

Letter of Non-Consent to Mandatory or Coerced COVID-19 Vaccines

The purpose of this letter is to object against any intention to make the COVID-19 vaccine mandatory for any person in any situation under any circumstances.

I have attached a collection of detailed, non-exhaustive notes which discuss vaccines in general, the COVID-19 situation and COVID-19 vaccines, all of which expand on the points below and help shape my perspective on this situation.

Navigating my way through a sea of misinformation and disinformation from both "sides" of the discussion, I have attempted to include information that is factual and accurate, present clear evidence and reference as many studies and literature as possible, whilst acknowledging that I gravitate towards the counternarrative perspective and that everything is open to debate and rebuttal.

In Regards to Vaccines in General:

- There are serious question marks surrounding vaccine safety, supported by hundreds of studies, countless testimonies by parents and their doctors, billion-dollar payouts in vaccine injury compensation courts, vaccine adverse event reporting systems and various data, records, graphs, facts, figures and observations.
- There is evidence that seriously challenges vaccine efficacy and effectiveness, including countless people contracting diseases despite being vaccinated against that disease, outbreaks amongst highly vaccinated groups/communities, mortality rates for many diseases dropping to low numbers well before vaccines were introduced, studies indicating that unvaccinated kids clearly have less health issues than vaccinated kids, and again various data, records, graphs, facts, figures and observations.
- A number of doctors, scientists, medical experts and health professionals have spoken out via websites, documentaries, videos, interviews, posts, podcasts and books about their concerns surrounding vaccine safety and efficacy, conflicts of interest and corruption.

In Regards to the COVID-19 Situation:

- Whilst acknowledging COVID-19's potential impact on vulnerable people, we have a number of doctors, scientists, medical experts and health professionals all around the world who have queried the severity and nature of the virus, and the control measures implemented, based on a number of factors. These include unreliable PCR testing results, a large percentage of people dying with at least one comorbidity (many with 2 or 3), health officials admitting that deaths are counted with people dying "with" COVID-19 or displaying COVID-19 like symptoms (and not necessarily "from" COVID-19), financial incentives for hospitals and nursing homes to list patients as being COVID-19 positive, the average age of people dying with COVID-19 being very similar to the average life expectancy, the extremely high percentage of people who are asymptomatic or experience minor symptoms, and the total number of deaths recorded last year (compared to previous years).
- We have a number of doctors and health professionals all around the world who can testify that serious cases can be treated with already approved, safe, effective and inexpensive pharmaceutical drugs and/or natural therapies, despite an attempt from mainstream media and interested parties to refute these claims, and there a number of studies that provide evidence of the effectiveness of these treatments.

In Regards to the COVID-19 Injection (Vaccine) Rollout:

- We have an experimental, genetically manipulating (not necessarily modifying) biological agent using new mRNA/DNA technology that has been rushed, never been tested (or at least no published data) on animals, never been independently tested for safety, efficacy or quality (like all vaccines – only independently reviewed), never been proven to be safe and not (at the time of writing this) proven to be effective at providing individual protection nor stopping transmission (albeit various “efficacy” rates have been claimed by the pharmaceutical companies, many of which have a long history of fraud, illegal marketing, bribing doctors and falsifying data, resulting in lawsuits and settlements).
- The pharmaceutical companies producing the COVID-19 vaccine are 100% shielded from liability, hence they have no legal accountability for any deaths, injuries and adverse reactions resulting from the vaccines. Even seeking compensation through the government, which will be different in each country, will be a challenging process.
- We have a number of doctors, scientists, medical experts and health professionals all around the world who are extremely concerned with the potential short-term and long-term adverse effects including anaphylaxis, Bell’s palsy, auto-immune disorders, inflammatory diseases, breaking down of lung tissue and even death. Already, there have been several reported deaths and reactions reported through social media, news reports and government vaccine reporting systems, and a high percentage of frontline healthcare workers overseas are refusing the vaccine. As of February 26th, 2021, VAERS (a passive reporting system in the USA that captures less than 1 to 2% of actual events) had already recorded 1,265 deaths and 2,743 hospitalisations resulting from the COVID-19 vaccine.

A Philosophical View:

- I’m proposing that we need to embrace a more wholistic view on the situation, a better acceptance and understanding of viruses and the role they play, and perhaps even viewing viruses as more of a biological/immunity software upgrade for the large majority of people. We need to focus more on bettering our environment, improving our inner health, creating a healthy gut microbiome and strengthening our immune systems. This alone would reduce an already low mortality rate to a very negligible one and would save or prolong countless lives, as would the administering of safe and effective treatments already available. As Dr Raymond Obomsawin states “If we relate to the natural world properly and treat it properly, we will have health”. And with reference to ‘Pasteur versus Bechamp’, we would benefit from looking at our terrain more so than the germ, creating an internal environment that supports health and discourages disease.

A Final Word:

- Given that there is currently no clear evidence nor any expectations that the COVID-19 vaccines will prevent transmission, it really just comes down to personal protection and hence no-one should be coerced or forced to take the vaccine to so called “protect others”. If people believe the vaccine will offer some form of protection and reduce their chances of hospitalization or death, then that is their choice. Likewise, if people do not believe it will, or feel that the risks associated with taking the vaccine outweigh the risks of refusing the vaccine, then that is also their choice. This is all about medical freedom, informed consent, and the right to say no without being punished, coerced, marginalized, discriminated against and denied the rights to go about your everyday life including going to work, travelling, attending events and participating in various social activities. In four words, I do not consent. It’s my body and hence my choice. Likewise, it’s your body and hence your choice.

COVID-19 DISCUSSIONS

COVID-19: VACCINE DISCUSSIONS

Vaccine Provisional Approval/Emergency Authorisation

- Here in Australia, the TGA has given only “provisional” approval for both the **Pfizer** and **AstraZeneca** COVID-19 vaccines (for the following 2 years). Note that, as for all vaccines, there is no independent efficacy, safety and quality testing. The TGA just review the submissions from what they call the “sponsor” (the drug company) and then rubber stamp it.
- Note that in the USA, the Pfizer-BioNTech COVID-19 vaccine has not been approved or licensed by the U.S. Food and Drug Administration (FDA), but has been authorised for emergency use by FDA under an Emergency Use Authorization (EUA).

What are the Ingredients in the COVID-19 Vaccine?

- **Pfizer:** According to Pfizer’s website and following the link to more product information, it contains “BNT162b2 (mRNA), ((4-hydroxybutyl)azanediyl)bis(hexane6,1-diyl)bis(2-hexyldecanoate) (ALC0315), 2-[(polyethylene glycol)-2000]-N,Nditetradecylacetamide (ALC-0159), Distearoylphosphatidylcholine (DSPC), cholesterol, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, sucrose and water for injections.”
- **AstraZeneca:** According to the package insert, it contains: “Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells. This product contains genetically modified organisms (GMOs). The other excipients are L-histidine, L-histidine hydrochloride monohydrate, magnesium chloride hexahydrate, polysorbate 80, ethanol, sucrose, sodium chloride, disodium edetate dihydrate, water for injections.”

Exposing the History of COVID-19 Vaccine Manufacturers

- The two companies who are manufacturing the vaccines for Australia’s first rollout are Pfizer and AstraZeneca. These companies have faced lawsuits involving some of their most popular drugs plus they have agreed to settle cases involving claims of illegal marketing, bribery and health care fraud. Here are a few examples:

Pfizer

- In 2009, in the largest health care fraud settlement in history, Pfizer had to pay \$2.3 billion to resolve criminal and civil allegations that the company illegally promoted uses of four of its drugs (refer: <https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>).
- In 2012, Pfizer agreed to pay a total of \$60.2 million in penalties to settle the documented charges of bribery (refer: <https://corpwatch.org/article/pfizer-admits-bribery-eight-countries>).
- In 2016, Pfizer said it has reached a \$486 million settlement of litigation accusing it of causing big losses for shareholders by concealing safety risks associated with its Celebrex and Bextra pain-relieving drugs (refer: <https://www.reuters.com/article/us-pfizer-lawsuit-idUSKCN10D1D8>).

Pfizer has also had to recall some of its popular products due to quality issues and poor packaging. Effexor XR and Prempro are two products affected by recalls. More recently, the company recalled

two lots each of Relpax in 2019 and Duavive in 2020 (refer: <https://www.drugwatch.com/manufacturers/pfizer/>).

AstraZeneca

- In 2010, AstraZeneca paid a \$520 million fine brought by the U.S. Department of Justice for promoting Seroquel for unapproved uses (refer: <https://www.justice.gov/opa/pr/pharmaceutical-giant-astrazeneca-pay-520-million-label-drug-marketing>).
- In 2011, AstraZeneca paid \$647 million to settle 28,461 lawsuits that claimed the drug maker failed to warn the public that Seroquel could cause diabetes (refer: https://www.drug-injury.com/drug_injury/seroquel/).
- In 2016, AstraZeneca paid \$5.5 million for bribing doctors in China and Russia (refer: <https://www.statnews.com/pharmalot/2016/08/31/astrazeneca-bribes-china-russia/>).
- In 2018, AstraZeneca agreed to pay \$110 million to settle two lawsuits brought by the state of Texas claiming that it fraudulently marketed the antipsychotic drug Seroquel and Crestor for high cholesterol (refer: <https://www.reuters.com/article/us-astrazeneca-texas-lawsuits-idUSKBN1KT0Q9>).

Concerns with Vaccine Trials & Adverse Events

- **Pfizer:** 50% of those aged 18 to 55 in Pfizer's trial had adverse events. No second dose of the highest dose vaccine was given due to "unsatisfactory tolerability by trial participants (refer: <https://www.medrxiv.org/content/10.1101/2020.08.17.20176651v2.full.pdf>).
- **AstraZeneca:** The trials were initially temporarily suspended due to three severe adverse events (refer: There has been one death reported, one participant developed MS and another developed transverse myelitis (refer: <https://www.statnews.com/2020/09/09/astrazeneca-covid19-vaccine-trial-hold-patient-report/> and <https://www.nbcnews.com/health/health-news/volunteer-astrazeneca-covid-19-vaccine-trial-dies-brazil-n1244166>).

Previous Attempts at Using this Technology Failed:

- In 2004, a study published in the *Journal of Virology* (refer: <https://jvi.asm.org/content/78/22/12672.abstract>) showed that ferrets vaccinated with rMVA-S and exposed to SARS-CoV had elevated levels of an enzyme that indicates liver damage. Examination of liver sections showed that the ferrets had severe hepatitis. The Canadian researchers urged caution for other investigators developing and testing SARS vaccines (refer: <https://www.cidrap.umn.edu/news-perspective/2004/12/sars-vaccine-linked-liver-damage-ferret-study>)
- For a study in 2012 (refer: <https://pubmed.ncbi.nlm.nih.gov/22536382/>) four candidate SARS coronavirus vaccines for humans were chosen (from 35 in total) and tested on ferrets. The vaccines were given to ferrets (closest to humans). The ferrets initially had a good immune response but when they exposed them to the wild virus, the vaccinated ones (especially the ones with a strong anti-body response) got much sicker than the unvaccinated ferrets and many died (from inflammation throughout the body).
- It has been reported that the scientists in the above study then remembered that in the 1960's they also tried an RSV vaccine (similar to coronavirus) on 35 kids and the same thing happened. The

vaccinated kids had positive anti-body response but a worse response to the wild virus than the unvaccinated. Two of the 35 kids died (refer: <https://cvi.asm.org/content/23/3/189>). Therefore, they decided to stop coronavirus vaccine experiments.

- Note: In 2014 the FDA helped develop a dengue vaccine and saw similar signals in clinical trials but they ignored them and sent the vaccine to the Philippines with disastrous results (this is discussed in 'Vaccines General Discussion' Section).

COVID-19 Injection: Is This A Vaccine?

- Many medical experts have questioned whether this is actually a vaccine or more of a genetic manipulation tool, based on the usual criteria of how a vaccine is defined.

Questioning the Effectiveness of the COVID-19 Vaccines:

- With reference to the Pfizer vaccine (and Moderna), mRNA technology has never before been used successfully to make vaccines. Despite efficacy test results claimed by the vaccine makers, it is my understanding that (at the time of writing this) we currently have no evidence:
 - if an mRNA injection will provide antibody immunity to any kind of virus or bacterium which would make the vaccine effective.
 - that an mRNA technology can offer protection from getting any viral or bacterial infection.
 - whether an mRNA technology will reduce the number of deaths from a viral or bacterial infection.
 - whether an mRNA injection will reduce the circulation of the viruses or bacteria against which we vaccinate.
 - whether an mRNA will reduce the transmission or spread of any kind of virus or bacteria against which we vaccinate from one person to the next.
- It is also my understanding that (at the time of writing this) none of the vaccine manufacturers have made any claims about their products creating immunity or preventing transmission. The best they can offer is that it is expected to lessen symptoms.
- Moderna Chief Medical Officer Tal Zaks actually stated "They (the trial results) do not show that they prevent you from potentially carrying this virus transiently and infecting others" (refer: <https://www.independent.co.uk/news/world/americas/coronavirus-vaccines-moderna-transmission-rates-b1761236.html>)
- A study in *The New England Journal of Medicine* in December 2020 stated that "As of this writing, no correlate of protection from SARS-CoV-2 has been established." (refer: <https://www.nejm.org/doi/full/10.1056/NEJMoa2028436>)

Possible Mechanisms of Injuries from COVID-19 Vaccines (according Dr Sherri Tenpenny):

- Short Term:
 - Apart from the usual vaccine side effects such as headaches, fatigue, myalgia, fever, chills and injection-site pain, anaphylaxis (which can lead to death) is a major concern. Many of the anaphylaxis reactions have been attributed to an additive called polyethylene glycol. Facial asymmetry (Bell's Palsy) is another concern.

- Long Term:
 - The direct adverse effect of the anti-spike immunoglobulins...the antibody that's supposed to protect you is actually going to attack you and particularly attack your lungs.
 - As that antibody floats around in your system and you get re-exposed to coronaviruses that are out in circulation, that's when the accelerated autoimmune reactions happen.
 - If you've had a flu shot prior to getting a coronavirus vaccine, that you have an accelerated risk of developing a much more severe side effect and reaction because of the influenza viruses themselves and because of the antibodies that are made for when you get a flu shot.
 - Antibody-dependent enhancement (or "The Trojan Horse" phenomenon). Basically, the acceleration of the disease and the type of infection that you get far supersedes anything that you would get if you contracted a coronavirus infection without previously being vaccinated.
 - With this anti-spike immunoglobulin has a direct modification of M2 macrophages. (when they sacrificed the animals that have had this infection and had a vaccine, what they found was that their lungs were full of M1 macrophages and no M2 macrophages were found at all, which is very disturbing).
 - The anti-spike immuno-antibodies cross-react with human tissue, establishing a mechanism for multi-system autoimmune disorders.
- The above points are predominately based on the following studies/references:
 - <https://pubmed.ncbi.nlm.nih.gov/30830861/>
 - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e1.htm>
 - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm>
 - <https://pubmed.ncbi.nlm.nih.gov/24451328/>
 - <https://www.frontiersin.org/articles/10.3389/fimmu.2020.617089/full>
- The following study, entitled "Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity" also raises some concerns:
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7142689/>

Already Reported Adverse Events, Injuries & Deaths:

- As of February 26th, 2021, VAERS (a passive reporting system in the USA that practically captures less than 1 to 2% of actual events – as verified in my 'Vaccine General Discussions' Section) had already recorded 1,265 deaths, 2,743 hospitalisations, 4,930 urgent care responses, 3,889 office visits, 240 cases of anaphylaxis and 278 cases of Bell's Palsy (refer: <https://www.openvaers.com/covid-data> for latest figures).
- There has been a number of COVID-19 adverse events, injuries & deaths reported via social media forums and news articles, and whilst it is virtually impossible to verify all of these reports, the numbers are concerning.

Risks of Taking the Vaccine Versus Not Taking The Vaccine:

- A study published in October 2020 in *The International Journal of Clinical Practice* (refer: <https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13795>) stated: "Based on the published literature, it should have been obvious to any skilled medical practitioner...that there is a significant risk to vaccine research subjects [*and vaccine recipients*] that they may experience severe disease once

vaccinated, while they might only have experienced a mild, self-limited disease if not vaccinated. The consent should also clearly distinguish the specific risk of worsened COVID-19 disease from generic statements about risk of death and generic risk of lack of efficacy of the vaccine.”

COVID-19 Vaccine Lawsuit:

- In December 2020, a world leading vaccine risk analyst, Dr. Leonard G. Horowitz, filed a COVID-19 vaccine lawsuit in the United States District Court for the Middle District of Florida to oppose the FDA’s approval of Pfizer and Moderna vaccines until the companies, alleged to have falsely advertised safety, perform tests on the genetic impacts admittedly neglected by the companies (refer: <https://medicalveritas.org/wp-content/uploads/2020/12/Horowitz-v-Pfizer-Moderna-Complaint-12-2-20.pdf>).

Many Health Care Workers Are Refusing the COVID-19 Vaccine:

- Many news articles have suggested that a large percentage of health care workers are refusing the vaccine. A few examples are below:
 - NBC news reported that a large percentage of front-line workers in hospitals and nursing homes have refused to take the COVID-19 vaccine...about 50 percent of workers in California’s Riverside County...along with 60 percent of nursing home staff in Ohio” (refer: <https://www.nbcnews.com/news/us-news/many-frontline-workers-refuse-covid-19-vaccines-distribution-rollout-struggles-n1252617>).
 - The Guardian reported that up to 40% of frontline workers in LA county were refusing the COVID-19 vaccine (refer: <https://www.theguardian.com/world/2021/jan/10/coronavirus-covid-19-vaccine-hesitancy-us-health-workers>).

Examples of Safe & Available Treatments

- **Hydroxychloroquine** (administered with azithromycin and/or zinc):
 - Many doctors around the world have indicated they have had very successful results with treating patients with the drug, usually combined with zinc
 - In a peer-reviewed study published in the *International Journal of Antimicrobial Agents* in December 2020, comparing 141 treated patients with 377 untreated patients, it was found that low-dose hydroxychloroquine combined with zinc and azithromycin was an effective therapeutic approach against COVID-19. There were significantly reduced hospitalisation rates in the treated group (fewer than 3% compared to over 15% for the untreated group) and reduced mortality rates in the treated group (0.7% versus 3.4%). (refer: <https://www.sciencedirect.com/science/article/pii/S0924857920304258>).
 - In April 2020, a study of 1,061 COVID-19 patients found that over 90% were cured within 10 days using a combination of hydroxychloroquine and azithromycin (refer: https://www.mediterranee-infection.com/wp-content/uploads/2020/04/Abstract_Raoult_EarlyTrtCovid19_09042020_vD1v.pdf).
 - In April 2020, *The Lancet* published a study indicating that hydroxychloroquine did not help to curb COVID-19 and might cause death in patients. This study was based on data and analysis provided by Surgisphere Corporation. The *New England Journal of Medicine* also published studies based on this data. Based on these studies, the WHO stopped hydroxychloroquine trials

across the world and the European Union stopped allowing hydroxychloroquine. There was a group of independent doctors who couldn't believe this information and suspected it was fraudulent based on their experiences and got together and challenged the information. *The Guardian* also exposed the company and the flawed data (refer:

<https://www.theguardian.com/world/2020/jun/03/covid-19-surgisphere-who-world-health-organization-hydroxychloroquine>).

The Lancet ended up retracting the paper. It is interesting to note that the co-authors of this study are all linked to the pharmaceutical industry. *The Lancet's* response was "Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements" (refer:

<https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>).

