

**Information Paper Regarding Non-Consent to
Mandatory or Coerced COVID-19 Injections
(Including Discussions on the COVID-
19/SARS-CoV-2 Situation and Vaccines in
General)**

by

Simon Forrest

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Summary

The purpose of this paper 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/SARS-CoV-2 situation and COVID-19 injections (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 some statements are 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/SARS-CoV-2 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 methodology/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 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, readily available, effective and inexpensive pharmaceutical drugs and/or natural therapies, despite an attempt from mainstream media and interested parties to refute these claims, and there are 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, biological agent using new mRNA/DNA technology that has been rushed to market, still technically in trial stage, 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, with misleading and false efficacy claims, questionable effectiveness in providing individual protection, and ineffectiveness in stopping infection and transmission.
- The pharmaceutical companies producing the COVID-19 vaccines, many of which have a long history of fraud, illegal marketing, bribing doctors and falsifying data, resulting in lawsuits and settlements, are 100% shielded from liability, hence they have no legal accountability for any deaths, injuries and other adverse reactions resulting from the vaccines.
- 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, blood clotting, myocarditis, auto-immune disorders, inflammatory diseases, neurological disorders, menstrual cycle issues, infertility, breaking down of lung tissue and death. Already, there have been several reported deaths and reactions reported through social media, news reports and government vaccine adverse event reporting systems, and many frontline healthcare workers are refusing the vaccine. As of August 13th, 2021, VAERS (a passive reporting system in the USA that captures less than 1 to 2% of actual events) had already recorded 13,068 deaths and 54,142 hospitalisations resulting from the COVID-19 vaccines.

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, strengthening our immune systems and embracing naturally acquired immunity where possible, whilst still implementing some practical control measures to help protect the more vulnerable people in society. 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 no clear evidence nor any expectations that the COVID-19 vaccines will stop infection and prevent transmission of SARS-CoV-2 and any of its variants, it basically 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 level of individual 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 public 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 VACCINE DISCUSSIONS

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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.
- In the USA, the Pfizer-BioNTech COVID-19 and Moderna COVID-19 vaccines have 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). Note that Moderna have never manufactured a vaccine before.
- Note that during the FDA meeting on December 10th 2020 to authorise the Pfizer-BioNTech vaccine under EUA, many questions from advisory committee members were met with answers such as “there is no data available” or “we have not yet analysed that” or “we need to keep it brief”. In the end, Chairman Dr Arnold Monto blocked further questions, saying “I think we want to stay away from discussions about immune response and other things that could be taken off line”.

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>).
- According to the TGA's Australian Public Assessment Report for the Pfizer BNT162b2 vaccine (refer: <https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125.pdf>) and the AstraZeneca ChAdOx1-S vaccine (refer: <https://www.tga.gov.au/sites/default/files/auspar-chadox1-s-covid-19-vaccine-astrazeneca-210215.pdf>) there were no trials conducted on the following groups:
 - Pregnant women
 - Immunocompromised patients
 - Frail patients with co-morbidities (for example chronic obstructive pulmonary disease, diabetes, chronic neurological disease, cardiovascular disorders)
 - Patients with autoimmune or inflammatory disorders
 - *The elderly (over 65 years of age) (*AstraZeneca only)

- Also, according to the TGA's Australian Public Assessment Report for the Pfizer vaccine and the AstraZeneca vaccine, there were no safety data on the interaction with other vaccines.

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.
- In a registration statement, Moderna stated "Currently mRNA is considered a gene therapy product by the FDA" reference
- As Dr David Martin says "There is a legal standard for what a vaccine is, and there also a FDA standard for what a vaccine is, and this is neither" (also refer to additional comments by Dr David Martin on page 64)

Questioning the Efficacy & Effectiveness of the COVID-19 Injections (Vaccines):

- As explained in an article published in *The Lancet* (refer: [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)), vaccine manufacturers have been publicly conveying high efficacy percentages (between 67% and 95%) based on relative risk reduction (RRR) only. RRR determines the degree of risk reduction for the undesired event in the subgroup that presented it (experimental group) relative to the opposite corresponding subgroup (control group). However, the absolute risk reduction (ARR) which is the difference between attack rates with and without a vaccine, considers the whole population and has been largely ignored or overlooked in regards to public awareness. According to the article, the

ARR's for each COVID-19 vaccine are "1.3% for the AstraZeneca–Oxford, 1.2% for the Moderna–NIH, 1.2% for the J&J, 0.93% for the Gamaleya, and 0.84% for the Pfizer–BioNTech vaccines."

- The efficacy results referred to in the above point relate to the effectiveness of the vaccine reducing the symptoms and nothing to do with preventing infectious transmission or spreading of the virus.
- Peter Doshie, Associate Editor of the British Medical Journal, raised some questions over the so called "95% effective claims" from Pfizer and Moderna in his opinion article (refer: <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>) where he said he has "new concerns about the trustworthiness and meaningfulness of the reported efficacy results":
 - Firstly, he claimed "Pfizer reported 170 PCR confirmed COVID-19 cases, split 8 to 162 between vaccine and placebo groups. But these numbers were dwarfed by a category of disease called "suspected COVID-19"—those with symptomatic covid-19 that were not PCR confirmed. According to FDA's report on Pfizer's vaccine, there were "3410 total cases of suspected, but unconfirmed COVID-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group". Hence, with 20 times more suspected than confirmed cases, Mr Doshie claims "A rough estimate of vaccine efficacy against developing COVID-19 symptoms, with or without a positive PCR test result, would be a relative risk reduction of 19% (see footnote) - far below the 50% effectiveness threshold for authorization set by regulators."
 - Secondly, he stated "371 individuals were excluded from the efficacy analysis for "important protocol deviations on or prior to 7 days after Dose 2." What is concerning is the imbalance between randomized groups in the number of these excluded individuals: 311 from the vaccine group vs 60 on placebo. (In contrast, in Moderna's trial, there were just 36 participants excluded from the efficacy analysis for "major protocol deviation" - 12 vaccine group vs 24 placebo group.)"
- There is obvious conflict of interest and a clear lack of independence and impartiality when it comes to vaccine companies conducting their own trials and publishing their own results.
- It is my understanding that none of the vaccine manufacturers have made any claims about their products creating immunity, stopping infection 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>)
- UK scientists have found that antibodies generated by two doses of the Oxford/AstraZeneca and Pfizer/BioNTech vaccines started to wane as early as six weeks after the second shot, in some cases falling more than 50% over 10 weeks (refer: <https://www.theguardian.com/world/2021/jul/22/uk-scientists-back-covid-boosters-as-study-finds-post-jab-falls-in-antibodies>)
- A study published in *Nature* (refer: <https://www.nature.com/articles/s41586-021-03777-9>) stated "Sera from individuals having received one dose of Pfizer or AstraZeneca vaccines barely inhibited variant Delta. Administration of two doses generated a neutralizing response in 95% of individuals,

with titers 3 to 5 fold lower against Delta than Alpha. Thus, variant Delta spread is associated with an escape to antibodies targeting non-RBD and RBD Spike epitopes”.

- A study published in the CDC in August 2021 (refer: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>) revealed that “following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3-17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients”.
- A research article published in *Trends in Internal Medicine* (refer: <https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>) states “Scientific analysis of the data from pivotal clinical trials for US COVID-19 vaccines indicates the vaccines fail to show any health benefit and in fact, all the vaccines cause a decline in health in the immunized groups. Health is the sum of all medical events or lack thereof. COVID-19 vaccines are promoted as improving health while in fact there is no evidence that these vaccines actual improve health in the individual or population as a whole. The current analysis used the proper scientific endpoint of “all cause severe morbidity”, a true measure of health. By contrast, manufactures and government officials promote the vaccines using a surrogate measure of health, severe infections with COVID-19, and the disproved philosophical argument that this surrogate endpoint equates to health. This substitution of philosophy for science is extremely dangerous and is certainly leading to a catastrophic public health event.”
- In July 2021, Rochelle Walensky, Director of the CDC, stated “In some fully vaccinated venues, if there are people, if they’re unmasked and there a few people who are transmitting there as a fully vaccinated person it is possible to pick up disease in those settings...we’ve seen that in some of our outbreak investigations this summer...”
- Again, in July 2021, Rochelle Walensky also said during a CNN interview “Here’s the new science that we saw just in the last several days. With prior variants, when people had these rare breakthrough infections, we didn’t see the capacity of them to spread the virus to others (note: many experts would dispute this statement). But with the Delta variant, we now see, in our outbreak investigations that have been occurring over the last couple of weeks... that if you happen to have one of those breakthrough infections, that you can actually now pass it to somebody else.”
- Also in July 2021, Dr Anthony Fauci, Director of NIAID, stated “Now that we have a Delta variant, that has changed the entire landscape, because when you look at the level of virus in the nasopharynx of a vaccinated person who gets a breakthrough infection with Delta, it is exactly the same as the level of virus in an unvaccinated person who is infected. That’s the problem...”
- Jen Psaki, White House Press Secretary, stated “but even after (being) vaccinated, social distancing and wearing masks are going to be essential”
- During a PM Covid News Briefing in July 2021, UK Chief Scientific Advisor Sir Patrick Vallance stated “Around 60% of the people being admitted to hospital with Covid have been double vaccinated...”. Interestingly, he later corrected his statement by saying that the 60% applied to the unvaccinated (which means there were still 40% of hospitalized patients who were vaccinated).
- In April 2021, the CDC issued new guidelines to laboratories for testing SARS-CoV-2 infections among people who received COVID-19 vaccine (i.e. breakthrough cases), stating that the PCR testing

should be no greater than 28 cycles, which is well below previous guidelines and the number of cycles being used for unvaccinated people. This will result in a significant lower number of breakthrough cases (infections) than what would otherwise be recorded, (refer <https://fossaorg.files.wordpress.com/2021/05/information-for-laboratories-covid-vaccine-breakthrough-case-investigation.pdf>)

- The CDC then also decided to no longer investigate and report on all breakthrough cases. Instead, it will actively investigate and report on hospitalized or fatal cases, CDC spokeswoman Jasmine Reed confirmed "As of May 1, 2021 CDC has transitioned from public reporting of all vaccine breakthrough cases to focus on identifying and actively investigating hospitalized or fatal cases...". This means that all vaccinated people who contract SARS-CoV-2 (and potentially spread the virus) and are not hospitalized will not be captured in the system, which again will lower the breakthrough cases and make it look like the vaccines are more effective than they are.
- A number of whistle blower doctors and nurses have reported that a high percentage of people who have been hospitalized with COVID-19 have already received one or two shots of the COVID-19 vaccine. For example, in my personal interview with Dr Carrie Madej, she said "What's going on in the hospitals here (in Atlanta): I can tell you overwhelmingly, the nurses have been saying that the people that are really sick (from COVID-19 infection) are the ones that are injected (vaccinated) and what they're doing in the hospitals now, to skew the numbers, the hospital administrators, many nurses told me this, they're putting vaccination status "unknown" for the people who are really sick...(and) I can tell you other people (hospital staff) in other states are saying the same thing."
- In a presentation to Mt Vernon Community School Corporation in August 2021, Dr Dan Stock, trained in immunology and inflammation regulation, explained how the COVID-19 vaccine will never be effective in controlling or stopping the virus because, like all respiratory viruses, it will be in circulation all year round and it has animal reservoirs. He went on to say that "no vaccine, even the ones I support and would give to myself and my children, ever stops infection" and states "why is the vaccine that is supposedly so effective, having a breakout in the middle of the summer when respiratory viral syndromes don't do that". In regards to discriminating against unvaccinated people, he stated "If you're going to discriminate based upon (taking or not taking a) vaccine you should also discriminate based upon 25-hydroxy vitamin D level, zinc taste test response, and probably previous infections and there are also studies on that flash drive that show that people who have recovered from COVID-19 infection actually get no benefit from vaccination at all, no reduction of symptoms, no reduction in hospitalization, and suffer 3 to 4 times the rate of side effects if they are subsequently vaccinated." (the full presentation can be viewed at <https://www.bitchute.com/video/4C19PIU6B8mt/>)
- Dr David Bauer from Francis Crick Institute stated in June 2020 "We found that recipients of the Pfizer vaccine, those who've had two doses, have about 5 to 6 fold lower amounts of neutralizing antibodies – now these (antibodies) are the gold standard, private security antibodies of your immune system which block the virus from getting into your cells in the first place.
- There were approximately 1.8 million alleged COVID-19 related deaths in 2020, with an extremely low amount of vaccines administered. This year, there are currently around 2.6 million alleged COVID-19 related deaths, even though around 1/3rd of the world's population has received one shot and around 25% have been fully vaccinated (refer to <https://ourworldindata.org/covid-vaccinations> on 25th August 2021).

- There have been countless news articles/reports of vaccinated people contracting and transmitting the virus, and in some cases being hospitalized or dying from virus, including:
 - 60% of Israeli people hospitalized from COVID-19 are fully vaccinated (note around 56% of Israelis had been fully vaccinated at the time of the article) (refer: <https://www.timesofisrael.com/just-one-serious-covid-patient-in-israel-is-both-vaccinated-and-under-60-tv/>)
 - 7 Fully Vaccinated People Die in Belgian Nursing Home (refer: <https://tribune.com.pk/story/2314263/seven-fully-vaccinated-people-die-after-outbreak-of-colombian-variant-at-belgian-nursing-home>)
 - 46 Vaccinated Residents Die in Spanish Nursing Home (refer: <https://sorendreier.com/46-residents-in-spanish-nursing-home-die-after-receiving-covid-19-vaccine/>)
 - COVID-19 Outbreak Among 8 Fully Vaccinated New York Yankee Members (refer: <https://www.forbes.com/sites/joshuacohen/2021/05/13/covid-19-outbreak-among-8-fully-vaccinated-members-of-ny-yankee-organization-implications-for-cdc-guidance-on-masking/>)
 - COVID-19 Spreading Fast in Well-Vaccinated California Counties (refer: <https://www.mercurynews.com/2021/07/24/covid-spreading-fast-in-well-vaccinated-california-counties/>)
 - Fully Vaccinated Couple Shocked and Disappointed after Both Become Sick from COVID-19 (refer: <https://abc11.com/breakthrough-covid-19-cases-vaccinated-cary-couple-covid-vaccine-coronavirus/10911124/>)
 - Piers Morgan caught COVID-19 at Euro 2020 Final Despite Being Double Jabbed (refer: <https://www.msn.com/en-ie/news/other/piers-morgan-caught-covid-at-euro-2020-final-despite-being-double-jabbed/ar-AAMw82f>)
 - Nursing Home in Wallingford, Connecticut Dealing with COVID-19 Outbreak of the Fully Vaccinated (refer: <https://www.fox61.com/article/news/health/coronavirus/masonicare-wallingford-dealing-covid-outbreak-fully-vaccinated/520-4224fcf1-d5f0-4b33-af90-c179cd49dbcf>)
 - COVID-19 Outbreak Amongst Vaccinated Las Vegas Hospital Workers (refer: <https://www.theguardian.com/us-news/2021/jul/13/coronavirus-delta-variant-nevada-outbreak-health-workers>)
 - Breakthrough COVID-19 Cases Among Vaccinated Players Postpones MLB Game (refer: <https://www.forbes.com/sites/kimberleespeakman/2021/07/28/breakthrough-covid-cases-among-vaccinated-players-postpones-mlb-game/?sh=6285d3951425>)
 - Shooting For Hollywood Film Shuts Down After Vaccinated Cast Get COVID-19 (refer: <https://www.dailymail.co.uk/news/article-9827377/Shooting-God-Bullet-shut-four-Covid-despite-fully-vaccinated.html>)
 - 6th Fully Vaccinated Texas Democrat Lawmaker Tests Positive For COVID-19 (refer: <https://www.kxan.com/news/texas/6th-fully-vaccinated-texas-democrat-lawmaker-tests-positive-for-covid-19/>)

