

VACCINE SAFETY and VACCINATION CHOICE

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Emotion is a powerful selling tool and a formidable motivator. If one feels great in a suit or dress, it's sold. If one feels the distress of a starving child, he will send 47 cents a day to feed that child. If a parent feels a greater peace of mind knowing their children have cell phones, they will buy the cell phones. And if one takes pleasure in watching others relish a meal, she will cook a banquet for everyone to enjoy.

There are an array of human emotions which motivate but fear is, by far, the greatest motivator of all. People will act out of fear without question or reason. We have seen this demonstrated within ourselves, within our circle of family and friends and even on a more grand scale, within our society and our world. The most widespread example of fear as a motivator is the overwhelming acceptance of injecting toxic, pathogenic and carcinogenic substances directly into the bloodstream of developing infants and children through the practice of vaccination--a practice we hail as the cornerstone of preventive medicine.

Generations of individuals have been duped with inflated statistics of disease morbidity and mortality rates proffered as vaccine information. The fact is, information about disease rates and information about vaccine ingredients and the harm those ingredients can cause in the human system, is not synonymous. However, the sales tactic is brilliant! So much fear of the disease has been generated, that one does not even question the injection. The desire to be "artificially protected" from disease has developed with such a solid foothold that the American people have gone from accepting one compulsory vaccine--smallpox, to laying their children on the line for 41 state-mandated vaccines here in New Jersey. And it will not stop there. The Jordan Report lists more than 400 vaccines currently in various stages of research and development. The Government's plan for the swine flu pandemic involves administering 156 million doses of fast-tracked vaccine without significant short term nor long term safety data to validate its use. Eighty-million doses per month are expected to be available after the initial batches are released and news sources are reporting that every man, woman and child may be forced to take up to three doses of the newly developed swine flu vaccine.

If vaccines were harmless, there would be no dilemma. But the ethical, legal, medical and moral quandaries persist because vaccination does result in harm. Harm that would not otherwise be present with a natural infection. Harm from the sheer components of vaccine ingredients which include mercury, aluminum, formaldehyde and phenol among dozens of other known toxins. Harm from the route of administration--via injection, which bypasses the natural hierarchy of immune system defenses, allowing these toxins direct access to the blood-brain barrier. Our federal government recognizes this harm under the Vaccine Adverse Event Reporting System (VAERS) which lists vaccine reactions ranging from injection site soreness and rashes to grand mal seizures and death. These reactions are underreported by as much as 90% according to former FDA commissioner, David Kessler.

The CDC's sales pitch is that the swine flu is a pandemic. The emotion they will evoke to motivate the American people is fear. As of August 3, 2009, the World Health Organization confirmed 200,824 cases worldwide resulting in 1619 deaths. The world population is 6.8 billion. This means that presently one in 33,861 people are infected and roughly one in 4,200,000 has died from the swine flu. Is this enough to

make you roll up your sleeve with complete abandon? Would you be willing to let your emotion yield to your reason and consider the information critical to granting your truly informed consent? Are you willing to accept a significant risk from the vaccine before any promise of a benefit? A risk perhaps greater than the threat posed by the disease itself?

If history is destined to repeat itself, then we need look no farther back than the swine flu debacle of 1976. Several recruits at Fort Dix in New Jersey complained of respiratory ailments similar to the common cold. The army base doctor sent their throat cultures to the New Jersey Department of Health and Senior Services for testing. Most of the cultures revealed that the troops were suffering from the normal flu virus circulating at the time. Four of the troops, however, had presented with an unidentified virus and their cultures were subsequently sent to the CDC for testing. The CDC released the verdict--swine flu. Three of the four recruits fully recovered from their illnesses. One private, David Lewis, left his sickbed against doctor's orders to participate in a 5 mile forced march. He collapsed during the march and died days later. His commanding officer had performed mouth to mouth resuscitation in an effort to revive the soldier. The Sergeant never became ill although he had direct contact with Private Lewis.

This widely publicized outbreak at Fort Dix involved 4 cases of suspected swine flu. No other confirmed cases of swine flu were reported anywhere in the nation. Yet on the basis of that isolated incident, 46 million people in this country were vaccinated with horrible results. Four thousand people, that year, made claims against Uncle Sam amounting to three and a half billion dollars, for injuries and deaths resulting from vaccination. Two thirds of the claims involved those suffering from life-altering neurological injury triggered by an allergic reaction to the shot. Guillian-Barre Syndrome, a disease of the peripheral nerves causing severe weakness and paralysis, afflicted thousands. One claimant, Judy Roberts, who had developed Guillan-Barre and became a quadriplegic from the vaccine, was interviewed by Mike Wallace on CBS 60 Minutes in 1979. Three years after her shot, she was still waiting for her claim to be recognized. "Maybe they think if they drag it on long enough, people will just let it go," Ms. Roberts told 60 Minutes. Unfortunately, under the currently proposed swine flu vaccination campaign, the Government has exonerated all swine flu vaccine makers from liability when their products maim and kill. We will all be forced to accept the consequences of the vaccine without restitution, all for the sake of the "herd immunity and the greater good." The vaccine manufacturers, however, will still be entitled to all of their profits.

