Bio Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: If and when a full-scale bio-terror attack occurs, the live pathogens or agents responsible for the pandemic will likely be dispersed via A) chemtrails by government airplanes and/or drones, B) by the U.S. Postal Service via Tide detergent samples, C) by the government and medical establishment via tainted vaccines, or by D) the portable petri dish commonly known as the Trojan condom.

A wealth of recent medical research indicates that vaccines are no longer safe and may cause serious neurological problems, seizures, autism and even death. A recent push by the medical and government establishment in America to make vaccines mandatory may go into effect after a pandemic in which martial military law will be called and personal freedoms like the right to refuse a vaccine will be denied.

In a major bio-terror related pandemic, it will be the tainted vaccines which are ultimately responsible for killing 99% of the victims.

Title: Politicizing Vaccines
Date: November 18, 2002
Source: UCLA

Abstract: The production of vaccines against bioterrorism hardly seems like a partisan idea. But all of sudden it's emerged as a hot political controversy, as Democrats object to an effort to offer liability protection for companies that could protect Americans from smallpox or the West Nile virus.

We're delighted they brought it up. The state of the U.S. vaccine industry has been a national scandal for years, with needless shortages not just to immunize against bioterror threats but even against such routine childhood diseases as tetanus and whooping cough. The latest threat comes from a proliferation of lawsuits that enrich the tort bar but make vaccine production a masochistic exercise.

Democrats are protesting now because Republicans are trying to insert some liability protection for vaccine makers as part of the new homeland security legislation. "Leave it to the Republicans to sneak in a proposal that protects manufacturers of the vaccine, doctors and nurses and leaves the person who may be injured -- even by negligent action -- to bear the whole burden of their injury," declared Henry Waxman, the California Democrat. This sure sounds terrible, if it were only true.

The real story here is about thimerosal, a mercury-based preservative that vaccine makers once used. Though there was no evidence that thimerosal caused neurological disorders or other harm, the Clinton Administration recommended that companies stop using it -- and the tort follies began.

As of June lawyers had hit vaccine makers with 68 thimerosal lawsuits, 11 of them class actions. One in Florida is claiming as many as 175 million victims. Another is said to be asking for $30 billion in damages; the entire vaccine industry is only worth about $6 billion in global revenue.

Congress has already tried to stop this kind of thing once. In the mid-1980s plaintiffs' suits had driven all but three companies out of the vaccine business. Congress responded by creating the Vaccine Injury Compensation Program. VICP set up a no-fault alternative to the tort system, which would compensate families for the rare, but inevitable, side effects of government-recommended vaccines.

Parents could still sue in court, but only after they first went through VICP -- which was designed to be quick, generous and require lower burdens of proof. Since 1986 the government has awarded some $1.3 billion in compensation to more than 1,700 families. Vaccine makers and health providers received liability protection to stabilize the industry, and families received just compensation. Few went on to sue.

The only unhappy party was the tort bar, which has tried to get around the legislation ever since. The government's thimerosal recommendation was their opening. Some of today's suits claim thimerosal is a "contaminant" and thus doesn't fall under VICP's side effects. Others are suing not the vaccine manufacturers covered under VICP, but the companies that made the preservative. And since VICP only covers claims of more than $1,000, lawyers are aggregating claims of under $999.

If these lawsuits are allowed to proceed, forget about a stable supply of vaccines. As it is today, only four major vaccine companies supply preventive medicines against such diseases as whooping cough or measles. Most manufacturers have been driven out by skyrocketing regulatory costs and a government that uses its monopoly buying clout to pay a minimum for products.

In sum, the GOP liability effort is an essential part of homeland security that will save lives. Republican Bill Frist has been pushing this legal protection with the support of the federal Advisory Commission on Childhood Vaccines, the American Academy of Pediatrics and the physicians' community. Mr. Waxman and his Senate allies (Joe Lieberman intends to offer an amendment this week stripping out the Dick Armey provision that passed the House) have the trial lawyers' lobby. Americans can figure out who is really playing politics with vaccines (UCLA, 2002).

Title: Compensating A Must For Vaccine Injuries
Date: November 25, 2002
Source: UCLA

Abstract:

In reaction to your Nov. 18 editorial "Politicizing Vaccines":

The homeland security bill contains several liability protection provisions. One provision concerns the smallpox vaccine. It limits the liability of manufacturers and health-care providers for injuries caused by this vaccine -- but does nothing to compensate the Americans who we know will be injured by the vaccine. This omission is inexcusable, and I stand by my comment that Republicans have protected everyone but the people who need protection the most.

Your editorial, however, took my comment on the smallpox liability program and applied it to an entirely unrelated provision in the homeland security bill. This second provision provides new liability protection for makers of thimerosal, a preservative that was previously used in some childhood vaccines. You accuse me of opposing this provision in order to foster litigation. You then approvingly cite the Vaccine Injury Compensation Program, a government initiative that provides compensation outside of the tort system for children injured by vaccines.

In fact, I authored the legislation creating the Vaccine Injury Compensation Program. My belief that we should apply this successful model to smallpox vaccine is exactly why I am so disappointed that the homeland security bill does nothing to compensate those injured by the vaccine.

I oppose the thimerosal provisions because they have nothing to do with homeland security and do not belong in the bill. There was no debate on these provisions and virtually no House members even knew they were in the bill. When Congress approves provisions of this import, it should be by a deliberative process and not by the legislative fiat of one member who refuses even to acknowledge responsibility for these provisions.

These liability protections should be considered in separate legislation along with many other changes to the childhood vaccine program also recommended by the independent HHS advisory panel that oversees this program.

Rep. Henry A. Waxman (D., Calif.)

Ranking Minority Member

Committee on Government Reform

Washington (UCLA, 2002).

Title: Serious Side Effects, Deaths Likely From Vaccine
Date: December 12, 2002
Source: UCLA

Abstract: The decision to begin widespread vaccination for smallpox, starting with 500,000 military personnel and an equal number of "first-responder" health-care workers, will probably cause a few hundred serious adverse reactions and perhaps some deaths — a dark side of vaccination unseen in the world for 25 years.

Most people tolerate the smallpox vaccine with only minor effects, such as fever and body aches. But a survey of those inoculated in 1968 found about 1 person per million died of the vaccine's side effects, and as many as 52 of every million people suffered life-threatening reactions, including fever, serious infections and brain swelling.

The side effects are viewed by most public health experts as an acceptable trade-off against smallpox itself, which kills about 30% of its victims. And according to a national survey released Wednesday, most Americans agree. In the poll conducted for the Robert Wood Johnson Foundation, 65% of respondents said they would take the smallpox vaccine — up from 59% polled in May. Only 22% said they would refuse the vaccine, down from 33% in May. However, pollsters did not offer details about the vaccine's risks.
For three millenniums before its eradication, smallpox regularly ravaged nations across the globe, killing millions with high fevers and an excruciating blanket of erupting pustules across the entire body, including the palms, eyelids and inside the nostrils. Survivors were often left with horrific scars as a lifelong reminder.

The last known case of smallpox occurred in Somalia in 1977. After a global vaccination campaign, the disease — caused by the *variola* virus — was declared eradicated in 1980. In this country, routine smallpox vaccination was ended in 1972, meaning that most people who were inoculated before that time have long since lost their immunity to the disease and would need to be reinoculated. Today's vaccine is derived from stockpiles frozen for decades.

Produced From Calves

The smallpox vaccine is made from *vaccinia*, a virus related to the *variola* virus but far less dangerous. The vaccine is mass-produced in cultures of lymph cells from calves.

Vaccination involves dipping a two-pronged needle into the vaccine, then using it to make 30 shallow skin punctures on the upper arm. In most cases this causes a red, itchy bump that eventually forms a pus-filled blister that heals in about three weeks.

The inoculation gives full immunity for three to five years but gradually wears off over the next decade, according to the federal Centers for Disease Control and Prevention in Atlanta.

Among the most serious side effects of the vaccine is a skin infection known as progressive vaccinia. The disease, which kills tissue around the vaccination site and can spread to other parts of the body, affects 1 to 2 people per 1 million vaccinations.

A more common but still serious reaction is a similar skin infection known as eczema vaccinatum. The infection causes a painful rash across the body and can be fatal. The problem occurs in about 39 cases out of every 1 million vaccinations.

Other Side Effects

Another serious side effect is post-vaccinial encephalitis, an infection that swells the brain, causing headaches, vomiting, high fevers and, in rare cases, paralysis and death. It affects about 12 people per 1 million vaccinations.

In addition to these side effects, the 1968 study found that about 935 of every 1 million first-time vaccinations result in serious but not life-threatening infections — particularly on the face, eyelids or genitals.

All of these side effects are less common among people who were previously vaccinated for smallpox. Virtually no Americans under the age of 25 — about 97 million people born after the date of eradication — have been vaccinated.

Some of the side effects, including eczema vaccinatum, progressive vaccinia and the less serious generalized vaccinia, can be treated with vaccinia immune globulin — a vaccine derived from the antibody-rich blood plasma of recently inoculated donors. It must be injected into muscle tissue. Severe cases can require massive doses — as much as a liter injected into multiple muscles for a 220-pound person. Only 700 doses of vaccinia immune globulin are available, enough to treat cases expected from no more than 6 million vaccinations, according to the CDC.

Reserves Sought

Researchers are working to expand that supply within a few months, using a new vaccinia immune globulin formulation that can be administered intravenously in much lower doses. The antiviral drug cidofovir has also shown experimental promise for treating vaccinia infections, but it would be used only when vaccinia immune globulin is not available.

Individuals who have ever been diagnosed with eczema or who currently suffer from immune deficiency diseases, such as AIDS or certain cancers, including lymphoma and leukemia, should avoid vaccination. Pregnant women, small children and anyone taking medications that suppress the immune system also should not be vaccinated — and should shun direct contact with anyone healing from a recent vaccination.