- 2 Passengers Test Positive for COVID-19 on Celebrity Millennium “Fully Vaccinated” Cruise (refer: <https://www.independent.co.uk/travel/news-and-advice/celebrity-millennium-cruise-ship-positive-b1863980.html>)
- 6 Fully Vaccinated Wedding Guests Infected with COVID-19 Delta Variant (refer: <https://www.webmd.com/vaccines/covid-19-vaccine/news/20210713/delta-variant-vaccinated-guests-outdoor-wedding>)
- Stanford University Reports 7 Breakthrough COVID-19 Cases Among Vaccinated Students (refer: <https://abc7news.com/covid-breakthrough-cases-stanford-coronavirus-vaccine-california/10904999/>)
- Church Camp COVID-19 Outbreak: 20 Fully Vaccinated Residents Test Positive (refer: <https://www.newsbreak.com/news/2314963846998/church-camp-covid-outbreak-20-fully-vaccinated-residents-test-positive-health-officials-say>)
- 28 Fully Vaccinated People Contract COVID-19 at Homeless Shelter in California (refer: <https://www.newsweek.com/28-fully-vaccinated-people-contract-covid-homeless-shelter-california-1610485>)
- Minnesota Finds 89 COVID-19 Cases in Vaccinated People (refer: <https://www.webmd.com/vaccines/covid-19-vaccine/news/20210325/minnesota-finds-89-covid-cases-in-vaccinated-people>)
- COVID-19 Infects about 100 Vaccinated Crew Members on HMS Queen Elizabeth (refer: https://inews.co.uk/news/uk/hms-queen-elizabeth-covid-outbreak-royal-navy-aircraft-carrier-crew-two-vaccines-1103555?ito=twitter_share_article-top)
- More Than 1,000 Breakthrough Cases Reported in Tennessee (refer: <https://www.wrcbtv.com/story/44368580/tdh-more-than-1000-breakthrough-covid-cases-reported-in-tn?clienttype=generic&mobilecbypass>)
- Half of COVID-19-Infected Adults in Israel in Latest Outbreak were Fully Vaccinated (refer: <https://sharylattkisson.com/2021/06/reports-half-of-adults-in-israel-infected-in-latest-covid-19-outbreak-were-fully-vaccinated/>)
- Fully Vaccinated 33 Year Old New Orleans Woman Dies of COVID-19 (refer: <https://www.ibtimes.com/fully-vaccinated-33-year-old-new-orleans-woman-dies-after-covid-diagnosis-3260805>)

Challenging the Notion that the Covid-19 Injections (Vaccines) are Safe:

- In the USA, as of August 13th, 2021, VAERS (a passive reporting system in the USA that practically captures less than 1 to 2% of actual events – as verified with many points in the Section ‘Vaccine General Discussions’) has recorded 13,068 deaths, 54,142 hospitalisations, 72,699 urgent care responses, 98,761 office visits, 5,617 cases of anaphylaxis and 4,681 cases of Bell’s Palsy, 1607 miscarriages, 5,882 heart attacks, 4,861 myocarditis, 17,228 permanently disabled, 2,738 thrombocytopenia, 13,812 life threatening, 25,169 severe allergic reaction and 7,080 shingles (refer: <https://www.openvaers.com/covid-data> for latest figures).
- In the UK, there have been 1,135,579 reactions and a total of 1,559 fatalities reported via the UK Yellow Card System as of August 4th, 2021 (refer: <https://yellowcard.ukcolumn.org/yellow-card-reports>).

- In Europe, there have been 850,798 (Moderna 96,585, Pfizer 370,390, AstraZeneca 360,027, Janssen/J&J 23,796) suspected adverse drug reactions reported through 'EudraVigilance – European Database of Suspected Adverse Drug Reaction Reports' up to August 21st, 2021 (refer: https://www.adrreports.eu/en/search_subst.html#) and it has also been reported that the number of deaths is almost 20,000 up to this same date.
- In Australia, the number of adverse events reports received through the TGA was 48,143 up to August 8th, 2021 (refer: <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-12-08-2021>). Interestingly the TGA stated that only "7 reports of deaths were linked to immunisation from 447 reports received and reviewed".
- Ausvax Safety (led by the National Centre for Immunisation Research and Surveillance (NCIRS) and funded by the Australian Government Department of Health) reported that, as of August 1st 2021, 45.7% of over 3 million surveyed participants reported an adverse event, and 0.9% reported visiting a doctor or emergency department (refer: <https://www.ausvaxsafety.org.au/safety-data/covid-19-vaccines>). Note the surveys were sent out only 3 days after each participant's vaccination.
- In the TGA's Australia Public Assessment Report for the Pfizer and AstraZeneca vaccines (referenced earlier in this paper), it lists the following safety concerns:
 - nervous system disorders, including immune-mediated neurological conditions
 - vaccine-associated enhanced disease (VAED) including vaccine associated enhanced respiratory disease (VAERD)
 - anaphylaxis
 - missing information on various groups (listed in previous section 'Concerns with Vaccine Trials & Adverse Events')
- Further to this, the COVID-19 vaccines have never been tested for carcinogenicity or mutagenicity.
- Early in 2021, Dr Sherri Tenpenny listed the following possible mechanisms of injuries from COVID-19 Injections:
 - 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/>
- 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.”
- According to the recent paper by Seneff and Nigh (refer: <https://ijvtpr.com/index.php/IJVTPR/article/view/23/51>), potential acute and long-term pathologies include pathogenic priming, multisystem inflammatory disease and autoimmunity, allergic reactions and anaphylaxis, antibody dependent enhancement (ADE), activation of latent viral infections, neurodegeneration and prion diseases, emergence of novel variants of SARSCoV2, and integration of the spike protein gene into the human DNA. The report concluded “The mRNA vaccines against SARS-CoV-2 have been implemented with great fanfare, but there are many aspects of their widespread utilization that merit concern...we want to emphasize that these concerns are potentially serious and might not be evident for years or even trans-generationally”
- In a study relating to the Biovacc-19 vaccine (refer: <https://pubmed.ncbi.nlm.nih.gov/34192262/>) in table 2 it states “Due to continued boosting of these epitopes through life, there is an elevated risk for development of ADE which must be expected due to the fact that if the virus returns at a later date in a mutated form, having modified antigenic composition, partial binding may occur and hence result in ADE”
- In a study published in *The New England Journal of Medicine* (refer: <https://www.nejm.org/doi/full/10.1056/NEJMoa2104983>), it concluded that “Preliminary findings did

not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes". However, a closer look at the data set shows that 700 participants out of total of 827 received their first jab in their third trimester which according to their scale, these participants should be allocated to potential "stillbirth" grouping and should not be included in the "spontaneous abortion" group. Which leaves a total of 127 participants (827 minus 700) that received their first jab while in their first 20 weeks of pregnancy. In this group there were 104 spontaneous abortions. That is 104 out of a total of 127 or 81.9%. So, their true data shows that 82% of pregnant mothers who received a COVID-19 injection in their first 20 weeks of pregnancy spontaneously aborted their baby (refer article in <https://adelaidefreedomrally.com/news/pregnancy-and-the-shot/>).

- Salk Institute researchers and collaborators found that the spike protein damages cells (refer: <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness>), stating "this is the first study to show that the damage occurs when cells are exposed to the spike protein on its own". Many physicians hence have concerns that the synthetic spike protein production within the bodies of vaccine recipients, as instructed by the vaccine mRNA molecules, will cause significant cell damage throughout many parts of the body.
- With regard to spike proteins causing blood clotting:
 - Adenoviral viral vector delivery systems that are being employed by AstraZeneca, Sputnik and Johnson & Johnson, were known to be problematic in the past. In 2007, a research paper published in *Blood* (refer: <https://pubmed.ncbi.nlm.nih.gov/17148587/>) concludes "adenovirus-induced thrombocytopenia is likely the result of a complex platelet-endothelial-leukocyte interplay".
 - In September 2020, a paper published in *BMC* (refer: <https://jhoonline.biomedcentral.com/articles/10.1186/s13045-020-00954-7>) identified a spike protein as causal factor in clotting.
 - In February 2021, a study published in *Science Direct* (refer: <https://www.sciencedirect.com/science/article/abs/pii/S109291342030191X>) demonstrated that in small blood vessels, the spike protein, all by itself, can induce clotting by docking in various tissues.
 - Other studies related to this include –
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758180/pdf/main.pdf>
 - <https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1>
 - <https://pubmed.ncbi.nlm.nih.gov/33053430/>
 - A number of physicians have expressed their concerns with blood clots resulting from the COVID-19 vaccines. One of them, Dr Charles Hoff, conducted D-dimer tests on his vaccinated patients who have had the shot within 7 days and found that 62% of them have evidence of micro blood clotting (refer to full interview notes in the section 'Summary of Key Interviews')
- Various warnings have been issued to government authorities and other organisations relating to the safety concerns of the COVID-19 vaccines, including:
 - The UK Medical Freedom Alliance group who has issued a number of open letters (refer: <https://www.ukmedfreedom.org/resources/covid-19-vaccine-info#Open-Letters>)

- Dr Robert Malone who wrote the article titled “Bioethics of Experimental COVID Vaccine Development under EUA – It’s time we stop and look at what’s going down” (refer: <https://trialsitenews.com/bioethics-of-experimental-covid-vaccine-deployment-under-eua-its-time-we-stop-and-look-at-whats-going-down/>)
- Dr Mike Yeadon who, along with Dr Wolfgang Wodarg, wrote to the European Medicines Agency (refer: https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf)
- Dr Geert VanDen Bossche (DMV, PhD, independent virologist and vaccine expert, formerly employed at GAVI and The Bill & Melinda Gates Foundation) wrote to an open letter to the WHO outlining his concerns about rolling out the COVID-19 vaccines during the pandemic, mainly in relation to immune escape, causing more virulent strains and the effect on our natural innate immune systems (refer: https://37b32f5a-6ed9-4d6d-b3e1-5ec648ad9ed9.filesusr.com/ugd/28d8fe_266039aeb27a4465988c37adec9cd1dc.pdf)
- Dr Tess Lawrie (Director, Evidence-based Medicine Consultancy) wrote an open letter to the Chief Executive of the Medicines and Healthcare products Regulatory Agency in the United Kingdom (MHRA) Dr June Raine, saying “The MHRA now has more than enough evidence on the Yellow Card system to declare the Covid-19 vaccines unsafe for use in humans” (refer: http://medisolve.org/yellowcard_urgentprelimreport.pdf)
- There have been literally thousands of COVID-19 adverse events, injuries & deaths reported on websites, via social media forums and news articles all around the world, and whilst it is virtually impossible to verify all of these reports, the numbers are concerning. An example of the reporting is on the website C19 Vax Reactions (refer: <https://www.c19vaxreactions.com/>) where there are literally hundreds of testimonials (and videos) of people who have been injured by the COVID-19 vaccines.
- I personally know/know of a significant number of people (directly or indirectly) that have died (up to say 5 including a fit and healthy 44 year old man who suffered a major blood clot), been injured (including a fit and healthy nurse who experienced burst spleen) or have suffered an adverse event within say 4 to 24 hours of taking a COVID-19 vaccine.
- 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>).
- There have been numerous reports from all around the world from unvaccinated people experience symptoms from being close to/intimate with vaccinated people, including post menopause bleeding, prolonged menstrual bleeding, passing large clots, bloody noses, bruising, etc. Whilst there appears to be no definite conclusions reached regarding this “transmission”, there are valid safety concerns relating to this. A group of doctors discuss this in the meeting which can be viewed via the following link: <https://mamm.org/could-their-shot-be-harming-you/>). There is also some information on this contained under Section 8.3.5 a Pfizer report (refer: https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf).

- A research team from the University of Almeria's Department of Engineering recently published a study (refer: https://www.thecompleteguidetohealth.com/uploads/8/9/4/8/8948721/official_interim_report_in_english_university_of_almeria.pdf) which found that each dose of the Pfizer vaccine they examined contained around 747 nanograms of graphene oxide. This meant that more than 99% of the Pfizer vaccine was made up entirely of graphene oxide. Karen Kingston, a former Pfizer employee and current analyst for the pharmaceutical and medical device industries, also concluded through her research that the mRNA COVID-19 vaccines definitely contain graphene oxide. She stated that "graphene oxide is not listed in the patent" because it is a "trade secret". When asked why they wouldn't include graphene oxide in the patent, she replied "because it's well known that it's poisonous to humans" and "because it is the main ingredient in hydrogel" that "creates an interface between humans and the internet" (refer full interview at: <https://rumble.com/vkgdq7-deadly-shots-former-pfizer-employee-confirms-poison-in-covid-vaccine.html>)
- There have been hundreds of demonstrations of magnets sticking to the arms of people who have been vaccinated. A few videos attempt to explain this (e.g. a UK medical doctor talks about this: <https://www.bitchute.com/video/fPYnt0078cou/> and Dr Jane Ruby also discusses this: <https://www.bitchute.com/video/LQL4Whc70ZT4/>). In June 2021, a study was also conducted (refer: <file:///D:/Covid-19%20Notes/210618=-esvv-study-on-electromagnetism-of-vaccinated-persons-in-luxembourg-amar-goudjil.pdf>) which showed that 29 of the 30 vaccinated people showed attraction to the magnet and 0 of the 30 unvaccinated people showed attraction to the magnet. Whilst it is difficult to arrive at any definite conclusions, one hypothesis is that the vaccines contain magnetized nanoparticles attached to the mRNA molecules.
- Refer to many quotes from physicians and other medical experts in the Sections 'Summary of Key Interviews (Quotes & Notes) with Medical Experts on the COVID-19 Situation and/or COVID-19 Injections (Vaccines)' and 'Summary of Key Interviews (Quotes & Notes) with Medical Experts on the COVID-19 Situation and/or COVID-19 Injections (Vaccines)' for more discussions on safety concerns associated with the COVID-19 vaccines.

Physicians and Health Care Workers Refusing the COVID-19 Injection (Vaccine):

- Many news articles have suggested that a significant number of physicians & 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>)
 - It was reported that nearly a quarter of NHS staff in London are refusing the COVID-19 vaccines (refer: <https://www.msn.com/en-gb/news/uknews/quarter-of-nhs-staff-in-some-areas-are-refusing-covid-vaccines/ar-BB1e5M13>)
 - Of the 700 physicians responding to an internet survey by the Association of American Physicians and Surgeons (AAPS), nearly 60% said they were not "fully vaccinated" against COVID. 80% of

these unvaccinated physicians acknowledged that the risk of the shots exceeds the risk of the disease (refer: <http://philosophers-stone.info/2021/07/04/majority-of-physicians-decline-covid-shots-according-to-survey-by-the-association-of-american-physicians-and-surgeons-aaps/#>)

- In Western Australia, 30% of aged care workers said they would rather quit their jobs than be forced to have a COVID-19 vaccine, according to a survey by the Australian Nursing Federation (refer: <https://www.abc.net.au/news/2021-06-18/wa-aged-care-nurses-threaten-to-quit-over-mandatory-covid-jab/100226312>)

Examples of Safe & Effective Treatments That Can Be Used Instead of COVID-19 Vaccines (that have generally been censored or suppressed):

- The following safe, affordable, widely available and effective natural and pharmaceutical treatments have been successfully used all around the world by many doctors and a number of studies support the use of these:
 - **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 group of independent doctors 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. *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 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 with 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-19 had higher zinc levels in their plasma (an average of 63.1 mcg/dl) than those who died (43mcg/dl). (refer: <https://www.univadis.co.uk/viewarticle/eccvid-2020-lower-plasma-zinc-levels-associated-with-increased-risk-of-death-in-covid-19-patients-729760>)

○ Ivermectin

- Countless physicians from all over the world have spoken out about the effective results they have seen in COVID-19 patients following administration of Ivermectin, which is safe, affordable and widely available. They include:
 - Professor Thomas Borody: “There is mounting worldwide clinical literature pointing to a 100% cure rate using Ivermectin Triple Therapy” (refer full article:

<https://www.nasdaq.com/press-release/ivermectin-triple-therapy-protocol-for-covid-19-released-to-australian-gps-for>)

- Dr Pierre Kory: "Mountains of data have emerged from many centres and countries around the world showing the miraculous effect of Ivermectin. It basically obliterates transmission of this virus. If you take it, you will not get sick"
- Dr Tess Lawrie: "Doctors around the world who have been taking Ivermectin for a year already and they take it prophylactically and they haven't become sick and there are many studies shown that if you roll it out to health professionals who are at high risk, they do not get sick. So, we have something (Ivermectin) that's very safe and effective that works for prevention and treatment...Ivermectin can actually end this pandemic" (see full interview at <https://www.facebook.com/chris.stark.7315/videos/259440798941847>)
- A study published on the website *medRxiv* in July 2020 (refer: <https://www.medrxiv.org/content/10.1101/2020.07.07.20145979v1>) concluded "Add-on use of IVM (Ivermectin) to HCQ (Hydroxychloroquine) and AZT (Azithromycin) had better effectiveness, shorter hospital stay..."
- A study (meta-analysis of 15 trials) published in the *American Journal of Therapeutics* (refer: <https://pubmed.ncbi.nlm.nih.gov/34145166/>) concluded "Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using Ivermectin. Using Ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that Ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally."
- Another study published in the *American Journal of Therapeutics* (refer: https://journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx) concluded "Meta-analyses based on 18 randomized controlled treatment trials of Ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of Ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified."
- A study published in *Science Direct* (refer: <https://pubmed.ncbi.nlm.nih.gov/34237554/>) concluded "Ivermectin was associated with decreased mortality in COVID-19 with a low certainty of evidence".
- In an Argentinian study (refer: https://www.medicalpressopenaccess.com/upload/1605709669_1007.pdf) it details how out of 1,195 health care workers, 788 participants received Ivermectin and PPE (personal protection equipment) whilst 407 simply adhered to standard PPE's. A total of 237 tested positive for Covid-19 (over a 3 month period) and all infections were from the group using PPE alone. Hence 58.2% of the group that weren't administered Ivermectin were infected versus 0% of the group that were treated with Ivermectin.