- In June 2020, the Association of American Physicians and Surgeons (AAPS) filed a lawsuit against the Department of Health and Human Services and the FDA for "irrational interference" by the FDA with timely access to hydroxychloroquine (refer: <https://aapsonline.org/aaps-news-june-2020-aaps-sues-fda/>). Then in December 2020, the AAPS again sued the FDA, this time to end its arbitrary restrictions on hydroxychloroquine (refer: <https://aapsonline.org/hcqsuit/>). According to an article in *Gateway Pundit* "Never in history have we seen such a determined effort by the scientific community and pharmaceutical industry to downplay and lie about the use of a successful drug to treat a deadly disease. Hydroxychloroquine is the first choice in a study of 6,000 doctors treating the coronavirus. In the field and in independent testing hydroxychloroquine displayed amazing results in treating the COVID-19 virus." (refer: <https://www.thegatewaypundit.com/2020/06/association-american-physicians-surgeons-sues-fda-irrational-interference-access-life-saving-hydroxychloroquine/>).
- Note: In June 2020, *The New England Journal of Medicine* published the results of a randomized controlled trial of hydroxychloroquine on outpatients that found no effect. However, it did not include zinc or azithromycin in its study.
- A few quotes regarding this treatment:
 - Dr Anthony Cardillo: "What we are finding clinically, with our patients, is that it really only works in conjunction with zinc. Hydroxychloroquine opens the zinc channel, the zinc goes into the cell, it then blocks the replication of the cellular machinery...Every patient I have prescribed it to has been very, very ill. And within 8 to 12 hours, they were basically symptom free. And so clinically, I am seeing a resolution that's near to what we saw in the French study and other studies worldwide."
 - Dr Ivette Lozano: "Every patient that I treated – serious, moderate – has had resolution of symptoms within 24 hours, they are improved within 5 hours, the fevers are gone within 2 days. The lung restriction, which is the most important, resolves within about 4 to 5 hours. You see dramatic improvement. It's incredible; I'm surprised myself."
 - From the America's Frontline Doctors Website: "Our physicians know that HCQ and Zinc are effective both prophylactically and when used early"
- In September 2020, researchers from Hospital Del Mar in Barcelona reported that among 249 patients studied, those who survived COVID had higher zinc levels in their plasma (an average of 63.1 mcg/dl) than those who died (43mcg/dl). (refer:

- **Vitamin D:**

- The following studies demonstrate a relationship between vitamin D levels and influenza/respiratory illnesses:
 - A study of almost 10,000 patients over 15 years (refer: <https://pubmed.ncbi.nlm.nih.gov/32824839/>) found that “statistically...41% of the variability in respiratory mortality during this 15 year follow-up period was independently associated with 25(OH)D levels <50 nmol/L”
 - A study published in the *British Medical Journal* (refer: <https://www.bmj.com/content/356/bmj.i6583>) looking at 25 eligible randomised controlled trials found that vitamin D supplementation reduce the risk of acute respiratory illnesses.
 - A study in Japan (refer: <https://pubmed.ncbi.nlm.nih.gov/20219962/>) on 334 school children found that those subjects that received the vitamin D supplementation only had a 10.8% prevalence of influenza A whereas those that got a placebo had an 18.6% incidence of influenza A.
- In relation to COVID-19 specifically:
 - In a study in 2020 (refer: <https://pubmed.ncbi.nlm.nih.gov/32640463/>) looking at over 17 million patients and over 10,000 COVID-19 deaths showed that people who (a) were higher in age (b) had a higher obesity class and (c) were of darker skin colour were all more susceptible to COVID-19 deaths and these are the same factors associated with vitamin D deficiency.
 - A study in 2020 (refer: <https://pubmed.ncbi.nlm.nih.gov/32311755/>) concluded that “when mortality per million is plotted against latitude, it can be seen that all countries that lie below 35 degrees North have relatively low mortality. 35 degrees North also happens to be the latitude above which people do not receive sufficient sunlight to retain adequate vitamin D levels during winter. This suggests a possible role for vitamin D in determining outcomes from COVID-19.”
 - Another study in 2020 (refer: <https://pubmed.ncbi.nlm.nih.gov/32377965/>) looking at COVID-19 cases and mortality rates in 20 European countries found an inverse relationship showing the higher vitamin D levels, the lower the COVID-19 cases and also the lower the COVID-19 mortality rates.
 - A study in 2020 published in *Nutrients* (refer: <https://pubmed.ncbi.nlm.nih.gov/32700398/>) looked at 107 patients in Switzerland that were hospitalised and found that the vitamin D levels in those that tested negative to SARS-Cov-2 had significantly higher vitamin D levels than those that tested positive (*it is acknowledged that the actual virus could have somewhat lowered the vitamin D levels but studies have shown this is generally modest).
 - There are plenty more studies showing an association/relationship between vitamin D levels and COVID-19 positivity/infection rates, hospitalisation/intensive care rates, recovery rates and mortality rates, including:

- <https://www.medrxiv.org/content/10.1101/2020.09.04.20188268v1>
 - <https://pubmed.ncbi.nlm.nih.gov/32941512/>
 - <https://pubmed.ncbi.nlm.nih.gov/32855214/>
 - <https://pubmed.ncbi.nlm.nih.gov/32927735/>
 - <https://pubmed.ncbi.nlm.nih.gov/32871238/>
 - <https://pubmed.ncbi.nlm.nih.gov/33065275/>
 - <https://www.medrxiv.org/content/10.1101/2020.11.16.20232397v1>
 - <https://pubmed.ncbi.nlm.nih.gov/33184146/>
 - <https://pubmed.ncbi.nlm.nih.gov/33214648/>
 - <https://pubmed.ncbi.nlm.nih.gov/33142828/>
- Dr Peter Lewis stated “There are now close to 30 or so studies demonstrating that having optimal blood levels of 25(OH)-vitamin D (75-150 nmol/L) reduces COVID-19 risks: reduced risk of infection; reduced risk of severe disease; reduced risk of dying. Many researchers now regard the evidence as ‘overwhelming’. Despite this, there still will be those who say that we need ‘more research’, but in the meantime, there is little to be lost (vitamin D supplements are inexpensive and have low risk of toxicity) and a huge amount to gain by recommending a decent daily dose of vitamin D3 (say 1-2,000 IU for children and 4-5,000 IU for adults”.
- **Vitamin C:**
 - There haven’t been as many studies done on vitamin C and how it may help COVID-19 patients, but the following study found that “low dose (0.5–2 g/d) vitamin C may have benefits when used early in severe acute respiratory syndrome coronavirus 2 infections” and “vitamin C may also benefit patients with severe late-stage coronavirus disease 2019” (refer: <https://www.sciencedirect.com/science/article/abs/pii/S0899900720302318>)
 - Interestingly, the FDA can only authorise covered countermeasures when there are no adequate approved and available alternatives. In many countries, effective therapeutic interventions like hydroxychloroquine, Ivermectin, Vitamin D, Vitamin C, zinc and other treatments have been sidelined. Doctors, research articles and news articles advocating these interventions were censored. Could there be a connection between this overt suppression and the need to justify these vaccines as the only available alternatives? This question deserves searching scrutiny.

Vaccine Manufacturers Have No Liability

- In the words of lawyer Mary Holland (relating to the situation in the USA): “Here are the basics under the PREP Act, if you were to be injured or die. You have to apply to a government administrative program, the Counter Measures Injury Compensation Program, not a court. You have to apply within a year. If your injury appears 366 days after your injection, tough luck. You have to pay your own lawyer. There’s no hearing. If you lose, there’s no appeal. Everything is on paper, nothing in-person, no witnesses, no experts. There are no published decisions from this program, there’s no reserved fund for compensation. And this program will pay people based on compelling, reliable, valid medical and scientific evidence. And just how much of that evidence do you think exists today? Remember, the clinical trials for these products are still ongoing, and both companies have already started to vaccinate the so-called control groups. Will there be any reliable and valid evidence on which to base compensation decisions any time soon? I doubt it.”

Medical Freedoms

- Forced, coerced and mandated vaccinations are in violation of the Nuremberg Code principals. Article 6, Section 1 states: "Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice". Article 6, Section 3 states: "In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent".
- In the Australian Government's Immunisation Handbook under Section 2.1.3 Valid Consent, it states that for consent to be legally valid "It must be given voluntarily in the absence of undue pressure, coercion or manipulation."
- Mandatory vaccinations are a breach of basic human rights and medical freedoms. We all should have the right to go about our every day life without being forced or coerced into being injected with a vaccine, especially an experimental one using new technology.
- The decision should be made by each individual on their own or in consultation with their medical doctor or health care practitioner. Everyone's body is different and existing medical conditions, predispositions, and other medical history need to be taken into account.

COVID-19: GENERAL DISCUSSIONS

It is not the intent of this document to thoroughly examine the origin and nature of the virus nor the measures implemented to supposedly control or manage the whole COVID-19 situation. But it is relevant to summarise the following points which challenge the popular narrative and are somewhat relevant to the vaccine rollout and my opposition to mandatory vaccinations:

- Many doctors, scientists and other health experts around the world have questioned the severity and nature of COVID-19 based on:
 - The large majority of people who contract the virus are asymptomatic or experience minor symptoms. This is a widely accepted viewpoint and not just from those who challenge the main stream narrative.
 - The very small percentage (although potentially high numbers) of people who actually die from the virus. The latest figures on the WHO website (refer: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>) on February 19th 2021 is 2,424,060 deaths from 109,594,835 confirmed cases which equates to 2.21%, but this number is unquestionably lower due to:
 - A number of epidemiologists who have stated that the number of people who have COVID-19 is probably between 5 and 10 times more than what is reported, hence the number of deaths per COVID-19 case is much lower than the official records.
 - A study from Stanford University in California (refer: <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1.full.pdf>) which concluded that "A hundred deaths out of 48,000-81,000 infections corresponds to an infection fatality rate of 0.12-0.2%". Note that when this study was analysed, the principal investigator, Dr. John Ioannidis, responded "There's a kind of mass hysteria at work here that just insists that this must be the end of the world, and it must be that the sky falls on our heads. It's based on speculation and science fiction and an outright attack on studies with data. But rejecting real data in favor of speculation is mind-boggling."
 - Many doctors have come out and publicly said that they have been strongly encouraged or even pressured to write COVID-19 as the cause of death even though it may not necessarily be the cause.
 - The American CDC COVID-19 Guidelines has been quoted as follows "In cases where a definitive diagnosis of COVID-19 cannot be made, but is suspected or likely (e.g. the circumstances are compelling within a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as "probable" or "presumed".
 - The US COVID-19 Task Force Coordinator Dr Deborah Birx can be quoted as saying "We've taken a very liberal approach to mortality" and "if someone dies with COVID-19 we are counting that as a COVID-19 death".
 - There are financial incentives for hospitals and nursing homes to list patients as COVID-19 positive (refer: <https://www.factcheck.org/2020/04/hospital-payments-and-the-covid-19-death-count/>).

- A very high percentage of people who have supposedly died from Covid-19 have had at least 1 or 2 comorbidities. According to a chart released early last year by the ISS Italy National Health Institute regarding 'Italy Coronavirus Deaths by Prior Illnesses', 48.5% of the people that died in Italy had 3 or more pre-existing conditions/illnesses, 25.6% had 2 or more illnesses, 25.1% had 1 other illness and only 0.8% had no other illnesses. Also, the CDC stated on it's website: "For 6% of the deaths, COVID-19 was the only cause [of death] mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." I guess for the 94% it's difficult to tell exactly how much the virus played a role in the deaths.
 - There have been plenty of family members speaking out about the deaths of their beloved ones and the concerns they have had surrounding their death certificates stating they died of COVID-19 when in fact they did not have COVID-19 or they were not aware/informed they "supposedly" had COVID-19.
 - In December 2020, two Minnesota lawmakers called for a full audit of all death certificates marked as COVID-19 deaths. Mary Franson and Scott Jensen revealed their own findings after looking over thousands of "death certificate data points" and found that the number of COVID deaths was being inflated by roughly 40 percent. According to Rep. Franson, the investigation uncovered various un-COVID related deaths being counted as COVID deaths, including a freshwater drowning and a vehicle fatality, among others.
- Many doctors, scientists and other health experts around the world have queried the accuracy and appropriateness of using PCR testing to diagnose positive cases. The technology relies on amplifying results many times over. If they are amplified less than about 35 times, no-one will test positive. If they are amplified 60 times, everyone will test positive. Evidence to support the claim that the PCR testing is unreliable includes:
 - The Corman-Drosten Review Report (refer: <https://cormandrostenreview.com/report/>) reveals 10 major scientific flaws at the molecular and methodological level and the consequences for false positive tests.
 - Medical researcher David Crowe also wrote an article explaining the issues with the PCR testing process (refer: https://theinfectiousmyth.com/coronavirus/RT-PCR_Test_Issues.php).
 - Any test with a cycle threshold (CT) above 35 is too sensitive, says Juliet Morrison, PhD, a virologist at the University of California, Riverside. "I'm shocked that people would think that 40 [cycles] could represent a positive...a more reasonable cut off would be 30 to 35".
 - A Portuguese Court ruled PCR Tests 'Unreliable' & Quarantines 'Unlawful' (refer: <https://principia-scientific.com/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/>)
 - In a statement released on December 14, 2020 the World Health Organization admitted that the PCR test used to diagnose COVID-19 is a hit and miss process with way too many false positives (refer: <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/>)
 - Dr Dave Rasnick can be quoted as saying: "It turns out that the most stable sequences of RNA viruses are approximately the same in all members of the viral family, including the family of coronaviruses. The 1% or less of the viral RNA that is amplified by the PCR test is chosen from these relatively stable samples. So, at best, the PCR test is targeting a family of RNA viruses and not a specific virus. Before PCR can be done on the RNA of a coronavirus, a process that is error

prone must first convert the RNA into DNA. By their very nature, the short synthetic sequences of DNA used to initiate each cycle of the PCR test cannot be guaranteed to distinguish between virus and non-virus. This alone makes PCR test highly suspect. However, these technical limitations were not the reason Kary (Mullis) opposed the PCR test. He simply could not accept equating a string of RNA or DNA with actual virus...”

- Despite attempts from main stream media to try and defend the accuracy of PCR testing, in an interview, the inventor of the PCR test Kary Mullis states:
 - “It starts making you believe in the sort of Buddhist notion that everything is contained in everything else. If you can amplify one single molecule up to something you can really measure, which PCR can do, then there is (are) just very few molecules that you don’t have at least one single one of in your body.”
 - “That could be thought of as a misuse: to claim that it [a PCR test] is meaningful. It tells you something about nature and what is there. To test for that one thing and say it has a special meaning is, I think, the problem. The measurement for it is not exact; it is not as good as the measurement for apples. The tests are based on things that are invisible and the results are inferred in a sense. It allows you to take a miniscule amount of anything and make it measurable and then talk about it.”
 - “PCR is just a process that allows you to make a whole lot of something out of something. It doesn’t tell you that you are sick, or that the thing that you ended up with was going to hurt you or anything like that.”
- With reference to the above two points, I have included a summary of quotes from various physicians questioning COVID-19 and the vaccine rollout. It would be remiss of me not to reference the audio from Dr Roger Hodkinson (refer: <https://vimeo.com/488756559>) and Dr Stephen Malthouse (refer: <https://rumble.com/vcesav-brave-reporter-goes-off-script-on-air.html>) who also question the handling of the whole COVID-19 situation.
- Groups like ‘World Doctors Alliance’ (<https://worlddoctorsalliance.com/>), ‘America’s Frontline Doctors’ (<https://www.americasfrontlinedoctors.com/>), Great Barrington Declaration (<https://gbdeclaration.org/>) and Canadian Frontline Nurses (<https://www.canadianfrontlinenurses.ca/>) have been formed to question and oppose what is taking place.
- Books such as ‘Corona False Alarm?’ by Dr Karina Reiss and Dr Sucharit Bhakdi, ‘I Do Not Consent – My Fight Against Medical Cancel Culture’ by Dr Simone Gold and ‘COVID-19 and the Agendas to Come (Red-Pilled)’ by James Perloff (a registered nurse) have been published, again challenging the main stream narrative.
- I find it interesting that there have been many studies supporting the claims that masks are not effective (whilst acknowledging there are studies around that appear to support the opposite claim that masks are indeed effective). In an article written by Dr Denis Rancourt (refer: <https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>), there are at least 20 studies referenced and the following conclusion is reached “By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle. In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a

broad social-engineering intervention, or allows corporations to exploit fear-based sentiments. Furthermore, individuals should know that there is no known benefit arising from wearing a mask in a viral respiratory illness epidemic, and that scientific studies have shown that any benefit must be residually small, compared to other and determinative factors.”

- Further to the above point about masks, at the start of the coronavirus outbreak in the U.S., federal officials told the public they did not need to wear face masks. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, said they only made people feel better but were pretty much pointless. U.S. Surgeon General Dr. Jerome Adams even told Americans in a late February tweet that they need to “STOP BUYING MASKS! They are NOT effective in preventing general public from catching coronavirus, but if healthcare providers can’t get them to care for sick patients, it puts them and our communities at risk!” Now, masks are required in many countries and there is even talk now of double and triple masking, which I find interesting. Dr. Anthony Fauci endorsed it (double masking) recently because “it just makes common sense”.
- Still on the subject of masks, and knowing several people who have experienced headaches, nausea and other symptoms whilst wearing a mask for long periods, I’m concerned that there have been practical demonstrations showing CO2 building up inside your mask to levels well over 10,000ppm within the first 30 seconds to 1 minute. Keep in mind, according to health authorities, anything over 5,000 ppm is considered toxic and oxygen deprivation can occur (noting that 350 to 1,000 is typically found in occupied spaces with good air exchange).
- I’m a little curious as to why a social distancing rule of 1.5m was adopted, despite MIT associate professor Lydia Bourouiba’s research claiming that the virus can travel up to 27 feet (just over 8m) and the CDC stating “There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than six feet away”. The CDC also stated that small droplets can “linger in the air for anywhere from minutes to hours” (refer: <https://nypost.com/2020/10/05/cdc-acknowledges-covid-19-is-airborne-can-travel-beyond-six-feet/>).
- I’ve been surprised by government decisions to enforce social distancing and mask wearing for outdoor areas, and the enforcement of lockdowns, especially when most infectious disease experts suggest that viruses are much more likely to be passed on indoors. Even a Chinese study by MedRxiv recently looked at 318 outbreaks (involving 1245 cases) of SARS–COV-2 of which only 1 outbreak (involving only 2 cases) was in an outdoor environment. Not to mention the positive affect on our immune system and our mental health to be outdoors.
- I’m curious when we get informed about the very contagious nature of the virus (and I’m not necessarily disputing this) but then we hear Dr Maria Van Kerkhove from WHO say “from the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual” (refer: <https://vimeo.com/471271702>).
- Why is it that many physicians are declaring that the virus has never been isolated, and what ramifications does this have?
- I’m somewhat bemused by the countless physicians who have spoken about the successful results they have had with treating COVID-19 patients with either pharmaceutical drugs such as Hydroxychloroquine and Ivermectin (combined with zinc) or Vitamin C & D & zinc, and the subsequent suppression and censoring of this information. Despite being labelled “unsafe”, Hydroxychloroquine is available over the counter in much of the world and has been FDA approved for over 65 years. I have already discussed the safe and available treatments in my ‘COVID-19 Vaccine Discussions’ Section.