"After someone has received the vaccine, for a period of time they are suffering from a viral infection," said Steven Block, a Stanford University biologist and an advisor to the government on biological warfare defenses.

"At that point, they can give the live virus to someone who is immune-compromised and who was never given the vaccination at all."

About 500 such incidental infections, often to sensitive parts of the body, such as the eyes, would probably occur per 1 million inoculations, the 1968 survey suggests.

However, anyone who has been exposed to smallpox, regardless of their risk profile, should be vaccinated — the dangers of the disease invariably outweigh those of the vaccine. Even a few days after exposure to smallpox, the vaccine confers a degree of immunity.

In the current vaccination campaign, complications might be more rare than previous studies showed. The relatively healthy and young military population is thought to be less susceptible to serious side effects than the general population. Experts add that careful screening will help lower the risks as well.

But Margaret Hamburg, a biological warfare expert and former New York City commissioner for public health, said there is a possibility that the rate of adverse reactions could be higher than in 1968. Immune-deficiency ailments are more common now.

Different Than in '68

And unlike today, many of those receiving the vaccine in 1968 had previously been in contact with family members or others who had recently been inoculated. Such casual exposure, even when it does not cause a vaccinia infection, can help the body fight off the vaccine's side effects, she said.

"The absolutely critical thing is that we need to carefully collect information of the adverse consequences of the vaccination as we move forward" in order to plan for widespread vaccination programs, Hamburg said.

After smallpox was eradicated, most stocks were destroyed.

By international agreement, only small quantities for research were to be retained, and only by the Soviet Union and the U.S. in highly secure labs.

Revelations that the Soviets, and later the Russians in the post-Soviet era, manufactured and maintained massive smallpox stocks in violation of the Biological Weapons Convention came to light in the 1990s.

Samples of the virus are thought to have been obtained by Iraq and other nations suspected of maintaining illegal biological weapon programs, and may even be in the hands of terrorists — leading to the sense of urgency about the current vaccination campaigs (UCLA, 2002).

Title: Smallpox Shots: Make Them Mandatory
Date: December 23, 2002
Source: TIME

Abstract: The eradication of smallpox was one of humanity's great success stories. After thousands of years of suffering at the hands of the virus, the human race gathered all its wit and cunning and conquered the scourge, eradicating it forever. Well, forever lasted less than 25 years. It does not bode well for the future of our species that it took but a blink of the eye for one of history's worst killers to make a comeback — not on its own, mind you, but brought back by humans to kill again.

During the age of innocence — the '90s, during which it seemed history had ended — the big debate was whether the two remaining known stocks of smallpox in the world, one in Russia and the other in the U.S., should be destroyed. It seemed like a wonderful idea, except that no one could be absolutely sure that some smallpox stores had not fallen into other hands. In fact, we now think Iraq is working on weaponizing smallpox, and perhaps North Korea and others too.

The danger is greater now than ever — first, and ironically, because of our very success in eradicating it in the past. People today have almost no experience with, and therefore no immunity to, the virus. We are nearly as virgin a population as the Native Americans who were wiped out by the various deadly pathogens brought over by Europeans. Not content with that potential for mass murder, however, today's bad guys are reportedly trying to genetically manipulate the virus to make it even deadlier and more resistant to treatment. Who knows what monstrosities the monsters are brewing in their secret laboratories.

What to do? We have enough vaccine on hand, some diluted but still effective, to vaccinate everyone in the U.S., with more full-strength versions to come. President Bush has just announced that his Administration will take the concentric-circle approach: mandatory inoculations for certain soldiers, voluntary inoculations for medical and emergency workers, and then inoculations available to, but discouraged for, everybody else.

It sounds good, but it is not quite right. If smallpox were a threat just to individuals, then it could be left up to individuals to decide whether or not they want to protect themselves. When it comes to epidemic diseases, however, we don't leave it up to individuals to decide. The state decides.

Forget about smallpox. This happens every day with childhood diseases. No child can go to school unless he's been immunized. Parents have no choice. Think of it: we force parents to inject healthy children with organisms — some living, some dead — that in a small number of cases will cripple or kill the child. It is an extraordinary violation of the privacy and bodily integrity of the little citizen. Yet it is routine. Why? Because what is at stake is the vulnerability of the entire society to catastrophic epidemic. In that case, individuals must submit.

Which is why smallpox vaccines were mandatory when we were kids. It wasn't left up to you to decide if you wanted it. You might be ready to risk your life by forgoing the vaccine, but society would not let you — not because it was saving you from yourself but because it had to save others from you. The problem wasn't you getting smallpox; the problem was you giving smallpox to others if you got it. Society cannot tolerate that. We forced vaccination even though we knew it would maim and kill a small but certain number of those subjected to it.

Today the case for mandatory vaccination is even stronger. This is war. We need to respond as in war. The threat is not just against individuals, but against the nation. Smallpox kills a third of its victims. If this epidemic were to take hold, it could devastate America as a functioning society. And the government's highest calling is to protect society — a calling even higher than protecting individuals.

That is why conscription in wartime is justified. We violate the freedom of individuals by drafting them into combat, risking their lives — suspending, in effect, their right to life and liberty, to say nothing of the pursuit of happiness — in the name of the nation.

Vaccination is the conscription of civilians in the war against bioterrorism. I personally would choose not to receive the smallpox vaccine. I would not have my family injected. I prefer the odds of getting the disease vs. the odds of inflicting injury or death by vaccination on my perfectly healthy child.

Nonetheless, it should not be my decision. When what is at stake is the survival of the country, personal and family calculation must yield to national interest. And a population fully protected from smallpox is a supreme national interest.

If it is determined that the enemy really has smallpox and might use it, we should vaccinate everyone. We haven't been called upon to do very much for the country since Sept. 11. We can and should do this (TIME, 2002).

Title: Selected Vaccine Authorities From CDC, FDA, And Manufacturers Discuss, In A Closed Meeting, The Possibility Of Neurodevelopment Disorders Resulting From Vaccine Components.
Date: 2003
Source: AAPS

Abstract: The CDC published a study in late 2003, repudiating any possible link between thimerosal and developmental problems such as autism, but the CDC did have data supporting such a link which it secretively kept from the public.

Documents released through the Freedom of Information Act detail the transcript of a meeting held in June of 2000 between members of the CDC, the FDA, and representatives from the vaccine industry.

This top secret meeting was held to discuss a study done by Dr. Thomas Verstraeten and his co-workers using Vaccine Safety Datalink data as a project collaboration between the CDC's National Immunization Program (NIP) and four HMOs. The study examined the records of 110,000 children.

The transcript is titled “Scientific Review of Vaccine Safety Datalink Information,” June 7-8, 2000, Simpsonwood Retreat Center, Norcross, Georgia, but it was also the first official meeting of the ACIP (Advisory Committee on Immunization Practices which sets CDC policy) work group on thimerosal and immunization. In attendance were Walter Orenstein, Director of the National Immunization Program (NIP) at the CDC; John Modlin, Chair of the ACIP and on the faculty at Dartmouth Medical School; and 50 other distinguished members of the government (11 consultants from the CDC), academia and the pharmaceutical industry. Vaccine industry representatives were: Harry Guess, M.D., Merck, Chief of Epidemiology; Jo White, M.D., North American Vaccine, Clinical Dev. & Research; Barbara Howe, M.D., Smith, Kline-Beecham, Clinical Research Group; Mike Blum, M.D., Wyeth, Safety and Surveillance for Vaccine Development.

Although this conference is apparently concerned with the effects of mercury in the form of thimerosal on infant brain development, participants seemed to have limited knowledge about mercury. None of the well known experts were invited, such as Dr. Ascher from Bowman Grey School of Medicine or Dr. Boyd Haley, who has done extensive work on the toxic effects of low concentrations on the CNS.

The conference followed a study that showed that mercury in vaccines may have caused neurodevelopment problems.

The following are in context excerpts of this 260 page transcript:

Dr. Orenstein pg 1-2 “(For) those who don’t know, initial concerns were raised last summer that mercury, as methylmercury (thimerosal) in vaccines, might exceed safe levels. As a result of these concerns, CDC undertook, in collaboration with investigators in the Vaccine safety Datalink, an effort to evaluate whether there were any health risks from mercury on any of these vaccines. Analysis to date raise some concerns of possible dose-response effect of increasing levels of mehylmercury in vaccines and certain neurologic diagnosis. Therefore, the purpose of this meeting is to have a careful scientific review of the data.”

Dr. Bernier pg 8 : (Associate Director for Science in the NIP) “There was a Congressional Action in 1997 requiring the FDA to review Mercury in drugs and biologics…in October of 1999 the ACIP looked this situation over again and… said the vaccines could be continued to be used.”

Dr. Johnston, pg. 14-15 & 19-20: (Chair of the meeting and a pediatrician-immunologist at the University of Colorado): "Thimerosal is cleaved (in the body) into ethylmercury and thiosalicylate which is inactive… The data on its toxicity (shows) it can cause neurologic and renal toxicity, including death."

"It is particularly a concern in multi-dose vials because of the issue of re-entry multiple times in the vials, and it is also important in the manufacturing process for a number of vaccine including inactivated influenza and some of the earlier DPT vaccine, and is a constituent of all DPT vaccines, but not all DTAP vaccines."

"There are three licensed preservative in the United States, Thimerosal, ethyl and phenol. We won't talk about the other two today, but I thought I should mention them. Thimerosal is the most active and it has been utilized in vaccines since the 1930's."

"Acutely, it can cause neurologic and renal toxicity, including death, from overdose…"

"Dr. Halsey made a very impassioned plea that we do carefully controlled studies to in fact address the issues specifically, and that such studies be conducted by neurodevelopmentalists and environmental scientists employing specific endpoints of their study…"

"We just recently had another meeting that some of you were able to attend dealing with aluminum in vaccines. I would like to just say one or two words about that before I conclude."

"We learned at that meeting a number of important things about aluminum, and I think they also are important in our considerations today. "Aluminum salts are important in the formulating process of vaccines, both in antigen stabilization and absorption of endotoxin."