- A study in Israel (refer: <https://www.medrxiv.org/content/10.1101/2021.05.31.21258081v1.full.pdf>) stated "In conclusion, our study strongly supports the notion that Ivermectin has anti-SARS-CoV-2 activity. If used at the early stage of disease onset, it may shorten the isolation time and reduce transmission".
 - In April 2020, a Monash University study (refer: <https://web.archive.org/web/20210120083427/https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users>) found that Ivermectin eliminates SARS-CoV-2 in cells in 48 hours.
 - Australia's National COVID-19 Clinical Evidence Taskforce state on their website (refer: <https://covid19evidence.net.au/>) that from 13 randomized trials and over 1260 adults, there was a 67% reduction in death (and 46% reduction in ICU admissions) from those administered Ivermectin compared to those who weren't.
 - More information on the effectiveness of Ivermectin can be found on the Front Line COVID-19 Critical Care Alliance website (refer: <https://covid19criticalcare.com/ivermectin-in-covid-19/>)
- **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 (under emergency use) covered countermeasures (i.e. vaccines) when there are no adequate approved and available alternatives.

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.”
- Here in Australia, the government has given the suppliers of COVID-19 vaccines indemnity against liability for any side effects.

Medical Rights & 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.”
- In the USA, the legal code relating to authorization for medical products for use in emergencies (refer: <https://www.law.cornell.edu/uscode/text/21/360bbb-3>) states “Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
 - that the Secretary has authorized the emergency use of the product;
 - of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
 - of **the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.
- The FDA’s fact sheets for recipients and caregivers for the emergency use of the Pfizer vaccine (refer: <https://www.fda.gov/media/144414/download>) and the Moderna vaccine (<https://www.fda.gov/media/144638/download>) state in the Q&A section “It is your choice to receive or not receive the (Pfizer-BioNTech or Moderna) COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.”
- Mandatory vaccinations are a breach of basic human rights and medical freedoms. We all should have the right to go about our everyday 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/SARS-CoV-2 GENERAL DISCUSSIONS

COVID-19/SARS-CoV-2 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:

Questioning the Severity of COVID-19:

- 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 August 22nd, 2021 is 4,400,284 deaths from 209,876,613 confirmed cases which equates to 2.09%, but this number is unquestionably lower as supported by the following reasons:
 - 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 and one of the world’s leading epidemiologists, 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.”
 - A review of 61 seroprevalence studies (refer: <https://www.who.int/bulletin/volumes/99/1/20-265892.pdf>) also by Dr John Ioannidis found that the median COVID-19 infection fatality rate was 0.27% (corrected to 0.23%) and 0.05% for those below 70.
 - 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. Dr Scott Jensen said “As a physician I received an email last week from the Department of Health, coaching me on how to fill out death certificates”.
 - Many hospital workers have come out and stated that the hospitals, and in particular IC units, have generally not been busier than any other years, and that many ICU/ER nurses were laid off.
 - Many nurses have confirmed that the official death numbers are inflated. As nurse Laura Minard explains in an interview with Melissa Floyd on the podcast called *What They Aren’t Telling You* (in regards to reporting Covid-19 deaths when people clearly died of other causes) “There’s a lot of doctors that were not happy with that, there’s a lot of nurses that weren’t happy with that, but in the medical field there us a narrative that if you don’t go

along with it, you don't get treated well so we have a lot of stifled medical professionals unfortunately." She went on to say "When flu went away and Covid's everything and there's no flu, a lot of nurses were saying "this doesn't make sense, we have no flu deaths, we're not swabbing for flu..."

- A number of doctors and nurses have stated that many thousands of "COVID-19" deaths were unnecessary due to patients being put on ventilators, where over 90% of patients did not survive. As one nurse explains: "As an ICU nurse, you do not put anyone on a ventilator unless they're going to die if you don't, so the idea that we would sedate and intubate someone's whose walking and talking, even if their stats were low, that is insanity...it was medical mismanagement".
- 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. It has been reported that Medicare pay around \$13,000 for each COVID-19 patient admitted to hospital and around \$39,000 if they are put on a ventilator. This claim has not been disputed or proven to be incorrect.
- Dr Henry Ealy (alias Dr Henele) and a team of investigators published a paper in *Science, Public Health Policy and the Law* (refer: <http://chironreturn.org/documents/comorbidity-federal-law.pdf>). The report concluded that from the start of the "pandemic" up to August 23rd 2020, the total COVID-19 fatalities using CDC guidelines for 17 years prior to March 2020 would be have been 9,684 instead of 161,392 officially recorded, indicating around 94% of recorded fatalities should not have been recorded as COVID-19 deaths.
- 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.
 - the CDC stated on its 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 tell exactly how much the virus played a role, if any, in the deaths.
 - Furthermore, the official Australian Bureau of Statistics website (refer: <https://www.abs.gov.au/articles/covid-19-mortality-0>) states: "Almost all deaths due to COVID-19 have other conditions listed on the death certificate (87.2%)" and

“On average, deaths due to COVID-19 had 2.4 other diseases and conditions certified alongside the virus.”

- 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 Dr 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.
- Ophthalmologist Dr James Meenhan stated “A guy was recently shot and was reported as being a COVID-19 death because he had COVID-19 at the time of his death. I kid you not, those stories are everywhere”
- 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 may have been a drop in some communicable disease deaths with lockdowns and social distancing implemented in some countries at different times.

- Further to the previous point, according to the book titled ‘Pseudopandemic’, mortality in 2020 was still only the 9th highest in the first two decades of the 21st century and one of the lowest age-standardised mortality rates in the last 50 years.
 - The mortality age distribution profile for COVID-19 disease is indistinguishable from standard mortality.

Challenging the Appropriateness & Accuracy of RT-PCR Testing:

- 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 a certain value, no-one will test positive. If they are amplified above a certain value, everyone will test positive. Evidence to support the claim that the PCR testing is unreliable and generates too many false positives 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).
- Dr Kevin Corbett said "The initial PCR test methodology was based on a computer model virus. It was not based on the purified isolate from real patients because China didn't have that. When they gave the data to the Corman-Drosten authors to model the virus, they didn't have a sequence that was developed from a pure isolate...they had some elements of a genetic code which they modelled in silico computer modelling to produce what they said was a complete sequence, and that was the basis for the PCR test that is now being used."
- Dr Anthony Fauci stated "If you get a cycle threshold of 35 or more then the chances of it being replication competent are miniscule...so if someone comes in with 37, 38, even 36, it's just dead nucleotides period". However, the CDC instructed the testing to go up to 40 cycles (refer page 36 of CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel - Instructions For Use which can be found at <https://www.fda.gov/media/134922/download>) and the WHO stated 45 cycles (refer: <https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf>).
- In a statement released on December 14, 2020 the WHO 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/>).
- In another statement in January 2021, the WHO issued an Information Notice (refer: <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>) again relating to problems with the PCR testing.
- The Association of American Physicians and Surgeons (AAPS) published an article in October 2020 titled "Covid-19: Do We Have a Coronavirus Pandemic, or a PCR Test Pandemic?" (refer: <https://aapsonline.org/covid-19-do-we-have-a-coronavirus-pandemic-or-a-pcr-test-pandemic/>)
- 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/>)
- The Bulgarian Pathology Association declared "Though the whole world relies on RT-PCR to "diagnose" Sars-Cov-2 infection, the science is clear: they are not fit for purpose" (refer <https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/>)
- An article in the *British Medical Journal* (refer: <https://www.bmj.com/content/371/bmj.m4916>) discusses a letter by one of England's health ministers, James Bethell who claims that mass testing of people without Covid-19 symptoms is "not an accurate way of screening the general population".
- 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..."

- Dr Pascal Sacré stated "This misuse of RT-PCR technique is used as a relentless and intentional strategy by some governments, supported by scientific safety councils and by the dominant media, to justify excessive measures such as the violation of a large number of constitutional rights, the destruction of the economy with the bankruptcy of entire active sectors of society, the degradation of living conditions for a large number of ordinary citizens, under the pretext of a pandemic based on a number of positive RT-PCR tests, and not on a real number of patients."
- Dr James Lyons Weiler has stated "it's a ridiculous inaccurate test".
- A study in the *British Medical Journal* (refer: <https://www.bmj.com/content/371/bmj.m4941>) showed that 58% of positive PCR test results from university students were false.
- 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."
- On July 21st 2021, the CDC issued a lab alert (refer: https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html) stating "After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only" It goes on to state "CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses". Is this an acknowledgement that there were previous flaws in the PCR testing and distinguishing between Covid-19 and influenza?
- Pathologist, Dr John Lee states "A case is normally somebody who has symptoms, it's not normally somebody who is completely healthy. So what we've done by confusing positive tests

with cases is basically class a huge number of people who are immune to the disease as having the disease. That's a massive misconception."

Questioning the Appropriateness & Effectiveness of Masks:

- 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."
- Another study recently published in *JAMA* (refer: <https://pubmed.ncbi.nlm.nih.gov/34190984/>) showed that carbon dioxide levels in inhaled air for children wearing masks ranged from 3 (6,000 ppm) to 12.5 (25,000 ppm) times the accepted (safe) levels (2,000 ppm) based on the German Federal Environmental Office guidelines. It concludes that this "leads in turn to impairments attributable to hypercapnia" and suggests that "children should not be forced to wear face masks". This study is consistent with many practical demonstrations shown via social media that demonstrate significantly high Co2 levels building up inside the masks of people.
- In an article published in the CDC's *EID Journal* (refer: https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article) it was concluded that "We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility"
- In a study published in the *European Journal of Medical Research* (refer: <https://eurjmedres.biomedcentral.com/articles/10.1186/s40001-020-00430-5>) it stated "Upon our critical review of the available literature, we found only weak evidence for wearing a face mask as an efficient hygienic tool to prevent the spread of a viral infection"
- At the start of the coronavirus outbreak in the USA 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. In March 2020, he said "Right now in the United States, people should not be walking around with masks". The following day, Dr April Baller from the WHO stated "If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a medical mask". Interestingly, a few months later, the WHO commissioned and then cited a study published in *The Lancet* (refer: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)) which suggested that masks were effective, but Swiss Policy Research revealed that the study was seriously flawed (refer: <https://swprs.org/who-mask-study-seriously-flawed/>)
- In July 2020, The Centre for Evidence-Based Medicine published an article titled "Masking Lack of Evidence with Politics" (refer: <https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>) which questioned the effectiveness of wearing masks during the COVID-19 crisis.

- In a Danish study published in *Annals of Internal Medicine* in 2020 (refer: <https://www.acpjournals.org/doi/10.7326/M20-6817>), stated that “the difference observed (between infection rates wearing and not wearing a mask) was not statistically significant”
- In a study published in *Science Direct* (refer: <https://www.sciencedirect.com/science/article/abs/pii/S2211949320300144>) it stated that “covering the lower half of the face reduces the ability to communicate, interpret, and mimic the expressions of those with whom we interact. Positive emotions become less recognizable, and negative emotions are amplified. Emotional mimicry, contagion, and emotionality in general are reduced and (thereby) bonding between teachers and learners, group cohesion, and learning – of which emotions are a major driver”
- A study published in *medRxiv* in May 2021 (refer: <https://www.medrxiv.org/content/10.1101/2021.05.18.21257385v1>) concluded “Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges”
- In an article written by Dr Jeff Barke titled ‘Masking Children is About Power & Control, Not Science’ (refer: <https://www.rxforliberty.com/blog/masking-children>) Dr Barke strongly challenges the need for masking children and suggests that it’s all about power and control. He also said in a recent interview “We know that children are not harmed from covid, but we also know that children are harmed, often severely, from masks. We’ve had a year now to look at this. Increase level of anxiety, increase level of depression, suicidal ideation, learning disorders, etc. (Recently) these mums out of Florida took masks off their kids after wearing them for a few hours and sent them to a local lab and they discovered all kinds of pathogenic disease-causing organisms inside their masks” He went on to say “under no circumstances should a parent allow their child to be force masked in order to attend a school. In my opinion, the force mandates of masking children is equivalent to child abuse. It harms them and offers no benefit and we should not be doing it”
- 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”.
- A number of physicians have spoken out about the ineffectiveness of masks, including:
 - Dr Roger Hodkinson: “There’s no evidence that masks work...it’s been studied to death in previous influenza epidemics for decades, masks don’t work”
 - Dr Jeff Matheson: “Viruses are mainly transmitted on tiny aerosol particles which are far smaller than the pores of a mask. Even viruses riding on small droplets can go straight through the holes”
 - Dr Lee Merritt: “In my entire professional career, I have never heard anybody actually believe that any kind of masks made a difference to (transmission of) small particle viruses”
 - Dr Bill Code: “In a few minutes, air inside the mask decrease in oxygen by up to 15%. This alone triggers cognitive or thinking problems, headaches, drowsiness and fainting and can even lead to developmental harm in kid’s brains”
 - Dr Mark Trozzi: “Masks and other facial barriers are impairing children’s cognitive development at a critical stage which can affect them for the rest of their life”

- Dr Stephen Malthouse: “The evidence for masks is actually that they don’t work and that they are more harmful than we would suspect...masks are actually a mistake...no one should be wearing a mask for a long period of time...it’s very dangerous to people health and to their psychology as well”
- Dr Michelle Dickinson (whilst talking to NZ Prime Minister Jacinda Arden): “For the general public, if you don’t have symptoms, there’s no need to wear a mask...”
- Dr Jenny Harries (UK Deputy Chief Medical Officer whilst talking to UK Prime Minister Boris Johnson): “If a healthcare professional hasn’t advised you to wear a face mask, it’s usually quite a bad idea. People tend to leave them on, they contaminate the face mask and then wipe it over something”
- Chris Schaefer, Director of SafeCom Training Services and mask expert, explained the ineffectiveness of masks in preventing COVID-19 transmission in this letter to Chief Medical Officer of Health Dr Deena Hinshaw: https://www.academia.edu/43437838/Open_Letter_Concerning_Mask_Dangers_for_COVID_19. Chris is quoted as saying “these that are depriving children of proper oxygen requirements in air is nothing short of child abuse”.
- I personally know of several people, especially those working in the health industry, who have experienced headaches (refer studies: <https://onlinelibrary.wiley.com/doi/10.1111/j.1600-0404.2005.00560.x> and <https://pubmed.ncbi.nlm.nih.gov/32232837/>), nausea and other symptoms whilst wearing a mask for long periods.

Questioning the Appropriateness & Effectiveness of Social Distancing & Lockdowns:

- Massachusetts Institute of Technology (MIT) Associate Professor Lydia Bourouiba’s research (refer: <https://www.bmj.com/content/370/bmj.m3223>) claims that the virus can travel up to 27 feet (just over 8m) which brings into question the 1.5m social distancing rule.
- The CDC states “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/>).
- Pathologist Dr John Lee states “when you look at the scientific evidence there’s no real raw data that shows that social distancing has any affect at all”
- Dr David Nabarro, Special Envoy for COVID-19, WHO, stated “We in the WHO do not advocate lockdowns as a primary means of control of this virus...looks what’s happening to poverty levels”.
- Given that the majority infectious disease experts suggest that viruses are much more likely to be spread indoors than outdoors, why do lockdowns include restricted or no access to outdoor environments? Even a study published on the website *medRxiv* (refer: <https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1.full.pdf>) states that from 318 outbreaks with three or more cases were identified, involving 1245 confirmed cases in 120 prefectural cities “We identified only a single outbreak in an outdoor environment, which involved two cases”
- In a study which assessed mandatory stay-at-home and business closure effects on the spread of COVID-19 (refer: <https://pubmed.ncbi.nlm.nih.gov/33400268/>) it concluded “While small benefits cannot be excluded, we do not find significant benefits on case growth of more restrictive NPI’s

(nonpharmaceutical interventions). Similar reductions in case growth may be achievable with less-restrictive interventions.”