- I'm still trying to work out why a national COVIDSafe app was rolled out last year that according to the government's website "helps identify people exposed to coronavirus (COVID-19)" but then we (in South Australia) are then encouraged to download the mySA GOV app "to enhance contact tracing and keep our community COVID safe". There may be a logical explanation, but I haven't heard it yet.
- I'm wondering why we went from a philosophy of flattening the curve to one of eliminating the virus, and enforcing lockdowns (here in Australia) when a handful of cases tested positive.
- Like many others, I have had concerns over the impact of lockdowns including seeing dying patients being isolated and not being able to share their last moments with their loved ones, business closures, income losses and financial hardships, increases suicide rates, more domestic violence, the general impact on people's mental, emotional and physical wellbeing. Interestingly, Dr. David Nabarro from WHO can be quoted as saying "We in the World Health Organization do not advocate lockdowns as the primary means of control of this virus" and there have been several studies showing there is little correlation between government restrictions and lower COVID mortality rates, such as a study published on July 21st 2020 in *The Lancet* (refer: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30208-X/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30208-X/fulltext))
- I am also concerned about the impact of social distancing and mask wearing on children's psychological and social development (many examples around the world have surfaced already demonstrating this point and I have perused a number of articles on this).
- According to <https://www.worldometers.info/>, the total worldwide deaths for 2020 was around 58.97M. Previous years, according to (refer: <https://ourworldindata.org/births-and-deaths>) were:
 - 2019 = 58.39M
 - 2018 = 57.63M
 - 2017 = 56.94M
 - According to my mathematics, the expected figure for 2020 would have been approximately 58.39M (2019) + the average increase (linear) over the past few years (725,000) + an extra 159,535 (given 2020 was a leap year and 159,535 was the average deaths per day) which equals to 59.275M. So, 2020 is actually under the projected figure even though there were 1.81M COVID-19 deaths recorded that year. If we factored in the official COVID-19 deaths, the expected deaths would be 61.085M. And that's not even taking into account an increase in suicides and domestic violence deaths, albeit there would have been a drop in some communicable disease deaths with lockdowns and social distancing implemented in some countries at different times.
- It is not the intention of this letter to explore possible bigger agendas at play, but it can be best summarised in the documentary 'Plandemic Part 2 – Indoctrination' which can be viewed on <https://www.bitchute.com/video/vX35BrzfOFsU/>. The documentary discusses Event 201, a global pandemic preparedness simulation held 5 months before the actual pandemic was declared, patents on coronaviruses involving the CDC, the extensive conflicts of interests and corruption involved with government and private organisations, interesting "coincidences" relating to the pandemic and many other points. And whilst I haven't necessarily landed on any definite conclusions regarding this, I am yet to see a convincing rebuttal to the information contained on this video.

Quotes from Physicians on COVID-19 and/or COVID-19 Vaccines

- Professor Klaus Puschel: "This virus influences our lives in a completely excessive way. This is disproportionate to the danger posed by the virus. And the astronomical economic damage now being caused is not commensurate with the danger posed by the virus. I am convinced that the Corona mortality rate will not even show up as a peak in annual mortality. In Hamburg for example, not a single person who was not previously ill had died of the virus. All those we have examined so far had cancer, a chronic lung disease, were heavy smokers or severely obese, suffered from diabetes or had cardiovascular disease. The virus was the last straw that broke the camel's back, so to speak. COVID-19 is a fatal disease only in exceptional cases, but in most cases, it is a predominately harmless viral infection."
- Dr Joel Kettner: "I want to say that in 30 years of public health medicine, I have never seen anything like this, anything anywhere near like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this reaction, and I'm trying to understand why."
- Dr Andrew Kaufmann: "This pandemic is not a real medical pandemic. The COVID-19 vaccine is not proven safe or effective, because there has not been enough time. In addition, there is not a clear definition of any new disease for which it can be tested against. There has not been a virus that has been purified or shown to be the cause of an illness, thus there's no target for a vaccine. However, the bottom line is that since no additional deaths have occurred in relation to a new disease, there is simply no need for a new vaccine". And "Some of the technological strategies that they're using to create these vaccines are quite scary and unprecedented...this is a form of gene therapy, so they would actually be changing the genetic make-up of our own cells in the local area where they're injecting this."
- Dr Hilde De Smet: "The new COVID-19 vaccine is not safe and that there is no global medical pandemic. For almost 20 years the pharmaceutical industry has been trying to develop corona vaccines but never managed because they saw in the animal trials that there were serious side effects, auto immune disorders when the animal was exposed to a new wild virus. These autoimmune disorders are comparable with the complications we have seen in some COVID-19 patients. Now due to the excuse of a global pandemic, the pharma industry has the permission to skip the animal trials. This means that we humans will be the guinea pigs and we might get severe side effects when we are exposed to new viruses"
- Dr Nils R Fosse: "The COVID-19 vaccine has not been proven safe and effective. It's a new technology and it's been tested on a few thousand people in a few months. Please do your own research. This is not a real medical pandemic. The death rates in Norway are not higher than an average year."
- Dr Elizabeth Evans: "The COVID-19 vaccines are not proven to be safe or effective. We believe that this is reckless and unnecessary to roll out these essentially experimental vaccines that are using a completely new mRNA technology to millions of people when there is only limited short-term safety data, no evidence that they will prevent transmission of the virus and no long-term safety data to rule out late onset negative effects like autoimmune diseases, infertility and cancers."
- Dr Vernon Coleman: "The principle of informed consent is essential in medicine, but patients now having vaccines can't give informed consent because they aren't being informed."

- Professor Dolores Cahill: "We know that we can treat the symptoms of COVID-19 very successfully with vitamins C, D and zinc and with very safe medicines. So therefore, the lockdown and the measures like quarantining, social distancing and masks were not necessary, and also a vaccine is then also not necessary. There has never been a licensed RNA vaccine and this is not because there have been many clinical trials, but that in the safety studies, there were significant adverse events and death in the animals that were used in these studies over the past 20 years."
- Dr R Zac Cox: "There is no long-term safety data on any of the COVID vaccines. This means that they are essentially experimenting on us, which is against the Nuremberg Code. I will not be taking the vaccine."
- Dr Anna Forbes: "We (representing the UK Medical Freedom Alliance – a growing body of doctors, scientists, academics and lawyers) believe that there has been an overestimation of the public health risk from SARS-CoV-2 due to a misrepresentation of data and inappropriate use of the PCR test. We call for the preservation of informed consent, medical choice and bodily autonomy. As doctors, we believe this is absolutely crucial to maintain."
- Dr Ralf ER Sundberg: "I don't trust this vaccine"
- Dr Johan Denis: "This vaccine is just not proven safe. It has been developed too quickly. We have no idea what the long-term effects will be. It needs much more investigation. There is no hurry or emergency. It might possibly change your DNA. This is irreversible and irreparable for all future generations. An experiment on humanity. I would never give it to myself, my patients or my loved ones. We are no guinea pigs..."
- Dr Anne Fierlafijn: "The COVID-19 vaccine is not proven safe nor effective and I think it's unacceptable that all liabilities have been waived for the companies that are producing it. If pharma doesn't take responsibility for the product they make, how can they expect the doctors to inject them (the products) into their patients without doubt of doing harm. More and more we see that this is really not a medical pandemic. The measures for corona caused far more collateral damage than the virus causes itself. Worldwide we see that the numbers of cases are falsely presented in order to drive the population to obedient behaviour and vaccination."
- Dr Kevin Corbett: "The COVID vaccines are not proven safe or effective. COVID is not a real medical epidemic. The vaccines use synthetic products that will alter your genes, allow monitoring of your vaccination status and produce dangerous chemical reactions. Scientists are therefore demanding all COVID vaccinations be immediately stopped....standard precautions which normally protect the public have been disregarded due to ignorance, hysteria and profits. For example, the vaccines have not undergone proper phase 3 tests, The COVID test, the PCR, is flawed. It was never examined in the standard way by the UK National Health Service and it should never have been used on sick people or those with no symptoms."
- Dr Carrie Madej: "There is no worldwide pandemic for COVID-19. We're using testing mechanisms called PCR that have never been indicated or created to diagnose any infection. This is not the way we should be diagnosing. In addition, hospitals and doctors are getting financial incentives to diagnose COVID-19. On top of that, we have multiple lab errors happening around the world over and over indicating more false positives. I am here to tell you I will not take the COVID-19 vaccine and I will not recommend the COVID-19 vaccine for any of my patients. This vaccine is experimental on the human race because they're proposing to use modified messenger RNA or modified DNA synthetic to the human body. This is the first time ever this will ever be launched on the human race."

We don't know what could happen to us. In addition, they're proposing to use nano lipid technology or nano technology on the human race as well. There are so many different awful things that could happen to us and we need to investigate this before we go forward. This is my alarm call to the world."

- Dr Barre Lando: "I've treated many vaccine damaged children. Due to the lack of proper testing and the spurious conditions surrounding the alleged pandemic, I would highly caution anyone considering taking the COVID-19 vaccine."
- Dr Piotr Rubas: "I strongly disagree to getting vaccinated with this experimental preparation called the corona vaccine. Firstly, each and every new vaccine has to undergo a period of clinical trials which is at least 5 years. Secondly, why should I expose my body to something unknown due to the virus (in) which (the) mortality rate is similar to death of seasonal influenza virus."
- Dr Natalia Prego Cancelo: "The COVID-19 vaccine is not proven safe or effective. This is not a real medical pandemic."
- Dr Nour De San: "The problem is not the principle of the vaccine, rather the problem is that they want us believe that it was possible to develop a new vaccine in less than one year against a new disease, using new adjuvant technologies, and to do so on such a very, very large scale. It's not just the target population that will be vaccinated, they plan to vaccinate nearly every person on Earth. Anyone who has worked on vaccinations knows that it requires time, so that we are able to collect enough data to ensure its efficacy and safety, and properly understand the long-term effects on our health."
- Dr Kelly Brogan: "For the better part of the century, vaccination has relied on corrupt science, propaganda and systematic suppression of true informed consent. But the COVID-19 vaccine - we reach an inflection point where the truth is available for all to see...the COVID-19 vaccine is not proven safe or effective. This is not a real medical pandemic."
- Professor Konstantin Pavlidis: "...the vaccine that is being produced is not proven safe or effective"
- Dr Sherri Tenpenny: "They have been trying to develop a corona virus vaccine since 2002 since we had SARS. And every animal study that they've done, particularly the ferret study, which the ferrets immune system most mimics the human adult immune system, ferret studies, rabbits and rat studies, all the animals ended up with a paradoxical immune response in which the antibody levels, that were every high, actually accelerated the infection and made it much worst and allowed the pieces of the virus go inside the cell and be incorporated into the DNA of the recipient of that vaccine by a process called transduction. That transduction irreversibly puts that snip of virus into your DNA and transforms your cells."
- Dr Heiko Santelmann: "This is not a real medical pandemic and the COVID-19 vaccine is not proven to be safe or effective. I agree with the British Medical Journal that the testing is not done honesty – the claim 90% effective is only really only 0.2% if you study the results."
- Dr Margareta Griesz-Brisson: "Uniform and forceful (medical) measures are unethical and cannot be implemented on a defenceless population neither as tests nor as vaccines. Any medical intervention, testing, treatment or vaccine can only be implemented in an ethical and legal way based on an individual medical consideration, well informed patient consent and clinical evidence of harmlessness beyond doubt."

- Dr Mikael Nordfors: "There is no pandemic and the vaccine is neither safe nor effective, and to give an untested vaccine to (the) entire humanity and use them as guinea pigs is complete madness and nothing else and they must stop it now. And it's even more madness to give it to children when children don't suffer from COVID-19, no one has died under the age of 15 in my country so far, and then there's all the side effects and risks and costs and that's a waste of money and waste of human life and safety, so stop it now. And I also bet there will never be a vaccine as safe and effective as Vitamin D. It can reduce mortality between 50 and 95%."
- Dr Elke F. de Klerk: "First of all, this vaccine could be sterilising woman and girls. Secondly this vaccine could cause a viral interference, a priming and then it can cause a cytokine storm which is very dangerous for your health. This has been seen in humans and animals/animal testing with other corona vaccines. And thirdly, this vaccine could change your genetic blue print, your genetic code, your DNA forever and we don't know what this is going to bring."
- Dr Simone Gold (on the COVID-19 situation): "I've never seen anything like this where we have groups of physicians, scientists and government bureaucratic agencies essentially lying to the American people and people across the world, I have many, many examples. One brief example I'll give you is that the National Institute of Health right now has as it's policy recommendations for patients with Covid-19 stating that unless you're in the hospital requiring oxygen there's no actual treatment available for you. That is a complete falsehood...in most of the world, non-first world countries, there's plenty of treatment easily available – Hydroxychloroquine, Ivermectin, here in American if you can find a doctor to prescribe it you get those medicines...there's many options. This disinformation is why we (America's Frontline Doctors) came public. There is a senate testimony about a month ago - a bunch of doctors went and testified that the vast majority of deaths in American would not have ever happened (if current safe and available treatments were able to be administered). And "there is corruption at state level and the federal level but we'll save that for another day."
- Dr Simone Gold (on the problems associated with COVID-19 injections): (1) this is brand new technology (mRNA technology)...(2) there's been a tremendous failure of previous coronavirus vaccines...we have not been able to successfully overcome the human bodily hurdles that making a vaccine against the coronavirus has put up...(3) there's no independently published animal studies...there's been a complete rush to put this (the vaccine) to market and you simply cannot do this safely without published data on animal studies because animals often will die at the end and unless we know that we don't know if it's safe to give to humans...(4) known complications – one of the most commonly known complications of vaccines is something called antibody dependent enhancement (immune enhancement/pathogenic priming). What this is, is instead of really causing immunity, it causes a person to overreact in a negative way if they should ultimately be exposed to the virus. This thing called antibody dependant enhancement or pathogen priming is well known to scientists...the biggest problem with antibody dependant enhancement – we see this with prior coronavirus vaccines, so when they were doing to studies with SARS-CoV-1 vaccine back in 2005, they came up with a vaccine and they gave it to the ferrets and it was two dose (like the ones today) and the ferrets did fine...later they exposed them to the coronavirus (SARS-CoV-1) in the wild and the ferrets died. That's why SARS=CoV1 vaccine never came to market."
- Dr Larry Palevsky: "When you have doctors all over the world successfully treating patients who develop the symptoms of COVID-19 being treated successfully with medications, hydroxychloroquine, Ivermectin, zinc with copper, vitamin D with K, vitamin C, liposomal glutathione,

ozone therapy, hyperbarics, iodine, and many other supplements, and successfully keeping people from dying and yet, we see that the number of people dying from this injection and the number of serious adverse effects are very, very high, we have to question what this is, what people are being injected with, and why it is that the seriousness of these side effects is being censored and people who are getting seriously ill and are dying, we're not being told about."

- Dr Robert Sears: "That really concerns me that they're using a completely new technique and not just something they're injecting into you but something they're injecting into you that's designed to tell your cells how to start making a viral protein – that is so bizarre to me and so far-fetched" "This new technology – it's really scary." "Your messing with how the genetic mechanism in your cells work, you're competing with what your cells are trying to do on their own and is all that viral messenger RNA somehow going to disrupt your normal cell function but even more so is sometimes viral DNA and viral RNA sometimes will accidentally get incorporated into your own cell's genetic code (DNA) and is there going to be some sort of weird interaction between our own natural DNA and RNA and this foreign viral RNA that we are injecting? I'm just very uncomfortable about it. The potential to really screw people up on a genetic level is there."
- Dr Stephen Noble: "I don't think anyone wants to be a guinea pig....at the end of the day, as a man of science, I just want to see what the data show. And give me the full data."
- Dr Scott Jensen: "I sort of got myself in hot water way back in April when I made the comment that I was, as a physician, being encouraged to do death certificates differently with COVID-19 than with other disease entities. For 17 years, the CDC document that guides us as physicians to do death certificates has stood, but this year, we were told, through the Department of Health and the CDC, that the rules were changing if COVID-19 was involved. If it's COVID-19, we're told now it doesn't matter if it was actually the diagnosis that caused death. If someone had it, they died of it".
- Dr Zach Bush: "It takes 2 years for these corona viruses to leave. This (corona) virus will be gone by next Summer. And when "they" come out with a vaccine next year "they" are going to say that the vaccine eliminated the virus. That is physiologically impossible, that is scientifically impossible, and it has never happened with the previous corona viruses that have circulated."
- Dr Michael Yeadon (former vice president and Chief Scientist of Pfizer): "There is absolutely no need for vaccines to extinguish the pandemic. I've never heard such nonsense talks about vaccines. You do not vaccinate people who aren't at risk from a disease. You also don't set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn't been extensively tested on human subjects...something very odd is going on."
- Dr Elizabeth Mumper: "Medical mandates are malpractice because by definition, they do not take into account the individual medical histories, the genetic differences of patients, nutritional choices that they make that might put them at higher risk of side effects." And" the initial studies on COVID mRNA vaccines were done on extremely healthy patients. And mRNA vaccines have an intrinsic inflammatory effect, which could lead to auto-immune events. Both Moderna and Pfizer and BioNTech are using mRNA technology in their vaccines. And these techniques have not been used and approved in the context of widespread use as is being contemplated now. In 1990, the first report of a successful use of In Vitro transcribed mRNA in animals was published. At that time, concerns were raised about the inherent instability of mRNA and the high innate immunogenicity of mRNA vaccines which can be a double-edged sword. There's been a lot of progress since then but mRNA that comes from outside a person is inherently immunostimulatory because your body

recognizes that is foreign. Another concern that I have is that, in order for mRNA vaccines to penetrate into the cell membrane, they have to essentially penetrate by lipid layer, the two layers of fat that surround all our cell membranes. And this can be done through electrical measures or by using carrier proteins. And my question is, do we really want to poke holes in our cell membrane?"

- Dr David Martin: "Let's make sure we are clear...this is not a vaccine. They are using the term "vaccine" to sneak this thing under public health exemptions. This is not a vaccine. This is mRNA packaged in a fat envelope that is delivered to a cell. It is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine. Vaccines actually are a legally defined term under public health law; they are a legally defined term under CDC and FDA standards. And the vaccine specifically has to stimulate both the immunity within the person receiving it and it also has to disrupt transmission. And that is not what this is. They (Moderna and Pfizer) have been abundantly clear in saying that the mRNA strand that is going into the cell is not to stop the transmission, it is a treatment. But if it was discussed as a treatment, it would not get the sympathetic ear of public health authorities because then people would say, "What other treatments are there? The use of the term vaccine is unconscionable for both the legal definition and also it is actually the sucker punch to open and free discourse...Moderna was started as a chemotherapy company for cancer, not a vaccine manufacturer for SARSCOV2. If we said we are going to give people prophylactic chemotherapy for the cancer they don't yet have, we'd be laughed out of the room because it's a stupid idea. That's exactly what this is. This is a mechanical device in the form of a very small package of technology that is being inserted into the human system to activate the cell to become a pathogen manufacturing site. And I refuse to stipulate in any conversations that this is in fact a vaccine issue. The only reason why the term is being used is to abuse the 1905 Jacobson case that has been misrepresented since it was written. And if we were honest with this, we would actually call it what it is: it is a chemical pathogen device that is actually meant to unleash a chemical pathogen production action within a cell. It is a medical device, not a drug because it meets the CDRH definition of a device. It is not a living system, it is not a biologic system, it is a physical technology - it happens to just come in the size of a molecular package. So, we need to be really clear on making sure we don't fall for their game. Because their game is if we talk about it as a vaccine then we are going to get into a vaccine conversation but this is not, by their own admission, a vaccine. As a result, it must be clear to everyone listening that we will not fall for this failed definition just like we will not fall for their industrial chemical definition of health. Both of them are functionally flawed and are an implicit violation of the legal construct that is being exploited. I get frustrated when I hear activists and lawyers say, "we are going to fight the vaccine". If you stipulate it's a vaccine you've already lost the battle. It's not a vaccine. It is made to make you sick. 80% of the people exposed to SARSCOV2 are asymptomatic carriers. 80% of people who get this injected into them experience a clinical adverse event. You are getting injected with a chemical substance to induce illness, not to induce an immuno-transmissive response. In other words, nothing about this is going to stop you from transmitting anything. This is about getting you sick and having your own cells be the thing that get you sick. When the paymaster for the distribution of information happens to be the industry that's doing the distributing, we lose. Because the only narrative is the one that will be compensated by the people writing the check. That goes for our politicians... and our media - it has been paid for - if you follow the money you realize there is no non-conflicted voice on any network"
- Dr Larry Palevsky: "The MRNA codes for a protein on the SARS-CoV-2 virus called the spike protein, and I want to make it clear there is no reported coronavirus in the injection that people are getting.

