's decision was that this study was to be rejected because it provided data from a passive surveillance system and lacked an unvaccinated comparison population. IOM had effectively rejected Department of Health and Human Services (HHS's) own pharmacovigilance system, VAERS.

Basically, this means that HHS's post-licensure vaccine safety surveillance system was unreliable. This is one of the largest post-licensure surveillance systems gathering data on vaccine safety. Post-licensure surveillance systems are thus deemed inadequate to study or detect vaccine adverse effects.

In 1986, when vaccine manufacturers were indemnified against injuries/death, the US had 11 vaccines on the schedule and the chronic disease rate was 12.8%. Today, there are 53 shots and the chronic disease rate is 54%.

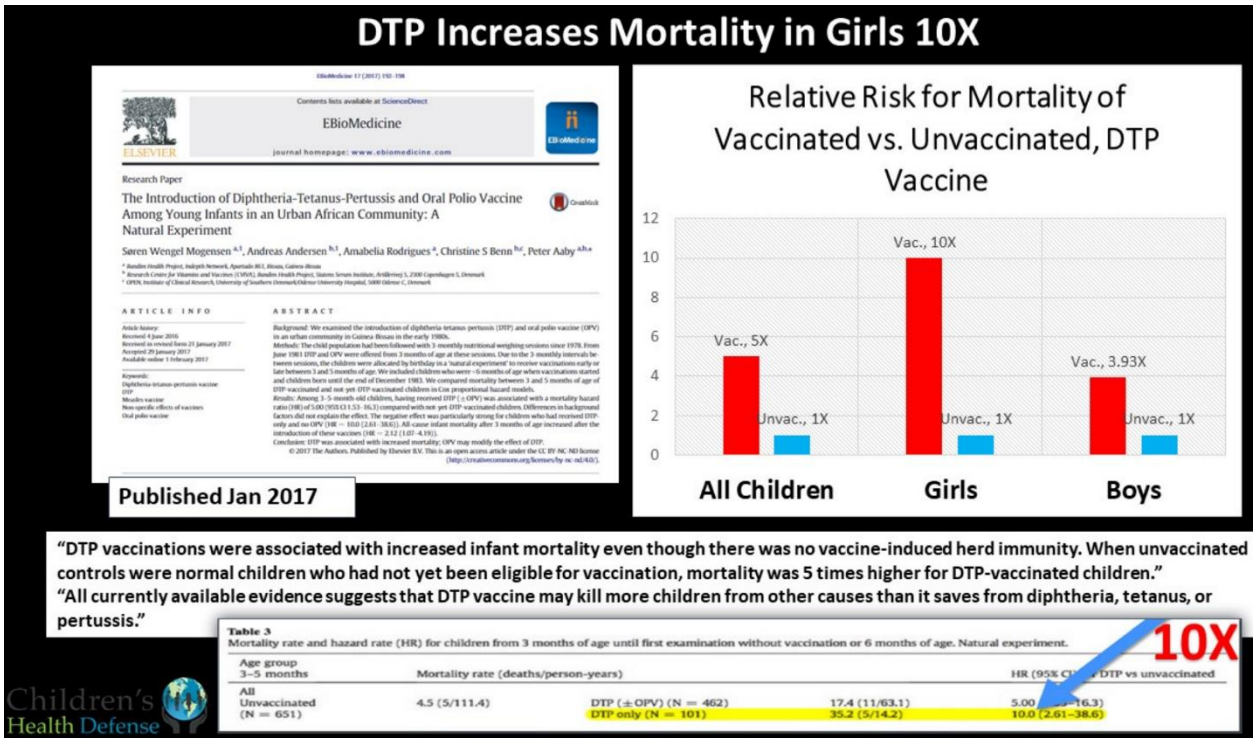


Tuberous Sclerosis (TS)

Tuberous Sclerosis is said to affect 1 in 6,000 new-borns according to the National Institutes of Health, US.[611]

In October 1986, a child's pre-existing condition "tuberous sclerosis" was aggravated after receiving his DPT vaccination. According to court testimony, many children with tuberous sclerosis will suffer seizures and brain damage. The court concluded "Dr Gomez testified that the longer a TS child remains seizure-free, the better his prognosis for mental development. This is a pivotal issue in tuberous sclerosis cases. The earlier the onset of seizures in childhood, the greater the severity of mental retardation. The avoidance of potential seizure activity is the very reason behind the accepted medical policy of advising parents of children with known TS (or other neurological problems) to avoid the pertussis vaccine."

The child was asymptomatic and seizure-free until two days after his first DPT shot.



612

611 https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Tuberous-Sclerosis-Fact-Sheet

612 https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Parts-I-XII.pdf

EBioMedicine. 2017 Mar;17:192-198. doi: 10.1016/j.ebiom.2017.01.041. Epub 2017 Feb 1.

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

Søren Wengel Mogensen [1], Andreas Andersen [2], Amabelia Rodrigues [1], Christine S Benn [3], Peter Aaby [4]

Affiliations + expand

PMID: 28188123 PMCID: PMC5360569 DOI: 10.1016/j.ebiom.2017.01.041

Free PMC article

Abstract

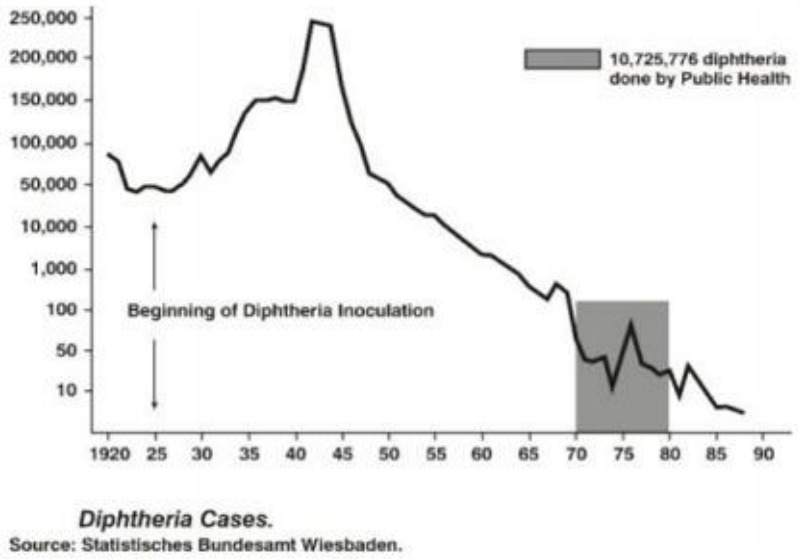
Background: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s.

Methods: The child population had been followed with 3-monthly nutritional weighing sessions since 1978. From June 1981 DTP and OPV were offered from 3months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday in a 'natural experiment' to receive vaccinations early or late between 3 and 5months of age. We included children who were <6months of age when vaccinations started and children born until the end of December 1983. We compared mortality between 3 and 5months of age of DTP-vaccinated and not-yet-DTP-vaccinated children in Cox proportional hazard models.

Results: Among 3-5-month-old children, having received DTP (±OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53-16.3) compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP-only and no OPV (HR=10.0 (2.61-38.6)). All-cause infant mortality after 3months of age increased after the introduction of these vaccines (HR=2.12 (1.07-4.19)).

Conclusion: DTP was associated with increased mortality; OPV may modify the effect of DTP.

Keywords: DTP; Diphtheria-tetanus-pertussis vaccine; Measles vaccine; Non-specific effects of vaccines; Oral polio vaccine.



Number of diphtheria deaths in Germany from 1920-1987. Vaccine was introduced in 1925 and followed with an enormous increase of disease rate.

12. PENTAVALENT VACCINE

In 2013, Maldives started giving Pentavalent, a 5-vaccine dose given together with other vaccines, to 2-, 4- & 6-month-old babies. The vaccine contains five vaccines for: Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib Meningitis. It also contains 1250 mcg of aluminium and 25 mcg of mercury.

Bill Gates, who reclaimed his crown as the richest man in 2014, convinced that vaccine rates around the world were too low, started the private "non-profit" company GAVI (Global Alliance for Vaccines and Immunization) to work with WHO. The pentavalent vaccine is a product of GAVI which has a board comprised of Big Pharma representatives.

Pentavalent vaccine is not licensed for use by the US Food and Drug Administration nor is it used in other developed countries.[613] Thus, there is little information on its adverse effects from countries with strong drug regulatory systems.

In a recent study[614], Goldman and colleagues found that mortality rate in children who have 5-8 vaccine doses at one time have a death rate 50% greater than those who are given 1-4 vaccine doses. This is also further validated by the GSK "secret report" submitted to the Belgian Government.[615]

Another study, "Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?", after a review of the vaccination schedule of 34 nations, reported a **high statistically significant correlation between increasing number of vaccine doses and infant mortality rates**.[616]

A study by Pedro L Moro et al (2015) from the Immunization Safety Office, CDC, "Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997-2013" reported that **79.4% of child death reports were within hours after receiving more than 1 vaccine**.[617]

Maldivian babies receive 6 vaccine antigens at 2 and 4 months, and 7 vaccine antigens when at 6 months.

In the US, an infant aged 4 months had died after receiving 7 vaccine antigens on one day and the court[618], after hearing expert opinion, held that vaccine-stimulated inflammatory-cytokines can act as neuro-modulators and cause depression of the serotonergic 5-HT system in the infant medulla and blunt the normal chemo-sensitive response to excess carbon dioxide and this can result in the death of vulnerable infants. **Multiple vaccines provoke greater release of cytokines.**

In Italy, after an inquiry into cases of death of Italian military personnel, the Italian Parliament recommended[619] [620] that no more than 5 monovalent single-dose vaccines may be given simultaneously to military personnel in order to avoid adverse reactions.

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[613] https://ijme.in/articles/aefi-and-the-pentavalent-vaccine-looking-for-a-composite-picture/?galley=html
[614] https://journals.sagepub.com/doi/10.1177/0960327112440111
[615] https://autismoevaccini.files.wordpress.com/2012/12/vaccin-dc3a9cc3a8s.pdf
[616] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/
[617] https://pubmed.ncbi.nlm.nih.gov/26021988/
[618] https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2013vv0611-73-0
[619] https://drive.google.com/drive/folders/1WuCxYpIwQJFjh1fzwLXgf6krtOEESFUQ
[620] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039921/

"**Adverse events following Haemophilus influenzae type b vaccines in the Vaccine Adverse Event Reporting System, 1990-2013**", Pedro L Moro et al, 2015, study states a total of 29,747 reports received by VAERS. 1579 (17%) were serious and include 896 reports of death. Sudden Infant Death syndrome was stated as the cause of death in 384 (51%) of 749 death reports. The most common non-death adverse events (AE) were neurologic (37%), other non-infectious (22%) and gastrointestinal (18%) conditions.[621] (1% of AEs are reported to VAERS.)

12.1. Deaths following Pentavalent vaccine

Soon after it was first introduced in Asian countries, five countries reported 70 deaths associated with the Pentavalent vaccine.[622] As of August 2016, there were 237 infant deaths reported within 72 hours of receiving pentavalent vaccine (in Sri Lanka, Bhutan, Pakistan, Vietnam & India).[623] [624]

Yet many countries reintroduced Pentavalent in their immunization program as investigation teams led by WHO, found no role of vaccine in deaths and Pentavalent was given a clean bill every time. Surprisingly, in almost all the cases in developing nations, babies' deaths were never associated with the vaccine. They were either labelled as unclassifiable or declared SIDS, co-incidental deaths or deaths due to co-morbid conditions.

87. Sri Lanka started Pentavalent on 1 January 2008 but suspended it on 29 April 2008 soon after 25 serious adverse events including the death of 5 children after vaccination.

    WHO team of experts investigated and reported that the deaths were "unlikely" to be related to vaccination. The experts published only the conclusion of their report. The full report was available after two years when it was presented to the High Court of India. From the report it became clear that there was no alternate explanation for three deaths. Thus, should have been classified as "probably/likely" using WHO Brighton criteria. However, the experts had deleted the "probable/possible" from the AEFI classification they used for assessment and then reported the deaths as "unlikely".[625]

88. **WHO experts had effectively removed the vaccine's association with the 3 deaths despite there being no alternative explanation.**

89. Bhutan introduced pentavalent vaccine in September 2009 and withdrew it in October 2009 after 5 cases of encephalopathy and 4 of these children died. However, Bhutan reintroduced it again as WHO intervened and declared Pentavalent safe, but it again caused 4 deaths. Bhutan stopped using it permanently. The Director of Public Health of Bhutan noted that there were no more cases of meningo-encephalitis among infants the year after the vaccine was withdrawn.[626]

[621] https://pubmed.ncbi.nlm.nih.gov/25598306/
[622] http://www.bmj.com/content/341/bmj.c4001/rapid-responses
[623] http://www.sundayguardianlive.com/news/7314-237-deaths-pentavalent-vaccine-and-still-counting
[624] https://thevaccinereaction.org/2018/03/two-infants-in-india-die-following-pentavalent-vaccination/
[625] https://www.ncbi.nlm.nih.gov/pubmed/30026925
[626] http://bhutannews.blogspot.in/2010/07/pentavalent-killer-is-back.html

90. In Pakistan, 3 children died soon after introduction of Pentavalent into its immunization programme. 1 child died within half an hour of receiving the vaccine and 2 others died within 12-14 hours. No alternative cause of death was found in any of the cases.

91. Vietnam started using Pentavalent vaccine in June 2010. By May 2013, 27 deaths had been reported and then the vaccine was suspended.[627]

    According to local news reports, all the babies who died were in good health prior to vaccination and had serious trouble breathing before dying shortly afterwards.[628]

    After WHO experts investigated the Vietnam deaths, they reported that although the 9 non-fatal cases could correspond to known vaccine reactions, the vaccines were "pre-qualified by WHO…no fatal adverse event following immunisation (AEFI) has ever been associated with this vaccine."[629] This was despite the fact that WHO experts had investigated the deaths in Sri Lanka just some months back. Using the revised AEFI classification methodology, the experts could classify deaths in Sri Lanka as "Not a case of (AEFI)" and the same was applied to Vietnam. The WHO persuaded both countries to reintroduce the vaccine.

Given this background, when Pentavalent was proposed to be introduced in India, the National Technical Advisory Group on Immunisation (NTAGI) mandated that it be introduced in the immunisation programmes of 2 States (Tamil Nadu and Kerala) to being with so that its safety could be monitored. The data from this experiment would be reviewed one year later before introducing the vaccine into other states.

When the National Technical Advisory Group on Immunization (NTAGI, India) recommended introducing Pentavalent, 2 NTAGI members filed a case in the Supreme Court to halt it. They stated that the number of Hib Meningitis was too low in India to justify its vaccine, figures obtained from countries where Pentavalent has been in use for years showed that it had no actual benefit, efficacy is doubtful and that it has many side effects, and that the Government should first test it without combining it with DPT and Hepatitis B vaccines. Further, they state that it was being introduced in India under WHO's and GAVI's influence, ignoring facts and figures about its need and safety profile.

Due to protests in Kerala against Pentavalent introduction, the state government recommended collection of data on each child after 48 hours after immunisation. This strengthened the reporting of AEFI in Keral (where more AEFI were reported) than from Tamil Nadu.

The Office of Medical and Scientific Justice reported on 14 February 2014 that since the introduction of the Pentavalent Vaccine in December 2011, it had killed 54 children and hospitalised 135 children in 9 Indian states. Within the first year of introduction, it had killed 19 infants. Indian Health Ministry denied any role of Pentavalent vaccine as a cause of death but later admitted that some children died from the vaccine in a Right to Information request.[630]

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627 https://www.omsj.org/reports/Puliyel%202013.pdf

628 https://www.preventdisease.com/news/13/081513_WHO-Caught-Falsely-Stating-Pentavalent-Vaccine-Safe-After-Discontinued-In-Some-Countries-Due-To-Deaths-Children.shtml

629 https://www.who.int/immunization_standards/vaccine_quality/quinvaxem_pqnote_may2013/en/

630 http://www.omsj.org/blogs/after-54-infant-deaths-government-finally-admits-three-deaths-associated-with-pentavalent-vaccination

In January 2013, 2 infants died in Kerala (India) after 42 days and 47 days following pentavalent vaccination. A doctor at the forensic department of Thrissur Medical College, where the post-mortems were conducted, said on condition of anonymity that the vaccine may be the cause as there was no other reason for the death.[631]

Doctors in India have expressed concerns about the Pentavalent vaccine in Indian Journal of Medical Ethics and suggested it could be behind around 8100 deaths annually of Indian children. The World Health Organization responded to the global reports of deaths by revising the reporting system such that the deaths could not be ascribed to the vaccine making. Dr Jacob Puliyel lamented, "**Even deaths are no longer a contraindication to vaccination**."[632]

"Pentavalent was introduced in Kerala and Tamil Nadu as a pilot project to review vaccine's safety before extending to other states. At least 13 deaths were reported from Kerala, Tamil Nadu and Haryana, all pointing towards pentavalent vaccine. Demanding analysis of mortality data from the two states, academicians, health activists and paediatricians wrote a letter to the health secretary, Ministry of Health and Family Welfare, on January 15, 2013. They pointed out that the National Technical Advisory Group on Immunization (NTAGI) had stated that the vaccine would be extended to other states only after data from Kerala and Tamil Nadu were reviewed and the vaccine was proved safe. However, before analysing data from the pilot project, Pentavalent was introduced in 5 other states."

"The experts stated in their letter to the health secretary, 'When each death is seen in isolation it is reasonable to consider them as mere coincidences, but it is not acceptable if it happens repeatedly'."

"Replies to an RTI application filed by Dr Jacob Puliyel, head of paediatrics department, St Stephen's Hospital in Delhi, reveals there is more to extension of the vaccine in other states than meets the eye. In November 2010, GAVI Alliance, an international body, had threatened NTAGI of diverting the money sanctioned to India for introduction of the vaccine, to other countries. GAVI Alliance had approved US $46.50 million to introduce the vaccine in Tamil Nadu and Kerala. It threatened to divert US $118.5 million to other countries if India failed to introduce it in other states within six months. Just before the lapse of six months, the government decided to introduce the vaccine in six more states."

"Puliyel says the vaccine is killing more children than the diseases it is supposed to protect the children from. Replies to the RTI application reveal that in the first six months of introduction of the vaccine in Kerala, 24 children developed reactions after being vaccinated. Of these, five died."[633]

The study by Dr Jacob Puliyel, Head of Paediatrics at St Stephens Hospital, and Dr V. Sreenivas, Professor of Biostatistics at the All-India Institute of Medical Sciences (AIIMS), published in the peer-reviewed Medical Journal of Dr. D.Y. Patil University states that "**There is likely to be 7,020 to 8,190 deaths from Pentavalent Vaccine each year** if data from states with the better reporting, namely Manipur and Chandigarh, are projected nationwide."

631 https://www.downtoearth.org.in/news/pentavalent-takes-its-toll-40196
632 https://ijme.in/articles/aefi-and-the-pentavalent-vaccine-looking-for-a-composite-picture/?galley=html
633 https://www.downtoearth.org.in/news/pentavalent-takes-its-toll-40196

WHO maintains the fiction promulgated by GSK "no fatal adverse event following immunization (AEFI) has ever been associated with this vaccine".[634]

More recently, on 19 February 2021, 2 infants (two and a half months old) died in two different locations in Coimbatore within hours following pentavalent vaccination.[635]

A Right to Information in 2018 made to the Indian government showed that there were **10,612 deaths after vaccinations** given under the universal immunization programme from 2008 – 2018. Plus, **more than 600,000 adverse effects were reported every year**.[636]

12.2. Redefining Vaccine Reactions to Erase Evidence of Harm

In 2013, an editorial in the Indian Journal of Medical Ethics (IJME) by Dr Jacob Puliyel accused the WHO of promoting Pentavalent vaccine by "stating falsely that no adverse event following immunization (AEFI) has ever been reported with the vaccine."[637]

However, WHO was warned repeatedly every year since 2008. In 2010, a report by a group, including paediatricians, professors, health activists and a former Indian health secretary, cautioned against the introduction of the five-in-one vaccine. [638]

"Our article describes how the World Health Organisation (WHO), in an elaborate cover-up, changed its own criteria for classifying adverse effects to say the vaccine was not responsible for the deaths in Sri Lanka," Jacob Puliyel stated.

Dr Puliyel also noted his concern about "the changes effected by the WHO to the assessment methodology of adverse events following immunisation, which make it almost impossible to classify adverse events (deaths in this case) noticed for the first time in phase IV post-marketing surveillance, as "consistent causal association to immunisation". [639] [640]

Dr Puliyel also noted, "The deaths in Vietnam represent only a small fraction of the problem. By now, serious adverse reactions and deaths have been reported following the use of other brands of the pentavalent vaccine in a number of countries… The Parliamentary Committee on Health and Family Welfare in India has recommended that the Central Drugs Standard Control Organisation (CDSCO) should subject drugs to intense scrutiny if they are relevant to the needs of countries like the USA, Canada, the UK and other countries in the EU, Australia and Japan, but have not been cleared for use there."

In the paper "**Revised World Health Organization (WHO)'s causality assessment of adverse events following immunization – a critique**", Dr Puliyel and Dr Pathik Naik, reported

[634] https://www.issuesinmedicalethics.org/articles/aefi-and-the-pentavalent-vaccine-looking-for-a-composite-picture/?galley=print
[635] https://timesofindia.indiatimes.com/city/coimbatore/two-kids-die-after-getting-pentavalent-vaccine-in-tn/articleshow/81099306.cms
[636] https://www.hindustantimes.com/india-news/complications-after-immunisation-caused-10612-child-deaths-nationally-in-ten-years/story-xcfl8rC64dPshC2ofguIZO.html
[637] https://www.omsj.org/reports/Puliyel%202013.pdf
[638] https://www.preventdisease.com/news/13/081513_WHO-Caught-Falsely-Stating-Pentavalent-Vaccine-Safe-After-Discontinued-In-Some-Countries-Due-To-Deaths-Children.shtml
[639] https://ijme.in/articles/deaths-following-pentavalent-vaccine-and-the-revised-aefi-classification/?galley=html
[640] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039921/

on a study sponsored and supported by the Paul-Ehrlich-Institute (PEI) and the Federal Ministry of Health (Germany) which showed that there was "**reasonable evidence in epidemiological studies that Sudden Unexpected Deaths [SUD] can occur as AEFI following use of pentavalent vaccine…".**[641]

"Only reactions that have previously been acknowledged in epidemiological studies to be caused by the vaccine are classified as a vaccine-product–related-reaction. Deaths observed during post-marketing surveillance are not considered as 'consistent with causal association with vaccine', if there was no statistically significant increase in deaths recorded during the small Phase 3 trials that preceded it. After licensure, deaths and all new serious adverse reactions are labelled as 'coincidental deaths/events' or 'unclassifiable', and the association with vaccine is not acknowledged. The resulting paradox is evident."

Dr Puliyel ended by saying "Safety of children (child safety) rather than safety for vaccines (vaccine safety) needs to be the focus."

It is also well-documented that the combined DTP-Hepatitis-HIB vaccine causes more local reactions and is less effective than when they were administered separately.[642]

Reports of babies dying have been piling up since the introduction of this vaccine.[643] [644] [645] However, there seems to be much indifference and reluctance to acknowledge Pentavalent caused infant mortality as doing so would lead to questioning "vaccine safety".

India was conducting a pilot project to evaluate the safety of Pentavalent in 2013, when the vaccine was introduced in the Maldives.

Why would the Maldivian health authorities introduce a vaccine for infants which did not have a clear history of safety? And at a time when India was reviewing its safety profile given the numerous deaths of children that occurred in other countries?

Maldives does not have a reliable pharmacovigilance system and infant deaths go unacknowledged.

In October 2020, one case of death following Pentavalent vaccine was brought to our attention, which was that of a 2-month-old Maldivian baby who died shortly after receiving Pentavalent and OPV vaccine. The parents were informed that the vaccine is very safe and that a serious effect of the vaccine would be "unlikely and a rare occurrence"!

Those who mandated this vaccine on the child were blissfully unaware and the media unconcerned.

The silence was deafening.

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[641] Ibid

[642] https://www.ncbi.nlm.nih.gov/pubmed/19588375

[643] https://thevaccinereaction.org/2020/03/infant-boy-in-india-dies-after-getting-pentavalent-vaccine/

[644] https://thevaccinereaction.org/2018/03/two-infants-in-india-die-following-pentavalent-vaccination/

[645] https://www.newindianexpress.com/states/odisha/2020/mar/06/toddler-dies-vaccine-overdose-alleged-2113021.html

The Alliance for Human Research Protection condemned the WHO in a July 2019 article "The WHO-AEFI Vaccine Adverse Events Classification: An Apartheid Tool?"

AHRP writes[646]:

"The promotion for the utilization of vaccines and the inadequate surveillance systems in poor, Third World countries are largely controlled by the Bill and Melinda Gates Foundation through the mantle of the World Health Organization (WHO) which administers public health programs in poor and middle-income countries. Vaccine safety is the domain of the WHO Global Advisory Committee on Vaccine Safety (GACVS), established in 1999.

The WHO-GACVS developed a two-tiered classification system for assessing and reporting adverse events following immunization (AEFI). The AEFI classification system used in Third World countries disqualifies deaths following vaccination as having any causal association with vaccines. The dubious rationale given by the WHO: if there was no statistically significant increase in deaths recorded during Phase 3 vaccine trials, death is not associated with vaccination. Those phase 3 trials are too small and too short to detect rare lethal adverse effects.

After a vaccine is licensed, all deaths and serious adverse reactions that had not been detected in Phase 3 trials are labelled as 'coincidental deaths /events' or 'unclassifiable'. The association of death with vaccination is discounted.

WHO-AEFI classification is used only in Third World countries, those that rely on the WHO sponsored public health programs. One of the vaccines aggressively promoted in the world's poorest countries by the WHO in collaboration with GAVI the Vaccine Alliance, which is bankrolled by the Gates Foundation, is the pentavalent vaccine — a combination of 5 viruses; diphtheria, pertussis, tetanus, H influenza b and Hepatitis B. This vaccine is a major investment for the WHO and GAVI."

[646] https://www.gavi.org/sites/default/files/document/2019/2016-2020%20GAVI%20Alliance%20Investment%20Opportunity.pdf

13. HUMAN PAPILLOMA VIRUS (HPV)

Human Papilloma Virus (HPV) infection is extremely common over a lifetime and 98% of infection resolves spontaneously. Merck's HPV vaccine, Gardasil, is given as 3-doses to Maldivian children from 10 – 14 years. HPV vaccination was launched nationwide in the Maldives in March 2019.

Gardasil contains 225 mcg of aluminium (Amorphous Aluminium Hydroxyphosphate Sulphate), 9.56 mcg of sodium chloride, 0.78 mg of L-histidine, 50 mcg of polysorbate 80, 35 mcg of sodium borate, <7mcg yeast protein.

The most recent study on cervical cancer, "**Will HPV Vaccination Prevent Cervical Cancer?**"[647], Claire P Rees et al (2020), published in the Journal of the Royal Society of Medicine, states, "**We conducted a critical appraisal of published Phase 2 and 3 efficacy trials in relation to the prevention of cervical cancer in women. Our analysis shows the trials themselves generated significant uncertainties undermining claims of efficacy in these data.** There were 12 randomised control trials (RCTs) of Cervarix and Gardasil. The trial populations did not reflect vaccination target groups due to differences in age and restrictive trial inclusion criteria. The use of composite and distant surrogate outcomes makes it impossible to determine effects on clinically significant outcomes. **It is still uncertain whether human papillomavirus (HPV) vaccination prevents cervical cancer as trials were not designed to detect this outcome, which takes decades to develop.** Although there is evidence that vaccination prevents cervical intraepithelial neoplasia grade 1 (CIN1) this is not a clinically important outcome (since it requires no treatment). Trials used composite surrogate outcomes which included CIN1. High efficacy against CIN1+ (CIN1, 2, 3 and adenocarcinoma in situ (AIS)) does not necessarily mean high efficacy against CIN3+ (CIN3 and AIS), which occurs much less frequently. There are too few data to clearly conclude that HPV vaccine prevents CIN3+. CIN in general is likely to have been overdiagnosed in the trials because cervical cytology was conducted at intervals of 6-12 months rather than at the normal screening interval of 36 months. This means that the trials may have overestimated the efficacy of the vaccine as some of the lesions would have regressed spontaneously. Many trials diagnosed persistent infection on the basis of frequent testing at short intervals, i.e. less than six months. There is uncertainty as to whether detected infections would clear or persist and lead to cervical changes."

When Gardasil is given to girls with pre-existing HPV infection, **the potential risk for Gardasil to enhance precancerous changes is 44.6%** and to cause the observation of CIN 2/3 or worse cases from HPV types not contained in the vaccine, as per Merck's own submission.[648]

Is it not negligence when Gardasil vaccination is mandated without screening? **How does this increased risk of cervical cancer at 44.6% become a child's right? Is death or a disabling lifelong neurodegenerative disorder, at a pre-adolescent age, a child's right?** Does it justify prosecution of parents who reject this "right to injury/death"?

[647] https://pubmed.ncbi.nlm.nih.gov/31962050/
[648] http://www.fda.gov/ohrms/dockets/ac/06/briefi ng/2006-4222B3.pdf

Another recent study published in November 2020, "**The Expanding Cocktail of Harmful Ingredients in Human Papillomavirus Vaccines**"[649], by Brawer et al, documents the presence of undisclosed, highly toxic volatile organic chemicals called AEBSF (aminoethyl benzenesulfonyl fluoride) and PMSF (phenylmethylsulfonyl fluoride) in both Gardasil vaccines.

PMSF can act as a nerve agent to inactivate central nervous system functions. PMSF has been used as a nerve agent in biological warfare.[650]

The study documents the presence of these toxic chemicals in Gardasil vaccine and causing serious adverse effects that have already been reported following Gardasil vaccination. These adverse effects include cardiovascular events, motor neuron disorders, autoimmune disorders, cognitive and mood disorders, neurological disorders, gastrointestinal disorders, miscarriages, menstrual disorders, seizures, headaches, extreme fatigue, skin disorders, sleep disorders, paralysis, encephalitis and death.

In a 1985 publication (by the Center for Drugs and Biologics) FDA clearly expressed concern about the use and removal of PMSF and other protein derivatizing chemicals "which may lead to undesirable immune responses in recipients of the final product."[651]

The study reports numerous deleterious side effects of these chemicals. It also notes that everyone vaccinated with Gardasil does not become ill, partly because of cytochrome P450-2D6 (CYP2D6) gene which is responsible for the metabolism of many drugs and xenobiotics (chemical substances foreign to human and animal life). With 130 different versions of the gene, the functional enzyme status of different people can range from ultra-rapid to poor to absent. In addition, the antigenic portion of the vaccine itself, via cytokine induction, can suppress P450 enzyme activities against toxic chemicals.

Study conclusion states "**In conclusion, human papillomavirus vaccine-induced systemic illness is a genuinely novel disorder that likely encompasses dozens of biochemical and physiological disruptions orchestrated by the presence of multiple hidden toxic vaccine ingredients**."

The question that needs to be asked is, what justifies mandatory vaccination of pre-adolescents and teens for which there is ZERO risk from the disease but significant risk of injury & death from the vaccine? It is also a question of sanity, if a parent can be prosecuted for refusing to subject his/her child to this vaccine to prevent a theoretical risk of disease that may or may not develop in 20-40 years' time and which can be prevented with regular pap screening.

While Gardasil contains HPV 6, 11, 16 & 18, cervical cancer may be caused by persistent exposure to **15 out of the 150 extant HPVs**. Infection with high-risk HPVs will not usually lead to immediate precursor lesions as 90% infections resolve spontaneously within 2 years. A small percent of unresolved cases may progress to cancer over the subsequent 20-40 years.

Gardasil trials show a rate of **2.3% adverse effects**. Cumulatively, the list of serious adverse drug reactions (ADR) related to HPV vaccination in the US, UK, Australia, Netherlands, France and Ireland includes deaths, convulsions, syncope, paraesthesia, paralysis, Guillain-Barré syndrome,

[649] https://www.oatext.com/the-expanding-cocktail-of-harmful-ingredients-in-human-papillomavirus-vaccines.php
[650] https://www.rand.org/content/dam/rand/pubs/monograph_reports/MR1018z5/MR1018.5.ch5.pdf
[651] https://www.fda.gov/media/116570/download

transverse myelitis, facial palsy, chronic fatigue syndrome, anaphylaxis, autoimmune disorders, deep vein thrombosis, pulmonary embolisms, and pancreatitis.[652] [653] [654] [655] [656] [657]

According to Merck, these "new medical conditions" are the following.

Table IV. Number of girls and women aged 9–26 years who reported a condition potentially indicative of a systemic autoimmune disorder after enrolment in Gardasil clinical trials (82).

Condition	Gardasil ($n = 10,706$) n (%)	Aluminum (AAHS) [a]($n = 9412$) n (%)
Arthralgia/arthritis/arthropathy	120 (1.1)	98 (1.0)
Autoimmune thyroiditis	4 (0.0)	1 (0.0)
Coeliac disease	10 (0.1)	6 (0.1)
Insulin-dependent	2 (0.0)	4 (0.0)
Diabetes melitus insulin-dependent	2 (0.0)	2 (0.0)
Erythema nodosum	27 (0.3)	21 (0.2)
Hyperthyroidism	35 (0.3)	38 (0.4)
Hypothyroidism	7 (0.1)	10 (0.1)
Inflammatory bowel disease	2 (0.0)	4 (0.0)
Multiple sclerosis	2 (0.0)	5 (0.1)
Nephritis	2 (0.0)	0 (0.0)
Optic neuritis	4 (0.0)	3 (0.0)
Pigmentation disorder	13 (0.1)	15 (0.2)
Psoriasis	3 (0.0)	4 (0.0)
Raynaud's phenomenon	6 (0.1)	2 (0.0)
Rheumatoid arthritis	2 (0.0)	1 (0.0)
Scleroderma/morphea	1 (0.0)	0 (0.0)
Stevens–Johnson syndrome	1 (0.0)	3 (0.0)
Sytemic lupus erythematosus	3 (0.0)	1 (0.0)
Uveitis	3 (0.0)	1 (0.0)
Total	245 (2.3)	218 (2.3)

Adverse effects were labelled "new medical conditions" and some of these were not reported. This could mean that the 73.3% of adverse events recorded under "New Medical Conditions" in the FDA 11 September 2009 report was substantially under-reported.[658]

Under-representation of the vaccine's target age group, incomplete and short-term follow-up, definitional limitations, hormone usage, fortnight restrictions of vaccine report card documentation, and the decision not to report new medical conditions as adverse events which occurred post month seven from first vaccination, compromised safety studies' observation of ovarian health.[659]

[652] https://webarchive.nationalarchives.gov.uk/20120907200443/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_118753.pdf

[653] . Lawrence G, Gold MS, Hill R, Deeks S, Glasswell A, McIntyre PB. Annual report: Surveillance of adverse events following immunization in Australia, 2007. Commun Dis Intell. 2008;32(4)371 – 87.

[654] http://www.health.gov.au/internet/main/publishing.nsf/Content/cdi3304

[655] http://www.lareb.nl/documents/kwb_2010_2_cerva.pdf

[656] http://www.imb.ie/images/uploaded/documents/IMB_Gardasil_WebUpdate_09Feb2011.pdf

[657] http://www.afssaps.fr/Dossiers-thematiques/Vaccins/Vaccins-contre-les-infections-dues-a-certains-papillomavirus-humains-HPV/%28off set%29/2

[658] https://vaccineimpact.com/2016/did-merck-deceive-fda-about-gardasil-vaccine-research-omitting-data-concerning-ovarian-failure/

[659] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4528880/

Gardasil also contains aluminium and sodium borate; both have adverse effects on sperm production. European Chemicals Agency hazard labelling requires "DANGER" warning and states "may damage fertility or the unborn child".

Sodium borate is an ingredient commonly found in rat poison, pesticides, flame retardants, enamel glazes, and laundry detergent. It has mild antiseptic properties and can be used as a buffer. When given orally, sodium borate and boric acid **interfere with sperm production, damage the testes, and interfere with male fertility**. The minimum concentration of boron that can induce complete germinal layer aplasia of the testicles is 6-8 ppm (parts per million). The amount of borax in Gardasil is 25 mcg per dose. It is **banned as a food preservative** in the US and several other countries because it is known to be harmful to human health.[660] However, no studies have been conducted on the effects of injecting sodium borate.

In 2014, Professor Exley and his team performed several studies to evaluate the possible connection between aluminium and low sperm counts. Researchers found that **the higher the aluminium level, the lower the sperm count** and had concluded that this was "unequivocal evidence" that aluminium can lower sperm counts.[661]

Gardasil also contains polysorbate 80 which is also dangerous, as it can lead to primary ovarian failure in girls.

L-histidine, an essential amino acid, was first used in Gardasil vaccine (later in AstraZeneca covid vaccine). It's a vasodilator (widens blood vessels) but its role in vaccines is unclear.

Although Gardasil (Merck) and Cervarix (GSK) claim that the vaccine prevents cervical cancer, there exists no significant data showing that it can prevent cancer. The testing periods were too short to evaluate long-term benefits since invasive cervical cancer takes up to 20-40 years to develop from the time of acquisition of cancer.[662] [663] [664] [665]

While the vaccine is given to <u>all</u> children, Merck had included only the very healthy children in the Gardasil trials and had <u>excluded</u> individuals with:

92. Severe allergies
93. Prior genital infections
94. Over four lifetime sex partners
95. A history of immunological or nervous system disorders
96. Chronic illnesses, seizure disorders
97. Other medical conditions
98. Reactions to vaccine ingredients including aluminium, yeast, benzonase
99. A history of drug or alcohol abuse

[660] https://vaxxter.com/gardasil-and-male-infertility/
[661] https://vaxxter.com/gardasil-and-male-infertility/
[662] Harper DM, Williams KB. Prophylactic HPV vaccines: current knowledge of impact on gynecologicpremalignancies. Discov Med. 2010;10:7 – 17.
[663] Haug C. ! e risks and benefi ts of HPV vaccination. JAMA. 2009;302:795 – 6.
[664] Flogging gardasil. Nat Biotechnol. 2007;25:261.
[665] Markowitz LE, Dunne EF, Saraiya M, Lawson HW, Chesson H, Unger ER. Quadrivalent human papillomavirus vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2007;56:1 – 24.

In addition, investigators could exclude anyone simply based on: "Any condition which in the opinion of the investigator might interfere with the evaluation of the study objectives."

Regulatory authorities (such as the US Federal Drug Authority and European Medical Authority) had considered only half of the available studies and had not included some large study programmes when approving the HPV vaccines.[666]

After an exhaustive evaluation of safety issues, a researcher into the safety of Gardasil vaccine reported "What I see here with Merck and the development of its Gardasil vaccine is a pattern of research, which failed to detect harm or to prove safety. Their studies could have deceived the public and doctors into thinking that their vaccine, Gardasil, has passed all safety standards during clinical trials, when in reality, we see that critical protocols were not done."[667]

Paper published in December 2020 in the British Medical Journal, highlighted that several pivotal trial publications of Gardasil "**incompletely reported important methodological details and inaccurately described the formulation that the control arm received**" and concluded that "**The stated rationale of using AAHS control – to characterise the safety of the HPV virus-like particles – lacks clinical relevance. A non-placebo control may have obscured an accurate assessment of safety and the participant consent process of some trials raises ethical concerns**".[668]

The "placebo" given to the control group included the adjuvant Amorphous Aluminium Hydroxyphosphate Sulfate (AAHS). Why did Merck try to mislead by not mentioning the inclusion of the adjuvant AAHS in the trial registry entries and in the consent forms of 3 trials (and stated the placebo as inert)?

Dr Sin Hang Lee (pathologist & Director at Milford Molecular Laboratory, US) found free viral DNA contamination in Gardasil vaccine. According to him, free viral DNA combined with aluminium does not get decomposed, and the consequence is unknown. Viral DNA tightly bound to aluminium adjuvant is taken up by the macrophages, which then transports it to the brain. No toxicity study has ever been conducted on this, nor was there a mention that viral DNA travelling through the body is a long-acting stimulator causing autoimmune disorders.

While the original paper said that there was no live viral DNA, when Dr Lee approached FDA, they accepted in 2011 that they knew it had HPV DNA.

Dr Sin Lee, someone who has spent 40-50 years reading pap smears, believes that the vaccine should not be used since there is no cervical cancer epidemic and that with proper gynaecological Pap smear screening no one should die. In places without adequate level of access to medical personnel, good nutrition, non-smoking and spaced-out birthing can be considered.

[666] https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-018-0675-z
[667] https://vaccineimpact.com/2016/did-merck-deceive-fda-about-gardasil-vaccine-research-omitting-data-concerning-ovarian-failure/
[668] https://pubmed.ncbi.nlm.nih.gov/32184277/

It also needs to be noted that the HPV vaccine does not make Pap screening obsolete since the HPV vaccine only guards against 2 out of 15 oncogenic HPV strains. If women stopped going for Pap smears, the incident rate of cervical cancer would increase.[669] [670]

Given the high risks associated with HPV vaccines and the uncertainty of its long-term benefits, other risk factors (such as smoking, oral contraceptives, chronic inflammation) need to be addressed together with regular Pap screening to reduce the disease burden.[671]

Previously it was recommended to have 3 HPV vaccine shots, but now later research shows that even a single dose may work just as well![672]

According to World Health Organization, minimal antibody threshold level, that would correlate with protection against CIN 2 or 3, against persistent infection is not known and the age extension for pre-adolescent and adolescent girls and boys for all 3 vaccines was granted because studies demonstrated that antibody responses in adolescent girls were not inferior to those elicited in women.[673] While the antibody response was considered, what applicable data was available with regard to safety?

In the US, one of the attorneys (Maglio Christopher & Toale, P.A.) has successfully represented, in the Vaccine Court, clients who developed Dermatomyositis, Neuromyelitis Optica (NMO), Multiple Sclerosis, headaches, visual changes, Juvenile Rheumatoid Arthritis (JRA), Connective Tissue Disease, Acute Disseminated Encephalomyelitis (ADEM), Transverse Myelitis, Sequential Peripheral Demyelinating Polyneuropathy and Guillain-Barré Syndrome (GBS) following the HPV vaccine. [674]

A systemic review with meta-analyses of trial data from clinical study reports of benefits and harms of the HPV vaccines showed that "At 4 years follow-up, the HPV vaccines decreased HPV-related cancer precursors and treatment procedures but increased serious nervous system disorders (exploratory analysis) and general harms. As the included trials were primarily designed to assess benefits and were not adequately designed to assess harms, the extent to which the HPV vaccines' benefits outweigh their harms is unclear. Limited access to clinical study reports and trial data with case report forms prevented a thorough assessment."[675]

The Gardasil controversy: as reports of adverse effects increase, cervical cancer rates rise in HPV-vaccinated age groups[676]

The Gardasil vaccines continue to be vaunted as life-saving, but there is no evidence that HPV vaccination is reducing the incidence of cervical cancer, and reports of adverse effects now total more than 85,000 worldwide. Nearly 500 deaths are suspected of being linked to quadrivalent Gardasil or Gardasil 9.

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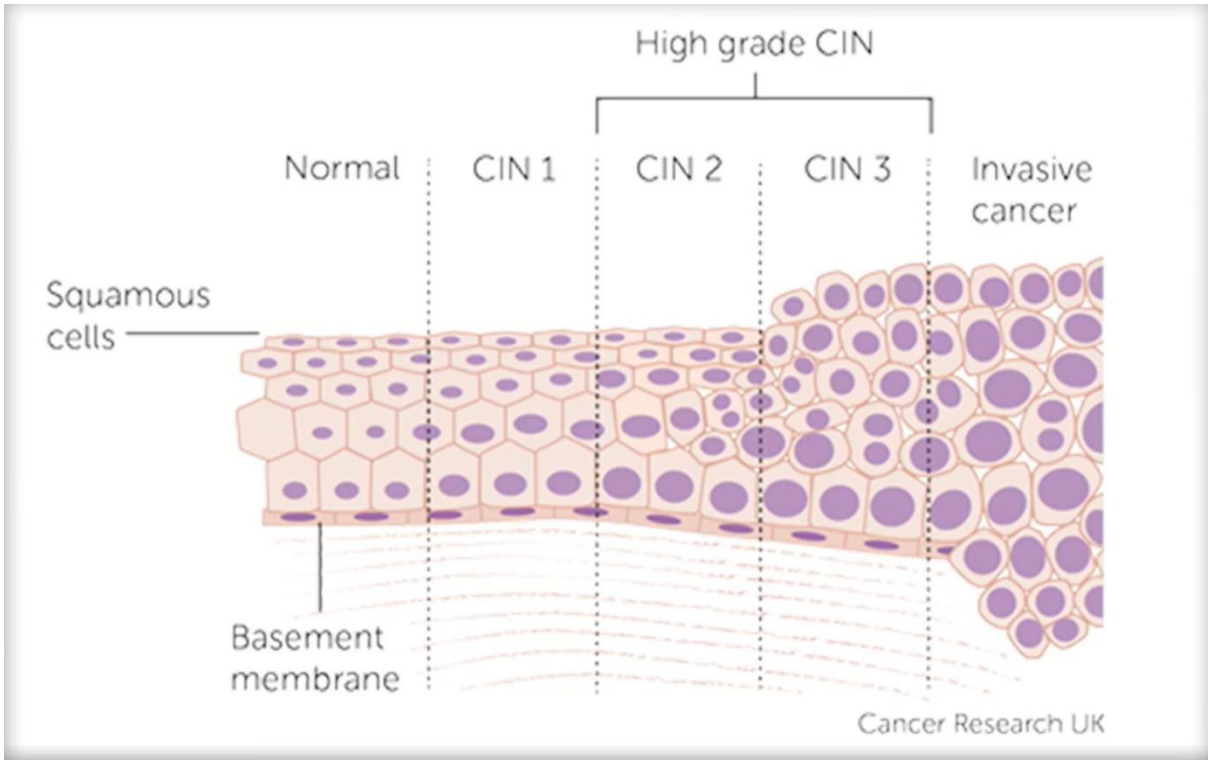
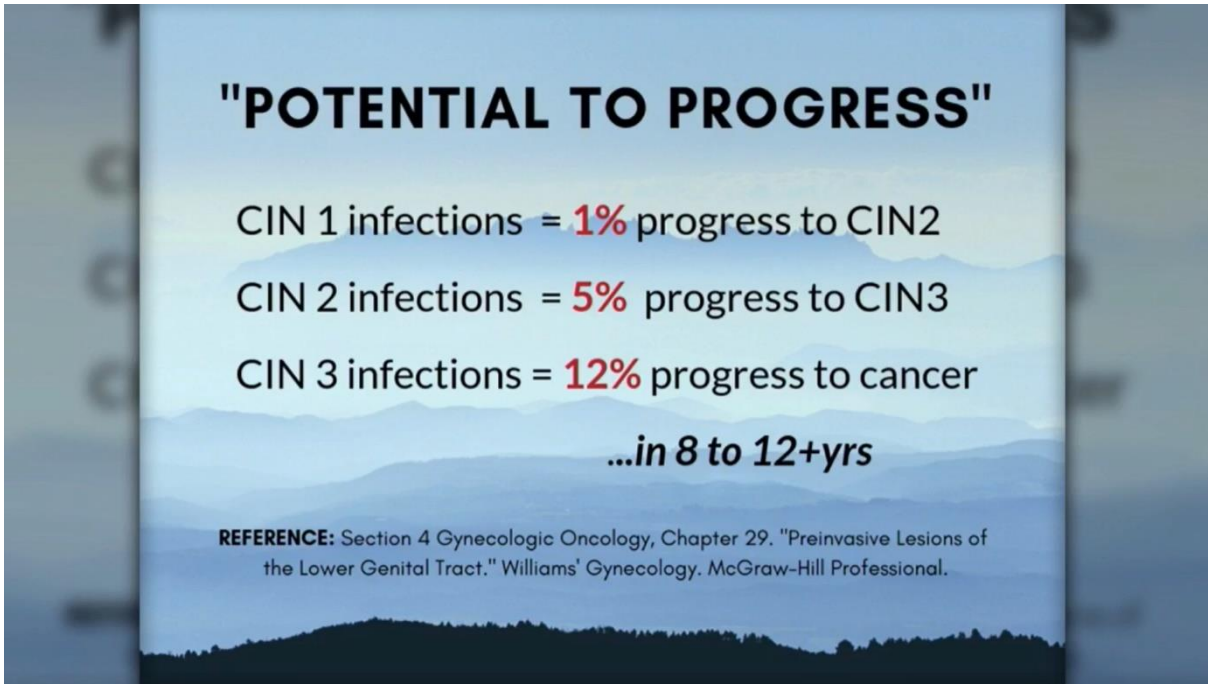
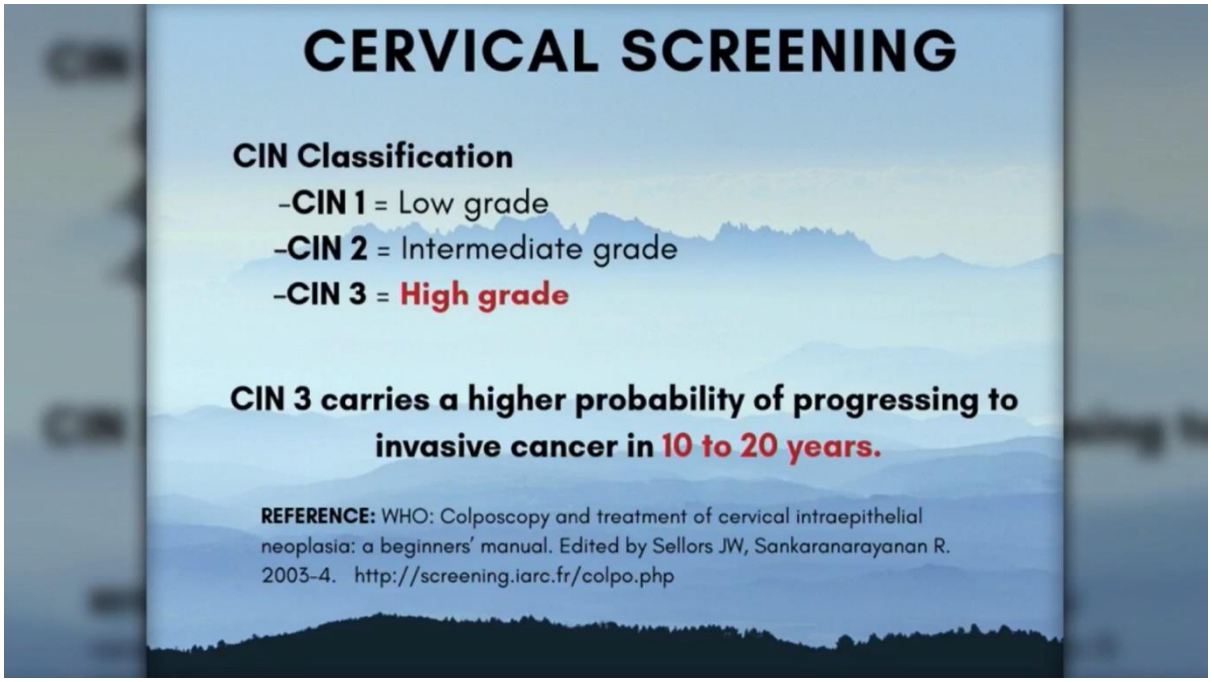
669 http://www.medscape.com/viewarticle/707634
670 Harper DM, Nieminen P, Paavonen J, Lehtinen M. Cervical cancer incidence can increase despite HPV vaccination. Lancet Infect Dis.2010;10:594 – 5; author reply 595.
671 Castle PE. Beyond human papillomavirus: the cervix, exogenous secondary factors, and the development of cervical precancer and cancer. J Low Genit Tract Dis. 2004;8:224 – 30.
672 https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.28626
673 https://apps.who.int/iris/bitstream/handle/10665/255353/WER9219.pdf
674 https://www.mctlaw.com/vaccine-injury/vaccinations/hpv-vaccine/
675 https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-019-0983-y
676 https://changingtimes.media/2018/09/13/the-gardasil-controversy-as-reports-of-adverse-effects-increase-cervical-cancer-rates-rise-in-hpv-vaccinated-age-groups/


High grade CIN
Normal
CIN 1
CIN 2
CIN 3
Invasive cancer
Squamous cells
Basement membrane
Cancer Research UK


"POTENTIAL TO PROGRESS"
CIN 1 infections = 1% progress to CIN2
CIN 2 infections = 5% progress to CIN3
CIN 3 infections = 12% progress to cancer
...in 8 to 12+yrs
REFERENCE: Section 4 Gynecologic Oncology, Chapter 29. "Preinvasive Lesions of the Lower Genital Tract." Williams' Gynecology. McGraw-Hill Professional.



"Sodium tetraborate
Disodium tetraborate, anhydrous
Boric acid, disodium salt
Sodium biborate
Sodium pyroborate
Boron sodium oxide
Fused borax"

SODIUM BORATE

CASRN: 1330-43-4

The substance is irritating to the eyes, skin and respiratory tract.
The substance may cause effects on the central nervous system and kidneys.
This may result in impaired functions.

The substance is harmful to aquatic organisms

CLASSIFICATION & LABELLING

According to UN GHS Criteria

DANGER

Causes serious eye irritation
May cause respiratory irritation
May damage fertility or the unborn child

Transportation
UN Classification

Effects of long-term or repeated exposure
Repeated or prolonged contact with skin may cause dermatitis.
The substance may have effects on the upper respiratory tract and testes.
Animal tests show that this substance possibly causes toxicity to human reproduction or development.

http://www.inchem.org/documents/icsc/icsc/eics1229.htm

LISTED IN THE HAZARDOUS SUBSTANCE DATA BANK

INGREDIENT IN THE GARDASIL HPV VACCINE

PESTICIDE

Used as tablets or powder to kill larvae in livestock confinements and crawling insects in residences; [EPA Pesticides]
Used as a fluxing agent, a buffering agent, a biocide (preservative, antiseptic, insecticide, fungicide, herbicide, algicide, nematocide), a fireproofing agent, a corrosion inhibitor, a tanning agent, and a textile bleaching agent; Used to manufacture glazes, enamels, borosilicate glass, fertilizers, detergents, antifreeze, pharmaceuticals, and cosmetics; [HSDB]

https://hazmap.nlm.nih.gov/category-details?table=copytblagents&id=308

13.1. HPV vaccination and Maldives

In the foreword to "National Cervical Cancer Screening Program in Maldives", Dr Sheeza Ali writes that "the infection is a self-limiting disease, a small percent of infections, by some virus types, leads to cervical cancer….There is limited data related to cervical cancer in Maldives. Typically we possess only a partial picture of risk factors and overestimate both the incidence of cervical cancer and the efficacy of screening… Screening can detect cancer at an early stage and timely initiation of appropriate treatment has a high potential for complete cure…"

Executive Summary of the report reads, "**There is no national data regarding the incidence rate of cervical cancer and the mortality from the disease… Cervical cancer can be prevented through organized screening program.**"

Number of girls between 10-14 years who may be considered for HPV vaccination is approximately 10,000.

If, as reported by Merck, systemic autoimmune disorder rate is 2.3%, then vaccinating the eligible group would result in **2,300 autoimmune disorders**. This is excluding post-licensure reports of paralysis and death numbers. The number could also be higher in the general population as certain at-risk groups were excluded from the clinical trials.

Considering:

(a) the absence of data on cervical cancer prevalence in the Maldives

(b) lack of data on HPV genotypes prevalent in the Maldives

(c) absence of risk-benefit analysis

…. mandating this vaccine - with a questionable safety record and with known high risk of autoimmune disorders - for children (for whom there exists zero risk of infection) is asinine.

> HPV vaccination is not reducing cervical cancer rates. To the contrary, research shows that it is making matters worse. In several countries, cervical cancer rates have increased since HPV vaccination was introduced. The biggest increase is among young women aged 18 to 26, the age group in which there is the highest vaccination rate.
>
> *Dr Gérard Delépine, Orthopaedic surgeon, oncologist & statistician*

13.2. HPV vaccination to ovarian failure

Study "Human papilloma virus vaccine and primary ovarian failure: another facet of the autoimmune/inflammatory syndrome induced by adjuvants", Serena Colafrancesco et al (2013). Conclusion: We documented here the evidence of the potential of the HPV vaccine to trigger a life disabling autoimmune condition. The increasing number of similar reports of post HPV vaccine-linked autoimmunity and the uncertainty of long-term clinical benefits of HPV vaccination are a matter of public health that warrants further rigorous inquiry."[677]

Paediatricians warn about HPV vaccine : American College of Pediatricians (ACP) warned that (1) long-term ovarian function was not assessed in either the original rare safety studies, or in the human vaccine trials (2) Most primary care physicians are probably unaware of a possible association between HPV4 (Gardasil) and Primary Ovarian Failure (POF) and may not consider reporting POF cases or prolonged amenorrhea (missing menstrual periods) to the Vaccine Adverse Event Reporting System. (3) Potential mechanisms of action have been postulated based on autoimmune associations with the aluminium adjuvant used and previously documented ovarian toxicity in rats from another component, polysorbate 80. (4) Since licensure of Gardasil in 2006, there have been about 213 VAERS reports involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil.[678] There were NO cases of POF or premature menopause reported prior to 2006.