- A study published 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)) indicated that government lockdowns were ineffective.
- A study published by *Frontiers in Public Health* (refer: <https://www.frontiersin.org/articles/10.3389/fpubh.2020.604339/full#SM6>) found neither lockdowns nor lockdown stringency were correlated with lower death rates.
- A study published on the website *medRxiv* (refer: <https://www.medrxiv.org/content/10.1101/2020.06.11.20128520v1>) said that strict lockdowns may not save lives.
- An article in the *American Institute for Economic Research* (refer: <https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/>) references many studies and states “The question is whether lockdowns worked to control the virus in a way that is scientifically verifiable. Based on the following studies, the answer is no and for a variety of reasons: bad data, no correlations, no causal demonstration, anomalous exceptions, and so on. There is no relationship between lockdowns (or whatever else people want to call them to mask their true nature) and virus control.”
- Chairman of PANDA (Pandemics – Data & Analysis) Nick Hudson has stated “In May last year it was clear what this chart (pointing to chart) shows you is that there is no relationship between the stringency of a country’s lockdown and number of deaths per million in that country...It wasn’t only in that data that we could see this fact, we could also see it in the individual curves of countries, so on the left the UK on the right Sweden (again pointing to a chart). UK having lockdown in a draconian fashion, Sweden having famously never lockdown, if you’ve heard otherwise you’ve been misinformed, they have never locked down in Sweden. And a trained statistician would look at those bottom two charts and tell you straight away that there was no regime change. It’s not possible to detect the initiation or the suspension of the lockdown in the UK. The statistical pattern is identical to that of Sweden...lockdown has no affect” (refer 36.30 of ‘The Pushback’ documentary <https://www.bitchute.com/video/5rnMcGzdOp8F/>).
- Mr Hudson also stated “We have believed from the get go that it was wrong on a number of levels to close society down and that it has always been time to reopen society...” and he went on to say that prior to COVID-19, the two main effective measures for controlling influenza pandemics were isolation of the sick (and elderly) and hand washing (refer to <https://www.aier.org/wp-content/uploads/2020/05/10.1.1.552.1109.pdf>). Large scale quarantines, lockdowns, border closures, school closures, social distancing and masks were considered to be ineffective measures.
- In February 2021, leading world epidemiologist Dr John Ioannidis stated “Most of the estimates show the draconian lockdowns increased the problems, (they were) pro-contagion”.
- Lockdowns have never been an accepted infectious disease mitigation strategy prior to COVID-19 and create more harm than good. The ramifications of lockdowns include small business closures, lost jobs, reduced work hours, financial strains, isolation and loneliness, family members not being able to share their last moments with their loved ones, limited social interaction, delayed treatment and diagnosis, reduced physical activity and restricted movement, all of which can lead to increased domestic violence, alcohol and drug dependency, self-harm and suicide, and an overall detrimental impact on the physical, emotional and mental health and well-being of all affected individuals. Child education deprivation/disruption resulting from lockdowns can also have an impact on their developmental learning.

- Why is it that we went from a philosophy of flattening the curve to one of eliminating the virus and enforcing lockdowns when a handful of cases tested positive?

Investigating the Origin of the SARS-CoV-2:

It is not the intention of this paper to thoroughly investigate the origin of the virus, but here are some interesting points which challenge the initial narrative that SARS-CoV-2 originated from a wet market in China, as stated by the WHO as the start of the 'pandemic':

- A documentary produced by *The Epoch Times* in early 2020 (refer: <https://www.bitchute.com/video/28wV6TIRZekk/>) looks at the findings by a paper in *The Lancet* indicating that the first patient had no link to the market, there were no bats found or sold at the market, and 14 of the first 41 people diagnosed with this "unknown pneumonia" had no link to the markets (there is also a reference to the *New England Journal*). It focuses on a research team, in a Wuhan lab, assigned with the task of identifying the capacity of coronavirus transmission across species (including humans) with a specific focus on the S Protein. It references a 2010 paper which demonstrated the relationship between the S Protein and the ACE2 receptor and signified the pathway for corona viruses into human bodies, a 2013 paper indicating the team had successfully isolated 3 viruses from bats one of which had an S Protein that integrated with human ACE2 receptors which effectively demonstrated the direct human infection of SARS-like viruses to humans without the need for an intermediate host, and a 2015 paper discussing the creation of a self-replicating synthetic virus which had the SARS virus as the framework with the key S Protein replaced by the one they found in a bat coronavirus mentioned in the 2013 paper. The documentary claims that the successful splicing of the SARS virus was a key to open the foot to the cross-species transition and that the virus had indeed "leaked" or was "released" from the laboratory P4 at Wuhan Institute of Virology and was covered up by the Chinese Government.
- A Bayesian analysis by Dr Steven Quay (refer: <https://zenodo.org/record/4477081#.YBxYgehKjiU>) "concludes beyond a doubt that SARS-CoV-2 is not a natural zoonosis but instead is laboratory derived". Dr Quay states "The outcome of this report is the conclusion that the probability of a laboratory origin for CoV-2 is 99.8% with a corresponding probability of a zoonotic origin of 0.2%". Note that "the starting probability for origin of SARS-CoV-2 was set with the zoonotic or natural hypothesis at 98.8% likelihood with the laboratory origin hypothesis set at 1.2%", so the results were a complete reversal.
- A University of London study in June 2020 (refer: <https://www.minervanett.no/files/2020/07/13/TheEvidenceNoNaturalEvol.pdf>) concluded "We have deduced the internal logic of published research which resulted in the exact functionalities of SARS-CoV-2, including the convergence of agreement from difference classes of source, the timings of the stages of the research and the development of documented capabilities by named institutions and individuals. These meet the criteria of means, timing, agent and place in this reconstructed historical aetiology to produce sufficient confidence in the account to reverse the burden of proof. Henceforth, those who would maintain that the Covid-19 pandemic arose from zoonotic transfer need to explain precisely why this more parsimonious account is wrong before asserting that their evidence is persuasive, most especially when, as we have indicated, we note puzzling errors in their use of evidence. In our companion article, in a similar forensic manner we will explore the primary evidence used to sustain the hypothesis of zoonotic transfer. In neither this article nor the next do we speculate about motive."
- Dr Nikolai Petrovsky, a Professor in the College of Medicine and Public Health at Flinders University, says despite intensive search to find its origins, no natural virus matching has been found. "This raises the very legitimate question of whether the COVID-19 virus might be the result of human intervention."

- Physician & Researcher Dr Meryl Nass stated “I was the first person in the world to look at an epidemic and study its characteristics and prove that it was due to biological warfare and was not a natural occurrence (referring to the Anthrax Epizootic in Zimbabwe 1978-80).” “Early in this (coronavirus) pandemic, I did not think the coronavirus was a natural occurrence from bats, I felt quite convinced this was a laboratory designed organism.” She also questioned a paper published in *Nature Medicine* which suggested that the coronavirus had a natural origin, saying it was “obviously illogical” and “doesn’t hold water”.
- In March 2021, the WHO called for further studies and data on the origin of SARS-CoV-2 (refer: <https://www.who.int/news/item/30-03-2021-who-calls-for-further-studies-data-on-origin-of-sars-cov-2-virus-reiterates-that-all-hypotheses-remain-open>).

Effective Treatments Already Exist for Serious COVID-19 Infections:

- As discussed in the Section ‘Examples of Safe & Effective Treatments That Can Be Used Instead of COVID-19 Vaccines’, countless physicians have spoken out about the successful results they have had treating COVID-19 positive patients (with serious symptoms) with safe, affordable, readily available & effective pharmaceutical and natural therapies such as Hydroxychloroquine, Ivermectin, Zinc, Vitamin D and Vitamin C, and number of studies support the use of such treatments.

Previous Immunity to SARS (2003) and Developing Natural Immunity to SARS-CoV-2:

- A study published in *Nature* (refer: <https://pubmed.ncbi.nlm.nih.gov/32668444/>) stated that for all 36 participants recovering from COVID-19 infection “we found CD4 and CD8 T cells that recognized multiple regions of the N protein”. Also, it showed that for 23 patients who recovered from SARS (2003), they “possess long-lasting memory T cells that are reactive to the N protein of SARS-CoV 17 years after the outbreak of SARS in 2003; these T cells displayed robust cross-reactivity to the N protein of SARS-CoV-2”.
- In another study published in *Nature* (refer: <https://pubmed.ncbi.nlm.nih.gov/32726801/>) it was found that “spike-reactive CD4+ T cells” were detected in not only in 83% of patients with COVID-19 but also in 35% of healthy donors, which were “probably generated during previous encounters with endemic coronaviruses”.
- An article published in *Science* (refer: <https://science.sciencemag.org/content/370/6512/89.full>) demonstrated “a range of pre-existing memory CD4+ T cells that are cross-reactive with comparable affinity to SARS-CoV-2 and the common cold coronaviruses human coronavirus”
- An article written in the *BMJ* (refer: <https://www.bmj.com/content/bmj/370/bmj.m3563.full.pdf>) states “At least six studies have reported T cell reactivity against SARS-CoV-2 in 20% to 50% of people with no known exposure to the virus. In a study of donor blood specimens obtained in the US between 2015 and 2018, 50% displayed various forms of T cell reactivity to SARS-CoV-2. A similar study that used specimens from the Netherlands reported T cell reactivity in two of 10 people who had not been exposed to the virus”.
- A study posted on *bioRxiv* website (refer: <https://www.biorxiv.org/content/10.1101/2021.02.27.433180v1>) concluded “Overall, the results demonstrate that CD4+ and CD8+ T cell responses in convalescent COVID-19 subjects or COVID-19 mRNA vaccinees are not substantially affected by mutations found in the SARS-CoV-2 variants.”
- In an article published on the website *Precision Vaccinations* (refer: <https://www.precisionvaccinations.com/natural-immunity-after-covid-19-found-durable-and-robust> it

states "This new study shows that most convalescent COVID-19 patients mount durable antibodies, B cells, and T cells specific for SARS-CoV-2 up to 250 days. The kinetics of these responses provide an early indication for a favourable course ahead to achieve long-lived immunity. The actual study (published in *Cell*: [https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791\(21\)00203-2?s=03#secsectitle0020](https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791(21)00203-2?s=03#secsectitle0020)) stated "our findings show that induction of neutralizing antibodies occurs in the majority of COVID-19 patients. These neutralizing antibodies can persist over the 8-9 month period following infection, and show a correlation with spike and RBD binding IgG."

- In a CDC research letter (refer: https://wwwnc.cdc.gov/eid/article/27/8/21-0965_article) it states "We found that, similar to the adults in this cohort and those in previous studies, SARS-CoV-2-positive children with no or mild symptoms mounted strong and durable humoral responses that persisted for >6 months."
- Quotes from physicians regarding already acquired immunity include:
 - Dr Marty Makary: "Why are we vaccinating first in line people who have already had the infection?"
 - Dr Peter McCullough: "We're at 80% herd immunity right now with no vaccine effect. People who develop Covid have complete and durable immunity...you can't beat natural immunity. You can't vaccinate on top of that and make it better"
 - Dr Mike Yeadon: "Once you've been infected you are immune. There's no uncertainty about it. It's been studied hundreds of times now, lots of literature has been published, so once you've been infected often you'll have no symptoms, you are now immune probably for decades..."
 - Epidemiologist Dr Sunetra Gupta stated: "For some reason people are in denial of the fact that actually at the moment one of the reasons we are enjoying the situation we currently have is because there has been a substantial build-up of (natural) herd immunity"
 - Dr James Lyons-Weiler: "We have memory B-cells and memory T-cells in response to corona virus so our bodies will remember how to be immune to these corona viruses..."

Questioning the Contagiousness of Asymptomatic People & Control Measures Placed on Them:

- Countless doctors, scientists and various medical experts have stated that healthy, asymptomatic people cannot, or are extremely unlikely to be able to, transmit the virus given they would have such low viral loads. This view has led to the questioning of why such people (the majority of society) are required to be isolated, quarantined, tested, socially distanced, required to wear masks, etc.
- In 2020, Dr Maria Van Kerkhove from the WHO stated "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>)
- In 2020, Dr Anthony Fauci from the NIAID stated "In all the history of respiratory born viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person (a person with symptoms). Even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers" (refer: <https://www.bitchute.com/video/FhgLyIHsfD0T/>). Dr Fauci has since conveyed contradicting messages regarding this.
- Dr Beda Stadler, former director of the Institute for Immunology at the University of Bern, said in response to the idea that an asymptomatic person can be a health threat to society "a ridiculous assumption".

- Dr Mike Yeadon, scientist and former CSO Allergy & Respiratory Research of Pfizer, stated “this idea that you can be ill even though you have no symptoms and you can be a respiratory virus threat to someone else even though you have no symptoms, that’s also invented in 2020. There’s simply no history of it and it defies common sense as well”.
- Dr Peter McCullough, former Vice Chief of Internal Medicine at Baylor University Medical Centre in Dallas said “There’s no scientific rationale...there is a low degree, if any, of asymptomatic spread. Sick person gives it to sick person”
- Microbiologist Dr Sucharit Bhakdi (who has published open 300 articles in the fields of immunology, bacteriology, virology and parasitology) stated “The idea of an asymptomatic carrier spreading the disease COVID-19 is untrue...it’s a claim that has been spread as a fact”
- Pathologist & Virologist Dr Roger Hodkinson (who sits on the board of a company who develops COVID-19 tests) stated “Asymptomatic testing should stop tomorrow. There is no need to test asymptomatic people. It has no value. It drives hysteria”
- A meta-analysis of 54 studies with 77,758 participants (refer: <https://pubmed.ncbi.nlm.nih.gov/33315116/>) showed that people who were PCR (COVID-19) positive with symptoms infected other household members around 18% of the time. But people who were PCR (COVID-19) positive with no symptoms infected other household members less than 0.7% of the time. This is clear evidence that the chances of asymptomatic people spreading the virus are extremely low.
- A study, published in *Respiratory Medicine*, of 455 contacts who were exposed to the asymptomatic Covid-19 virus carrier (refer: <https://pubmed.ncbi.nlm.nih.gov/32513410/>) found that all 455 contacts were not infected. The study concluded “the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak”
- Another study published in *Nature Communication* (refer: <https://pubmed.ncbi.nlm.nih.gov/33219229/>) found that over an 11 week period in Wuhan, there were no positive tests amongst 1,174 close contacts of 300 asymptomatic cases.
- One study (refer: <https://www.nejm.org/doi/full/10.1056/NEJMc2001468>) suggested transmission from one asymptomatic person in Germany, but there is some conjecture as to whether she started showing symptoms of infection whilst she was in contact with other people (and that she was treated for flu-like symptoms) before her flight back to China.

Pushback from Doctors, Scientists, Health Professionals & Other Medical Experts:

- The following groups of doctors/scientists/medical experts have been formed to question and oppose what is taking place around the world:
 - World Doctors Alliance (<https://worlddoctorsalliance.com/>)
 - America’s Frontline Doctors (<https://www.americasfrontlinedoctors.com/>)
 - Great Barrington Declaration (<https://gbdeclaration.org/>)
 - Doctors for Covid Ethics (<https://doctors4covidethics.org/>)
 - Covid Medical Network (<https://www.covidmedicalnetwork.com/>)
 - Front Line Covid-19 Critical Care Alliance (<https://covid19criticalcare.com/>)
 - NZDSOS (New Zealand Doctors Speaking Out With Science) (<https://nzdsos.com/>)

- Canadian Frontline Nurses (<https://www.canadianfrontlinenurses.ca/>)
- The following books have been published, again challenging the main stream narrative and the disproportionate response by governments all around the world:
 - '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
 - 'COVID-19 and the Agendas to Come (Red-Pilled)' by James Perloff (a registered nurse)
 - 'COVID-19 A Physicians take on the exaggerated fear of the corona virus' by Dr Jeffrey Barke
 - 'Pseudopandemic – New Normal Technocracy' by Iain Davis
- Documentaries such as 'The Pushback' by Oracle Films (refer: <https://www.bitchute.com/video/5rnMcGzdOp8F/>) have been produced and released.