Now, what's interesting that most people may not be aware of is the spike protein, which is supposed to be part of the SARS-CoV-2 virus, has been known to be a very unstable protein. And so NIH said, the National Institute of Health said in a statement that science created the, "stabilized Coronavirus spike proteins for the development of vaccines against Coronavirus, including SARS-CoV-2 and the government consequently, has sought patents to preserve the government's right to these inventions." I want to make it clear what this says in English is that the messenger RNA against the spike protein has been altered, it has been stabilized by scientists, which makes this a synthetic messenger RNA. It is not the original mRNA specific to a SARS-CoV-2 virus, it is a synthetic messenger RNA that has been altered and in order to make a patent against a virus with a protein, they have to make the protein synthetic because the manufacturers cannot patent a naturally occurring material. So people think that this is a vaccine and they also think that this is an injection that's going to give them protection against the SARS-CoV-2 virus, but it is just against a synthetic messenger RNA that makes a synthetic spike protein. So is this messenger RNA code that's making this synthetic spike protein specific solely to the SARS-CoV-2 virus? And the answer is no. We've already seen that there are similarities in proteins between the synthetic spike protein and the antibody that's made and parts of the lung, the kidneys, the brains, the hearts, and the male and female reproductive systems, to which the body will not only mount an immune response against the synthetic spike protein, but also to tissue that is very similar in these parts of the body. And what this will do is lead to a cytokine storm, which is an increase in inflammation and the potential for auto-immunity. So when people say that this injection is safe, they do not have legitimate reasons to say that this is safe, because it has not been tested to see if it will create the cytokine storms, which we know it is already doing, and if it will create the auto-immunity, which we know it will already be doing. So does this injection cause alteration of our genetic codes or auto-immunity? I also spoke about the auto-immune potential, but the fact is that this messenger RNA, which is very stable when it gets... Unstable when it gets into the body, has not been evaluated for safety, especially because there are particles around it called polyethylene glycol and lipid nanoparticles, which are wrapped around the messenger RNA never before used in vaccines, so there are no safety data on the use of polyethylene glycol and these lipid nanoparticles in injections. And so we have an experimental vaccine, which is not a vaccine, and none of these ingredients that are wrapped around the messenger RNA to stabilize it have ever been tested for safety when injected. So the concern is that these lipid nanoparticles can travel anywhere in the body. And the potential is also that they can travel into the nuclei of our cells, potentially incorporating the messenger RNA or the by-products of the messenger RNA processing in the cell that could get into the genetic codes. Has this been tested? No. Is it a concern? Yes, and it's a concern by many doctors and many scientists all over the world. So in essence, we have no answers as to whether or not this can alter our genetic codes."

VACCINE GENERAL DISCUSSIONS

Examples of Conflict of Interests/Corruption

- Pharmaceutical companies supply medical journals with income (through advertising dollars, subscriptions and bulk purchases of reprints), and hence journal editors are subject to pressure and bias. Richard Horton, editor of *The Lancet*, wrote in *The New York Review of Books* that journals “have devolved into information-laundering operations for the pharmaceutical industry.” He is also quoted as saying “Today, perhaps half of scientific literature is simply untrue (because of conflict of interest)”.
- Pharmaceutical companies donated millions to medical schools. In 2009, 200 Harvard Medical School students confronted the administration demanding an end to pharmaceutical industry influence in the classroom. An article written in *The New York Times* stated: “The students say they worry that pharmaceutical industry scandals in recent years – including some criminal convictions, billions of dollars in fines, proof of bias in research and publishing and false marketing claims – have cast a bad light on the medical profession. And they criticize Harvard as being less vigilant than other leading medical schools in monitoring potential financial conflicts by faculty members.” (refer: <https://www.nytimes.com/2009/03/03/business/03medschool.html?emc=eta1>).
- In 2012, drug companies paid for twenty-four billion dollars in advertising targeted at physicians (refer: <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2013/11/11/persuading-the-prescribers-pharmaceutical-industry-marketing-and-its-influence-on-physicians-and-patients>).
- The World Health Organisation (WHO) is sustained by private donations, the bulk of which are made by pharmaceutical and biotechnology corporations who have a vested financial interest in the organisation’s support.
- The U.S. Centers for Disease Control (CDC) is tasked with vaccine safety, and yet it is also the largest purchaser of vaccines, currently spending over 5.5 billion dollars annually to purchase vaccines (refer page 43 for the CDC budget (refer: <https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf>).
- The CDC Immunisation Safety Office is responsible for investigating the safety and effectiveness of all new vaccinations; once an investigation is considered complete, a recommendation is then made to the CDC’s Advisory Committee on Immunization Practices (ACIP) who then determines whether the new vaccine will be added to the current vaccination schedule. Members of the ACIP committee include physicians such as Dr. Paul Offit, who also serves as the chief of infectious diseases at the Children's Hospital of Philadelphia. Offit and other CDC members own numerous patents associated with vaccinations and regularly receive funding for their research work from the very same pharmaceutical companies who manufacturer vaccinations which are ultimately sold to the public. This situation creates an obvious conflict of interest, as members of the ACIP committee benefit financially every time a new vaccination is released to the market.
- The CDC has its own lengthy history of corruption and deceit and has routinely turned a blind eye to conflicts of interest while it works to “protect the private good.” Although the agency owns 56 patents applicable to vaccines, it has no problem shredding vaccine safety data it doesn’t like, while continuing to serve as the nation’s powerful (and ostensibly “independent”) arbiter of vaccine policy.
- Julie Gerberding, former head of the CDC, became president of Merck’s five-billion-dollar global vaccine division after leaving CDC, reportedly earning two and one-half million dollars per year. Gerberding took the position at Merck after having added more vaccines to the CDC childhood schedule than any other person previously in her position; at the time of her departure from CDC,

Merck was the manufacturer for fourteen of the seventeen vaccines on the schedule. In May 2015, Gerberding sold Merck stock worth over two million dollars, selling stock worth over five million dollars in November 2016 (refer: <https://namelyliberty.com/former-cdc-director-julie-gerberdings-stock-at-merck/>). Today, Gerberding is executive vice president of strategic communications, global public policy and population health and chief patient officer at Merck.

- In 2000, at a secret meeting at the Simpsonwood Retreat Center in Georgia, the CDC brought together a panel of fifty one experts to discuss the impact of thimerosal-containing vaccines on nervous system disorders in children. The lead speaker, Thomas Verstraeten, MD, presented data supportive of a causal relationship between thimerosal (mercury) exposure and childhood developmental disorders. Although Verstraeten's initial analyses found consistently elevated risks (two to eleven times higher) in the high exposure group compared to the zero exposure group, all but one attendee agreed to rate the association as "weak." (refer: <https://childrenshealthdefense.org/ebook-sign-up-conflicts-of-interest/>). Under then-director Gerberding, the CDC went on to publish a series of epidemiological studies quickly thrown together to support the secret meeting's conclusion. To help construct these spurious studies, the CDC enlisted Danish scientist Poul Thorsen. Today, Thorsen is on the "most wanted fugitives" webpage of the HHS Office of Inspector General for allegedly diverting over one million dollars of CDC grant money to his personal bank account. HHS and the Department of Justice have made no effort to extradite Thorsen from Denmark—where he fled to escape twenty two counts of wire fraud and money laundering—and senior CDC officials continued to collaborate with him and publish his studies after his flight (refer: [https://childrenshealthdefense.org/news/government-corruption/cdcs-vaccine-science-a-decades-long-trickery/](https://childrenshealthdefense.org/news/government-corruption/cdcs-vaccine-science-a-decades-long-trail-of-trickery/))
- The National Institute of Health (NIH) also holds patents on vaccines such as Gardasil, and earns royalties from the sale of vaccines.
- In 2013 and 2014, whistleblower Dr William Thompson, a senior CDC scientist, discussed many issues regarding CDC fraud and malfeasance in taped phone conversations with Dr Brian Hooker. According to Thompson, he and other CDC researchers purposely omitted data (again while Gerberding was CDC director) from a 2004 study that examined the MMR vaccine and autism. The study found a 250% increase in autism among African-American boys who received the MMR vaccine before their third birthday compared to African-American boys who received the vaccine after age three, and also showed an increased risk of autism in MMR-vaccinated children who had been developing normally and had no other medical problems. Thompson turned over thousands of pages of CDC documents to Congressman William Posey (R-FL). Although Congressman Posey has consistently urged Congress to take action, to date Congress has not held a single hearing.
- In a public statement released by the CDC Spider in 2016, and following Dr William Thompson's admissions a few years prior, the opening paragraph states "We are a group of scientists at CDC that are very concerned about the current state of ethics at our agency. It appears that our mission is being influenced and shaped by outside parties and rogue interests. It seems that our mission and Congressional intent for our agency is being circumvented by some of our leaders."
- In the USA, approximately 70% of funding for mainstream media is received from pharmaceutical companies.
- Brandy Vaughan (ex-Merck Pharma Rep) is quoted as saying: "Pharma funds 75% of pharmaceutical drug studies and pretty much all the vaccine studies."

- Marcia Angell, MD (20 years as Chief Editor of *New England Journal of Medicine* and author of 'The Truth About the Drug Companies: How They Deceive Us And What To Do About It') is quoted as saying: "...Similar conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*."
- A study published in the *European Journal of Clinical Investigation* in 2013, concluded that "To serve its interests, the industry masterfully influences evidence base production, evidence synthesis, understanding of harms issues, cost-effectiveness evaluations, clinical practice guidelines and healthcare professional education and also exerts direct influences on professional decisions and health consumers" (refer: <https://onlinelibrary.wiley.com/doi/full/10.1111/eci.12074>).
- One of the authors of that study was John Ioannidis, who's been described by *The Atlantic* as possibly "one of the most influential scientists alive". In a widely cited 2005 paper published in *PLOS Medicine* (refer: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1182327/>), John Ioannidis, who's been described by *The Atlantic* as possibly "one of the most influential scientists alive", wrote that "It can be proven that most claimed research findings are false." Not just "the majority" but "the vast majority" of published findings may be false. Rather than majority expert opinion representing scientific truths, study findings "may often be simply accurate measures of the prevailing bias."
- Merck has been in Federal Court since 2010 on fraud charges, accused by their own virologists of falsifying efficacy data for the MMR vaccine (refer: <https://www.reuters.com/article/health-vaccine/merck-accused-of-stonewalling-in-mumps-vaccine-antitrust-lawsuit-idUSL1N0YQ0W820150604>).
- Dr. Sing Hang Lee sent an open letter of complaint to the Director General of the World Health Organization, Dr. Margaret Chan, charging members of GACVS, the CDC, the Japanese Ministry of Health, Labor and Welfare, and others with manipulation of data and suppression of science in order to maintain the illusion of HPV vaccine safety in the face of valid contradictory evidence (refer: <https://sanevax.org/hpv-vaccine-safety-an-illusion-maintained-by-suppression-of-science/>)
- The primary study that the US government is using to say that vaccines do not cause autism was conducted by a British researcher who was indicted for massive fraud for stealing huge amounts of US government money in his research.
- In her book entitled 'Rising from the Dead', Dr Suzanne Humphries explains why good doctors are constrained within the current corrupt medical system from practicing real, ethical medicine.
- Dr Judy Mikovits recently wrote a book called 'Plague of Corruption' which also looks at corruption at the top level.
- Dr Liz Mumper states: "Government agencies like the CDC, basically have some political motives and conflicts of interest. And in many ways the CDC is also a vaccine distributor because about over \$4 billion of their budget is spent on purchasing vaccines. And they also have the task of making vaccine recommendations and doing educational campaigns for people to get vaccines. So, we should be asking the following questions, should the same organization that's responsible for promoting widespread use of vaccines, be the same agency that looks at safety concerns and adverse reactions?"

Should the same doctors and scientists who develop a vaccine, sit on the American Committee for Immunization Practices to vote on approval of that vaccine?"

- Dr Raymond Obomsawin states "there's been an enormous amount of ghost writing going on, meaning that a professor from a university who may have nothing to do or know nothing about a particular study done by a drug company will sign his name which gives him a number of perks and advantages and benefits, and it makes it appear that it's an objective study when it isn't. And there are even some fake medical journals that have been created by the giant drug companies."
- 'Advocate Me' (a group of lawyers here in Australia) state on their website that they "have been approached by a number of whistle-blowers from the police, medical and health professions and people who have been subject to horrendous treatment by our legal system. These people have information they would like to expose, in relation to activity knowingly perpetrated on the people of Australia, with malicious intent. We have been approached by doctors, nurses and other health practitioners who came to us seeking protections from AHPRA, their regulator, because they were being muzzled. AHPRA was using threats to prevent them from speaking the truth about vaccine safety and efficacy. Two brave members of the police have also come forward issuing public letters to the NSW Police Commissioner. They are blowing the whistle on discriminatory directives, and seeking an investigation into the covid-19 pandemic, which is being used as the reason for having un-elected health officers restrict our freedoms, and push testing and vaccinations on us" (refer: <https://www.advocateme.com.au/whistleblowers>).

Challenging the Efficacy and Effectiveness of Vaccines:

- There appears to be no clear, independent scientific nor anecdotal evidence to support the notion that an antibody response (and some people don't even develop antibodies following a vaccine) to a vaccine containing an attenuated or inactivated virus and associated chemicals/toxins results in immunity or even some level of "protection" from the wild form of the virus (nor obviously a different strain/mutation of this virus).
- Further to the above point, a British study in the mid 20th century investigated the relationship of the incidence of diphtheria to the presence of antibodies. It was observed that there was no observable correlation between the antibody count and the incidence of the disease. "The researchers found people who were highly resistant with extremely low antibody count and people who developed the disease who had high antibody counts" (refer to the book 'Auto Immunity & Auto Immune Disease' by M Burnet)
- There is appears to be no clear, independent scientific nor anecdotal evidence to support the notion that a vaccinated person cannot catch, carry and spread the virus they have been vaccinated against.
- A large body of historical epidemiological data (dating back to the mid 1800's) demonstrates that major declines in virtually all of the major infectious diseases took place before the introduction of vaccines for these diseases. Mortality rates for measles, pertussis, tuberculosis, influenza and other diseases were dropping to almost zero before vaccines were used (e.g. the death rate from measles had already fallen over 95% before mass measles vaccinations began in the USA). Interestingly, diseases that weren't generally vaccinated against such as tuberculosis, typhoid, scarlet fever and scurvy, all followed the same pattern and mortality rates eventually hit zero without the assistance of vaccines. Claims regarding the life-saving impact of artificial immunization programs appear to be assumptive and not factual. As Rene Dubos said in his book entitled 'Mirage of Health': "When the tide is receding from the beach it is easy to have the illusion that one can empty the ocean by removing water with a pail" (Graphs/data can be sourced from various government records including Public Health Agency of Canada, Vital Statistics of the United States 1937 to 1960, Historical Statistics of the United States: Colonial Times to 1970 Part 1, American Journal of Public Health, etc and a summary can also be found at <https://childhealthsafety.files.wordpress.com/2009/02/vaccines-did-not-save-us-e28093-2-centuries-of-official-statistics.pdf>).
- Following on from the above point, the common explanation why mortality rates were dropping to almost zero prior to vaccine introduction is improved living conditions, declining poverty, better sanitation, indoor toilets, cleaner drinking water, better education in personal hygiene, better access to medical care, etc. Many experts have claimed that water contaminated by human feces was the greatest cause of disease & death. The book entitled 'A Sociological Approach To The History Of Medicine' by physician Thomas McKeown expands on this theory.
- A number of outbreaks (e.g. measles, pertussis) all over the world have occurred amongst highly vaccinated populations/communities, discrediting the theory of both individual protection and so called "vaccine herd immunity" protection:
 - According to GlobalResearch.org, a 2014 report published by Council on Foreign Relations (CFR) states "that the most highly vaccinated populations are also those with the greatest number of outbreaks for those same infectious diseases. This was especially the case for measles, mumps, rubella, polio and pertussis outbreaks."

- According to GlobalResearch.org, The Office of Medical and Scientific Justice (OMSJ), having thoroughly analysed the CFR Report, concluded that "the repeated incidences of infectious outbreaks in populations with 94% or more vaccine compliance (the alleged threshold when herd immunity is activated), and the emergence of new viral strains, the concept of herd immunity should be forgotten."
- In 1984 in Elanou, 100% of high school students who developed measles were fully vaccinated for measles (refer: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00000359.htm>)
- In 1985 in Texas, there was a measles outbreak amongst an almost fully vaccinated (99%) population (refer: <https://www.nejm.org/doi/full/10.1056/NEJM198703263161303>)
- In 1987 in Massachusetts, an outbreak of measles occurred in a high school with a documented vaccination level of 98% (refer: <https://ajph.aphapublications.org/doi/10.2105/AJPH.77.4.434>)
- In 1991 in the region of Quebec, there was a major measles epidemic despite a 99% vaccine coverage (refer: <https://pubmed.ncbi.nlm.nih.gov/1884314/>)
- In 1993 in Ohio, there was a pertussis outbreak amongst a highly vaccinated (90%) population. A study (refer: <https://pubmed.ncbi.nlm.nih.gov/8202096/>) concluded "Since the 1993 pertussis epidemic in Cincinnati occurred primarily among children who had been appropriately immunized, it is clear that the whole-cell pertussis vaccine failed to give full protection against the disease"
- In 1995 in Toronto, there was an outbreak of measles in a highly vaccinated secondary school population (refer: <https://www.cmaj.ca/content/155/10/1407>)
- In 2001 in Oregon, there was a chickenpox outbreak amongst a highly vaccinated (97%) population (refer: <https://pediatrics.aappublications.org/content/113/3/455>)
- In 2006 in Iowa, there was a mumps outbreak amongst a highly vaccinated population (refer: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5513a3.htm>)
- In 2011 in Quebec, there was the largest measles epidemic in North America in a decade. Imported by a high school teacher, himself vaccinated against measles in his childhood. This single importation affected >600 people starting with high school students. The affected community had 95-97% measles vaccination coverage and no concentrated pockets of unvaccinated groups (refer: https://www.researchgate.net/publication/260138465_Largest_Measles_Epidemic_in_North_America_in_a_Decade-Quebec_Canada_2011_Contribution_of_Susceptibility_Serendipity_and_Superspreading_Events)
- A study published in *British Medical Journal* concluded that 86% of children who developed pertussis were fully vaccinated.
- A study published in the *British Medical Journal* (October 26th 2006) conducted by Jefferson (head of the Cochrane Collaboration) stated "There is a big gap between policies promoting annual influenza

vaccinations for most children & adults and supporting scientific evidence...there is urgent need for re-evaluation of these strategies" (refer: <https://www.bmj.com/content/333/7574/912.full>)

- In the *Journal of American Physicians & Surgeons* (2006) it was stated "The yearly USA mass influenza vaccination campaign has been ineffective in preventing influenza in vaccine recipients"
- The government of Ontario launched a 5 year, \$200M campaign to eradicate the flu. In 2006 a team from The University of Ottawa published a study in the *Journal Vaccine* which concluded "The program was designed to reduce the incidence of flu and this hasn't happened yet". Interestingly, influenza cases actually went up during this period.
- In a Canadian study in 2010, they looked at 4 observational studies and found that 2008-2009 H1N1 vaccination was associated with a 1.4 to 2.5 increased risk of contracting the flu virus (refer: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258>)
- In the Cochrane Database of Systematic Reviews (refer: <https://www.cochranelibrary.com>):
 - they looked at 51 different research studies, covering 260,000 children and they found that for children under 2, the efficacy of the inactivated vaccine was similar to placebo, and for children over the age of 2, influenza vaccines had little effectiveness (refer: <https://onlinelibrary.wiley.com/doi/10.1002/ebch.24>)
 - they looked at 64 studies relating to influenza vaccines administered to Elderly Living in Communities and Group Homes, and found that the vaccine had little or no effectiveness. (refer: <https://www.bmj.com/content/333/7574/912.full>)
 - they looked at 52 clinical trials of over 80,000 people and again found that the influenza vaccine had little benefit, concluding that "healthy adults who receive inactivated parenteral influenza vaccine rather than no vaccine probably experience less influenza, from just over 2% to just under 1% (moderate-certainty evidence)" and "certainty of evidence for the small reductions in hospitalisations and time off work is low" (refer: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001269.pub6/full?highlightAbstract=influenza%7Cinfluenz>)
- A paper published in *The Lancet* demonstrated that tuberculosis was actually higher in vaccinated people: "376 cases of postvaccination pulmonary tuberculosis and 31 of glandular tuberculosis were ascertained by May, 1995. The rate of diagnostically certain tuberculosis was higher among scar-positive individuals who had received a second BCG (1.43 [0.88–2.35], p=0.15) than among those who had received placebo and there was no evidence that any of the trial vaccines contributed to protection against pulmonary tuberculosis". (refer: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(96\)02166-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(96)02166-6/fulltext))
- In a double blinded randomized controlled trial of BCG's effectiveness on 250,000 subjects at the Tuberculosis Research Centre (ICMR) in India, they found that in the first 2.5 years, vaccinated people had double the incidence of tuberculosis compared to the placebo group (refer *Indian Journal of Medicine Research* 110, August 1999, pages 56-69).