Insidiously, health officials at the CDC knew the 1976 Swine Flu vaccine was likely to cause neurological injury. Dr. Michael Hatwick directed the surveillance team for the Swine Flu Vaccination Program at the CDC. His job was to identify what possible complications could arise from taking the shot and to report his findings to Dr. David Sencer, then head of the CDC. In a report dated July 1976, Dr. Hatwick identified neurological complications resulting from the vaccine. This report was submitted to Dr. Sencer. In an interview with Mike Wallace from the same 60 Minutes segment mentioned earlier, Dr. Sencer denied Dr. Hatwick's report. When asked his reaction to Dr. Sencer's denial of the knowledge that the vaccine caused harm, Dr. Hatwick replied, "That's nonsense! I cannot believe that they would say they did not know there was neurological illness associated with that influenza vaccine. That simply is not true! We did know that!"

Over three years ago, Novartis applied for a patent to which the U.S. Patent Office granted and issued US 20090047353A1 for a "Split Influenza Vaccine with Adjuvants." A year before any reported H1N1 cases, Baxter applied for an H1N1 vaccine; Baxter Vaccine Patent Application US 2009/0060950A1. Simply prophetic!

The A-H1N1 vaccine is being rushed to market. There will be no proof of its safety. Test populations are too small to determine what will happen with a mass vaccination program that proposes to inject hundreds of millions. The vaccines being prepared for the current pandemic involve a specific variant of the virus. If the genetic material of the virus mutates from the original A-H1N1 viral antigen used in the millions of doses of vaccine now being prepared, then the vaccine will be useless against those infected with the mutated strain. Reuters reported on June 23, 2009 that German scientists had evidence to believe the virus has already mutated. Nine days later, on July 2, 2009 Japan reported confirming its first case of H1N1 infection with a mutated form of the current strain.

Enter squalene, an oil based adjuvant that will likely be added to the vaccines. Adjuvants are commonly used in vaccine production to prolong the immune response to the vaccine. Since the medical community falsely measures a vaccine's "effectiveness" in terms of antibody responses produced by the body after the vaccine is given, the adjuvants work well to perpetuate the illusion of being "immunized." Theoretically, if the body has produced antibodies, it then, has the necessary equipment to ward off disease, although clinically, this has only been proven with naturally acquired infections, not vaccinations. Antibodies are produced when the body encounters something foreign to it, hence, anti-body. **Immunity**, however, can only be acquired when the immune system encounters the antigen or foreign substance in a natural way and resolves it naturally so that the hierarchy of immune system responses is allowed to progress through all of its necessary stages. Injection is not natural. It bypasses that hierarchy and the antibody response is not the same; it fails to go through the correct order of immune system responses necessary to develop true immunity. Therefore, a person may show circulating antibodies from the vaccine but this is not an indication that they have become immune. It is only an indication that the immune system is responding to something foreign. There is no valid, scientific model for testing the effectiveness of vaccination.

Squalene has been known for decades to produce severe autoimmune disease. We know now, that a formulation-- MF59 --was the secret ingredient in certain lots of experimental anthrax vaccines that caused devastating autoimmune diseases and deaths in countless Gulf War Veterans. Squalene induced autoimmune diseases include multiple sclerosis, systemic lupus erythematosus, rheumatoid arthritis, chronic fatigue syndrome and fibromyalgia. An autoimmune disease is one in which the body loses its ability to distinguish what is foreign from what is self, so it begins to attack its own healthy cells. Introducing foreign matter into the body by injection produces complete chaos in the natural economy of the human immune system and is, in fact, the basis for autoimmune disease. Investigative journalist, Gary Matsumoto was one of the first to report on the horrors of squalene. "Squalene is a kind of trigger for the immune system. When the immune system's full repertoire of cells and antibodies start attacking the tissues they are supposed to protect, the results can be catastrophic." The evidence can clearly be seen in the ever-increasing numbers of people diagnosed with auto-immune disease whose common denominator is vaccination. Immunologist, Dr. Pamela Asa has worked with many patients who suffer from similar autoimmune diseases following injection with vaccines containing adjuvants. Dr. Asa maintains that, "Oil adjuvants are the most insidious chemical weapons ever devised."

So, are you ready to roll up your sleeve?

Please check out NJCVC's website at: www.njvaccinationchoice.org

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