Examples of Legal Challenges:

- There is a class action lawsuit being brought by Dr Reiner Fuellmich and his team in various countries against "the manufacturers and sellers of the defective PCR tests" (refer: <https://www.corona-schadensersatzklage.de/was-steckt-hinter-der-geplanten-sammelklage/>)
- In November 2020, the Concerned Lawyers Network issued a Notice of Liability & Potential Claims to the Victorian Government (refer: <https://concernedlawyersnetwork.net/wp-content/uploads/2020/10/6.11.20-CLN-TO-GOVTS-LETTER.pdf>)
- In July 2021, lawyers Ashley, Francina, Leonard & Associates wrote a letter to NSW Minister for Health & Medical Research (refer: <https://www.aflsolicitors.com.au/files/Letter-to-NSW-health-Minitser.pdf>)
- In March 2020 and then again in June 2020, lawyer Sue Grey wrote a letter to New Zealand's Prime Minister, calling for urgent action in relation to the Pfizer vaccines (refer: <https://suegrey.co.nz/index.php/2021/06/05/open-letter-to-prime-minister-no2-3-june-2021/> for the June letter). Sue also won a legal challenge against the government where the judge acknowledged that the government acted unlawfully with the Covid-19 vaccine rollout, but she wouldn't enforce any changes given the potential repercussions (refer radio interview: <https://www.bitchute.com/video/zUNw7ws8yAp0/>)

Conflict of Interests:

- With regard to the COVID-19 situation, there are endless conflict of interests between government organisations (such as the CDC, FDA, NIH/NIAID), the World Economic Forum (WEF), the WHO, GAVI, The Bill and Melinda Gates Foundation, John Hopkins University, Imperial College London, politicians, pharmaceutical companies, big tech companies, media networks, medical schools, scientific journals, "fact checking" companies, and others. Some of these are discussed in the Section 'Vaccine General Discussions - Examples of Conflict of Interests/Corruption') and more are mentioned in the documentaries 'Follow The Money' and 'Plandemic' (see the links to these further down), but a few extra examples are:
 - In the USA, the National Institute of Health (NIH) has an association with Moderna. An article in *Axio* claims "NIH and Moderna have researched coronaviruses, like MERS, for several years, and signed a contract this past December that stated "mRNA coronavirus vaccine candidates [are] developed and jointly owned" by the two parties. The contract was not specific to the novel coronavirus, and it was signed before the new virus had been sequenced. Separately, four NIH

scientists have filed for a provisional patent application entitled "2019-nCoV vaccine," according to disclosures in a pending scientific paper. Moderna scientists co-authored that paper, but none are listed as vaccine co-inventors." (refer: <https://www.axios.com/moderna-nih-coronavirus-vaccine-ownership-agreements-22051c42-2dee-4b19-938d-099afd71f6a0.html> and <https://www.documentcloud.org/documents/6935295-NIH-Moderna-Confidential-Agreements.html#document/p105/a568569>). Further to this, according to Dr David Martin, back in November 2019 (a month before there was even a pathogen to talk about) Dr Fauci was involved in getting the spike protein transferred from the University of North Carolina at Chapel Hill to Moderna, which, according to Dr David Martin, can be confirmed by an email from Ralph Baric to a major media outlet.

- The Bill and Melinda Gates Foundation has funded coronavirus vaccines programs and invested in a few of them (refer: <https://www.msn.com/en-us/money/companies/4-coronavirus-vaccine-stocks-the-bill-melinda-gates-foundation-is-betting-on/ar-BB19nssN>). The Bill and Melinda Gates Foundation is also the third biggest financial contributor to the WHO, and GAVI (founded by Bill Gates) is fourth (refer: <https://www.who.int/about/funding/contributors>). The WHO's decision to call a pandemic and allow (and encourage) COVID-19 vaccines to be rushed in under the Public Readiness and Emergency Preparedness (PREP) Act favoured any organisations or companies who owned or had investments in the vaccine companies.
- Professor Andrew Pollard is Chair of the UK Joint Committee on Vaccination and Immunisation, member of WHO SAGE, Chief Investigator on the Oxford-AstraZeneca vaccine trials, and Head of the Oxford Vaccine Group.

Agendas & Connected Events:

It is not the intention of this paper to deeply explore possible/probable global agendas at play, but the following sub headings are interesting discussion points:

- Pharmaceutical Company Profit Gains & Regulatory Capture:
 - On the back of the Pfizer's BNT162b2 Covid-19 vaccine sales, Pfizer's total revenue jumped from \$19,947 million (\$19.95 billion) for the first 6 months in 2020 to \$33,559 million for the first 6 months of 2021, an increase of 68% (refer: <https://investors.pfizer.com/investor-news/press-release-details/2021/PFIZER-REPORTS-SECOND-QUARTER-2021-RESULTS/default.aspx>)
 - As a result of Moderna's mRNA-1273 Covid-19 vaccine sales, Moderna's total revenue was \$1.9 billion for the three months of 2021, compared to only \$8 million for the same period in 2020, a whopping increase of 23,750% (refer: <https://www.biospace.com/article/releases/moderna-reports-first-quarter-fiscal-year-2021-financial-results-and-provides-business-updates/>)
 - AstraZeneca's revenue went from \$6,354 million for the first quarter of 2020 to \$7,320 million for the first quarter in 2021, an increase of 15% (refer: https://www.astrazeneca.com/content/dam/az/PDF/2021/q1-2021/Q1_2021_results_announcement.pdf)
 - J&J's total revenue increased by 7.9%, comparing the first quarter of 2020 to the first quarter of 2021 (refer: <https://www.jnj.com/johnson-johnson-reports-2021-first-quarter-results>)
 - According to an article in CNN Business (refer: <https://edition.cnn.com/2021/05/21/business/covid-vaccine-billionaires/index.html>), COVID-19

vaccines have created at least nine new billionaires after shares in companies producing the shots soared.

- As Nick Hudson from PANDA states: "Vaccines are being sold as a ticket to freedom by people who stand to make countless billions out of them. And we get to the extreme very quickly with GAVI...the conflicted vaccine alliance...telling us that "no one is safe unless everyone is safe". How convenient that we now have a logic that tells us that we need to vaccinate 7.8 billion people for a disease that has a mean survival rate of 99.95% for people under the age of 70. The profiteering here is naked, it is transparent".
- Elite Wealth Growth & Tightened Global Control:
 - According to a Forbes article (refer: <https://www.forbes.com/billionaires/>), "The number of billionaires on Forbes' 35th annual list of the world's wealthiest exploded to an unprecedented 2,755, (which is) 660 more than a year ago. Also, a number of billionaires had record growth in their wealth throughout the 'pandemic'. For example, Jeff Bezos (former CEO of Amazon) went from \$113 billion in 2020 to \$177 billion in 2021, and Bill Gates went from \$98 billion in 2020 to \$124 billion in 2021.
 - From the documentary 'Follow The Money' (refer: https://www.youtube.com/watch?v=D2t4u_tEefM), the following points are made, all of which are backed up facts:
 - Less than a handful of big corporations 'own' the world
 - Almost every big company in every industry, including the pharmaceutical industry, is owned by the same institutional investors, predominately Vanguard Group and Blackrock Inc. "The power of these two companies is beyond your imagination. Not only do they own a large part of the stocks of nearly all big companies, but also the stocks of the investors in those companies. This gives them a complete monopoly". It is predicted that these two companies collectively will manage 20 trillion dollars by 2028 (refer: <https://financialpost.com/investing/a-20-trillion-blackrock-vanguard-duopoly-is-investings-future>)
 - Blackrock works closely with the central banks (they lend money to the banks and are advisors)
 - The biggest shareholder in Blackrock Inc is actually Vanguard Group
 - The Vanguard Group is owned by the richest families in the world (including Bush family, members of the Royal family, Rothschilds, Morgans, Rockefellers, Vanderbuilts)
 - The three most important non-profit organisations that connect all industries in the world are The Bill & Melinda Gates Foundation, the Open Society Foundations (George Soros), and the Clinton Foundation.
 - 90% of the international media is owned by a handful of media conglomerates. These corporations "not only make all the programs, movies and documentaries, but also own the channels on which those are broadcast. So not only the industries, but also the information is owned by the elite"
 - 'Project Syndicate' and a handful of organisations are together with the press agencies the link between all worldwide media outlets. That is the reason why worldwide media show

synchronicity in their reporting. 'Project Syndicate' has received funding from The Bill & Melinda Gates Foundation and the Open Society Foundations.

- The concept of vaccine passports and biometric ID has been flagged for many years, even prior to COVID-19. The COVID-19 'pandemic' provides governments around the world with the opportunity to potentially introduce such passports to assist in controlling and tracking the movement of the entire population.
- The abstract from a patent involving connecting humans to a cryptocurrency system using body activity data states "Human body activity associated with a task provided to a user may be used in a mining process of a cryptocurrency system. A server may provide a task to a device of a user which is communicatively coupled to the server. A sensor communicatively coupled to or comprised in the device of the user may sense body activity of the user. Body activity data may be generated based on the sensed body activity of the user. The cryptocurrency system communicatively coupled to the device of the user may verify if the body activity data satisfies one or more conditions set by the cryptocurrency system, and award cryptocurrency to the user whose body activity data is verified." (refer: <https://patentscope.wipo.int/search/en/detail.jsf?docId=WO2020060606&fid=WO2020060606>)
- Financial Reset:
 - Over recent decades, a number of political leaders have used the term "new world order" and more recently "build back better".
 - In 2015, the United Nations released a document titled 'Transforming Our World: the 2030 Agenda for Sustainable Development' (refer: <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>) which is almost identical to the WEF's 'Great Reset' plan (see below).
 - In 2020, Klaus Schwab, founder and executive chairman of the World Economic Forum (WEF), released his book titled 'COVID-19 The Great Reset'. He writes about how the coronavirus pandemic is a great opportunity to restore our societies, and uses the phrase "building back better". In a video recently released by the WEF, by 2030 they claim "you'll own nothing and you'll be happy" and "a handful of countries will dominate".
- Eugenics:
 - A theory put forward by many medical experts and physicians quoted throughout this paper is that the vaccines have been designed to reduce the population, whether it be through deaths and/or infertility caused by the vaccines. For more information on this, the following videos can be viewed (refer: <https://rumble.com/vd15i1-planet-lockdown-catherine-austin-fitts-full-interview.html> and <https://odysee.com/@corbetteport:0/why-big-oil-conquered-the-world:a?src=embed>). Also, in a TED Talk about carbon emissions in 2010 (refer: <https://www.bitchute.com/video/EKSzANp0fE11/>), Bill Gates stated "The world today has 6.8 billion people, that's head up to about 9 billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps 10 or 15%".
- Foreseeing/Planning of/for 'The Pandemic':
 - 2009 – The WHO changed the definition of a 'pandemic', lowering the standards. A pandemic can now be declared if "a disease epidemic occurs when there are more cases of that [new] disease

than normal.” (refer:

https://apps.who.int/iris/bitstream/handle/10665/44123/9789241547680_eng.pdf?sequence=1&isAllowed=y)

- 2010 - The Rockefeller Foundation published a report in cooperation with the Global Business Network of futurologist Peter Schwartz (refer <https://www.nommeraadio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf>). It was called Scenarios for the Future of Technology and International Development. The first scenario, titled “Lock Step”, describes a world of total government control and authoritarian leadership. It envisions a future where a pandemic would allow national leaders to flex their authority and impose airtight rules and restrictions that would remain after the pandemic faded.
- 2012 – The Robert Koch Institute in Germany (closely connected to Bill Gates and the WHO) created a simulation based on a coronavirus jumping from an animal to a human in a fruit market in south east Asia. It takes some weeks for the Chinese to discover the virus, and it details the next 3 years of lockdowns, destroyed economies, the impacts on society, riots and protests, etc (refer: <https://dserver.bundestag.de/btd/17/120/1712051.pdf>)
- 2015 – In another TED Talk (refer: https://youtu.be/6Af6b_wyiwl), Bill Gates stated “If anything kills over 10 million people in the next few decades, it’s likely to be a highly infectious virus”
- 2017 – Dr Anthony Fauci stated “If there’s one message that I want to leave with you today based on my experience...there will be a surprise outbreak...the thing we are extraordinarily confident about is that we are going to see this in the next few years” (refer: <https://www.bitchute.com/video/0lw7rZWpVb1F/>)
- 2019 (October) – Event 201, an exercise organised to simulation what might happen if there was a severe worldwide pandemic resulting from an outbreak of a novel coronavirus, was hosted by The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation (refer: <https://www.centerforhealthsecurity.org/event201/videos.html>)
- Timelines/Possible Related Events:

A very detailed and thorough list of potentially related events can be viewed at:

 - Pre-Pandemic Timeline – 1900-2019 (refer: <https://adelaidefreedomrally.com/pre-pandemic-timeline-1900-2019/>)
 - COVID-19 Pandemic – Initial Response 2020 (refer: <https://adelaidefreedomrally.com/pandemic-timeline-2020/>)
 - COVID-19 Pandemic - From 2021 (refer: <https://adelaidefreedomrally.com/pandemic-timeline-2021/>)
- Coronavirus Patents & Gain-of-Function (GIF) Research:
 - GIF is basically biological research aimed at increasing the virulence and lethality of pathogens and viruses.
 - Quotes & notes from the documentary ‘Plandemic Part 2 – Indoctrination’ (refer: <https://www.bitchute.com/video/vX35BrzfOFsU/>):
 - “In 1999, patents on coronavirus started showing up”

- “In 2003, the CDC saw the possibility of a gold strike, and that was the coronavirus outbreak that happened in Asia. They saw that a virus they knew could be easily manipulated...and in 2003 they sought to patent it and they made sure they controlled the proprietary rights to the disease, to the virus and to its detection and all of the measurement of it”
- “We know that Anthony Fauci, that Ralph Baric, that the CDC (and others) were at the hub of this story. From 2003 to 2018, they controlled 100% of the cash flow that built the empire around the industrial complex of coronavirus”
- “We know that the coronavirus manipulation started with Dr Ralph Baric in 1999. Ralph Baric is the researcher at the University of North Carolina Chapel Hill who’s famous for his chimeric coronavirus research. In 2002, there was a recognition that the coronavirus was seen as an exploitable mechanism for both good and ill. On April 25th 2003, the CDC filed the patent on the coronavirus transmitted to humans.”
- “Under 35 U.S.C Section 101, nature is prohibited from being patented. Either SARS coronavirus was manufactured, therefore making a patent on it legal, or it was natural, therefore making patent on it illegal. If it was manufactured, it was a violation of biological and chemical weapons treaties and laws. If it was natural, fling a patent on it was illegal. In either outcome, both are illegal.”
- “By ultimately receiving the patents that constrained anyone from using it, they (the CDC) had the means, they had the motive and most of all they had the monetary gain from turning coronavirus from a pathogen to profit”
- Somewhere between 2012 and 2013, something happened. The federal funding for research that was feeding into places like Harvard, Emory, University of North Carolina Chapel Hill...that funding suddenly became impaired by something that happened at the NIH...and in 2013, the NIH said GOF research on coronavirus should be suspended. The NIH had a moral and social and potentially legal reason to object to research, but the letters that were sent to the researchers essentially said you’re receiving notice that we’re telling you to stop, and now on the bottom of the page, we’re going to clarify what stop means – keep going”
- In 2014 and 2015, the research was off shored to China and the Wuhan Institute of Virology were funded, but the money was run through a series of cover organisations (e.g. EcoHealth Alliance).
- Related links that support the above claims are as follows:
 - <https://patents.google.com/patent/US7279327B2/en>
 - <https://patents.google.com/patent/US7220852B1/en>
 - <https://www.nbcnews.com/id/wbna3076748>
 - <https://patents.google.com/patent/US7776521B1/en>
 - <https://www.the-scientist.com/the-nutshell/moratorium-on-gain-of-function-research-36564>
 - <https://www.nature.com/articles/514411a>

- <https://www.nature.com/articles/nature.2015.18787>
- <https://www.the-sun.com/news/671796/us-government-wuhan-coronavirus-outbreak-bats/>
- <https://reporter.nih.gov/search/l1Z0oOtzkq7dQp00dKa0w/project-details/9491676>
- Refer to article in (refer: <https://childrenshealthdefense.org/defender/fauci-2012-video-gain-of-function-experiments-benefit-society/>) which they summarised as:
 - Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID), has long supported controversial gain-of-function (GOF) research, which you can hear him speak about at a hearing before the Committee on Homeland Security and Governmental Affairs at the U.S. Senate, held April 26, 2012.
 - GOF research refers to studies that have the potential to enhance the ability of pathogens to cause disease, including enhancing either their pathogenicity or transmissibility, GOF is a type of dual use research.
 - Fauci speaks favourably of dual use research of concern, or DURC, stating, “the risk-benefit ratio of such research clearly tips towards benefiting society.”
 - Due to its controversial nature and potential to fuel bioweapons, several moratoriums have been placed on GOF research, including one in October 2014, after a string of high-profile “incidents” at U.S. biocontainment laboratories.
 - NIAID has funded GOF research on bat coronaviruses at the Wuhan Institute of Virology (WIV), but Fauci, amid growing calls that COVID-19 was the result of a laboratory accident, has denied that such funding occurred.
- For more information, go to Dr David Martin’s interview notes on page 57.
- Dr Anthony Fauci Emails:

On April 10, 2020 and May 5, 2020, respectively, ICAN (Informed Consent Action Network) submitted the FOIA requests to the NIH regarding Dr Anthony Fauci’s emails relating to COVID-19, Moderna and other related matters. When the NIH failed to respond to those requests, ICAN brought a lawsuit against the agency on June 29, 2020. In response, NIH agreed to produce Fauci’s emails on a rolling basis. A summary of the key emails from the first batch received from the NIH (refer: [https://www.mediafire.com/file/e7wi0lqjd1d5lcx/Combined Fauci Emails in Chron Order OCRd FINAL.pdf/file](https://www.mediafire.com/file/e7wi0lqjd1d5lcx/Combined+Fauci+Emails+in+Chron+Order+OCRd+FINAL.pdf/file)) is as follows (as commented on by ICAN):

- February 5-6, 2020 (000239) – Fauci asked to recommend names for WHO group with the broad mission to “look at the origins and evolution of 2019n-CoV.” Fauci responds by seeking to reframe the mission in a manner that would only look for natural and not lab made origin.
- February 7, 2020 (000189) - Fauci sent an internal NIAID communication reflecting that it was unlikely that the SARS-CoV-2 virus originated in a wet market.
- February 16, 2020 (000447) – Fauci tells CBS reporter that if the mortality turns out to be 0.2% to 0.4%, then SARS-CoV-2 should be treated like a severe seasonal flu. But when the case fatality rate was later revised to between 0.2% and 0.4% by the CDC, Fauci continued to act as if the virus was something far more dangerous.