- A paper published in *Science Direct* in 2006 entitled 'Incidence of influenza in Ontario following the Universal Influenza Immunization Campaign' concluded "Despite increased vaccine distribution and financial resources towards promotion, the incidence of influenza in Ontario has not decreased following the introduction of the UIIC." The paper concluded that the incidence of influenza had actually increased (refer: <https://www.sciencedirect.com/science/article/pii/S0264410X06003896>).
- In a paper entitled 'Type 1 Diabetes Versus Type 2 Diabetes/Metabolic Syndrome, Opposite Extremes of an Immune Spectrum Disorder Induced by Vaccines', the abstract stated "The epidemic of obesity in US children has a statistically significant positive correlation with the number of vaccine doses recommended. There is a similar trend with both hypertension and metabolic syndrome. The incidence of type 2 diabetes in Japanese children decreased significantly (around 50%) following the discontinuation of the BCG vaccine, a vaccine which is associated with an increased risk of type 1 diabetes" (refer: <https://benthamopen.com/ABSTRACT/TOEJ-2-9>).
- In a paper entitled 'Vaccines, depression and neurodegeneration after age 50 years: another reason to avoid the recommended vaccines' published in 2007, the author concludes "According to CDC recommendations, multiple vaccinations for a single disease are separated by no more than 4 weeks, which is sufficiently close together to produce priming and subsequent hyperactivation of brain microglia. We have seen that this can trigger a smoldering process of brain inflammation and excitotoxicity that may not only result in depression, anxiety, and high suicide rates, but can increase one's risk of developing one of the neurodegenerative diseases as well. We have also seen that in many cases a person will be injected with several vaccines during a single office visit and that this means their body is exposed to a very large dose of immune adjuvants. Compelling studies, using many animal species as well as humans, have shown that this over-activates the brain's inflammatory mechanism, and this can last for years. In addition, several additives to vaccines, such as mercury and aluminum compounds, are powerful brain toxins that are known to accumulate in the brain over decades and can trigger brain inflammatory/excitotoxic mechanisms. Vaccine contaminants, such as bacteria, mycoplasma, and viral fragments can also produce prolonged brain inflammation and neurodegeneration." (refer: http://www.vacinfo.org/uploads/7/9/8/5/79856028/man1742_1747.pdf).
- In a press release on August 1st 2000, the Pasteur Institute (in France) observed that "98% of the immune responses triggered at the early stages of infection are non-specific. These non-specific responses had been observed following different infections by viruses, bacteria, parasites and fungi." Thus the innate or natural immune system affords 98% of early response to an infectious agent, while the adaptive or memory-based response that vaccination seeks to stimulate represents only 2% of early response.
- The theory behind vaccines is that the B lymphocyte cells respond to infectious agents and are dependent on the intelligence from Memory T cells which serve as "helpers" aiding in the recognition of the intrusive pathogens by signalling to B cells to produce "high affinity antibodies". University of Chicago researchers found that Memory T cells are "distressingly slow learners" requiring "several generations" of intensive stimulation to make a lasting impression on T cells: They stated: "No vaccine trial to date has been able to produce significant number of T lymphocytes" (refer: <http://chronicle.uchicago.edu/990415/vaccine.shtml>)
- Refer to various interviews, articles, videos, documentaries, books, websites and podcasts listed on pages 55 to 57 for more information on vaccine efficacy and effectiveness.

Challenging the Notion that Vaccines are Safe

- According to Vaccine Adverse Events Reporting System (VAERS) in the USA and CDC data, there have been hundreds of thousands of adverse events reported since 1990 including over three thousand deaths. But the actual figure is significantly more, possibly 50 to 100+ times more, given that this is a passive reporting system. This can be supported by the following:
 - According to The Grant Report “fewer than 1% of vaccine adverse events are reported” (refer: <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>)
 - According to an internal study/investigation (contained within Neil Miller’s book ‘Vaccine Safety Manual’) from a pharmaceutical company, VAERS under reports by 50 (i.e. around 2% of vaccine adverse events are reported).
 - The government website (refer: www.vaers.hhs.gov/data/index) states “underreporting is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAESR receives reports for only a small fraction of actual adverse events.”
 - According to the USA Department of Health & Human Services (refer: <https://www.hhs.gov/>), the events recorded in VAERS only represents 1% of all adverse events due to the large majority going underreported or unidentified.
 - It is suspected by many physicians that the underreporting is quite likely mostly caused by most doctors not reporting adverse events because they think the events are not vaccine related and that they are just a coincidence.
- Currently, 19 countries have a vaccine-injury compensation scheme (refer: <https://www.who.int/bulletin/volumes/89/5/10-081901/en/>). These schemes give total immunity to vaccine manufacturers. After years of vaccines injuries and deaths, vaccine makers were going bankrupt. In a move to coheres policy makers, vaccine companies threatened to stop making vaccines, until they could be legally shielded from liability. In the USA, over 4.5 billion dollars has been paid out to families of children who have been permanently injured or died from vaccines. And it must be kept in mind that the maximum payout is \$250K and a large percentage of cases are thrown out.
- The website for Health Resources & Services Administration (an agency of the U.S. Department of Health and Human Services) contains a Vaccine Injury Table (refer: <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table.pdf>) which applies for ‘Petitions for Compensation Files under the National Vaccine Injury Compensation Program’
- Out of 34 countries in the developed world, it was found that the USA had the worst infant mortality rates yet it had the most amount of vaccinations recommended in its schedule. Research has shown that there is a direct correlation between the number of vaccines that a nation required for their children and the infant mortality rate. The more vaccines, the worst the mortality rate (refer to WHO – World Health Statistics or a paper published in the *SAGE Journal* (refer: <https://journals.sagepub.com/doi/10.1177/0960327111407644>))
- A 2018 study (refer: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121585/>) released in the *International Journal of Environmental Research and Public Health*, concluded that over 490,000

children in India developed paralysis as a result of the oral polio vaccine that was administered between 2000 and 2017.

- In 1995, *The New England Journal of Medicine* published a study showing that children who received a single injection within one month after receiving a polio vaccine were 8 times more likely to contract polio than children who received no injections. The risk jumped 27-fold when children received up to nine injections within one month after receiving the polio vaccine. And with ten or more injections, the likelihood of developing polio was 182 times greater than expected (refer: <https://www.nejm.org/doi/full/10.1056/NEJM199502233320804>).
- In 2017 in South Sudan, botched vaccinations caused 15 deaths in children all under the age of 5 (refer: <https://www.cbsnews.com/news/fifteen-children-die-in-botched-south-sudan-vaccine-campaign/>). The United Nations said the children died of “severe sepsis/toxicity” from the contaminated vaccine.
- In relation to Gardasil (a human papillomavirus vaccine):
 - In 2009, tribal children in India were administered the HPP vaccine. Over 24,000 girls were told they were being given “wellness” shots, and in many cases without the consent of parents/guardians. 7 girls died and many were injured. The Indian parliament created a task force and eventually stopped the program after a scathing report (refer: <http://hsrii.org/wp-content/uploads/2014/07/72.pdf>).
 - A case–control study (refer: <https://link.springer.com/article/10.1007/s10067-014-2846-1>) of quadrivalent human papillomavirus vaccine-associated autoimmune adverse events published in *Springer Link* in 2014 concluded “the present study provides epidemiological evidence supporting a significant relationship between HPV4 vaccine administration and serious autoimmune adverse events (SAAEs). The results are consistent with a number of previous case-series of SAAEs observed following HPV4 vaccine administration, and are also consistent with the known biological plausibility of vaccine administration to induce SAAEs in some vaccine recipients”
 - A study in 2011 (refer: <https://pubmed.ncbi.nlm.nih.gov/21425100/>) looking at demyelinating disease and vaccination of the human papillomavirus concluded “Have been described seizures, autoimmune disorders such as Guillain-Barre syndrome, transverse myelitis, or motor neuron disease, probably adverse effects following immunization by HPV vaccine. So we suggest that vaccine may trigger an immunological mechanism leading to demyelinating events, perhaps in predisposed young.”
 - On the Gardasil package insert, it states: “Serious adverse events were collected throughout the entire study period (range one month to 48 months post-last dose) for the seven clinical studies for GARDASIL 9. Out of the 15,705 individuals who were administered GARDASIL 9 and had safety follow-up, 354 reported a serious adverse event; representing 2.3% of the population. As a comparison, of the 7,378 individuals who were administered GARDASIL and had safety follow-up, 185 reported a serious adverse event; representing 2.5% of the population”
 - Based on data from VAERS, reported conditions from the Gardasil vaccine include brain & spinal cord inflammation, encephalitis, demyelination, psychotic disorders, speech disorders, facial palsy, loss of spinal cord function, Guillain-Barre syndrome & death.
 - In an article written in the Population Research Institute in 2009 (refer: <https://www.pop.org/merck-researcher-admits-gardasil-guards-against-almost-nothing/>) it

stated "In the clinical studies alone, 23 girls died after receiving either Gardasil or the Aluminum control injection. 15 of the 13,686 girls who received Gardasil died, while 8 died among the 11,004 who received the Aluminum shot. There was only one death among the group that had a saline placebo. What this means is that 1 out of every 912 who received Gardasil in the study died (refer: https://www.merck.com/product/usa/pi_circulars/g/gardasil/gardasil_pi.pdf). The cervical cancer death rate is 1 out of every 40,000 women per year (refer: <https://seer.cancer.gov/statfacts/html/cervix.html>). In other words, even if the vaccine was effective (which is unproven), girls are better off not taking the vaccine because the Gardasil shot kills girls in greater numbers than does the disease it purports to treat" need study/reference

- Dr. Harper, a scientist, physician, professor and the director of the Gynecologic Cancer Prevention Research Group at the Norris Cotton Cancer Center at Dartmouth Medical School in New Hampshire, said: "It is silly to mandate vaccination of 11- to 12-year-old girls There also is not enough evidence gathered on side effects to know that safety is not an issue." All of her trials have been with subjects ages 15 to 25. "This vaccine has not been tested in little girls for efficacy. At 11, these girls don't get cervical cancer – they won't know for 25 years if they will get cervical cancer."
- Whilst it is acknowledged that correlation does not imply causation, following an examination of autopsy reports of infants listed as SIDS (Sudden Infant Death Syndrome) by Dawn Richardson & Karin Schumacher, it was established that a highly disproportionate amount of SIDS deaths clustered at 2, 4 & 6 months, the very times when infants are routinely vaccinated. If vaccines did not precipitate these deaths, then the infant mortality should have been randomly spread throughout the first 6 months of life. Dr Denton Davis expands on this theory in his book 'Dancing Cats, Silent Canaries'. Note also in a study published in *Oxford Academic* (refer: <https://academic.oup.com/cid/article/61/6/980/451431>) it stated: "Among the 1469 reports of death (to VAERS between 1 July 1997 and 31 December 2013) in children aged 0–17 years, 1166 (79.4%) received >1 vaccine on the day of vaccination". There is also much more evidence supporting the relationship between vaccines and SIDS.
- In his book 'Every Second Child' Dr Archie Kalokerinos, who was Director of a Health Centre in the Northern Territory, explains how he determined that after months of investigation, 50% of Aboriginal infants and small children were dying as a result of the mass vaccines administered. After initially rejecting his claims, the government eventually hired a team of 3 scientists to investigate the claims. After 6 months of investigation, the head scientist Dr Glen Dettman came to the same conclusion as Dr Kalokerinos.
- Hundreds of Americans suffered neurological disorders (mainly Guillain-Barre syndrome) following the 1976 Swine Influenza Immunisation Program roll out (refer: <https://pubmed.ncbi.nlm.nih.gov/6128862/>).
- Other examples of people experiencing Guillain-Barre syndrome following vaccinations:
 - Guillain-Barré Syndrome after H1N1 Shot in Pregnancy: Maternal and Fetal Care in the Third Trimester - Case Report (refer: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3521405/>)
 - Guillain-Barre syndrome after influenza vaccine administration: two adult cases (refer: <https://pubmed.ncbi.nlm.nih.gov/20939203/>)

- Guillain-Barré syndrome after vaccination in United States: data from the Centers for Disease Control and Prevention/Food and Drug Administration Vaccine Adverse Event Reporting System (1990-2005) (refer: <https://pubmed.ncbi.nlm.nih.gov/19730016/>)
 - Guillain-Barré Syndrome Among Recipients of Menactra® Meningococcal Conjugate Vaccine - United States, June - July 2005 (refer: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5440a6.htm>)
 - Guillain - Barre' syndrome following recombinant hepatitis B vaccine and literature review (refer: <https://pubmed.ncbi.nlm.nih.gov/11075984/>)
 - Guillain-Barre Syndrome occurring after Rabies Vaccination (refer: https://jpma.org.pk/article-details/601?article_id=601)
 - Recurrent Guillain-Barré syndrome following influenza vaccine (refer: <https://pubmed.ncbi.nlm.nih.gov/566873/>)
- An example of severe adverse reactions/injuries/death following pertussis vaccinations can be found in a German study published in 1977 (refer: <https://pubmed.ncbi.nlm.nih.gov/18670/>). The abstract stated: "16 cases of neurological disease and/or death shortly after pertussis immunization are reported. Eight patients had convulsions, six with ensuing permanent defects. Severe polymyositis was observed in one case. Five infants died 12 h to 4 days after vaccination: two after acute encephalopathy and three in the form of a sudden unexpected death (SID)."
 - In a paper published in *The Lancet* in 1995, they found that the measles vaccination had a link to inflammatory bowel diseases. Vaccinated people were 10 to 15 times more likely to contract ulcerative colitis and Chron's disease than unvaccinated people. (refer: <https://www.sciencedirect.com/science/article/abs/pii/S0140673695908161>)
 - A recent study of first nations people in Western Canada shows that "Disseminated BCG (a vaccine created for tuberculosis) infection increases mortality among children with immunodeficiency disorders".
 - In a paper published in the *Infectious Disease in Clinical Practice* in 1997, it showed that diabetes rates were significantly higher in countries where the BCG vaccine (administered for tuberculosis) was mandated compared to countries where it was not mandated (refer: https://journals.lww.com/infectdis/Citation/1997/06070/The_Timing_of_Pediatric_Immunization_and_the_Risk.7.aspx).
 - A study published in the *Journal of Pediatric Endocrinology & Metabolism* showed that in the UK (over a 15 year period) that the incidence (in particular the rise and fall) of insulin dependent diabetes mellitus was directly proportional to the pertussis immunization coverage (refer: <https://www.degruyter.com/document/doi/10.1515/JPEM.2003.16.4.495/html>)
 - Following the CDC mandating influenza vaccines for children in 2002 (in the USA), the number of influenza deaths of children under the age of 5 sky rocketed (by at least 700%) the following year compared to the previous years (refer to CDC Vital Statistics Reports covering years 1999 to 2003).
 - In a paper published in ACNEM in 2004 (refer: <http://whale.to/vaccine/scheibner2004.pdf>) Dr Viera Scheibner reveals how stress-induced breathing patterns did not subside after 21 days following the vaccine administration and how it can lead to infant death. Several studies/papers are referenced within this article. Dr Scheibner also wrote a paper in 2001 about Shaken Baby Syndrome and how vaccines may play a role in this (refer: <http://www.medicalveritas.com/R0014.pdf>).

the first 6 vaccinations children receive in the USA (Hep B, RV, DTaP, Hib, PCV13 and IPV). They could only provide 2 after claiming they had thousands of studies. One of these two was actually just paper which asked what research has been done around the world to decide whether the DTAP vaccine causes/doesn't cause autism. The conclusion was that there had never been a single study to prove or disprove a connection between DTAP and autism. The second one, which looked at antigen loads, could not disprove the connection between autism and the vaccine (note more parents say the DTAP causes the symptoms of autism in their children than any other vaccine).

- In 2014 the FDA helped develop a dengue vaccine called Dengvaxia. They ignored signs that the vaccine could exacerbate the effects of contracting the wild virus and sent the vaccine to the Philippines. The program was stopped when Sanofi Pasteur advised the government that the vaccine could put previously uninfected people at a somewhat higher risk of a severe case of dengue fever. Many hundreds of thousands of kids received the vaccine and when the wild dengue came through, many of these vaccinated kids got extremely sick and many died (reports ranging from 130 to 600). A prominent pediatrician and medical researcher in the Philippines was indicted over this (refer: <https://www.sciencemag.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines>)
- Whilst we will never be able to ascertain exact numbers, many physicians have been quoted as saying that thousands, if not millions, of parents have reported complete changes in their children directly following vaccination shots. Their observations include initial seizures/convulsions, significantly reduced vocabulary (e.g. from 100 words to almost zero), not being able to walk, inconsolably crying, significantly reduced eye contact/awareness, not wanting to make contact or be touched, banging their heads against the walls, regressing to diapers/nappies after previously being toilet trained, etc. I have also personally met a number of parents who have expressed these exact same observations.
- GreenMedInfo.com has collected over 300 pages of study abstracts (refer: https://www.greenmedinfo.com/sites/default/files/gpub_58635_anti_therapeutic_action_vaccination_all.pdf) culled directly from the National Library of Medicine's pubmed.gov bibliographic database on the wide-ranging adverse health effects linked to vaccines in the today's schedule (over 200 distinct adverse effects, including death), as well as numerous studies related to vaccine contamination, and vaccine failure in highly vaccine compliant populations.
- More studies can be found in the Science Library section of The Children's Health Defense website (refer: <https://childrenshealthdefense.org/research-database/>).
- On Neil Miller's website <http://www.thinktwice.com/> there are also hundreds of studies (some may overlap with previous studies mentioned above) that:
 - identify risks associated with aluminum-containing vaccines.
 - provide evidence of a link between vaccines and autism
 - confirmed a link between vaccinations and higher rates of cancer
 - provide evidence that childhood vaccines significantly increase the risk of developing type 1 diabetes
 - demonstrate hearing and vision loss and other conditions resulting from the Hep B vaccine
 - show the risks associated with the influenza vaccine
 - provide evidence that vaccines containing mercury significantly increase the risk of developmental delay, speech and sleep disorders, mental retardation and autism

- demonstrate risks associated with the MMR vaccine & Mumps vaccine (no longer available as a single vaccine)
- show links between vaccines and neurological disorders, including: alterations to the nervous system, autism, demyelination, seizures, convulsions, epilepsy, brain swelling and other neurological complications.
- demonstrate how polio vaccine injections caused paralytic polio, provide evidence of links between the polio vaccine and cancer, the polio vaccine and AIDS, and new virulent strains of polio that have arisen from the polio vaccine
- illustrate the hazards associated with the rubella vaccine

** The majority of these studies are referenced in the back of this paper (page numbers 58 to 72).

- Refer to various interviews, articles, videos, documentaries, books, websites and podcasts listed on pages 55 to 57 for more information on vaccine safety.