ACP also reported that since the placebo in the Gardasil trial contained polysorbate 80 and aluminium, an increase in amenorrhea would not have been detected. Furthermore, a large number of girls (up to 82%) in the original trials were taking hormonal contraceptives (as required by Merck) for 7 months which can mask ovarian dysfunction and ovarian failure. Thus, a causal relationship between Gardasil and ovarian dysfunction cannot be ruled out at this time.

Australian researchers put together a case study of three young women who experienced premature ovarian insufficiency after receiving HPV vaccine. This study also reports on the lack of safety testing by Merck.[679] Merck did not examine the rat ovaries, nor were 3 doses were given (contrary to what is being given to children) and Merck did not look at long-term fertility.

Study by Serena et al (2013) **"Human Papilloma Virus Vaccine and Primary Ovarian Failure: Another Facet of the autoimmune/inflammatory Syndrome Induced by Adjuvants"** finds that young women developed primary ovary failure following the HPV vaccine. Specific auto-antibodies were found, showing that the young women's bodies were attacking their ovaries and thyroid. [680]

[677] https://pubmed.ncbi.nlm.nih.gov/23902317/
[678] http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine
[679] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4528880/
[680] https://pubmed.ncbi.nlm.nih.gov/23902317/

13.3. Polycystic Ovary Syndrome (PCOS)

Polycystic Ovary Syndrome (PCOS), an endocrine disorder, is when a woman's body develops too much androgen (a male hormone), leading to ovulation and menstruation problems. PCOS often causes cysts to develop around the eggs in the ovaries and is one of the leading causes of female infertility.

PCOS leads to a variety of serious complications such as miscarriage, premature birth, infertility, endometrial cancer, depression, anxiety, pre-diabetes, Type 2 diabetes, sleep apnea, eating disorders, steatohepatitis (fat accumulation in the liver causing inflammation), and metabolic syndrome.

PCOS is a serious chronic health condition that is becoming more prevalent in many countries and which some scientists suspect may also be an autoimmune disease.[681] Endocrine-disrupting chemicals can interfere with normal hormone production and metabolism and have been associated with PCOS and other chronic diseases, including thyroid disorders, obesity, diabetes, endometriosis, infertility and cancer. There is also a higher prevalence of autoimmune and other inflammatory disorders in women diagnosed with endometriosis, including hypothyroidism, fibromyalgia, lupus, rheumatoid arthritis, multiple sclerosis, allergies, and asthma.[682]

Patients and doctors have reported cases of polycystic ovary syndrome after getting vaccines.

In addition to HPV [683] [684], other vaccines linked to PCOS include DTaP, Hepatitis A, Influenza, Varicella and Meningococcal. Most vaccines contain neurotoxin aluminium which is added to stimulate a strong immune response. Aluminium is also known to disrupt the endocrine system, which secretes the hormones that regulate metabolism.[685]

The epidemic of PCOS appears to be growing in the U.S. According to U.S. Office on Women's Health it is estimated that 1 in 10 women between the ages 15 and 44 in the U.S. have PCOS.[686] It is estimated that 8-20% of women of reproductive age in the world are affected by PCOS.[687]

Prof. Peter Gøtzsche @PGtzsche1 · 26m

HPV vaccines increased serious nervous system disorders, risk ratio 1.49 (1.02 to 2.16, P = 0.04), even though active comparators were used in the control groups bit.ly/2L8uiSX EMA mishandled its investigation into suspected serious neurological harms of HPV vaccines [688]

[681] https://www.hindawi.com/journals/scientifica/2016/4071735/
[682] http://www.medscape.com/viewarticle/442245
[683] https://thevaccinereaction.org/2017/07/the-epidemic-of-diseased-ovaries/
[684] https://childrenshealthdefense.org/video/video-playlist/rfk-jr-video-and-facts-about-gardasil
[685] https://healthimpactnews.com/2016/study-aluminum-exposure-during-puberty-disrupts-hormonal-development/
[686] https://www.womenshealth.gov/a-z-topics/polycystic-ovary-syndrome
[687] https://www.nichd.nih.gov/health/topics/PCOS/conditioninfo/Pages/risk.aspx
[688] https://ebm.bmj.com/content/ebmed/early/2021/01/28/bmjebm-2020-111470.full.pdf

13.4. Japan and HPV vaccine scandal

Japan had introduced Gardasil and Cervarix for 6 weeks and discovered the adverse reactions being report were 60% higher for Gardasil and 52% higher for Cervarix than the reported reactions for flu shot. Japan decided to discontinue the vaccine and conduct a public hearing on HPV Vaccine Safety in February 2014. Shortly before the hearing, multiple individuals from Global Advisory Committee on Vaccine Safety (GACVS), the World Health Organization, CDC and other scientific/health professions colluded to mislead Japanese authorities.

Following this, Dr Sin Hang Lee (MD, Director, Milford Molecular Diagnostics Laboratory) submitted an official open-letter complaint to the Director General of WHO, Dr Margaret Chan, alleging gross misconduct, malfeasance and what potentially amounts to criminal behaviour to mislead the global public regarding the safety of HPV vaccines Gardasil and Cervarix and also regarding safety issues with the aluminium adjuvant contained within the HPV vaccine.

Dr Lee's letter detailed communications between health officials from the US, Canada, Japan and the WHO, which demonstrate that these officials knew that HPV vaccines cause an inflammatory reaction greater than other vaccines yet reassured the public in official hearings and statements that the vaccines were safe.

"The chain of emails shows what appears to be a trail of attempts to conceal the truth, cover up the dangers, and generally mislead the public about what is and is not known about HPV vaccines and the dangers inherent to them" reports Leslie Manookian, spokesperson, Weston A. Price Foundation (WAPF).

"The open letter, alleging what amounts to crimes against humanity if they are proven true, is a wake-up call to officials around the world. An immediate investigation must commence, and all HPV vaccines must be withdrawn from the market immediately," says Sally Fallon Morell, WAPF president.

Open letter and documents obtained under Freedom of Information Act are at this link.[689]

However, WHO ignored Dr Lee's warnings and the following year published its "position paper"[690], stating **"Data from all sources continue to be reassuring regarding the safety profile of all 3 vaccines… All 3 licensed HPV vaccines – bivalent, quadrivalent and nonavalent – have excellent safety, efficacy and effectiveness profile."** This position paper of 2017 stands even today despite numerous studies being published on the dangers and toxicity of injected aluminium.

Regrettably, Health Protection Agency only considers this fraudulent "Position Paper" in its determinations and refuses to look at all other data and science related to this vaccine.

[689] https://sanevax.org/wp-content/uploads/2016/01/Allegations-of-Scientific-Misconduct-by-GACVS.pdf
[690] https://apps.who.int/iris/bitstream/handle/10665/255353/WER9219.pdf

13.5. India and HPV vaccine scandal

In January 2013, Indian activists filed a case at the Supreme Court when it emerged that PATH and Indian Council for Medical Research (ICMR) had conducted an illegal clinical trial in 2009 that killed seven tribal girls and sickened almost every girl that it was administered to against informed consent norms and local laws.[691] An Indian Parliamentary panel found ICMR guilty of lending its platform to PATH, in an "improper and unlawful manner." The project was funded by Bill & Melinda Gates Foundation. The Parliament report stated that it had been clear that PATH's main object was to generate evidence to introduce HPV vaccine Gardasil into the Indian government-funded immunization programme. The trial left 1200 girls with chronic health problems.[692] [693] [694]

13.6. HPV vaccine & other adverse effects

One of the major studies that has addressed the reason for the significantly high HPV-related adverse effects was published in Pathobiology, "**Human Papillomavirus Epitope Mimicry and Autoimmunity: The Molecular Truth of Peptide Sharing**", by Kanduc & Shoenfeld (2019)[695]. The authors reported that human proteins and HPV antigens (HPV L1 epitopes) overlap. Pathologically, the data highlight a cross-reactive potential for a spectrum of autoimmune diseases that includes ovarian failure, systemic lupus erythematosus (SLE)[696] [697], breast cancer and sudden death, among others.

"Comparison of HPV prevalence between HPV-vaccinated and non-vaccinated young adult women (20-26 years)"[698], Fangjian Guo et al (2015), study reported that vaccinated women still had vaccine type HPV strains (although lower prevalence to those unvaccinated) and they also had a higher prevalence of high-risk nonvaccine types.

As of 14 March 2019, Vaccine Adverse Effect Reporting System (VAERS) has 61,552 adverse events relating to HPV vaccine which includes 480 deaths and 9070 cases classified as serious.

> I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine … has absolutely no effect on cervical cancer and that the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.
>
> *Dr Bernard Dalbergue – Former MERCK Physician*

[691] https://sanevax.org/india-supreme-court-hpv-vaccine-controversy-continues/
[692] http://www.dailymail.co.uk/indiahome/indianews/article-2407569/Indian-Council-Medical-Research-endorsed-illegal-US-vaccine.html#ixzz2debpyUSM
[693] http://164.100.47.5/newcommittee/reports/EnglishCommittees/Committee%20on%20Health%20and%20Family%20Welfare/72.pdf
[694] http://weeklyblitz.net/2013/04/the-writ-petition/
[695] https://www.karger.com/Article/Abstract/502889
[696] https://pubmed.ncbi.nlm.nih.gov/23624585/
[697] https://pubmed.ncbi.nlm.nih.gov/27212601/
[698] https://pubmed.ncbi.nlm.nih.gov/26376014/

Numerous Complex Regional Pain Syndrome (CRPS) and Postural orthostatic Tachycardia Syndrome (POTS) cases were identified in relation to HPV vaccination in various countries. These include[699]:

1. In 2013, 40 Japanese young women (aged 11 to 17 years). 18 were diagnosed with CRPS and 4 with POTS.

2. In 2015, 53 Danish young women (aged 12 to 39 years) reported symptoms within 2 months after HPV vaccination. More than 50% were diagnosed as POTS.

3. In 2015, World Health Organization (WHO) Uppsala Monitoring Centre reported 94 young women with HPV vaccine-related reports for CRPS and 147 for POTS.

A number of POTS cases have been reported following HPV vaccination.[700] [701] [702] [703] [704] [705] [706] Symptoms characteristic of POTS include syncope, dizziness, headaches, nausea, fatigue and palpitations. POTS is difficult to diagnose and its relation to HPV vaccination is discussed in these studies.[707] [708]

In Australia, nearly 50% Adverse Effects From Immunizations (AEFI) reported in 2007 were related to HPV vaccine. 6% of the cases reported were serious. During 2008, at 32% the number one vaccine on the list of AEFIs was HPV vaccine. Due to a cessation of the HPV catch-up component of the HPV programme, 2009 witnessed a 50% decrease in AEFIs.[709]

In 2014, Dr. Lloyd Phillips conducted research to determine why so many young adolescent and teenage girls were rapidly coming down with more serious expressions of **Ehlers-Danlos Syndrome** (EDS), a connective tissue disorder inherited and associated with a series of identifiable gene mutations. His findings concluded that these otherwise healthy girls carried an EDS genetic marker which remained dormant until shortly after receiving the HPV vaccine or Gardasil.[710]

Study: "Behavioural abnormalities in female mice following administration of aluminium adjuvants and the human papillomavirus (HPV) vaccine Gardasil" published in Immunologic Research Journal, 2017, Inbar et al. Study finds that "**It appears that Gardasil via its Al adjuvant and HPV antigens has the ability to trigger neuroinflammation and autoimmune reactions, further leading to behavioural changes.**"

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[699] http://ijme.in/articles/human-papillomavirus-vaccines-complex-regional-pain-syndrome-postural-orthostatic-tachycardia-syndrome-and-autonomic-dysfunction-a-review-of-the-regulatory-evidence-from-the-european-medi/?galley=html
[700] https://www.ncbi.nlm.nih.gov/pubmed/20402758
[701] https://www.ncbi.nlm.nih.gov/pubmed/24102827
[702] https://www.ncbi.nlm.nih.gov/pubmed/26425598
[703] https://www.ncbi.nlm.nih.gov/pubmed/25882168
[704] https://pubmed.ncbi.nlm.nih.gov/27553747/
[705] https://pubmed.ncbi.nlm.nih.gov/25872549/
[706] https://pubmed.ncbi.nlm.nih.gov/27503625/
[707] https://www.ncbi.nlm.nih.gov/pubmed/26846691
[708] https://www.ncbi.nlm.nih.gov/pubmed/21699023
[709] https://edisciplinas.usp.br/pluginfile.php/243382/mod_resource/content/1/Are%20they%20at%20odds.pdf
[710] http://www.gardasilsyndrome.com

Study: "A cross-sectional study of the relationship between reported human papillomavirus vaccine exposure and the incidence of reported asthma in the United States", Geier et al, 2019. Study finds that "**The results suggest that human papillomavirus vaccination resulted in an excess of 261,475 asthma cases**".

Study: **Lowered probability of pregnancy in US women who received HPV**[711]

Study: "Suspected Adverse Effects After Human Papillomavirus Vaccination: A Temporal Relationship Between Vaccine Administration and the Appearance of Symptoms in Japan", Kazuki Ozawa et al, 2017.[712]

Study: "**Serious adverse events after HPV vaccination: a critical review of randomized trials and post-marketing case series**". Martinez-Lavin et al, 2017. In this review, authors noted that in the trials, women injected with the bivalent HPV vaccine had more deaths on follow-up. Pre-clinical trials, post-marketing case series, and the global drug adverse reaction database (VigiBase) describe similar post-HPV immunization symptom clusters as those seen in the trial studies (which the trial studies judged as not vaccine-related). Two of the largest randomized HPV vaccine trials unveiled more severe adverse events in the tested HPV vaccine arm of the study. [713]

> The number of viral matches [between HPV16 primary sequence and human proteins] and their locations make the occurrence of side autoimmune cross-reactions in the human host following HPV16-based vaccination almost unavoidable."
>
> *Kanduc (2009)*[714]

Potential for HPV vaccination causing autoimmunity through molecular mimicry is shown from the vast peptide overlap between peptides of HPV and the human proteome. This issue is addressed in the studies, "Penta- and hexapeptide sharing between HPV16 and Homo sapiens proteomes", Kanduc (2009)[715], "Computer-assisted analysis of molecular mimicry between human papillomavirus 16 E7 oncoprotein and human protein sequences", Natale (2000)[716] and "Quantifying the possible cross-reactivity risk of an HPV16 vaccine", Kanduc (2009)[717].

There have been studies reporting no association between HPV vaccines and autoimmune adverse events. At the same time, studies have shown the significant limitations of many of these analyses.[718] [719]

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[711] https://www.tandfonline.com/doi/abs/10.1080/15287394.2018.1477640?journalCode=uteh20
[712] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5688202/
[713] https://pubmed.ncbi.nlm.nih.gov/28730271/
[714] https://pubmed.ncbi.nlm.nih.gov/19827272/
[715] https://academicjournals.org/journal/IJMMS/article-abstract/ABB634F447
[716] https://pubmed.ncbi.nlm.nih.gov/11114967/
[717] https://pubmed.ncbi.nlm.nih.gov/19827272/
[718] http://ijme.in/articles/human-papillomavirus-vaccines-complex-regional-pain-syndrome-postural-orthostatic-tachycardia-syndrome-and-autonomic-dysfunction-a-review-of-the-regulatory-evidence-from-the-european-medi/?galley=html
[719] https://pubmed.ncbi.nlm.nih.gov/27864851/

Dr Diane Harper, a lead researcher of Gardasil vaccine, paid speaker and consultant to Merck, publicly criticized the vaccine. She says data available for Gardasil shows that its effectiveness lasts five years; there is no data showing that it remains effective beyond five years. The risks of serious adverse events including death reported after Gardasil use (in the Jama article by CDC's Dr Barbara Slade) were 3.4/100,000 doses distributed. Serious adverse events are on par with the death rate of cervical cancer. Parents and women must know that deaths occurred (from the vaccine)[720].

Some of the adverse events reported by the manufacturers during pre-licensing clinical trials included:

Gardasil - injection site pain, swelling, redness and bruising, fever, headache, nausea, dizziness, syncope, sometimes in conjunction with seizure-like activity, anaphylaxis, diarrhoea, vomiting, cough, upper respiratory tract infection, nasal congestion, insomnia, malaise, oropharyngeal pain, nasopharyngitis, upper abdominal pain, gastroenteritis, appendicitis, pelvic inflammatory disease, urinary tract infection, pneumonia, pulmonary embolism, pyelonephritis, bronchospasm, and death.

Cervarix - injection site pain, redness, bruising and swelling, syncope, fatigue, headache, gastrointestinal symptoms, rash, fever, arthralgia, myalgia, urticaria, urinary tract infection, back pain, dysmenorrhea, nasopharyngitis, influenza, vaginal infection, pharyngitis, chlamydia infection, arthritis, rheumatoid arthritis, Celiac disease, diabetes mellitus, erythema nodosum, inflammatory bowel disease, hyperthyroidism, hypothyroidism, multiple sclerosis, transverse myelitis, systemic lupus erythematosus, thrombocytopenia, vasculitis, optic neuritis, vitiligo, and death.

Leading Israeli obstetrician-gynaecologist Uzi Beller, who is an authority on gynaecological cancers, reported in 2009 that two young women developed invasive cervical cancer shortly after receiving HPV vaccination in a clinical trial and he urged precaution about relying on using HPV vaccination to prevent cancer.[721]

Australian champion rower Sarah Tait, an Olympic medallist, died from cervical cancer in March 2016 at the age of 33, even though she was vaccinated with Gardasil.

Dr Nancy C. Lee, the then Associate Director for science at the CDC, testified before the US House Committee on Commerce's Sub-committee on health and environment on 16 March 1999 that cervical cancer is nearly 100 percent preventable through screening and treating precancerous lesions.

According to France's national public health agency, Santé publique France, in the period before HPV vaccination, there was a very significant decrease in the age-standardised incidence of invasive cervical cancer, with an average decrease of 2.5 percent between 1989 and 2000 and a slowing down of that decrease to one percent between 2000 and 2007.

[720] https://www.cbsnews.com/news/gardasil-researcher-speaks-out/
[721] https://changingtimes.media/2018/09/13/the-gardasil-controversy-as-reports-of-adverse-effects-increase-cervical-cancer-rates-rise-in-hpv-vaccinated-age-groups/

Since 2006, Dr Gerard Delépine says, the trend has reversed in young women, whereas, in the older age groups of women who did not receive HPV vaccination, the risk of cervical cancer is remaining stable or continuing to decrease.

Dr Delépine is calling for HPV vaccination recommendations to be halted while the increase in cancer incidence is investigated, and he is campaigning against a proposal to make HPV vaccination mandatory in France. Dr Delépine also hypothesises that HPV vaccines may be acting as a kind of "booster" that is speeding up the development of cervical cancer in some women. "It is the only logical conclusion. The increase in the rates of invasive cervical cancer in young women is being observed just five years after vaccination whereas it usually takes ten to twenty years for cervical cancer to become invasive after HPV infection occurs."

More information:

100. The Vaccination that Never Should have Been Approved[722]

101. 25 Reasons to Avoid the Gardasil Vaccine[723]

102. HPV vaccination kills 3 New Zealand girls and debilitates 100s of others[724]

103. Aluminium adjuvants plus Gardasil : uniquely damaging neuroinflammatory cocktail?[725]

104. Paradoxical oncological results of Gardasil, by Dr Nicole Delépine & Dr Gerard Delépine[726]
The Drs Delépine's presents evidence of increase in cervical cancer rates with the use of HPV vaccine.

105. R.E.G.R.E.T (support group of parents of Irish teenage girls who have developed serious health problems after Gardasil vaccination)[727]

106. Formal complaint with the European Medicines Agency (EMA) by Dr Peter Gotzsche, Director, Cochrane Nordic Center regarding EMA's Assessment Report about the safety of the HPV vaccines.[728]

[722] https://vactruth.com/2019/06/07/the-vaccination-that-never-should-have-been-approved/
[723] https://childrenshealthdefense.org/news/25-reasons-to-avoid-the-gardasil-vaccine/
[724] https://envirowatchrangitikei.wordpress.com/2017/03/15/hpv-vaccination-gardasil-kills-three-new-zealand-girls-and-debilitates-hundreds-of-others/
[725] https://vaccineimpact.com/2016/aluminum-adjuvants-plus-gardasil-vaccine-uniquely-damaging-neuroinflammatory-cocktail/
[726] http://orka.sejm.gov.pl/opinie8.nsf/nazwa/371_20190614_1/$file/371_20190614_1.pdf
[727] http://www.regret.ie/
[728] https://ebm.bmj.com/content/ebmed/early/2021/01/28/bmjebm-2020-111470.full.pdf

Paradoxical oncologic results of Gardasil in the real world. A cancer registers study.[729]

Dr G Delépine, surgeon oncologist and Dr N Delépine paediatric oncologist, Paris, France

Oral presentation by Dr G Delépine 24 th of may 2019 Chicago Illinois USA

Summary

Aim: the authors evaluate the results of HPV vaccination on the incidence of invasive cervical cancer in different countries, comparing published data in national cancer registries and those of HPV vaccine coverage.

Method. After collecting crude figures and standardized incidences from oncologic registers of Australia (Australian Institute of Health and Welfare), Great Britain (Cancer research UK), Sweden and Norway (Nordcan), they analyse the evolution and their tendencies before and after the era of vaccination in the different countries and different age groups, with a particular attention to 20-29 age groups(high vaccine coverage).

Results In all studied countries, these evolutions are similar. **During the 1989-2007 (pre-anti HPV vaccination period), the incidence of invasive cervical cancer declined in all countries, results linked with smear screening.**

Vaccination campaigns were initiated in 2007 (Australia) or 2008 (Great Britain), and we have now 7 to 9 years of follow up. **Since 2007, a trend reversal has been observed in all countries with high immunization coverage studied (Australia, Great Britain, Norway, Sweden).** Their official cancer registries reveal an increase in the incidence of invasive cervical cancer that appears 3 to 5 years after the beginning of the vaccination campaign and affects almost exclusively the age groups the most vaccinated.

In 20-24 group the increase reaches 100% in Sweden (1.86/100000 in 2007 vs 3.72 in 2015), 70% in Great Britain, (2,7 in 2007 vs 4,6 in 2014), 113% in Australia (0.7 vs 1.5), 10% in Norway (2.18 in 2007 vs 2.4 in 2015). In the 25-29 age groups, the increase reaches 100% in Great Britain (11 in 2007 vs 22 in 2016), 36% in Australia (5.9 in 2007 vs 8 in 2014), 9% in Norway (5.9 in 2007 vs 8 in 2015),10% in Sweden.

The crude figures are small, and, for this reason, the differences are individually not all statistically significant, but their convergence constitute a strong alarm signal, while unvaccinated (older women) have their risk of cervical cancer stabilized or continuing to decrease.

Comments. The contrast of the increasing rate of invasive cancer despite nearly eradication of HPV viruses after vaccination is paradoxical.

For vaccinated women, the evolution is dramatic. In France, a country with low vaccination coverage (<20%), the world standardized incidence rate of cervical cancer continues to decline in all age groups and is now lower (2017ASR 6/100000) than of more vaccinated countries

Conclusion. ***This unexpected paradoxical result, absolutely distressing for vaccinated women, requires additional studies to determine as quickly as possible the causes of such a health disaster and justifies an immediate review of vaccine recommendations***.

[729] http://docteur.nicoledelepine.fr/gardasil-a-risky-vaccine-paradoxical-cervix-cancer-increasing-rate-in-vaccinated-population/

The case of Colton Berret:

Colton was 13 years old when he got paralysed after receiving three Gardasil vaccinations. He was diagnosed with transverse myelitis, a rare clinical syndrome in which an immune-mediated process causes neural injury to the spinal cord.

Colton was a sports enthusiastic, loved baseball, riding motorcycles, indoor skydiving, skiing and especially motocross.

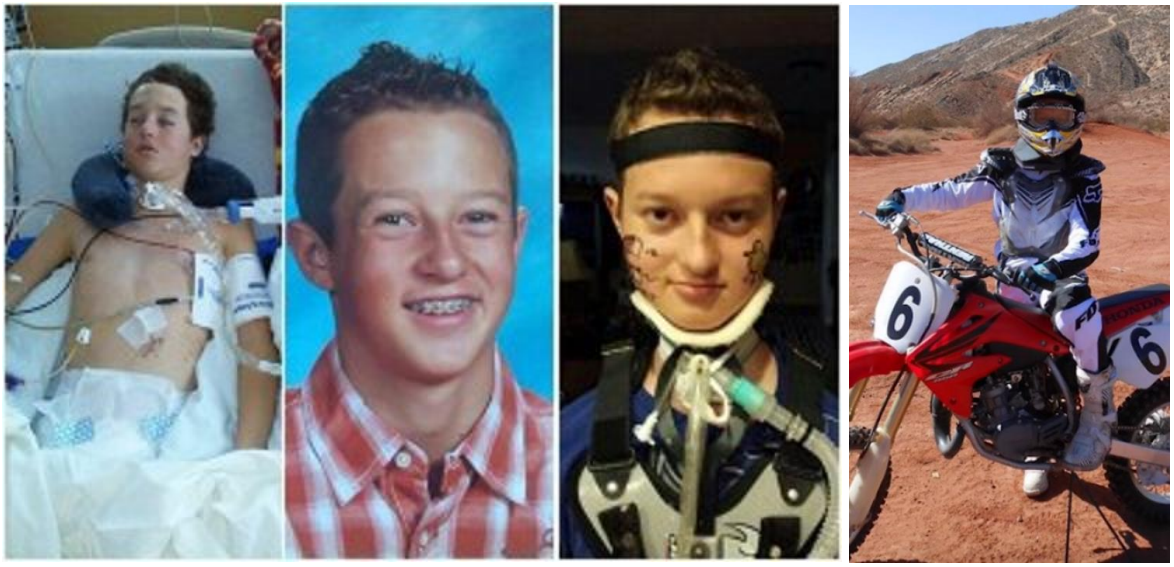
Two weeks after his third Gardasil vaccine, in February 2014, Colton started to get severe neck ache, felt nauseous and exhausted. When his parents took him to the hospital the next morning, his mother had to hold his head up, and he could no longer move his right arm.

Colton became paralysed from neck down and, at one stage, was only able to communicate with his eyebrows. He was in intensive care for more than 12 weeks.

He had to have a breathing apparatus with him at all times.

On 5 January 2018, at the age of 17, Colton took his own life.

Can this vaccine ever become a "child's right" to be forced onto children with the threat of prosecuting parents?



"As of May 2018, the World Health Organization's pharmacovigilance database, VigiBase, listed 499 deaths reported as being linked to HPV vaccination. More than 86,000 reports of adverse events relating to HPV vaccination."[730]

[730] https://changingtimes.media/2018/09/13/the-gardasil-controversy-as-reports-of-adverse-effects-increase-cervical-cancer-rates-rise-in-hpv-vaccinated-age-groups/

The case of Joel Gomez:

Joel Gomez was a 14-year-old active footballer with no pre-existing health issues. On 19 June 2013, Gomez received his first Gardasil dose and observed no reactions. On 19 August 2013, he got his second dose of Gardasil, went home and slept – never to wake up again.

Medical examiner's report after autopsy stated that it was myocarditis (an inflammation of the heart muscle) and by histology, the disease had been present for at least several days or weeks. Cause of death was listed "unknown".

However, Joel Gomez's parents' expert witness said that "the most plausible cause" of Joel's death was cardiac failure "brought about by a surge of myocardium-depressing cytokines…released from macrophages activated by the HPV L1 gene DNA fragments present in the vaccine product."

Expert Report in the Matter of Gomez v. United States Department of Health.[731]

Vaccine court awarded the family USD 200,000 in compensation in September 2016.

Can this vaccine ever become a "child's right" to be forced onto children with the threat of prosecuting parents?

The case of Mia Blesky:

Mia[732] had her first Gardasil injection as a healthy 12-year-old on 21 September 2016 and woke the next morning unable to walk. Within a few weeks Mia was paralyzed from the neck down. Although there are other similar cases (Ashleigh Cave[733], 2008), British doctors decider her paralysis was purely "psychological".

Her mother told the Daily Mail "They discharged her after a few days. They gave her no treatment. We had to buy her a wheelchair. I had to carry her to the car. It has been absolutely awful, but the doctors say it's psychological and down to bullying or sexuality issues, which is rubbish. The only thing they have offered to do is section her."

[731] https://sanevax.org/wp-content/uploads/2015/11/Gomez-v-USDOH-expert-report.pdf
[732] http://humansarefree.com/2018/10/12-year-old-girl-becomes-paralyzed.html
[733] https://www.telegraph.co.uk/news/health/news/3758983/Schoolgirl-12-paralysed-after-receiving-cervical-cancer-jab.html

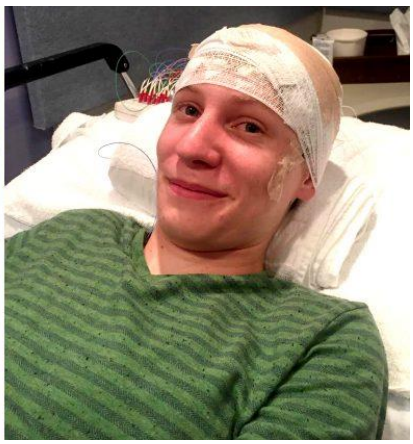
LAWSUITS AGAINST MERCK (Gardasil vaccine manufacturer)

There are several lawsuits against Merck for injuries caused to due to Gardasil. Some of these are:

The case of Michael Colbath[734]

Michael is described as a superlative athlete and scholar. A boy who, at five years of age, could backpack five miles with ease. Practised Tae Kwon Do, raised service dogs for the disabled and admitted to University of California San Diego as a data science major.

At the age of 14, his life changed following the first Gardasil vaccine. After his second Gardasil vaccine, he is now diagnosed with postural orthostatic tachycardia syndrome (POTS), idiopathic hypersomnia, myalgic encephalomyelitis / chronic fatigue syndrome, complex regional pain syndrome and gastroparesis.



The case of Sahara Walker[735]

Sahara received her first dose of Gardasil at 11 years of age. The next five years (now at 19 years) she is living with several disabilities. She is suing Merck for injuries of postural orthostatic tachycardia syndrome (POTS), neurocardiogenic syncope, orthostatic hypotension, small fiber neuropathy and autonomic neuropathy, serious health conditions that she developed 2 days after receiving the Gardasil vaccine.

The lawsuit alleges negligence, failure to warn, manufacturing defects, concealed information and falsely marketed the nature of the vaccine. Her attorneys also claim that there is data that suggests Merck presented the US FDA with false information regarding the link between HPV and cervical cancer, which was the reason why the US FDA fast tracked the vaccine. Furthermore, that "Merck to this day has never properly tested Gardasil to ensure it is safe".

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[734] https://childrenshealthdefense.org/defender/michael-colbath-sues-merck-gardasil-hpv-vaccine/?utm_source=twitter&utm_medium=defender

[735] https://www.baumhedlundlaw.com/blog/2020/november/young-woman-files-suit-over-alleged-gardasil-hpv/

The case of Kayla Carrillo[736]

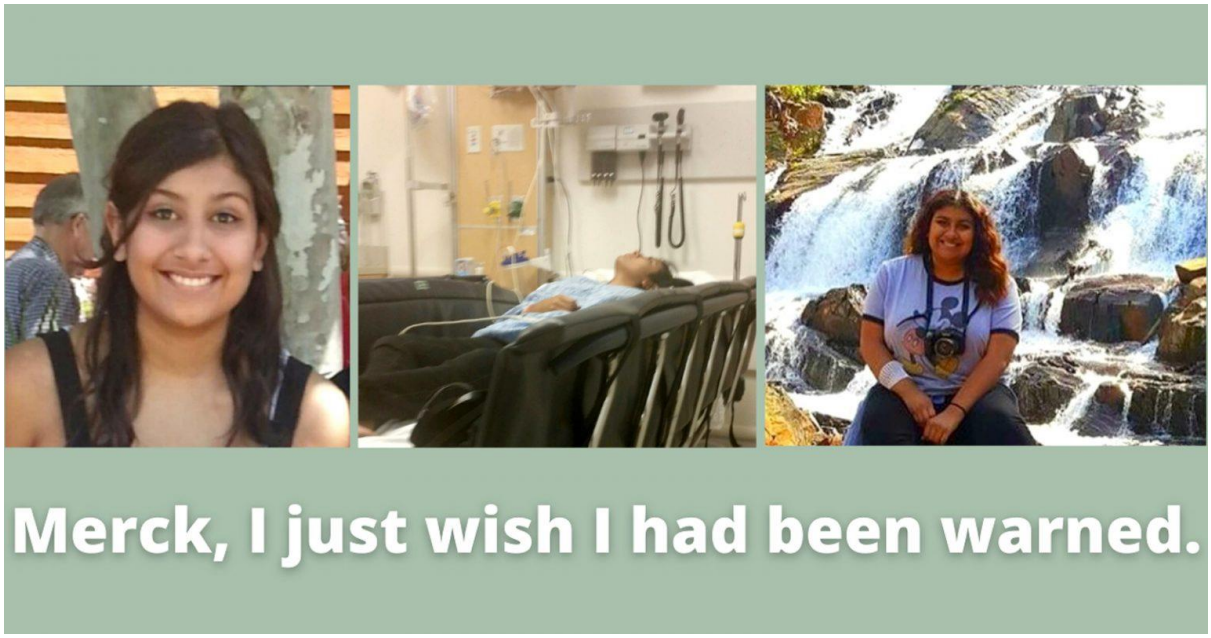
Kayla Carrillo was 12 when she received the Gardasil HPV vaccine. The day after the first Gardasil vaccine dose, Kayla had a seizure-like episode which included a staring spell, facial swelling, slurred speech and severe headache. She later developed severe migraine headaches, abdominal pain and a host of other debilitating health issues.

Five months after her first shot, Kayla experienced a seizure and was taken to the emergency room. Around that time, she was also experiencing irregular menstrual problems, including heavy bleeding at the beginning of each cycle.

Just two days after her second shot, Kayla collapsed during P.E. class and was rushed to the emergency department. Since the age of 15, Kayla has now undergone at least one surgery per year on her reproductive organs. Doctors say that she will not be able to get pregnant and will not be able to pursue in vitro fertilization (IVF).

"One of the hardest things for a mother to hear is your daughter will not be able to have children," says Marlena Carrillo. "Having to be the one to tell your daughter that she won't be able to get pregnant is a pain that is beyond words. People need to know that these risks are very real. They need to know exactly what they are getting into with Gardasil."

Kayla's clinical diagnoses include dysautonomia, postural orthostatic tachycardia syndrome (POTS), orthostatic intolerance (OI), small fiber neuropathy (SNF), neuropathy, mast cell activation syndrome (MCAS), seizure disorder and endometriosis, among many others.



[736] https://childrenshealthdefense.org/defender/new-lawsuit-gardasil-hpv-vaccine-infertility-seizures/

14. POLIO

Maldives experienced its first polio case in 1967. Trivalent Oral Polio Vaccine was introduced the same year. In 2015, Inactivated Polio Vaccine (injectable killed virus vaccine) was introduced and on 18 April 2016 tOPV (trivalent OPV) was switched to bOPV (bivalent OPV). Maldives mandates OPV for 2-, 4-, and 6-months infants and IPV for 6-month-old infants.

IPV induces a very low level of immunity in the intestine and so a person vaccinated with IPV can get infected, multiply it in the intestine and shed it. Thus, IPV does not prevent the spread of polio nor others from contracting it.[737] [738]

As per WHO, "Poliomyelitis is an acute communicable disease of humans caused by a human enterovirus. The virus is composed of a single-stranded, positive-sense RNA genome and a protein capsid. The 3 serotypes of poliovirus are antigenically distinct. Poliovirus is transmitted from one person to another by oral contact with secretions or faecal material from an infected person.

Most poliovirus infections cause asymptomatic viral replication that is limited to the alimentary tract. However, following an incubation period of approximately 7–10 days (range, 4–35 days), about 24% of those infected develop clinical signs such as fever, headache and sore throat (considered a minor illness).

Only in <1% of the poliovirus infections do "Paralytic poliomyelitis" occur when the virus enters the central nervous system and replicates in anterior horn cells (motor neurons) of the spinal cord."[739] 99% do not exhibit paralysis.

Where 99% cases either show zero symptoms or mild flu like symptoms, how does one know polio is gone?

"Approximately 72% of persons infected with polio will have no symptoms. About 25% of infected persons have minor symptoms, such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, and pain in the limbs, which often resolve completely. A smaller proportion (0.5%) of those will develop other more serious symptoms."[740]

Maternal antibodies can protect infants from infections and modify the severity of infectious diseases in infants. Natural infections produce more and longer-lasting antibodies. But if mothers themselves are less exposed to natural background polioviruses, then their offspring cannot benefit from maternal antibodies and the average age of primary infections increases.[741]

Oral polio vaccine contains kanamycin, neomycin sulphate, magnesium chloride and is cultured on monkey kidney cells.

Though only vaccine-associated paralysis in the vaccinee and in close contacts are stated as the only adverse effects stated in the vaccine insert of OPV given in the Maldives - transverse myelitis[742], Guillain-Barré Syndrome and death are accepted adverse effects of this vaccine.

[737] https://pubmed.ncbi.nlm.nih.gov/17429085/
[738] http://polioeradication.org/polio-today/polio-prevention/the-vaccines/ipv/
[739] https://www.who.int/biologicals/areas/vaccines/poliomyelitis/en/
[740] https://www.cdc.gov/polio/what-is-polio/index.htm
[741] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473032
[742] https://pubmed.ncbi.nlm.nih.gov/16630313/

Immunization Handbook for Health Care Professionals (by HPA) only states vaccine-associated paralytic poliomyelitis as the only adverse effect for OPV. Anaphylaxis and death are not mentioned.

Both kanamycin and neomycin sulphate are aminoglycosides (a powerful antibiotic) and their side effects can be severe. Kanamycin is a major drug interaction for neomycin, yet both are administered together. The US FDA has issued black-box warnings for aminoglycosides taken orally or intravenously noting the possible side effects:

a) Damage to hearing structures in the ear, resulting in hearing loss
b) Damage to the inner ear, resulting in trouble maintaining balance
c) Kidney damage
d) Paralysis of skeletal muscles

Serious side effects of neomycin (as per manufacturer Teva Pharmaceuticals)[743]:

a) Spinning sensation, nausea, feeling like you might pass out
b) Loss of balance or coordination, trouble walking
c) Numbness or tingly feeling under your skin
d) Muscle twitching, seizure (convulsions)
e) Urinating less than usual or not at all
f) Drowsiness, confusion, mood changes, increased thirst, loss of appetite, nausea
g) Swelling, weight gain, feeling short of breath
h) Weak or shallow breathing; or
i) Severe stomach cramps, diarrhoea that is water or bloody

How many of the above feelings can a 2-, 4- or 6-month baby be able to say?

Another concern is a phenomenon known as "polio provocation", the fact that injections in and of themselves can allow otherwise harmless polioviruses access to the central nervous system. Concern about polio provocation lay dormant for decades but resurfaced in the 1980s when large international aid agencies, such as Rotary International and WHO, expanded their immunisation programmes in low-income nations. In some areas of Africa, where polio was endemic, public health workers began to report cases of paralysis after immunisations against common childhood diseases. Since these observations were decades removed from earlier published findings, many health professionals supposed they were witnessing a new phenomenon… Published historical accounts drew some attention to the matter, but it was not until severe epidemics erupted in India during the 1990s that fresh clinical evidence became available. …For the first time, health professionals working in polio endemic regions had scientific evidence that paediatric injections could incite paralysis.[744] [745]

[743] https://www.drugs.com/mtm/neomycin.html
[744] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61251-4/fulltext
[745] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC110068/

14.1. Paralysis and its relationship with DDT & other chemicals

Some of the "added circumstances" that are known by polio scientists and well documented in medical literature to be highly correlated with paralytic forms of polio include tonsillectomy, intramuscular injections of any sort, vaccines, DDT, arsenic, misdiagnosed syphilis, coxsackie virus, other enteroviruses just to name a few.

DDT, a neurotoxic pesticide, was introduced in 1943. Over the next several years it was widely used in American households (e.g., wall paper impregnated with DDT). In 1943, a polio epidemic in the UK town of Broadstairs, Kent was linked to a local dairy where cows were washed down with DDT. In 1994, Albert Sabin (inventor of live-virus polio vaccine) reported that a major cause of sickness and death of American troops based in the Philippines was poliomyelitis. US military camps there were sprayed daily with DDT to kill mosquitoes. Neighbouring Philippine settlements were not affected. In 1994, NIH reports that DDT damages the same anterior horn cells that are damaged in infantile paralysis. In 1946, Gebhaedt shows polio seasonality correlates with fruit harvest.

In 1949, Endocrinologist Dr Morton Biskind found that DDT causes "lesions in the spinal cord similar to human polio" and **in 1951 Dr Ralph Scobey[746] and Dr Biskind testified in US Congress that the paralysis known as polio was being caused by industrial poisons such as DDT**. Dr Scobey had also reported that he found clear evidence of poisoning when analyzing chemical traces in the blood of polio victims.

1953: Dr. Biskind writes: 'It was known by 1945 that DDT was stored in the body fat of mammals and appears in their milk... yet far from admitting a causal relationship between DDT and polio that is so obvious, which in any other field of biology would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite this overwhelming evidence. Libel, slander, and economic boycott have not been overlooked in this campaign.'[747]

1954: Legislation recognizing the dangers of persistent pesticides is enacted, and a phase out of DDT in the US accelerated along with a shift of sales of DDT to third world countries.

Was WHO unaware of DDT causing paralysis ("polio") when it introduced it to the Maldives in 1966, followed quickly after by "polio" cases in 1967? Was Maldives a victim of the accelerated DDT sales to third world countries?

(Note that DDT is phased out at the same time as widespread polio vaccinations begin. Saying that, polio cases skyrocket only in communities that accept the polio vaccine, as the polio vaccine is laced with heavy metals and other toxins, so the paralysis narrative starts all over again. As the polio vaccines cause huge spikes in polio, the misinformed public demand more polio vaccine and the cycle spirals skyward exponentially)

1.34 billion tonnes of DDT were sprayed across the US from 1946-1962. The US government banned its use in 1972.

[746] Ralph R.Scobey, MD. The Poison Cause of Poliomyelitis and Obstructions to Its Investigation. Archive of Pediatrics, April 1952.
[747] Morton S. Biskind, MD. Public Health Aspects of the New Insecticides. American Journal of Digestive Diseases, New York, 1953, v 20, p331.

1951: Dr. Biskind treats his polio patients as poisoning victims, removing toxins from food and environment, especially DDT contaminated milk and butter. Dr. Biskind writes: 'Although young animals are more susceptible to the effects of DDT than adults, so far as the available literature is concerned, it does not appear that the effects of such concentrations on infants and children have even been considered.'

1949-1951: Other doctors report they are having success treating polio with anti-toxins used to treat poisoning, dimercaprol and ascorbic acid. Example: Dr. F. R. Klenner reported: 'In the poliomyelitis epidemic in North Carolina in 1948, 60 cases of this disease came under our care... The treatment was massive doses of vitamin C every two to four hours. Children up to four years received vitamin C injection intramuscularly... All patients were clinically well after 72 hours.'

DDT enhances the release and intracellular multiplication of poliovirus, likely making a benign gut virus more severe. Exposure to DDT induces symptoms indistinguishable from poliomyelitis even in the absence of a virus.[748]

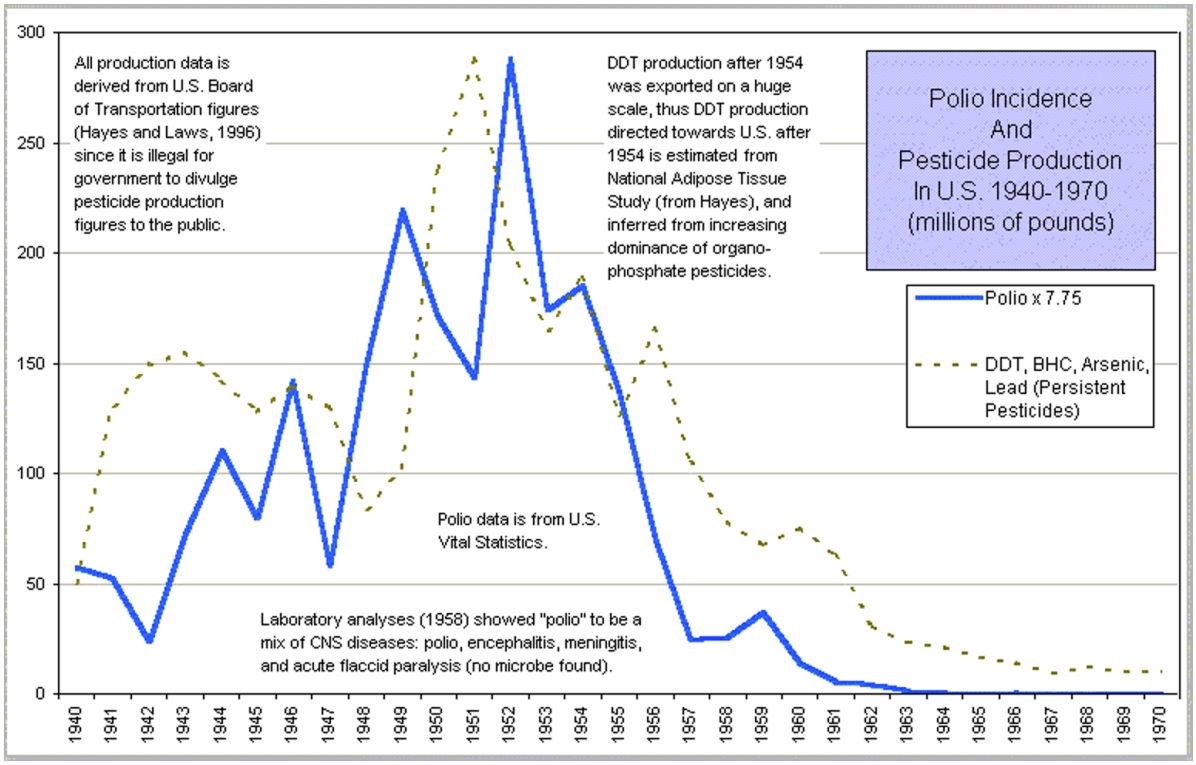
DDT poisoning: "Acute gastroenteritis occurs, with nausea, vomiting, abdominal pain, and diarrhoea usually associated with extreme tenesmus. Coryza, cough and persistent sore throat are common, often followed by a persistent or recurrent feeling of constriction or a "lump" in the throat; occasionally the sensation of constriction extends substernally and to the back and may be associated with severe pain in either arm. Pain in the joints, generalized muscle weakness, apprehension and exhausting fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as "paralysis."[749]

DDT was introduced to the Maldives by WHO in 1966 to eradicate malaria. DDT was deployed on every inhabited island as well as nearby uninhabited islands. The following year (1967), Maldives witnessed widespread "polio". To counter that outbreak, tOPV (trivalent Oral Polio Vaccine) was introduced in 1967. The cause of the 1967 "polio" outbreak in the Maldives falls significantly on the indiscriminate use of DDT.

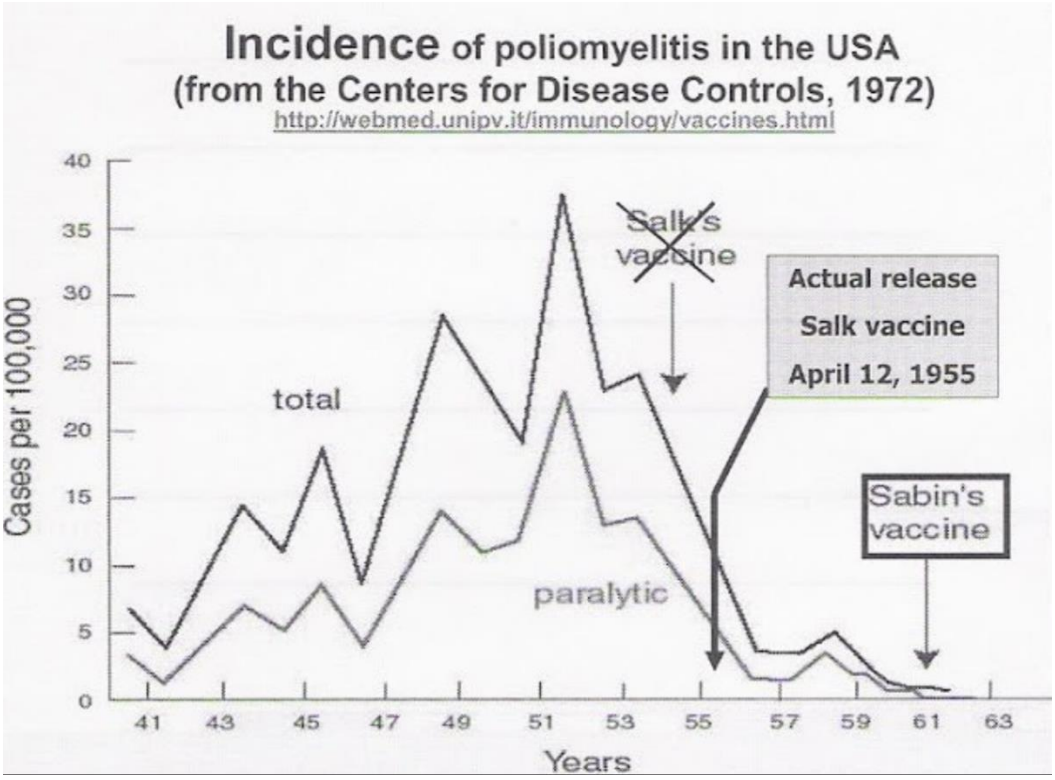
tOPV poses the risk of paralysis from type 2 circulating Vaccine Derived Polio Virus (cVDPV).

> These were the vaccines that were supposedly responsible for the decline in polio from 1955 to 1961! But there is a more sinister reason the "decline" in polio during those years; in 1955, a very creative re-definition of poliovirus infections was invented, to "cover" the fact that many cases of "polio" paralysis had no poliovirus in their systems at all. While this protected the reputation of the Salk vaccine, it muddied the waters of history in a big way."
>
> *Dr Suzanne Humphries*[750]

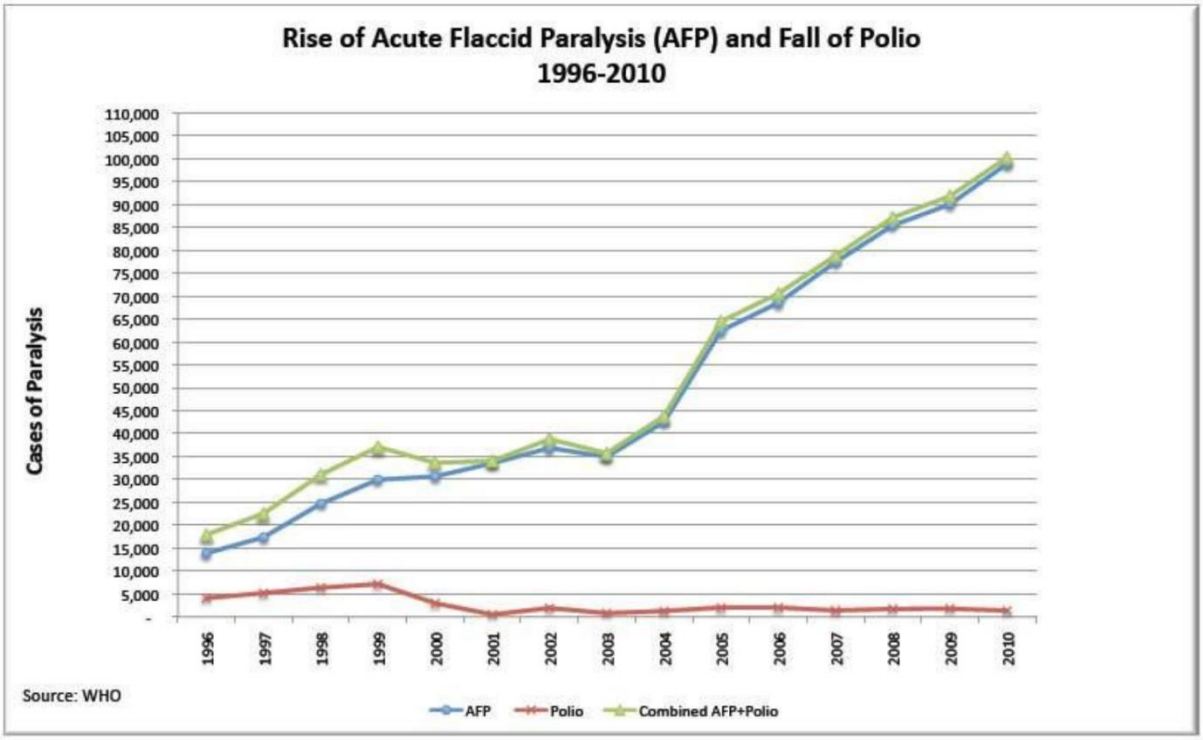
[748] Biskind M., 1949. "DDT Poisoning and the Elusive "Virus X:" A New Cause For Gastroenteritis."Am J Dig Dis. Vol 16 Num 3. Pp 79-84.
[749] Ibid. Biskind.
[750] Smoke, Mirrors, and the "Disappearance" of Polio by Dr Suzanne Humphries



In 1954, US government changed the diagnostic criteria for polio when Jonas Salk produced the inactivated injectable polio vaccine (IPV). Under the new definition, thousands of cases (which would have previously been counted as polio) were no longer polio. This, in effect, helped Salk vaccine look "effective" in reducing polio cases.[751] [752]



[751] James W. Immunization The Reality Behind the Myth. p. 36.
[752] Cáceres M. The Salk 'Miracle' Myth. The Vaccine Reaction June 2, 2015.



"Before you believe that polio has been eradicated, have a look at this graph of AFP and Polio. If you are wondering why there is no data prior to 1996, go to the WHO website for AFP and you will see that there is no data prior to 1996, and note that AFP continues to rise in 2011. Acute Flaccid Paralysis (AFP) is just another name for what would have been called polio in 1955, and is used to describe a sudden onset of paralysis. It is the most common sign of acute polio and used for surveillance during polio outbreaks. AFP is also associated with a number of other pathogenic agents including enteroviruses, echoviruses, and adenoviruses, among others. But in 1955, there was no attempt to detect anything other than polio in cases of AFP. Once the vaccine was marketed, the game changed." [753]

"When people ask me where all the children on iron lungs are (today), I would answer that they should ask Dr Douglas Kerr from Johns Hopkins, who stated on pg. xv in the Foreword to Donna Jackson Nakazawa's book 'The Autoimmune Epidemic'…

> 'Infants as young as five months old can get Transverse Myelitis, and some are left permanently paralyzed and dependent upon a ventilator to breathe… mycolleagues at the Johns Hopkins Hospital and I hear about or treat **hundreds of new cases** every year.' "

[753] Smoke, Mirrors, and the "Disappearance" of Polio by Dr Suzanne Humphries

"Even during peak epidemics, unifactorial infection, resulting in long-term paralysis, was low-incidence disease[754] that was falsely represented as a rampant and violent crippler by Basil O'Connor's 'March of Dimes' advertising campaigns. At the same time as Basil O'Connor was pulling in 45 million dollars a year to fund the Salk vaccine development, scientists started to realize that other viruses like Coxsackie, echo and enteroviruses, could also cause polio. They also discussed the fact that lead, arsenic, DDT, and other commonly-used neurotoxins, could identically mimic the lesions of polio. During the great epidemics in the United States, the pathology called polio was reversed by alternative medical doctors who attested to great success, using detoxification procedures available at the time – yet they were categorically ignored.[755] Now it is admitted in the medical literature that other viruses can cause polio, yet few people on the street have any idea." [756]

"Prior to 1954, the following undoubtedly hid behind the name 'poliomyelitis': Transverse Myelitis, viral or 'aseptic' meningitis, Guillain-Barré Syndrome (GBS), Chinese Paralytic syndrome, Chronic Fatigue Syndrome, epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, post-polio syndrome, acute flaccid paralysis (AFP). Included under the umbrella term 'Acute Flaccid Paralysis' are Poliomyelitis, Transverse Myelitis, Guillain-Barré syndrome, enteroviral encephalopathy, traumatic neuritis, Reye's syndrome etc."