- February 17, 2020 (000422) – Fauci receives communication from a Chinese citizen that is part of an international student program in the United States stating that, based on his contacts back in Wuhan, including correspondence from a nurse working in a Wuhan hospital, there is far more spread of the virus and far more deaths than China is admitting.
- February 21, 2020 (000300) – Fauci asks a Deputy Director at NIAID to “Please handle” an email received by a group of doctors and scientists, including a virologist, that opined that “we think there is a possibility that the virus was released from a lab in Wuhan (sic).”
- February 22, 2020 (000274-277) – Fauci confirms that “The vast majority of people outside of China do not need to wear a mask. A mask is more appropriate for someone who is infected than for people trying to protect against infection.”
- February 23, 2020 (000257) – Fauci states “Transmission is definitely by respiratory droplet” and that “Children have very low rate of infection.”
- February 27, 2020 (000649) – Fauci tells Morgan Fairchild to tell her followers to be ready for “social distancing, teleworking, temporary closure of schools, etc.”
- February 28, 2020 (001054) – Fauci, while uncertain what animal may have served as the intermediary jump from bats to humans for SARS-CoV-2, keeps repeating the narrative that it was a jump from bats through some natural non-lab means that was the origin of the virus.
- February 28, 2020 (001059) – Fauci giving personal update to Mark Zuckerberg regarding developing a COVID-19 vaccine including telling Zuckerberg that “We may need help with resources” and that if there is a delay in the development timeline he just told Zuckerberg about, “I will contact you.”
- March 1, 2020 (000922) – CBS’s Chief Medical Correspondent, seeking to please Fauci, emails Fauci a link to his segment which he appears to repeat what Fauci has told him, including that face masks “may give some partial protection by catching droplets containing virus but the virus is so tiny the virus can go right through it or around it” and describing the origin of the virus as “jumping from animals to people.” Fauci responds with “Outstanding!!” apparently pleased that CBS pushed Fauci’s narrative that the virus was a natural jump from bats to humans.
- March 1, 2020 (000937) – Despite media reports, Fauci makes it crystal clear he was not being muzzled by the White House.
- March 16, 2020 (001554) – Fauci is asked “Given the relative safety of all but the elderly and those whose immune systems are compromised, and that they are far fewer than the rest of the population, why not quarantine only them?” and responds by stating “Stay tuned.”
- March 17, 2020 (001537) – The next day, it does not appear Fauci intends to change his tune of pushing everyone, even healthy people with low risk of the virus, to give up all civil liberties and remain prisoners in their home, as reflecting in an email exchange between Fauci and Mark Zuckerberg, in which they share mobile numbers and plan to coordinate efforts to get people to comply with Fauci’s messaging, including social distancing for everyone, but the details of their plan are not included in the email exchange.
- March 31, 2020 (001816) – Fauci receives a summary from his agency of the studies regarding how effective masks are to preventing the virus and the conclusion is as follows: “Bottom line: generally there were not differences in ILI/URI/or flu rates when masks were used.”

- April 2, 2020 (001778) – Fauci and Bill Gates have phone call where they agreed to a “collaborative” and “synergistic approach to COVID-19 on the part of NIAID/NIH, BARDS and the BMGF (Bill and Melinda Gates Foundation).” It is concerning that one private person, Bill Gates, and his organization, BMGF, can exert that much behind-the-scenes influence on decisions that will impact the civil rights of all Americans during the pandemic.
- April 8, 2020 (002351-2352) – Fauci, rejects most requests for calls, but accepts without any questions a request to arrange a call with the CEO of a Lilly, a major pharmaceutical company.
- April 11, 2020 (002263-2264) – While Fauci claimed to have little time for anything else, Fauci confirmed the continued filming of “a film that will celebrate the importance of your [Fauci’s] life, science and public health” including filming during his “drive to NIH ... once or twice a week,” “capture your working/appropriate conversations,” and “work on the Task Force.”
- April 12, 2020 (002229) – Fauci writes “Many tests that have been used thus far are not accurate and ARE MISLEADING.”
- April 16, 2020 (002142) – Fauci advises that even in the health care setting the mask policy should remain “voluntary.”
- April 20, 2020 (002548-2549) – A Washington Post reporter contacts Katie Miller at NIAID for copies of article that Fauci stated are proof that the virus originated by natural means rather than being developed in a lab. Instead of letting Katie Miller or someone on his staff respond, Fauci, who stated he gets 1,000 or 2,000 emails per day and only has time to respond to a tiny number of these emails, personally responds to the Washington Post reporter (who did not even write to Fauci) with the copies of the studies.
- April 22, 2020 (002471-2472) – The National Academy of Science representative confirming to Dr. Francis Collins, head of NIH, that “WHO, Gates Foundation and European Commission have been leading and planning” the “global coordinating effort to accelerate vaccines, diagnostics and therapeutics” and that “there will be an announcement on the global structure with will [sic] involve Gates, WHO etc.” and Fauci explains in an email that “we have Gates reps on our ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines) working groups.” Why is an unelected individual with his own private interests getting this incredible level of influence over decisions that will affect the freedoms and liberties of everyday Americans?
- April 27, 2020 (002910) – Fauci appears to dismiss potential live saving treatment. Fauci receives a report from the Chief, Section of Viral Pathogenesis at NIAID, Dr. Paolo Lussa, that “they treated a first group of five patients with potent anti-aggregant therapy (Tirofiban/Aggrastat) and apparently in all of them the pO₂ started to rise within less than 2 hours, they got off the ventilator and went on to full recovery.” In response to this incredible news, Fauci merely writes “Thanks, Paolo.” Apart from pushing Remdesivir, made by Gilead, a company with which Fauci has deep and long-standing connections, Fauci’s response to Dr. Lussa accords with his otherwise singular focus on developing and pushing a vaccine.
- May 1, 2020 (002838) – While pushing one narrative regarding ventilators publicly, Fauci writes in a private email that “You are correct in that there is a more recent tendency to use ventilators only as a very last resort since oxygenation rather than ventilation appears to be key to recovery.”

Summary of Key Interviews (Quotes & Notes) with Medical Experts on the COVID-19 Situation and/or COVID-19 Injections (Vaccines):

- Dr Mike Yeadon - Scientist, Ex Chief Scientific Officer, Allergy & Respiratory Research, of Pfizer (refer: <https://www.bitchute.com/video/3NHqTyi9xG00/>)
 - "I don't want people to be frightened of the virus"
 - The government (and their "scientific" advisors) have told us lies (exaggerated severity, not disclosing safe & effective treatments, saying it's a novel virus, etc)
 - "The objective is to make us receptive to the vaccines"
 - "There are serious crimes going on"
 - The global infection fatality ratio is just a little bit more than typical seasonal influenza (based on Dr John Ioannidis's studies previously referenced), and not as bad than "bad seasonal influenza"
 - "The virus is not that dangerous unless you are very close to the end of your life, very frail or very ill"
 - There are some really good, well-evidenced treatments available (despite what the government has told us) that were suppressed for use
 - PCR testing is not a good technique for diagnosing viral infections (as the inventor Kary Mullis stated)
 - The government refused to disclose how many cycles they were using (for PCR testing) and they refused to use an internal standard
 - It has been shown that (having tested hundreds of people with SARS-CoV-2) they found that when you got a positive test beyond around 25 cycles it became more and more difficult to infect some cells in a culture dish. In other words, there wasn't enough live virus there to infect a culture a culture dish.
 - The PCR testing results don't necessarily tell you whether you are clinically ill nor infectious
 - There are more reported "cases" than what there really are
 - It is not true that people without symptoms can be a respiratory viral health threat (asymptomatic transmission is a lie). People without symptoms can't infect other people and studies have shown this.
 - "The false positive rate for PCR testing has never been determined"
 - Mask wearing (especially for healthy, asymptomatic people) is clearly inappropriate and harmful. Mask mandating has been designed to increase peoples fear
 - Lockdowns don't work because the large majority of people in society are healthy and/or not infectious contacts. People that have symptoms generally are at home or in hospital isolating. At least 90% of the transmission generally occurs within institutions (e.g. hospitals, care homes) which is what happened with SARS (SARS-CoV-1) in 2003 and MERS in 2012.
 - "We intuitively/observationally know when someone is unwell and we naturally stay clear of them"
 - "Looking at GenBank and Sequence (databases), I realised that it (SARS-CoV-2) was something like 80% similar to SARS-CoV-1 and around 60% similar to common cold causing corona viruses, so the virus was not really 'novel'. This meant that many people would already have some T-cell and antibody immunity."

- Testing of blood samples from people who were exposed to SARS in 2003 – every single one had striking T-cell immunity to SARS 17 years later. Furthermore, testing found they also had immunity recognition to SARS-CoV-2.
 - A percentage of the population already has natural immunity to SARS-CoV-2 from being infected with SARS-CoV-1.
 - Variants of the original Wuhan COVID-19 strain are only up to 0.3% different, despite what governments are saying, and hence it's not possible that the variant can escape immunity, and the small amount of published science indicating otherwise is contrived, incorrect.
 - A study showed that the T cells of every person who had been infected with one COVID-19 variant or another responded to every other single (peptides of) variants when challenged.
 - Studies showed that the spike protein from the SARS 2003, when given intravenously to animals, causes blood clots.
 - Studies show if you add the spike protein from SARS-CoV-2 to bits of immune system in a test tube you can activate a system called complement which can lead to a cytokine storm.
 - The spike protein is actually a toxin
 - Blood clots (from the vaccines) are inevitable
 - The vaccine will not remain just near the injection site but will travel through the body
 - As a toxicologist, I knew the vaccines were going to kill people
 - The mRNA in the vaccine is a "foreign chemical" and no toxicology has been done on this modified chemical
 - No tests have been done on where the vaccines are distributed within the body and how long it stays around (pharmacokinetics) and what does it do when it is there (pharmacodynamics) and vaccine manufacturers are not required to do these assessments.
 - These COVID-19 vaccines are the most dangerous vaccines ever
 - The vaccines should not be given to pregnant women – no reproductive toxicology has been performed.
 - The vaccines should not be given to young and healthy people who are at no threat from the disease
 - Some people are allergic to polyethylene glycol (PEG) which are in the vaccines
 - There are concerns with antibodies attacking the placenta (syncytin-1) given similarity of retroviral protein
 - There are concerns about antibody-dependent enhancement (ADE) which will cause many deaths
 - There are no long-term safety studies completed for COVID-19 vaccines
 - Vaccine passports will not make people safe. Vaccinated people can still contract and transmit the virus
 - Vaccine passports could/will likely be used to completely control people's lives in terms of what they can and can't do.
 - Under international law it's illegal to coerce people to take medical procedures, especially experimental ones (as per Nuremberg code)
- Dr Geert Vanden Bossche – Scientist, Vaccine Developer, worked for GAVI, Univac, DZIF, VARECO, etc (refer: <https://www.bitchute.com/video/gonLKwZmdnJo/>)
 - "We know that young people have quite decent innate immune response and therefore they are naturally protected and even more, if they get in contact with corona virus it will boost their natural immunity. So, therefore from the very beginning, I disapproved the fact that

schools (and universities) were closed and youngsters were prevented even from having contact with each other”

- “Youngsters...they can rely on good innate immunity”
 - “Every single time you have an immune response that is suboptimal, in the presence of a virus that infects that person, you are at risk of immune escape...”
 - “(It is dangerous) to use them in the midst of a pandemic and do mass vaccination, because then you provide within a very short period of time the population with high antibody titers, so the virus comes under enormous pressure” (*which can create more highly infectious strains)
 - “These vaccines don’t prevent infection, they protect against disease”
 - “Getting people away from the hospital is all that counts”
 - “Prophylactic vaccines should not be used in the midst of an epidemic”
 - “These specific antibodies (resulting from the vaccines) will still continue to outcompete our natural antibodies, and that is a huge problem...because they (natural innate antibodies) provide you with broad protection (which is) variant non-specific”
 - “I think we’re very close to vaccine resistance right now”
 - “(when vaccinated) you are at the same time losing the most precious part of your immune system that you could ever imagine, and that is your innate immune system. Because the innate (natural) antibodies, the secondary IgM’s, will be outcompeted by this antigen specific antibodies by binding to the virus...and you lose every protection against any viral variant or corona virus variant, etc. So, this means that you’re left just with no single immune response...your immunity has become nil. It’s all gone, the antibodies don’t work anymore and your innate immunity has been completely bypassed”
 - “We’re going to pay a huge price for this. And I’m becoming emotional because I’m thinking of my children, of the younger generation”
 - “What we are now doing is that we are really chasing this virus and it becomes increasingly infectious and it’s just a situation that is completely out of control”
- Dr Robert Malone – Scientist, Inventor of mRNA Technology (refer: <https://www.bitchute.com/video/9YPhbn5Okx7B/>)
 - “I’m a scientist, I live in a world of evidence-based medicine and data and science...I call things as I see them”
 - “One of the major problems in gene therapy is if you put (or express) a foreign protein in your body and if you have cystic fibrosis or muscular dystrophy...your body/immune system doesn’t know that it’s the right protein, it doesn’t know that it’s a good protein, it only knows that it’s a different protein than it has, and it will start attacking it, and it will attack the cells that are making it”
 - Robert also wrote an article titled “Bioethics of Experimental COVID Vaccine Deployment under EUA: It’s time we stop and look at what’s going down” based on major issues he was concerned about (refer: <https://trialsitenews.com/bioethics-of-experimental-covid-vaccine-deployment-under-eua-its-time-we-stop-and-look-at-whats-going-down/>)
 - “At the time (January 2020)...my (threat) assessment is to develop vaccines for this pathogen in this time frame, particularly given the long and rich history of failed vaccine attempts due to antibody dependant enhancement (ADE)...to do this responsibly, for a vaccine, is going to be too time consuming and the threat is too present. On the vaccine front, I have been very clear about my concerns about ADE and other complications.”