"Aluminum and mercury are often simultaneously administered to infants, both at the same site and at different sites."

"However, we also learned that there is absolutely no data, including animal data, about the potential for synergy, additively 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 in vaccines…"

Dr. Weil, pg. 24: "I think it's clear to me anyway that we are talking about a problem that is probably more related to bolus acute exposures, and we also need to know that the migration problems and some of the other developmental problems in the central nervous system go on for quite a period after birth. But from all of the other studies of 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."

"The second point I could make is that in relationship to aluminum, being a nephrologist for a long time, **the potential for aluminum and central nervous system toxicity was established by dialysis data. To think there isn't some possible problem here is unreal."**

Dr. Verstraeten, pg. 31: "It is sort of interesting that when I first came to the CDC as a NIS officer a year ago only, I didn't really know what I wanted to do, but one of the things I knew I didn't want to do was studies that had to do with toxicology or environmental health. Now it turns out that other people also thought that this study was not the right thing to do, so **what I will present to you is the study that nobody thought we should do."**

Dr. Verstraeten, pg. 40: "…we have found statistically significant relationships between the exposure and outcomes for these different exposures and outcomes. First, for two months of age, an unspecified developmental delay, which has its own specific ICD9 code. 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, language and speech delays which are two separate ICD9 codes. Exposures 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."

Dr. Verstraeten, pg. 42: "But for one thing that is for sure, there is certainly an under-ascertainment of all of these because some of the children are just not old enough to be diagnosed. So the crude incidence rates are probably much lower that what you would expect because the cohort is still very young."

Dr. Verstraeten, pg. 44: "Now for speech delays, which is the largest single disorder in this category of neurologic delays. The results are a suggestion of a trend with a small dip. The overall test for trend is highly statistically significant above one."

Dr. Verstraeten, pg. 45: "What this represents is the overall category of developmental delays, of which I have excluded speech delays because of the impression we had was some of the calculations were driven by this speech group, which was making up about half of this category. After excluding this speech group, the trend is also apparent in this group and the test for trend is also significant for this category excluding speech."

Dr. Weil, pg. 75: "I think that what you are saying is in term of chronic exposure. I think that the alternative scenario is that this repeated acute exposures, and like many repeated acute exposures, if you consider a dose of 25 micrograms on one day, then you are above threshold. At least we think you are, and then you do that over and over to a series of neurons where the toxic effect may be the same set of neurons or the same set of neurologic processes; it is conceivable that the more mercury you get, the more effect you are going to get."

Dr. Verstraeten, pg. 76: "What I have done here, I am putting into the model instead of mercury, a number of antigens that the children received, and what do we get? Not surprisingly, we get very similar estimates as what we got for Thimerosal because every vaccine put in the equation has Thimerosal. So for speech and the other ones maybe it's not so significant, but for the overall group it is also significant….Here we have the same thing, but instead of number of antigens, number of shots. Just the number of vaccinations given to a child, which is also for nearly all of them significantly related."

Dr. Guess, pg. 77: "So this essentially is a 7% risk per antigen, an antigen is like in DPT you've got three antigens."

Dr. Verstraeten, pg. 77: "Correct."

Dr. Egan, pg. 77: "Could you do this calculation for aluminum?"

Dr. Verstraeten, pg. 77: "I did it for aluminum…Actually the results were almost identical to ethylmercury because the amount of aluminum goes along almost exactly with the mercury one."

Dr. Verstraeten, pg. 78-79: "Then the last slide I wanted to show, there was a question of it there was any way from this data that we could estimate what would happen in the future if there is Thimerosal-free Hep B and Thimerosal-free haemophilus influenza vaccine and only DTP has Thimerosal"

"The second column would be the same scenario but now at six months. Assuming they have received two additional DPTs, so between three and six months of age they have increased their ethylmercury amounts by 50 micrograms. If I do in this current cohort with all its limitations, because there is also the

Hep B that exists in the cohort*, I can't really take it out. It is significant for this one disorder which is language delay and is a combination of these two disorders, also becomes significant."

* *Dr. Verstraeten could not determine which children got Hep B at birth in some cases so it was difficult to back the birth dose of Hep B out of the data.*

Dr. Bernier, pg. 113: "We have asked you to keep this information confidential. We do have a plan for discussing these data at the upcoming meeting of the Advisory Committee of Immunization Practices on June 21 and June 22. **At that time CDC plans to make a public release of this information*,** so I think it would serve all of our interests best if we could continue to consider these data. The ACIP work group will be considering also. If we could consider these data in a certain protected environment. ***So we are asking people who have a great job protecting this information up until now, to continue to do that until the time of the ACIP meeting.*** So to basically **consider this embargoed information.** That would help all of us to use the machinery that we have in place for considering these data and for arriving at policy recommendations."

*[*This never happened. SafeMind.org obtained this transcript via the Freedom of Information Act. Data published later were diluted into insignificance by including additional data from an HMO that had very uncharacteristic results.]*

Dr. Keller, pgs. 116 & 118: "…we know the developing neurologic system is more sensitive than one that is fully developed…"

Dr. Verstraeten, pg. 142: "But if I can have the next slide, here instead of the proportional hazard model, we did a logistic regression model. I didn't use person time here and it's a bit tough to define exactly the control group. However, if I do it for all ages and not looking at different years, and this is for speech, the outcome is almost identical to the proportional hazard model, which suggests to me that it is not a question of bringing the diagnosis forward, but it is really the overall number that drives this estimate."

Dr. Rapin, pg. 143: "I would like to make a comment. We have been focusing on all these acquired causes including mercury and prematurity, and you had a list of confounding variables that should be considered in future studies. What we know today about all of the developmental disorders is that environmental factors are in fact rather unimportant in the case of these deficits and the major cause is genetic…I find it a little difficult knowing this and putting in autism. The major cause is not environmental, it is genetic and that we are focusing just on these environment events or adventitious events when we haven't considered, and you told us that you don't have data for example on siblings, your study does not lend itself to considering the major variable."

Dr. Johnson, pg 144: "Well, I think the assumption is that those genetic predispositions would be randomly distributed."

Dr. Rapin, pg. 144: "But you don't know that."

Dr. Johnson, pg. 144: "No, that's an interesting assumption."

Dr. Rapin, pg. 144: "I understand that, but you don't know that."

Dr. Johnson, pg. 144: "just on principle, Dr. Rapin, it seems to me that the more we learn about genetics or the more we learn about let's say autism, the more we shift towards focusing on genetic causes, but would you rule out the possibility, and let's move away from autism, that some of these are genetic predisposition and then the second hit?"

Dr. Rapin, pg. 144: "Not at all. I think that it is in fact an attractive hypothesis."

Dr. Johnson, pg. 145: "Right, thank you."

Dr. Chen, pg. 151: "One of the reasons that led me personally to not be so quick to dismiss the findings was that on his own Tom independently picked three different outcomes that he did not think could be associated with mercury and three out of three had a different pattern across different exposure levels as compared to the ones that again on a priority basis we picked as biologically plausible to be due to mercury exposure."

Dr. Brent, pg. 161: "Wasn't it true that if you looked at the population that had 25 micrograms you had a certain risk and when you got to 75 micrograms you had a higher risk."

Dr. Verstraeten, pg. 161: "Yes, absolutely, but these are all at the same time. Measured at the same age at least."

Dr. Brent, pg. 161: I understand that, but they are different exposures."

Dr. Verstraeten, pg. 161: "Yes."

Dr. Brent, pg. 161: "What is your explanation? What explanations would you give for that?"

Dr. Verstraeten, pg. 161: "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."

Dr. Brent, pg. 161: "If it's true, which or what mechanisms would you explain the finding with?"

Dr. Verstraeten, pg. 162: "You are asking for biological plausibility?"

Dr. Brent, pg. 162: "Well, yes."

Dr. Verstraeten, pg. 162: "When I saw this, and I went back through the literature, I was actually stunned by what I saw because I thought it is plausible. First of all there is the Faeroe study, which I think people have dismissed too easily, and there is a new article in the same Journal that was presented here, the Journal of Pediatrics, where they have looked at PCB. They have looked at other contaminants in seafood and they have adjusted for that, and still mercury comes out. That is one point. Another point is that in many of the studies with animals, it turned out that there is quite a different result depending on the dose of mercury. Depending on the route of exposure and depending on the age at which the animals, it turned out that there is quite a different result depending on the dose of mercury. Depending on the route of exposure and depending on the age at which the animals were exposed. 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. On top of that, I think that we cannot so easily compare the U.S. population to Faeroe or Seychelles populations. We have different mean levels of exposure. We are comparing high to high in the Seychelles, high to high in the Faeroe and low to low in the U.S., so I am not sure how easily you can transpose one finding to another one. So basically to me that leaves all the options open, and that means I can not exclude such a possible effect."

Dr. Orenstein, pg. 184: "Well, the second issue is we don't know causality. We don't know about causality, but is this something that really warrants some urgent attention?"

Dr. Clover, pg. 187: "…no one around here is going to say that mercury per say is not a concern."

Dr. Weil, pg. 187 & 188: "Although the data presents a number of uncertainties, there is adequate consistency, biological plausibility, a lack of relationship with phenomenon not expected to be related, and a potential causal role that is as good as any other hypothesized etiology of explanation of the noted associations. In addition, the possibility that the associations could be causal has major significance for public and professional acceptance of Thimerosal containing vaccines. I think that is a critical issue. Finally, lack of further study would be horrendous grist for the anti-vaccination bill. That's why we need to go on, and urgently I would add.*

Dr. Brent, pg. 188-191: "I am impressed with the fact that some people here have information and believe that like the incidence of learning difficulties, behavior disorders and attention deficit is increasing in our population. I don't know whether it is or it isn't, but that kind of information you just can't throw around and say it's true or isn't true without data. And it is such an important area in our society. I mean it is the thing that makes a human being different from the other species, so it is such an important area of research…"

"…(thimerosal) Causing learning disabilities and behavioral disorders. ADD is a tremendous problem in our society and I think it is one that we should be very concerned about."