Vaccine Inserts – Ingredients, Warnings, Precautions & Adverse Effects

- Vaccine inserts can be found at https://www.vaccinesafety.edu/package_inserts.htm or generally by visiting the website of each manufacturer.
- Vaccine ingredients can be found on the inserts, or for quick reference, the following link can be used: <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>.
- Vaccine Ingredients of Concern Are:
 - Aluminum: Can cause bone, bone marrow and brain degeneration.
 - Ammonium Sulphate: Suspected gastrointestinal, liver, nerve and respiratory system poison
 - Animal, Bacterial & Viral DNA: Can be incorporated into the recipient's DNA and cause unknown genetic mutation
 - Beta-Propiolactone: Known to cause cancer, suspected gastrointestinal, liver, skin and sense organ poison
 - Formaldehyde: Major constituent of embalming fluid. Linked to various cancers.
 - Gelatin: Produced from selected pieces of calf and cattle skin, cattle bones, pork skin. Known to cause anaphylactic reactions
 - Gentamicin Sulphate and Polymyxin B (Antibiotic): Can cause allergic reactions.
 - Glutaraldehyde: Causes birth defects in animals.
 - Human & Animal Cells: Human cells from aborted fetuses and human albumin; pig blood, horse blood, rabbit brain, guinea pig, dog kidney, cow heart, monkey kidney, chick embryo, chicken egg, duck egg, calf serum, sheep's blood, etc
 - Latex Rubber: Can cause life-threatening allergic reactions
 - Mercury (Thimersol): A well-documented neurotoxin. Is still in the multi-dose flu vaccines throughout the world (but has been removed or reduced in concentration in many vaccines)
 - Micro-Organisms: Live and killed viruses and bacteria
 - Monosodium Glutamate: A neurotoxin. Linked to various cancers. Known to cause metabolic disturbances (e.g. diabetes), seizures and other neurologic disorders
 - Neomycin Sulphate (Antibiotic): Interferes with B6 absorption which can lead to epilepsy and mental retardation. Allergic reactions can range from mild to life threatening
 - Phenol/Phenoxyethanol (2-PE): Used in antifreeze. Toxic to call cells and capable of disabling the immune system's primary response mechanism.
 - Polysorbate 80: Known to cause cancer and infertility in animals.
 - Tri(N) Butylphosphate: Suspected kidney and nerve poison.
- According to a report by The Children's Health Defense (refer: <https://childrenshealthdefense.org/news/read-the-fine-print-part-two-nearly-400-adverse-reactions-listed-in-vaccine-package-inserts/>) there are just under 400 adverse events, many of them potentially lethal, listed on manufacturers' inserts. And there are 175 injuries that The Institute of Medicine has said they think they are coming from vaccines.
- An example of the warnings, precautions and adverse reactions associated with vaccines can be found on the insert for **Merck's MMR II vaccine**:
 - Warnings & Precautions:
 - 5.1 Febrile Seizure There is a risk of fever and associated febrile seizure in the first 2 weeks following immunization with M-M-R II vaccine. For children who have experienced a previous febrile seizure (from any cause) and those with a family history of febrile seizures

there is a small increase in risk of febrile seizure following receipt of M-M-R II vaccine [see Adverse Reactions (6)].

- 5.2 Hypersensitivity to Eggs Individuals with a history of anaphylactic, anaphylactoid, or other immediate reactions (e.g., hives, swelling of the mouth and throat, difficulty breathing, hypotension, or shock) subsequent to egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after receiving M-M-R II vaccine. The potential risks and known benefits should be evaluated before considering vaccination in these individuals.
 - 5.3 Thrombocytopenia Transient thrombocytopenia has been reported within 4-6 weeks following vaccination with measles, mumps and rubella vaccine. Carefully evaluate the potential risk and benefit of vaccination in children with thrombocytopenia or in those who experienced thrombocytopenia after vaccination with a previous dose of measles, mumps, and rubella vaccine {6-8} [see Adverse Reactions (6)].
 - 5.4 Family History of Immunodeficiency Vaccination should be deferred in individuals with a family history of congenital or hereditary immunodeficiency until the individual's immune status has been evaluated and the individual has been found to be immunocompetent.
 - 5.5 Immune Globulins and Transfusions Immune Globulins (IG) and other blood products should not be given concurrently with M-M-R II [see Drug Interactions (7.2)]. These products may contain antibodies that interfere with vaccine virus replication and decrease the expected immune response. The Advisory Committee on Immunization Practices (ACIP) has specific recommendations for intervals between administration of antibody containing products and live virus vaccines.
- Adverse Reactions:
- The following adverse reactions include those identified during clinical trials or reported during post approval use of M-M-R II vaccine or its individual components. Body as a Whole Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability. Cardiovascular System Vasculitis. Digestive System Pancreatitis; diarrhea; vomiting; parotitis; nausea. Hematologic and Lymphatic Systems Thrombocytopenia; purpura; regional lymphadenopathy; leukocytosis. Immune System Anaphylaxis, anaphylactoid reactions, angioedema (including peripheral or facial edema) and bronchial spasm. Musculoskeletal System Arthritis; arthralgia; myalgia. Nervous System Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia. Respiratory System Pneumonia; pneumonitis; sore throat; cough; rhinitis. Skin Stevens-Johnson syndrome; acute hemorrhagic edema of infancy; Henoch-Schönlein purpura; erythema multiforme; urticaria; rash; measles-like rash; pruritus; injection site reactions (pain, erythema, swelling and vesiculation). Special Senses — Ear Nerve deafness; otitis media. Special Senses — Eye Retinitis; optic neuritis; papillitis; conjunctivitis. Urogenital System Epididymitis; orchitis.

Comparison of Vaccinated Versus Unvaccinated People:

- Government organisations have never conducted or published studies relating to vaccinated versus non vaccinated people.
- In response to a FOIA request, on July 29th 2020, after months of false claims and objections, the CDC finally conceded that it could not find a single study comparing health outcomes between vaccinated and unvaccinated children and that it "has not conducted a study of health outcomes in vaccinated vs unvaccinated populations."
- A pilot study (refer: <https://archive.is/PwUrN> or <https://oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php#gsc.tab=0>) of 666 home schooled six to 12-year-olds from four American states published on April 27th 2017 in the Journal of Translational Sciences, compared 261 unvaccinated children with 405 partially or fully vaccinated children, and assessed their overall health based on their mothers' reports of vaccinations and physician-diagnosed illnesses. The results were that vaccinated children were:
 - over four-fold more likely to be diagnosed on the Autism Spectrum (OR 4.3)
 - 30-fold more likely to be diagnosed with allergic rhinitis (hay fever) than non-vaccinated children
 - 22-fold more likely to require an allergy medication than unvaccinated children
 - over five-fold more likely to be diagnosed with a learning disability than unvaccinated children (OR 5.2)
 - 340 percent more likely to be diagnosed with Attention Deficit Hyperactivity Disorder than unvaccinated children (OR 4.3)
 - 5.9-fold more likely to have been diagnosed with pneumonia than unvaccinated children
 - 3.8-fold more likely to be diagnosed with middle ear infection (otitis media) than unvaccinated children (OR 3.8)
 - 700 percent more likely to have had surgery to insert ear drainage tubes than unvaccinated children (OR 8.1)
 - 2.4-fold more likely to have been diagnosed with any chronic illness than unvaccinated children
- A privately financed national study in the Netherlands in 2004 showed that vaccinated children, compared to unvaccinated children, were significantly much more likely to develop the following symptoms/conditions: fevers, ear infections, throat inflammation, aggressive behaviour, convulsions/collapse, the need for antibiotics, frequency of crying, general sickness, eczema, asthma/chronic lung disease, allergic reactions, difficulty sleeping. (refer: <http://www.thinktwice.com/Dutch.pdf>)
- A study published in *SAGE Journals* (refer: <https://journals.sagepub.com/doi/10.1177/2050312120925344>) concluded ""In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination."
- A study published in MDPI (refer <https://www.mdpi.com/1660-4601/17/22/8674>) titled 'Relative Incidence of Office Visits & Cumulative Rates of Billed Diagnosis Along The Axis of Vaccination' involving 2,763 vaccinated kids and 561 unvaccinated kids clearly demonstrated that the vaccinated children, compared with unvaccinated children, were significantly more likely to be diagnosed with

ADHD, allergic rhinitis, anemia, asthma, behavioural issues, breathing issues, dermatitis, ear pain/disorders, eczema, eye disorders, general infections, lung infections, otitis media, respiratory infections and urticaria.

- The Cal-Oregon project sponsored by Generation Rescue surveyed parents of vaccinated vs. unvaccinated U.S. children (the link to this website/study is no longer available). Of the 17,674 children included in the survey, the results showed:
 - Vaccinated children had 120% more asthma
 - Vaccinated boys had 317% more ADHD
 - Vaccinated boys had 185% more neurologic disorders
 - Vaccinated boys had 146% more autism
- There is an ongoing study in Germany that compares the long-term health of 17,641 vaccinated children with that of 15,320 unvaccinated children (refer: <http://webenz.com/vaccine-safety-trials/>). <https://www.vaccineinjury.info/survey/results-unvaccinated/results-illnesses.html>). The study shows that vaccinated children are:
 - twice as likely to have allergies
 - 7 times more likely to have asthma/chronic bronchitis
 - 3 and half times more likely to have hayfever
 - 3.8 times more likely to have Hyperactivity
 - 19 times more likely to have an Autoimmune disorder
 - 10 times as likely to have skoliosis
 - 11 times as likely to have Epilepsy/Seizures
 - twice as likely to have migranes
 - 2.5 times more likely to have Autism
- The conclusion of a studies in 2017 (www.ncbi.nlm.nih.gov/28188123/) and 2018 (refer: <https://pubmed.ncbi.nlm.nih.gov/29616207/>) found that over the past 40 years, 6-35 months old DTP-vaccinated children in Guinea-Bissau tended to have much higher mortality than DTP-unvaccinated children. All studies of the introduction of DTP have found increased overall mortality.
- In 1992, IAS conducted a survey on the health and vaccination status of New Zealand children. The results overwhelming showed that unvaccinated children suffer far less from chronic childhood conditions than vaccinated children (refer: https://mednat.news/vaccini/dannivacc_study.pdf).
- Between the late 1800's and early 1900's, the chickenpox fatality rate in Leicester (UK), where vaccinations were stopped being administered from 1882, was considerably lower than the rest of England and all other countries (refer: <https://childhealthsafety.files.wordpress.com/2009/02/vaccines-did-not-save-us-e28093-2-centuries-of-official-statistics.pdf>)
- Anecdotally and through different medians (i.e. forums, groups, social media posts, etc) thousands of parents all around the world have reported how their unvaccinated kid(s) have been so much more healthier than their vaccinated kids, and/or how their partially vaccinated kids have been healthier than their fully vaccinated kids. I have personally met and spoken with countless parents who have expressed this exact same experience. Keep in mind almost 100% of these parents started out as pro vaccine advocates.

Evidence of Contamination in Vaccines

- In the book 'Fear Of The Invisible' by Janine Roberts published in 2008, the abstract for the chapter entitled 'The Dangerous Impurities of Vaccines' stated "In 1998 & 1999, scientists representing the World Health Organisation (WHO) met with senior vaccine regulatory scientists of the USA and UK at the National Institutes of Health (NIH) to discuss the safety of the manufacturing methods employed to produce vaccines. All the experts that spoke expressed grave concern over the safety of the manufacturing process currently employed to make licensed vaccines. It was reported that the vaccines could not be purified, were "primitive", made on "crude materials" and the manufacturers could not meet lowered government standards. WHO specialists reported the widespread and continuing presence in the MMR vaccine of chicken leukosis virus. Other spoke about the presence of various other viruses, toxins, foreign proteins, enzymes and possible prions and oncogenes. It was reported that the polio vaccine had sometimes contained more monkey viruses than polio viruses. Grave concerns were expressed about the level of foreign residual DNA and RNA contaminating the vaccines. It was feared that this could be causing cancers and autoimmune diseases (refer: <http://www.medicalveritas.com/images/00197.pdf>).
- In 1959, Bernice Eddy—a government scientist working in biologics at the National Institutes of Health (NIH)—discovered that polio vaccines being administered throughout the world contained an infectious agent capable of causing cancer.¹ When Eddy attempted to report her findings and halt production of the contaminated polio vaccines, her government superiors barred her from publicly revealing the problem. Instead, they took away her lab and equipment, and she was demoted. It was not until the following year, 1960, that two Merck scientists, Dr. Maurice Hilleman and Dr. Benjamin Sweet, published findings concluding that all three types of Sabin's live oral polio vaccine were contaminated with a "hitherto undetectable" monkey virus that they named simian virus 40 (SV40). The contamination was the direct result of using rhesus monkey kidney cells to make the vaccines. Further research proved that SV40 was also present in Salk's injectable IPV vaccine when the microbes survived the formaldehyde "killing" process. In 1996, Michele Carbone, a molecular pathologist at Loyola University Medical Center, was able to detect SV40 in 38 percent of patients with bone cancer and in 58 percent of those with mesothelioma, a deadly type of lung cancer. By April 2001, sixty-two papers from thirty laboratories around the world had reported SV40 in human tissues and tumors, including pituitary and thyroid cancers. Dr. Hilleman later admitted on tape that Merck knew that the vaccines were contaminated but continued to dispense them to the public anyway.
- In 2018, Italian researchers tested the Infranix Hexa vaccine and found that: "Not only vaccine antigens have been not detected, there were also 65 signs of chemical contaminants of which only 35% is known, there are among these various processing residues and cross-contaminations from other manufacturing lines, and their identification will be checked during the second level of the analytical study (ie with standard controls). 7 chemical toxins among these signals have also been identified, probably deriving from chemical contaminants of the manufacturing process or other manufacturing lines at the vaccine manufacturing sit..." (refer: <https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/initial-results-on-infranix-hexa-chemical-composition.html>)

Vaccines Potentially Increase the Risk of Spread & Infection:

- Scientific evidence demonstrates that individuals vaccinated with live virus vaccines such as MMR (measles, mumps and rubella), rotavirus, chicken pox, shingles and influenza can shed the virus for many weeks or months afterwards and infect the vaccinated and unvaccinated alike.
- Physicians and public health officials know that recently vaccinated individuals can spread disease and that contact with the immunocompromised can be especially dangerous. For example:
 - the Johns Hopkins Patient Guide warns the immunocompromised to "Avoid contact with children who are recently vaccinated," and to "Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit."
 - a statement on the website of St. Jude's Hospital which warns parents not to allow people to visit children undergoing cancer treatment if they have received oral polio or smallpox vaccines within four weeks, have received the nasal flu vaccine within one week, or have rashes after receiving the chickenpox vaccine or MMR (measles, mumps, rubella) vaccine.
- Adults have contracted polio from recently vaccinated infants. A father from Staten Island ended up in a wheel chair after contracting polio while changing his daughter's diaper. He received a \$22.5M award in 2009. <https://www.nydailynews.com/new-york/staten-island-dad-22-5m-polio-case-lederle-laboratories-article-1.369105>
- More information about shedding from vaccines can be found at <https://vaccinetruth.org/shedding.html>

Additional Information

Improving our Health and Strengthening Our Immune System:

- There are thousands of studies and articles demonstrating how proper nutrition (including Vitamin A, C, D, zinc, selenium), exercise, lowering stress levels and other healthy life choices can strengthen and support our immune systems which help prevent diseases and better prepare us for managing infections.
- In a paper published in *Science Direct* titled 'Host nutritional status: the neglected virulence factor' (<https://www.sciencedirect.com/science/article/abs/pii/S0966842X04001647>) it concluded "the nutritional status of the host, until recently, has not been considered a contributing factor to the emergence of infectious disease. In this review, we show that host nutritional status can influence not only the host response to the pathogen, but can also influence the genetic make-up of the viral genome".

Most Diseases Are Either Gone, or Rare or Not Fatal:

- Most diseases that children are vaccinated against are either not common or not fatal (or both).

Contracting Diseases Naturally Can Have Health Benefits:

- In Neil Miller's book 'Review of Critical Vaccine Studies' there are dozens of peer reviewed studies demonstrating that by contracting natural diseases such as chicken pox, measles, mumps, rubella, you gain protected benefits from various types of cancers (by building your immunity authentically & naturally).

Toxins In Vaccines Are Not Able To Be Eliminated From Our Bodies:

- Toxins that are inhaled and ingested can potentially be dealt with by our immune systems via the airways and intestines and liver, but when toxins are injected directly into the blood stream we are bypassing all of our natural protection mechanisms.

Vaccination Debates:

- On numerous occasions, debates between the pro-vaccine representatives versus non pro-vaccine representatives have been organised, almost all of which the pro-vaccine people cancelled or did not show up. A recent example of this was a planned televised debate in Atlanta where 8 to 9 non pro-vaccine representatives showed up and zero pro vaccine representatives attended.

Quotes from Physicians on Vaccines In General:

- Dr Suzanne Humphries: "My current opinion about vaccinations is that they have never been safe, never has there been a safe vaccine, never will there be a safe vaccine and it is not possible to have a safe vaccine. The reasoning for that is that the actual process of vaccination defies the natural function of the immune system of living beings. It thwarts the immune system into a balance that's very unnatural and that leaves it susceptible to more things than just what you may be vaccinated supposedly for".
- Dr Kelly Brogan: "As those of us who shake our heads in pain and frustration watching the sheep get herded off the cliff, we refrain: these agents cannot be considered "safe and effective" and also "unavoidably unsafe" as the government agencies would have us accept. They are avoidably unsafe, in fact, when you don't use them as part of your healthcare."
- Dr Larry Palevsky: "One of the assumptions we have heard is that high vaccinations protect those vulnerable and it reduces the probability of those people vaccinated to spread the germ to others. Never once in my 37 years have I ever seen a study that showed that a vaccination makes the bacteria or the virus disappear from the body of those who are vaccinated. Yet all we continue to say is that once a vaccine is given not only are people immune but the bacteria and viruses are no longer in their bodies to transmit to others, and that is not true. We have also heard that once you are vaccinated you are immune. Well actually the text books don't say that....We are told that unvaccinated children are the only children (and the only people) that are capable of spreading germs but that's not true either because vaccinated children can still spread germs, they can still carry the bacteria and viruses that we vaccinate against, and so can adults..." (refer: <https://www.youtube.com/watch?v=Nsj4i9Z3Qfs> for full speech).
- Dr Larry Palevsky (again): "You can't vaccinate believing that your children are protected and then feel that your children are not protected because somehow some non-vaccinated child is carrying some secret organism that no-one else is carrying. It just doesn't make any sense."
- Dr Raymond Obomsawin: "Personally, I can attest to the fact that as a child I did get all the vaccines available. I also came down with measles and mumps and chickenpox...natural immunity is the only true immunity. Everything else is an artificial attempt to cheat nature".
- Dr Tim O'Shea: "Common sense is all that protects travellers from disease, not vaccines. Are about food, drinking water, local plants, air, environment, supporting the immune system – these are the only defences that ever protect anyone, home or abroad. For the last time, germs are the evidence of disease, not the cause of disease."
- Dr Robert Sears: "The stupidity of having the Hep B vaccine on the schedule for every American born newborn is what woke me up to even scrutinise the (vaccine) schedule" and "I've had the privilege to basically watch around 15,000 unvaccinated kids grow up as healthy children."
- Dr Shiv Chopra (who started his career developing vaccines for pharmaceutical companies): "Vaccine induced adverse reactions, including autism, diabetes, cancer, allergies & various neurological disorders continue to mount & more so where vaccines are used the most. For all these reasons I refer to vaccines as "cluster bombs" which, when injected, explode in all parts of one's body & knock out some of the most critical organs & tissues. Therefore, my opinion on this subject is that no currently used vaccine does any good to anyone's health & every vaccine is potentially dangerous to everyone's health."