14.2. Acute Flaccid Paralysis (AFP) & polio vaccination

Acute Flaccid Paralysis (AFM) is an emerging condition characterized by flaccid paralysis of one or more limbs due to inflammation of the spinal cord gray matter. Causality is yet to be established according to a Mayo Clinic Study[757]. Clinical symptoms similar to polio. AFP due to Non-polio AFP (NPAFP) and polio are clinically indistinguishable and has a mortality rate twice as high.[758]

AFP outbreaks have been reported globally; in Europe, US (1975 cases in 2017), China, Indian and even in the Maldives. And it appears that efforts at polio eradication are likely to case a shift to nonpolio enteroviruses such as FP.[759]

The World Health Organization announced (17 years ago) that India was free from polio but failed to mention the increase in acute flaccid paralysis (AFP) which is clinically identical to polio.

Despite the known dangers of oral polio vaccines, at the end of 2005, Indian children (under 5) were reported to have received on average 15 doses of tOPV (trivalent Oral Polio Vaccine) in Uttar Pradesh and Bihar, compared with 10 in the rest of India. Only 4% of children received fewer than 3 doses.[760] However, it didn't eliminate infection, but increased the NPAFP cases.

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[754] Meier, P. 1978. "The biggest public health experiment ever: The 1954 trial of the Salk poliomyelitis vaccine." Statistics: A Guide to the Uknown, Ed. J.M. Tanur, et al., pp 3-15. San Francisco: Holden Day

[755] Scobey, R. 1952. "The poison cause of poliomyelitis and obstructions to its investigation." Arch. Pediatr. April;69(4):172-93.

[756] Smoke, Mirrors, and the "Disappearance" of Polio by Dr Suzanne Humphries

[757] https://pubmed.ncbi.nlm.nih.gov/31054607/

[758] http://ijme.in/articles/polio-programme-let-us-declare-victory-and-move-on/?galley=html

[759] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716344/

[760] Grasly et. al, 2006. "New strategies for elimination of polio from India." Science 314, 1150-1153.

"It was unethical for WHO and Bill Gates to flog this programme when they knew 10 years back that it was never to succeed. Getting poor countries to expend their scarce resources on an impossible dream over the last 10 years was unethical," said Dr Neetu Vashisht and Dr Jacob Puliyel of the Department of Paediatrics at St Stephens Hospital in Delhi in their report in the April issue of 'Indian Journal of Medical Ethics'.

Dr Jacob Puliyel writes that it is tempting to question what could have been achieved if the USD 2.5 billion (where India had to bear 100 times more than the initial token foreign grant of USD 0.02 billion) spent on attempting to eradicate polio were spent on water, sanitation, and routine immunisation. With polio eradication efforts, there was a huge increase in non-polio AFP, in direct proportion to the number of doses of the vaccine used. Though all the data was collected within an excellent surveillance system, the increase was not investigated openly. [761]

According to a study[762] published in the International Journal Research and Public Health in 2018, AFP cases have increased in India in direct proportion to doses of oral polio received. The last case of polio was in 2011. Periodical polio vaccination has shown a high correlation with the NPAFP rate in India. **The study authors conducted a data analysis to test for causative relationship with a de-challenge after challenge: which is an accepted as scientifically appropriate to determine causality**. [763] [764]

Where a reduction of AFP cases results due to a reduction of the number of OPV doses, it adds strength to the likelihood of causative association. Their finding was that for each round of periodical polio vaccination, there was an increase of 1.4 cases of NPAFP per under-15 population of 100,000.

During 2011, NPAFP (Non-Polio Acute Flaccid Paralysis, clinically indistinguishable from polio paralysis but twice as deadly) in India, alone, sky-rocketed to 60,478 cases (directly proportional to oral polio doses received)[765] coinciding with the culmination of the most intense, widespread phase ever conducted in India's Oral Polio Vaccination "reaching every child" campaign.[766]

Polio, traditionally synonymous with paralysis and disability, is now given a new name in India, NPAFP or non-polio acute flaccid paralysis. This and the fact that polio and paralysis caused by the oral polio vaccine (OPV) not being counted as polio have ensured that India is now "polio free".

[761] http://ijme.in/articles/polio-programme-let-us-declare-victory-and-move-on/?galley=html
[762] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121585/
[763] http://www.donaldmiller.com/Real_World_Failure_of_Evidence-Based_Medicine.pdf
[764] Dr. Charles Beasley, an Eli Lilly senior scientist stated in a letter to the editor of the British Medical Journal on November 9, 1991, "Healy and Creaney's suggestion of using rechallenge to determine causality of rare events is scientifically appropriate." (Charles M. Beasley, Fluoxetine and Suicide, British Medical Journal, Col. 304, November 9, 1991, p. 1200); Anthony J.Rothschild, et al., Reexposure to Fluoxetine After Serious Suicide Attempts by Three Patients: The Role of Akathisia, Journal of Clinical Psychiatry, 1991
[765] http://pharmabiz.com/NewsDetails.aspx?aid=68352&sid=1
[766] https://www.who.int/features/2014/polio-programme/en/

Polio vs Acute Flaccid Paralysis - India				
Year	AFP cases reported	Non-polio AFP Rate	Total confirmed Polio cases	Wild-virus confirmed polio cases
1996	1005	0.0	1005	0
1997	3047	0.2	2275	524
1998	9465	1.5	4322	1934
1999	9587	1.8	2817	1126
2000	8103	2.0	265	265
2001	7470	1.9	268	268
2002	9705	1.9	1600	1600
2003	8508	2.0	225	225
2004	13274	3.1	134	134
2005	27049	6.4	66	66
2006	32194	7.4	676	676
2007	41524	9.4	874	874
2008	45582	10.3	559	559
2009	50405	11.4	756	741
2010	55785	14.8	44	42
2011	60540	16.1	1	1
2012	60922	16.3	0	0

Maldives and NPAFP

Maldives has a higher than international average incidence of NPAFP cases. Internationally, incidence of NPAFP (Non-Polio Acute Flaccid Paralysis) is 1 to 2 per 100,000 population in the under 15 population. However, public health officials nor the media has ever addressed this issue. It is, as if these children are invisible and accepted collateral damage of a "successful" polio vaccination programme.

	Number of AFP cases
2013	1
2014	1
2015	5
2016	2
2017	7
2018	7

14.3. Guillain Barré Syndrome (GBS) and polio vaccination

The Institute of Medicine (vaccine safety committee) has stated that it is biologically plausible that OPV causes GBS and that the evidence favours the existence of a causal relationship.[767]

Adverse reactions to OPV are said to cause demyelination, including GBS, within 5 to 6 weeks of vaccinations. The risk difference is approximately 2.5 per 100,000 people during that window period.

Studies from Finland have shown an association of Guillain Barre Syndrome (GBS) with OPV vaccination campaigns[768] [18,19], and similar findings have been reported from Turkey[769]. It should be noted that in the study by Kinnenen, the diagnosis of GBS was made by using consistent criteria throughout the observation period.

> The tendency of a mass vaccination program is to herd people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimply the problem; to exaggerate the benefits; to minimize or completely ignore the hazards; to discourage or silence scholarly, thoughtful and cautious opposition; to create an urgency where none exists; to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance; to extend the concept of the police power of the state in quarantine far beyond its proper limitation; to assume simplicity when there is actually great complexity; to continue to support after it has been discredited; … to ridicule honest and informed consent."
>
> *Dr Clinton R. Miller, Intensive Immunization Programs, 15-16 May 1962*[770]

[767] In "Adverse Events Associated with Childhood Vaccines Evidence Bearing on Causality. Stratton K.R., Howe C.J., Johnston R.B. Jr., editors. National Academies Press (US); Washington, DC, USA: 1994. ISBN-10 0-309-04895-8"
[768] https://pubmed.ncbi.nlm.nih.gov/2788248/
[769] https://pubmed.ncbi.nlm.nih.gov/14742945/
[770] Hearings before the Committee on Interstate and Foreign Commerce House of Representatives, 87th Congress, Second Session on H.R. 10541

14.4. Paralysis and death due to polio vaccine

OPV causes Vaccine-associated paralytic poliomyelitis (VAPP; occurs when weakened virus in a recently vaccinated person gets activated causing polio) and vaccine-derived polioviruses (VDPV; occurs when a vaccinated person sheds the virus and another person contracts the virus). VAPP cases are on the increase than wild poliovirus infection. In surveillance for eradication, poliovirus isolates from children with acute flaccid paralysis (AFP) are characterized as wild or vaccine-derived by reliable laboratory techniques. Identification of wild virus confirms "polio" but all others including VAPP are classified as "non-polio". Applying specific diagnostic criteria, there were 139 cases of VAPP in Latin America in 1989-1991 and 181 cases in India in 1999. A realistic (global) estimate could be as high as 400-800.[771]

OPV was banned in the US because studies determined that all cases of polio after 1961 were caused by the vaccine. US and other developed countries stopped Oral Polio Vaccine due to Vaccine-induced or vaccine-associated polio paralysis.

The Institute of Medicine (US) accepts paralysis and death as sequelae from polio vaccine and these are included in the "table of injury" for compensation through the Vaccine Court.

In 2011, the Pakistan Prime Minister's Inspection Commission (PMIC) published an inquiry report following deaths and disabilities due to polio vaccine and pentavalent vaccine funded by Global Alliance for Vaccination and Immunisation (GAVI).[772]

GAVI was founded and is funded by Bill Gates, who said, "The world today has 6.8 billion people. That's heading up to about nine billion. **Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps ten or fifteen percent.**"[773]

The report also established that the GAVI-funded vaccines are not only causing deaths in many countries but are also very expensive. Soon after vaccination, occurrences of deaths and side effects were reported from Pakistan, India, Sri Lanka, Bhutan and Japan.

The Association of Parents of Disabled Children from Bosnia and Herzegovina filed criminal charges after the GAVI-funded vaccines caused disabilities. The report states, "The procured vaccines are not tested in laboratories to confirm their efficacy and genuineness. This leaves room for use of spurious and counterfeit vaccines".

Since the early years, it was known that OPV causes vaccine-induced paralysis. However, this never stopped the vaccine advocates from giving this vaccine to children.

[771] https://www.who.int/bulletin/volumes/82/1/53-58.pdf?ua=1
[772] https://tribune.com.pk/story/293191/vaccine-nation-globally-supported-company-is-funding-fatal-polio-shots
[773] https://www.youtube.com/watch?v=WUJMR3BUm2s&feature=youtu.be

Case Reports › Scott Med J. 1988 Aug;33(4):306-7. doi: 10.1177/003693308803300409.

Vaccine-induced polioencephalomyelitis in Scotland

A A Asindi [1], E J Bell, M J Browning, J B Stephenson

Affiliations + expand

PMID: 2847313 DOI: 10.1177/003693308803300409

Abstract

A six-month-old British female, living in Glasgow was admitted in June 1986 with a four-day history of fever and lower limb weakness following immunisation with oral polio and triple (DTP) vaccines. Examination revealed paralysis of all limbs, facial muscles and right diaphragm, scoliosis, opsoclonus and ocular flutter. Poliovirus types 1, 2 and 3, isolated from her stool specimens were all vaccine-like strains. Her serial serum IgA levels were persistently low and salivary IgA was undetectable. This appears to be the first fully authenticated case of poliovaccine damage in Scotland. It is unclear whether the selective IgA deficiency contributed to her vulnerability. It is essential to investigate elaborately and process viral isolates in every suspected case of acute poliomyelitis so as to determine the dimension and ramifications of poliovaccine damage in the UK population which is known to be rather apprehensive about vaccine dangers.

Case Reports › Pediatr Infect Dis J. 2003 Jun;22(6):570-2.

Paralytic poliomyelitis caused by a vaccine-derived polio virus in an antibody-deficient Argentinean child

Solange Hidalgo [1], Marcela García Erro, Daniel Cisterna, M Cecilia Freire

Affiliations + expand

PMID: 12828159

Abstract

We describe a case of poliomyelitis in a 3-year-old Argentinean boy with X-linked hypogammaglobulinemia. The child had no history of polio vaccination, but a poliovirus isolated from a stool sample had 97.2% genetic similarity to the Sabin 1 vaccine strain. According to the WHO definition, this is the first case reported of a vaccine-derived poliovirus infection recorded in continental Latin America.

14.5. Vaccine-derived poliovirus infection in contacts of vaccinees

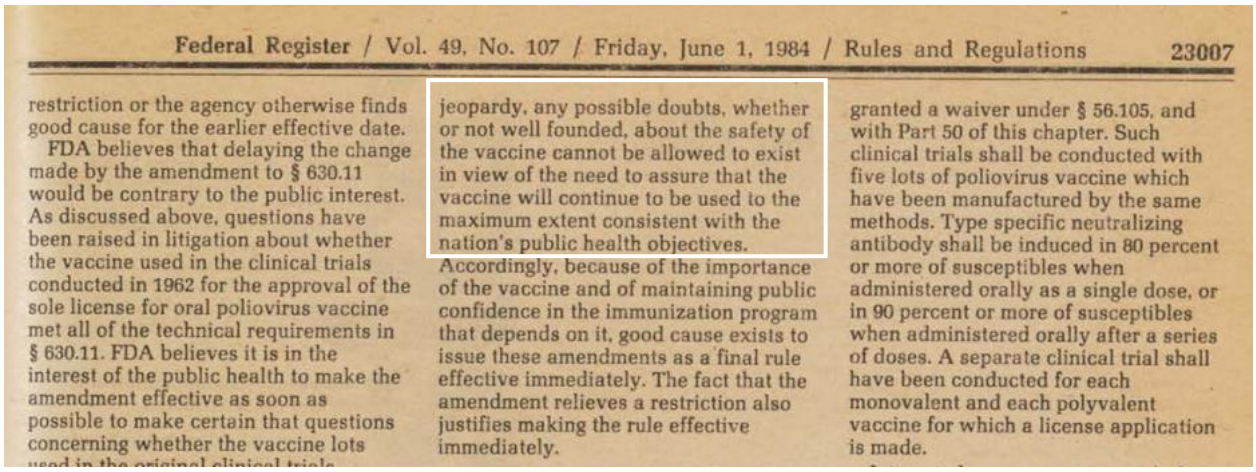
Vaccine-derived poliovirus has caused poliomyelitis in many children. Vaccine-derived virus strains arise when the weakened virus used in the oral polio vaccine (OPV) mutates and regains its virulence. With waning immunity, vaccine-derived virus can spread just like wild virus. For this reason, use of Oral Polio Vaccine (OPV) was discontinued in the US in 2000 and the UK in 2004.

In 2018, vaccine-derived viruses paralyzed 105 children worldwide; the wild virus paralyzed just 33.[774]

"Between August 2019 – August 2020, there were 400 recorded cases of vaccine-derived polio in more than 20 countries worldwide. Ironically, WHO disclosed this "setback" barely a week after it declared the African continent to be free of wild poliovirus – which has not been seen in Africa since 2016."[775]

In September 2020, WHO warned that the risk of further spread of the vaccine-derived polio across central Africa and the Horn of Africa was "high". More than a dozen countries, including Angola, Congo, Nigeria and Zambia, are battling outbreaks of vaccine-derived polio outbreaks.[776]

Since 1979, every domestic case of polio that the US has seen was caused not by the wild virus but by the vaccine, as acknowledged by CDC.[777] In spite of the vaccine causing polio and being a bigger risk than the wild virus, FDA would rather protect the vaccine business by not allowing any vaccine safety questions "**whether or not well founded**"!



Federal Register / Vol. 49, No. 107 / Friday, June 1, 1984 / Rules and Regulations 23007

restriction or the agency otherwise finds good cause for the earlier effective date.

FDA believes that delaying the change made by the amendment to § 630.11 would be contrary to the public interest. As discussed above, questions have been raised in litigation about whether the vaccine used in the clinical trials conducted in 1962 for the approval of the sole license for oral poliovirus vaccine met all of the technical requirements in § 630.11. FDA believes it is in the interest of the public health to make the amendment effective as soon as possible to make certain that questions concerning whether the vaccine lots

jeopardy, any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives.

Accordingly, because of the importance of the vaccine and of maintaining public confidence in the immunization program that depends on it, good cause exists to issue these amendments as a final rule effective immediately. The fact that the amendment relieves a restriction also justifies making the rule effective immediately.

granted a waiver under § 56.105, and with Part 50 of this chapter. Such clinical trials shall be conducted with five lots of poliovirus vaccine which have been manufactured by the same methods. Type specific neutralizing antibody shall be induced in 80 percent or more of susceptibles when administered orally as a single dose, or in 90 percent or more of susceptibles when administered orally after a series of doses. A separate clinical trial shall have been conducted for each monovalent and each polyvalent vaccine for which a license application is made.

A circulating vaccine-derived poliovirus (cVDPV) type 2 circulated for 10 years (1983-93) in Egypt causing 32 cases of polio. A cVDPV type 1 circulated silently in Dominican Republic and Haiti from 1998 and caused an outbreak of polio (21 confirmed and 15 probable cases) from July 2000-July 2001. cVDPV has also been detected in Madagascar, the Philippines and Romania.[778] Individuals who are deficient in humoral immunity (hypogammaglobulinaemic) are particularly at

[774] https://www.sciencemag.org/news/2019/07/surging-cases-have-dashed-all-hope-polio-might-be-eradicated-2019
[775] https://humansarefree.com/2020/09/who-admits-polio-vaccine-causing-polio-outbreaks-in-africa.html
[776] https://medicalxpress.com/news/2020-09-polio-outbreak-sudan-oral-vaccine.html
[777] https://www.cdc.gov/vaccines/vpd-vac/polio/dis-faqs.htm
[778] https://www.who.int/bulletin/volumes/82/1/53-58.pdf?ua=1

risk from enteroviruses infection. One such person was identified in UK who was shedding type 2 poliovirus for 15 years.[779]

Since 1993, there was no polio in the Philippines but VDPV emerged after WHO and UNICEF conducted an aggressive programme to vaccinate more than 500,000 children after a typhoon.

In 2005, US reported children contracting vaccine-derived polio. In Nigeria, there were more than 70 cases.

In 2006, approximately 1600 cases of vaccine-induced polio occurred in India. In 2008, cases of polio were reported in all provinces of Pakistan.[780]

In 2013, UNICEF began vaccinating over 20 million children (under age 5 years) with OPV. Syria, which had been polio free since 1999, saw an outbreak of polio inflicting 10 children. According to WHO spokesperson Sona Bari "We're never going to know how exactly it arrived in Syria."[781]

In June 2017, the World Health Organization reported 15 cases of children paralyzed in Syria by vaccine-derived forms of polio. This is in addition to 2 other vaccine-derived polio cases identified in Syria and 4 in Congo in early 2017.[782]

In 2019, the Government of Ethiopia ordered destruction of 57,000 vials of type 2 oral polio vaccine (mOPV2) following an outbreak of vaccine-induced polio.

World Health Organization is aware of vaccine-derived paralysis in children after Oral Polio Vaccination but considers it as just "hiccups"!

According to Dr. Michel Zaffran, the director of polio eradication at the World Health Organization, "We knew that we were going to have such outbreaks. We have had them in the past. We continue to have them now. We know how to find them, and we know how to interrupt them. We have the tools to do that. So it's a hiccup … a very regrettable hiccup for the poor children that have been paralyzed, of course. But with regards to the whole initiative, you know it's not something that is unexpected." [783]

"The biggest problem for me for a long time was recognizing that we truly have a problem, and business as usual will not get us to the finish line," says Roland Sutter, who leads polio research at the World Health Organization (WHO) in Geneva, Switzerland, where the polio eradication effort is based. "The rose-tinted glasses are off," adds longtime program spokesperson Oliver Rosenbauer of WHO. "Now, really tough questions are openly being asked—questions that even 12 months ago no one asked."[784]

[779] https://www.ncbi.nlm.nih.gov/m/pubmed/11763340/
[780] https://academic.oup.com/cid/article/49/8/1287/429938
[781] http://america.aljazeera.com/articles/2013/11/8/-syria-s-neighborstovaccinate20millionchildrenagainstpolio.html
[782] https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio
[783] Ibid
[784] https://www.sciencemag.org/news/2019/07/surging-cases-have-dashed-all-hope-polio-might-be-eradicated-2019

In 2017, polio cases caused by vaccine-derived viruses overtook, for the first time, those caused by the wild version. Globally, there were only 6 cases of "wild" polio while there were 21 cases of vaccine-derived polio.[785]

The tally for 2018 shows a dramatic swing: 98 cases of vaccine-derived polio; 29 cases of the wild version.[786]

In 2005, Dr Harry Full & Dr Philip Minor wrote in an editorial published in the Oxford Journal "Clinical Infectious Diseases" periodical and requested that the oral polio vaccine be stopped, because vaccine-associated paralytic poliomyelitis was recognized shortly after the introduction of OPV, in both vaccinees and their contacts. The time is coming when the only cause of polio is likely to be the vaccine used to prevent it. Outbreaks of polio in China, Egypt, Haiti, Madagascar, and the Philippines caused by circulating, neurovirulent vaccine-derived polioviruses (VDPVs) demonstrate that these revertant strains are fully transmissible and pose significant population risks.[787]

Dr Shahzad wrote in Clinical Infectious Diseases Oxford Journal "According to the World Health Organization, routine immunization with OPV must cease after the eradication of poliovirus because of the danger of outbreaks of circulating vaccine-derived poliovirus and the risk of VAPP."

So why are WHO and UNICEF still administering the dangerous OPV especially in countries like the Philippines where there has not been a single case of polio since 1993? Or the Maldives?

As long as OPV is used, the risk for cVDPV and VAPP shall remain. It is a risk that children are being forced to bear under the guise, as their "right".

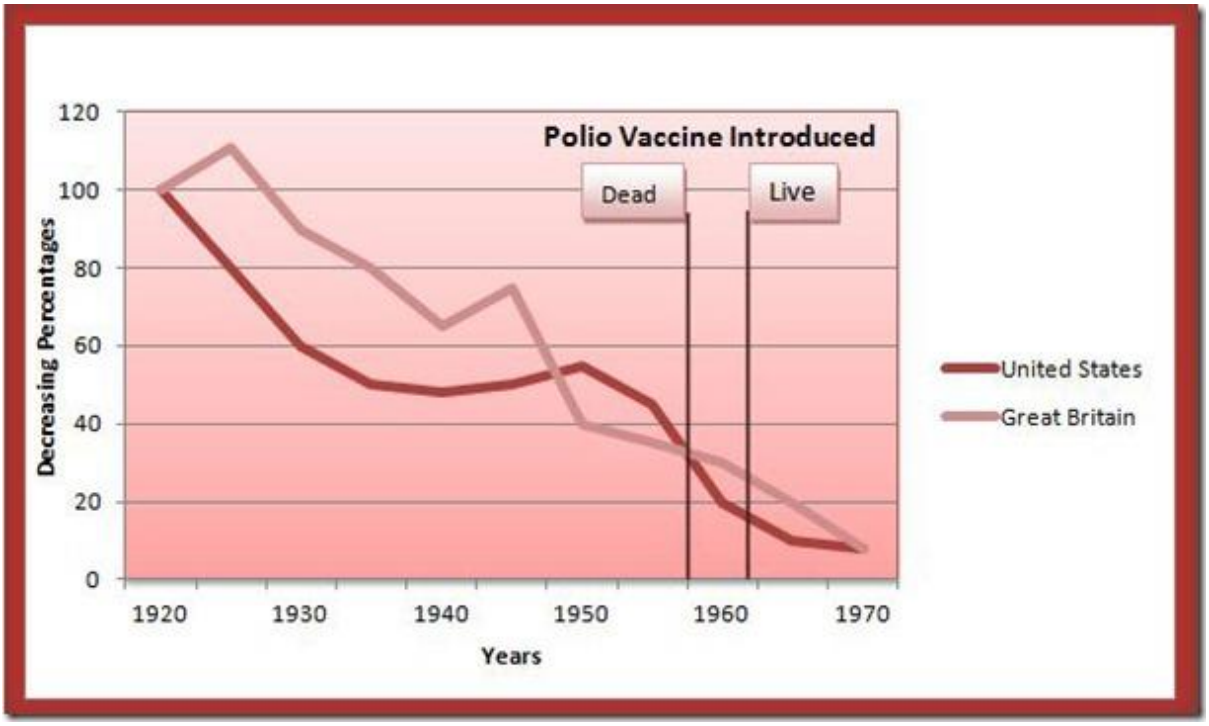
> It's actually an interesting conundrum. The very tool you are using (polio) for eradication is causing the problem."
>
> *Dr Raul Andino – Professor of Microbiology, University of California* [788]

[785] https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio
[786] https://www.economist.com/the-economist-explains/2018/12/19/what-is-vaccine-derived-polio
[787] https://academic.oup.com/jid/article/192/12/2033/838973
[788] https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio

14.6. Synthetic polio makes eradication impossible

In an article "Polio programme: let us declare victory and move on" (published in the Indian Journal of Medical Ethics) by Dr Neetu Vashisht and Dr Jacob Puliyel writes, "The charade about polio eradication and the great savings it will bring has persisted to date. It is a paradox, that while the Director General of WHO, Margret Chan, and Bill Gates are trying to muster support for polio eradication. It has been known to the scientific community, for over 10 years, that eradication of polio is impossible. This is because in 2002 scientists had synthesised a chemical called poliovirus in a test-tube with the empirical formula C332, 652H492, 388N98, 245O131, 196P7, 501S2, 340.

It has been demonstrated that by positioning the atoms in sequence, a particle can emerge with all the properties required for its proliferation and survival in nature. Wimmer writes that the test-tube synthesis of poliovirus has wiped out any possibility of eradicating poliovirus in the future. Poliovirus cannot be declared extinct because the sequence of its genome is known, and modern biotechnology allows it to be resurrected at any time *in vitro*. Man can thus never let down his guard against poliovirus. Indeed the 18-year-old global eradication campaign for polioviruses will have to be continued in some format forever. The long promised "infinite" monetary benefits from ceasing to vaccinate against poliovirus will never be achieved. The attraction that 'eradication' has for policy makers will vanish once this truth is widely known.



14.7. Did polio vaccine eradicate polio?

According to Dr. Robert Mendelsohn, medical investigator and paediatrician, there is no credible scientific evidence that the vaccine caused polio to disappear.[789] From 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively (Figure 4). Statistics show a similar decline in other European countries as well.[790] And when the vaccine did become available, many European countries questioned its effectiveness and refused to systematically inoculate their citizens. Yet, polio epidemics also ended in these countries.

Prior to vaccine introduction, a patient had to exhibit paralytic symptoms for 24 hours. Laboratory confirmation and tests were not required. Later, the new definition required the patient to exhibit paralytic symptoms for at least 60 days and residual paralysis had to be confirmed twice during the disease. Aseptic meningitis and coxsackie virus infections, which were previously part of "polio" case numbers, were more often reported as separate diseases from polio after vaccine introduction. Cases of polio were also often reported as aseptic meningitis after the vaccine was introduced, skewing efficacy rates.[791] [792]

Dr. Bernard Greenberg was chairman of the Committee on Evaluation and Standards of the American Public Health Association during the 1950s. His expert testimony was used as evidence during Congressional hearings in 1962. He credited the "decline" of polio cases not to the vaccine, but rather to a change in the way doctors were required to report cases: "Prior to 1954 any physician who reported paralytic poliomyelitis was doing his patient a service by way of subsidizing the cost of hospitalization… two examinations at least 24 hours apart was all that was required… In 1955 the criteria were changed… residual paralysis was determined 10 to 20 days after onset of illness and again 50 to 70 days after onset… This change in definition meant that in 1955 we started reporting a new disease… Furthermore, diagnostic procedures have continued to be refined. Coxsackie virus infections and aseptic meningitis have been distinguished from poliomyelitis… Thus, simply by changes in diagnostic criteria, the number of paralytic cases was predetermined to decrease…"[793]

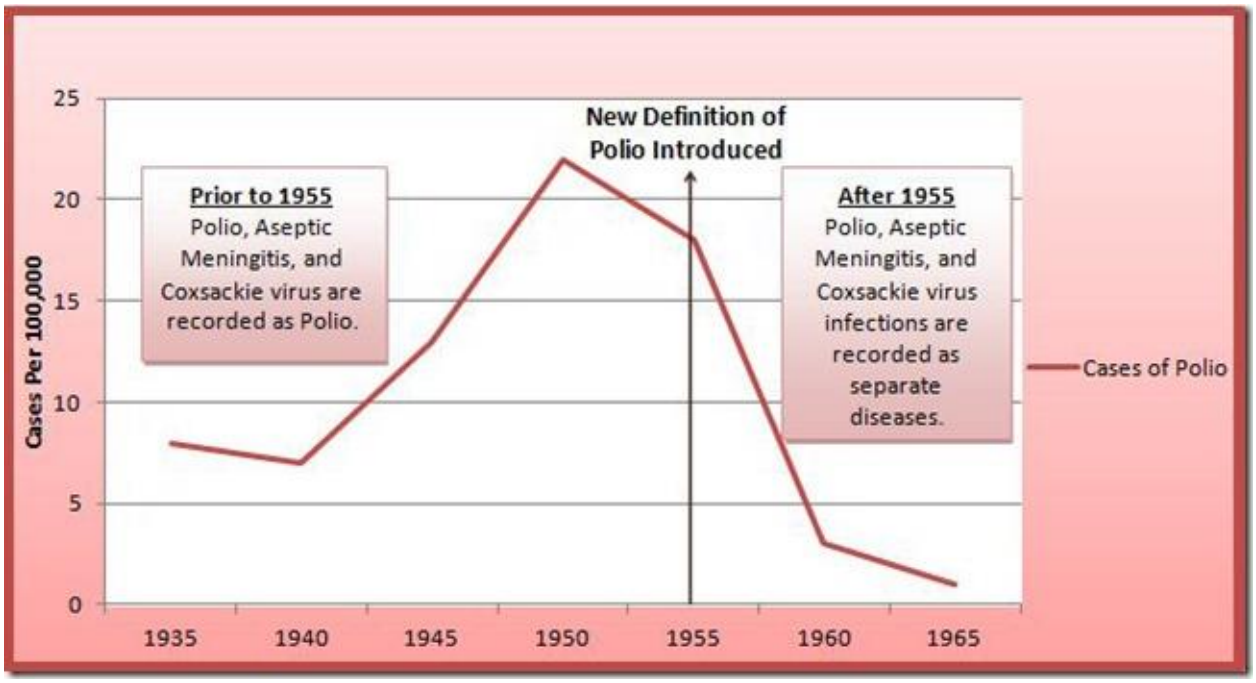
Eradication of polio has also been a deception. With the introduction of Salk vaccine, changes were made in diagnostic parameters which excluded other infections that were previously regarded as polio.[794] This led to a dramatic "decrease" of polio cases after the vaccine introduction.

[789] Mendelsohn R. How to Raise a Healthy Child…In Spite of Your Doctor. (Ballantine Books, 1984:231.
[790] Alderson M. International Mortality Statistics, Washington, DC: Facts on File, 1981:177–8.
[791] Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, 2nd Session on HR 10541. May 1962:94–112.
[792] Los Angeles County Health Index: Morbidity and Morality, Reportable Diseases
[793] Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, 2nd Session on HR 10541. May 1962:94–112.
[794] The CDC Made These Two Radical Changes and 30,000 Diagnoses of Polio Instantly Disappeared ⋆ VacTruth.com

It is now known that a number of viruses can cause paralysis. Back then it was only poliovirus.

Sample Months	Reported Cases of Polio	Reported Cases of Aseptic Meningitis
July 1955 (Before the new polio definition was introduced.)	273	50
July 1961 (After the new polio definition was introduced.)	65	161
September 1966 (After the new polio definition was introduced.)	5	256

Decrease of polio cases when the medical definition of polio was changed.



Source: Congressional Hearings, Ma 1962; and National Morbidity Reports taken from US Public Health surveillance reports.

14.8. Polio vaccine and related scandals

OPV contamination in India

An Indian government laboratory confirmed the presence of polio-2 virus in the OPV made by Bio-Med Pvt Ltd. This virus is a strain that is well known to cause paralysis in the vaccinees and also in contacts. Polio-2 virus is believed to have been eradicated from India in 2016. 50,000 vials (each with 20 doses) were believed to have been used in Uttar Pradesh and Telangana.[795]

In later incident, Bio-Med's meningitis vaccine failed the sterility test at government labs.[796] Meningitis vaccine is mandatory for those going on Haj / umrah pilgrimage. Bio-Med produces polio, typhoid, meningococcal meningitis and Hib vaccines and is one of the main suppliers of vaccines to the Indian government-run vaccine programmes.

Cutter Incident

The first injectable inactivated or "killed" polio vaccine was worked on by Dr Jonas Salk, and human experiments using this vaccine were conducted purposely on orphans in government/church-run institutions, because they were vulnerable and did not require any parental consent signatures, as they had no parents. The vaccine was "declared safe" by "medicine" (as they always are even though that vaccine was killing and paralyzing monkeys in test trials).

In April 1955, the Salk polio vaccine, in which the process of inactivating the live virus was defective, was given to 200,000 US children. This vaccine produced by the Cutter Laboratories gave 40,000 orphans polio, 200 children varying degrees of paralysis and killed at least 10 children.[797]

75% of Cutter's victims were paralyzed for the rest of their lives. A team lead by epidemiologist Alexander Langmuir of the Communicable Diseases Center (now the CDC) determined that "the disease caused by Cutter's vaccine was worse than the disease caused by natural polio virus".[798]

Paul Offit also acknowledged in his book that natural strains of polio virus were likely to be less damaging because they weren't directly injected into the muscles unlike IPV and which was why the children infected with Cutter's vaccine were actually worse off.

[795] https://www.livemint.com/industry/manufacturing/govt-lab-retest-confirms-polio-strain-s-presence-in-bio-med-samples-1552936863920.html
[796] https://www.livemint.com/news/india/regulator-probes-bio-med-unit-after-meningitis-vaccine-samples-fail-test-1563475875174.html
[797] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/
[798] Offit P. The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis. 2005, pg 84

SV40 Virus

Simian virus 40 (SV40) is a monkey virus which was accidentally administered to humans in the years 1955-1963 through contaminated poliovirus vaccines.

After the Cutter Incident, an "improved" polio vaccine was given to more than 98 million Americans from 1955 to 1963, and an estimated proportion of vaccine contaminated with SV40 was given to 10-30 million Americans. Every step of the way, Medicine was declaring that they knew for sure that this time they had everything straightened out. Still today, cancerous tumours are riddled with SV40 cancer viruses from the "approved" polio vaccines.

"Simian virus 40 (SV40) sequences have recently been identified in a variety of human neoplasms, including mesothelioma, osteosarcoma, and brain tumours, but significant discrepancies exist regarding the frequency at which this occurs. The SV40 genome is 70% homologous to JC and BK, two related polyomaviruses that are highly prevalent in humans and which may cause, in immune-compromised patients, progressive multifocal leukoencephalopathy (PML) and cystitis, respectively."[799]

Assistant Professor of Pathology at Loyola University in Chicago, Dr Michele Carbone, independently verified the presence of SV40 virus in tissue and bone samples from patients who died during that era. He found 33% of samples with osteosarcoma bone cancers, 40% of other bone cancers, and 60% of the mesothelioma's lung cancers all contained this virus.[800]

SV40 is a virus found in some species of monkey that causes cancer. According to CDC, as SV40 was not discovered until 1960, no one was aware that the polio vaccine could be contaminated.

In 2002, the journal Lancet published compelling evidence that SV40 contaminated polio vaccine was responsible for nearly half of 55,000 non-Hodgkin's lymphoma cases that were occurring each year.[801]

This makes one ask the question, how many more undiscovered monkey viruses exist in the current polio vaccines manufactured using monkey kidney cells? Perhaps the more important question is, how many Maldivians receive the contaminated vaccine?

"Within a few years of the polio vaccine, we started seeing some strange phenomena. The year before the first 300,000 doses were given in the United States, childhood leukaemia had never struck in children under the age of two. One year after the first onslaught they had the first cases of children under the age of two that died of leukaemia…Dr Herbert Radnor observed that in a small area of this little town, in an area where no cases of leukaemia had been expected or at the most one in 4 years according to previous statistics, they suddenly had a rash like an epidemic within a few blocks." Dr Eva Snead, author of 'Some Call it Aids – I Call it Murder'

[799] https://pubmed.ncbi.nlm.nih.gov/9989448/
[800] Carbone M, Pass H.I., Rizzo P et al. Simian virus 40-like DNA sequences in human pleural mesothelioma. Oncogene 1994; 9: 1781-1790
[801] https://pubmed.ncbi.nlm.nih.gov/11897278/

> "Many here voice a silent view that the Salk and Sabin vaccine, being made of monkey tissue…has been directly responsible for the major increase in leukemia in this country." 0-- Frederick Klenner M.D.

Dr Stanley Kops, a modern day advocate for SV40 truth wrote[802]:

> To date, the scientific literature and research examining SV40 and cancer-related diseases has been based upon an assumption that SV40 was not present in any poliovirus vaccines administered in the United States and was removed from the killed polio vaccines by 1963. The presumption has been that the regulation for live oral polio vaccine required that SV40 be removed from the seeds and monovalent pools ultimately produced in the manufacturing process…The confirmation of the removal by one manufacturer, Lederle, has been made public at an international symposium in January 1997, where its representatives stated that all Lederle's seeds had been tested and screened to assure that it was free from SV40 virus. However, in litigation involving the Lederle oral polio vaccine, the manufacturer's internal documents failed to reveal such removal in all its seeds. The absence of confirmatory testing of the seeds, as well as testimony for SV40 of a Lederle manager indicate that this claim cannot be fully substantiated…

Dr Elwyn Griffiths, World Health Organization, speaking at the "Evolving Scientific and Regulatory Perspectives on Cell Substrates for Vaccine Development" workshop in September 1999 stated:

> "The other surprise was the detection of SV40 genome in rare human tumors. **This is something which has come back to haunt us after 30 years or so.** I am sure you all know that SV40 was a contaminant of some of the early batches of primary rhesus monkey kidney cells used to produce polio vaccines. This is no surprise. During the 1950s, these were actually used in a large number of people - in the millions. There was follow-up with that to see whether they actually caused any problems, and nothing much materialised. And then suddenly about three or four years ago, the SV40 sequences were picked up in various rare human tumors. That raised the issue of was the vaccine - was the polio vaccine made in primary kidney cells actually still transmitting SV40 or SV40 sequences. Because right in the beginning when SV40 was discovered, measures were introduced very quickly by national regulatory authorities to exclude SV40 from polio vaccines."

[802] Kops, SP. Oral polio vaccine and human cancer: a reassessment of SV40 as a contaminant based upon legal documents. Anticancer Res. 2000 Nov-Dec;20(6C):4745-9.

Statement[803] by Dr Vera Scheibner

Eradication of polio by vaccination?

Another important consideration in attempts to eradicate poliomyelitis by vaccination is the contamination of polio vaccines by chimpanzee coryza virus, renamed respiratory syncytial virus (RSV).

In 1956, Morris et al described monkey cytopathogenic agent that produced acute respiratory illness in chimpanzees at the Walter Reed Army Institute of Research and named it chimpanzee coryza virus (CCA).

Chanock et al[804] wrote on the association of a new type of cytopathogic myxovirus with infantile croup.

Chanock and Finberg reported on two isolations of similar agents from infants with severe lower respiratory illness (bronchopneumonia, bronchiolitis and laryngotracheobronchitis). The two viruses were indistinguishable from an agent associated with the outbreak of coryza in chimpanzees (CCA virus) studied by Morris et al. (1956). A person working with the infected chimpanzees subsequently experienced respiratory infection with a rise in CCA antibodies during convalescence. They proposed a new name for this agent "respiratory syncytial virus" (RSV). RSV has spread via contaminated polio vaccines like a wildfire all over the world and continues causing serious lower respiratory tract infections in infants.

Beem et al[805] isolated the virus from inpatients and outpatients in the Bobs Robert Memorial Hospital for Children (University of Chicago) during the winter of 1958-1959, in association with human acute respiratory illness. The virus (named Randall) had an unusual cytopathic effect characterised by extensive syncytial areas and giant cells. Soon, 48 similar agents were isolated from 41 patients. There were antigenic similarities between RV and Long and Sue strains of CCA; it produced illness in humans (the age range 3 weeks to 35 years): acute respiratory diseases, croup, bronchiolitis, pneumonia, and asthma ranging from mild coryza to fatal bronchiolitis. The isolation rate (46%) was particularly high among infants below six months.

In Australia, Lewis et al (1961) isolated further viral specimens identical with CCA.

Prior to July 1960, the influenza and parainfluenza viruses predominated in infant epidemic respiratory infections; in July 1961, the pattern changed abruptly with sudden increase in bronchiolitis and bronchitis, infrequent before. 58% were under 12 months, and patients under 4 years predominated. Infants with bronchiolitis and severe bronchitis yielded RCA, not previously isolated. Deaths have occurred.

Rogers (1959) wrote that life-threatening microbial infections continued to occur despite antibiotics. Microbial agents have also changed in 1957-1958 compared with the streptococcal predominance during 1938-1940).

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[803] https://www.bmj.com/content/344/bmj.e2398/rr/599724

[804] Recovery from infants with respiratory illness of a virus related tochimpanzee coryza agent (CCA). II. Epidemiologic aspects of infection in infants and young children.Am J Hyg. 1957 Nov;66(3):291-300

[805] Association of the chimpanzee coryza agent with acute respiratory disease in children. N Engl J Med. 1960 Sep 15;263:523-30.

An "impressive" increase in the number of life-threatening enterobacterial infections has occurred. "During the pre-antimicrobial era most infections were acquired before admission to hospital, while in the post-antimicrobial era the vast majority of infections arose in hospital."

"Mycotic infections, especially with Candida albicans, became a major problem. Unusual serious generalised clostridial infections arose and antibiotics have not dramatically altered the risk of, or mortality resulting from, endogenous infections" in sick, hospitalised patients.

Rogers (1959) observations on antibiotics' ineffectiveness, and new serious additional problems outlined above, fell on deaf ears.

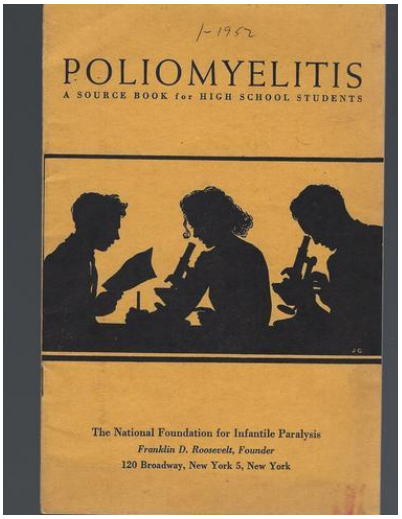
Levy et al. (1997) wrote "Respiratory syncytial virus (RSV) is the most prevalent cause of lower respiratory tract infections (LRTI) in infants and young children. Infections with RSV is a major health problem during early childhood and primary RSV infections occur most often between the ages of 6 weeks and 2 years. Approximately one half of all infants become infected with RSV during the first year of life and nearly all infants by the end of their second year of life…in the US each year, approximately 100,000 children are hospitalised at an estimated cost of $300 million. More than half of those admitted for RSV bronchiolitis are between 1 and 3 months of age." [Clearly implicating vaccination.]

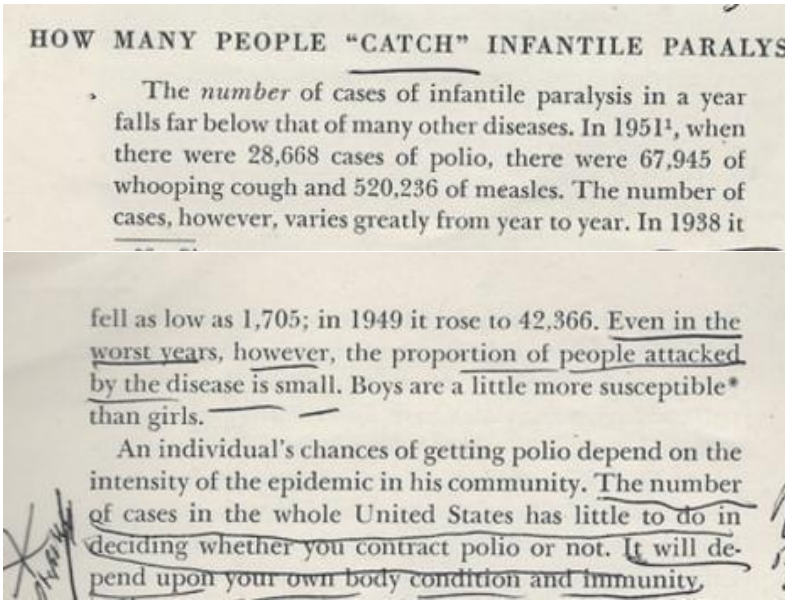
RSV vaccine developed in late 1960s failed miserably. Fulginiti et al (1969) and others showed the vaccine was ineffective, and induced an exaggerated, altered clinical response…causing RSV illness requiring hospitalisations among vaccinees and led to delayed dermal hypersensitivity.

Simoes (1999) wrote "Since it was identified as the agent that causes chimpanzee coryza in 1956, and after its subsequent isolation from children with pulmonary disease in Baltimore, USA, respiratory syncytial virus (RSV) had been described as the single most important virus causing acute respiratory-tract infections in children. The WHO estimates that of the 12.2. million annual deaths in children under 5 years, a third are due to acute infections of the lower respiratory tract. Streptococcus pneumoniae, Haemophilus influenzae, and RSV are the predominant pathogens… vaccinated children were not protected from subsequent RSV infection. Furthermore, RSV-naïve infants who received formalin-inactivated RSV vaccine, and who were naturally infected with RSV later, developed more severe disease in the lower respiratory tract than a control group immunized with a trivalent parainfluenza vaccine".

Data from ten developing countries, with intense polio vaccination, revealed that RSV the most frequent cause of Lower Respiratory Tract (LRT) infections (70% of all cases).

Polio vaccines are not only ineffective in preventing paralysis, but they also carry the risk of contamination with many harmful adventitious microorganisms, of which only some monkey viruses have been researched in more detail. Many other potentially dangerous microorganisms remain unaddressed.

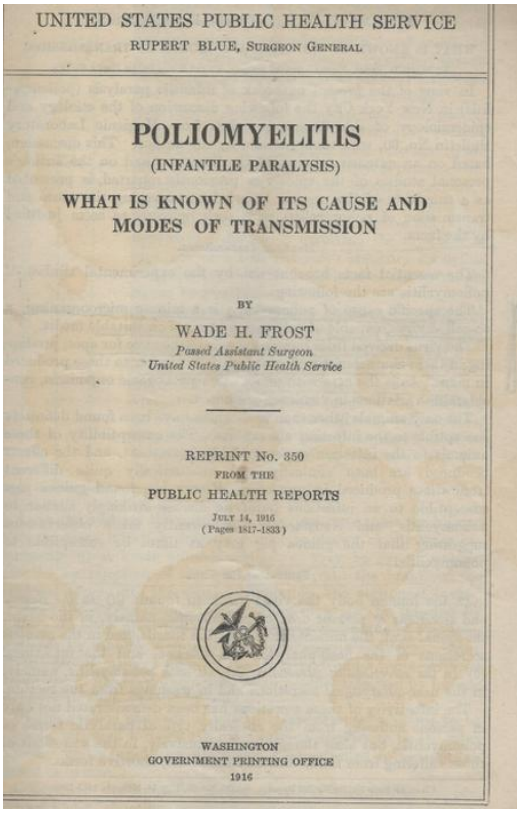




HOW MANY PEOPLE "CATCH" INFANTILE PARALYS

The *number* of cases of infantile paralysis in a year falls far below that of many other diseases. In 1951[1], when there were 28,668 cases of polio, there were 67,945 of whooping cough and 520,236 of measles. The number of cases, however, varies greatly from year to year. In 1938 it fell as low as 1,705; in 1949 it rose to 42,366. Even in the worst years, however, the proportion of people attacked by the disease is small. Boys are a little more susceptible* than girls.

An individual's chances of getting polio depend on the intensity of the epidemic in his community. The number of cases in the whole United States has little to do in deciding whether you contract polio or not. It will depend upon your own body condition and immunity.



UNITED STATES PUBLIC HEALTH SERVICE
RUPERT BLUE, SURGEON GENERAL

POLIOMYELITIS
(INFANTILE PARALYSIS)

WHAT IS KNOWN OF ITS CAUSE AND MODES OF TRANSMISSION

BY
WADE H. FROST
Passed Assistant Surgeon
United States Public Health Service

REPRINT No. 350
FROM THE
PUBLIC HEALTH REPORTS
JULY 14, 1916
(Pages 1817-1833)

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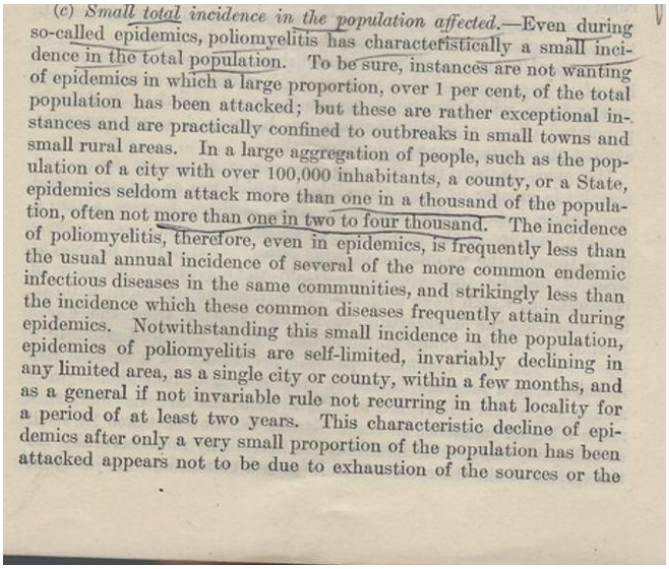
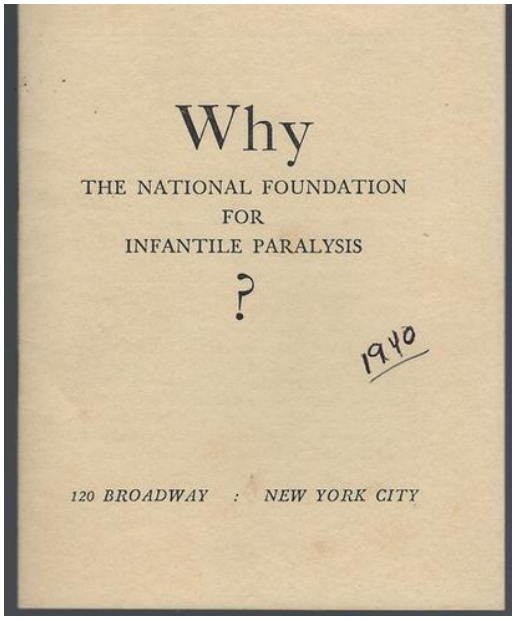


(c) *Small total incidence in the population affected.*—Even during so-called epidemics, poliomyelitis has characteristically a small incidence in the total population. To be sure, instances are not wanting of epidemics in which a large proportion, over 1 per cent, of the total population has been attacked; but these are rather exceptional instances and are practically confined to outbreaks in small towns and small rural areas. In a large aggregation of people, such as the population of a city with over 100,000 inhabitants, a county, or a State, epidemics seldom attack more than one in a thousand of the population, often not more than one in two to four thousand. The incidence of poliomyelitis, therefore, even in epidemics, is frequently less than the usual annual incidence of several of the more common endemic infectious diseases in the same communities, and strikingly less than the incidence which these common diseases frequently attain during epidemics. Notwithstanding this small incidence in the population, epidemics of poliomyelitis are self-limited, invariably declining in any limited area, as a single city or county, within a few months, and as a general if not invariable rule not recurring in that locality for a period of at least two years. This characteristic decline of epidemics after only a very small proportion of the population has been attacked appears not to be due to exhaustion of the sources or the



Why

THE NATIONAL FOUNDATION
FOR
INFANTILE PARALYSIS

?

1940

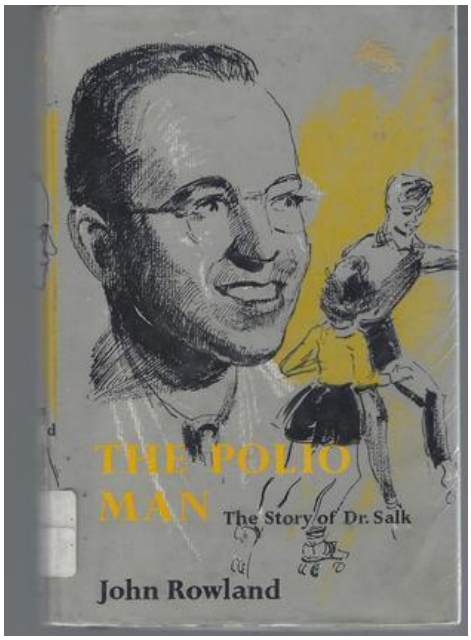
120 BROADWAY : NEW YORK CITY

Yet The National Foundation for Infantile Paralysis is essentially the American people's foundation and as such it is responsible to them. The most skilful propaganda has failed to remove infantile paralysis from its top rank as terrifier of the people. The human insight of fathers and mothers looks through the reassuringly low sickness and death rates displayed to them by our public healthmen. The fact that relatively so few children are killed or lamed by the paralytic terror — that truth is no comfort to parents if their own baby is wrecked for life at life's beginning.

Even though the incidence of infantile paralysis is low compared to certain other and major ills, yet it cannot be dismissed as no serious menace to society. This is what is socially most disturbing about the paralytic plague: crippling relatively few children and young people in any given year, each epidemic adds to an ever mounting accumulation of living human wreckage. From pneumonia after a few days' ordeal you die or get better. From our almost yearly epidemics of infantile paralysis — each one no account statistically — there is a growing totality of tragedy often worse than death. The

[4]

The Polio Man (1960)



attacked human beings.

One of the very special problems that arose in this connexion was the fact that polio never attacks more than a very small proportion of people. American experts, in fact, calculated that only about twenty people out of every 100,000 would suffer from the disease in any one year, which meant that it was very difficult to decide who had been really protected. Some of the people who might be found not to suffer from it might well be people who would have escaped anyway, quite apart from the injection of any vaccine.

Dr. Francis, Dr. Salk's old teacher and colleague, who

"I think," Dr. Francis said to him one day, "that we made a mistake in concentrating so much on polio. Polio is a killing disease, and if a doctor makes an error, he may kill a patient. Why not start by working on some virus disease which does not kill?"

"What sort of disease do you mean?" asked Dr. Salk.

"Influenza, say. Influenza is a disease which causes thousands of people to be ill every winter; it loses millions of working days to commerce and industry. If someone could produce a vaccine that would prevent influenza, a vaccine which could be given easily and cheaply to the whole working population every winter—it would be a godsend. And it would be a very paying proposition, too," added Dr. Francis with a grin. "Any one of the big chemical firms would take up manufacture of such a vaccine on a large scale."

Our human laws are but the copies, more or less imperfect, of the eternal laws so far as we can read them.—Froude.

Fitchburg Sentinel

THE WEATHER
Cloudy, rain.
(Complete Report On Page 2)

ESTABLISHED 1838 Vol. CXVII Entered as Second-Class Matter Postoffice, Fitchburg, Mass. FITCHBURG, MASS., TUESDAY, APRIL 12, 1955—SIXTEEN PAGES FIVE CENTS

Salk Vaccine Reported Safe—Effective—Potent

ANN ARBOR, Mich., April 12 (AP)—The Salk polio vaccine is safe, effective and potent, it was officially announced today.

The vaccine was found 80 to 90 per cent effective in preventing paralytic polio in tests last year, anxious parents were told today by Dr. Thomas Francis Jr. of the University of Michigan.

Triumph Over Polio

Dr. Jonas E. Salk of Pittsburgh immediately declared he is sure the vaccine is potentially almost 100 per cent effective and can bring complete triumph over polio and its lieutenants of terror and tragedy.

Dr. Francis' official report declared the vaccine had produced an "extremely successful effect" among children with bulbar polio, the most dangerous type.

"There is no doubt that children now can be vaccinated successfully to end the threat of polio and the anxiety it causes every year.

Incredibly Safe

The vaccine was found incredibly safe and with only .4 of 1 per cent of children suffering minor reactions.

So called "major reactions" were almost completely lacking.

The time of protection from the vaccine appears reasonably good.

"The effect was maintained with but moderate decline after five months."

Paralysis occurred in 33 children who received the vaccine in areas where children were given either the real vaccine or dummy shots. None died.

Only One Death

Just one child given the vaccine died of polio and this death followed removal of tonsils two days after his second shot of vaccine in an area where polio was already prevalent.