"Finally, the thing that concerns me the most, those who know me, I have been a pin stick in the litigation community because of the nonsense of our litigious society. This will be a resource to our very busy plaintiff attorneys in this country when this information becomes available. They want business and this could potentially be a lot of business."

Dr. Koller, pg. 192: "…As you increase the vaccination, you increase effects, but you don't know. You have modified live viruses. You have different antigens. There is a lot of things in those vaccinations other than mercury, and we don't know whether this is a vaccination effect or a mercury effect. But I am almost sure it is not a mercury effect. Positive as a matter of fact, and there are several experts particularly that have reviewed this, the methylmercury aspect who would agree with that due to dose response."

Dr. Johnson, pg. 193: "Are you really comfortable with the way the neurologic function was tested in the Seychelles?"

Dr. Koller, pg. 193: "I have to admit that there were many other tests that could have been conducted…We are talking about very subjective, very sensitive assays and yes, there could have been others done and there should be more done…"

Dr. Johnson, pg. 198: "This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available."

"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."

Dr. Bernier, pg 198: "the negative findings need to be pinned down and published."

Dr. Weil, pg. 207: "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 Faroe Islands studies. They are also related to those data we do have on experimental animal data and similar to the neurodevelopmental tox 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."

Dr. Weil, pg. 208: "The rise in the frequency of neurobehavioral 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."

Dr. Brent, pg. 229: "The medical/legal findings in this study, causal or not, are horrendous and therefore, it is important that the suggested epidemiological, pharmacokinetic, and animal studies be performed. If an allegation was made that a child's neurobehavioral findings were caused by Thimerosal containing vaccines, you could readily find junk scientist who would support the claim with "a reasonable degree of certainty". But you will not find a scientist with any integrity who would say the reverse with the data that is available. And that is true. So **we are in a bad position from the standpoint of defending any lawsuits** if they were initiated and I am concerned."

Dr. Meyers, pg. 231: "Can I go back to the core issue about the research? My own concern, and a couple of you said it, there is an association between vaccines and outcome that worries both parents and pediatricians. We don't really know what that outcome is, but it is one that worries us and there is an association with vaccines. We keep jumping back to Thimerosal, but a number of us are concerned that Thimerosal may be less likely than some of the potential associations that have been made. Some of the potential associations are number of injections, number of antigens, other additives. We mentioned aluminum and I mentioned yesterday aluminum and mercury. Antipyretics and analgesics are better utilized when vaccines are given. And then every body mentioned all of the ones that we can't think about in this quick time period that are a part of this association, and yet all of the questions I hear we are asking have to do with Thimerosal. My concern is we need to ask the questions about the other potential associations, because we are going to the Thimerosal-free vaccine. I f many of us don't think that this is a plausible association because of the levels and so on, then we are missing looking for the association that may be the important one."

Dr. Caserta, pg. 234: "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. Clements, pg 247- 249: "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."**

"I know how we handle it from here is extremely problematic. The ACIP is going to depend on comments from this group in order to move forward into policy, and I have been advised that whatever I say should not move into the policy area because that is not the point of this meeting. But nonetheless, we know from many experiences in history that the pure scientist has done research because of pure science. But that pure science has resulted in splitting the atom or some other process which is completely beyond the power of the scientists who did the research to control it. And what we have here is people who have, for every best reason in the world, pursued a direction of research. But there is not the point at which the research results have to be handled, and **even if this committee decides that there is no association and that information gets out, the work that has been done and through the freedom of information that will be taken by others and will be used in ways beyond the control of this group. And I am very concerned about that as I suspect it already too late to do anything regardless of any professional body and what they say."**

"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. My message would be that any other study, and I like the study that has just been described here very much. I think it makes a lot of sense, but it has to be thought through. 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 in store for them?"

"…but I wonder **how on earth you are going to handle it from here."**

Dr. Bernier, pg. 256: "…As difficult as science is, there are two other equally tricky, complex challenges. The policy crafting has to take into consideration some very diverse and complex issues. There is another group that will deal with that, and then we have the communication and how we handle this, which I think I am no expert at, but seems equally daunting to me as the scientific and the policy issue."

"I don't think we can set a rule here because some people have gotten these documents. For example, some of the manufacturers were privileged to receive this information. It has been important for them to share it within the company with the experts there, so they can review it. Some of you may have questions. You may have given a copy, but I think if we will all **just consider this embargoed information, if I can use that term, and very highly protected information,** I think that was the best I can offer (AAPS, 2003).

Title: Forget The Advice -- Give Us Vaccinations
Date: March 2, 2003
Source: LA Times

Abstract: If you have followed the recent advice of the Department of Homeland Security, you have now laid in gallons of water, a battery-operated radio, duct tape, plastic sheeting and enough nonperishable food to last. For how long? No one knows. You have also prepared backpacks stuffed with warm clothes and blankets for each member of the family, and you have them all ready to go. Where? That's unclear.

If you feel inadequately prepared, don't expect much help from the Homeland Security Web site www.ready.gov. You'll find basic tips, like to turn on a radio in the event of an attack. And there are some intriguing illustrations, like one of a man looking for the source of a chemical or biological attack while dead fish float nearby.

But to those of us who grew up in the '50s and '60s, the government advice seems eerily reminiscent of those senseless single-file trips to a dank school basement, where we sat waiting for the all-clear bell to sound. The basements were mysterious and a trip down there was more fun than a fire alarm, which sent you outside to freeze. But what was the point? The bombs, if they had come, would have reduced us to a powdery residue, or left us to die of radiation sickness. We were too young to understand the terrible futility of "duck and cover."

The new prescriptions are equally futile. Our government is once again treating us like docile second-graders in a dusty basement. Let's start with the concept of duct tape and plastic sheeting, an idea that comes from Israel, where it makes some sense. Scud missiles shrieking overhead are a real possibility in Israel, within easy striking distance of Iraq. Israelis are in a position, though we can hardly call it enviable, of having time to learn when a missile attack is coming, and to gather inside their sealed and sheeted rooms before a missile hits.

What enemy are we cowering from, in our sheeted rooms? Where will the Scud missiles be launched from, and how will we know to pull our children inside? Maj. Gen. Bruce Lawlor, chief of staff to Homeland Security Secretary Tom Ridge, recently told the *New York Times*, "People who are making fun of it don't know what they're talking about." In fact, he said, Israelis purchased large quantities of duct tape and plastic sheeting during the Gulf War. They "relied on it" for their safety, and "it has worked," he said.

Well, not exactly. The Scud missiles that Iraq launched at Israel during the Gulf War had no chemical or biological payloads, and so the sealed rooms saved no one. But four people died of heart attacks in their sealed rooms, and seven suffocated from incorrect use of gas masks; 229 people were apparently injured by inappropriate self-administered antibiotics, to protect against an anthrax attack that never came. Whether the sealed rooms would have saved lives had chemical or biological weapons been used, we have no way of knowing.

A U.S. government chemical weapons expert who asked not to be identified has little patience with the recommendations, which, developed for Israel, make no sense in the United States.

"What I think makes sense is to get away from contamination, which is what people do anyway. We run from fire, we run from hazards. People will know what to do. If you get the stuff on you, you'd shower it off," the expert said. "In most cases, with a chemical agent, you have time to get it off. And the effects of the more fearsome agents, such as cyanide, can be lessened with medical treatment. The worst-case scenarios are of enclosed spaces where people have no option to flee, but those would probably be limited in scope."

In any event, a large-scale chemical attack using military agents such as sarin or VX is most unlikely. Another expert says, "If bad guys can get enough chemical agent into the country to launch a major attack, you've got bigger problems than chemical weapons."

As for biological weapons, for your sealed room to do you any good, you'd have to know that an attack was coming. As a government scientist who wishes to remain anonymous puts it, the Homeland Security recommendations "give the illusion that you are doing something useful, but do not really address the problems. On the biological side, it's just totally ridiculous, because you are never going to know you've been attacked by a bio- agent cloud until it's over."

In the unlikely event you knew an attack was coming, just staying indoors would probably protect you. In 1979, a technician working in the ultrasecret biological weapons laboratory of Sverdlovsk in the Soviet Union forgot to replace a filter, causing an explosive release of dry anthrax powder into the air. Sixty-eight people downwind from the plant eventually died of anthrax. As Peter B. Jahrling of the U.S. Army Medical Research Institute of Infectious Diseases puts it, "In Sverdlovsk, the folks inside the leaky houses were not infected; only those who were outside in the early morning hours when the release occurred were infected. So dilution is the solution, and anything which cuts down on the dose ought to be beneficial."

Simple masks would work as well, even against smallpox and plague, the two contagious threat agents. In 1910-11 and again in 1920-21, plague experts stopped major natural outbreaks of deadly pneumonic plague in Manchuria simply by imposing a quarantine on the sick and their contacts, by keeping people at home and by wearing gauze masks whenever anyone was exposed to plague patients. Regarding smallpox, probably the most feared agent, Jahrling says, "N-100 masks probably work with 99% efficiency against smallpox. I'd opt for something that reduced my exposure one-hundredfold."

These simple suggestions may be better than nothing. But in any event, offering us the option of "protecting ourselves" is an easy way out for the administration. There is a real solution to the threat of biological agents, but it calls for force and direction that the administration does not seem to have. It is vaccination in advance of an attack, vaccination against the most serious threat agents, anthrax, smallpox and plague.

There is no safe, effective plague vaccine, although scientists are working to develop one. But where is the smallpox vaccine? After temporizing for nearly a year, the administration finally decided to offer vaccinations to health-care workers and public safety personnel. In the last month, with war probably imminent, fewer than 8,000 civilians have received the vaccine, and 100,000 troops.