- In September 2020, Dr Malone warned the Center for Biologics Evaluation & Research (part of the FDA) "this (spike) isn't just an antigen, this a biological active protein that does more than just bind to ACE-2 and has toxic effects" and they "just blew me off".
- More peer reviewed studies came out about spike proteins opening up the blood brain barrier
- A study from the Salk Institute stated "this is the first study to show that the damage occurs when cells are exposed to the spike protein on its own"
- After being so called "fact checked" Dr Malone sent the fact checkers multiple peer reviewed publications and called them out.
- The spike protein from the vaccine can cause inflammation and brain fog
- "The full reproductive toxicology package was not performed before they (the vaccines) started being administered and that means that we don't really know what the reproductive affects might be"
- "Those of us that have done animal model work are well aware, and what we all tell each other, is that mice lie, monkeys mislead and the only thing that predicts an activity in humans is humans"
- "You can talk to 20 different women that have had (Covid-19) vaccines and I can guarantee that a lot of them will tell you that they've had disruptions with their (menstrual cycles), really heavy flow, etc"
- No risk benefit studies have been done for different groups
- "The active drug product is the protein...and the FDA has decided not to require that the pharmaceutical companies characterise exactly how much spike protein is being made – we don't know. And it is reasonable to assume, based on everything I know in gene therapy for decades, that the adenoviral vectors maybe expressing significantly more protein for a longer duration than the mRNA so no surprise that the safety signal for coagulopathy pops up first for the adenoviral vector vaccines. And this means it's not going to happen with the RNA vaccines."
- A Facebook group page (with at least 250,000 members) in which people reported COVID-19 vaccine adverse events was taken down. This was the "the ultimate gaslighting".
- Concerns with adverse events from the vaccines include cardiotoxicity (heart related conditions), reactivation of latent viruses (e.g. shingles), thrombocytopenia (bleeding), coagulopathy (blood clots), ADE
- Ivermectin has benefits both as a prophylactic and a therapeutic for severe disease and hospitalization
- Oddly the FDA required that we prove the mechanism of action of Ivermectin (which is a 40 year old drug and proven to be safe) using cell culture, which is over the top, to allow us to proceed with clinical trials
- "There's a bunch of things here that don't make sense"
- "For our studies, the FDA is still throwing up objection after objection after objection. Each time we come in with our R&D (for our drugs)"
- The FDA are blocking the development of known safe agents that are "off-patent" that drug companies can hardly make any money on
- "It looks like a duck, walks like a duck and quacks like a duck, but we can't call it a duck. The duck is regulatory capture by the pharmaceutical industry"
- Children should be not vaccinated
- No one should be coerced to take an experimental vaccine
- There is major censorship of physicians trying to speak out

- This is wrong from a bioethics standpoint
- Dr Peter McCullough - Doctor of Internal Medicine and Board-Certified Cardiologist (refer: https://www.lewrockwell.com/2021/05/no_author/world-renowned-academic-physician-blows-lid-off-covid-vaccines/)
 - "I think this whole pandemic from the beginning was all about the vaccine"
 - "Stakeholders want a needle in every arm"
 - There have been numerous "blood clots, strokes, immediate deaths"
 - "I can no longer recommend it (the vaccine)"
 - "There are now papers written by prominent scientists calling for a worldwide halt in the program"
 - "The vaccines are all targeted to the original Wuhan spike protein which is long gone...patients are getting vaccinated to something that doesn't even exist anymore. The Wuhan sike protein is gone, we're hoping the immunity covers the other variants, but the narrow immunity is a set up – it's just like giving everybody a narrow spectrum antibiotic. If you did that what would happen. We grow superbugs. There are warnings out there that say "don't do this""
 - "Indiscriminate vaccination is a horrendous idea. It's a horrendous bioweapon that's been thrust onto the public and it's going to cause great personal harm, which it already has. Thousands of people have lost their lives. I've never lost a direct patient but I've had my patients lose their family members, lots of them."
 - "The vaccine is not safe"
 - "This is what globalists have been waiting for. They've been waiting for a way of marking people. If you're getting a vaccine you're marked in a database. And this can be used for trade, for commerce, for behaviour modification, all different purposes"
 - "Every scientist in the world knows that natural immunity is way better than vaccine immunity. If it's about covid, why don't we have covid-recovered go the Mavericks games, why don't we have covid-recovered people freely go to college, why do we have to have faulty vaccine immunity be the priority and have natural immunity not count?"
 - Normally there is a minimum of 2 years of observation data for vaccines. There was only 2 months of observation data for the covid vaccines.
 - "This idea that we can vaccinate people that were not even tested in the trials – that has never been done before."
 - 85% of the people that (allegedly) died from covid was preventable with early treatment which was "actively suppressed and squashed"
 - "How come there was no updates (from the government) on treatment and no promotion of early treatment to prevent hospitalization and death"
 - "Americans should have been getting weekly updates (from our federal officials) on (vaccine) safety"
 - "It will go down in history as malfeasance – wrongdoing of those in authority"
 - "Something is very wrong with what's going on now (in the world)"
 - "The groupthink is in the wrong direction in such a consistent and overwhelming way that people are being harmed in extraordinary fashion"
 - "To make the problem worse than what it is, many methods to make the case count look higher than what it is, make the mortality numbers look worse than what they are, many methods to create the reaction out of proportion to the reality, so lockdowns, fears, economic

suffering, etc...all these things making the pandemic way worse than what it is...in order to promote mass vaccination...mass vaccination at all costs”

- “We never vaccinate in the middle of a pandemic, never, we’ve never had an effective vaccine for respiratory virus including influenza, its only modestly effective, we knew from the published data that the attack rates in placebo and the vaccine arms were less than 1% so we know that vaccine can have a less than 1% effect on the population (why would it be any different than the clinical trials), we knew from the clinical trials that it didn’t stop COVID-19 so people can get COVID-19 anyway...”
- Dr Byram Bridle - Associate Professor of Viral Immunology at the University of Guelph (refer: <https://www.bitchute.com/video/g1lfHVKr17Bx/>)
 - “Everything (I say) is completely backed up by peer reviewed scientific publications”
 - “The spike protein on its own is almost entirely responsible for the damage to the cardiological system”
 - We accessed the biodistribution study from Japanese Regulatory Agency – and found out that the spike protein gets into the blood, accumulates in a number of tissues such as the spleen, the bone marrow, the liver, the adrenal glands, in the ovaries (in quite high concentrations)
 - A study has just been accepted for scientific publication: In 13 young health care workers that received the Moderna vaccine, they found the spike protein in circulation (in the blood) in 11 of the 13.
 - “The spike protein is a pathogenic protein and a toxin. It can cause damage in our bodies if it gets into circulation. Now we have clear cut evidence that the vaccine itself plus the (spike) protein gets into blood circulation.”
 - “When in circulation, the spike protein can bind to the receptors that are on our platelets and the cells that line our blood vessels. When that happens, it can do one of two things. It can either cause platelets to clump and that can lead to clotting - that’s exactly why we have seen clotting disorders associated with these vaccines - it can also lead to bleeding, and of course the heart is involved, and that why we are seeing heart problems”
 - “The (spike) protein can also cross the blood brain barrier and cause neurological damage, that’s why also in fatal cases of blood clots many times it’s been in the brain”
 - Evidence from a study (not yet published) shows that both the vaccine mRNA and spike proteins have found in the breast milk for infants. VAERS has reported suckling infants have experienced bleeding disorders in the gastrointestinal tract, which backs this up.
 - “We made a big mistake. We didn’t realise it until now. We thought the spike protein was a great target antigen. We never knew the spike protein itself was a toxin and a pathogenic protein. So, by vaccinating people, we are inadvertently inoculating them with a toxin...I many other legitimate questions about the long-term safety, therefore, of this vaccine...for example with it accumulating in the ovaries, one of my questions is will we be rendering young people infertile”
- Dr Charles Hoff (who had 1 patient die and 3 neurologically disabled following their injections – refer: <https://www.bitchute.com/video/A6GbcUI6blpJ/>)
 - “When the COVID-19 vaccine is injected into your arm, we now know that only 25% stays in your arm, and the other 75% is literally collected by your lymphatic system and fed into your circulation”

- The little packages of mRNA are absorbed in to the cells around the blood vessels, and “the place where absorption happens is in capillary networks” (the vessels where blood slows right down)
 - The packages are opened, our body reads the genes and manufactures “trillions and trillions of covid spike proteins”
 - The spike proteins “becomes part of the cell wall of your vascular endothelium which means that these cells that line your blood vessels which are supposed to be smooth, so that your blood flows smoothly, now have these spiky bits sticking out”
 - “These spike proteins will predictably cause blood clots because they are in your blood vessels...it is guaranteed”
 - The blood clots shared in the main stream media that are claimed to be very rare are the big blood clots (that show up on CT scans, etc). “The clots I am talking about are microscopic” (they won’t show on any scans – they are “too small and too scattered”)
 - D-dimer tests were conducted (these tests only show recent blood clots) on his vaccinated patients who have had the shot within 7 days. “So far, 62% of them have evidence of clotting, which means that these blood clots are not rare”
 - “The most alarming thing about this is that there are some parts of your body, like your heart, and your brain, and your spinal cord and your lungs which cannot regenerate. When those tissues are damaged by blocked blood vessels they are permanently damaged”
 - His vaccinated patients now have “reduced effort tolerance” (short of breath, etc) because they have “plugged up thousands of capillaries in their lungs”
 - “Once you block off a significant number of blood vessels through your lungs, your heart is now pumping against a much greater resistance to try and get the blood through your lungs, so that causes a condition called pulmonary arterial hypertension”
 - “Young people getting myocarditis from the COVID-19 shots - they have permanently damaged...because the heart muscle does not regenerate”
- Dr Astrid Stuckelberger – Scientist, International Health Expert, Former Member of the Research Ethics Review Committee at the WHO (refer: <https://www.bitchute.com/video/ejorg7y3bDgJ/>)
 - “The pandemic is organised internationally in a systemic way”
 - “The World Health Organisation (WHO) are dictating a world of not communicating”
 - “The WHO are constantly changing words & definitions, not giving precise data nor giving precise science”
 - “All the media in the world say the same thing, the same words...and they (WHO and other agencies including GAVI) are paying the media for producing what they want”
 - “The (COVID-19) taskforce in Switzerland (and other countries) is full of conflict of interests”
 - “We have censorship. Censorship is the first sign of a dictatorship”
 - “There is a politicization of a new science which is fake science”
 - “They censor doctors and treatments that work. They go to pharmacies and they take the whole stock of Ivermectin that works really well, they go and stop scientific people from doing good data collection saying it is not valid, and they put their own data that’s completely in conflict of interest”
 - “The WHO, along with the main stream media, have a very well organised system and they’re head of the international telecommunication agency...they have the whole system in their hands”
 - WHO, GAVI and the Swiss Government have signed agreements on managing the ‘pandemic’

- “GAVI has made partnership with bi-lateral agencies of the United Nations, like World Bank, probably others”
 - GAVI are deciding for our health system and the global vaccination campaign
 - “They are trying to lock down the liberties of people. The freedom of people is really disturbing them. They want to annihilate any thinking and emotion and cognition”
 - “Going down there (with the PCR testing technique) is with an intention. One of the intentions is that you have the most sensitive cilia of regenerating every day, your brain and the whole sector behind your eyes, pineal gland, etc, and if you touch that you are touching the brain. So, if you contaminate this in one way or another, or if you put something there or destroy this section, it can really have consequences on your aging, on your longevity”
 - “Clearly “they” want to destroy the population”
 - “They want to even put nano technologies under the skin, make ID passports with the vaccines”
 - “The plan is to keep on and to make it stronger and stronger until they control everybody with technology with the ID vaccine passport. This is their aim”
 - “John Hopkins University has issued a pandemic plan for SPARS 2025/2028, so they will not stop”
 - “They’re (the government) using fear, and those who are fearful and don’t change will probably/unfortunately die, so I’m just calling people to wake up and take back your health, don’t believe in the government”
 - “The system has to be dismantled and the key players have to be brought to justice”
- Dr David Martin - Developer of several innovation-based quantitative indices of public equities and founder of the Purple Bridge Funds and M-CAM International (refer: <https://www.bitchute.com/video/6MS6wiOFb3dl/>)
 - “When you inject a known toxin into a person, you are actually injecting an agent of death...and you cannot sit there and hide behind the diaphanous fig leaf of going “well we’re doing it in the public interest” when you know, not have a hunch, that it is in fact lethal in many instances. Pfizer have even stated they have an acceptable death rate”
 - “A computer simulated, synthetic, chimeric, computer-generated code, uploaded by the Chinese in January, was given to Moderna to put into an injection, so that your cells, in the case of the RNA vaccines, would produce the S1 spike protein synthesis, not the actual virus the way we used to do vaccines. This was a computer code uploaded by the Chinese into US manufacturing to inject a pathogen stimulate into the American population.”
 - “In Fauci’s emails now, we have on February 6th and 7th (2020), Peter Daszak (a president of EcoHealth Alliance who became a member of the WHO team sent to investigate the origin of COVID-19 in China) on the record, stating that “we need a cover story that distances him and the Chinese from this particular pathogen”, and that’s in public records, that’s not my opinion. But let’s listen to his words in 2015: “We need to increase public understanding of the need for medical counter measures such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process””
 - “The NIAID and CDC, as much as we pretend these are public organisations and public institutions, they are what we call regulatory capture. They are the front. Think of them as the R&D shop for the ‘Modernas’ and for the ‘Pfizers’ and for the ‘AstraZenecas’ and for the

'Johnson & Johnsons' and the fact of the matter is these companies, going back to 1990, remember the first S1 spike protein vaccine, was issued to Pfizer in 1990. We've been told this is some sport of new thing, new response, new pathogen, new whatever else, no it isn't. Pfizer patented the first, in this case, canine S1 spike protein coronavirus vaccine in 1990. And we have, without question, the architect of this scam, on record in 2015, stating that "a key driver is media and economics will follow the hype". That is collusion, that is racketeering, and that is, under Section 802 of the Patriot Act, domestic terrorism."

- "The US Department of Justice has failed the American people and has had this information since April of 2020...and they have sat on it and done nothing...they have been ordered not to"
- "The crime is that we have collusion between what is called interlocking directorates inside of antitrust law, we have Anthony Fauci at NIAID, we have the Director of the Centre for Disease Control in China and we have Doctor (Chris) Elias from the Bill & Melinda Gates Foundation, all sitting on a board, all colluding to actually create price fix and market direct this pandemic."
- "In 2002, what they (Ralph Baric, Professor in the Department of Microbiology and Immunology at the The University of North Carolina, and his colleagues) did was they filed the patent on what they referred to as an infectious transmission defective form of coronavirus. What does mean? Well, in 1999, Anthony Fauci wanted to make coronavirus a vector for an HIV vaccine. He wanted to use a virus as a vaccine...but what he wanted to do was take what he knew to be a highly manipulatable platform which he called the coronavirus and he wanted to make it mutated and chimerically altered and recombinant so that he could get to a means by which you could target human lung epithelium (the cells inside your lung) and what Ralph Baric's team did, is in 2002 they patented a whole bunch of variations of coronavirus which would make it more infectious to humans, and this is where that biological and chemical weapon thing becomes important. Because if you're building a thing to be more infectious to humans, according to Ralph Baric, it's justified because it's for "therapeutic use" ...when you make an infectious replication defective virus that is meant to target human lungs so that it's more toxic...you built a Frankenstein. And in 2002, we knew that that Frankenstein what it was, and remember that was a year before SARS no1 in China. We didn't have SARS until we made the weapon."
- "If you go on any of the public records...what you see is what's called phylogenetic trees, where they're trying to determine how did the virus mutate in its various locations. But here's the problem...nothing started in Wuhan. Nothing. As a matter of fact, if you look at that first 2 weeks in January, you see gene sequences that are seemingly uploaded from multiple locations, and it turns out that if you go back and you look at the first 4 sequences that were uploaded, the first upload, which happened on the 20th December 2019, pre-dates allegedly the first patient."
- "These are in public records...he (Anthony Fauci) has been promoting a universal influenza vaccine for years, to no effect, because the influenza vaccine doesn't work that well and most people don't take it...and so, here he is trying desperately, after the 2018 flu season, which was unbelievably deadly, he tried desperately to parlay that into a congressional mandate for universal influenza vaccine. Despite all of the death and destruction, people didn't fall for the vaccine. Cue a new pathogen. Cue a veterinarian (Peter Daszak) to make up a story about a bat and a pangolin walking into a Chinese bar"
- "When you have a adopted a dogma that says "that industrial pharmaceutical management of the human population is the answer", which is what NIAID and Anthony Fauci have done

since he took over in 1984, which is “I’m going to frame the world through the lens that health is going to be delivered through an injectable”, if that’s the 191 billion dollar enterprise you’ve run since 1984, and at the near end of your professional career...but after 191 billion dollars of public expenditure...he still hasn’t gotten his way.”