Dr. Salk urged that children this year be given only two shots of vaccine in order to step up the effectiveness of the vaccine. He said that the shots should be spaced two to four weeks apart with the third one delayed for at least several months afterward.

Dr. Salk said he finds the best protection comes when the shots are spaced this way instead of being given all within five weeks as was done last year.

He said some variations in the vaccination results were apparently due to some bad or impotent batches of vaccine.

Boosters Urged

Salk also urged that children vaccinated last year be given a booster shot as soon as the vaccine is available.

Licensing of the vaccine by the National Institute of Health is expected within 48 hours to make possible a quick beginning of the huge vaccination program.

It is estimated there will be enough vaccine for 30 million children, but if Dr. Salk's recommendation of two shots instead of three immediately is followed this would make possible inoculation of 45 million children.

1,800,000 In Test

Out of 1,800,000 children in the test program, 1013 cases of polio developed.

In areas where the vaccine and dummy shots were used interchangeably 428 out of 749,236 came down with polio.

In observed control areas where only second graders were inoculated 585 of 1,080,680 children developed polio.

Of children receiving dummy shots 115 became paralyzed.

In the areas where vaccine was used on some and others merely observed 38 children became paralyzed as opposed to 330 who did not get the vaccine.

Polio
(Continued on Page Fourteen)

State Officials Assure Aid For Airport Repairs

B&M's First Witness

ICC Examiner Holds Decision On Trial Motion To Exclude Testimony Of Pres. Sughrue

BOSTON, April 12 (AP)—Interstate Commerce Commission Trial Examiner Jerome K. Lyle reserved decision today on a motion to strike from the record yesterdays' testimony of Timothy G. Sughrue, president of the Boston & Maine Railroad.

Lyle for the B & M, suggested no action be taken on that motion pending today's developments.

McGinnis left yesterday's session when Sughrue was called to the stand.

Sughrue testified McGinnis told him personally last month that he

Will Provide 50 PC Of Costs For Runway Improvements; County May Share Financing

Officials of the state aeronautics commission assured Mayor Peter J. Levanti and Alfred N. Vincent, airport commission chairman, yesterday that the state would provide 50 per cent of the cost of repairs to the runways at the municipal airport.

With the money being provided under the provisions of Chapter 90, local officials said today that they would look into the possibility of the county also sharing in financing the

'Isn't Any Time,' Says Dr. Salk Following Victory

ANN ARBOR, Mich., April 12 (AP)—Dr. Jonas E. Salk, his voice hurried and terse, heard today that his six-year battle against the polio virus had won an initial, startling victory.

The 40-year-old University of Pittsburgh scientist, telephoned by this reporter from an early morning high-level meeting, had advance notice of the results of the long-awaited Francis report only hours earlier.

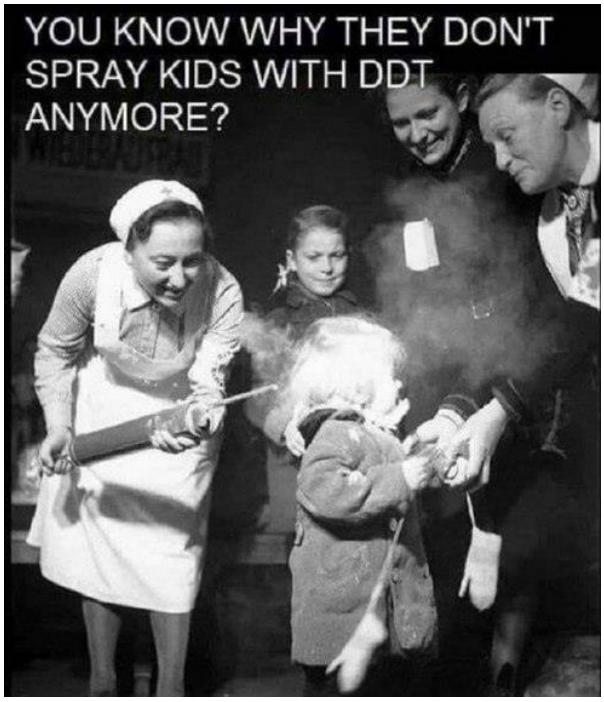
Dr. Salk referred to details of

SUCCESSFUL ACHIEVEMENT—Dr. Jonas E. Salk, right, developer of the successful polio vaccine announced today by Dr. Thomas Francis, Jr., left, who conducted the investigation of the formula at the University of Michigan, is shown in a press conference with Basil O'Connor, president of the National Foundation for Infantile Paralysis.

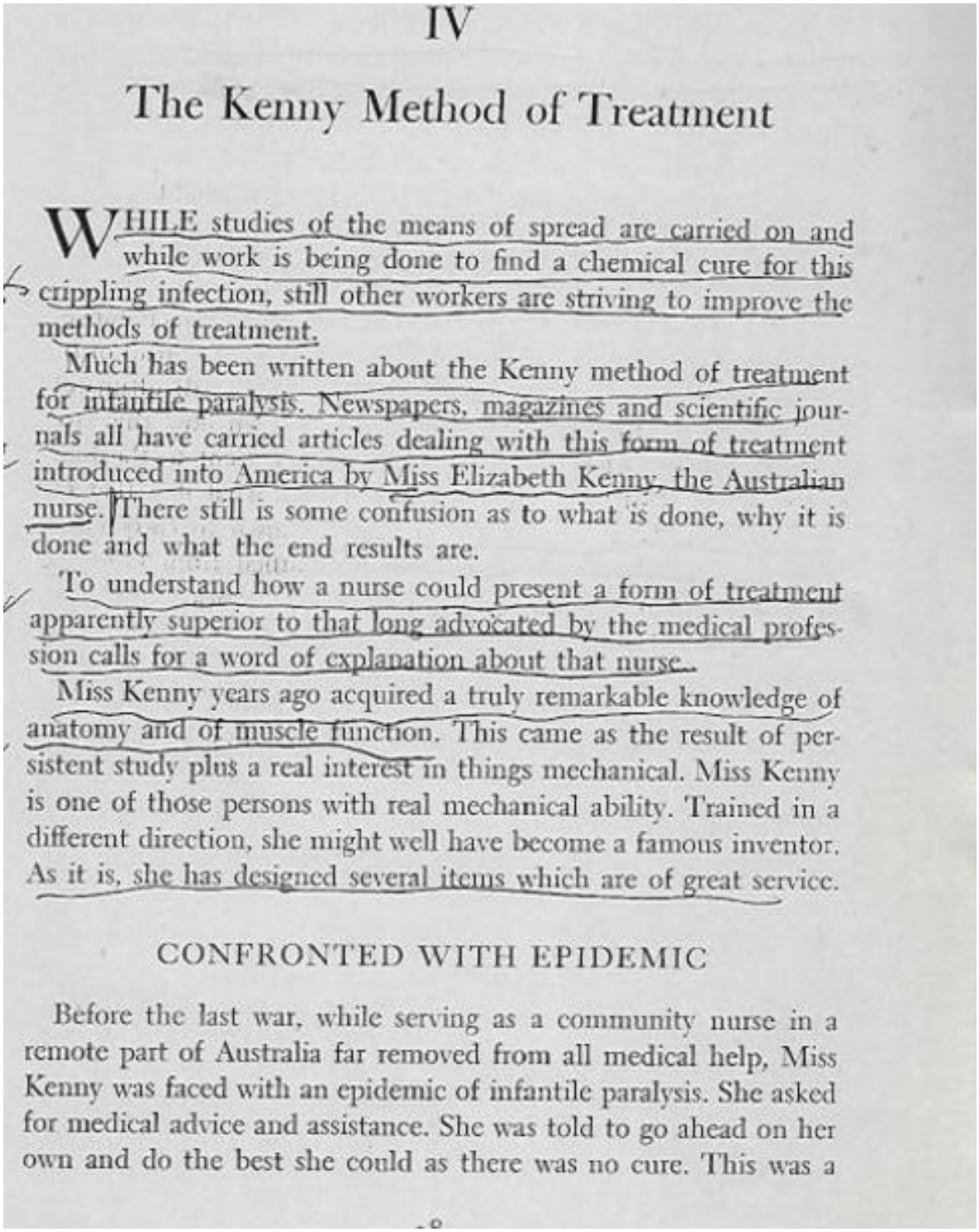
. . . Way Has Been Found

3381 School Children In Fitchburg, Leominster Eligible

1013 kids got polio from the vaccine and the placebo…yet vaccine-pseudoscience declares it "safe & effective".



In 1942, the National Foundation for Infantile Paralysis (March of Dimes) published an article "The Importance of Research" which clearly said that Sister Kenny was right and the Medical profession was wrong. They admitted that polio was not a disease of the central nervous system but muscle spasms. Salk and his team knew this when they pursued the vaccines – "a very paying proposition".



IV

The Kenny Method of Treatment

WHILE studies of the means of spread are carried on and while work is being done to find a chemical cure for this crippling infection, still other workers are striving to improve the methods of treatment.

Much has been written about the Kenny method of treatment for infantile paralysis. Newspapers, magazines and scientific journals all have carried articles dealing with this form of treatment introduced into America by Miss Elizabeth Kenny, the Australian nurse. There still is some confusion as to what is done, why it is done and what the end results are.

To understand how a nurse could present a form of treatment apparently superior to that long advocated by the medical profession calls for a word of explanation about that nurse.

Miss Kenny years ago acquired a truly remarkable knowledge of anatomy and of muscle function. This came as the result of persistent study plus a real interest in things mechanical. Miss Kenny is one of those persons with real mechanical ability. Trained in a different direction, she might well have become a famous inventor. As it is, she has designed several items which are of great service.

CONFRONTED WITH EPIDEMIC

Before the last war, while serving as a community nurse in a remote part of Australia far removed from all medical help, Miss Kenny was faced with an epidemic of infantile paralysis. She asked for medical advice and assistance. She was told to go ahead on her own and do the best she could as there was no cure. This was a

APPLIED HER MECHANICAL TALENTS

To Miss Kenny this was mechanical, not particularly mysterious, and to her there was certainly nothing hopeless about the situation. She saw that muscles were painful and sore, that they were hard, contracted and in spasm, pulling the opposite muscles out of shape so that they could no longer function. What did she do? She applied heat. She tore up old blankets, wrung them nearly dry out of very hot water. She repeated this hour after hour and it relieved the pain. The patients felt much better when the hot packs were applied.

Gradually the pain and spasm relaxed, but arms and legs, hands and feet could not move. Gently, very gently Miss Kenny moved them for her patients, moved them so the patients would not forget how to do so by themselves. With infinite patience she taught them motion. She was equally persistent in preventing muscles from trying to do that for which they were not intended. The paralyzed child in his tremendous effort to regain lost power would bring into play muscles that had no part in the picture, leaving the functionless muscles out of the picture entirely.

RE-EDUCATED MUSCLES

We all know how this can be done. Watch a man heave and tug, trying to lift a crate far too heavy for him. He will strain with all the muscles of his arms and legs, abdomen and back, and then in addition make the most horrible faces. Contracting the muscles of his face does not help lift the box. It is nothing more than a surcharge of energy spilling over and accomplishing nothing. So, too, by misdirected nervous impulses will the infantile paralysis patient contract muscles totally unrelated to those that should be moved or which he is attempting to move but which have been knocked out by the disease. The man with his heavy crate will, after awhile, either succeed in moving it or will cease his efforts. The infantile paralysis patient, however, will keep on trying and unless he is given proper guidance and help, all he may succeed in doing will be to move the wrong muscles. He will be exactly like a man trying to lift the heavy crate by facial contortions alone. A

crippled child in this condition presented an abhorrent situation for Kenny the anatomist; it challenged Kenny the mechanical genius, and it certainly was intolerable to Kenny the nurse.

The technique of applying heat to relieve pain and the business of re-educating muscles after the pain and spasm has disappeared was not founded upon any knowledge of physiology or pathology of the disease. But it worked. Miss Kenny found that her patients recovered far better and to a greater extent than had those treated by rigid rest and immobilization under the direction of the surgeons and physicians of her country. Most of her patients recovered, while many of the others after long months in splints and plaster casts remained crippled and deformed.

HER CLAIMS EXTENSIVELY TESTED

In 1940 Miss Kenny came to the National Foundation for Infantile Paralysis, bearing letters of introduction from her Premier in Queensland, Australia. Later she was established at the University of Minnesota, supported in her work entirely by funds from the National Foundation. A program for the study of her results was carried out for the purpose of testing the claims advanced. And she was provided with patients so that the observers could determine if she could produce results that were better than had been previously achieved. Full cooperation was given by the University's departments of Orthopedic Surgery and Physical Therapy.

At the end of the year a special medical committee, appointed by President Basil O'Connor, reported on these results. This report was favorable and, in substance, said that Miss Kenny had apparently been able to do better with her patients than had anyone heretofore. More patients were made available to her and still further study was carried on at the Minneapolis General and the University of Minnesota Hospitals. At the Foundation's Annual Medical Meeting in December 1941, her work was again reviewed by our Medical Advisory Committees. To the very best of our ability we have carried out the specific recommendations which were made at that time. They were as follows:

"The Committee on Epidemics and Public Health and the Committee on Education recommend to the National Foundation

for Infantile Paralysis that public health officials throughout the nation be given, as promptly as possible, information which may be available regarding the nature of the Kenny technique and its integration with other measures of treatment, and the personnel available for its application in outbreaks of infantile paralysis.

"The Committees recommend furthermore that the training program of the National Foundation for Infantile Paralysis be expanded to provide additional training for considerable numbers of nurses and physical therapy technicians, and recommend expansion of the training program so as to make available additional personnel fully trained in the essentials and principles of the Kenny method.

"The Committees recommend furthermore that the Committee on Medical Publications of the National Foundation for Infantile Paralysis consider immediately the development of a concise manual providing the essential principles and details of the Kenny method and of other applications of hydrotherapy and physical treatment in the early stage of infantile paralysis."

Physicians had always been taught that infantile paralysis was really paralysis. Kenny claimed that infantile paralysis was rarely paralysis, but was really spasm of muscles. This was an exactly opposite concept. Physicians used a method of treatment which consisted of immobilization by casts or splints. Kenny contended that these were all wrong for they merely increased the spasm and led to contractures and permanent deformities. According to her, the thing to do was to apply heat to relax the spasm and then start very early passive and active motion followed by re-education of the involved muscles.

Quickly, with aid from the National Foundation, men of science took this problem into their laboratories. Time has not been permitted for evaluation of all points, but certain things have been brought out showing that Kenny's claims are on a sound foundation.

SPASM FOUND TO EXIST

In one laboratory equipped with delicate electrical instruments, the strength of nerve impulses was determined in both paralyzed

muscles and those in spasm. As an impulse to produce motion travels down the course of a nerve to a muscle, minute electrical currents are generated. These can be picked up and magnified, as are the waves coming to a radio receiving set. They can be measured, recorded photographically, studied and analyzed. It was found that many muscles which were unable to move were not truly paralyzed in the sense that their nerves were destroyed, but were in spasm. Nerve impulses still were being sent to them, but these did not produce motion.

In the same laboratory, heat was applied after the Kenny manner, to some of these muscles. They showed recovery of their ability to transmit nerve impulses in a normal way and once more to have these impulses translated into useful motion. Other sick muscles were not treated. After long weeks they still showed their spasm! Here was the first real proof that Miss Kenny was treating a condition which actually did exist!

Let it not be misunderstood — there may be true paralysis. In some cases the disease is so severe and the destruction of nerve cells is so complete that there is true paralysis. Nerves are dead. They transmit no impulses to muscles. Neither the Kenny method, nor any other, can restore life to nerves that are dead. Here the damage is permanent. Only surgery and mechanical bracing with steel and leather can provide support and some degree of function in this form of crippling.

Other laboratories carried on studies. In the experimental animal, nerves to muscles were crushed or cut. This is as close as the experimenter can come to producing symptoms like those of infantile paralysis. The muscles supplied by these nerves were paralyzed, but the laboratorian had not killed the nerve cells; he had only temporarily broken the pathway between nerve centers and muscles. Nature repaired this break; nerve fibers regenerated. Some of the experimental animals had their paralyzed legs placed in splints or plaster casts. Others were allowed to run free, moving about as best they could. The rate and degree of recovery of the two groups were compared. Those with the casts and splints, with complete "rest" of the paralyzed muscles, recovered more slowly and to a lesser degree than those that were not splinted.

While these animals did not have infantile paralysis, and while they were not little children recovering from an acute illness, the two conditions were not too dissimilar. At least it was shown that complete immobilization by mechanical means in such nerve injury cases caused damage. This apparently offered further justification for Miss Kenny's contention that splints and plaster casts should not be used in infantile paralysis.

HAS STIMULATED RESEARCH

These are but the preliminary results of two types of studies. Others are being carried on in many places. In time, as new truths are learned, improvements in treatment may be expected. Armed with this knowledge, physicians can improve, add to and modify the treatment until the best possible care will be made available.

A great tribute must be paid to Miss Elizabeth Kenny of Australia, not only for her contribution of a new and improved method of treatment of poliomyelitis, but also for giving stimulus to a new line of scientific endeavor and research — research that may go far in supplying information to fill in the many gaps in our knowledge of this disease.

15. INFLUENZA

In 2010, Cochrane Collaboration scientists reviewed 50 randomised controlled trials and other reports and concluded "**Influenza vaccines have a modest effect** in reducing influenza symptoms and working days lost. **There is no evidence that they affect complication, such as pneumonia or transmission**. The review showed that **reliable evidence on influenza vaccines is thin** but there is **evidence of widespread manipulation of conclusions and spurious notoriety of the studies**."

"There is little evidence on prevention of complications, transmission, or time off work." Clinical trials of healthy adults show that "**71 healthy adults need to be vaccinated to prevent one of them experiencing influenza**."[806] [807] *(The other 70 would only get the vaccine injuries!)*

Dr. Fudenberg, one of the world's most prolific immunologists, and 13th most quoted biologist of our times (over 600 papers in peer review journals), had this to say regarding the annual flu vaccine program: "If an individual has had 5 consecutive flu shots between 1970 – 1980 (the years of the study) his / her chance of developing Alzheimer's Disease is 10 times greater than if they had one, two or no shots." When asked why, Dr. Fudenberg stated, "It is due to the gradual mercury and aluminum build up in the brain causing cognitive dysfunction."[808]

Yale scientists find strong association between influenza vaccinations and anorexia, OCD and anxiety disorder. "Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case-Control Study", Douglas L. Leslie et al (2017).[809]

Influenza Vaccine Makes Us More Susceptible to Acute Infections from Non-Influenza Respiratory Viruses

Studies are confirming that vaccination against the flu virus leads to increased rates of respiratory infections by non-influenza viruses. **"**Among children there was an increase in the hazard of Acute Respiratory Infections (ARI) caused by non-influenza respiratory pathogens post-influenza vaccination compared to unvaccinated children during the same period. and "Post-vaccination risk of non-influenza respiratory pathogen was higher in children".[810] Study published in the journal *Vaccines*.

This finding confirms the work of Benjamin Cowling and colleagues from 2012: Increased Risk of Non-influenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza.[811]

Another study "Annual Vaccination against Influenza Virus Hampers Development of Virus-Specific CD8+ T Cell Immunity in Children", Rogier Bodewes et al (2011) shows that the annual influenza vaccination could potentially increase susceptibility to new viruses.[812]

[806] https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised
[807] http://www.cochrane.org/CD001269/ARI_vaccines-prevent-influenza-healthy-adults
[808] Dr Fudenberg's speech, NVIC International Vaccine Conference, Arlington VA, September 1997.
[809] https://pubmed.ncbi.nlm.nih.gov/28154539/
[810] https://www.sciencedirect.com/science/article/pii/S0264410X18303153?via%3Dihub
[811] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/
[812] https://www.ncbi.nlm.nih.gov/pubmed/21880755

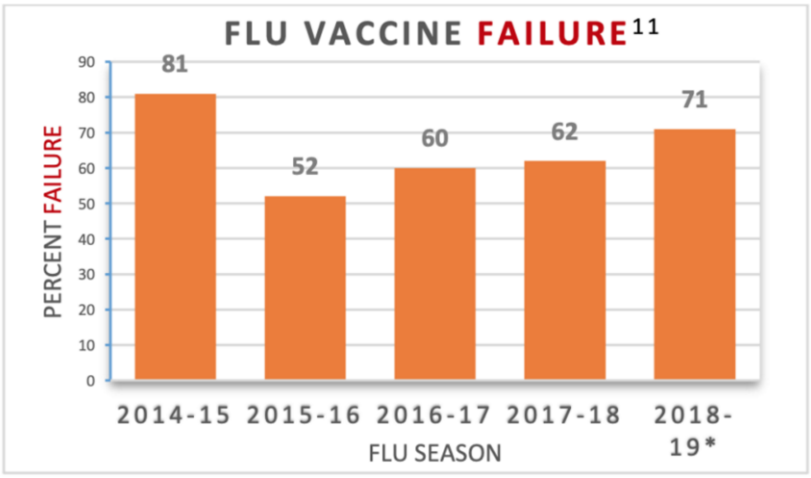


Figure 1: Centers for Disease Control and Prevention (CDC) data from the U.S. Flu VE Network indicate that the flu vaccine has failed to prevent the flu about 65% of the time.

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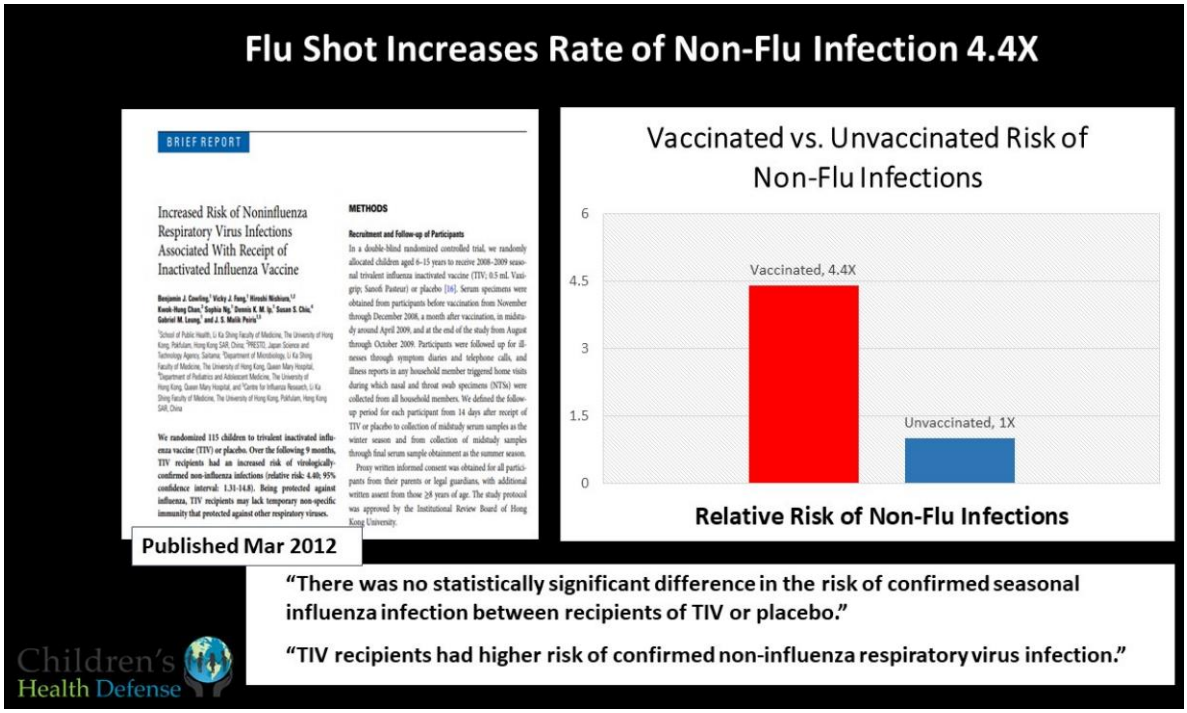

Link to study: https://pubmed.ncbi.nlm.nih.gov/22423139/

Influenza vaccination of pregnant women:

According to US FDA, no vaccine has been approved for pregnant women. Refer to Section 18.8 Maternal Immune Activation for more info.

[813] https://physiciansforinformedconsent.org/physicians-for-informed-consent-sends-cautionary-letter-to-uc-board-of-regents-regarding-its-new-flu-shot-mandate-emphasizes-lack-of-scientific-basis/

FLU VACCINES: ARE THEY EFFECTIVE AND SAFE?

By Richard Gale and Gary Null

Following are excerpts from the referenced detailed article.[814]

Dr Graeme Laver, a major Australian scientist involved in the invention of a flu vaccine in addition to playing a leading scientific role in the discovery of anti-flu drugs. He went on record as saying the vaccine he helped to create was ineffective and natural infection with the flu was safer. "I have never been impressed with its efficacy," said Dr Laver.[815]

The history of the flu vaccine reads like one stumbling fiasco after another. Take an example. Ever wonder how the particular viruses are chosen for next year's vaccine? The answer could be drawn from a 1930s film noir of Shanghai Villainy. Scientists kill migrating ducks in Asia, culture the viruses and put those in next year's vaccine, because they have seen an association between bird and pig viruses and the following year's human flu epidemics. Perhaps this desperate guesswork is responsible for so many years when the flu vaccines had nothing in common with circulating viruses.

An article[816] published in the prestigious British Medical Journal in 2005, "Are US Flu Death Figures More PR Than Science" is apropos for addressing the wildly inflated figures by the WHO and CDC to present their case for mass vaccination measures. The article begins, "US data on influenza deaths are a mess." The study reviews the CDC's own statistical data and finds numerous inconsistencies and incompatibilities between "official estimates and national vital statistics data." Although the government's predictions never came close to the "dire outcomes" being stated by health officials, the CDC's own communication strategy was marked by high levels of fear.

For example, if we are to take the combined figure of flu and pneumonia deaths for the flu period of 2001, and add a bit of spin to the figures, we are left believing that 62,034 people died from influenza. The actual figures are 61,777 died from pneumonia and only 257 from flu. Even more amazing, in those 257 cases, only 18 were scientifically identified as positive for the flu virus. A separate study conducted by the National Center for Health Statistics for the flu periods between 1979 and 2002 reveals that the range of annual flu deaths were between 257 and 3006, for an average of 1,348 per year.

How does the CDC respond to this discrepancy reported by the Harvard scientist? Read carefully the CDC's own statement.

"Typically, influenza causes death when the infection leads to severe medical complications… [and as most such cases] are never tested for virus infection… CDC considers these figures to be very substantial undercounting of the true number of deaths from influenza. Therefore, the CDC uses indirect modeling methods to estimate the number of deaths associated with influenza." In an earlier 2003 article JAMA, William Thompson from the CDC's National Immunization Program attempted to explain "influenza-associated mortality." He wrote, "Based on modeling, we think it's associated. I don't know that we would say that it's the underlying cause of death."

[814] https://autism-prevention.blogspot.com/2009/10/flu-vaccines-are-they-effective-and.html
[815] The Scotsman, UK newspaper, November 2007.
[816] Doshi, Peter. "Are US flu death figures more PR than science?" BMJ 2005; 331:1412 (10 December)

The CDC is admitting 1) the deceased are not tested to determine the presence of the flu virus, and 2) they do not directly perform any direct testing to determine the exact cause of death but rather "indirect modelling methods" is a professional way of saying subjective mathematical equations to arrive at their figures. The 36,000-mortality figure is nothing more than a mathematical model. The British journal concluded that the only possible rationale for the CDC's complete disregard for scientific fact, even in face of independent research to discredit its statistics, is a public relations effort between the CDC and the vaccine manufacturer's campaigns to increase flu vaccination.

There can be little doubt about this after statements presented by the CDC's National Immunization Program's spokesperson, Glen Nowak, at the 2004 National Influenza Vaccine Summit—co-sponsored by the CDC and the American Medical Association. Nowak outlined the CDC's "Seven Step Recipe for Generating Interest In, and Demand for, Flu Vaccination." One step requires "medical experts and public health authorities publicly... [to] state concern and alarm (and predict dire outcomes)" to encourage influenza vaccination. Another step is "continued reports... that influenza is causing severe illness and/or affecting lots of people, helping to foster the perception that many people are susceptible to a bad case of influenza."

Why was the "Seven Step Recipe" implemented? Dr. Nowak publicly stated the CDC's reasons on National Public Radio, **"… the manufacturers were telling us that they weren't receiving a lot of orders for vaccine** for use in November or even December [of 2003]… It really did look like we [CDC] needed to do something to encourage people to get a flu shot.

Dr. Anthony Morris is a distinguished virologist and a former Chief Vaccine Officer at the FDA. His views regarding the flu shot go much further. There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza,' Dr. Morris states, "The producers of these vaccines know they are worthless, but they go on selling them anyway."[817] [818]

HPA recommends influenza vaccination for under 2-year-olds

Cochrane Collaboration conducted a review of all the available published and unpublished safety evidence available regarding the flu vaccine and found it to be worthless. The shocking conclusion was that the only safety study performed on inactivated flu vaccine was conducted in 1976. The head of Vaccine Field Group Dr Jefferson told Reuters, "**Immunization of very young children is not lent support by our findings. We recorded no convincing evidence that vaccines can reduce mortality, [hospital] admissions, serious complications and community transmission of influenza. In young children below the age of 2, we could find no evidence that the vaccine was different from a placebo.**"[819] [820]

Such evidence is ignored and in spite of risk of immune activation disrupting neurological development of infants, Maldives recommends this vaccine for infants.

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[817] Patrick, Jay. "Flu Vaccines 'Worthless' Says Eminent FDA Virologist."
[818] https://autism-prevention.blogspot.com/2009/10/flu-vaccines-are-they-effective-and.html
[819] Reuters, 22 September 2005; Jefferson, Tom. "Safety of Influenza vaccines in children", The Lancet, 2005. 366:803-804
[820] https://www.globalresearch.ca/a-new-flu-season-of-pain-profit-and-politics/5358997

16. CHICKENPOX

Varicella vaccine is an optional vaccine given in the Maldives for chickenpox. Varilrix (vaccine for chickenpox from GlaxoSmithKline) is used in the Maldives. Varilrix is a live attenuated Oka strain of varicella-zoster virus obtain by propagation of the virus in **MRC5 human diploid cells culture (cell strains cultivated from a male aborted foetus)**. Neomycin sulphate is present as a residual.

Varicella vaccine may also cause rash in vaccinees within 42 days and transmit to contacts. Duration of protection is unknown. Reported adverse reactions include herpes zoster (shingles), thrombocytopenia, anaphylactic reactions, asthma, bronchitis, rhinitis, eczema, encephalitis, cerebrovascular accident, Henoch Schonlein purpura, Kawasaki syndrome and erythema multiforme. **No data are available on vaccine's effect on fertility**.[821]

In addition, in some immunized children, the virus reactivates within a few months to a few years to cause shingles (herpes zoster).[822] For which the shingles vaccine is recommended. Both chickenpox and shingles vaccines contain residual human foetal DNA.

Shingles vaccine is also associated with vaccine-associated shingles, blindness, paralysis, brain damage, liver failure and even death.

It is a never-ending tale of vaccine after vaccine with multiple doses of each without any guarantee of protection nor of safety.

A paper published in the journal *Vaccine* in 2013, "Review of United States universal varicella vaccination program: Herpes zoster incidence rates, cost-effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data, Goldman and King, reports that following increase in varicella vaccination "notable increases in Herpes zoster (shingles) incidence rates were reported among both children and adults with a prior history of natural varicella…In the prelicensure era, 95% of adults experienced natural chickenpox (usually as children) – these cases were usually benign and resulted in long-term immunity. Varicella vaccination is less effective than the natural immunity that existed in prevaccine communities. Universal varicella vaccination has failed to provide long-term protection from VZV disease."

A study[823] published in The New England Journal of Medicine in 2007 notes that "children between 8 – 12 years who had been vaccinated at least 5 years previously were significantly more likely to have moderate or severe disease than were those who had been vaccinated less than 5 years previously." This was due to primary vaccine failure (which is 15-20%) and waning vaccine-induced immunity. Severity of the disease was also noted to have increased from 18% to 31% in vaccinees.

"Vaccinated children with 50 or more lesions were twice as likely to have complications such as pneumonia, ataxia, and skin superinfection as were those with fewer than 50 lesions."

Waning vaccine-induced immunity is of "**particular public interest because it may result in increased susceptibility later in life, when the risk of severe complication may be greater than that in childhood**."

[821] https://au.gsk.com/media/265139/varilrix_pi_008_approved.pdf
[822] https://pubmed.ncbi.nlm.nih.gov/30628536/
[823] https://www.nejm.org/doi/10.1056/NEJMoa064040

Similar to other childhood infections such as measles and mumps, chickenpox risk burden has also shifted following mass vaccination for varicella, which causes both chickenpox and shingles.

Since immunization failure was less reported, a survey was conducted by scientists in China in 2015, and reported "In 2010, a survey yielded a data that single-dose vaccine coverage was achieved in 80.4% of children 3-6 yr old. However, outbreaks caused by breakthrough varicella cases occurred frequently in schools and kindergartens with high single-dose vaccine coverage. Thereafter, a cross-sectional serological survey was performed in order to determine the VZV seroprevalence in the one-dose era and the risk factors of VZV infection in the whole population, which would ultimately provide evidence-based references for developing and adjusting the immunization strategy."[824]

Fatal varicella due to the vaccine-strain varicella virus. Leung et al, 2013. Summary: We describe a death of a 15-month-old girl who developed varicella-like rash 20 days after varicella vaccination that lasted for 2 months. The rash was confirmed to be due to vaccine-strain varicella-zoster virus (VZV).[825]

On 20 April 2018, Merck requested FDA (and was approved) to include "meningitis" as an adverse effect in their package insert.[826]

According to the vaccine insert, vaccine virus transmission can occur for up to six weeks following vaccination. And thus, vaccinees are advised to not to come into contact with high risk individuals such as the immunocompromised, pregnant women and newborn infants.

> Official data have shown that the large-scale vaccinations undertaken in the US have failed to obtain any significant improvement over the diseases against which they were supposed to provide protection."
>
> *Dr Albert Sabin, MD*
>
> *(creator of Oral Polio Vaccine) in a lecture to Italian doctors in Piacenza, Italy on 7 December 1985*

[824] https://www.ncbi.nlm.nih.gov/pubmed/26554449
[825] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181020/
[826] https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM623955.pdf

17. SMALLPOX

Proponents of vaccination always claim that smallpox was eradicated with vaccination. However, evidence proves it a fallacy. Whenever vaccine safety or efficacy is questioned, we are told that smallpox vaccine was clearly safe & effective and that it eradicated the disease.

However, it was a global campaign to detect cases of disease and their contacts and isolation that finally eradicated the disease.[827]

Historical evidence that smallpox vaccination did not prevent smallpox infection.

1. "You must remember that the first Compulsory Vaccination Act was passed in 1853, and since then we have had three great epidemics of smallpox in the country. Now, the first of those epidemics took place in 1857-59, and it killed in round numbers 14,000 of the population; the second was in 1863-65, and that one killed 20,000; the third was the great one of 1870-72, and that doubled us up to the tune of 44,800 and odd. It was the biggest in the memory of most men living, and almost the biggest in the whole country. So that it hardly seems that vaccination can prevent the occurrence of epidemics or make them any smaller when they do occur."

   "And now we know that cowpox occurs in cattle without there having been a trace of smallpox in the neighborhood. We know that smallpox is a disease with a general eruption, spreading all over the body, whilst cowpox is a strictly local disease of the teats and the udder of the cow. Smallpox is an infectious eruptive disease, appearing all over the body, and in both sexes and all ages. Cowpox, on the other hand, is a local outbreak of pimples, which so far as we can trace them to their very obscure origin, owe their subsequent virulence to the rough handling they get from the milkers, and is a disease which occurs naturally only in the female animal, and only in her while in milk. There is just nothing in common between the two diseases, save a slight resemblance of name. This has always been maintained by some doctors, and may now, I think, be accepted as proven."

   "So that it comes to this – you get a man and vaccinate him, and he does not have smallpox at all, and you say, Great is vaccination; it has preserved him from a frightful disease. And you get another man and vaccinate him, and he has the disease mildly, and you say, Great is vaccination; he would have been very bad if he had not been vaccinated. And then you have a third man and you vaccinate him, and he has a very severe attack, perhaps just escaping with his life, and you still say, Great is vaccination; if he had not been vaccinated, he would have been a corpse to a moral certainty. And then, at last, you have vaccinated a man, he has the impudence to go and get smallpox, and die of it; and then you turn round, and say, "Poor fellow, he can't have been properly vaccinated, or he couldn't have died of it."

   From "What about Vaccination? The Vaccination Question plainly put and plainly answered.", by Alfred Milnes, M.A., Second Edition Revised, London, 1895.

[827] Final Report of the Global Commission for the Certification of Smallpox Eradication, Geneva, December 1979, the World Health Organization, 1980.

2. "Ministry of Health (UK) itself has admitted that the vaccinal condition is a guiding factor in diagnosis. (M. Beddow Bayly, The Case Against Vaccination, Wm H. Taylor & Sons, Ltd., Printers, York Road, London, June 1936, p. 4)"

   This means that if a person who is vaccinated comes down with the disease he is "protected" against, the disease is simply recorded under another name. People who have been vaccinated for smallpox and later come down with the disease are classified in the health records as having chickenpox. This was admitted by English medical officers of health and the Ministry of Health twice sated in answer to question in Parliament that vaccination is one factor in the diagnosis of these cases. (Lily Loat, address given before the English Annual Session of the American Medical Liberty League, reprinted by The Truth Teller, "Philosophy of Health," Jan. 1927.)

   George Bernard Shaw said, "During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the revaccinated cases (of smallpox) as pustular eczema, varioloid or what not - except smallpox." (Eleanora McBean, The Poisoned Needle, Health Research, Mokelumne Hill, Calif. (undated), p. 64)

3. "The Fallacy of Vaccination" by Wilder A, New York, 1899, states that a doctor reported that smallpox mortality doubled (going from roughly 7% to 15%) after adoption of smallpox vaccination.

   The doctor also reports that the European countries received a "rude shock" when "every country in Europe was invaded with a severity greater than had ever been witnessed during the three preceding centuries." He also noted that "many vaccinated persons in almost every place were attacked by smallpox before any unvaccinated persons took the disease." In this physician's estimation, these facts alone were "sufficient to overthrow the entire theory of the protective efficacy of vaccination."

4. WARNINGS OF DOOM THAT NEVER CAME TO PASS – **LEICESTER METHOD**

   "Sir Duminie Corrigan, MD when acting as one of the Committee in 1871, on the Vaccination Act, said: An unvaccinated child is like a bag of gunpowder which might blow up the whole school and ought not, therefore to be admitted to a school unless he is vaccinated." Similar fear mongering as we see today.

   However, in 1893 he was proven wrong when smallpox outbreak in well-vaccinated district of Mold in Flintshire (England) had a death rate of 32 times higher than Leicester, which had less than 10% vaccination. In 1891-1894 smallpox outbreak in highly vaccinated Birmingham had 63 smallpox cases and 5 deaths per 10,000 of population, compared to Leicester at 19 cases and 1 death per 10,000.

   Source: J.W. Hodge, MD, "Prophylaxis to be Realized Through the Attainment of Health, Not by the Propagation of Disease," The St. Louis Medical and Surgical Journal, vol LXXXIII, July 1902, p. 15.

"Concerns over vaccine safety, effectiveness, and governmental infringement on personal liberty and freedom through compulsory vaccination stoked the fires of the anti-vaccination movement. People began to resist the government and chose to pay fines. Some even accepted imprisonment rather than allowing vaccination for themselves or their children. The public backlash culminated in the Great Demonstration in Leicester, England in 1885."[828]

"The last decade has witnessed an **extraordinary decrease in vaccination but, nevertheless, the town has enjoyed an almost entire immunity from smallpox**, there never having been more than two or three cases in the town at one time… As soon as smallpox breaks out, … the sufferer is safely in hospital. The family and inmates of the house are place in quarantine in comfortable quarters, and the house thoroughly disinfected. The result is that in every instance the disease has been promptly and completely stamped out at a paltry expense. Under such a system the Corporation have expressed their opinion that vaccination is unnecessary, as they claim to deal with the disease in a more direct and much more efficacious manner."[829]

The Leicester Method relied on quarantine of smallpox patients and thorough disinfection of their homes.

5. Every recruit that enters the French army is vaccinated. During the Franco-Prussian war there were 23,469 cases of smallpox in that army.

   The London Lancet of July 15, 1871, said: Of 9,392 small pox patients in London hospitals, 6,854 had been vaccinated.[830]

6. In the whole country more than 122,000 vaccinated persons have suffered from smallpox…. Official returns from Germany show that between 1870-1885 one million vaccinated persons died from smallpox.

   G.W. Harman, MD, "A Physician's Argument Against the Efficacy of Virus Inoculation," *Medical Brief: A Monthly Journal of Scientific Medicine and Surgery*, vol. 28, no. 1, 1900, p. 84[831]

7. However painful, yet it is a duty we owe to the public and the profession, to apprize them, that the number of all ranks suffering under Small Pox, who have previously undergone vaccination by the most skilful practitioners, is at present alarmingly great.

   "Observation on Prevailing Diseases", The London Medical Repository Monthly Journal and Review, vol. VIII, July-December 1817, p. 95[832]

8. The accounts from all quarters of the world, wherever vaccination has been introduced … the cases of failure are now increased to an alarming proportion. *Thomas Brown, Surgeon Musselburgh, "On the Present State of Vaccination," The Edinburgh Medical and Surgical Journal, vol. 15, 1819, p. 67*[833]

[828] "Dissolving Illusions" by Dr Suzanne Humphries & Roman Bystrianyk
[829] "Anti-vaccination Demonstration at Leicester," The Times, 24 March 1885; reported in "Dissolving Illusions"
[830] Ibid
[831] Ibid
[832] Ibid
[833] Ibid

9. Daily experience now unhappily shows an altered state of things: small pox, in spite of vaccination, is rapidly on the increase… There were more admissions to the London Small Pox Hospital in 1844 than in the celebrated small pox epidemic of 1781 before vaccination was introduced. … 181 deaths from small pox were recorded, 60, or nearly one-third, of which had been vaccinated.

   "Smallpox and Vaccination", Hampshire Telegraph and Sussex Chronicle, March 2, 1950.

10. "…deaths from vaccination and re-vaccination are hushed up … Mr Henry May, writing to the Birmingham Medical Review, January, 1874, on "Certificates of Death," says "As instances of cases which may tell against the medical man himself, I will mention erysipelas from vaccination and puerperal fever. A death from the first cause occurred not long ago in my practise, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach I omitted all mention of it from my certificate of death."

    The Ipswich Journal, November 7, 1876

11. "Surgeons and doctors were paid well to perform vaccination and embraced it as a new form of income. It is therefore quite significant that so many doctors wrote to medical journals about their experiences. However, just like today, the believers ignored the voices of the medical dissenters, which led to ordinary people speaking out in the lay media." [834]

12. "We know how to put a ring around the infection to contain it. You identify a person who's infected, you quarantine them, you isolate their contacts, and then the contacts of those contacts. And that eliminated smallpox from the face of the earth." stated Dr Paul Offit. Dr Offit is the inventor of Rotateq vaccine.

Jenner, who first introduced vaccination, was not in any essential respect, a physician or scientist. He was for some time a pupil of Hunter; but never studied medicine to any considerable extent. Finding the degree of Doctor of Medicine to have some importance in the popular mind, he purchased one from the University of St. Andrew's in Scotland, as others purchase degrees in this country and elsewhere, who never learned medicine, or had any actual relish or even capacity for the study.

[835]

[834] Dissolving Illusions by Dr Suzanne Humphries & Roman Bystrianyk

[835] Transactions of the National Eclectic Medical Association, Vol. VI, 1877 & 1878, "Vaccination A Medical Fallacy," Alexander Wilder, M.D.

Dr. Gunn, says: "There is a vaccination ring in England, receiving millions of the public money. It is in their interest to favor the practice at all hazards and to falsify statistics in order to conceal its failure and its evils. There are also armies of public vaccinators in every large city all over Europe, who are supported from the public treasury, and every practitioner who does not oppose the practice, derives a considerable income from its continuance."

According to the "Herald of Health," "Ten millions of dollars are paid to physicians in England, annually, which would not be paid, if the law did not enforce vaccination." [836]

The doubling of the mortality in the army of Paris from 1816 to 1838 is, therefore, not due to small-pox becoming more frequent, but to the fact that *fevers became more frequent in the proportion of six to one, after the army was vaccinated.* The most remarkable confirmation of the fact that increased mortality is due to vaccination is found in the report of Drs. Desgenettes and Broussais, physicians at the hospital at Val de Grace. In the two years 1816, 1817, the deaths were fifty-one in a thousand; in 1818, 1819, *eighty-one* in a thousand, Thus, in the same hospital, under the same physicians, without the occurrence of any epidemic to account for the increased mortality, the increase was sixty per cent. The explanation being that in 1818, 1819, there was a large accession of volunteers *who had been vaccinated;* while before 1818, it was difficult to find one soldier who had been vaccinated."—*Homœopathic Record*, June, 1860.

[Dr. William Collins, a public vaccinator:] If I were to depict one-third of the numerous unhappy victims that I have seen laid prostrate by vaccination, 'I could a tale unfold whose lightest word would harrow up your souls.' . . . I have given you the result of my experience, and after careful examination of all the facts, I am bound to admit that I have no faith in vaccination, nay, I look on it with the greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from small-pox. Indeed, I consider we are now living in the Jennerian Epoch for the slaughter of the *Innocents*, and the unthinking portion of the population" [837]

[836] Dr Robert Gunn, Dean of United States Medical College, New York. "Vaccination a Curse", CW Amerige MD, 1895

[837] "Vaccination: Its Tested Effects on Health, Mortality, and Population", Charles T. Pearce, MD, 1868

13. Japan started compulsory vaccination against smallpox in 1872 and continued for many years with disastrous results. In 1892, their records showed 165,774 cases with 29,979 deaths – all vaccinated.

In the Philippines, between 1917 and 1919, the US government staged a compulsory vaccination campaign which brough on the worst epidemic of smallpox with 162,503 reported cases and 71,453 deaths – all vaccinated.

Dr Charles Nichols of Boston: "In India, according to an official return presented to the British House of Commons by Viscount Morley, there have been, during 30 years, 1877 to 1906, 3,344,325 deaths from smallpox of persons presumably vaccinated, for vaccination is universally enforced in India…. **In each and every community where vaccination ceases and strict sanitation is substituted, smallpox disappears**. There are no exceptions to this."

George Bernard Shaw said, "During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the revaccinated cases [of smallpox] as pustular eczema, varioloid or what not -- except smallpox."

It was also noted how the smallpox vaccine contributed to the spread of syphilis. The Royal Commission admitted in its Sixth Report a list of 1,000 'vaccino-syphilis' cases submitted to them as evidence they could not deny of the association. Dr. Charles Creighton, professor of Microscopic Anatomy at Cambridge and author of Epidemics of Great Britain was commissioned by Encyclopaedia Britannica to assemble information on syphilis (9th Ed, Vol 24, p 23), reported that "in the first year of compulsory vaccination (1854), deaths from syphilis among infants under one year of age suddenly increased by one half, and the increase has gone on steadily since."[838]

[838] https://proliberty.com/observer/20000607.htm

"Vaccination a Curse", C.W. Amirege reports:

"Of all professional dogmas of the past or present, none have wrought greater physical injury to the human race than the theory and practice of vaccination. This is a broad statement, but it is proven by the dire experiences of the past."

"I am well aware that there is still a very large class of practitioners who are so infatuated with the emoluments and mysteries of Jennerism that they have hardened themselves against all proof of resultant injuries to their patients and to their fellowmen."

"There is nothing more sacred than the helplessness of early childhood. To rob a sweet and innocent babe of its divine inheritance of purity is the most heinous of all crimes. Verily the sum of all wickedness seems to be concentrated into this one Jennerian dogma of vaccination."

In 1863, Professor Ricord said in a lecture delivered in Paris, "At first I repelled the idea that syphilis could be transmitted by vaccination, but today I hesitate no more to proclaim their reality."

In a pamphlet published by Professor Joseph Jones, of Nashville, Tennessee, in 1867, he records the sworn testimony of a large number of eminent physicians, showing that hundreds of soldiers in the confederate armies had died of syphilis and gangrene caused by vaccination.

Dr Depaul, Chief of the Vaccination Service of the French Academy of Medicine, reports vaccinal syphilis which resulted in the infection of one hundred and sity children.

Dr Winterburn said, "Vital statistics, gathered from every quarter of the globe, establishes the fact, that smallpox, like other zymoses, originates from unsanitary modes of life and cannot be effectually conquered but by removing the cause."

Dr Robert A. Gunn, Dean of the United States Medical College of New York, in speaking of Medical Dogmas said, "**Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by it; while I know that many serious bodily evils and even deaths, have resulted from its employment.**"

Francis W. Newman, Emeritus Professor of Oxford University has said: "**The doctors who advise vaccination have no right to be listened to with deference; for they have been guilty of monstrous and deadly blunders.** A quarter of a century back they rebuked and scoffed at those who informed them that vaccination may propagate any or every disease that is in the blood. To the last moment they hardened themselves against conviction and when no longer able to deny it, they showed no humility, no confession of error, no abashment."

Dr. R.K. Noyse, formerly Resident Surgeon of the Boston City Hospital, in his book entitled "Self Curability of Disease," has said, "**I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in fraud, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.**"

Dr Bakwell, Vaccinator General of Trinidad, who had been summoned to the British Parliament testified that "There is a very strong opinion among medical men in the West Indies that leprosy has been communicated by vaccination."

Dr Epps, Director of the Jenner Institute for 25 years, said "**Vaccine virus is a poison. It is neither antidote nor corrigent; nor does it neutralize the smallpox, but only paralyzes the expansive power of a good constitution.**"

Dr Stowell, after 20 years' experience as Vaccine Physician in England, "**The general declaration of my patients enables me to proclaim that vaccination is not only an illusion, but a curse to humanity.**"

Dr Collins, another Vaccine Physician with 20 years' experience in both London and Edinburgh said "I have not the least confidence in vaccination; it nauseates me, for it often transfers filthy and dangerous diseases from one to another, without offering any protection whatever."

Vaccination: 100 Years of Orthodox Research shows that Vaccines Represent a Medical Assault on the Immune System

By Dr Viera Schiebner

Dr Schiebner is arguably one of the world's most respected scientist and scholars of vaccine medical data. She has almost 100 peer-reviewed papers published. The following excerpts are from her above titled book.

The disease was pronounced officially eradicated on 8 May 1980. It is rather interesting that according to Arita Gromyko (1982), an important benefit of global eradication of smallpox was the "recommendation of the World Assembly that smallpox vaccination should be discontinued in all countries. By March 1982, 150 of the 158 WHO Member States had officially terminated their smallpox vaccination programmes."

"despite these considerations, some reports of complications caused by smallpox vaccination have been published recently … In some countries vaccination of recruits to the armed services has continued; these recruits will occasionally transmit vaccinia infection to unvaccinated persons, and inevitably, some of the complications will be fatal."

It is certainly of special importance that the main benefit of smallpox eradication was discontinuation of vaccination.

In 1928, the British Medical Journal (14 January) published an article written by Dr. R.P. Garrow showing that the fatality rate among the vaccinated cases of smallpox in England and Wales in 1923 and 1926, in those over 15 years of age, was higher than among the unvaccinated.

Baxby (1972) considered this very important for the eradication program of the WHO which "… can only be successful in the absence of a non-human reservoir for smallpox virus." He wrote that there are several poxviruses affecting both humans and animals, of which monkeypox virus, although clearly distinguishable from variola virus by simple laboratory tests, can cause clinical smallpox in humans. The second group is represented by the so-called "white" poxviruses found in healthy monkeys, which in laboratory tests are indistinguishable from variola virus.

In 1979, Marennikova published important evidence that rodents may be poxvirus carriers. Poxvirus antibodies were detected in the kidneys and/or lungs of rodents in Europe and Africa. Mounting evidence of an animal reservoir of variola-like viruses became embarrassing in light of the fact that the smallpox eradication campaign was undertaken only because of alleged good epidemiological evidence that there was no non-human (animal) reservoir of variola virus.

An article[839] by Jagannath Chatterjee

Jagannath Chatterjee is an Indian vaccine researcher who suffered extensive adverse reaction in 1979. He studied vaccines despite suffering from bipolar disorder, multiple sclerosis, splenomegaly, hepatotoxicity, and irritable bowel. He was guided by immunologists, doctors and medical scientists who provided him with material and education to understand and spread awareness on the subject.

Edward Jenner, the creator of the smallpox vaccine in 1796, based the vaccine on a mistaken superstition of the era that milkmaids or farmers who had been infected with cowpox developed immunity to smallpox. (Cowpox is a non-lethal, ulcerative disease on the udders of a cow which sometimes causes ulcers on the hands of milkmaids or farmers who milk them.) This supposition–that cowpox gives humans natural immunity from smallpox–was never proven by Jenner or any other practitioner of vaccination from his era and has never been tested or proven by any of the pharmaceuticals who produce the vaccine today.

To test his vaccine, Jenner infected six children including his own infant son, with various experimental "brews" including cowpox, swinepox and horse grease–the grease from horses' hooves. His experiments killed an eight-year-old boy in a matter of days from an uncontrolled ulcerative infection from the "horse grease" vaccine, and the children were never exposed to any smallpox epidemics to test their resistance. Later Jenner would force a vaccinated child to sleep with a smallpox affected person and the child emerged unscathed. Jenner waited only four years before declaring that the vaccine that he named vaccinia provided immunity from smallpox for life.

The vaccine was initially made by slicing the abdomen of a cow, inserting pus from human smallpox obtained from corpses of smallpox victims, waiting for it to fester, and then making a cut in a human arm and inserting the festering pus from the diseased cow. Later the pus from the cows would also be used to infect horses and grease collected from their hind legs that would be administered to people and the puss they generated obtained for the vaccine. In India goats, dogs, and rabbits were used in the process. In Africa monkeys were freely used leading to passing of the simian immunodeficiency virus into humans to cause the AIDS epidemic.

Because there was no refrigeration, a single strain of the vaccine was sustained by passing it directly from the pustules on human arms to human arms for decades, mixing and combining diseases from countless humans. Orphaned children were frequently used to propagate and maintain the virus.

As historical records clearly show, this grotesque practice added virus upon virus to the vaccine as it spread blood-borne illnesses from human to human including leprosy and syphilis, mostly among children who were the main victims of vaccination.

There are thousands of documented cases of the vaccine infecting children with syphilis, as for example in Italy in the early 1800s when 64 children were infected in one vaccination incident alone. Because the vaccine frequently caused an uncontrolled syphilitic canker, many doctors of the day considered the vaccine itself to be syphilitic or at the very least, contaminated with syphilis, and even Jenner understood this connection as he treated the vaccine ulcers with mercury, the treatment for syphilis at the time.

[839] https://currenthealthscenario.blogspot.com/2019/11/the-flawed-basis-of-small-pox-vaccine.html

Other documented cases associated the vaccine with tuberculosis, eczema, very serious neurological disorders, digestive disorders of various hues, necrosis, tetanus, diphtheria, hacking cough, paralysis, schizophrenia, insanity, and death. The vaccine caused smallpox and spread it like wildfire. The number of persons it killed was astronomical.

Not only was the vaccine immediately noted for causing injuries and deaths, but doctors of the day emphatically pointed out that it did not prevent smallpox.

In 1799, a Dr. William Woodville conducted a study on several hundred patients which resulted in many deaths and injuries as a direct result of the vaccine. But when he tried to publish the negative results of the trial, **Dr. Jenner himself wrote "I entreated him in the strongest terms, both by letter and conversation, not to do a thing that would so much disturb the progress of vaccination" in an attempt to censor the facts that ran contrary to Jenner's theory**.

Even as Jenner ignored the evidence of harm and helped to suppress the facts, he was already receiving government funding by an Act of Parliament who had funded him in the hopes that a cure for smallpox had been found. When the hundreds of reports of injury and death were published during the early years of vaccination, the government should have admitted to funding a faulty program and ended it. Instead, they invested £20,000 in 1807 and £3,000 per year thereafter, accepting as "science" the claim that a procedure only seven years old would protect from smallpox for life thereby making vaccination a permanent source of income for the medical profession. It did increase their income because the "protection" ultimately shifted to six months.

If it seems unbelievable that the government of England should fund a medical procedure that not only didn't work but actually caused serious harm, we need look no further than our own pharmaceutical industry and government of today for the same pattern. Drugs continue to be marketed even after they have been shown to cause death and injury.