Instead of giving the American people a real choice -- access to existing vaccines against smallpox and anthrax -- we've been offered duct tape and plastic sheeting and told to protect ourselves. One bioterror expert who insists on anonymity maintains that in the end "more people will die from suffocation from gas masks and sealed rooms than from chemical or biological attacks. The one thing that would prepare us would be mass vaccination, and they're not even talking about that."

Duct and cover? Thanks a lot (LA Times, 2003).

Title: Vaccine Link Raised In U.S Troops' Deaths
Date: August 5, 2003
Source: UCLA

Abstract: The U.S. Army should look at whether the anthrax vaccine is behind the unexplained cluster of pneumonia cases among soldiers in Iraq, according to the co-author of a government-sponsored study that last year found the vaccine was the "possible or probable" cause of pneumonia in two soldiers.

Dr. John L. Sever of George Washington University Medical School told United Press International Tuesday that he expects the military to consider the anthrax vaccine, among other possibilities, as it investigates pneumonia among soldiers in and around Iraq, where troops have been widely vaccinated against anthrax.

The Pentagon announced Tuesday it is investigating 100 cases of pneumonia among soldiers in Iraq and southwestern Asia. Two have died. Fifteen have had to be placed on respirators.

"As physicians, I would think they would be looking at all possible causes. I would think vaccines would be part of that," said Sever, a medical professor at George Washington who was one of six authors of the study.

Col. Robert DeFraites from the Army Surgeon General's office told reporters at the Pentagon briefing Tuesday that biological warfare -- including smallpox or anthrax -- was unlikely to be the cause of the pneumonia. He did not mention vaccines as a possible cause, and the issue was not raised by reporters.

DeFraites and spokeswoman Virginia Stephanakis of the Army Surgeon General's office did not return calls Tuesday asking whether the Pentagon was looking into a possible vaccine connection.

Sever said the anthrax vaccine study, printed in the May 2002 issue of Pharmacoepidemiology and Drug Safety, found that the vaccine was the "possible or probable" cause of pneumonia among two soldiers. The Department of Health and Human Services convened the group, called the Anthrax Vaccine Expert Committee, which studied 602 reports of possible reactions to the vaccine among nearly 400,000 troops who received it, Sever said.

In addition to identifying pneumonia and flu-like symptoms among troops who received the vaccine, the group also looked at four other cases of potentially serious reactions, including severe back pain and two soldiers who had sudden difficulty breathing in a possible allergic reaction to the vaccine.

Sever described the two cases of pneumonia as "wheezing and difficulty breathing going into a pneumonia-like picture."

To conduct the study, the Anthrax Vaccine Expert Committee examined reports from the U.S. military to the Centers for Disease Control and Prevention; they are anecdotal reports and do not necessarily show a cause-and-effect relationship.

DeFraites said the two deaths under investigation by the Army Surgeon General occurred in June and July and that both soldiers had been in Iraq. He said the investigation began as soon as the first death occurred.

In a case apparently not included in that total, 22-year-old Army specialist Rachael Lacy of Lynwood, Ill., died at the Mayo Clinic in Rochester, Minn., on April 4 of what one doctor diagnosed as pneumonia, after receiving anthrax and smallpox vaccinations but without ever having been deployed.

Dr. Eric Pfeifer, the Minnesota coroner who performed the autopsy, told the *Army Times* that the smallpox and anthrax vaccines "may have" contributed to her death. "It's just very suspicious in my mind...that she's healthy, gets the vaccinations and then dies a couple weeks later." He listed "post-vaccine" problems on the death certificate.

Moses Lacy, Rachael Lacy's father, told the *Army Times* that she called in March and said she had chest pains and breathing problems and had been diagnosed with pneumonia.

One service member who was deployed to Kuwait and received the four-shot anthrax series told *United Press International* Tuesday he developed bronchitis and a severe cough after receiving his shots, and that about a fifth of the troops he was deployed with had similar symptoms and were prescribed medicine to treat them. His symptoms continued after he returned to the U.S., and he sought further treatment at a base clinic. He got better, but believes he nearly came down with pneumonia.

The Pentagon dispatched two teams to look into the pneumonia: one to Iraq and another to a U.S. military base in Landstuhl, Germany, where some sick soldiers are treated (UCLA, 2003).

Title: Private Study Links Vaccinations To Neurological Disorders
Date: February 14, 2008
Source: Natural News

Abstract: Studies financed by pharmaceutical corporations and government agencies - which are now largely under the control of big pharma - keep stating that there is no link between autism and vaccinations or thimerosal. As a previous News Target article, (http://www.NaturalNews.com/022237.html) Dissecting A Thimerosal Study demonstrates, these studies are often tainted by their funding. Nonetheless, parents find themselves under tremendous pressure, both overt and subtle, to have their children vaccinated, in spite of little or no documentation showing efficacy, let alone safety. Worse, information produced by the American Medical Association clearly demonstrates that vaccinations have done nothing to increase longevity, and may have caused increases in deaths from disease.

Vaccination's Smoking Gun
More dramatic, though, is a virtual smoking gun - a study showing a clear connection between neurological disorders and vaccinations. The results are dramatic, showing that more than twice the number of vaccinated children had autism than those who had not been vaccinated. Worse, the rates of vaccinated children with other neurological problems are even higher.

Done in June 2007, the study was financed by Generation Rescue, a group of families with autistic children who have been working to find out why this has happened to their youngsters and how to help them. The study itself is a survey of 11,817 California and Oregon households, with a total of 17,674 children, 991 of whom had never been vaccinated. It was produced by SurveyUSA, an independent company.

The SurveyUSA Study
There seems little likelihood of bias in favor of results showing a link between vaccinations and autism, as SurveyUSA includes several pharmaceutical firms among its clientele, including Abbott Laboratories, Alcon Laboratories, AstraZeneca Pharmaceuticals, Bayer Corporation, GlaxoSmithKline, Merck Laboratories, Monsanto Company, Nexium, Pfizer, and Schering Plough — all documented in the SurveyUSA list of clients (http://www.surveyusa.com/index.php/who-does-surveyusa-poll-for/). If SurveyUSA has a bias, it must be in favor of the pharmaceutical corporations. Yet, this study shows a result that does not benefit any of these businesses.

The Study's Methodology
Nine counties in California and Oregon were selected for the study.

California counties: San Diego, Sonoma, Orange, Sacramento, Marin

Oregon counties: Multnomah, Marion, Jackson, Lane

Target households were those with children ages 4 through 17. Data were gathered for 9,175 boys and 8,499 girls. Information elicited whether each child had been vaccinated and, vaccinated or not, whether the child had one or more of the following disorders:

* Attention deficit disorder
* Attention deficit hyperactivity disorder
* Asperger's syndrome
* Pervasive developmental disorder - not otherwise specified
* Autism
* Asthma
* Juvenile diabetes

Data were analyzed according to sex and county, and broken down by age ranges 4 through 10 and 11 through 17. Percentages of children with these disorders were noted according to whether they'd been vaccinated or not, and the correlation between the two numbers, called the Risk Ratio (RR), was calculated.

The RR is a simple calculation that compares the percentage of vaccinated to unvaccinated children with each disorder. Thus, if 4.5% of vaccinated children have Asperger's and 2.7% of non-vaccinated children have the same disease, the RR is 4.5% divided by 2.7%, giving an RR value of 1.67. (4.5/2.7 = 1.67) Thus, an RR over 1.0 indicates that vaccinations are related to a higher disease incidence, and an RR under 1.0 indicate that vaccinations are related to a lower disease incidence.

All results of the study were tabulated and have been made available to the public to assure complete transparency (http://www.generationrescue.org/pdf/survey.pdf). In other words, no attempt has been made to hide or otherwise manipulate the data.

The survey was automated, thus eliminating any chance that an individual might mislead a respondent. Responses were given via telephone touchpads. This is also the manner that the Centers for Disease Control says is most accurate. The survey questions used in Sonoma County can be found here (http://www.generationrescue.org/pdf/questions.pdf). In my reading of the survey, there is no language that could indicate a desired response either for or against vaccinations.

Survey Results
The results are stunning. The data shows dramatic increases in neurological diseases and asthma in vaccinated children. Generation Rescue is cautious in its interpretations. They have taken a humble position, saying that, "We are a small non-profit organization. For less than $200,000, we were able to complete a study that the CDC, with an $8 billion a year budget, has been unable or unwilling to do. We think the results of our survey lend credibility to the urgent need to do a larger scale study to compare

vaccinated and unvaccinated children for neurodevelopmental outcomes."

On the other hand, a survey, taken randomly from 17,674 children and focused on nine counties in various areas separated by hundreds of miles, is a significant number by itself. Unless the CDC should do an equivalent study, done with the same rigor, over a larger population, then this one must stand as nothing less than a smoking gun for the link between childhood vaccinations and neurological disorders, plus asthma. The only disease in the survey that did not show an increase associated with vaccination was juvenile diabetes.

Results Summary

Vaccinated boys:
* Neurological disorder, RR = 2.55 (155% more likely to have neurological disorder than unvaccinated boys)
* ADHD, RR = 3.24 (224% more likely to have ADHD than unvaccinated boys)
* Autism, RR = 1.61 (61% more likely to have autism than unvaccinated boys)

Vaccinated boys ages 11-17:
* Neurological disorder, RR = 2.58 (158% more likely to have neurological disorder than unvaccinated boys)
* ADHD, RR = 4.17 (317% more likely to have ADHD than unvaccinated boys)
* Autism, RR = 2.12 (112% more likely to have autism than unvaccinated boys)

The study notes that older children are more likely to have been diagnosed with a neurological disorder, because such diagnoses are often missed in younger children. Therefore, this is likely the more accurate figure.

All vaccinated boys and girls were 120% more likely to have asthma than unvaccinated children (RR = 2.20).

Vaccinated girls showed no significant difference from unvaccinated girls in neurological disorders. Whether this is due to the relatively small number of girls with these same disorders or because of the relatively small number of girls with such disorders in the study is unknown.