- “He (Dr Anthony Fauci) is desperate to leave the legacy of he’s the guy that took us into the crisper gene therapy future of humanity where we are all a series of computer codes managed by a corporate industrial pharmaceutical complex...he’s desperate to get that happening, and it turns out to do that, requires acts of desperation”
- “This comes out of the Chinese publication that the CDC references when they talk about, allegedly, a novel virus...let me read you an alarming first paragraph...“by Jan 2nd 2020, 41 admitted hospital patients had been identified as having laboratory confirmed 2019 covid infection”...so we have 41 patients on January 2nd with laboratory confirmed cases of a thing that wasn’t isolated until the following week. How do you have laboratory confirmation of a thing that doesn’t yet exist”
- “These perpetrators are actually admitting to their crimes”
- “Once people understand that countless physicians have been wilfully participating in the homicide of humanity, I cannot imagine what it would be like to live with that”
- “If you look at the history of the mRNA technology, the history isn’t good. The pathogenic priming that happens with mRNA technology in previous experiments has suggested that the prognosis is in fact quite dire”
- “Neither Pfizer nor Moderna had an independent investigation review board to review any of its (the vaccines) content...this is actually the fox guarding the hen house”
- “You’re not getting a pathogen that your body is responding to with an immune response. You’re getting the instructions for your cells to create the pathogen and then you hope that your body, in response to the pathogen you were told to create, you hope your body comes up with an immune response...but here’s the tiny problem...the clinical trials did not measure immune response, they did not measure infection response and they did not measure transmission response. So, every public health benefit that vaccines purport to have, was never measured in these trials”

Quotes from Physicians on the COVID-19 Situation and/or COVID-19 Injections (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."
- Professor Dolores Cahill (again): "What I've been saying all along is anyone who is over 70 who gets one of these mRNA vaccines will probably sadly die within about 2 to 3 years and I would say anyone who gets the mRNA injection, no matter what age you are, your life expectancy will be reduced...and you will probably have allergies, neurocognitive issues, inflammation and of course infertility is the major one"
- 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 its 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-CoV-1 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 accidently 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 SARS-CoV-2. 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 SARS-CoV-2 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-transmissible 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 (again): "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, 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 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."

- Dr Roger Hodgkinson (refer full speech at: <https://www.bitchute.com/video/Jp2VbhWJFIGG/>): "The bottom line is simply this. There is utterly unfounded public hysteria driven by the media and politicians. It's outrageous. This is the greatest hoax ever perpetrated on an unsuspecting public...it should be thought of nothing more than a bad flu season...it's politics playing medicine, and that's a very dangerous game"
- Dr Stephen Malthouse (refer full interview at: <https://rumble.com/vcesav-brave-reporter-goes-off-script-on-air.html>): "When you look at hospitalizations and death and also ICU admissions, we see that there's been no change in the last year than what we've seen in previous years...looking at all-cause mortality is the most important measurement". "The whole COVID diagnosis is completely undermined by the fact the PCR test is not valid". "Social distancing - it's just another method like masking, to keep people separate...there is an agenda here to divide and conquer". "These (COVID-19) vaccines are not safe...it makes much more sense to actually get the wild virus than to get the shot". "I would not take the vaccine myself". "Were rolling out an agenda that's not based on science or evidence"
- Dr Charles Hoff: "The long-term outlook is very grim...with each successive (vaccine) shot the damage will add and add and add – it's going to be cumulative because you're progressively getting more and more damaged capillaries"
- Dr Byram Bridle: "We made a big mistake. We didn't realise it until now. We thought the spike protein was a great target antigen. We never knew the spike protein itself was a toxin and a pathogenic protein. So, by vaccinating people, we are inadvertently inoculating them with a toxin...I many other legitimate questions about the long-term safety, therefore, of this vaccine...for example with it accumulating in the ovaries, one of my questions is will we be rendering young people infertile"

- Dr Geert Vanden Bossche: "The politicians are blindly following the key experts and the key experts are blindly following the WHO and the WHO is sticking to their global mandate"
- Dr Christine Northrup: "Whoever talked about Vitamin D, Vitamin C, Zinc, Hydroxychloroquine, Ivermectin, Budesonide...every one of us has been vilified"
- Dr Vladimir Zelenko: "My problem is with the government, governing bodies and certain people that are obstructing the flow of life saving information and suppressing the truth from people and then using coercion to force people to psychologically take this vaccine. That's the nefarious part"
- Dr Dan Stock: "Everything being recommended by the CDC and the State Board of Health is actually contrary to all the rules of science".
- Dr Marcia Angell (Former Editor of New England Journal of Medicine) "Their mission is to sell profitable drugs, not necessarily good drugs (or) valuable drugs, but profitable drugs"
- Nick Hudson, Chairman of PANDA (Pandemics Data & Analysis): "Our world is gripped by fear and that fear is very much the plight of a false narrative...every single element of this narrative is false. The narrative says that there's a deadly virus spreading across the planet and nobody is immune to it and there's no cure, even asymptomatic people can spread it and are major drivers of the epidemic of disease, and unless we lockdown and wear our masks until vaccines arrive and everybody gets vaccinated, we're all going to die. And anybody who challenges this narrative is a lunatic, a menace, a danger to society. It is, and always has been, absolutely clear to us that no element of this narrative is justified in the face of reality. Very few people are susceptible to generating severe disease, there are several available treatments, asymptomatic people (in a more sensible era known otherwise as "healthy" people) are not drivers of the epidemic, lockdowns and masks mandates have been ruled out by pre-Covid science for good reasons, never recommended, they've been tried, they have not worked and caused great harm, instead of protecting the vulnerable minority we have hurt them"

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 - <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.
- The introduction of the Bayh-Dole Act in the USA gave government workers the right to patent their discoveries (that the tax payer paid for). According to Dr Judy Mikovits, “Ever since that happened in the early 1980’s it destroyed science and this allowed the development of those conflicts of interests”
- In 2019 at a ‘Centre on Global Health Security’ conference at Chatham House, Dr Marc Van explained how he misled the people during the swine flu in 2009. He triggered fear by death numbers without

context and media manipulation. He described how he made sure that the vaccines produced by the pharmaceutical companies he was working for were accepted by many fearful people.

- In Australia, the Therapeutic Goods Administration (TGA), responsible for approving vaccines, recovers its costs by charging levies on sponsors and manufacturers of therapeutic goods, so basically it is indirectly funded by the pharmaceutical industry.
- 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 a 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 51 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-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."
- In the book titled "Selling Sickness" by Ray Moynihan and Alan Cassels, it states that in 1975, the CEO of Merck Pharmaceuticals at the time, Henry Gadsden, said he wished Merck could become more like "Wrigley's chewing gum" and openly dreamed of making drugs for healthy people.
- '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 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.
- In 1950, the Australian Government no longer considered measles (and pertussis/whooping cough) morbidity important enough to be notifiable and in 1956 it was declared that "as causes of infant mortality in Australia all the infective diseases have been overcome (refer: *Lancaster, H.O. 1956a, "Infant Mortality in Australia". The Medical Journal of Australia, 2:104*). Interestingly, the DTP (diphtheria-tetanus-pertussis) vaccine was introduced into Australia in 1953 and the measles vaccine in 1969 (refer: <https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria/vaccine-history-timeline>)
- 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 Illinois, 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 listed on pages 97 to 99 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 VAERS 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".

- 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/infectedis/Citation/1997/06070/The Timing of Pediatric Immunization and the Risk.7.aspx](https://journals.lww.com/infectedis/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>).
- Studies reveal that vaccine antigens & adjuvants which cross the blood-brain barrier cause secretion of cytokines & chemokines. The release of cytokines causes confusions, language difficulties, disorientation, seizures, memory problems, somnolence, irritability, mood alterations, difficulty concentrating and varied behavioural problems. The microglia also release large quantities of glutamate & quinolinic acid, which are destructive to brain cells & their connecting process.
- In an abstract from a study in 2011 (refer: <https://pubmed.ncbi.nlm.nih.gov/21568886/>) it states: "Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequence"

- In an abstract from a study again in 2011 (refer: <https://pubmed.ncbi.nlm.nih.gov/22099159/>) it states: "Our results show that: (i) children from countries with the highest ASD prevalence appear to have the highest exposure to AI from vaccines; (ii) the increase in exposure to AI adjuvants significantly correlates with the increase in ASD prevalence in the United States observed over the last two decades (Pearson $r=0.92$, $p<0.0001$); and (iii) a significant correlation exists between the amounts of AI administered to preschool children and the current prevalence of ASD in seven Western countries, particularly at 3-4 months of age (Pearson $r=0.89-0.94$, $p=0.0018-0.0248$)"
- In a paper published in 2011 (refer: <https://pubmed.ncbi.nlm.nih.gov/21568886/>), the authors studied the effects of aluminium adjuvants in vaccines. A few years prior to this, one of the authors, Dr Shaw, did a study looking at the effects of aluminium hydroxide on mice (doses were equivalent to same volume to bodyweight ratio as children receive). The results showed substantial neurodegeneration and loss of motor function in the mice.
- In 2008 Dr Russell Blaylock wrote an article entitled 'The danger of excessive vaccination during brain development: the case for a link to Autism Spectrum Disorders (ASD)' (refer: <https://www.semanticscholar.org/paper/The-danger-of-excessive-vaccination-during-brain-a-Blaylock/76e17c19387edf1d9e9c66604da2d99dbe798ada>) in which he makes a compelling case for the link based on the neurological and medical research. In regards to administration of multiple vaccines, Dr Russel Blaylock warns that "multiple studies have shown conclusively that such a practice can lead to severe injury to the brain by numerous mechanisms.
- In 2008, Dr Paul King and Gary Goldman published an article entitles 'Key realities about autism, vaccines, vaccine-injury compensation, Thimerosal, and autism-related research' (refer: https://www.researchgate.net/publication/228357505_Key_realities_about_autism_vaccines_vaccine-injury_compensation_Thimerosal_and_autism-related_research) which discusses "the propaganda dispensed by public health care and vaccine apologists". It states "Such propaganda often relies on half-truths and/or superficially logical, but foundationally flawed, phrasing. However, this propaganda is fundamentally flawed and based on pseudo-science or non-reviewable statistical studies of medical records, where, contrary to ethical science, the study design, data selection/rejection criteria, exact approach used to evaluate the data, and/or the original data set itself is kept confidential making independent evaluation/verification of the published findings impossible"
- In August 2020, after a court challenge questioning the scientific support behind the claim that "vaccines do not cause autism," the Centers for Disease Control & Prevention (CDC) removed that headline from its website. They were asked to show studies that proved no link between autism and 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 99 to 113).

- Refer to various interviews, articles, videos, documentaries, books, websites and podcasts listed on pages 97 to 99 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 cell 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 (refer: 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% of patients with bone cancer and in 58 percent of those with mesothelioma, a deadly type of lung cancer. By April 2001, 62 papers from 30 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 (i.e. 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 site..." (refer: <https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/initial-results-on-infranix-hexa-chemical-composition.html>)

- On November 6, 2014, the Kenya Conference of Catholic Bishops (KCCB) which presides over the Kenya Catholic Health Commission issued a press release alleging that the World Health Organization (WHO) was secretly using a "birth-control" vaccine in its anti-tetanus vaccination campaign in Kenya 2013-2015. A few days later, an article in the Washington Post followed with similar allegations quoting the Kenya Catholic Doctors Association (KCDA). A study published in *Scientific Research* (refer: <https://www.scirp.org/Journal/PaperInformation.aspx?PaperID=81838>) concluded "Laboratory testing of the TT vaccine used in the WHO Kenya campaign 2013- 2015 showed that some of the vials contained a TT/ β hCG conjugate consistent with the WHO's goal to develop one or more anti-fertility vaccines to reduce the rate of population growth, especially in targeted LDCs such as Kenya. While it is impossible to be certain how the β hCG got into the Kenya vaccine vials testing positive for it, the WHO's deep history of research on antifertility vaccines conjugating β hCG with TT (and other pathogens), in our opinion, makes the WHO itself the most plausible source of the β hCG conjugate found in samples of "tetanus" vaccine being used in Kenya in 2014."

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>

Miscellaneous Points:

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 Thomas Cowan (again): "The court has expert witness and the main one was the guy who was the head pediatric neurologist at John Hopkins Centre for Pediatric Neurology...and he was the main government witness for years saying there's no connection between autism and vaccines. Then his second in command, one of the pediatric neurologists who works for him, ended up having a child, the child was normal, the child got a vaccine and immediately became autistic, the usual story, and somehow that set a light off inside of the head neurologist and that point demanded from the CDC not their conclusions but their data, and after looking at it he comes out with a public statement...and says "the CDC statement says there's no connection, the CDC data says there is". He then said, in his estimation from looking at all the actual data on the subject, 40% of the current 1.1 million autistic people in the USA, the direct cause of their autism is vaccines. As soon as he said that, they (the government) stopped allowing him to testify in the vaccine court."
- 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."
- Australian of the Year (2003) Professor Fiona Stanley: "Infectious deaths fell before widespread vaccination was implemented" (refer: *Stanley F, Child Health Since Federation, 2001, p378*)
- Dr Judy Wilyman: "No evidence has been provided to show that vaccines can create herd immunity or that they are necessary to protect the wider community"

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 publicizing 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://hvvmeldpunt.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/1p0alm>
- 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/1lIGiBp>
- Dr. Susan McCreadie - <http://bit.ly/1CqqN83>
- 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/urJbeBjGnYBT/>
- 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
- Australia's Loss of Health Freedom – Dr Judy Wilyman
- 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/>

Additional List of 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/TOPEDJ-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:

- Albitar S, et al. Bilateral retrobulbar optic neuritis with hepatitis B vaccination. *Nephrol Dial Transplant*. 1997 Oct;12(10):2169-70.
- Achiron LR, et al. Postinfectious hepatitis B optic neuritis. *Optom Vis Sci* 1994;71:53-6. Arya SC., et al. Ophthalmic complications of vaccines against hepatitis B virus. *Int Ophthalmol*. 1997;21(3):177-8.
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The Hepatitis B Vaccine and Hearing Loss:

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The Hepatitis B Vaccine and Assorted Ailments:

- Herroelen L, de Keyser J, Ebinger G. Central nervous system demyelination after immunization with recombinant hepatitis B vaccine. *Lancet*, 1991 Nov 9; 338 (8776):1174-75.
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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/>
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- 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/>
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- 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/>
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MMR:

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- 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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- MMR vaccination and febrile seizures: evaluation of susceptible subgroups and long-term prognosis (The MMR vaccine significantly increases the risk of seizure): <https://pubmed.ncbi.nlm.nih.gov/15265850/>
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Mumps:

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- A possible central mechanism in autism spectrum disorders, part 1: <http://www.ncbi.nlm.nih.gov/pubmed/19043938>
- A prospective study of thimerosal-containing Rho(D)-immune globulin administration as a risk factor for autistic disorders: <http://www.ncbi.nlm.nih.gov/pubmed/17674242>
- Abnormal immune response to brain tissue antigen in the syndrome of autism: <https://pubmed.ncbi.nlm.nih.gov/6182806/>
- Acute disseminated encephalomyelitis after tetanus vaccination of a pregnant woman in Senegal: <https://pubmed.ncbi.nlm.nih.gov/22868743/>
- Acute disseminated encephalomyelitis associated with oral polio vaccine: <https://pubmed.ncbi.nlm.nih.gov/17106158/>
- Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity <https://link.springer.com/article/10.1007%2Fs12026-013-8403-1#page-1>
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- B-Lymphocytes from a Population of Children with Autism Spectrum Disorder and Their Unaffected Siblings Exhibit Hypersensitivity to Thimerosal: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697751/>
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- Inflammatory Responses to Trivalent Influenza Virus Vaccine Among Pregnant Women: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3204610/#!po=5.55556>
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- Self-Organized Criticality Theory of Autoimmunity: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0008382>
- The potential importance of steroids in the treatment of autistic spectrum disorders and other disorders involving mercury toxicity: <http://www.ncbi.nlm.nih.gov/pubmed/15780490>
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- Vitamin A supplements and mortality related to measles: a randomised clinical trial: <https://pubmed.ncbi.nlm.nih.gov/3101849/>
- What is regressive autism and why does it occur? Is it the consequence of multi-systemic dysfunction affecting the elimination of heavy metals and the ability to regulate neural temperature?: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364648/>