Yugoslavia 1972[840]

The WHO was forced to implement a version of the Leicester Method in the latter stages of their smallpox campaigns, when it became plan to them that vaccination didn't reliably protect.

Yugoslavia experienced a smallpox epidemic beginning in February 1972. The index patient was a "vaccinated" person who picked up smallpox while travelling in Iraq.

By the time the epidemic was controlled in April 1972, there were 175 cases and 35 deaths. Of note was that the older portion of the population was highly vaccinated, and the third wave of cases was almost all in people who were previously vaccinated. The WHO's own report states:

> "In the age group 20 and over, 92 patients had previously been vaccinated while 21 were unvaccinated. The relatively large number of previously vaccinated cases among those over seven years of age indicates a substantial decrease in post-vaccinal immunity following primary vaccination, as well as a lack of successful revaccination when they were seven and 14 years old."[841]

[840] An excerpt from "Dissolving Illusions" by Dr Humphries & Bystrianyk
[841] WHO Report "Epidemiologic Aspects of Smallpox in Yugoslavia in 1972"

The first death was on 10 March, and the health officials had no idea the cause was smallpox. The autopsy report said the cause of death was penicillin anaphylaxis. Vaccination did not begin until 16 March.

Even though they knew that vaccination was ineffective, the Yugoslavian government went ahead and vaccinated 18 million citizens. Vaccination had to continue through the end of April because so many of the vaccinations were considered unsuccessful and had to be repeated. In the meantime, Leicester Method was also carried out, and all cases were quickly quarantined.

> "Contacts were placed in special quarantine facilities. There were also quarantine facilities set up in individual houses, as well as in whole villages, as was the case with Danjane and Ratkovac and some other villages."[842]

The epidemic was rapidly extinguished.

Vaccination, although known to be ineffective, had to be implemented if the history of vaccine success was to be upheld. But what really stopped the epidemic was use of the Leicester Method.

[842] WHO Report "Epidemiologic Aspects of Smallpox in Yugoslavia in 1972"

18. AUTISM & SOME OTHER SERIOUS INJURIES

In recent years, autism cases have been increasing in the Maldives as well. However, there appears to be no survey conducted to gauge this increase nor its impact upon family, society or the nation as a whole.

Vaccine proponents have vehemently denied the causal relationship between vaccination and autism. However, to date, no biological studies have ever been carried out to determine genetically susceptible children to vaccination and to rule out autism. Observational studies have been carried out with regard to only a single vaccine (MMR) and a single ingredient (thimerosal).

On the other hand, there have been numerous studies associating vaccination with autism. Children with mitochondrial disorders or tuberous sclerosis are proven cases where vaccination can result in autism. Dr Deisher has also studied the rise in autism together with use of vaccines manufactured using aborted human foetal cell lines.

Informed Consent Action Network (ICAN)'s white paper is a resourceful document on autism & aluminium in vaccines.[843]

Recent clinical study conducted at Duke University demonstrated evidence that autism is contracted after birth, not before.[844] This evidence rules out the genetic rationale.

In 2009, the Interagency Autism Coordinating Committee, a committee made up of scientists and public health officials, looked at the wave of autism and thousands of parent complaints that said, "Our child got autism from the vaccine." They recommended to HHS to study that relationship.

Chairman of that committee, Dr. Tom Insel, who was the head of the National Institute of Mental Health, came in and stated, "I'm concerned about the optics. If we say, 'Yes, we think it's important to look at this' and to provide additional information, it implies 'that we believe that there is a relationship' between autism and vaccines, and in some ways 'this runs opposite to what HHS may define' through the HRSA process." Therefore, he killed the approved study in 2010 leaving no answers to the question of autism.[845]

"Microglial Priming and Alzheimer's Disease: A Possible Role for (Early) Immune Challenges and Epigenetics?", Hoeijmakers et al, 2016[846]. Microglial dysfunction and/or priming provoked by immune challenges interferes with processes such as synaptic pruning and neural proliferation.

> Documented causes of autism include genetic mutations and/or deletions, viral infections, and encephalitis (brain inflammation) following vaccination.
>
> *Dr Helen Ratajczak – stated in her study after reviewing the body of published science since autism was first described in 1943.*

[843] https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-AluminumAdjuvant-Autism-2.pdf
[844] https://autismcenter.duke.edu/research/efficacy-umbilical-cord-blood-infusion-improving-outcomes-children-autism-spectrum-disorder
[845] https://childrenshealthdefense.org/members-only/vaccine-safety-project-transcript/
[846] https://pubmed.ncbi.nlm.nih.gov/27555812/

Study published in December 2020, notes that aluminium-transformed cells showed **consistent and significant upregulation (ranging from 3.6- to 17.3-fod) of autism susceptibility candidate (Auts) 2, a gene involved in neuronal development and in several psychiatric disorders. This observation deserves further investigation, in view of the known neurotoxic effects of aluminium**. "Genomic Instability Is an Early Event in Aluminium-Induced Tumorigenesis", Stefano J. Mandriota et al, 2020.

"Slow CCL2-dependent translocation of biopersistent particles from muscles to brain", study by Khan et al (2013). The authors observed that the Aluminium Adjuvant Nanoparticles (AANs) transportation to the brain depends on MCP-1 (a chemical created by brain immune cells microglia when the body has an infection). Following the activation of MCP-1, macrophages loaded with AANs move to the brain. MMR vaccine can stimulate MCP-1 production[847] and therefore may stimulate the AANS transportation into the brain. Aluminium containing vaccines are given at birth, 2, 4 & 6 months.

Khan et al report also stated "Alum has high neurotoxic potential, and planning administration of continuously escalating doses of this poorly biodegradable adjuvant in the population should be carefully evaluated by regulatory agencies since the compound may be insidiously unsafe. It is likely that good tolerance to alum may be challenged by a variety of factors including overimmunization, BBB maturity, individual susceptibility factors, and aging, that may be associated with both subtle BBB alterations and a progressive increase in CLL2 production."

Vargas 2005 study "Neuroglial activation and neuroinflammation in the brain of patients with autism" states "The presence of MCP-1 is of particular interest because it facilitates the infiltration and accumulation of monocytes and macrophages in inflammatory central nervous system disease." MCP-1 is elevated in the autistic brain and spinal fluid.[848]

"Distinct Cytokine and Chemokine Profiles in Autism Spectrum Disorders" by Han et al, 2017, confirms the finding of elevated MCP-1/CCL2 in autistic children's blood serum.[849]

> 40 years ago when I started my practice only 1 in 10,000 children had autism. Today it's 1 in 100. What is the only difference we have seen? The inordinate number of vaccines that are being given to children today. My partners and I have over 35,000 patients who have never been vaccinated. You know how many cases of autism we have seen?
>
> Zero, zero. I have made this statement for over 40 years: No vaccines, no autism.
>
> *Dr Mayer Eisenstein*

[847] https://pubmed.ncbi.nlm.nih.gov/24835247/
[848] https://pubmed.ncbi.nlm.nih.gov/15546155/
[849] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5253384/

"Neonatal cytokines and chemokines and risk of Autism Spectrum Disorder: the Early Markers for Autism (EMA) study: a case control study" by Zerbo et al, 2014. Measured immune system function in the first few days of life for early identification of abnormal neurodevelopment. MCP-1 is elevated in newborns (24-48 hours after birth) that later become autistic. These babies experience transport of Al adjuvant into the brain after vaccination.[850]

"**Evidence supporting an altered immune response in ASD**", Jennifer Mead & Ashwood, 2014.[851]

"Altered T cell responses in children with autism", Paul Ashwood et al, 2011, shows that **children with ASD had significantly altered adaptive cellular immune function which may reflect dysfunctional immune activation** and link to disturbances in behaviour and developmental functioning.[852]

"Immune dysregulation in autism spectrum disorder", Daniela B Noriega and Huub F J Savelkoul, 2013. Conclusion: The perinatal environment generates vulnerability to **chronic neuro-inflammation in the brain associated with profound modulation and dysregulation in the immune system leading to the rapid development of ASD in genetically susceptible children**.[853]

A peer-reviewed study by Mary Holland (Research Scholar and Director of the Graduate Legal Skills Program, NYU School of Law) uncovered that the US Vaccine Injury Compensation Program (VICP) had awarded compensation for 83 cases of autism, damages include encephalopathy, residual seizure disorder and developmental regression. More than USD 96.7 million have been awarded as settlement in these multiple cases.[854]

> Recent increases in chronic diseases like diabetes, childhood asthma, obesity or autism cannot be due to major shifts in the human gene pool as those changes take much more time to occur. They must be due to changes in the environment, including diet and physical activity, which may produce disease in genetically predisposed persons."
>
> *Dr Francis S. Collins, M.D., Ph.D. evidence to the US House of Representatives Committee May 2006. Statement given as Director, US National Human Genome Research Institute*

[850] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4080514/
[851] https://pubmed.ncbi.nlm.nih.gov/25448709/
[852] https://pubmed.ncbi.nlm.nih.gov/20833247/
[853] https://pubmed.ncbi.nlm.nih.gov/24297668/
[854] https://digitalcommons.pace.edu/pelr/vol28/iss2/6/

18.1. Immune activation & autism

In "How to End the Autism Epidemic" J.B Handley covers in detail 11 key discoveries, since 2004, that have been ground-breaking discoveries revealing immune activation in the brain during critical phases of brain development leading to autism and that such inflammation can be triggered by aluminium adjuvant in vaccines.

Discovery #1: In 2004, Dr Carlos Pardo-Villamizar at Johns Hopkins University discovers that autism brains are permanently inflamed[855].

> First time scientists looked at actual brains of people with autism and this research demonstrated "an active neuroinflammatory process" – where the microglial cells (brain's own immune system) were activated. As Dr Patterson explained, "There's an ongoing, permanent immune-system activation in the brains of autistic people."
>
> A 2013 study from Japan "Microglial Activation in Young Adults with Autism Spectrum Disorder" (Suzuki et al, 2013)[856] showed the same results.

Discovery #2: In 2005 Dr Paul Patterson at the California Institute of Technology discovers that immune activation events lead to autism.

> From 2005 till his death in 2014, Dr Patterson developed a robust body of work that has created scientific certainty that immune activation events in the brain at critical times of brain development lead to autism and schizophrenia.
>
> Dr Patterson explained the connection between the brain and the immune system and that both are continually talking to each other. Further, that recent evidence shows that this brain-immune conversation actually starts during the development of the embryo, where the state of the mother's immune system can alter the growth of cells in the fetal brain and that such alterations can lead to an increased risk of schizophrenia or autism in the offspring.[857]
>
> In 2012, Dr Patterson and his colleagues produced the paper "Maternal Immune Activation Yields Offspring Displaying Mouse Versions of the Three Core Symptoms of Autism". Conclusion: "These results indicate that Maternal Immune Activation (MIA) yields male offspring with deficient social and communicative behaviour, as well as high levels of repetitive behaviours, all of which are hallmarks of autism."
>
> In 2014, similar study was replicated on monkeys by the MIND Institute of UC Davis "Activation of the Maternal Immune System during Pregnancy Alters Behavioural Development of Rhesus Monkey Offspring"[858]. The authors explained the significant of repeating the study on monkeys as "We have developed a nonhuman primate model to bridge the gap between clinical populations and rodent models of maternal immune activation."

[855] https://pubmed.ncbi.nlm.nih.gov/15546155/ Vargas (2005)
[856] https://pubmed.ncbi.nlm.nih.gov/23404112/
[857] http://www.cco.caltech.edu/~phplab/images/whatwedo/EngSci31006.pdf
[858] https://pubmed.ncbi.nlm.nih.gov/24011823/

Discovery #3: The cytokine interleukin-6 is the key biomarker for immune activation.

Cytokines are produced by the white blood cells, and their levels in the blood increase when we get an infection.

"Maternal immune activation alters fetal brain development through interleukin-6", Patterson et al (2007)[859]. Authors report, "Here we show that the cytokine interleukin-6 (IL-6) is critical for mediating the behavioral and transcriptional changes in the offspring."

"Brain IL-6 elevation causes neuronal circuitry imbalances and mediates autism-like behaviors", Xiaohong Li et al (2012)[860] is a more recent study supporting Dr Patterson (2007) study.

Discovery #4: Immune activation can take place after birth

A 2018 study from Harvard affiliate McLean Hospital published in the journal Neuropsychopharmacology showed that immune activation events after birth can also trigger conditions of autism. "Perinatal Immune Activation Produces Persistent Sleep Alterations and Epileptiform Activity in Male Mice", William Carlezon et al (2018).[861] The study reported "Our findings demonstrate that early-life immune activation can lead to long-lasting physiologic perturbations that resemble medical comorbidities often seen in ASD and other neuropsychiatric conditions."

Discovery #5: Aluminium adjuvant in vaccines produces behaviour and motor function deficits

In 2007, Dr Christopher Shaw (University of British Columbia, Canada) and his colleagues "examined the potential toxicity of aluminium hydroxide in male, outbred CD-1 mice injected subcutaneously in two equivalent-to-human doses"[862]. Their findings were troubling, and it demonstrated neurological problems in mice which received aluminium injections after they were born.

"Aluminum vaccine adjuvants: are they safe?", Tomljenovic & Shaw (2011)[863]. They wrote, "Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant. Despite almost 90 years of widespread use of aluminum adjuvants, medical science's understanding about their mechanisms of action is still remarkably poor. There is also a concerning scarcity of data on toxicology and pharmacokinetics of these compounds. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminium in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. In our opinion, the possibility that vaccine benefits may have

[859] https://pubmed.ncbi.nlm.nih.gov/17913903/
[860] https://pubmed.ncbi.nlm.nih.gov/22326556/
[861] https://pubmed.ncbi.nlm.nih.gov/28984294/
[862] https://pubmed.ncbi.nlm.nih.gov/17114826/
[863] https://pubmed.ncbi.nlm.nih.gov/21568886/

been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community. We hope that the present paper will provide a framework for a much needed and long overdue assessment of this highly contentious medical issue."

"Mechanisms of Aluminium Adjuvant Toxicity and Autoimmunity in Pediatric Populations", Tomljenovic & Shaw (2012)[864]. The two scientists expressed grave concerns about the limited understanding of aluminium adjuvants' toxicity, "It is somewhat surprising to find that in spite of over 80 years of use, the safety of Al adjuvants continues to rest on assumptions rather than scientific evidence. For example, nothing is known about the toxicology and pharmacokinetics of Al adjuvants in infants and children … Yet, in spite of these observations children continue regularly to be exposed to much higher levels of Al adjuvants than adults, via routine childhood vaccination programmes." And they called for an urgent re-evaluation of the safety profile of aluminium adjuvants.

Discovery #6: Aluminium adjuvants in vaccines, injected into the body, can be transported to the brain by macrophages.

In 2013, French scientists Drs Romain Gherardi and Josette Cadusseau from the Université Paris-Est demonstrated that aluminium adjuvant, when injected into the body of a mouse, ended up in the brain one year later, in a study titled, "Slow CCL2-Dependent Translocation of Biopersistent Particles from Muscle to Brain."[865] Expressing serious concerns, the scientists wrote, "However, continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of over-immunization or immature/altered blood brain barrier."

The aluminium adjuvant carried by the macrophages into the brain activates the brain.

Discovery #7: Aluminium adjuvant stays in the brain for much longer than anyone realized.

"Biopersistence and Brain Translocation of Aluminium Adjuvants of Vaccines", Gherardi et al (2015)[866] study showed that aluminium adjuvant slowly makes its way to the brain, where it then stays, possibly forever. Thus, generating a long-term immune response because of its "biopersistence", which basically means that the body has no ability to rid itself of aluminium adjuvant because its man-made substance we have no natural designs to eliminate.

[864] https://pubmed.ncbi.nlm.nih.gov/22235057/
[865] https://pubmed.ncbi.nlm.nih.gov/23557144/
[866] https://pubmed.ncbi.nlm.nih.gov/25699008/

Discovery #8: Small doses of Aluminium Adjuvant are actually more dangerous

"Non-linear Dose-Response of Auminium Hydroxide Aduvant Particles: Selective Low Dose Neurotoxicity", Guillemette Crépeaux et al (2017)[867].

The authors reported, "Concerns about its safety emerged following recognition of its unexpectedly long-lasting biopersistence within immune cells in some individuals, and reports of chronic fatigue syndrome, cognitive dysfunction, myalgia, dysautonomia and autoimmune/inflammatory features temporally linked to multiple Al-containing vaccine administrations."

"We conclude that Alhydrogel® injected at low dose in mouse muscle may selectively induce long-term Al cerebral accumulation and neurotoxic effects… In any event, the view that Alhydrogel neurotoxicity obeys "the dose makes the poison" rule of classical chemical toxicity appears overly simplistic."

The study also found that 200 mcg/kg was the most toxic! And this is exactly the amount being injected into Maldivian infants upon birth.

Discovery #9: Aluminium causes immune activation in the brain

It has already been shown that immune activation events in the brain can trigger autism. The study by Alawdi (2016) showed that injected Aluminium (known to be highly neurotoxic and poorly studied) found its way to the brain and caused a 4-fold increase in IL-6 (a biomarker of immune activation).

"Neuroprotective Effect of Nanodiamond in Alzheimer's Disease Rat Model: a Pivotal Role for Modulating NF-kB and STAT3 Signaling", Alawdi et al (2016)[868].

Alawdi (2016) study showed that ingestion of 3.4 mg/kg/day aluminium (as AlCl3) for 6 weeks cause this 4-fold increase in IL-6. This is a far lower than the outdated "no observed adverse effects" (NOAEL) oral dosages used as benchmarks for toxicity in the Mitkus (2011) study which is used to prove aluminium adjuvants as "innocuous".

Disocvery #10: Hepatitis B vaccine induces IL-6 in postnatal rats

Study "Neonatal Vaccination with Bacillus Calmette-Guérin and Hepatitis B Vaccines Modulates Hippocampal Synaptic Plasticity in Rats".[869]

This study is biological evidence of the link between a vaccine given to a postnatal animal inducing an immune activation event, including the cytokine marker for autism, IL-6.

The second study (Zhibin Yao 2016[870]) by the same scientists confirmed their results and reported the risk of autism explicitly, "This work reveals for the first time that early HBV vaccination induces impairments in behaviour and hippocampal neurogenesis. This work provides innovative data supporting the long suspected potential association of HBV with certain neuropsychiatric disorders such as autism and multiple sclerosis."

[867] https://pubmed.ncbi.nlm.nih.gov/27908630/
[868] https://pubmed.ncbi.nlm.nih.gov/26897372/
[869] https://pubmed.ncbi.nlm.nih.gov/26531688/
[870] https://www.sciencedirect.com/science/article/abs/pii/S0306453016305145

Discovery #11: High Levels of Aluminium Are Uniquely Located in Brain Tissue of People with Autism

Professor Christopher Exley of Keele University and his colleagues published the study "Aluminium in brain tissue in autism" (Mold et al, 2018). With the most complete database of aluminium levels in human brains in the world (over one hundred), these scientists were in a great position to put the results of their study in proper contaxt. In explaining the results, Professor Exley said, "The new evidence strongly suggests that aluminium is entering the brain in ASD (Autism Spectrum Disorder) via pro-inflammatory cells which have become loaded up with aluminium in the blood and/or lymph, much as has been demonstrated for monocytes at injection sites for vaccines including aluminium adjuvants."

> I am very prudent. I only put my neck on the guillotine when it is absolutely necessary. And that time is now."
>
> *Professor Christopher Exley expressing the risk he was taking by talking so publicly about the vaccine-autism connection.*[871]

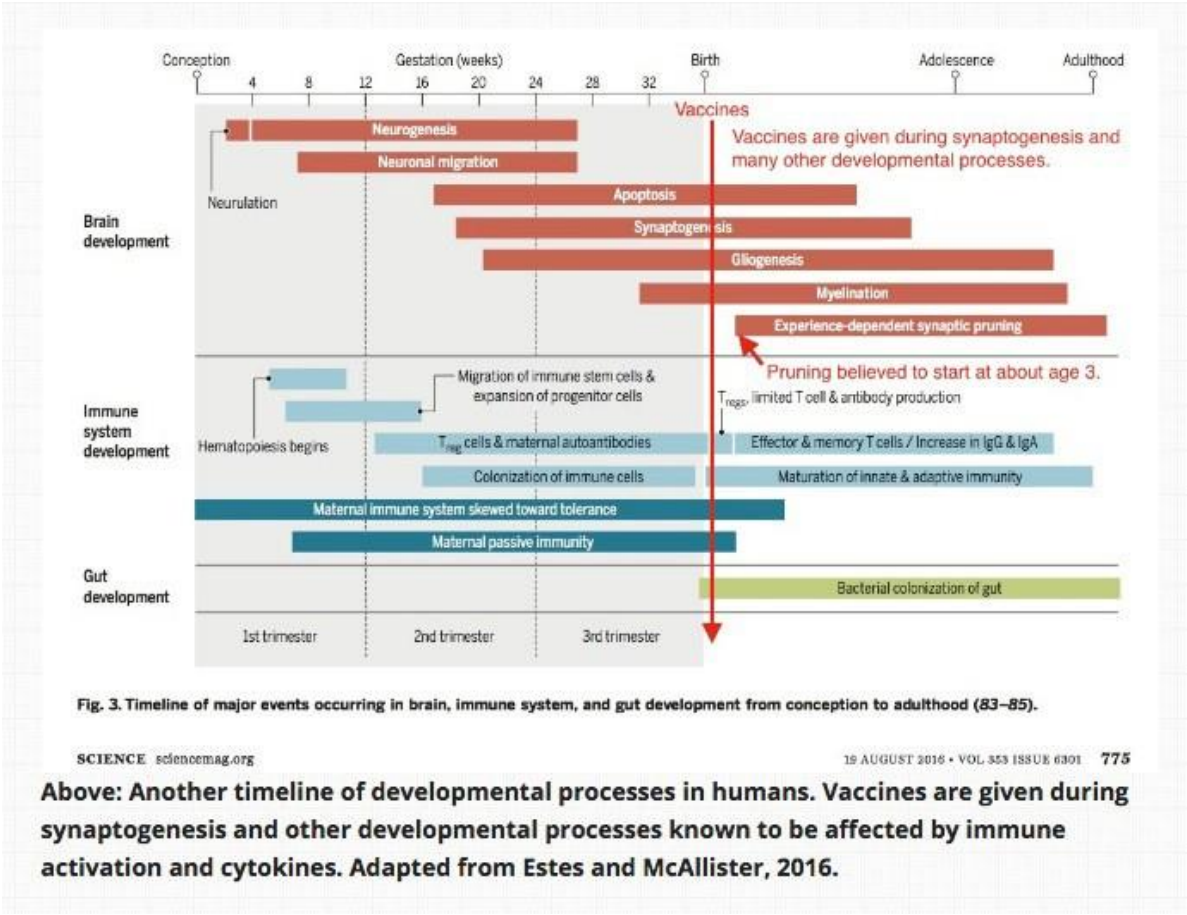

Fig. 3. Timeline of major events occurring in brain, immune system, and gut development from conception to adulthood (83–85).

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Above: Another timeline of developmental processes in humans. Vaccines are given during synaptogenesis and other developmental processes known to be affected by immune activation and cytokines. Adapted from Estes and McAllister, 2016.

[871] From an interview of Professor Exley – https://www.youtube.com/watch?v=SmkVv8pcVhc

18.2. MMR vaccine & autism

In 2013, US Vaccine Court issued compensation for autism cases. For example, Ryan Mojabi (a 10 year old boy) developed autism as a result of being injected with an MMR vaccine when he was a baby. He was awarded more than USD 900,000 in a landmark court decision.[872]

In 2013, an Italian court awarded over USD 190,000 to an Italian couple whose son, Valentino Bocca, developed autism after his routine childhood MMR vaccine.[873]

In 2007, US Vaccine Court awarded a lump sum of USD 810,000 (plus an estimated USD 30-40,000 per year for autism services and care) in compensation by the Court, which ruled that the measles-mumps-rubella (MMR) vaccine had caused acute brain damage (Acute Disseminated Encephalomyelitis - ADEM) that led to his autism spectrum disorder. This was the case of 10-year-old Bailey Banks who suffered from ADEM which was severe enough to cause lasting, residual damage, and retarded his developmental progress which fits under the generalized heading of Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), an autism spectrum disorder.[874] [875] Bailey Banks' case was considered before the Omnibus judgement and the family had chosen not to join the OAP.

Witness statement given by Dr Ivan Lopen (a neurologist and psychiatrist, US Military) says, "the majority of patients with ADEM improve significantly but the exception to this rule is when patients have been exposed to measles, just like in the case of MMR vaccine, in which case subsequent brain damage may occur in up to 50 percent of patients." He said that such events include "mental syndromes such as PDD and others and that up to 50 percent of patients …who have had ADEM will show PDD as a consequence." PDD-NOS was added to the list of autism spectrum disorders in the 1980s.

Bob Krakow, a leading attorney for vaccine damaged children says, "There's a growing conviction that if you have an autistic client who has also been diagnosed with encephalopathy/encephalitis or seizure disorder, you are better off not mentioning the word 'autism' if you want to win the case." He recommended instead filing a non-autism claim like "mental retardation with seizure disorder" for an autistic client.

"IOM has cited demonstrative evidence of a biologically plausible relation between the measles vaccine and demyelinating diseases such as ADEM", the Court wrote in Bank's case.

ADEM causes an inflammatory response in the brain, primarily in the microglial cells. It is also associated with abnormal cytokine levels in the brain and with autoimmunity. Autism, meanwhile, has been linked to brain inflammation, microglial cell activation, cytokine imbalances and autoimmunity.

[872] https://www.uscfc.uscourts.gov/sites/default/files/opinions/CAMPBELL-SMITH.MOJABI-PROFFER.12.13.2012.pdf
[873] https://www.dailymail.co.uk/news/article-2160054/MMR-A-mothers-victory-The-vast-majority-doctors-say-link-triple-jab-autism-Italian-court-case-reignite-controversial-debate.html
[874] https://www.huffpost.com/entry/vaccine-court-autism-deba_b_169673
[875] Banks v. HHS, Case 02-0738V, 2007 U.S. Claims LEXIS 254, 20 July 2007

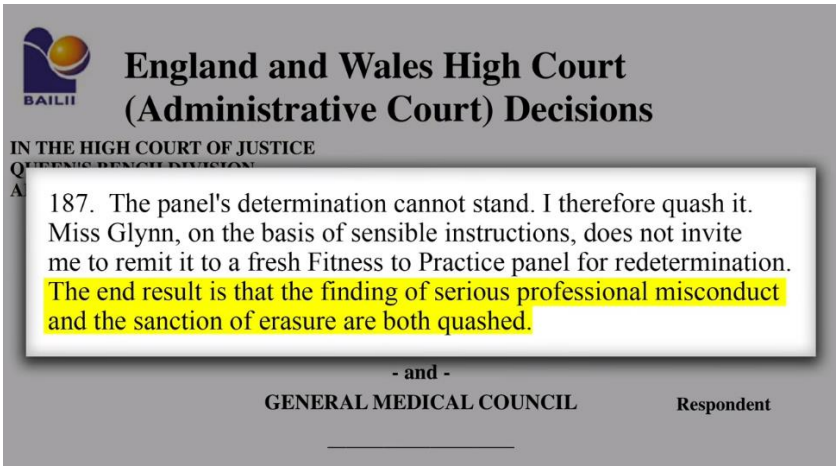
Wakefield study: The most well-known study in relation to MMR vaccine and autism is the Wakefield study. It is perhaps the only study that most vaccine proponents know of. They are familiar with it only by name, however, without the details. The findings of his paper were that chronic enterocolitis in children may be related to neuropsychiatric dysfunction and that further investigations are needed to examine it and its possible relation to this vaccine.[876]

The paper's conclusion was that "We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. Virological studies are underway that may help to resolve this issue." Hence, there never was a claim made in the paper that could be "debunked", as most vaccine proponents claim.

The main concern of public health officials was that this paper raised novel questions about the safety of a commonly used vaccine that has never undergone proper safety testing. The Lancet retracted the study not due to fraudulence but that the GMC had found lead author Wakefield and senior author John Walker-Smith guilty of "profession misconduct" for having falsely stating that the twelve children in the case series were "consecutively referred" and that their research was "approved" by the local ethics committee. British General Medical Council (GMC) acted upon false accusations made by journalist Brian Deer.

It is important to note that the British High Court had later quashed the decision of British Medical Committee which had made numerous charges and wrongly withdrew the licenses of Dr Wakefield and Professor Walker Smith.[877] Justice Mitting's statement on General Medical Council's decision stated "…'fundamental errors', there was distortion of evidence, inadequate analysis, inadequate and superficial reasoning and explanation, inappropriate rejection of evidence, 'flawed' and 'wrong' reasoning, and 'numerous and significant inadequacies, …"

Dr Wakefield's work has since been duplicated over two dozen times and all new studies confirm his findings.



The most recent study supporting Dr Wakefield's finding was published in October 2017, "**Mitochondrial Dysfunction in the Gastrointestinal Mucosa of Children with Autism: A blinded case-control study**".[878]

[876] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(97)11096-0/fulltext
[877] https://ahrp.org/laffaire-wakefield-shades-of-dreyfus-bmjs-descent-into-tabloid-science/
[878] http://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0186377

"**Timing of Increased Autistic Disorder Cumulative Incidence**", Michael E. McDonald and John F. Paul (2010). National Health and Environmental Effects Research Laboratory, US Environmental Protection Agency. This paper looked at the incident of autism worldwide and it showed a steep increase in the prevalence of autism since late 1980s. During this period there was a dramatic acceleration in the immunization programme. A correlation worth questioning given the extensive damage being caused to our children.

Dr Vijendra K Singh, a neuro-immunologist who has testified before a US Congressional committee that "…brain autoimmunity is found in up to 85% of cases … …In summary, the rapidly accumulating evidence strongly implicates autoimmunity in autism, which in many may result from a vaccine injury". Dr Singh has over 100 scientific publications.

> In 1998, Dr Singh et al published "**Serological association of measles virus and human herpesvirus-6 with brain autoantibodies in autism**". This study supports virus-induced autoimmune response as a causal role in autism.[879]
>
> In 2002, Singh et al published a paper in which it was reported that 75 of 125 autistic children had an abnormal measles antibody, whereas none of the non-autistic children did. The study concluded "… **an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."**[880]
>
> In 2003, Dr Vijendra K. Singh and Ryan L. Jensen reported that **children with autism have significantly elevated levels of measles antibodies** compared to their siblings and normal children. It was conducted to examine the etiologic link of viruses and to look at the role of virus-induced autoimmunity in autism. "Elevated levels of measles antibodies in children with autism."[881]
>
> In 2004, he spoke before the Institute of Medicine and recommended testing for immune disorders before vaccinating children, a proposal that was declined (according to Singh) because of its high cost (almost USD 100 per child).
>
> In 2009, Dr Vijendra K. Singh did another study to present scientific evidence that autism can be caused by autoimmunity to the brain triggered by viral infection. Many autistic children harboured brain myelin basic protein autoantibodies and elevated levels of measles-virus antibodies.[882]
>
> According to the authors of the above study, subtle changes in the child's developing brain caused by an autoimmune reaction, changes in the myelin sheath, may ultimately lead to impairment of higher brain functions such as speech, communication, social interaction, as well as other neurological symptoms occurring in children with autism.

"I strongly suspect MMR is not safe in certain children whose immune systems can't cope with it and this is causing autism. This is a unique and disturbing finding and further illustrates that this vaccine might not be safe. – Dr Vijendra K Singh.[883]

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[879] https://www.sciencedirect.com/science/article/abs/pii/S0090122998945883
[880] https://pubmed.ncbi.nlm.nih.gov/12145534/
[881] https://pubmed.ncbi.nlm.nih.gov/12849883/
[882] https://pubmed.ncbi.nlm.nih.gov/19758536/
[883] In interview, "Triple jab unsafe say US scientists" Sunday Express, Uk, 28 January 2001

Rubella as a cause of autism

The first known cause of autism was rubella virus and it has been known since 1960s. Rubella is one of the three live viruses in MMR vaccine. Hence, there is biological plausibility of the virus causing autism.

"… rubella virus is one of the few known causes of autism" – US Center for Disease Control[884]

"… rubella can cause autism" – The Pediatrician's Role in the Diagnosis and Management of Autistic Spectrum Disorder in Children.[885]

> … rubella (congenital rubella syndrome) is one of the few proven cause of autism."
>
> *Walter A. Orenstein*
> *As Assistant Surgeon General, Director National Immunization Programme*[886]

Note: Although the rubella virus in MMR is attenuated, it is still a live virus.

Measles and Mumps as a cause of autism

Measles and mumps are two of the live viruses in MMR and are known to cause encephalitis (brain inflammation). Vaccination can cause encephalopathy leading to autism.

US Health Resources and Services Administration (HRSA) confirmed to CBS News that the US Government had settled compensation for 1322 cases of vaccine injury.

"**We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures**." In an email from US Health Resources Services Administration [HRSA] state to CBS News reporter Sharyl Attkisson.[887]

"… measles and mumps can cause significant disability, including encephalitis" – The Pediatrician's Role in the Diagnosis and Management of Autistic Spectrum Disorder in Children[888]

[884] http://web.archive.org/web/20070102082155/http://www.cdc.gov/nip/vacsafe/concerns/autism/autism-mmr.htm
[885] Pediatrics Vol. 107 No. 5 May 2001
[886] In a letter to the UK's Chief Medical Officer on 15 February 2002
[887] https://childhealthsafety.files.wordpress.com/2011/01/attkisson-cbs-hrsa-email-exchanges-autistic-conditions-vaccines.pdf
[888] Pediatrics Vol. 107 No. 5 May 2001

18.3. Fraudulent studies to dissociate autism from vaccines

> We are not ever going to come down that it (vaccines and autism) is a true side effect."
>
> *Marie McCormick, then Chair of the IOM Committee, addressing the IOM Safety Review Meeting in 2001.*

CDC provided a grant to Dr Poul Thorsen of Denmark to conduct the famous Danish studies (Stehr-Green et al, Madsen et al & Hviid et al). They found that thimerosal in vaccines and MMR vaccine were not associated with autism. Dr Thorsen was involved in 21 of 24 studies conducted to "prove" the safety of thimerosal. However, these studies lost credibility due to numerous conflicts of interest and methodology issues. Thorsen was also found guilty of 22 counts of money laundering and wire fraud in April 2011.[889] However, CDC continues to fund his research even though he is a US fugitive.[890]

Thimerosal was removed from Danish vaccines in 1992.

An investigation conducted in September 2017, showed that Thorsen and his collaborators did not obtain permission from an Institutional Review Board to conduct their research which was published in New England Journal of Medicine in 2002 and Pediatrics in 2003.

"Commercial conflicts in vaccine safety research" by Mark Blaxil (Vice President, SafeMinds) reports that all of the Danish studies listed authors from the "Statens Serum Institute" which manufactures vaccines with thimerosal showing direct conflict of interest in safety analysis. The social network analysis of authors and institutional ties clearly demonstrate the SSI employees and department heads played active roles in all aspects of these studies. They were involved as authors in both the autism-thimerosal and autism-MMR publications. None of these conflicts of interests were disclosed.[891]

"Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines is Safe", Brian Hooker et al, 2014.[892]

> Abstract: There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful. Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; auto-immune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism. In contrast, the United States Centers for Disease Control and Prevention states that Thimerosal is safe and there is "no relationship between Thimerosal-containing vaccines and autism rates in children." This is puzzling because, in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy was found.[893] The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based

[889] https://www.justice.gov/archive/usao/gan/press/2011/04-13-11.html
[890] https://www.ncbi.nlm.nih.gov/pubmed/24732104
[891] https://www.rescuepost.com/files/is-something-rotten-in-denmark-rev.pdf
[892] https://pubmed.ncbi.nlm.nih.gov/24995277/
[893] Verstraeten study.

> on six specific published epidemiological studies coauthored and sponsored by the CDC. The purpose of this review is to examine these six publications and analyze possible reasons why their published outcomes are so different from the results of investigations by multiple independent research groups over the past 75+ years.
>
> This study reviews 6 epidemiological studies that CDC completed, funded, and/or cosponsored and cites specifically to show thimerosal has no relationship to autism. The studies are:
>
> a) Madsen et al (2003)
> b) Stehr-Green et al (2003)
> c) Hviid et al (2003)
> d) Andrews et al (2004)
> e) Verstraeten et al (2003)
> f) Price et al (2010)

Boyd Haley, Ph.D., recounting his experience with the 2004 IOM when he tried to explain the fraudulent nature of this work (a work which was cited as one of the primary studies behind the 2004 IOM's conclusions):

> "I have been calling this work fraud ever since it came out, even at the 2004 IOM Committee meeting where Dr. Marie McCormick ended my questioning of Dr. Hviid, who was presenting the Danish data, because he would not, or could not tell me the autism rates in the USA vs Denmark---he feigned not understanding my question because the maximum rate of autism was less than 4/10,000 in Denmark in 2000 whereas in the USA the rate was 67/10,000 having increased from about 3-4/10,000 from 1985 and earlier."
>
> "This makes all the Danish studies invalid; it is like studying the effect of mosquitoes on the spread of malaria and doing the studies in Alaska instead of the Panama…This data was manipulated to appear to cause an increase in the autism rate after the removal of thimerosal. One educated in epidemiological sciences has to be really incompetent to not find this deceptive utilization of the Danish data-----this apparently includes the responsible individuals at the CDC and in the AAP."

18.4. CDC Whistleblower

Senior Research Scientist at CDC and whistleblower, Dr William Thompson (a 19-year veteran of vaccine safety programmes) said in a press release through his attorney "I regret that my co-authors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics[894]. The omitted data suggested that African American males who received the **MMR vaccine before age 36 months had 250% risk for autism**."

In his press statement he also said "The co-authors scheduled a meeting to destroy documents related to the study. The remaining four co-athors all met and brough a big garbage can into the meeting room and reviewed and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can. However, because I assumed it was illegal and would violate both FOIA and DOJ requests, I kept hard copies of all documents in my office and I retained all associated computer files."

Dr Thompson handed over thousands of pages of CDC documents to Congressman William Posey in September 2014. Dr Thompson had initially contacted Dr Brian Hooker and shared information regarding fraud and malfeasance in the CDC, specifically regarding the link between neurodevelopmental disorders and thimerosal-containing vaccines, as well as the MMR vaccine and autism.[895] [896] Dr Hooker accessed the raw CDC data (through the US Congress) to confirm the allegations.

"**Measles-mumps-rubella vaccination timing and autism among young African American boys: a reanalysis of CDC data**", Brian S Hooker, 2014.[897]

Dr Thompson had invoked federal whistleblower status in August 2014 and testified to Congressman William Posey that his vaccine branch supervisors had ordered him and other scientists to destroy data showing that black children were suffering disproportional harm by the MMR vaccine.

Attorneys Bryan Smith and Morgan & Morgan have been seeking to have Dr Thompson testify in a medical malpractice case, to explain how the CDC committed scientific fraud in a series of studies which found no link between vaccines and autism. However, Dr Thomas Frieden, Director of CDC, blocked him from testifying. In denying the request, Dr Frieden said "Dr William Thompson's deposition testimony would not substantially promote the objectives of CDC or HHS". In accordance with the Whistle Blower Protection Act and other federal regulations, Dr Thompson cannot testify under oath without the permission of the CDC Director.

This study, known as the DeStefano Study (2004), was published in a bid to refute the 1998 investigation of Dr Andrew Wakefield. Other studies used to debunk the vaccine-autism link with Dr Thompson as an author include Thompson et al (2007) and Price et al (2010).

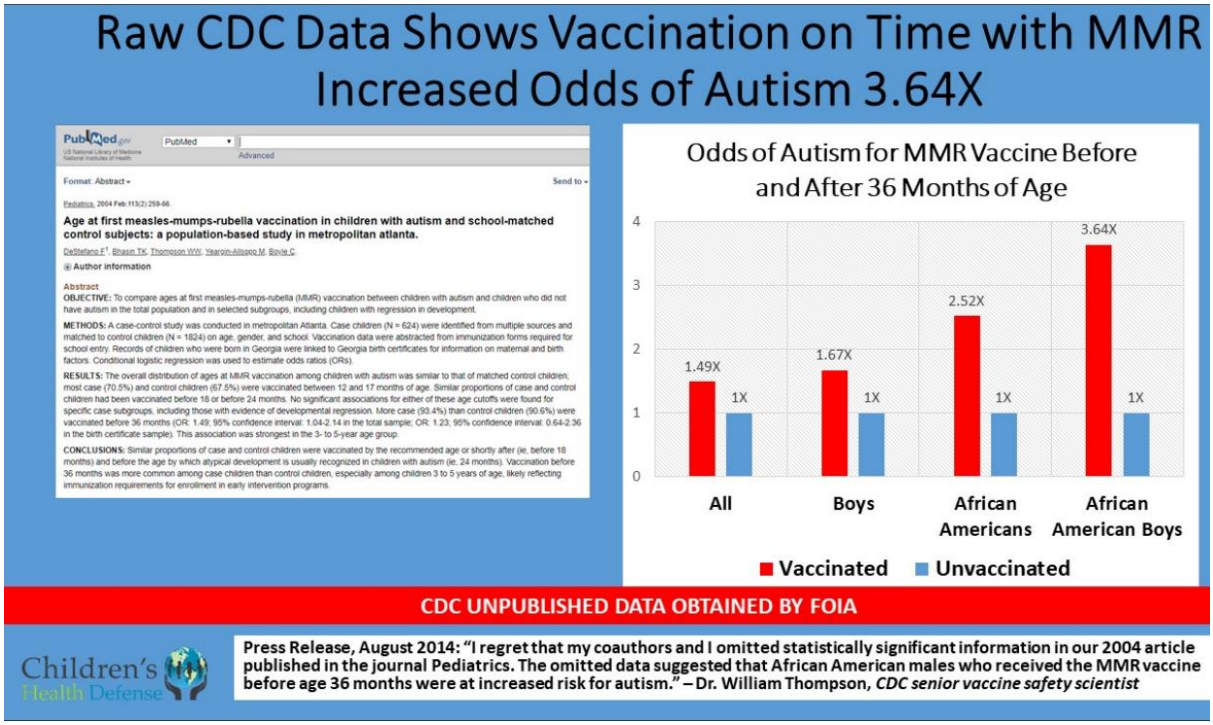
[894] http://pediatrics.aappublications.org/content/113/2/259
[895] https://www.focusforhealth.org/dr-brian-hooker-statement-william-thompson/
[896] https://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf
[897] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4128611/

On 26 August 2014, Dr Frank DeStefano, CDC's Director Immunization Safety (co-author of the MMR vaccine and autism study) also acknowledged the possibility of vaccination triggering autism and that "**it's hard to predict who those children might be**". [898]

Unfortunately, biological studies are not being carried out to determine the vulnerable children. While this biological plausibility is acknowledged, and yet in the absence of such studies, vaccines are being forced upon all children.

If health authorities had any feelings of concern for children, they would have taken immediate action (in response to Dr Thompson's disclosure) and removed MMR vaccination from the childhood schedule or at least moved it to after 3 years of age. On the contrary, we see a drive to mandate it and deny the injuries.

> Vaccines do not cause autism, they cause autism like symptoms."
>
> *Julie Gerberding, CDC Chief, speaking to CNN*



[898] https://sharylattkisson.com/2018/12/cdc-possibility-that-vaccines-rarely-trigger-autism/#audio

18.5. Vaccines manufactured using aborted human foetal cells

> Not only are human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas.
>
> *Dr. Theresa Deisher, PhD, President & Lead Scientist of Sound Choice Pharmaceuticals Institute (SCPI). Dr Deisher has 23 issued patents, 4 discoveries in clinical trials, 20 years in commercial biotechnology and is also the scientist who discovered the first adult heart stem cell. An expert in the use of stem cells for therapeutic purposes and gene therapy.*

"Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Austism Spectrum Disorder Prevalence." Theresa A Deisher et al, 2015[899].

> MMR coverage of Norway, Sweden and UK fell below 90% after Dr Wakefield's infamous 1998 publication but started to recover after 2001. ASD prevalence dropped substantially after birth year 1998 and increased again after 2000. Fetal DNA in Meruvax II and Havrix and cellular and nuclear uptake of primitive human DNA fragments were measured.
>
> Study conclusion: Vaccines manufactured in human fetal cell lines contain unacceptably high levels of fetal DNA fragment contaminants. The human genome naturally contains regions that are susceptible to double strand break formation and DNA insertional mutagenesis. The "Wakefield Scare" created a natural experiment that may demonstrate a causal relationship between fetal cell-line manufactured vaccines and ASD prevalence.

Vaccines manufactured using human foetal cell lines, contain residual human DNA fragments and endogenous retroviral contaminants. Research shows that such contaminating DNA fragments could incorporate into a child's genome and disrupt normal gene function.[900] [901]

Genes that have been linked to autism (autism associated genes; AAGs) have a more concentrated susceptibility for insults to genomic stability in comparison to the group of all genes contained within the human genome. Vaccines manufactured in human foetal cell lines contain unacceptably high levels of foetal DNA fragment contaminants. Biological consequences of the contamination results in gene insertion, gene disruption and gene mutations.

Additionally, endogenous retrovirus contamination in measles/mumps/rubella vaccine can be reactivated causing autoimmune diseases and also insertional mutagenesis as evidenced in a gene therapy trial which showed somatic mutations and cancer in a 1990s trial where 4 out of 9 boys developed cancer. One of the boys died from leukaemia caused by the insertion.[902]

[899] https://pubmed.ncbi.nlm.nih.gov/26103708/
[900] https://soundchoice.org/wp-content/uploads/2012/08/DNA_Contaminants_in_Vaccines_Can_Integrate_Into_Childrens_Genes.pdf
[901] https://academicjournals.org/article/article1411048618_Deisher%20et%20al.pdf
[902] https://pubmed.ncbi.nlm.nih.gov/18688285/

When babies are injected with human foetal DNA, the child will have an immune response to the foetal cells, and this could turn onto the child creating autoimmunity. Second, the DNA fragments can insert in the genome of the child, create subsequent mutations and cause problems. Children with autism have 100s of de novo mutations (mutations that their parents did not have) which can be due to radiation exposure, chemical toxin exposure and foreign DNA exposure.[903]

An international study[904] [905] led by the University of Montreal scientists show how de novo gene mutations (alterations of the cell's DNA, newly formed and therefore not inherited from either parent) play a role in autism and schizophrenia. "Harmful de novo mutations, as observed in this study, may in part explain the high global incidences of autism and schizophrenia," adds Dr. Rouleau, who is also director of the Sainte-Justine University Hospital Research Center and a scientist at the University of Montreal Hospital Research Centre.

"Aluminum causes breaks in our DNA which could make a child much more susceptible to insertions of the DNA fragments and then mutations to occur. Thimerosal can also cause double strand breaks in DNA. The dangers of foetal DNA is that the stem cells in our bodies are the ones most sensitive to take up the contaminants and have a mutation**. Stem cells can lie dormant in a child's body for decades, until they're called into action. So we could be seeing bizarre cancers in these cohorts of children all of their lives.**" Dr Deisher

> Aborted human foetal DNA (in our vaccines) level in our children can reach up to 5 ng/ml after vaccination. That level is known to activate Toll-like receptor 9 (TLR9), which can cause autoimmune attacks. Anyone who says that the foetal DNA contaminating our vaccines is harmless either does not know anything about immunity and Toll-like receptors or they are not telling the truth.
>
> *Dr Theresa Deisher*

Human DNA fragments in vaccines can cause autism by several mechanisms:[906] [907]

107. Autoimmunity: anti-DNA antibodies are an immune response in the child upon exposure to the human DNA contaminants. These anti-DNA antibodies can attack the brain at critical stages in the child's development when these human foetal DNA fragments are repeatedly introduced in the vaccines. Several studies since 2014 have implicated anti-nuclear antibodies as markers associated with autism cases.

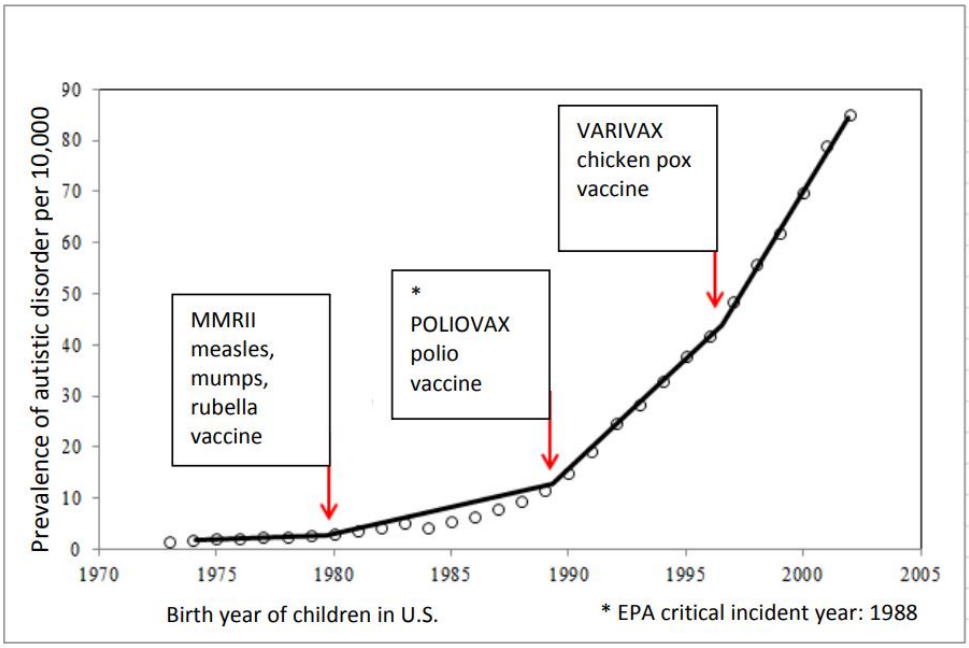
108. Insertional mutagenesis (de novo mutations): loose, human DNA can insert itself into the genes governing function of nerve cells in the developing brain.

---

[903] https://soundchoice.org/wp-content/uploads/2021/01/Insertional-Mutagenesis.pdf
[904] https://research.chusj.org/en/Communications/Nouvelles/2010/Autisme-et-schizophrenie-Des-chercheurs-evaluent-l
[905] https://pubmed.ncbi.nlm.nih.gov/20797689/
[906] https://www.youtube.com/watch?v=1UyO7jauSWI
[907] https://soundchoice.org/wp-content/uploads/2021/01/Insertional-Mutagenesis.pdf

Autistic Disorder increases with introduction of human cell line based vaccines

Dr Theresa Deisher also published a paper revealing the change points[908] in the incidence of autism in US, UK, Australia & Scandinavian countries. The change points correspond to the year in which these countries introduced vaccines using aborted human foetal cell cultures (not with paternal age nor DSM [Diagnostic and Statistical Manual] revisions). Her study is "Impact of environmental factors on the prevalence of autistic disorder after 1979"[909].



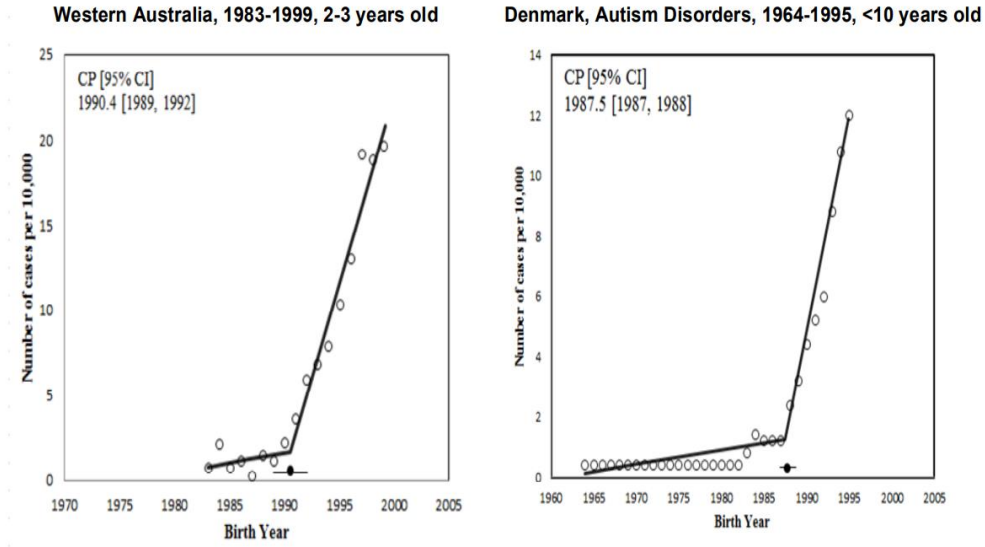


Figure 1. AD changepoint analysis robustness and results.
Figure 1A shows AD changepoint results for the U.S., California, UK, Western Australia, and Denmark. Figure 1B shows a comparison of 'hockey' and 'segmented' fits for California AD 1970-1997 data. Both analyses yield changepoints with overlapping confidence intervals near 1988. However, 'segmented' analysis reveals a second changepoint near 1981.

[908] https://jeffreydachmd.com/wp-content/uploads/2015/02/Autistic-DisorderIncreaseIntroduction-ofHumanCell-LinesinVaccines.pdf
[909] https://academicjournals.org/article/article1411048618_Deisher%20et%20al.pdf

SOUND CHOICE
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OPEN LETTER TO LEGISLATORS REGARDING FETAL CELL DNA IN VACCINES

April 8, 2019

My name is Dr. Theresa Deisher. I am Founder and Lead Scientist at Sound Choice Pharmaceutical Institute, whose mission is to educate the public about vaccine safety, as well as to pressure manufacturers to provide better and safer vaccines for the public. I obtained my doctorate from Stanford University in Molecular and Cellular Physiology in 1990 and completed my post-doctoral work at the University of Washington. My career has been spent in the commercial biotechnology industry, and I have done work from basic biological and drug discovery through clinical development.

I am writing regarding unrefuted scientific facts about fetal DNA contaminants in the Measles-Mumps-Rubella vaccine, which must be made known to lawmakers and the public.

Merck's MMR II vaccine (as well as the chickenpox, Pentacel, and all Hep-A containing vaccines) is manufactured using human fetal cell lines and is heavily contaminated with human fetal DNA from the production process. Levels in our children can reach up to 5 ng/ml after vaccination, depending on the age, weight and blood volume of the child. That level is known to activate Toll-like receptor 9 (TLR9), which can cause autoimmune attacks.

To illustrate the autoimmune capability of very small amounts of fetal DNA, consider this: labor is triggered by fetal DNA from the baby that builds up in the mother's bloodstream, triggering a massive immune rejection of the baby. This is labor.

It works like this: fetal DNA fragments[i] from a baby with about 300 base pairs in length are found in a pregnant mother's serum. When they reach between 0.46– 5.08 ng/mL in serum, they trigger labor via the TLR9 mechanism[ii]. The corresponding blood levels are 0.22 ng/ml and 3.12 ng/ml. The fetal DNA levels in a child after being injected with fetal-manufactured vaccines reach the same level that triggers autoimmune rejection of baby by mother.

Anyone who says that the fetal DNA contaminating our vaccines is harmless either does not know anything about immunity and Toll- like receptors or they are not telling the truth.

If fetal DNA can trigger labor (a naturally desired autoimmune reaction), then those same levels in vaccines can trigger autoimmunity in a child. Fragmented fetal DNA contained in vaccines is of similar size, ~215 base pairs.[iii]

This is direct biological evidence that fetal DNA contaminants in vaccines are not in low innocuous amounts. They are a very strong proinflammatory trigger.

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Administration of fragments of human fetal (primitive) non-self DNA to a child could generate an immune response that would also cross-react with the child's own DNA, since the contaminating DNA could have sections of overlap very similar to the child's own DNA.

Children with autistic disorder have antibodies against human DNA in their circulation that non-autistic children do not have. These antibodies may be involved in autoimmune attacks in autistic children.[iv]

Duke University demonstrated in a recently conducted study that significant improvements in behavior were observed when children with autism spectrum disorder were treated with their own banked autologous cord blood[v]. This treatment clearly shows that most children with autism are not born with it since genetic diseases like Down syndrome or muscular fibrosis cannot be treated with autologous stem cells. Therefore, an environmental trigger, or triggers, introduced to the world around 1980 when autism first began to rise, must be identified and eliminated or reduced in the environment.