Conclusion: Stop Vaccinating Our Children!
What more do you need to know? This study shows a clear link between neurological disorders and vaccinations. It indicates that autism rates may be more than double in vaccinated boys than in those who were not vaccinated.

The question needs to be asked: Why doesn't the CDC or the FDA or the AMA do a large-scale equivalent study to determine whether the pharmaceutically-funded studies are valid? The methodology is simple, and it adheres to the techniques that the CDC has approved. Rather than continuing to spend huge amounts of money on clearly flawed studies to placate the pharmaceutical corporations and give a false sense of security to parents, it's time for these organizations to put their money where their mouth is. It's well past time for them to use Generation Rescue's methods on a national scale. This is the sort of study that can definitively show whether there's a link between neurological disorders and vaccinations.

Until these agencies produce such a study, it's time for them to stop forcing vaccinations on our children. Let them try to prove, using transparent studies in which all children of all families contacted are included, without exception, unlike the recent one documented in Dissecting A Thimerosal Study (http://www.NaturalNews.com/022237.html), in which the vast majority of children were eliminated for specious reasons. Until they're willing to do this, they must stop destroying the lives of our young for their profits (Natural News, 2008).

Title: Homeless People Die After Bird Flu Vaccine Trial In Poland
Date: July 2, 2008
Source: Telegraph

Abstract: Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies (Telegraph, 2008).

Title: Vaccines As Biological Weapons? Live Avian Flu Virus Placed In Baxter Vaccine Materials Sent To 18 Countries
Date: March 3, 2009
Source: Natural News

Abstract: There's a popular medical thriller novel in which a global pandemic is intentionally set off by an evil plot designed to reduce the human population. In the book, a nefarious drug company inserts live avian flu viruses into vaccine materials that are distributed to countries around the world to be injected into patients as "flu shots." Those patients then become carriers for these highly-virulent strains of avian flu which go on to infect the world population and cause widespread death.

There's only one problem with this story: It's not fiction. Or, at least, the part about live avian flu viruses being inserted into vaccine materials isn't fiction. It's happening right now.

Deerfield, Illinois-based pharmaceutical company Baxter International Inc. has just been caught shipping *live avian flu viruses* mixed with vaccine material to medical distributors in 18 countries. The "mistake" (if you can call it that, see below...) was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as health experts asked the obvious question: How could this have happened?

As published on LifeGen.de (http://www.lifegen.de/newsip/shownews.php4?getnews=2009-02-26-5323&pc=s01), serious questions like this are being raised:

"Baxter International Inc. in Austria 'unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighbouring countries, raising concern about the potential spread of the deadly disease'. Austria, Germany, Slowenia and the Czech Republic - these are the countries in which labs were hit with dangerous viruses. Not by bioterrorist commandos, but by Baxter. In other words: One of the major global pharmaceutical players seems to have lost control over a virus which is considered by many virologists to be one of the components leading some day to a new pandemic."

Or, put another way, Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter -- which mailed samples of a far more deadly viral strain to labs around the world -- getting away with saying, essentially, "Oops?"

But there's a bigger question in all this: How could this company have *accidentally* mixed LIVE avian flu viruses (both H5N1 and H3N2, the human form) in this vaccine material? (Natural News, 2009).

Title: Virus Mix-Up By Lab Could Have Resulted In Pandemic
Date: March 6, 2009
Source: Times of India

Abstract: It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic. Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error (Times, of India, 2009).

Title: Swine Flu Jab Link To Killer Nerve Disease: Leaked Letter Reveals Concern Of Neurologists Over 25 Deaths In America
Date: August 15, 2009
Source: Daily Mail

Abstract: A warning that the new swine flu jab is linked to a deadly nerve disease has been sent by the Government to senior neurologists in a confidential letter.

The letter from the Health Protection Agency, the official body that oversees public health, has been leaked to The Mail on Sunday, leading to demands to know why the information has not been given to the public before the vaccination of millions of people, including children, begins.

It tells the neurologists that they must be alert for an increase in a brain disorder called Guillain-Barre Syndrome (GBS), which could be triggered by the vaccine.

GBS attacks the lining of the nerves, causing paralysis and inability to breathe, and can be fatal.

The letter, sent to about 600 neurologists on July 29, is the first sign that there is concern at the highest levels that the vaccine itself could cause serious complications.

It refers to the use of a similar swine flu vaccine in the United States in 1976 when:

1. More people died from the vaccination than from swine flu.

2. 500 cases of GBS were detected.

3. The vaccine may have increased the risk of contracting GBS by eight times.

4. The vaccine was withdrawn after just ten weeks when the link with GBS became clear.

5. The US Government was forced to pay out millions of dollars to those affected.

Concerns have already been raised that the new vaccine has not been sufficiently tested and that the effects, especially on children, are unknown.

It is being developed by pharmaceutical companies and will be given to about 13million people during the first wave of immunisation, expected to start in October.

Top priority will be given to everyone aged six months to 65 with an underlying health problem, pregnant women and health professionals.

The British Neurological Surveillance Unit (BNSU), part of the British Association of Neurologists, has been asked to monitor closely any cases of GBS as the vaccine is rolled out.

One senior neurologist said last night: 'I would not have the swine flu jab because of the GBS risk.'

There are concerns that there could be a repeat of what became known as the '1976 debacle' in the US, where a swine flu vaccine killed 25 people – more than the virus itself.

A mass vaccination was given the go-ahead by President Gerald Ford because scientists believed that the swine flu strain was similar to the one responsible for the 1918-19 pandemic, which killed half a million Americans and 20million people worldwide.

Within days, symptoms of GBS were reported among those who had been immunised and 25 people died from respiratory failure after severe paralysis. One in 80,000 people came down with the condition. In contrast, just one person died of swine flu.

More than 40million Americans had received the vaccine by the time the programme was stopped after ten weeks. The US Government paid out millions of dollars in compensation to those affected.

The swine flu virus in the new vaccine is a slightly different strain from the 1976 virus, but the possibility of an increased incidence of GBS remains a concern.

Shadow health spokesman Mike Penning said last night: 'The last thing we want is secret letters handed around experts within the NHS. We need a vaccine but we also need to know about potential risks.

'Our job is to make sure that the public knows what's going on. Why is the Government not being open about this? It's also very worrying if GPs, who will be administering the vaccine, aren't being warned.'

Two letters were posted together to neurologists advising them of the concerns. The first, dated July 29, was written by Professor Elizabeth Miller, head of the HPA's Immunisation Department.

It says: 'The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use.

‘GBS has been identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out.

‘Reporting every case of GBS irrespective of vaccination or disease history is essential for conducting robust epidemiological analyses capable of identifying whether there is an increased risk of GBS in defined time periods after vaccination, or after influenza itself, compared with the background risk.’

The second letter, dated July 27, is from the Association of British Neurologists and is written by Dr Rustam Al-Shahi Salman, chair of its surveillance unit, and Professor Patrick Chinnery, chair of its clinical research committee.

It says: ‘Traditionally, the BNSU has monitored rare diseases for long periods of time. However, the swine influenza (H1N1) pandemic has overtaken us and we need every member’s involvement with a new BNSU survey of Guillain-Barre Syndrome that will start on August 1 and run for approximately nine months.

‘Following the 1976 programme of vaccination against swine influenza in the US, a retrospective study found a possible eight-fold increase in the incidence of GBS.

‘Active prospective ascertainment of every case of GBS in the UK is required. Please tell BNSU about every case.

‘You will have seen Press coverage describing the Government’s concern about releasing a vaccine of unknown safety.’

If there are signs of a rise in GBS after the vaccination programme begins, the Government could decide to halt it.

GBS attacks the lining of the nerves, leaving them unable to transmit signals to muscles effectively.

It can cause partial paralysis and mostly affects the hands and feet. In serious cases, patients need to be kept on a ventilator, but it can be fatal.

Death is caused by paralysis of the respiratory system, causing the victim to suffocate.
It is not known exactly what causes GBS and research on the subject has been inconclusive.

However, it is thought that one in a million people who have a seasonal flu vaccination could be at risk and it has also been linked to people recovering from a bout of flu of any sort.

The HPA said it was part of the Government’s pandemic plan to monitor GBS cases in the event of a mass vaccination campaign, regardless of the strain of flu involved.
But vaccine experts warned that the letters proved the programme was a ‘guinea-pig trial’.

Dr Tom Jefferson, co-ordinator of the vaccines section of the influential Cochrane Collaboration, an independent group that reviews research, said: ‘New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody.

‘But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we’ve extracted have any research on it at all.’

He said squalene, a naturally occurring enzyme, could potentially cause so-far-undiscovered side effects.

Jackie Fletcher, founder of vaccine support group Jabs, said: ‘The Government would not be anticipating this if they didn’t think there was a connection. What we’ve got is a massive guinea-pig trial.’

Professor Chinnery said: ‘During the last swine flu pandemic, it was observed that there was an increased frequency of cases of GBS. No one knows whether it was the virus or the vaccine that caused this.

‘The purpose of the survey is for us to assess rapidly whether there is an increase in the frequency of GBS when the vaccine is released in the UK. It also increases consultants’ awareness of the condition.

‘This is a belt-and-braces approach to safety and is not something people should be substantially worried about as it’s a rare condition.’

If neurologists do identify a case of GBS, it will be logged on a central database.

Details about patients, including blood samples, will be collected and monitored by the HPA.

It is hoped this will help scientists establish why some people develop the condition and whether it is directly related to the vaccine.

But some question why there needs to be a vaccine, given the risks. Dr Richard Halvorsen, author of The Truth About Vaccines, said: ‘For people with serious underlying health problems, the risk of dying from swine flu is probably greater than the risk of side effects from the vaccine.

‘But it would be tragic if we repeated the US example and ended up with more casualties from the jabs.

‘I applaud the Government for recognising the risk but in most cases this is a mild virus which needs a few days in bed. I’d question why we need a vaccine at all.’

Professor Miller at the HPA said: ‘This monitoring system activates pandemic plans that have been in place for a number of years. We’ll be able to get information on whether a patient has had a prior influenza illness and will look at whether influenza itself is linked to GBS.