- Dr Jo Mercola: "There was a deliberate confusion by the public health authorities to make the public believe the vaccines were far more effective than they were, so they would use data to show that the incidence of the disease they were vaccinating against had dropped dramatically since the introduction of vaccines but what they failed to do was extend the graphs further (before the vaccines) where it had already gone down by at least 90%."
- Dr Bernard Dalbergue (a former pharmaceutical industry physician with Gardasil manufacturer Merck): "I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers."
- Dr Paul Thomas (who wrote 'The Vaccine-Friendly Plan'): "I have over 13,000 children in my pediatric practice and I have to say, as unpopular as this observation might be, my unvaccinated children are by far the healthiest."
- Dr Liz Mumper: "As somebody who has studied vaccines for many years, and I've read every single (vaccine) insert of every single vaccine, I'm not as worried about the short-term effects - the redness, the swelling, all those signs that show that the body has recognised the shot is foreign and is reacting to it. I'm much more concerned about potential long term affects - brain inflammation or auto-immunity for example."
- Dr Rebecca Carley: "Inoculations are the true weapons of mass destruction which cause autoimmune disease, non-traumatic seizures, cancer and genetic damage". "There's two parts to the immune system – there's the B cells that make the antibodies, there's the T cells which are like the little 'pacman' cells that are supposed to go after the cancer cells, the viruses, bacteria, etc. Vaccines make the B cells go into hyperdrive and therefore the T cells are paralysed, so all you're doing is making an antibody and that antibody is attacking you."
- Dr Stephanie Cave: "As a family practice physician, I was prompted into action myself around 1997, as more and more autistic children showed up in my office. Although the children came from different social and family environments their histories were the same in one frightening way. They had all been healthy and developing normally – physically, emotionally and mentally until age 15 to 18 months. Then, the parents reported, their once happy, friendly babies disappeared, as if their inner spark had gone out. Suddenly the children lost speech, would not maintain eye contact, were highly sensitive to touch and noise, and were intentionally injuring themselves. The parents were horrified and frightened. And I did not know what to tell them. But then as I studied the medical charts, I realised that all the children had one thing in common. All of them had deteriorated within weeks of receiving several vaccines simultaneously. It was then that I began to document my cases and read about other similar instances reported by doctors around the world. I discovered I was not witnessing an isolated pocket of cases where I practiced...but that I was verifying a phenomenon that was happening around the globe."
- Dr Thomas Cowan: "Health does not come from the injection of toxins into our bodies."
- Dr Zoltan Rona: "Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like multiple sclerosis, lupus, juvenile onset diabetes, fibromyalgia and cystic fibrosis as well as previously rare disorders like brain cancer, SIDS, childhood leukemia, autism and asthma"

- Professor Yehuda Shoenfeld: "Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus, diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome and demyelinating disorders. Almost all types of vaccines have been reported to be associated with the onset of ASIA (autoimmune/inflammatory syndrome induced by adjuvants)"
- Dr Kelly Brogan: "As those of us who shake our heads in pain and frustration watching the sheep get herded off the cliff, we refrain: these agents cannot be considered "safe and effective" and also "unavoidably unsafe" as the government agencies would have us accept. They are avoidably unsafe, in fact, when you don't use them as part of your healthcare."
- Dr Sherri Tenpenny: "It's a multi generation indoctrination based on myths of science...I can say unequivocally vaccines have never been proven to be safe, they don't keep you from getting sick, and unequivocally they cause harm".
- Dr Viera Scheibner: "Vaccination is the single most prevalent and most preventable cause of infant deaths."
- Dr Robert Rowen: "Vaccinations are a major issue. I am willing to exempt any child from vaccinations in the state of Alaska under my powers as a physician and state law upon request. The reason why I am willing to do that is that because to this date, the highest health official in this state has not given me any study demonstrating that all the vaccines given to children confer less risk than not receiving the vaccines at all."
- Professor L. Vincent: "All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukaemia...Vaccines do predispose to cancer and leukaemia."
- Dr Anthony Morris: "There is a great deal of evidence to prove that immunization of children does more harm than good."
- Dr Paul Frame: "There is insufficient evidence to support routine vaccination of healthy persons of any age."
- Dr H. M. Shelton (who treated around 1,000 patients during the 1918-19 flu pandemic without losing one, using natural therapies/treatments): "Making war on disease with vaccine & toxic drugs amounts to battling down reserve life forces & fighting delusional causes & entities. It is really a war upon the human constitution."

Polio Notes

- In a 2004 paper, 'The polio vaccine: a critical assessment of its arcane history, efficacy, and long-term health-related consequences' (refer: <https://www.researchgate.net/publication/252553744> [The polio vaccine a critical assessment of its arcane history efficacy and long-term health-related consequences](#)) the author wrote: "Many people mistakenly believe that anyone who contracts polio will become paralysed or die." In fact, the majority of people who are infected with poliovirus do not become sick and are never even aware that they have had the infection. The CDC also confirms that 75% of people infected with poliovirus will experience no symptoms whatsoever and indicates that a very low percentage will have weakness or paralysis in their arms/legs and many individuals recover completely.
- In her 2013 book 'Dissolving Illusions: Disease, Vaccines, and the Forgotten History' Dr Suzanne Humphries describes how we were "indoctrinated to believe polio was a highly prevalent and contagious disease" from the early 1900s on "despite the actual numbers of paralytic polio cases being very low."
- Between 1923 and 1953 (before the introduction of the Salk vaccine), the polio death rate in the U.S. had declined on its own by 47% and England had observed a similar pattern, with a 55% decline. But there was a spike upwards in the 1940's and early 1950's. This has been attributed to the following factors:
 - Intramuscular injection of vaccines and other pharmaceuticals started prompting "polio" cases to skyrocket, particularly after introduction of the diphtheria and pertussis vaccines in the 1940s. Studies in various journals can be found to support these claims.
 - Diagnoses of what was thought to be "polio" also followed the 1939 discovery and introduction of the insecticide dichloro-diphenyl-trichloroethane (DDT). Most doctors of the time were unaware that DDT poisoning mimics the paralytic symptoms of polio.
 - The general consciousness of polio was leading to more frequent diagnosis and recording of mild cases. Also, there was an increased financial incentive, there being more polio insurance and more aid available from the National Foundation for Infantile Paralysis.
- In 1949 Dr Klenner had successful treatment of polio using Vitamin C, with many dramatic case histories (refer to the book 'Vitamin C, Nature's Miraculous Healing Missile' by Dr Kalokerinos).
- In 1955, an estimated 220,000 individuals were injected with the vaccine developed by Jonas Salk which contained the live, infectious virus which was thought to be inactivated. This "bad batch" caused around 70,000 cases of muscle weakness, 164 cases of severe paralysis and 10 deaths. This was known as the "Cutter Incident". As a result of this, more people developed paralysis from the 1955 vaccine than would have developed it from a wild, natural poliovirus. Moreover, children given the Cutter Laboratories vaccines were more likely to experience paralysis in their arms, suffer severe and permanent paralysis, require breathing assistance in iron lungs and die than children naturally infected with poliovirus.
- Following a halt in production and once this was sorted, the vaccines were rolled out again. Despite a spike of polio cases between 1957 and 1958, polio cases eventually started dropping again, like they were dropping prior to the 1940's. Whilst many claim that the vaccine was being effective, the evidence suggested that the decline was more likely due to the following factors:

- In 1955, officials redefined "paralytic poliomyelitis" and made the diagnosis much more stringent (e.g. patients with a short paralytic duration were no longer counted as having polio).
- distinct diseases that had previously been grouped together under the umbrella of "polio" began to be reported as separate diseases (including aseptic meningitis, coxsackie virus and transverse myelitis). For example in one US county, in July 1955 there were 273 cases of polio reported for 50 cases of aseptic meningitis, compared to 5 cases of polio and 256 cases of aseptic meningitis in 1966.
- the subsequent prohibition of neurotoxins, such as DDT, BHC, arsenic & lead based pesticides.
- In 1958 mass vaccination triggered a disastrous increase in polio, the highest being 700% in Ottawa, Canada. The highest incidence in the USA occurred in those states which had been induced to adopt compulsory polio shots (refer: 'Vaccination, The Medical Assault on the Immune System' by Dr V. Scheibner).
- Where polio vaccination programs have been instituted worldwide, reported polio infections show a 700% increase as a result of compulsory vaccination.
- In 1962, Bernard Greenberg, Chair – Committee on Evaluation & Standards APHA provided evidence for US congressional hearings on polio vaccination and disputed the widespread publicising of the Salk vaccine's effectiveness.
- Dr Mendelsohn wrote: "Use of either Salk or Sabin vaccine will increase the possibility that your child will contract the disease. It appears that the most effective way to protect your child from polio is to make sure that he/she doesn't get the vaccine."
- Dr Sabin, the developer of the Polio vaccine (after Salk) is quoted as saying: "Official data shows that large scale vaccination has failed to obtain any significant improvement of the diseases against which they were supposed to provide protection".
- In March 2014, the WHO declared India to be polio-free due to vaccination. Once again, however, the global health agency failed to tell the public the whole truth, omitting the fact that they established the same diagnostic criteria in India and other "polio-free" nations as the U.S. used starting in 1955 to create the impression of vaccine success.
- The WHO has also made little mention of the skyrocketing incidence in countries like India of a condition called acute flaccid paralysis (AFP). In India, the timing and incidence of "non-polio" AFP have corresponded very closely to the country's largely experimental policy of administering "pulse" doses of OPV to children ages zero to five.
- In 2017, it was declared that for the first time, the number of children paralysed by mutant strains of the polio vaccine are greater than the number of children paralysed by polio itself. Raul Andino, a professor of microbiology at the University of California at San Francisco stated "It's actually an interesting conundrum. The very tool you are using for [polio] eradication is causing the problem"
- A more thorough summary of the history and misperceptions surrounding polio can be found at <https://www.westonaprice.org/health-topics/vaccinations/polio-vaccines-medical-triumph-or-medical-mishap/> (includes 48 references to studies, papers, etc) and in many vaccine books including Dr Suzanne Humphries book 'Dissolving Illusions: Disease, Vaccines, and the Forgotten History'.

Smallpox Notes

- From an article by Dr Charles Creighton (UK's leading epidemiologist and author of "The History of Epidemics in Britain") published in the Ninth Edition of the Encyclopedia Britannica UK (1888):
 - In 1871 in Bavaria, out of 30,742 cases, 29,429 were in vaccinated persons (95.7%)
 - In 1871, Prussia was the highest re-vaccinated country in Europe yet had the highest death rate from smallpox of any northern European country (69,839 deaths)
 - In 1870 in Cologne, the first unvaccinated person attacked by smallpox was 174th in order, and similarly in 1871 in Liegnitz, the first unvaccinated person attacked by smallpox was 225th in order.
- Dr Walter Hadwen who wrote the report 'The Case Against Vaccination' in 1896 (refer: <https://hpmeldpunt.weebly.com/uploads/1/0/0/4/10040204/hadwen-the-case-against-vaccination.pdf>) stated:
 - "Since the passing of the (UK compulsory vaccination) Act of 1853 we have had no less than three distinct epidemics. In 1857-59 we had more than 14,000 deaths from smallpox; in the 1863-65 epidemic the deaths had increased to 20,000; and in 1871-72....44,800"
 - "Stricter enforcement led to the highest vaccination rate ever achieved in England in 1871 – 97.5%. This rate coincided with England's worst smallpox epidemic"

* Note that Dr Hadwen also was from Gloucester and he delivered that city from the smallpox epidemic more quickly than any other British city by ruling out all vaccination and introducing strict measures of hygiene and isolation of the infected.
- Dr L A Parry, whose paper "Fatality Rates of Small-Pox in the Vaccinated & Unvaccinated" (refer: <https://www.bmj.com/content/1/3498/116.1.full.pdf+html>) was published in *British Medical Journal* in 1928 (and was never challenged), stated:
 - Smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated
 - In highly vaccinated areas (e.g. Bombay and Calcutta) smallpox is rife, while in minimally vaccinated areas, such as Leicester, it is almost unknown
 - 80% of the smallpox cases admitted into the hospitals have been vaccinated, with 20% unvaccinated
 - Germany, the best-vaccinated country in the world, has more smallpox deaths proportional to the population than England. In 1919, there were 28 deaths in England compared with 707 in Germany.
- Speaking to the Medical Freedom Society on a bill in Congress to abolish compulsory vaccination (in 1936), Dr William Howard Hay stated:
 - "One of the most insane...things we have advocated in medicine...was to insist on the vaccination of children, or anybody else, for the prevention of smallpox. We (were) never able to prove that vaccination saved one man from smallpox"
 - "I know of one epidemic of smallpox comprising nine hundred and some cases, in which 95% of the infected had been vaccinated and most of them recently"

- “In thirty years of practicing medicine, I have run across so many histories of children who had never seen a sick day until they were vaccinated and who have never seen a well day since”
- Between the late 1800’s and early 1900’s, the chickenpox fatality rate in Leicester (UK), where vaccinations were stopped being administered from 1882, was considerably lower than the rest of England and all other countries (refer: <https://childhealthsafety.files.wordpress.com/2009/02/vaccines-did-not-save-us-e28093-2-centuries-of-official-statistics.pdf>)
- In 1919 in England and Wales, with a population of 37.8M and being one (two) of the least vaccinated countries (in 1907 Vaccination Acts of England repealed), only 28 deaths from smallpox were registered that year. In the same year in the Philippines, with a population of 10M and with people being triple vaccinated over the prior 6 years, 47,368 death from smallpox were recorded. (refer: [Dangers of Smallpox Vaccination’ by G Krasner and also a publication in the Australasian Nurses Journal No.9 in August 1980](#))
- With regards to the eradication of Smallpox:
 - During the 16 years preceding the 1966 launch of the WHO smallpox eradication campaign, 38 additional countries became free of smallpox cases with several more nations being very close to zero cases (refer: [F.Hoole; Evaluation Research & Development Activities; Sage Publications, Newberry Park, California 1978, Figure 2.3 page 58](#))
 - Over 90% of children in developing countries were never reached with the vaccine (refer: [H. Buttram & J. Hoffman; Bringing Vaccines into Perspective; Mothering Magazine; Vol. 34; 1985; page 43](#))
 - It is proposed that Smallpox was eradicated by three synergistic mechanisms: 1. Isolation 2. Attenuation and 3. Improved social determinants, particularly nutrition and sanitation (refer: <https://childhealthsafety.wordpress.com/2010/11/03/small-pox-big-lie/>)

Interviews With/Articles From Physicians Regarding Vaccine Safety & Efficacy (Excluding Those That Have Been Removed/Censored):

- Dr. Nancy Banks - <http://bit.ly/1p0aIm>
- Dr. Russell Blaylock - <http://bit.ly/1BXxQZL>
- Dr. Shiv Chopra - www.youtube.com/watch?v=X0kf3W6z0ts
- Dr. Sherri Tenpenny - <http://bit.ly/1MPVbjx>
- Dr. Suzanne Humphries - <http://bit.ly/17sKDbf>
- Dr. Suzanne Humphries (best of) - https://m.youtube.com/watch?feature=youtu.be&v=McfXd_Xuojs
- Dr. Larry Palevsky - <http://bit.ly/1LLEjf6>
- Dr. Meryl Nass - <http://bit.ly/1DGzJsc>
- Dr. Raymond Obomsawin - <http://bit.ly/1G9ZXYI>
- Dr. Robert Rowen - <http://bit.ly/1SIELeF>
- Dr. David Ayoub - <http://bit.ly/1SIElVe>
- Dr. Boyd Haley PhD - <http://bit.ly/1KsdVby>
- Dr. Roby Mitchell - <http://bit.ly/1gdgEzU>
- Dr. Ken Stoller - <http://bit.ly/1MPVqLI>
- Dr. David Davis - <http://bit.ly/1gdgJwo>
- Dr. Tetyana Obukhanych - <http://bit.ly/16Z7k6J>
- Dr. Harold E Buttram - <http://bit.ly/1Kru6Df>
- Dr. RC Tent - <http://bit.ly/1MPVwmU>
- Dr. Rebecca Carley - <http://bit.ly/K49F4d>
- Dr. Andrew Moulden - <http://bit.ly/1fwzKJU>
- Dr. Michael Elice - <http://bit.ly/1KsdpKA>
- Dr. Paul Thomas - <http://bit.ly/1DpeXPf>
- Many doctors talking at once - <http://bit.ly/1MPVHOv>
- Dr. Jane Orient - <http://bit.ly/1MXX7pb>
- Dr. Richard Deth - <http://bit.ly/1GQDL10>
- Dr. Lucija Tomljenovic - <http://bit.ly/1eqiPr5>
- Dr. Chris Shaw - <http://bit.ly/1lGiBp>
- Dr. Susan McCreadie - <http://bit.ly/1CqgN83>
- Dr. Mary Ann Block - <http://bit.ly/1OHcyUX>
- Dr. Jayne Donegan - <http://bit.ly/1wOk4Zz>
- Dr. Joseph Mercola - <http://bit.ly/18dE38l>
- Dr. Jeff Bradstreet - <http://bit.ly/1MaX0cC>
- Dr. Robert Mendelson - <http://bit.ly/1JpAEQr>
- Dr. Theresa Deisher - <https://m.youtube.com/watch?feature=youtu.be&v=6Bc6WX33SuE>
- Dr. Sam Eggertsen - <https://m.youtube.com/watch?v=8LB-3xkeDAE>
- Dr. Marc Girard - <https://unavoidablyunsafe.wordpress.com/2015/07/30/marc-girard-m-d-m-sc/>
- Dr. Charles Richet - https://smartvax.com/?option=com_content&view=article&id=90
- Dr. Zach Bush - <https://www.youtube.com/watch?t=2033&v=Ea-VzpdKwrc>
- *Brandy Vaughan (ex Merck Rep) - <https://www.youtube.com/watch?v=ZDUlftPMjg>
- Others Doctors Who Have Concerns About Vaccine Efficacy & Safety – Dr Kelly Brogan, Dr Frank Engley, Dr Mayer Eisenstein, Dr Rashid Buttar, Dr Ghislaine Lanctot, Dr Toni Bark, Dr Philip Incao, Dr Troy Ross, Dr Garth Nicolson, Dr. Richard Moskowitz, Dr. David Brownstein, Dr. Stephanie Seneff, Dr. Terry Wahls, Dr. Jack Wolfson