- Strong change-point correlation exists between rising autism rates and the US vaccine manufacturing switch from animal-derived cell lines for rubella vaccine to human aborted cell lines in the late 70s[vi].
- The earliest change point for Autistic Disorder (AD) birth year was identified for 1981 for California and U.S. data, preceded by a switch in the manufacturing process:
    - In January 1979, the FDA approved the manufacturing switch for the rubella virus from animal based (high passage virus, HPV-77, grown e.g. in duck embryo cells) to the human fetal cell line WI-38 using the RA27/3 virus strain[vii]. Both the newly approved monovalent rubella vaccine and a trivalent mumps, measles and rubella vaccine utilize the WI-38 fetal cell line for manufacturing of the rubella vaccine portion.
- Prior to 1980, autism spectrum disorder was a very rare, almost unknown disease. According to the figures of the CDC, the rate of autism in 2014 was 1 in 59 children , a very steep increase since just 2000, when it was 1 in 150. CDC: "The total costs per year for children with ASD in the United States were estimated to be between $11.5 billion – $60.9 billion (2011 US dollars)[viii]."
- Recently, duplications and de novo deletions have been recognized in up to 10% of simplex autism spectrum disorders, corroborating environmental triggers on the genetics of autism spectrum disorders[ix].
- The rubella portion of the MMR vaccine contains human derived fetal DNA contaminants of about 175 ngs, more than 10x over the recommended WHO threshold of 10 ng per vaccine dose[x].
- No other drug on the market would receive FDA approval without thorough toxicity profiling (FDA follows international ICH guidelines) -> this was never conducted by the pharmaceutical industry for the DNA contamination in the MMR vaccine.
- Vaccines produced with human fetal cell lines contain cell debris and contaminating residual human DNA, which cannot be fully eliminated during the downstream purification process of the virus[xi]. Moreover, DNA is not only characterized by its sequence (ATCG), but also by its epigenetic modification (e.g. DNA methylation pattern etc.). This decoration is highly species specific, which is why non-human DNA will be eliminated, while this is not necessarily the case with fetal human DNA.

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Injecting our children with human fetal DNA contaminants bears the risk of causing two well-established pathologies:

1) Insertional mutagenesis: fetal human DNA incorporates into the child's DNA causing mutations. Gene therapy using small fragment homologous recombination has demonstrated that as low as 1.9 ng/ml of DNA fragments results in insertion into the genome of stem cells in 100% of mice injected[xii]. The levels of human fetal DNA fragments in our children after vaccination with MMR, Varivax (chickenpox) or Hepatitis A containing vaccines reach levels beyond 1.9 ng/ml.
2) Autoimmune disease: fetal human DNA triggers a child's immune system to attack his/her own body.

An additional concern: retrovirus contamination.

Human endogenous retrovirus K (HERVK) is a contaminant in the measles/mumps/rubella vaccine[xiii].

- HERVK can be reactivated in humans[xiv]. It codes for a protein (integrase) specialized in integrating DNA into the human genome.
- Several autoimmune diseases have been associated with HERVK activity[xv].
- It is also in the same family of retroviruses as the MMLV virus used in a gene therapy trial, in which inappropriate gene insertion (insertional mutagenesis) led to subsequent additional somatic mutations and cancer in 4 of 9 young boys[xvi].
- It is therefore possible that the HERVK gene fragment present in the MMR vaccine is active, codes for the integrase or the envelope protein, and thus has the potential to induce gene insertion, fostering insertional mutagenesis and autoimmunity.

The presence of both the high level contaminating fetal DNA as well as the HERVK contamination in the MMR vaccine is an unstudied risk with huge implications and dangers for individual and public health.

Solution: Pressure manufacturers to switch back to animal cell line derived rubella vaccines as was successfully done in Japan:

- Based on Takahashi strains of live attenuated rubella virus, produced on rabbit kidney cells. A single dose of this vaccine has been recently proven to retain immunity for at least 10 years when rubella was under regional control[xvii].
- Split MMR vaccine into three individually offered options as done in Japan.

The MMR vaccine manufacturing process needs to be changed to address and eliminate the above risks for the public.

Thank you for your consideration. I will be happy to address any questions you may have concerning the above.

Sincerely,

Theresa A. Deisher, Ph.D.

18.6. Attention Deficit Hyperactivity Disorder (ADHD)

In 1952, when the American Psychiatric Association (APA) released its first Diagnostic and Statistical Manual of Mental Disorders (DSM), many of today's most common paediatric diagnoses had yet to be invented. Attention Deficit Disorder (ADD) appeared in 1980. ADD was replaced with Attention Deficit Hyperactivity Disorder (ADHD) in 1987. The most recent DSM allows for a dual ADHD-autism diagnosis, recognizing anywhere from one-fifth to one-half of children with ADHD meet the criteria for Autism Spectrum Disorder (ASD).

It is not surprising that the ADHD rates are high in US given their vaccine schedule includes 70 vaccines for children. In 2003, 7.8% of 4-17 year olds were diagnosed with ADHD, in 2007 it was 9.5% of children and with a 28% increase it is now 11% of children in 2011.[910]

By 2011, 1 in 10 US school-aged children had an ADHD diagnosis; 6.4 million children. 1 in 5 high school boys and 1 in 11 girls. A 2015 study cites the number of ADHD diagnosis as 16% children.[911]

It is now known that heavy metals are detrimental to the neurodevelopmental process and impair cognitive function. There is also growing evidence that co-exposure to multiple metals can result in increased neurotoxicity compared to single-metal exposure, in particular during early life.[912]

Research has linked aluminium and mercury to both ADHD and ASD via their disruption of thyroid hormone function and neurotransmitter GABA.[913] [914] [915]

18.7. Mitochondrial Disorder

Systemic evaluation of the immune status of patients with mitochondrial disease, in its early stages, suggests the presence of immunodeficiency in children with mitochondrial disease. A 2010 study in the *Journal of Allergy and Clinical Immunology* argues for a paradigm shift with respect to mitochondrial disease and the interpretation of immunodeficiency. Children with mitochondrial disease have limited adenosine triphosphate (ATP) production impairing a protective immune response due to infection.[916] This means that children with mitochondrial dysfunction are likely immunodeficient. And as IOM has stated, it appears for these metabolically vulnerable children, receiving vaccines may be the largely nonspecific "last straw" that leads these children to reveal their underlying genotype.[917]

There are also numerous studies highlighting mitochondrial involvement in autism. [918] [919]

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[910] https://www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html
[911] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4058092/
[912] https://pubmed.ncbi.nlm.nih.gov/26231505/
[913] P. Nayak, A. K. Chatterjee, "Effects of Aluminum Exposure on Brain Glutamate and GABA systems: An Experimental Study in Rats," Food and Chemical Toxicology 39, no. 12 (December 2001)
[914] M. Kawahara et al., "Effects of Aluminum on the Neurotoxicity of Primary Cultured Neurons and on the Aggregation of Beta-Amyloid Protein," Brain Research Bulletin 55, no. 2 (15 May 2001)
[915] https://pubmed.ncbi.nlm.nih.gov/16308486/
[916] https://www.sciencedirect.com/science/article/pii/S0005272806001022
[917] https://www.nap.edu/read/13164/chapter/5#84
[918] https://www.sciencedirect.com/science/article/abs/pii/S0959438817300764
[919] https://www.sciencedirect.com/science/article/pii/S1071909113000624

Both aluminium[920] and mercury are known toxic chemicals causing dysfunction of the metabolic process and thereby contributing to a variety of diseases. Damage to mitochondria is now understood to play a role in the pathogenesis of a wide range of seemingly unrelated disorders such as schizophrenia, bipolar disease, dementia, Alzheimer's disease, epilepsy, migraine headaches, strokes, neuropathic pain, Parkinson's disease, ataxia, transient ischemic attack, cardiomyopathy, coronary artery disease, chronic fatigue syndrome, fibromyalgia, retinitis pigmentosa, diabetes, hepatitis C, and primary biliary cirrhosis.[921] [922] [923] [924] [925] [926]

Yet, we are still not screening for this acknowledged and unlisted mitochondrial disorder contraindication that may result in autism-like symptoms! This is also a fact acknowledged by CDC.[927]

> Now, we all know that vaccines can occasionally cause fevers in kids. So, if a child was immunized, got a fever, had other complications from the vaccine, then if you're predisposed with the mitochondrial disorder, it can certainly set off some damage. Some of the symptoms can be symptoms that have characteristics of autism.
>
> *Dr Julie Gerberding*
>
> *Director, CDC (later President of Merck Vaccines [2010-2014]*[928]

Mitochondrial viability and apoptosis induced by aluminium, mercuric mercury and methylmercury in cell lines of neural origin. Toimela et al, 2004. "Mercury and aluminium are considered to be neurotoxic metals, and they are often connected with the onset of neurodegenerative diseases. Mitochondrial assays showed a clear dose-response and exposure time-response to the metals. Furthermore, there was marked mitochondrial activation, especially in connection with aluminium and methylmercury at low concentrations. All the metals tested induced apoptosis. The study emphasized the toxicity of methylmercury to neural cells and showed that aluminium alters various cellular activities."[929]

[920] https://pubmed.ncbi.nlm.nih.gov/23463459/
[921] https://pubmed.ncbi.nlm.nih.gov/18626887/
[922] https://www.hindawi.com/journals/jt/2012/373678/
[923] https://pubmed.ncbi.nlm.nih.gov/21119085/
[924] https://pubmed.ncbi.nlm.nih.gov/25559775/
[925] https://www.ncbi.nlm.nih.gov/pubmed/25559775
[926] https://www.ncbi.nlm.nih.gov/pubmed/21546885
[927] https://www.cdc.gov/ncbddd/autism/mitochondrial-faq.html
[928] https://www.youtube.com/watch?v=Dh-nkD5LSIg
[929] https://link.springer.com/article/10.1007%2Fs00204-004-0575-y

Case of Hannah Poling & Dr Zimmerman

In 1986, the Division of Vaccine Injury Compensation, Department of Health and Human Services, US) concluded that "compensation was appropriate in the case of Hannah Poling where it was demonstrated vaccination significantly aggravated an underlying mitochondrial disorder and manifested as a regressive encephalopathy with features of autism spectrum disorder".

Hannah Poling (whose father is a neurologist, and mother a nurse and attorney) filed a case at the federal "vaccine court" of US. Hannah Poling's case was a taken as a test case to help decide the outcome of 5000 vaccine-autism cases at the Court.

During this case, the expert medical witness for the government, which defends vaccines in federal vaccine court, signed a sworn affidavit and he informed the Department of Justice (DOJ) lawyers he worked for that he had discovered "exceptions in which vaccines could cause autism".

Dr Andrew Zimmerman explained that **in a subset of children, vaccine-induced fever and immune stimulation did cause regressive brain disease with features of autism spectrum disorder**."

Dr Zimmerman is a Paediatric Neurologist at the Kennedy Kreiger Institute (the No. 1 institute in the investigation of autism). He was the US Government's medical expert in numerous previous autism related cases. He was also the leading medical expert in the Omnibus Autism Proceeding which included 5000 cases of autism at the Vaccine Court. He gave witness against the 1st case of Michelle. However, for the 2nd case, he changed his medical opinion after studying mitochondrial disorder of Hannah Poling which showed that the vaccine led to her autism.

Records show that on 18 June 2007, a DOJ attorney to whom Dr Zimmerman spoke told the vaccine court: "We know [Dr Zimmerman's] views on the issue … There is no scientific basis for a connection". Dr Zimmerman refuted this as "highly misleading" and says that he had told them the opposite.[930]

However, Hannah's case was removed as a test case and quietly settled for 1.5 million dollars and the case was sealed. Other families with autistic children were never to know. Hannah's family petitioned the court to be allowed to reveal the findings, but the government fought to keep the case sealed – and prevailed.[931]

By conceding to Hannah Poling's case and sealing it, it also effectively sealed critical evidence of the vaccine-autism link and denied justice to 5000 other vaccine injured autistic children of the Omnibus Autism Proceeding. This was another peg that ensured the continuance of autism assault on children globally.

> **"As a doctor, until it happened to me, until I saw the regression, until I saw a normal 18-month-old toddler descend into autism, I wouldn't have believed it was possible."** – Jon Poling, MD (Neurologist & Hannah Poling's father)[932]

[930] https://thehill.com/opinion/healthcare/425061-how-a-pro-vaccine-doctor-reopened-debate-about-link-to-autism
[931] https://sharylattkisson.com/2018/12/cdc-possibility-that-vaccines-rarely-trigger-autism/#audio
[932] https://youtu.be/YxfgqsZ8BV0

AFFIDAVIT

I, Andrew Walter Zimmerman, M. D. do hereby state under oath as follows:

1. I am a board certified, pediatric neurologist and former Director of Medical Research, Center for Autism and Related Disorders, Kennedy Krieger Institute, and Johns Hopkins University School of Medicine.

2. I was a Reviewer for the National Academy of Sciences 2004 report entitled IMMUNIZATION SAFETY REVIEW: VACCINES AND AUTISM, which was prepared by the Immunization Safety Review Committee, at the request of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Institute of Medicine (IOM).

3. A copy of my curriculum Vitae is attached hereto as exhibit A and incorporated by reference.

4. In 2007, I was an expert witness for the Department of Health and Human Services in the Omnibus Autism Proceeding (O.A.P.) under the National Childhood Vaccine Injury Compensation Program.

5. With the assistance of the Department of Justice, I prepared and executed the attached expert witness opinion regarding Michelle Cedillo, on behalf of the Department of Health and Human Services in Cedillo v. H.H.S. My expert opinion in Cedillo v. H.H.S. is attached as exhibit B. It states in pertinent part as follows:

"There is no scientific basis for a connection between measles, mumps and rubella (MMR) vaccine or mercury (Hg) intoxication and autism. Despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connections with autism and regression, there is no sound evidence to support a causative relationship with exposure to both, or either, MMR and/or Hg. Michelle Cedillo had a thorough and normal immunology evaluation by Dr. Sudhir Gupta, showing no

signs of immunodeficiency that would have precluded her from receiving or responding normally to MMR vaccine. "

My expert opinion regarding Michelle Cedillo also states:

"Furthermore, there is no evidence of an association between autism and the alleged reaction to MMR and Hg, and it is more likely than not, that there is a genetic basis for autism in this child."

6. On Friday June 15th 2007, I was present during a portion of the O.A.P. to hear the testimony of the Petitioner's expert in the field of pediatric neurology, Dr. Marcel Kinsbourne. During a break in the proceedings, I spoke with DOJ attorneys and specifically the lead DOJ attorney, Vincent Matanoski in order to clarify my written expert opinion.

7. I clarified that my written expert opinion regarding Michelle Cedillo was a case specific opinion as to Michelle Cedillo. My written expert opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science.

8. I explained that I was of the opinion that there were exceptions in which vaccinations could cause autism.

9. More specifically, I explained that in a subset of children with an underlying mitochondrial dysfunction, vaccine induced fever and immune stimulation that exceeded metabolic energy reserves could, and in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum disorder.

10. I explained that my opinion regarding exceptions in which vaccines could cause autism was based upon advances in science, medicine, and clinical research of one of my patients in particular.

explained to Mr. Matanoski and the other DOJ attorneys who were present that there were exceptions in which vaccinations could cause autism.

20. In my opinion, it was highly misleading for the Department of Justice to continue to use my original written expert opinion, as to Michelle Cedillo, as evidence against the remaining petitioners in the O.A.P. in light of the above referenced information which I explained to the DOJ attorneys while omitting the caveat regarding exceptions in which vaccinations could cause autism.

Andrew W. Zimmerman M.D.

State of Massachusetts

County of Worcester

Personally appeared before me, the undersigned Notary Public, Andrew Zimmerman M. D. with whom I am personally acquainted and who signed the foregoing Affidavit in my presence and, under oath stated that he had personal knowledge of the facts contained in the foregoing Affidavit and that those facts are true and correct.

Sworn and subscribed before me, the undersigned Notary Public, in and for the aforesaid State and County on this the 7th day of September, 2018.

Maxine Schmeidler
Notary Public

My Commission expires: april 9, 2021

MAXINE SCHMEIDLER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 9, 2021

Dr Zimmerman and Dr Richard Kelley

Dr Zimmerman (Paediatric Neurologist at Kennedy Kreiger Institute and Dr Kelley (Professor of Pediatrics, Johns Hopkins University, Kennedy Krieger Institute) are two of the most respected autism scientists in the world. And Kennedy Krieger Institute is the No.1 institute in the investigation of autism. Both doctors testified as expert witnesses for Yates Hazelhurst in the first case litigated in front of jury. Below given are the highlights of their deposition as related by J.B. Handley.[933]

Lawyer: As succinctly as you can tell me, describe the opinions that you hold in this case.

Dr Zimmerman: My opinion is that – that the Yates child – Yates Hazlehurst had a regressive onset of autism following administration of vaccines and at the same time he had an ear infection, both of which – both factors created inflammation and within 12 to 14 days after the immunization he began regressing. I saw Yates some years later in Baltimore County Krieger Institute and did some testing to look for signs of mitochondrial dysfunction. And these were later evaluated by Dr Richard Kelley. And subsequently I did not see Yates for follow-up but learned that he was found to have a mitochondrial disorder. And it is my opinion that it is the underlying mitochondrial disorder that created the susceptibility factor in Yates that led to his autistic regression and change in brain function.

Lawyer: Do other people in your field, reputable physicians in your field, hold the opinion that **vaccines can cause the type of inflammatory response that can lead to a regressive autism?**

Dr Zimmerman: Yes

(Dr Zimmerman at the time a neurologist at Harvard Medical School confirmed that his colleagues – reputable physicians in the field – share the opinion that vaccines can cause autism.)

Lawyer: There can be some type of triggering inflammatory response that can cause or lead to regressive autism?

Dr Zimmerman: Correct

Lawyer: And that science is accepted by the people in your field?

Dr Zimmerman: Yes

Lawyer: And vaccines can cause the type of inflammatory response, in fact they're designed to – **to cause the type of inflammatory response that can lead to or trigger a regressive autism?**

Dr Zimmerman: They're designed to lead to an immune response, and that may compound the immune response from an infection.

Lawyer: So in other words, kids who have this underlying mitochondrial disorder who are – have an ongoing infection are at an even higher risk of an injury from vaccines?

Dr Zimmerman: When combined, yes.

Lawyer: And as I understand it, sort of the key period or where a child's brain is more at risk for these types of, or is more susceptible to these types of risk is somewhere around a year to 18 months?

Dr Zimmerman: Or 24 months, in that area.

[933] "How to End the Autism Epidemic" by J.B. Handley, pg 193

Lawyer: (quoting American Academy of Pediatrics on vaccine safety) And then down in the nex paragraph it says, "Research has been conducted on all these topics, and the studies continue to find vaccines to be safe and effective way to prevent serious diseases." Did I read correctly?

Dr Zimmerman: Yes

Lawyer: And then it says here, "These studies do not show any link between autism and MMR, thimerosal, multiple vaccines given at once, fevers, or seizures. Did I read that correctly?

Dr Zimmerman: Yes

Lawyer: And you agree with that right?

Dr Zimmerman: Yes, with the exception that these are epidemiological studies and do not incorporate our new knowledge at this point.

Lawyer: There is a difference between determining a causative link between, say, vaccines and regressive autism and epidemiological studies versus making a connection for a particular patient in a clinical setting?

Dr Zimmerman: Very different approach.

Lawyer: Can you explain that?

Dr Zimmerman: Well, an epidemiological study looks at a large group, but it may not be able to detect a small subgroup. And what we're really looking at is a different approach where we go – we start not from the large group but from the individual.

Dr Zimmerman also agreed in his deposition that in his clinic he sees children with autism daily and that vaccines is one potential cause for regressive autism in a child.

Lawyer: Would you say that you are an expert in mitochondrial dysfunction but not in autism? Would that be fair way to describe it?

Dr Kelley: I am an expert in mitochondrial disease. And I am an expert in the aspect of autism that pertains to the roughly 25, 30, 40 percent of children who have autism based on mitochondrial dysfunction.

Lawyer: Do you agree with the statement that vaccines do not cause autism?

Dr Kelley: No

Lawyer: You are actually arguing for a link between vaccines and autism in this case, aren't you?

Dr Kelley: I am.

Lawyer: And that is contrary to the medical literature, isn't it?

Dr Kelley: It's not contrary to the medical literature that I read. It is contrary to certain published articles by very authoritative groups who say there is no proven association in large cohort studies.

Dr Jon Poling wrote in Atlanta Journal-Constitution in 2008, "Emerging evidence suggests that mitochondrial dysfunction may not be rare at all among children with autism…In fact, mitochondrial dysfunction may be the most common medical condition associated with autism…National public health leaders, including those at CDC, must now recognize the paradigm shift caused by this biological marker with regard to their current position of dispelling a vaccine-autism link. In light of the Hannah Poling concession, science must determine more precisely how large the mitochondrial autism subpopulation is.

18.8. Maternal Immune Activation

Vaccines have not been studied for its safety on pregnant women. Nor has the safety of injecting aluminium and mercury into pregnant women and its impact on the foetus been studied. Although no safety studies exist nor is there an approved vaccine for pregnant women, they are still advised to get the influenza and tetanus vaccines.

Maternal immune dysregulation during gestation is a risk factor for autism, schizophrenia, epilepsy, cerebral palsy, anxiety, and major depressive disorder, pointing to the association between the immune system and neural development.[934] [935] [936] [937]

In a study published in the journal Neuropsychopharmacology, "The Role of Immune System in Autism Spectrum Disorder", authors Amory Meltzer and Judy Van de Water states that "Activation of maternal immune system during foetal development is thus an important factor in the aetiology of Autism Spectrum Disorder (ASD) and may lead to changes in neurodevelopment."

"**Maternal infection and immune involvement in autism",** Paul Patterson (2011).[938] Dr Patterson and his colleagues demonstrated that a single viral infection or injection of a viral mimetic to pregnant mice significantly and persistently impacts offspring immune and nervous system function, changes that underlie ASD-like behavioral dysfunction including social and communication deficits.

"**Beyond infection – Maternal immune activation by environmental factors, microglial development, and relevance for autism spectrum disorders**", Staci Bilbo et al (2018).[939] "Immune molecules such as cytokines and chemokines and the cells that produce them within the brain, notably microglia, are critical for normal brain development. This recognition has in recent years led to the working hypothesis that inflammatory events during pregnancy, e.g. in response to infection, may disrupt the normal expression of immune molecules during critical stages of neural development and thereby contribute to the risk for neurodevelopmental disorders such as autism spectrum disorder (ASD)."

In 2014, Nature Reviews Neurology published the study "**Maternal immune activation (mIA) and abnormal brain development across CNS disorders**", Irene Knuesel et al (2014)[940]. The authors report, "Epidemiological studies have shown a clear association between maternal infection and schizophrenia or autism in the progeny. Animal models have revealed maternal immune activation (mIA) to be a profound risk factor for neurochemical and behavioural abnormalities in the offspring. Microglial priming has been

[934] https://pubmed.ncbi.nlm.nih.gov/22310922/ - Malkova (2012)
[935] Mol. Psychiatry. Jan 22, 2013
[936] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5143489/ - Meltzer & Van de Water (2017)
[937] Vaccine. 2011. Nov. 8;29(48)
[938] https://pubmed.ncbi.nlm.nih.gov/21482187/
[939] https://pubmed.ncbi.nlm.nih.gov/28698032/
[940] https://pubmed.ncbi.nlm.nih.gov/25311587/

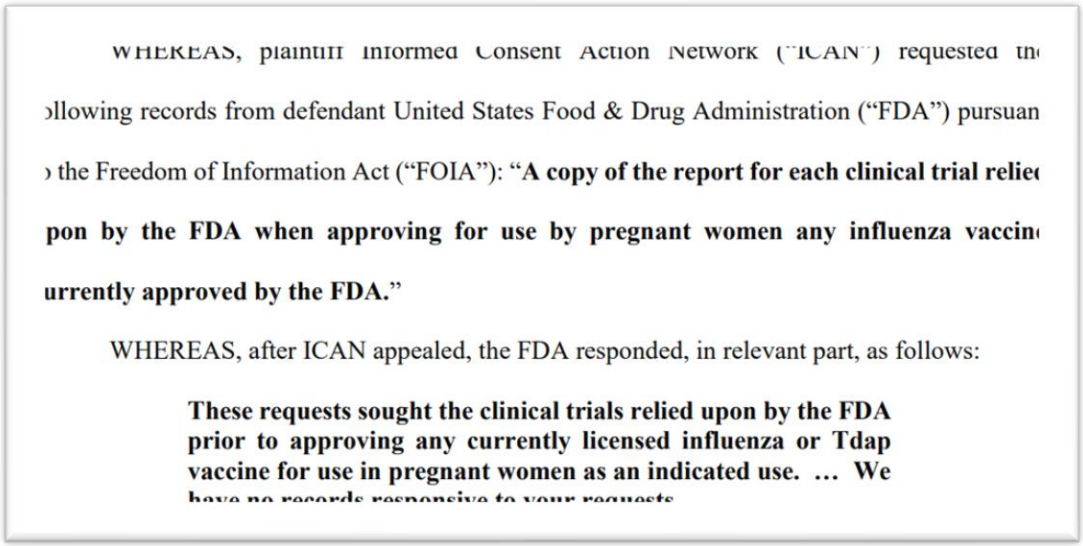
proposed as a major consequence of mIA, and represents a critical link in a causal chain that leads to the wide spectrum of neuronal dysfunctions and behavioural phenotypes observed in the juvenile, adult or aged offspring."

In 2016, "**Maternal immune activation: Implications for neuropsychiatric disorders**"[941], Myka L. Estes & A. Kimberley McAllister reported, "Epidemiological evidence implicates maternal infection as a risk factor for autism spectrum disorder and schizophrenia. Animal models corroborate this link and demonstrate that maternal immune activation (MIA) alone is sufficient to impart lifelong neuropathology and altered behaviors in offspring."

In 2017, Neuroscience published the study "**Prenatal maternal immune activation and brain development with relevance to psychiatric disorders**", Gustavo Scola & Angela Duong (2017)[942]. The authors report, "Growing evidence from epidemiological studies strongly suggests maternal infection as a risk factor for psychiatric disorders including bipolar disorder, schizophrenia, and autism. Animal studies support this association and demonstrate that maternal immune activation (MIA) changes brain morphology and inflammatory cytokines in the adult offspring."

Influenza & TD vaccination of pregnant women:

In 2019, FDA refused a Freedom of Information Act (FOIA) request by Informed Consent Action Network (ICAN) for clinical trial records relating to approval of influenza & Tdap vaccines for women. Following a lawsuit, FDA reported that there were no related documents.[943]



WHEREAS, plaintiff Informed Consent Action Network ("ICAN") requested the following records from defendant United States Food & Drug Administration ("FDA") pursuant to the Freedom of Information Act ("FOIA"): "**A copy of the report for each clinical trial relied upon by the FDA when approving for use by pregnant women any influenza vaccine currently approved by the FDA.**"

WHEREAS, after ICAN appealed, the FDA responded, in relevant part, as follows:

> **These requests sought the clinical trials relied upon by the FDA prior to approving any currently licensed influenza or Tdap vaccine for use in pregnant women as an indicated use. … We have no records responsive to your requests**

WHO's Strategic Advisory Group of Experts (SAGE) also recommends maternal influenza vaccination. However, **safety and effectiveness of influenza vaccine has NEVER been tested and determined for pregnant women**.

Vaccinating pregnant women increases the risk of autism and other disorders due to maternal immune activation during pregnancy.[944] [945] [946]

[941] https://pubmed.ncbi.nlm.nih.gov/27540164/
[942] https://pubmed.ncbi.nlm.nih.gov/28153689/
[943] https://www.icandecide.org/wp-content/uploads/2019/11/ICAN-v-FDA-Resolved-Court-Filed-Copy-Copy.pdf
[944] https://pubmed.ncbi.nlm.nih.gov/22310922/ - Malkova (2012)
[945] Mol. Psychiatry. Jan 22, 2013
[946] Vaccine. 2011. Nov. 8;29(48)

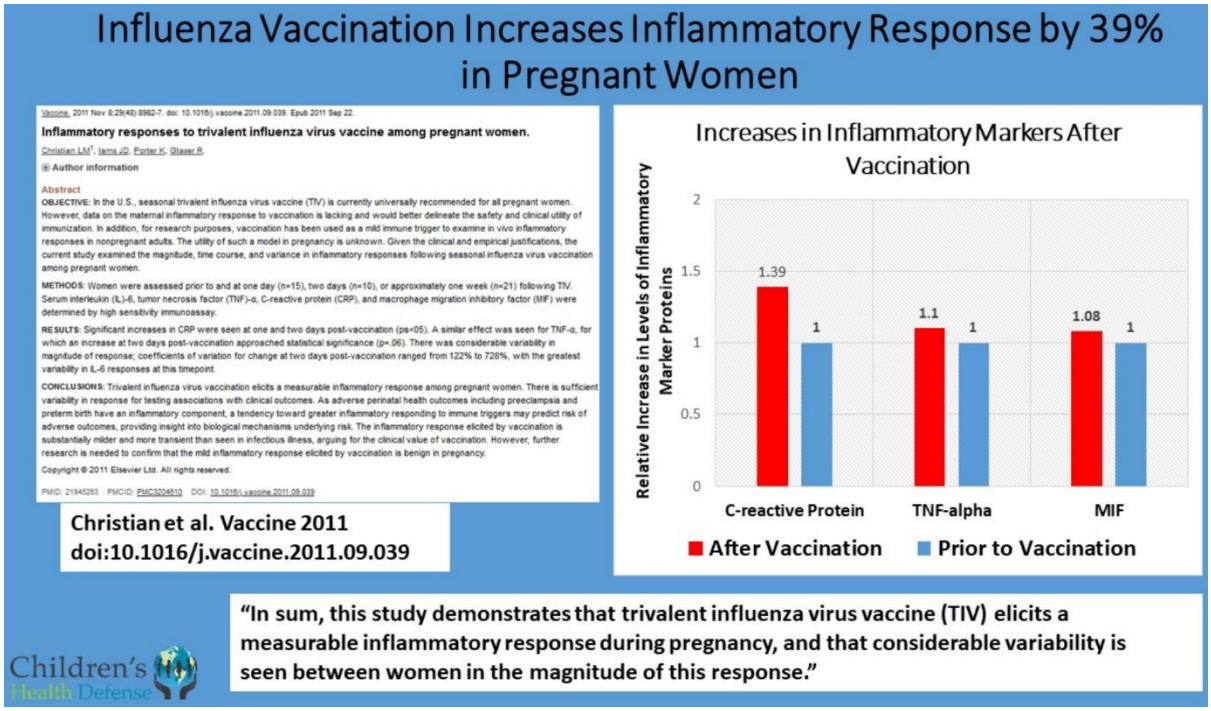
Since there is no published data to support vaccinating pregnant women, an analysis of unpublished data was conducted in 2017 (by exploring 4 recently established vaccine registries and reviewing package inserts from 99 influenza vaccines) and it concluded, "The value of trying to analyze unpublished data on the safety of influenza vaccine in pregnancy is limited and would require considerable resources to thoroughly investigate. Expanding efforts to identify and review unpublished data regarding the safety of influenza vaccines in pregnancy is not likely to produce information of high scientific value or information that could not be identified from publications and other publicly available data."[947]

This study also reported, "The majority of package inserts provided no product-specific safety information for pregnant women, especially in less developed countries."

A safety study[948] on Tdap was conducted in 2016 concluding that there were no adverse outcomes. A positive outcome was shown only **after excluding still births and spontaneous abortions**, and **changing the study plan multiple times** throughout the study!

"**Toxicity of gestational aluminium exposure to the maternal rabbit and offspring**"[949], Yokel (1985) study reported that aluminium crosses the placenta distributing into the developing fetus where it accumulates and offspring receiving higher aluminium exposure (during gestation period) showed impaired memory and other detrimental effects.

Let's also recall what Dr Plotkin said in his 2018 deposition, **"Immune activation is the objective of vaccines."**



Study link [950]

[947] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5647814/ - Halsey (2017)
[948] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4618722/ - Sukumaran et al (2016)
[949] https://pubmed.ncbi.nlm.nih.gov/4049399/
[950] https://pubmed.ncbi.nlm.nih.gov/21945263/

18.9. Role of mercury & aluminium in causing Autism

"**There is no doubt about the role of aluminium in autism"** - Dr. Christopher Exley, Professor of Bioinorganic Chemistry at Keele University in Staffordshire, United Kingdom. He has published over 200 peer-reviewed papers on aluminum and is considered by many to be the leading authority on aluminum toxicity.

Research (Mold 2018) at Keele University published in the Journal of Trace Elements in Medicine and Biology provides the strongest indication yet that **aluminium is an aetiological agent in austim spectrum disorder (ASD)**.[951]

Consistently high amounts of aluminium in brain tissue of autistic individuals were shown in the Mold (2018) study. And these amounts were some of the highest values for aluminium in human brain tissue yet recorded. A remarkable finding was that the aluminium was located intracellular in microglia-like brain cells and other inflammatory non-neuronal cells in the meninges.

"Aluminium in human brain tissue: how much is too much?" paper by Exley and Mold in the Journal of Biological Inorganic Chemistry (2019) reviews the burgeoning human exposure to aluminium.

There is also increasing evidence that supports the presence of immune dysfunction and ongoing inflammation of the brain in children with Autism Spectrum Disorder (ASD). A study published in the Journal of Immunology demonstrated that Aluminium Hydroxide (alum) activates caspase-1 and induce secretion of mature IL-1β and IL-18[952]. Researchers studied brains of children with autism and find high number of IL-18 molecule known to trigger serious inflammatory response. It was in the part of the brain (amygdala) that is responsible for detecting fear and the dorsolateral prefrontal cortex, which is involved in cognitive skills that include working memory, attention and evaluating rewards; areas that are impaired in autistic children. [953]

Study by Tufts University School of Medicine in Boston (published in the Journal "Proceedings of the National Academy of Sciences") show that plasma levels of IL-1β have been reported to be increased in children with ASD and were correlated with impaired communication and aberrant behaviour. Elevated levels of IL-1β were significantly associated with severity of the disease as well.

Studies of aluminium & mercury and its relation to autism:

1. "**The Relationship Between the Level of Copper, Lead, Mercury and Autism Disorders: A Meta-Analysis**", by Jafari et al, 2020. 18 articles from different countries from 1982 to 2019 were collected to determine authenticity or lack of relationship between the concentrations of copper, lead, and mercury and autism and to provide a reliable pattern in the field for researchers and planners. **Conclusion: There is, nevertheless, a significant relationship between mercury concentration and autism. Thus, the concentration of mercury can be listed as a pathogenic cause (disease-causing) for autism.**

[951] https://www.hippocraticpost.com/infection-disease/aluminium-and-autism/
[952] https://pubmed.ncbi.nlm.nih.gov/17404311/
[953] https://pubmed.ncbi.nlm.nih.gov/31591201/ Irene Tsilioni (2019)

2. "Aluminium in human brain tissue: how much is too much?"[954] Study shows high concentration of aluminium at biologically reactive levels with the potential for toxicity (resulting in cellular & neuronal dysfunction) and even cytotoxicity.

3. "**Aluminium in brain tissue in autism**"[955] Finding: Aluminium content of brain tissue in autism was consistently high.

4. "Aluminium Toxicosis: a Review of Toxic Actions and Effects", Igbokwe et al, 2019.

   Review of research publications since 2013, reveals a myriad of toxic actions of aluminium causing pathological conditions such as toxic myocarditis, thrombosis, ischemic stroke, Crohn's disease, inflammatory bowel diseases, anaemia, Alzheimer's disease, dementia, sclerosis, autism, macrophagic myofasciitis, oligospermia and infertility, breast cancer, pancreatitis, diabetes mellitus.

5. "Synergism in aluminum and mercury neurotoxicity"[956], Peter Alexandrov et al, 2018. This study shows that **co-exposure to mercury and aluminium indeed results in a significant synergism that is far worse than exposure to either substance on its own.**

6. **"Altered urinary porphyrins and mercury exposure as biomarkers for autism severity in Egyptian children with autism spectrum disorder"**, July 2016. Determined the extent of mercury poisoning in children by measuring urinary excretion of organic compounds called porphyrins, which act as biomarkers for mercury toxicity. The researchers found a strong relationship between mercury toxicity and the presence of autism and a direct correlation between levels of mercury toxicity and the severity of autism symptoms.[957]

7. Studies that linked autism presence or severity to mercury exposure as determined by measuring urinary porphyrins include; **Disordered porphyrin metabolism: a potential biological marker for autism risk assessment**, Heyer et al 2012[958]; **Toxicity biomarkers in autism spectrum disorder: a blinded study of urinary porphyrins**, Kern et al 2011; **Urinary porphyrin excretion in neurotypical and autistic children**, Woods et al 2010.[959]

8. **"A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States",** David A Geier et al, 2013. Conclusion: Present study provides new epidemiological evidence supporting an association between increasing organic-Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ASD diagnosis.[960]

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[954] https://link.springer.com/epdf/10.1007/s00775-019-01710-0
[955] https://www.sciencedirect.com/science/article/pii/S0946672X17308763 Mold (2018)
[956] https://pubmed.ncbi.nlm.nih.gov/29938114/
[957] https://www.dovepress.com/the-relationship-between-the-level-of-copper-lead-mercury-and-autism-d-peer-reviewed-fulltext-article-PHMT
[958] https://pubmed.ncbi.nlm.nih.gov/22298513/
[959] https://pubmed.ncbi.nlm.nih.gov/20576582/
[960] https://pubmed.ncbi.nlm.nih.gov/24354891/

9. **"The relationship between mercury and autism: A comprehensive review discussion"**, Janet K. Kern, 2016.[961]

10. **"The Levels of blood mercury and inflammatory-related neuropeptides in the serum are correlated in children with autism spectrum disorder."** This study was conducted by an international team of Egyptian, Norwegian, Saudi Arabian and Chilean physicians and scientists. The result showed a positive linear relationship between mercury levels and severity of autism symptoms.[962]

11. "**The levels of blood mercury and inflammatory-related neuropeptides in the serum are correlated in children with autism spectrum disorder**", Gehan Ahmed Mostafa, 2016.[963]

12. **Assessment of Hair Aluminium, Lead, and Mercury in a Sample of Autistic Egyptian Children: Environmental Risk Factors of Heavy Metals in Autism,** the authors concluded that the levels of mercury, lead and aluminium in the hair of autistic children are higher than controls. Environmental exposure to these toxic heavy metals at key times in development may play a causal role in autism.[964]

13. **Autism: A form of lead and mercury toxicity**. The author of this study, conducted in 2014, concluded that "Lead and mercury considered as one of the main causes of autism. Environmental exposure as well as defect in heavy metal metabolism is responsible for the high level of heavy metals. Detoxification by chelating agents had great role in improvement of those kids." [965]

14. **Efficacy of DMSA Therapy in a Sample of Arab Children with Autistic Spectrum Disorder.** The authors of this study performed DMSA chelation through urinary output of toxic and neurotoxic metals. The study data supports evidence that detoxification treatment with oral DMSA (Dimercaptosuccinic acid) has beneficial effect on ASD patients.[966]

15. "**Gender-selective toxicity of thimerosal**", Donald Branch (2009). First report of gender-selective toxicity of thimerosal and indicate that any future studies of thimerosal toxicity should take into consideration gender-specific differences.[967]

16. "**Uncoupling of ATP-mediated Calcium Signaling and Dysregulated IL-6 Secretion in Dendritic Cells by Nanomolar Thimerosal**", Samuel Goth et al, 2006.[968] Study demonstrates that very low levels of thimerosal can contribute to immune system dysregulation.

[961] https://www.sciencedirect.com/science/article/pii/S0946672X16300931
[962] https://link.springer.com/article/10.1007/s11011-015-9784-8
[963] https://link.springer.com/article/10.1007/s11011-015-9784-8
[964] https://pubmed.ncbi.nlm.nih.gov/26508811/
[965] https://www.sciencedirect.com/science/article/pii/S1382668914002415
[966] https://pubmed.ncbi.nlm.nih.gov/23400264/
[967] https://pubmed.ncbi.nlm.nih.gov/18771903/
[968] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1513334

17. Britain's most notorious poisoning incident – Camelford Pollution took place on 6 July 1988 when aluminium sulphate was mistakenly tipped into the drinking water of Camelford (Cornwall, UK). One of its victims, Ms Carole Cross aged 59 yrs died due to Cerebral Amyloid Angiopathy (CAA) in 2004 and a post-mortem found abnormally high levels of aluminium in her brain. In 2019, a study was made of the same brain sample. It was found that aluminium was almost exclusively intracellular and predominantly in inflammatory and glial cells including microglia, astrocytes, lymphocytes and cells lining the choroid plexus. The report also stated "the observation of predominantly intracellular aluminium in these tissues was novel and something similar has only previously been observed in cases of autism. The results suggest a strong inflammatory component in this case and support a role for aluminium in this rare and unusual case of CAA."

18. "**Induction of metallothionein in mouse cerebellum and cerebrum with low-dose thimerosal injection**", Takeshi Minami et al, 2010. Finding: As a result of the present findings, in combination with the brain pathology observed in patients diagnosed with autism, the present study helps to support the possible biological plausibility for how low-dose exposure to mercury from thimerosal-containing vaccines may be associated with autism.[969]

19. "**Activation of Methionine Synthase by Insulin-like Growth Factor-1 and Dopamine: a Target for Neurodevelopmental Toxins and Thimerosa**l", Richard C. Deth, Molecular Psychiatry, 2004.[970] Study demonstrates how thimerosal inhibits methylation, a central driver of cellular communication and development.

20. "**Thimerosal Neurotoxicity is Associated with Glutathione Depletion: Protection with Glutathione Precursors**", S. Jill James, Neurotoxicology January 2005.[971] Study demonstrates that Thimerosal lowers or inhibits the body's ability to produce Glutathione, an antioxidant and the body's primary cellular-level defense against mercury.

21. "**Neuroglial Activation and Neuroinflammation in the Brain of Patients with Autism**", Annals of Neurology, Diana Vargas, Johns Hopkins University, 2005[972]. Study finds that brains of autistic children are suffering from inflammation.

22. Gallagher and Goodman, 2010, "Hepatitis Vaccination of Male neonates and Autism Diagnosis, NHIS 1997-2002"; summary: "**Boys vaccinated as neonates had threefold greater odds for autism diagnosis** compared to boys never vaccinated or vaccinated after the first month of life. Findings suggest that US male neonates vaccinated with the Hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period."

[969] https://pubmed.ncbi.nlm.nih.gov/19357975/
[970] https://www.ncbi.nlm.nih.gov/pubmed/14745455
[971] https://www.ncbi.nlm.nih.gov/pubmed/15527868
[972] https://www.ncbi.nlm.nih.gov/pubmed/15546155

23. Gallagher and Goodman, 2008, "Hepatitis B triple series vaccine and developmental disability in US children aged 1-9 years"; summary: "This study investigated the association between vaccination with the Hepatitis B triple series vaccine. The odds of receiving Special Education were approximately nine times as great for vaccinated boys as for unvaccinated boys, after adjustment for confounders. This **study found statistically significant evidence to suggest that boys in US who were vaccinated with the triple series Hepatitis B vaccine, were more susceptible to developmental disability** than were unvaccinated boys."

24. "Impairment of mitochondrial energy metabolism in different regions of rat brain following chronic exposure to aluminium", Kumar et al, 2008.

25. "Aluminium neurotoxicity: neurobehavioural and oxidative aspects", Kumar and Gill, 2009.[973] Current research shows that any impairment in mitochondrial functions may play a major role in many human disorders including neurodegenerative disorders. In this review, the neuropathologies associated with aluminium exposure in terms of neurobehavioural changes have been discussed. In addition, the impact of aluminium on the mitochondrial functions has also been highlighted.

26. "Mitochondrial toxicity of aluminium nanoparticles in comparison to its ionic form on isolated rat brain mitochondria", Arab-Nozari et al, 2019[974].

27. "Mitochondrial Functional Impairment in Response to Environmental Toxins in the Cardiorenal Metabolic Syndrome", Guanghong Jia et al (2016).[975] This paper discusses ongoing research, which explores the mechanisms by which toxins (such as mercury) promote abnormalities in mitophagy and associated mitochondrial dysfunction.

28. "Slow CCL2-dependent translocation of biopersistent particles from muscle to brain", Khan et al (2013).[976]

29. "The Severity of Autism is Associated with Toxic Metal Body Burden and Red Blood Cell Glutathione Levels", J.B. Adams et al (2009).[977]

30. "Therapeutic impact of grape leaves polyphenols on certain biochemical and neurological markers in AlCl3-induced Alzheimer's disease", Borai et al 2017. This study was a experiment where aluminium was fed (below the dosage argued in Mitkus 2011). Reported that aluminium damaged purkinje cell and cerebellum damage which is also a consistent finding in human autism.[978]

[973] https://pubmed.ncbi.nlm.nih.gov/19568732/
[974] https://pubmed.ncbi.nlm.nih.gov/31602987/
[975] https://www.ncbi.nlm.nih.gov/pubmed/25559775
[976] https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-99
[977] https://pubmed.ncbi.nlm.nih.gov/20107587/
[978] https://pubmed.ncbi.nlm.nih.gov/28715867/

Three of the most important scientists in the field of aluminium adjuvant toxicity raised their concerns in the following letters. Professor Romain K. Gherardi, Professor, neuromuscular Pathology Expert Centre to US Department of Health and Human Services, NIH.

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de recherche biomédicale

UNIVERSITÉ PARIS-EST

UMR U955 INSERM / UPEC

Team 10
« Biology of the neuromuscular system»

Fred Relaix, director
FrançoisJérome Authier, co-director

Romain Gherardi, former director
Tél. +33 (0)1 49 81 27 42
Fax. +33 (0)1 49 81 27 33
romain .gherardi@inserm.fr

June 15, 2017

United States Department of Health & Human Services
National Institutes of Health
Food & Drug Administration
Centers for Disease Control & Prevention
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: *Aluminum Adjuvants*

Dear Directors:

I am an expert in the field of aluminum adjuvants toxicity in humans and animal models. I have been working in this field since the initial description of the AI vaccine-induced macrophagic myofasciitis in 1998. Since that time I have written 40 peer-reviewed scientific publications and one book on this subject.

I strongly support the contention that aluminum adjuvants in vaccines may have a role in the etiology of autism spectrum disorder (ASD). My view is founded on a significant and burgeoning body of peer-reviewed scientific evidence which makes the link between ASD and exposure to aluminum through vaccinations and other sources. Examples of this literature from my own group are detailed below and I urge the HHS to take them into consideration in forming any future opinion on the safety of aluminum adjuvants in vaccines.

The Center for Disease Control's claim on its website that "Vaccines Do Not Cause Autism" is unsupported with respect to aluminum adjuvants and this claim stifles the important research to determine the safety of aluminum adjuvants used in vaccines. As an expert in the field of aluminum adjuvants and aluminum toxicity I solemnly declare that more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is essential and urgently required.

Yours very sincerely

Romain K. Gherardi
Professor, Neuromuscular Pathology Expert Centre
University Paris-Est, INSERM U955-E10,
Henri Mondor hospital, Créteil France
Contact at the hospital
Tel 00 (33) 1 49812746
romain.gherardi@hmn.aphp.fr

Inserm U955 - Faculté de Médecine
8, rue du Général Sarrail 94010 Créteil Cedex
institutmondor@inserm.fr

Dr Christopher Shaw, University of British Columbia, Canada.

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine
Department of Ophthalmology
& Visual Sciences
Shaw Laboratory
828 West 10th Avenue, Room 386
Vancouver, BC Canada V5Z 1L8

Phone 604 875 4111 Local 68375
Fax 604 875 4376
www.neuraldynamicsubc.ca

June 24, 2017

United States Department of Health & Human Services
National Institutes of Health
Food & Drug Administration
Centers for Disease Control & Prevention
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: *Aluminum Adjuvants*

Dear Directors:

I am writing to you in regard to aluminum adjuvants in vaccines. This subject is one my laboratory works on intensively and therefore one where I feel that I have some expertise. In particular, we have studied the impact of aluminum adjuvants in animal models of neurological disease, including autism spectrum disorder (ASD). Our relevant studies on the general topic of aluminum neurotoxicity in general and specifically in regard to adjuvants are cited below.

These studies and the broader existing literature regarding aluminum toxicity, lead almost invariably to the conclusion that aluminum in any chemical form is always neurotoxic when administered to humans. Further, I am convinced that aluminum adjuvants in vaccines may contribute to neurological disorders across the lifespan. In adults, such adjuvant may induce macrophagic myofasciitis, a disease with neuropathological aspects. In children, there is growing evidence that aluminum adjuvants may disrupt developmental processes in the central nervous system and therefore contribute to ASD in susceptible children.

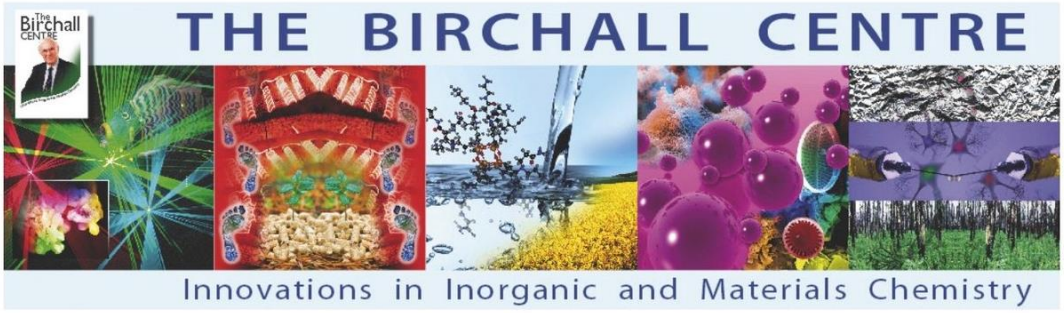
Despite the foregoing, the safety of aluminum adjuvants in vaccines has not been properly studied in humans even though, pursuant to the recommended vaccine schedule published by the Centers for Disease Control (CDC), a baby may be injected with up to 3,675 micrograms of aluminum adjuvant by six months of age.

In regard to the above, it is my belief that the CDC's claim on its website that "Vaccines Do Not Cause Autism" is wholly unsupported. Given this, I remain convinced that much more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is warranted and should be a research priority for the NIH and other funding bodies.

Yours sincerely,

Christopher A. Shaw, Ph.D
Professor
Dept. of Ophthalmology and Visual Sciences
University of British Columbia
828 W. 10th Ave.
Vancouver, British Columbia
Canada, V5Z1M9
Tel: 604-875-4111 (ext. 68373)
Email: cashawlab@gmail.com

Professor Christopher Exley, Keele University, United Kingdom



Tel: 01782 734080
Fax: 01782 712378
e-mail: c.exley@keele.ac.uk
http://www.keele.ac.uk/aluminium

June 15, 2017

United States Department of Health & Human Services
National Institutes of Health
Food & Drug Administration
Centers for Disease Control & Prevention
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: *Aluminum Adjuvants*

Dear Directors:

I am an expert in the field of aluminum adjuvants and aluminum toxicity. I have been working in this field for more than 30 years during which time I have written in excess of 150 peer-reviewed scientific publications on this subject.

I strongly support the contention that aluminum adjuvants in vaccines may have a role in the etiology of autism spectrum disorder (ASD). My view is founded on a significant and burgeoning body of peer-reviewed scientific evidence which makes the link between ASD and exposure to aluminum through vaccinations and other sources. Examples of this literature from my own group are detailed below and I urge the HHS to take them into consideration in forming any future opinion on the safety of aluminum adjuvants in vaccines.

The Center for Disease Control's claim on its website that "Vaccines Do Not Cause Autism" is unsupported with respect to aluminum adjuvants and this claim stifles the important research to determine the safety of aluminum adjuvants used in vaccines. As an expert in the field of aluminum adjuvants and aluminum toxicity I solemnly declare that more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is essential and urgently required.

Telephone number +44 (01782) 584211
Fax +44 (01782) 712378

Keele University, Staffordshire, ST5 5BG United Kingdom
Telephone number +44 (01782) 621111 http://www.keele.ac.uk

Yours faithfully

Christopher Exley PhD
Professor in Bioinorganic Chemistry

Honorary Professor, University of the Highlands and Islands

List of Recent, Relevant and Significant Publications From Our Group

Exley C, Siesjö P & Eriksson H (2010) The immunobiology of aluminium adjuvants: how do they really work? Trends in Immunology 31, 103-109.

Exley C and House E (2011) Aluminium in the human brain. Monatshefte für Chemie - Chemical Monthly 142, 357-363.

House E, Esiri M, Forster G, Ince PG and Exley C (2012) Aluminium, iron and copper in human brain tissues donated to the medical research council's cognitive function and ageing study. Metallomics 4, 56-65.

Exley C (2011) Aluminium-based adjuvants should not be used as placebos in clinical trials. Vaccine 29, 9289.

Exley C (2012) When an aluminium adjuvant is not an aluminium adjuvant used in human vaccination programmes. Vaccine 30, 2042.

Exley C (2012) The coordination chemistry of aluminium in neurodegenerative disease. Coordination Chemistry Reviews 256, 2142-2146.

Exley C, House E, Polwart A and Esiri MM (2012) Brain burdens of aluminium, iron and copper and their relationships with amyloid beta pathology in 60 human brains. Journal of Alzheimer's Disease 31, 725-730.

Davenward S, Bentham P, Wright J, Crome P, Job, D, Polwart A and Exley C (2013) Silicon-rich mineral water as a non-invasive test of the 'aluminium hypothesis' in Alzheimer's disease. Journal of Alzheimer's Disease 33, 423-430.

Khan Z, Combadière C, Authier FJ, Itier V, Lux F, Exley C, Mahrouf-Yorgov M, Decrouy X, Moretto P, Tillement O, Gherardi RK, and Cadusseau J (2013) Slow CCL2-dependent translocation of biopersistent particles from muscle to brain. BMC Medicine 11:99.

Exley C (2013) Human exposure to aluminium. Environmental Science:Processes and Impacts 15, 1807-1816.

Ohlsson L, Exley C, Darabi A, Sandén E, Siesjö P and Eriksson H (2013) Aluminium based adjuvants and their effects on mitochondria and lysosomes of phagocytosing cells. Journal of Inorganic Biochemistry 128, 229-236.

Exley C (2014) Aluminium adjuvants and adverse events in sub-cutaneous allergy immunotherapy. Allergy, Asthma and Clinical Immunology 10, 4.

Exley C and Vickers T (2014) Elevated brain aluminium and early onset Alzheimer's disease in an individual occupationally exposed to aluminium: a case report. Journal of Medical Case Reports 8,41.

Exley C (2014) What is the risk of aluminium as a neurotoxin? Expert Review of Neurotherapeutics 14, 589-591.

Mold M, Eriksson H, Siesjö P, Darabi A, Shardlow E and Exley C (2014) Unequivocal identification of intracellular aluminium adjuvant in a monocytic THP-1 cell line. Scientific Reports 4, 6287.

Telephone number +44 (01782) 584211
Fax +44 (01782) 712378

Keele University, Staffordshire, ST5 5BG United Kingdom
Telephone number +44 (01782) 621111 http://www.keele.ac.uk

Recently, scientists from the U.S., Canada, France, and Israel are all sounding the alarm about the aluminum adjuvant ("alum") used in vaccines

"... it is somewhat surprising to find that in spite of over 80 years of use, the safety of Al adjuvants continues to rest on assumptions rather than scientific evidence. For example, nothing is known about the toxicology and pharmacokinetics of Al adjuvants in infants and children... Yet, in spite of these observations children continue regularly to be exposed to much higher levels of Al adjuvants than adults, via routine childhood vaccination programmes."

- **Dr. Chris Shaw, University of British Columbia (Canada), 2012**

"continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/altered blood brain barrier."

- **Dr. Josette Cadusseau, Université Paris-Est Créteil (France), 2013**

"Experimental research has showed that alum adjuvants have a potential to induce serious immunological disorders in humans. Thus, efforts should be put in clarifying the potential threat of alum-containing vaccines "

- **Dr. Yehuda Shoefeld, Tel-Aviv University (Israel), 2013**

"The problem with vaccine- derived aluminum is really twofold: It drives the immune response even in the absence of a viral or bacterial threat and it can make its way into the central nervous system. It is not really a matter of much debate that aluminum in various forms can be neurotoxic."

- **Dr. Lucija Tomljenovic, University of British Columbia (Canada), 2013**

"Thus alum and other poorly biodegradable materials taken up at the periphery by phagocytes circulate in the lymphatic and blood circulation and can enter the brain using a Trojan horse mechanism similar to that used by infectious particles. Previous experiments have shown that alum administration can cause CNS dysfunction and damage, casting doubts on the exact level of alum safety."

- **Dr. Romain K. Gherardi, Université Paris-Est Créteil (France), 2015**

"Concerns about its [alum's] safety emerged following recognition of its unexpectedly long-lasting biopersistence within immune cells in some individuals, and reports of chronic fatigue syndrome, cognitive dysfunction, myalgia, dysautonomia and autoimmune/inflammatory features temporally linked to multiple Al-containing vaccine administrations... In the context of massive development of vaccine-based strategies worldwide, the present study may suggest that aluminium adjuvant toxicokinetics and safety require reevaluation."