‘We are not expecting a link to the vaccine but a link to disease, which would make having the vaccine even more important.’

The UK’s medicines watchdog, the Medicines and Healthcare Products Regulatory Agency, is already monitoring reported side effects from Tamiflu and Relenza and it is set to extend that surveillance to the vaccine.

A Department of Health spokesperson said: ‘The European Medicines Agency has strict processes in place for licensing pandemic vaccines.

‘In preparing for a pandemic, appropriate trials to assess safety and the immune responses have been carried out on vaccines very similar to the swine flu vaccine. The vaccines have been shown to have a good safety profile.

‘It is extremely irresponsible to suggest that the UK would use a vaccine without careful consideration of safety issues. The UK has one of the most successful immunisation programmes in the world.’

I Couldn't Eat or Speak…It was Horrendous

But within hours, she was on a ventilator in intensive care after being diagnosed with Guillain-Barre Syndrome.

She spent three months in hospital and had to learn how to talk and walk again. But at times, when she was being fed through a drip and needed a tracheotomy just to breathe, she doubted whether she would survive.

The mother of two, 57, from Maryport, Cumbria, had been in good health until she developed a chest infection in March 2006. She gradually became so weak she could not walk downstairs.

Doctors did not diagnose Guillain-Barre until her condition worsened in hospital and tests showed her reflexes slowing down. It is impossible for doctors to know how she contracted the disorder, although it is thought to be linked to some infections.

Mrs Wilkinson said: 'It was very scary. I couldn't eat and I couldn't speak. My arms and feet had no strength and breathing was hard.

I was treated with immunoglobulin, which are proteins found in blood, to stop damage to my nerves. After ten days, I still couldn't speak and had to mime to nurses or my family.

'It was absolutely horrendous and I had no idea whether I would get through it. You reach very dark moments at such times and wonder how long it can last.

But I'm a very determined person and I had lots of support.'

After three weeks, she was transferred to a neurological ward, where she had an MRI scan and nerve tests to assess the extent of the damage.

Still unable to speak and in a wheelchair, Mrs Wilkinson eventually began gruelling physiotherapy to improve her muscle strength and movement but it was exhausting and painful.

Three years later, she is almost fully recovered. She can now walk for several miles at a time, has been abroad and carries out voluntary work for a GBS Support Group helpline.

She said: 'It makes me feel wary that the Government is rolling out this vaccine without any clear idea of the GBS risk, if any. I wouldn't wish it on anyone and it certainly changed my life.

'I'm frightened to have the swine flu vaccine if this might happen again – it's a frightening illness and I think more research needs to be done on the effect of the vaccine.'

Hotline staff given access to confidential records

Confidential NHS staff records and disciplinary complaints could be accessed by hundreds of workers manning the Government's special swine flu hotline.

They were able to browse through a database of emails containing doctors' and nurses' National Insurance numbers, home addresses, dates of birth, mobile phone numbers and scanned passport pages – all details that could be used fraudulently.

And private and confidential complaints sent by hospitals about temporary medical staff – some of whom were named – were also made available to the call-centre workers, who were given a special password to log in to an internal NHS website.

It could be a breach of the Data Protection Act.

The hotline staff work for NHS Professionals, which was set up using taxpayers' money to employ temporary medical and administrative staff for the health service.

The not-for-profit company runs two of the Government's swine flu call centres – with 300 staff in Farnborough, Hampshire, and 900 in Watford, Hertfordshire.

Shadow Health Secretary Andrew Lansley described the revelations as 'disturbing'.

Anne Mitchell, a spokeswoman for Unison, said: 'There's no excuse for such a fundamental breach of personal security. Action needs to be taken as soon as possible to make sure this does not happen again.'

A spokeswoman for NHS Professionals would not confirm whether access to the confidential files had been granted (Daily Mail, 2009).

Title: Does Virus Vaccine Increase The Risk Of Cancer?
Date: August 21, 2009
Source: Bild

Abstract: The swine flu vaccine has been hit by new cancer fears after a German health expert gave a shock warning about its safety.

Lung specialist Wolfgang Wodarg has said that there are many risks associated with the vaccine for the H1N1 virus.

He has grave reservations about the firm Novartis who are developing the vaccine and testing it in Germany. The vaccination is injected "with a very hot needle", Wodarg said.

The nutrient solution for the vaccine consists of cancerous cells from animals and "we do not know if there could be an allergic reaction".

But more importantly, some people fear that the risk of cancer could be increased by injecting the cells.

The vaccine - as Johannes Löwer, president of the Paul Ehrlich Institute, has pointed out - can also cause worse side effects than the actual swine flu virus.

Wodrag also described people's fear of the pandemic as an "orchestration": "It is great business for the pharmaceutical industry," he told the 'Neuen Presse'.

Swine flu is not very different from normal flu. "On the contrary if you look at the number of cases it is nothing compared to a normal flu outbreak," he added.

The chairman of the health committee in the European Council has urged for a careful and calm reaction to the virus.

Up until now, the producers of the vaccine did not know how many orders they would have by the autumn, but the German Government is now a guaranteed customer.

Even the pharmaceutical companies are trying to exploit the fear of the swine flu pandemic (Bild, 2009).

Title: In Germany, A Better Vaccine For Politicians?
Date: October 27, 2009
Source: TIME

Abstract: Critics are calling it a two-tier health system — one for the politically well connected, another for the hoi polloi. As Germany launched its mass-vaccination program against the H1N1 flu virus on Monday, the government found itself fending off accusations of favoritism because it was offering one vaccine believed to have fewer side effects to civil servants, politicians and soldiers, and another, potentially riskier vaccine to everyone else. The government had hoped that Germans would rush to health clinics to receive vaccinations against the rapidly spreading disease, but now rising anger over the different drugs may cause many people to shy away.

Amid growing fears of a possible global flu pandemic, the German government prepared for its mass-vaccination campaign earlier this year by ordering 50 million doses of the Pandemrix vaccine, enough for a double dose for 25 million people, about a third of the population. The vaccine, manufactured by GlaxoSmithKline, contains an immunity-enhancing chemical compound, known as an adjuvant, whose side effects are not yet entirely known. Then, after a report was leaked to the German media last week, the Interior Ministry confirmed that it had ordered a different vaccine, Celvapan, for government officials and the military. Celvapan, which is made by U.S. pharmaceutical giant Baxter, does not contain an adjuvant and is believed to have fewer side effects than Pandemrix. (See how *not* to get the H1N1 flu.)

Anger at the news was widespread in Germany. "If mass vaccination is considered to be necessary, then everyone should be treated the same way," says Birgitt Bender, health spokeswoman for the Green Party. Ulrike Mascher, head of the VdK social-welfare association, says giving government officials a vaccine that's different from that given to the rest of the population sent the "wrong signal" and gives many people "the impression that they are second-class patients." A story on the front page of the mass-circulation *Bild* newspaper accused the government of giving "second-class medicine" to regular Germans.

Doctors and medical experts are divided over the safety of Pandemrix. While some say it's the best vaccine available, others have serious misgivings about it. "The Pandemrix vaccine can't be recommended for pregnant women or young children because it has an increased risk of side effects. Pandemrix has an adjuvant which hasn't been tested sufficiently up until now," Alexander Kekulé, a virologist at the University of Halle, tells TIME. "Celvapan is a whole-virus vaccine, which has fewer side effects than Pandemrix, but it leads more often to fever or local swelling when compared with the normal seasonal-flu vaccine," he adds. Although Kekulé calls the government's handling of the vaccination program a "scandal," he says government officials and soldiers are not necessarily getting a better deal with Celvapan. "Neither Celvapan nor Pandemrix are ideal," he says. (See what you need to know about the H1N1 vaccine.)

The Interior Ministry hit back at suggestions of preferential treatment, saying it had ordered about 200,000 doses of the Celvapan vaccine from Baxter before the differences between the two vaccines were documented, and the government was bound by the terms of its contract. The government also points out that both Pandemrix and Celvapan have been approved by the European Union and that other countries, such as Britain and Sweden, are using the Pandemrix vaccine. In an attempt to put a lid on the simmering controversy, Chancellor Angela Merkel's spokesman, Ulrich Wilhelm, said the German leader would consult with her doctor in the next few days, and if she decided to receive a jab, it would be Pandemrix. (See pictures of thermal scanners hunting for swine flu.)

At least 26,000 people have been infected with swine flu in Germany, resulting in three deaths. Although the majority of patients have experienced only mild flulike symptoms, a steady increase in the number of cases of H1N1 in recent months has raised alarm across the nation. In its latest report, the Robert Koch Institute, the federal agency for infectious diseases, said new cases in Germany have jumped to about 1,600 each week, double the 700 to 800 weekly cases reported in early autumn. With the onset of winter, when seasonal-flu infections typically peak, many experts are concerned that H1N1 infections will spike dramatically. Klaus Osterrieder, a virologist at the Free University of Berlin, now fears that with the worries over the possible risks associated with Pandemrix, many people will avoid getting a vaccine altogether. According to a survey conducted on Oct. 23 by the Emnid Institute, only 13% of Germans said they wanted to receive a swine-flu vaccine this winter. (Read "Child-Care Centers and Parents Brace for Flu Season.")

"The public debate is bad because it raises questions about the whole vaccination program," Osterrieder says. If the government doesn't find some way to remedy the current public relations disaster and clear up the confusion over the different swine-flu vaccines, it could be faced with an even greater emergency, especially if the country's hospital wards start overflowing with flu patients in the coming months (TIME, 2009).

Title: Soldiers Nearly Killed With Military's Bioterrorism Vaccine
Date: November 3, 2009
Source: Natural News

Abstract: Approximately 200 soldiers have suffered from serious and even life-threatening complications from the government-mandated smallpox vaccine, and one has even died.