Documentaries/Videos:

- Autism - Made in the USA - <http://bit.ly/1J8WQN5>
- Beyond Treason - <http://bit.ly/1B7kmvt>
- Bought - <https://www.bitchute.com/video/ywE9Ywrwb2Nz/>
- Deadly Immunity - <http://bit.ly/1KUg64Z>
- Lethal Injection - <http://bit.ly/1URN7BJ>
- Shots In The Dark - <http://bit.ly/1ObtC8h>
- The Greater Good Movie - <https://www.bitchute.com/video/urJbeBiGnYBT/>
- The Silent Epidemic - <http://bit.ly/1vvQJ2W>
- The Truth About Vaccines - <http://bit.ly/1vlpwvU>
- Trace Amounts - <https://www.bitchute.com/video/bGHpE7MrbPA3/>
- Vaccination: The Hidden Truth - <http://bit.ly/KEYDUh>
- Vaccine Nation - <https://www.bitchute.com/video/inVDv55F8OdB/>
- Vaxxed - <https://vaxxedthemovie.com/>
- Why We Didn't Vaccinate Our 4 Children - <https://www.bitchute.com/video/f4N1IUT8UQWq/>

Books:

- Anyone Who Tells You Vaccines Are Safe an Effective is Lying – Dr Vernon Coleman
- Child Health Guide – Randall Neustaedter
- Childhood Vaccinations: Questions All Parents Should Ask – Tedd Koren, DC
- DDT/Polio: Virology vs Toxicology – Jim West
- Dissolving Illusions – Suzanne Humphries, MD & Roman Bystryanyk
- Every Vaccine Produces Harm – Andrew Moulden, MD
- Fear of the Invisible – Janine Roberts
- Failure of Vaccination – Carl Spitzig, MD
- How to Raise a Healthy Child in Spite of Your Doctor – Robert Mendelsohn, MD
- Jabs, Jenner and Juggernauts – Jennifer Craig, PhD, BSN, MA, Dhom
- Make an Informed Vaccine Decision For the Health of Your Child – Mayer Eisenstein, MD, JD, MPH
- Mirage of Health – Rene Dubos
- Miller's Reviews of Critical Vaccines Studies – Neil Miller
- Natural Alternatives to Vaccination – Zoltan Rona, MD
- Rising From the Dead – Suzanne Humphries, MD
- Saying No To Vaccines – Sherri Tenpenny, DO
- The Vaccine Book (3rd edition) – Robert W Sears, MD
- The Vaccine Court – Wayne Rohde
- The Crime of Vaccination – Tenison Deane, MD
- Vaccines: Are They Really Safe and Effective? – Neil Miller
- Vaccines are Dangerous – Curtis Cost
- Vaccination is Not Immunization: The War On Children – Tim O'Shea, DC
- Vaccine Illusion – Tetyana Obukhanych, PhD
- Vaccination – Gerhard Buchwald, MD
- Vaccination: 100 Years of Orthodox Research – Viera Scheibner, PhD
- Vaccine Epidemic – Louise Kuo Habakus and Mary Holland J.D
- Vaccination, Social Violence & Criminality – Harris Coulter
- What Your Doctor May Not Tell You About Children's Vaccinations – Stephanie Cave, MD

Websites:

- Child Health Safety: www.childhealthsafety.com
- Children's Health Defense: www.childrenshealthdefense.org
- Learn The Risk: www.learntherisk.org
- Think Twice: www.thinktwice.com
- Vaccination Awareness: www.vaccinationawareness.com.au
- Vaccine Impact: www.vaccineimpact.com
- Vactruth: www.vactruth.com
- Vaxxter: www.vaxxter.com
- WAPF: <https://www.westonaprice.org/>

Podcasts:

- The Vaccine Conversation

Studies from Neil Miller's website <http://www.thinktwice.com/>

Aluminum:

- Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration (Aluminum in vaccines can cause neuron death plus motor and memory deficits similar to Gulf War Syndrome): <https://pubmed.ncbi.nlm.nih.gov/19740540/>
- Aluminum vaccine adjuvants: are they safe? (Aluminum in vaccines may cause severe health problems in children and adults): <https://pubmed.ncbi.nlm.nih.gov/21568886/>
- Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013: Unveiling the pathogenic, clinical and diagnostic aspects (Aluminum adjuvants in vaccines can be dangerous, causing autoimmunity and ASIA syndrome in some people): <https://pubmed.ncbi.nlm.nih.gov/24238833/>
- Central nervous system disease in patients with macrophagic myofasciitis (Aluminum in vaccines can cause central nervous system disorders and multiple sclerosis-like symptoms): <https://pubmed.ncbi.nlm.nih.gov/11335699/>
- Clinical features in patients with long-lasting macrophagic myofasciitis (Chronic fatigue, chronic pain, and cognitive disorders have all been linked to aluminum in vaccines): <https://pubmed.ncbi.nlm.nih.gov/25506338/>
- Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?: (Aluminum in vaccines may be linked to autism spectrum disorders) <https://pubmed.ncbi.nlm.nih.gov/22099159/>
- Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations (Aluminum in vaccines can provoke permanent malfunctions of the brain and immune system): <https://pubmed.ncbi.nlm.nih.gov/22235057/>
- Macrophagic myofasciitis: characterization and pathophysiology (Aluminum in vaccines can cause chronic fatigue, sleep disturbances, multiple sclerosis-like demyelinating disorders, and memory problems): <https://pubmed.ncbi.nlm.nih.gov/22235051/>
- On vaccine's adjuvants and autoimmunity: Current evidence and future perspectives (Vaccine adjuvants such as aluminum and oil-in-water emulsions may cause autoimmune diseases): <https://pubmed.ncbi.nlm.nih.gov/26031899/>
- Predicting post-vaccination autoimmunity: who might be at risk? (Some people may be predisposed to developing vaccine-induced autoimmunity): <https://pubmed.ncbi.nlm.nih.gov/25277820/>
- Slow CCL2-dependent translocation of biopersistent particles from muscle to brain (Aluminum in vaccines can travel to distant organs, like the spleen and brain, and become "insidiously unsafe"): <https://pubmed.ncbi.nlm.nih.gov/23557144/>

Autism:

- A case series of children with apparent mercury toxic encephalopathies manifesting with clinical symptoms of regressive autistic disorders (There is a significant relationship between regressive autism spectrum disorders and the amount of mercury children received from thimerosal-containing vaccines): <https://pubmed.ncbi.nlm.nih.gov/17454560/>
- A two-phased population epidemiological study of the safety of thimerosal-containing vaccines: a follow-up analysis (A CDC-sponsored database shows significant links between thimerosal in vaccines and neurodevelopmental disabilities, including autism and attention deficit disorder (ADD)): <https://pubmed.ncbi.nlm.nih.gov/15795695/>
- A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States (Infants who received vaccines containing mercury had significantly increased odds of being diagnosed with an autism spectrum disorder): <https://pubmed.ncbi.nlm.nih.gov/24354891/>
- Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism (The MMR vaccine may be associated with brain autoimmunity and autism): <http://www.ncbi.nlm.nih.gov/pubmed/12145534/>
- An assessment of the impact of thimerosal on childhood neurodevelopmental disorders (Autism, mental retardation and personality disorders occurred more often in children who received vaccines with thimerosal): <https://pubmed.ncbi.nlm.nih.gov/14534046/>
- Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence (MMR contains human fetal DNA fragments that may be associated with autism and genetic mutation): <https://pubmed.ncbi.nlm.nih.gov/26103708/>
- Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002 (Boys who received hepatitis B vaccines containing mercury were 3 times more likely than unvaccinated boys to develop autism): <https://pubmed.ncbi.nlm.nih.gov/21058170/>
- Impact of environmental factors on the prevalence of autistic disorder after 1979 (MMR and other vaccines made with human fetal cells may be linked with rising cases of autism): <https://academicjournals.org/journal/JPHE/article-full-text-pdf/C98151247042>
- Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life (Infants who received vaccines containing mercury developed speech disorders, sleep disorders and autism): http://www.thinktwice.com/CDC_quashed_study.pdf
- Influence of pediatric vaccines on amygdala growth and opioid ligand binding in rhesus macaque infants: A pilot study (Baby monkeys that were given vaccines according to the US vaccination schedule had abnormalities in the region of the brain affecting social and emotional development): <https://pubmed.ncbi.nlm.nih.gov/20628439/>

- Neurodevelopmental disorders after thimerosal-containing vaccines: a brief communication (Rates of autism and mental retardation were 6 times higher in children who received DTaP vaccines with thimerosal): <https://pubmed.ncbi.nlm.nih.gov/12773696/>
- Transcriptomic analyses of neurotoxic effects in mouse brain after intermittent neonatal administration of thimerosal (Young mice and rats injected with thimerosal (mercury) had behavioral impairments characteristic of autistic children): <http://www.ncbi.nlm.nih.gov/pubmed/24675092>
- Do aluminum vaccine adjuvants contribute to the rising prevalence of autism? (Aluminum in vaccines may be linked to autism spectrum disorders): <https://pubmed.ncbi.nlm.nih.gov/22099159/>

Cancer:

- A case control study of carcinoma of the ovary (Women with prior infections of mumps, measles, rubella or chickenpox were significantly less likely to develop ovarian cancer): <https://pubmed.ncbi.nlm.nih.gov/588853/>
- A meta-analysis of the association between day-care attendance and childhood acute lymphoblastic leukaemia (Early exposure to infectious disease significantly reduces the risk of childhood leukemia): <https://pubmed.ncbi.nlm.nih.gov/20110276/>
- Do childhood diseases affect NHL and HL risk? A case-control study from northern and southern Italy (Measles and other childhood infections protect against cancer of the lymph system): <https://pubmed.ncbi.nlm.nih.gov/16406019/>
- Does prior infection with varicella-zoster virus influence risk of adult glioma? (A history of chickenpox is significantly protective against the risk of developing a brain tumor): <https://pubmed.ncbi.nlm.nih.gov/9098175/>
- Epidemiological characteristics of childhood acute lymphocytic leukemia. Analysis by immunophenotype. The Childrens Cancer Group (MMR vaccination increases the risk of childhood leukemia): <https://pubmed.ncbi.nlm.nih.gov/8182942/>
- Febrile infectious childhood diseases in the history of cancer patients and matched controls (Childhood diseases experienced early in life protect against many different types of cancer later in life): <https://pubmed.ncbi.nlm.nih.gov/9824838/>
- Febrile infections and malignant melanoma: results of a case-control study (Adults with previous infections of influenza, measles, mumps or chickenpox are less likely to develop malignant melanoma): <https://pubmed.ncbi.nlm.nih.gov/1450674/>
- Mumps and ovarian cancer: modern interpretation of an historic association (A mumps infection - but not mumps vaccination - protects women against ovarian cancer): <https://pubmed.ncbi.nlm.nih.gov/20559706/>

Diabetes:

- Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM (The Haemophilus influenzae type b (Hib) vaccine significantly increases the risk of developing type 1 diabetes): <https://pubmed.ncbi.nlm.nih.gov/12482192/>
- Clustering of Cases of IDDM 2 to 4 Years after Hepatitis B Immunization is Consistent with Clustering after Infections and Progression to IDDM in Autoantibody Positive Individuals (The hepatitis B vaccine significantly increases the risk of developing type 1 diabetes): <https://benthamopen.com/ABSTRACT/TOPEJ-2-1>
- Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after vaccination is consistent with clustering after infections and progression to type 1 diabetes mellitus in autoantibody positive individuals (Cases of type 1 diabetes increased after the introduction of MMR and pertussis vaccines): <https://pubmed.ncbi.nlm.nih.gov/12793601/>
- Diabetes insipidus after small pox vaccination (together with a contribution on the expert opinion) (German researchers documented diabetes following smallpox vaccination): <https://pubmed.ncbi.nlm.nih.gov/5983569/>
- Mumps, mumps vaccination, islet cell antibodies and the first manifestation of diabetes mellitus type I (The mumps vaccine may increase the risk of developing type 1 diabetes): <https://pubmed.ncbi.nlm.nih.gov/6385957/>
- Review of evidence that epidemics of type 1 diabetes and type 2 diabetes/metabolic syndrome are polar opposite responses to iatrogenic inflammation (Vaccination caused epidemics of type 1 diabetes, type 2 diabetes, obesity, and metabolic syndrome): <https://pubmed.ncbi.nlm.nih.gov/22934546/>
- Vaccinations may induce diabetes-related autoantibodies in one-year-old children (Vaccination against Haemophilus influenzae type b (Hib) may induce diabetes-related autoantibodies in children): <https://pubmed.ncbi.nlm.nih.gov/14679101/>

Hep B:

The Hepatitis B Vaccine and Vision Loss:

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- Association between the 2008-09 seasonal influenza vaccine and pandemic H1N1 illness during Spring-Summer 2009: four observational studies from Canada (Prior vaccination against seasonal influenza may increase the risk of contracting a severe case of pandemic influenza): <https://pubmed.ncbi.nlm.nih.gov/20386731/>

- Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season? (Pregnant women vaccinated against seasonal influenza and A-H1N1 (swine flu) had high rates of spontaneous abortions): <https://pubmed.ncbi.nlm.nih.gov/23023030/>
- Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children: a case-control study (Children who receive an inactivated influenza vaccine are significantly more likely than non-vaccinated children to be hospitalized): <https://pubmed.ncbi.nlm.nih.gov/22525386/>
- Impact of influenza vaccination on seasonal mortality in the US elderly population (Influenza-related death rates in the elderly do not improve by increasing influenza vaccination rates in the elderly): <https://pubmed.ncbi.nlm.nih.gov/15710788/>
- Increased risk of non-influenza respiratory virus infections associated with receipt of inactivated influenza vaccine (Children vaccinated against seasonal influenza are not protected and are more likely than non-vaccinated children to develop respiratory virus infections): <https://pubmed.ncbi.nlm.nih.gov/22423139/>
- Influenza vaccine effectiveness in the community and the household (The current season's influenza vaccine will not work in people who also received the previous season's influenza vaccine): <https://pubmed.ncbi.nlm.nih.gov/23413420/>
- Influenza Vaccination During Pregnancy: A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices (ACIP) (CDC policy to vaccinate pregnant women with thimerosal-containing influenza vaccines is not supported by science): http://thinktwice.com/Influenza_vaccination_during_pregnancy_Ayoub_Yazbak.pdf
- Influenza vaccination and Guillain Barre syndrome (Influenza vaccination increases the risk of Guillain Barre syndrome (GBS)): <https://pubmed.ncbi.nlm.nih.gov/12763480/>
- Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions (There is no evidence that vaccinating healthcare workers against influenza to protect their elderly patients is effective): <https://pubmed.ncbi.nlm.nih.gov/23881655/>
- Influenza vaccines: time for a rethink (Health authorities exaggerate the dangers of influenza and inflate the benefits of influenza vaccination): <https://pubmed.ncbi.nlm.nih.gov/23553143/>
- Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren (Vitamin D supplementation significantly protects school children against influenza and asthma attacks): <https://pubmed.ncbi.nlm.nih.gov/20219962/>
- Vaccination against human influenza A/H3N2 virus prevents the induction of heterosubtypic immunity against lethal infection with avian influenza A/H5N1 virus (Mice that were infected with a seasonal influenza virus survived exposure to a lethal influenza strain; vaccinated mice died): <https://pubmed.ncbi.nlm.nih.gov/19440239/>
- Vaccines for preventing influenza in healthy children (Influenza vaccines are not effective in young children; safety data can't be trusted): <https://pubmed.ncbi.nlm.nih.gov/22895945/>
- Vitamin D and Respiratory Tract Infections: A Systematic Review and Meta-Analysis of Randomized Controlled Trials (Eleven randomized studies show that vitamin D supplementation significantly reduces the risk of influenza, pneumonia and other respiratory infections): <https://pubmed.ncbi.nlm.nih.gov/23840373/>
- Yearly influenza vaccinations: a double-edged sword? (Annual vaccination against common strains of influenza reduces protective immunity against more dangerous strains of the disease): <https://pubmed.ncbi.nlm.nih.gov/19879807/>

Mercury (excluding those studies that have already been included under Autism):

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- Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing hepatitis B vaccine: influence of gestational age and birth weight (Newborn monkeys that received a thimerosal-containing hepatitis B vaccine had significant delays in neonatal reflexes and neurological development): <https://pubmed.ncbi.nlm.nih.gov/20711932/>
- Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years (Boys who received hepatitis B vaccines with mercury were 9 times more likely than unvaccinated boys to become developmentally disabled): <https://www.tandfonline.com/doi/abs/10.1080/02772240701806501?journalCode=gtec20>
- Methodological issues and evidence of malfeasance in research purporting to show thimerosal in vaccines is safe (Six CDC studies showing that mercury in vaccines is safe are unreliable and provide evidence of scientific malfeasance): <https://pubmed.ncbi.nlm.nih.gov/24995277/>
- Neonatal administration of thimerosal causes persistent changes in mu opioid receptors in the rat brain (Young rats injected with thimerosal in doses equivalent to those used in infant vaccines developed severe brain pathologies): <https://pubmed.ncbi.nlm.nih.gov/20803069/>
- Neonatal exposure to Thimerosal from vaccines and child development in the first 3 years of life (Psychomotor development -- the ability to crawl, walk, and run -- is adversely affected by neonatal exposure to thimerosal-containing vaccines): <https://pubmed.ncbi.nlm.nih.gov/23069197/>
- Neurodevelopmental disorders after thimerosal-containing vaccines: a brief communication (Rates of autism and mental retardation were 6 times higher in children who received DTaP vaccines with thimerosal): <https://pubmed.ncbi.nlm.nih.gov/12773696/>
- Thimerosal: clinical, epidemiologic and biochemical studies (180 studies provide evidence that thimerosal is dangerous; thimerosal-containing vaccines are unsafe for humans): <https://pubmed.ncbi.nlm.nih.gov/25708367/>

- Thimerosal-containing hepatitis B vaccination and the risk for diagnosed specific delays in development in the United States: a case-control study in the vaccine safety datalink (Developmental delays are 3 times more common in children who received vaccines with mercury): <https://pubmed.ncbi.nlm.nih.gov/25489565/>
- Thimerosal exposure in infants and neurodevelopmental disorders: an assessment of computerized medical records in the Vaccine Safety Datalink (A CDC-sponsored database shows significant links between thimerosal in vaccines and neurodevelopmental disorders): <https://pubmed.ncbi.nlm.nih.gov/18482737/>

MMR:

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- Allergic disease and atopic sensitization in children in relation to measles vaccination and measles infection (Children who contract measles are significantly less likely to develop allergies than children who are vaccinated against measles): <https://pubmed.ncbi.nlm.nih.gov/19255001/>
- Association of measles and mumps with cardiovascular disease: The Japan Collaborative Cohort (JACC) study (Measles and mumps infections in childhood protect against deadly heart attacks and strokes during adulthood): <https://pubmed.ncbi.nlm.nih.gov/26122188/>
- Atopy in children of families with an anthroposophic lifestyle (Children who never received an MMR vaccine were protected against allergies): <https://pubmed.ncbi.nlm.nih.gov/10232315/>
- Frequency of allergic diseases following measles (Children with a history of measles are significantly less likely to develop allergies than children without a history of measles): <https://pubmed.ncbi.nlm.nih.gov/16854347/>
- Immune thrombocytopenic purpura: an autoimmune cross-link between infections and vaccines (Thrombocytopenia, a serious autoimmune bleeding disorder, is 5 times more likely to occur after MMR vaccination): <https://pubmed.ncbi.nlm.nih.gov/24763539/>
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