- **Dr. Guillemette Crépeaux, Ecole Nationale Vétérinaire d'Alfort (France), 2016**

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Aluminium in brain tissue in autism

Matthew Mold[a], Dorcas Umar[b], Andrew King[c], Christopher Exley[a,*]

[a] The Birchall Centre, Lennard-Jones Laboratories, Keele University, Staffordshire, ST5 5BG, United Kingdom
[b] Life Sciences, Keele University, Staffordshire, ST5 5BG, United Kingdom
[c] Department of Clinical Neuropathology, Kings College Hospital, London, SE5 9RS, United Kingdom

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ABSTRACT

Autism spectrum disorder is a neurodevelopmental disorder of unknown aetiology. It is suggested to involve both genetic susceptibility and environmental factors including in the latter environmental toxins. Human exposure to the environmental toxin aluminium has been linked, if tentatively, to autism spectrum disorder. Herein we have used transversely heated graphite furnace atomic absorption spectrometry to measure, for the first time, the aluminium content of brain tissue from donors with a diagnosis of autism. We have also used an aluminium-selective fluor to identify aluminium in brain tissue using fluorescence microscopy. The aluminium content of brain tissue in autism was consistently high. The mean (standard deviation) aluminium content across all 5 individuals for each lobe were 3.82(5.42), 2.30(2.00), 2.79(4.05) and 3.82(5.17) μg/g dry wt. for the occipital, frontal, temporal and parietal lobes respectively. These are some of the highest values for aluminium in human brain tissue yet recorded and one has to question why, for example, the aluminium content of the occipital lobe of a 15 year old boy would be 8.74 (11.59) μg/g dry wt.? Aluminium-selective fluorescence microscopy was used to identify aluminium in brain tissue in 10 donors. While aluminium was imaged associated with neurones it appeared to be present intracellularly in microglia-like cells and other inflammatory non-neuronal cells in the meninges, vasculature, grey and white matter. The pre-eminence of intracellular aluminium associated with non-neuronal cells was a standout observation in autism brain tissue and may offer clues as to both the origin of the brain aluminium as well as a putative role in autism spectrum disorder.

Biomed Res Int. 2014;2014:247218. doi: 10.1155/2014/247218. Epub 2014 Jun 4.

Methodological issues and evidence of malfeasance in research purporting to show thimerosal in vaccines is safe.

Hooker B[1], Kern J[2], Geier D[3], Haley B[4], Sykes L[5], King P[5], Geier M[3].

Author information

Abstract

There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful. Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; auto-immune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism. In contrast, the United States Centers for Disease Control and Prevention states that Thimerosal is safe and there is "no relationship between [T]himerosal[-]containing vaccines and autism rates in children." This is puzzling because, in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy was found. The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based on six specific published epidemiological studies coauthored and sponsored by the CDC. The purpose of this review is to examine these six publications and analyze possible reasons why their published outcomes are so different from the results of investigations by multiple independent research groups over the past 75+ years.

PMID: 24995277 PMCID: PMC4065774 DOI: 10.1155/2014/247218

Autism in US

"California Autism Prevalence Trends from 1931 and 2014 and Comparison to National ASD Data from IDEA and ADDM"[979] examines California autism rates and reported the increase within the past decade. Note the increase from 1990 onwards, after the number of vaccines given to children kept increasing following the 1986 US Act that gave immunity to vaccine manufacturers.

The paper reports "California Department of Developmental Studies (CDDS) autism prevalence has risen dramatically over the last 35 years, increasing from ~ 0.05% in birth year 1970 to nearly 1.2% in birth year 2012. The available data extending back to 1931 show a prevalence of only 0.001% in that birth cohort."

Change in diagnostics? Apparently not. The paper explains: "CDDS continues to exclude most milder cases of autism, despite two different changes to its diagnostic criteria in the last decade."

CDC has admitted to this rise in autism since the 1980s:

1 in 10,000	in 1970[980]	to
1 in 2000	in 1983	to
1 in 150	in 2000	to
1 in 110	in 2006	to
1 in 88	in 2008	to
1 in 68	in 2010	to
1 in 59	in 2014	to
1 in 54	in 2016[981]	

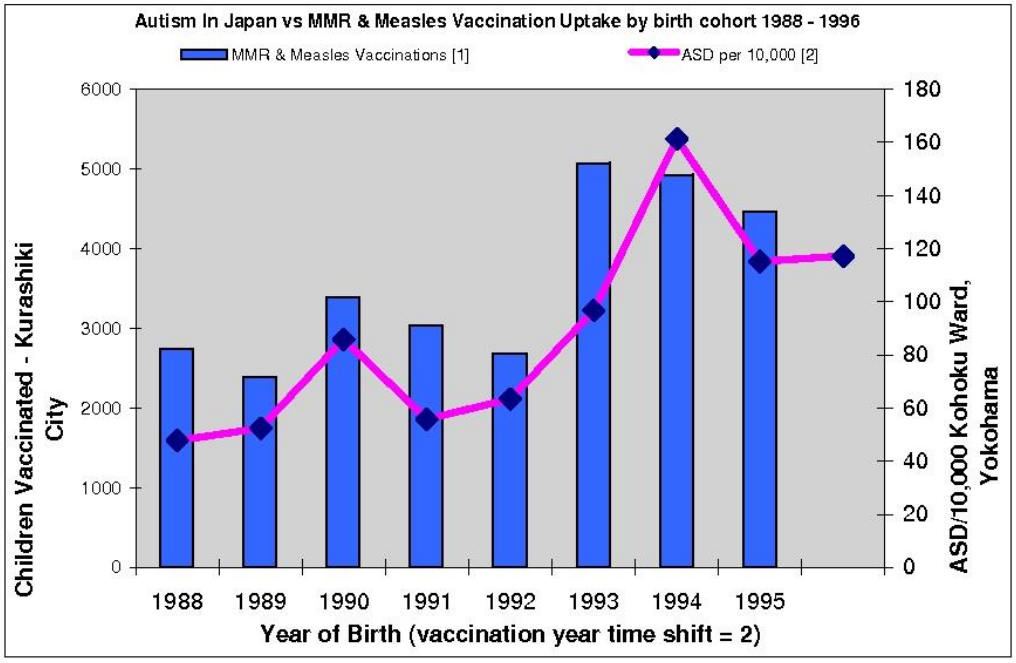
"A positive association found between autism prevalence and childhood vaccination uptake across the U.S. population" study by Delong G, 2011, published in the Journal of Toxicology, Environment & Health. This study states: "…the relationship between the proportion of children who received the recommended vaccines by age 2 years and the prevalence of autism (AUT) or speech or language impairment (SLI) in each U.S. state from 2001 and 2007 was determined. A positive and statistically significant relationship was found. The higher the proportion of children receiving recommended vaccinations, the higher was the prevalence of AUT or SLI. A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI."

[979] https://pubmed.ncbi.nlm.nih.gov/29974300/
[980] Treffert (1970)
[981] https://medicalxpress.com/news/2020-03-autism-percent-cdc.html

Autism & developmental disorders in India

The first rigorous study of this kind in India, "Neurodevelopmental disorders in children aged 2-9 years: population-based burden estimates across five regions in India"[982], Narendra K. Arora et al, 2018, about 1 in 100 children in India under age 10 has autism and nearly 1 in 8 has at least one neurodevelopmental condition. The most common conditions identified were hearing impairments and intellectual disability. Nearly 1 in 5 children who has one neurodevelopmental condition also has a second condition. The authors report this to be an underestimation of the true NDD burden given a 15.6% refusal to participate.

Autism & developmental disorders in Japan



This is a comparison of Measles and MMR vaccination uptake in Kurashiki City [1] with ASD rates in a district of Yokohama [2]. The close correspondence indicates this is unlikely to be coincidental. NB. 1993 births cohort vaccine uptake blue bar is unadjusted. It represents 114% vaccine uptake compared to birth rate and requires adjustment down. The uptake indicates catch-up vaccinations in 1995/6 for those born 1993/4. ([1] Terada [2] Honda/Rutter).

983

> We have made the first measurements of aluminium in brain tissue in Autism Spectrum Disorder (ASD) and we have shown that the brain aluminium content is extraordinarily high.
>
> *Professor Christopher Exley, Aluminium expert – statement given after his study "Aluminium in Brain Tissue in Autism*[984]

[982] https://pubmed.ncbi.nlm.nih.gov/30040859/
[983] https://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/
[984] https://www.sciencedirect.com/science/article/pii/S0946672X17308763

French Nobel Laureate, Dr Luc Montagnier speaks up

Dr Luc Montagnier is a French virologist who won the Nobel Prize in medicine in 2008 for his discovery of HIV and proving that it led to AIDS. Dr Montagnier has won dozens of prestigious awards and is a member of both the Academy of Sciences and the Academy of Medicine.

In November 2017, Dr Montagnier held a press conference against the "vaccine dictatorship" in Paris where he was joined by another heavyweight of the scientific world, Dr Henri Joyeux (former professor of oncology and laureate of the prestigious Antoine Lacassagne Cancer Prize of the Ligue Nationale contre le Cancer). In speaking against mandatory vaccination, they said,

"The sum of the proposed vaccines gives the infant an excessive amount of aluminium, a bio-persistent adjuvant which has demonstrated its harmfulness locally at the injection site and also its penetration in the form of aggregates to the brain and other areas of the body (bone, kidneys) as has been demonstrated in the dust-breathing workers during the extraction of bauxite (occupational diseases). In addition, aluminium in veterinary vaccines has been found to be toxic to animals, directly or indirectly responsible for sarcoma (cancers) in the vaccination area within 3 years of vaccination and in other areas of the body. 5 years later: Ostéosarcomes, fibrosarcomes, chondrosarcomes, limbs, chest and abdomen. Would our cats be better treated than our children, since aluminium was removed from veterinary vaccines by a Sanofi subsidiary?"

> The aluminium content of brain tissue in neurodegenerative and neurodevelopmental disease is significantly higher than is found in brain tissue in individuals without neurological impairment or associated neuropathology.
>
> This is unequivocal. What is less well understood is the role played by aluminium in each of these conditions. However, we do know that individuals with low amounts of aluminium in their brain tissues do not have Alzheimer's disease, multiple sclerosis or autism.
>
> *Professor Christopher Exley*

19. WORLD HEALTH ORGANISATION

> This (pharmaceutical) industry is taking over WHO."
>
> *Dr Halfdan Mahler, Director General of WHO, 1973-1988;*
>
> *Dr Mahler warned the world against the power wielded by the pharmaceutical industry over the WHO in an interview given to Danish daily newspaper Politiken in 1988.*

It is the Pharma-WHO vaccination agenda 2030, which is enormously profitable for the pharmaceutical industry, that is driving WHO to undermine and circumvent the rights of parents to protect their children. As such WHO works toward removing parents' authority and responsibility in protecting their children. Parents are the last hurdle.

"Why the Corruption of the World Health Organization is the Biggest Threat to the World's Public Health of Our Time"[985], Soren Ventegodt, 2015.

Abstract

In the scientific community it is generally accepted that meta-analyses are more accurate than single studies and independent studies more trustworthy than industrial studies. It is therefore understandable that Cochrane reviews, meta-analyses based on rigid protocol and independent origin, have the highest quality in medical research. It is therefore unfortunate that Cochrane reviews seems systematically to conflict with the information and recommendations from the World Health Organization (WHO), especially the drugs used in psychiatry, are in Cochrane reviews found to be harmful and without significant clinical effect.

Since WHO's recommendations are followed by many people in the member states, it could indeed lead to patients getting the wrong medication and many patients having severe adverse effects, because of these drugs. To solve this serious public health problem, it is recommended to revise the WHO system, which in fact has been proven weak to the interests of the pharmaceutical industry. We therefore believe that the WHO's recommendations regarding medicine in its "list of essential medicines" and other drug directories are biased and not reliable as a source of information on medicine.

Dr Soren Ventegodt states in his paper that the change in WHO financial policy fifteen years ago allowed private money into its system and thus brought WHO closer to the pharmaceutical industry.

[985] https://www.researchgate.net/publication/281876323_Why_the_Corruption_of_the_World_Health_Organization_WHO_is_the_Biggest_Threat_to_the_World%27s_Public_Health_of_Our_Time

19.1. 2009 Pandemic (Swine Flu)

WHO declared that the world faced a horrible and deathly influenza pandemic on 11 June 2009 with millions of people to die over the next few months. Due to this, the world reacted to the threat by buying vast amounts of influenza vaccines and anti-influenza medicine. WHO was later accused of "crying wolf" and supporting the pharmaceutical industry. **It was a false alarm, and it was later known that the WHO Director General already knew it before declaring it as a pandemic.**

In 2010, the Council of Europe and many countries agreed that the WHO had caused an international panic and disaster by declaring the mildest flu ever as a pandemic threatening mankind. The Council of Europe pointed in a dire report to the problem of WHO going private as the true cause of all the trouble. Close and secret links between the WHO and the pharmaceutical industry producing the vaccines was exposed. The vaccine had a wide range of serious adverse effects: local or systemic muscle pain, vasculitis, autoimmune nerve-inflammations, encephalitis, narcolepsy, and other chronic pains.

In 2009, the World Health Organization changed the definition of pandemic to declare the Swine Flu a Pandemic. "Since 2003, the top of the WHO Pandemic Preparedness homepage has contained the following statement: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness."6 However, on 4 May 2009, scarcely one month before the H1N1 pandemic was declared, the web page was altered in response to a query from a CNN reporter.7 The phrase "enormous numbers of deaths and illness" had been removed and the revised web page simply read as follows: "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity." Months later, the Council of Europe would cite this alteration as evidence that WHO changed its definition of pandemic influenza to enable it to declare a pandemic without having to demonstrate the intensity of the disease caused by the H1N1 virus.[986]

International scholar of political and social affairs, Michel Chossudovsky, states, "There is ample evidence, documented in numerous reports, that the WHO's level 6 pandemic alert is based on **fabricated evidence and a manipulation of the figures on mortality and morbidity** resulting from the H1N1 swine flu." Chossudovsky has uncovered evidence that the CDCP and WHO are "recategorizing a large number of cases of common influenza as H1N1 swine flu."[987]

The Polish health minister revealed everything about the horrible industrial contracts, where the pharmaceutical companies – helped by WHO – sold vaccines that were not even properly tested.

Investigations revealed an intimate cooperation between the pharmaceutical industry and WHO and that a large number of people from the industry had been placed in secret advisory groups in WHO.

[986] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127275/

[987] Chossudovsky, Michel "Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program." Globalresearch.ca July 30, 2009.

Eight years after the pandemic influenza outbreak, a lawsuit alleging that GlaxoSmithKline's Pandemrix vaccine caused narcolepsy has unearthed internal reports suggesting problems with the vaccine's safety. Peter Doshi asks what this means for the future of transparency during public health emergencies.[988]

"In October 2009, the US National Institutes of Health Infectious diseases chief, Anthony Fauci, appeared on YouTube to reassure Americans about the safety of the 'swine flu' vaccine. 'The track record for serious adverse events is very good. It's very, very, very rare that you ever see anything that's associated with the vaccine that's a serious event,' he said."

"Four months earlier, the World Health Organization had declared H1N1 influenza pandemic, and by October 2009 the new vaccines were being rolled out across the world."

"Anticipating a severe influenza pandemic, governments around the world had made logistical and legal arrangements to shorten the time between recognition of a pandemic virus and the production of a vaccine and administration of that vaccine in the population." "…countries such as Canada, the US, UK, France, and Germany, was to provide vaccine manufacturers indemnity from liability for wrongdoing, thereby reducing the risk of a lawsuit stemming from vaccine related injury."

"In many of the GSK reports, the company briefly mentions having conducted 'safety reviews' – for example, with respect to anaphylaxis, facial palsy, and Guillain-Barré syndrome. The BMJ asked GSK for a copy of those reviews but it did not provide them."

Dr Goshi goes on and questions, "If history were to repeat itself, does the public have a right to know?"

With Covid19, history appears to be repeating as feared.

> Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur. The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these viruses to mutate to start the machine grinding."
>
> Dr Tom Johnson, epidemiologist, Cochrane Database Group, Der Spiegel, 21 July 2009

[988] https://www.bmj.com/content/362/bmj.k3948

19.2. WHO vaccination agenda[989]

WHO together with the Bill & Melinda Gates Foundation has embarked on the ambitious global agenda to vaccinate every man, woman and child by the year 2030. WHO's immunization agenda is a strategic blueprint for financial venture that disregards personalised medicine which values the individual, recognizes the right to free choice and addresses the fluctuating needs and circumstances of individual human beings. WHO also works toward violating the universal human right to informed consent.

Since vaccines are a medical intervention that perturbs the immune system of a healthy child, wouldn't it be expected of health sector personnel to keep minimising such interventions? Or are we expecting more and more vaccines to be added into the childhood vaccination schedule? Are we looking at more than 200 vaccines in the pipeline to be forced on all children for their "own sake" and as their "right"?

While the World Health Organization regards it "unethical" to conduct true placebo safety trials of vaccines, WHO admits: "A methodological disadvantage, however, is that trials using these types of placebos provide a less perfect control. It may be difficult or impossible to assess fully the safety and reactogenicity of the trial vaccine." Vaccines have been reclassified as "biologicals", and thereby avoid stringent safety test. It is claimed that it would be unethical to deny the control group the use of a vaccine which is "known" to be helpful.[990]

The collusion of WHO, big philanthropies, vaccine industry and media is an undeniable fact.[991]

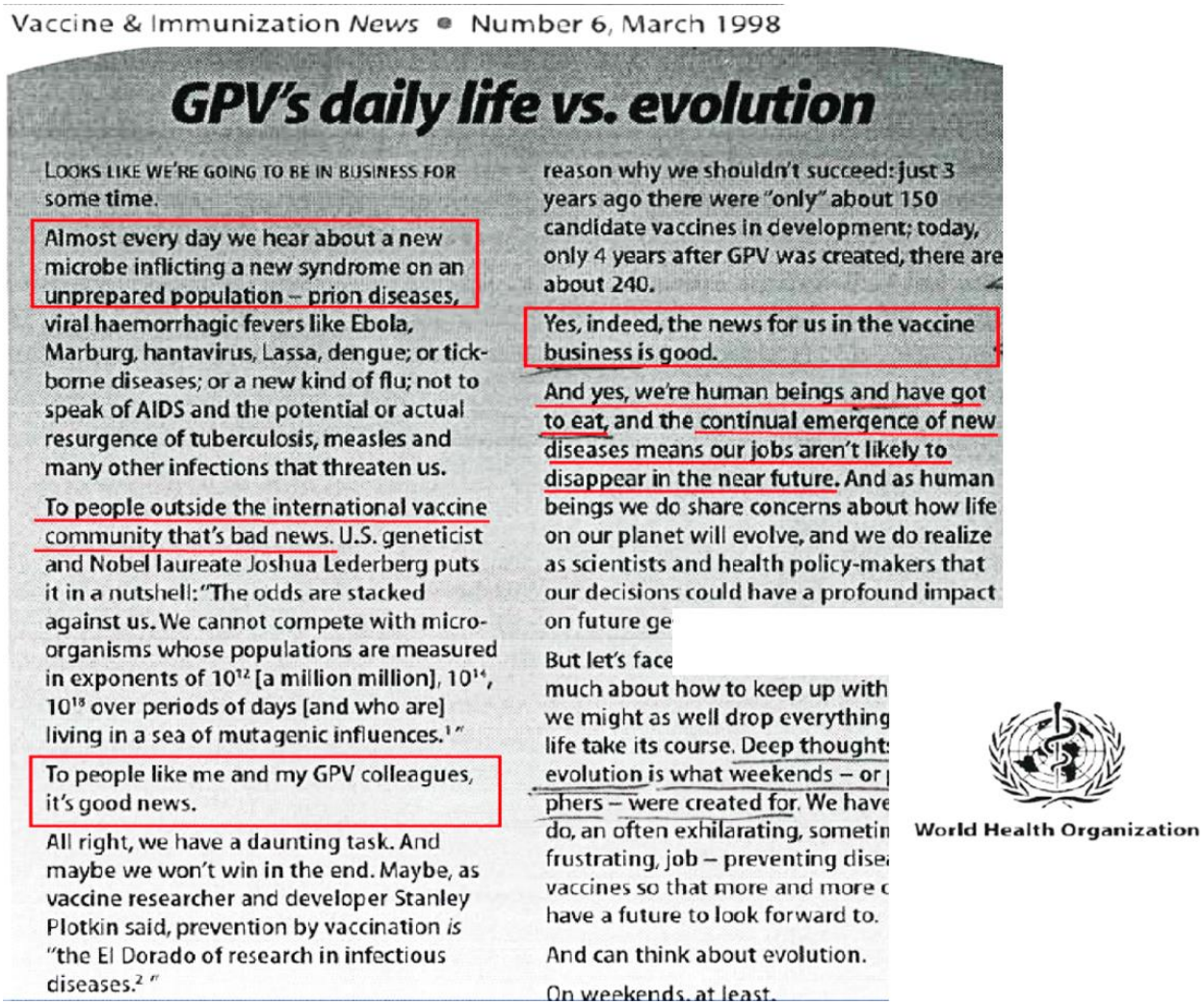
The image below is from the World Health Organization Bulletin of March 1998 which states that microbes inflicting a new syndrome is bad news for the community but it's **good news for the writer and his GPV (Global Programme for Vaccines and Immunization) colleagues**. "Yes, indeed, the news for us in the vaccine business is good. And yes, we're human beings and have got to eat, and the continual emergence of new diseases means our jobs aren't likely to disappear in the near future."

So, to the WHO and others in the vaccine business, finding a new place or reason to give vaccines and to increase the number of vaccines is their goal.

Dr Heidi Larson, Director of Vaccine Confidence Project (WHO) stated "I think that one of our biggest challenges, we are in a unique position in human history where **we have shifted the human population to dependency on vaccine induced immunity**. And that's on the great assumption that populations would cooperate. And for many years, people lined up, the 6 vaccines, the people were there. They saw the reason. We are in a very fragile state right now. **We have developed a world that is dependent on vaccinations. We don't have a choice but to make that effort. To make that extra**."

Perhaps having inadvertently shifted the human population to dependency on vaccine induced immunity, WHO has no escape hatch but to push for coerced vaccination at any cost.

[989] https://ahrp.org/phrma-who-global-strategic-immunization-agenda-2030/
[990] https://apps.who.int/iris/bitstream/handle/10665/94056/9789241506250_eng.pdf
[991] https://www.nvic.org/nvic-vaccine-news/january-2019/who,-pharma,-gates.aspx



Vaccine & Immunization *News* • Number 6, March 1998

GPV's daily life vs. evolution

LOOKS LIKE WE'RE GOING TO BE IN BUSINESS FOR some time.

Almost every day we hear about a new microbe inflicting a new syndrome on an unprepared population – prion diseases, viral haemorrhagic fevers like Ebola, Marburg, hantavirus, Lassa, dengue; or tick-borne diseases; or a new kind of flu; not to speak of AIDS and the potential or actual resurgence of tuberculosis, measles and many other infections that threaten us.

To people outside the international vaccine community that's bad news. U.S. geneticist and Nobel laureate Joshua Lederberg puts it in a nutshell: "The odds are stacked against us. We cannot compete with micro-organisms whose populations are measured in exponents of 10^{12} [a million million], 10^{14}, 10^{18} over periods of days [and who are] living in a sea of mutagenic influences.[1]"

To people like me and my GPV colleagues, it's good news.

All right, we have a daunting task. And maybe we won't win in the end. Maybe, as vaccine researcher and developer Stanley Plotkin said, prevention by vaccination *is* "the El Dorado of research in infectious diseases.[2]"

reason why we shouldn't succeed: just 3 years ago there were "only" about 150 candidate vaccines in development; today, only 4 years after GPV was created, there are about 240.

Yes, indeed, the news for us in the vaccine business is good.

And yes, we're human beings and have got to eat, and the continual emergence of new diseases means our jobs aren't likely to disappear in the near future. And as human beings we do share concerns about how life on our planet will evolve, and we do realize as scientists and health policy-makers that our decisions could have a profound impact on future ge

But let's face
much about how to keep up with
we might as well drop everything
life take its course. Deep thought:
evolution is what weekends – or
phers – were created for. We have
do, an often exhilarating, sometin
frustrating, job – preventing dise
vaccines so that more and more
have a future to look forward to.

And can think about evolution.

On weekends, at least.

World Health Organization

Thus, we are looking at a vaccine schedule that will keep increasing the number of type and doses of vaccines mainly because GPVs HAVE got to eat!

Plus, as Stanley Plotkin has correctly said, prevention by vaccination is "the El Dorado of research in infectious diseases" – mythical and with unimaginable richness!

19.3. World Health Organization Vaccine Recommendations: Scientific Flaws, or Criminal Misconduct?

Dr Marc Girard is a drug specialist with more than 30-years' experience in safety and often commissioned as a medical expert witness in criminal and civil inquiries on vaccine litigations by the French Court.

Dr Girard wrote the article "World Health Organization Vaccine Recommendations: Scientific Flaws, or Criminal Misconduct?"[992] in the Journal of American Physicians and Surgeons, Volume 11, Spring 2006.

"While much information concerning World Health Organization (WHO) recommendations on vaccines, particularly against hepatitis B, remains secret, there is sufficient evidence in the open literature to suggest scientific incompetence, misconduct, or even criminal malfeasance. The benefits are overstated, and toxicity greatly understated."

This is an exemplary case of pharmaceutical industry's strong hold on WHO and WHO's vaccine recommendations.

[992] https://1796web.com/pdfs/girard.pdf

World Health Organization Vaccine Recommendations: Scientific Flaws, or Criminal Misconduct?

Marc Girard, M.D., M.Sc.

ABSTRACT

While much information concerning World Health Organization (WHO) recommendations on vaccines, particularly against hepatitis B, remains secret, there is sufficient evidence in the open literature to suggest scientific incompetence, misconduct, or even criminal malfeasance. The benefits are overstated and toxicity greatly understated. Influenza vaccine recommendations falsely imply that the available vaccines could help prevent avian influenza.

After the universal campaign of vaccination against hepatitis B was launched in France in September 1994 upon the recommendations of the World Health Organization (WHO), a criminal inquiry was opened because of the demand by the relatives of people, some of them children, who had died after being immunized.

Having been commissioned as a medical expert witness by the French judge, I have spent thousands of hours on this subject, and had access to dozens of confidential documents. Although my reports are still secret by court order, a number of my findings were leaked after being transmitted to the litigants. Thus, it is possible to find a significant echo of my observations in published data. The main points of this paper were taken from an open letter sent to WHO's Director General in Nov. 2005, which remains unanswered.

Hepatitis B Epidemiology

In February 2004 I read correspondence from an Indian colleague[1] on the fallacies of the data disseminated by WHO about the epidemiology of hepatitis B in his country. Although not well informed about the health situation in India, I was struck by the fact that the mechanisms of the deception as described in this letter (lack of references, inappropriate extrapolations, and gross exaggerations) were exactly comparable to those I observed in my own country. The results were also the same: a plea of "experts" to include hepatitis B vaccination in the national vaccination program, in spite of its cost and its unprecedented toxicity.[2] There are stunning fallacies underlying this plea for universal vaccination.

In a paper published no less than 10 years after the start of the "information" campaign launched at WHO's instigation, two eminent representatives of the *Direction General de la Santé* (DGS: our French Centers for Disease Control and Prevention) blandly recognized that there was up to a sevenfold uncertainty about the French figures for the incidence of hepatitis B.[3] One may wonder whether the average American citizen would take seriously the result of a U.S. census showing that his country had between 250 million and 1.75 billion inhabitants. How is it possible to rely on "experts" who, in assessments involving huge financial costs as well as hazards threatening newborns or very young children,[2,4] apparently accept uncertainties that would be viewed as ludicrous in demographic counts?

In the same paper,[3] the authors admitted without the slightest irony that the French figures about chronic liver diseases were simply extrapolated from the U.S. reports. Yet no great epidemiologic expertise is needed to grasp that extrapolating U.S. data on chronic liver diseases to the country of the *Beaujolais nouveau* or *Châteauneuf du Pape*—in other words, to the country that probably has the highest rate of alcohol-induced diseases—probably does not meet the requirements of scientific rigor.

More recently, an American expert working for WHO claimed that 250,000 people die of hepatitis B in India, based upon a model stratified for geographic region and income groups. Indian skeptics, however, suggested that this alleged model never existed and that the initial figures given should be "refined" towards far less alarming assessments.[5] Such practices—there are similar exaggerations about the French situation—would normally be considered fraudulent, yet they triggered no reaction from WHO when they were made public.

Despite the blatancy of the falsifications, and in the face of the serious adverse heath consequences of the French campaign,[2,6] the Indian government has, more than 10 years later, decided to include hepatitis B vaccine in its national program.[7] This decision is explicitly based on WHO assessments!

Hepatitis B Vaccine Safety

Meanwhile, WHO or its "experts" go on publishing reassuring statements[8] based upon an explicit reference to a safety study[9] that, according a public communiqué of February 2000, even the French agency decided to "discard." An unfortunate misprint in Table 2 of this study—uncorrected to my knowledge—allows the authors to halve the clear increase of multiple sclerosis in vaccinated teenagers and young adults. Such an error would normally lead one to suspect fraud. In the promotion of the hepatitis B vaccination, WHO has evidently served merely as a screen for commercial promotion, in particular via the Viral Hepatitis Prevention Board (VHPB), which was created, sponsored,[10] and infiltrated by the manufacturers. In September 1998, after the serious hazards of the campaign had been given their first media coverage in France, the VHPB organized a panel of "experts," whose reassuring conclusions were given extensive media coverage as reflecting WHO's position. Yet some of the participants in this panel had no expertise beyond being employees of the manufacturers, and the vested interests of the rest did not receive any attention.

Five years later, in order to put an end to the public concerns raised by the first leaks of my own judicial reports, the French agency prepared an "international consensus conference," without even informing the researchers who documented the unusual hazards of this vaccine,[11-15] or the person whose work sparked it (this author). Its conclusions have nevertheless become a major element of WHO (and the CDC) argumentation about the safety of hepatitis B vaccine.

To analyze the preliminary results of the cornerstone investigation by Hernan et al.,[16] the organizers invited R.T. Chen from the U.S. Centers for Disease Control and Prevention (CDC). Chen has published dozens of papers denying most of the concerns about vaccine safety, and is a coauthor of a study[17] that reached results opposite to those of Hernan et al. An excellent way to obtain a "consensus" from a conference is to limit attendance to those who already agree with the desired conclusion. There was not even a

pretext of democratic debate for the sake of appearances. P. Van Damme, organizer of the Cannes international congress on Action Toward Control of Hepatitis B as a Community Health Risk,[18] which exerted a paramount influence on subsequent French (and world) vaccine policy, was first presented at this "international consensus conference" as an "epidemiologist, WHO Collaborating Center for Control and Prevention of Viral Hepatitis, Antwerp." Later, his affiliation was listed as "public health and social medicine, WHO Collaborating Center for Control and Prevention of Viral Hepatitis, Antwerp University." It would be crucial to understand why French parents had to be kept in ignorance of details given to *The Lancet* readers within the same period, namely: "many authors were principal investigators in vaccine trials and acted as advisers to pharmaceutical companies…. The chairman of the group, P. Van Damme, has done vaccine trials for several vaccine manufacturers."[19]

It was even more damning that in an interview in a widely circulated French journal,[20] Beecham's business manager claimed with outrageous cynicism: "*We started increasing the awareness of the European Experts of the World Health Organization about hepatitis B in 1988* [emphasis added]. From then to 1991, we financed epidemiological studies on the subject to create a scientific consensus about hepatitis being a major public health problem. We were successful because in 1991, WHO published new recommendations about hepatitis B vaccination." When the immunization campaign was in full swing, the French official "experts," including those of the DGS, did not hesitate to participate in the hype under the form of "medical" publications coauthored with this salesman.[22]

It is sad news for people everywhere in the world that WHO's experts need manufacturers' salesmen to become "aware" of significant health problems. Moreover, the manufacturer did its best to prevent publication of this stunning confession, according to the journalist responsible for this interview.

Avian Influenza

This new awareness of WHO's questionable behavior, and of its tragic consequences in terms of health and financial costs, occurs in the context of another scandal, again involving WHO: avian influenza. It appears that, under the lame pretext of increasing the manufacturing potential, the manufacturers managed to induce WHO's experts to recommend influenza vaccination, whereas it is plain that this immunization would have no protective effect against avian influenza.

In both situations, the method was the same: First, create a false alarm about the inefficiency of targeted vaccination in the case of hepatitis B[22,23] and about the necessity of increasing the manufacturing process in the case of avian influenza. Next, induce WHO to plead for measures based upon misleading recommendations to lay people, stating that everyone was at risk of hepatitis B or implying that influenza was such a serious disease that it required a mass vaccination.

Specialists are currently challenging WHO for turning a veterinary issue into a medical one and thereby preventing national agencies from taking appropriate measures concerning animals,[24,25] which probably would have been far more efficient in limiting the spread of epidemics. Additionally, the figures concerning fatalities related to influenza vaccination,[26] together with the problem of underreporting, suggest that up until now, irresponsible influenza vaccination has killed far more people than avian influenza.

Conclusions

There is an urgent need for an independent inquiry about the process leading WHO to recommend measures favorable to drug makers' interests, even when they are based on scientifically irrelevant or falsified information. It is time to differentiate between the interest of world health and that of WHO's experts.

Marc Girard, M.D., M.Sc., works as an independent consultant for pharmaceutical industry, including vaccine manufacturers and a number of their competitors. Address: 1 Boulevard de la Ré publique 78000-Versailles, France; telephone (33) 01 39 67 01 10/ fax (33) 01 39 67 01 11; e-mail:agosgirard@free.fr. There was no grant support for this paper.

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26. Anon. Denmark highlights report on adverse reactions to flu vaccines. *Scrip* 2005;(3101):6.

19.4. High titre measles vaccine

In 1989, WHO introduced a new measles vaccine in Africa that could immunize children at the age of 4-5 months. When Dr Peter Aaby introduced this vaccine to the Bandim Health Project's study population, the vaccine doubled overall mortality among girls.

The vaccine was tested in Gambia (4 month old 120 infants)[993], Senegal (1015 infants)[994], Sudan, Haiti and Guinea-Bissau. Senegal study showed a mortality rate of 80% infants who were given the EZ-HT measles vaccine.[995] At the time of testing the high-titre measles vaccines in Haiti, an experimental HIV vaccine was also given to babies.

Peter Aaby contacted WHO immediately after the discovery of increased infant mortality but WHO withdrew the vaccine only in 1992. According to Dr Aaby, WHO's expert panel discounted his findings as not "plausible" because there "was no biological explanation". The Panel further claimed that since the study and deaths weren't planned, they should simply be discounted. When similar findings were found in Haiti and Sudan by other researchers, WHO quietly withdrew "with no real explanation" and making "no attempt to understand what has happened", Dr Aaby explained.[996]

It was reintroduced from 2004-2007 in low-income countries.[997]

Vaccine researchers were unwilling to abandon their deadly Edmonston-Zagreb high-titre measles vaccine in spite of the fact they had killed numerous babies. Researchers set up a study base in Los Angeles (California). In 1990 (after the Senegal study), the first American Black and Hispanic babies were inoculated with EZ-HT.[998]

During the Los Angeles trial, CDC did not inform the parents that it was an unlicensed vaccine in the US. Nor were they informed of the earlier studies in Guinea-Bissau, Senegal and Haiti where it showed a significant increase in mortality.

Parents were told that millions of doses of EZ vaccine had already been used in Europe, but they weren't informed that it was the more potent, high-titre shot that would be given to their babies.[999]

The World Health Organization and the CDC knew about the high mortality associated with EZ-HT.

The Los Angeles experiment was brought to a halt after a physician connected to public-interest vaccine safety group raised questions and was able to muster public outrage. In 1991, the Los Angeles trials were halted after 1500 minority babies were experimented on.[1000] [1001]

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[993] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(88)92781-X/fulltext
[994] https://www.sciencedirect.com/science/article/abs/pii/0140673691917711
[995] Ibid
[996] https://youtu.be/NPNHYAevTwg?t=7
[997] https://academic.oup.com/jid/article/209/11/1731/2192671
[998] Awadu KO. Outrage! How Babies Were Used as Guinea Pigs in an L.A. County Vaccine Experiment. (Long Beach, CA: Conscious Rastra Press, 1996)
[999] Ibid
[1000] Cimons M. "CDC says it erred in measles study." L.A. Times (June 17, 1996)
[1001] https://www.latimes.com/archives/la-xpm-1996-06-17-mn-15871-story.html

In his 1996 book "Outrage!", author Keidi Awadu stated that he received multiple reports directly from the parents of children who suffered seizures, autoimmune disorders, and other medical conditions.

African children, children from developing countries or of minority origin have been made lab-rats to increase the wealth of the pharmaceutical industry and World Health Organisation.

"Imagine if this had happened in Europe. There would have been a massive outcry, but the story of the African children was swept under the carpet," says Christine Stabell Benn.

"We have so many data now that show beyond a doubt that vaccines can affect the immune system in a way that makes the body better or worse equipped to deal with other infectious diseases," says Christine Stabell Benn (referring to non-specific effects NSEs of vaccines).

The high-titre measles vaccine, licensed and then recommended by WHO, given to 6-month-old infants showed an increased death rate particularly among female infants.

19.5. Autism & WHO

In pushing indiscriminate vaccination at all costs, the World Health Organization also refuses to address the risk of autism resulting from vaccination.

Despite studies showing vaccination causing or aggravating mitochondrial dysfunction and direct scientific evidence[1002] [1003] [1004], GACVS was quick to denounce vaccination and autism link even in the absence of their own studies to prove it otherwise.[1005]

(For more information & studies, refer to section on "Autism".)

19.6. Incomplete reporting of research in press releases: Et tu, WHO?

In a correspondence published in the Indian Journal Medical Research, prominent paediatricians, Dr Jacob Puliyel, Dr J.L. Mathew and Dr Ritu Priya, wrote about misleading press releases issued by WHO with reference to effectiveness of Hib vaccine studies in Bangladesh and Indonesia.[1006]

[1002] https://www.hindawi.com/journals/jt/2012/373678/
[1003] https://pubmed.ncbi.nlm.nih.gov/21119085/
[1004] https://pubmed.ncbi.nlm.nih.gov/25559775/
[1005] https://www.who.int/vaccine_safety/committee/topics/mitochondrial_diseases/Jun_2008/en/
[1006] https://www.ijmr.org.in/temp/IndianJMedRes1314588-259733_071253.pdf

19.7. **Dengvaxia**

After 20 years in preparation, Sanofi's vaccine for dengue "Dengvaxia" was recommended by WHO and was given to 729,105 Filipino school children in a massive vaccination campaign.[1007] [1008] 194,802 students were vaccinated without parental consent. Dengvaxia was relabelled and sold in Brazil and was given to 300,000 children.

Sanofi's report published in the Vaccine journal had noted an increased "risk of hospitalization for virologically confirmed dengue in the vaccine group as compared with the control group… the risk was observed in younger children, particularly the youngest age group, 2-5 years." However, as in for all vaccines, Sanofi had also claimed "good safety profile" and "efficacy" for Dengavaxia. Perhaps this affirmation was buoyed by the potential USD 1-billion-a-year-plus expected sales.

Dr Halstead wrote to the WHO urging that they proceed cautiously when rolling out the dengue vaccine. He warned about the re-exposure to dengue virus increasing the risk of a potentially lethal complication when a person is infected a second time; it can result in hemorrhagic fever or dengue shock syndrome – which can lead to organ failure and death. (Dr Scott Halstead is a widely recognized leading scientist in dengue research with numerous publications on antibody-dependent enhancement).

Scandal erupted following 65 deaths and 3,281 hospitalisations of mostly school children from March 2016 – March 2018; as reported by the Department of Health, Philippines. The Department of Health also revealed that 1,967 out of 3,281 students were found to have contracted dengue as confirmed through clinical and serological tests.[1009] Bodies continue to pile up and the latest death was of a student on 25 November 2020.

In April 2018, the Public Attorney's Office filed the criminal charges (reckless imprudence resulting in homicide under Article 365 of the revised Penal Code and violation of Republic Act No. 9745 (Anti-Torture Act) and torture) against the Former Health Secretary Janette Garin and 37 others in connection with the **deaths of 101 school children**.[1010] [1011]

In November 2020, a Quezon City Regional Court issued arrest warrants for Garin and Sanofi officials.[1012] Principal respondent, Janette Garin was a no-show in her arraignment on 27 November 2020 claiming exposure to Covid-19. Two officials (from FDA and the Department of Health) pleaded not guilty.

After Sanofi acknowledged it in 2017, WHO revised its recommendation to state that the vaccine "should not be administered to people who have not previously been infected with dengue virus".

[1007] https://ahrp.org/sanofi-dengue-vaccine-dengvaxia-poses-serious-risk-for-children/
[1008] "Failon Ngayon: Dengvaxia". ABS-CBN News and Current Affairs – via YouTube. Note: Pause at 2:48.
[1009] https://www.rappler.com/nation/200187-doh-students-hospitalized-dengvaxia
[1010] https://www.manilatimes.net/2018/04/05/news/latest-stories/garin-other-health-execs-charged-over-dengvaxia-deaths/390637/
[1011] https://www.manilatimes.net/2020/11/28/news/top-stories/garin-no-show-in-dengvaxia-arraignment/802192/
[1012] https://www.manilatimes.net/2020/11/21/news/national/garin-3-others-in-dengvaxia-case-face-arrest/799198/

19.8. Meningitis A vaccine testing in Africa

In December 2012, 40 children between the ages 7-18 were paralyzed when the Gates Foundation, PATH, WHO and UNICEF tested "MenAfriVac" (a meningitis vaccine) on 500 children without parents' knowledge in a small village of Gouro, Chad.

MenAfriVac was prequalified by WHO in June 2010 which supposedly "guarantees that the vaccine meets international standards of quality, safety and efficacy." This was, in spite of 12.17% serious adverse effects (including 14 deaths) in the clinical trial but none were "assessed to be related to the vaccine" as per GACVS-WHO.[1013]

Many of the children reacted within 24 hours with some children vomiting, with headaches and then falling onto the floor with uncontrollable convulsions. The region had one doctor who was unable to provide advice or treatment for adverse events until one week later.

The project cost USD 571 million. Why did WHO, UNICEF, the Bill and Melinda Gates Foundation & GAVI spend hundreds of millions on a vaccination project to a country which lacks clean drinking water or basic sanitation?[1014]

19.9. Mosquirix vaccine experiment on African children by WHO

In February 2020, experts criticised apparent lack of informed consent in a large-scale malaria vaccine study led by the World Health Organization in Malawi, Ghana and Kenya where 720,000 children will receive the vaccine. The cluster randomised study is to be conducted to evaluate safety concerns that emerged from previous clinical trials which showed a 10-fold increase in meningitis cases to that of the control group.[1015] [1016] [1017] [1018]

The BMJ article by Aaby and his colleagues noted that WHO's pilot study now underway, "written informed consent is not obtain" and "what participants are told about the outstanding safety concerns is unclear."

Clinical trials[1019] in Kenya showed that children in areas of higher transmission, the vaccine had a statistically significant -43.5% (negative) efficacy. This means that the children who received the vaccine were at a higher risk of clinical malaria than those who didn't.

Data from prior clinical trials of the vaccine have also shown it to be associated with an increased risk of clinical malaria after four years, a tenfold increased risk of meningitis, an increased risk of cerebral malaria and an increased risk of death (disproportionately higher for female children).[1020]

It is concerning that, despite the negative efficacy and significant risks, WHO has pressed forward with its agenda to roll out GSK's vaccine in the routine childhood schedules of African countries.

[1013] https://www.who.int/vaccine_safety/committee/topics/mena_conjugate/MenA_conjugate/en/
[1014] https://vactruth.com/2013/01/06/paralyzed-after-meningitis-vaccine/
[1015] https://www.bmj.com/content/368/bmj.m734
[1016] https://www.bmj.com/content/368/bmj.m734/rr-4
[1017] https://www.bmj.com/content/368/bmj.m734/rr-1
[1018] https://www.bmj.com/content/368/bmj.m734/rr-5
[1019] https://www.nejm.org/doi/10.1056/NEJMoa1515257
[1020] https://www.jeremyrhammond.com/2020/03/01/who-experimenting-on-african-children-without-informed-consent/

19.10. HPV vaccine testing in India

In a report written in August 2014, The Economic Times of India outlined how, in 2009, WHO teamed up with Bill & Melinda Gates Foundation to test HPV vaccines on 16,000 Indian girls without obtaining parental consent. In some cases, thumbprint impressions of illiterate and poor parents were affixed on consent forms. The children were also unaware of the nature of the disease or the vaccine.

Several schools for tribal children in the Khammam district became sites for observation studies for HPV vaccine. Months later, many girls started falling ill and 7 of them died. Two more died in Gujarat where 14,000 children studying in schools meant for tribal children were vaccinated with Cervarix.

The Economic Times of India report reported that an investigation showed that as many as 120 girls "experienced adverse reactions such as epileptic seizure, severe stomach ache, headaches and mood swings. The same report also said that there had been cases of early onset of menstruation following vaccination, heavy bleeding and severe menstrual cramps among many students."

Although it was proclaimed as a post-licensure observational study of HPV vaccine, the project was in fact a clinical trial. As such it was conducted in violation of Drugs and Cosmetics Act (DCA) and the Indian Council for Medical Research (ICMR).[1021]

19.11. WHO inflating number of polio cases in India

In April 2004, Dr Debabar Bannerjee (Professor Emeritus, Centre of Social Health and Medicine at Jawaharlal Nehru University) and other eminent doctors submitted a memorandum to WHO, UNICEF and the Government of India stating that WHO inflated 32,419 cases of polio (a maximum of 20% of which were probably caused by wild polio virus) to 350,000 to justify the programme.

In the memorandum, they also pointed out that polio eradication was not possible in India, as the vaccine viruses had mutated into virulent strains and were circulating. In August 2006, the Indian Medical Association reiterated the above and called for identifying the unfortunate victims and compensating them.

Pushpa Bhargava, founder director of Centre for Cellular and Molecular Biology, Hyderabad, points out that polio was already on the decline in India even before the eradication effort began. Polio was concentrated in a few pockets of Uttar Pradesh and Bihar, which accounted for 96 per cent of the cases reported. Improving sanitation and nutrition in these areas, along with routine rounds of the relatively safer IPV, would have drastically reduced polio without resorting to the chicanery that has resulted in an unprecedented toll of disability in children in all parts of the country.

The above is as reported by vaccine researcher Jagannath Chatterjee.[1022]

[1021] https://edisciplinas.usp.br/pluginfile.php/243382/mod_resource/content/1/Are%20they%20at%20odds.pdf

[1022] https://www.greenmedinfo.com/blog/indias-polio-free-status-cruel-joke

19.12. Infertility vaccines

In 1993, while the WHO announced a "birth-control vaccine" for "family planning", published research shows that by 1976 WHO researchers had conjugated tetanus toxoid (TT) with human chorionic gonadotropin (hCG) producing a "birth-control" vaccine. Conjugating TT with hCG causes pregnancy hormones to be attacked by the immune system. Expected results are abortions in females already pregnant and/or infertility in recipients not yet impregnated. Repeated inoculations prolong infertility.[1023]

"Currently WHO researchers are working on more potent anti-fertility vaccines using recombinant DNA. WHO publications show a long-range purpose to reduce population growth in unstable "less developed countries. Many published papers, which we found in the Web of Science and PubMed data bases, document WHO experimental research with various anti-fertility vaccine conjugates since the 1970s".

"We also found policy statements by the WHO and its collaborators stating the geo-political and economic goal of population growth reduction in unstable "less developed countries" (including Kenya), known to be rich in costly mineral resources needed by the developed nations."

"In the background, as a subunit of the United Nations, the WHO has also been pursuing the global objective of reducing world-wide population growth primarily through 'family planning' and contraception."

"The Kissinger Report also blamed population growth for pollution far in advance of the 2009 issue of the WHO Bulletin, where Bryant et al predicted a "significant increase of greenhouse gas emissions". That WHO publication estimated a rise in global population from around 6.8 billion people in 2009 to 9.2 billion by 2050. Extending that WHO argument, Bill Gates in 2010 expressed the hope that vaccines along with "family planning" could bring population growth to nearer to zero. Whereas Bryant *et al* described anti-fertility measures as "voluntary family planning services", they acknowledged that such WHO "services" had been reported as deceiving the persons "served" with "sterilization procedures being applied without *full consent* of the patient". Similarly, a 1992 study entitled Fertility Regulating Vaccines published by the UN and WHO Program of Research Training in Human Reproduction, reported "cases of abuse in family planning programs" dating from the 1970s including:

Incentives ..(such as) women being sterilized without their knowledge…being enrolled in trials of oral contraceptives or injectables without consent..(and) not (being) informed of possible side-effects of the intrauterine device (IUD)."

"The authors of that WHO report said that phrases like 'family planning' and 'planned parenthood' were more acceptable to the public. They chose not to mention 'anti-fertility measure population control'. Nor did they think it wise to talk about 'economic development' in mineral rich LDCs, or the assistance industrialized nations could provide in bringing those mineral resources to market."

[1023] https://doi.org/10.4236/oalib.1103937

"Speaking for the WHO, Bryant et al wrote 'it is perhaps more conducive to a rights-based approach to implement family planning programs in response to the welfare needs of people and communities rather than in response to international concern for global overpopulation." [1024]

On 22 January 2020 it was officially announced that the Bill and Melinda Gates Foundation had committed USD 10 billion to help accomplish the WHO population reduction goals in part with 'new vaccines'.[1025] [1026]

During the August 1992 "WHO/HRP Meeting to Review Fertility Regulating Vaccine Development", it was noted that documented cases of lack of informed consent procedures and lack of monitoring of ethical practises in some clinical trials had led to criticism for many years.[1027] Within the context of population control policies and laws enabling coerced vaccination, there remains much potential for abuse.

"In 1994, the Pro Life Committee of Mexico was suspicious of the protocols for the tetanus toxoid campaign because they excluded all males and children and called for multiple injections of the vaccine in only women of reproductive age. The Committee had vials of the tetanus vaccine analyzed for hCG. Similar tetanus vaccines laced with hCG have been uncovered in the Philippines and in Nicaragua. In addition to the World Health Organization (WHO), other organizations involved in the development of an anti-fertility vaccine using hCG include the UN Population Fund, the UN Development Programme, the World Bank, the Population Council, the Rockefeller Foundation, the US National Institute of child Health and Human Development, the All India Institute of the Medical Sciences, and Uppsala, Helsinki, and Ohio State universities."[1028]

In November 2014, Catholic Doctors Association found evidence from reports of 9 accredited laboratories that beta hCG, a birth control hormone, was present in tetanus vaccines being used by WHO and UNICEF in Kenya targeting 14 – 49 years old women. They began their investigation after suspecting that the WHO vaccination campaign advertised to "eliminate maternal and neonatal tetanus" was suspected of vectoring a birth-control product into women of child-bearing age.

In 1993, WHO's "tetanus" vaccination campaign in the Philippines included 3.4 million women. 30 women were tested for "hCG antibodies" and 26 of them came out positive. Tetanus vaccine laced with hCG have also been uncovered in Nicaragua.

This falls in line with the work that WHO has conducted and published since the 70s and its current major donator (Bill Gates) stating the following in his "Innovating to Zero" TEDtalk on 20 February 2010 - "The world today has 6.8 billion people. That's headed up to about 9 billion. Now if we do a really great job on new vaccines, health care, reproductive services, we could lower that by, perhaps, 10 or 15 percent". That was just one month after committing USD 10 billion to help accomplish WHO population reduction goals in part with new vaccines.[1029]

[1024] Ibid

[1025] http://archive.boston.com/business/technology/articles/2010/01/29/gates_makes_10_billion_vaccines_pledge/

[1026] http://www.gatesfoundation.org/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines

[1027] http://www.who.int/iris/handle/10665/61301

[1028] https://pubmed.ncbi.nlm.nih.gov/12346214/

[1029] https://www.reuters.com/article/us-davos-vaccines/bill-gates-promises-10-billion-for-vaccines-idUSTRE60S3K420100129

Questions arise as to why only women of child-bearing age (15-45 years) are being given tetanus vaccine while men are as likely as women to come into contact with tetanus. Why does it call for 5 shots of vaccine when it is said that a single shot will provide protection for 10 years? **Why is this vaccine also given to Maldivian women of this age group? Why are some of these women having menstrual problems and difficulties in bearing children?**

The Bill & Melinda Gates Foundation, during its 2012 Summit on Family Planning in London, had announced the foundation will fund research, development and deployment of "injectable contraceptives" aimed at the developing world.

> World Health Organization, UN Population Fund, the UN Development Programme, the World Bank, the Population Council, the Rockefeller Foundation, the US National Institute of Child Health and Human Development, the All-India Institute of Medical Sciences, and Uppsala, Helsinki and Ohio State Universities have been reported as involved in the development of anti-fertility vaccine using hCG.[1030] [1031] [1032] [1033]

[1030] https://pubmed.ncbi.nlm.nih.gov/12346214/
[1031] https://pubmed.ncbi.nlm.nih.gov/12286012/
[1032] https://pubmed.ncbi.nlm.nih.gov/1874951/
[1033] https://pubmed.ncbi.nlm.nih.gov/2665354/

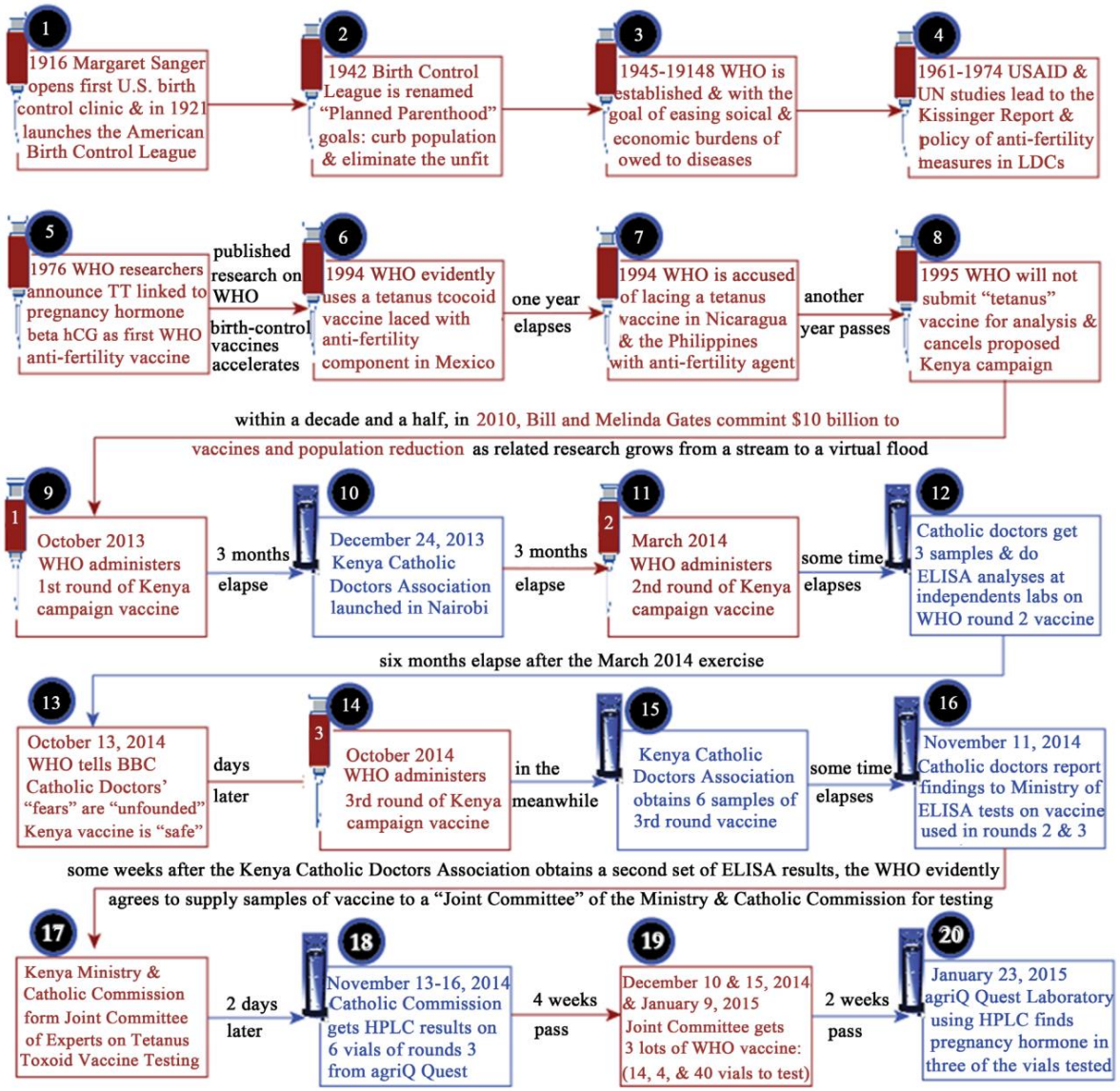


Figure 2. A chronology of milestone events leading up to and including the current research project based on the WHO "tetanus" campaign in Kenya 2013-2015.