Starting in 2002, fears over a bioterrorist attack have led the U.S. government to require that all of its military servicepeople receive vaccination against a variety of diseases before deployment, including anthrax and smallpox. An estimated 1.7 million have been vaccinated against smallpox since then. Yet in a number of cases, the vaccine has led to severe complications such as inflammations of the brain or heart. In 2003, two expert panels concluded that Army Specialist Rachel Ray died in part due to complications from the deployment vaccines that she had been given.

"The reality is, we're never going to have zero risk on a vaccine," said Dr. Michael Kilpatrick of the Military Health System. "There's always going to be that individual that has some untoward event that would occur."

Awareness of the risks over the smallpox vaccine has prevented the government from requiring vaccination of civilians.

One potential side effect is infection with the virus used in the vaccine, a condition known as progressive vaccinia. Back when smallpox vaccination was widespread, the infection had a 15 percent fatality rate.

In a recent case, Lance Cpl. Cory Belken began to suffer from a persistent headache and unusual sleepiness one week after receiving the smallpox vaccine. He was diagnosed with acute myelogenous leukemia, which was destroying his circulatory system, and was immediately placed on chemotherapy.

The cancer treatment destroyed his immune system, leading to progressive vaccinia and no fewer than two infections with antibiotic-resistant bacteria. He broke out in a rash, had spreading vaccinia lesions all over his body, became delirious with a fever of 104.6 degrees, and began to suffer from organ failure.

Treating Belken required 30 times the dose of Vaccinia Immune Globulin that the Centers for Disease Control and Prevention has previously assumed would be needed for a single person.

Belken's family said that the leukemia would have been enough for their family to deal with, without vaccine complications on top of it.

"I think it's a big chance they're taking giving them the shots," his mother said (Natural News, 2009).

Title: How To Test The Anthrax Vaccine In Children
Date: October 27, 2011
Source: ABC News

Abstract: Later this week, a Federal advisory committee, the Health and Human Service Department's National Biodefense Science Board will recommend whether and how the anthrax vaccine should be tested in children. Why is the board, all MDs and PhDs, being consulted now?

1. Because the safe and effective vaccine that is used by the military has never been tested in children. If there were releases of anthrax, children would need protection. Quarantine or isolation might not keep them away from sources of the disease. Parents would be in the awful position of having a vaccine for themselves and nothing for their children.
2. Because the board has been told by the intelligence agencies that the threat of anthrax releases in the United States is "credible," even if not quantifiable.

The board will be making public health judgments about the risks of testing the vaccine in children. But the intelligence agencies alone will assess how likely it is that anthrax will be released in the United States. Even if the CIA or Defense Intelligence Agency provided classified information to the board's public health participants so they could understand what is new since the anthrax scare ten years ago, the latter will not be able to share that information with the public.

A vaccine trial to establish safety in young children whose immature immune system might respond differently than adults', would involve relatively few subjects, but their parents would have to "volunteer" them. On what basis would parents make that decision? Can they balance the risks and consequences of anthrax release against the risks and consequences of possible reactions to the vaccine for their children?

How can they assess the risk of releases? Parents offered a slot in the anthrax vaccine trial for their children would have to rely on the same experts who believed there were biological weapon stockpiles in Iraq. In the run-up to the invasion of Iraq, our government intelligence agencies invented a biological weapons threat, imagining Iraqi stockpiles of smallpox virus and anthrax spores; stockpiles that were never found.

Trust dissipated. And when the government launched a public health program to give smallpox vaccine to first responders and military personnel, most of them rejected it. The program floundered.

Civilian public health experts will be little help to parents. They are appropriately wary of saying "Trust me," particularly when it is unlikely that the intelligence agencies will share their information that support the claim that the threat is "credible." Surely they will not allowed to relay classified information to the public.

Can we get beyond our distrust of the intelligence community and meet the needs of public health professionals to explain their decisions to the public? Possibly not, but there may be a way around the problem, a way to find the right group of "volunteer" children.

You want to find the right children to receive experimental injections of the anthrax vaccine? How about the children of people who have the national security clearance required for the government to share with them all the evidence that adds up to a "credible threat?" With that information in hand, these parents would be able to make the choice-an informed decision for their children-that the rest of the public surely cannot (ABC News, 2012).

Title: Bedrock Of Vaccination Theory Crumbles As Science Reveals Antibodies Not Necessary To Fight Viruses
Date: March 27, 2012
Source: Natural News

Abstract: While the medical, pharmaceutical, and vaccine industries are busy pushing new vaccines for practically every condition under the sun, a new study published in the journal *Immunity* completely deconstructs the entire vaccination theory. It turns out that the body's natural immune systems, comprised of both innate and adaptive components, work together to ward off disease without the need for antibody-producing vaccines.

The theory behind vaccines is that they mimic infection by spurring B cells, one of the two major types of white blood cells in the immune system, to produce antibodies as part of the adaptive immune system. It is widely believed that these vaccine-induced antibodies, which are part of the more specific adaptive immune system, teach the immune system how to directly respond to an infection before the body becomes exposed to it.

But the new research highlights the fact that innate immunity plays a significant role in fighting infections, and is perhaps more important than adaptive immunity at preventing or fighting infections. In tests, adaptive immune system antibodies were shown unable to fight infection by themselves, which in essence debunks the theory that vaccine-induced antibodies serve any legitimate function in preventing or fighting off infection.

"Our findings contradict the current view that antibodies are absolutely required to survive infection with viruses like VSV (vesicular stomatitis virus), and establish an unexpected function for B cells as custodians of macrophages in antiviral immunity," said Dr. Uldrich H. von Andrian from *Harvard Medical School*. "It will be important to further dissect the role of antibodies and interferons in immunity against similar viruses that attack the nervous system, such as rabies, West Nile virus, and Encephalitis."

As explained by Dr. Russell Blaylock in a recent interview with Mike Adams, the Health Ranger, vaccines not only do not work as advertised, but they actually damage the body's innate immunity. Rather than teach the body how to respond to infections, vaccines actually inhibit the immune system's ability to produce TH2-type cytokines, and suppress cellular immunity, which is how the body protects itself against deadly viruses and bacteria.

So once again, the myth that vaccinations serve any sort of legitimate medical purpose has been deconstructed by breakthrough science. Regardless of whether or not the mainstream medical community wants to admit it, pro-vaccine ideology is increasingly finding itself in the dustheap of outmoded pseudoscience (Natural News, 2012).

Title: Real Or Fake? Pentagon Proposal To Lobotomize 'Terrorists' Using Virus
Date: April 2, 2012
Source: Prison Planet

Abstract: A video on You Tube appears to show a Pentagon briefing in which the idea of lobotomizing terrorists to remove their religious fanaticism using a manufactured virus containing a vaccine is seriously proposed, although debate has raged about whether the clip is authentic or not.

The footage shows a speaker giving a lecture to a handful of attendees and is accompanied by authentic-looking Department of Defense project ID numbers. According to the text on the clip, the lecture took place inside a Pentagon briefing room.

The speaker discusses how certain people are predisposed to be religious fundamentalists because they have an aggressive VMAT 2 (God) gene which causes them to act on their beliefs in fanatical ways.

After a member of the audience asks the speaker if the idea is to "by spreading this virus….eliminate individuals who are going on to a bomb fest, who are going into a market and blowing it apart," the speaker confirms, "by vaccinating them against this, we'll eliminate this behavior."

The question of how to implement the vaccine is answered by the speaker when he responds to the man in the audience, who raises doubts over the feasibility of performing CT scans on suspected terrorists rather than just "putting a bullet in their head".

"The virus would immunize against this VMAT 2 gene and that would….essentially turn a fanatic into a normal person, and we think that would have major effects in the Middle East," states the speaker.

The audience member then asks, "How do you suggest this can be dispersed, via an aerosol?" – to which the speaker responds, "The present plan and the tests we've done so far have used respiratory viruses such as flu and we believe that's a satisfactory way to get the exposure of the largest part of the population."

The speaker confirms that the name of the proposal is "Funvax – the vaccine for religious fundamentalism."

Debate over the video's authenticity has raged over the course of the past year since the video was uploaded to You Tube.

Skeptics argue that the image of the brain scan used in the lecture, which according to the time stamp on the video took place in June 2005, is actually taken from a 2010 Neurology.org article on a completely different subject. The two images are also clearly the same brain, whereas the speaker in the clip claims they are from two different people.

The other point made by skeptics to illustrate that the clip is a hoax is the claim that the audio is not in time with the speakers on the video. This is a weaker argument – the audio would not be in perfect sync on a You Tube clip anyway, plus the back and forth exchanges between the two speakers allied with their hand gestures do appear to be authentic, in that the audience member is expressing genuine shock at the scope of the idea.

The only information about 'Funvax' comes from a single source, a website run by "supporters" of an individual named Joey Lambardi. There is no other confirmation or discussion of 'Funvax' from any official source or mainstream website.

Whatever the true providence of the video clip, the fact that brain eating vaccines which alter brain chemistry to perform a de facto lobotomy on the subject have been developed are now being promoted to the general public is a fact.

Back in 2010, Dr Robert Sapolsky, professor of neuroscience at Stanford University in California, announced that he had created a vaccine to impose a state of "focused calm" by altering brain chemistry.

The proposals ominously hark back to George Lucas' 1971 dystopian chiller *THX 1138*, in which the population is controlled and subjugated through the use of special drugs to suppress emotion.

Feeling stress, getting angry, expressing emotion and displaying passion are all innate, natural and vital aspects of human behavior. Reacting with stress to dangerous or uncomfortable situations is an essential and healthy response, and is one shared by just about every living thing on the planet.

However, scientists are now telling us that getting angry, upset and passionate is abnormal and needs to be “treated” through a fresh dose of pharmaceutical drugs and injections that will virtually lobotomize us into submissive compliance.

Likewise, the notion that populations should be unwillingly vaccinated to lobotomize them of their religious beliefs is also clearly an abomination against free will and represents the ultimate tool of a scientific dictatorship (Prison Planet, 2012).