1034

> The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness."
>
> *Richard Horton - Editor in Chief, British Medical Journal.*[1035]

1034 www.oalib.com/paper/pdf/5290033

1035 The Lancet, 11 April 2015

19.13. Group A Streptococcus (GAS) unlicensed vaccine tested in Africa & Asia

World Health Organization (WHO) report, "Status of Vaccine Research and Development of Vaccines for Streptococcus pyogenes Prepared for WHO PD-VAC" states that the study suggested that the vaccine poses an increased risk of ARF (Acute Rheumatic Fever) in vaccinees. Better understanding of human GAS immunity, more information and epidemiologic data are required for assessing burden of disease by conducting studies in more countries, "particularly Africa and Asia".[1036]

This paper also states that WHO has been testing this unlicensed GAS vaccine for a number of years.

When did the African and Asian countries become lab rats for WHO? These countries have lower living standards and lower quality medical diagnosis and treatment options than the more affluent western world, and therefore are not good candidates for untested vaccines.

19.14. Global Advisory Committee on Vaccine Safety (GACVS) and WHO's involvement in HPV Japan scandal

Multiple individuals from Global Advisory Committee on Vaccine Safety (GACVS), the World Health Organisation, and other scientific/health professions (from US, Canada, Japan, New Zealand) colluded to mislead Japanese authorities investigating HPV vaccine safety.

This topic is also mentioned in more detail under the HPV section.

Open letter and documents obtained under Freedom of Information Act are at this link.[1037]

19.15. Purdue Pharma infiltrated WHO

Purdue Pharma, the maker of OxyContin, faced hundreds of lawsuits in the US for the company's alleged role in the opioid epidemic.[1038] Opioid overdoses killed an average of 130 Americans every day.

Clark and Rogers say that the motivation for the Congressional investigation follows a 2017 warning letter that some Congress members sent to the WHO. Given the opioid epidemic unfolding in the US, the lawmakers warned the WHO that opioid makers would try to expand into international markets, which could potentially trigger a global epidemic. Though the WHO disputes this, the Congressional members say that they didn't get a response.

1036 https://www.who.int/immunization/research/meetings_workshops/GroupAStrep_VaccineRD_Sept2014.pdf

1037 https://sanevax.org/wp-content/uploads/2016/01/Allegations-of-Scientific-Misconduct-by-GACVS.pdf

1038 https://www.13abc.com/2020/12/17/family-behind-purdue-pharma-to-face-congressional-scrutiny/

According to a US Congressional report[1039], "When the WHO failed to respond to the letter, we began to question why they would remain silent about such a significant and devastating public health epidemic. The answers we found are deeply disturbing."

"The web of influence we uncovered paints a picture of a public health organization that has been manipulated by the opioid industry," said Rep. Clark in a statement. "**The WHO appears to be lending the opioid industry its voice and credibility, and as a result, a trusted public health organization is trafficking dangerous information that could lead to a global opioid epidemic**."

Among the alleged results, the report found that a 2011 guidance from WHO cited a discredited statistic often used by Purdue. The guidance is titled "Ensuring Balance in National Policies on Controlled Substances, Guidance for Availability and Accessibility of Controlled Medicines." In it, the WHO repeats the claim that less than 1 percent of patients treated with opioids develops dependence. The Congressional report alleges that the statistic was disputed at the time and has since been discredited, with some studies finding use disorders occurring in 8 to 12 percent of patients.

"It is difficult to imagine that the WHO could have been unaware that their claim was widely disputed," the report reads. "Moreover, it seems impossible that the agency remains unaware of the true risk of substance-use disorder today. Yet [the guidance] remains available to the public."

The Congressional report found other problems in a second WHO document; a 2012 guidance titled "Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses." In it, the WHO uses the industry-coined term "opiophobia," which describes doctors who have an "unreasonable fear" of prescribing opioids. It also suggested that there is no maximum dosage for children, despite mounting evidence that higher dosages were not more effective and had higher risks of addiction. Last, the guidance ditched a recommendation for intermediate pain management in children with moderate to severe pain. Instead, it recommended doctors go right from trying non-opioids, such as Tylenol, to strong opioids, such as OxyContin. "Purdue could not have hoped for a better outcome," the report concluded.

19.16. WHO ignores child mortality due to DTP vaccine

This issue of DTP vaccine increasing all-cause mortality of children by 10-fold is covered in section 11.1.

[1039] https://katherineclark.house.gov/_cache/files/a/a/aaa7536a-6db3-4192-b943-364e7c599d10/818172D42793504DD9DFE64B77A77C0E.5.22.19-who-purdue-report-final.pdf

19.17. WHO & its unreliability and other concerns

WHO: Under 4-year-olds should learn about masturbation[1040]

The WHO Regional Office for Europe and Federal Centre for Health Education (BZgA) document, titled 'Standards for Sexuality Education in Europe'[1041], contains a "Sexuality education matrix" recommending that, among other thing, children aged 0-4 should be given information about "enjoyment and pleasure when touching one's own body, early childhood masturbation" and "the right to explore gender identities".

University of Oxford dumps WHO data due to errors & discrepancies

"Our World in Data", an online publication based at the University of Oxford stopped using World Health Organization data related to coronavirus for research. The publication announced that they no longer base their models on the WHO data citing errors and other issues. The errors and inaccuracies, which "Our World in Data" documented in a separate report, showed various discrepancies in the situation reports released by the WHO.[1042] [1043]

The lack of reliable data from the World Health Organization at a time when it had declared a "pandemic" is no small issue.

Finland says WHO's coronavirus protocol does not work

A senior Finnish health Official, Mika Salminen, dismissed World Health Organization advisory saying that the WHO does not understand the pandemic and that coronavirus testing protocol is illogical and does not work. World Health Organization advisory asks to test as many people as possible for coronavirus.[1044]

WHO admits making False Report on India[1045]

A situation report released by the WHO wrongfully placed India at a stage of coronavirus community transmission. Only when asked to clarify, the WHO was forced to admit its blunder to an Indian News channel[1046] saying that India has a cluster of cases and not community transmission.

A community transmission happens when the cases of infection rise exponentially with multiple, untraceable sources. The Indian government firmly denied that the country has reached stage three or community transmission.

The joint secretary of Health Ministry, Lav Aggarwal, said that "If it happens, we will be the first to tell you. We will tell people to be especially alert… There is no community transmission."

[1040] https://www.breitbart.com/europe/2020/05/08/who-under-4s-should-learn-about-early-childhood-masturbation-explore-gender-identities/
[1041] https://www.bzga-whocc.de/fileadmin/user_upload/WHO_BZgA_Standards_English.pdf
[1042] https://ourworldindata.org/coronavirus-source-data
[1043] https://greatgameindia.com/who-list-of-errors/
[1044] https://greatgameindia.com/finland-says-whos-coronavirus-protocol-doesnt-work/
[1045] https://greatgameindia.com/who-list-of-errors/
[1046] https://www.ndtv.com/india-news/coronavirus-who-to-ndtv-on-report-cluster-of-cases-in-india-not-community-transmission-error-has-bee-2209500

20. CORRUPTION AND MALFEASANCE

To sell vaccines and medical drugs, the pharmaceutical industry uses fear-mongering, misinformation and the withholding of information regarding natural ways to combat disease and build-up of natural immunity. It is an industry fraught with corruption and fraud.

> **"Frightening parents about the consequences of failing to vaccinate their children will most likely be part of the campaign. For that task, meningococcal meningitis is ideal."**
>
> *Dr Lance Rodewald, Director, Division of Immunization Services, CDC*

It is also known that studies funded by the pharmaceutical industry or conducted by the CDC typically tend to find no harm associated with vaccination, while studies conducted without pharmaceutical industry funding have often found harm.[1047]

"**Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies**", Richard Smith (2005)[1048] article reports that "Some 16 of the studies (funded by pharmaceutical companies) looked at clinical trials or meta-analyses, and 13 had outcomes favourable to the sponsoring companies." … "In the case of 5 studies that looked at economic evaluations, the results were favourable to the sponsoring company in every case."

> "The evidence is strong that companies are getting the results they want, and this is especially worrisome because between two-thirds and three-quarters of the trials published in major journals – Annals of Internal Medicine, JAMA, Lancet, and New England Journal of Medicine – are funded by the industry.
>
> "The companies seem to get the results they want not by fiddling the results, which would be far too crude and possibly detectable by peer review, but rather by asking the "right" questions—and there are many ways to do this."
>
> (Richard Smith was an editor for the British Medical Journal for 25 years. For the last 13 of those years, he was the editor and chief executive of the BMJ Publishing Group which published some 25 other journals.)

Journals have devolved into information laundering operations for the pharmaceutical industry.

Richard Horton, Editor-in-Chief, British Medical Journal.[1049]

[1047] https://www.mdpi.com/1660-4601/17/22/8674/htm
[1048] https://www.ncbi.nlm.nih.gov/pubmed/15916457
[1049] https://www.nybooks.com/articles/2004/03/11/the-dawn-of-mcscience/

As stated by Miloud Kaddar, Senior Adviser, Health Economist, WHO, IVB, Geneva – Global vaccine market tripled in value from USD 5 billion in 2000 to almost USD 24 billion in 2013. The global market is projected to rise to USD 100 billion by 2025, and currently there are more than 120 new products in the development pipeline. Vaccines are becoming an engine for the pharmaceutical industry.[1050]

As noted by Cochrane Collaboration, "Industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. Studies funded from public sources were significantly less likely to report conclusions favourable to the vaccines."[1051]

Four federal studies, including two[1052] by the US Congress, one by the US Senate[1053] and one by the HHS Inspector General revealed corruption, mismanagement and dysfunction with alarming conflicts of interest suborning its research, regulatory and policymaking functions.

A former member of the Indian Academy of Paediatrics (IAP) Dr Vipin Vashishtha was ousted from the academy for highlighting the nexus between physicians and vaccine manufacturers and he was also physically assaulted at an IAP function. The paediatrician had documented the rampant corruption and system of favours in an open letter addressed to the members of the academy.[1054]

PLoS Medicine journal editors stated in their article "Prescription for a Healthy Journal"[1055] - We have decided **not to be part of the cycle of dependency that has formed between journals and the pharmaceutical industry, an industry that focuses overwhelmingly on the most profitable drugs, thus sidelining many of the world's health problems**. **Medical journals have allowed their interests to become aligned with those of the pharmaceutical industry** by printing advertisements for drugs, publishing trials designed by drug companies' marketing departments, and making profits on reprints used as marketing tools.

> It can be proved that most claimed research findings are false. And false findings might not just be "the majority" but could be "the vast majority". Rather than majority expert opinion representing scientific truths, claimed findings "may often be simply accurate measures of the prevailing bias".
>
> *Dr John P.A. Ioannidis*[1056]

[1050] https://www.who.int/influenza_vaccines_plan/resources/session_10_kaddar.pdf
[1051] https://pubmed.ncbi.nlm.nih.gov/29388196/
[1052] https://www.govinfo.gov/content/pkg/CHRG-106hhrg73042/html/CHRG-106hhrg73042.htm
[1053] https://www.cbsnews.com/htdocs/pdf/cdc_off_center.pdf
[1054] https://www.outlookindia.com/magazine/story/pharma-money-is-corrupting-paediatrics-academy/298720
[1055] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC523840/
[1056] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1182327/

20.1. RotaShield vaccine

A particularly salient example of corruption and malfeasance is the case of rotavirus vaccine (vaccine given to prevent severe rotavirus gastroenteritis leading to diarrhoea). US House of Representatives' Committee on Government Reform investigated the licensing of rotavirus vaccine "RotaShield".[1057] NIH developed and holds the patent of rotavirus, and licensed Wyeth to use its technology for RotaShield (the first rotavirus vaccine).

Among the investigation's findings were that 3 out of 5 members of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) "who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine", while 4 out of 8 members of the CDC's Advisory Committee on Immunization Practices (ACIP) "who voted to approve guidelines for the rotavirus vaccine in June 1988 had financial ties to pharmaceutical companies that were developing different versions of the vaccine".

RotaShield was approved for children **despite clinical safety trials having indicated that it might cause intussusception**. Dr Modlin (Chairman, ACIP) stated at the meeting "… available data are insufficient to fully establish the safety and efficacy of rotavirus vaccine in premature infants … there is a section under Adverse Events that details what little information there actually are with respect to premature infants … To my knowledge we don't have data from a clinical trial specifically … Some bit of information from Seattle, as I recall, that had suggested there was a slight increase in relative risk for hospitalization for premature infants … Obviously a situation where we have to make a judgment in the absence of data, and with a vaccine that has not yet been tested in the group …". The vaccine was recommended with a 9 to 1 vote.[1058]

When FDA instructed Wyeth on specific areas to focus in post-marketing safety studies, the risk of intussusception was not one of them. In October 1999, Wyeth's RotaShield was withdrawn from the market because it was found to be causing 30-fold increase in rate of intussusception (often excruciating and potentially fatal condition where the intestine overlaps into itself).[1059] **The rate of death from intussusception, even at places where facilities are available, is 18%.**[1060]

Included among the half of ACIP members who had financial ties to pharmaceutical companies while deliberating what CDC's policy should be with regard to the rotavirus vaccine was Dr Paul Offit, Director of the Vaccine Education Center, Children's Hospital of Philadelphia (CHOP). Dr Offit joined the ACIP in October 1998 and voted 3 times in favour on decisions related to the use of rotavirus vaccine and to add the vaccine to the CDC's "Vaccines for Children" programme, while sharing ownership of a patent for a rotavirus vaccine (Rotateq) which was being developed. Offit's vaccine was approved by the FDA in 2006. In 2007, when his hospital sold its stake for USD 182 million, he acknowledged receiving "several million dollars, a lot of money".[1061]

[1057] https://childrenshealthdefense.org/wp-content/uploads/conflicts-of-interest-government-reform-2000.pdf
[1058] ACIP transcript pages 102-112
[1059] https://www.cdc.gov/vaccines/vpd-vac/rotavirus/vac-rotashield-historical.htm
[1060] D.E. Meier, C.D. Coln, F.J. Rescorla, A. OlaOlorun and J.L. Tarpley, Intussusception in children: international perspective, World J Surg 20, 1996, 1035–1039
[1061] https://www.wired.com/2009/10/ff-waronscience/

Dr Offit also said that "it's like winning the lottery".[1062] This leaves little to imagination why Dr Offit would say that an infant can handle 10,000 vaccines.[1063]

20.2. Rotarix & Rotateq vaccine

FDA temporarily suspended GlaxoSmithKline's rotavirus vaccine, Rotarix, in March 2010 because it was found to be contaminated with a pig virus – porcine circovirus type 1 (PCV-1). In pigs, this virus causes poor growth, weight loss, weakness, enlarged lymph nodes, skin rashes, difficulty breathing, jaundice, stomach ulcers and sudden death. No studies exist on the virus' risk to humans. **Rotarix is used in the Maldives**.

FDA then recommended use of Rotateq (Merck's product developed by Dr Paul Offit). Dr Paul Offit was on the CDC advisory committee and voted to add the rotavirus vaccine to CDC's schedule and thus, paved the way for RotaTeq.[1064] Rotateq vaccine revealed a smaller association of intussusception after it was released to the market. Rotateq was also found to contain a virus similar to SV40 virus (found in polio vaccine and linked to human cancer).

In 2009, the Strategic Advisory Group of Experts (SAGE) on Immunization and Global Advisory Committee on Vaccine Safety (GACVS) recommended use of RotaRix and RotaTeq vaccines. However, Australia and Mexico reported an increased risk of intussusception after use of both these vaccines**. According to WHO, there was a 4- to 6- fold increased risk of intussusception from currently recommended rotavirus vaccines.** In reviewing the risk-benefit analysis, WHO determined that given a potential 49,500 rotavirus deaths 300 intussusception death were of less significance.[1065]

"Sibling transmission of vaccine-derived rotavirus (RotaTeq) associated with rotavirus gastroenteritis", Daniel C Payne et al, 2010[1066].

Rotateq was also found to be contaminated with both PCV-1 and PCV-2 viruses. FDA publicized this finding on 6 May 2010. However, instead of suspending Rotateq as well, on May 14 FDA recommended the use of Rotarix alongside Rotateq, as there was no "known" risk to humans from these viruses.

RotaRix trial controls received an unspecified "placebo" and solicited adverse reactions were monitored for only about 7 days after each dose. There is no information about unsolicited reports.[1067] A later review by **FDA found that RotaRix is associated with an increase in pneumonia-related deaths in children** compared to the placebo.[1068]

Do parents have no say in determining if their children should be exposed to this guaranteed risk of intussusception from the vaccine? Or risk of vaccine-derived virus? Are parents to be prosecuted for making an informed decision to decline it over the recommendation of WHO / HPA?

[1062] https://www.newsweek.com/dr-paul-offit-debunking-vaccine-autism-link-91933
[1063] https://www.brighteon.com/6015422363001
[1064] http://www.medicalveritas.com/manJune.pdf
[1065] https://www.who.int/vaccine_safety/committee/topics/rotavirus/rotarix_and_rotateq/Dec_2011/en/
[1066] https://pubmed.ncbi.nlm.nih.gov/20100758/
[1067] "RotaRix", Package insert, GlaxoSmithKline, 2014, pp 5-7, 9.
[1068] https://www.bizjournals.com/triangle/stories/2008/02/11/daily36.html

RotaTeq trial controls received unspecified "placebo". Monitored solicited reactions at about 7, 14 and 42 days after each dose. Unsolicited reported were accepted for review if submitted within 42 days.[1069]

(Note: In 1960, Maurice R. Hilleman, Vice President of Merck, found that the live and inactivated polio vaccine was contaminated with SV40, a monkey virus which was later found to be associated with an increased risk of cancer, including non-Hodgkin lymphoma.)

Dr Robert Chan (Brighton Collaboration) stated in the WHO Vaccine Safety Summit (Geneva, 2019) that

> "there is room for improvement in terms of how safety is assessed in clinical trials. If one takes a look at the Rotashield experience, there were 5 cases of intussusception among 10,000 vaccinees and 2 cases in the control arm. They did basic 2x2 pi square and decided that it was statistically not significant. But they failed to take into account that the 5 exposed cases, 3 occurred in the first week after vaccination and the 4th occurred in the 2nd week after vaccination. And they should have done a person time analysis in which case the p value would have been 0.10, not 0.05*. It would have been closer to a signal. And I explored, how did that happen and so **I asked the question, well who oversees the safety of clinical trials. Supposed to be DSMB (Data Safety Monitoring Boards). Is there any requirement that anybody with safety expertise actually sits on the DSMBs and (it) turns out not.**"
>
> *Ironically, this misleading risk of 0.05% is published on CDC's website that is targeted to the general public.
>
> In response, Dr Alec Walker (chair) replied "Bob, the charter of DSMBs frequently don't encourage unanticipated analysis such as what you are talking about, the timing of the intussusception cases. In the CEPI trials how do you deal with asking the board to actually look carefully beyond the pre-specified looks?

20.3. Indian & Bill Gates' rotavirus vaccine Rotavac

On 19 March 2019, India launched a rotavirus vaccine (Rotavac) developed by Hyderabad based Bharat Biotech.

The Phase 3 efficacy study was published in the journal Vaccine in 2014. The Journal published a letter by Jalaj Bajaj in 2015 which stated:

"....the vaccine was tested in only 6719 infants (4532 received vaccine; 2187 were controls). Ultrasound evidence of intussusception was found in 17 who had received the 116E vaccine (3.75/1000 or 37.5/10,000) and in 6 babies receiving placebo (2.636/1000 or 26.36/10,000). There was an excess of 11 cases of intussusception per 10,000 vaccinated. This is 5 to 10 times higher than the risk of intussusception with Rotasheild vaccine (which was withdrawn from the market) and nearly 70 times higher than the risk of intussusception with the current, internationally licensed vaccine, RotaTeq. Intussusception rates varied in the different regions studied by John and colleagues [1]. In Vellore it was 581/100,000 child-years and in Delhi it was much lower -

[1069] "RotaTeq", Package insert, Merck, 2014, pp 4, 5, 9.

27.7/100,000 child-years. The regional differences in intussusception rates could mean that it may be more risky to use the vaccine in some areas."

With reference to not providing the RCT data from Vellore 2-year trial, Dr Jacob Puliyel (St Stephens Hospital, New Delhi) raised serious concerns as safety data of a vaccine trial done with the Government of India funding was not being provided in spite of a call for it in an international scientific journal.

Despite the serious high rate of intussusception, the current plan is to study this vaccine in 100,000 children (with no control population) to study the rate of intussusception.[1070]

Rotavac vaccine is a rotavirus vaccine with only 56% efficacy in phase III clinical trials. Dr Jacob Puliyel, head of the Department of Pediatrics, St. Stephen's Hospital, Delhi, raised serious concerns over Rotavac controversy.

Dr Puliyel asks "Do you know another vaccine with 50% efficacy that is used for public health programs? It is a toss-up if the vaccine will work for you. I think the fact that this vaccine was announced before peer review, [means] it will never be properly reviewed. That is the story that must come out."[1071]

Vaccine manufacturer Bharat Biotech received massive grants from the Bill & Melinda Gates Foundation through Program for Appropriate Technology in Health (PATH – a Bill Gates funded Seattled-based global health non-profit) to develop new vaccines against Malaria and Rotavirus. Bharat Biotech was backed since its inception by Bill Gates and the international pharma lobby.[1072]

20.4. Infanrix Hexa

Vaccine manufacturers are known to obfuscate clinical trials data as evident in the Infanrix hexa case. Infanrix combines Diphtheria, Tetanus and Acellular Pertussis (DPT), Hepatitis B, inactivated Poliomyelitis and Haemophilus influenza type B vaccine.

In 2017, a report titled "Infanrix hexa and sudden death: a review of the periodic safety update reports submitted to the European Medicines Agency" was published in the Indian Journal of Medical Ethics, alleging that GlaxoSmithKline (GSK) excluded certain cases of infant deaths in their official report to the European Medicines Agency.

GSK stated that the deaths reported after the vaccine were a "coincidence" and not related to the vaccine. An analysis by Dr Jacob Puliyel and Dr Sathyamala reported that at least 69 deaths were due to Infanrix hexa (where 42 deaths took place in the first 3 days after vaccination and 16 deaths in the next 3 days). Among those below one year of age, 93% (54) deaths occurred within 10 days of vaccination and around 7% occurred in the following 10 days. The doctors also stated "If this were simply coincidental deaths then it would not all cluster immediately after vaccination but would have been distributed uniformly over the 20 day period".[1073]

[1070] http://www.thehindu.com/news/national/other-states/india-to-reevaluate-rotavirus-vaccine/article7046573.ece
[1071] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3761026/
[1072] https://greatgameindia.com/bill-gates-bharat-biotech/#Rotavac_8211_The_Controversial_Vaccine
[1073] https://jacob.puliyel.com/download.php?id=409

"Glossing over of the deaths after vaccination has potential to result in more, unnecessary deaths which are difficult to justify ethically," the doctors observed in a Press Release.

GSK's confidential report was made public following an Italian Court order. The report delineates 1,742 adverse events (of which 503 were serious effects not listed and 56 were serious effects listed). According to the report, within 2 years, **36 deaths** (which occured within 3 days after vaccination) and 825 adverse effects were identified; which includes **autism**, **encephalitis**, heart failure, gaze palsy, gastrointestinal hemorrhage, jaundice, **Guillain Barré syndrome**, convulsions, **mental retardation**, remove of part of the intestine and opisthotonos and many more. **5 cases of autism were reported during the clinical trials.**[1074] This report was made public following an Italian Court Order.

Infanrix hexa and MMR are also mired in a serious scandal.[1075] [1076] Corvelva (an Italian advocacy group of independent researchers) conducted studies on several vaccines in 2017. "**The antigens are not present as soluble proteins as they are supposed to be, but as insoluble macromolecules. Due to the insolubility, they will not be recognised by the immune system of the body. Hence the efficacy is doubtful**. Also, it stays in the body and can cause unknown toxicity," says Loretta Bolgan, a consultant of the Italian parliamentary commission on army personnel and an expert on vaccination damage.

20.5. Tuskegee Experiment

In 1972, a government whistleblower, Peter Buxtun, informed Senator Edward Kennedy that for the previous forty years (since 1932) CDC and the US Public Health Service (PHS) conducted the "Tuskegee Experiment" to study the progression of untreated syphilis in impoverished African-American men in rural Alabama. According to CDC, which took over the study in the early 1960s, none of the 299 syphilitic sharecroppers were ever told they had the disease. CDC purposefully withheld penicillin from the men and lobbied against their recruitment by the US army which would have given them mandatory syphilis treatment. CDC had actively prevented participants from accessing syphilis treatment programmes elsewhere. CDC's victims in that study included numerous men who died of syphilis, 40 wives who contracted the disease and 19 children born with congenital syphilis. The men weren't informed that they had syphilis or that it could be transmitted to spouses who then could infect the babies. Participation was encouraged with hot meals and free rides, as doctors reported the men were "susceptible to kindness".[1077]

In 1997, President Bill Clinton apologized saying "the United States government did something that was … profoundly, morally wrong…clearly racist".

[1074] https://autismoevaccini.files.wordpress.com/2012/12/vaccin-dc3a9cc3a8s.pdf
[1075] https://www.downtoearth.org.in/news/health/the-vaccinegate-of-italy-63235
[1076] https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/what-did-we-find-in-the-mmrv-priorix-tetra-vaccine.html
[1077] https://whistleblower.org/uncategorized/whistleblower-peter-buxtun-and-the-tuskegee-syphilis-study/

20.6. Corruption within public health institutions

Dr John Ioannidis (who has been described by The Atlantic as possibly "one of the most influential scientists alive") wrote in an essay "Why Most Published Research Findings are False" in PLoS Medicine (2005). The Atlantic noted, Ioannidis has estimated that "as much as 90% of the published medical information that doctors rely on is flawed" and "he worries that the field of medical research is so pervasively flawed and so riddled with conflicts of interest, that it might be chronically resistant to change – or even to publicly admitting that there's a problem":

> It can be proved that most claimed research findings are false. And false findings might not just be "the majority" but could be "the vast majority". Rather than majority expert opinion representing scientific truths, claimed findings "may often be simply accurate measures of the prevailing bias".
>
> *Dr John P.A. Ioannidis*[1078]

In 2000, the US House Government Reform Committee investigation into federal vaccine policy reported[1079]:

109. "The overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry."

110. "conflicts of interest rules employed by the FDA … have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have given waivers to participate in committee proceedings … In many cases, significant conflicts of interest are not deemed to be conflicts at all."

111. "The chairman of the CDC's advisory committee until very recently owned 600 shares of stock in Merck…"

US Government Reform Committee's investigation into ACIP reported:

112. "The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year."

113. ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy.

114. ACIP reflects "a system where government officials make crucial decisions affecting American children without the advice and consent of the governed."

[1078] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1182327/
[1079] https://worldmercuryproject.org/wp-content/uploads/conflicts-of-interest-government-reform-2000.pdf

A majority of ACIP members were conflicted in their most recent vote:

115. The chairman served on Merck's Immunization Advisory Board

116. Another member shares the patent on a vaccine under development for the very same disease, had a USD 350,000 grant from Merck to develop this vaccine and was a consultant for Merck.

117. Another member was under contract with the Merck Vaccine Division, received funds from various vaccine manufacturers including Pasteur, and was under contract as a principal investigator for SmithKline.

118. Another member received a salary from Merck as well as other payments from Merck.

119. Another member was participating in vaccine studies with Merck, Wyeth, and SmithKline and

120. Another member received grants from Merck and SmithKline.

The British Medical Journal reported on 15 May 2015:

121. "Despite the agency's disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking."

122. "classic stealth marketing, in which industry puts their message in the mouths of a trusted third party".

> The FDA, by spinelessly knuckling under to every whim of the drug companies, has thrown away its high reputation, and in doing so, forfeited our trust."
>
> Drummond Rennie, deputy editor of JAMA[1080]

[1080] ibid

FDA conceals serious research misconduct – fraud, deception and even deaths.[1081] [1082]

FDA documents, obtained through a Freedom of Information Act, revealed that FDA was concealing from the medical community and the public serious research misconduct; including fraud, deception, avoidable risks for human subjects – even deaths – that occurred in clinical trials.

"When the FDA finds significant departures from good clinical practice, those findings are seldom reflected in the peer-reviewed literature, even when there is evidence of data fabrication or other forms of research misconduct."

2002-2009: Former CDC Director, Julie Gerberding, oversaw numerous vaccine studies, many of which were recently deemed unreliable by the IOM. In 2010, she left CDC and became the President of Merck Vaccines (Merck's USD 5 billion global vaccine division) with estimated USD 2.5 million annual salary and lucrative stock options. She held that job until 2014 and currently holds the Merck job title of "Executive Vice President & Chief Patent Officer, Strategic Communications, Global Public Policy and Population Health".

Former FDA Chief Gottlieb joined the Pfizer board just 3 months after his departure from FDA. Due to which, US Senator Elizabeth Warren wrote a letter to Gottlieb urging to step down as "this kind of revolving door influence-peddling smacks of corruption."

In January 2018, CDC Director Brenda Fitzgerald was forced to resign after Politico reported that, after assuming leadership of the CDC on 7 July 2017, she "bought tens of thousands of dollars in new stock holdings in at least a dozen companies" – including Merck.[1083]

CDC holds 50 vaccine patents and also has a for profit wing.[1084] CDC or NIH employees, whose names appear on vaccine patents, can receive up to USD 150,000 in licensing fees per year (in perpetuity).

Dr Raeford Brown, Chair of FDA Committee on Analgesics and Anesthetics openly critcises big pharma and the lack of oversight by FDA. Dr Brown also said that "The (US) Congress is owned by Pharma".[1085]

> If the American people knew some of the things that went on at the FDA, they'd never take anything but Bayer aspirin."
>
> Len Lutwalk, FDA scientist[1086]

[1081] https://ahrp.org/fda-conceals-collaborates-in-serious-research-misconduct-fraud-deception-adverse-events/
[1082] https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2109855
[1083] https://www.politico.com/story/2018/01/30/cdc-director-tobacco-stocks-after-appointment-316245
[1084] https://www.march-against-monsanto.com/the-cdc-is-a-for-profit-corporation-owning-more-than-50-different-vaccine-patents/
[1085] https://finance.yahoo.com/news/congress-big-pharma-money-123757664.html
[1086] https://childrenshealthdefense.org/defender/fda-cancer-cells-in-vaccines/

20.7. Corruption of vaccine manufacturers (Big Pharma)

It is important to understand the worrisome extent of Big Pharma's level of systematic corruption when considering mandating their products on others.

Vaccine safety studies are conducted by manufacturers, and the licensing institutions rely upon these studies. World Health Organization also base its recommendation on the studies conducted by the manufacturers themselves.

Pharmaceutical industry is rife with corruption, fraud, concealment of safety risks, bribery, and many more. Yet, they are provided with legal impunity should their vaccine result in injuries / death.

As explained by Dr Peter Gotzsche, "the threats can be particularly malignant when scientists have found lethal harms with marketed drugs that the companies have successfully concealed. Such threats have included **frightening telephone calls from company warning that "very bad things could happen", cars waiting near the researcher's home through the night, a ghoulish funeral gift, or an anonymous letter containing a picture of the researcher's young daughter** leaving home to go to school. Not much difference to organized crime there."[1087]

According to a paper published in 2013 in European Journal of Clinical Investigation, pharmaceutical industry's influence distorts healthcare research and strategy. **"To serve its interests, the industry masterfully influences evidence base production, evidence synthesis, understanding of harms issues, cost-effectiveness evaluations, clinical practice decisions and health consumers. There is an urgent need for regulation and other action towards redefining the mission of medicine towards a more objective and patient-, population-, and society- benefit direction that is free from conflict of interests."** It also reported that in the USA between 57 and 87% of guideline authors have a conflict of interest.[1088]

What rationality is behind the public health authorities disregarding such crimes and forcing for-profit commercial product (vaccines) on our children?

Pharma Criminal Rap Sheet & Settlements--1

COMPANY	Date	DRUG(S)	Amount –Millions
J & J	8/2012	Risperdal	$ 181.
Glaxo	7/2012	Paxil/Avandia/Wellbutrin	$3.000.
J & J	3/ 2012	Risperdal, Invega	$1.800.
Abbot	2012	Depakote	$1.600.
AstraZeneca	7/ 2011	Seroquel	1.900.
Merck	11/ 2011	Vioxx	950.
Elan	2011	Zonegran	$203.
Novartis	2010	Trileptal	$422.5
Forest Labs	2010	Celexa-Lexapro	$313.
Pfizer	9/ 2009	Bextra, Geodon	$2.300.
Aleergan	2010	Botox	600.
Lilly	1/ 2009	Zyprexa	$1.400.

Source: Federal court records

[1087] Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare by Dr Peter Gotzsche
[1088] https://pubmed.ncbi.nlm.nih.gov/23521369/

In the US, from 1991 – 2015, **a total of 373 civil and criminal settlements** were reached between the federal and state governments and pharmaceutical manufacturers, **for a total of USD 35.7 billion**.[1089]

GlaxoSmithKline (GSK) and Pfizer reached the most settlements (31 each) and paid the most in financial penalties – USD 7.9 billion and USD 3.9 billion, respectively – to the federal and state governments.

Though this may seem like large sums of fines, this represents a miniscule fraction of the drug companies' profit – just 5% of the USD 711 billion in net profits made by the 11 largest global drug companies during only 10 of those 25 years (2003-2013).

Pharmaceutical company penalties: 10 worst offenders, 1991-2015

Company	Total financial penalties in USD millions	Percent of USD 35.748 billion in overall penalties	Number of settlements
GlaxoSmithKline	USD 7,881	22.0 %	31
Pfizer	USD 3,943	11.0 %	31
Johnson & Johnson	USD 2,824	7.9 %	19
Merck	USD 1,841	5.1 %	22
Abbot	USD 1,840	5.1 %	16
Eli Lilly	USD 1,742	4.9 %	15
Teva	USD 1,741	4.1 %	13
Schering-Plough	USD 1,339	3.7 %	6
Novartis	USD 1,250	3.5 %	20
Astra Zeneca	USD 1,024	2.9 %	11

> It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine (NEJM)."
>
> *Dr. Marcia Angell*
>
> *Former editor-in-chief, The New England Journal of Medicine*

Dr Marcia Angell's article "**Drug Companies & Doctors: A Story of Corruption**" gives more insight into this corruption.[1090]

[1089] Ideological constructs of vaccination by Dr Mateja Cernic
[1090] https://aueo.org/drug-companies-doctors-a-story-of-corruption.pdf

Some examples of crimes committed by the pharmaceutical industry.

Below the is a table from the study "Financial Penalties Imposed on Large Pharmaceuticals Firms for Illegal Activities"[1091] published in JAMA, November 2020. The study examined financial penalties for illegal activities (such as providing kickbacks and bribes, knowingly shipping adulterated or contaminated drugs to pharmacies, and marketing drugs for unapproved uses).

Table 1. Value of Financial Penalties and Duration of Illegal Activity

Company[a]	Value of penalties, total $, in thousands[b]	No. of penalties	Penalty amount, mean $, in thousands	Penalties, % of total revenues (rank)[c]	Duration of illegal activity associated with penalties, mean, y
GlaxoSmithKline	9 775 419	27	362 053	1.55 (2)	7.22
Pfizer	2 910 581	18	161 699	0.36 (11)	5.67
Johnson & Johnson	2 668 326	15	177 888	0.28 (13)	6.08
Abbott Laboratories	2 581 585	11	234 690	0.75 (6)	6.36
Merck	2 094 026	11	209 403	0.40 (9)	6.13
Eli Lilly	1 775 031	7	253 576	0.59 (7)	6.14
Schering-Plough[d]	1 645 186	12	137 099	2.05 (1)	6.18
Wyeth[d]	1 614 355	7	230 622	1.15 (4)	8.71
Bristol Myers Squibb	1 389 197	12	115 766	0.50 (8)	5.83
Novartis	1 198 088	11	108 917	0.18 (16)	6.55
AstraZeneca	1 172 185	10	117 219	0.28 (14)	8.30
Amgen	945 034	9	105 004	0.39 (10)	9.78
Allergan[d]	660 604	1	660 604	1.16 (3)	7.00
Bayer	602 688	13	46 361	0.09 (19)	4.00
Mylan	227 800	6	37 967	0.30 (12)	4.67
Sanofi-Aventis	535 923	10	53 592	0.10 (18)	6.50
Boehringer Ingelheim	416 439	7	59 491	Not applicable[e]	5.86
Forest Laboratories[d]	383 452	3	127 817	0.88 (5)	5.33
Actavis (Watson)	77 312	2	38 656	0.09 (17)	11.00
Roche Group	67 000	1	67 000	0.01 (21)	5.00
Genzyme[d]	56 152	2	28 076	0.19 (15)	5.00
Perrigo	7816	1	7816	0.02 (20)	1.00

[1091] https://www.deepdyve.com/lp/jama/financial-penalties-imposed-on-large-pharmaceutical-firms-for-illegal-SgNElcZz7l?key=JAMA

Eli Lilly

1. In 2000, psychiatrist David Healy from Wales was urged to apply for a post at the Centre for Addiction and Mental Health (CAMH) at the University of Toronto by chief physician David Goldbloom. Two months after Healy had accepted the post, he gave at lecture at a conference arranged by his new centre where he mentioned that Eli Lilly's antidepressant, Prozac (fluoxetine) – the best-selling drug of all time – may cause suicide. A week later, Healy received an email from Goldbloom, saying:

   > "Essentially, we believe that it is not a good fit between you and the role as leader of an academic program in mood and anxiety disorders at the centre and in relation to the university … This view was solidified by your recent appearance at the centre in the context of an academic lecture. While you are held in high regard as a scholar of the history of modern psychiatry, we do not feel your approach is compatible with the goals for development of the academic and clinical resource that we have."

   The decision to rescind Healy's job offer caused uproar in Canadian academic circles because Lilly had donated USD 1.5 million to the centre. An international group of physicians that included two Nobel Prize winners published an open letter to the president of the university where they wrote that 'To have sullied Dr Healy's reputation by withdrawing the job offer is an affront to the standards of free speech and academic freedom.' The stakes were huge. Lilly made $2.6 billion from Prozac in 2000 alone and had just succeeded in getting the drug renamed and repackaged as Sarafem, for severe premenstrual tension, which would keep the profits rolling in until 2007, although the patent for Prozac was just about to expire. Healy's findings weren't new. Six months earlier, Healy had published his concerns in the Hastings Center Report, which caused Eli Lilly to withdraw its support to the Hastings Center. Industry money is everywhere, like a metastatic cancer that threatens to kill our societies as we know them and our free speech.[1092]

AstraZeneca

AstraZeneca faked conferences and offered gifts to local doctors in Russia and China who bought its drugs. AstraZeneca had to pay USD 5.5 million to settle the foreign bribery case. The US Securities and Exchange Commission claims that AstraZeneca set up bank accounts in doctors' names, hired a "collusive travel vendor" and "totally fabricated" conferences to pay out speaker fees despite there being "no meeting date, venue, subject". Local officials in China were paid cash to reduce or avoid local fines and even created written charts and schedules or actual bribe payments.[1093]

Over the years, AstraZeneca has paid more than USD 1 billion in federal fines and legal settlements for corrupting clinical trials and illegally promoting antipsychotics.[1094]

[1092] Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare by Dr Peter Gotzsche
[1093] https://www.standard.co.uk/business/astrazeneca-takes-6m-hit-after-faking-conferences-to-bribe-doctors-a3333166.html
[1094] https://www.drugwatch.com/manufacturers/astrazeneca/

MERCK[1095]

1. In 2014, federal charges of fraud and numerous allegations of wrongdoing from whistleblowers, a vaccine competitor and doctors were made against the pharmaceutical giant Merck. The first court case is regarding claims by two former Merck scientists that Merck "fraudulently misled the government and omitted, concealed, and adulterated material information regarding the efficacy of its mumps vaccine".[1096] [1097]

2. Merck paid medical journal publisher company Elsevier (whose CEO Sir Crispin Davis sists on GlaxoSmithKline's board) to publish a fake medical journal with articles favourable to Merck's drugs. [1098]

3. Vioxx – Merck's #1 product, a prescription painkiller that caused heart attacks and strokes (killed 53,000 people and caused over 100,000 strokes). Merck was sued in court and it was revealed that Merck was aware that their drug was killing people and did nothing about it. They agreed to pay USD 7 billion to settle lawsuits against them.

   According to documents revealed in a court case in Australia, Merck made a "hit list" of doctors who criticised Vioxx. List contained names of doctors with labels "neutralised", "neutralise" or "discredit".

   Merck selectively targeted doctors who raised questions about Vioxx. Lawsuits against Merck have uncovered details about how the **company systematically persecuted critical doctors and tried to win opinion leader over on their side** A spreadsheet contained information about named doctors and the Merck people who were responsible for haunting them, and an email said: **"We may need to seek them out and destroy them where they live",** as if Merck had started a rat extermination.[1099]

   When associate director in the FDA's Office of Drug Safety, **David Graham, had shown that Vioxx increases serious coronary heart disease**, his study was pulled at the last minute from the Lancet after Steven Galson, Director of the FDA's Center for Drug Evaluation and Research, had raised allegations of scientific misconduct with the editor, which Graham's supervisors knew were untrue when they raised them. [1100]

4. Merck was ordered a USD 650 million fraud settlement for a fraud on patients and the US government healthcare system involving a conspiracy with US hospitals to give the elderly cheaper drugs but charging them for the more expensive product prescribed by the patient's doctors.[1101]

[1095] https://www.scientificfreedom.dk/wp-content/uploads/2019/11/Merck-sues-EMA-1.pdf
[1096] https://www.huffingtonpost.ca/lawrence-solomon/merck-whistleblowers_b_5881914.html
[1097] https://ahrp.org/former-merck-scientists-sue-merck-alleging-mmr-vaccine-efficacy-fraud/
[1098] Merck published fake journal, Bob Grant, The Scientist, 30 April 2009
[1099] Ideological constructs of vaccination by Dr Mateja Cernic, pg 400
[1100] Ibid
[1101] https://childhealthsafety.wordpress.com/2009/10/22/morefraudbymerck/

GlaxoSmithKline (GSK)

1. In 1999, GSK completed a clinical trial that revealed its diabetes drug Avandia (rosiglitazone) posed a greater risk of cardiac problems than its competitor, Actos. An internal GSK email stated baldly "These data should not see the light of day to anyone outside of GSK" and the company spent the next 11 years trying to cover up the cardiac risk.[1102]

2. GSK (and Eli Lilly and Pfizer) denied for years the suicide risk of their SSRI antidepressants and concealed data documenting suicides during their clinical trials.[1103]

3. In 2004, New York State Attorney General uncovered at GSK's clinical trial 329 documents showing that (a) antidepressant Paxil (Seroxat) failed to demonstrate effectiveness, (b) GSK had concealed the suicide data with the euphemism "emotional lability". The company was charged with consumer fraud and settled at USD 2.5 million.

4. In 2008, Professor Jens Lundgren presented a paper at the international AIDS conference in Mexico in which he showed that GSK's £600 million drug Abacavir almost doubled the risk of cardiac arrest. At the end of the presentation, after having received a death threat, the Professor had to be escorted to the airport with 8 bodyguards.[1104] [1105]

5. In 2011, GSK pleaded guilty to fraud in a suit filed by the US Justice Department resulting in a USD 3 billion fine, the largest health care fraud settlement in US history.

6. In May 2014, Mark Reilly, the former head of GSK Chinese operations was found guilty of operating a "massive bribery network". Internal emails confirmed that the company bribed Chinese doctors and government regulators. GSK was fined USD 488.8 million.[1106]

7. GSK disregards the safety of babies as demonstrated by GSK's risk/benefit assessment: "the benefit/risk profile of Infanrix hexa continues to be favourable" even as GSK cites numerous adverse events reported during the clinical trials (which include anaemia haemolytic autoimmune, thrombocytopenia, thrombocytopenic purpura, autoimmune thrombocytopenia, kawasaki's diseae, encephalitis, encephalopathy, death and many more).

8. Psychiatry textbooks penned by two academic leaders were paid to ghostwrite by GSK. A letter of complaint, by the Project on Government Oversight (POGO) was sent to the Director of the National Institutes of Health documenting USD 66.8 million in NIH grants that were awarded to a handful of psychiatrists who penned their name to ghostwriten scientific publications.

[1102] http://www.nytimes.com/2010/07/13/health/policy/13avandia.html?mcubz=1

[1103] Response from GlaxoSmithKline. British Journal of Psychiatry 2002

[1104] http://www.independent.co.uk/news/science/glaxo-downplayed-warning-on-heart-attack-risk-from-aids-drug-826255.html

[1105] Deadly Medicines and Organized Crime: How Big Pharma has Corrupted Healthcare by Dr Peter Gotzsche

[1106] http://www.inquisitr.com/1496456/glaxosmithkline-gsk-fined-488-8-million-for-bribery-network-over-historically-respected-practices/

The sheer audacity prompted former FDA Commissioner, Dr David Kessler to exclaim: "To ghostwrite an entire textbook is a new level of chutzpah. I have never heard of that before. It takes your breath away."

The 269-page book, "Recognition and Treatment of Psychiatric Disorders: A Psychopharmacology Handbook for Primary Care," is so far the first book among publications, namely medical journal articles, that have been criticized in recent years for hidden drug industry influence, colloquially known as ghostwriting.[1107]

> Even if it were assumed that this change was entirely due to the vaccines, then only about one percent of the decline following interventions for the diseases considered here could be attributed to medical measures. Rather more conservatively, if we attribute some of the subsequent fall in the death rates for pneumonia, influenza, whooping cough, and diphtheria to medical measures, then perhaps 3.5 percent of the fall in the overall death rate can be explained through medical intervention in the major infectious diseases considered here. Indeed, given that it is precisely for these diseases that medicine claims most success in lowering mortality, 3.5 percent probably represents a reasonable upper-limit estimate of the total contribution of medical measures to the decline in mortality in the United States since 1900.
>
> *It is not uncommon today for biotechnological knowledge and specific medical interventions to be invoked as the major reason for most of the modern (twentieth century) decline in mortality. Responsibility for this decline is often claimed by, or ascribed to, the present-day major beneficiaries of this prevailing explanation."*
>
> *The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century, John B McKinlay & Sonja M. McKinlay*[1108]

[1107] https://ahrp.org/psychiatry-texbook-penned-by-two-academic-leaders-gsk-ghosted/
[1108] https://www.milbank.org/wp-content/uploads/mq/volume-55/issue-03/55-3-The-Questionable-Contribution-of-Medical-Measures-to-the-Decline-of-Mortality-in-the-United-States-in-the-Twentieth-Century.pdf

Pfizer & Wyeth

Pfizer is a New-York based Big Pharma company. It's known for its products like Advil, Viagra, Xanax and Zoloft. It was the second-largest pharmaceutical company in revenue in 2017. But the medical industry giant has had its share of legal troubles and scandal. This includes marketing fraud allegations and unapproved clinical trials.[1109]

Pfizer acquired Wyeth in 2009.

Pfizer set a record for the largest health care fraud settlement and the largest criminal fine of any kind with USD 2.3 billion in 2009.[1110]

Wyeth flooded medical journals with some 40 ghostwritten articles penned by prominent physicians who sold their name for cash, in an all-out effort to offset the scientific evidence linking its female hormone replacement drug, Prempro, to breast cancer.[1111]

Nearly 10,000 women filed Prempro breast cancer lawsuits against Pfizer. By 2012, Pfizer settled most of the claims for more than USD 1 billion.

More than 15,000 Proton Pump Inhibitor (PPI) lawsuits were filed blaming the drugs Nexium, Prilosec, Prevacid, Protonix and other brands for causing kidney disease, kidney injury, kidney failure and acute interstitial nephritis. These lawsuits were against, **AstraZeneca**, **Takeda** and **Pfizer** for failing to warn of the dangers of PPI after they became aware of the risk of injuries.

In 1996, Pfizer conducted an unapproved clinical trial of the drug Trovan (trovafloxacin) involving 200 Nigerian children with meningitis. The trial led to the deaths of 11 children and dozens were left disabled.

> Four separate legal actions were filed in Nigeria against Pfizer, including 31 criminal counts against 10 people. In a court case, Nigerian government prosecutors said that Pfizer used critically ill children as "guinea pigs" to study Pfizer's drug.
>
> A committee commissioned by the Nigerian Federal Ministry of Health to investigate the conduct of the study, concluded in a March 2001 report that Pfizer conducted an illegal study of an unregistered drug.[1112] (Ironically, Pfizer argued that the report was "illegal, inaccurate, and biased")
>
> Trovafloxacin was not approved for use in the United States when it was tested on the children in Nigeria. Subsequent reports of liver failure caused the drug to be banned in Europe and severely restricted in the US.

[1109] https://www.drugwatch.com/manufacturers/pfizer/
[1110] https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history
[1111] Associated Press, 25 July 2009 https://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/
[1112] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174781/

Johnson & Johnson[1113]

Investigations by Reuters[1114] and The New York Times[1115] in December 2018 revealed documents showing Johnson & Johnson fretted for decades[1116] that small amounts of asbestos lurked in its baby power.

"From at least 1971 to the early 2000s, the company's raw talc and finished powders sometimes tested positive for small amounts of asbestos, and that company executives, mine managers, scientists, doctors and lawyers fretted over the problem and how to address it while failing to disclose it to regulators or the public," Reuters reported.[1117]

Today, Johnson & Johnson has joined the vaccine manufacturing industry – an industry that is immune to legal prosecution where its products cause injuries/death.

Talcum Powder Settlements and Verdicts:

Johnson & Johnson faces nearly 20,500 federal talcum powder lawsuits and many more in state courts alleging Johnson's Baby Powder and its other talc products led to ovarian cancer, according to the September 15, 2020 MDL statistics report from the U.S. Judicial Panel on Multidistrict Litigation.

Plaintiffs have been awarded billions in jury verdicts, though some have been overturned. A St. Louis jury awarded $4.69 billion to 22 women, and this remains the largest single verdict so far.

Johnson & Johnson announced it would stop selling its talcum powder products in the Unites States and Canada in May 2020.

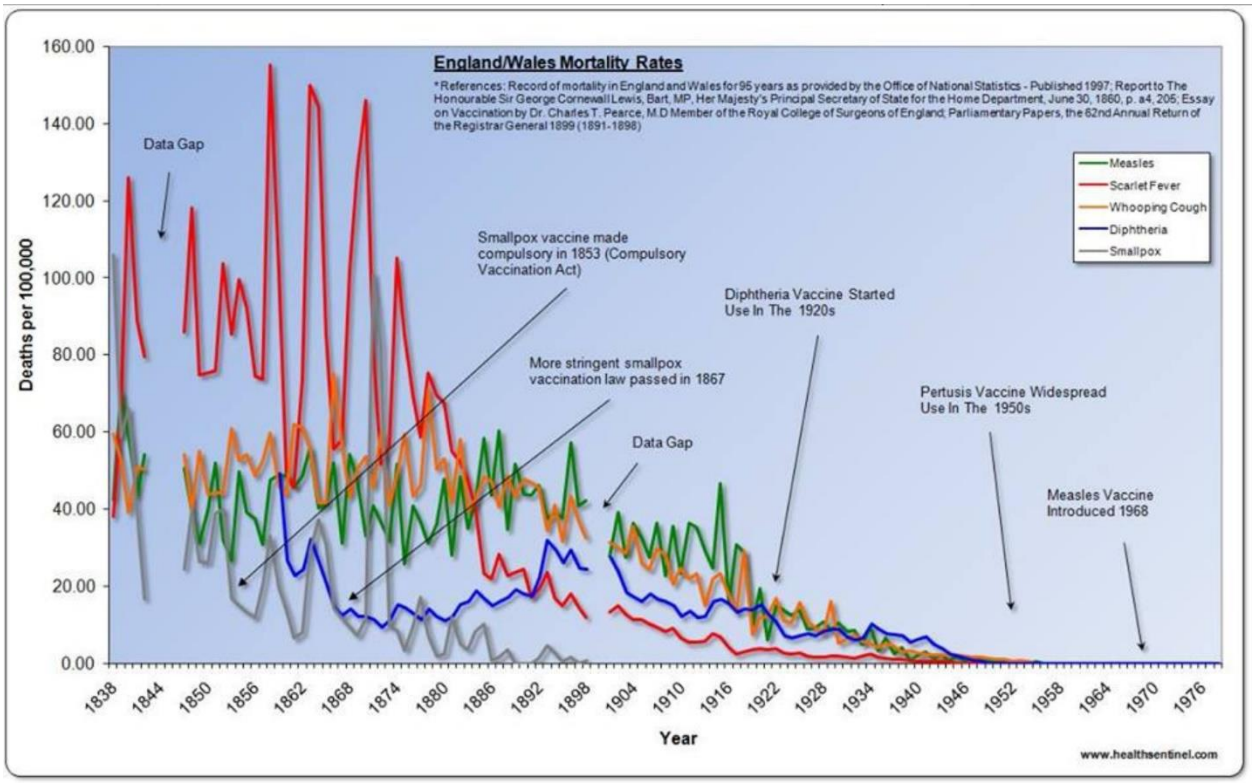
Johnson & Johnson has also already settled thousands of cases involving illicit promotion of Risperdal for a total approaching USD 3 billion. More information at this link.[1118]

[1113] https://www.drugwatch.com/manufacturers/
[1114] https://www.reuters.com/article/us-johnson-johnson-cancer-special-report/special-report-jj-knew-for-decades-that-asbestos-lurked-in-its-baby-powder-idUSKBN1OD1RQ
[1115] https://www.nytimes.com/2018/12/14/business/baby-powder-asbestos-johnson-johnson.html
[1116] https://www.reuters.com/investigates/special-report/johnsonandjohnson-cancer/
[1117] https://www.npr.org/2020/05/19/859182015/johnson-johnson-stops-selling-talc-based-baby-powder-in-u-s-and-canada
[1118] https://highline.huffingtonpost.com/miracleindustry/americas-most-admired-lawbreaker/

Given the levels of corruption, as Prosecutor General Hussain Shameem has highlighted, can we trust officials to make better healthcare decisions for our children than us parents?

> To serve its interests, the industry masterfully influences evidence-based production, cost-effectiveness evaluations, clinical practice guidelines and healthcare professional education, and also exerts direct influence on professional decisions and health consumers. There is an urgent need for regulation and other action towards redefining the mission of medicine towards a more objective and patient-, population- and society-benefit direction that is free from conflict of interests."
>
> *Dr Emmanuel Stamatakis, Richard Weiler, John Ioannidis (Study published in European Journal of Clinical Investigation, 2013)*[1119]

[1119] https://onlinelibrary.wiley.com/doi/full/10.1111/eci.12074



> Thus, vaccination does not account for the impressive declines in mortality seen in the first half of the century…nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccine were available."
>
> *Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century; Epidemiologists from both Johns Hopkins and Centers for Disease Control and Prevention*[1120]

[1120] http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.493.7152&rep=rep1&type=pdf

21. A FINAL WORD ON PROTECTING OUR CHILDREN

It is a fundamental human right of every individual to receive information and to either consent or decline any medical procedure for themselves or for minor children under their care. "Informed consent" is a vital requirement for all medical treatments, including prophylactic treatments.

No medical procedure with inherent risks of bodily injury or death can ever become the "right" of any child. However, it is every child's right to be protected from potential injury or death from all medical interventions.

There remains no right or freedom more inviolable than bodily sovereignty.

In repeating, the United Nations Human Rights Committee defines security of person as "freedom from injury to the body and mind … Liberty and security of person are precious for their own sake, and also because deprivation of liberty and security of person have historically been principal means for impairing the enjoyment of other rights."[1121]

Crimes against humanity were first defined in connection with the Nuremberg trials and the first code of which is "the voluntary consent of the human subject is absolutely essential".

Thus, legislators, government officials, public health officials and doctors are duty-bound to respect this fundamental human right.

To the reader, my plea is to stand up against all forced medical procedures. Uphold the human rights to bodily sovereignty, medical freedom, and informed consent. We and our children deserve better protection of and respect for bodily sanctity. A society devoid of this respect has no human value.

It is a crime against humanity to violate the bodily integrity of any person.

[1121] Human Rights Committee, general comment No. 35 (2014), paragraph 3